

Zambia Prevention Care and Treatment Partnership (ZPCT II B)

Performance Monitoring Plan

1st October 2014 – 31st October 2015



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A. Introduction

Performance Monitoring Plan

This document contains our Performance Monitoring Plan (PMP) for the Zambia Prevention Care and Treatment Partnership II (ZPCTIIB) project, including a Results Framework and performance indicator matrix.

The PMP is a critical management tool to plan and manage the collection, analysis, and reporting of performance data. The ZPCTIIB PMP provides the framework for the monitoring and evaluation (M&E) system, which tracks the project's delivery of quantitative results to measure progress, with the aim of contributing to USAID/Zambia's strengthening of National Health System and associated Intermediate Results (IR).

B. Project's Background

Overview of ZPCTIIB Program

Objectives and strategies of ZPCT IIB

ZPCT IIB seeks to apply the state of the art technical expertise in evidence-based high impact approaches to maintain the provision of comprehensive and integrated HIV/AIDS prevention, care and treatment services and has the following objectives:

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

In order to achieve these objectives, FHI360 is collaborating with international and local partners. The international partners include FHI360 as the prime, Management Sciences for Health (MSH) and CARE International. Local partners include Churches Health Association of Zambia (CHAZ), University Teaching Hospital Male Circumcision Unit (UTH MC) and Chainama College of Health Sciences. The national office is in Lusaka to ensure coordination and collaboration with USAID, other

USG partners and USG-funded organizations, the GRZ and other cooperating agencies. There are also five provincial offices in supported provinces with Muchinga and Northern having one provincial office.

ZPCT IIB Strategies

ZPCT IIB will support the MOH/MCDMCH to expand HIV/AIDS services in the six provinces by working within the MOH/MCDMCH structures and systems at all levels to implement program and management strategies to initiate, improve and scale-up eMTCT, CT and clinical care services for people living with HIV/AIDS (PLHA) and ART in all 57 districts in these six provinces. ZPCT IIB will coordinate all activities with the Department of Clinical and Diagnostic Services within the MOH/MCDMCH. ZPCT IIB also collaborates with the PHOs and DHOs to strengthen service delivery at public sector facilities and networks for referral between these and other public sector health services and communities.

ZPCT IIB addresses a core of technical and cross-cutting areas in implementing its program as outlined below:

i. Counseling and testing (CT)

To further expand HIV testing and counselling services, ZPCT II B will work with all the levels of the health care system to identify and broaden entry points to testing. ZPCT IIB will combine enhancements to the ZPCT II approaches and activities at all sites with a renewed focus on integration of HTC in family planning (FP), voluntary male medical circumcision (VMMC) services, youth friendly HTC, improved follow up of HIV negative clients, linkage to support and risk reduction programs. ZPCT IIB will strengthen utilization of community based testing through mobile HTC with linkage to prevention, care and treatment and also pilot testing the door to door family centered HTC model,

ii. Elimination of mother-to-child transmission (eMTCT)

Building on lessons learned over the past five years, ZPCT IIB will work closely with the MOH and MCDMCH to strengthen existing eMTCT services and initiate eMTCT services in the new sites. ZPCT IIB will focus on consolidating services, utilizing its approach of systems strengthening to ensure sustainability of services as well as supporting reaching the global agenda of eliminating MTCT through the operationalization of Option B+: lifelong ART for all HIV positive pregnant women. In addition, ZPCT IIB will address the unmet need for FP among HIV-positive women; implement new, innovative approaches/activities to improve retention in care for those initiated on cART.

iii. Clinical care (treatment services and basic health care and support)

ZPCT IIB is implementing interventions to optimize the quality of life for PLHA, including rapid implementation and scale-up of health facility to manage HIV clinical care, including opportunistic infections (OI)/STI/TB prevention and treatment, and palliation. ZPCT IIB will continue to integrate HIV/AIDS and TB services; support use of QA/QI tools for ART/clinical care in MoH/MCDMCH operations at all levels; use existing tools, such as the SmartCare ART patient-tracking system. ZPCT IIB will also implement new, innovative approaches/activities to improve retention in care for patients on cART.

iv. Scale up of male circumcision (MC) services

ZPCT IIB will continue to scale up MC services at selected MoH/MCDMCH facilities as part of its support for comprehensive HIV/AIDS services utilizing both static and outreach services. The new services will be integrated into existing HIV/AIDS and other government health services, with CT providing a major entry point.

v. Training/capacity building

Consistent with Zambia's National Scale-Up Plan, the ZPCT IIB will rapidly expand provincial and district capacity to train health and community service providers in quality HIV/AIDS prevention, care, and treatment through pre- and in-service training, mentoring, and technical updates. ZPCT IIB, in collaboration with the MoH/MCDMCH, will implement a training strategy to improve the knowledge and skills of health and community service providers in HIV/AIDS prevention, care, and treatment to expand access to and improve the quality of services nationwide. The program will provide technical assistance to the MoH/MCDMCH to facilitate planning, consensus-building, and implementation of the training plan.

vi. Community mobilization

CARE will oversee ZPCT IIB's community component, leading a consortium of local organizations that includes partners NZP+ and TSA/Zambia and provide strong ongoing management and oversight of local partners and the consortium's community activities. The consortium will have two major functions: 1) strengthening community involvement through existing structures to create awareness of HIV/AIDS and prevention methods, as well as increase demand for services (both facility- and community-based), and 2) strengthening the continuum of care by building, expanding and supporting district-based referral networks that link facilities and community-based service providers to increase access to prevention, care, treatment, food and other support services.

C. Development Hypothesis

Zambia is one of the countries of the world that is hard hit by HIV and AIDS. The epidemic is fueled by migration, urbanization, poor control of sexually transmitted infections (STIs), multiple concurrent partnerships, gender discrimination and poverty. It affects all households and families, the health and social sectors, and severely cripples Zambia's economy. With a prevalence rate of 14.3% among 15-49 year olds, more than one million Zambians are now living with HIV. The highest infection rates are among those between the ages of 30 and 40 years, and rates among women are higher than men (18% versus 13%). An estimated 15% of pregnant women are HIV+ and 30% of the babies born to these women, who do not received eMTCT services, are also infected. From the MOH national spectrum projections, it is estimated that more than 874,000 adults and 87,000 children will be eligible for antiretroviral therapy (ART) by end of 2015.

In 2004, through USAID and PEPFAR, FHI360 was awarded a cooperative agreement called the Zambia Prevention, Care and Treatment Partnership (ZPCT) which ran from October 2004 to September 2009. ZPCT scaled up HIV clinical services in five of the nine provinces of Zambia through supporting 35 districts and 219 health facilities. In June 2009, FHI360 was awarded the follow on project, a contract called ZPCT II, which ran through to August 31, 2014 and scaled up HIV/AIDS services to 431 health facilities in six provinces. On 30th September 2014, FHI360 was further awarded a 14 months bridge project (ZPCT IIB) which will run through October 2015 to continue supporting now six of the ten provinces in Zambia.

D. Critical Assumptions

All the intended outcomes of the project as documented in this PMP are all subject to the following critical assumptions:

- GRZ and other stakeholders will remain committed to fighting the HIV/AIDS epidemic
- HCWs will be available to be trained and provide the relevant services
- GRZ will be open to task shifting where HCWs are inadequate

E. ZPCTIIB M&E Strategy

In order to meet the information needs of GRZ, the USG, PEPFAR, USAID/Zambia, and ZPCT IIB's management, the ZPCT IIB M&E Plan will be guided by the following strategies:

Strategy 1: To ensure adequate conceptualization and implementation of a harmonized M&E plan

- Ensure that the ZPCT IIB M&E Plan is consistent with National AIDS Council (NAC) M&E plans and requirements;

- All M&E indicators, data sources, baselines, targets, data collection activities and timeframe are stated in the M&E Plan;
- With ZPCT IIB M&E team support, each partner will define their own M&E Plan, in a participatory manner;
- M&E concepts and approaches of M&E Plans are similar across partners, and;
- Partner staff are trained on the ZPCT IIB M&E strategies.

Strategy 2: To ensure adequate utilization of the results from M&E activities to improve the implementation of project activities

- ZPCT IIB will on a quarterly basis document and disseminate to relevant partners (national, provincial, district and donors) the lessons learned;
- ZPCT IIB will on a quarterly basis document and disseminate to relevant partners ZPCT IIB 's progress towards targets during project implementation;
- ZPCT IIB will ensure that M&E results are presented in ways that can facilitate critical programmatic decision-making; and
- ZPCT IIB will establish an effective feedback system at all levels to ensure that important observations and situations are communicated to appropriate staff.

Strategy 3: To ensure that quality management system are an integral component of project implementation

- ZPCT IIB will deploy a Quality Management System (QMS) developed during ZPCT II –to ensure that project activities meet national and international standards through quality assurance and quality improvement (QA/QI) tools, direct observations and exit interviews; and
- ZPCT IIB will train relevant staff to conduct quality assessments.

