



Year 4 Annual Report October 1, 2007 – September 30, 2008

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Abbreviations/Acronyms

ACT	Artemisinin Based Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ARH	Adolescent Reproductive Health
ART	Antiretroviral Therapy
BHCP	Basic Health Care Package
CCS	Clinical Care Specialist
C-IMCI	Community Integrated Management of Clinical Illnesses
CHAZ	Churches Health Association of Zambia
CHN	Child Health and Nutrition
CHW	Community Health Worker
CIDRZ	Centre for Infectious Disease Research in Zambia
CRS	Catholic Relief Services
CTC	Counseling Testing and Care
DHMT	District Health Management Team
DHO	District Health Office
ECZ	Environmental Council of Zambia
EmONC	Emergency Obstetric and Newborn Care
EOP	End of Project
EPI	Expanded Program of Immunization
ETAT	Emergency Triage Assessment and Treatment
FANC	Focused Antenatal Care
FIC	Full Coverage Immunization
F-IMCI	Facility Integrated Management of Clinical Illnesses
FP	Family Planning
GIS	Geographic Information Systems
GPS	Geographical Positioning System
HAPSAT	HIV/AIDS Program Sustainability Analysis Tool
HBC	Home-based Care
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
HSSP	Health Services and Systems Program
ICC	Interagency Coordinating Committee
IEC	Information, Education, and Communication
IGA	Income Generating Activities
IMCI	Integrated Management of Clinical Illnesses
IPT	Intermittent Preventive Treatment
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
IUD	Intrauterine Device
LTFP	Long Term Family Planning
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health

MCZ	Medical Council of Zambia
MDG	Millennium Development Goal
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MNCP	Maternal Neonatal and Child Health Partnership
NAC	National HIV/AIDS/STI/TB Council
NHA	National Health Accounts
NMCC	National Malaria Control Centre
PA	Performance Assessment
PAC	Post-abortion Care
PHO	Provincial Health Office
PMTCT	Prevention of Mother-to-Child Transmission
PPE	Personal Protective Equipment
PPH	Post-partum Hemorrhage
OI	Opportunistic Infection
RDT	Rapid Diagnostic Test
RED	Reach Every District
RH	Reproductive Health
STI	Sexually Transmitted Infection
STTA	Short-term Technical Assistance
SWAp	Sector Wide Approach
TA	Technical Assistance
TOT	Training of Trainers
TSS	Technical Support Supervision
TWG	Technical Working Group
UNZA	University of Zambia
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
ZPCT	Zambia Prevention Care and Treatment

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Executive Summary

An intensive level of program implementation characterized Project Year 4 in the Health Services and Systems Program (HSSP). Common themes were: the scaling up of activities, production of guidelines and materials, advocacy to support policy and service delivery, studies and analyses to better inform our work, leveraging to extend resources and diversify ownership, and improving information sources and systems. At the present mature stage of the project, achievement of higher level results, or their near attainment, is increasingly observed. HSSP has now either completed, or is closing in on end of project targets. The processes of taking stock, identifying the dynamic linkages between health systems and services impacted by HSSP, and assuring Ministry of Health ownership and sustainability, are now very much in focus, as the project enters its final planning period, October 2008 through December 2009. As in previous periods, the main challenges experienced by all units were related to the many competing activities and priorities in the Ministry of Health, which required changes in program plans and strategies, often on short notice. All teams have adopted a flexible mode of working, and ability to respond rapidly to such changes to minimize loss of time and resources.

Higher Level Results – Emerging in Project Year 4

- C-IMCI: Progressive increased coverage of CH interventions achieved with improved community participation
- IRH: Rapid scale up and roll out of EmONC and LTFP, integrating important sustainability measures
- IRS: An estimated 3.28 million people protected from malaria in 2007/08; systems consolidated; district capacity building enhanced.
- Clinical Care Specialists - pioneered innovative ways of scaling up HIV/AIDS services - mobile ART approach
- Pre- and in-service training: 100% of graduates of training institutions have been trained in HIV/AIDS since 2005
- Retention (doctors): doctor/population ratio improved; introduction of ART at district level
- Retention (nurse tutors): nursing schools reopened, student intake increasing resulting in more nurses entering the profession
- PI: Improvement of the quality of ART services in Zambia through the accreditation system
- SI: HMIS forms and guidelines for HIV/AIDS services produce improved data for decision making

In June 2008, the USAID Mission issued an RFA for a project extension, also informing HSSP that the end of project date was moved forward from September 30, 2010 to December 31, 2009. This reduction in the life of the project by nine months, coupled with an increase in selected targets, will necessitate acceleration in achieving targets and an abbreviated time period for documentation analysis, and dissemination. A SOW for the final 15 months of the project (Years 5-6) was produced. Further development of the strategy and preparation of the detailed annual work plan took place in quarter four.

With many of the end of program targets met in the area of Child Health, HSSP has continued to maintain a strong focus on

ensuring quality and sustainability of interventions. In F-IMCI, the goal of attaining 72 implementing districts has now been reached, and the program continued to train health workers to reach a critical pool to achieve impact. DHO and PHO teams have been strengthened in training follow up. F-IMCI training materials have been updated and printed. Malaria case management has been strengthened through a refresher course for 42 hospital and district managers. Malaria diagnosis and

treatment guidelines, and the integrated technical guidelines were revised to incorporate current changes. Focus on the newborn was a key feature of project Year 4. The framework for scaling up newborn health interventions was developed, the Maternal Neonatal and Child Health Partnership was launched, and HSSP supported the Millennium Development Goal (MDG) Countdown Meeting. F-IMCI was one of several technical areas that expanded its reach and exceeded targets through resource leveraging.

Community IMCI focused efforts on strengthening facility level support systems and community health worker supervision through orientation in 20 districts, training of 80 supervisors and conducting technical support supervision in 10 low-performing districts. Coverage of community IMCI was expanded through the scale up of Positive Deviance / Hearth from 1 to 11 districts. HSSP contributed 1,500 trained community health workers to the cumulative total of 4,300 trained. Progress in harmonizing community level supervision and monitoring was achieved through design of the <5 Community Register and C-IMCI monitoring tools.

In the Expanded Program on Immunization (EPI), progressive improvements in full immunization coverage were observed in targeted low performing districts. The Reach Every District (RED) strategy was scaled up from 25 to 72 districts. Provincial and district managers were trained in EPI mid-level management, and district managers trained in vaccine management. Resources were leveraged through partnerships to expand and strengthen C-IMCI and EPI implementation. Best practices associated with improved quality and coverage were identified and reinforced.

In Nutrition, coverage for vitamin A supplementation is progressing well towards the end of project target. Year 4 focused on development of protocols, guidelines and educational tools to improve the quality and coverage of nutrition interventions. Child Health Week electronic data entry files were developed; the Essential Nutrition Package was developed; the Infant and Young Child Feeding Protocol was developed and printed; support for the roll out of the Children's Clinic Card was provided; Child Health Week Manuals were produced; and HSSP supported the publication of the Annual Report on the Food and Nutrition Situation in Zambia.

Integrated Reproductive Health made significant progress during the year, rapidly scaling up in Emergency Obstetric and Newborn Care (EmONC) and long term family planning (LTFP). EmONC was rolled out in 9 provinces, with 132 providers trained, and 130 managers oriented. A national EmONC Coordinator was hired, and seconded to the Ministry of Health, ensuring enhanced ownership and sustainability. Further on EmONC, a study on Active Management of the Third Stage of Labor was undertaken, to better inform the program on needs, gaps and current practices. LTFP training reached all 9 provinces and 69 out of 72 districts, leading to expanded family planning choices for couples, and a reduced client load due to clients moving to long term methods. Jadelle and EmONC IEC materials and job aids were produced and distributed. IRH leveraged resources from UNICEF, WHO and MOH, which enabled trainings to reach more provinces, and to include IUD training. The Malaria in Pregnancy (MIP) program began, with assessments in two provinces, and planning for interventions, including improving logistics, which was a key problem identified.

Malaria / Indoor Residual Spraying achieved 93 percent coverage of targeted structures in 15 districts during the 2007-08 spray season, protecting an estimated 3.28 million people. A notable achievement was the completion of the spray operations before the rainy season began. IRS guidelines were produced, and are fully in use. Two districts, and part of a third, were geocoded

resulting in a total of 13 out of 15 districts complete. The IRS team responded to a national scale up effort from 15 to 36 districts, by extending technical assistance support to district assessments, training of trainers, and supervision of cascade training. HSSP provided personal protective equipment and delivered the supplies on time. An important achievement was the preparation and export of pesticide sachets and waste material to South Africa for destruction. Further support to environmental safety was provided to Environmental Council of Zambia in carrying out environmental assessments of the districts. A Senior Malaria Specialist / Entomologist was recruited to replace the IRS Specialist position, and the insectary refurbished in preparation for entomological research which will take place in Year 5.

In the area of HIV/AIDS Health Systems, Clinical Care Specialists (CCSs) played a pivotal role in expanding the number of anti-retroviral therapy (ART) sites; in carrying out supervisory visits focused on case management observation and record reviews, in training health workers in a full range of HIV/AIDS services, and in coordinating HIV/AIDS activities in the provinces. CCSs also played an active mentoring role in guiding health workers in a broad range of clinical areas, also supporting HSSP's key technical areas such as EmONC, child health, IMCI, and malaria case management.

Recruitment of targeted workers to the Zambia Health Worker Retention Scheme (ZHWRS) was completed during Year 4, with a total of 119 health workers retained through HSSP support. Five doctors' houses were renovated. Improving the management systems and timely invoicing and payment have been identified as priorities, and will be addressed in Year 5. Several studies have been designed to examine the impacts of ZHWRS, and to examine issues and constraints in fully implementing the scheme.

In the area of quality improvement and accreditation, HSSP met its Year 4 target for the percent of districts conducting case management and record reviews. Attaining accreditation for private ART sites has been more challenging than anticipated due to insufficient resources to provide needed equipment and technical assistance to sites which did not meet the standards. A total of 15 private sites have been accredited to date. A consensus meeting was held on certification of health providers and institutions providing ART services.

In Pre- and In-Service Training continued to assure that all graduates in pre-service programs have received HIV/AIDS training. 3250 copies of the nurse's curriculum and learning materials, and 1500 of the clinical officer general curriculum and learning materials were printed, assuring that all training institutions have adequate quantities for their use. Lecturers, tutors and preceptors were oriented in the curricula and trained in HIV/AIDS technical updates.

The Health Services Planning reached its target of assuring that all 72 districts use the revised guidelines for planning. The Costing and Budgeting Guideline was finalized and printed and was used as a reference tool during the review of action plans. An updated District Planning guideline was prepared, incorporating Marginal Budgeting for Bottlenecks concepts (MBB) and revisions of the hospital, health center and provincial guidelines will follow in Year 5. Technical planning updates were prepared for 2009-2011 and these were used by districts and hospitals as a reference tool during 2008 planning. HSSP technical staff actively participated in the national and nine provincial planning launch meetings. In human resources, 47 HR officers were oriented to the new HR planning template and guidelines.

HIV/AIDS Coordination/SWAp made progress in Year 4 in initiating the semi-annual national HIV/AIDS forum for all partners. The HIV/AIDS Sustainability Framework was finalized and disseminated and MOH and NAC staff trained in its use. The National Health Accounts HIV/AIDS sub analysis was conducted, with substantial technical support from HSSP.

In Strategic Information, the Year 4 targets were met for training. Numerous forms, guidelines manuals, and indicators were designed, formulated and approved. The HMIS roll out was delayed, leading to the postponement of the development of the Routine HMIS Reference Guide, to be completed in Year 5. Strategic Information and the Monitoring and Evaluation Unit cooperated to assist 9 provinces prepare Annual Provincial Statistical Bulletins -- a first time achievement.

The Monitoring and Evaluation team revised the M&E plan to incorporate changes in program targets and updated program documentation and assisted HSSP to prepare for a data quality audit. Looking towards the final project year, a “So What” meeting was held, giving technical staff an opportunity to examine issues of impact and higher level results within HSSP, and to plan for documentation and dissemination of the important achievements of HSSP during project Year 5.

1 Introduction

The purpose of the Health Services and Systems Program 2004-2009, is to contribute to USAID Strategic Objective 7: Improved status of the health of the Zambian people, total fertility rate, infant mortality rate, and HIV prevalence decreased; and to contribute to Ministry of Health's goal of improving the health status of Zambians.

HSSP contributes to the following USAID Intermediate Results:

IR7.2: Achievement and maintenance of high coverage for key health interventions

IR7.3: Health systems strengthened

Technical Areas and Funding Sources

HSSP currently receives funding from three USAID funding sources, supporting the following range of technical program areas:

USAID Pop/CH

- Child Health and Nutrition (CHN):
 - Facility-based IMCI
 - Community-based IMCI
 - Immunization (EPI)
 - Vitamin A and Deworming
- Integrated Reproductive Health (IRH):
 - Safe motherhood: Post abortion care (PAC)
 - Safe motherhood: Emergency obstetric and newborn care (EmONC)
 - Long Term Family planning (LTFP)

President's Emergency Plan for AIDS Relief (PEPFAR)

- ARV drugs
- Clinical Care Specialists
- Human Resources planning, management and training
- Performance improvement and accreditation
- Planning and strategic information
- HIV/AIDS coordination through a sector-wide approach (SWAP)

President's Malaria Initiative

- Malaria and child health
- Malaria and reproductive health
- Indoor residual spraying (IRS)

Program Objectives

The three HSSP Program Objectives that crosscut all technical areas are:

- Achievement and maintenance of high coverage for key child health and nutrition, integrated reproductive health, malaria and HIV/AIDS interventions

- Improvement of the quality of key health interventions
- Strengthening of health systems in the delivery of key health interventions

Program Approach

HSSP's approach is to provide technical support and capacity building to the Ministry of Health, to enable achievement of program results and. Program Year 4 is focused on achievement of life-of-project targets, and documentation of lessons learned, best practices and success stories. The program timeframe has been revised under USAID guidance, and will be completed in December 2009 instead of September 2010. It is planned that the last 15 months of the Program will focus on consolidation of scaled-up systems and programs, ensuring quality, sustaining best practices, and documentation and dissemination of achievements.

Organization of the Annual Report

The Year 4 Annual Report is organized by technical areas, under the three overall (funding source) areas. Up-to-date program results against key indicators are reported in the tables which precede each narrative section. The narrative provides brief detail on all planned activities, as well as new and carried over activities. Annex 1 provides a complete listing of all project indicators, targets and results to date. Annex 2 shows all originally planned workplan activities by technical area, and status as of the end of Year 4. Annex 3 includes the success stories submitted to USAID's Telling Our Story website.

