



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

Work Plan

January 1, 2011 – December 31, 2011

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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
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control
CHAI	Clinton Health Access Initiative
CHAMP	Comprehensive HIV/AIDS Management Program
CHAZ	Churches Health Association of Zambia
CSH	Communications Support for Health Program
COMET	Community Empowerment through Self Reliance
COP	Chief of Party
CRS	Catholic Relief Services
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DHIO	District Health Information Officer
DHS	Demographic Health Survey
DMO	District Medical Office
EID	Early Infant Diagnosis
EQA	External Quality Assistance
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GDA	Global Development Alliance
GIS	Global Information System
GNC	General Nursing Council
GPRS	General Packet Radio Service
GRZ	Government of the Republic of Zambia

HAART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
IEC	Information, Education and Communication
	Intermittent Preventive Treatment (for malaria in pregnancy)
IPT	
IQC	Internal Quality Control
IYCN	Infant and Young Child Nutrition
JICA	Japanese International Cooperation Agency
KCTT	Kara Counseling and Training Trust
LMIS	Laboratory Management Information System
M&E	Monitoring and Evaluation
MBP	Mother-Baby Packs
MC	Male Circumcision
MCH	Maternal Child Health
MCP	Multiple Concurrent Partners
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MSF	MEDECINS SANS FRONTIERES
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NPU	National Pharmacovigilance Unit
NZP+	Network of Zambian People Living with HIV/AIDS
OGAC	Office of the Global U.S. AIDS Coordinator
OI	Opportunistic Infection
OR	Operations Research
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMO	Provincial Medical Office

PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
RH	Reproductive Health
SAWSO	The Salvation Army World Service Office
SCMS	Supply Chain Management System
SFH	Society for Family Health
SI	Social Impact
SIU	Strategic Information Unit
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMS	Short Message System
SOP	Standard Operating Procedure
STAMPP	Strengthening TB, AIDS and Malaria Prevention Programs
STI	Sexually Transmitted Infection
STEPS OVC	Sustainability Through Economic Strengthening Prevention and Support for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations.
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
WHO	World Health Organization
ZISSP	Zambia Integrated Systems Strengthening Program
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPI	Zambia Led Prevention Initiative

I. Introduction

This document presents the work plan for the Zambia Prevention, Care and Treatment Partnership II (ZPCT II) for the period January - December 2011. ZPCT II is a five year (January 1, 2009 – May 31, 2014) Task Order (GHH-I-01-07-0043-00) between Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US \$124,099,097.

Strengthening the Zambian National Health System: ZPCT II works with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system by maximizing five strategic cornerstones—access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services.

ZPCT II works in direct partnership with the Ministry of Health (MoH) and the National HIV/AIDS/STI/TB Council (NAC) and aligns all program activities and inputs with Zambia's *National Health Strategic Plan 2006 – 2011*. The *Strategic Plan* envisions “equity of access to assured-quality, cost-effective and affordable health services as close to the family as possible.” ZPCT II shares 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 the foundation of ZPCT II programming.

Scaling Up HIV/AIDS Services: In this work plan year, one additional district will be added to reach 41 supported districts.¹ In 2011, ZPCT II will support 52 new facilities across 41 districts reaching a total of 349 MoH and CHAZ mission facilities. ZPCT II will also support six additional private sector health facilities in 2011 bringing the total to 18. To ensure that the MoH has the capacity to scale up essential HIV/AIDS services, ZPCT II will continue to provide support to the provincial medical offices (PMOs), district medical offices (DMOs) and facilities in counseling and testing (CT), prevention of mother to child transmission of HIV (PMTCT), antiretroviral therapy (ART), basic care and male circumcision (MC).

At the same time, ZPCT II will increase the emphasis on quality of services in public, mission and private health facilities. ZPCT II has continued advocating and working with the MoH to ensure that QA/QI processes are entrenched in all HIV service areas and fully integrated into day to day operations at all levels. This is being expanded to include MC. The MoH is still considering adopting ZPCT II's Quality Assurance/Quality Improvement (QA/QI) system for key HIV/AIDS services and we expect this process will move faster once a MoH QA/QI focal point person is in place.

Sustainability: A sustainability strategy was built into the ZPCT II program 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 is put on increasing the Ministry's capacity to manage and maintain improved HIV/AIDS services at the provincial and district levels in close partnership with the PMOs and DMOs. ZPCT II's additional focus on strengthening key components of the health systems such as laboratory and pharmacy support services will ensure sustained capacity to support HIV/AIDS

¹ Please note that the GRZ has added one new district to NW Province. ZPCT II is working in some facilities in that new district area but does not yet have a recipient agreement with the DMO since it is not completely organized as yet.

services across the health system. Across all technical areas, ZPCT II will train facility and community-based health care workers (HCWs) to strengthen their ability to provide quality HIV/AIDS services and to expand the availability of these critical services. All capacity building efforts targeting the PMOs and DMOs to manage HIV/AIDS programs will ultimately help with sustainability beyond partner/donor support. Partnerships with community and faith-based organizations (FBOs) will further expand the reach of comprehensive HIV/AIDS services. ZPCT II has a systematic plan to graduate districts from intensive technical support that have attained a certain level of quality based on the QA/QI results. This is being done in a phased manner so that all districts are graduated by the end of the overall project period.

Gender: In close collaboration with the MoH and other partners, ZPCT II will integrate gender across the technical areas of the project. The technical strategy for the integration of gender into ZPCT II programming is based on both the gender-based drivers of the epidemic in Zambia, related gaps and ZPCT II's contractual mandate to support the delivery of HIV/AIDS prevention, care and treatment services from the facility to the community level. ZPCT II will track gender indicators across all program areas (see *Annex J* for the list of gender indicators.)

Approaches will build on existing frameworks and models for service delivery including the incorporation of gender into the current standard training packages for community cadres (see Objective One). In addition, ZPCT II is promoting male involvement in PMTCT by mobilizing communities and involving traditional leaders to promote health-seeking activities among men. Learning from the success in Luapula Province, ZPCT II has replicated this model in other provinces to increase the uptake of couples and men in CT and PMTCT. The addition of MC to the HIV/AIDS service package also provides an avenue to reach men through integration of reproductive health (RH) and CT services.

Linkages from the facility to the community level and vice versa are essential as is the inclusion of services for survivors of gender-based violence, rape and other abuses into the GRZ/ZPCT II referral networks. These efforts will also target communities, volunteers, and private sector partners to enable broader social action.

Engagement with Government and Partners: ZPCT II works in full partnership with the NAC and the MoH at the central, provincial and district levels. ZPCT II is currently represented on all major MoH/NAC technical working groups (TWGs) dealing with HIV issues including: prevention, CT, PMTCT/pediatric HIV, Adult ART, paediatric ART, MC, laboratory, commodity security, family planning, early infant diagnosis (EID), quantification/procurement, clinical care/ART, ART accreditation, palliative care, monitoring and evaluation (M&E) and tuberculosis (TB)/HIV. These groups bring together the entire range of stakeholders, including 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. ZPCT II will coordinate closely with other USAID/Zambia programs including the Zambia Led Prevention Initiative (ZPI), the Zambia Integrated Systems Strengthening Program (ZISSP), Communications Support for Health (CSH) Program, and the Community-Based Prevention Initiative for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations Program (STEPS-OVC). ZPCT II also coordinates program support and technical assistance with UNICEF, the Clinton Health Access Initiative (CHAI) and supports the Community Empowerment through Self Reliance (COMET) private sector Global Development Alliance (GDA) like partner via collaboration with the Comprehensive HIV/AIDS Management Program (CHAMP).

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

- Management Sciences for Health (MSH): MSH contributes towards strengthening the MoH health system focusing on laboratory and pharmaceutical systems at national, district and the health facility levels through training and technical support.
- CARE International: CARE Zambia contributes to the provision of comprehensive HIV/AIDS services including prevention, care and treatment, through training and supporting community volunteers, and strengthening the continuum of care through referral networks.
- Social Impact: (SI): SI contributes towards mainstreaming gender in health facility service delivery and community prevention, care and treatment activities.
- Cardno Emerging Markets: Cardno contributes towards building the capacity of PMOs and DMOs to provide technical and program management oversight including enhanced problem solving, mentoring, supervision, and monitoring of HIV/AIDS programs.
- Churches Health Association of Zambia (CHAZ): CHAZ contributes towards expansion, and scaling up and integration of prevention, care and treatment services through nine mission health facilities in three provinces supported by ZPCT II.
- KARA Counseling and Training Trust (KCTT): KCTT contributes towards strengthening the MoH health system through training facility and community based health workers in counseling and testing (CT) services under ZPCT II.
- University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributes towards implementation of male circumcision services in ZPCT II supported health facilities through training and technical support.

For a full list of sub partners and roles and responsibilities see Annex C.

Work Plan Presentation: The work plan is organized into six main sections covering program activities, program and financial management, strategic information, and reports and deliverables. The program activities are arranged by ZPCT II's five objectives and sub-objectives. This section provides a general description of the objective, the implementation strategy, critical issues and challenges, projected targets, coordination and activities. See the Gantt Chart in *Annex A* for a detailed implementation plan by objectives. See *Annex B* for a detailed listing of short-term technical assistance and planned external travel in support of the detailed implementation plan.

II. Program Activities

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

A. Implementation Approach

Efforts to improve HIV/AIDS prevention care and treatment services can only occur in the context of a sound 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 and pharmacy services and data management systems. As HIV/AIDS is a chronic condition, ZPCT II will help health facilities orient services toward long-term comprehensive patient management including

screening for chronic conditions such as diabetes and hypertension, effective patient tracking and increased patient capacity for self-care.

ZPCT II will work with both the health 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. This will include two way referrals for clients to access different services.

ZPCT II will continue strengthening the PEPFAR guided minimum package for prevention with positives (PwP) and will ensure the inclusion of PwP messaging in CT, ART, PMTCT and MC services.

During this work plan period, ZPCT II will provide programmatic, financial, and technical support to 349 MoH and CHAZ facilities in 41 districts in the five focal provinces through recipient agreements. See *Annex D* for a list of recipient agreements.

ZPCT II will support training activities for health care workers and community volunteers to strengthen CT, PMTCT, clinical care, ART and MC services. This includes selection of training firms and individual trainers to conduct trainings on behalf of ZPCT II, support post-training follow-up and on-site mentoring of trained facility staff and volunteers. ZPCT II will also support the MoH and GNC pilot program of task shifting on ART prescribing from doctors/clinical officers to nurses in designated districts and revise existing service provider training packages where necessary for facility and community based to include gender based protocol and norms for service delivery within CT, PMTCT, CC/ART settings.

B. Critical Issues and Challenges

- **Human resource shortages:** Human resource shortages have been a persistent problem in the supported facilities. ZPCT II continues to support task shifting through training additional community volunteers to assist in the provision of HIV/AIDS services, and through the provision of limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services. However, the large number of needed community volunteers and their transport reimbursement costs are exceeding the budget for this activity and is an issue for sustainability. While all training programs include a module on M&E which includes a documentation component, the need for constant post-training mentoring to ensure consistent correct documentation is an ongoing issue as sometimes trained MoH staff are rotated to other facilities and replaced by non-trained staff.
- **Inconsistent documentation of services including the new elements e.g. HIV re-testing:** Inconsistent documentation was noted to be a challenge in some of the ZPCT II supported facilities. ZPCT II will continue to mentor the facility staff on accurate documentation of the services provided including the new elements. All training curriculum contains a section on documentation.
- **Male involvement:** While male involvement is improving in PMTCT services, it is still not consistently increasing in all clinics, particularly in urban areas. The project will work towards improvements in this area through a more robust integration of gender approaches into program activities and via the community component.
- **CD4 count machine breakdown:** Breakdown of CD4 machines experienced in some of the supported facilities impacts negatively on CD4 count access for HIV positive clients including pregnant women. ZPCT II will continue to liaise with vendors to ensure speedy repairs are done. In addition, the placement of more FACSCounts in the districts allows for re-direction of the

specimens to facilities with functional instruments to ensure that there is continuity of service provision.

- **Shortage of dry blood spot (DBS) blood collection bundles:** Collection of DBS samples for HIV DNA Polymerase Chain Reaction (PCR) testing for HIV exposed babies continue to be negatively affected by shortages of DBS bundles. ZPCT II assists to redistribute bundles in some of the facilities, and will continue to explore approaches to streamline the ordering system such as including DBS bundles in the national approved logistics system for other laboratory supplies to ensure that DBS sample collection continues with minimum interruptions.

C. Objective 1— Key Results for January 1, 2011 – December 31, 2011

- 349 MoH and mission health facilities providing CT in all clinical services with 415,000 clients receiving HIV counseling and test results. Of these, 52 are new sites while 297 are continuing sites.
- 18 private facilities providing CT and PMTCT services – 6 new sites this year.
- 318 MoH and mission facilities offering an integrated PMTCT package serving 140,000 pregnant women and providing antiretroviral prophylaxis to 15,000 HIV-positive clients. Of these sites 30 will be new this year.
- 132 MoH and mission facilities providing ART, initiating 24,000 new clients (1,922 of them children) and supporting 115,344 currently on ART including 8,079 children. Of these sites, two are new and two more report through other sites. While 132 sites will report the ART will be offered at 134 sites.
- 349 MoH and mission facilities providing basic health care to 170,000 HIV-positive clients, including 13,617 children. Of these 52 are new sites.
- 37 MoH facilities offering MC as part of the MoH's comprehensive HIV/AIDS package. 14 of the 37 sites will be added in 2011.

D. Coordination

All activities are done in close collaboration with the MOH at district, hospital and provincial level through recipient agreements as discussed above. In addition, program activities coordinate directly with other USG partners including ZISSP, JSI SCMS and USAID Deliver, CSH, JHPIEGO, Prism and Comet. In addition, the referral networks link closely with STEPS/OVC and ZPI. Other non USG partners where there are specific collaboration activities include the Gates MC Consortium, MSF Spain in Northern Province and JICA in Central Province.

1.1: Expand Counseling and Testing Services

A. Implementation Approach

Recognizing that CT is the entry point for all other HIV/AIDS services, the GRZ adopted a policy to make routine CT available in all clinical service areas. During the January – December, 2011 work plan, ZPCT II will collaborate with DMOs and PMOs to support ongoing CT services through the activities highlighted below. During this work plan period, CT services will be initiated and strengthened in an additional 52 new facilities across the five supported provinces reaching a total of 349 sites. In addition, 18 private sector sites will also be providing CT services.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section.

1.1 Counseling and Testing		Life of Project Targets	Work Plan Targets Jan- Dec 2011
1	Service outlets providing CT according to national or international standards	370	349
2	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	415,000* (275,000 CT and 140,000 PMTCT)
3	Individuals trained in CT according to national or international standards	2,316	438

Note:* The overall CT target is 415,000. With the NGI, CT includes both those counseled and tested under general CT (275,000) and also under PMTCT (140,000). The first number is the number of clients reached through CT services and the second number includes the number of women reached with CT through PMTCT as per the NGI.

- Training of HCWs and community cadres in the different CT courses to support initiating and strengthening CT services in the facilities as well as the community followed by technical assistance to all supported sites. Courses include basic CT, couples counseling, supervision counseling, FP counseling, youth CT, child CT and TOT in MC counseling for ZPCT II PMTCT/CT officers and health providers
- Strengthen HIV prevention activities including implementation of PwP for those who test positive through training using the PwP module in the CT training package
- Ongoing training of CT HCWs in FP counseling, enhancing referrals to FP services where needed and offering CT in FP services where feasible,
- Repeat HIV testing with strengthened risk reduction counseling (facility and community)
- Community condom education and distribution, behavior change communication strategies
- Referring the HIV negative CT clients, as appropriate to community-based risk reduction programs
- 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
- Strengthen referral system between facility-based youth friendly corners and life skills programs
- Integration of gender into CT programming
- Implement and strengthen couple-oriented CT in all the supported provinces.
- Integration of CT into MC services by referring uncircumcised CT clients for MC and offering CT to all MC clients
- Screening for gender based violence (GBV) within CT setting
- Revise counseling training packages for service providers at the community and facility levels in order to make them youth friendly and include gender based topics such as prevention of gender based violence (GBV). Youths will be sensitized on their rights and the need to report GBV related issues to appropriate centers

- Facilitate the provision of mobile CT services (integrating TB screening) using an interdisciplinary team model that will include both community-based and health facility-based staff. In addition, strengthen referral from mobile CT for those who test positive through accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention
- Implement and strengthen couple-oriented CT in all the supported provinces using the best practice from Luapula Province which emphasizes participation by traditional and other opinion leaders such as the local political leaders
- Improved couples oriented CT training that addresses MC, multiple concurrent partnerships (MCP) and general health seeking behaviors among men will continue to be replicated
- Plan for MC counseling trainings for ZPCT II PMTCT/CT officers and health providers in conjunction with MoH and other partners
- Implement and strengthen youth-friendly CT by ongoing recruitment of young people already trained in basic CT (and training in basic CT skills those without these skills) as lay counselors, providing youth-centered training for CT providers and linking CT to existing facility youth-friendly corners
- Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention
- Conduct mobile CT in hard to reach and underserved areas
- Provide ongoing technical assistance to all supported sites including monthly monitoring and evaluation of service statistics by both provincial office as well as Lusaka office
- Implement provider initiated opt-out testing with same-day results in new facilities and strengthen it in the old ones.
- Continue integration of CT into other clinical areas such as antenatal care (ANC), TB, STIs, pediatric care (with child-friendly space and services), MC and FP and also referring the HIV negative CT clients, as appropriate to community-based risk reduction and prevention services
- Mentoring CT providers on MC messages to be given to male CT clients and also ensure that all the male CT clients are referred to MC clinics.
- Strengthening implementation of prevention with positives for those who test positive through training using the using the PwP module in the CT training package as well as incorporate PwP messages in counseling for HIV positive clients and referral to ART and other appropriate services. Measures to be put in place for referral tracking and accompanied referral by lay counselors as feasible
- Strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, as part of the World Health Organization's (WHO) recommended intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes, (i.e. continuing the pilot for diabetes screening in ten facilities (five in central province and the other five from Copperbelt Province). Its evaluation will be done by the first quarter of 2011.
- Distribute digital BP machines to improve the screening of chronic diseases.

- Explore the use of prefabs as youth friendly corners in facilities with inadequate space.
- Hold three quarterly unit meetings.
- Revise and print job aids in all CT areas.

1.2: Expand Prevention of Mother-to-Child Transmission (PMTCT) Services:

A. Implementation Approach

PMTCT is an essential component of the GRZ's national ANC policy and service package. ZPCT II will support PMTCT in the existing 288 sites and further scale up services to 30 new facilities during this work plan period for a total of 318 sites. In addition, 18 private sector sites will also be providing PMTCT services.

ZPCT II will provide ongoing comprehensive technical assistance to strengthen and expand PMTCT in the five program provinces in Zambia. PMTCT services will be strengthened and better integrated into the overall health system, as well as within the HIV/AIDS continuum of care. ZPCT II will accomplish this through continued enhancements to current approaches and activities, including outreach PMTCT, support to increase the number of positive pregnant women delivering in the health facilities through continued monitoring of bicycle ambulances from the communities to the facilities.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section.

1.2 Prevention of Mother-to-Child Transmission		Life of Project Targets	Work plan Targets Jan-Dec 2011
1.	1 Service outlets providing the minimum package of PMTCT services	359	318
2.	2 Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	140,000
3.	3 HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	15,000
4.	4 Health workers trained in the provision of PMTCT services according to national or international standards	5,325	968

- Training of HCWs and community cadres in PMTCT to support initiation or strengthening of PMTCT services followed by ongoing mentorship of PMTCT providers to ensure initiating and strengthening of PMTCT services, with opt out strategy in the facilities
- Train trainers on new gender based training and counseling materials and ensure they transfer knowledge to community cadres including youth counselors and TBAs during relevant trainings.
- Refurbishments as needed within MNCH clinics in new facilities, including creation of testing corners, procurement of basic clinical equipment
- Support implementation of the new WHO (2009) and Zambian (2011) PMTCT guidelines facilitated by strengthening 'reflex' CD4 as soon as HIV positive status is established including procurement of point-of-service hemoglobinometers (hemocues) as needed to facilitate provision of

more efficacious AZT-based ARVs; strengthening referrals and linkages to ART, clinical care to ensure highly active antiretroviral therapy (HAART) eligibility assessments and initiation for the eligible HIV positive pregnant women

- Sharpening the focus on integrating PMTCT with HIV prevention, malaria, maternal, newborn and child health (MNCH), TB and FP services will remain a priority during this work plan period. This will be done through a) strengthening primary prevention and TB case-finding activities, b) building the capacity of health care workers involved in CT, ART 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 (IPT) for pregnant women in ANC as part of PMTCT training and mentorship.
- Support the distribution of the 2010 new national PMTCT guidelines and job aids to the supported facilities and orient the PMTCT providers
- Strengthen implementation of PwP within PMTCT services for those who test positive through training using the PwP module in the PMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART and other appropriate services as needed.
- Monitor the implementation of the PMTCT mother-baby pack (MBP) in Chibombo, Kabwe, Luanshya and Kawambwa districts (i.e. districts selected for the initial phase of MBP implementation)
- Address the unmet need for FP among HIV positive women by providing FP training for PMTCT and ART providers and putting in place tracking and referral mechanisms to FP as part of the continuum of care
- Support gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms to accommodate partners ZPCT II will enhance facility based services to improve male access to HIV and other reproductive health services through creation of male friendly days or man to man days where male providers meet with male clientele as well as re-organize client flow in antenatal and PMTCT rooms to accommodate male counseling.
- Revise existing service provider training packages where necessary for facility and community based providers to include gender based protocol and norms for service delivery within PMTCT setting
- Improve follow up for pregnant women who test negative by referring them to community-based risk reduction and prevention services and implement routine retesting after three months and / or prior to delivery for all pregnant women who test HIV negative early in pregnancy. This will be done through the community program which will provide retesting and reminders about retesting. The clients referred and accessing these community services is being measured and the number who retest quantified.
- Continue the pilot study to assess the value of repeat HIV testing prior to delivery in selected ZPCT II supported facilities
- Recruit and train TBAs (who already work as lay or PMTCT counselors in some districts) to promote PMTCT and delivery at health facilities by providing prevention education, adherence support and mother/baby follow-up at the community level and appropriate referrals to needed services across the continuum of care

- Continue expanding the role of PMTCT community counselors to include establishing and supporting HIV positive mother support groups at the facility and in the communities; addressing facility staff shortages and mobilizing pregnant women to access PMTCT services
- Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities
- Improve turn around time to a maximum of one month for DBS results through continued implementation of the SMS technology in the selected sites - strengthen mentorship for HCWs to ensure that consent forms for SMS technology are being administered on parents/caregivers. The evaluation of the pilot will be done in the second quarter of 2011.
- Provide systematic mother/baby follow-up and tracking through maternal, newborn and child health (MNCH) clinics including initiation of co-trimoxazole administration for PCP prophylaxis, early infant diagnosis through DBS, sample collection for HIV DNA PCR testing and infant feeding counseling (in collaboration with the Infant and Young Child Nutrition (IYCN) program
- Initiate transportation of DBS samples for early infant diagnosis EID and results to and from the ZPCT II supported polymerase chain reaction (PCR) lab at Arthur Davison Children's Hospital (ADCH) in Ndola in all new facilities through the courier system
- Improve turnaround time for DBS results through continued implementation of the SMS technology of the selected sites. Strengthen mentorship for the HCWs to ensure that consent form for SMS technology is being administered on patient/care givers. The evaluation of the pilot will be done in the 2nd quarter of 2010
- Strengthen implementation of PMTCT SmartCare in selected health facilities across the five supported provinces
- Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use
- Strengthen male involvement in PMTCT by replicating effective models in Zambia
- Identify model sites in CT/PMTCT and plan for exchange visits for learning purposes
- Conduct supportive supervisory visits with national level PMTCT program staff to selected ZPCT II supported sites twice a year, as the MOH is available.
- Support national level PMTCT Technical Working Group meetings as needed
- Promote PMTCT by providing supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to facilitate transportation of expectant mothers and promote delivery at health facilities
- Strengthen PMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services
- Establish one PMTCT model site in each province. These sites will act as centers of excellence for the training and mentorship in PMTCT.
- Revise and print job aids following the 2010 new PMTCT guidelines

1.3: Expand Treatment Services and Basic Health Care and Support

A. Implementation Approach

Access to antiretroviral therapy and clinical care is essential to the survival of people living with HIV/AIDS (PLHAs). By the end of December 2011, ZPCT II will assist the MoH to scale up ART services in 134 facilities (with two not reporting independently) and basic HIV/AIDS care in 349 including two new ART sites. By December 2011, more than 117,000 Zambians (over 8,000 of them children) are expected to receive free ARVs with ZPCT II support. In addition, 12 private sector sites will also be providing ART services and all 18 will provide clinical care services.

ZPCT II works with the MoH to support ART and clinical HIV/AIDS care including diagnosis, prevention and management of opportunistic infections (OIs) at existing ZPCT II sites and will scale up services to two new facilities by December 2011 reaching a total of 134 ART sites. ZPCT II will continue to use the outreach model for ART uptake and adherence by decentralizing services from hospitals to the health center level through traveling medical teams. Outreach ART sites will be upgraded to static sites where feasible, providing infrastructure refurbishment as needed and provision of adequate training and onsite mentoring to strengthen the capacity of HCWs to manage ART clients with minimum supervision.

In order to showcase quality clinical ART services, a model site will be established in each province. The idea of the model sites is to create a facility with a high level of technical expertise for patient management in HIV care and other services. Staff will receive advanced training in HIV care and other technical areas as needed i.e. CT, PMTCT, OI management, ART, Pharmacy, laboratory practices and M/E. This will be over and above the standard training provided through the national training packages. Secondly these facilities will serve as learning sites for health care workers who have received basic training. They will be mentored by experienced health workers to provide quality HIV clinical care services. Visiting mentees to be supported with per-diem if from out of town and transport if from within the district. In addition, internet facilities for online education (telemedicine) programs and routine lectures with higher level HIV specialists and regional trainings will be considered. Long term plans for access to viral load and resistance tests in the centres will be considered as well.

ZPCT II will work on a formal request by the MoH to collaborate with partners such as TDRC to do viral loads on at least 100 patients on ART to check to assess viral suppression on patients initiated on TDF/3TC combination over a period of time. This operational research will also inform the need for more regular viral load testing throughout the ZPCT II supported facilities. ZPCT II will work with the MoH to determine how best to move this agenda forward including the procurement of viral load and resistance testing equipment if required.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section.

