



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

Work plan

December 1, 2015 –May 31, 2016

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Abbreviations

ADCH	Arthur Davison Children’s Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASW	Adherence Support Worker
CARE	CARE International
CBO	Community-based Organization
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control
CHAZ	Churches Health Association of Zambia
COP	Chief of Party
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DHIO	District Health Information Officer
DMO	District Medical Office
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
EQA	External Quality Assistance
FP	Family Planning
GBV	Gender Based Violence
GCDD	Gender and Child Development Division
GIS	Global Information System
GRZ	Government of the Republic of Zambia
cART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment (for malaria in pregnancy)
IQC	Internal Quality Control
IYCN	Infant and Young Child Nutrition
LMIS	Laboratory Management Information System
M&E	Monitoring and Evaluation
MC	Male Circumcision
MCH	Maternal Child Health
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health

MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NPU	National Pharmacovigilance Unit
NZP+	Network of Zambian People Living with HIV/AIDS
OI	Opportunistic Infection
OR	Operations Research
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
RH	Reproductive Health
SCMS	Supply Chain Management System
SIU	Strategic Information Unit
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMS	Short Message System
SOP	Standard Operating Procedure
STAMPP	Strengthening TB, AIDS and Malaria Prevention Programs
STI	Sexually Transmitted Infection
TB	Tuberculosis
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPCT IIB	Zambia Prevention, Care and Treatment Partnership II Bridge

I. Introduction

This document presents the work plan for the Zambia Prevention, Care and Treatment Partnership II (ZPCT II) Bridge project for the period October 2014 – May 2016. ZPCT II Bridge is a \$36,095,495 contract (AID-611-C-14-00001) between FHI360 and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US \$36,095,495.

The objectives of the Bridge Project are:

- Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets.
- Maintain the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasizes sustainability and greater GRZ allocation of resources.
- Encourage integration of HIV with other health services.

FHI 360 and its core partners (see below) present this work plan for USAID's *Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT IIB)* project, which will continue support for HIV/AIDS service delivery in six provinces for an additional six months after the end of ZPCT IIB on November 30, 2015. The extension is effective from December 1, 2015 to May 31, 2016. During the work plan period, ZPCT IIB will work side-by-side with the GRZ and other stakeholders to:

- Maintain comprehensive, quality HIV/AIDS services in 470 sites currently supported by ZPCT II;
- Consolidate services and health systems in 20 sites ; and
- Consolidate the groundwork for the next era of USAID programming with concrete steps toward greater GRZ ownership, greater resource commitment and responsibility for sustaining quality.

All project activities will be planned, implemented, monitored and evaluated jointly in partnership with the GRZ at all levels of the health system. Two core partners – CARE and Management Sciences for Health (MSH) will continue to implement their scopes of work until the end of March 31 2016. Local partners Churches Health Association of Zambia (CHAZ), the University Teaching Hospital (UTH) and Chainama College of Health Sciences will also continue to implement their scopes of work until April, 2016.

Pillars of the Approach

The FHI 360-led team's strategic/technical approach will continue to be aligned with relevant GRZ and United States Government (USG) priorities, strategies and guidelines. These include the GRZ's *Revised National AIDS Strategic Framework (2014-2016)*; the *Consolidated HIV prevention and treatment Guidelines*; and the President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT IIB will continue to promote ZPCT II's cornerstones of access, equity, quality, health systems strengthening (HSS), country ownership and sustainability, greater community engagement, addressing gender and focusing on chronic self-care for PLHA.

Implementation Approach

Efforts to improve HIV/AIDS prevention care and treatment services can only occur in the context of a sound overall health system. ZPCT IIB will continue to support and strengthen the broader health sector by providing programmatic, financial, technical and material assistance to 470 MOH, CHAZ and private health facilities in 57 districts in the six provinces, using the recipient agreement mechanism (See *Annex E* for a list of recipient agreements).

ZPCT IIB has adapted FHI360's Project Management Standards which comprises a set of uniform expectations for project management to ensure all levels of management across ZPCT IIB deliver high quality project outcomes. The standards define accountabilities of senior and middle level managers in Lusaka and Provincial offices as well as define specific policies, procedures, tools, and resources to ensure that managers are fully equipped to meet the Project Management Standards and achieve project success. The standards are described in annex C (Program and Financial Management).

ZPCT IIB Partners

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

- Management Sciences for Health (MSH): MSH contributes towards strengthening laboratory and pharmaceutical systems at all levels through training and technical support.
- CARE International: CARE Zambia trains and manages community volunteers who are placed in MOH facilities to provide HTC services and adherence counselling. CARE also leads community mobilization activities in creating demand for services.
- Churches Health Association of Zambia (CHAZ): CHAZ contributes towards project targets in ten mission health facilities in three provinces.
- Chainama College of Health Sciences: Chainama contributes towards training facility and community based health workers in HIV testing and counseling (HTC).
- University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributes through training health care workers and technical support.

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

Work Plan Presentation

The six month extension work plan is organized by Task and includes targets for the period December 1, 2015 to May 31, 2016 (*Annex H*), work plan budget (*Annex A*), reports and deliverables (*Annex I*), gantt chart (*Annex B*) program and financial management (*Annex C*) and a section on strategic information. The tasks are arranged by ZPCT II Bridge's three objectives and provide a general description of the objective, the implementation approach, expected results, and activities.

II. Key Activities

Task 1:

Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets.

Under this task, the contractor will provide technical and material assistance to 470 sites.

Key Expected ZPCT IIB Results

- Quality HIV/AIDS services maintained in all 470 ZPCT II-supported sites
- Services consolidated in sites as follows: 20 CT, 20 eMTCT, 14 ART and 4 MC

Implementation Approach

Under Task 1, FHI 360 and its core partners will work with the MOH and other stakeholders to: maintain existing HIV/AIDS services – HTC, eMTCT, ART, clinical care/support, VMMC and TB/HIV – in the 470 facilities currently supported by ZPCT IIB.

Activity 1:

Maintain comprehensive, quality HIV/AIDS services currently supported by ZPCT II, including ART access for previously enrolled clients

1.1 Counselling and Testing

- 1) Train HCWs in HTC and mentor trained counsellors to strengthen integration of provider-initiated testing and counselling (PITC) into all clinical service areas at 470 sites (451 public/30 private).
- 2) Mentor and support HCWs to provide couple counselling and a family-centred approach in HTC.
- 3) Mentor HCWs to screen and refer for selected NCDs (hypertension, diabetes) and GBV within HTC settings.
- 4) Implement mobile CT in underserved areas.
- 5) Continue to implement community-based HTC (door to door and index client approaches) in Kabwe, Kapiri Mposhi, Chililabombwe, Ndola, Mansa and Kasama.

1.2 eMTCT

- 1) Mentor newly trained health care workers to ensure routine HIV testing for all pregnant women and provision of cART to all HIV positive women.
- 2) Consolidate operationalization of option B+ for all HIV-positive pregnant/breastfeeding women.
- 3) Mentor health care workers to strengthen Early Infant Diagnosis (EID) for all HIV-exposed infants; support collection, processing of DBS samples, provide results and facilitate linkages to treatment for babies that are found to be HIV infected.
- 4) The project will mentor HCWs on commodity management to avoid interruption of services due to stock outs

1.3 ART

During the extension work plan period, ZPCT IIB will support the provision of adult and pediatric ART in 190 sites (164 public/23 private facilities). The following activities will be implemented:

- 1) Train and mentor 400 HCWs using the revised ART training package and train HCWs in Pediatric ART.
- 2) Support the MOH to print and distribute the revised Smartcare forms which are more concise and capture a significant number of emerging issues of HIV at patient level including the expanded eligibility TB screening and BMI assessment among other issues at every clinical visit.
- 3) Support Community ART distribution and retention in care: the project will engage ART patients to form self-selecting groups of six members that will rotate in picking up ARVs on behalf of group members; this approach is expected to decongest ART clinics. Further, ZPCTIIB will roll out the Community ART Tracking (CAT) Register whose goal is to improve retention in care; the project will orient frontline ART providers on how to use the register. MOH has approved the register.
- 4) Viral load testing: In line with the GRZ guideline to use VL for patient monitoring, the project will support full operationalization of the provincial VL labs at Solwezi General, Kasama General, Kabwe General, Mansa General and Ndola Central hospitals. The project will also facilitate the establishment of the VL sample referral systems both as routine practice and targeting those who may be having treatment failure. ZPCTIIB will work with MOH to ensure optimal storage conditions are maintained, assist with training of lab staff in equipment use and maintenance, mentor staff on QC/QA procedures, ensure routine servicing/maintenance and monitor equipment functionality. ZPCT IIB will also provide technical assistance in inventory management to ensure constant availability of commodities.
- 5) Further, ZPCT IIB will proceed with the validation of the use of DBS for VL testing once ethical approvals have been obtained. The protocol is currently undergoing ethical approval by the University of Zambia Biomedical research ethics committee
- 6) Comprehensive Quality Color treatment Codes: ZPCT IIB will implement the Comprehensive Quality Color Treatment Codes (CQCTC). These are paper stickers with specific color codes to be put on patient files to enhance quality management at patient level in relation to flagging patients who may be having challenges in several areas of patient management such as missing CD4 counts, viral load, missed appointments etc. This will complement the activities under the SIMS PEPFAR checklist which is mainly at programmatic level.

1.4 Clinical Care/Support: ZPCT IIB will mentor health care providers at 470 sites (440 public/30 private facilities), provide job aids and treatment algorithms in order to support the provision of adult and pediatric clinical care and support, including prophylaxis and treatment of opportunistic infections (OIs), management of HIV as a chronic condition (with screening for hypertension, diabetes, Body Mass Index, GBV and TB, as well as PHDP counseling), and nutrition assessment. The project will monitor HCWs trained by ZPCT II B to verify if they are following national protocols for managing OIs and other chronic conditions.

1.5 TB/HIV

The project will mentor health care workers and support the national TB Isoniazid Prophylaxis Therapy (IPT) plan in order to support the integration of TB/HIV services at 470 sites (440 public/30 private), including routine symptom screening during scheduled clinic visits and appropriate referrals. ZPCT IIB will mentor health care workers to ensure that they actually do the screening; print & supply screening forms, including the revised Smartcare forms which are more elaborate in capturing TB screening. ZPCT IIB will also provide files and folders; pay volunteers who do most of ZPCT II Bridge Work Plan—December 1, 2015 – May 31, 2016

the TB screening, collate & collect screening data. In addition, ZPCT IIB will support training and mentorship of HCWs on TB/HIV integration based on new prevention and treatment guidelines. Where feasible and GeneXpert machines are available, PLHIV who are TB suspects will be screened for TB using GeneXpert. Further, ZPCT IIB will orient HCWs on the importance of documentation for TB treatment outcomes, including providing support to roll out TB Isoniazid Prophylaxis Therapy (IPT) – ZPCT IIB will buy into the national IPT scale up plan and train 125 frontline workers in TB/HIV Guidelines.

1.6 VMMC

ZPCT IIB will support the provision of VMMC at 63 sites (60 public/3 private facilities), including demand creation and mobile outreach services. In addition, ZPCT IIB will train HCWs in MC, provide re-usable MC instruments & surgical commodities.

1.7 Capacity building

ZPCT IIB will train, mentor, and supervise health care workers and community volunteers (lay CT and eMTCT counselors and ASWs) to deliver quality services. Providers will also be trained in the use of QA/QI tools and processes, as well as monitoring and evaluation of service delivery. The Project will also facilitate clinical skills training, pre service stakeholder meetings, harmonization of GRZ family planning training manual and pre testing.

1.8 PopART

ZPCT IIB will continue to monitor HIV/AIDS services under the *Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071* in six health centers. Health care workers will be mentored to ensure that services are being provided according to national protocols and guidelines.

- 1.9) Gender:** 1) Train 300 facility-based community volunteers in GBV screening and referral in six provinces and monitor implementation of Chronic HIV Care checklist in screening
2) Mentor health care workers in couple counselling and promotion of male involvement in e-MTCT and Family planning

Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery

ZPCT IIB will continue to focus on quality and work collaboratively with the MOH to lay the groundwork for transitioning the project's QA/QI function to the GRZ through the following activities:

- 1) Administer ZPCT II revised QA/QI tools (facility and provider checklists, action plan sheets) that assess and monitor the quality of specific HIV services (HTC, eMTCT, ART, clinical care, etc.) against national standards and SOPs and identify areas for improvement. For example, under care the project assesses proportion of eligible patients receiving cotrimoxazole, or CD4 assessment for monitoring. The tools have been updated to reflect the Consolidated Guidelines.
- 2) Strengthen team analysis of the QA/QI reports through QI committee review meetings at district and facility levels.
- 3) QA/QI will be instituted in new sites that were added during ZPCT IIB

- 4) Facility QA/QI tools will continue to be used quarterly to monitor how well quality is being sustained in districts that have graduated from monthly TA support.
- 5) QI coaches at provincial level will provide TA to facilities to initiate and implement QI projects for performance improvement based on identified gaps in service quality as this will strengthen sustainable QI capacity at facility level. QI coaches to identify training needs in the respective facilities and arrange for local orientation meetings.