Strategy 4: To ensure sustainability of the M&E efforts:

- ZPCT IIB will provide technical assistance on M&E to partners and to relevant national, provincial, and district level staff to strengthen their M&E activities;
- ZPCT IIB will use capacity building (workshops, refresher in-service training, on-the-job training, and mentoring) to strengthen local capacities on M&E, and;
- ZPCT IIB will ensure that monitoring and evaluation planning and implementation are conducted in a participatory manner, incorporating inputs from partners and other stakeholders.

F. ZPCTIIB Results Framework

The M&E system is designed to link activities to desired outputs, outcomes and impacts. This design is reflected in the ZPCTIIB Results Framework presented below, which is linked to ZPCT IIB goal of reducing the impact of HIV/AIDS in Central, Copperbelt, Luapula, Muchinga, Northern and North

Western Provinces in Zambia. This goal will be measured through a set of intermediate results which include: outlets providing HIV/AIDS services, providers trained, individuals receiving services, laboratory capacity, Provincial Medical Offices and DMOs provided with technical assistance. To achieve overall project results, ZPCT Results Framework will be used to guide annual work planning, program implementation and routine monitoring and evaluation activities.

Indicators and Results

The M&E system will use the performance indicators listed in the framework below and others indicated on the indicator matrix to track progress of the project. Information collected will be used to inform program management improvements and strategic decisions. Where appropriate, indicators will be disaggregated by sex, age and so on.

The indicators are designed to:

- Capture major project process and outputs/achievements and expected outcomes
- Provide a picture of implementation progress and program quality
- Respond to USAID's program performance management needs

ZPCTII RESULTS FRAMEWORK

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
<p>Objective 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health and National AIDS Council.</p>	<p>1.1 – Maintain comprehensive, quality HIV/AIDS services previously supported by ZPCT II, including continued access to cART for previously enrolled patients.</p> <p>1.2 – Scale up ART at current sites to implement new GRZ guidelines that expand eligibility.</p> <p>1.3 – Prioritize and continue the roll-out of Option B+ in supported sites.</p> <p>1.4 – Expand HIV/AIDS service coverage in 20 new districts and remaining underserved areas.</p> <p>1.5 – Strengthen integrated service delivery and measure integration outcomes.</p> <p>1.6 – Continue to enhance core HIV/AIDS services through piloting innovative approaches.</p> <p>1.7 – Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery.</p>	<ul style="list-style-type: none"> • Number of service outlets providing: <ul style="list-style-type: none"> ○ CT ○ eMTCT ○ ART ○ MC • Individuals who received HIV/AIDS CT and received their test results <ul style="list-style-type: none"> ○ CT ○ eMTCT • Individuals trained in: <ul style="list-style-type: none"> ○ CT ○ eMTCT ○ ART ○ MC 	<ul style="list-style-type: none"> • Quality HIV/AIDS services maintained in 451 ZPCT II B-supported sites • Services expanded to new sites: <ul style="list-style-type: none"> ○ 451 CT, ○ 437 eMTCT, ○ 189 ART and ○ 60 MC • 819,751 clients receiving HIV counseling and test results • 235,567 pregnant women provided with eMTCT services • 15,974 HIV-positive pregnant women provided with ARVs • 37,752 adults and children initiated on ART • 224,432 receiving ART • 48,054 males circumcised as part of the minimum package of VMMC for HIV prevention services 	<ul style="list-style-type: none"> • GRZ and other stakeholders will remain committed to fighting the HIV/AIDS epidemic • HCWs will be available to be trained and provide the relevant services • GRZ will be open to task shifting where HCWs are inadequate

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
<p>Objective 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.</p>	<p>2.1 – Maintain, expand and strengthen pharmacy services.</p> <p>2.2 – Maintain, expand and strengthen laboratory services.</p> <p>2.3 – Continue to develop the capacity of facility HCWs and community volunteers.</p> <p>2.4 – Continue support for community volunteers while laying the groundwork for increased sustainability.</p> <p>2.5 – Further engage CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence.</p> <p>2.6 – Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care.</p>	<ul style="list-style-type: none"> • Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests • Individuals trained in the provision of laboratory-related activities • Community/lay persons trained in counseling and testing according to national or international standards (excluding TB) • Community/lay persons trained in the provision of eMTCT services according to national or international standards • Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards 	<ul style="list-style-type: none"> • 170 sites providing HIV/AIDS-related laboratory services • 451 sites providing essential pharmacy/dispensing services • 1,419 trained community volunteers deployed to support CT, eMTCT and ART adherence counseling • Training provided to health care workers and community volunteers in CT, eMTCT, ART, OI care, and laboratory and pharmacy services according to national and international standards • 39 referral networks coordinating services between facilities and communities to provide a seamless continuum of care reaching the household level 	<ul style="list-style-type: none"> • GRZ and other stakeholders will remain committed to fighting the HIV/AIDS epidemic • HCWs will be available to be trained and provide the relevant services • GRZ will be open to task shifting where HCWs are inadequate

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
<p>Objective 3: Increase the capacity of the PMOs and DCMOs to perform technical and program management functions.</p>	<p>3.1 – Strengthen provincial/district GRZ capacity to manage integrated delivery of HIV/AIDS and other health services.</p> <p>3.2. Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness</p> <p>3.3. Increase the problem-solving capabilities of PHOs, DHMTs and health facility managers to address critical HIV/AIDS program and service delivery needs</p> <p>3.4. Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities</p>	<ul style="list-style-type: none"> Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building 	<ul style="list-style-type: none"> PMO/DCMO annual plans, Performance Appraisal tools and technical support are focused on integrated service delivery Critical capacities/effective management models identified for post-graduation transition Transition and Capacity Strengthening plans for six provinces and 10 districts developed Success demonstrated in GRZ-managed clinical mentoring program in 10 districts by number of functional clinical mentoring teams established. Capacity to manage maintenance of air conditioners, motorbikes and lab equipment increased in 10 districts Success demonstrated in fully GRZ-managed HIV/AIDS commodities in 10 districts as outlined in the proposal 	

Definitions of Key Terms

Impact Indicators should ideally measure the final results of the project. The impact indicator contributes directly to USAID/Zambia's Assistance Objective.

Outcome Indicators tracks the result or effects produced by the system-wide interventions as direct project-level activities.

Output Indicators track the *results* of multiple activities implemented under the program. Output indicators measure two types of outputs: (1) functional outputs (number/quantity of activities conducted); and (2) service outputs (number/quantity of services provided to the program's target population, and may also include the adequacy and quality of services delivered).

Process Indicators track activities and events that are implemented to produce outputs/results.

Baseline is the level of achievement at the beginning of the project year. In addition, these baseline values may refer to the cumulative achievements made under ZPCTII.

Target is the expected value or level of achievement for an indicator to be reached by the end of each project year, the standard against which the *actual* results are compared and assessed. A target is defined for each indicator in the PMP. However, some targets are not determined. Based on the experiences from ZPCTII, suitable targets will develop by ZPCTIIB project. Targets included in this PMP are all cumulative and will be reviewed and finalized in conjunction with USAID.

Integrated Services: refers to the process whereby HIV/AIDS services are integrated into the mainstream service delivery system of the health facilities where ZPCTIIB and the Government counterparts are providing continuous TA to sustain service delivery. This means all healthcare workers can offer HIV/AIDS services at the same facility during the same operating hours without referring them to specialized HIV clinic thereby making services more convenient and efficient for patients.

Capacity Building Event: is defined as activities or sessions that help a program or organization enhance its mission, strategy, skills, systems, infrastructure, and human resources to better serve community needs.

G. Performance Monitoring Plan Indicators Matrix

ZPCT IIB has built on ZPCTII's M&E system to meet the information needs of the GRZ, USG, USAID/Zambia and the program consistent with MoH/MCDMCH and NAC requirements. This ZPCT IIB M&E system assures high data quality from the facility level up to national level through built-in checks and data quality assurance mechanisms. These mechanisms to check internal consistency are built into the Microsoft Access database developed for data management and processing for ZPCTII and carried into ZPCT IIB. The M&E system will document and disseminate program results, achievements and lessons learned to relevant partners (national, provincial, district and donors), while also highlighting progress towards targets during project implementation. This will facilitate critical programmatic decision-making built on an effective feedback system at all levels. Baseline data for ZPCT IIB are formulated from routine data collected from service statistics at the end of the ZPCTII project in 2014.

The list of indicators is presented in the Performance Management Plan matrix below, and it provides detailed information for each Objective, key activities, indicator, baseline data were available, targets proposed for each indicator and data sources. Indicators are selected on the basis of a number of conditions including the relevance to the project's objectives and its intended results, feasibility in their measurement, and specificity and sensitivity (measures only the condition and the changes in the condition they are intended to measure).