1.3 Treatment Services and Basic Health Care and Support		Life of Project Targets	Work plan Targets Jan-Dec 2011
1	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	349

1.3 Treatment Services and Basic Health Care and Support		Life of Project Targets	Work plan Targets Jan-Dec 2011
2	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	170,000
3	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	13,617
4	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	505
5	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	349
6	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	4,200
7	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	505
8	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	6,146
9	Service outlets providing ART	130	132*
10	Individuals newly initiating on ART during the reporting period	115,250	24,000
11	Pediatrics newly initiating on ART during the reporting period	11,250	1,922
12	Individuals receiving ART at the end of the period	146,000	104,200
13	Pediatrics receiving ART at the end of the period	11,700	7,502
14	Health workers trained to deliver ART services according to national or international standards	3,120	505

* 132 will report independently and an additional four sites will also be providing services. Some of these sites may start reporting independently during the year

- Train HCWs and community volunteers on the following curricula:
 - the ART/OI adherence counseling including paediatric ART
 - HIV nurse practitioner trainings
 - orientation for community mobilization unit staff on adherence support
- Training of Trainers on updated (with gender module) ASW manual
- Training of community volunteers using updated ASW manual
- Print and disseminate job aids, updated guidelines and protocols
- Strengthen provision of comprehensive ART/clinical care services for children and their parents under one roof through replication the ADCH family-centered ART clinic model in each province through facilitating arrangement of facility clinic schedules to accommodate ‘the family’ upon explaining the advantages and after orienting both HCWs and management
- Support and strengthen adolescent HIV clinics in high volume sites – support for adolescent support group meetings to foster disclosure, adherence, risk reduction and provision of adolescent focused IEC materials at these sites (ADH, Kitwe and Ndola Central Hospitals)
- Scale up pediatric ART by initiating services in new sites and strengthening continuing sites in the

implementation of the new WHO guidelines recommending ART for all confirmed HIV infected children under age two, regardless of CD4 status, through ongoing mentoring of health staff and monitoring of uptake of pediatric ART services

- 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 and linking those diagnosed with TB to the health facility TB corners, b) scale up of CT for TB clients 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
- As part of strengthening the management of HIV/AIDS as a chronic condition, the focus will continue to be the screening for diabetes mellitus, hypertension and tuberculosis (TB). To support TB screening, x-ray boxes will be provided where x-ray facilities exist.
- Nutritional assessment through the use of the body mass index (BMI) will also be done in the ART clinics.
- Strengthen QA/QI processes in all sites through the use of revised 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. In addition, ensuring that facility QA committee meetings are taking place
- 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
- As part of chronic HIV care, 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. Additionally, as part of chronic HIV care, patients are screened for GBV and, if appropriate, referred to support services
- Improve the assessment of 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 Health Access Initiative (CHAI) and others to pilot approaches to providing therapeutic foods and "food by prescription" for children and adult HIV/AIDS clients. In addition ZPCT II has started supporting the screening of BMI, a measure of nutritional status by weight and height to rule out obesity and underweight problems as part of chronic HIV care. The clients who are found to be under nourished or obese after BMI assessment will be referred for appropriate nutritional counseling.
- Continue the web2sms pilot and evaluate it during the second quarter of 2011 and roll out if successful
- ZPCT II will continue supporting all facilities to initiate or strengthen PEP. To support this activity, ZPCT II will roll out the PEP register together with supporting or meeting minimum identified standards for a PEP site that has been set.
- Continue collaboration with the MoH, statutory bodies such as the Medical Council of Zambia, and General Nursing Council, and professional organizations on the HIV nurse practitioners'

course (tasking shifting to nurses)

- Through collaboration with JHPIEGO and MoH, procure and provide Smart phones which can store guidelines, protocols, drug toxicities etc to technical staff and clinicians in pilot sites
- Upgrade at least one high functioning ART/clinical care sites per province to model sites and train as well as mentor staff to provide services for complicated cases, adverse drug reaction monitoring and management, and treatment failures
- Increase HCWs awareness and capacity to diagnose and manage treatment failure as per the recommendations in the revised 2010 national ART guidelines as well as by creating access to viral load and drug resistance testing where feasible.
- Support participation in the annual ART update seminar for selected ZPCT II staff as well MoH staff from our supported facilities

1.4: Scale up Male Circumcision Services

A. Implementation Approach

ZPCT II will continue to initiate and scale up MC services and standardize 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 in collaboration with the UTH MC Unit. In December 2010 23 MC sites were operational and an additional 14 sites will be established by December 2011 for a total of 37 MC sites. In addition some of the private sector sites may be assisted to establish a MC program.

By engaging PMOs/DMOs 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.

ZPCT II is collaborating with the other USG funded and Gates Foundation Consortium partners of Society for Family Health (SFH), Marie Stopes 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.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section.

<i>1.4 Male Circumcision</i>		Life of Project Targets	Work Plan Targets Jan –Dec 2011
1.	Service outlets providing MC services	50	37
2.	Individuals trained to provide MC services	260	85
3.	Number of males circumcised as part of the minimum package of MC for HIV prevention services	NA	1,000

- Work with MoH and other stakeholders to ensure safe, voluntary and affordable male circumcision services with the relevant monitoring and evaluation systems required to evaluate program

effectiveness

- Collaborate with other partners to ensure the availability of appropriate surgical equipment and supplies to enable uninterrupted provision of services including the procurement of MC kits as needed
- Work in collaboration with the UTH MC unit and other partners to conduct 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
- Work in collaboration with MoH and Health Professions Council of Zambia (HPCZ) to support the preparation of MC sites for accreditation
- Strengthen the support for early detection, management and documentation of adverse events in MC
- MC advocacy and education activities through community based groups in communities and referrals made to MC services as needed
- Procurement of MC related commodities as needed
- Support MoH ART and MC accreditation processes at national, district and health facility levels
- MC advocacy, education through activities of community based groups in communities and referrals made to MC services as needed as well as promote MC through sensitization and training of opinion leaders/ community leaders as advocates of change of male norms and attitudes towards sexuality
- Conduct mobile MC and outreach referral to health facilities for services

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

A. Implementation Approach

the ZPCT II interacts with a broad network of partners and stakeholders to provide a sound HIV/AIDS service package that strengthens the health system and supports the priorities of the MoH and NAC. Central to strengthening the health system for the effective delivery of HIV/AIDS services are strong laboratory and pharmacy support services and networks; building the capacity of facility and community-based health workers; and engaging community and faith-based groups.

In December 2010 ZPCT II supported 112 public sector labs and five private labs. To ensure the quality of laboratory and pharmacy services and the sustainable transfer of skills and capacity, ZPCT II will provide ongoing mentoring and supportive supervision for all laboratory and pharmacy staff in related project sites. In line with good pharmacy practice ZPCT II will ensure that standards are set for promotion of good health, supply of medicines and medical supplies of suitable quality and provision of comprehensive pharmaceutical care. The program will also continue to support extensive monitoring and evaluation to track accomplishments and to identify gaps in programming. The data will also be used to inform program management and future planning and implementation. To ensure overall laboratory quality the program will continue to support external quality assessment programs

which will assume either proficiency testing on-site evaluations or blinded re-checking and will further strengthen internal quality control practices.

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 II. 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.

Although ZPCT II is primarily a facility-based program, it also provides financial and technical assistance to Zambian community-based organizations (CBOs) and Faith Based Organizations (FBOs) for activities that support improved delivery of comprehensive HIV/AIDS services and generate demand for those services. ZPCT II has worked with DMOs, district AIDS task forces (DATFs), health facilities and community organizations to establish 41 district-level referral networks that coordinate a wide range of services and service providers to meet the multi-dimensional needs of PLHA.

ZPCT II will conduct the following training activities in support of this objective:

- Conduct trainings in ART commodity management and equipment use and maintenance by respective vendor
- Train counselors conducting testing in all facilities in quality rapid HIV testing in guidance with the MoH and CDC
- Train pharmacy staff in the revised pharmacy SOP
- Train community volunteers including youth counselors, and TBAs using trainings materials updated with gender module.
- Train volunteers in CT, youth CT, PMTCT, CT supervision and adherence counseling

B. Critical Issues and Challenges

- **CD4 sample referral and laboratory equipment maintenance:** Sample referral and equipment maintenance pose challenges in project districts. This includes a lack of motorbike riders, inadequate fuel, equipment breakdown and a shortage of reagents. Routine preventive maintenance of equipment is also a problem. ZPCT II is working to ensure timely access to CD4 testing and is working with facilities to improve forecasting for reagents. The project is also tracking equipment service schedules to ensure schedules are followed and responses to call-outs for repairs are timely. It is hoped that in the future, subject to USAID approval and with further guidance from MoH, ZPCT II may be able to place point-of-care CD4 machines in selected pilot sites to alleviate some of the need for specimen referral.
- **Laboratory infrastructure:** Ensuring an optimum working environment in the laboratories continues to be a challenge. There is often inadequate space and where space is available, the condition of the electrical fixtures is inadequate. ZPCT II works to improve working areas and storage facilities to enhance the environment in laboratories at health centers/ hospitals. This includes identifying space, refurbishment /renovation of rooms, and providing essential standard equipment to enable laboratories carry out critical diagnostic and tests required for ART, HIV clinical care, MC support services, PMTCT and CT services. This is all done in line with the guidelines set out by the MoH for laboratory infrastructure development and the standardized equipment list according to level of care of the health facility/hospital. In addition, ZPCT II will work with MSL and the SCMS project as issues with commodity distribution and stock outs are identified.

- **Commodity stock outs:** Inconsistencies in the transport systems at Medical Stores Limited (MSL) combined with delays in orders from the districts continue to pose challenges for timely delivery and availability of commodities. This includes shortages of DBS blood collection bundles, commodities such as reagents for CD4 testing, and selected ARV drug formulations where challenges are faced in the implementation of the new revised ordering system for the kits. ZPCT II will follow up centrally with the MoH and at the district and facility levels to provide technical assistance and mentoring in the implementation of the new ordering system.
- **Internal quality control:** Significant emphasis is placed on supporting internal quality control (IQC) procedures including the use of the IQC forms. A major upcoming focus is to ensure that data is entered, supervisor and manager review is indicated and all corrective actions are documented. This weakness has been identified across facilities nationwide. ZPCT II will provide focused priority support to Ndola and Kitwe Central Hospitals as they have been earmarked for the first round of accreditation.

C. Objective 2—Key Results for January 1, 2011 – December 31, 2011

- 117 public sector laboratories are providing clinical laboratory tests (five new labs this work plan year).
- 349 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
 - Training provided to 240 pharmacy and laboratory staff in ART commodity management
 - Training provided to 355 laboratory staff in equipment use and maintenance by different vendors
- 41 referral networks coordinating services between facilities and communities to provide a seamless continuum of care reaching the household level
- Training provided to community volunteers in CT, PMTCT, and ART, according to national and international standards

D. Coordination

During this work plan period, ZPCT II will support 349 facilities to provide essential pharmacy and dispensing services and 117 public sector facilities to provide clinical laboratory services. Coordination with the MoH at the central, provincial and district levels is central to this important work. Recipient agreements, as discussed under Objective 1 above, will include this support. A key partner under Objective 2 is the Arthur Davison Children’s Hospital (ADCH) DNA/PCR laboratory where ZPCT II is a partner in increasing access to EID of HIV. The laboratory serves as a referral center for the five provinces working with ZPCT II. The project is also working with the Zambian Expedited Mail Service to express mail DBS samples from health facilities to the ADCH DNA/PCR laboratory. To further strengthen EID, ZPCT II is collaborating with UNICEF, the MoH and CHAI to implement a pilot using the SMS technology to send HIV DNA PCR results to facilities. In addition, ZPCT II will continue to provide support to the MoH in conjunction with the Supply Chain Management Systems (SCMS) for the implementation of the national approved logistics systems for ARVs, PMTCT drugs (for PMTCT-only sites), HIV test kits, laboratory commodities and essential drugs. This is to ensure an uninterrupted supply of commodities in the facilities for continued service delivery in support of CT, PMTCT, ART, clinical care and MC services under Objective 1.

ZPCT II will continue to work with DMOs, DATFs, health facilities and community organizations to establish 41 district-level referral networks that coordinate a wide range of services and service providers to meet the multi-dimensional needs of PLHA. ZPCT II will provide ten services grants (two per province) and 15 prevention grants (three per province) to local organizations that have capacity to manage fixed obligation grants including the Network of Zambian People Living with HIV/AIDS (NZP+), during this work plan period. A sub-grants officer has been hired under CARE to oversee implementation of these grants.

ZPCT II will continue to collaborate with MOH, JSI/Deliver and other partners on quantification, forecasting and management of commodities essential for provision of services for the CT, PMTCT, ART, Palliative care, MC and TB programs. This includes participation in workshops, trainings and meetings to ensure the ZPCT II supported sites' needs are included in the national plans. In addition, collaboration with MOH, CDC and other stakeholders on the implementation of the national laboratory quality assurance systems will continue.

2.1: Strengthen Laboratory and Pharmacy Support Services and Networks

A. Implementation Approach

Laboratory and pharmacy services are essential to the delivery of quality HIV/AIDS services. In line with MoH plans to initiate accreditation for laboratories in keeping with WHO-AFRO requirements, ZPCT II will provide focused support in areas that have been identified for improvement. Accreditation activities have progressed well in the two ZPCT II supported sites identified to participate in the first round of accreditation activities—Ndola Central Hospital and Kitwe Central Hospital. ZPCT II will continue to support the activities at those sites, and in the new sites that have been identified to participate in the next round of accreditation activities - Arthur Davison Children's Hospital, Solwezi General Hospital, Kabwe General Hospital and Mansa General Hospital. Trained ZPCT II technical staff will provide focused technical assistance in line with WHO-AFRO Accreditation requirements at these facilities to augment the accreditation process. ZPCT II provincial laboratory staff and facility laboratory staff will receive further training in good clinical laboratory practices and it is expected that ZPCT II laboratory staff will receive updated training annually.

ZPCT II will also support the finalization and printing of the manual on the *Rational Use of Laboratory Tests*. Activities include co-sponsoring a workshop to do a final review of the draft document, printing of the manuals, and dissemination of the manuals, including orientation of facility staff in their use. This document will provide clinicians and other users of laboratory services with guidance on how to optimize the services offered by routine medical laboratories and will also provide test menus and the clinical value of results and the interpretation of results.

ZPCT II will continue to assist supported laboratories and pharmacies through improvements in infrastructure and diagnostic capacity, 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 will also be strengthened through enhancements to current approaches and activities. Further to this, ZPCT II will reach 117 labs within the first three project years in keeping with the proposed schedule for other services. This will allow the project to devote sufficient time to sustainability in the project's final years.

ZPCT II will support training and capacity building for 1) lab personnel in knowledge and technical skills such as HIV virology and immunology; 2) HIV diagnosis and monitoring and equipment use and maintenance; good clinical laboratory practices and quality assurance (QA); 3) pharmacy personnel in dispensing practices, medication use and adherence counseling, adverse drug reaction monitoring and reporting, and rational drug use; 4) logistics and information management, including forecasting, quantifying, ordering and storing ARVs, opportunistic infection (OI) drugs, HIV test kits and other commodities procured through the MoH central supplier; and 5) Training and mentoring for pharmacy personnel in the use of the ARV dispensing tool and the SmartCare integrated stock control module database in ART pharmacies.

B. Key Targets and Activities

The table below outlines the targets supported by the bulleted activities.

2.1 Laboratory Support		Life of Project Targets	Workplan Targets Jan-Dec 2011
1	Number of testing facilities (Laboratories) with capacity to perform clinical laboratory tests	111	117
2	Individuals trained in the provision of laboratory-related activities	375	200
3	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	762, 600

- In collaboration with the MoH, CDC and other partners, strengthen and scale-up the external quality assessment programs supervised by the national reference laboratory. ZPCT II will continue to assist with the distribution of panels collection of results, ensuring documentation is in place, preliminary investigation reports and following up to provide focused technical assistance to sites that need help and onsite re-training and mentoring on implementation of EQA systems
- Provide focused support for Strengthening Laboratory Management Toward Accreditation (SLMTA) and improvement projects through regular technical assistance to facilities to assess and monitor progress in line with what has been identified as areas of improvement. Support will include refurbishments as well as joint sites visits with MoH/CDC staff who are taking a lead with this activity
- Provide focused support in strengthening Laboratory Quality Assurance systems to all laboratories by ensuring availability and use of MOH quality manuals, availability and use of site specific lab SOPs, availability and use of reagent monitoring logs and temperature logs, monitoring consistent availability and use of IQC /EQA materials, monitoring of test performance trends (Levy Jennings charts) using MoH standardized IQC forms. Ensuring periodic preventive maintenance for vital lab equipment is implemented and documented, providing onsite hands on training on equipment and test competencies to laboratory personnel. The strengthening of laboratory Quality Assurance systems in all ZPCTII supported laboratories will apply SLMTA check list according to level of health service provision to ensure standardization of quality is in line with MoH
- Support the MoH directive to increase capacity to administer and manage Tenofovir-based regimens by ensuring that supplies are constantly available and appropriate dispensing practices are followed

- Strengthen health worker adherence to the rational drug use and reporting system that monitors adverse drug reactions, in collaboration with the National Pharmacovigilance Unit (NPU) through facilitating availability of registers, training/orientation of staff in appropriate procedures for monitoring and reporting. ZPCT II will support the National Pharmacovigilance program by printing the necessary materials upon request from the Pharmaceutical Regulatory Authority (PRA) and assisting with their distribution to ZPCT II supported sites
- Support to strengthen the Drugs and Therapeutics Committee at facility and central level through facilitation of formation of committees and regular meetings as part of clinical meetings routinely held in health facilities
- Strengthen ZPCT II supported facilities linkage to MoH at central level in support of the supply and distribution of medicines and other healthcare products
- Provide appropriate information and advice to the patient, ensuring the quality use of medicine and monitoring the effects of use of medicines (pharmaceutical care)
- Set aside funds for procurement of limited reagent supplies for critical tests and MC consumables and instruments, as needed
- ZPCT II staff will continue to mentor facility staff and facilitate at MoH trainings in support for roll out and implementation of the national logistics systems for ARVs, PMTCT drugs, essential drugs, HIV test kits, and ART laboratory reagents and supplies
- Scale up and support use of the computerized ARTServ Dispensing Tool, SmartCare integrated stock control module and the Laboratory Management Information System (LMIS) including the provision of computers
- Participate in the ongoing MoH process with support from SCMS and CDC, to roll-out the SmartCare integrated stock control module (the MoH approved three pharmacy-related information systems – SmartCare, ARTServ Dispensing tool and the logistics management system) in ZPCT II supported sites
- Support the integration of the three lab-related information tools – SmartCare, the LMIS and the lab logistics system into a single, integrated, user-friendly system
- Provision of essential laboratory and pharmacy equipment and related accessories, and support for equipment maintenance and repair (including procurement of spare parts and working with vendors to decrease turnaround time)
- Identify additional CD4 machines to be procured as needed
- Collaborate with the MoH on the introduction of point-of-care (POC) CD4 equipment to expand access to the service in PMTCT sites without labs or where specimen referral is a challenge. Procurement of the equipment -PIMA or any other MoH approved POC equipment -is subject to MoH approval after local evaluation
- Once official communication has been received from the MoH, replace all manual humalyzer chemistry analyzers with fully automated technology that are being introduced by the MoH in a phased manner over the life of the project
- Support use of ZPCT developed QA/QI tools for laboratory and 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

- Orientation in the use of guidelines and Standard Operating Procedures (SOPs)
- Support the orientation, dissemination and printing of the revised ART Pharmacy SOPs
- Support the finalization and printing of revised ART Commodity Management Training materials
- Support implementation and improvement of the specimen referral and transport system for CD4 and other monitoring tests and further expand the specimen referral system for other diseases such as TB and STIs through the provision of motorbikes and fuel as well as provision of technical assistance in operationalizing the system
- Provision of motorcycles to facilitate transfer of blood samples to and results from upgraded centralized labs to make state-of-the art lab services available to patients in all clinics and health centers, regardless of location
- Support implementation and improvement of the courier system for sending DBS to the PCR lab at ADCH
- Infrastructure refurbishment to improve work and storage space and conditions
- Provide training for rapid HIV testing and supervision for CT testing corners to improve the quality of HIV testing
- Provide supportive supervision to health care workers in ZPCT II facilities to implement the CDC-funded CD4 external quality assessment (EQA) program and HIV EQA proficiency testing program and EQA for chemistry and hematology
- Collaborate with the MoH to improve access to additional viral load and drug resistance testing for complicated cases and conduct operational research (OR) on drug resistance and viral load testing
- Support capacity building activities in specialized good clinical laboratory practice areas such as process improvement, documents and records, facilities and safety, process control, information management, purchasing and inventory and assessment.
- Support and strengthen roll out and implementation of post exposure prophylaxis (PEP) program by ensuring constant availability of efficacious ARV drugs at all PEP sites
- Promote usage of Fixed Dose Combinations (FDCs) in pediatric clients by ensuring adequate stocks at all times and mentoring facility staff
- Continue supporting provision of therapeutic food for children in care
- Ensure an uninterrupted supply of MC commodities by strengthening ZPCT II supported facilities linkage to the national supply chain system
- Ensure timely orders, constant availability and adequate storage for newly introduced PMTCT mother-baby pack (MBP) in the districts selected for the initial phase of MBP implementation
- To ensure the quality of laboratory and pharmacy services and the sustainable transfer of skills and capacity, ZPCT II will provide training, ongoing mentoring and supportive supervision for all laboratory and pharmacy staff in related project sites. The program will also continue to support extensive monitoring and evaluation to track accomplishments and to identify gaps in programming. The data will also be used to inform program management and future planning and implementation
- Selection of training firms and individual trainers to conduct trainings on behalf of ZPCT II. In addition, liaison with the selected training firms and individual training consultants in the

implementation of assigned trainings across the different technical areas will be done

- Support training for rapid HIV testing and supervision for CT testing corners to improve the quality of HIV testing
- Training provided to 240 pharmacy and laboratory staff in ART commodity management
- Training provided to 355 laboratory staff in equipment use and maintenance by different vendor

2.2: Develop the Capacity of Facility and Community-based Health Care Workers

A. Implementation Approach

ZPCT II will provide trainings and mentoring to support rapid scale up of HIV/AIDS services in the ZPCT II supported MoH facilities. ZPCT II will develop innovative ways to fill human resource gaps in the supported facilities and improve service delivery by utilizing community volunteers and specialized data entry clerks.

In this work plan period, the rapid scale up of HIV/AIDS services will be achieved through the continued collaboration of ZPCT II with the MoH to train more health care workers and community volunteers in various relevant HIV/AIDS technical areas including CT, PMTCT, ART/ OI, care and laboratory and pharmacy services. ZPCT II will continue to supplement human resources, through task shifting, at current and expansion sites while also increasing the 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.

During this work plan period, ZPCT II will continue providing performance-based technical training, including refresher training and training of trainers, to health care workers(as outlined in Objective 1) and community volunteers using standardized MoH approved materials with a multidisciplinary team approach. Where feasible, on-site training at health facilities will be conducted to reduce costs and minimize the impact on clinic operations. The program will also strengthen training and mentorship to emphasize prevention in all areas, managing HIV/AIDS as a chronic illness, ensuring client-centered approaches and safe working environments in health facilities (including adequate sterilization and waste disposal). A full list of planned training activities is described in *Annex M*.

B. Key Targets and Activities

The table below outlines the targets supported by the bulleted activities.

2.2 Capacity Building for Community Volunteers		Life of Project Targets	Work plan Targets (Jan–Dec 2011)
1.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	440
2.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	250
3.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	110

- Lead the planning and coordination of all ZPCT II supported trainings at national, provincial and district levels with MoH and other partners
- Provision of training logistics support and records management to all technical units and provincial offices
- Selection of training firms and individual trainers to assist in training during ZPCT II trainings. In addition, liaison with the selected training firms and individual training consultants in the implementation of assigned trainings across the different technical areas
- Support the finalization and printing of revised ART Commodity Management Training materials
- Participation in training of HCWs and lay cadres in CT, CT supervision, youth CT PMTCT, ART, adherence counseling and lab courses, as needed
- Support post-training follow-up and on-site mentoring of trained facility staff and volunteers
- 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
- Participation in updating of all training packages (beginning with training packages for community volunteers) with gender issues as needed and training/orientation of service providers in the revised packages
- Orient trainers on new gender-based training and counseling materials and ensure they transfer knowledge to community volunteers including youth counselors, ASWs and TBAs during relevant trainings
- Support implementation of HIV nurse practitioner program by MoH and GNC as part of the pilot program of task shifting on ART prescribing from doctors/clinical officers to nurses
- Conduct TOT/clinical skills trainings in HIV/AIDS for ZPCT II staff as needed
- Conduct orientation for community mobilization unit staff on adherence support workers manuals and start transitioning this training to them
- Continue to make technical support visits to all the provinces to ensure that training documentation is properly filed
- Annual meeting with provincial training focal point persons
- Expand the use of lay cadres in all technical areas including CT, PMTCT and ART
- Continue to reinforce training through on-site mentoring of facility staff and volunteers
- Train trainers on new gender-based training and counseling materials and ensure they transfer knowledge to community volunteers including youth counselors, and TBAs during relevant trainings

2.3: Engage Community/Faith-Based Groups

A. Implementation Approach

To help achieve its objectives, ZPCT II seeks to partner with Local CBOs/FBOs by providing them with Fixed Obligation Grants (FOG). The purpose of these grants is to promote local demand for

prevention care and treatment services and to strengthen referral networks of HIV/AIDS service providers. Grant recipients are responsible for the implementation of ZPCT II's community activities and 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).

Two categories of grants will be provided, namely service grants and prevention grants; ZPCT II will provide ten service grants and 15 prevention grants during this work plan period.

The prevention grants are intended to support targeted community level outreach and mobilization activities to promote demand and access of comprehensive HIV/AIDS services such; Male Circumcision, STI & TB treatment, PMTCT, ART and promote usage of prevention, care and treatment service among vulnerable and marginalized groups particularly youths and women. The maximum grant size is USD9,000 per grants. The service grants are intended To support targeted capacity building and technical assistance to CBOs/FBOs involved in community level outreach and mobilization activities or referral network support activities. The maximum grant size is USD10,000 per grants. The period of performance for each grant will be 12 months.

ZPCT II will also increase community leadership on HIV/AIDS, strengthen community-level prevention through targeted interventions for both HIV-positive and HIV-negative individuals, and increase supportive supervision for community volunteers. Thus ZPCT II will provide training to NZP+, youth groups, and community leaders to equip them for their role as partners in creating demand for HIV prevention, care and treatment services. These partners will also be involved as facilitators in conducting focus group discussions in the communities on topics such as prevention for positives, Treatment literacy, HIV/AIDS and social norms, and HIV/AIDS stigma. Community volunteers such as CT lay, TBAs, and ASWs will also be used for community outreach, as an addition to their facility based role, to contact with a broad range of CBOs such as Neighborhood Health Committees and HIV positive mothers groups to build community level HIV/AIDS prevention, CARE and treatment promotion partnerships. See *Annex H* for a full listing of the community life of project targets and achievements to date.

B. Key Activities

- 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
- Support implementation of mobile CT activities in peri-urban and remote areas in conjunction with health facility staff
- Build on ongoing community mobilization efforts to continue to create demand for and links to services such as TB, PMTCT, MC and ART
- Mentor and provide ongoing supervision and support for volunteers working in the community, such as ASWs, youth CT counselors, PMTCT motivators and TBAs
- Continue to engage ASWs to assist in following up patients in the community who have defaulted on ART
- Identify local CBOs/FBOs to receive capacity-building assistance and sub-grants to strengthen service provision
- Stimulate demand for HIV/AIDS prevention and care services through outreach activities in hard-

to-reach areas by working with CBOs/FBOs and other community programs

- Support anti-stigma activities including training for community leaders, PLHA, youth groups and others
- Develop the capacity of community groups (through training and sub-grants) to plan, develop and implement positive prevention interventions as well as prevention activities targeting HIV negative individuals, including MC education, risk-reduction counseling and condom promotion
- Support organization and build capacity of PLHA support groups (e.g., through NZP+) including training 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
- 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
- Develop job aids for community leaders and volunteers including aids on how to integrate FP and RH in HIV/AIDS activities
- Conduct treatment literacy discussions to improve treatment-seeking behavior and adherence
- Build capacity of youth groups to provide youth-targeted HIV/AIDS activities
- Ensure that recruitment for community volunteers is gender balanced

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

A. Implementation Approach

Building the capacity of the provincial and district health office is essential for assuring sustainability of programs post ZPCT II. In order to operationalize and implement this approach, there is the need to develop a coherent strategy to address the different elements of this approach. Across the program, ZPCT II works in direct harmony with the MoH at the provincial and district levels and is committed to strengthening the Ministry's internal capacity to plan, manage and monitor HIV/AIDS services and activities. A priority of the MoH is the integration of HIV/AIDS services with other health care services. ZPCT II works within the MoH structures to make this a reality. Through training and hands-on mentorship of health care providers in supported facilities, ZPCT II has increased HIV/AIDS service integration with malaria, TB, STI and pediatric care. The project is also actively supporting the integration of HIV with FP/RH and other MNCH services.

A priority of the ZPCT II program is to strengthen the capacity of the PMOs and DMOs to carry out essential management functions, and to assess and strengthen the functionality of current management systems in support of a sustainable MoH management structure. Based upon a participatory approach to design and implement in consultation with the MoH, ZPCT II will conduct assessments of current management and planning functions at the PMO and DMO levels, and emphasize both standardized and tailored management training approaches based on assessment findings. ZPCT II is working closely with other USG projects, such as ZISSP, to ensure coordination and maximize use of USG

funds towards this activity.