2 Child Health and Nutrition

The overall CHN goal is to improve the quality and increase coverage of key childhood interventions. The HSSP strategy in CHN is to work with the MOH on national, provincial and district levels to strengthen human resources and basic systems to scale up CHN coverage and ensure provision of quality care. Investments are being directed towards the development and testing of sustainable approaches to scale-up CHN interventions, integrating them into existing systems and services. Focus is on high-impact activities that will improve infant and child morbidity, mortality and nutritional status. HSSP continued to strengthen overall national level capacities related to CHN over the past year through the following activities:

2.1 Facility-based IMCI (F-IMCI)

The specific F-IMCI objective is to expand the number of F-IMCI delivering districts from 38 to 72 by 2009.

2.1.1 Key Indicators

The key indicators under facility-IMCI are presented in Table 2.1.

Table 2.1: Improved CHN coverage and quality of care through facility-IMCI

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
1.1 Number of districts implementing F-IMCI	72	72	72	72
1.5 Number of people trained in Child Health Care and Child Nutrition	120	583	2,861	618
1.6 Number of people trained in maternal/newborn	300	588	1,248	795
1.12 Number of special studies conducted	1	2	3	3
1.13 Number of information gathering or research activities conducted	4	2	3	9
2.5 Number of people trained in malaria treatment or prevention	1,300	1,901	3,001	3,956
2.6 Number of medical and para-medical practitioners trained in evidence-based clinical guidelines	170	186	345	547

2.1.2 Key Achievements in Year 4

Improved CHN coverage and quality of care

HSSP successfully scaled-up implementation of F-IMCI by an additional 10 districts. As a result, all the 72 districts are now implementing F-IMCI. The central level now faces the challenge to ensure that saturation levels in terms of the trained health workers and quality of services is maintained.

Technical updates for F-IMCI developed for the national planning launch

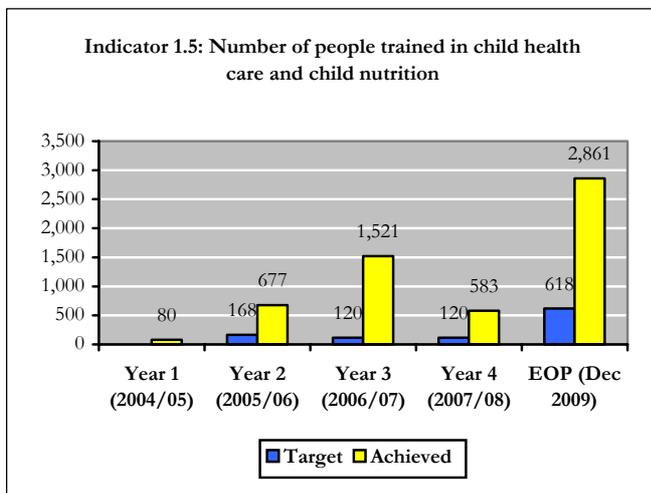
HSSP supported the MOH during the year under review to develop technical updates for dissemination during the National Planning Launch. This process involved a reflection on what has been achieved in the past year and provided direction on the focus for the coming 3 years, including care of the newborn at district levels and training of district hospital staff in emergency triage assessment and treatment (ETAT).

F-IMCI training materials updated and printed

HSSP in collaboration with child health partners, such as WHO and UNICEF, supported MOH to update the IMCI training modules to include guidelines on care of the sick newborn, use of zinc and low-osmolar ORS for the treatment of diarrhea, use of rapid diagnostic tests for malaria and the strengthening of the HIV guidelines to include pediatric ART. HSSP printed 200 copies of the finalized modules which will be used for up-coming IMCI case management training programs.

97 health workers trained in IMCI case management

A total of 97 health workers from Western, Northwestern, Luapula, and Lusaka Provinces were trained in IMCI case management with HSSP support during the year under review. The target was to train 72 health workers; however, HSSP was able to expand its reach through cost-sharing with the districts.



IMCI post-training follow-up conducted for 144 health workers

HSSP provided financial and technical assistance to the provincial health offices (PHOs) and district health offices (DHOs) in Eastern and Luapula Provinces to conduct initial IMCI post-training follow-up visits. These visits provided an opportunity for health workers to be assessed at their station of work, to re-enforce the skills and knowledge acquired during the training, and to identify and offer solutions for problems that may make it difficult for the health worker to effectively implement the F-IMCI guidelines.

District and provincial health staff trained to conduct IMCI supervisory visits

HSSP has spearheaded the use of an on-the-job approach to scale-up the training of supervisors in the use of the IMCI supervisory tools, building of capacities of DHO and PHO staff from five provinces including Eastern and Luapula Provinces during year four to conduct initial follow-up visits.

32 Nurse Tutors trained in IMCI facilitation skills

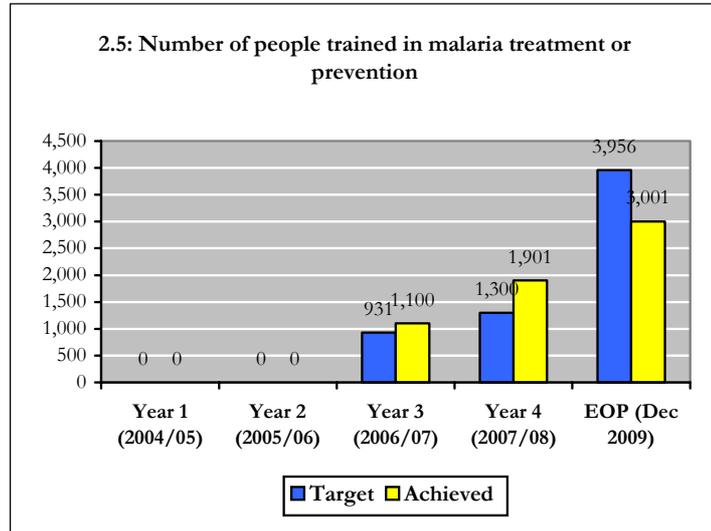
Working in close collaboration with the General Nursing Council, HSSP facilitated the training of 32 tutors in F-IMCI facilitation skills to build capacities among nurse tutors in the training institutions to conduct F-IMCI training for their students in a sustainable and cost-effective manner. Through leveraging of resources HSSP was able to reach beyond the 20 tutors which we had originally planned to train.

Malaria workshop held for provincial, district and hospital managers and clinicians

HSSP and NMCC conducted a two-day malaria workshop for 42 provincial, district and hospital managers, and clinicians from Luapula Province. The workshop covered general malaria program management, case management, malaria prevention and drug logistics management.

Malaria management supervisory visits

Following the malaria workshop, selected site supervisory visits were conducted to assess the malaria management situation at various levels of health care (i.e. the DHO, the district hospitals, the health centers, and the community) in all 7 districts of Luapula Province. Teams provided on-site solutions where possible and the resultant report has provided NMCC with useful information for providing future technical and financial support.



Framework for scaling up newborn health interventions

In an effort to integrate newborn health into the maternal and child health programs HSSP, with STTA from Save the Children, developed a national frame work document for scaling up newborn health, which has become a reference document for the national level.

Orientation on New Updates in Child Health

HSSP, in collaboration with the MOH Child Health Unit, conducted a two-day workshop to orient over 60 stakeholders in public health and clinical areas on the new updates in child health programs and to foster strong partnerships through sustained collaboration. Involvement of partners in the clinical area will strengthen the continuum of care and help to improve national level capacities.



Permanent Secretary – MOH at the official opening of Orientation on New Updates in Child Health

Maternal Newborn and Child Health Partnership (MNCP) Launch

The MNCP was officially launched by the Minister of Health on the 23rd January, 2008. HSSP played a pivotal role in supporting the MOH Child Health and Reproductive Health units through this process by developing and disseminating of the terms of reference for the partnership. HSSP, with technical

support from SAVE the Children, also supported MOH to develop a scale-up framework for new born interventions.

IMCI implementation experiences shared at international conferences

During the year under review, HSSP shared information on F-IMCI at two international conferences- the American Public Health Association and International AID Conference- through the presentation of two papers entitled, “Integrated Management of Childhood Illness (IMCI) training in Zambia: Lessons learnt” and “Barriers to implementation of the HIV guidelines in the IMCI algorithm” respectively.

Monthly in-house (HSSP) malaria technical working group meetings initiated

In order to keep abreast of malaria activities by all HSSP units and facilitate collaboration, in-house malaria technical working group meetings were initiated. During the year under review, two meetings were held

2.1.3 Key products/Deliverables

- Framework for scaling up of newborn interventions
- Updated F-IMCI training materials, including course director’s guide, facilitator guides, and training modules.

2.1.4 Challenges and Solutions

Challenges	Solutions
Competing priorities at national level	Take leadership in ensuring child health activities are regarded as priorities by MOH
Inadequate human resources at the national level to facilitate the implementation of scheduled activities.	Take leadership in initiating activities and ensuring that they are carried out.
Inability of HSSP to pay certain incentives for resource partners	Cost-share with MOH to provide incentives, such as out-of-pocket allowance

2.1.5 Successes/Best Practices

- **Model approaches** - On-the-job training of DHO and PHO staff in the use of supervisory tools has resulted in a rapid and cost-effective means of building capacities.
- **Effective use/analysis of field generated data** - Analyzing data generated from the routine field work has resulted in identification of technical gaps and has provided a basis for guiding future focused technical assistance.
- **Resource leveraging** – Resource leveraging and cost-sharing with district levels and the General Nursing Council have allowed more health workers to be trained in IMCI case management and more nurse tutors to be trained in IMCI facilitation skills, respectively.
- **Fostering partnerships** - The link between the clinical and the public health area has been rather weak. This linkage was rekindled through a two-day

workshop that was held to share recent updates and re-define roles in the area of child health. It was well-attended and enthusiastically participated in by partners.

- **Contribution to national level activities** - HSSP actively contributed to national level activities that are meant to strengthen integration between maternal and child health, namely the MNCH Partnership Launch and the Count Down to MDG 4 and 5 meeting.
- **Strengthening of internal synergies** – An HSSP malaria case management working group consisting of CHN, IRH, and IRS staff has been formed to meet regularly to plan and share updates on malaria case management.

2.1.6 Rescheduled/Reprogrammed Activities

Malaria workshop held for provincial, district and hospital managers and clinicians

HSSP and NMCC had scheduled to conduct malaria workshops in the five provinces with the highest incidences of malaria. However, due to competing priorities, only one such workshop was held for Luapula Province. Workshops for two additional provinces are due to be conducted in Year 5.

2.2 Community-based IMCI

The specific objective of Community IMCI is to scale up the number of districts with providers promoting 6 Key Family Practices from 13 to 58 districts by 2009.

2.2.1 Key Indicators

The key indicators for community-IMCI are presented in Table 2.2.

Table 2.2: Improved CHN coverage and quality of care through community-based IMCI

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
1.2 Number of districts with at least one health worker trained in C-IMCI	72	72	72	72
1.3 Number of health facilities with at least one health worker trained in C-IMCI	280	89	483	500
1.4 Percent of districts offering 6 key family practices	76% (55 districts)	99% (71 districts) (2009)	123% (71 districts) (2009)	80% (58 districts)

2.2.2 Key Achievements in Year 4

Improved CHN coverage and quality of care through community-based IMCI

HSSP supported C-IMCI training for 80 health facilities bringing the total number of health facilities with at least one health worker trained in C-IMCI to 483. All the 72 districts now have at least one health worker trained in C-IMCI.

Purchase of weighing scales and bags

HSSP provided leadership, through DHMT visits and scheduled ICC meetings, in advocating for the improved supply of CHW drug kits and for the purchase of weighing scales. These efforts have resulted in the purchase of 3,000 weighing scales for 52 districts and in the establishment of additional weighing posts leading to improved monitoring of growth of children for timely nutrition interventions.

District facility supervisors training

Through co-funding by HSSP and the DHMTs, 80 facility supervisors in Kawambwa and Chiengi Districts were oriented using the C-IMCI training package. The orientation focused on strengthening the supervisory roles of facility staff in focused planning, supporting implementation, and monitoring community level activities, which will result in improved CHW case management practices and improved quality of care for children.



Training of Community Health Workers (CHWs) in 2 districts

HSSP supported the districts in strengthening implementation of the 6 Key Family Practices by training CHWs through supportive supervision and by supplying equipment and CHW training manuals. So far, HSSP has contributed to training 1,500 CHWs out of the cumulative total of 4,500 CHWs trained to date in Zambia.

Supervise 10 districts to monitor role of facility staff in supporting CHWs

A total of ten districts in Luapula, Northern, and Lusaka Provinces received technical support supervision to monitor implementation of community IMCI key practices and to help consolidate the role of health facility and DHMT staff in supporting community level activities. The visits also revealed that 80% of the trained CHWs were actively involved in caring for sick children and that improvements were made by DHMTs in supplying drugs and equipment to service delivery sites.

Comprehensive IMCI implementation demonstrated

To demonstrate the impact of comprehensive IMCI implementation, HSSP, in collaboration with the Eastern PHO, selected three districts (Katete, Mambwe and Chadiza) in which to focus on strengthening linkages among all levels of the health system. The first two phases of capacity building and ensuring supplies were completed in Year 4, with the final phase of supervision to be completed in Year 5.

Re-initiated National Community IMCI Working Group

Through HSSP's technical leadership, the National Community IMCI Working Group has been revitalized, resulting in an expansion of membership and increased visibility of newborn care practices at the household level. This will form the basis for developing and adopting HBNC guidelines in Year 5 that will be used to model HBNC in selected districts.

Strengthening partnerships at national level

HSSP participated in quarterly meetings, such as the Interagency Coordinating Committee, Community IMCI Technical Working Group, Growth Monitoring and Promotion Working Group and the weekly CHN TWG meetings. The technical assistance provided by HSSP at these meetings has resulted in collaborations and additional funding to support implementation of health systems strengthening activities in 12 selected low-performing districts.



Facility supervisor reviewing a community register

2.2.3 Key Products/Deliverables

- Harmonized community level technical support supervision and monitoring tools
 - < 5 Community Register
 - Integrated RED strategy and C-IMCI monitoring tools
- Reports on Nutrition Situation Analysis
- Implementation of Positive Deviance Health in Lukulu District

2.2.4 Challenges and Solutions

Challenges	Solutions
The change in MOH policy to use of Coartem for first-line treatment of malaria prior to the completion of the RDT/Coartem pilot has resulted in removal of all anti-malarials from the CHW kits preventing treatment for malaria at the community level.	HSSP continues to advocate for speedy completion of the pilot process; CHWs focusing on educating community on home management of fever and seeking care for fever and are referring to health centers for treatment.

2.2.5 Successes and Best practices

- **Cost-sharing** – Implementing cost-sharing between HSSP and the district level has allowed HSSP to expand its reach and has also yielded more sustainable support and investment of DHMTs in community-level activities.
- **Improved documentation**-- Documentation of key family practices in community <5 child registers provides for more organized evaluation and tracking of interventions provided at the community level.

2.2.6 Rescheduled/Reprogrammed Activities

- Printing of updated CHW training manual was deferred due to the recognized need to review and expand information in technical areas. Revision and printing will take place in Year 5.
- Development and adoption of Newborn Care Guidelines rescheduled for first quarter of Year 5 due to need for STAA available in October 2008.
- Monitoring of Positive Deviance Hearth activities reprogrammed for Year 5 due to modification of approach HSSP plans to support NFNC in hosting review

meeting in order to share experiences on community nutrition case management practices.