PMP Indicator Matrix

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline: Achievement (May 13 – Apr 14)	Targets (Oct 14- Sep 15)	Source of Data
Objective/Task 1 Key Results in all 57 Targeted Districts: 451 health facilities providing CT in all clinical services, with 819,751 clients receiving HIV counseling and test results 437 facilities offering an integrated eMTCT package, serving 235,567 pregnant women and providing antiretroviral prophylaxis to 15,974 HIV-positive clients 189 facilities providing ART, initiating 37,752 new clients, 2,643 of them children, and supporting 224,432 currently on ART, including 15,800 children 451 facilities providing basic health care to 401,927 HIV-positive clients, including 28,100 children 60 facilities offering MC as part of the MoH's comprehensive HIV/AIDS package	1.1. Expand counseling and testing (CT) services		Number of Service outlets providing CT according to national or international standards		431	451	Provincial program reports
		HTC_TST	Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	-By age and sex: <15 Male, 15+ Male, <15 Female, 15+ Female -By test result: Positive, Negative	780,715	819,751	Integrated CT/eMTCT Register
	1.2. Expand prevention of mother-to-child transmission (eMTCT) services	eMTCT_SITE	Number of health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site	NA	417	437	Provincial program reports
		eMTCT_STAT	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Includes: Known positives at entry; Number of new positives identified	224,349	235,567	Integrated CT/eMTCT Register
		eMTCT_ARV	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	By Regimen Type: Life-long ART (including Option B+); Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery); Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery); Single-dose nevirapine (with or without tail)	15,213	15,974	Integrated CT/eMTCT Register
					Newly initiated on treatment during the current pregnancy	2,316	3,659
		P1.4.D	Number of HIV-positive pregnant women assessed for ART eligibility through either clinical staging (using WHO clinical staging criteria) or CD4 testing in USG-supported sites		2,316	3,659	Integrated CT/eMTCT Register
		P1.5.D	Number of HIV-positive pregnant women newly enrolled into HIV care and support services		15,213	15,974	Pre-ART Register/Smartcare
		P1.6.D	Number of Infants by feeding type	By Type of feeding (Exclusive breastfeeding, exclusive formula feeding, mixed feeding)			Baby Mother Follow up register

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline: Achievement (May 13 – Apr 14)	Targets (Oct 14- Sep 15)	Source of Data	
	Family Planning		Number of clients attending HIV services (in HTC, eMTCT and ART) referred for FP services	-By age and sex: <15 Male, 15+ Male, <15 Female, 15+ Female	70,754	74,292	Integrated CT/eMTCT Register, FP registers, ART Registers and SmartCare	
			Number of clients from HIV services (HTC, eMTCT and ART) who received at least one FP method	-By age and sex: <15 Male, 15+ Male, <15 Female, 15+ Female	31,969	33,567	Integrated CT/eMTCT Register, FP registers, ART Registers and SmartCare	
1.3.Expand treatment services and basic health care and support			Number of Service outlets providing HIV-related palliative care (excluding TB/HIV)		431	451	Provincial program reports	
	C1.1.D		Number of eligible adults and children provided with a minimum of one care service	By sex and age: <18 Male, 18 + Male, <18 Female, 18+ Female		282,435	Smartcare	
	C2.1.D		Number of HIV-positive adults and children receiving a minimum of one clinical service [Children]	By age and sex: <15 Male, 15 + Male, <15 Female, 15+ Female	365,428	401,927 [28,100]	ART Registers, OPD records, and SmartCare	
	C2.2.D		Number of HIV-positive persons receiving Cotrimoxizole prophylaxis			220,000	ART Registers, OPD records, and SmartCare	
	C4.1.D			Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth			80%	Baby Mother Follow up register
				Infants who received virological testing in the first 2 months			13,893	Baby Mother Follow up register
				Infants who were tested virologically for the first time between 2 and 12 months or who had an antibody test between 9 and 12 months			5,954	Baby Mother Follow up register
	C4.2.D		Percent of infants born to HIV-infected women that are started on Cotrimoxizole prophylaxis within two months of birth at USG supported sites within the reporting period			60%	Baby Mother Follow up register	
	T1.5.D		Number of health facilities that offer ART	by type of site: Public and Private	175	189	Provincial program reports	
	TX_NEW		Number of adults and children with HIV infection newly enrolled on ART [Children]	By age/sex: <15 Male, 15+ Male, <15 Female, 15+ Female	30,910 [2,022]	42,000 [2,900]	ART Registers and SmartCare	

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline: Achievement (May 13 – Apr 14)	Targets (Oct 14- Sep 15)	Source of Data	
		TX_CURR	Number of adults and children with HIV infection receiving antiretroviral therapy (ART) [Children]	By age/sex: <1, <15 Male, 15+ Male, <15 Female, 15+ Female	197,919 [13,672]	242,500 [17,000]	ART Registers and SmartCare	
		T1.3.D	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy			85%		
			Number of adults and children who are still alive and on treatment at 12 months after initiating ART	<15 15+ <15 Males <15 Females 15+ Males 15+ Females			31,864	ART Registers and SmartCare
			Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	<15 15+ <15 Males <15 Females 15+ Males 15+ Females			37,487	ART Registers and SmartCare
		T1.4.D	Number of adults and children with advanced HIV-infection who ever started on ART				ART Registers and SmartCare	
	TB/HIV		Number of Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting		431	451	Provincial program reports	
			TB_SCREEN	Number of HIV-positive patients who were screened for TB in HIV care or treatment settings		47,057	49,410	ART Registers and SmartCare
			C2.5.D	Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment		4,332	3%	ART Registers, OPD records, and SmartCare
			C3.1.D	Number of TB patients who had an HIV test result recorded in the TB register		12,090	12,695	TB Registers and Integrated CT/eMTCT Registers
	1.4.Scale up male circumcision (MC) services	VMMC site	Number of Service outlets providing MC services		56	60	Provincial program reports	
			VMMC_CIRC	Number of males circumcised as part of the minimum package of VMMC for HIV prevention services	by age: <1, 1-9, 10-14, 15-19, 20-24, 25-49, 50+	45,766	48,054	MC Register
			P5.2.D	Number of clients circumcised who experienced one or more moderate	by severity (moderate and/or severe)		271	MC Register

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline: Achievement (May 13 – Apr 14)	Targets (Oct 14- Sep 15)	Source of Data
			or severe adverse event(s) within the reporting period				
		P5.4.D	Number of males circumcised within the reporting period who return at least once for post-operative follow-up care (routine or emergent) within 14 days of surgery			4,747	MC Register
	1.5. Scale up Post-Exposure Prophylaxis (PEP) care as part of comprehensive HIV prevention, occupational health, and post-rape care	P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP)	By exposure type: Occupational, Rape/Sexual Assault Victims, or Other Non-Occupational		512	PEP Register
	1.6. Positive Health, Dignity and Prevention interventions	P7.1.D	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Positive Health, Dignity and Prevention (PHDP) interventions	By setting where reached: in a clinic/facility-based		59,297	Smartcare
Objective/Task 2 Key Results in all 57 Targeted Districts: 170 health facilities providing laboratory services that include HIV antibody tests and CD4 and/or lymphocyte tests 451 facilities providing essential pharmacy/dispensing services Training provided to health care workers and community volunteers in CT, eMTCT, ART, OI care, and laboratory and pharmacy services according to national and international standards, 39 referral networks coordinating services between facilities and communities to provide a seamless continuum of	2.1 – Maintain, expand and strengthen pharmacy services.	LAB_CAP	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests		167	170	Provincial program reports
	2.2 – Maintain, expand and strengthen laboratory services. 2.3 – Continue to develop the capacity of facility HCWs and community volunteers. 2.4 – Continue support for community volunteers while laying the groundwork for increased sustainability. 2.5 – Further engage CBOs/FBOs and GRZ community	H1.2.D	Number of testing facilities (laboratories) that are recognized by national, regional, or international standards for accreditation or have achieved a minimal acceptable level towards attainment of such accreditation				Provincial program reports

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline: Achievement (May 13 – Apr 14)	Targets (Oct 14- Sep 15)	Source of Data
care reaching the household level	structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence. 2.6 – Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care.						
Objective/Task 3 Key Results: 42 graduated districts receiving meeting MoH-approved minimum quality and performance criteria in technical service-delivery areas (CT, eMTCT, ART, clinical care, laboratory and pharmacy services) and management of commodities, data and human resources 6 PMOs and 47 DHOs with increased capacity to manage improved HIV/AIDS services	3.1 – Strengthen provincial/district GRZ capacity to manage integrated delivery of HIV/AIDS and other health services. 3.2. Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness 3.3. Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs 3.4. Develop and implement strategies to prepare governmental entities in assuming complete		Number of Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building			47	Provincial program reports

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline: Achievement (May 13 – Apr 14)	Targets (Oct 14- Sep 15)	Source of Data
	programmatic responsibilities						
Objective/Task 4 Cross-Cutting Key Results: 31 public-private partnerships for HIV/AIDS service delivery established in all target provinces through implementation of tested technical approaches from the public sector			Number of Private health facilities providing HIV/AIDS services		31	31	Provincial program reports
Quality Assurance/Quality Improvement		QI_SITE	Number of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months		8		Facility Reports
Prevention Services		FPINT_SITE	Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services		404	451	Provincial program reports
Health Systems Strengthening	H2.3.D	Number of health care workers who successfully completed an in-service training program (Disaggregated by):					Training Database
		Male Circumcision			134	52	
		Pediatric Treatment			180	75	
		Adult Treatment			574	125	
		Counseling and Testing			433	110	
		eMTCT			726	25	
		Lab			117	60	
		Orientation in new Consolidated guidelines			N/A	800	
Number of Community Volunteers who successfully completed						Training Database	

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline: Achievement (May 13 – Apr 14)	Targets (Oct 14- Sep 15)	Source of Data
		a training program (Disaggregated by):					
		CT			652	90	
		Option B+ Orientation			N/A	180	
		ART Adherence			183	390	

H. Data Collection, Analysis and Use

Monitoring progress and evaluating results are key management functions in any performance-based management plan. Performance monitoring is an on-going process that allows managers to determine whether or not a program or activities are making progress towards its intended results. Information on performance plays a critical role in planning and management decisions. Evaluation is the periodic assessment of a project's relevance, performance, efficiency, and outcomes – both expected and unexpected – in relation to stated objectives. ZPCT IIB will participate in the USAID-funded mid-term and final evaluations. Project data, combined with other data sources, will be compared with baseline findings to establish program outcomes and impacts. In addition ZPCT IIB will conduct ongoing program evaluation, including operational research with the MoH/MCDMCH.