Within Objective 3, ZPCT II is working to address gender related drivers of the HIV/AIDS epidemic in Zambia. ZPCT II has developed a gender strategy to address gaps in equal access to health services in Zambia, which are evident in the limited advocacy for women's rights among political, social, customary and religious leaders; health care provider insensitivity to gender issues; the limited service provision for gender-based violence (GBV); health care, legal services, psycho-social counseling; the general absence of youth friendly services, particularly for adolescent girls; and the design of many HIV/AIDS and RH services that hinder male access and use. ZPCT II will work in partnership with the GRZ and the private sector to address the gender-based gaps in access to health services and related HIV/AIDS vulnerabilities. The following table outlines a few of the gender indicators outlined fully in *Annex J*.

Also within Objective 3, ZPCT II is supporting the MoH to implement 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. This information supplements HMIS data by measuring service quality according to MoH SOPs, guidelines and identifying areas that need to be strengthened. This activity is done in collaboration with all relevant partners.

B. Critical Issues and Challenges

- Limited facility capacity to actualize integration of health services primarily due to staff shortages, space limitations and weak supply chain management systems. ZPCT II is working with the MoH to build the capacity of HCWs and is actively recruiting and training community-based lay cadres to expand needed services into communities. To strengthen facilities, ZPCT II partners with SCMS and MSL to strengthen supply chain management at the facility level.
- Implementation of training plans with the PMOs and DMOs has been challenging due to procedural issues such as late approval of training consultants, lengthy approval processes for local purchase orders, and limited availability of local venues at which to host the trainings. In the absence of consultant trainers, ZPCT II staff have facilitated some trainings to avoid cancellation or rescheduling.
- The capacity building strategy is centered on MoH program ownership and the need to develop a tailored capacity building program that reflects the MoH priorities as they pertain to PMO and DMO systems strengthening. As such, ZPCT II has sought the MoH endorsement and approvals of the implementation of the capacity building program activities. This is yet to be fully granted. This slow turn around time on the part of the MoH has continued to cause significant delays in kick starting major components of the program.
- Gender inequality is identified as one of the drivers of the HIV epidemic globally and in Zambia. During this work plan period and throughout the LOP, ZPCT II will address many of the barriers to equitable access to care and will link with partners working in counseling and case management for survivors of GBV.

C. Objective 3 — Key Results for January 1, 2011 – December 31, 2011

- Nine 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 PMOs and DMOs to manage improved HIV/AIDS services through provision of identified training programs.
- Increase the integration of gender focus into key technical strategies, service delivery, and community mobilization activities.
- MoH endorsed training packages for all relevant technical areas will be revised to include a gender module
- Increase the capacity of PMOs and DMOs in critical systems management functions, such as HR, financial management and governance.

D. Coordination

The success of Objective 3 requires full participation from the MoH, primarily the PMOs and DMOs, if their capacity to perform technical and program management functions is to improve. ZPCT II will continue to work with the MoH in setting the policy framework for which capacity building activities will operate. The fostered participation and inputs specifically from the MoH central and PMOs and DMO as beneficiaries of this process; is important for a sustainability approach and will also ensure that the ministry positions its interests for the benefit of health services. In this reporting period, ZPCT II will continue to engage other co-operating partners such as ZISSP, EGPAF, CARE International and CHAI by facilitating information, advisory sessions and networking to ensure that capacity building trainings developed are built on the expertise of each partner, leverages donor funds and does not unnecessarily duplicate efforts.

To address the gaps in equitable access to health care, ZPCT II will work with the GRZ, community and faith-based organizations and other private sector partners. Success in this area will require active partnerships across a full range of players from the national level to the community and household.

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

A. Implementation Approach

Current MoH policy calls for routine CT in all clinical areas. PMTCT services are provided within the national ANC service package. Through training and hands-on mentorship of health care providers in these supported facilities, ZPCT II has increased HIV/AIDS service integration with TB, STI and pediatric care. 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, including 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. For example, ZPCT II emphasizes skill building in early diagnosis, prevention, and treatment of malaria during PMTCT training sessions for HCWs. PMOs and DMOs will be supported to expand service integration to facilities not supported by ZPCT II using the UNICEF model that provides technical assistance to the district rather than at the facility level.

B. Key Activities

- Training technical staff at PMO and DMO level to support facilities in the delivery of integrated services
- Train managers to increase their capacity to provide technical assistance and supportive supervision on service integration to their own staff and facilities
- Support PMOs and DMOs to expand service integration to facilities not supported by ZPCT II using the UNICEF model that provides technical assistance to the district rather than at the facility level

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

A. Implementation Approach

ZPCT II has developed a gender strategy which details appropriate approaches and activities to guide the integration of gender across all ZPCT II program activities. The technical strategy for the integration of gender into ZPCT II programming is based on both the gender-based drivers of the epidemic in Zambia and ZPCT II's contractual mandate to support the delivery of HIV/AIDS prevention, care, and treatment services from the facility to the community level. Approaches are based upon four main pillars: the expansion of training curricula for HIV-related service provision at health facilities and at the community level; training of service providers on expanded gender sensitivity; facility-based changes to facilitate equitable access for women, men, and adolescents; and community mobilization to address stereotypes and create awareness of social and gender determinants of behavior that encourages HIV transmission. Each approach builds on existing frameworks and models for service delivery including the incorporation of gender into the current nationally approved standard training packages for health care providers. Linkages from the facility to the community level and vice versa are essential as is the inclusion of services for survivors of gender-based violence, rape and other abuses into the GRZ/ZPCT II referral networks. Building the capacity of provincial and district medical officers and service providers to identify and respond to gender issues related to HIV/AIDS prevention, care and treatment and hindrances to health seeking behaviors is central to this strategy. These efforts will also target communities, volunteers, and private sector partners to enable broader social action.

The schedule of activities outlined in the ZPCT II Gender Strategy will be integrated into service delivery across the ZPCT II supported facilities during this 2011 work plan period. The ZPCT II gender strategy will be shared more widely across other partners and with the PMOs and DMOs under the leadership of the MoH to assist in raising awareness about ZPCT II's commitment to integrating gender approaches across the project. Building the capacity of provincial and district medical officers and service providers to identify and respond to gender issues related to HIV/AIDS prevention, care and treatment and hindrances to health seeking behaviors is central to this strategy.

ZPCT II will use the Rapid Results for Gender Integration (RRGI) methodology to frame ZPCT II's gender activities. RRGI is an approach that carves up longer-term strategic objectives into 100-day initiatives that engage stakeholders, accelerate project implementation and promote accountability. The RRGI will link into ZPCT II indicators related to gender.

B. Key Activities

The activities listed below support this list of indicators. A full list of gender indicators is outlined in *Annex J*.

Illustrative Gender Indicators	Life of Project Targets	Work plan Targets Jan–Dec 2011
Number of couples counseled for HIV at ZPCT II participating health facility	TBD	TBD
Number of clients screened for GBV using the chronic care check list in ART sites	TBD	TBD
Number of training modules revised to include gender-based protocol and norms for service delivery	TBD	TBD

A selected list of key gender activities is presented below. Comprehensive listing of gender activities are found under each corresponding ZPCT II sub-objectives within this work plan. As gender is a cross-cutting focus of ZPCT II, some key activities may be represented under multiple objectives.

- ZPCT II presented the findings of the first gender assessment under the leadership of the MoH to a larger stakeholder group. If requested, ZPCT II will support the design of a national gender strategy for HIV/AIDS prevention, treatment and care for the MoH. If necessary, a second rapid assessment can be conducted to further inform strategy design
- Review and, where necessary, revise existing service provider training packages—facility and community based—to include gender-based protocol and norms for service delivery, including youth friendly approaches that address prevention of GBV, MCP, transactional sex, and coerced or forced sex
- Conduct a one-day training of trainers (TOT) session for ZPCT II staff to introduce the ASW manual, which was revised during year 2 to integrate gender considerations
- ZPCT II will work through the TWGs to achieve MoH endorsement for inclusion of the gender module in training packages for all relevant technical areas. With MoH endorsement, the gender module will be incorporated into training packages across technical areas
- Enhance facility-based services to improve male access to HIV and other RH services, where feasible structuring services to accommodate men
- Adapt the RRGi approach to the Zambian context, working with sub-teams of ZPCT II, DMO, PMO, and facility-based staff to develop and achieve 100 day goals
- Build the capacity of PMOs and DMOs to independently use the RRGi approach
- 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 for couples
- Integrate elements of the ZPCT II gender strategy into existing community mobilization activities, such as in the selection and training of community volunteers as well as in technical aspects such as counseling, which will include youth friendly approaches that address gender-related socio-cultural drivers of risk behaviors
- Implement and strengthen couple-oriented CT for community mobilization, along with improved

couples-oriented CT training that addresses MC, multiple concurrent partnerships (MCP) and general health seeking behaviors among men

- Implement and strengthen youth-friendly CT by ongoing recruitment of young people already trained in basic CT (and training in basic CT skills those without these skills) as lay counselors, providing youth-centered training for CT providers and linking CT to existing facility youth-friendly corners. Youth-friendly CT will address contextual factors that influence early sexual debut, MCP, GBV, and coerced or forced sex
- Support implementation of gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms to accommodate partners

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

A. Implementation Approach

ZPCT II is supporting the MoH to implement 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. This information supplements HMIS data by measuring service quality according to MoH SOPs and guidelines and identifying areas that need to be strengthened. ZPCT II aims to expand and strengthen existing MoH performance benchmarks for PMOs and DMOs to reach beyond meeting the required GRZ set of minimum standards of operation, but to achieve even higher levels of quality and efficiency. ZPCT II aims to integrate these MoH-endorsed benchmarks as the foundation of a standardized toolkit to ensure all capacity building efforts are based on the enhanced performance benchmarks.

Data collection quality has improved significantly with ZPCT II support, which has included training the district health information officers (DHIOs) and hiring of data entry clerks where needed, especially for ART sites, 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.

B. Key Activities

- ZPCT II and DMOs will 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
- Facilitate quarterly provincial level data review meetings to review district data
- Support provincial data management specialists' participation in ZPCT II data audits and district quarterly reviews
- Train DHIOs to interpret and use QA/QI information in M&E
- Develop mechanisms to include HMIS data collected at the community level in national statistics

- Place data entry clerks at the district level to support implementation of the QA/QI system
- Hold annual provincial meetings to review project performance
- Support operational research and 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.

A. Implementation Approach

ZPCT II will focus on strengthening the enabling environment for management capacity building in PMOs and DMOs. ZPCT II will continue to collaborate and hold consultative meetings with MoH central in the design and implementation of ZPCT II PMO and DMO capacity building program for a participatory and transparent approach.

In the June – December 2010 work-plan period, ZPCT II in collaboration with MoH, seven core management capacity areas for PMOs and DMOs was identified. These are: Human Resource Management, Financial Management, Governance, Planning, Transport and Maintenance, Internal Audit and Procurement. Furthermore, ZPCT II worked to expand and strengthen existing MoH and GRZ management performance benchmarks in the said capacity areas. The performance benchmarks were developed during a two-day Indicator Harmonization workshop with the participation of MOH central and representatives from the PMOs and DMOs as well as implementing partners. Based on MOH policies and mandates, these performance benchmarks are in the process of being endorsed by MoH. ZPCT II aims to integrate these MoH-endorsed benchmarks as the foundation of a standardized capacity assessment toolkit to ensure all capacity building efforts are grounded in the same performance metrics, assessment methodologies are applied uniformly, and the assessment data collected are comparable, accurate, and valid.

ZPCT II will build on initial pilot capacity building assessments conducted in the Northern Province and the Copperbelt Province to determine PMO and DMO systems gaps and the functionality of management systems in accordance with the capacity building pillars of sustainability described in the ZPCT II capacity building strategy. ZPCT II will train at least four PMO staff in each province in the assessment methodology in order to transfer knowledge and skills but more importantly, to promote a sense of ownership of the work in the MoH. As part of ZPCT II participatory approach, the trained PMO staff will take part in the implementation of assessments and subsequent repeat assessments under ZPCT II guidance.

Based on the findings of the capacity assessments, ZPCTI II will develop capacity building plans with each PMO and DMO to establish priorities, and ambitious but realistic targets. The capacity building plans will be tailored to address the specific needs and priorities of each PMO and DMO. Thus, in coordination with MOH, ZPCT II will develop and carry out standardized and tailored management trainings for five PMOs and 15 DMOs in four of the seven adopted capacity areas. These are Human Resource Management, Financial Management and Governance. ZPCT II believes it can make the biggest impact in these capacity areas. Standardized trainings will be developed in line with MoH policies and procedures to ensure uniformity in management systems application. Tailored trainings will be developed based on findings determined through extensive capacity assessments of PMOs and DMOs. Standardized and tailored trainings will offer focused support in areas identified for

improvement. This support may include job-aids, development of 'How to Manuals', refresher trainings and others.

ZPCT II will be able to lead initial trainings. In order to roll-out trainings to all DMOs in the 5 ZPCT II supported provinces, ZPCT II will take a Training the Trainers (ToT) approach with MoH staff so that the MoH can implement these trainings in all DMOs. ZPCT II will also leverage additional training assistance from other USAID Implementing Partners, such as ZISSP.

ZPCT II proposes to hire an additional Capacity Building Specialist to assist the current team design job aids and manuals for trainings.

B. Key Activities

- In collaboration with MoH central, ZPCT II will carry out management assessment of the remaining three PMOs and sampled DMOs to determine management gaps. ZPCT II will engage MoH central staff in carrying out PMO and DMO assessments
- In consultation with MoH, ZPCT II will carry out tailored trainings in Financial Management, Human Resources and Governance capacity areas in five PMOs and 15 DMOs. The tailored trainings will be based on assessment findings and as such will address specific management gaps for each PMO and DMO

Standardized Trainings

The following standardized trainings will be uniform across all provinces and will be designed to support MoH in ensuring uniformity in systems application. ZPCT II will work with MoH in conducting the following trainings.

HR Capacity Building

- In consultation with MoH Directorate of Human Resources and Administration, ZPCT II will develop job aids and job manuals to help staff in the interpreting of key HR policies and guidelines.
- In collaboration with MoH, ZPCT II will carry out trainings in the development of training plans that mirror PMO needs.
- In collaboration with MoH, ZPCT II will carry out refresher trainings in the implementation of Annual Performance Appraisal Systems (APAS) in all health facilities by DMOs and all DMOs by PMOs

Financial Management Capacity Building

- In collaboration with MoH Accounts Unit, ZPCT II will coordinate refresher courses in funds disbursements and reporting requirements
- In collaboration with MoH Accounts Unit, ZPCT II will coordinate trainings in financial management and accounting procedures which will assist with audit queries
- In consultation with MoH, ZPCT II will develop job aids for the accounts user manual, coding guidelines and standard operational procedures

Governance Capacity Building

- In consultation with MoH, ZPCT II will support MoH in the dissemination of job descriptions and

PMO and DMO organo-grams

- In collaboration with MoH, ZPCT II will provide focused trainings in leadership skills
- ZPCT II will support MoH in the coordination and management of various stakeholders at provincial and district level.
- ZPCT II will support MoH in the strengthening of performance management appraisals at PMO and DMO level

Planning Capacity Building

- In collaboration with MoH Planning Unit, ZPCT II will coordinate trainings in results based action plan
- In collaboration with MoH Accounts unit, ZPCT II will coordinate trainings in forecasting and budget monitoring procedures
- ZPCT II will support MoH in the strengthening of planning tools such as Activity Based Budgeting and Logical Framework Analysis

3 Capacity Building for PMOs and DMOs		Life of Project Targets	Workplan Targets Jan–Dec 2011
1.	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	20

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

A. Implementation Approach

The private sector plays an important and growing role in increasing access to quality health care. ZPCT II will support a total of 18 private sector sites including the six new sites added in this work plan year. There are a variety of private sector owned and run health facilities including those run by various church organizations and companies designed to serve employees and their families. It is therefore important that ZPCT II continue to support the private sector to provide quality HIV/AIDS services, following established national standards. In this work plan period, ZPCT II will collaborate with the COMET project to provide QA/QI support to their supported private companies.

B. Critical Issues and Challenges

- Limited facility capacity to deliver quality HIV/AIDS services including lack of appropriate laboratory equipment needed for baseline investigations and patient monitoring. HIV/AIDS is a relatively new area, particularly for the smaller and poorly resourced private sector health facilities. To ensure effective management of HIV/AIDS by these facilities, ZPCT II is working to strengthen and formalize linkages between twelve private sector facilities and the public health sector facilities supported by ZPCT II.

- Limited or lack of monitoring by district and provincial health authorities of practices in these facilities is a cause for concern, particularly for a complex and dynamic public health problem such as HIV/AIDS. The fact that these facilities are not monitored as part of the regular MoH performance assessments or provided with regular technical support raises the real possibility of compromises on the quality of services going unchecked with deadly consequences for clients/patients.
- Non compliance with national MoH standards of service provision. ZPCT II is working with twelve private sector facilities to train staff, provide job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage. ZPCT II is working with the facilities to ensure formalization of linkages to the MoH commodity supply chain for ARVs and networking for specimen referral for laboratory samples as well as strengthening data management. ZPCT II is also working to help the facilities attain and maintain Medical Council of Zambia ART accreditation.

C. Objective 4 — Key Result for January 1, 2011 – December 31, 2011

- Public-private partnerships for HIV/AIDS service delivery established in target provinces through implementation of tested technical approaches from the public sector
- 18 private sector health facilities being supported by ZPCT II

D. Coordination

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) like 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) and Global Fund mechanisms to manage its current GDA like activities. ZPCT II will develop a letter of collaboration with CHAMP and the COMET project to coordinate the work with larger private sector companies. In Solwezi District, the First Quantum Mine will be supporting the Solwezi District Hospital with extensive renovations and the mine will also support many of the rural health facilities in the district. ZPCT II will coordinate this support with our program areas to ensure targets are not duplicated. In addition, ZPCT II will support many of the COMET support private health facilities with quality assurance visits to ensure the MOH standards of care are being adhered to. COMET and ZPCT II will develop a joint scope of work for a technical visit to review the current GDA like activities and to determine if further technical assistance is needed. Further discussions will take place in this work plan period for ZPCT II to provide MC services to some of the larger private health facilities.

E. Key Activities

Facilitating the process of linking ZPCT II will provide technical assistance in support of MoH and National AIDS Council (NAC) priorities and facilitate support of HIV/AIDS activities in collaboration with private sector sites through:

- Ensure that MoH quality standards are met in the COMET supported private sector facilities by providing technical assistance using the ZPCT II model and implementing the approaches outlined in Objectives 1 and 2
- Identify additional private facilities to support, including ensuring their inclusion in district-based referral networks to increase access to comprehensive care and support services
- In addition to the 12 private facilities from year one, extend support to another six health facilities for the provision of HIV care and treatment services (CT, PMTCT, ART and MC where feasible).
- Training health care workers in CT, PMTCT, family planning, ART, MC, pharmaceutical services management and necessary laboratory based trainings in private sector facilities where appropriate
- Providing on-site post training mentorship and monitoring to ensure MoH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage
- the clinic to the MoH commodity supply chain for ARVs, where feasible in line with the MoH guidelines/policies
- Liaison with the clinic focal point person to ensure the networking of specimen referral for laboratory samples is formalized or initiated
- Mentorship in data collection using MoH data collection tools in line with the “MoH three ones principle” on monitoring and evaluation
- ZPCT II will provide FHI owned computers and software for electronic data collection where not available, with the understanding that the clinic will identify a data entry clerk to update client records as required
- ZPCT II will work with the clinic towards the required Health Professions Council of Zambia (HPCZ) ART accreditation, if not already accredited; ZPCT II will monitor and provide support to maintain such accreditation where it exists

4 Public-Private Partnerships		Life of Project Targets	Work plan Targets Jan -Dec 2011
1.	Private health facilities providing HIV/AIDS services	30	18

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

A. Implementation Approach

Collaboration and cooperation with the GRZ and a wide range of other partners are essential features of ZPCT II work. ZPCT II will continue to ensure that Zambia’s HIV/AIDS services are fully integrated and non-duplicative. Many of these areas and activities are discussed under Objectives 1 – 4.

ZPCT II supports collaboration and cooperation at all levels of implementation, from national to community levels. ZPCT II emphasizes prevention across all areas of programming in CT, PMTCT, clinical care, MC and in the community. This is done by including and promoting key prevention

messages with every client interaction, such as appropriate condom use and ensuring their availability. Prevention messages are incorporated into services for all clients including MC, PEP and with tailored messaging according to the sero status of the client.

Through referral systems that are both internal and external to facilities, ZPCT II strengthens the continuum of care for clients in both public and private facilities. For example, ZPCT II works to ensure that clients testing positive in CT services are referred not only for assessment at the ART clinic, but are also screened and referred for TB, FP, MC, home based care or other community support groups and services as necessary.

Monitoring and evaluation activities cut across the continuum of all ZPCT II supported facilities and community activities. For example, data is collected to monitor entry points into care and any referrals made for each client, allowing for evaluation of the referral system. Through monthly reports, analysis, and data review meetings, ZPCT II is able to identify challenges and successes. This feedback loop allows ZPCT II staff along with the provincial, district, and facility level managers and health providers to strategize and prioritize technical assistance focus areas. This integrated M&E system allows for a continuous feedback loop whereby data from all levels of prevention, clinical care, and community services inform decision making and program implementation.

ZPCT II works to ensure that all activities from the community, facility, district, and provincial levels are incorporated into broader MoH action plans to ensure a well-coordinated national approach.

B. Critical Issues and Challenges

- Strengthening clinical HIV/AIDS services is a key ZPCT II approach. However, clinical services alone may not be sufficient to ensure comprehensive and ongoing care for clients when they are back in their communities. Many communities have several other service providers apart from government health facilities that provide a range of services including home based care and other prevention activities. ZPCT II is working with other USG funded programs to strengthen access to ART through community home based care programs. Partnerships are linking USG funded and non-USG funded community HIV/AIDS services to government clinical services, thereby strengthening community based prevention, care and treatment services, and more importantly strengthening the continuum of care.
- Strengthening referral systems - The need to strengthen the existing referral networks at district and facility levels to ensure an effective continuum of prevention and care services are easily accessible. ZPCT II, through its innovative sample referral system is working to improve inter facility referral of samples, thus ensuring a continuum of care for clients. ZPCT II is also working to expand and strengthen district referral networks. This is meant to increase access to comprehensive HIV care and support services and to facilitate the systematic and formal linking of HIV/AIDS related services to ensure that clients access available services at any given time, at the health facility and community level.
- Strengthen the coordination between partners involved in male circumcision services. ZPCT II is working with all the partners to improve coordination and collaboration in relation to MC scale up plans and implementation at the facility level through regular meetings with partners. For facility level implementation, ZPCT II is working to integrate ZPCT supported services with partner supported MC services in facilities where both ZPCT II and the partners are working. These partners include Society for Family Health (SFH), Marie Stopes, Jhpiego, and CHAZ.

C. Objective 5 — Key Results for January 1, 2011 – December 31, 2011

- Continue to support and build capacity of the current 33 district referral networks and roll out the networks to the remaining eight district referral networks in the five provinces. All 41 supported districts will have functioning referral networks by December 31, 2011.
- ZPCT II activities incorporated into all PMO and DMO action plans annually
- ZPCT II participating in all technical working groups with the MoH, NAC and other partners
- Prevention messages incorporated at all facility levels of service delivery and community programming
- Ensure that clients at public and private facilities have access to a holistic range of integrated health care services through robust referral mechanisms

D. Coordination

At the national level, ZPCT II supports collaboration via active membership in technical working groups and by hosting or supporting annual technical meeting(s). At the provincial level, ZPCT II facilitates annual technical meetings to encourage sharing of knowledge and best practices. ZPCT II works to ensure that all activities at the district level are integrated and incorporated into DMO annual action plans. Referral networks at the community level are central to ZPCT II's efforts towards a well-coordinated approach to service delivery.

ZPCT II will continue to play an active role in the MoH's HIV/AIDS related Technical Working Groups (TWGs).² 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 TWGs, ZPCT II helps to develop and review guidelines, training packages, SOPs and technical updates across all technical areas. ZPCT II 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.

ZPCT II coordinates with the MoH through routine data review meetings at the provincial level. Key stakeholders gather to analyze and review trends in the data at the provincial level and determine the key factors influencing those trends. Plans for technical assistance to districts and facilities are then determined in coordination with PMO staff.

ZPCT II will continue to look for opportunities for collaboration 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. During this work plan period, ZPCT II will initiate letters of collaboration with partners, both USG and non USG to ensure clear communication. ZPCT II will coordinate with the Japanese International Cooperation Agency (JICA) and MEDECINS SANS FRONTIERS (MSF) on the project's expansion into Mumbwa and Luwingu districts, where JICA and MSF, respectively, provide assistance to health facilities. ZPCT II will collaborate with the Society for Family Health (SFH) led consortium on MC (see Section 1.4). ZPCT II will continue to collaborate with UNICEF and provide support in PMTCT and pediatric ART to 53 health facilities in three districts in Luapula Province.

² 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.

Other examples of collaborative partnerships 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 will include the USAID funded ZPI, CSH, and STEPS-OVC. Lastly, though ZPCT II does not provide direct services to orphans and vulnerable children (OVC), other than through the provision of treatment for HIV positive children, identified OVC will be referred to community programs for assistance through existing district referral networks.

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, which continues under ZPCT II. Collaborating partners such as CIDRZ and CRS AIDS RELIEF have taken turns to host this seminar. ZPCT II may need to host the program in 2011 if CRS AIDS Relief is unable. 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 initiates a provincial-level update to share knowledge and best practices with provincial/district-level stakeholders and providers, and continues to participate in the district planning process so that all ART activities are integrated into district action plans.

E. Key Activities

- Bring stakeholders together to share technical information and lessons learned
- Host the annual ART Update Seminar
- Participate in provincial level updates to share knowledge and best practices with provincial/district-level stakeholders and providers
- Participate in the district and provincial level planning process so that all HIV/ART activities are integrated into district and provincial action plans
- Continue developing letters of collaboration with partners, both USG and non-USG to ensure clear communication
 - Refer identified orphans and vulnerable children (OVC) to community programs for assistance through existing district referral networks
- 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 in four districts
- Work with DMOs and local HIV/AIDS service providers to formalize service coordination among service providers by replicating standardized referral network mechanisms including coordination of services and consistent use of standardized referral tools and procedures through tracking and facilitating regular referral network meetings
- Develop standardized mechanisms for client feedback, referral tracking, feedback and problem-solving on HIV/AIDS services and referrals that lead to improved client-centered care.
- Work with the MoH on a proposed strategy on community health workers, currently in draft form, which may present challenges to the use of task shifting by requiring longer training periods and

higher compensation.

- Provide technical and logistical support towards service integration with HBC programs for ART outreach services
- 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 prevention services such as MC
- Hold monthly data analysis and review meetings at the provincial level to assess trends and gaps in service provision

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

A. Implementation Approach

Continued TA and support will be intensively provided to all ZPCT II sites during the work plan year. Specifically, TA will focus on data collection, data management and reporting in all program areas. Capacity building in the generation and reporting on the New Generation PEPFAR indicators (NGI) and ZPCT II's new program elements will be continued from last year. The SI unit will ensure that support for the continued and uninterrupted flow of information from ZPCT II supported sites to the national level (health facilities, district, province and national) is sustained. The SI unit will also 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.

Working in close collaboration with the procurement unit, the SI unit will facilitate the procurement and distribution of necessary computer equipment and accessories for both new and existing sites (for SmartCare in clinical care and PMTCT as well as other electronic information systems).

The unit will work closely with other technical units in building capacity and providing technical support to facility, district and provincial medical office MoH staff in quality improvement of HIV services. ZPCT II will work with MoH, HPCZ, private sector and partners at all levels to develop and harmonize national QI standards, methods and tools to ensure the highest possible quality of HIV health services, and integration into the general health care system.

Quality Assurance and Quality Improvement (QA/QI)

Through the technical team, ZPCT II will continue to build HCW capacity and render technical support towards new and old program elements to ensure good service quality is attained in all sites supported. The primary goal is to improve the quality of life of people living with HIV by providing the best possible quality of HIV services, and reducing HIV transmission in an effort to reach an HIV free generation. II Areas of focus towards mitigating the transmission of HIV and ensuring quality of life for PLWHA are enrolling and maintaining eligible HIV positive people on full HAART, MC, CT, PMTCT and laboratory and pharmacy support services.