- Follow-ups on health systems strengthening (HSS) activities to improve coverage rescheduled to 2009 due to delay in districts' receipt of GAVI funds; districts were just commencing HSS activities at end of Year 4.

2.3 Expanded Program on Immunization (EPI)

The specific objectives of EPI are to increase the number of children under one year of age who receive DPT3 to a cumulative total of 2,624,000 children by 2009, and 60 districts to attain 80% and above full immunization coverage (FIC) of children under one year.

2.3.1 Key Indicators

The key indicators for EPI are presented in Table 2.3.

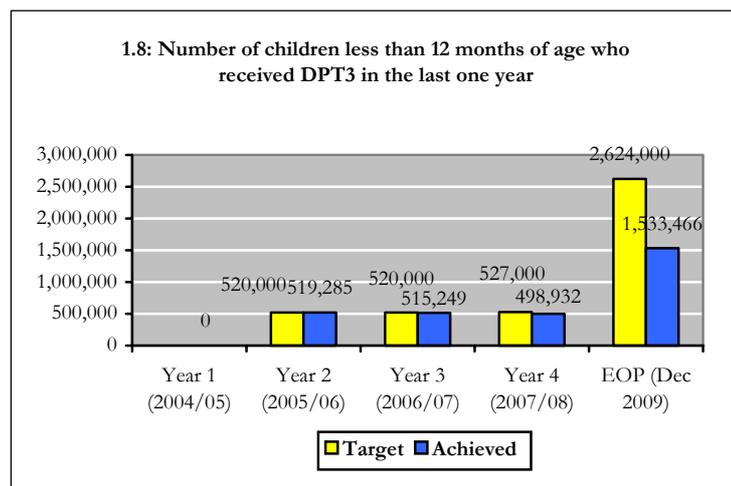
Table 2.3: Improved immunization coverage and quality of care

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
1.7 Number of districts with at least 80% of children fully immunized by age 1 year	55	These are EOY results	45	60
1.8 Number of children less than 12 months of age who received DPT3 in the last year	527,000	498,932	1,533,466	2,624,000

2.3.2 Key Achievements in Year 4

Technical support improves immunization coverage

Technical support supervision visits were conducted in 15 districts with the purpose of improving performance of these districts in the planning and implementation of routine immunization services and Child Health Week and RED strategy activities. Technical assistance has resulted in 10 out of the targeted 15 districts achieving 80% and above full immunization coverage.



Health systems strengthening activities monitored

HSSP continues to provide technical assistance (TA) in monitoring implementation of activities to strengthen the health system at all levels. This has resulted in the speedy disbursement of funds to support community-level income generating activities (IGA) which support the work of CHWs. HSSP’s TA also contributes to the MOH’s effort to track the impact of system strengthening activities on service delivery indicators.

Quarterly update of immunization coverage data

Quarterly update meetings on district performance on FIC and DPT3 child health indicators were conducted through the CHN Technical Working Group. The performance criteria formed the basis for selecting 20 high priority districts for focused technical assistance during planning, CHWK and RED strategy TSS.



CHWs monitoring progress of the Neighborhood Health Committee performance in Nakonde District

Inter-country Community Case Management meeting in Madagascar

HSSP participated in an inter-country meeting on Community Case Management of Diarrhea, Malaria and Pneumonia held in Madagascar in August 2008. Lessons were learned on accessing case management interventions at the community level, as well as the critical role of CHWs in home treatment.

2.3.3 Key Products/Deliverables

- Harmonized community level technical support supervision and monitoring tools
 - < 5 Community Register
- Integrated RED strategy and C-IMCI monitoring tools

2.3.4 Challenges and solutions

Challenges	Solutions
Inadequate allocation of funds for sustained support to community level activities has resulted in increased drop-out rates of community based agents.	Encouraging CBA peer-learning through district exchange visits to promote adoption of better practices for sustainability.
Maintaining high-quality services (i.e. injection disposal practices, cold chain maintenance).	Strengthen the role of provincial core supervisors in re-enforcing recommended practices.

2.3.5 Successes and best practices

- **Resource leveraging** - Leveraging of resources and cost-sharing with districts promotes ownership and sustainability of activities, such as in the training of CHWs and facility based supervisors to strengthen C- IMCI activities
- **Holistic approach to TSS** - Integration of community-level child health and nutrition registers, monitoring, and reporting tools has resulted in a more holistic and effective approach to TSS.

2.3.6 Reprogrammed/Rescheduled Activities

Inter-district exchange visits

In Year 4, Nakonde, Mazabuka and Luangwa were identified as three districts that have demonstrated innovations in providing care, including establishing and increasing utilization of primary healthcare (PHC) units, RED strategy to improve immunization coverage, and Positive Deviance Hearth to improve management of childhood malnutrition. In the first quarter of Year 5, exchange visits will be conducted between these and low-performing districts in order that the latter can learn from the successes and challenges of their colleagues. This activity was reprogrammed from Year 4 due to conflicting activities in the districts.

2.4 Nutrition

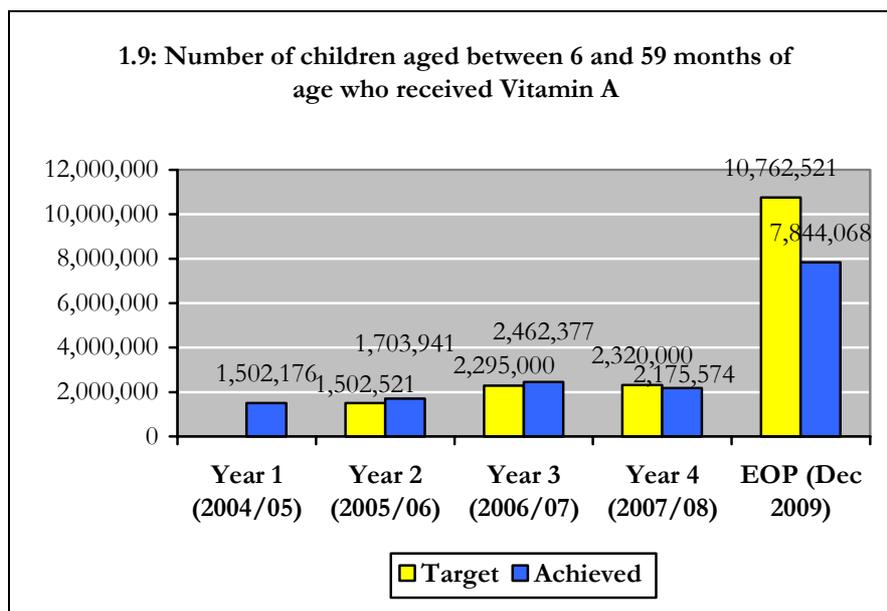
The specific objective of nutrition is to increase national Vitamin A supplementation coverage in to above 85% by 2010.

2.4.1 Key Indicators

The key indicators for EPI are presented in Table 2.4.

Table 2.4: Improved nutrition coverage and quality of care

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
1.9 Number of children aged between 6-59 months who received vitamin A	2,320,000	2,175,574	7,844,068	10,757,521
1.10 Percent of children between 6-59 months receiving vitamin A supplementation	80%	90%	90%	85%
1.11 Number of children 1-5 years who received de-worming tablets	2,320,000	1,869,409	6,617,691	6,940,000



2.4.2 Key Achievements in Year 4

Annual Food and Nutrition Situation Report

The Annual Food and Nutrition Situation Report of 2006 was printed and was disseminated by the Minister of Health at the launch of the National Food and Nutrition Policy with HSSP support. The report informs decision makers about the progress and coverage of different nutrition indicators, such as percent of children who received vitamin A supplementation, and programs.

Development of an electronic reporting system

To strengthen data management for Child Health Week, HSSP provided technical support in developing province-specific electronic spreadsheets for the provincial health offices to enter district reports and generate provincial summaries. The program data collected provides essential information beyond coverage that will now be reported HMIS.



Support strengthening program management in districts before and during Child Health Week

Technical support supervision was provided to 11 districts (Lusaka, Kalulushi, Kitwe, Sesheke, Solwezi Ndola, Kitwe, Chipata, Kalulushi, Lufwanyama and Kabwe) to enhance the implementation of Child Health Week and improve coverage and the quality of service delivery. This resulted in an overall improvement in implementation capacities.

Compile and print an advocacy document for the vitamin A supplementation story in Zambia.

HSSP supported the documentation of the success story of vitamin A supplementation in Zambia, including the genesis, challenges, and successes of the program. The document is aimed at program managers and policy-makers and is in the final editorial stages.

Support Child Health Week review meetings

HSSP supported review meetings in Western and Eastern Provinces and Sesheke and Lusaka Districts utilizing the Child Health Week manuals. The focus of the meetings was to reinforce the planning session to ensure that the bottlenecks that hinder attainment and sustainability of high coverage of vitamin A supplementation are addressed.

Participation in stakeholder and advocacy meetings

HSSP continued to participate in the Child Health Technical Committee and Interagency Coordinating Committee (ICC) to advocate for continued investment in Child Health Week data to complement the new HMIS. Technical support was also provided to other technical working groups, such as Nutrition and HIV/AIDS, Growth Monitoring and Promotion (GMP), and Infant and Young Child Feeding, to support various nutrition interventions.

HSSP supported PA in:
Mufulira
Kalulushi
Kawambwa
Chongwe
Chavuma
Zambezi
Kabompo
Mwinilunga

Advocacy for repositioning anemia

A draft micronutrients publication that encompasses three micronutrients (iron, iodine and vitamin A) was developed by the National Food and Nutrition Commission (NFNC) with financial and technical support from HSSP. The document is aimed at providing critical, basic information to policy makers and program managers on why it is important to address micronutrient deficiencies in Zambia. It is anticipated that the final document will be ready in first quarter of year 5.

Support advocacy meetings for nutrition interventions

Financial and technical support was provided to Ministry of Health to orient nine nutritionists to the draft “Minimum Package of Care for Nutrition,” now renamed “Essential Nutrition Package.” These nutritionists will serve as resource persons for nutrition interventions in the provinces.

Support to the planning launch

HSSP provided technical support to the planning launch in Copperbelt Province and to the review of the draft district and hospital action plans for Southern Province to ensure that nutrition interventions are included in the plans.

Support to provincial technical support supervision and performance assessments

HSSP participated in performance assessments in selected districts in four provinces: Copperbelt,



Luapula, Lusaka, and Northwestern Province. Recommendations from the performance assessments indicated the need to provide technical support from national and provincial level to strengthen implementation of nutrition interventions.

Support finalization and printing of Minimum Package of Care for Nutrition in Zambia

HSSP provided material and financial resources to finalize the development of the Essential Nutrition Package. The document provides comprehensive, scientifically-based information and guidance on how to plan and implement nutrition interventions at various service delivery points.

Support development and printing of Infant and Young Child Feeding Health Facility Protocol

A protocol to assist health workers to support mothers in successfully feeding their infants and young children was developed in poster format and printed and distributed to all 72 districts. The protocol will enhance health workers knowledge and practice in improving infant and young child feeding practices and ultimately contributing to reduction in malnutrition.

Provide technical and logistical support in the roll-out of the revised Children’s Clinic Card

Technical and logistical support was provided to the Ministry of Health in the development of a Children’s Clinic Card orientation package aimed at managers, facility-based health workers, and community based agents. The package has been used to roll-out training to all 72 districts.

2.4.3 Key Products/Deliverables

- Child Health Week Participant’s Manual
- Child Health Week Facilitator’s Manual
- Annual Report on the Food and Nutrition Situation in Zambia, 1st Edition.
- Infant and Young Child Feeding Health Facility Protocol



2.4.4 Challenges and Solutions

Challenges	Solutions
Under-staffing at the Ministry of Health Nutrition Unit poses a challenge in timely review and completion of documents	Advocacy with partners for both long-term (increased staffing by MOH) and short-term solutions (hiring of staff by partners)
Inefficient procurement and distribution of supplies for Child Health Week is an obstacle to effective service delivery	Continued advocacy to partners to ensure follow-up on supplies

2.4.5 Successes/Best Practices

- Strengthened data management and expanded data collection for Child Health Week through development and implementation of electronic spreadsheets for recording of provincial and district information.

2.4.6 Rescheduled and Reprogrammed Activities

- The conduct of capacity-building workshops to the develop a district model of data management has been rescheduled to Year 5, Quarter 2 due to inadequate funds needed for STTA.
- The Annual Review Meeting for Nutrition has been rescheduled to October 2008 by Ministry of Health due to competing priorities in the Nutrition Unit at MOH.

3 Indoor Residual Spraying

The goal of the malaria program is to contribute to the national effort of reducing malaria morbidity and mortality. The objective of the Indoor Residual Spraying (IRS) program is to provide adequate technical, logistical and managerial assistance to the National Malaria Control Program (NMCP) to achieve its target of reducing the incidence of malaria by 85% in selected IRS areas by the end of 2011.

Major government pronouncements were made during the year which had an impact on the overall IRS program. The government announced the scale up to 21 districts and further announced a scale up to 36 districts. HSSP's mandate is to implement IRS in 15 districts, however HSSP extended technical support to the additional districts to ensure they were ready to start operating with sufficient training and systems in place.

The HSSP strategy in IRS has been to work closely with MOH at national, provincial and district levels to ensure that basic systems to establish IRS and increase coverage are put in place. This includes transfer of technical and management skills to MOH staff to carry out all key IRS activities.

3.1 Key Indicators

The key indicators for IRS are presented in Table 3.1.

Table 3.1: Improved IRS coverage and quality

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
2.1 Number of houses sprayed with insecticide with USG support	700,000	657,695	657,695	900,000
2.2 % of targeted structures sprayed with a residual insecticide	80%	94%	94%	85%

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
2.3 Value of pharmaceuticals and health commodities purchased (IRS)	201,300	226,380	453,645	651,625
2.4 Number of host country institutions with improved management information systems (IRS)	22	37	37	37
2.7 Number of people trained in monitoring and evaluation (IRS)	27	46	76	79
2.8 Number of people trained in strategic information management (IRS)	33	17	77	111
2.9 Number of special studies conducted (IRS)	2	1	2	7
2.10 Number of information gathering or research activities conducted (IRS)	4	4	5	9

3.2 Key Achievements in Year 4

Increased spraying coverage

Spray operations incorporated 15 districts and at the end of the 2007 spray campaign, coverage of 93% of targeted structures had been achieved, an improvement from the 87% achieved during the previous spray season.