The overall goal of this M&E system is to provide critical information for program decision-makers to assist them in guiding implementation of project activities towards the attainment of project objectives. This goal recognizes that the program's implementation may require adjustment to respond to evolving conditions, internal or external, to the project. Also, where there are real successes or new opportunities beyond what was contemplated, management decisions can be made to channel more resources into those growth areas.

ZPCTIIB has developed a full M&E plan for the project. This M&E plan provides exhaustive details of the nature and components of the M&E system planned for the project.

Organizational Structure for ZPCTIIB M&E system

The Senior Advisor Strategic Information is responsible for the design and implementation of monitoring and evaluation for FHI360/Zambia PCT project. Under the supervision of the Director of Technical Support, he/she will oversee project activities related to HMIS, research, targeted evaluation, surveillance, surveys, monitoring and evaluation.

Under the supervision of the Senior Advisor, Strategic Information (SI), the Quality Assurance/Quality Improvement (QA/QI) Advisor will co-ordinate and support the roll out, monitoring, and documentation of the QA/QI system in all the Six ZPCT IIB supported provinces. Assist with operations research and documentation of findings.

Under the supervision of the Senior Advisor Strategic Information, Senior Technical Officer- M&E will assist in the design and implementation of monitoring and evaluation for the ZPCT IIB project. He/she will participate in activities related to HMIS, research, targeted evaluation, surveillance, surveys, monitoring and evaluation.

The Senior Data Manager will be part of the M&E team at ZPCT IIB and will work under the supervision of the Senior Advisor for Strategic Information. S/he will manage and maintain a comprehensive information resource for programs, ensure consistency and integrity of data; oversee collection and reporting of complex, related information. Interpret data, including statistical values, and provide advice and consultation regarding

implications. S/he will participate in other activities related to HMIS, research, targeted evaluation, surveillance surveys and monitoring and evaluation as well as provide assistance and training to system users.

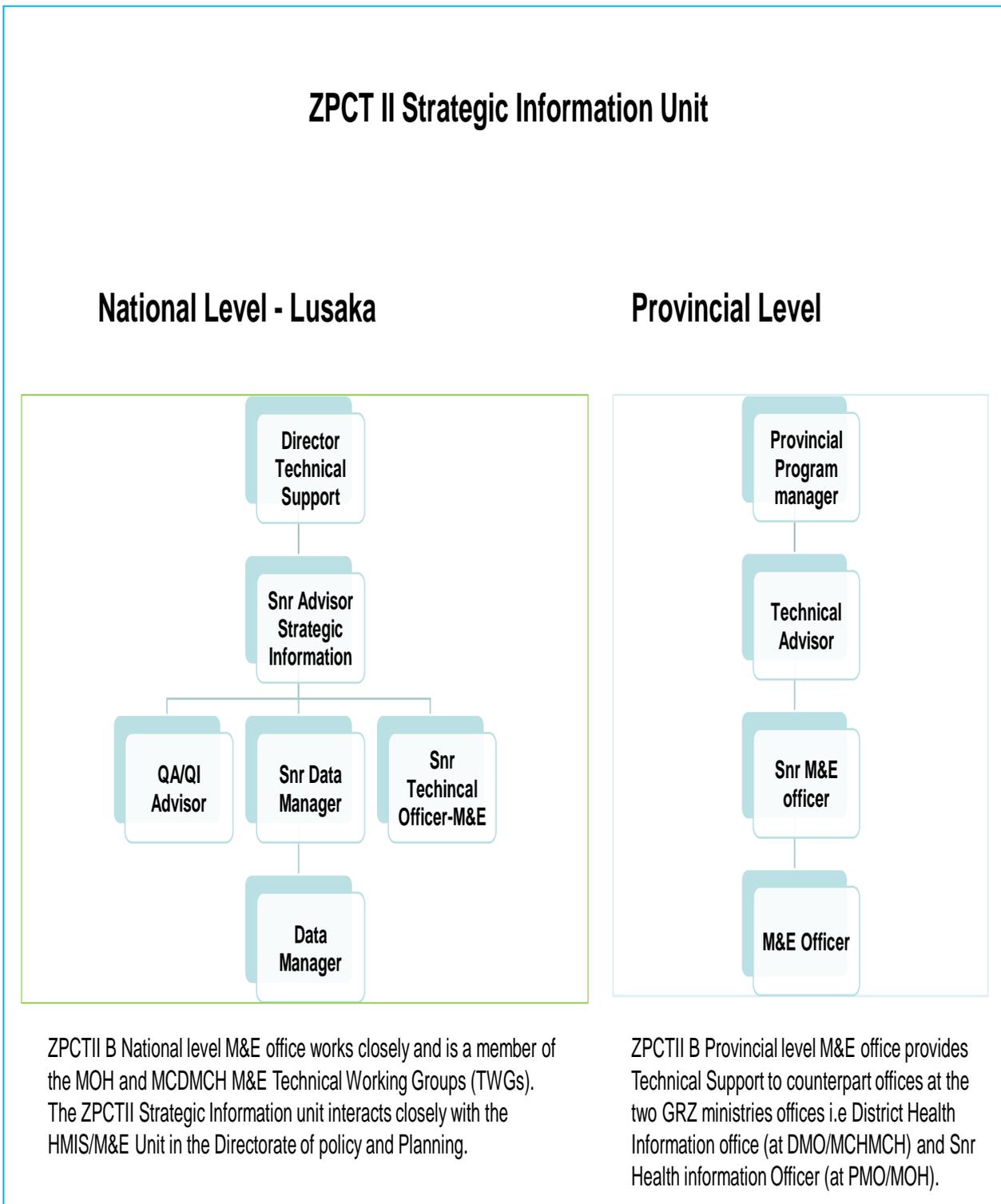
Under the supervision of the Senior Data Manager, the Data Manager will assist to manage and maintain a comprehensive information resource for programs, ensure consistency and integrity of data; oversee collection and reporting of complex, related information. Interpret data, including statistical values, and provide advice and consultation regarding implications. S/he will participate in other activities related to HMIS, research, targeted evaluation, surveillance surveys and monitoring and evaluation as well as provide assistance and training to system users.

Under the Supervision of the Provincial Technical Advisor and with support from the Senior Advisor Strategic Information Systems, the Senior Provincial M&E officer is responsible for the overall operations of the M&E Unit in the province. S/he is responsible for the supervision of the M&E Officer in the province. S/he will provide guidance on design and implementation of functional and operational data collection systems, running databases at provincial level that will feed into the ZPCT II program. S/he will provide technical assistance to the Implementing agencies at provincial level in terms of data collection and reporting. S/he will be responsible for analyzing, presenting findings generated by provincial level activities under the guidance of the Senior Advisor.

The Provincial M&E officer is responsible for the design and implementation of functional and operational data collection systems, running databases at provincial level that will feed into the FHI360/Zambia's country programs. Under the guidance of the Senior M&E Officer, S/he will be responsible for analyzing and presenting findings generated by provincial level activities.