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

Key Results for Task 2: December 1, 2015–May 31, 2016

- 170 sites providing HIV/AIDS-related laboratory services
- 470 sites providing essential pharmacy services
- 1,419 trained community volunteers deployed to support CT, eMTCT and ART adherence counseling

Key Activities

Activity 1: Maintain, expand and strengthen pharmacy services

Led by MSH, ZPCT IIB will work with the MOH to support pharmacy services at the 470 ZPCT IIB supported sites, increase availability and improve management of medicines and medical supplies, and ensure adherence to GRZ SOPs by pharmacy staff.

ZPCT IIB will implement the following activities:

- 1) Train and mentor 60 HCWs in all aspects of commodity management
- 2) Work with ZAMRA and MOH to strengthen Adverse Drug Reaction (ADR) reporting and monitoring activities and medicines safety monitoring by assisting with provision and distribution of forms, conducting joint orientation sessions at district and facility level, facilitate for the review of submitted ADR reports and advocate for provision of feedback reports to reporting sites. The project will also mentor staff in Pharmacovigilance to enable them monitor and report ADRs.
- 3) Support typesetting and printing of Pharmacy SOPs and provide orientation and facilitate dissemination of Pharmacy SOPs to supported facilities;
- 4) Provide on the job training to pharmacy staff at smart care networked facilities to support roll out and implementation of the Smart Care integrated pharmacy database for management of medicines and medical supplies;
- 5) Conduct joint TA and mentorship with provincial and district MOH staff at selected sites;

Activity 2: Maintain, expand and strengthen laboratory services

Led by MSH, ZPCT IIB will work with the MOH to maintain diagnostic services in the 167 ZPCT II-supported labs and support expansion to three new labs. At existing sites, the project will:

- 1) Train 60 HCWs in equipment use and maintenance;

- 2) Monitor laboratory services; ensure availability of reagents, quality control materials and supplies for sample referral, CD4, hematology, chemistry and DBS (in collaboration with MOH, Supply Chain Management System and Medical Stores Limited);
- 3) Continue the implementation and tracking of sample referral and transport system for ART/eMTCT clients
- 4) Monitor use of the courier network for DBS samples to the polymerase chain reaction (PCR) lab at Arthur Davison Children's Hospital (ADCH) in Ndola for EID to ensure adherence to schedules
- 5) Monitor batch IQC and IQC for HIV testing, especially in the 131 HIV testing corners at currently supported sites to ensure quality results
- 6) Support operationalization of viral load testing and EID at six provincial hospitals
- 7) Provide technical support to seven provincial and general hospital laboratories participating in Strengthening Laboratory Management toward Accreditation
- 8) Facilitate interactions between equipment vendors, provincial medical equipment officers and provincial biomedical scientists

Activity 3: Develop the capacity of facility HCWs and community volunteers

During the six month extension period ZPCT IIB will continue to support training and mentoring health care workers and community volunteers.

- 1) ZPCT IIB will train health care workers in: basic HTC, refresher HTC, couple counseling, child/youth HTC, eMTCT, ART/OIs, pediatric ART, *Consolidated Guidelines* orientation, MC, ART commodity management, and lab equipment use/maintenance. Community volunteers will be trained in ART adherence
- 2) Post-training on-site mentoring will be provided to reinforce transfer of knowledge and skills to participants

Activity 4: Support for community volunteers while laying the groundwork for increased sustainability

- 1) ZPCT II will provide volunteer allowances to 1,419 volunteers who are placed in 420 health facilities where they directly provide HTC, ART adherence counselling and e-MTCT counseling services.
- 2) ZPCT IIB will finalize the report on a study to better understand the characteristics of project-supported volunteers (e.g., sex, age, years of experience, expertise, marital status, education level, number of dependents, other activities outside volunteering) and share with government, USAID and other stakeholders.

Activity 5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence

ZPCT IIB will work with community-level stakeholders and structures to increase community involvement in demand creation and service delivery. The following groups will be engaged:

- 1) **Neighborhood Health Committees (NHCs)** – ZPCT II will orient 10 NHCs, 2 in each of the 5 provinces and expand their role in promoting and referring 4,000 people to services, including eMTCT (long-term ART under Option B+), ART and CT.
- 2) **Traditional/Religious Leaders** – ZPCT IIB will work with the Ministry of Chiefs and Traditional Affairs, to identify one community leader in each of the 5 provinces and engage them as key advocates for HIV prevention, care and treatment. Each of the five community leaders will hold at least one community meeting for motivating his/her constituency to access HIV/AIDS services.
- 3) **Network of Zambian People Living with HIV/AIDS (NZP+) support groups:** The project will train 125 PLHIV, 25 in each province, in PHDP in collaboration with NZP district Chapter Coordinators. The project will train selected members in 12 districts to be able to dispense ART medication to self-selected ART clients in the community. This would enable one person to go to the ART site to pick up ARVs for a group.
- 4) **Mother Support Groups:** ZPCT IIB will support five existing mother support groups to promote demand for and retention in eMTCT services among expectant/new mothers through linkages to safe motherhood action groups.

Activity 6: Strengthen district-based referral networks that link facility and community services.

Document lessons learned on ZPCT IIB efforts to implement a comprehensive district referral network: community to facility; facility to community; community to community; and facility to facility.

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

Key Results for Task 3: December 1, 2015 – May 31, 2016

- Strengthened service integration through support for service delivery integration meetings.
- Strengthened PMO ability to coordinate partners.
- Strengthened oversight of CS and Transition activities by MOH through support for National Transition Steering Committee (NTSC) activities at MOH.
- GRZ capacity built to manage clinical mentoring and QI programs, maintenance of air conditioners, motorbikes and lab equipment, and commodity management in 10 pilot districts

Key Activity

Strengthen PMO and DMO capacity to manage integrated delivery of HIV/AIDS and other health services.

ZPCT IIB CS efforts will continue to provide TA and material support in:

1. Joint planning, coordination, assessment and review of CS activities.

1.1) In April, ZPCT IIB will conduct a national meeting with PMO and pilot DMO representation to review CS and transition activities conducted to date and ensure GRZ buy in and long term commitment.

1.2) In February, ZPCT IIB will host the first NTSC meeting and support the NTSC committee activities to direct and monitor selected transition plan activity implementation for more assured sustainability.

1.3) Analyze which GRZ capacities, resources and systems that are most critical for effective and sustainable management of integrated delivery of HIV/AIDS and other health services from February to April 2016.

1.4) Conduct ongoing review of progress in implementing the transition/CS plans during regular national, provincial and district quarterly review meetings. The QA/QI and Performance Appraisal tools and CS metrics developed to monitor CS activities will be used to monitor progress in improving capacity and performance at multiple levels.

1.5) Support knowledge exchange through exchange visits to strengthen weaker implementation teams. ZPCT IIB will support exchange visits between Nakonde DMO and Mpika DMO to support the Mpika team to learn how to manage Clinical Mentorship and QI programmes. Further, ZPCT IIB will also support exchange between select staff from PMOs and DMOs in Central and Luapula provinces, Copperbelt and NWP and Muchinga and Northern provinces.

1.6) Support quarterly provincial partners' coordination meetings that will build the capacity of the PMOs to coordinate partners' work and leverage resources for more effective implementation of provincial programs.

1.7) Support quarterly district service integration meetings in the pilot DMOs with representation from select sites to review service integration implementation, identify local gaps and challenges and propose local solutions as well as develop local SOPs.

2. Provision of Capacity Strengthening TA and Related Support

The FHI 360-led team will continue to provide TA and other support (e.g., provision of tools) to PMOs/DCMOs to implement monthly joint implementation of CS activities:

2.1. Clinical mentorship: The project will: a) assist PMOs/DCMOs to strengthen planning, data use to identify mentorship focus areas, coordination, implementation, reporting, monitoring and evaluation of the existing GRZ clinical mentoring program; b) support GRZ Clinical Care Team meetings and joint mentorship visits (ZPCT IIB and PMO and DMO staff) in the following areas: lab, equipment maintenance, pharmacy and ART/Option B+.

2.2. QI: ZPCT IIB will work with PMOs and DMOs to; a) strengthen implementation of the GRZ QI programme; b) and will support monthly DMO QI team meetings; c) QA/QI supervision and mentorship; d) QI project supervision.

2.3. Equipment maintenance: ZPCT IIB will: a) support supervision and maintenance visits for IT equipment; b) support the Provincial Biomedical Scientist (PBS) and Provincial Medical Equipment Officer (PMEO) to maintain lab and other equipment like air conditioners and mentor lab staff in lab equipment maintenance; c) jointly monitor equipment functionality; d) provide TA and mentorship in developing and implementing

equipment maintenance plans at DCMO level.

2.4 Commodity management. The project will: a) assist PMOs/DCMOs to institutionalize training, continuous learning and orientations in new guidelines and/or other updates; b) strengthen capacity to proactively monitor and redistribute commodities as part of the MOH TA system/program; and c) support district Drug and Therapeutic Committee (DTC) meetings in the pilot districts including pharmacovigilance; and d) Support provincial quarterly pharmacy meetings.

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

Performance Monitoring

During the six month extension period, monthly service statistics will be collected and compiled up to May 2016 from all supported sites based on PEPFAR and GRZ indicators. The data collection system will be based on and support the GRZ's Health Management Information System in line with the "Three Ones" principle. The focus will be on building partners' capacity to: 1) utilize data for decision-making; 2) measure progress toward reaching targets; and 3) use the findings of the QA/QI system to improve quality of care according to national standards.

DHIS2. ZPCT IIB will continue to support implementation of DHIS2 at health facility level in four districts: Ndola and Chililabombwe districts in the Copperbelt and Kabwe and Kapiri Mposhi in Central Province. DEC's will also be trained in DHIS2.

Data Quality. Data quality checks will be conducted: data will be periodically reviewed for accuracy, including correct data entry, storage, verification, compilation and analysis. Project/GRZ staff will check data quality during planned technical support visits. ZPCT IIB will also conduct one Data Quality Assessment to cover all sites during the semi-annual reporting periods.

Capacity Strengthening. The project will provide ongoing mentoring to facility staff and Data Entry Clerks (DECs) in data collection, data analysis, data use and dissemination of information. DEC's will be trained in the updated smartcare version.

Data Use for Program Improvement. To facilitate utilization of M&E results, FHI 360 will document and disseminate information to relevant partners (PMOs/DCMOs, health facilities, etc.) on progress toward ZPCT IIB targets and lessons learned. The project will ensure that M&E results are presented in ways that facilitates programmatic decision-making at all levels and maintain an effective feedback system.

QA/QI and Sustainability

ZPCT IIB will consolidate the existing QA/QI system and work to further support one data review meeting in 10 of the pilot districts.

Annex A: ZPCT IIB Work plan Budget

ZPCT II B Work-Plan Budget: September 1, 2014 - May 31, 2016 BY PROGRAM AREAS

	LINE ITEM	LIFE OF PROJECT	CT	EMTCT	MC	HTXS	HBHC	PDXS	PDCS	TB	LAB	TOTAL
I.	Salaries & Consultants	7,247,632	1,304,574	1,811,908	217,429	1,232,097	434,858	507,334	289,905	797,240	652,287	7,247,632
II.	Fringe Benefits	3,423,197	616,175	855,799	102,696	581,943	205,392	239,624	136,928	376,552	308,088	3,423,197
III	Travel & Transportation	1,246,163	224,309	311,541	37,385	211,848	74,770	87,231	49,847	137,078	112,155	1,246,163
IV	Medical Supplies	235,000	42,300	58,750	7,050	39,950	14,100	16,450	9,400	25,850	21,150	235,000
V	Equipment	477,082	85,875	119,271	14,312	81,104	28,625	33,396	19,083	52,479	42,937	477,082
VI.	Sub-Contracts/Recipient Agreements		0	0	0	0	0	0	0	0	0	-
	MSH	1,329,147	239,246	332,287	39,874	225,955	79,749	93,040	53,166	146,206	119,623	1,329,147
	CARE	1,436,471	258,565	359,118	43,094	244,200	86,188	100,553	57,459	158,012	129,282	1,436,471
	Churches Health Association of Zambia	293,532	52,836	73,383	8,806	49,900	17,612	20,547	11,741	32,289	26,418	293,532
	Chainama College Of Health Sciences	395,442	71,180	98,861	11,863	67,225	23,727	27,681	15,818	43,499	35,590	395,442
	MoH Health Facility Recipient Agreements	7,512,954	1,352,332	1,878,239	225,389	1,277,202	450,777	525,907	300,518	826,425	676,166	7,512,954
VII.	Other Direct Costs	3,783,991	681,118	945,998	113,520	643,278	227,039	264,879	151,360	416,239	340,559	3,783,991
		27,380,611	4,928,510	6,845,153	821,418	4,654,704	1,642,837	1,916,643	1,095,224	3,011,867	2,464,255	27,380,611
VIII.	G & A	6,984,968	1,257,294	1,746,242	209,549	1,187,445	419,098	488,948	279,399	768,346	628,647	6,984,968
IX.	Fixed Fee	1,729,916	311,385	432,479	51,897	294,086	103,795	121,094	69,197	190,291	155,692	1,729,916
X	TOTAL	36,095,495	6,497,189	9,023,874	1,082,865	6,136,234	2,165,730	2,526,685	1,443,820	3,970,504	3,248,595	36,095,495