The QI system will be routinely implemented by all ZPCT II technical units including ART/ clinical care, MC, PMTCT/ CT, Laboratory/ Pharmacy and M&E units in order to:

- Ensure health care workers provide HIV health services consistent with MoH national standards and guidelines for the treatment and prevention of HIV, its related opportunistic infections and chronic non-communicable diseases associated with prolonged HIV infection

- Continuously measure the level at which actual HIV services provided within ZPCT II supported facilities are consistent with the set national guidelines and standard operating procedures for HIV prevention, care and treatment as an evidence base for improving the quality of HIV services
- Develop and document optimum strategies to facilitate good HIV service quality and increased uptake of these services
- In addition to meeting good quality standards, build MoH capacity to ensure all ZPCT II supported sites sustain high quality HIV services through the district graduation and sustainability strategy
- Collaborate with MoH and private sector sites to ensure optimum patient level outcomes through monitoring quality of patient level care, beyond program level parameters
- Facilitate ZPCT II supported site attainment of accreditation status for all relevant HPCZ/ MoH Accreditation programs (ART site accreditation, MC site Accreditation)

Through technical collaboration with MoH, HPCZ and partners in various technical working groups and quality-related committees, ZPCT II will continue to support institutionalization of QI in health care. ZPCT II is also committed to applying quality improvement strategies for program implementation via lessons learned and evidence generated through operations research.

Facility and District Sustainability Strategy

As part of its sustainability plans, ZPCT II is committed to building MoH capacity to ensure that health facilities continue delivering good quality services in the absence of external technical support. This process has been implemented through a district graduation and sustainability strategy that builds on the good service quality gained through the QA/QI system. The graduation strategy aims to transition supervision and technical assistance of health facilities that have attained a consistently high level of technical quality from ZPCT II to GRZ support without compromising service delivery or quality. ZPCT II technical strategies and QA/QI tools serve as the basis to assess service quality in health facilities. Districts eligible for graduation must have facilities which maintain and sustain acceptable standards for a period of three to six months across all technical areas namely CT, PMTCT, clinical care, ART and pharmacy/laboratory before they can be graduated. Once graduated, post graduation management plans developed jointly by ZPCT II and district medical/ provincial medical offices provide a roadmap for continued quality monitoring within graduated districts with district medical offices taking the lead in driving the quality improvement process.

Performance Monitoring

Monthly service statistics will be collected and compiled on a monthly basis from all supported sites (MoH and private-sector health facilities) based on PEPFAR/MoH/NAC indicators. 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 is used to generate monthly service delivery reports for all technical areas. Reports provide immediate feedback on performance and 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. ZPCT II will work with the private sector to introduce MoH approved tools and provide technical support to ensure data is reported into both the HMIS and project M&E system. The QA/QI system will also be introduced and strengthened in the private sector sites.

Evaluation

In order to establish program outcomes and impacts, comparisons of project data baselines, combined with other data sources, will be undertaken. Baseline data for required indicators collected from service statistics and other sources at the end of the ZPCT program will be utilized. ZPCT II also will conduct ongoing program evaluations including operational research with the MoH and other partners as appropriate.

B. Critical Issues and Challenges

- Delays from the SmartCare software development team in responding to ZPCT II queries have caused corresponding delays in using SmartCare as a reporting tool in the 98 sites running the software. The software is updated, however, on a daily basis alongside the paper-based ARTIS system.
- Some New Generation Indicators continue to pose major challenges as registers and reporting tools separate from the national HMIS need to be created for their collection. The use of these registers and tools will take time away from already overburdened health care work force in supported sites.
- At the national level, the continued absence of a national MoH QI officer, QI strategic plan, functional national QI system and standardized QI data collection tools have slowed the impetus of MoH health workers at peripheral levels of the health system to gain ownership of the QI system implemented under ZPCT II.

C: ZPCT II Project (January 1 – December 31, 2011 Workplan Targets)

Objective	Indicators	Project Targets (LOP)	Year Three Targets (Jan – Dec 2011)
1.1 Counseling and Testing (Projections from ZPCT service statistics)			
1.	Service outlets providing CT according to national or international standards	370	349
2.	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	415,000
3.	Individuals trained in CT according to national or international standards	2,316	438
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)			
4.	Service outlets providing the minimum package of PMTCT services	359	318
5.	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	140,000
6.	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	15,000
7.	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	968
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)			
8.	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	349
9.	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	170,000
10.	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	13,617
11.	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	505
12.	Service outlets providing ART	130	132*
13.	Individuals newly initiating on ART during the reporting period	115,250	24,000
14.	Pediatrics newly initiating on ART during the reporting period	11,250	1,922
15.	Individuals receiving ART at the end of the period	146,000	104,200
16.	Pediatrics receiving ART at the end of the period	11,700	7,502
17.	Health workers trained to deliver ART services according to national or international standards	3,120	505
TB/HIV			
18.	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	349
19.	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	4,200
20.	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or	3,120	505

Objective	Indicators	Project Targets (LOP)	Year Three Targets (Jan – Dec 2011)
	presumed)		
21.	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	6,146
1.4 Male Circumcision (ZPCT II projections)			
22.	Service outlets providing MC services	50	37
23.	Individuals trained to provide MC services	260	85
24.	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	1,000
2.1 Laboratory Support (Projections from ZPCT service statistics)			
25.	Number of testing facilities (Laboratories) with capacity to perform clinical laboratory tests	111	117
26.	Individuals trained in the provision of laboratory-related activities	375	200
27.	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	762,600
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)			
28.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	440
29.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	250
30.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	110
3 Capacity Building for PMOs and DMOs (ZPCT II projections)			
31.	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47
4 Public-Private Partnerships (ZPCT II projections)			
32.	Private health facilities providing HIV/AIDS services	30	18
Gender			
33.	Number of pregnant women receiving PMTCT services with partner	N/A	N/A

* 132 will report independently and an additional four sites will also be providing services. Some of these sites may start reporting independently during the year.

D. Coordination

ZPCT II collaborates with the MoH to strengthen the QA/QI system across all technical program areas. The program also coordinates with CDC for technical assistance regarding the development, update and implementation of SmartCare. The specialized SmartCare pharmacy-dispensing

module was developed in close collaboration with JSI and the CDC software developers. The pharmacy-dispensing module is due for roll out between January and December 2011.

E. Key Activities

Monitoring and Evaluation

- Compile and submit monthly, quarterly, semi-annual and annual data reports as part of program performance monitoring
- Conduct a semi-annual (March and September 2011) data audit in all provinces to ensure reliability of data reported and set up a system to amend reports, when needed
- Continue to provide data and guidance for quarterly feedback meetings with the PMOs and DMOs
- Provide technical support to PPP sites in collection, reporting and management
- Conduct data analysis by technical area for documentation of results and problem solving
- Conduct statistical trend analysis for program feedback and target monitoring/setting
- Provide input into the documentation and dissemination/publication of ZPCT II achievements in the specific program areas
- Provide technical support for the MC and chronic health care checklist databases
- Update QA/QI database to reflect projected changes as a result of new data elements in ZPCT II and new guidelines in PMTCT and ART
- Update and maintain PCR Lab Database, training database and M&E database
- Develop data collection tools for FHI/Partner surveys
- Update the comprehensive Data Quality and Validation guide
- Develop a Geographic Information Systems database
- Develop a web reporting application to develop monthly and quarterly reports on demand by provincial M&E technical staff; this will enable ad hoc reports to be generated from the field depending on the information required
- Provide intensive support (i.e. training, distribution of the required computer equipment and accessories, and on-site post-training) to SmartCare PMTCT pilot sites across the five provinces
- Provide necessary technical support for the PCR lab database management and data processing to enable the efficient flow of results back to health facilities
- Conduct, as necessary, SmartCare trainings for clinical care staff including DEC's in new sites as part of orientation
- Procure SmartCare forms for ZPCT II supported health facilities
- Procure other SmartCare consumables such as CDs Flash Drives, etc for all ZPCT II supported ART and PMTCT sites
- Monitor the SmartCare system for reliability in conjunction with CDC/MoH and other partners
- Update the ARV dispensing tool or SmartCare dispensing software in all ART sites

- Recruit additional data entry clerks for ZPCT II-supported health facilities as needed
- Provide intensive capacity building for DECs and other HCWs for SmartCare such as data entry and quality assurance and control (QA/QC), including SmartCare database completeness following SmartCare commissioning
- Conduct bi-annual SmartCare field supervisory visits with MOH SmartCare staff to ZPCT II-supported sites
- Conduct bi-annual Data Management field supervisory visits with HMIS staff to ZPCT II-supported sites
- Ensure proper SmartCare setup in facilities with multiple installations (i.e. ART and PMTCT SmartCare)
- Engage the SmartCare software development team to revise the reports in the system to match the Next Generation Indicators reporting requirements
- Complete the commissioning of SmartCare sites to enable the use of the system for reporting to USAID, PEPFAR and MOH
- Conduct semi-annual trainings for technical updates for DECs in each province (Provincial Office activity)
- Conduct M&E training for new DHIOs and DHIOs from new ZPCT II supported districts and ZPCT II M&E staff

QA/QI System

- Collaborate with MoH at all levels (central, provincial, district and facility) to institutionalize QA/QI activities including integration into MoH performance assessments programs
- Provide technical support to MoH quality improvement-related committees and technical working groups to develop and roll-out standardized MoH QI initiatives and national accreditation systems
- QA/QI staff to collaborate with other ZPCT II technical staff to scale-up QA/QI capacity building activities for MoH staff through use of QA/QI orientation package, training materials and technical support. This will help MoH staff to increase uptake and systematic use of QA/QI tools, job aids, standard operating procedures (SOPs) and related materials by themselves
- Update QI tools and materials in line with updates in national ART, CT, PMTCT, Laboratory, Pharmacy, Health Management Information Systems standards, guidelines and SOPs
- Implementing a structured process of selection and prioritization of facility based QA/QI improvement support needs
- Regularly analyze, document and disseminate QA/QI data collected to determine progress toward evidence based benchmarks for improving the quality of HIV health services offered
- ZPCT II QI technical staff to conduct annual QA/QI Data Audits in provincial ZPCT II offices and selected ZPCT II supported facilities to ensure quality of the prescribed QA/QI processes with room for process improvement

- Strengthen feedback and evaluation mechanisms into the QA/QI process to ensure that goals are accomplished and concurrent with standard outcomes
- Collaborate with DMOs and facility management to develop and implement Post-Graduation Management Plans to ensure MoH ownership of QI activities and good quality HIV services are maintained within graduated districts
- Liaise with ZPCT II technical staff to document and disseminate QA/QI best practices, lessons learnt and operational research for program improvement
- Conducting periodic evaluation of program elements and quality outcomes for program improvement
- Conduct regular client exit surveys to assess client satisfaction with quality of HIV services provided in ZPCT II supported sites
- Implementing steps outlined in the QA/QI and graduation procedure manual for use by ZPCT II and the districts for monitoring performance of ZPCT II supported sites in both graduated and non-graduated districts
- Establish a ZPCT II QA/QI database for all technical areas to facilitate analysis of QI data collected

Operations Research

As part of the process of improving service delivery across all sites, the SI unit undertakes operations research activities in collaboration with other units. These evaluations provide scientific evidence of the benefits of good practices or piloted strategies, which are then expanded or strengthened to other areas of service delivery or sites. Proposed operations research questions to be answered during 2011 are listed below.

- Evaluation of the re-testing in CT and PMTCT sites from routine data
- Assessment of the extent of FP/CT/PMTCT integration
- Evaluation of the mother –baby-pack implementation for PMTCT
- Evaluation study of patients on 2nd line ART
- Trend analysis of quality of HIV services in graduated districts
- Evaluation of Chronic HIV care checklist results
- Outcome of patients on TDF/FTC regimens (MOH pilot study)
- Client Satisfaction Exit Interview
- Analysis of patient outcomes and factors in SmartCare database
- Evaluation of patient retention in ART program
- Costing study
- Women who seroconvert during pregnancy

Technical Area Support

Technical Area	Activities
CT/PMTCT	<ul style="list-style-type: none"> ▪ Implement the use of SmartCare in ANC/CT/PMTCT at selected sites followed by a widespread roll-out of the software ▪ Maintain accuracy of records ▪ Timely record updates ▪ In collaboration with Pharmacy/Lab unit, ensure the timely running of commodity management systems for the testing corners in the facilities and strengthen systems for accountability of commodities ▪ Conduct, as appropriate comprehensive training in use of appropriate data collection tools at new ZPCT II sites ▪ Provide intensive technical support in appropriate data collection methods for new Generation PEPFAR and ZPCT II new program elements indicators
ART/Clinical Care	<ul style="list-style-type: none"> ▪ Train and mentor appropriate facility staff to correctly enter data in to the SmartCare system ▪ Build capacity in the provincial M&E officers, data management specialists and District Health Information Officers on QA/QC for electronic information systems such as SmartCare ▪ 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 ▪ Schedule visits to check on the SmartCare deployment progress in new sites while strengthening the running of the system in existing sites. ▪ Provide intensive technical support in appropriate data collection methods for new Generation PEPFAR and ZPCT II new program elements indicators
Laboratory	<ul style="list-style-type: none"> ▪ Train and mentor facility staff to correctly fill in the PCR lab forms at the referring health facilities, in collaboration with the Pharmacy/Lab and CT/PMTCT units ▪ Build capacity in the provincial M&E officers, data management specialists and District Health Information Officers on QA/QC for the PCR information system (referral forms and database) ▪ 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 ▪ Train and mentor facility staff to correctly document the laboratory samples ▪ Train and mentor facility staff to correctly document the PCR samples during transport and processing ▪ Train lab staff to document and report back to health facilities on why samples have been rejected (if any) by the PCR lab

IV. Program and Financial Management

ZPCT II has a well functioning management structure in the Lusaka office and the five provincial field offices, as well as good working relationships with the Ministry of Health (MoH) and other partners. Collaboration with the MoH is governed by Memoranda of Understanding (MOU) at the national and provincial levels and recipient agreements (RAs) with provinces, districts and hospital boards. In addition, there are sub contracts with other local and international partners. CARE and MSH have a field presence in all the five provinces and have placed their staff within the ZPCT II management structures to ensure the smooth operation of the project.

A. 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 provinces. The ZPCT II program is managed by the Chief of Party (COP), a Deputy COP/Director of Programs, Director of Technical Support, a Director of Finance and Administration and a Senior Monitoring & Evaluation Advisor. This senior team of Directors is supported at provincial level by five Provincial Program Managers, five Provincial Technical Advisors, five Senior Program Officers, five Provincial Finance and Administrative Officers and an extended senior management staff in the Lusaka office. The COP meets weekly with the Directors and meets with the extended senior management team monthly to supervise and manage the overall program. See *Annex K* for the current ZPCT II organizational chart.

In 2011 ZPCT II will be providing programmatic, financial and technical support to 349 MoH and CHAZ Mission facilities across 41 districts of the five provinces through the recipient agreement mechanism. In addition to this, 18 private sector facilities will also be supported with technical assistance and mentoring. Each quarter, provincial offices develop quarterly work plans and travel plans which detail the focus and number of technical assistance visits to ZPCT II supported facilities. In addition, the work plan is supported by a budget which finances the technical support visits, as well as activities including renovations, procurement of furniture, stationary and related activities in the recipient agreements.

The recipient agreements with the PMOs and DMOs are designed to provide mutually agreed upon assistance without directly granting funds to the districts or any government institution. Hence, FHI manages the funds allocated to the respective provincial medical offices and district medical offices. In 2011, ZPCT II will manage a total of 58 recipient agreements with PMOs, DMOs and UTH and subcontracts with KARA, CHAZ, Cardno Emerging Markets, Social Impact and CARE Zambia. In addition, within the 58 recipient agreements, ZPCT II will continue to manage eleven recipient agreements with the general hospitals including UTH, which will be amended in March 2011 together with the CHAZ subcontract.

ZPCT II will finalize all 43 year two refurbishments by end of June, 2011. In addition, ZPCT II will support 77 new renovations in 2011 across all the five provinces. In addition to doing renovations on pre-existing infrastructure, and given the widespread limitation of space in health facilities across all the five provinces, ZPCT II will explore innovative and creative ideas to create additional and much needed space for HIV service provision. ZPCT II will explore ideas such as the 'Clinic in a Box', a knockdown structure that is able to be assembled with ease on site. ZPCT II will continue to apply environmentally sound design to limit and mitigate the impact that the refurbishments might have on the immediate and surrounding environment as required by the Environmental Protection and Pollution Control Act CAP 204 of the Laws of Zambia and Regulation 216 of the USG. This will be done through pre-refurbishment Environmental Site Assessments and post refurbishment sites assessments. See *Annex I* for the status of renovations.

The Program Management Unit in Lusaka will work with the provincial offices to monitor program implementation and strengthen decentralized components such as program reporting and will continue to provide program management support. The Lusaka Technical Unit will roll out and oversee the implementation of the technical strategies along with providing the technical backstop to the provincial technical teams to allow the provinces to effectively work with the districts and provinces to implement the program activities directly in the field. The Finance and Administration Unit will provide support to the program in line with the current work plan objectives. The three ZPCT II units will hold quarterly/bi annual review meetings with the provincial teams and conduct regular field visits for overall program monitoring. Program and

finance staff will participate in the regional meetings on finance, contracts and grants, program monitoring and leadership. Program and finance staff will participate in the FHI regional meetings on finance, program monitoring and leadership. In addition, program staff will participate in regional leadership and program monitoring trainings including design, monitoring and evaluation and sub-award management.

See *Annex C* for a list of partners, roles and responsibilities and reporting structures.

In this work plan period, ZPCT II will receive short technical assistance from the collaborating partners both regionally and from the U.S. In addition, ZPCT II staff will travel for meetings, trainings, workshops and conferences related to technical areas, program management, leadership and finance, both regionally and in the US. Where needed, local TA will be hired to augment the operations research and evaluation activities.

The key international short term technical assistance travel for this project is as follows:

- costing study from NC to review the costing data and inform USAID on costs for services
- finance review support from South Africa by the FHI Regional F&A Advisor
- support to the CARE Zambia community mobilization component from the CARE Regional AIDS Advisor
- support for capacity building and gender integration for PMOs and DMOs from Social Impact consultant
- support for TOT and integration of gender modules into training packages from Social Impact consultant
- support for project management and trainings for capacity building from Cardno
- technical assistance on organizational capacity building and for GDA assessments from Cardno
- technical assistance to support the roll-out of the ARV dispensing tool that has been integrated into SmartCare from MSH
- technical visits from Arlington for laboratory, pharmacy and project support from MSH

Program Monitoring

Overall program monitoring of ZPCT II has taken into account the complex program design of the program with its wider scope and scale, which includes expansion of CT, PMTCT, clinical care/ART, MC, and pharmacy and laboratory services in new facilities.

Two sources of information exist for program monitoring: 1) routine monitoring of records of service provision in ZPCT II supported health facilities using the program's M&E system; and 2) program-specific information on all aspects of program inputs and outputs including; costs, quantities, and quality of inputs, processes, and outputs of ZPCT II at the office and health facility level. PEPFAR indicators have been added to the routine monitoring of service provision in health facilities. The program's monitoring plan and tools for capturing program specific information have been refined and standardized in order to improve coordination, implementation and tracking of all program inputs and outputs across the five provinces.

Levels of program monitoring:

Program monitoring is currently done at both the Lusaka and the provincial levels through ongoing routine information gathering on program inputs and outputs in order to track program performance and provide information on key program outputs.

At the **Lusaka level**, program performance will be monitored through:

- review of provincial monthly program reports for overall program performance and follow up issues
- review by technical units of provincial service statistics and status of supported facilities
- review of refurbishments for environmental mitigation compliance
- review of recipient agreement implementation focusing on key RA outputs including refurbishments, trainings
- review of status of program inputs and outputs such as RA expenditure, laboratory equipment functionality, facility computer functionality
- review by Lusaka technical units of provincial QA/QI quarterly reports
- monthly co-ordination meetings in Lusaka office between finance, technical and program units
- field verification of program monitoring through quarterly program management and monitoring visits to field offices
- quarterly update and review of annual work plan deliverables

At the **provincial level** program performance will be monitored through:

- monthly review of trip reports and field visit support forms (signed off by the Technical Advisor and Provincial Program Manager)
- monthly collection and review of service statistics and documentation of program implementation issues and follow up action
- monthly review provincial program reports
- review of provincial QA/QI quarterly reports and documentation of program implementation issues and actions
- quarterly review of provincial program monitoring plans
- monthly and/or quarterly review and update of program tracking tools
- monthly review and documentation of activities undertaken towards ensuring compliance with the approved ZPCT II Environment Mitigation and Monitoring Plan
- quarterly facility end user checks
- quarterly provincial budget pipeline reviews through joint analysis with finance unit
- monthly recipient agreement expenditure tracking through RMFRs

Environmental Mitigation

Implementation Approach

ZPCT II works with the Ministry of Health (MoH) through the provincial medical offices and district medical offices to strengthen and expand HIV/AIDS clinical services.

Specifically, ZPCT II will support infrastructure improvements in 84 government public hospitals, clinics and laboratories in the five provinces. In addition, the project will also support program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision services) in 349 facilities. These activities will continue to increase the amount of medical waste including needles, syringes and other contaminated materials, as well as waste from renovations.

ZPCT II has a mandate and obligation to apply environmentally sound designs to limit and mitigate the impact that renovations and expanded clinical services are having on the immediate and surrounding environment.

ZPCT II will use the environmental site description form to determine and document before commencement of renovations, the environmental issues at each site and will provide ongoing monitoring according to this pre-renovation assessment. ZPCT II will use the approved ZPCT II Environmental Mitigation and Monitoring Plan as a guide for monitoring environmental impact of ZPCT II program activities and the management of health care waste in health facilities.

ZPCT II, through its provincial offices will also provide ongoing monitoring based on current practices at each supported health facility. ZPCT II will use the approved ZPCT II Environmental Mitigation and Monitoring Plan as a guide for the monitoring.

ZPCT II will ensure all health facility staff are knowledgeable about the legal requirements to manage health care waste and that facility staff practice this consistently. To this end, ZPCT II will acquire, distribute and orient Environmental Health Technician (EHTs) to the following key documents from the Environmental Council of Zambia:

- Environmental Council of Zambia: Minimum Specifications for Health Care Waste Incineration
- Environmental Council of Zambia: Technical Guidelines on Sound Management of Health Care Waste

Critical Issues and Challenges

- ZPCT II mandate does not include funding to directly support improvements to infrastructure (e.g. incinerators) for medical waste management and disposal
- Policy not clear about how to handle additional or necessary renovations required to handle medical liquid waste, from laboratories, palpation and counseling and testing rooms, such as septic tanks and soak-always which are considered construction

Key Activities

- ZPCT II will share the approved ZPCT II Environmental Mitigation and Monitoring Plan with the PMO, DMO and health facilities.
- Pre-renovation Environmental Site Assessment and documentation using the environmental site description form, and sign off by Environmental Health Technician at facility or DMO level.
- Documentation of all renovations and related activities at the provincial level.

- Distribution of key ECZ documents to facilities and orientation facility staff in the documents
- Physical verification and documentation on the ZPCT II trip report, of management of health care waste within the service areas (counseling rooms, labor wards, laboratory, pharmacy) and the immediate and surrounding facility area, by ZPCT II technical and program staff during regularly scheduled technical assistance visits.
- Review of trip report by Technical Advisor and Provincial Program Manager, to verify implementation of the Environmental and Mitigation plan and sign off by the PPM.
- Review of trip reports by Lusaka office to verify compliance to the Environmental and Mitigation plan.
- Provide any other support that is within the mandate of ZPCT II as required by Attachment J.2 of the Task Order.

Key Personnel Changes

During this work plan period there will be a transition with two key personnel - the Chief of Party and the Deputy COP/Director of Programs. FHI as the prime for this contract will identify an expatriate replacement for the COP position and a transition plan will be shared with the COTR. The DCOP/Director of Programs will also transition towards a Zambian replacement towards the end of 2011. A transition plan will be put in place for handover of this position.

B. Finance and Administration

ZPCT II will continue working on long term strategies for financial management that incorporate internal and external audits. The incorporation of audits is meant to enhance accountability and transparency in ZPCT II operations. ZPCT II will conduct on site quarterly financial reviews at the respective provincial and sub recipient offices. FHI/Zambia will continue to explore options meant to enhance cost control and efficiency. FHI will schedule external audits of the local partners namely CHAZ and KARA during this work plan period. In addition FHI HQ will schedule the annual limited scope and compliance audit of the FHI Zambia operations.

The ZPCT II finance staff will participate in the regional USAID rules and regulation training meetings. Furthermore, FHI ZPCT II staff will attend the annual FHI finance and programs regional workshop. FHI will support local continuous professional development training for finance staff during this work plan period. FHI will also enroll finance and administration staff in the USG online cost principles training. In addition, finance and administration staff will participate in regional leadership trainings. FHI will conduct finance and administration capacity building training for the sub-contractors finance personnel. The ZPCT II finance team will conduct financial orientations and trainings to program and partner staff on subcontracts and sub-grants management. Semi annual meetings will be conducted for the Lusaka and provincial finance and administrative staff to review finance operations. ZPCT II anticipates facilitating exchange visits across the different FHI field offices.

The planned trips for this 2011 workplan year are outlined *Annex B*.

C. Information Technology (IT)

- To effectively register and track ZPCT II assets ZPCT II will continue to implement a computerized inventory management system to all ZPCT II offices in 2011. The pilot has already commenced in Lusaka with data entry of IT assets. The system will be used for tracking all ZPCT II assets
- Procurement of staff computers. This is a major ongoing IT cost and for 2011 a budget of \$106,500 has been proposed with 75,000 going to laptops and 31,500 for desktop computers for the 260 staff
- The inventory is also ongoing in the ZPCT II supported health facilities where ZPCT II has projected to replace 51 computers and 40 printers which will become too expensive to maintain due to age. These computers will be charged to the respective recipient agreements
- ZPCT II will renew the Vsat license in 2011. ZPCT II uses Vsat technology for internet services which is regulated by government and has a requirement for a five year license to use the technology. The cost for the license is \$20,000
- ZPCT II will dispose of obsolete equipment following laid down disposal procedures. Equipment has been identified and a list compiled which will be submitted to USAID for approval
- Field travel to supported health facilities for routine IT tasks such as maintenance and repairs of equipment will continue. IT staff in the provincial offices will continue providing support to health facilities through travel and skills transfer to DECs
- ZPCT II will continue to carry out routine maintenance of desktop, laptop and printer equipment and routine maintenance on the local area networks in the ZPCT II offices
- ZPCT II will install a complete call accounting system in order to further reduce and control communications costs. This will ensure that personal calls are kept to a minimum and are charged to the appropriate staff
- ZPCT II will streamline and improve the running of the SMS client reminder/callback system by signing contracts for the monthly updating of data bundles and airtime to the various supported health facilities involved in the pilot
- ZPCT II will continue providing in house training to ZPCT II staff to ensure staff computer skills are updated for productivity and efficiency
- In collaboration with JSI and MoH, ZPCT II will complete the roll out of the integrated SmartCare in 2011
- Training of three staff in pastel evolution for inventory management

D. Procurement

Procurement for the 2011 work plan includes procurement through the recipient agreements and some direct procurement. Costs outlined below are estimates and could change at the time of procurement. In addition, through the recipient agreement process, additional items may be identified throughout the year and will be added through a RA amendment process.

During the 2011 work plan period, ZPCT II will procure additional desktop and laptop computers as staff get hired and other IT equipment in order to sustain and improve the current information technology infrastructure at the Lusaka office and in the five provincial offices.

In the ZPCT II task order, USAID has pre-approved the procurement of 48 FACSCount machines. The FACSCount machines are used at ART supported sites to determine the CD4 levels of patients before the commencement of anti retroviral treatment (ART). ZPCT II has so far procured 20 FACSCount machines and plans to buy ten more during this work plan period. In order to continue improving healthcare service delivery in the MoH health facilities, ZPCT II will procure 17 computer sets for the newly added facilities and replace 51 sets in the old ones. In addition, ZPCT II will procure refrigerators, air conditioners, generic medical supplies and other medical equipment like microscopes, centrifuges, hemocues, autoclaves, blood mixers, RPR shakers, sysmex poch, electronic balances, suction machines. Apart from the aforementioned equipment ZPCT II plans to procure five chemistry analyzers and five hematology analyzers, which cost above \$5,000, for the supported sites.

