



# Health Services and Systems Program

## Quarterly Report

October 1st 2005 – December 31 2005



United States Agency for International Development (USAID)/Lusaka

**Submitted by:**

HSSP

Cooperative Agreement # 690-A-00-04-00153-00



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<b>Table of Content</b>	<b>Page</b>
1.0. Child Health and Nutrition Year 2 Quarter 1 Narrative .....	7
1.1. Community IMCI (C-IMCI).....	7
1.2. Expanded Program on Immunization .....	8
1.3. Facility IMCI (F-IMCI).....	9
2.0. Integrated Reproductive Health.....	12
2.1. Post Abortion Care- (PAC).....	12
2.2. Emergency Obstetric Care (EmOC).....	13
2.3. Family Planning.....	14
2.4. Focused Antenatal Care (FANC).....	15
2.5. Youth Friendly Health Services.....	15
2.6. Sexually Transmitted Infections (STIs).....	16
3.0. Malaria.....	17
3.1. Support NMCC and National RBM Management Systems.....	17
3.2. Provide technical and logistical assistance to the implementation of the ongoing drug transition...	18
3.3. Support NMCP’s campaign against Malaria in Pregnancy .....	19
3.4. Assist continued expansion of Insecticide Treated Mosquito Nets and other Vector Control Measures.....	20
3.5. Provided TA for reviewing and developing protocols for appropriate malaria case management ...	21
4.0. HIV/AIDS Service Delivery.....	22
4.1. HIV/AIDS Coordination.....	22
4.2. Health Policy .....	23
4.3. Health Services Planning.....	24
4.4. Drugs and Logistics.....	25
4.5. Health Care Financing .....	26
4.6. HMIS .....	27
4.7. Human Resource .....	29
5.0. Knowledge Management.....	33
5.1. Monitoring and Evaluation.....	33
5.2. Research .....	34
6.0. Clinical Care Specialists.....	36
6.1. Central Province .....	36
6.2. Copperbelt Province .....	39
6.3. Western province.....	44
6.4. North Western Province .....	46
6.5. Southern Province .....	49
6.6. Lusaka Province .....	52
6.7. Luapula Province.....	53
HSSP Quarter 1 Tables.....	54

## **Nutrition**

Focus in the first quarter was on review of safe-motherhood guidelines to include post natal Vitamin A supplementation and supporting planning and monitoring of Child Health Week for the December 2005 round.

Regarding fortification,

### **Nutrition- Supplementation Goals:**

- Attain 80% national coverage of vitamin A supplementation of children aged 6 – 59 months lactating women within 8 weeks postnatal.
- Attain 80% national average of de-worming of children 12 – 59 months

### **FY 06 Targets:**

- Increase Vitamin A supplementation on children 6 – 59 months by 3 % and 10% in postnatal.
- De-worming national average of children aged 12– 59 months of 70% (increase in 5 %).

HSSP supported national level planning and carried out technical support and supervision during the implementation of Child Health Week. Support was through provision of TA in coordination of communication to partners, and provinces to ensure that required supplies and logistics are available to implement and monitor the Child Health Week HSSP also supported PHOs and selected districts (low coverage below 60% and best performing districts) by providing technical support and supervision during child health week implementation. All PHOs are now actively involved in supporting districts to plan and implement Child Health Week. More PHOs now follow up district reports than was the case previously.

Regarding incorporation of a postnatal supplementation component during Child Health Week, the safe motherhood guidelines were reviewed to ensure that postnatal supplementation was still contained in the document.

## **Nutrition- Fortification**

### **Goals:**

- 90% of the household sugar is adequately fortified with Vitamin A.
- 100% of the commercially produced maize meal fortified with a multi mix by the end of 2008.
- Implementation of national nutrition programmes strengthened.

**FY 06 Targets:**

- To improve the proportion of household sugar adequately fortified with Vitamin A from 18% to 25%.
- To have 20% of the commercially produced maize meal fortified with a multi mix.
- NFNC capacity to monitor programmes strengthened.

**Achievements:**

The assessment of levels of Vitamin A in fortified sugar at factory and retail levels was finalised and results were disseminated. Results from 36 samples of sugar from Kafue sugar collected and analyzed at the FDCL indicate lack of homogeneity in mixing due to lack of mixing equipment. The results have provided evidence that despite Kafue having the right fortificant and employing the right methods in the fortification process; their equipment is not enough to produce well fortified sugar. The results will be used to lobby for investment into mixing equipment by the sugar company.