Annex B: ZPCT IIB Work Plan Activity Implementation Gantt chart

Activity	Responsible Unit	Cost Narrative	2015	2016				
			Dec	Jan	Feb	Mar	Apr	May
Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system and supports the priorities of Ministry of Health AND National AIDS Council (NAC)								
<i>ACTIVITY 1: Maintain comprehensive, quality HIV/AIDS services currently supported by ZPCT II, including ART access for previously enrolled clients</i>								
Counselling and Testing								
Participate in the MOH Technical Working Groups (CT/ PMTCT ; CC/ART; MC; Lab/Pharm; M&E/QA/QI)	All technical staff	Staff time	x	x		x		
Monitor the integration of provider-initiated HIV Testing and Counselling into all clinical areas at 470 sites (FP, MC, and TB)	HTC	Staff time TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Provide TA to enhance screening/referrals for NCDs and GBV	HTC	Staff time and TA/mentorship visits by ZPCT staff, Provide Chronic HIV Care Checklist	x	x	x	x	x	
Promote Couple HTC with focus on sero-discordancy and referral for ART and prevention counselling	HTC	Staff time and TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Elimination of Mother to Child Transmission (eMTCT)								
Monitor integration of eMTCT services into ANC/post-natal care/maternal, neonatal and child health at 437 sites	HTC/EMTCT unit	Staff time and TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Monitor routine HIV testing for all pregnant women and access to ARVs for eMTCT for those testing positive	HTC/EMTCT unit	Staff time and TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Monitor the implementation of Early Infant Diagnosis for all HIV-exposed infants and support facilities to improve the turnaround time.	HTC/EMTHTC unit	Staff time, TA/mentorship visits by ZPCT staff and EMS courier for DBS samples	x	x	x	x	x	
ART- Support provision of adult and pediatric ART at 177 sites	Clinical Care unit	Training, TA/mentorship visits by ZPCT staff, renovations in new ART sites, procurement of equipment, placement of DECs	x	x	x	x	x	

Clinical Care and Support- Support provision of adult and pediatric clinical care and support at 451 sites	Clinical Care unit	Training, TA/mentorship visits by ZPCT staff, Administer QA/QI tools	x	x	x	x	x	
Voluntary Male Circumcision- Support provision of MC at 61 sites	Clinical care unit	Training, TA visits by ZPCT staff, renovations, equipment/instruments	x	x	x	x	x	
TB/HIV- Monitor TB/HIV integration at 470 sites	Clinical care unit	Training MoH staff in TB/HIV Guidelines, Distribute the (TB/HIV) Guidelines, TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Capacity building- Train, mentor and supervise health care workers and volunteers	All technical units and CARE	Training costs, training materials, post-training TA/mentorship visits by ZPCT staff	x	x	x	x	x	
PopART study –Support PopART study in 6 ZPCT II B sites (<i>STUDY ENDS IN 2017</i>)	Clinical Care unit	Personnel salaries, equipment, minor renovations, equipment, and TA/mentorship visits by ZPCT staff	x	x	x	x	x	x
ACTIVITY 2 – Scale up ART at current sites to implement new GRZ guidelines that expand eligibility								
Continue monitoring implementation of consolidated guidelines	Clinical Care unit	TA/mentorship visits by ZPCT staff, provide guidelines where needed	x	x	x	x	x	
Train 300 health care workers in the new guidelines	Clinical Care unit and CT/PMTCT unit	Training costs and staff time			x	x	x	
Support access for Viral Load Testing	CC/ART	Adapt MOH VL implementation plan for project buy in through workshop for technical staff, support specimen referral, TA visits by ZPCT staff to monitor implementation			x	x		
Facilitate community involvement in improving retention in care	CT/PMTCT, CC/ART, CARE	TA visits by ZPCT staff, implement community ARV dispensing and Community ART register			x	x	x	
ACTIVITY 3: Provide technical and material support to roll out Option B+ in eMTCT service								
Monitoring and provide technical support to HCWs in managing Option B+ test in 450 eMTCT/ART sites	CT/PMTCT/ Clinical Care unit	Staff time and TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Orientation of community volunteers in Option B+ and provide on-site mentorship in clients preparation on option B+.	CT/PMTCT/ Clinical Care unit	Staff time and funds for orientation meetings			x	x		
Monitoring of pregnant/breastfeeding mothers on treatment for 24 months within MNCH before transition to ART	CT/PMTCT, Training costs,	Staff time and TA visits by ZPCT staff	x	x	x	x	x	
Expanded Adherence counselling within eMTCT	CT/PMTCT/ Clinical Care unit	Training of volunteers, post training follow up and TA/mentorship visits by ZPCT IIB staff			x	x		

Support improved monitoring and evaluation of retention in care/LTFU	CT/PMTCT/ Clinical Care unit	TA/mentorship visits by ZPCT staff, implement Community ART register	x	x	x	x	x	
ACTIVITY 4 - Strengthen integrated service delivery and measure integration outcomes								
Monitor integration of HTC in all clinical services	CT/PMTCT unit	Staff time, TA/mentorship visits by ZPCT staff, provide guidelines where needed	x	x	x	x	x	
Monitor implementation of the one-stop shop FP concept in ART at 12 model sites	CT/PMTCT unit	Staff time, TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Expand the one-stop shop FP concept to 120 sites	CT/PMTCT unit	Train HCWs in FP including LARC, post training follow up, mentorship in modern contraceptives, distribute FP equipment		x	x	x	x	
Monitor TB/HIV integration in all supported sites	Clinical Care unit	Staff time, orient MoH staff in TB/HIV Guidelines, distribute the guidelines where needed, TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Monitor implementation of NCD/GBV screening for PLHIV	Clinical Care unit	Staff time, TA/mentorship visits by ZPCT staff	x	x	x	x	x	
ACTIVITY 5- Provide support to enhance core HIV/AIDS services								
Implement community-based HTC in Kabwe, Kapiri Mposhi, Ndola, Chililbombwe, Kasama, Solwezi	CARE and HTC/EMTCT unit	Staff time, TA/mentorship visits by ZPCT staff, allowances for community volunteers, 64 bicycles, diaries for record keeping, drinking bottles, bags, and rain gear, sharp boxes, chopping board to use for testing,	x	x	x	x	x	
Continue monitoring use of community ART tracking registers and monitor outcome and Community ART Distribution (CAD)	CARE and Clinical Care unit	Staff time, print and distribute more CAT registers, monitor use of register, facilitate formation of support groups to implement CAD activities, TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Monitor use of 60 Point of Care CD4 equipment	Clinical Care	Staff time, monitoring visits by ZPCT IIB staff	x	x	x	x	x	
Establish sample referral system for Viral Load Testing at Mansa General Hospital, Solwezi, Kasama, Ndola, Kabwe	Program, Laboratory and Clinical Care units	Staff time, TA/mentorship visits by ZPCT staff, set up costs for sample referral system including motorcycle, fuel, maintenance costs, packaging materials, specimen tracking logs	x	x	x	x	x	

Implement adolescent HIV/AIDS clinics in 20 sites in six provinces	Clinical care unit	Staff time, training, Support Adolescent counseling training for HCWs, TA visits by ZPCT staff	—	—	—	—	—	
Implement targeted MC services(e.g. by age, geography)	Clinical care unit	Staff time, Support VMMC outreach activities, TA/mentorship visits by ZPCT staff, allowances for MOH outreach team		x	x	x	x	
Support enhanced demand creation for MC services by orienting NHC/volunteer educators	CARE and clinical care unit	Staff time, Train MC champions, TA visits by ZPCT staff and training costs						
Support enhanced coordination of MC services at provincial/district level through quarterly meetings	Clinical care unit	Staff time, support provincial TWG meetings, meeting costs						
Support implementation of the “3Is”	Clinical care unit	Staff time, 3Is training, and TA/mentorship visits by ZPCT staff	x	x	x	x	x	
Support use of screening algorithms for referring clients to TB diagnostic testing using Xpert MTB/RIF	Clinical care unit	Staff time, printing appropriate tools, TA visits by ZPCT staff	x	x	x	x	x	
Mentor health care workers in couple counselling and promote male involvement in e-MTCT and Family planning	Program unit	Staff time, TA/mentorship visits		x	x	x	x	
Train 300 facility-based community volunteers in GBV screening and referral in six provinces and monitor implementation of Chronic HIV Care checklist in screening	Program unit	Staff time and post training mentoring/TA visits by ZPCT staff, training materials, training budget		x	x	x	x	
ACTIVITY 7- support use and scale up of facility QA/QI tools and processes to improve HIV service delivery								
Streamline QA/QI tools in all service areas	Technical unit	Staff time, and TA visits by ZPCT staff			x	x		
Conduct data entry for administered QA/QI tools in all service areas	Strategic Information unit	Staff time, and TA visits by ZPCT staff	x	x	x	x	x	
Initiate and monitor QI projects in selected supported sites focusing on retention in care/LTFU, EID uptake, and service integration	Strategic Information unit	Staff time, and TA visits by ZPCT staff	x	x	x	x	x	
Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.								
Activity 1- Maintain, expand and strengthen pharmacy services								

Train HCWs in aspects of commodity management	Pharmacy unit	Staff time, training costs, post training follow up, TA/mentorship visits by ZPCT staff, training materials			x	x		
Work with ZAMRA and MOH to strengthen ADR reporting and monitoring activities and medicines safety monitoring	Pharmacy unit	Staff time, and TA/mentorship visits by ZPCT staff, distribute ADR forms, review ADR reports, mentor HCW in pharmacovigilance		x	x	x		
Support typesetting and printing of Pharmacy SOPs and provide orientation and facilitate dissemination of Pharmacy SOPs to supported facilities	Pharmacy unit	Staff time, and TA/mentorship visits by ZPCT staff, printing costs, orientation meetings,		x	x	x		
Mentor pharmacy staff in ongoing implementation of the Smart Care integrated pharmacy database for management of medicines and medical supplies	Pharmacy unit	Staff time, and TA/mentorship visits by ZPCT staff, replace faulty computers	x	x	x	x		
Conduct joint TA, performance appraisal and mentorship program with provincial and district staff at selected sites	Pharmacy unit	Staff time, and TA/mentorship visits by ZPCT staff	x	x	x	x		
Activity 2-Maintain, expand and strengthen laboratory services								
Monitor laboratory services (in collaboration with MOH, Supply Chain Management System and Medical Stores Ltd)	Laboratory unit	Joint TA/mentorship visit by ZPCT IIB and MOH district and provincial laboratory staff, transport, DSA	x	x	x	x	x	
Train 60 HCWs in equipment use and maintenance	Laboratory unit	Training costs, post training mentorship, routine TA/mentorship visits by ZPCT IIB and MOH staff,	x	x	x			
Implement and track the sample referral and transport system for ART/eMTCT clients	Laboratory unit	Support budget line for fuel, motorcycle maintenance, replace faulty motorcycles, TA visits by ZPCT staff	x	x	x	x	x	
Monitor use of the courier network for DBS samples to the polymerase chain reaction (PCR) lab at Arthur Davison Children's Hospital (ADCH) in Ndola for EID;	Laboratory unit	Staff time	x	x	x	x	x	
Monitor IQC for HIV testing, especially in the 131 HIV testing corners at currently supported sites;	Laboratory unit	Staff time and TA/mentorship visits, stationery	x	x	x	x	x	
Support validation of viral load testing and EID at six provincial centers	Laboratory unit	Staff time, training, and TA/mentorship visits, support apparatus for automated VL and EID,	x	x	x	x	x	
Provide technical support to implement quality improvement activities in line with WHO SLIPTA (Stepwise Laboratory Improvement Process Towards	Laboratory unit	Staff time and TA/ mentorship visits, provision of stationery, monitoring QI activities	x	x	x	x	x	

Accreditation) requirements to enrolled hospital laboratories									
Facilitate interactions between equipment vendors, provincial medical equipment officers and provincial biomedical scientists and joint ZPCT IIB/MOH mentorship visits	Laboratory unit	Staff time and TA/mentorship visits by MOH and ZPCT IIB staff	x	x	x	x	x		
Activity 3- develop the capacity of facility Health Care Workers and community volunteers									
Train 1,722 health care workers	Technical Unit	Training costs (venue, DSA, training materials, staff allowances)		x	x	x	x		
Train 1,071 community volunteers	CARE, CCHS, technical units	Training costs (venue, DSA, training materials, staff allowances)		x	x	x	x		
Train 125 Individuals in Strategic Information	Strategic information	Training costs (venue, training materials, staff allowances)		x	x	x	x		
Activity 4- Support for community volunteers									
Provide on-site mentorship and supportive supervision to 1,419 volunteers placed in ZPCT IIB sites	CARE	Staff time and TA/mentorship visits	x	x	x	x	x		
Provide allowances to 1,419 volunteers placed in ZPCT II B sites	CARE	Staff time	x	x	x	x	x		
Explore options for long term sustainability, finalize and share report with GRZ and USAID	CARE	Staff time		x	x	x			
Activity 5- Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence									
Provide financial support and TA to facilitate active engagement and participation of community based structures in demand creation, promotion of positive and health lifestyles among PLHIV and gender considerations. The structures include NHCs, traditional leaders, NZP+, Mother support groups	CARE	Staff time, TA/mentorship visits by ZPCT IIB staff and orientation/start up meetings and verification/documentation of referrals made to health facilities	x	x	x				
Activity 6 – Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care									
Document lessons learned	CARE	Staff time		x	x	x			
Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions									
Activity 1 – Strengthen provincial/district GRZ capacity to manage integrated delivery of HIV/AIDS and other health services									
Joint assessment and planning that will include the following:									
ZPCT IIB will conduct a national meeting with PMO and pilot DMO representation to review CS and transition activities conducted to date and ensure GRZ buy in and long term commitment	Program unit	Meeting costs						x	