The organogram below shows positions under the Strategic Unit in ZPCTIIB

ZPCT II M&E TEAM: ORGANOGRAM AND M&E POST DESCRIPTIONS

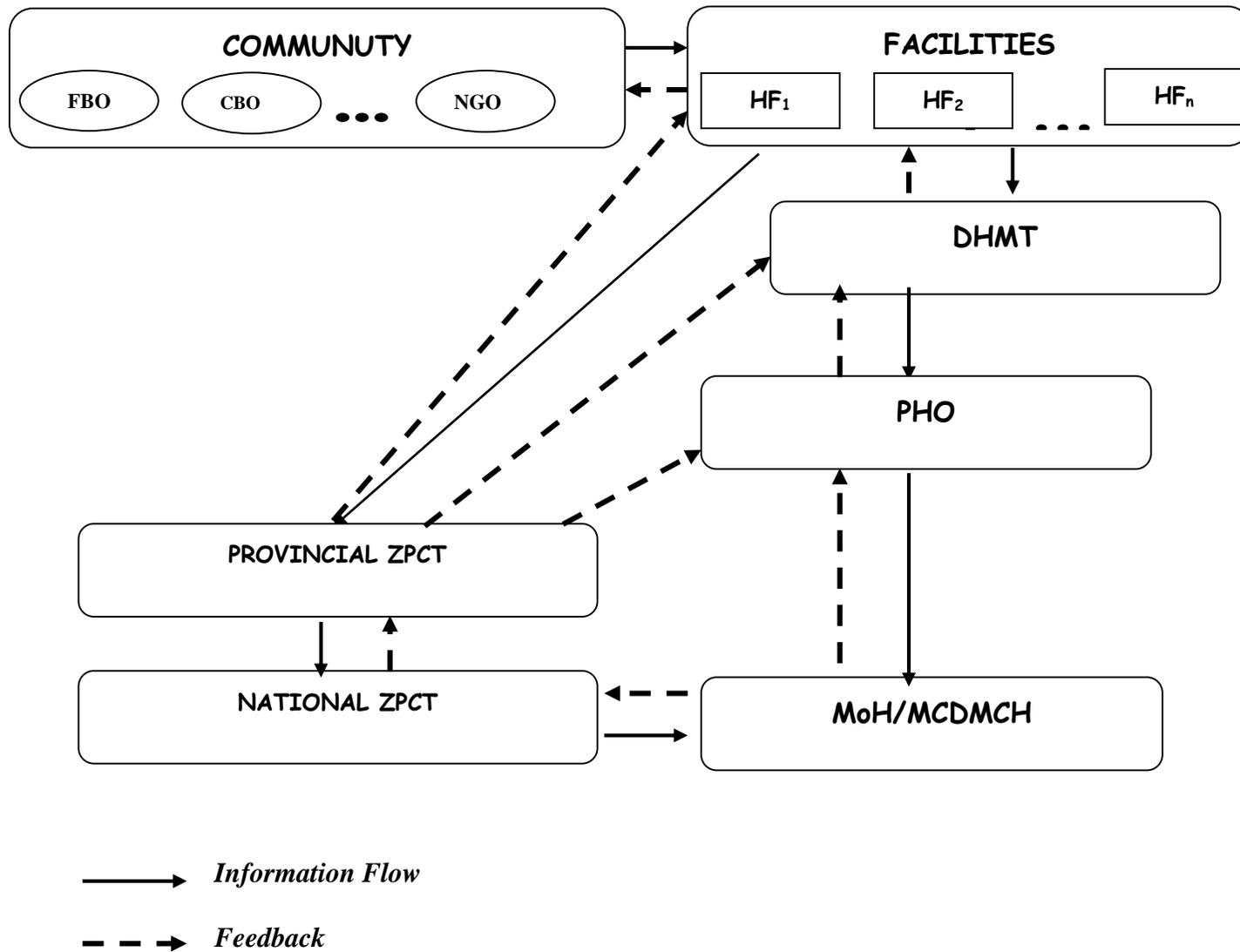


Management Information System and Data Flow

The trained service providers (counselors, health workers and others) at the community and health facilities levels will record interactions with clients in the relevant registers and documents as the events occur. Data from these tools will be summarized on standard HMIS report forms and submitted to the DHO and PHO. In facilities where the ZPCT IIB seconded DECs will be assigned, they will help in the compilation of these data and the transcription of the same onto the ZPCT IIB Summation Forms (primary ZPCT IIB aggregation tools). The summarized data are certified by the officer in charge of the facility and submitted to the provincial M&E Officer in their province for aggregation.

The provincial ZPCT IIB M&E officer will then review the information on the forms for consistency and correctness. When this is done and the records certified accurate, the data will be entered into the appropriate database at the ZPCT IIB provincial office. After the data from all implementing sites and partner NGOs supported by the provincial office has been entered and validated, it will analyzed at the provincial level. An analytical report will be produced and sent along with the data to the ZPCT IIB Lusaka office through the provincial program manager.

The following Data flow chart shows a pictorial representation of how data is transmitted between the different stakeholders



The provincial ZPCT IIB offices will provide feedback to all stakeholders (the partners, DHO and PHO) and the various sub-grantees during the monthly feedback meetings (or contacts) held in each district. In addition, electronic copies of the monthly data files will be sent to the ZPCT IIB Lusaka office (by email or otherwise) by the 12th of the following month. The ZPCT IIB SI unit will also provide feedback to the provincial ZPCT IIB offices and the various stakeholders at the national level (MoH/MCDMCH, NAC, and ZPCT IIB partners).

When the submission by any implementing site has any error(s), the provincial ZPCT IIB office staff will work with the concerned site staff to effect the necessary corrections before the data is entered into the database at the provincial ZPCT IIB office level as part of the feedback.

Implementing site managers will be involved in the monitoring of site project activities that will be documented through a report. Staff of the various partners in the provincial and Lusaka office also carry out monitoring visits to examine activities and records. Some technical assistance will be provided during the monitoring visit by staff of ZPCT IIB and other partners.

c. Types of data collection systems under ZPCT IIB

The performance monitoring plan identifies two broad sub-systems for the routine data collection and reporting:

Facility-based Health Management Information Sub-system:

Recently, the HMIS underwent revisions to eventually include ART and CT/eMTCT service information. The ZPCT IIB SI staff worked closely with the MOH/MCDMCH and other partners such as CDC, HSSP and others to avoid duplicating existing systems and minimize the reporting burden on clinical staff. Consequently, the SI team will continue to coordinating with the MoH/MCDMCH, NAC, CDC and other partners throughout the program period in order to achieve these goals. As the ZPCT IIB project rolls out, it will use the existing data collection and reporting systems put in place by the MOH/MCDMCH.

Furthermore, ZPCT IIB will implement a pilot project to migrate its M&E data systems to DHIS2 in four districts. In tandem with the MOH M&E strategy, ZPCT IIB will pilot the migration of its data reporting system to a web-based DHIS2. This will open new and more efficient ways of supporting the MOH in its quest to improve quality and timely access to HIA1 and HIA2 reports at its different management levels leading to improved information sharing with the GRZ. ZPCT IIB will pilot DHIS2 in Ndola and Lufwanyama districts in the Copperbelt and Solwezi and Kasempa in North-Western Province.

The following is a brief description of current facility-based data collection systems by technical area.

i. Adult Care and Support services

Data for Adult Care and Support services will be captured in the SmartCare and ARTIS data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT IIB provincial M&E officer.

Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT IIB MS Access database and this database will in turn be sent electronically to the ZPCT IIB provincial Office. The adult care and support services data are disaggregated by gender.

ii. Pediatric Care and Support services

Pediatric Care and Support services data will be captured in the SmartCare and ARTIS data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT IIB provincial M&E officer. Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT IIB MS Access database and this database will in turn be sent electronically to the ZPCT IIB provincial Office. The pediatric care and support services data are disaggregated by gender.

iii. Adult HIV/AIDS treatment services

Data for adult HIV/AIDS treatment services will be captured in the SmartCare and ARTIS data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT IIB provincial M&E officer. Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT IIB MS Access database and this database will in turn be sent electronically to the ZPCT IIB provincial Office. Data for Adult HIV/AIDS treatment services are collected, stored and reported by gender.

iv. Pediatric HIV/AIDS treatment services

The management of data for pediatric HIV/AIDS treatment services will be done using SmartCare and ARTIS as data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT IIB provincial M&E officer. Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT IIB MS Access database and this database will in turn be sent electronically to the ZPCT IIB provincial Office. Data for pediatric HIV/AIDS treatment services are collected, stored and reported by gender.

v. Male Circumcision

Male circumcision data will be collected on a client form similar to the SmartCare form and then entered into a basic MS Access database at the service delivery point by a DEC. This electronic database will be sent to the DHIO and ZPCT IIB provincial office on a monthly basis for further aggregation and reporting.

vi. Counseling and Testing Services

Data for Counseling and Testing services will be collected using HIV Testing and Counseling Register at the facility level or SmartCare for CT/eMTCT where this system is installed. The facility will then aggregate and summarize this information onto a CT/eMTCT monthly summary form that is entered into the ZPCT IIB database and sent to their respective DHIO and ZPCT IIB provincial office every month. At the ZPCT IIB provincial office, the data reviewed and merged with the provincial level ZPCT IIB database which is sent to the ZPCT IIB Lusaka office. Feedback is done as needed in the case of inconsistencies at all levels. Data are disaggregated by gender at all levels

vii. eMTCT Services

Data for eMTCT services will be collected using an Antenatal Register at the facility level or SmartCare for CT/PMTCT where this system is installed. The facility will then aggregate and summarize this information onto a CT/PMTCT monthly summary form that is entered into the ZPCT IIB database and sent to their respective DHIO and ZPCT IIB provincial office every month. At the ZPCT IIB provincial office, the data reviewed and merged with the provincial level ZPCT IIB database which is sent to the ZPCT IIB Lusaka office. Feedback is done as needed in the case of inconsistencies at all levels.

viii. TB/HIV Care

The data collection for TB/HIV care is integrated within the Care and Support systems as well as the CT system. Data on person receiving TB treatment while on HIV is collected together with all other Care and support indicators. On the other hand, data on the linkage between TB and HIV in terms of TB infected clients counseled is collected as part of the CT statistics and system. These indicators are presented in Annex D: ZPCT IIB Indicator Matrix. TB/HIV data are all disaggregated by gender.

ix. Laboratory Services

Data for the laboratory will be collected from the Laboratory Tests Register and compiled on the Laboratory Monthly Summation Forms. These forms will be sent to the ZPCT IIB provincial office every month. At the provincial level, these data will be entered into the ZPCT IIB database and sent to Lusaka office. Feedback will be done as needed in the case of inconsistencies at all levels.

x. Gender

Data sources for Gender activities in ZPCT IIB will come from a variety of sources across all program areas listed above. Some of the data to track implementation of the Gender strategy will be extracted from program reports indicating the production of training manuals revised to include gender-related issues in all training packages. The majority of gender-related data will be extracted from the existing information systems listed above which have been designed with a gender focus for each technical area. Further data will be obtained from community and district level data sources as applicable.