A feasibility study on fortification of cooking oil and milk was conducted. Preliminary results indicate that it is feasible to fortify milk in Zambia. While the technology for the fortification of cooking oil is available and the manufactures are ready, the trading patterns may not allow the fortification of cooking oil unless this is left to be voluntary. The report is being prepared by consultants from ISTI. The study supports NFNC's quest to broaden the number of food items that could be fortified.

Finalize the GAIN project implementation plan. The GAIN proposal on maize meal fortification was prepared sometime in 2004. The proposal was conditionally approved in 2005. The grant however has not yet been signed with the Government of Zambia due largely to changes in the management of GAIN and non completion of the implementation plan. With the assistance of HSSP, the work plan was finalized and submitted to GAIN. Responses from GAIN have been incorporated into final amendments made. It is expected that the grant will be approved in January 2006 to allow commencement of implementation.

Finalise and disseminate M&E nutrition frame work. The M & E framework for Nutrition programmes will provide information on which programme development and implementation will be based. It will also enhance the capacity of NFNC to advise the Government on Nutrition Issues.

**Challenges:**

- Continued lack of investment in the modification of mixing equipment by sugar companies is a great challenge to achieving high quality fortified sugar.

- The change in management at GAIN and ultimately the change in the conditions for awarding the Grants have led to the delay in approval of the grant, and consequently commencement of the Maize Meal fortification Programme.
- Competing priorities of NFNC staff that are currently backstopping the Vitamin A supplementation programme for the Ministry of Health has affected the implementation of activities planned with HSSP.
- The continued restructuring process of CBoH poses challenges in institutionalisation of child health week at national level in different programme components such as systematic procurement of supplies and programme monitoring.
- Sustained coverage of Vitamin A supplementation is centered on continued planning and allocation of resources by districts. There is need to continue advocating for allocation of these resources given the competing priorities at district level.

**Next Steps:**

- Disseminate fortification analysis results to the Sugar Companies and build consensus on the way forward.
- Support the FDCL/NFNC to train laboratory technicians from Zambia Sugar and Kafue sugar in the enhanced methods of vitamin A analysis.
- Support the MoH/NFNC to develop a regular schedule for collection of sugar samples from the factory and retails outlets for laboratory analysis
- Support amendment to the statutory instrument on maize meal fortification.
- Support the revision of the fortification manual to include standards on maize meal fortification.
- Seek stakeholders' consensus on the way forward for the monitoring and evaluation frame work for Nutrition Programme.
- Compilation of a national monitoring report and district coverage reports for child health week December 2005 round
- Complete a desk review of the child health week monitoring data since inception to identify poor performing districts both in de-worming and supplementation
- Collaborate with EPI team and safe-motherhood to strengthen postnatal supplementation
- Support PHOs with TA to districts to plan for next round of Child Health Week.

## **1.0. Child Health and Nutrition Year 2 Quarter 1 Narrative**

### **1.1. Community IMCI (C-IMCI)**

**Goal:** 80% districts offering 6 Key Family Practices

**Target:** 63 % (45) districts implementing 6 Key Family Practices

#### **Achievements:**

Efforts for year are aimed at strengthening and scaling-up C-IMCI implementation from 38 to 45 districts. The 45 priority districts have been identified based on HMIS and EPI data. The profiles for these districts will be completed by the end of March 2006. The PHO through the Clinical Care Specialists (CCS) are playing a major role in development of these profiles. The C-IMCI strategic plan was presented to the ICC and final endorsement due in January meeting.

In order to support the implementation of C-IMCI activities in the 38 districts the MOH in collaboration Northern Province PHO and HSSP, conducted technical supportive supervision with emphasis on community IMCI to four districts (Mbala, Mpulungu, Nakonde and Isoka).

HSSP/Save the Children Federation Inc. has been working with National Food and Nutrition Commission (NFNC) initiate the positive Deviance/Hearth approach. This approach seeks to promote community/peer learning from those with positive child nutrition status within the same constrained environment. Orientation and training of national program facilitators completed. A Positive Deviance/Hearth National Working Group has been established drawing membership from National Food and Nutrition Commission (NFNC), World Vision International, CARE, UNICEF, Ministry of Agriculture and Community Development. Materials have been adapted to the Zambian situation. Lukulu was selected as a Pilot site.