ZPCT IIB will host the first NTSC meeting and support the NTSC committee activities to direct and monitor selected transition plan activity implementation for more assured sustainability	Program unit	Travel and meeting costs, DSA			x			
Analysis of GRZ capacities, resources and systems which are critical for effective and sustainable management of integrated delivery of HIV/AIDS and other health service	Program unit	Meeting costs			x	x	x	
Conduct ongoing review of progress in implementing the transition/CS plans during regular national, provincial and district quarterly review meetings. The QA/QI and Performance Appraisal tools and CS metrics developed to monitor CS activities will be used to monitor progress in improving capacity and performance at multiple levels	Program unit	Staff time, stationery		x	x	x	x	
Support knowledge exchange through exchange visits to strengthen weaker implementation teams. ZPCT IIB will support exchange visits between Nakonde DMO and Mpika DMO to support the Mpika team to learn how to manage Clinical Mentorship and QI programmes. Further, ZPCT IIB will also support exchange visits between select staff from PMOs and DMOs in Central and Luapula provinces, Copperbelt and NWP and Muchinga and Northern provinces	Program unit	Staff time and meeting costs, DSA travel costs		x	x	x	x	
Support quarterly provincial partners' coordination meetings in five provinces that will build the capacity of the PMOs to coordinate partners' work and leverage resources for more effective implementation of provincial programs	Program unit	Staff time, meetings costs		x	x	x	x	
Support quarterly district service integration meetings in the 10 pilot DMOs with representation from select sites to review service integration implementation, identify local gaps and challenges and propose local solutions	Program unit	TA/mentorships, meeting costs		x	x	x	x	
Provide capacity strengthening and related support to the following activities:								
Support adaptation of service integration SOPs and job aids	Technical unit	Staff time, meetings costs			x	x		
Clinical mentoring: a) Provide TA to PMOs/DCMOs to strengthen planning, data use to identify mentorship focus areas, coordination, implementation, reporting, monitoring and evaluation of the existing GRZ clinical mentoring program	Program unit	Joint TA/mentoring with PMO/DCMO, using GRZ mentorship tools and support for DSA for MOH staff,	x	x	x	x	x	

b) Support GRZ Clinical Care Team meetings and joint mentorship visits (ZPCT IIB and PMO and DMO staff) in the following areas: lab, equipment maintenance, pharmacy and ART/Option B+.									
QA/QI: ZPCT IIB will work with PMOs and DMOs to; a) strengthen implementation of the GRZ QI programme; b) support monthly DMO QI team meetings; c) QA/QI supervision and mentorship; d) QI project supervision.		Staff time, travel costs including and printings costs, stationery, DSA for MOH staff	x	x	x	x	x		
Equipment maintenance: Support supervision and maintenance visits for IT equipment; b) support the Provincial Biomedical Scientist (PBS) and Provincial Medical Equipment Officer (PMEO) to maintain lab and other equipment like air conditioners and mentor lab staff in lab equipment maintenance; c) jointly monitor equipment functionality; d) provide TA and mentorship in developing and implementing equipment maintenance plans at DCMO level	Program unit	Staff time, Joint TA/mentorship visits with ZPCT IIB staff, printing costs, DSA for MOH staff	x	x	x	x	x		
Commodity management: Provide ongoing TA to PMOs/DCMOs to institutionalize training, continuous learning and orientations in new guidelines and/or other updates; b) strengthen capacity to proactively monitor and redistribute commodities as part of the MOH TA system/program; and c) support district Drug and Therapeutic Committee (DTC) meetings in the pilot districts including pharmacovigilance; and d) Support provincial quarterly pharmacy meetings.	Lab and Pharmacy	Staff time, TA/mentorship visits jointly done with MOH/ZPCTII, provide guidelines where needed	x	x	x	x	x		
Monitoring and Evaluation									
Compile and submit monthly, quarterly, semi-annual data reports to USAID,	SI (M&E)	Staff time, and travel related costs (accommodation, perdiem)		x	x	x	x		
Conduct one data audit to monitor and evaluate service statistics	SI (M&E)	Staff time, travel cost and perdiem for FHI 360 and provincial MOH staff				x			
Collaborate with MOH and sub partners to monitor SmartCare in ART sites and provide technical assistance to MOH facilities	SI (M&E)	Staff time, TA visits by ZPCT IIB staff, travel related costs (accommodation, perdiem/DSA for MOH staff)				x	x		
Conduct 5 days SmartCare trainings for 25 DEC's	SI (M&E)	Training costs and follow up mentorship visits				x			

Train DEC and MOH DECs in DHIS2	SI (M&E)	Training costs and follow up mentoring			x				
Pilot Web-Based DHIS2 in 4 districts (Ndola and Chililabombwe in Copperbelt and Kabwe and Kapiri Mposhi Central Province)		Training costs and follow up mentorship Training costs	x	x	x	x	x		
Procure five licenses for the Statistical software for data analysis (SPSS and STATA)	SI, Finance, IT	Training costs			x				
Procure SmartCare forms for all ZPCT IIB supported health facilities	Procurement unit	Procurement costs	x		x				
Print HMIS registers for supported site: ART and Pre-ART Registers and ANC registers	SI unit	Printing costs			x				
Program implementation									
Implement support to 470 MOH public and private health facilities	Program unit	MOH budget line	x	x	x	x	x		
Conduct program management support visits to 470 facilities	Program unit	Staff time, and travel related costs (accommodation, per diem)	x	x	x	x	x		
Submit ZPCT II B Project close out plan to USAID	Program unit	Staff time		x					
Program Monitoring									
Quarterly provincial budget pipeline reviews through joint analysis with finance unit	Program and finance unit	Staff time			x		x		
Monthly pipeline review by Lusaka office	Finance and program unit	Staff time		x	x	x	x		
Monthly recipient agreement expenditure tracking analysis using Sub recipient Financial Reports	Finance and program unit	Staff time		x	x	x	x		
ZPCT IIB work plan deliverables review meeting	Finance and program unit	Meeting costs				x			
Program reporting									
Provincial offices submit quarterly provincial program reports (including service statistics) to Lusaka office	Program unit	Staff time	x	x	x	x	x		
Quarterly progress reports to USAID	Program unit	Staff time		x		x			
Submission of PEFAR expenditure analysis report	Finance unit	Staff time							
Submit end of project report	Program unit	Staff time							x
Information Technology									
A total of 80 desktops, UPS and printers will be replaced at GRZ facilities. A further 60 Laptops, 47 Desktops, 16	IT unit	Procurement costs		x					

printers, 2 Servers and 63 UPS will be procured to replace obsolete equipment at ZPCT IIB offices									
Conduct networking for smartcare in all provinces	IT unit	Networking costs	x	x	x	x	x		
Train staff in Interconnecting Cisco Networking Devices ICND and Windows server 2012	IT unit	Staff time and training costs, travel related costs				x			
SmartCare upgrades at supported facilities	IT unit	Staff time and travel costs	x	x	x	x	x		
Human Resources. Focus will be on performance management, and issuance of staff notification letters as per local labor laws	HR unit	Staff time						x	

ANNEX C: Program and Financial Management

A. Program Management

ZPCT IIB will employ and build on FHI 360's strong existing management infrastructure and other resources including well-established offices in Lusaka and five provincial offices, equipment and well-developed program management systems, processes and standards. To further strengthen relationships and joint planning with the GRZ, a Project Steering Committee comprising MOH Directorate of Planning and ZPCT II senior management is in place.

Partner Roles and Management

As the prime contractor, FHI 360 will manage ZPCT IIB and have ultimate responsibility and authority for all financial, technical and programmatic aspects of the project, including reporting to USAID. FHI 360 will coordinate and lead all interactions and communications with USAID, GRZ stakeholders, and subcontractors. FHI 360 will be responsible for all program indicators and the M&E system. On the technical side, the organization will provide technical and material assistance and other support for maintaining, scaling up and improving facility-based HIV/AIDS services, as well as strengthening the management capacity of provincial/district health officials.

Management, supervision and monitoring arrangements between FHI 360 and each subcontractor are briefly outlined below: *International Subcontractors*

- *CARE*: CARE is responsible for providing technical assistance and other support for mobilizing community demand for HIV/AIDS services as well as coordinating community-based HIV/AIDS services and community-facility referrals.
- *MSH*: MSH is responsible for providing technical assistance and other support for maintaining, scaling up and improving laboratory and pharmacy services.

Local Subcontractors

- *Chainama College of Health Sciences*: Chainama will be responsible for training HCWs and community volunteers in HTC.
- *CHAZ*: CHAZ will continue to provide technical assistance and other support for HIV/AIDS service delivery in existing church-run health facilities thereby contributing towards ZPCT IIB targets.

Office Structure

ZPCT IIB will maintain ZPCT II's decentralized office structure. The Senior Management Team (SMT) based in Lusaka will continue to provide overall strategic direction, administrative and management support to the five provincial offices. In Muchinga, operations will continue to be managed from the Kasama office in Northern Province.

Relationship with GRZ

In ZPCT II, FHI 360's management relationship with the GRZ is defined by MOUs at the national and provincial levels, while RAs were signed at the provincial, district and general hospital levels. These MOUs and RAs loosely defined the management relationship between FHI 360 and various GRZ structures. ZPCT IIB will work towards Strengthening Joint Planning via a New Project Steering Committee which is subject to agreement with the GRZ. Proposed members include

- MOH Director of Planning
- ZPCT IIB senior management (FHI 360 COP, DCOP and Director of Technical)

The PSC will meet quarterly to review and analyze the project's progress toward meeting its targets and objectives. It will make recommendations to strengthen program implementation to achieve planned results. In particular, the PSC will assess progress being made in preparing the GRZ for greater responsibility in managing key program elements. The PSC will report back to the MCDMCH, MOH and NAC. The PSC will also provide additional support in monitoring compliance with the MOUs/RAs.

Management Systems, Standards and Processes

FHI 360's Zambia country office will apply the organization's global project and financial management systems, standards and practices in managing ZPCT IIB, including:

Program Management Standards and Performance Metrics. FHI 360 recently revised its Program Management Standards to add additional program management indicators. The Zambia country office will adapt these into an enhanced package of performance metrics for ZPCT IIB, which is expected to result in higher quality and greater efficiency.

Program Performance Reviews. To effectively track progress and address implementation issues that arise, FHI 360 will use its established system of regular program performance review meetings at different levels. Quarterly internal review meetings between the head office and provincial offices will be held. At the national level, FHI 360 will conduct joint progress review meetings with each subcontractor and GRZ structures quarterly. FHI 360 will keep USAID apprised of implementation progress and any relevant contractual issues.

Financial Management and Accounting. ZPCT IIB will be managed using FHI 360's well-established financial management system at the corporate and country levels, which promotes the highest standards of financial stewardship and accountability and ensures compliance with USG standards. The system includes a state-of-the art accounting system that separates funding by source, supports program budgeting, and allows managers to relate expenditures to specific areas, such as TA, sub-awards and management costs.

Internal Audits and Compliance. FHI 360 has a strong internal audit system that ensures compliance with corporate, donor, and host government program and financial requirements. As under ZPCT II, audits will be conducted by a headquarters (HQ) internal audit team. In addition, FHI 360 will hire a ZPCT IIB Compliance Officer who will report to the Chief of Party.

Program Monitoring

Overall program monitoring of ZPCT II has taken into account the complex program design of the program with its wider scope and scale, which includes expansion of CT, PMTCT, clinical care/ART, MC, and pharmacy and laboratory services in new facilities. Ministry of Health is involved in monitoring program implementation through quarterly program reviews, data reviews, and joint program monitoring visits, through PMO Performance Assessments.

Two sources of information exist for program monitoring: 1) routine monitoring of records of service provision in ZPCT II supported health facilities using the program's M&E system; and 2) program-specific information on all aspects of program inputs and

outputs including; costs, quantities, and quality of inputs, processes, and outputs. PEPFAR indicators have been added to the routine monitoring of service provision in health facilities. The program's monitoring plan and tools for capturing program specific information have been refined and standardized in order to improve coordination, implementation and tracking of all program inputs and outputs across the six provinces.

