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**ASSIST PROJECT**  
*Applying Science to Strengthen  
and Improve Systems*

## USAID ASSIST Project

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# Zambia Country Report FY15

**Cooperative Agreement Number:**

AID-OAA-A-12-00101

**Performance Period:**

October 1, 2014 – September 30, 2015

**DECEMBER 2015**

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#### DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or write [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

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## Abbreviations

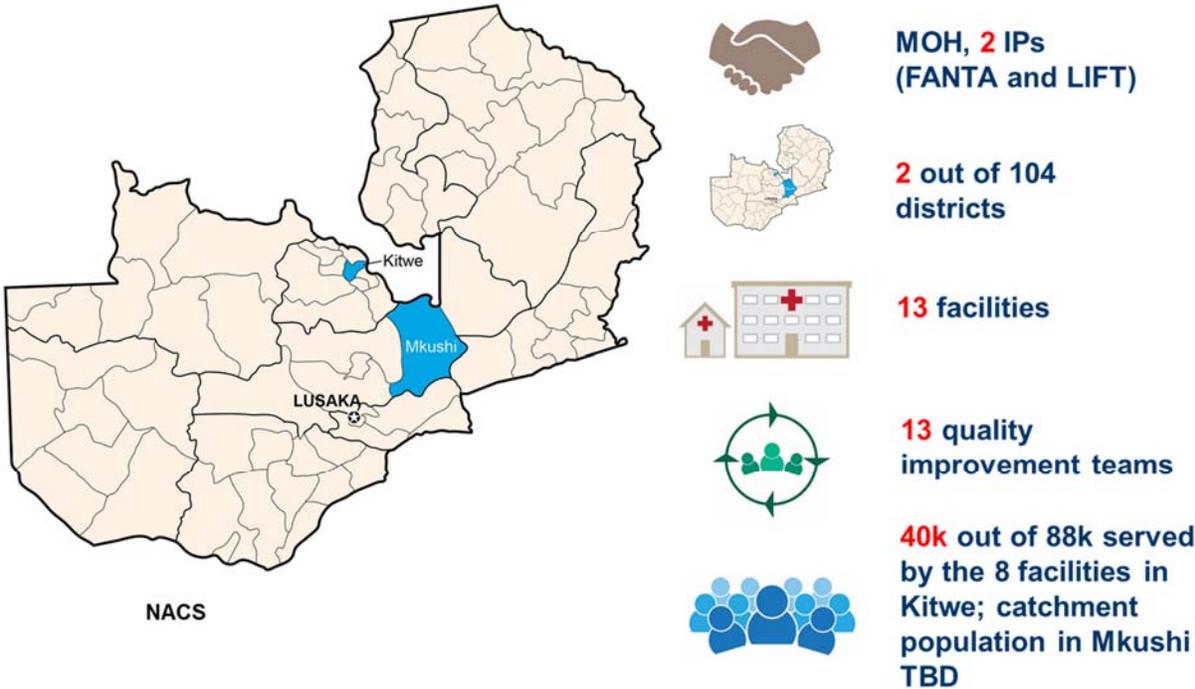
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
FY	Fiscal year
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
MAM	Moderate acute malnutrition
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
NACS	Nutrition assessment, counselling, and support
PLHIV	People with HIV/AIDS
QI	Quality improvement
SAM	Severe acute malnutrition
TA	Technical assistance
URC	University Research Co., LLC
USAID	United States Agency for International Development

# 1 Introduction

Building on the USAID Health Care Improvement Project’s (HCI) experience in supporting nutrition services for HIV clients in Uganda, Kenya, and Malawi, since September 2014, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is supporting the continued adoption, adaptation, and scale-up of nutrition assessment, counselling, and support (NACS) services as a standard of care within the national HIV/AIDS program in Zambia. NACS supports improving the health and quality of life for people living with HIV/AIDS (PLHIV), their families, and vulnerable children by improving nutritional status, reducing household food insecurity among families and children affected by HIV, and strengthening the integration of nutrition support within health systems at the clinic and community levels. Through delivery of NACS services, ASSIST aims to get all HIV-infected patients assessed and categorized for malnutrition and referred to services that provide therapeutic or supplementary foods, with the ultimate goal of managing and reducing malnutrition among PLHIV. ASSIST’s work in Zambia is being conducted in collaboration with two other USAID centrally funded projects in the country: Livelihoods and Food Security Technical Assistance II Project (LIFT II) and Food and Nutrition Technical Assistance III Project (FANTA III).