#### **Key Results in C-IMCI**

- 2500 posters highlighting the 6 priority key family practices developed, printed and distributed to all the 9 provinces for all the health centers in the country. The Poster was designed by HCP while HSSP provided technical input on the content. The posters will provide guidance on priority practices.
- 400 CHW and 45 CHPs in 19 districts trained in C-IMCI using PRSP funds.

- K419,789,500 additional PRSP funds advocated for C-IMCI disbursed by MOH to 24 districts in Southern (8), Eastern (8), Northern (6), Luapula (1) and Western (1) provinces.
- Implementation of Positive Deviance/Hearth approach initiated

**Challenges:**

- MOH (child health) human resource shortage versus high demand of inputs from other competing responsibilities has delayed some C-IMCI activities.
- Inadequate district supervision of C-IMCI programs.
- Lack of health centre level record keeping of C-IMCI activities.

**Next Steps:**

HSSP will work and complete the review of action plans for the 45 priority districts. The main activity for the quarter will be the piloting of Positive Deviance/Hearth approach in Lukulu district. The pilot is expected to last until September 2006. It is hoped that the C-IMCI strategic plan will get endorsed by the ICC in readiness for dissemination to all the districts. This component will continue providing technical assistance to PHOs and districts in community IMCI capacity building and supportive supervision. Advocacy for funds to support C-IMCI will be an on-going activity.

**1.2. Expanded Program on Immunization**

**Goal:** 80% full immunisation coverage of children less than one year in 80% (58) of the districts

**Target:** 80% full immunisation coverage in children under one in 43 districts

**Achievements:**

The focus during the first quarter of the year under review was on provision of technical assistance to develop a national plan for EPI and compilation of annual and RED strategy reports for dissemination. HSSP's has also provided technical support in identification of priority districts for RED strategy financial assistance. The strategy will contribute to increased immunization coverage.

During the quarter under review, HSSP's Technical Assistance to MOH has included the commencement of updating the Financial Sustainability Plan upon request by the Inter-Agency Coordinating Committee (ICC). The plan will reflect estimated inputs required to implement a comprehensive immunization program and the available resources from both Government and partners. The updated plan will form the basis for resource mobilization and allocation.

To improve immunization coverage, documentation of the Reaching Every District/Child (RED/C) strategy which was introduced in 10 pilot districts was completed for dissemination to expansion districts. Technical support supervision provided additional insight in providing better TA to districts implementing RED strategy.

A desk review of the 3<sup>rd</sup> quarter 2005 HMIS data on EPI revealed an increase of districts with full immunization coverage of 80% .

The role of improved infrastructure, transport, clean water, communication and resources in improving performance of service delivery has been documented through the RED strategy implementation. During the quarter under review HSSP has worked with MOH in providing criteria for selecting priority districts for infrastructure assessment. The TA has resulted in prioritization of districts for capital investments aimed at improving service delivery at the health center level

### **Key results in EPI**

- Desk review of HMIS data on EPI performance completed and 20 low performing districts selected for RED strategy expansion.
- HSSP's TA in compiling comprehensive IDSR field reports has resulted in Zambia being classified for polio free status.

### **Challenges:**

- Logistics, transport, human resource requirements are some of the continued challenges in achieving full immunization coverage.
- Maintaining high routine immunization coverage and strengthening disease surveillance activities in bordering districts.

### **Focus for the Next Quarter:**

Review district action plans and develop a profile of districts for targeted TA in EPI and to provide feed back to support the next district planning process.

Disseminate results of the RED strategy pilot districts and orient selected districts for expansion of the RED strategy.

Preparation of the infrastructure assessment reports for the next joint MOH/Partner's meeting.

## **1.3. Facility IMCI (F-IMCI)**

### **Goals:**

- 60% of health workers at health centers who manage sick children being trained in IMCI;
- All 72 districts implementing Facility IMCI;

- 60% of children presenting with common childhood illness managed according to IMCI guidelines.