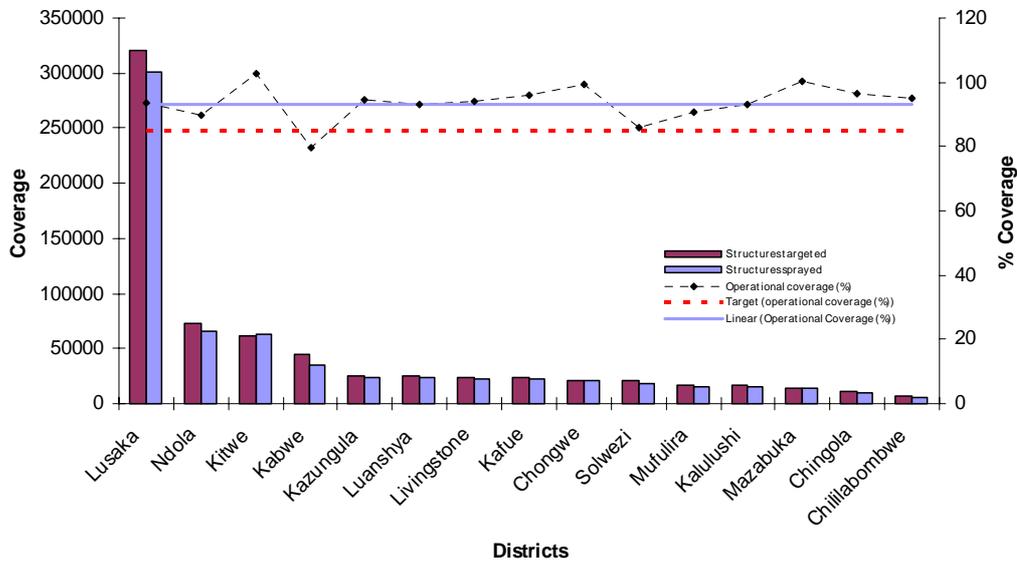
Mapping and enumeration of households

Two districts were geocoded bringing the number of geocoded districts to 13 out of the total 15. Kazungula District is currently underway while Lusaka is expected to be geocoded early in Year 5. Mapping structures has proven useful in quantification of insecticides and providing geographic location of structures. Strengthening of the national malaria control program by incorporating the GIS/GPS mapping system has enhanced NMCC capacities to plan, manage and report on its intervention activities such as IRS. Collection and management of information using more effective GIS means could lead to detailed analysis and micro-level planning of intervention activities for cost effectiveness. Similarly, the same process could assist the NMCC to disseminate information more explicitly and accurately.



GPS/GIS enumerator

IRS: Structures Targeted and Sprayed - 2007



Post-season IRS review meeting

The post-season IRS review meeting was held in January 2008. The meeting evaluated the activities of the 2007 spraying season and made recommendations to improve the next spraying campaign. The meeting was attended by District Directors of Health, representatives from the provincial health offices, national Malaria Control Program and partners.

IRS information management

A comprehensive data recording format was developed and fully enforced in all the 15 districts for standardization of information management. Follow up was made to all IRS districts to ensure standardized reporting on progress of IRS spraying activities. Technical assistance was provided to those districts that required further assistance on using the Excel based data recording database for recording and reporting. The data recording format has also been introduced in the new districts.

Support situation analysis and survey visits to the districts

Conducting situation analysis to determine district preparedness is a prerequisite to IRS spraying operations. HSSP conducted needs assessments in the 15 designated and the additional 21 districts. Among the key issues identified was the need to increase the capacity of the districts to implement IRS by training new IRS supervisors. As a result, the TOT was attended by an IRS manager with a maximum of three new supervisors. The province will play a significant role in monitoring and supervision during spray operations.

Training of trainers (master trainers)

Developing a cadre of trainers for IRS is one of the most important activities of the program, especially since the program has expanded to 36 districts. The aim is to build capacity at national and district level. Seventy-five trainers were trained in three sessions. In all the 3 sessions, old and new districts were trained together so that new districts could learn from the experienced districts.

Cascade training for spray operators

1,350 spray operators were trained for a period of 21 days to ensure successful spraying. HSSP provided technical and logistical support needed to monitor and assess the quality of master and cascade training sessions. The WHO training standards are adhered to assure quality.



Training of trainers, Kabwe, June 08

Support to national entomology lab

The refurbishment of the insectary was completed and supplies procured, and two field trips conducted to capture vector mosquitoes. Arrangements are being made to obtain mosquitoes from other sources as well as catch wild mosquitoes to establish a colony, without which epidemiological studies cannot be done.

Monitoring and supervision visits

Monitoring and supervision of districts during the spraying campaign was conducted to ensure compliance to guidelines. Three stages of routine monitoring and supervision visits were made to each district. These visits helped to improve efficiency by, in some cases, changing strategies where the progress was slower than expected.

Support NMCC and ECZ to follow up on the safe disposal of insecticide waste material at district level

The IRS program has been generating large quantities of waste since inception. HSSP took an active role in ensuring that the DDT waste was exported to South Africa for incineration in accordance with the Stockholm Convention. The remaining waste (non-DDT) was incinerated at the University Teaching Hospital. HSSP provided all the logistics for the incineration. Visits were made to some districts to assess their storage facilities and ensure that environmental safeguards are taken into consideration as the spray campaign is conducted. An environmental compliance monitoring visit was undertaken by the USAID/HSSP team to fulfill the USAID prerequisite to ensure continuous provision of insecticides for the IRS program in Zambia.

Procure IRS commodities and Personal Protective Equipment (PPE)

Personal protective equipment is a requirement and specifications are followed according to WHO standards. HSSP procured protective clothing for all spray operators to ensure adherence to minimum safety requirements. Included were overalls, face masks, filters for chemical droplet fumes, dust cartridges, gloves, gum boots, mutton cloths, hard hats and

goggles. These were distributed to all 15 districts. HSSP provided the necessary support to NMCC and ECZ on logistics in delivering IRS commodities and PPE

The 2008 Zambia National Malaria Indicator Survey

The National Malaria Indicator Survey (MIS) is a national sample survey designed to provide information on the effectiveness of malaria programs in Zambia. HSSP provided technical and logistical support to train nurses and laboratory technicians to conduct household interviews using PDAs. In addition to participating in the training, HSSP provided technical assistance during the field survey. NMCC is finalizing the report.

Key Products/Deliverables

- IRS guidelines
- IRS geocoding report
- IRS data entry spreadsheet
- ECZ Post Spray Assessment Report
- Malaria Indicator Survey Report (contributor)
- Insecticide waste destruction certificate from Thermopower
- IRS Communication Strategy

3.3 Challenges and Solutions

Challenges	Solutions
Storage infrastructure and general environmental safeguards still remain a challenge in all the districts	Temporary storage facilities have been found and training on avoidance of spillage and handling of waste water has been reinforced
The refusal rate still remains a concern.	HSSP has assisted with the development of a Communications Strategy that enables each district to access appropriate IEC approaches. IEC activities have intensified
Some of the personal protective equipment was faulty especially gloves and respirators	There was need for stronger gloves and spares for respirator filters. This was fed back and better quality was sought for the subsequent season's procurement
Some DHMTS were not fully supportive to the program	To increase district ownership it is proposed that funding go directly from MOH to the districts; district responsibility for management and supervision will be reinforced
Senior IRS Advisor resigned mid-year	A senior entomologist / malaria specialist was recruited
Increased number of districts to be sprayed	HSSP provided technical assistance to the new districts: carried out district assessments, TOT, and monitoring and supervision

3.4 Successes/Best Practices

- Three rounds of IRS activity supervision were done resulting in high coverage, more accountability, faster implementation and better information management.
- There were no stock outs of insecticides, PPE materials or equipment, enabling smooth operations with minimal interruptions.
- Improved distribution of insecticides and PPEs leading to improved IRS implementation in the districts.
- The communication strategy package from National Malaria Control Program assisted in ensuring that the targeted communities were informed
- National level participation in supportive supervision and monitoring enhanced district performance and ownership of the program.

3.5 Rescheduled/Reprogrammed Activities

Entomological investigations and impact research studies

Insecticide resistance studies have not been conducted due to the resignation of the IRS Specialist and the limited entomological capacity at the national program. HSSP has since recruited a senior entomologist who will take on these studies.

4 Integrated Reproductive Health (IRH)

The goal of IRH is to contribute to the national efforts of reducing the maternal morbidity and mortality ratio. IRH is comprised of three components: Emergency obstetric and newborn care and family planning (EmONC/FP), post-abortion care and family planning (PAC/FP), and long-term family planning (LTFP).

The IRH Specific Objectives are:

- Establish EmONC/FP services in 43 districts by 2009
- Establish PAC/FP services in 43 districts by 2009
- Increase the accessibility and availability of long term family planning methods in 43 districts by 2009

The IRH team works with the MOH and other partners (UNICEF, WHO, Maternal Infant Health Initiative (MIHI)) to implement interventions that address key challenges in IRH. Specifically, HSSP focuses on the scaling-up of EmONC/PAC services through the harmonised curriculum adapted to the Zambian situation and the scaling-up of long-term family planning (LTFP) services, which include Jadelle implants and intrauterine contraceptive devices (IUCDs). Training and updating of skills and knowledge increases access to quality maternal and newborn services at healthcare facilities. The task shifting of skills to include other, previously excluded frontline workers, such as registered and enrolled nurses, also brings the services as close to the community as possible.

In Year 4, HSSP also received a mandate to strengthen focused antenatal care (FANC) and increase uptake of intermittent preventive treatment (IPT) in the fourteen districts of Central and Eastern Provinces. Activities aimed at achieving this goal commenced in Quarter 2.

4.1 Emergency Obstetric and Newborn Care

The specific objective is to build capacity in emergency obstetric and newborn care/post abortion care (EmONC/PAC).

4.1.1 Key Indicators

The key indicators for EmONC/PAC are presented in Table 4.1.

Table 4.1: Improved coverage and quality of IRH services - (EmONC/PAC)

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
3.1 Districts with at least 1 functioning PAC site	36	25	39	43
3.2 Number of districts with at least 2 providers trained in PAC and working in facilities providing PAC	36	25	39	43
3.3 Number of districts with at least 1 functioning EmONC site	36	25	38	43
3.4 Number of districts with at least 2 providers trained in EmONC and working in facilities providing EmONC	36	25	38	43
3.5 Percent of pregnant women receiving IPTp2 in Central and Eastern Provinces	70%	N/A	61%	80%

4.1.2 Key Achievements in Year 4

132 healthcare providers trained in EmONC

In Year 4, HSSP trained 132 healthcare providers from seven provinces (Northwestern, Central, Eastern, Lusaka, Western, Northern and Southern Provinces), thereby scaling up EmONC services to 41 districts covering 77 sites in eight provinces.

130 managers oriented to EmONC

HSSP, in partnership with the MOH, UNICEF, and WHO, oriented 130 district and facility-level managers from the selected EmONC-trained sites



Training participants practice breech delivery on a model

in the seven provinces to EmONC. These orientations provided managers with information on EmONC which would allow them to provide a supportive working environment for staff newly-trained in EmONC and which would ensure greater sustainability of implemented services.

EmONC Curriculum Review Meeting

A three-day EmONC curriculum review meeting was held in the 4th quarter with technical support from the e-learning director at Jhpiego-Baltimore. The meeting brought together multiple stakeholders in the EmONC program, including EmONC trainers and trainees and MOH officials, to address changes needed to make the curriculum more effective. An action plan was created and the revised curriculum is due to be completed in Year 5.

Active Management of the Third Stage of Labor Study (AMTSL Study)

In Quarter 3, the IRH team, with STTA from Professor Judith Fullerton, conducted a study entitled – “Assessment of the impact of health provider training and facility enhancement for active management of the third stage of labor” to assess skills retention in the active management of the third stage of labor in health facilities trained in AMTSL in 2004. Preliminary analysis of the data and dissemination of the findings were done in the 4th quarter. The final report will be completed in Year 5, Quarter 1 and a follow-on study on the assessment of the impact of EmONC trainings is also planned for Year 5.

Technical support and supervision visits to seven districts

Technical support and supervision visits were conducted in all seven districts of Luapula Province in order to ensure that knowledge and skills acquired during EmONC trainings were being implemented correctly and to provide technical assistance. The findings of these visits demonstrated that the EmONC trainings had an immediate impact in improving service delivery.

4.1.3 Key Products/Deliverables

- AMTSL study
- 12,800 copies printed of EmONC job aides on:
 - Prevention of post-partum hemorrhage
 - AMTSL
 - Newborn resuscitation
 - Eclampsia

4.1.4 Challenges and Solutions

Challenges	Solutions
Conflicts with other scheduled activities in the provinces	Increased flexibility in the National Training Plan; liaised more closely with PHOs.
Inadequate number of models for EmONC trainings	Liaising with training institutions to share models; advocating for MOH’s swift purchase of additional models with WHO funds for that purpose

Challenges	Solutions
Inadequate number of trainers for EmONC trainings	Recruiting exceptional training participants, especially medical and clinical officers, to be trainers.
Limitations in providing incentives for services of EmONC trainers	Liaising with MOH to secure out-of-pocket pay and plan for the future.

4.1.5 Successes and Best Practices

- **Leveraging resources** - The IRH Unit leveraged resources through partners to expand EmONC training to additional provinces and districts beyond those we had planned for in the National Training and Monitoring Plan.
- **Increasing program sustainability** - HSSP hired a National EmONC Coordinator, who has been seconded to the MOH, to spearhead the training program and facilitate greater ownership of the program by the MOH. HSSP has also provided guidance to partner organizations in conducting EmONC trainings, thus increasing the sustainability of the program post-HSSP.
- **Seizing opportunities to provide expertise** - The IRH Unit has identified and provided expertise in a variety of projects and programs, including the Maternal Child Health Roadmap and the MNCH Partnership Launch. IRH input has assisted MOH and our partners in producing products and programs that prioritize the health needs of women in Zambia.

4.1.6 Rescheduled/Reprogrammed Activities

- EmONC managers' orientation and EmONC theory/practical workshops for healthcare providers in Copperbelt Province rescheduled for October 2008 due to delays with MOH.
- TSS visits to EmONC sites in 8 provinces reprogrammed for Year 5 due to competing activities in the provinces.

4.2 Long-Term Family Planning (LTFP)

The specific objective of the long-term family planning (LTFP) program is to build capacity in LTFP.

4.2.1 Key Indicators

The key indicators for long-term family planning are presented in Table 4.2.

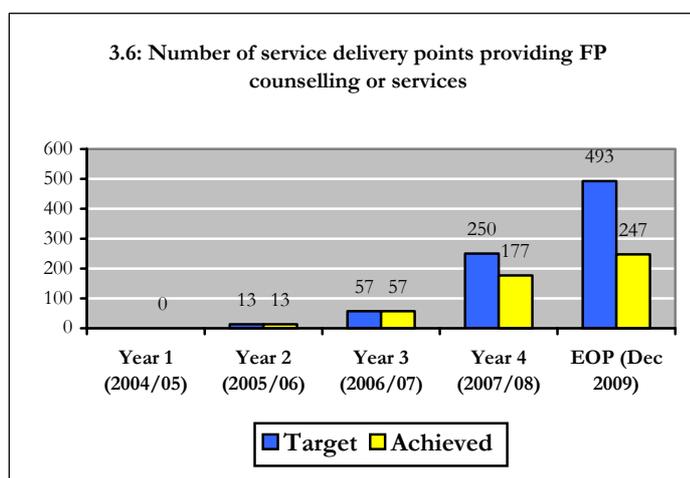
Table 4.2: Improved coverage and quality of IRH services – LTFP

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
3.6 Number of service delivery points providing FP counseling or services	250	177	247	493
3.7 Number of information gathering or research activities conducted by the USG	1	5	8	15
3.8 Number of people trained in FP or reproductive health	525	470	764	1,347
3.9 Number of providers trained in LTFP methods (Jadelle)	138	183	307	408

4.2.2 Key Achievements in Year 4

189 healthcare providers trained in LTFP

HSSP conducted seven LTFP trainings for 189 healthcare providers from 130 sites in seven provinces, bringing our total LTFP training coverage to 69/72 districts countrywide. HSSP, through leveraging of resources with the MOH, has also included the IUCD in the training program.