After initial work in eight sites in Kitwe District, ASSIST scaled up NACS improvement activities to five facilities in Mkushi District in August 2015. Further scale-up will occur in both districts in FY16.

## Scale of USAID ASSIST’s Work in Zambia



# 2 Program Overview

What are we trying to accomplish?	At what scale?
<b>1. Integrate nutrition services into HIV clinics to improve nutritional status of HIV clients</b>	
Improve management and nutritional status of malnourished PLHIV	Integrate NACS in 13 selected facilities in Kitwe and Mkushi districts; spread to 26 remaining sites in Kitwe and Mkushi by May 2016

= Improvement Activity

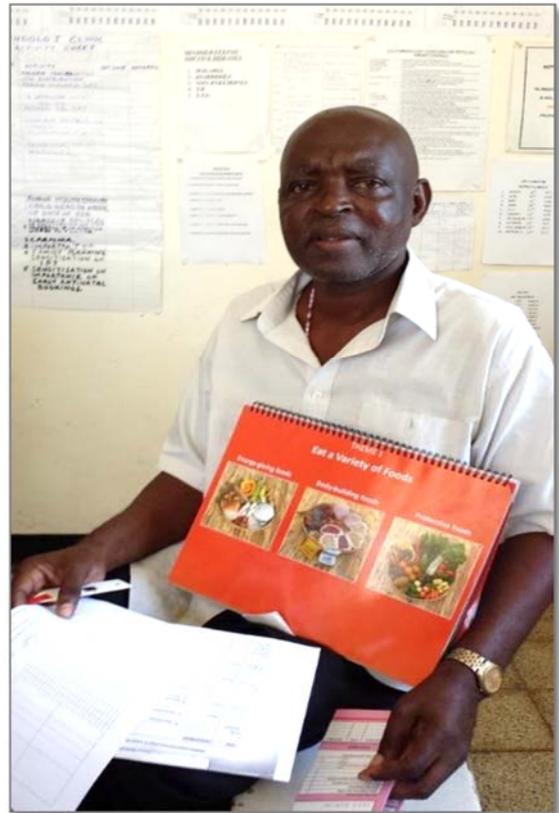
### 3 Key Activities, Accomplishments, and Results

#### **Activity 1. Integrate nutrition services into HIV clinics to improve nutritional status of HIV clients**

##### **KEY ACCOMPLISHMENTS AND RESULTS**

**Provided support for coaching visits in eight health facilities in Kitwe District** (Oct 2014 – Sept 2015). To improve the assessment and categorization of PLHIV, in fiscal year (FY) 2015 ASSIST continued to provide coaching support to the initial eight health facilities in Kitwe District. Coaching was conducted to ensure that the standard package of care for all PLHIV clients (including HIV care and support, nutrition assessment, and an appointment for the next visit) was being implemented at these sites.

- **Held second learning session** (Dec 3-4, 2014). Eight facility teams from Kitwe District participated. The session was facilitated by Ms. Linley Hauya, Nutrition Advisor for ASSIST Malawi, and Mr. Robert Musopole, Resident Advisor for ASSIST Zambia. The objectives were to review improvement plans on assessment and categorization and to promote peer-to-peer learning on what worked and what did not work. The facility teams also developed action plans for their sites.
- **Convened third learning session for eight Kitwe teams** (April 14-15, 2015). Eight facility teams from Kitwe District participated. In April 2015, the teams determined that they had achieved their first desired performance statement (*All clients are assessed and categorized for nutrition status*), with the exception of the two newer sites which were still working on reaching 100% or close to it. ASSIST guided the teams to discuss the current challenges in the provision of NACS services for malnourished clients. Three common issues emanated from this discussion:
  - Incomplete documentation of patient data in the ART clinic. Nutrition information was not recorded in the patient files.
  - Incomplete documentation in the nutrition registers.
  - Service providers were not tracking the progress of malnourished clients and could not track the health and ultimate outcomes of the clients.



A community health worker in Kitwe District, Zambia shares his approach and the materials he utilizes to check the nutrition status of women, men, girls, and boys in the community. Photo by Elizabeth Silva, WI-HER LLC

ASSIST guided the teams to develop goals based on these challenges. The teams then developed new desired performance statements to improve documentation and better track the progress of clients enrolled in nutrition management. They also defined indicators to track the progress of these desired performance statements.