**Targets:**

- 200 health workers trained in IMCI;
- 12 additional districts implementing IMCI;
- 35% of children with common childhood illness correctly managed according to IMCI guidelines

**Achievements:**

Most of the quarter one activities were a continuation of activities started in year one. Technical assistance in comprehensive IMCI orientation was provided to the provincial health offices to cover the 5 remaining districts as a first step to scaling up IMCI implementation to the 72 districts. The districts were oriented on planning and budgeting for IMCI implementation as well as conducting IMCI case management training in a sustainable manner. Districts which had not reflected IMCI activities in their work plan were encouraged to do so as they reviewed their plans.

An Inter –agency Coordinating Committee meeting held during the quarter provided an opportunity to brief the new Minister of health on the current national status of the strategy, highlight some of the major constraints and lobby for political commitment. Given that the cost of training health workers is a major impediment to scaling up, a proposal for resource mobilization for bulk printing of IMCI training materials was also presented and endorsed by partners. The approximate amount of money needed for this activity is US \$ 648,508.70. Partners felt that this was a valuable investment and the minister gave a directive that in the next meeting pledges will be obtained from the various partners.

District profiling to identify 10 priority districts with the highest under-five mortality and the lowest proportion of health workers at the health centers who are trained in IMCI was initiated. The profiles will help in identifying and providing more focused support to IMCI case management training. Information on the district under-five mortality rates is available but that on number of IMCI trained health workers by district and health centre has been slow to come in. A process to team up with partners such as NMCC (malaria is a major component of IMCI) for additional financial support was initiated to ensure that the 10 priority districts conduct at least one training this year. It was evident from the initial meeting that funds are available in the malaria budget which could be used for IMCI/malaria case management training.

HSSP supported an IMCI case management training for Chipata and Lundazi with training materials and some stationary districts. Altogether 25 health workers were trained. IMCI case management training for medical licentiates was also supported with stationary where 21 health workers were trained.

Recognizing the significance of neonatal mortality to the overall infant mortality ratio, it has been agreed that care for the sick new born must be strengthened. Save the Children

Inc. will provide STTA for development of guidelines for care of the sick new born. A draft scope of work has been developed.

**Challenges:**

- Time constraint (major part of the first quarter was dedicated to developing the action plan)
- Competing priorities for clinical care specialist.
- Inadequate human resource at the national level-child health unit
- Competing priorities at provincial and district level resulting in inadequate planning and budgeting for IMCI implementation
- High attrition rate among the IMCI trained health workers

**Next Steps:**

- Complete the compilation of district profiles according to laid down criteria.
- Review district action plans and identify IMCI planning and budgeting, and implementation support required for the next planning cycle.
- More districts will be supported to conduct IMCI training as priority for this year.
- Eastern PHO to be encouraged to conduct initial follow up visits for the health workers trained in the two IMCI trainings that have taken place.
- Partners to make pledges for bulk printing of IMCI materials in the next ICC
- Follow up meeting planned to come up with a joint work plan for IMCI/malaria case management training.
- Finalise scope of work for developing guidelines on care of sick child and commence development of the guidelines.

## 2.0. Integrated Reproductive Health

### 2.1. Post Abortion Care- (PAC)

**Goal:** 2004-2010: 100% of districts offering PAC services

**Target:** 20 districts providing PAC services (16 new districts in year 2)

#### **Achievements:**

Three provincial training sites were assessed for readiness to provide PAC training services namely Solwezi, Kasama and Mansa General Hospital. Infrastructure, infection prevention practices, family, planning services, equipment and supplies, number of trainers, training resources and client load were areas looked at. Generally they were all satisfying with an exception of a low client load of 25 per month on average in all three sites. This is too low to cover for a 2 weeks group based skills training on MVA. Kasama also had only one trainer available four others having been lost to attrition. Recommendations made were that MVA skills training course be held at UTH or Ndola Central hospital where the client load is higher. More health workers from Kasama would be trained as well.

Thirteen district Hospitals were identified and assessed as potential PAC service sites. Though noted as a quota 2 activity in the annual work plan it was convenient to be done at the same time training sites were being assessed. This was as follows: 7 districts in North Western province, 2 districts in Luapula and 4 district hospitals in Northern Province. This a greater achievement than the 6 districts expected from the 2 district per province 2006 PAC strategy. More sites were assessed basically as a result of the requests from the provinces and UNFPA (for north western province) to include them. The respective districts were willing to have PAC services established in their hospitals. To that effect rooms were identified at the district hospitals and management committed to transforming them into standard PAC procedure rooms. In addition the process of trainee selection was initiated. It is hoped that at least 26 participants will be trained from these sites. The identified gaps in infection prevention practices will be addressed in the workshops.