Trainee inserting Jadelle on client

Technical support and supervision visits

TSS visits were conducted post-LTFP training to 16 sites in Lusaka Province to ensure that providers were correctly implementing newly-acquired skills and knowledge. Technical assistance was provided and commodity supply chain issues were addressed and resolved.

4.2.3 Key Products/Deliverables

- Update and revision of Family Planning Counseling Kit
- 12,800 copies printed of:
 - Jadelle client posters
 - Jadelle healthcare provider

posters

4.2.4 Challenges and Solutions

Challenges	Solutions
Delay in receiving Jadelle commodity until mid-January 2008 resulted in delay of LTFP trainings	Increased number of trainings conducted each quarter.
Non-receipt of FP commodities, such as Jadelle, to health facilities with trained providers.	Addressing situation at RH Commodity Security Committee Update meetings and at FP TWG meetings; investigating issue at district level during TSS visits.
Logistical difficulties in funding partnerships.	Providing closer follow-up and oversight in partners' contributions
Limitations in providing incentives for services of LTFP trainers.	Liaising with MOH to secure out-of-pocket pay for trainers.

4.2.5 Successes/Best Practices

- **Leveraging resources** - HSSP partnered with the MOH to include the IUCD in LTFP trainings in order to expand the family planning method mix available to women.
- **Expanding our reach in LTFP** - HSSP will continue to partner with social marketing organizations, and to include their staff in LTFP trainings. This is an important step in ensuring access to LTFP services, as these organizations are not affected by MOH commodity stock-outs. Additionally, HSSP has seen a newly-trained provider in Northwestern Province take the initiative to organize his own, district-wide trainings. In Central Province, post-training, the PHO is rolling-out mobile LTFP outreach programs, expanding services to rural women who might otherwise not be able to access them.
- **Seizing opportunities to provide expertise** - The IRH Unit has contributed to projects, such as the revision of the new Family Planning Counseling Kit and was a leader in addressing misinformation surrounding Depo Provera.

4.2.6 Rescheduled/Reprogrammed Activities

TSS visits to Central and Luapula provinces post-LTFP training were rescheduled for October 2008 due to competing activities. Visits to Eastern, Western, and Northwestern Provinces will also be conducted in Year 5.

4.3 Additional and Cross-Cutting Achievements in Year 4

Orientation in adolescent reproductive health (ARH)

In Quarter 4, 18 service delivery sites in six districts in Luapula Province were identified for the promotion of adolescent-friendly health services with a focus on pregnancy prevention and family planning. The first of several orientations was then conducted for 18 healthcare providers from the selected sites. Additional ARH trainings will follow in Year 5.

Strengthening FANC and IPT in Central and Eastern provinces

In Quarter 3, the IRH Unit conducted two, three-week assessments at 52 hospitals and clinics in the 14 districts of Central and Eastern Provinces in order to gather baseline data on the status of IPT and FANC service delivery. Preliminary analysis of the data was done and a final report will be completed and program activities commenced in Year 5, Quarter 1.

Fostering partnership and promoting advocacy at the national level

The IRH Unit is continuously involved in a variety of national task groups and meetings, including: the Safe Motherhood Task Group, Family Planning Technical Working Group, and Reproductive Health Commodity Security Meetings and has continued to serve as the secretariat for monthly EmONC Technical Working Group meetings. Involvement and leadership in these groups allows HSSP to leverage resources with partners to expand our programmatic reach and to share our technical expertise.

International level activities

The IRH team participated in and learned lessons from the Global Health Council meeting held in Washington, D.C. in the 2nd quarter and in the White Ribbon Alliance meeting held in Cape Town, South Africa in the 3rd quarter.

5 Human Resources

The human resource for health area is made up of two components: 1) Planning and Management and 2) Pre and In-service Training.

5.1 Planning and Management

The goal for HR Planning and Management is to strengthen human resource capacity and retention to provide HIV/AIDS services in areas supported by HSSP. The objective of this component is to retain at least 90% of health workers in districts under the Zambia Health Worker Retention Scheme (ZHWRS) by 2009.

5.1.1 Key Indicators

The key indicators for human resource for Health Planning and Management are presented in Table 5.1.

Table 5.1: Improved planning and management coverage and quality

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
4.1 Percent of physicians retained in C&D districts under the HSSP rural retention scheme	90%	100%	100%	90%

5.1.2 Key Achievements in Year 4

Recruit health workers to the ZHWRS

This year MOH agreed to convert the 19 remaining positions under HSSP for pharmacy and laboratory technicians to nurse and clinical officers. Both USAID and Ministry of Health approved this change.

The conversions made it possible to complete the recruitment of HSSP supported staff to the ZHWRS. The current retained MOH staff, under HSSP support, comprises 23 doctors, 33 nurse tutors, 31 clinical officers and 32 nurses. There has been turnover of only one doctor who was immediately replaced. HSSP, working with MOH, has developed a rapid assessment tool to study the impact of the retention of nurse tutors on the expansion of intakes and the re-opening of closed training institutions. The results of this study will contribute to concrete evidence on the role of ZHWRS in meeting the human resource needs of the health sector in Zambia.

Improving management of ZHWRS

This activity involved the reconciliation of the personnel lists and financial documents submitted by MOH for the period July to December 2007. The HSSP Accounts Unit reviewed and approved the documents and made payments to doctors and nurse tutors for the period of January to June 2008. A request for the January to June 2008 financial documents was received to facilitate release of funds for July to September 2008, and clarifications are being made concerning invoicing for clinical officers and nurses

Health workers retained under the HSSP supported retention scheme:

- 23 doctors
- 33 nurse tutors
- 31 clinical officers
- 32 nurses

Support Human Resource Technical Working Group (HRTWG)

This year nine HRTWG meetings were held. The year began with the formation of the various sub-technical working groups for: retention, recruitment, planning and human resources information system (HRIS), training and development. The MOH was also able to provide detailed HR financial information by expenditure type and source. This development has improved levels of transparency in utilization of basket funds by MOH. The HRTWG was also presented with proposals for improving the availability of consultants at provincial level. Additionally, the training plan, task shifting strategy and the Round 8 Global Fund Proposal were presented and discussed. The end of the year saw the approval of new ZHWRS allowances for doctors, nurses and other cadres. The new allowance structure was submitted to the HRTWG and became effective 1st October 2008.



Workshop for HR Officers at Protea Hotel in Lusaka
11 – 15th September 2008

Development and review of national HR policies and guidelines

The main policy activity for this year was the drafting of the Round 8 Global Fund proposal. HSSP provided TA to both MOH and National AIDS Council (NAC) to draft this proposal and ensure that the submissions are in line with the sector HR strategy. The focus of HSSP support was in the systems strengthening component. The success of the Global Fund Round 8 proposal will ensure that there are sufficient resources especially for expansion of training outputs, improved quality of graduates, task-shifting, and improvement of health workforce productivity.

Development of 72 HR plans

In September 2008, HSSP and MOH held an orientation and capacity-building workshop for 47 selected HR officers in HR management, planning and development. HSSP resources were intended only for the orientation of the officers to the new district-specific HR plan templates, but through leveraging of resources with MOH, were also able to provide training in the terms and conditions of the civil service. The result was that the 47 HR officers trained with HSSP support were successfully retained by MOH after the restructuring. These 47 officers were also trained on how to orient other HR officers as they are inducted into and employed by the Public Service Commission.

In Quarter 3, HSSP supported a verification and workforce analysis in 33 districts from Southern, Eastern and Luapula Provinces. The verification exercise was a key activity in the restructuring and placement of MOH staff into the new establishment. This exercise ensured that HR officers possessed the necessary qualifications for the positions in which they were placed. The result was that a number of key positions in many districts were left vacant because the incumbents did not have the requisite qualifications. HSSP thus hopes to conduct research in Year 5 to assess the impact of these changes on MOH performance at various levels of the health care delivery system. The results of this study will assist MOH in implementing strategic safeguards to ensure that the districts function at optimal levels in the transition period.

Participation in the MOH, provincial, and district planning launches

HSSP supported the MOH HR Directorate in the development of the meeting presentations and participated in the launch of the 2009-2011 Planning Cycle at Mulungushi International Conference Center. HSSP also provided technical support at the provincial and district launches of the 2009-2011 planning cycle. The main focus of the TA was to ensure that the MOH, PHOs and DHMTs continue to remain focused on the Five Year HR Strategic Plan and the Operational Plan. The main strategies include: completion of recruitment onto the ZHWRS; deployment of staff; expansion of training outputs through opening of new and reopening of closed training institutions; and curriculum revisions.

5.1.3 Key Products/Deliverables

- 31 clinical officers and 32 nurses recruited; the total of 119 retained staff was achieved
- Global Fund Round 8 proposal developed
- District Human Resource Plan Template approved
- Five doctors' houses renovated

5.1.4 Challenges and Solutions

Challenges	Solutions
Large portfolio of HR activities at MOH	Prioritize HR activities according to urgency
Delay in payment of allowances due to inconsistencies between the payroll and the contracts received from MOH	HSSP has offered MOH to make copies of the contracts and ensure that they are distributed to all provinces and districts
Delays in processing of retention scheme accounts by MOH	Devise a performance based incentive scheme program for PHO and DHO staff working on the retention scheme documents

5.1.5 Successes/Best practices

- The attainment of the targeted 119 health workers on the ZHWRS marked the end of recruitment of HSSP-supported staff. In addition to the above, the retention of nurse tutors has provided an avenue for the expansion of training intakes and the re-opening of three previously closed schools (Kalene, Nchanga and Roan Antelope).
- The coordination of the Five Year HR Strategic Plan activities and targets through the HRTWG has been and continues to be a best practice in the MOH.. The HRTWG provides a common platform for both cooperating partners and MOH to guide the implementation of the HR Strategic Plan. A number of important HR decisions, such as the development of a national training plan, and the task shifting strategy, have received guidance through the HRTWG.

5.1.6 Rescheduled/Reprogrammed Activities

- HSSP had planned to work with MOH and the PHOs to support low-performing districts, hospitals and training institutions in the implementation of the ZHWRS. This will be undertaken in Year 5 in the form of a study to identify the constraints in implementing ZHWRS.
- Support to the MOH to hold semi annual meetings to review the performance of the ZHWRS were delayed due to the restructuring of PHO and District HR Officers positions. It is postponed to Year 5.

5.2 Pre and In-Service Training

HR training is composed of Pre- and In-service training components whose main goal is to strengthen human resource capacity to provide ART, PMTCT and CTC. The objective of this component is to ensure that 100% of graduates from Clinical Officer General (COG), School of Medicine (SOM) and nurse training institutions are trained to provide ART, PMTCT and CTC services by 2009.

5.2.1 Key Indicators

The key indicators for human resources for health - Pre and In-service Training are presented in Table 5.2.

Table 5.2: Pre and In-service training coverage and quality

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
4.2 Percent of Nurses trained to provide ART, PMTCT and CTC services	50% (300 nurses)	9% (27 nurses)	44% (710 nurses)	100%
4.2 Percent of Clinical Officers trained to provide ART, PMTCT and CTC services	100%	N/A	100% (294 COs)	100%
4.2 Percent of Doctors trained to provide ART, PMTCT and CTC services	100%	100% (67 doctors)	100% (215 doctors)	100%
4.3 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	20	20	21
4.4 Number of individuals trained in HIV-related institutional capacity building	160	152	152	100

5.2.2 Key Achievements in Year 4

Support to training institutions in implementation of revised curricula

HSSP has built capacities of training institutions through supporting the printing and implementation of Clinical Officer General (COG) and Registered Nurse curricula, teaching and learning materials. Follow-up visits to training institutions (Chainama College, Ndola, Kitwe, Livingstone and Chipata) revealed that these documents are being used by both faculty and students.

Training of graduates in the provision of HIV/AIDS care and services

27 student nurses, 67 graduate medical doctors and 30 lecturers and preceptors were trained in management of adult ART using resources leveraged through Zambia National AIDS Network (ZNAN). A total amount of 238 million Kwacha was leveraged i.e. 194 million Kwacha and 44 million Kwacha from ZNAN and UNICEF, respectively. Training of graduate doctors and nurses increases the pool of health care professionals who are able to provide HIV/AIDS care and services to communities.

Training institution capacity building for HIV/AIDS

33 lecturers and preceptors were oriented to the revised COG curriculum, teaching and learning materials. 16 tutors and clinical preceptors received clinical training skills and 73 tutors and preceptors were trained in the art of assessment. These trainings prepared tutors

and preceptors to implement the revised curricula as well as build the capacities of training institutions in providing improved quality training.

Following the orientation of tutors and preceptors to the revised curricula, HSSP also worked with MOH and GNC to conduct clinical training skills (CTS) and the art of assessment courses. These activities will result in: improved student assessments; standardization of assessments and examinations; and improved Objective Structured Clinical Examinations (OSCE).

Types of training provided in Year 4 by cadre

- ***ARVs and Opportunistic Infections training***
27 Student nurses
67 Doctors
30 Tutors and preceptors
- ***PMTCT and Paediatric ART training***
35 Tutors and preceptors
- ***Orientation to curriculum and learning materials***
33 Tutors
- ***Clinical training skills***
16 Tutors and clinical preceptors
- ***ART of assessing***
73 Tutors and preceptors

Printing of curricula, teaching and learning materials

The provision of printed copies of Clinical Officer General and Registered Nurses curricula, teaching and learning materials to training institutions ensured the implementation of the revised curricula on time. A total of 4750 copies of teaching and learning materials were printed. The first crop of graduates utilizing the revised curricula, which now incorporate HIV/AIDS, will graduate in June 2009.