- **Held the joint NACS, referral system and quality improvement (QI) orientation for Mkushi Districts' health care workers** (Aug 30 – Sept 5, 2015). The orientation was facilitated by officials from the Ministry of Health (MOH), Earnest Muyunda, Project Manager for FANTA III, Joackim Kasonde, Technical Specialist/Country Coordinator for LIFTII and Robert Musopole, Resident Advisor for ASSIST Zambia. The objectives were to empower health care workers with skills in NACS, referral/linkage systems, and QI. The facility teams also developed action plans for their sites.
- **Implemented changes across all eight sites.** ASSIST tested and implemented a number of changes this year, including: introducing an attendance booklet at antiretroviral therapy (ART) clinics;

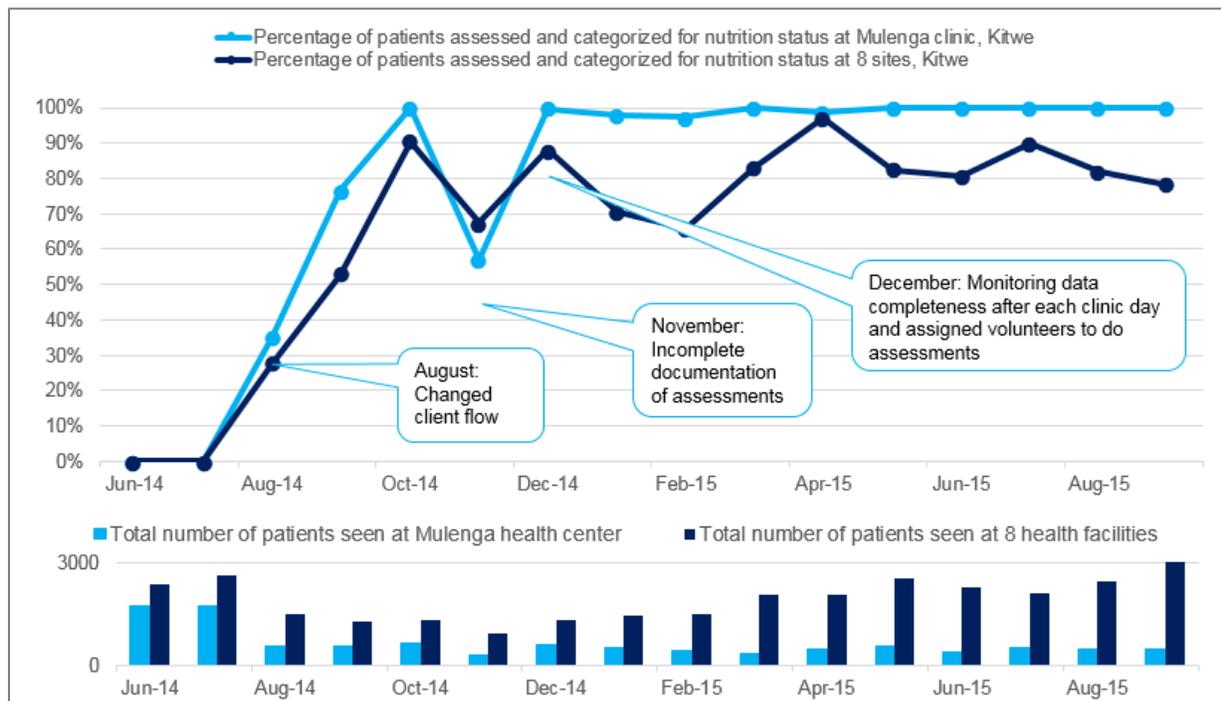
involving clinic staff and community health volunteers to assess HIV clients; and testing the improvement of data management and changing patient flow. **Table 1** provides additional detail regarding the changes that were implemented across the sites.