Procurement for some equipment that is not budgeted under the recipient agreement is as follows:

Description of Equipment	Unit	Cost USD*
Office Furniture	49	30,772
Office Desktop Computers	11	13,200
Office Laptops	17	45,900
Office Scanners	5	15,000
IT Switches	2	6,000
FacsCount Machines	10	297,000
Total		407,872

* Cost is subject to change at the time of procurement.

ZPCT II procurement plan will aid and set the procurement framework for the current work plan period in order to ensure effective programmatic implementation of set tasks. The plan will serve as a guide for managing procurement throughout 2011 work plan period and will be updated as acquisition needs change. The plan will also identify and define the equipment to be procured and decision criteria. The importance of coordinating procurement activities, establishing firm procurement deliverables and metrics in measuring procurement activities will also be included. In addition, the plan will also outline how the procurement process will be managed from solicitation planning, solicitation, source selection, expediting up to the distribution of equipment to the health facilities. Procurement plans may change over the course of the year through recipient agreement amendments.

E. Human Resources

Recruitment of ZPCT II staff

There are 260 approved positions under ZPCT II. Of this number 240 have been filled since start-up with a total of 20 vacancies at present. These vacancies include those arising out of resignations and other positions that have been hard to fill over the past year. Recruitment activities are on-going to satisfy staffing requirements.

In addition, to ensure the project is well staffed for the expanding portfolio, an assessment of the current staffing structure has been completed and ZPCT II will be submitting a request for 12 additional positions across departments, subject to USAID contract officer approval and budget realignments.

Performance appraisals for the October 2009/2010 period have been completed. Promotional opportunities have been identified for outstanding performers following this process.

Training and development

A comprehensive training plan was developed in the course of the year. The human resource office has consolidated a list of trainers and institutions that will facilitate training for staff. Training will be implemented as an on-going activity.

The human resource unit will facilitate training for staff in supervisory roles in the area conflict management techniques, grievance handling, performance management and the disciplinary process.

Employee Engagement

The human resource office is developing tools to enhance employee engagement for increased staff motivation and retention. Areas will include staff recognition through award systems, employee wellness programs and employee surveys. In addition, newsletters will be produced on a monthly basis for increased communication and information sharing on human resource related issues.

Team building activities

For continued collaboration and reinforcement of ZPCT II goals, team-building activities will be conducted at least twice in a year. This will be done across all ZPCT II offices.

V. Reports and Deliverables

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

Annual Work Plan

This document represents ZPCT II's third work plan and covers the period January 1, 2011 to December 31, 2011. This work plan aligns to the MoH annual calendar work plan year. The fourth work plan will cover the period January 1, 2012 – December 31, 2012.

The annual work plan will detail the work to be accomplished during the upcoming year. 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.

All work plans will include the estimated funding requirements necessary to meet program objectives within the Task Order for the period of program implementation. USAID will respond to the work plan within five calendar days.

Performance Management Plan

FHI submitted the life of project (LOP) Performance Management Plan to USAID in year one. 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 is determined in consultation with the COTR. In response to this, ZPCT II submits quarterly program and financial reports every quarter within thirty days after the end of each quarter. These reports outline progress made in achieving results and program challenges.

In addition, FHI will submit the 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 semi-annual PEPFAR country operational plan (by April 30 and December 1, 2011) and annual progress reports for each calendar year (by October 30th) throughout the life of this project. The COP will also be submitted as required by PEPFAR,

Other Deliverables

FHI conducted required environmental assessments during the first two quarters of year one and is using the Environmental Mitigation Plan and Marking and Branding Plan that were submitted to USAID in August 2009 and approved in November 2009. The Environmental Plan for 2001 is outlined in the document above. The Marking and Branding plan will be adhered to.

FHI is using the sustainability plan that was submitted to plan activities to ensure activities continue after the project ends. Additionally, FHI submitted a grants manual for the sub-granting process during the first quarter of year one.

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Annex A: ZPCT II Work Plan Activity Implementation Gantt Chart

January 1, 2011 – December 31, 2011

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Project Ongoing Core Activities													
Plan and implement quarterly/bi-annual stakeholder meetings with USAID, MoH and partners	All teams; ZPCT II Management												
Participate in the MoH Technical Working Groups (CT/ PMTCT; CC/ART; MC; Lab/Pharm; M&E/QA/QI)	Technical												
Coordinate training plans at national, provincial and district levels with MoH to ensure training activities are budgeted for by the districts	Technical, Training, Provincial Offices	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
Collaborate with PMOs, DMOs and facilities to support services in all technical areas and for integration of services, including community and capacity building activities	Technical, Programs, Provincial Offices	X	X	X	X	X	X	X	X	X	X	X	X
Provide comprehensive TA and mentoring to all project supported health facilities in all technical areas (CT/PMTCT, CC/ART, MC, Lab/Pharm, HMIS, M&E)	Technical	X	X	X	X	X	X	X	X	X	X	X	X
Provide ongoing refresher training and technical updates to MoH staff at all sites in relevant technical areas	Technical	X	X	X	X	X	X	X	X	X	X	X	X
Conduct TOT/clinical skills trainings in HIV/AIDS	Training												
Refurbish and upgrade space in new facilities for quality HIV service delivery	Programs, Provincial Offices	X	X	X	X	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	X	X	X	X	X	X	X	X	X	X
Ensure uninterrupted supply of HIV test kits, drugs, lab reagents and other essential commodities for all ZPCT II supported facilities	CT/PMTCT, Lab/Pharm CC/ART, Procurement	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	Lab/Pharm, CC/ART, 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	ZPCT II Management, Technical	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
and security of reagents and HIV related commodities													
Support prevention through the community mobilization component of the program	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	CT/PMTCT, CC/ART, Community, Programs	X	X	X	X	X	X	X	X	X	X	X	X
Lead the planning and coordination of all ZPCT II supported trainings at national, provincial and district levels with MoH and other partners	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X
Provision of training logistics support and records management to all technical Units and provincial offices	Training	X	X	X	X	X	X	X	X	X	X	X	X
Conduct orientation for community mobilization unit staff on adherence support workers' manual and start transitioning this training to them	Technical, Training												
Annual meeting with Provincial Training Focal point persons (8 people)	Training												
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC													
1.1 Expand counseling and testing (CT) services													
Facilitate the provision of mobile CT services (integrating TB screening) using an interdisciplinary team	Community, CT/PMTCT												
Strengthen referral from mobile CT to the facilities for those who test positive	Community												
Recruit and train youth as lay counselors; implement and strengthen youth friendly CT; strengthen referral system between facility-based friendly corners and life skills programs	Community, CT/PMTCT												
Involve participation of traditional and other opinion leaders in community mobilization in order to implement and strengthen couple oriented CT	Community	X	X	X	X	X	X	X	X	X	X	X	X
Implement community based risk reduction and prevention services to which those testing negative from health facilities and mobile CT services will be referred	Community	X	X	X	X	X	X	X	X	X	X	X	X
Train 513 HCWs in CT courses as follows: 100 in basic CT; 63 experienced counselors as counselor supervisors; 100 in couple counseling; 75 in child CT;	CT/PMTCT, Training, Provincial Offices	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
75 in youth CT and 100 in refresher CT													
Train 410 community volunteers in CT courses as follows: 100 in basic CT; 35 experienced lay counselors as counselor supervisors; 65 in couple counseling; 75 in child CT; 75 in youth CT & 60 in refresher CT	CT/PMTCT, Community	X	X	X	X	X	X	X	X	X	X	X	X
Implement provider initiated opt-out testing with same-day results in new facilities and strengthen it in the old ones	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Strengthening implementation of Prevention with Positives (PwP) through training using the PwP module in the CT training package as well as mentoring providers to be incorporating PwP messages when counseling HIV positive clients	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Mentor HCWs in new sites on routine provider initiated counseling and testing for both adults and children	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Provide ongoing technical assistance to all supported sites including monthly monitoring and evaluation of service statistics by both provincial office as well as Lusaka office	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Mentor CT providers on MC messages to give to male CT clients and also ensure that all the uncircumcised male CT clients are referred for MC services and vice versa (i.e. MC clients referred to CT)	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen integration of CT into other clinical areas such as antenatal care (ANC), TB, STIs, pediatric care, MC and FP services.	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Hold three unit staff capacity building meetings	CT/PMTCT												
Revise and distribute CT job aids and national guidelines to the new health facilities	CT/PMTCT												
Conduct mobile CT services to bring CT services to rural areas and closer to communities	CT/PMTCT, Community												
Distribute digital BP machines as part of the improvement in screening for chronic diseases	CT/PMTCT												
Integrate TB screening in mobile CT activities	CT, CC/ART, Community												
Refurbish identified CT rooms and testing corners (children's wards, youth CT, general CT, FP points, TB corners and MC) in new facilities	CT/PMTCT, Programs												
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	CT/PMTCT, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Increase health facility capacity to ensure uninterrupted flow of supplies through	CT/PMTCT, Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
additional training in commodity and patient information management, specifically the new logistics systems for HIV test kits													
Strengthening the implementation and correct documentation of HIV repeat testing after three months for all HIV negative CT clients. This will be done through continuous mentoring of CT providers	CT/PMTCT, SI	X	X	X	X	X	X	X	X	X	X	X	X
Evaluate the piloting of routine symptom screening for TB, general health and other chronic diseases (e.g. Diabetes Mellitus and Hypertension) in the ten ZPCT II supported facilities in Copperbelt and Central Provinces	CT/PMTCT, SI												
Strengthen in old sites / Initiate in new sites retesting of HIV negative CT clients after three months	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Implement community based condom education and distribution and the reduction of HIV/AIDS stigma via behavior change communication (BCC) strategies.	Community	X	X	X	X	X	X	X	X	X	X	X	X
Implement and strengthen couple-oriented CT in all the supported provinces.	Community	X	X	X	X	X	X	X	X	X	X	X	X
Promote condom use and distribution in community prevention activities	Community, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Refer uncircumcised male CT clients for MC and offer CT to all MC clients	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Conduct five MC counseling trainings for ZPCT II CT/PMTCT officers and health providers in conjunction with MoH and other partners e.g. SFH.	CT/PMTCT												
Implement and strengthen youth-friendly CT by ongoing recruitment of young people already trained in basic CT (and training in basic CT skills those without these skills) as lay counselors and also distribute youth centered job aids	CT/PMTCT, Training, Community	X	X	X	X	X	X	X	X	X	X	X	X
Selection of training firms and individual trainers to conduct trainings on behalf of ZPCT II. In addition, liaison with the selected training firms and individual training consultants in the implementation of the assigned trainings.	Training, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Continue to implement and support post-training follow up and on-site mentoring of trained facility staff and volunteers	Training, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Participation in training of HCWs and lay cadres in CT as needed	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Continue to train and certify HCWs as counselor supervisors at the district and facility levels, and expand supervisory training to experienced lay counselors	Training, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
1.2 Expand prevention of mother-to-child transmission (PMTCT) services													
Improve follow up for pregnant women who test negative by referring them to community-based risk reduction and prevention services	Community	X	X	X	X	X	X	X	X	X	X	X	X
Continue expanding the role of PMTCT community counselors and TBAs to	Community, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
include establishing and supporting HIV positive mother support groups at the facility and in the communities;													
Promote PMTCT by providing supervision, guidance and support to communities as they use the bicycle ambulances (Zambulances).	Community, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Train 1,265 HCWs (including those from the supported private facilities) and community volunteers as follows: 975 HCWs (i.e 500 in basic PMTCT and 475 refresher) & 290 lay counselors in PMTCT (140 basic and 150 refresher); and 100 HCWs (including ART providers) in family planning	CT/PMTCT, Training												
Strengthen or initiate PMTCT services in all the new year three PMTCT sites and provide ongoing mentorship on the implementation of the “opt-out” strategy	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen Prevention with Positives (PwP) through training of facility staff on PwP during PMTCT trainings and incorporate PwP messages in counseling for ANC clients across the supported facilities	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support implementation of the new 2009 WHO and 2010 Zambian PMTCT guidelines facilitated by strengthening ‘reflex’ CD4 as soon as HIV positive status is established for all pregnant women.	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Procure and distribute point-of-service hemoglobin testing equipment (Hemocues) to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	CT/PMTCT, Lab/Pharm, Procurement												
Create testing corners in all new facilities within MNCH and promote same-day testing and results using the “opt out” strategy.	CT/PMTCT												
Strengthen PMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services	CT/PMTCT, Community	X	X	X	X	X	X	X	X	X	X	X	X
Support the creation of male friendly days or man to man days where male providers meet with male clientele as well as reorganizing client flow as needed in MNCH to accommodate partners	CT/PMTCT												
Provide systematic mother/baby follow-up and tracking through MNCH clinics including: <ul style="list-style-type: none"> • Initiation of co-trimoxazole administration for PCP prophylaxis, • EID through DBS, sample collection for HIV DNA PCR testing through the courier system and • Continued implementation of the SMS technology in the selected sites to 	CT/PMTCT, Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
improve the turn around time for PCR results													
Continue the pilot study to assess the value of repeat HIV testing prior to delivery in selected ZPCT II supported facilities.	CT/PMTCT, SI												
Strengthen routine follow up of HIV negative pregnant women by conducting repeat HIV testing after three months and referring them to community-based risk reduction and prevention services	Community, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen the provision of more efficacious ARV regimens for PMTCT (HAART, AZT & NVP)	CT/PMTCT, Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen referrals and linkages to ART, clinical care to ensure HAART eligibility assessments and initiation for the eligible HIV positive pregnant women	CT/PMTCT, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Support the distribution of the 2010 PMTCT guidelines and job aids to the supported facilities and orient the PMTCT providers	CT/PMTCT												
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	X
Strengthen the use of community PMTCT counselors to address staff shortages in PMTCT settings	CT/PMTCT, Community	X	X	X	X	X	X	X	X	X	X	X	X
Identify model sites and plan for exchange visits for learning purposes	CT/PMTCT	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	X
Monitor the implementation of the PMTCT mother-baby pack (MBP) in the districts selected for the initial phase of MBP implementation.	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Recruit, train and mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support & mother baby pair follow up in the community	PMTCT, Community, Training												
Continue pilot implementation of the PMTCT SmartCare system in 15 facilities in the five provinces	SI, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Revise and distribute job aids to all supported sites	CT/PMTCT												
Train PLWHA as ASWs to promote adherence to ART treatment	Clinical Care												
Advocate for revision of the PMTCT training package through the PMTCT & Paediatric HIV TWG to include gender based protocols and norms for service	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
delivery within PMTCT settings													
Recruit and train TBAs to promote PMTCT and delivery at health facilities by providing prevention education, adherence support, and mother/baby follow up and the community level and through referrals	Community												
Conduct ongoing mentoring and supportive supervision, including monthly M&E of service statistics	SI, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Assist in the revision of counseling training packages for service providers at the community and facility levels in order to make them youth friendly and to incorporate gender-based topics including GBV.	CT/PMTC, Training												
Select training firms and individual trainers to assist in training during ZPCT II trainings. In addition, liaise with the selected training firms and individual training consultants in the implementation of the assigned trainings. Participation in training of HCWs and lay cadres in PMTCT as needed	Training, Technical												
Participation in implementing MC counseling trainings for ZPCT II CT/PMTC officers and health providers in conjunction with MoH and other partners	Training, CT/PMTC												
Revise existing service provider training packages where necessary for facility and community based service providers to include gender based protocols and norm for PMTCT settings	Training, CT/PMTC	X	X	X	X	X	X	X	X	X	X	X	X
Orient trainers on new gender-based training and counseling materials, and ensure that knowledge is transferred to community volunteers including youth counselors during relevant trainings	Training, Technical												
<i>1.3 Expand treatment services and basic health care and support</i>													
Train 505 HCWs in ART/OI and ART/OI refresher courses (public and private), pediatric ART (public and private) and (150) lay cadres in adherence counseling services.	CC/ART, Community	X	X	X	X	X	X	X	X	X	X	X	X
Participate and support the hosting of the annual National ART Update Seminar	Technical												
Provide comprehensive prevention for positives interventions including support for facility- and community-based condom education and distribution	Technical, Community	X	X	X	X	X	X	X	X	X	X	X	X
Initiate ART services in new sites including outreach sites. Support anti-stigma activities including training for community leaders, PLHA, youth groups and others	CC/ART, Community												
Scale up Paediatric ART through provision of ART in Paediatric wards for all children < 24 months with confirmed HIV infection	CC/ART, CT/PMTC	X	X	X	X	X	X	X	X	X	X	X	X
Promote systematic condom use and condom distribution in community	Community	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
prevention events and mobile CT outreach													
Disseminate pediatric ART job aids on WHO recommendation of initiating HAART in children below 24 months and usage of Fixed Dose Combinations (FDC). Conduct treatment literacy discussions to improve treatment-seeking behavior and adherence	CC/ART, Programs, Admin, Community	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen improved patient care, retention, and facility-level QA/QI through verifying SmartCare records and other tracking tools	CC/ART, SI	X	X	X	X	X	X	X	X	X	X	X	X
Continue on site orientation of ART teams to be able to generate SmartCare clinical reports for reviewing and improving the quality care of patients (including use of revised QA/QI tools)	CC/ART, SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Through collaboration with JHPIEGO, provide smart phones which can store guidelines, protocols, drug toxicities etc to technical staff and clinicians in pilot sites.	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Continued collaboration with community level providers such as Catholic Diocese	Programs, Community, CC/ART	X	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												
Upgrade at least one ART/clinical care site 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	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	X	X	X	X	X
Support and strengthen formation of adolescent HIV clinics in high volume sites	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Continue supporting provision of therapeutic food and “food by prescription” for children and adult HIV/AIDS clients	CC/ART, Lab/Pharm, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support the implementation and documentation of Prevention with Positives (PwP) among PreART and ART clients	CC/ART, CT/PMTCT, SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Support the screening of clients in the ART clinics for chronic conditions including diabetes, hypertension, and nutrition status (using BMI)	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Conduct patient education and counseling and on-site orientation for HCWs in management of HIV as a chronic illness	CC/ART, Training	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen roll out and implementation of new Post Exposure Prophylaxis (PEP) register and support all sites to meet minimum standards for PEP site	CC/ART, Lab/Pharm, CT/PMTCT, SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Support implementation of HIV nurse practitioner program by MoH and GNC	CC/ART												

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
as part of the pilot program of task shifting on ART prescribing from doctors/clinical officers to nurses													
Strengthen support for HIV Nurse Practitioners already trained through continued on site mentorship, provision of job aids and CMEs	CC/ART												
Continue supporting the implementation of Cotrimoxazole provision for eligible adult and paediatric HIV clients	CC/ART, Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Collaborate with pharmacy unit in the roll out of pharmaco-vigilance registers in ZPCT II supported facilities	CC/ART, Lab/Pharm												
Collaborate with stakeholders in ART site accreditation for all project supported ART sites	CC/ART, QA/QI												
Evaluate and scale up the usage of web2SMS technology to track and retain clients	CC/ART, SI (M&E), CT/PMTCT												
Scale-up and strengthen provision of HAART among HIV positive pregnant women: (facility specific approaches)	CC/ART, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Train 505 health care workers in the effective screening, diagnosis and early referral for TB management of HIV infected patients	CC/ART												
Training of lay adherence support workers, TB treatment supporters in the provision of follow up care, adherence support and contact tracing of TB-HIV co-infection; including provision of relevant job aids	CC/ART												
Integrating and strengthening the TB/HIV links through opt-out provider-initiated HIV testing of TB patients, and CD4 testing for all HIV positive TB patients to ensure effective management of co-infections through early and appropriate referral to ART	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
TB Intensified Case Finding; actively look for TB patients in the ART clinic through various ways including screening using the Chronic HIV Care (CHC) checklist and provision of x-ray viewing boxes and IEC materials	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Support the implementation and documentation of TB/HIV collaborative activities in supported sites	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Improved surveillance of TB at ART clinics using the National TB Program's reporting and recording tools, which include TB suspect registers	CC/ART, SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen QA/QI processes in all sites through the use of revised tools for CC/ART in MoH operations at all levels	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Increase capacity to diagnose and manage treatment failure by creating access to viral load and drug resistance testing	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Support MoH request to follow up at least 100 patients with viral load	Technical	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
assessments to evaluate efficacy of on TDF/3TC combination on viral suppression													
Selection of training firms and individual trainers to conduct trainings on behalf of ZPCT II. In addition, liaison with the selected training firms and individual training consultants in the implementation of the assigned trainings.	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X
Participation in training of HCWs and lay cadres in ART, adherence counseling as needed	Technical, Training												
Continue to implement and support post-training follow up and on-site mentoring of trained facility staff and volunteers	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X
Participation in updating of all training packages to include gender issues as needed	Technical, Training												
Conduct orientation for community mobilization unit staff on adherence support workers manuals and begin transitioning this training task to them	Technical, Training												
Train trainers on new gender-based training and counseling materials and ensure that knowledge is transferred to community volunteers during relevant trainings	Technical, Training												
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. Integrate gender-sensitive material into the manuals for PLHA and community leaders	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X
1.4 Scale up male circumcision (MC) services													
Work with the UTH MC unit to conduct trainings for MoH HCWs from supported sites providing MC.	CC/ART, MC, CT/PMTCT, Training, UTH, Community												
Initiate and scale up standardized, quality adult and neo-natal MC services at new ZPCT II - supported MoH sites across the five provinces MC promotion through mobile community outreach	CC/ART, Training, Community	X	X	X	X	X	X	X	X	X	X	X	X
Promote MC through sensitization and training of opinion leaders/ community leaders as advocates of change of male norms and attitudes towards sexuality. Conduct MC advocacy and education through activities of community based groups in communities and referrals made to MC services as needed	CC/ART, MC, Community	X	X	X	X	X	X	X	X	X	X	X	X
MoH and ZPCT II technical officers responsible for MC to conduct field technical supportive supervision to newly trained HCWs	CC/ART												
Support the procedural requirements of certification of HCWs trained in MC	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Support the preparation of MC sites for accreditation	CC/ART												

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Strengthen the support for early detection, management and documentation of adverse events in MC	CC/ART, SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Integrate MC into existing CT protocols and male reproductive health services	CC/ART, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support community mobilization activities for MC in collaboration with CARE	CC/ART, CT/PMTCT, Community	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen ZPCT II supported facilities linkage to the supply chain for MC commodities to ensure an uninterrupted supply	Lab/Pharm, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Procurement of MC related commodities as needed	CC/ART, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Participation in training of HCWs and lay cadres in MC as needed	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X
Continue to implement and support post-training follow up and on-site mentoring of trained facility staff and volunteers	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC													
2.1. Strengthen laboratory and pharmacy support services and networks													
Train pharmacy and laboratory staff in ART commodity management training. Train laboratory staff in equipment use and management	Lab/Pharm, Training, Provincial Offices	X	X	X	X	X	X	X	X	X	X	X	X
Finalize process of review and MoH approval of ART pharmacy SOPs	Lab/Pharm												
Print, train, orient, disseminate, and distribute the revised pharmacy SOPs	Lab/Pharm, Procurement												
Support the implementation of the HIV EQA, CD4 EQA and hematology/chemistry EQA	Lab/Pharm; CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support scale up and use of ARTServ dispensing tool in the ART pharmacies	Lab/Pharm, SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Participate in MoH process to update and maintain the integrated smart care stock control module	Lab/Pharm, SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Support the implementation and roll-out of the National ARVs logistics system and the National PMTCT Drug Logistics System in ZPCT II supported sites	Lab/Pharm, CT/PMTCT, CC/ART, Training	X	X	X	X	X	X	X	X	X	X	X	X
Support the deployment, roll-out and implementation of the national essential drugs logistics system in ZPCT II supported sites	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Facilitate roll-out and use of the rational drug use and adverse drug reporting system in collaboration with the National Pharmacovigilance Unit and MoH	Lab/Pharm, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen improved patient care by increasing capacity to manage TDF based regimens	Lab/Pharm, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
In collaboration with MoH, support the implementation and roll-out of the use of FDCs for paediatric ART in ZPCT II supported ART sites	Lab/Pharm, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Support the strengthening of the of DTCs in health facilities	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
In collaboration with MoH support the implementation of the mother baby pack (MBP) program in the four selected ZPCT II supported districts	Lab/Pharm, PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Ensure uninterrupted supply of good quality medicines and medical supplies in ZPCT II supported facilities in support of ART, MC and PMTCT programs	Lab/Pharm, CC/ART, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support the DNA Polymerase Chain Reaction (PCR) laboratory at Arthur Davison Children's Hospital	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Support the implementation of referral systems for CD4, chemistry and haematology, and the courier system for DBS; and further expand the specimen referral system for other diseases such as TB and STIs, including provision of motorcycles	Lab/Pharm, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support the setting up of the PCR laboratory at Mansa General Hospital for viral load testing (EID may follow pending approval of the assay by WHO)	Lab/Pharm												
Support MoH on introduction of point of care (POC) CD4 equipment in ZPCT II supported facilities – subject to MoH evaluation and approval	Lab/Pharm, CT/PMTCT, CC/ART, Procurement												
Facilitate facility-level implementation of the laboratory quality assurance program in collaboration with the MoH, CDC and other partners	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Train counselors conducting testing in all facilities in quality rapid HIV testing in guidance with the MoH and CDC	Lab/Pharm, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Improve skills and knowledge and increase capacity of ZPCT II pharmacy and laboratory staff through ongoing training and mentoring	Lab/Pharm, Training	X	X	X	X	X	X	X	X	X	X	X	X
Improve skills and knowledge and increase capacity of ZPCT II Management Information Systems (MIS) staff through ongoing training and mentoring in areas such as process improvement, documents and records, facilities and safety, process control, information management, purchasing and inventory, and assessment	Lab/Pharm, Training	X	X	X	X	X	X	X	X	X	X	X	X
Pilot and roll-out of the equipment database in the 5 ZPCT provincial offices	Lab/Pharm												
Support the implementation and roll-out of the National HIV test kits logistics system in ZPCT II supported sites	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Support the implementation and roll-out of the National Laboratory reagents and supplies logistics system in ZPCT II supported sites	Lab/Pharm	X	X	X	X	X	X	X	X	X	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	Lab/Pharm, SI (M&E)												
Support the finalization, printing, dissemination and orientation of the Rational Use of Lab Tests manual	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Conduct Pharmacy and Laboratory unit review meetings with all staff	Lab/Pharm												
Provide focused support for Strengthening Laboratory Management Toward Accreditation (SLMTA) through regular TA, refurbishments, and joint visits with MoH/CDC staff	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Assist with provision of essential laboratory and pharmacy equipment and related accessories, and support equipment maintenance and repair	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Over the LOP, replace manual humalyzer chemistry analyzers with fully automated technology being introduced by the MoH. This activity includes procurement and commissioning of instruments	Lab/Pharm												
Support the finalization and printing of revised ART commodity management training materials	Lab/Pharm				X	X	X	X	X	X	X	X	X
Infrastructure refurbishments to improve work and storage spaces	Lab/Pharm												
Support and strengthen roll out and implementation of Post Exposure Prophylaxis (PEP) program by ensuring availability of ARV drugs at PEP sites	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
2.2 Develop the capacity of facility and community based health care workers													
Train lay cadres in all technical areas including CT, youth CT, CT supervision, PMTCT	Community	X	X	X	X	X	X	X	X	X	X	X	X
Reinforce training through mentoring and ongoing supervision for volunteers working in the community such as ASWs, youth CT counselors, PMTCT lay counsellors and TBAs	Community	X	X	X	X	X	X	X	X	X	X	X	X
Work with opinion leaders (political, religious, traditional healers and others) to advocate for health supportive social norms	Community	X	X	X	X	X	X	X	X	X	X	X	X
Identify local CBOs/FBOs to receive capacity-building assistance and sub-grants to strengthen service provision	Community												
Work with CBOs/FBOs and other community programs to stimulate demand for HIV/AIDS prevention and care services through outreach activities in hard-to-reach areas by	Community	X	X	X	X	X	X	X	X	X	X	X	X
Develop the capacity of community groups (through training and sub-grants) to plan, develop and implement positive prevention interventions as well as	Community												