Levels of program monitoring:

Program monitoring is currently done at both the Lusaka and the provincial levels through ongoing routine information gathering on program inputs and outputs using program monitoring tools:

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

- Quarterly review meetings with Ministry of Health in Lusaka and sharing of quarterly report
- review of provincial monthly program reports for overall program performance and follow up of issues
- review of provincial service statistics
- review of ZPCT II sub partner activities
- review of compliance to Environmental Mitigation Plan
- review of recipient agreement implementation focusing on key RA outputs including refurbishments, trainings, clinical meetings, procurement, transport reimbursements, functionality of laboratory equipment, motorbikes, air conditioners, access to fuel for motorbikes
- review of RA expenditure
- review by Lusaka technical units of provincial QA/QI quarterly reports
- monthly co-ordination meetings in Lusaka office between finance, technical and program units
- field verification of program monitoring through quarterly visits to field offices by Program, Technical and Finance and Administration
- quarterly update and review of annual work plan deliverables

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

- quarterly program and data review meetings with PMOs and DMOs
- sharing of ZPCT II quarterly report and M&E report with PMOs
- joint program monitoring visits with PMO and ZPCT II participation in PMO Performance Assessments
- regular review of trip reports and field visit support forms (signed off by the Technical Advisor and Provincial Program Manager)
- monthly collection and review of service statistics and documentation of program implementation issues and follow up action (evidenced in the trip reports and field visit forms)
- monthly review of provincial program reports

- review of provincial QA/QI quarterly reports and documentation of program implementation issues and actions
- monthly and/or quarterly review and update of program tracking tools
- monthly review and documentation of activities undertaken towards ensuring compliance with the approved ZPCT II Environment Mitigation and Monitoring Plan
- biannual facility end user checks
- quarterly provincial budget pipeline reviews through joint analysis with finance unit
- monthly recipient agreement expenditure tracking through RMFRs

Environmental Mitigation

As outlined in the Contract No. aid-611-0-14-00001 for the Public Sector HIV/AIDS Service Delivery Support Program in Zambia, implemented under the Zambia Prevention Care and Treatment Partnership (ZPCT II B), Fhi360 has prepared an environmental compliance and management plan (see annex L) . All ZPCT II B activities will follow the USAID environmental considerations outlined in 22 CFR 216 and USAID’s ADS 201.5.10g and 204. In addition, FHI will ensure that sub contracts and grants and any Global Development Alliance (GDA) private sector entities also comply with these regulations.

ZPCT II aims at strengthening existing health systems including support to infrastructure improvements in public hospitals, clinics and laboratories. In addition the refurbishment and service provision activities will lead to increases in the amount of medical waste including needles, syringes and other contaminated materials and construction debris. FHI applies environmentally sound design to limit and mitigate the impact that the refurbishments or expanded services might have on the immediate and surrounding environment as required by the Environmental Protection and Pollution Control Act CAP 204 of the Laws of Zambia and Regulation 216 of the USG.

ZPCT II will use the environmental site description form, outlined in the annex J, to determine the environmental issues at each site and will monitor according to this assessment

Implementation Approach

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

Specifically, the project will support infrastructure improvements in 9 new sites which include government public hospitals, clinics and laboratories in the six provinces. In addition, the project will also support program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision services) in 451 facilities. ZPCT II B anticipates that project activities will continue to increase the amount of medical waste including needles, syringes and other contaminated materials, as well as waste from renovations. ZPCT IIB will use the USAID approved ZPCT II Environmental Mitigation and Monitoring Plan as a guide for monitoring environmental impact of ZPCT II program activities and the management of health care waste in health facilities.

The project also has a mandate and obligation to apply environmentally sound designs to limit and mitigate the impact that renovations and expanded clinical services are having on the immediate and surrounding environment. ZPCT IIB will use the environmental site description form to determine and document before commencement of renovations, the environmental issues at each site and will provide on-going monitoring according to this pre-renovation assessment.

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

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

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

Critical Issues and Challenges

- ZPCT IIB mandate does not include funding to construct or purchase infrastructure (e.g. incinerators) for medical waste management and disposal. However refurbishments and improvements to existing incinerators and fencing off of disposal sites can and will be carried out.

Key Activities

- Pre-renovation Environmental Site Assessment and documentation using the environmental site description form, and sign off by Environmental Health Technician at facility or DCMO level. This ensures compliance before renovations begin.
- Documentation of all renovations and related activities at the provincial level to ensure filing of evidence of compliance with the mitigation plan.
- Distribution of key ECZ documents to facilities and orientation facility staff in the documents to reinforce the mitigation plan on the legal requirement to comply with environmental regulations and laws.
- Monitoring of the management and medical waste disposal within the service areas (counseling rooms, labor wards, laboratory, and pharmacy) and the immediate and surrounding facility area, by ZPCT IIB technical and program staff during regularly scheduled technical assistance visits.
- Review of trip report by Technical Advisor and Provincial Program Manager, to verify implementation of the Environmental and Mitigation plan and sign off by the PPM.
- Review of trip reports by Lusaka office to verify compliance to the Environmental and Mitigation plan.

- Provide any other support that is within the mandate of ZPCT IIB as required by Attachment J.2 of the Task Order.

B. Finance and Administration

ZPCT IIB will continue working on long term strategies for financial management that incorporate both compliance, internal and external audits. The incorporation of audits is meant to enhance accountability and transparency in ZPCT II operations. ZPCT II will continue to conduct on site quarterly financial reviews at the respective provincial and sub recipient offices. FHI 360/Zambia will continue to explore options meant to enhance cost control and efficiency. FHI 360 will arrange external audit for CHAZ during this work plan period.

The ZPCT IIB finance staff will participate in the regional USAID rules and regulation training meetings. During this period, the Office of Compliance and Internal Audit will conduct training on compliance and procurement to ZPCT IIB staff.

Furthermore, FHI 360 ZPCT II staff will attend the annual FHI 360 finance and Contracts regional workshop. FHI 360 will support local continuous professional development training for finance staff during this work plan period. FHI 360 will also enroll new finance and administration staff in the USG online cost principles training. In addition, finance and administration staff will participate in regional leadership trainings. FHI 360 will conduct finance and administration capacity building training for the sub-contractors finance personnel. The ZPCT II finance team will conduct financial orientations and trainings to program and partner staff on subcontracts. Annual meetings will be conducted for the Lusaka and provincial finance and administrative staff to review finance operations.

C. Information Technology (IT)

- A total of 80 desktops, UPS and printers will be replaced at GRZ facilities. A further 60 Laptops, 47 Desktops, 16 printers, 2 Servers and 63 UPS will be procured to replace obsolete equipment at ZPCT IIB offices.
- The SmartCare application upgrade for continuity of care at GRZ facilities that was recently conducted is missing a key ZPCT II report. The SmartCare development team is working on a patch which will be applied to all computers running SmartCare. SmartCare patch installations will be carried out by ZPCT IIB provincial IT staff. In addition networking for SmartCare will continue in the facilities that have now been designated as model sites. In 2016, travel for IT support to health facilities is expected to increase because of the time required for all the facility Local Area networks to be installed in addition to the normal support visits to these facilities by IT staff.
- ZPCT II B recently upgraded to Windows server 2012 and adopted Cisco Meraki cloud based network devices at all its offices. To enable IT staff to effectively manage these devices, I.T. Staff will be sent for training in Interconnecting Cisco Networking Devices ICND and Windows server 2012.

D. Procurement

Procurement for the current work plan period includes procurement through the recipient agreements and some direct procurement. The following items will be procured based on the facility assessments conducted during the ZPCT IIB project;

- 10 FACSCOUNTs
- 6 ABX Micros ES60
- 10 Chemistry Analyzers (Pentra C200)
- 5 Chemistry Analyzer (COBAS C111)
- 2 Chemistry Analyzers (Humalyser 2000)

E. Human Resources

Staffing

In work plan period, the human resource unit will continue be work with other unit heads to foster continued collaboration and reinforcement of ZPCT Bridge deliverables.

187 positions have been recruited into ZPCT II Bridge Project. Of this number 6 positions have since fallen vacant due to voluntary resignations. The recruitments for replacements are under way and will be concluded within the month of January, 2016.

Performance Management for the year beginning January 2015 to December 2015 is currently being reviewed and the process of setting objectives for the remaining period is underway.

Employee Engagement

The human resource office is developing tools to enhance employee engagement for staff motivation and retention. Areas will include training through the e-learning platform on FHI360 website, staff retention through Talent Management, employee wellness programs and employee surveys.

Staffing Structures

Senior Management Team. The SMT is led by the COP and includes the DCOP/Director of Programs, Director of Technical Support and Director of F&A. The SMT will provide leadership, strategic and operational direction, and overall project oversight.

Program Unit. The unit is led by the DCOP/Director of Programs, who supervises head office program staff and the Provincial Managers. Provincial-level program staff to report to the Provincial Managers. In coordination with the other units, the program team is responsible for managing the work planning and budgeting processes, as well as coordinating implementation of activities.

Technical Unit. Under the supervision of the Director of Technical Support, this unit has advisors for each technical area who support and supervise provincial technical staff and

ensure activities are implemented according to relevant GRZ guidelines. The unit provides technical oversight on subcontractors' activities. It includes a small sub-team of operations research staff. M&E is supported by M&E staff in Lusaka and the provinces with Data Entry Clerks who are placed at ART sites across the six provinces. The DEC position is critical for capturing HIV/AIDS services data at the site level and ensuring data quality. The Research, Monitoring & Evaluation Advisor is a Key Personnel position.

F&A Unit. Led by the Director of F&A, head office staff in this unit includes the Associate Director of F&A, Senior Finance Analyst and a Contracts Management Services (CMS) Manager. They provide day-to-day financial and contracts management support to provincial offices and subcontractors. The unit reviews, analyzes and provides feedback on subcontractor finance reports on a monthly basis to ensure project spending complies with contractual requirements and USG regulations. In addition, the Lusaka F&A and CMS staff regularly interact with FHI 360 HQ and East and Southern Africa (ESA) regional backstopping teams. A Senior Finance Officer in each provincial office is responsible for day-to-day financial management at the implementation level.

Other Project Personnel

In addition to the Key Personnel discussed in the next section, select other positions are highlighted below. All staff provide 100 percent Level of Effort.

Table 4. Other ZPCT IIB Personnel and Roles

Position/#	Name	Primary Roles and Responsibilities
Associate Director, Technical Support	Patrick Katayamoyo	Provide technical input/monitoring support to activities in each province through district and facility-level implementation agreements and plans
Program Management Advisor	Clement Bwalya	Work closely with the Director of Programs; liaise with technical and F&A units in supporting program planning, budgeting and implementation at all levels
Gender Specialist	Josephine Musamba	Provide technical support, including CS, to integrate the USAID-approved ZPCT II gender strategy
Senior CS Advisor	Nancy Zyongwe	Lead planning and implementation of HSS/CS activities, including joint assessments and CS plans
Finance Officer	Stanford Lukonga	Provide financial management support to provincial offices; conduct monthly reviews of financial reports
Compliance Officer	Blackwell Kunda	Responsible for ensuring compliance with FHI 360 and USG requirements
Provincial Manager (5)	1. George Chigali 2. Charlton Sulwe	Provide overall leadership and management of all ZPCT IIB activities

	<ol style="list-style-type: none"> 3. Vincent Munene 4. Suzgo Kapanda 5. Norbert Saihemba 	
Provincial Technical Advisor (5)	<ol style="list-style-type: none"> 1. Bosco Mukanyimi 2. Dariot Mumba 3. Francis Mwema 4. Patrick Makelele 5. Godfrey Mutaawe 	Provide technical leadership within province and directly coordinates technical team in implementation of ZPCT IIB activities at facility level

HQ and ESA Regional Office Support

FHI 360 uses a Country-Centered Delivery Model that promotes increasing responsibility and accountability for program delivery to country platforms, with HQ and regional offices providing management oversight and technical support. HQ and regional ESA Business Unit experts will provide technical assistance to ZPCT IIB, delivered virtually to the extent possible to keep costs down. South Africa-based ESA technical assistance providers will include: Kurayi Kowayi, Senior Program Officer (main backstop); Kellock Hazemba, Director, Enterprises Services (finance/administrative oversight); and Mike Merrigan, Regional Strategic Information Advisor.

Annex D: Partners, Roles and Responsibilities and Reporting Structures

Partner	Roles and Responsibilities	Reporting Structure
FHI 360 – Prime	Provide overall program, technical and financial leadership be responsible for all program indicators and M&E system; liaise with USAID as agreed with the Contracting Officer’s Technical Representative, manage relationships with the MOH, NAC, private and all project partners; coordinate with other USG partners to ensure uniformity of activities across the country; and provide oversight and guidance to all partners in the consortium. FHI 360 is the lead implementer with the MOH in scaling up HIV/AIDS services in the six provinces. The FHI 360 team will be co-located with the rest of the ZPCT II partners to ensure coordination, ease of management and smooth implementation. FHI 360 will also host a review of the program with the MOH, NAC, USAID and partners to ensure program results are in line with MOH and NAC goals.	FHI 360 headquarters (HQ) will provide financial, contractual and technical oversight. The HQ team also will manage contractual negotiations for the international partners. The Chief of Party (COP) and Deputy COP will manage USAID, USG, MOH, international and direct local partner relationships.
<i>International Partners</i>		
Management Sciences for Health (MSH)	MSH, under the direction of the FHI 360 Technical Director, will continue providing laboratory and pharmacy support in as specified in the current work plan objectives.	The MSH leads are Hillary Lumano Laboratory Services and Mumbi Musonda Pharmacy Services. They report to the FHI 360 Director, Technical Support for all pharmacy and laboratory activities.
CARE	Under the direction of the FHI 360 Director of Programs, CARE leads activities to mobilize communities to access HIV/AIDS services, as well as enhance existing referral networks and develop new ones to achieve full coverage. CARE also manages ASWs and lay counselors. CARE will further start managing grants under a contract in the current work plan by working with CBOs and FBOs to build capacity to coordinate volunteers and deliver community-level services.	CARE’s Assistant Country Director - Regional Operations, Oliver Wakelin, will coordinate with the DCOP/Director of Program on program, contract, staff and budget issues. The CARE team, led by the ZPCT II Community Program Manager, reports to the Director of Programs.
<i>Local Partners</i>		
Churches Health Association of Zambia (CHAZ)	CHAZ will continue working with ZPCT II through mutually identified church-run facilities in providing strategic services to enhance MOH service delivery goals.	CHAZ is managed by the Director of Programs with technical oversight by the technical team.
University Teaching Hospital (UTH)	The UTH Male Circumcision unit will assist ZPCT II to scale up MC in facilities in the six provinces.	UTH will be managed by the Director, Technical Support.