**Table 1: Change package for improving assessment and categorization in Kitwe District, Zambia**

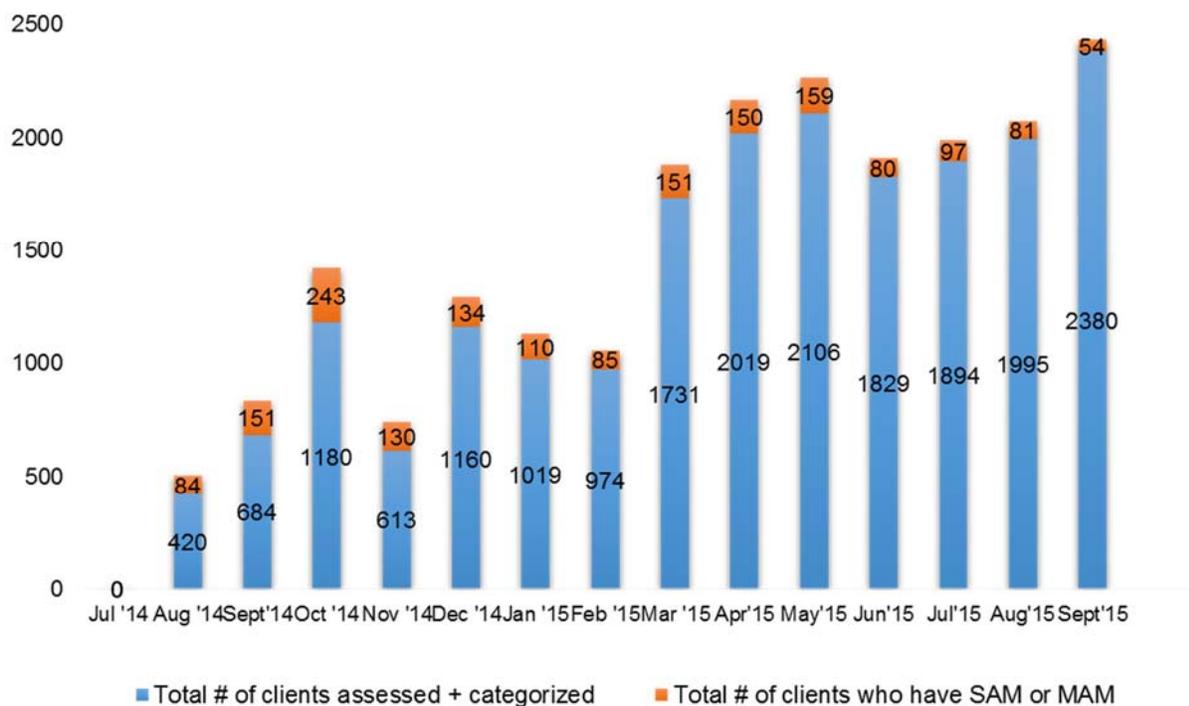
Change	Description of the change
Introduction of ART attendance book for ART	Teams introduced attendance booklet at ART clinic to record all clients who visit the clinic
Involvement of community health volunteers, or neighborhood health committee members to assess HIV clients	Neighborhood health committee members and other volunteers were oriented on how to take weight, height and Mid- Upper Arm Circumference (MUAC) of HIV clients. These health volunteers were observed by the trained service providers to see if they were taking the measurements correctly, after which they were allocated to the ART, ANC, and under-five clinics to assess HIV clients
Involvement of clinic staff such as nurses, adherence counsellors, pharmacy officers who were not trained on NACS to conduct assessments and categorization of HIV clients	Nurses, adherence counsellors, pharmacy officers who were not trained on NACS were oriented and assigned at the clinic to help with assessment and categorization of HIV clients
Changing the flow of patients	The teams changed the patient flow by moving assessment points to the registration station at ART, tuberculosis, ANC and under-five clinics
Incorporation of nutrition assessment and classification on the list of vital measurements	Weight, height, MUAC, and calculation of weight for height and body mass index were included on the patient vitals list so that each client visiting the clinic was assessed and classified
Improving data management	Teams began cross checking data completeness and analyzing their data regularly. Data completeness is crosschecked after each clinic day and the analysis is done weekly/ monthly.

- Results: Figure 1** shows the increase in percentage of HIV clients seen, assessed and categorized from June 2014 to September 2015 in eight sites as well as the Mulenga health center. **Figure 2** shows that the number of HIV clients who have severe or moderate acute malnutrition (new cases) in the eight sites has declined from August 2014 to September 2015 in proportion to those that have been assessed. **Figure 3** shows a reduction in clients who have moderate or acute severe malnutrition in eight sites in Kitwe.