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
prevention activities targeting HIV negative individuals													
Support organization and build capacity of PLHA support groups (e.g., through NZP+) including training their membership to promote positive prevention and healthy living practices	Community	X	X	X	X	X	X	X	X	X	X	X	X
Develop job aids for community leaders and volunteers including aids on how to integrate FP and RH in HIV/AIDS activities	Community												
Train youth groups to take a lead in youth-targeted HIV/AIDS activities such as youth friendly services	Community												
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions													
3.1 Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services													
Train technical staff at PMO and DMO levels to support facilities in the delivery of integrated services	Technical												
Train program managers and PMOs/DMOs to increase their capacity to provide technical assistance and supportive supervision on service integration to their own staff and facilities	Technical, Programs												
Support PMOs and DMOs to expand service integration to facilities not supported by ZPCT II	Technical, Programs	X	X	X	X	X	X	X	X	X	X	X	X
3.2 Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness													
Work with local health facilities and community leaders to ensure that recruitment for community volunteers is gender balanced	Community	X	X	X	X	X	X	X	X	X	X	X	X
Continue collecting and reporting data disaggregated by sex as part of M&E. Sex disaggregated QA/QI data on couples counseling in CT will provide important feedback on service effectiveness for couples	SI (M&E), CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
If requested, ZPCT II will support the design of a national gender strategy for HIV/AIDS prevention, treatment and care for the MoH.	Technical, Programs	X	X	X	X	X	X	X	X	X	X	X	X
Adapt the RRGi approach to the Zambian context, working with sub-teams of ZPCT II, DMO, PMO, and facility-based staff to develop and achieve 100 day goals	Technical, Programs												
Build the capacity of PMOs and DMOs to independently use the RRGi approach	Technical, Programs												
Review, and where necessary, revise existing service provider training packages—facility and community based—to include gender-based protocol and norms for service delivery	Technical, Programs	X	X	X	X	X	X	X	X	X	X	X	X
Conduct a one-day training of trainers (TOT) session for ZPCT II staff to introduce the ASW manual, which was revised during year 2 to integrate gender considerations	CC/ART												
Enhance facility-based services to improve male access to HIV and other RH services, where feasible structuring services to accommodate men	Technical, Programs	X	X	X	X	X	X	X	X	X	X	X	X
Integrate elements of the ZPCT II gender strategy into existing community mobilization activities, such as in the selection and training of community volunteers as well as in technical aspects such as counseling	Community	X	X	X	X	X	X	X	X	X	X	X	X
Revise counseling training packages to include gender based topics such as prevention of GBV, for community and facility level service providers as necessary and to make them youth friendly	CT/PMTCT, Community												
Implement and strengthen couple-oriented CT within community mobilization, along with improved couples-oriented CT training that addresses MC, multiple concurrent partnerships (MCP) and general health seeking behaviors among men	CT/PMTCT, Community	X	X	X	X	X	X	X	X	X	X	X	X
Implement and strengthen youth-friendly CT by ongoing recruitment of young people already trained in basic CT (and training in basic CT skills those without these skills) as lay counselors, providing youth-centered training for CT providers and linking CT to existing facility youth-friendly corners	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Support the creation of male friendly approaches where male providers meet	CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
with male clientele and reorganize client flow as needed in MNCH to accommodate partners													
Advocate for revision of the PMTCT training package through the PMTCT & Paediatric HIV TWG to include gender based protocols and norms for service delivery within PMTCT settings	CT/PMTCT												
Recruit and train TBAs (who already work as lay or PMTCT counselors in some districts) to promote PMTCT and delivery at health facilities by providing prevention education, adherence support and mother/baby follow-up at the community level and appropriate referrals to needed services across the continuum of care	Community, CT/PMTCT												
Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	Community, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen male involvement in PMTCT by replicating effective models for improving male involvement in Zambia	Community, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Work through the TWGs to achieve MoH endorsement for inclusion of the gender module in all relevant technical training packages	Technical	X	X	X	X	X	X	X	X	X	X	X	X
3.3 Increase the problem solving capabilities to PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs													
ZPCT II and DMOs will 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	Provincial Offices												
Facilitate quarterly provincial level data review meetings to review district data	Technical, Provincial Offices												
Support provincial data management specialists' participation in ZPCT II data audits and district quarterly reviews	Programs, SI												
Train DHIOs to interpret and use QA/QI information in M&E	SI												
Develop mechanisms to include HMIS data collected at the community level in	SI												

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
national statistics													
Place data entry clerks at the district level to support implementation of the QA/QI system	SI	X	X	X	X	X	X	X	X	X	X	X	X
Hold annual provincial meetings to review project performance	SI												
Support operational research and analysis with the MoH to increase the use of evidence-based responses to challenges in the field	SI	X	X	X	X	X	X	X	X	X	X	X	X
Pilot the Organizational Capacity Assessment tool to determine PMO and DMO planning and management gaps in selected provinces	Capacity Building Team	X	X	X	X	X	X	X	X	X	X	X	X
3.4 Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities													
Document and present Copper Belt Pilot Assessment findings	Capacity Building Team												
Modify the OrgCap assessment tool	Capacity Building Team												
Train MoH and ZPCT II provincial staff to carry out capacity needs assessments in Central, Luapula and North Western Provinces – (4) from each province)	Capacity Building Team												
Assess management capacities in North Western, Luapula, Central PMOs and sampled DMOs	ZPCT II, MoH												
Document assessment findings from Western, Luapula, and Central Provinces	Capacity Building Team, MoH												
Develop capacity building plans for Northern, Copperbelt, Luapula, Central and North Western Province	Capacity Building Team, MoH												
Develop standardized training modules in APAS, Planning, and Governance and Financial Management capacity areas.	Capacity Building Team, MoH												
Carry out standardized trainings in APAS, Finance, Governance and Planning	Capacity Building Team												
Develop tailored training modules in HR and Governance	Capacity Building Team, MoH												
Collaboration and consensus building with MoH central on capacity building program	Capacity Building Team	X	X	X	X	X	X	X	X	X	X	X	X
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities													
Ensure that MoH quality standards are met in the GDA facilities by providing technical assistance using the ZPCT II model and implementing the approaches outlined in Objectives 1 and 2	Technical	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Identify additional private facilities to support, including ensuring their inclusion in district-based referral networks to increase access to comprehensive care and support services	Technical												
In addition to the 12 private facilities from year one, extend support to another six health facilities for the provision of HIV care and treatment services (CT, PMTCT, ART and MC where feasible)	Technical, Programs	X	X	X	X	X	X	X	X	X	X	X	X
Training health care workers in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and necessary laboratory based trainings, where appropriate	Training, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Providing on-site post training mentorship to ensure MoH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage	Technical	X	X	X	X	X	X	X	X	X	X	X	X
Facilitating the process of linking the clinics to the MoH commodity supply chain for ARVs, where feasible in line with the MoH guidelines/policies	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Liaison with the clinic focal point persons to ensure the networking of specimen referral for laboratory samples is formalized or initiated	Lab/Pharm	X	X	X	X	X	X	X	X	X	X	X	X
Mentorship in data collection using MoH data collection tools in line with the “MoH three ones principle” on monitoring and evaluation	SI	X	X	X	X	X	X	X	X	X	X	X	X
ZPCT II will provide FHI owned computers and software for electronic data collection where not available, with the understanding that the clinics will identify a data entry clerk to update client records as required	SI, IT	X	X	X	X	X	X	X	X	X	X	X	X
ZPCT II will work with the clinics towards the required Health Professions Council of Zambia (HPCZ) ART accreditation, if not already accredited; ZPCT II will monitor and provide support to maintain such accreditation where it exists	CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
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													
Conduct community mapping of HIV/AIDS services and contextual factors (including gender issues and HIV stigma) that make communities vulnerable to HIV/AIDS	Community												
Work with DMOs and local HIV/AIDS service providers to formalize service coordination among services	Community	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Develop standardized mechanisms for client feedback referral tracking, feedback and problem-solving on HIV/AIDS services and referrals that lead to improved client-centered care	Community												
Continue to work with the MoH on a proposed strategy on community health workers	Community	X	X	X	X	X	X	X	X	X	X	X	X
Strategic Information (Monitoring and Evaluation)													
Compile and submit monthly, quarterly, semi-annual and annual data reports	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Provide data for quarterly program/feedback meetings with the PMOs and DMOs	SI (M&E), Programs												
In conjunction with MoH M&E staff, conduct semi-annual data audits for sampled sites in all provinces	SI (M&E)												
Collaborate with MoH and partners to implement and support SmartCare in ART sites and to conduct bi-annual SmartCare field supervisory visits	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 supported sites	SI (M&E)												
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 SmartCare ARV dispensing tool in the facilities providing ART services	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Facilitate the M&E training component for all technical areas, CT/PMTCT, CC/ART, SmartCare forms, MC and Community	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct SI unit meetings for unit staff	SI (M&E)												
Procure SmartCare forms and other consumables, and conduct 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)												
Conduct SmartCare Training for HCWs for ANC/PMTCT	SI (M&E)												
Setting up of centralized SmartCare installation at ZPCT II Lusaka office and provincial offices	SI (M&E)												
Update and maintain PCR, Training, MC, CHC checklist and M&E Databases	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Develop QA/QI database	SI (M&E, QA/QI)	X	X	X	X	X	X						
Update SmartCare reports and liaise with CDC/MoH for reports for new program areas using SmartCare	SI (M&E)	X	X	X									

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Setup and support Client Server Network SmartCare Installations in facilities using SmartCare for 2 or more program areas on multiple SmartCare computers	SI (M&E), IT	X	X	X	X	X	X	X	X	X	X	X	X
Develop data collection tools for FHI/Partner Surveys	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Develop a comprehensive Data Quality and Validation Guide	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Develop and maintain GIS Database	SI (M&E)							X	X	X	X	X	X
Develop a web reporting application	SI (M&E)				X	X	X						
Provide technical support to PPP sites in collection, reporting, and management	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct data analysis by technical area for documentation of results and problem solving	SI (M&E), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Conduct statistical trend analysis for program feedback and target monitoring/setting	SI (M&E), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Provide input into the documentation and dissemination/publication of ZPCT II achievements in program and technical areas	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support for the MC and CHC checklist databases	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Recruit additional data entry clerks for ZPCT II supported health facilities as needed	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct bi-annual data management field supervisory visits with HMIS staff to ZPCT II Supported sites	SI (M&E)	X						X					
Ensure proper SmartCare setup in facilities with multiple installations	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Engage the SmartCare software development team to align the system with Next Generation Indicator reporting requirements, and enable the use of the system for reporting to USAID, PEPFAR, and MoH	SI (M&E)	X	X	X									
Conduct semi-annual trainings for technical updates with DEC's in each province	SI (M&E)	X						X					
Conduct M&E trainings for new DHIO staff as needed or as ZPCT II support extends to new districts	SI (M&E)			X			X			X			X
<i>Collaboration with Partners</i>													
Data management field supervisory visits with HMIS staff to ZPCT II supported sites	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
SmartCare field supervisory visits with MoH SmartCare staff to ZPCT II supported site	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support and collaboration with HPCZ/ MoH for ART-site accreditation program	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Participation in HPCZ ART-site accreditation assessments in supported provinces	SI (QA/QI), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support and collaboration with HPCZ/MoH for development, implementation and scale-up of MC site Accreditation program	SI (QA/QI), CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support to MoH towards MC services through MC QA/QI & training sub-committee	SI (QA/QI), Training	X	X	X	X	X	X	X	X	X	X	X	X
Collaboration with MoH in finalizing and rolling out PIA package at provincial, district and facility levels; and integration with ZPCT II QA/QI approach	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Collaborate with other stakeholders to create a forum for exchanging information on best practices and other innovative ideas in QA/QI	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Collaboration with MoH in developing one standardized QA/QI tool for HIV services	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Collaborating with HPCZ to develop and roll out national QI standards & assessment tools for health care	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Collaborating with HPCZ to develop and roll out national health care standards & assessment tools	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct site exchange visits with partners to share lessons in QA/QI and best practices	SI (QA/QI), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Strategic Information (QA/QI)													
Quarterly data collection, entry, analysis and feedback for facility QA/QI in all HIV service areas	Technical, SI												
Quarterly data collection, analysis and feedback for district graduation in all HIV service areas	SI (QA/QI)												
Developing and finalizing QI database	SI (QA/QI, data management teams)	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support in developing and implementing post-graduation plans to maintain good HIV service quality	SI (QA/QI), Technical, Programs												
Provide technical support in sustainable collection, analysis, interpretation and utilization of QA/QI results at provincial, district and facility levels, and at the national level through TA to quality improvement related committees and TWGs to develop standardized QI initiatives and systems	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support for systematic and regular use of graduation tools in targeted sites for graduation	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Quarterly data collection on QA/QI for monitoring service quality in graduated	SI (QA/QI)												

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
districts													
Conduct facility, DMO and PMO HCW and manager trainings on ZPCT II QA/QI system, outputs and quality improvement	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Hire consultant to update QA/QI data collection software (ART, MC)	SI (QA/QI)												
Hold workshops with MoH stakeholders, and with ZPCT II technical staff to document lessons learned and best practices in implementation of QA/QI	SI (QA/QI)												
Provide technical support to health facilities in strengthening QA/QI committees/ focal persons and documented follow-up action on problems identified	SI (QA/QI), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Ensure QA/QI data is analyzed, documented and disseminated quarterly to determine progress towards standards and attaining better quality HIV services	SI (QA/QI)												
Integration of QA/QI outputs and service statistics for identifying and improving service quality	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct annual QA/QI data audit in provincial offices and selected health facilities, document and disseminate findings for program improvement	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Technical support towards use of SmartCare data and better quality ART/HIV patient care and outcomes	SI (QA/QI, data management, M&E), ART/CC	X	X	X	X	X	X	X	X	X	X	X	X
Dissemination and implementation of HIV quality indicators for monitoring program level, facility level and patient level HIV service quality	SI (QA/QI), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Providing technical assistance on roll-out of good quality chronic HIV care package	SI (QA/QI), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Establishing model sites for good quality HIV services at provincial level	SI (QA/QI), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Conduct client exit surveys	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Introducing and implementing QA/QI strategy in supported private sector sites	SI (QA/QI, M&E), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Private sector site mentorship on QA/QI	SI (QA/QI, M&E), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Develop PMTCT and CT Standard Operating Procedures	SI, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Bi-annual QI unit meeting	SI (QA/QI)												
Orientation of lab/pharm officers on ART accreditation system	SI, (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Revision of SC forms to improve HCW uptake and completeness of data	SI (QA/QI), CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Hold bi-annual QI review meetings in provinces	SI (QA/QI, M&E), Technical												
Update QI tools and materials in line with updates in national ART, CT, PMTCT, Laboratory, Pharmacy, HMIS, standards, guidelines, and SOPs	SI (QA/QI, M&E), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Establish a ZPCT II QA/QI database for all technical areas to facilitate analysis of QI data collected		X	X	X	X	X	X	X	X	X	X	X	X
QA/QI technical officers attendance of MoH PIA trainings at provincial level	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Engage FHI HQ for technical support and capacity building in QA/QI	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
QI team participation/ attendance in ART update seminar	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Attendance of annual international quality of health care course (Harvard School of Public Health)	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Attending training workshop on QI methods in HIV services	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Attending update training workshop for PMTCT, CT and ART/HIV care	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
SmartCare and data management training	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Participation in regional QA/QI conferences to update and share best practices in QI	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
<i>Collaboration within ZPCT II Partnership</i>													
Collaborate with EMG to develop DMO, PMO capacity building strategy for QI	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support to ensure ongoing facility activities to meet ART-site accreditation; and compliance monitoring of accredited ART-sites	SI (QA/QI), Technical	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support to ensure ongoing facility activities to meet MC-site accreditation	SI (QA/QI), MC	X	X	X	X	X	X	X	X	X	X	X	X
Collaborate with HPCZ to develop and roll out national QI of health care materials	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Collaborate with MoH at central level to develop and roll out national QI of health care materials	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
<i>Operational Research To Enhance Quality Of HIV Services</i>													
Assess quality of new program areas	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct trend analysis of QA/QI data for supported and graduated sites	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct validity study on health facility self administration of QA/QI tools	SI (QA/QI)	X	X	X	X	X	X	X	X	X	X	X	X
Evaluation study of patients on 2 nd line ART	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Evaluation of the re-testing in CT and PMTCT sites from routine data	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Assessment of the extent of FP/CT/PMTCT integration	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Evaluation of the mother-baby pack implementation for PMTCT	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Evaluation of chronic HIV care checklist results	SI, Technical	X	X	X	X	X							
Outcome of patients on TDF/FTC regimens (MoH pilot study)	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
HIV re-testing in pregnancy	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Client satisfaction exit interview analysis	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Analysis of patient outcomes and factors in SmartCare database	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Evaluation of patient retention in ART programs	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Costing study	SI, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Program Management													
Program Monitoring													
Review of provincial monthly program reports	Program, SI	X	X	X	X	X	X	X	X	X	X	X	X
Review of provincial QA/QI quarterly reports by technical units	Program, SI												
Monthly co-ordination meetings in Lusaka between finance, technical and program units in Lusaka	Program, Finance, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Review of recipient agreement implementation focusing on key RA outputs	Program, Technical												
Review by technical units of provincial service statistics and status of supported facilities	Technical												
Review of refurbishments for environmental mitigation compliance	Program												
Quarterly update and review of annual work plan deliverables	Program, Technical												
Field verification of program monitoring through quarterly program management and monitoring visits to the field offices	Program												
Review of status of program inputs and outputs such as equipment and computer functionality, implementation of RA activities	Program												
Participation in technical unit meetings in Lusaka	Program												
Monthly review of trip reports and field visit support forms (signed off by the Technical Advisor and Provincial Program)	Program	X	X	X	X	X	X	X	X	X	X	X	X
Monthly collection and review of service statistics and documentation of program implementation issues by field offices	SI, Program	X	X	X	X	X	X	X	X	X	X	X	X
Monthly review of provincial monthly program reports by field offices	Program, Technical	X	X	X	X	X	X	X	X	X	X	X	X
Review of provincial QA/QI quarterly reports and documentation of program implementation issues and actions, by field offices	Technical	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Quarterly review of implementation of provincial program monitoring plan by field offices	Program												
Monthly and quarterly review and update of program tracking tools	Program	X	X	X	X	X	X	X	X	X	X	X	X
Monthly review and documentation of activities undertaken towards ensuring compliance with the approved ZPCT II Environment Mitigation and Monitoring Plan	Program	X	X	X	X	X	X	X	X	X	X	X	X
Quarterly facility end user checks	Program												
Quarterly provincial budget pipeline reviews through joint analysis with finance unit	Program, Finance												
Monthly recipient agreement expenditure tracking through RMFRs	Program, Finance	X	X	X	X	X	X	X	X	X	X	X	X
<i>Information Technology</i>													
Implement computerized inventory management system	IT, Procurement, Finance and Admin												
Purchase computers for ZPCT II staff	IT, Procurement												
Purchase computers for ZPCT II supported health facilities	IT, Procurement, Program												
Renew Vsat License	IT, Finance and Admin												
Dispose of excess and obsolete equipment	IT, Admin and Finance												
Travel to supported health facilities for routine IT tasks such as maintenance and repairs of equipment (provincial it staff)	IT	X	X	X	X	X	X	X	X	X	X	X	X
Install a call accounting system to ensure that personal phone calls are kept to a minimum	IT												
Streamline and improve the SMS client reminder/callback system	IT, Technical												
Provide in-house training to ZPCT II staff to ensure computer skills are updated and efficient	IT	X	X	X	X	X	X	X	X	X	X	X	X
In collaboration with JSI, roll out integrated SmartCare system in supported health facilities	IT, M&E	X	X	X	X	X	X	X	X	X	X	X	X
Pastel evolution asset management training for two IT staff and one procurement staff	IT, Procurement												

Activity	Responsible Unit	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Human Resources													
Implement generic training plans across departments and units which are position specific	Human Resources	X	X	X	X	X	X	X	X	X	X	X	X
Enhance employee engagement through non-financial incentives – e.g. staff awards and employee surveys,	Human Resources	X	X	X	X	X	X	X	X	X	X	X	X
Coordinate staff development activities identified from the 2009/2010 performance appraisal outcomes	Human Resources	X	X	X	X	X	X	X	X	X	X	X	X
Facilitate team building activities for increased collaboration across ZPCT II	Human Resources												
Reports/Deliverables													
Submit quarterly program and financial report	Program, Finance												
Submit semi annual and annual reports	SI (M&E), Technical												

Annex B: Short Term Technical Assistance and External Travel

(January 1, 2011 – December 31, 2011)

Purpose	Number of Trips	Type of Trip I= Int'l R=Regional	Tentative Dates
FHI TA and ZPCT II Staff			
Kwasi Torpey, FHI Regional Technical Advisor, technical assistance trips (21 Days each)	1	R (from Ghana)	TBD
Kellock Hazemba, Regional Finance and Administration Advisor from Pretoria to provide technical assistance to ZPCT II program	4	R (from SA)	Once a quarter
One FHI global strategic information workshop	2	I	TBD
One FHI QA/QI training workshop	1	R	TBD
TA for costing study from NC to review the costing data and inform USAID on costs for services	2	I (from US)	TBD
One FHI technical staff to attend training in SQL Server and C# programming	1	R (SA)	TBD
Four technical staff to attend regional trainings (MoH staff and gender trainings included)	4	R	TBD
Five staff to attend FHI Care and Treatment meetings (ART and PMTCT)	5	R	TBD
One staff to attend training in PCR techniques and DNA sequencing	1	R	Feb-March
Seven program/finance/admin and HR staff to attend a regional finance/operations meeting/conference	7	R	TBD
HIV Implementers Meeting	2	R	TBD
HIV Interest Group Meeting	1	R	TBD
Five finance/admin and HR staff to attend leadership meetings/trainings in the region	5	R	TBD
Six program staff to attend project leadership/ management meetings/ workshops/trainings in the region	6	R	TBD
FHI Global Leadership Meeting in the US	1	I/R	TBD
Chief of Party relocation from the US to Zambia	4	I	May 2010
Chief of Party and dependant - Repatriation	2	I	June 2011
Deputy Chief of Party and dependant to Nepal (R&R)	2	I	January 2011
Deputy Chief of Party and dependant – Repatriation	2	I	October 2011
Catherine Thompson/Dependant TQSA	2		May 2011
Asha Basnyat/Dependant	2		September 2011
CARE Zambia			

Purpose	Number of Trips	Type of Trip	Tentative Dates
		I= Int'l R=Regional	
AIDS conference	2	R (SA)	August 2011
Regional AIDS Advisor	1	R	April 2011
USAID/CDC Regulations & Policies	3	R (SA)	February 2011
CARDNO			
TA from Project Manager for local staff training and assist with key technical assignments (Mike Reeves)	1	I	Mar-May
Organizational capacity building technical assistance and GDA assessments (Albena Godlove)	2	I	Jan-Feb and Aug-Sept
Training on providing capacity building to the public sector and on development of training curricula and tools to be applied on the project (Violet Ketani)	1	I	TBD
Social Impact			
Gender consultant from SI for technical assistance	3	I/R	TBD
MSH			
One person to attend the supply chain management of HIV/AIDS medicines and supplies training (Innocent Sindazi)	1	R (SA)	April
One staff to attend training in SQL Server and C# programming (Cecilia Chitambala) 3wks	1	R (SA)	TBA
One people to attend the Microbiological Techniques and /or Clinical Chemistry/hematology updated technologies and applications with NHLS (Bridget Chatora)	1	R (SA)	TBA
One staff to attend the International Conference on Improving Use of Medicines (ICIUM) in Alexandria, Egypt	1	R (Egypt)	April 10-14, 2011
One TA visit by Hare Ram Bhattarai to support the roll out of the MSH developed ARV dispensing tool integrated into SmartCare, fine tuning of the tools, and assist with further re-design of the laboratory MIS tool	1	I (from Nepal)	February
One TA visit from Arlington (Laboratory) <i>(cost will be co-shared by MSH)</i>	1	I (from US)	January; May
One TA visit from Arlington (Pharmacy) <i>(cost will be co-shared by MSH)</i>	1	I (from US)	May
One TA visit by John Pollock, Project Support Leader for annual project support visit and to attend the pharmacy and laboratory unit review meeting and the partner's work plan meeting	1	I (from US)	TBD
One trip to Cambridge and Arlington for a project management training for Gail Bryan-Mofya, MSH representative	1	I (US)	May/June
One TA visit from Cambridge by the fin/ops officer <i>(cost will be co-shared by MSH)</i>	1	I (from US)	TBA

Annex C: Partners, Roles and Responsibilities and Reporting Structures

Partner	Roles and Responsibilities	Reporting Structure
FHI – Prime	Provide overall program, technical and financial leadership be responsible for all program indicators and M&E system; liaise with USAID as agreed with the Contracting Officer’s Technical Representative, manage relationships with the MoH, NAC, 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. The FHI team will be co-located with the rest of the ZPCT II partners to ensure coordination, ease of management and smooth implementation. FHI will also host a review of the program 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, international and direct local partner relationships.
<i>International Partners</i>		
Management Sciences for Health (MSH)	MSH, under the direction of the FHI Technical Director, will continue providing laboratory and pharmacy support in as specified in the current work plan objectives.	The MSH lead is Gail Bryan, Senior Advisor/Pharmaceutical Management. She reports to the FHI Technical Director for all pharmacy and laboratory activities. In addition, she represents MSH at budget and contractual negotiations in Zambia.
CARE	Under the direction of the FHI Director of Programs, CARE leads activities to mobilize communities to access HIV/AIDS services, as well as enhance existing referral networks and develop new ones to achieve full coverage. CARE also manages ASWs and lay counselors. CARE will further start managing grants under a contract in the current work plan by working with CBOs and FBOs to build 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, reports to the Director of Programs.
Emerging Markets Group (EMG)	The EMG team works 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.	EMG’s local employees report to the FHI Director of Programs. All financial reporting, contractual and budget issues are coordinated by the COP and FHI/HQ team.
Social Impact (SI)	The SI will continue providing STTA from their HQ, working with the MoH and other partners in Zambia to finalize the gender strategy to be implemented by partners at all levels of the program.	SI will coordinate trips and activities with the COP and Deputy COP.
The Salvation Army	SAWSO will provide STTA to their	The COP will manage SAWSO in

Partner	Roles and Responsibilities	Reporting Structure
World Service Office (SAWSO)	local TSA affiliate to continue building their capacity in community mobilization and prevention activities.	collaboration with the Program Director and the CARE team.
<i>International Partners</i>		
Churches Health Association of Zambia (CHAZ)	CHAZ will continue working with ZPCT II through mutually identified church-run facilities in providing strategic services to enhance MoH service delivery goals.	CHAZ is managed by the Director of Programs with technical oversight by the technical team.
Kara Counseling and Training Trust (KCTT)	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.
Network of Zambian People Living with HIV / AIDS (NZP+)	In the current work plan period, 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.
The Salvation Army Zambia (TSA/Zambia)	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.
Other CBOs/ FBOs	CARE will identify 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.
University Teaching Hospital (UTH)	The UTH Male Circumcision unit will assist ZPCT II to scale up MC in facilities in the five provinces.	UTH will be managed by the Technical Director.
Comprehensive HIV / AIDS Management Program (CHAMP)	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.