Partner	Roles and Responsibilities	Reporting Structure
Chainama College of Health Sciences	Training in counselling supervision	Chainama will be managed by the Director Technical Support

Annex E: List of Recipient Agreements/Subcontracts/MOUs October 1, 2014 – November 31, 2015

Province	Institution/Organisation	Type of Agreement	Period Budget USD \$
Government of the Republic of Zambia (GRZ)			
Lusaka	Ministry of Health	MOU	N/A
Central	Central PMO	MOU	N/A
Copperbelt	Copperbelt PMO	MOU	N/A
Luapula	Luapula PMO	MOU	N/A
Muchinga	Muchinga PMO	MOU	N/A
Northern	Northern PMO	MOU	N/A
North Western	North Western PMO	MOU	N/A
Provincial Medical Offices (PMO)			
Central	Central PMO	Recipient Agreement	
Copperbelt	Copperbelt PMO	Recipient Agreement	
Luapula	Luapula PMO	Recipient Agreement	
Muchinga	Muchinga PMO	Recipient Agreement	
Northern	Northern PMO	Recipient Agreement	
North Western	North Western PMO	Recipient Agreement	
District Health Offices (DMO)			
Central	Chibombo DMO	Recipient Agreement	
	Chisamba DMO	Recipient Agreement	
	Chitambo DMO	Recipient Agreement	
	Kabwe DMO	Recipient Agreement	
	Kapiri Mposhi DMO	Recipient Agreement	
	Luano DMO	Recipient Agreement	
	Mkushi DMO	Recipient Agreement	
	Serenje DMO	Recipient Agreement	
	Mumbwa DMO	Recipient Agreement	
	Ngaabwe DMO	Recipient Agreement	
Itezhi Tezhi DMO	Recipient Agreement		
Copperbelt	Chililabombwe DMO	Recipient Agreement	
	Chingola DMO	Recipient Agreement	
	Kalulushi DMO	Recipient Agreement	
	Kitwe DMO	Recipient Agreement	
	Luanshya DMO	Recipient Agreement	
	Lufwanyama DMO	Recipient Agreement	
	Masaiti DMO	Recipient Agreement	
	Mpongwe DMO	Recipient Agreement	
	Mufulira DMO	Recipient Agreement	
	Ndola DMO	Recipient Agreement	
Luapula	Chienge DMO	Recipient Agreement	
	Chipili DMO	Recipient Agreement	
	Chembe DMO	Recipient Agreement	
	Kawambwa DMO	Recipient Agreement	
	Mansa DMO	Recipient Agreement	
	Mwansabombwe DMO	Recipient Agreement	
	Milenge DMO	Recipient Agreement	
	Mwense DMO	Recipient Agreement	
	Nchelenge DMO	Recipient Agreement	
Samfya DMO	Recipient Agreement		
Muchinga	Chinsali DMO	Recipient Agreement	

Province	Institution/Organisation	Type of Agreement	Period Budget USD \$
	Isoka DMO	Recipient Agreement	
	Mafinga DMO	Recipient Agreement	
	Mpika DMO	Recipient Agreement	
	Nakonde DMO	Recipient Agreement	
	Chama DMO	Recipient Agreement	
	Shiwa Ng'andu DMO	Recipient Agreement	
Northern	Chilubi DMO	Recipient Agreement	
	Kasama DMO	Recipient Agreement	
	Kaputa DMO	Recipient Agreement	
	Luwingu DMO	Recipient Agreement	
	Mbala DMO	Recipient Agreement	
	Mpulungu DMO	Recipient Agreement	
	Mporokoso DMO	Recipient Agreement	
	Mungwi DMO	Recipient Agreement	
	Nsama DMO	Recipient Agreement	
North Western	Chavuma DMO	Recipient Agreement	
	Ikelenge DMO	Recipient Agreement	
	Kabompo DMO	Recipient Agreement	
	Kasempa DMO	Recipient Agreement	
	Mufumbwe DMO	Recipient Agreement	
	Mwinilunga DMO	Recipient Agreement	
	Solwezi DMO	Recipient Agreement	
	Zambezi DMO	Recipient Agreement	
	Manyinga DMO	Recipient Agreement	
Hospitals			
Lusaka	University Teaching Hospital	Recipient Agreement	
Lusaka	Chianama Hospital College	Recipient Agreement	
Central	Kabwe General	Recipient Agreement	
Copperbelt	Nchanga North	Recipient Agreement	
	Kitwe Central Hospital	Recipient Agreement	
	Roan General Hospital	Recipient Agreement	
	Ronald Ross	Recipient Agreement	
	Arthur Davison Hospital	Recipient Agreement	
	Ndola Central Hospital	Recipient Agreement	
	Zambia Flying Doctors Services	Recipient Agreement	
	Kalulushi General Hospital		
Luapula	Mansa General Hospital	Recipient Agreement	
Northern	Kasama General Hospital	Recipient Agreement	
	Mbala General Hospital	Recipient Agreement	
North Western	Solwezi General Hospital	Recipient Agreement	
Partners			
Lusaka	Management Sciences for Health	Subcontract	
	CARE International	Subcontract	
	CHAZ	Subcontract	
Ndola	Ndola Catholic Diocese	MOU	

Annex F: List of ZPCT IIB Supported Facilities, Sites and Services

Central Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	24. Musofu RHC	Rural							
<i>Luano</i>	25. Chikupili HC	Rural		◆	◆	◆		◆	
	26. Coppermine RHC	Rural		◆	◆	◆			
	27. Old Mkushi RHC	Rural	◆	◆	◆	◆			
	28. Kaundula	Rural		◆	◆	◆			
<i>Serenje</i>	29. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	30. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	31. Chibale RHC	Rural		◆	◆	◆		◆	
	32. Muchinka RHC	Rural		◆	◆	◆		◆	
	33. Kabundi RHC	Rural		◆	◆	◆		◆	
	34. Chalilo RHC	Rural		◆	◆	◆		◆	
	35. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	36. Mulilima RHC	Rural		◆	◆	◆		◆	
	37. Gibson RHC	Rural		◆	◆	◆			
	38. Nchimishi RHC	Rural		◆	◆	◆			
	39. Kabamba RHC	Rural		◆	◆	◆			
	40. Mapepala RHC	Rural		◆	◆	◆		◆	
<i>Chibombo</i>	41. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	42. Chikobo RHC	Rural		◆	◆	◆		◆	
	43. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Chibombo RHC	Rural		◆	◆	◆		◆	⊙
	45. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	46. Mungule RHC	Rural		◆	◆	◆		◆	
	47. Muswishi RHC	Rural		◆	◆	◆		◆	
	48. Chitanda RHC	Rural		◆	◆	◆			
	49. Malambanyama RHC	Rural		◆	◆	◆		◆	
	50. Chipeso RHC	Rural		◆	◆	◆		◆	
	51. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	52. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	53. Malombe RHC	Rural		◆	◆	◆		◆	
	54. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	55. Shimukuni RHC	Rural		◆	◆	◆		◆	
	56. Keembe RHC	Rural							
	57. Muntamba RHC	Rural							
	<i>Kapiri Mposhi</i>	58. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³	
59. Kapiri Mposhi UHC		Urban	◆ ²	◆	◆	◆	◆ ³		
60. Mukonchi RHC		Rural	◆ ²	◆	◆	◆	◆ ³		⊙
61. Chibwe RHC		Rural		◆	◆	◆		◆	
62. Lusemfw RHC		Rural		◆	◆	◆		◆	
63. Kampumba RHC		Rural	◆ ¹	◆	◆	◆		◆	
64. Mulungushi RHC		Rural		◆	◆	◆		◆	
65. Chawama UHC		Rural		◆	◆	◆		◆	
66. Kawama HC		Urban		◆	◆	◆		◆	
67. Tazara UHC		Rural		◆	◆	◆		◆	
68. Ndeke UHC		Rural		◆	◆	◆		◆	
69. Nkole RHC		Rural	◆ ¹	◆	◆	◆		◆	
70. Chankomo RHC		Rural		◆	◆	◆		◆	
71. Luansimba RHC		Rural		◆	◆	◆		◆	
72. Mulungushi University HC		Rural		◆	◆	◆	◆	◆	
73. Chipepo RHC		Rural		◆	◆	◆		◆	
74. Waya RHC		Rural	◆ ¹	◆	◆	◆		◆	
75. Chilumba RHC	Rural		◆	◆	◆		◆		
<i>Mumbwa</i>	76. Mumbwa DH	Urban		◆	◆	◆	◆ ³		⊙
	77. Myooye RHC	Rural		◆	◆	◆			
	78. Lutale RHC	Rural		◆	◆	◆			
	79. Nambala RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	80. Kamilambo RHC	Rural	◆	◆	◆	◆			
	81. Chiwena RHC	Rural		◆	◆	◆			
	82. Kamilambo RHC	Rural							
<i>Itezhi Tezhi</i>	83. Itezhi Tezhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	84. Masemu UC	Rural		◆	◆	◆	◆		
	85. Kaanzwa RHC	Rural		◆	◆	◆		◆	
	86. Nasenga RHC	Rural		◆	◆	◆			
	87. Lubanda RHC	Rural							
<i>Ngaabwe</i>	88. Mukumbwe RHC	Rural		◆	◆	◆			
Totals			26	79	79	79	28	50	10

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

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

Note: Grey shaded are new ZPCT IIB sites

Copperbelt Province

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

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	59. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	60. Mikomfwa UC	Urban		◆	◆	◆		◆	
	61. Section 9 Clinic	Urban		◆	◆	◆		◆	
	62. New Town Clinic	Urban		◆	◆	◆		◆	
	63. Fisenge UHC	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	64. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	65. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	66. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	67. Kansunswa HC	Rural		◆	◆	◆		◆	
	68. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	69. Mokambo Clinic	Rural		◆	◆	◆		◆	
	70. Suburb Clinic	Urban		◆	◆	◆		◆	
	71. Murundu RHC	Rural		◆	◆	◆		◆	
	72. Chibolya UHC	Urban		◆	◆	◆		◆	
73. Buteko Clinic	Urban								
<i>Kalulushi</i>	74. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	75. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	76. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	77. Chati RHC	Rural		◆	◆	◆			
	78. Ichimpe Clinic	Rural		◆	◆	◆			
	79. Kalulushi Township	Urban							
<i>Chililabombwe</i>	80. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	81. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	82. Mushingashi RHC	Rural		◆	◆	◆		◆	
	83. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	84. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	85. Nkana RHC	Rural		◆	◆	◆		◆	
	86. Lufwanyama DH	Urban	◆	◆	◆	◆			
<i>Mpongwe</i>	87. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙
	88. Mikata RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	89. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	90. Kalweo RHC	Rural		◆	◆	◆		◆	◆
<i>Masaiti</i>	91. Kashitu RHC	Rural		◆	◆	◆		◆	
	92. Jelemani RHC	Rural		◆	◆	◆		◆	
	93. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙
	94. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			43	87	89	89	42	65	17