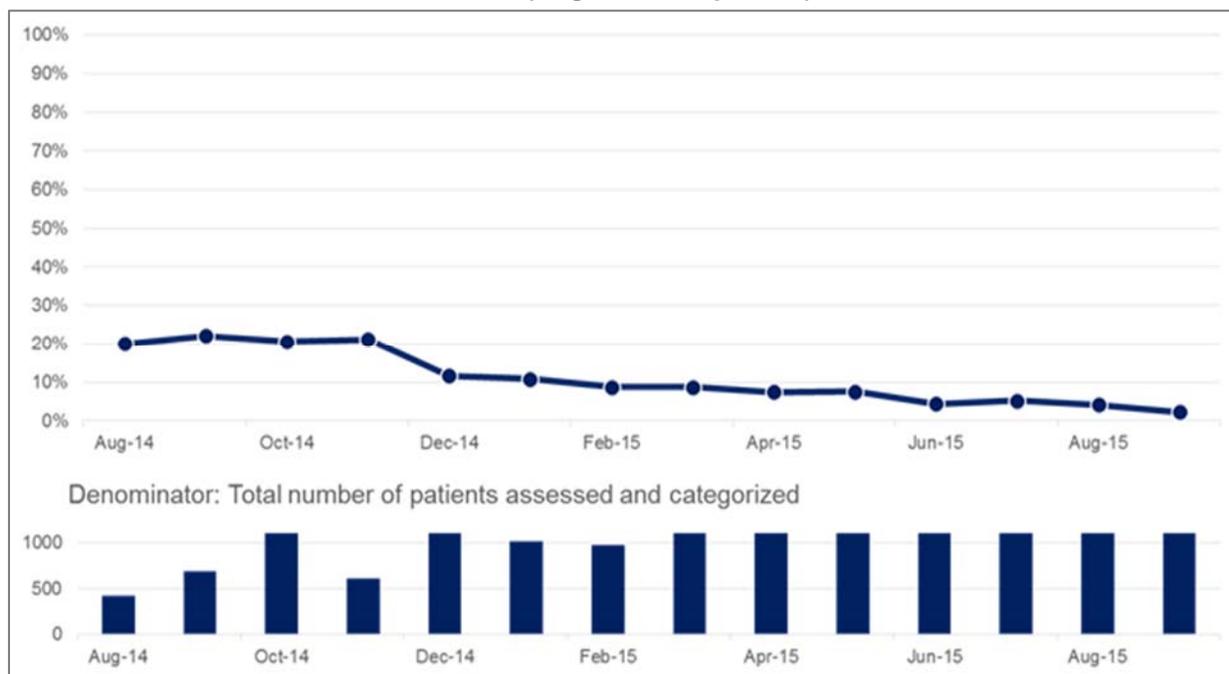
**Figure 1: Percentage of clients assessed and categorized for nutrition status, 8 sites and Mulenga health center, Kitwe District (June 2014 – Sept 2015)**



**Figure 2: Number of clients who have severe acute malnutrition (SAM) or moderate acute malnutrition (MAM), 8 sites, Kitwe District (July 2014– Sept 2015)**



**Figure 3: Percentage of patients assessed for nutritional status who have moderate or severe acute malnutrition, 8 sites, Kitwe District (Aug 2014 – Sept 2015)**



## IMPROVEMENT IN KEY INDICATORS

We are currently working in 13 sites in Kitwe and Mkushi districts. The results below are from the eight sites in Kitwe District which ASSIST supported throughout FY15.

Activity and Indicator		Facility	Baseline (June 2014)	Last Value (Sept 2015)
Improve management and nutritional status of malnourished PLHIV.	% of patients assessed and categorized for nutrition status. Denominator: Total # of patients seen at the facility during the reporting period.	Kamitondo	0% (0 out of 316)	86% (285 out of 330)
		Ipusukilo	0% (0 out of 134)	100% (195 out of 195)
		Tinna Medical Centre	0% (0 out of 72)	82% (62 out of 76)
		Kawama Clinic	0% (0 out 207) (Feb 2015)	72% (576 out of 803)
		Mindolo I Clinic	0% (0 out 35) (Feb 2015)	59% (531 out 902)
		Copperbelt University Clinic	0% (0 out of 81))	100% (59 out of 59)
		Mulenga	0% (0 out of 1,716)	100% (470 out of 470)
		Kamfinsa	0% (0 out of 120)	96% (202 out of 207)

## SPREAD OF IMPROVEMENT

During FY16, we will spread NACS improvement activities to the remaining 14 FANTA-supported sites in Kitwe District, using the change package developed from the experience of the eight initial sites. This will be done in two phases. Phase 1 will cover the seven additional sites in Kitwe during the first quarter of FY16. Phase 2 will cover the remaining seven sites in Kitwe in the second quarter. Since we have just started our improvement work in Mkushi, we will use the same change package developed from the Kitwe sites and see how best this can be utilized to implement and spread improvement in the district. We have started work in the first initial five sites and plan to spread to the remaining four sites in the third quarter of FY16.