5.2.3 Key products/Deliverables

- Clinical Officer General (COG) teaching and training materials
 - Curriculum
 - Lecturers Activity Outline
 - Student Learning Guide
 - Evaluation Manuals
 - Procedure Manuals
 - Student Practicum Log book
- Registered Nurse (RN) teaching and training materials
 - Curriculum
 - Lecturers Activity Outline
 - Student Learning Guide

- Evaluation Manuals
- Procedure Manuals

Challenges and solutions

Challenges	Solutions
Inadequate funding delayed completion of the revision of the doctor's curriculum	Work with School of Medicine in smaller (departmental) groups to continue instructional design of curriculum

5.2.4 Successes/Best practices

- Leveraging Resources
Collaborated with ZNAN and UNICEF to secure 238 million Kwacha from ZNAN and UNICEF for training of students and faculty in management of ART
- Sharing experiences and providing TA to Ethiopian Ministry of Education provided an opportunity for using lessons learnt in the development of the School of Medicine direct entry BSc nursing curriculum
- Poster Presentation at the XVII International AIDS conference held in Mexico City, August 3 - 8, 2008
- Fostered strong collaboration with WHO, MOH, CHAI, UNZA School of Medicine, General Nursing Council, training institutions and other stakeholders

5.3 Rescheduled/Reprogrammed Activities

- Curriculum review for School of Medicine is an on going activity.
- Capacity building for the provincial and district human resources development committees to utilize national training guidelines in planning for HIV/AIDS and priority health services training. This activity was deferred to Year 5 due to a large portfolio of HR activities at MOH.
- Finalization of monitoring and evaluation tools for GNC was delayed due to a critical shortage of staff at GNC, whereby the M and E position was scrapped as a cost saving measure. This activity will be conducted in the second quarter of Year 5.
- Midterm review of the implementation of the COG curriculum rescheduled due to inadequate funding. Activity will be conducted when M and E unit carries out the data audit in Year 5, Quarter 2.

6 Performance Improvement and Accreditation

The goal of Performance Improvement and Accreditation is to improve the quality of case management observation/record review during supervisory visits. The specific objective is to reach 60% of districts (43) conducting case management observation/record review in at least 80% of supervisory visits by 2009.

6.1 Key indicators: Performance improvement and accreditation coverage and quality

The key indicators for performance improvement are presented in Table 6.1.

Table 6.1: Performance improvement and accreditation coverage and quality

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
5.1 Number of private sites delivering PMTCT, CTC, or ART services that are assessed by MCZ	33	25	54	41
5.2 Number of private sites delivering PMTCT, CTC, or ART services that are accredited by MCZ	27	7	15	30
5.3 (%) of DHMTs which assess case management in at least 80% of supportive visits	46%	56%	56%	60%

6.2 Key Achievements in Year 4

Monitoring of performance assessments

In Year 4, HSSP directed resources towards the implementation and monitoring of the performance assessment (PA) tools which were developed in Year 3 by MOH with the support of HSSP. During the year under review, MOH collaborated with HSSP to develop a schedule for monitoring of performance assessment at the province level. The monitoring is conducted using the revised PA tool. Under the new arrangement, the national level team is mandated to visit two provinces in each quarter.

In Quarter 2 and Quarter 3, HSSP supported MOH to monitor the implementation of the performance assessment in Central and Eastern Provinces respectively. The national team assessed the Provincial Health Offices, the District Health Offices, the provincial hospitals and district hospitals. The reports were shared with management at MOH and all Provincial Health Directors (PHDs) during quarterly review meetings.

HSSP supported PA TSS in:

Kitwe
Lufwanyama
Mufulira
Kalulushi
Luanshya
Masaiti
Ndola
Lukulu
Kaoma
Livingstone
Kazungula
Mungwi
Mongu
Mporokoso

Trained 45 national accreditation assessors from five provinces

The second national training of ART accreditation assessors was conducted in the first quarter from 14th to 19th October 2007 in Kabwe. The workshop was funded by HSSP. The 45 assessors were drawn from Eastern, Luapula, Northwestern, Western, and Northern Provinces. Cumulatively 75 assessors have been trained from nine provinces.

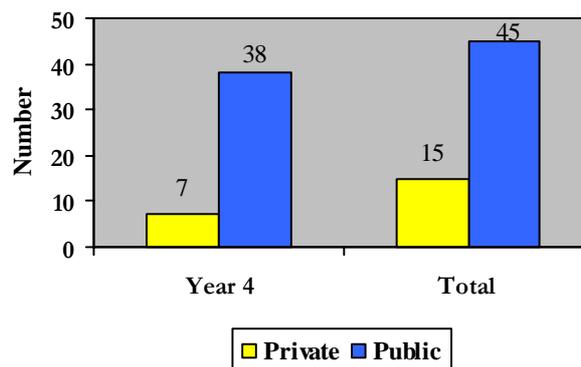
Initiated development of certification system for ART providers

In 2006 the Medical Council of Zambia (MCZ) was mandated by MOH to establish an accreditation system for ART sites. Development of a certification system for ART was initiated in quarter four of year four. This system ensures that all ART providers are qualified and competent to provide quality services. A consensus meeting was held in September at Mulungushi International Conference Center where a core team was appointed and tasked to develop and finalize certification guidelines by year 5. In Year 4, HSSP collaborated with the provincial health offices to provide TA to 14 districts in the provision of TSS focusing on case management of hospitals and health centers. As a result of this support, districts have introduced supportive supervision, clinical symposia and mentorship programs aimed at improving the quality of care.

Assessed 148 ART delivery sites for accreditation

In year four, a total of 148 sites were assessed. Of these, 123 were public while 25 were private. Altogether, 45 sites (38 public and 7 private) were accredited. To date 15 private sites have been accredited.

Private and Public Facilities Accredited



120 health workers oriented to the 2007 ART protocols

This activity was unplanned and involved orienting health workers to the newly introduced adult ART protocols. To achieve this, HSSP worked in corporation with MOH and stakeholders in ART provision.

6.3 Key Products/Deliverables

- 45 ART sites accredited

6.4 Challenges and Solutions

Challenges	Solutions
Limited resources to support private ART sites that did not meet accreditation standards	To leverage resources from other organizations. MCZ has included this activity in the Global Fund Round 8 proposal.

6.5 Successes/Best Practices

Following HSSP support, the accreditation system has been rolled out to 196 ART sites. All 136 ART sites that did not meet the accreditation standards received support from HSSP in form of guidelines and protocols as this was a major gap identified during assessments.

6.6 Rescheduled/Reprogrammed Activities

Certification of ART providers was delayed due to competing activities at MCZ. However, with the support from HSSP, MCZ has now initiated the process of certification and the goal is to complete the guidelines for certification in Year 5.

7 HIV/AIDS Coordination

The goal for HIV/AIDS Coordination is to assure that districts are offering a minimum package of HIV/AIDS services (ART, CTC, PMTCT, Opportunistic Infections (OI), pharmacy and laboratory services). The objective is to assure that all districts have at least one facility offering a minimum package of HIV/AIDS services by 2009.

7.1 Key Indicators

The key indicators for HIV/AIDS coordination are presented in Table 7.1.

Table 7.1: Improved HIV/AIDS coverage and quality

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
6.1 % of districts with at least one facility offering the Minimum Package of HIV/AIDS services	50%	-	82%	60%

7.2 Key Achievements in Year 4

Partners' coordination meeting on HIV/AIDS programs (held semi-annually)

The Ministry of Health in cooperation with HSSP and National HIV/AIDS/STI/TB Council (NAC), has introduced a forum for sharing implementation plans, achievements, challenges and constraints through semi-annual meetings. The first partners' coordination meeting was held at NAC on April 2, 2008 and was attended by 27 participants, representing 23 organizations. The second meeting was held on September 15, 2008 and was attended by 31 participants, representing 26 organizations. Recommendations were made on information sharing, coordination by NAC, and the need for mapping of catchment areas by partners to avoid duplication of activities and programs.

Proposals to Global Fund and other HIV/AIDS initiatives

HSSP provided technical support to the MOH in developing the Round 8 Global Fund proposal. Specifically, HSSP staff worked with technical working groups for Pediatric ART, sexually transmitted infections (STIs) and home-based care (HBC) to develop work plans and budget matrices. The proposal was submitted for consideration in June 2008.

National, provincial and district action planning for HIV/AIDS

HSSP participated in the development of national planning technical updates. These technical updates, which include HIV/AIDS, were disseminated at the provincial planning launch meetings and utilized by districts during planning. In addition, onsite guidance was provided to provinces during the district review of the action plans.

Disseminate the HIV/AIDS Sustainability Framework

The HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) was disseminated at the Health Care Financing TWG and Health Policy Partners Meetings in June 2008. Ten members of staff drawn from the MOH and NAC were thereafter trained in the implementation of the Framework. The Framework was designed to respond to the needs of donors and policymakers to understand the impact of HIV/AIDS on the health budget and related human resources. This Framework will be updated periodically by the MOH with support from partners. To demonstrate ownership of the system, MOH has delegated the directorate of planning through the monitoring and evaluation unit to be in charge of periodic updates.

Integration of HIV/AIDS services into the Basic Health Care Package (BHCP)

This activity stalled due to delayed authority from MOH to proceed with planned activities. However, five consultative meetings were held with support from HSSP. At these meetings, a review of BHCP materials was conducted and Terms of Reference for finalization of the package were spelt out and submitted to MOH for approval. The TWG was reconstituted by MOH as an advisory and technical body. The Ministry has proposed to re-engage the consultant who developed the 2000 BHCP draft to assist with the finalization process. In Year 5 HSSP will offer limited support to this process.

National Health Accounts (NHA) - HIV/AIDS Sub-analysis

External and local STTA was used to conduct the NHA HIV/AIDS sub analysis. Data were collected from all the nine provinces, analyzed and NHA matrices generated. This activity was programmed to finish in June 2008. However, due to technical problems in the application of the NHA tool and incomplete data from donors, completion of the analysis and report writing were delayed. HSSP provided further external STTA in Quarter 4 to complete the analysis. The final report will be produced in quarter one of Year 5.

Participation in national and regional meetings/conferences

HSSP participated in the Health Economics Partnership Network Regional Conference in Livingstone, 24-26 May, 2008 and presented on NHA and HAPSAT. HSSP also was represented at the regional HIV/AIDS workplace capacity building workshop in Lusaka, 23-27 June 2008.

Develop a coordination mechanism for HIV/AIDS services (ART, PMTCT, CTC, and HBC)

This activity was carried forward from Year 3. The draft coordination guidelines are intended to map out the roles and responsibilities, linkages and lines of authority with regard to all HIV/AIDS related units and other bodies. The guidelines were drafted in conjunction with MOH and NAC. The development process will be concluded following endorsement by MOH.

Finalize and disseminate referral guidelines

MOH, NAC and partners have reviewed the draft national referral guidelines. MOH has requested NAC to finalize the document since referral is cross-cutting and does not only cover service delivery. The referral guidelines will be finalized in quarter one of Year 5 after relevant programs have developed and inserted referral flow charts. This document is intended to guide districts to implement a coordinated referral system responsive to the needs of the community.

7.3 Key Products/Deliverables

- HIV/AIDS Sustainability Program Analysis Tool
- NHA HIV/AIDS sub analysis matrices

7.4 Challenges and Solutions

Challenges	Solutions
Inadequate coordination of HIV/AIDS services within MOH	Recommendations on HIV/AIDS coordination have been spelt out in the draft coordination guide for health institutions

7.5 Successes/Best Practices

Partners' semi-annual coordination meetings have been recognized as an opportunity for cementing collaboration, leveraging of resources and sharing experiences

7.6 Rescheduled/Reprogrammed Activities

The finalization and printing of the referral and coordination guidelines were reprogrammed to quarter one of Year 5 due to delayed completion of the development process.

8 Clinical Care Specialists

The goal for Clinical Care Specialists (CCSs) is to improve the management of HIV/AIDS and opportunistic infections. The objective for CCSs is to reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions.

8.1 Key Achievements in Year 4

Coordination in provision of ART services

All the nine provinces held quarterly provincial ART coordination meetings for partners involved in HIV/AIDS service delivery, while at district level, monthly coordination meetings were conducted. These meetings were coordinated by the HSSP Clinical Care Specialists (CCS) with support from partners such as AIDS task forces and ZPCT. Meetings involved HIV/AIDS program coordination, pooling of resources, networking and problem solving. During the year under review, there was a notable increase in the partner participation during the provincial and district planning.



CCS Dr. Jairos Mulambya mentoring health workers

Technical backstopping and supervision to junior health workers in ART

CCSs continued to provide technical backstopping and supervision to junior doctors and other health workers in the health institutions. This was done through hands-on case management TA, record reviews and performance assessments. Additionally, CCSs conducted clinical symposia and mentorship programs as a way of building capacity for health

workers. Additionally, 130 supervisory visits focused on case management and record reviews were conducted. This has resulted in the improvement of case management reduction in referrals and admissions of patients with AIDS related illnesses.

Table 8.1: Number of supervisory visits and sessions of case management observation and reviews

Province	Number of	
	Sessions for case management observation and reviews	Supervisory visits
Central	7	20
Copperbelt	14	16
Eastern	8	16
Luapula	10	10
Lusaka	8	8
Northern	12	10
North-Western	24	24
Southern	11	11
Western	15	15

Support districts, hospitals and clinical HIV/AIDS programs and strengthen referral system

In the third and fourth quarters of Year 4, CCSs provided technical assistance to provinces and districts in the 2009-2011 National Planning Launch. At provincial level, CCSs played a pivotal role in organizing and providing guidance to the launch through reviewing and preparing technical presentations, responding to questions during the plenary sessions, and carrying out post launch follow up.

Serve as Provincial ART Trainers

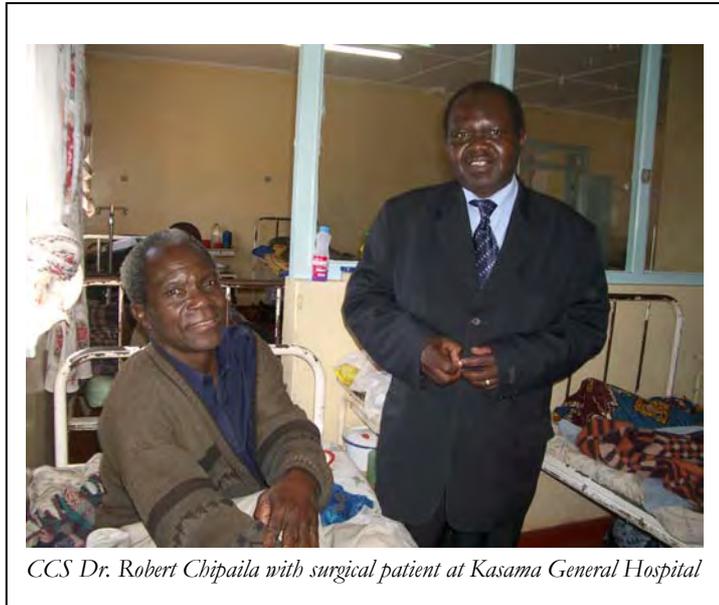
The new 2007 Adult ART Guidelines were developed and disseminated to all provinces in quarters one and two. Clinical Care Specialists, in collaboration with various partners (CDC, CIDRZ, ZPCT, CHAZ, and AIDS RELIEF etc) and MOH were involved in the

dissemination of these guidelines to the public and private health facilities. These guidelines have since been distributed to institutions providing HIV and AIDS services in the districts and have become key reference materials for newly qualified health workers and those starting new ART sites.