#### **Key Achievements:**

- UNFPA has agreed to fund the orientation and the MVA workshops for Northwestern province.
- The purchase of 450 MVA kits has been done by UNFPA and clearance from customs is in process presently.
- The respective districts from northern and Luapula provinces have committed themselves to meet the costs of their trainees covering per diem, accommodation and transport allowances.

**Challenge:**

Although DHMTs have committed to meet the costs for training, actual fulfillment will depend on how much funding they are allocated from their budgets.

**Next Steps:**

- Orientation of managers and training health care providers
- Revitalizing the PAC task force
- Conduct site assessments of more hospitals
- Support supervisory activities
- Strengthen data collecting systems.

**2.2. Emergency Obstetric Care (EmOC)**

**Goal:** 2004-2010: 100% of the district hospitals offering EmOC.

**Targets:**

1. Two training EmOC sites and teams established
2. EmOC services scaled up to two districts

**Achievements:**

Focus in the first quarter was on finalizing the EmOC needs assessment report and identification of EmOC candidate trainers. The assessment was completed and a draft of the report was produced. Findings were presented at the annual IRH stakeholders meeting.

**Challenge:**

Equipping the hospitals which will receive training will be a challenge due to inadequate funding. HSSP will work strategically to leverage resources from other cooperating partners.

**Next steps:**

- Printing of 300 copies of the Needs assessment report
- Dissemination of the Needs Assessment survey
- Advocacy meeting with UTH and Ndola Central Hospitals
- Conduct training needs assessment in the two hospitals and strengthen the services according to the findings
- conduct clinical training sites and strengthen accordingly
- Develop training materials and train trainers of trainers including clinical training skills
- Support advocacy meeting with implementing partners
- Leverage funds from IPs (e.g. UNICEF, UNFPA, WHO)

### **2.3. Family Planning**

**Goal:** 2004-2010: Scaling up of an expanded contraceptive choice (Long term and permanent methods) to all districts in Zambia

**Targets:**

1. Scale up of long-term methods to 18 districts
2. Establishing of training sites and teams for permanent contraceptive methods

**Achievements:**

Summary of activities: Training of trainers in Jadelle and IUDs. Support to roll out training in Southern province and assessment of service sites. Follow up on registration of Depo-Provera and facilitating the process for DHMTs to access the same. There was also a meeting to orient MCH coordinators to Long term methods of FP and supervision

Five Site assessments for potential service sites for Jadelle and IUDs conducted in Southern Province for Mazabuka, Siavonga, Maamba, Namwala and Choma Hospitals. 10 members of staff in these districts, including one from PPAZ in Livingstone were trained in Jadelle and IUD. Depo-Provera has been registered and has been accessed by almost all the districts through Medical Stores. This provides a third option in long term contraception methods. Some of the activities above were done in first quarter though they were initially planned for second and third quarter because of the opportunities that were created

Four trainers for Jadelle and IUDs per province were trained for North Western, Western, Eastern, Luapula and Northern provinces.

Family planning guidelines were finalised in collaboration with other stakeholders.

**Challenges:**

- The roll out in the provinces requires leveraging of resources from the provinces
- Depending on Government and other partners to provide equipment (list available) especially for the districts
- Print and disseminate family planning guidelines

**Next Steps:**

- Areas of focus in quarter 2 will include:
- Conducting follow up to the five districts to strengthen identified needs
- Conduct post training follow up visits to the five provinces
- Printing and disseminating family planning guidelines

## **2.4. Focused Antenatal Care (FANC)**

**Goal:** 2004-2010: 50% of health facilities providing focused ANC

**Target:** 148 health centers providing FANC

### **Achievements:**

70 MCH coordinators were oriented to FANC, and how to use the Maternity Counseling Kit (MCK). Each coordinator received a counseling kit.

The Safe motherhood guidelines underwent pre-testing. The pre-testing findings were reviewed. Consensus was reached to go ahead with printing of the guidelines.