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

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

Note: Grey shaded are new ZPCT IIB sites

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆			
	5. Lunchinda RHC	Rural		◆	◆	◆			
	6. Sambula RHC	Rural		◆	◆	◆			
	7. Chienge DH	Rural	◆	◆	◆	◆			
	8. Kalembwe RHC	Rural							
	9. Mwabu RHC	Rural							
<i>Kawambwa</i>	10. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	11. Kawambwa HC	Rural		◆	◆	◆		◆	
	12. Mushota RHC	Rural		◆	◆	◆		◆	
	13. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	14. Kawambwa Tea RHC	Urban		◆	◆	◆		◆	
	15. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mwansabombwe</i>	16. Mbereshi Mission	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	17. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	18. Lubufu RHC	Rural							
	19. Salanga RHC	Rural							
<i>Chembe</i>	20. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	21. Chipete RHC	Rural		◆	◆	◆		◆	
	22. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	23. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	24. Lukola RHC	Rural		◆	◆	◆			
<i>Mansa</i>	25. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	26. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	27. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	28. Matanda RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	29. Buntungwa RHC	Urban		◆	◆	◆		◆	
	30. Chisembe RHC	Rural		◆	◆	◆		◆	
	31. Chisunka RHC	Rural		◆	◆	◆		◆	
	32. Fimpulu RHC	Rural		◆	◆	◆		◆	
	33. Kabunda RHC	Rural		◆	◆	◆		◆	
	34. Kalaba RHC	Rural		◆	◆	◆		◆	
	35. Kalyongo RHC	Rural		◆	◆	◆			
	36. Katangwe RHC	Rural		◆	◆	◆			
	37. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	38. Mabumba RHC	Rural		◆	◆	◆		◆	
	39. Mano RHC	Rural		◆	◆	◆		◆	
	40. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	41. Mibenge RHC	Rural		◆	◆	◆		◆	
	42. Moloshi RHC	Rural		◆	◆	◆		◆	
	43. Mutiti RHC	Rural		◆	◆	◆		◆	
	44. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	45. Ndoxa RHC	Rural		◆	◆	◆		◆	
	46. Nsonga RHC	Rural		◆	◆	◆		◆	
	47. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	48. Lubende RHC	Rural		◆	◆	◆			
	49. Kansenga RHC	Rural		◆	◆	◆			
	50. Mulumbi RHC	Rural		◆	◆	◆		◆	
	51. Milenge East 7	Rural	◆ ²	◆	◆	◆	◆		
	52. Kapalala RHC	Rural		◆	◆	◆			
	53. Sokontwe RHC	Rural		◆	◆	◆			
	54. Lwela RHC	Rural		◆	◆	◆			
	55. Chipili RHC	Rural		◆	◆	◆		◆	
	56. Mupeta RHC	Rural			◆	◆		◆	
	57. Kalundu RHC	Rural			◆	◆			
	58. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	59. Luminu RHC	Rural			◆	◆		◆	
	60. Lupososhi RHC	Rural			◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mutipula RHC	Rural			◆	◆			
	63. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Mwense</i>	64. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	65. Mwense Stage II RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	66. Chibondo RHC	Rural			◆	◆		◆	
	67. Chisheta RHC	Rural		◆	◆	◆		◆	
	68. Kapamba RHC	Rural		◆	◆	◆		◆	
	69. Kashiba RHC	Rural		◆	◆	◆		◆	
	70. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	71. Kawama RHC	Rural		◆	◆	◆		◆	
	72. Lubunda RHC	Rural		◆	◆	◆		◆	
	73. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	74. Mubende RHC	Rural		◆	◆	◆		◆	
	75. Mununshi RHC	Rural		◆	◆	◆		◆	
	76. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
77. Musonda RHC	Rural		◆	◆	◆				
<i>Nchelenge</i>	78. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	79. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	80. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	81. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙
	82. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	83. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	84. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	85. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	86. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	87. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	88. Kabalenge RHC	Rural		◆	◆	◆			

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

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

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

Note: Grey shaded are new ZPCT IIB sites

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
	9. Nakonde DH	Rural		◆	◆	◆	◆	◆	⊙
<i>Mpika</i>	10. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	11. Mpika HC	Urban		◆	◆	◆		◆	
	12. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	13. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	14. Mpumba RHC	Rural		◆	◆	◆		◆	
	15. Mukungule RHC	Rural		◆	◆	◆		◆	
	16. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	17. Muwele RHC	Rural		◆	◆	◆			
	18. Lukulu RHC	Rural		◆	◆	◆			
	19. ZCA Clinic	Rural		◆	◆	◆			
	20. Chikakala RHC	Rural		◆	◆	◆			
<i>Shiwa Ng'andu</i>	21. Matumbo RHC	Rural		◆	◆	◆		◆	
	22. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	23. Mwika RHC	Rural		◆	◆	◆			
	24. Kabanda RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	25. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	26. Chinsali HC	Urban		◆	◆	◆		◆	
	27. Lubwa RHC	Rural		◆	◆	◆	◆		
	28. Mundu RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Isoka</i>	29. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	30. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	31. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	32. Kampumbu RHC	Rural		◆	◆	◆			
	33. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	34. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	35. Thendere RHC	Rural		◆	◆	◆			
	36. Mulekatembo RHC	Rural							
<i>Chama</i>	37. Chama DH	Rural	◆	◆	◆	◆	◆	◆	
	38. Chikwa RHC	Rural		◆	◆	◆			
	39. Tembwe RHC	Rural		◆	◆	◆			
Totals			9	32	32	32	9	16	4

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

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

Note: Grey shaded are new ZPCT IIB sites

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
	14. Mumbi Mfumu RHC	Rural		◆	◆	◆			
	15. Nkole Mfumu RHC	Rural		◆	◆	◆			
<i>Mbala</i>	16. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	17. Mbala UHC	Urban		◆	◆	◆		◆	
	18. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	21. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	22. Mpande RHC	Rural		◆	◆	◆			
	23. Mwamba RHC	Rural		◆	◆	◆			
	24. Nondo RHC	Rural		◆	◆	◆			
	25. Nsokolo RHC	Rural		◆	◆	◆			
	26. Kawimbe RHC	Rural		◆	◆	◆		◆	
<i>Mpulungu</i>	27. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	28. Isoko RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	29. Chinakila RHC	Rural		◆	◆	◆		◆	
	30. Mpulungu DH	Rural	◆	◆	◆	◆			
<i>Mporokoso</i>	31. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	32. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Chishamwamba RHC	Rural		◆	◆	◆			
	34. Mukupa Kaoma RHC	Rural		◆	◆	◆			
	35. Shibwalya Kapila RHC	Rural	◆ ²	◆	◆	◆			
	36. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
<i>Luwingu</i>	37. Namukolo Clinic	Urban		◆	◆	◆		◆	
	38. Chikoyi RHC	Rural							
	39. Nsombo RHC	Rural							
	40. Ipusukilo RHC	Rural							
	41. Katuta RHC	Rural							
	42. Tungati RHC	Rural							
<i>Kaputa</i>	43. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	44. Kalaba RHC	Rural		◆	◆	◆			
	45. Kasongole RHC	Rural		◆	◆	◆			
<i>Nsama</i>	46. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	47. Kampinda RHC	Rural		◆	◆	◆			
	48. Nsama RHC	Rural	◆	◆	◆	◆			
<i>Mungwi</i>	49. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	50. Malole RHC	Rural		◆	◆	◆		◆	
	51. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	52. Chimba RHC	Rural		◆	◆	◆		◆	
	53. Kapolyo RHC	Rural		◆	◆	◆		◆	
	54. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		⊙
	55. Makasa RHC	Rural		◆	◆	◆			
	56. Ndasas RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	57. Chaba RHC	Rural		◆	◆	◆			
	58. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	59. Matipa RHC	Rural		◆	◆	◆			
	60. Mofu RHC	Rural							
Totals			21	50	50	50	17	27	6

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

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

Note: Grey shaded are new ZPCT IIB sites

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
	19. Kakombe RHC	Rural		◆	◆	◆			
	20. Kamisenga RHC	Rural		◆	◆	◆			
	21. Solwezi Training College	Urban		◆	◆	◆		◆	
<i>Kabompo</i>	22. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙
	24. Kabulamema RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	25. Kayombo RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	26. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	27. Zambezi UHC	Urban			◆	◆		◆	
	28. Mize HC	Rural		◆	◆	◆		◆	
	29. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Mukandakunda RHC	Rural		◆	◆	◆			
	31. Nyakulenga RHC	Rural		◆	◆	◆			
	32. Chilenga RHC	Rural		◆	◆	◆			
	33. Kucheka RHC	Rural		◆	◆	◆			
	34. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	35. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	36. Kanyihampa HC	Rural		◆	◆	◆		◆	
	37. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	38. Lwawu RHC	Rural		◆	◆	◆			
	39. Nyangombe RHC	Rural		◆	◆	◆			
	40. Sailunga RHC	Rural		◆	◆	◆			
	41. Katyola RHC	Rural		◆	◆	◆			
	42. Chiwoma RHC	Rural		◆	◆	◆			
	43. Lumwana West RHC	Rural		◆	◆	◆			
	44. Kanyama RHC	Rural		◆	◆	◆			
<i>Ikelenge</i>	45. Ikelenge RHC	Rural		◆	◆	◆		◆	⊙
	46. Kafweku RHC	Rural		◆	◆	◆		◆	
<i>Mufumbwe</i>	47. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	48. Matushi RHC	Rural		◆	◆	◆		◆	
	49. Kashima RHC	Rural		◆	◆	◆			
	50. Mufumbwe Clinic	Rural		◆	◆	◆		◆	

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

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

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

Note: Grey shaded are new ZPCT IIB sites

Annex G: ZPCT II Private Sector Facilities and Services

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Mpongwe</i>	25. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
<i>Mwense</i>	26. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
<i>Solwezi</i>	27. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
Totals			23	26	30	30	20	17	3

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

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

**Annex H: ZPCT II Extension work plan Targets
(December 1, 2015 to May 31, 2016)**

Indicator	Targets (Dec 15 – May 16)
1.1 Counseling and Testing (CT) services	
Service outlets providing CT according to national or international standards	470 (440 Public, 30 Private)
Individuals who received HIV/AIDS CT and received their test results	392,865
Individuals who received HIV/AIDS CT and received their test results (including PMTCT)	491,177
Individuals trained in CT according to national or international standards	150
1.2 Prevention of Mother To Child Transmission (eMTCT) services	
Health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site	460 (436 Public, 24 Private)
Pregnant women with known HIV status (includes women who were tested for HIV and received their results)	98,312
HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission during pregnancy and delivery	7,568
Pregnant women Newly initiated on treatment during the current pregnancy(Option B+)	5,248
Family Planning	
Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	460 (436 Public, 24 Private)
Number of clients attending HIV services (in HTC, eMTCT and ART) referred for FP services	23,552
Number of clients from HIV services (HTC, eMTCT and ART) who received at least one FP method	15,772
Health workers trained in the provision of PMTCT services according to national or international standards	100
1.3 Treatment Services and Basic Health Care and Support	
Service outlets providing HIV-related palliative care (excluding TB/HIV)	470 (440 Public, 30 Private)
Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	384,085.67
Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	25,001
Individuals trained to provide HIV palliative care (excluding TB/HIV)	425
Service outlets providing ART	192 (169 Public, 23 Private)
Individuals newly initiating on ART during the reporting period	19,507
Pediatrics newly initiating on ART during the reporting period	1,035
Individuals receiving ART at the end of the period	290,602
Pediatrics receiving ART at the end of the period	18,050

Health workers trained to deliver ART services according to national or international standards	425
<i>TB/HIV services</i>	
Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	470 (440 Public, 30 Private)
HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	1,383
Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	425
Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	5,403
<i>1.4 Male Circumcision services</i>	
Service outlets providing MC services	61 (58 Public, 3 Private)
Individuals trained to provide MC services	60
Number of males circumcised as part of the minimum package of MC for HIV prevention services	32,503
<i>2.1 Laboratory Support</i>	
Laboratories with capacity to perform clinical laboratory tests	170 (145 Public, 25 Private)
Individuals trained in the provision of laboratory-related activities	84
Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	863,592
<i>2.2 Capacity Building for Community Volunteers</i>	
Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	235
Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	575
<i>4 Public-Private Partnerships</i>	
Private health facilities providing HIV/AIDS services	30
<i>Gender</i>	
Number of pregnant women receiving PMTCT services with partner	37,065
No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	85,038

Annex I: Reports and Deliverables

The terms of the ZPCT II Bridge Contract between USAID and FHI 360 describe the reporting requirements and deliverables as follows:

Extension Work Plan

This document represents ZPCT II Bridge work plan and covers the period December 1, 2015 to May 31, 2016. The six month details the work to be accomplished in the timeframe of the Bridge project extension.

All work plans will include the estimated funding requirements necessary to meet program objectives within the Task Order for the period of program implementation.

Performance Management Plan

FHI 360 submitted the life of project (LOP) Performance Management Plan to USAID. The plan includes project performance indicators and detailed information about each including: data sources, frequency and schedule of data collection, and organizations and individuals responsible for data collection and verification. In addition, the plan outlines how these data are analyzed and used by the project in order to continuously improve the program.

Quarterly Progress and Financial Reports

The Task Order states that Quarterly Financial and Progress Reports shall be submitted no later than one month after the end of the quarter. Partners will be asked to submit their reports 15 days before the due date so that their inputs can be incorporated into the quarterly reports submitted by FHI 360. The scope and format of the quarterly reports is determined in consultation with the COTR. In response to this, ZPCT II submits quarterly program and financial reports every quarter within thirty days after the end of each quarter. These reports outline progress made in achieving results as well as program challenges. In addition, FHI 360 will submit the SF-1034 financial report on a monthly basis after the end of each month. ZPCT IIB will submit two quarterly progress reports.