Community-based Services Sub-system:

The community-based services sub-system focuses on activities undertaken in non-health facility settings, including home-based care, and community mobilization. Established standardized recording and reporting protocols will measure relevant input, process and output indicators for each activity area. Data will be collected every month by the implementing partners (CBOs, NGOs, and FBOs receiving sub-grants from CARE, the ZPCT IIB community partner) and sent to the provincial program office or Lusaka office where these will be compiled into monthly, quarterly and annual reports. The quarterly reports will be used to facilitate quarterly feedback sessions with partners in each province. The feedback sessions will serve the purposes of:

- building partners' capacity to use data for decision-making;
- ensuring that the data are being used by all partners to measure progress, and;
- examining barriers to achieving expected results.

While implementing partners will be sending monthly statistics disaggregated by gender directly to the ZPCT IIB M&E officer, ZPCT IIB partners (who have sub-granted out to implementing partners) will be responsible for ensuring the quality of the data collected by the CBOs, NGOs, and FBOs. These community implementing partners will collect data on paper-based standardized forms. When received at the ZPCT IIB provincial office, these data will be entered into the ZPCT IIB database.

Methods for evaluating ZPCT IIB

Process Evaluation: ZPCT IIB has several process and output level indicators. For process evaluation, ZPCT IIB reviews process and output data collected by partners to track project performance. The process evaluation helps to determine whether activities are implemented as planned, what resources are used, how well services are provided, and who the program is reaching. Data is obtained from several sources, including the HMIS for ART/clinical care and CT/eMTCT (facility level), activity forms, program reports, training logbooks, direct observations, client and provider interviews, and key informant interviews. Process evaluations are conducted to assess quality of care and services as well.

Measuring Program Outcome and Impact: While program output data are obtained through routine data collection, data for program outcomes/impact, which are measured at the population level, are obtained through surveys of the general population that includes behavioral and biological markers and HIV/STI surveillance. The indicators on HIV infections averted are measured via HIV modeling based upon parameters measured from both the routine reporting systems and population-based surveys. ZPCT IIB takes advantage of data collected by the CSO with other organizations such as Macro International, CDC, MEASURE-Evaluation and Society for Family Health (SFH) to generate the required outcome/impact data.

Targeted Evaluations: Targeted evaluations will be conducted upon request in order to assess the effectiveness of certain interventions. However, these will be planned after consultation with USAID and other stakeholders.

Data management, dissemination and use of the data

A critical component of an M&E plan is the plan for data use and dissemination. Findings from the analysis of the data collected are fed back to the implementing partners, including health facilities, DHOs and PHOs, District AIDS Task Force, the community, and other stakeholders for program improvement and the appropriate design of future interventions. Every effort is made to ensure that data dissemination and use is an integral part of the M&E systems.

The data collected by ZPCT IIB from the implementing partners will be analyzed at implementation/facility level, the provincial level and at the national level in Lusaka to meet the information requirements at each level. The summary data will be disseminated to various stakeholders through different forums/reports in user friendly ways. Provincial and national level dissemination workshops will be conducted with relevant MOH/MCDMCH program managers, NGOs and collaborating agencies. Community-level dissemination will be conducted as appropriate in order to feedback key findings to partner organizations and communities. Quarterly, bi-annual and annual reports are generated and sent to USAID.

One of the major responsibilities of ZPCT IIB is to ensure that all partners understand the need to generate data. The uses to which the data generated are put to include:

- Promoting record keeping as a part of regular program activities. (This is critical not only for M&E purposes, but also for facilitating auditing procedures.);
- Documenting project performance – to encourage accountability;
- Determining whether the project is being implemented as planned. Are proposed activities implemented as scheduled?
- Informing decisions about the appropriateness of the resources and strategies being deployed as well as the need to adjust them. (This can identify weaknesses of a program that need improvement or phase-out.);
- Inform the decisions about the scope of the project;
- Documenting lessons learned – from time to time the ZPCT IIB, with support from FHI360, organizes M&E meetings among implementing agencies and partners to share M&E experiences and lessons

learned. From previous experience, such meetings have encouraged commitments to monitoring and evaluation activities;

- Highlight the successful strategies or program components for replication, scale-up, etc.;
- Informing routine reporting to donors and other stakeholders;
- Conducting advocacy to stakeholders and policy makers to sustain their support and to make them commit resources to the project.

Sharing information with other stakeholders is important, and a plan for sharing information internally and with outside partners is necessary. Some implementing agents will be working with specific groups, and feedback mechanisms to these groups will be undertaken as part of a participatory monitoring process.

These feedback sessions will occur quarterly with DHOs with participation of PHOs. Persons who attend these quarterly meetings will include ZPCT IIB project staff members, DHO staff members, PHO staff members, community leaders, and other officials. ZPCT IIB will not conduct feedback sessions directly to individual health facilities but at the district level

Data quality management system

The PEPFAR Strategic Information Manual has outlined a set of minimum data quality criteria:

- Validity: data must reflect what we intended to measure.
- Reliability: consistency in collecting data of the same quality.
- Timeliness: collecting, collating and reporting data in a timely manner so that information is still relevant.
- Precision: data free from bias and error as much as possible.
- Integrity: data free of manipulation (whether by respondents or by collectors).

The following is an illustrative list of steps taken to ensure that these five criteria are satisfied:

- A dictionary for indicators will be developed so that all persons involved with data collection have the same understanding of the indicators.
- Appropriate training on data collection and use of data collection tools will be conducted;
- Tools to be used for data collection will be simplified.
- Routine supervision of data collection and review forms to identify errors and provide mentoring will be conducted.
- Data collection tools will be field tested before general use.
- Data collection methods will be standardized.
- Appropriate methods of data storage to prevent data tempering (i.e., locked file cabinets, security-protected computers) will be used.
- Data entry programs will include consistency checks.

- Deadlines for data reporting and develop mechanisms to follow-up missed deadlines will be established.

The ZPCT IIB M&E staff will develop a data quality plan (DQP) that is consistent with the DQP template in the PEPFAR Strategic Information Manual.

Timeline For M&E Activities

The timeline lists the proposed M&E activities and the time when they will be carried out, the responsible party and an approximate duration for the activity.

I. Data Quality Assurance

Assessing the quality of care and services provided is an integral component of ZPCT IIB project implementation. The primary purpose of assessing quality of care and quality of services is to determine aspects of service delivery that need improvement by comparing actual performance to established national or international standards. 'Quality of care' refers to the way in which clients are treated during their interaction with the provider (whether facility-based or community-based provider), and 'quality of services' refers to the level of readiness to provide the services (i.e., infrastructure, availability of trained staff, drug supplies).

QA/QI Planning – general concepts

Definitions

The QA/QI system draws on different activities in the quality management cycle executed in a sequential way. These ensure the establishment of an enabling environment at facility, district and provincial level to provide quality services in line with national standards and SOPs. They also foster a problem solving and evidence – based approach to identify quality gaps and institute corrective measures for improving service quality. Key terms are defined below:

Quality - Quality refers to doing the right things right every time according to set standards. In the context of HIV/AIDS service delivery, it also refers to providing health interventions that will have minimal risk and maximum benefit for people accessing these services. It takes into consideration the perspectives of the client, community, health provider and managers of the HIV services supported.

Quality assurance (QA) - Quality assurance is the approach taken to outline a system that allows for setting standards, measuring the difference in actual service quality provided, identifying quality gaps, developing and implementing problem solving interventions and re-evaluating quality in a continuous cycle.

Quality improvement (QI) - Quality improvement focuses on instituting a pro-active mechanism to implement problem solving interventions aimed at reducing the quality gaps identified.