### **Challenges:**

Some health facilities do not have trained staff. In fact, some of the health facilities are run by casual daily employees. Lack of supplies and equipment will affect the scale of implementation of the program.

### **Next steps:**

- Develop data collecting and supervisory tools and follow up coordinators that were oriented
- Development of IEC materials for FANC
- Printing and dissemination of the safe motherhood guidelines

## **2.5. Youth Friendly Health Services**

**Goal:** 2004-2010: 360 health facilities in 72 districts provide youth friendly health services

**Target:** 75 sites in 15 districts providing youth friendly reproductive health services

### **Achievements:**

The main focus here was on adaptation of youth friendly health services curriculum. Training materials for health providers of Youth Friendly Health Services (YFHS) adapted, and waiting consensus meeting with all relevant partners. The planned quarterly meeting with the youth focus group did not take place because it was not possible to get partners together for the meeting. ARH staff employed – to start on Feb 1.

### **Challenges:**

Shortage of human resource, inadequate infrastructure to accommodate YFHS, and supplies and equipment to provide quality services.

**Next steps:**

- Build consensus on adapted training materials
- Conduct site assessments for YFHS and strengthen services
- Conduct training of health providers in YFHSs

**2.6. Sexually Transmitted Infections (STIs)**

**Goal:** To integrate STI diagnosis and treatment in all RH services

**Target:** STI protocols and training materials standardized and STI services strengthened in 9 districts

**Achievements:**

- Final draft of the National STI guidelines is ready and arrangements are being made to have the document printed with support from WHO
- Development of a standardized STI training package has started and this will continue in the 2<sup>nd</sup> quarter.

**Challenges:**

It is sometimes difficult to get members together to work on the document due to other commitments by some members in their respective organizations. The STI working group consists of members from CBoH, UTH, HSSP, NAC, CDC and FHI and as such etc.

**Next steps:**

- Printing of the STI National guidelines
- Print draft copies of STI training materials
- Develop STI site assessment tools
- Conduct site assessment visits of provincial hospitals
- Conduct site strengthening of provincial hospitals based on assessment findings
- Identify candidate STI trainers from each provincial hospital
- Conduct clinical training skills course for STI trainers

## **3.0. Malaria**

### **3.1. Support NMCC and National RBM Management Systems**

**Goal:** Develop a robust and well functioning NMCC and National RBM Program

**Target:** Support provide for program and financial management, information and communications systems at NMCC to facilitate scale-up of three key interventions.

#### **Achievements:**

The quarter saw a revision of the 5- year national strategic plan for malaria, including new the new partners MACEPA and World Bank. There was a major achievement in coordination and communication for Applied Malaria Research and Training, with two large meetings in October and November, and participation of more than a dozen Zambians at a large international malaria conference in Cameroon in late November. In December a planning grant for the ‘Zambian Alliance for Malaria Applied Research and Training’ was written with colleagues from NMCC, UNZA, TDRC, Macha, and Boston University, and submitted in the first week of January 2006 to the National Institutes of Health in the United States. Support to the Zambia Malaria Foundation (ZMF) has been extremely fruitful. ZMF hosted four other NGO country coordinating organizations (Kenya, Tanzania, Uganda, Ghana) to share lessons learned. ZMF was also elected to serve as one of two NGO representative on the RBM Governing Board, and participated in the Board Meeting in Yaounde in November. On the national level, ZMF has proven to be an articulate and respected voice for NGOs and the private sector within the National RBM partnership. The September ’04 Community survey was finally completed with help from HSSP consultants. Overall, the quarter saw another strong advance for national level RBM partnerships

#### **Challenges:**

While there seemed to be strong advances in program planning and partnerships at the national and international level, the link to district action proved to be less strong. Despite a series of three-day ‘strategic planning workshops’ for districts held in the nine provinces, as well as other workshops for District Malaria Focal Point persons, there remained a disconnect and confusion between the national and district levels. Financial and Information Management remain critical challenges. The HSSP Sr. Finance and Admin officer had not yet been posted by the end of the quarter – a process that has taken more than 12 months. Likewise the epidemiologist position remains effectively vacant, but will likely be supplemented by a MACEPA expatriate information specialist.