Annex D: List of Recipient Agreements/Subcontracts/MOUs January 1 – December 31, 2011

Province	Institution/Organisation	Type of Agreement	Period Budget USD
Government of the Republic of Zambia (GRZ)			
Lusaka	Ministry of Health	MOU	N/A
Central	Provincial Medical Office – Central	MOU	N/A
Copperbelt	Provincial Medical Office – Copperbelt	MOU	N/A
Luapula	Provincial Medical Office – Luapula	MOU	N/A
Northern	Provincial Medical Office – Northern	MOU	N/A
North Western	Provincial Medical Office – North Western	MOU	N/A
Provincial Medical Offices			
Central	Provincial Medical Office – Central	Recipient Agreement	430,280.00
Copperbelt	Provincial Medical Office – Copperbelt	Recipient Agreement	583,195.29
Luapula	Provincial Medical Office – Luapula	Recipient Agreement	347,927.43
Northern	Provincial Medical Office – Northern	Recipient Agreement	454,041.71
North Western	Provincial Medical Office – North Western	Recipient Agreement	455,905.14
District Health Offices			
Central	Chibombo DMO	Recipient Agreement	249,175.71
	Kabwe DMO	Recipient Agreement	195,610.29
	Kapiri Mposhi DMO	Recipient Agreement	143,036.57
	Mkushi DMO	Recipient Agreement	81,043.71
	Serenje DMO	Recipient Agreement	123,963.43
	Mumbwa DMO*	Recipient Agreement	87,206.57
Copperbelt	Chililabombwe DMO	Recipient Agreement	18,165.43
	Chingola DMO	Recipient Agreement	48,921.43
	Kalulushi DMO	Recipient Agreement	111,429.57
	Kitwe DMO	Recipient Agreement	193,097.14
	Luanshya DMO	Recipient Agreement	91,313.14
	Lufwanyama DMO	Recipient Agreement	23,196.86
	Masaiti DMO	Recipient Agreement	26,730.86
	Mpongwe DMO	Recipient	10,956.86

Province	Institution/Organisation	Type of Agreement	Period Budget USD
		Agreement	
	Mufulira DMO	Recipient Agreement	102,230.57
	Ndola DMO	Recipient Agreement	157,881.43
Luapula	Chieng1 DMO	Recipient Agreement	42,131.86
	Kawambwa DMO	Recipient Agreement	62,478.00
	Mansa DMO	Recipient Agreement	96,013.71
	Milenge DMO	Recipient Agreement	5,145.43
	Mwense DMO	Recipient Agreement	61,520.00
	Nchelenge DMO	Recipient Agreement	51,604.29
	Samfya DMO	Recipient Agreement	40,813.71
Northern	Chinsali DMO	Recipient Agreement	122,750.57
	Isoka DMO	Recipient Agreement	121,528.57
	Kasama DMO	Recipient Agreement	19,152.00
	Kaputa DMO	Recipient Agreement	18,066.86
	Luwingu DMO	Recipient Agreement	22,854.86
	Mbala DMO	Recipient Agreement	127,007.14
	Mpika DMO	Recipient Agreement	213,252.71
	Mpulungu DMO	Recipient Agreement	37,960.29
	Mporokoso DMO	Recipient Agreement	8,791.71
	Nakonde DMO	Recipient Agreement	143,339.14
	Mungwi DMO	Recipient Agreement	57,297.43
North Western	Chavuma DMO	Recipient Agreement	7,498.29
	Kabompo DMO	Recipient Agreement	125,106.86
	Kasempa DMO	Recipient Agreement	125,775.43
	Mufumbwe DMO	Recipient Agreement	6,270.86
	Mwinilunga DMO	Recipient Agreement	178,270.29
	Solwezi DMO	Recipient Agreement	11,310.86
	Zambezi DMO	Recipient Agreement	71,289.43
Hospitals			
Lusaka	University Teaching Hospital	Recipient	80,000.00

Province	Institution/Organisation	Type of Agreement	Period Budget USD
		Agreement	
Central	Kabwe General	Recipient Agreement	55,952.25
Copperbelt	Nchanga North	Recipient Agreement	55,952.25
	Kitwe Central Hospital	Recipient Agreement	55,952.25
	Roan General Hospital	Recipient Agreement	55,952.25
	Ronald Ross	Recipient Agreement	55,952.25
	Arthur Davison Hospital	Recipient Agreement	60,000.00
	Ndola Central Hospital	Recipient Agreement	55,952.25
Luapula	Mansa General Hospital	Recipient Agreement	100,000.00
Northern	Kasama General Hospital	Recipient Agreement	55,952.25
	Mbala General Hospital	Recipient Agreement	55,952.25
North Western	Solwezi General Hospital	Recipient Agreement	55,952.25
Partners			
Lusaka	Management Sciences for Health	Subcontract	1,800,000
	CARE International	Subcontract	2,000,000
	Emerging Markets Group	Task Order	331,963.00
	Salvation Army	Task Order	48,571.00
	Social Impact	Task Order	68,891.00
	Churches Health Association of Zambia	Subcontract	150,000.00
	Kara Counseling and Training Trust	Subcontract	230,000
Ndola	Ndola Catholic Diocese	MOU	N/A

* New District Medical Office

Annex E: List of ZPCT II Supported Facilities, Sites and Services

Central Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆	◆	
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆ ¹	◆	◆	◆		◆	
	19. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
<i>Serenje</i>	21. Chikupili HC	Rural		◆	◆	◆		◆	
	22. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	23. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	24. Chibale RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	25. Muchinka RHC	Rural		◆	◆	◆		◆	
	26. Kabundi RHC	Rural		◆	◆	◆		◆	
	27. Chalilo RHC	Rural		◆	◆	◆		◆	
	28. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆		◆	
	29. Mulilima RHC	Rural		◆	◆	◆		◆	
	30. Gibson RHC	Rural							
	31. Nshimishi RHC	Rural							
	32. Kabamba RHC	Rural							
<i>Chibombo</i>	33. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	34. Chikobo RHC	Rural		◆	◆	◆		◆	
	35. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	36. Chibombo RHC	Rural		◆	◆	◆		◆	
	37. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	38. Mungule RHC	Rural		◆	◆	◆		◆	
	39. Muswishi RHC	Rural		◆	◆	◆		◆	
	40. Chitanda RHC	Rural		◆	◆	◆		◆	⊙
	41. Malambanyama RHC	Rural		◆	◆	◆			
	42. Chipeso RHC	Rural		◆	◆	◆			
	43. Kayosha RHC	Rural		◆	◆	◆			
	44. Mulungushi Agro RHC	Rural		◆	◆	◆			
	45. Mwachisompola RHC	Rural							
	46. Shimukuni RHC	Rural							
	47. Malombe RHC	Rural							
<i>Kapiri</i>	48. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	49. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆	◆	⊙
	50. Chibwe RHC	Rural		◆	◆	◆		◆	
	51. Lusemfw RHC	Rural		◆	◆	◆		◆	
	52. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	53. Mulungushi RHC	Rural		◆	◆	◆		◆	
	54. Chawama UHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Mposhi</i>	55. Kawama HC	Urban		◆	◆	◆		◆	
	56. Tazara UHC	Rural		◆	◆	◆		◆	
	57. Ndeke UHC	Rural		◆	◆	◆		◆	
	58. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	59. Chankomo RHC	Rural		◆	◆	◆		◆	
	60. Luanshimba RHC	Rural		◆	◆	◆		◆	
	61. Mulungushi University HC	Rural		◆	◆	◆		◆	
	62. Chipepo RHC	Rural		◆	◆	◆		◆	
	63. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64. Chilumba RHC	Rural		◆	◆	◆		◆	
<i>Mumbwa</i>	65. Mumbwa GH	Urban							
	66. Myooye RHC	Rural							
	67. Lutale RHC	Rural							
	68. Mukulaikwa RHC	Rural							
Totals			23	58	58	58	20	43	8

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

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

Note: Grey shaded are new ZPCT II sites for 2011

Copperbelt Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kitwe</i>	29. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	32. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆		◆	
	34. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	45. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	47. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆		◆		
50. Riverside Clinic	Urban	◆ ²	◆	◆	◆		◆		
<i>Luanshya</i>	51. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	52. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	55. Luanshya Main Clinic	Urban							
	56. Mikomfwa Urban Clinic	Urban							
<i>Mufulira</i>	57. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	58. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Chibolya Clinic	Urban							
	65. Murundu Clinic	Rural							
<i>Kalulushi</i>	66. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	67. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	69. Chati RHC	Rural							
	70. Ichimpe RHC	Urban							
<i>Chililabombwe</i>	71. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	72. Lubengele UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Lufwanyama</i>	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
<i>Mpongwe</i>	76. Kayenda RHC	Rural		◆	◆	◆	◆		
	77. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	79. Kashitu RHC	Rural		◆	◆	◆	◆	◆	
	80. Jelemanu RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
Totals			43	73	75	75	40	52	6

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

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

Note: Grey shaded are new ZPCT II sites for 2011

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural							
<i>Kawambwa</i>	5. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	6. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Kawambwa HC	Rural		◆	◆	◆	◆	◆	
	8. Mushota RHC	Rural		◆	◆	◆		◆	
	9. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	10. Kawambwa Tea Co Clinic	Urban		◆	◆	◆			
	11. Kazembe RHC	Rural		◆	◆	◆		◆	
	12. Mufwaya RHC	Rural							
<i>Mansa</i>	13. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	14. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	15. Central Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	16. Matanda RHC	Rural		◆	◆	◆		◆	
	17. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	18. Buntungwa RHC	Urban		◆	◆	◆		◆	
	19. Chipete RHC	Rural		◆	◆	◆		◆	
	20. Chisembe RHC	Rural		◆	◆	◆		◆	
	21. Chisunka RHC	Rural		◆	◆	◆		◆	
	22. Fimpulu RHC	Rural		◆	◆	◆		◆	
	23. Kabunda RHC	Rural		◆	◆	◆		◆	
	24. Kalaba RHC	Rural		◆	◆	◆		◆	
	25. Kalyongo RHC	Rural		◆	◆	◆		◆	
	26. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	27. Katangwe RHC	Rural		◆	◆	◆		◆	
	28. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	29. Luamfumu RHC	Rural		◆	◆	◆	◆	◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
<i>Milenge</i>	40. Mulumbi RHC	Rural		◆	◆	◆		◆	
	41. Milenge East 7 RHC	Rural		◆	◆	◆	◆	◆	
	42. Kapalala RHC	Rural		◆	◆	◆		◆	
<i>Mwense</i>	43. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	45. Chibondo RHC	Rural			◆	◆		◆	
	46. Chipili RHC	Rural		◆	◆	◆		◆	
	47. Chisheta RHC	Rural		◆	◆	◆			
	48. Kalundu RHC	Rural			◆	◆			
	49. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	50. Kapamba RHC	Rural		◆	◆	◆		◆	
	51. Kashiba RHC	Rural		◆	◆	◆		◆	
	52. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	53. Kawama RHC	Rural		◆	◆	◆		◆	
	54. Lubunda RHC	Rural		◆	◆	◆		◆	
	55. Lukwesa RHC	Rural		◆	◆	◆		◆	
	56. Luminu RHC	Rural			◆	◆			
	57. Lupososhi RHC	Rural			◆	◆			
	58. Mubende RHC	Rural		◆	◆	◆		◆	
	59. Mukonshi RHC	Rural		◆	◆	◆		◆	
	60. Mununshi RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	61. Mupeta RHC	Rural			◆	◆			
	62. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	63. Mutipula RHC	Rural			◆	◆		◆	
	64. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
<i>Nchelenge</i>	65. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	66. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	67. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Kabuta RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	69. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	70. Kambwali RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	71. Kanyembo RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	72. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	73. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	74. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Samfya</i>	75. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	76. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	77. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	78. Shikamushile RHC	Rural		◆	◆	◆		◆	
	79. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	80. Kabongo RHC	Rural		◆	◆	◆			
Totals			26	72	78	78	22	60	4

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

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

Note: Grey shaded are new ZPCT II sites for 2011

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban		◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural		◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)*	Rural							
<i>Nakonde</i>	14. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	15. Chilolwa RHC	Rural		◆	◆	◆		◆	
	16. Waitwika RHC	Rural		◆	◆	◆		◆	
	17. Mwenzo RHC	Rural		◆	◆	◆		◆	
	18. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆			
	19. Chozi RHC	Rural		◆	◆	◆			
	20. Chanka RHC	Rural							
21. Shem RHC	Rural								
<i>Mpika</i>	22. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	23. Mpika HC	Urban		◆	◆	◆		◆	
	24. Mpepo RHC	Rural		◆	◆	◆			
	25. Chibansa RHC	Rural		◆	◆	◆			
	26. Mpumba RHC	Rural		◆	◆	◆			
	27. Mukungule RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	28. Mpika TAZARA	Rural		◆	◆	◆			
	29. Chikakala RHC	Rural							
	30. Muwele RHC	Rural							
	31. Lukulu RHC	Rural							
	32. ZCA Clinic	Rural							
<i>Chinsali</i>	33. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	34. Chinsali HC	Urban		◆	◆	◆		◆	
	35. Matumbo RHC	Rural		◆	◆	◆			
	36. Lubwa RHC	Rural							
	37. Mundu RHC	Rural							
	38. Shiwa Ng'andu RHC	Rural							
<i>Mbala</i>	39. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	40. Mbala UHC	Urban		◆	◆	◆		◆	
	41. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	42. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆		◆	
	43. Chozi Mbala Tazara RHC	Rural		◆	◆	◆			
	44. Mambwe RHC (CHAZ)*	Rural							
	45. Mpande RHC	Rural							
	46. Mwamba RHC	Rural							
	47. Nondo RHC	Rural							
48. Nsokolo RHC	Rural								
<i>Mpulungu</i>	49. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	50. Isoko RHC	Rural							
<i>Isoka</i>	51. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	52. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	53. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	54. Kalungu RHC	Rural		◆	◆	◆			
	55. Thendere RHC	Rural							
	56. Kafwimbi RHC	Rural							

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	57. Kampumbu RHC	Rural							
<i>Mporokoso</i>	58. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	59. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Luwingu</i>	60. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	61. Namukolo Clinic	Urban		◆	◆	◆		◆	
	62. Chikoyi PUC	Urban							
<i>Kaputa</i>	63. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	64. Nsumbu RHC	Rural		◆	◆	◆		◆	
<i>Mungwi</i>	65. Chitimukulu RHC	Rural		◆	◆	◆			
	66. Malole RHC	Rural		◆	◆	◆			
	67. Nseluka RHC	Rural		◆	◆	◆			
	68. Chimba RHC	Rural							
	69. Kapolyo RHC	Rural							
Totals			17	47	47	47	18	23	8

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

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

Note: Grey shaded are new ZPCT II sites for 2011

* To start reporting data before December 2010

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	12. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	13. St. Kalembe (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆	◆	◆	
	16. Kabulamema RHC	Rural							
	17. Dyambombola RHC	Rural							
	18. Kayombo RHC	Rural							
<i>Zambezi</i>	19. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	20. Zambezi UHC	Urban			◆	◆		◆	
	21. Mize HC	Rural		◆	◆	◆		◆	
	22. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	23. Mukandakunda RHC	Rural		◆	◆	◆			
	24. Nyakulenga RHC	Rural		◆	◆	◆			
	25. Chilenga RHC	Rural		◆	◆	◆			
	26. Mpidi RHC	Rural							
27. Kucheka RHC	Rural								
<i>Mwinilunga</i>	28. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	29. Kanyihampa HC	Rural		◆	◆	◆		◆	
	30. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	31. Ikelenge RHC	Rural		◆	◆	◆			
	32. Lwawu RHC	Rural		◆	◆	◆			
	33. Nyangombe RHC	Rural		◆	◆	◆			
	34. Katyola RHC	Rural							
	35. Chiwoma RHC	Rural							
	36. Lumwana West RHC	Rural							
	37. Kanyama RHC	Rural							
	38. Sailunga RHC	Rural							
<i>Mufumbwe</i>	39. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		◎
	40. Matushi RHC	Rural		◆	◆	◆		◆	
	41. Kashima RHC	Rural		◆	◆	◆			
	42. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	43. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Chivombo RHC	Rural		◆	◆	◆	◆	◆	
	45. Chiingi RHC	Rural		◆	◆	◆		◆	
	46. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	47. Nyatanda RHC	Rural							
<i>Kasempa</i>	48. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	49. Nselauke RHC	Rural		◆	◆	◆		◆	
	50. Kankolonkolo RHC	Rural							
	51. Kamakechi RHC	Rural							
	52. Dengwe RHC	Rural							
	53. Lunga RHC	Rural							
Totals			12	35	38	38	16	18	4

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

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

Annex F: ZPCT II Private Sector Facilities, Sites and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban							
	2. Mukuni Insurance Clinic	Urban							
<i>Mkushi</i>	3. Tusekelemo Medical Centre	Urban							
Copperbelt Province									
<i>Ndola</i>	4. Hilltop Hospital	Urban	◆	◆	◆	◆			
	5. Maongo Clinic	Urban	◆	◆	◆	◆			
	6. Chinan Medical Centre	Urban							
<i>Kitwe</i>	7. Company Clinic	Urban	◆	◆	◆	◆			
	8. Hillview Clinic	Urban	◆	◆	◆	◆			
	9. Kitwe Surgery	Urban		◆	◆	◆			
	10. CBU Clinic	Urban							
	11. SOS Medical Centre	Urban							
North-Western Province									
<i>Solwezi</i>	12. Hilltop Hospital	Urban		◆	◆	◆			

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

◆ Site Reporting Data	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Annex G: ZPCT II Life Project Targets and Achievements (1 August 2009 to 31 October 2010)

Objective	Indicators	Life of project (LOP)	Year One (Aug 09 – May 10)		Year Two (Jun 10 – Dec 10)	
			Target	Achievement	Target (Jun 10 – Dec 10)	Achievement (Jun 10 – Oct 10)
1.1 Counseling and Testing (Projections from ZPCT service statistics)						
	Service outlets providing CT according to national or international standards	370	271	271	296	296
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000 ³	118,333	399,434	84,581	174,672
	Individuals trained in CT according to national or international standards	2,316	520	506	301	247
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)						
	Service outlets providing the minimum package of PMTCT services	359	262	262	287	287
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167	131,404	66,500	75,390
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214	18,861	8,183	8,622
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150	1,108	840	598
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	271	296	296
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000	153,816	96,412	163,644
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000	11,795	10,581	12,838
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600	572	364	292
	Service outlets providing ART	130	121	116	128	124
	Individuals newly initiating on ART during the reporting period	115,250	19,167	25,107	13,489	12,048
	Pediatrics newly initiating on	11,250	1,667	2,024	1,379	933

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

Objective	Indicators	Life of project (LOP)	Year One (Aug 09 – May 10)		Year Two (Jun 10 – Dec 10)	
			Target	Achievement	Target (Jun 10 – Dec 10)	Achievement (Jun 10– Oct 10)
	ART during the reporting period					
	Individuals receiving ART at the end of the period	146,000	79,732	106,742	90,148	117,827
	Pediatrics receiving ART at the end of the period	11,700	5,726	7,606	6,664	8,222
	Health workers trained to deliver ART services according to national or international standards	3,120	600	572	364	292
TB/HIV						
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	271	296	296
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667	4,220	2,009	2,765
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600	572	364	292
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,683	4,693	3,479	2,127
1.4 Male Circumcision (ZPCT II projections)						
	Service outlets providing MC services	50	16	15	22	22
	Individuals trained to provide MC services	260	100	104	60	32
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	N/A	346	N/A	1,223
2.1 Laboratory Support (Projections from ZPCT II service statistics)						
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96	84	103	84
	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	-	-	-	111	111
	Individuals trained in the provision of laboratory-related activities	375	80	192	42	168
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS	3,813,000	635,500	887,036	444,850	510,773

Objective	Indicators	Life of project (LOP)	Year One (Aug 09 – May 10)		Year Two (Jun 10 – Dec 10)	
			Target	Achievement	Target (Jun 10 – Dec 10)	Achievement (Jun 10– Oct 10)
	disease monitoring					
2.2 Capacity Building for Community Volunteers (Projections from ZPCT II service statistics)						
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506	484	287	248
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285	299	161	184
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120	287	70	92
3 Capacity Building for PMOs and DMOs (ZPCT II projections)						
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47	-	47	-
4 Public-Private Partnerships (ZPCT II projections)						
	Private health facilities providing HIV/AIDS services	30	6	6	12	12
Gender						
	Number of pregnant women receiving PMTCT services with partner	N/A	N/A	32,020	N/A	19,327

Annex H: ZPCT II Community Targets (Jan 1, 2011 – Dec 31, 2011)

Objective	Indicators	Definition	LOP Target	Achievements (Oct 09 – Oct10)	Workplan Target (Jan – Dec 2011)
1.1 Expand Counseling and Testing (CT) services					
	Number of mobile CT outreach episodes conducted	Mobile outreach episodes conducted at community level every month	150	17	35
	Number of individuals referred for CT	Persons reached with messages on CT and referred from the community to CT centers for accessing CT services	25,000	4,525	5,000
	Number of individuals referred for CT and reaching the facility	Persons recorded at CT centers as clients referred from the communities	25,000	4,525	5,000
	Number of individuals trained in volunteer Supervision	Community members trained to supervise fellow lay cadres	171	36	45
	Number of individuals trained to provide youth counseling services	Community volunteers trained to provide CT services	850	166	170
1.2 Expand prevention of mother-to-child transmission (PMTCT) services					
	Number of TBAs trained in promoting demand for PMTCT	TBAs who undergo the 6-day initial course	462	N/A	330
	Number of individuals referred for PMTCT	Persons referred from the community to PMTCT centers for accessing PMTCT services	3,000	N/A	700
	Number of individuals referred for PMTCT and reaching the facility	Persons recorded at PMTCT centers as clients referred from the communities	3,000	N/A	700
1.3 Expand treatment services and basic health care and support					
	Number of mobile MC outreach activities conducted	Mobile outreach activities conducted on MC in the community	90	3	35
	Number of people referred for MC	People reached with MC messages and referred to health facilities for MC	5,000	285	1,000
	Number of people referred for MC and reaching the facility	People referred for MC who reach the facility	5,000	285	1,000
2.2 Engage community/faith-based groups					
	Number of C/FBO representatives trained in management & coordination	Participants representing C/FBOs who undergo a 5-day training in management, coordination and governance	495	N/A	150

Objective	Indicators	Definition	LOP Target	Achievements (Oct 09 – Oct10)	Workplan Target (Jan – Dec 2011)
	Number of districts undertaking a community mapping of HIV/AIDS services	CARE targeted districts where a community mapping exercise will be conducted and what HIV/AIDS services are being implemented, duration of these services and who is providing these services	15	7	1
	Number of youth groups representative trained in skills for developing and implementing targeted HIV/AIDS activities	Youth group representatives completing a 3 day training in developing and implementing HIV/AIDS activities	210	N/A	50
	Number of NZP+ members trained in key HIV prevention, care, and prevention skills	NZP+ participants undertaking a tailored capacity building training that will enhance their ability to organize and coordinate PLHA support groups to implement community services	625	N/A	125
	Number of community group representatives (C/FBO) trained in prevention for negatives activities	Community group representatives who undergo a 3-day training to plan, develop and implement prevention activities targeting HIV negative people	630	N/A	150
	Number of focus group discussions for sensitization of community leaders sensitized on male norms and male involvement in sexual and reproductive health	Opinion leaders to be reached through sensitization meetings to advocate for change in male norms and behaviors	158	N/A	42
	Number of community leaders trained in advocacy for effective change at community level	Opinion leader to be trained in advocacy skills for change in male norms and behaviors	375	N/A	135
	Number of focus group Discussions (FGDs) conducted on treatment literacy	FGDs for people testing positive for HIV and to improve treatment seeking behavior and treatment literacy	200	N/A	50
	Number of focus group discussions conducted on prevention for the positives	FGDs for people testing positive to ensure that prevention for those testing positive is also promoted	165	N/A	42
	Number of focus group Discussions conducted on	FGDs with opinion leaders to help promote and plan for	158	N/A	39

Objective	Indicators	Definition	LOP Target	Achievements (Oct 09 – Oct10)	Workplan Target (Jan – Dec 2011)
	stigma and discrimination	anti-stigma activities			
	Number of additional Adherence Support Workers (ASW) trained	Additional ASWs trained in new sites over a period of 10 days	300	110	0

Annex I: ZPCT II Supported Facility Renovations

Period	Province	Planned Renovations	Status of Renovations	Comments/Remarks
Year 1: August 1, 2009 – May 31, 2010	Central	10	All 10 completed	All completed in Year 1
	Copperbelt	27	All 27 completed	Carried into and completed in Year 2
	Luapula	13	12 completed	1 had contract terminated, new contract ongoing. 12 carried over and completed in Year 2
	Northern	16	All 16 completed	Carried into and completed in Year 2
	North-Western	13	All 13 completed	Carried into and completed in Year 2
	Total	79	78	
Year 2: June 1 – December 31, 2010	Central	17	Works ongoing	To be completed by June 2011
	Copperbelt	2	Works ongoing	
	Luapula	12	Contracts recently signed, contractors to mobilise	
	Northern	8	Works ongoing in 4 facilities, 4 re-advertised	
	North-Western	6	Works ongoing	
	Total	43		
Year 3: January 1 – December 31, 2011	Central	10		
	Copperbelt	23		
	Luapula	11		
	Northern	25		
	North-Western	15		
	Total	84		

Annex J: ZPCT II Gender Indicators

Objective	Monitoring Indicator
<p><u>Objective 1 & 2:</u></p> <p>Integrate gender into existing service provider training packages —facility and community based—for Prevention of Mother to Child Transmission (PMTCT), Counseling and Testing (CT), Treatment (Tx) and Male Circumcision (MC)</p>	<p># of training manuals revised to include gender-based protocol and norms for service delivery</p>
<p><u>Objective 1:</u></p> <p>Enhance facility-based services to improve male access to HIV and other RH services</p>	<p># of males who get tested at ZPCT II participating health facility</p> <p># of males who seek RH services at ZPCT II participating health facility</p> <p># of couples counseled for HIV at ZPCT II participating health facility</p> <p># of couples counseled for FP/RH at ZPCT II participating health facilities</p> <p>All clients passing through MC. The routine counseling package offered before an MC procedure covers CT, RH and FP counseling</p>
<p><u>Objective 1:</u></p> <p>Enhance facility-based ART services to include GBV screening</p>	<p># of clients screened for GBV using the CHC checklist in ART setting</p>
<p><u>Objective 1:</u></p> <p>Design and support youth friendly services for adolescent females and males</p>	<p># of males/females under 15 seeking HIV services</p> <p># of males under 15 seeking FP/RH services</p> <p># of males/females referred to life skills programs from facility-based youth friendly corners</p> <p># of males/females referred to facility-based youth friendly corners from life skills programs</p> <p>Youth friendly counseling training packages exist and include gender-based topics</p>
<p><u>Objective 2:</u></p> <p>Community mobilization and referral:</p>	<p># of organizations identified through mapping exercise</p> <p># of private sector organizations receiving referral materials</p>