Standards - Standards are statements of expected quality developed in line with national guidelines and SOPs for HIV/ AIDS prevention, care and treatment services. They will have been developed for all technical areas supported by ZPCT IIB.

Performance - Performance encompasses the effort and results of an action carried out by an individual in the line of providing HIV/AIDS services.

Institutionalization - Institutionalization is defined as making the concept and activities of 'quality' part of the daily routine duties of all players in HIV/AIDS service provision.

ZPCT's Quality Assurance (QA)/ Quality Improvement (QI) Plan

The plan outlines ZPCT QA/QI strategies, approaches for collaboration with the MOH/MCDMCH and other key partners, roles and responsibilities of partners, dissemination and implementation of QI results.

ZPCT QA/QI Strategies

Strategy 1: To ensure that quality management systems are an institutionalized component of project implementation

- ZPCT IIB has developed a QMS to ensure that service delivery through project activities meet national and international standards as part of daily routine using QA/QI tools. This will include:
 - *Direct observations and administering the different checklists*
 - *Mystery client surveys*
 - *Client Exit Surveys*
- QA/QI processes tailored to address each technical area will be used to ensure good service quality to meet project objectives in both new and already supported facilities.
- Technical assistance will be provided to ZPCT IIB provincial staff and MOH/MCDMCH at all levels on QA/QI data management and analysis procedures to ensure complete, accurate, valid and reliable QA/QI data.
- QA/QI data audits will be conducted on a regular basis annually at ZPCT IIB and facilities.
- ZPCT IIB will continue to advocate for and provide technical assistance to the MOH/MCDMCH and stakeholders in creating an enabling environment to ensure smooth implementation of QI systems in the health sector particularly in HIV service delivery.
- Private facilities will be provided technical assistance in implementing functional QMS for HIV/AIDS service delivery.

Strategy 2: Building capacity in QA/QI systems among ZPCT IIB, MOH/MCDMCH and private facility staff

- ZPCTIIB staff will continue to be trained to plan, conduct and manage quality assurance and quality improvement activities.
- MOH/MCDMCH, private facility managers and health care workers at all relevant levels will be oriented and provided on-going technical assistance in planning and implementing QA/QI activities.
- ZPCT IIB will continue to collaborate with the MOH/MCDMCH in QI Technical Working Groups (TWGs) to develop national QI guidelines and SOPs, national QI systems and QI capacity building materials.
- ZPCT IIB will collaborate with the MOH/MCDMCH and other key stakeholders to conduct and promote national workshops, seminars and forums for information sharing on QI issues.

Strategy 3: Ensuring adequate use of QA/QI results by all stakeholders to improve service quality

- Results generated at facility level will be utilized in each technical area to allow identification of priority quality problems by facility staff.
- Availability of results in facilities will prompt formation of facility QA/QI teams as one condition required for fulfillment of ART site accreditation.
- Results will be documented for use by ZPCT IIB and MOH/MCDMCH at all levels.
- Systems for feedback and dissemination of QA/QI results and activities to stakeholders will be promoted and strengthened.
- Utilization of results for research, drawing up lessons learnt and documenting best practices will be instituted.

Strategy 4: Strengthening MOH/MCDMCH QA/QI systems at all levels

- ZPCT IIB provincial technical advisors will work closely with PHOs and DHOs to build functional and responsive QI systems.
- The routine implementation of MOH/MCDMCH adopted QA/QI tools in all supported health facilities will be assured.
- Technical assistance in QA/QI and performance improvement will be provided at health facility, district and provincial level. There will be room for non-supported facilities and districts to receive this technical assistance when provided at district and provincial level. This will lead to overall strengthening of MOH systems and service quality even in non-supported sites.

Strategy 5: Collaborate with the MOH to plan for long-term sustainability of high quality services

- Based on the QA/QI results, ZPCT IIB will work with PHOs, DHOs and hospital boards to plan, coordinate and implement Sustainability Plan.
- Performance of facilities and districts will be measured and tracked across time using QA/QI tools.

Strategy 6: Working in tandem with ART/CC Unit and the MOH to achieve ART- site accreditation

- Facility readiness towards site accreditation will be tracked and gaps identified for further improvement based on Medical Council of Zambia (MCZ) Guidelines.
- Technical assistance on site accreditation will be directly provided to supported facilities and districts through provincial technical advisors.

Overall Roles and Responsibilities in QA/QI

The ZPCT IIB QA/QI team is represented at the national and provincial levels. It is headed by a senior advisor SI, who coordinates all QA/QI activities within the framework described in ZPCT IIB QA/QI Procedures Manual and ZPCT IIB Graduation and Sustainability Strategy. In consultation with the chief of party and the director of technical support, the senior advisor SI ensures that the ZPCT IIB's QA/QI plan is implemented accordingly.

Although QA/QI has been institutionalized as a routine daily duty for all technical staff and provincial programs staff, a core team provides technical assistance and leadership in QA/QI to all ZPCT IIB staff and relevant collaborating partners. At the Lusaka office, the senior advisor SI is supported by an advisor QA/QI, a senior data manager and a data manager. In each of the provincial offices, the QA/QI efforts are spearheaded by the provincial technical advisors supported by a senior provincial M&E officer and all technical officers. In addition, staff of the Strategic Information Division at FHI360 headquarters in Arlington provides technical support to the country team as required.

Lusaka Office Roles and Responsibilities:

The following are some key activities conducted at national level;

- Coordination and support of the roll out, monitoring, and documentation of the QA/QI system in all the six ZPCT IIB supported provinces.
- Coordination and implementation of QA/QI program in all ZPCT IIB supported sites.
- Provision of technical assistance and training in the QA/QI program and systems to ZPCT IIB staff, healthcare providers, MOH/MCDMCH provincial and district level staff, and other partners as needed.
- Work with other technical staff to review and revise QA/QI tools and related materials in response to updated national and international standards and guidelines.
- Working with other technical units in ZPCT IIB, develop a QA/QI improvement system for each of the technical units.
- Compile, complete, and produce quarterly ZPCT IIB QA/QI reports based on provincial reports; produce ad hoc and special reports on the QA/QI program, as needed.
- Assist in operations research and documentation of findings.
- Collaborate with central MOH/MCDMCH and key partners in technical working groups and other forums on developing and implementing a national QI system.

Provincial Office Roles and Responsibilities:

- Implementation of QA/QI program in all ZPCT IIB supported sites.
- Provide technical support in the QA/QI program and systems to ZPCT IIB staff, healthcare providers and other partners as needed.
- Compile, complete, and produce quarterly ZPCT IIB QA/QI provincial reports and special reports on the QA/QI program, as needed.
- Provide inputs in QA/QI capacity building of MOH/MCDMCH at provincial and district level and collaborating partners.
- Assist in the training of relevant parties (DHMT staff, health facility staff) on conducting QA/QI assessments.

QA/QI Data Analysis

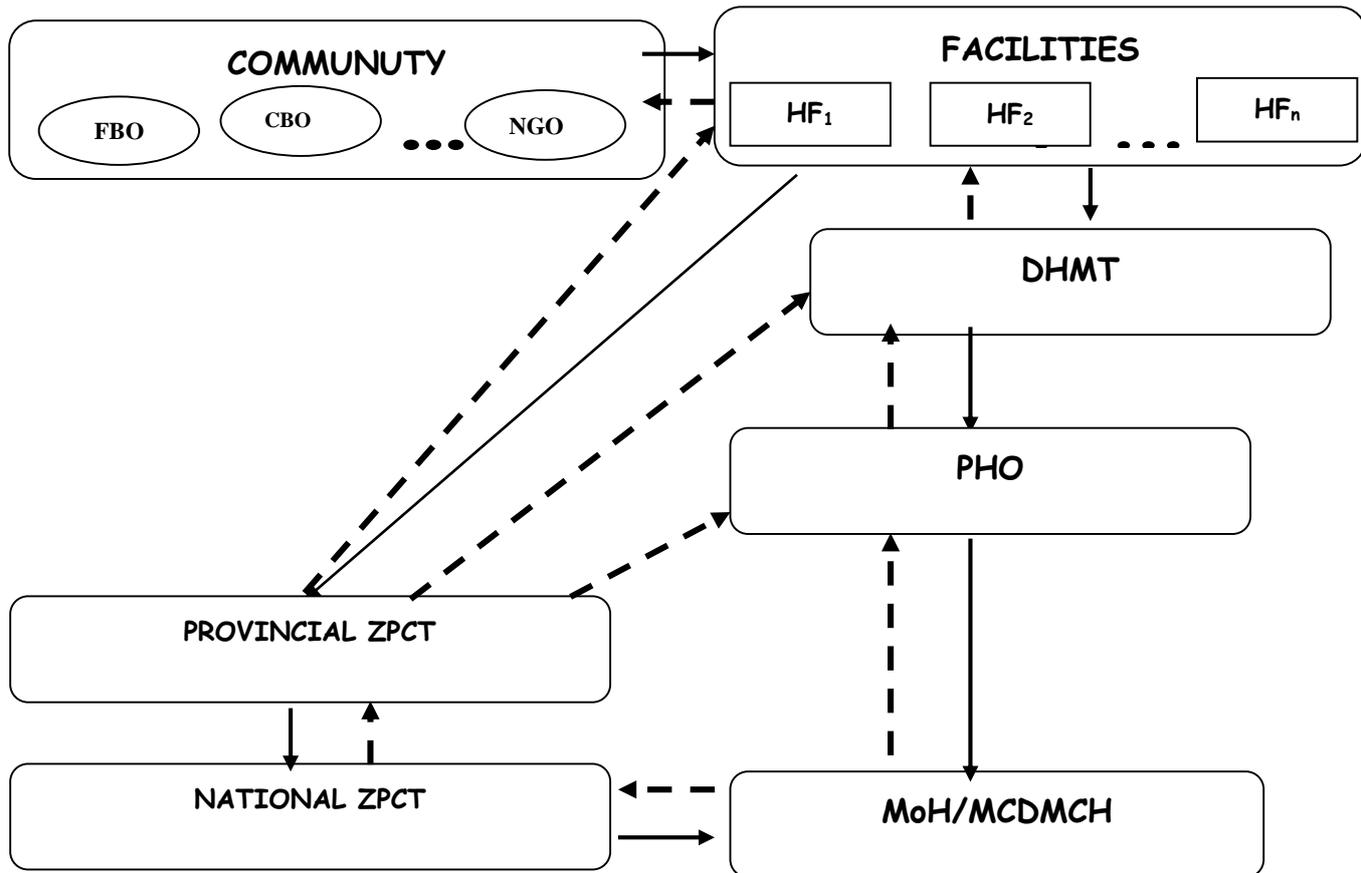
Within ZPCT IIB, data will be analyzed at provincial level using statistical tools in Microsoft Excel software package. Further analysis at national level will be done using statistical packages such as SPSS. ZPCTIIB will collaborate with the MOH at national and provincial level to develop suitable methods for data analysis under MOH at all levels of the health system.