HSSP, in collaboration with other partners (CDC, CIDRZ, and ZPCT) contributed to the training of 4,480 health workers drawn from both public and private health institutions in new adult and pediatric ART guidelines, PMTCT, TB/HIV activities, Quality Assurance, logistics management and adherence counseling. Those trained included: nurses, clinical officers, doctors and pharmacy technicians. These training programs aim at scaling up ART services and improving the quality of HIV/AIDS services in the private and public health institutions.

Monitor and supervise private sector ART provision

CCSs worked with the Medical Council of Zambia and MOH to accredit health institutions in both the public and private sector. A total of 148 facilities were assessed out of which 45 were accredited. Of those accredited, 38 were public while seven were private institutions. CCSs provided technical assistance to those that needed remedial support to attain the required standards.



CCS' support for other National Health Strategic Plan priorities (NHSP)

CCSs facilitated training in malaria case management, Facility and Community IMCI, RED strategy, Emergency and Obstetric and New born Care (EMONC), Post Abortion Care (PAC) and Long Term Family Planning Methods (LTFP). Details of this support are reported under Child Health and Integrated Reproductive Health sections.

Coordinate the scale-up of ART in hospitals and health centers

In collaboration with ZPCT, CIDRZ and other partners, CCSs continued to coordinate the scaling up of ART services in the districts. A total of 30 new sites were opened in Year 4, refer to Table 8.2 for details.

Table 8.2: New ART sites opened with HSSP-CCS assistance

<p>Central</p> <ul style="list-style-type: none"> - Chibombo Rural HC - Chitanda HC <p>Copperbelt</p> <ul style="list-style-type: none"> - Kaloko HC - Mpapa HC - Kafulafuta Mission HC - Chiwala HC - Mikata HC - St. Anthony Mission HC - Kanyenda HC - Tug up HC <p>Luapula</p> <ul style="list-style-type: none"> - Chembe RHC - Lwela satellite HC - Mulumbi/Chibende (Combined satellite– Zonal) <p>Southern</p> <ul style="list-style-type: none"> - Munyumbwe HC - Chitungo HC - Police HC - Creso Private clinic 	<p>Lusaka</p> <ul style="list-style-type: none"> - Kasisi HC - Lwimba HC <p>Eastern</p> <ul style="list-style-type: none"> - Chiparamba HC - Hoffmere HC - Nsanzu HC - Chikwa HC <p>Northern</p> <ul style="list-style-type: none"> - Chicke RHC - Kasempa RHC <p>Western</p> <ul style="list-style-type: none"> - Muoyo HC - Itufa HC - Mitete Mobile - Mbanga HC <p>Northern</p> <ul style="list-style-type: none"> - Mwenzo RHC
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8.2 Key Products/Deliverables

- 30 new ART sites established
- 130 supervisory visits conducted
- 4,480 health workers trained in HIV services

8.3 Challenges and Solutions

Challenges	Solutions
HR crisis in more rural districts	Assist in problem solving at provincial and district levels to facilitate recruitment to fill vacant posts for the retention scheme
Inadequate resources for training of health workers	Leverage resources through synchronized district operational plans and use of coordination meetings

8.4 Successes/Best Practices

- CCSs have pioneered innovative ways of scaling up HIV/AIDS services such as the mobile ART approach
- CCSs have strengthened clinical care in the districts through regular clinical care expert meetings. This approach is being replicated in all the nine provinces
- Exchange visits to share experiences between Luapula and Southern provinces leading to an improved model of clinical mentorship.
- Introduction of use of lay counselors improved provider initiated testing and care (PITC)
- Presentation of paper at the HIV/AIDS Implementers Conference in Uganda entitled “General Case Management: A Critical Component of Scaling-up HIV/AIDS Treatment Programs in Zambia.”
- Poster Session: Using the Quality Improvement Process to Improve PMTCT Services, presented at the International AIDS Conference; Mexico City. August 2008.

8.5 Rescheduled/Reprogrammed Activities

Most of the activities implemented through CCSs are ongoing; therefore none of them were reprogrammed.

9 Strategic Information and Health Services Planning

The goal of Strategic Information and Health Services Planning is to improve the quality and use of the Routine Health Information System (RHIS) in all districts and hospitals by 2009. The overall objective is for all districts and hospitals to use RHIS for planning and management of HIV/AIDS services.

9.1 Key Indicators

The key indicators for strategic information are presented in Table 9.1.

Table 9.1: Improved strategic information and health services planning

Indicators	Targets and Achievements			
	Year 4		Total Achieved to date	2009 EOP Target
	Target	Achieved		
7.4 # of individuals trained in Strategic Information	182	223	847	720
7.3 # of local organizations provided with TA in SI activities	93	93	93	93
7.1 # of districts using revised guidelines for planning	72	72	72	72

9.2 Key Achievements in Year 4

Finalize the revision of HIV indicators for new HMIS

During the HMIS revision, HIV/AIDS was one of the services that did not initially receive sufficient attention in the formulation of indicators and corresponding data elements. In the first quarter of the year, a great deal of effort went into revising indicators that were drafted under the initial effort by HSSP and its partners, before the European Union-financed HMIS review project. A new indicator list has since been finalized and is currently in use in all provinces of the country.

Data collection tools for most of the proposed indicators in the revised HMIS were in place. However, with changes in the service delivery protocols and indicator definitions, these tools were revised, while other, new tools were introduced.

ART data collection tools developed/revised:

- ART monthly register to cater for patients on therapy for more than 24 months
- Counseling register split into two separate registers for general counseling and testing, and counseling and testing under PMTCT/MCT
- Labor ward register, taking into account the intra-partum treatment procedures;
- Baby-mother tracking register for PMTCT;
- ART cohort summary form
- Revised version of the ART/HIV

Revise manuals and protocols aligned to the new HMIS

This activity involved revising the data management procedures to reflect the revised design in the new HMIS and adjusting the approach to management of data for ART cohort analysis. The ART cohort framework has been developed and integrated into the training package for the on-going HMIS training. This involved adapting the WHO prototype by linking it to the ART monthly register and the revised indicators for ART on treatment outcomes.

Before the HMIS review, there were separate data management procedure manuals covering each of the key HIV/AIDS services. With the revision, new indicators were included and old ones revised, and it became imperative that an integrated manual be developed to cover these services. An integrated data management manual has been developed covering the following aspects: counseling and testing, prevention of mother-to-child transmission, post-exposure prophylaxis, and antiretroviral therapy. The document has been sent for printing.

Print revised reference manuals

A total of 2,800 copies of the revised reference manuals are currently being printed. Once finished, they will be sent to provincial health offices for distribution to the respective districts and hospitals.

Train 182 health workers in data management

Training in data management covered two aspects: training districts in producing provincial statistical bulletins and in data management for HIV/AIDS indicators in the revised HMIS. A total of 158 health workers have since been trained in producing provincial statistical

bulletins and 65 in data management for HIV/AIDS, bringing to 223 the grand total of health workers trained in data management.



Workshop to prepare the Statistical Bulletin for Central Province, Kabwe

Support the development of provincial bulletins

Once HIV/AIDS data are being reported through the HMIS, it is essential to ensure that data are translated into action through use in annual reporting and action planning by district health management teams, according to set guidelines. As a way to enhancing data ownership, use and quality, support was given to nine provinces and their respective districts to produce Annual Provincial Statistical Bulletins. Direct training was provided to all the provinces

except for Western, where only the training package was sent for local use by the provincial staff. Nine drafts of these bulletins have been produced and are due for printing in October 2008 once technical review and editing have been completed.

Develop new planning tools/guidelines for three levels

One of the observed major weaknesses in district action plans has been lack of standardization in planning for new services such as ART and all other services for which protocols have changed in the past few years. This was partly due to the need to update planning guidelines to reflect these new interventions and protocols. The first draft of the district planning handbook has been produced and circulated to Ministry of Health, HSSP, UNICEF and WHO for comments. Once this handbook has been completed, it will form the basis for developing the hospital and the health centre planning handbooks. Districts and hospitals will be expected to use new planning handbooks which contain concepts on marginal budgeting for bottlenecks and the log framework approach.

Print new planning guidelines

Plans are now to finalize the district handbook and print during the first quarter of Year 5, while the remaining two guidelines (hospital and health centre) will be ready for printing by second quarter.

Disseminate updated guidelines to 9 PHOs and 72 districts

It is planned that all the revised planning handbooks will be printed and ready for dissemination before the 2009 planning launch. This will require holding provincial meetings to orient districts and hospitals in the new planning tools. This should result in better planning at those levels for key health interventions including HIV/AIDS services.

Print Costing and Budgeting Guide

The Costing and Budgeting Guide was printed and the document is being disseminated to all districts through the Provincial review meetings. As of end of September, 2008, Southern

Province, Lusaka, Luapula and Copperbelt provinces had received their copies. With use of this tool, there will be better budgeting and costing of activities.

Update the Integrated Technical Guidelines (ITGs) based on new protocols

The ITG booklet provides guidance on appropriate and cost-effective service delivery and enables new treatment guidelines to be disseminated. In view of the new treatment protocols for malaria and HIV/AIDS (ART), HSSP supported MOH to revise the second edition of the ITG booklet. The third edition has since been revised and will be edited and printed in quarter one of Year 5. The technical review is underway and work is expected to be completed in quarter one.

Print the revised ITG

Printing will take place in quarter one of Year 5.

Develop a tool for analyzing quality action plans

Although districts and hospitals have been preparing action plans every year, weakness in monitoring and reporting on planned activities have been observed. This in part stems from insufficient guidance on monitoring and evaluation in previous planning guidelines. The current revision to the planning handbooks has taken into consideration the monitoring and evaluation aspect. The M and E chapter, which has incorporated the log framework, is part of the new planning handbooks and will form the basis for reporting progress on action plans.

Produce annual technical updates which integrate HIV/AIDS services planning guidance

Although this activity has since been institutionalized within MOH, HSSP continues to provide support annually for the production of the technical planning guidelines. The document provides planning guidance for key health interventions including HIV/AIDS. During quarter 3, the 2009-2011 technical planning updates were developed and disseminated to all 72 districts, 22 hospitals, and 24 Training Institutions and were used as reference materials during the 2009-2011 action planning.

TA to the PHO planning launch meetings

This is an annual activity where MOH offers guidance to districts, hospitals and other health institutions on key focus areas for the next planning year. These are based on the Fifth National Development Plan, National Health Strategic Plan with focus on the millennium development goals and other national goals and objectives. HSSP assisted MOH to coordinate the planning schedule, and sent technical staff to all the Provincial Planning Meetings during quarter 4.

TA to the PHO planning review of District/hospital action plans

The purpose of the annual review process of the district/hospital plans is to ensure districts/hospitals include activities that address the main health problems including HIV/AIDS. HSSP as part of the central level team supported PHOs to review action plans for districts, hospitals, training institutions and statutory boards. Plans for all levels have since been finalized and submitted to MOH for inclusion into the overall Ministry action plan.

TA to consolidation of the overall Health Sector Plan for 2008-2010

The Action Plan is the basis for funding the Health sector. HSSP continues to provide technical support to MOH to ensure timely completion and submission of the plan, which incorporates activities for HIV/AIDS, to Ministry of Finance and National Planning for funding. HSSP provided financial support and actively participated in the consolidation of the overall MOH plan for 2008-2010 which is currently in operation.

9.3 Key Products/Deliverables

- Revised Service Delivery Aggregation Form (HIA2)
- Revised ART Monthly Register
- Baby-mother tracking register for identifying HIV-exposed babies
- Integrated Reference Manual for HIV/AIDS Services Data Management
- Six registers, one card and a Summary Form for HIV/AIDS services printed
- MOH 2008-2010 Plan and Budget
- Consolidated Annual Technical Updates for 2009-2011 MTEF
- Costing and Budgeting Guide

9.4 Challenges and Solutions

Challenges	Solutions
Continuous shifting of activities and timing by MOH is a major challenge and causes delays	Hired a consultant to speed up the development of new planning tools

9.5 Successes/Best Practices

Notable improvement in the partner participation in planning was observed.

9.6 Rescheduled/Reprogrammed Activities

Due to the delay in the rollout of the HMIS, the following activities were reprogrammed to Year 5:

- Development of the RHIS Reference Guide
- Development of HMIS and Planning Companion



Permanent Secretary-MOH, Dr. Simon Miti, launching the 2008 planning cycle

10 Monitoring and Evaluation

The goal of the M and E unit is to establish and maintain a system for tracking and evaluating program performance. The overall Objective is to develop tools and procedures for planning and monitoring, and ensure that management and technical staff are routinely updated on the status of given program indicators.

10.1 Key Achievements in Year 4

Program tracking tools developed

Tools for tracking the status of program indicators, deliverables and Short Term Technical Assistance (STTA) were developed and technical staff were oriented on their use. These tools have proven to be effective in managing and preparing program updates. More than 90% of the STTA planned for Year 4 was implemented

Data Quality Audit (DQA)

HSSP completed documentation for a USAID Data Quality Audit. The initial DQA forms were revised in accordance with guidance given by USAID. The actual audit is expected to take place during Year 5.

Consolidation of routine program reports

The Year 3 Annual Report and three quarterly reports for Year 4 were prepared by the technical teams, and consolidated by M and E, and submitted to USAID on schedule. The quality of reports has continued to improve. Use of graphs, charts, photos and other illustrations has enhanced the presentation of the project. Standard templates have been put in use for PowerPoint presentations.

HSSP Mid term Evaluation

An internal mid-term evaluation was conducted for the period September 2004 to December 2007. The report enabled HSSP management to review progress, reflect on the changes affecting the project, and draw lessons to strengthen implementation in the remaining program period.

Provincial Health Statistical Bulletin

HSSP supported development of a template and guidelines for Provincial Health Statistical Bulletins. The provinces have been oriented on use of the template. All of the 9 provinces have developed Health Statistical Bulletins for 2007 which are currently undergoing final review. The bulletins will be printed and disseminated in quarter one of Year 5.

Clinical Care Specialist reporting formats

The CCS reporting indicators were revised from 46 to five core HIV/AIDS indicators to simplify reporting. Narratives are still developed to provide other relevant information beyond the few indicators. As CCSs work innovatively with new approaches, these are captured for reporting purposes through success stories, conference abstracts, and documentation of site visits.

Monitoring and Evaluation Plan

The HSSP monitoring and evaluation plan has undergone many revisions to adjust to USAID requirements, and more accurately reflect the types and sources of data collected. These changes have been incorporated into the M and E master tracking spreadsheet, and communicated to technical teams. Through these revisions, and the DQA work, HSSP's M and E system has been continuously upgraded and clarified. Updating the indicator definitions and assuring that tracking data is updated remain ongoing challenges.

Development of work plans

The monitoring and evaluation team worked with technical staff to develop workplans for Year 5. The program has been revised, according to the USAID modification; it will end in December 2009. The planning process has therefore been critical as it is designed to ensure that all program targets are met according to this abbreviated schedule. The M and E team has already begun to plan to assure that HSSP technical work is phased out systematically, allowing for continuity of achievements and effective dissemination of the program deliverables.