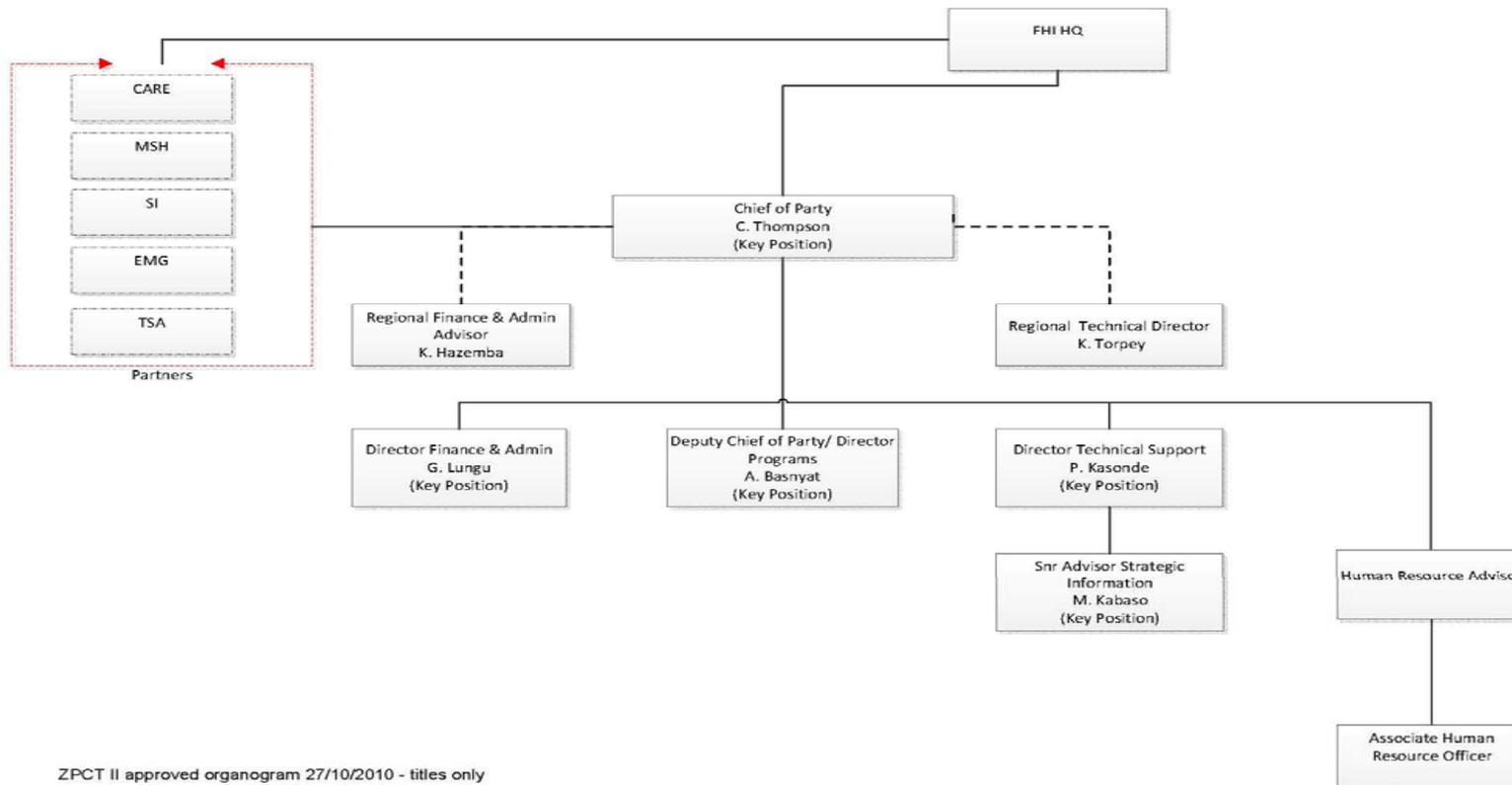
Objective	Monitoring Indicator
<p>- Mobilizing agents of socialization in Zambia to address norms in the fight for HIV/AIDS prevention</p> <p>- Strengthen partnerships for delivery of HIV-related services and stimulate discussions around social determinants and harmful social norms</p>	<p># of women referred to health facility by private sector partners for abuse by men.</p> <p># of women referred to private sector partners by health facilities</p> <p># of district-based CSOs, FBOs, NGOs receiving ZPCT II financial support for community mobilization and referral activities</p>
<p><u>Objective 2:</u></p> <p>Community mobilization and referral (cont'd)</p>	<p># of opinion leaders who demonstrate improved knowledge/attitudes/practices about behaviors that put women at risk</p>
<p><u>Objective 2:</u></p> <p>Train health care providers—facility and community based—in gender sensitive approaches to service delivery in PMTCT, CT, Tx and MC</p>	<p># of individuals trained on revised training packages which include (where appropriate) gender-based protocol and norms for service delivery, disaggregated by type of provider (ASW, lay counselor, community volunteer, nurse, midwife, etc)</p>
<p><u>Objective 3:</u></p> <p>Launch gender strategy</p>	<p>ZPCT II Development and Implementation partners oriented to ZPCT II gender strategy</p>
<p><u>Objective 3:</u></p> <p>Build the capacity of PMOs and DMOs to understand gender issues in HIV/AIDS and service delivery and to effectively plan, manage and institutionalize gender sensitive services</p>	<p>PMO/DMO management modules include tools for gender analysis and monitoring</p> <p># of PMOs/DMOs trained on gender sensitive management modules</p> <p>PMO/DMO supervisory checklists contain gender sensitive indicators</p>
<p><u>Objective 5:</u></p> <p>Design and use performance improvement processes to accelerate integration of gender into ZPCT II service delivery</p>	<p>RRGI manual developed</p> <p># of RRGIs implemented</p> <p># of RRGi goals attained</p>
<p>Integrate gender into M&E at the output and outcome level</p>	<p>ZPCT II indicator matrix including gender sensitive indicators</p> <p>HMIS forms revised to incorporate gender sensitive indicators</p>

Annex K: ZPCT II Partnership 12 Months Work-Plan Budget

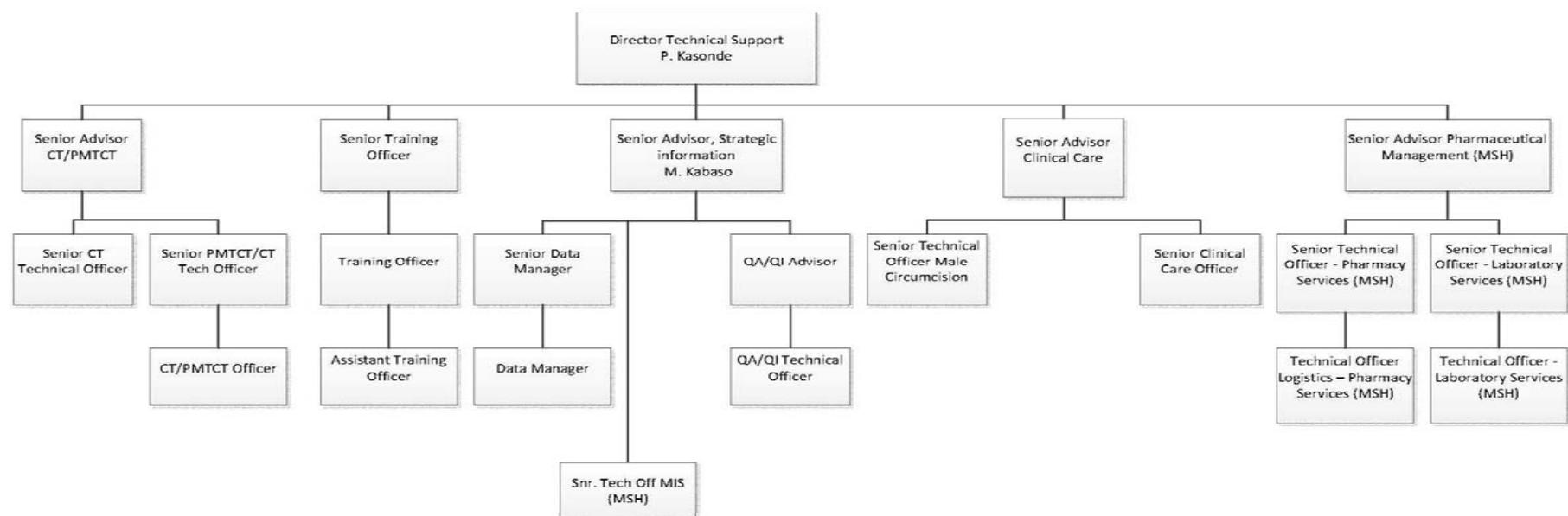
ZPCT II Partnership 12 Months Work-Plan Budget January 1, 2011 - December 31, 2011										
Line Item	CT	PMTCT	MC	HTXS	HBHC	PDXS	PDCS	TB	LAB	TOTAL
I. Salaries & Wages	769,652	1,000,564	271,897	835,487	300,256	351,553	204,750	400,109	271,326	4,405,594
II. Fringe Benefits	582,985	757,299	206,941	633,626	227,749	266,642	155,361	302,471	204,607	3,337,680
III. Consultants	18,576	25,800	3,096	17,544	6,192	7,224	4,128	11,352	9,288	103,200
IV. Travel & Transportation	167,217	245,694	29,482	167,067	58,967	68,801	39,311	108,105	88,453	973,098
V. Procurement / Medical Supplies	133,207	199,618	19,436	138,548	55,312	61,791	34,885	81,766	73,308	797,872
VI. Sub-Contracts/Recipient Agreements										
MSH	234,000	288,000	18,000	252,000	108,000	108,000	36,000	216,000	540,000	1,800,000
CARE	360,000	780,000	20,000	340,000	120,000	140,000	40,000	40,000	160,000	2,000,000
EMG	59,753	82,991	9,959	56,434	19,918	23,237	13,279	39,836	26,557	331,963
SI	12,400	17,223	2,067	11,711	4,133	4,822	2,756	8,267	5,512	68,891
Salvation Army	8,743	12,143	1,457	8,257	2,914	3,400	1,943	5,829	3,886	48,571
Churches Health Association of Zambia	27,000	37,500	4,500	25,500	9,000	10,500	6,000	18,000	12,000	150,000
Kara Counselling & Training Trust	225,400	4,600	-	-	-	-	-	-	-	230,000
MoH Health Facility Recipient Agreements	1,162,104	1,743,155	64,561	1,097,542	387,368	451,929	258,245	774,736	516,490	6,456,131
	2,089,400	2,965,612	120,544	1,791,444	651,333	741,889	358,222	1,102,667	1,264,445	11,085,556
VII. Other Direct Costs	436,038	541,701	69,127	392,367	138,239	161,283	92,159	255,708	195,014	2,281,635
VIII. G & A	708,300	927,494	188,639	719,705	257,059	300,526	173,647	390,904	277,615	3,943,889
Fixed Fee	245,269	333,189	45,458	234,789	84,755	97,985	53,123	132,654	119,203	1,346,426
IX. TOTAL	5,150,644	6,996,971	954,621	4,930,578	1,779,862	2,057,693	1,115,586	2,785,736	2,503,259	28,274,949

Annex L: ZPCT II Organizational Charts

ZPCT II Organogram: Management

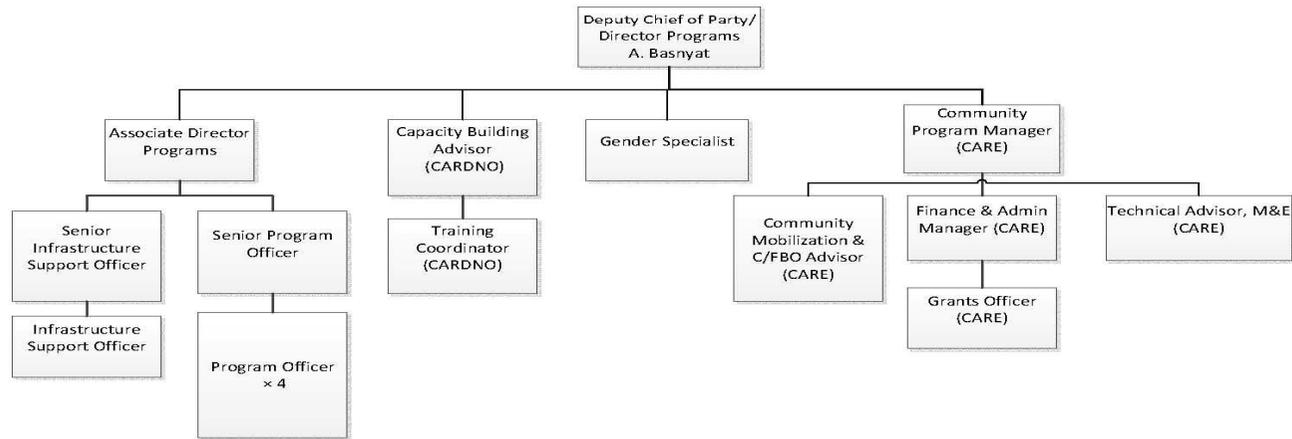


ZPCT II Organogram: Lusaka Technical



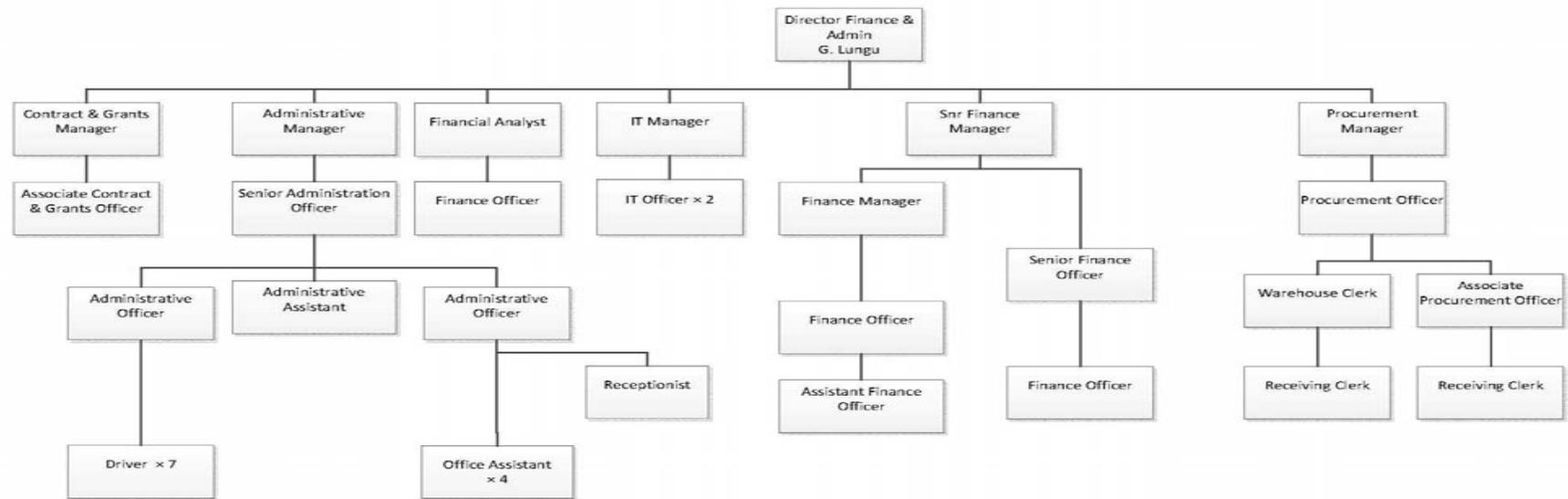
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ZPCT II Organogram: Lusaka Programs



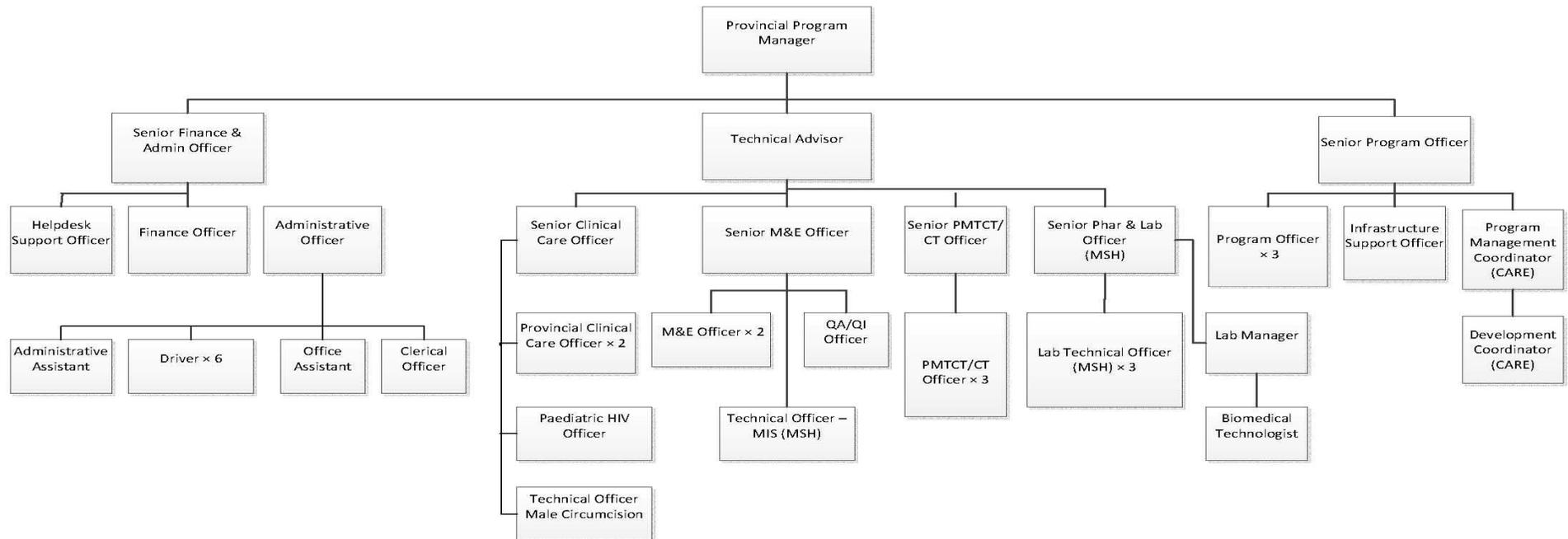
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ZPCT II Organogram: Lusaka Finance & Administration



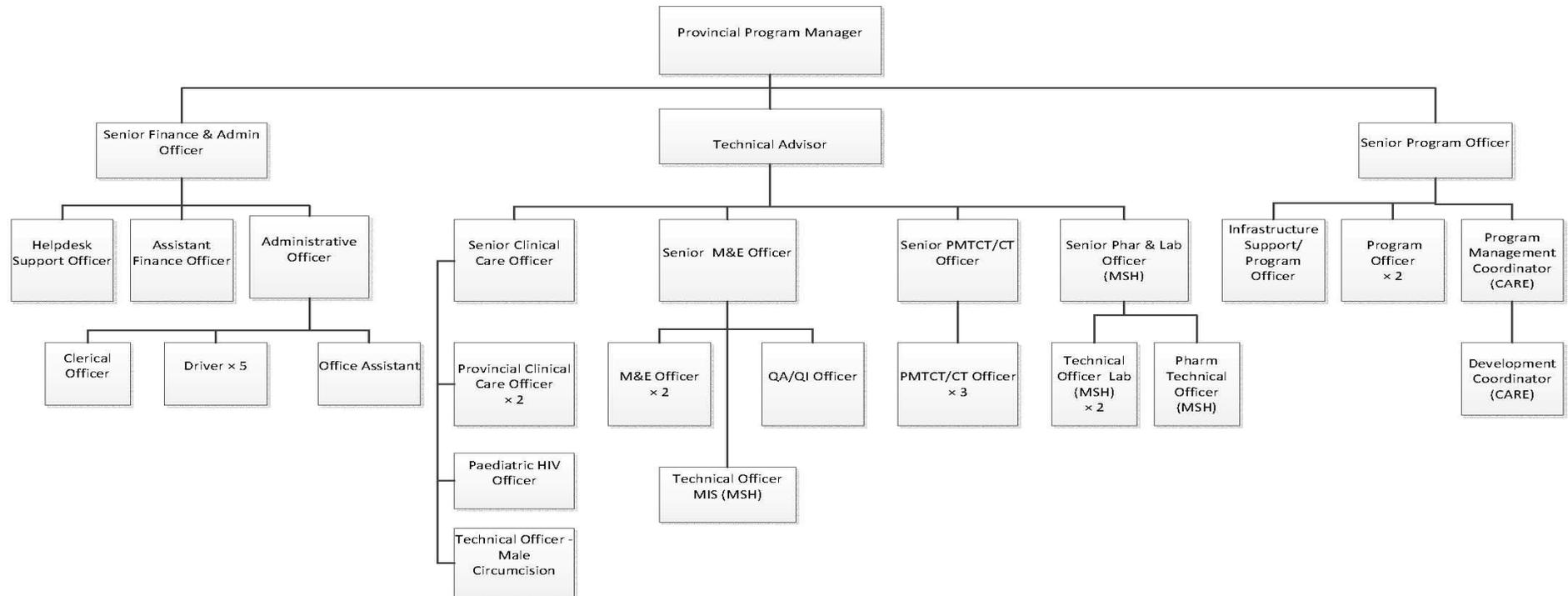
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ZPCT II Organogram: Copperbelt Province



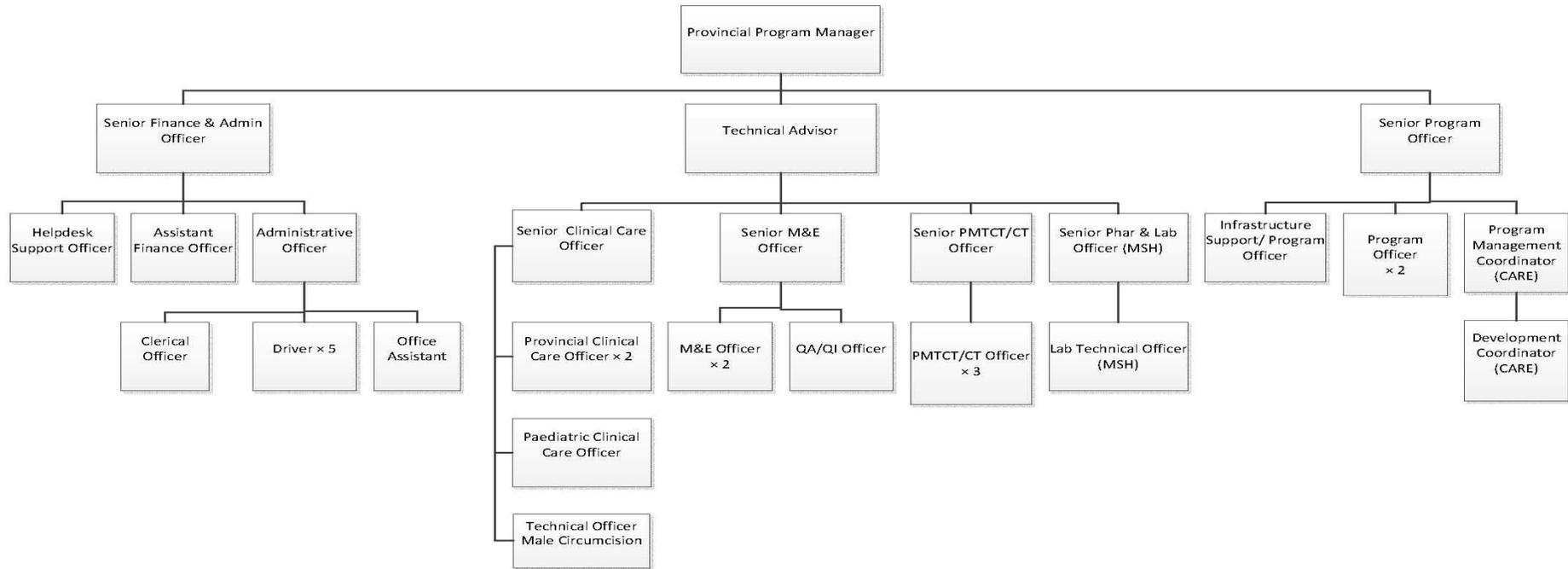
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ZPCT II Organogram: Northern Province



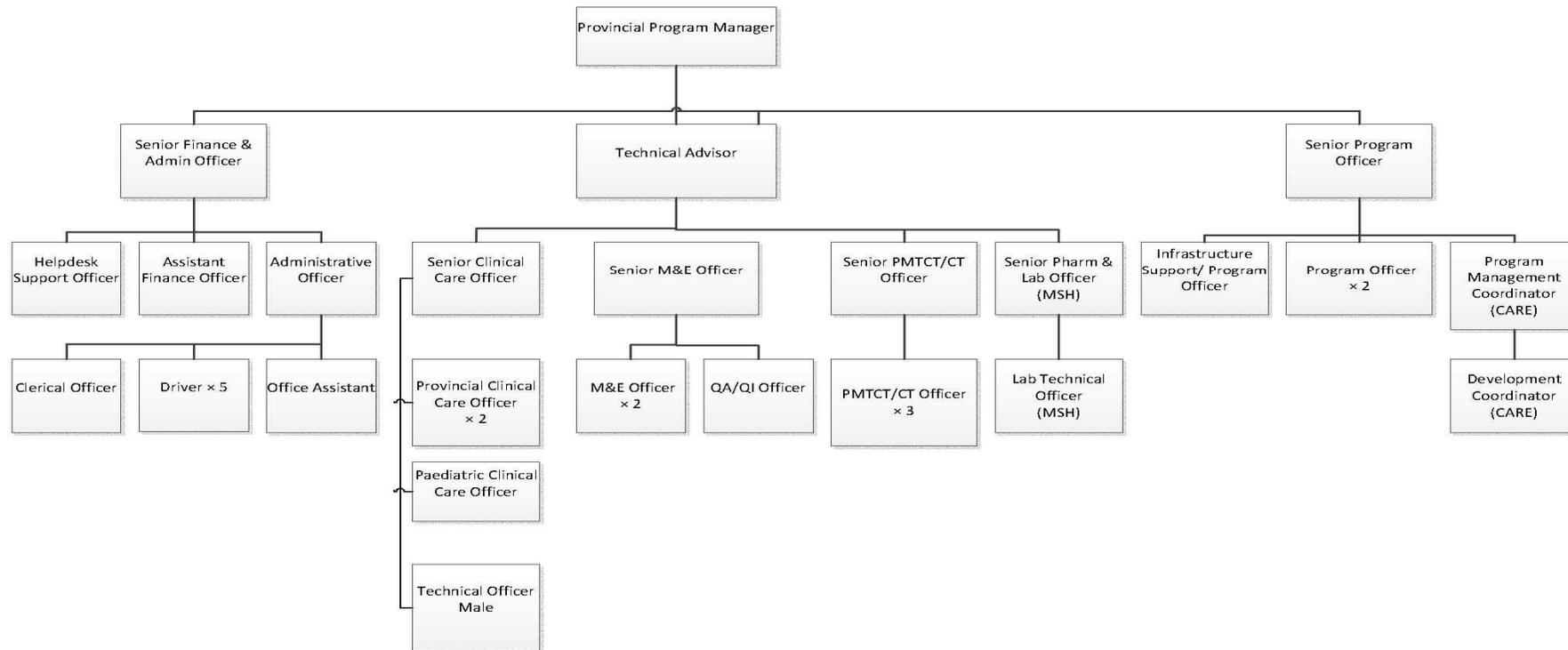
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ZPCT II Organogram: Central Province



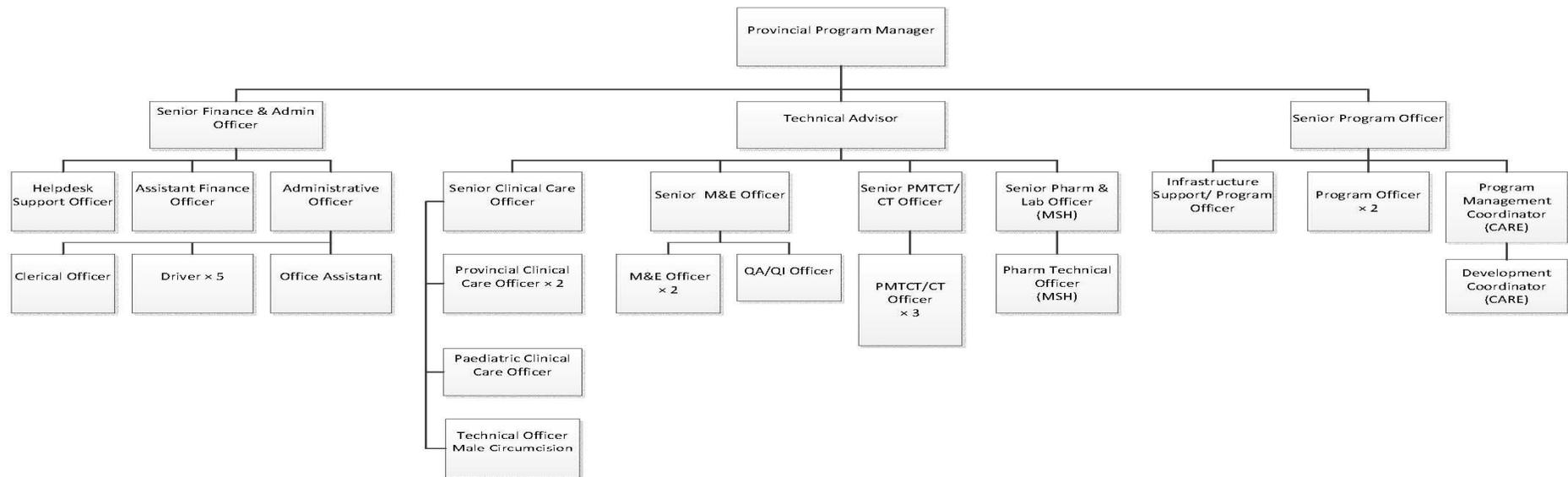
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ZPCT II Organogram: Northwestern Province



ZPCT II approved organogram 27/10/2010 - titles only

ZPCT II Organogram: Luapula Province



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