PEPFAR Semi-Annual and End of project report

ZPCT II will submit the semi-annual PEPFAR country operational plan (by April 30th) and end of project report by May 31, 2016

**Annex J: ZPCT II B Community Targets
(December 1st, 2015 – March 31st, 2016)**

Proposed Targets for Provinces-Cost-Extension (DEC2015 - MAR 2016)		LOP Target	Targets by Province				
Objective	Indicators		Central	Copperbelt	Luapula	Northern	N/western
1.1 Expand Counseling and Testing (CT) services							
	Number of mobile HTC outreach episodes conducted	10	2	2	2	2	2
	Number of individuals testing & receiving results during Mobile HTC	5,600	1,200	1,200	1,000	1,200	1,000
	Number of individuals referred for HTC	30,000	5,730	6,390	6,390	6,390	5,100
	Number of individuals referred for HTC and reaching the facility	24,000	4,584	5,112	5,112	5,112	4,080
1.2 Expand elimination of mother-to-child transmission (eMTCT) services							
	Number of individuals referred for eMTCT	15,000	2,865	3,195	3,195	3,195	2,550
	Number of individuals referred for eMTCT and reaching the facility	12,000	2,292	2,556	2,556	2,556	2,040
1.3 Expand treatment services and basic health care and support							
	Number of people referred for MC	7,000	1,337	1,491	1,491	1,491	1,190
	Number of people referred for MC and reaching the facility	5,600	1,070	1,193	1,193	1,193	952
	Number of people referred for CLINICAL care	7,000	1,337	1,491	1,491	1,491	1,190
	Number of people referred for CLINICAL care and reaching facility	5,600	1,070	1,193	1,193	1,193	952
	Number of clients counselled by ART volunteers in the community (<i>This is COM9 only</i>)	6,000	1,146	1,278	1,278	1,278	1,020
2.2 Engage community/faith-based groups							

	Number of traditional leaders oriented and involved in demand creation for HIV services.	0	0	0	0	0	0
	Number of religious leaders oriented and involved in demand creation for HIV services.	5	1	1	1	1	1
	Number of NHCs engaged to create demand for HIV/AIDS services	10	2	2	2	2	2
	Number of PLWHIV and NZP+ groups oriented and trained in treatment literacy and compliance to ART	5	1	1	1	1	1
	Number of district referral networks supported	10	2	2	2	2	2
	Number of DRNs supported in updating and printing DRNs operational Manuals	10	2	2	2	2	2
	Number HTC volunteers supported.	538	100	113	127	129	69
	Number eMTCT volunteers supported.	554	105	104	148	115	82
	Number ART volunteers supported.	327	60	101	80	55	31
	NB the highlighted ones are done by staff						

Annex K: ZPCT II B Gender Indicators

Objective	Monitoring Indicator
Integrate gender into existing service provider training packages —facility and community based—for Prevention of Mother to Child Transmission (PMTCT), Counseling and Testing (CT), Treatment (Tx) and Male Circumcision (MC)	# of training manuals revised or produced including gender-sensitive approaches and addressing the gender driving factors in Zambia
Enhance facility-based services to improve male access to HIV and other RH services	# of male partners who received HIV counseling and testing and received their test result in a PMTCT site # of couples who received HIV counseling and testing and received their test results in a CT site supported by ZPCT II # of couples counseled on FP and accepting a contraceptive method
Enhance facility-based ART services to include GBV screening	# of clients screened for GBV in CT, PMTCT, ART and Clinical care setting using the engendered CHC checklist # of GBV survivors treated for their injuries # of survivors of rape provided with PEP disaggregated by sex # of female GBV survivors provided with Emergency Contraception
Design and support youth friendly services for adolescents	# of males/ females under 18 seeking HIV counseling and testing services
Community mobilization and referral: - Mobilizing agents of socialization (parents, religious and traditional leaders) in Zambia to address negative norms that facilitate HIV transmission - Strengthen partnerships for delivery of HIV-related services and stimulate discussions	# of influential leaders sensitized to promote positive gender norms and address GBV # of individuals referred by community volunteers to HIV services (disaggregated by service and sex)

Objective	Monitoring Indicator
around social determinants and harmful social norms	
Train community volunteers—in gender sensitive approaches to service delivery in PMTCT, CT, Treatment and MC	# of community volunteers trained on engendered training packages, disaggregated by technical programmatic area (PMTCT, CT, Clinical Care & ART, Capacity Building and GBV) disaggregated by sex

Annex L: ZPCT IIB Environmental Mitigation and Monitoring Plan



ENVIRONMENTAL MITIGATION AND MONITORING PLAN PUBLIC SECTOR HIV/AIDS SERVICE DELIVERY SUPPORT PROGRAM IN ZAMBIA USAID/ZAMBIA'S ZAMBIA PREVENTION, CARE AND TREATMENT PARTNERSHIP II BRIDGE (ZPCT IIB)

Project Description

USAID/Zambia through U.S. President's Emergency Plan for AIDS Relief has been implementing the Public Sector HIV/AIDS Service Delivery Support Program in Zambia, under the Zambia Prevention, Care and Treatment partnership (I and II) projects for the last ten years. USAID/Zambia will work with the Ministry of Health, Ministry of Community Development, Mother and Child Health, the provincial medical offices, and district community medical offices to strengthen and expand HIV/AIDS clinical services in Central, Copperbelt, Luapula, Muchinga, Northern and North-Western Provinces.

USAID/Zambia will implement a short-term project to continue core HIV/AIDS services from ZPCT II called the Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT IIB). The ZPCT II Bridge project will adhere to Initial Environmental Examination (IEE) requirements as outlined in the USAID/Zambia's Zambia Prevention, Care and Treatment Partnership II Bridge contract number AID-611-C-14-0001. As required, FHI 360 has prepared an environmental compliance and management plan.

This document outlines the experience FHI 360 has in environmental project management and the proposed approach to ensure all activities within the ZPCT IIB follow the USAID environmental considerations outlined in 22 CFR 216 and USAID's ADS 201.5.10g and 204. In addition, FHI 360 will ensure that its subcontractors and partners comply with these regulations.

The ZPCT II Bridge aims at strengthening existing health systems including support to infrastructure improvements in public hospitals, clinics and laboratories. Additionally, the refurbishment and service provision activities will lead to increases in the amount of medical waste including; needles, syringes and other contaminated materials and construction debris. FHI 360 applies environmentally sound design to limit and mitigate the impact that the refurbishments or expanded services might have on the immediate and surrounding environment as required by the Environmental Management Act (EMA) No. 12 of 2011 of the Laws of Zambia and Regulation 216 of the USG.

The ZPCT IIB will use the environmental site description form, outlined *below*, to determine the environmental issues at each site and will monitor according to this assessment.

Environmental Mitigation and Monitoring Plan Activities

The table below outlines the activities and associated environmental mitigation and monitoring plans for the ZPCT II program:

Table 1. Refurbishment Activities and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
Refurbishments and related facility repairs including: <ul style="list-style-type: none"> ▪ Dry partitioning to separate services and hence create more space. ▪ Creation of space for placing of laboratory equipment ▪ Resurfacing of floors ▪ Installation of air-conditioning and shelving for proper drug storage ▪ Repair and improvement to electrical reticulation ▪ Replacement of doors, window frames, plumbing, and sanitary installations to improve the general function of existing buildings. 	Environmental Site Assessments (ESA's) will be carried out at each site to reduce the following risks: <ul style="list-style-type: none"> ▪ Dumping of hazardous construction materials on site ▪ large influx of workers that would require new areas for human waste disposal ▪ Use of unsafe paints ▪ Use of environmentally unfriendly building materials ▪ Danger to clients/patients by ensuring minimal noise and dust 	Number of facilities refurbished according to environmentally friendly design principles (i.e. adequate lighting, ventilation, use of environmentally friendly materials)	Pre, during and post refurbishment Quarterly reports	Infrastructure Support Program Officers (Lusaka and Provincial office)	Recipient Agreement renovation budget

Table 2. Construction Activities and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
Construction and related facility repairs including:	Environmental Site Assessments (ESA's) will be	Number of facilities constructed	Pre, during and post refurbishment	Infrastructure Support Program	Recipient Agreement

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
<ul style="list-style-type: none"> ▪ Erection of concrete block partitioning to separate services and hence create more space. ▪ Creation of space for placing of laboratory equipment ▪ Surfacing of new floors ▪ Installation of air-conditioning and shelving for proper drug storage ▪ Installation of new electrical reticulation ▪ Installation of new doors, window frames, roofing, ceiling, plumbing and sanitary installations to improve the general function of existing and new buildings. 	<p>carried out at each site to reduce the following risks:</p> <ul style="list-style-type: none"> ▪ Dumping of hazardous construction materials on site ▪ Large influx of workers that would require new areas for human waste disposal ▪ Use of unsafe paints ▪ Use of environmentally unfriendly building materials ▪ Danger to clients/patients by ensuring minimal noise and dust 	<p>according to environmentally friendly design principles (i.e. adequate lighting, ventilation, use of environmentally friendly materials)</p>	<p>Quarterly reports</p>	<p>Officers (Lusaka and Provincial office)</p>	<p>renovation budget</p>

Table 3. Water Supply Improvement and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
<p>Improvement of water supply</p>	<ul style="list-style-type: none"> ▪ Determine source of water and test for safety according to GRZ regulations in new installations only ▪ Establish system for prevention of 	<p>Number of health facilities with safe and adequate water supply and foul</p>	<p>Quarterly reports by staff</p>	<p>Infrastructure Support Program Officers (Province)</p>	<p>Recipient Agreement renovation budget</p>

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
	contamination of water source <ul style="list-style-type: none"> ▪ Improve water reticulation (supply and foul water removal) 	water removal system			

Table 4. Medical Waste and Corresponding Mitigation Measures

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
Health care waste disposal in facilities listed by province (proposed): <ul style="list-style-type: none"> ▪ Central Province 7 ▪ Copperbelt Province 30 ▪ Luapula Province 13 ▪ Northern Province 2 ▪ Muchinga Province 3 ▪ Northwestern Province 4 Total 59	Ensure all waste is disposed of according to the GRZ and EMA guidelines <ul style="list-style-type: none"> ▪ Burn all waste on site using an existing incinerator or open pit where incinerator is not available ▪ Burying medical waste as per EMA guidelines will also be carried out in pits lined with clay and/or polythene sheeting to prevent seepage. ▪ Needles and other sharp implements must be stored in sharp boxes during mobile CT and transported for incineration to sites where incineration can be carried out. ZPCT IIB will assist in procuring sharp boxes in event of unavailability. ▪ All waste is separated and disposed of accordingly ▪ Ensure that facility staff, many already trained by the Chemonic's Injection Safety project, are given additional hands on training on handling of waste by ZPCT IIB technical 		Quarterly visits to health facilities to monitor usage of incinerators. Quarterly reports.	All Provincial staff	

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party Responsible	Budget
	<p>personnel during technical assistance visits.</p> <ul style="list-style-type: none"> ▪ Ensure facility staff are aware of all hazards and have and properly use protective clothing and are vaccinated against Hepatitis B and tetanus infections ▪ Renovation of existing incinerators and provision of incinerators in ZPCT IIB supported sites as per MOH/EMA guidelines for the essential incineration of biomedical waste i.e. placenta, foreskins, birth fluids etc. to be disposed of in 'Placenta Pits'. 				

FHI/ZPCT II Environmental Site Description Form
(Complete only the sections that apply to the project.)

Health Facility _____

District _____

(A) GENERAL INFORMATION

1. What is the population of project area? And population density?
.....

Will there be a permanent or temporary flux of population during the project?

2. How many households will be affected?

3. General description of area (*Check all that apply*): ___ peri-urban ___ village
___ rural ___ forest ___ agriculture ___ flat ___ hills; explain

4. Will the project create changes in permanent or temporary land use, including an increase of land use intensity?

5. What is the total rainfall in the project area per annum?

6. Which month has the highest rainfall?

7. What is the average annual temperature?

8. Month of highest temperature:

9. Month of lowest temperature:

10. What is the general direction of the surface drainage in the area?
.....

11. What are the soil classifications in the area?

12. What is the average depth to bedrock and the type of bedrock in the area?

13. What is the average depth to ground water? Does the ground water contain Arsenic above actions levels of the country standards or WHO standards?

14. Is there surface water located within 30m of the project site? If yes, give name and Describe in detail.

15. Are there any visible signs of environmental impact on or around the project area?

___ Discolored soils or building floors

___ Odors emanating from a point in the project area

___ Dead or stressed vegetation

___ Other (*explain*):

16. Are there any environmental laws or regulations applicable to this project?

Environmental Protection and Pollution Control Act – CAP 204 of the Laws of Zambia

17. Is there any significant adverse environmental impact from offsite sources within one km radius of the site? If so, identify those impacts.

18. Will the project affect the population welfare (either positive or negative)?
.....

19. Will there be traffic intensification during construction and operation?

20. Will there be generation of solid waste during the construction, operation, and Decommissioning of the project?

21. Attach a map showing the exact location of the project. (*A topographic map is preferred*)

(B) WATER PROJECTS

- 1. What will be the average water use per household?
- 2. Where/what is the source of the water? Can the water source handle the extra consumption?
- 3. Attach supporting documentation for the answers above.

(C) CONSTRUCTION/REHABILITATION PROJECTS

- 1. Describe the project, type of building or facility, provide design details such as basement, number of levels, square meters, etc.
 - 2. Who are the primary users of the facility?
 - 3. What is the facility's primary use?
 - 4. Is this a ___ new construction or ___ rehabilitation or ___ mixed?
 - 5. FOR REAHABILITATIONS will any of the following materials be removed from the facility? No
 - ___ Asbestos ___ Wood
 - ___ Cement ___ Steel or other metal
 - ___ Above ground storage tanks ___ Underground storage tanks
 - ___ Other: _____
- Where will these materials be disposed of?

(D) MEDICAL WASTE DISPOSAL

- 1. How does the facility dispose of medical waste?
- 2. How does the facility dispose of used sharps and needles?
.....

(E) ADDITIONAL INFORMATION

(Use the remainder of this page to describe any aspect of the project not covered by the questions above.)

Assessment Conducted by:

Date:

Reviewed By: *Date:*