Both work plan narratives and tables have been completed. Technical assistance and deliverable tracking plans have also been developed to support the implementation process. The monitoring and evaluation team will, at this final project phase, focus on supporting program documentation and dissemination to enable adoption and sustainability of best practices.

Compliance training workshop

The Monitoring and Evaluation Unit supported management to conduct a staff workshop on Compliance, Policies and Procedures including topics on code of conduct, financial management, IRB requirements, gender, environmental compliance, and family planning compliance.

"So What?" Workshop

In cooperation with HSSP management, the M and E unit coordinated a full day workshop on September 2, 2008, for technical staff to begin to review and analyze the "so what" questions of HSSP, and to prepare plans for studies and documentation activities. The workshop was assisted by HSSP Technical Coordinator from Abt headquarters.

Review of research protocols and scopes of work

Support was given to the IRH team to develop the AMTSL study tools. The M and E team also assisted in reviewing the methodology for a study on IRS.

Documentation and reporting guidelines

Staff were provided with mini-workshops on how to write success stories, taking effective photos, writing scopes of work and other general writing skills. The guidelines have been posted on the HSSP common drive for easy reference

Success stories written

A total of 9 success stories were developed in year 4. Five of these have been uploaded to the USAID Telling Our Story website. Three are pending submission with the COP 08

Annual Progress Report. The remaining four are undergoing final editing and will be uploaded in year 5 quarter one. The table below shows the list of success stories uploaded to the website.

Table 10.1: Success stories uploaded to the USAID website

	Story Title	Technical Area
1	Malaria On the Retreat in Zambia: Community Sees Results from Indoor Residual Spraying	Malaria- Indoor Residual Spraying
2	Health Worker Retention Scheme Makes a Difference	HIV/AIDS- Human Resource Planning and Management
3	The First Zambian Doctor in Isoka District, Zambia	HIV/AIDS- Human Resource Planning and Management
4	Families Flock To Zambia’s Child Health Week	Child Health and Nutrition
5	HIV/AIDS Treatment Reaches Remote Villages	HIV/AIDS- Clinical Care Specialist- Central Province

10.2 Rescheduled/ Reprogrammed Activities

GIS support to districts has been dropped. Staff trained in Luapula were relocated to other positions during the MOH restructuring, therefore it was decided not to replicate this activity in Western Province, as there was risk of the same outcome.

10.3 Key Deliverables

- Five success stories submitted to USAID Telling Our Story Website
- Tracking sheets for indicators, STTA, and deliverables
- Provincial Health Statistical Bulletin guidelines and template
- Year 3 Annual Report, and Year 4 Quarter 1, 2, and 3 Reports
- Annual Work Plan Year 5
- Updated M and E Framework, master tracking sheet, and definitions
- “So What” Meeting and outputs produced in September 08
- Data quality audit responses for CH / IRH indicators

11 Cross Cutting Issues: Gender and Environmental Compliance

Two cross-cutting themes that HSSP addresses are gender and environmental compliance. Strategies and activities concerning these themes are detailed below.

11.1 Gender Mainstreaming

Currently gender targets are assigned, tracked and reported on for training activities. Additional gender disaggregated data is presently collected (e.g. male and female spray operators, gender breakdowns in pre-service education, gender of retention workers, etc.)

but may not be routinely reported by the project. Effort will be made to increasingly include all gender disaggregated data and analysis in future project reporting. The M and E framework will be updated to incorporate the more comprehensive focus on gender.

Some service delivery areas have an inherent gender focus (IRH), and others, such as IRS, target the entire population irrespective of age and gender.

11.1.1 Addressing Gender in Child Health and Nutrition Activities

In child health and nutrition, mainstreaming of gender has focused on the process of planning and implementation of the activities. During planning, most of the targets demand that both female and male health workers are considered during key activities such as training and capacity building, and provinces and districts are encouraged to factor in this element when inviting participants. In addition the team has the opportunity to sit on several technical working group meetings and provided support in organizing national level meetings and conferences, where efforts are made to ensure gender consideration is incorporated. At community level the perspective of gender is more critical. Communities are encouraged to balance gender in membership of Neighborhood Health Committees. Increased participation of female members as Community Based Agents has improved the response to community initiatives in health

11.1.2 Addressing Gender in Integrated Reproductive Health Activities

The issue of gender is integrated into all RH activities. Philosophically, HSSP believes and acts on the fact that both men's and women's needs should be considered. The success of planned interventions aimed at decreasing maternal and newborn morbidity and mortality relies heavily on decreasing delays to care-seeking and on family planning decisions that lead to optimally spaced pregnancies. HSSP recognizes that the decisions regarding these health related behaviors, is often made by the male partner in a family.

The IRH team has provided input into the Men's Health Kit during the last quarter. The kit, being developed by HCP, addresses comprehensive health needs for the man. It also addresses the role of the man in support of his wife/partner regarding pregnancy and childbirth, as well as other reproductive health areas.

The team worked in Year 4 with the Ministry of Health in support of Safe Motherhood Advisory Groups. These groups, a subset of the Neighborhood Health Committees, are the link between the community and the facilities. Membership includes men in order to get the "male perspective" and to sensitize men in the community to the needs of the pregnant women.

Finally, USAID targets related to training require that both female and male health workers are considered during key activities. Districts are encouraged to consider this element when inviting participants.

11.1.3 Addressing gender in IRS

Gender plays a role in the implementation of IRS. Although both men and women are given equal opportunities to take part in IRS activities, biological differences between the two, and the types of chemicals used can influence the gender balance of spray operators. HSSP has

ensured that women are given equal opportunities with men in spraying operations. A minimum of 30% of spray operators are women. However, to ensure that women are protected, pregnant and breastfeeding women are not allowed to handle insecticides based on national guidelines.

11.1.4 Enhanced HSSP gender focus

The focus on tracking, analysis and reporting on gender in HSSP will be intensified during Year 5. There is potential scope for more gender analysis of the work in the HIV/AIDS and health systems components. Gender distribution of supported Zambia Health Worker Retention Scheme (ZHWRs) staff will be presented and analyzed, and gender balance will be promoted where necessary. HSSP will pay special attention to the gender composition in institution building, technical coordination, and policy making bodies in which the project plays a key role, and will advocate for balanced participation where one gender is under-represented. Technical teams will be sensitized to observe, record, and promote gender balance in leadership and decision making across all levels and technical areas. Clinical Care Specialists will be tasked with incorporating a gender dimension in their routine work, and reporting formats will be adapted accordingly. Illustrative HSSP program areas where the gender perspective can be emphasized are: medical doctors' curriculum; health planning guidelines; HIV/AIDS patient mobilization and care; HR planning and policy, and male involvement in integrated reproductive health.

11.2 Environmental Compliance

11.2.1 IRS Environmental Compliance

HSSP has ensured judicious and responsible use of insecticides for the IRS program by helping to design stringent but reasonable procedures for handling of IRS chemicals. HSSP has supported supplemental environmental assessments which provide information on the preparedness of the districts to conduct IRS in the coming season.

HSSP has ensured the protection of spray operators by providing the recommended specifications for Personal Protective Equipment (PPEs) and ensured the proper use of PPEs through technical assistance and supervision during the spray season. Training of supervisors and spray operators which HSSP supports has emphasized the importance of safe handling of insecticides by ensuring that instructions are followed strictly.

The entire supply chain and logistics relating to the insecticides is monitored closely from the quantifications, delivery, storage, use and disposal of the waste. HSSP has assisted in the designing of the standard evaporators and soak pits which will be built in the districts. Suitable sites for evaporators and soak pits in the districts have been identified. HSSP has also coordinated and facilitated the export of DDT waste back to the manufacturers. Empty DDT sachets from the previous seasons were collected to a central location in Lusaka and exported to South Africa. HSSP has provided support to the Environmental Council of Zambia (ECZ) in carrying out the IRS environmental assessments. This involves conducting on-the-spot checks in all the 15 districts to verify that environmental regulations are adhered to and, importantly, that storage facilities meet minimum standards.

Regulations that restrict handling of insecticides are followed very strictly. HSSP has, for instance, ensured that pregnant or breastfeeding women and children below 16 years of age are not engaged in handling insecticides.

11.2.2 Environmental Compliance in Child Health and Nutrition Activities

Adherence to injection safety and disposal practices in routine immunization program activities has been addressed during the training of health workers as well during supervisory visits. The issues have included safe technique of administering vaccines to ensure that both the health worker and the client are safe, as well as the safe disposal of used syringes to mitigate risk of exposure. Field results on the injection safety practices show that most of the service providers adhere to injection safety administration practices. Disposal and incineration practices are areas requiring more strengthening. HSSP's role has included re-enforcing implementation of injection safety and disposal guidelines to improve quality of care.

Health facility surveys during the routine initial follow-up visits in IMCI involve assessing the overall organization and environment of the health facility. Emphasis on issues of cleanliness, disposal of medically generated waste and the performance of the health workers are key to ensure that standards are adhered to. During feedback an opportunity is given to health workers to suggest means of improvement where gaps are identified.

During Child Health Week the issues of environmental safety are critical. Apart from the orientation process that the health workers go through prior to the activity, complementary efforts are made through supervision from national and provincial levels to ensure that the specific standards in injection safety and disposal practices are adhered to. Supervisory teams ensure disposal of medically generated waste during the child health week through appropriate disposal and incineration to protect the community.

11.2.3 Environmental Compliance in Integrated Reproductive Health Activities

Adherence to injection safety and disposal practices in EmONC and LTFP activities have been addressed during the training of health workers as well during supervisory visits. The issues have included safe technique of the administering any injections (e.g., Depo Provera) to ensure that both the health worker and the client are safe as well as the safe disposal of the used syringes to mitigate risk of exposure. Disposal and incineration practices areas requiring more strengthening. HSSP's role has included re-enforcing implementation of injection safety and disposal guidelines to improve quality of care.

Assessments of EmONC and LTFP sites during the routine technical support and supervision visits for EmONC & LTFP involves assessing the overall organization and environment of the health facility for adherence to EmONC or LTFP procedures, practices and enabling environment. Adherence to the standards for cleanliness, disposal of medically generated waste and the performance of the health workers are assessed. Additionally, infrastructure, including water and waste disposal are examined. During feedback an opportunity is given to health workers to suggest ways of improvement where gaps are

identified in their health facilities. In addition to this, manager orientations occur prior to trainings, emphasizing the importance of infrastructure and adherence to standards in practice.

12 HSSP Program Administration and Finance

The goals for the administration and finance unit are to:

- Provide cost effective, efficient financial and administrative support for all project operations
- Provide accurate timely reporting of all financial and administrative transactions for the project to all stakeholders

The objectives are:

- Support/guide HSSP including all participating partners towards 100% financial and administrative compliance to meet both USAID and Abt Associates requirements
- HR management
- Safeguard project inventory

12.1 Key Accomplishments in Year 4

Financial accounting activities

All financial accounting activities completed as planned.

Administrative/logistical work

All administrative and logistical work completed as planned including registration of Abt Associates Inc with ZRA.

Office/inventory maintenance activities

All office and inventory maintenance activities were completed as planned.

12.2 Financial Performance

12.2.1 Overall Budget and Expenditures

As at September 30, 2008 it is anticipated that HSSP will have spent a cumulative total of \$33.6 million. The cumulative obligated amount for the same period to September 30, 2008 was \$36.2 million. The total project budget amount remained at \$41.9 million. Cumulatively, HSSP will spend 92.8% of total obligated funds and 80.2% of total budget funds allocated to the project. The remaining unspent obligated funds as at September 30, 2008 will be \$2.6 million and the remaining budgeted funds as at the same date will be \$8.3 million.



Finance staff preparing remote office voucher for forwarding to Headquarters

12.2.2 PEPFAR - COP

Out of the total project obligated funds of \$36.2 million, the obligated PEPFAR component is \$15.9 million. The total PEPFAR budget, out of the project total budget of \$41.9 million, is \$23.1 million. Cumulative expenditure under this component to September 30, 2008 will be \$14.9 million. This represents 93.7% of obligated funds. In relation to the total PEPFAR budget, the expenditure represents 64.5% of funds spent of the total budgeted funds.

12.2.3 Non-PEPFAR- OP

Out of the total project obligated funds of \$36.2 million, the non-PEPFAR component is obligated \$20.3 million. The total non-PEPFAR budget out of the project total budget of \$41.9 million is \$18.9 million. Cumulative expenditure under this component as at September 30, 2008 is estimated at \$18.6 million. This represented 91.6% of obligated funds. In relation to the total PEPFAR budget, the expenditure represents 98.9% of the total budgeted funds. Technically, it should not be possible to be obligated more funds than the total budgeted funds as the case is here. This matter has been brought to the attention of the project CTO and it is hoped that this matter will be resolved through the execution of the budget ceiling increase.

12.2.4 Monthly Average Burn Rate

The current monthly average burn rate for PEPFAR funding is \$480,026. The current monthly average burn rate for non-PEPFAR funding is \$586,698. The overall current monthly burn rate for the project is \$1,066,724 for the year. The current monthly average burn rate refers to the monthly average for the three months presiding the period of reporting.

12.3 Human Resources

HSSP has a human resource establishment of 50, comprised of 5 management staff, 27 technical staff, and 18 support staff. At the current time, the actual staffing totals 48 comprising 4 management, 26 technical and 18 support staff. During the year HSSP had the following staff changes:

- Chief of Party: Cosmas Musumali resigned in December 07 and was replaced by Melinda Ojermark.
- IRS Specialist: Chandana Mendis resigned in March 08 and the position was restructured and filled by Malaria Specialist / Entomologist, Dr. Cecilia Shinondo in October 08.
- Michelle Wallon was recruited as Reproductive Health Associate (Jhpiego) in November 07.
- Dr. Caroline Phiri was recruited as EMONC Coordinator (Jhpiego), seconded to the Ministry of Health, in September 08.
- Lazarous Mulowa was recruited as a driver in May 08.

12.3.1 Assets Inventory

Desktop computers

There are currently a total of 66 desktop computers. Of these, 45 are functional and allocated to staff, 10 are functional and in storage and 11 are damaged.

LCD projectors

There are currently a total of 5 LCD projectors. Of these, 4 are functional and 1 is damaged.

Laptop computers

There are currently 40 laptop computers. Of these, 18 are allocated to staff, 10 are used in the pool and 12 are damaged.

Digital Cameras

There are 14 digital cameras. Of these 9 are with the 9 CCSs and 5 are at HSSP in Lusaka

Vehicles

There are currently a total of 22 vehicles. Of these, 7 are in the Lusaka office, 9 are in the provinces with the CCSs and 6 are ex-ZIHP vehicles that are not fully functional.

12.4 Key Products/Deliverables

The following are the key results produced during the year under review:

- Successfully met financial deadlines
- Reconciled Doctors and Nurse Tutors RRS advance payments up to June 2008
- Managed the renovation of 5 doctor's staff houses approved under the rural retention scheme.
- F and A compliance workshop successfully conducted in Quarter 4
- Supported procurement of PPEs for IRS program

ANNEXES