## 4 Sustainability and Institutionalization

ASSIST, in partnership with the MOH in Zambia, is working to enhance the reporting structure and use of data for improvement from the health care system. By collaborating with the MOH and partners, ASSIST will work to establish a process to include nutrition indicators into the data system, which will be managed by the MOH.

The starting point for the quality improvement model is for facility teams to define problems to achieve specific health outcomes in their work and develop solutions that would improve services to patients. This model by design strengthens staff capabilities and system capacity to continuously improve, thereby increasing sustainability of improvement work. In Zambia, the role of the MOH's national and district coaches will be to provide support to facility teams via monthly coaching visits. ASSIST will strengthen the capacity of these coaches to be able to plan and conduct visits to support the teams using the available government resources.

## 5 Knowledge Management Activities and Products

- During FY15, Mr. Musopole participated in monthly check-in calls conducted with all ASSIST-supported countries that currently conduct NACS activities. These calls are designed to promote learning and to identify technical support that may be needed by the countries.
- After her visit, Elizabeth Silva blogged about her work in Zambia. Her blog can be read [here](#).
- A change package of the key actions taken by the eight teams in Kitwe to reach their desired performance statements was prepared by ASSIST based on the discussions held with teams in the two learning sessions and during coaching visits.
- A progress report on the NACS improvement activities in the eight sites in Kitwe was prepared in September 2015.

## 6 Gender Integration

In March 2015, Ms. Elizabeth Silva, gender specialist from WI-HER LLC, provided technical support to the ASSIST Zambia team to identify gender-related issues and support the team to collect and analyze sex-



Audrey Mwaba, a registered nurse at a USAID ASSIST-supported health clinic and member of an improvement team, shows the improvements made in patients' nutrition status record keeping. Photo by Elizabeth Silva, WI-HER LLC

disaggregated data. During the visit, Ms. Silva and Zambia Resident Advisor Robert Musopole providing a gender integration in improvement training at Copperbelt University clinic.

Ms. Silva also met with FANTA and LIFT representatives to brief them on ASSIST's gender integration approach and the importance of integrating gender into NACS activities.

While in Lusaka, Ms. Silva met with FHI 360 Social and Behavior Change Advisor Mary Packard to advise her on integrating gender into a two-day social and behavioural change workshop that FHI 360 convened the week of March 23, 2015. She briefed USAID staff on

ASSIST's approach and activities to

integrate gender in NACS improvement work. At USAID request, she also met with the Chief of Party of the Thrive Project, Rick Henning, to brief him on gender issues in NACS and ASSIST's innovative gender approach, and to discuss how ASSIST and Thrive can collaborate to improve NACS services for women, men, girls and boys.

Preliminary gender issues identified during the March 2015 technical assistance visit were:

- Health-seeking behavior of males make them less likely to access services. However, once in treatment they experience improved nutrition substantially faster than women once in treatment due to unequal food allocation within families.
- Women can be more likely to share food supplements with family members.

Starting in FY16, ASSIST will collect and analyze sex-disaggregated data where feasible. This is in order to identify gaps in how males and females access and benefit from nutrition services, to identify differences in the rates of malnutrition among males and females, and to respond appropriately towards improving nutrition and health outcomes.

## 7 Directions for FY16

In Kitwe, ASSIST plans to scale up NACS to the remaining 14 FANTA-supported sites by December 2015 and transition five of their sites to carry out engagement, adherence, and retention work using the NACS platform. In Mkushi, ASSIST started NACS in the first five sites and plans to scale up to the remaining four sites before May 2016.

Below are the planned activities for FY16:

- Collect baseline data for the new engagement, adherence, and retention activity in Kitwe
- Collect baseline data in the 14 spread sites in Kitwe
- Monthly coaching visits for Mkushi and Kitwe
- Convene the first learning session for the five sites in Mkushi (November 2015)
- Convene the fourth learning session in Kitwe (November 2015)





**USAID APPLYING SCIENCE TO STRENGTHEN  
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University Research Co., LLC  
7200 Wisconsin Avenue, Suite 600  
Bethesda, MD 20814

Tel: (301) 654-8338

Fax: (301) 941-8427

[www.usaidassist.org](http://www.usaidassist.org)