QA/QI Data Flow

QA/QI data:

In addition to on-going QA/QI technical assistance throughout the quarter, ZPCTIIB technical staff will work with MOH//MCDMCH technical staff to visit each health facility for QA data collection using QA tools at least once every quarter per technical area. Facility health workers are major participants in data collection. Once QA tools are completed, problems identified and action plan and feedback developed at the health facility, technical officers transport the data to ZPCT IIB provincial offices. QA/QI data entry clerk inputs data into Microsoft Access database. Technical officers will then analyze and review data initially within the unit, followed by overall provincial QA/QI data review meetings. The provincial technical advisor in collaboration with provincial programs office co-ordinates report writing and submission to central QA/QI office.

The Lusaka QA/QI office, part of the SI unit, is responsible for analysis of QA information at national level, compiling and disseminating feedback reports to technical and central programs unit. Once comments and actions are received from these, Lusaka office then actionable responses are sent back to provinces for sharing with MOH//MCDMCH provincial & district teams for their use in QI. Data flow is represented in the diagram below:



————→ *Information Flow*

- - - -> *Feedback*

QA/QI System

Assessing the quality of care and services provided is an integral component of ZPCT IIB project implementation accomplished through a step by step QA/QI system. The primary purpose of assessing quality of care and quality of services is to determine aspects of service delivery that need improvement by comparing and measuring actual performance against established national and international standards. ‘Quality of care’ encompasses providers’ interactions with the client, technical competence, and offering the highest standard of care within the available acceptable resources. ‘Quality of services’ encompasses the operational aspects required for adequate service provision such as infrastructure, availability of trained staff, information management, drug and equipment supplies.

In order to monitor the quality of care and quality of services, ZPCTIIB has developed a set of guidelines, norms and standards and on-site quality assurance tools for the various points of service delivery. These guidelines,

norms and standards serve as references for developing process flowcharts and SOPs to guide service delivery activities at the health facilities and other points of service. The tools and documents are updated to keep abreast of current revisions in the national guidelines and standards for each technical area through a consultative process with respective ZPCT IIB technical departments. ZPCT IIB technical and programs staff at headquarters and provincial level are oriented on the QA/QI system as it forms part of their routine work. MOH staff at provincial, district and facility levels have also been oriented as they are major partners and stakeholders in monitoring and ensuring provision of high quality care and services long-term.

In addition to supporting provision of high quality services, ZPCT IIB also supports MOH at all levels to sustain these services and care. This is done through the projects' graduation and sustainability plan. This system employs use of graduation tools to measure readiness of districts attaining high service quality to be weaned off technical support and transitioned back to MOH technical and operational support. This information obtained from facilities is analyzed at facility and district level to track performance and also to determine when to hand over support back to MOH.

As part of the activities to monitor quality of services ZPCT IIB also:

- Developed assessment tools for routine and unprompted activities and for internal and external evaluations of the quality of services. These activities include among others:
 - interviews with providers to assess capability, and with clients/patients to assess satisfaction; this includes client exit interviews to measure client satisfaction and perspective;
 - unprompted facility surveys to assess adequacy of drug supplies, laboratories and other equipment
 - regular visits to service delivery sites to directly observe the service delivery process (particularly patient-provider interaction) and selected clinical procedures to assess provider technical competence, review data forms/records, or assess training needs and the extent to which recommended changes have been implemented. (Direct observations can be used also for observation of client-community-based worker interactions.)
 - self-evaluation of service providers, and;
 - other methods, including use of mystery clients and qualitative methods such as focus group discussions and in-depth interviews.
- Documents supervisory activities.
- Provides capacity building and technical assistance on Quality Management System.
- Documents and disseminates best practices and lessons learned.

Data management, dissemination and use of the QA/QI data

QA/QI data is managed at the facility level, ZPCT IIB provincial and national level. Outputs that require data management are the QA tools, action plan and feedback sheets and reports generated from this data in Microsoft Access database.

MOH: Health Facility and District level

Once compiled and discussed by health facility staff and ZPCT IIB technical officers, the action plan and feedback sheet for each technical area is stored for further use in the health facility. A key objective of these feedback sheets are to provide a basis for discussion of quality improvement of HIV services by facility QA/QI teams.

Copies of the action plan and feedback sheets will be stored for further use at the district health office to encourage their ownership and involvement in the QA/QI process. Items outlined in the feedback sheets and provincial QA/QI reports form important agenda items for meetings held among stakeholders for further action to be taken.

ZPCT IIB Provincial Office

Copies of QA tools with their action plan and feedback sheets are stored in provincial technical units. They are used for analysis of QA/QI issues, identification of weak areas requiring technical assistance and finally for report generation. Hard copies of data are stored in box files by technical unit. Soft copies of QA/QI data are entered into Microsoft Access database and stored by the respective technical unit. A collection of all technical data files are stored centrally by the M&E unit who is responsible for maintaining them and uploading them to the central provincial server to be accessed by relevant provincial staff.

QA/QI provincial reports are stored in hard and soft format by technical units as well as programs unit. The programs unit takes a lead in coordinating the dissemination of this information to MOH, facilities and relevant stakeholders.

ZPCT IIB Lusaka Office

Hard and soft copies of outputs from all six ZPCT IIB supported provinces are stored centrally at headquarters. This allows for analysis at national as well as lower levels. This information is utilized in various ways (e.g. generation of feedback reports, compilation of recommendations based on performance). Information is disseminated within ZPCT IIB technical and program departments for action. Feedback is provided to provinces.

Evidence and experience derived from the QA/QI system forms a sound basis for meaningful contributions to MOH at national level in strengthening the national QI systems and other technical areas. Information is shared with partners through various workshops, meetings and technical working groups.

J. Reporting and Dissemination

Data obtained from the project will be disseminated and used by both the program managers and the technical assistance organization (FHI360 and her partners) to the extent possible. Where applicable, the data will guide programming and re-programming efforts including scaling-up of services to areas where populations in need can be served. Three most strategic reports to donors shall be:

Quarterly Progress Reports: FHI360 will prepare and submit to the USAID/MoH/MCDMCH quarterly. The quarterly progress report will cover:

- Executive summary of quarterly accomplishments
- Achievements versus targets by program area
- Progress during the quarter (activities completed, benchmarks achieved) by program area
- Challenges encountered and solutions proffered
- Success stories
- Documentation of best practices/lessons learnt that can be taken to scale
- List of upcoming events with dates

Semi-Annual Reports (SAPR): FHI360 will prepare and submit to the USAID/MoH/MCDMCH a semi-annual report after the end of every six months. The time-frame will be synchronized with the USG fiscal year and PEPFAR planning and reporting cycle. Semi-annual reports will cover the period October 1 to March 31 and April 1 to September 30. Specific reporting timelines are dependent on guidance from USAID received during a USAID organized IP's meeting. The template for reporting is also provided by USAID.

Annual Reports (APR): FHI360 will prepare and submit to the USAID/PEPFAR annual reports covering the period October 1 to September 30. The time-frame will be synchronized with the USG fiscal year and PEPFAR planning and reporting cycle. Specific reporting timelines will also be dependent on guidance received from USAID. The template for reporting is also provided by USAID.