#### **Next Steps:**

The Sr. Finance and Administration Officer was posted in January 2006, and should help improve both financial and human resource systems at the NMCC. One particular area

that began but faltered during 2005 was an HIV/AIDS workplace program that we hope can be supported by HSSP. The arrival of MACEPA, with expatriate resident advisor and information specialist changes the context of HSSP/Boston University support, which needs to focus more on Provincial and District level implementation, rather than primarily central level support.

### **3.2. Provide technical and logistical assistance to the implementation of the ongoing drug transition**

#### **Goal:**

- **An evidence-based national drug policy with efficient logistics systems**

#### **Target:**

- **Introduce SP in Pregnant women for annual clinical efficacy monitoring trial;**
- **Strengthen ACT logistics and Pharmacovigilance within CBoH and Pharmacy Regulatory Authority.**

#### **Achievements.**

Results of the Clinical Efficacy Monitoring Trials were presented by Zambian Colleagues at a large malaria conference in Cameroon in November. Zambia data was included in an October WHO workshop in Harare considering SP efficacy for IPT in areas of increasing SP resistance in Children under 5 (e.g. Zambia). While the SP appears to continue to have a beneficial effect for IPT, more data needs to be collected. Therefore discussions were held among NMCC, MACEPA and Boston University to incorporate SP in Pregnant Women as part of the 2006 clinical efficacy monitoring. HSSP, largely through the Drugs and Logistics Office was able to provide significant support to help review the Coartem<sup>®</sup> procurement and logistics issues.

#### **Challenges:**

There continue to be very serious problems with Coartem<sup>®</sup> stock management, with stock-outs for some blister-pack sizes in some districts, and large, nearly expired overstocks in other districts. Proper quantification for ordering new stocks and for these logistics issues have been hampered by lack of staff at the national level. Coartem<sup>®</sup> is the cornerstone of the national program and can not be allowed to fail. It appears now that the situation is being taken more seriously and staff will be hired during the first quarter of 2006 to help manage these processes. Since Boston University direct funding, technical support and supervision of the clinical efficacy monitoring trials finished after 2004 the program had faltered and it is unclear if funds will be available from GFATM, MACEPA and other sources for the 2006 round.

#### **Next steps:**

With support from HSSP Drugs and Logistics and Malaria it is hoped that the NMCC/CBoH will be able to quantify and manage stocks better. A longer-term solution

could be found through better integration with investments being made for ARV logistics.

### **3.3. Support NMCP's campaign against Malaria in Pregnancy**

#### **Goal:**

- **That 80% of women at risk for malaria during pregnancy avail themselves to the packet of Malaria in Pregnancy.**

#### **Target:**

- **Establish Malaria in Pregnancy as a key component of Focused Antenatal Care, Safe Motherhood and Adolescent Reproductive Health programs**

#### **Achievements.**

Good progress was made in strategic planning, advocacy and training for malaria in pregnancy (MiP). The five-year strategic plan for malaria was rewritten and MiP is now firmly within the Focused Antenatal Care programme; and trainings provided to the District MCH coordinators. Training for PMTCT coordinators is scheduled for the first quarter 2006. While better data analysis is needed reports from the sentinel districts show good uptake of IPT, while NetMark surveys show increasing numbers of pregnant women using ITNs – up from almost zero in 2000 to over 22% in late 2004. There were a number of ‘advocacy’ presentations during the strategic planning and for NGOs and other partners on the importance of MiP, especially for the primigravidae and the links to HIV/AIDS and adolescent health.

#### **Challenges:**

While the program appears to be progressing despite staff shortages at the central level, a great deal more can be done. The “MiP Package” will continue with a primary focus on the antenatal clinic but is also trying more to reach the primigravidae, younger girls (and boys) having their first child – who are most susceptible to adverse impact of malaria, but who at the same time might be the most amenable to uptake of IPT and acquisition of an ITN. The entire ITN sector has been severely hampered by supply problems with Global Fund money: after 2 ½ years, not a single ITN has reached Zambia through GFATM support.

**Next Steps:** Participate with the new HSSP Adolescent Health Specialist in strengthening MiP advocacy, linked to Zambia Malaria Foundation, HCP and other partners working with HIV and youth groups. Investigate potential of partner support for strengthening Hb monitoring as part of the Focused Antenatal Care.

### **3.4. Assist continued expansion of Insecticide Treated Mosquito Nets and other Vector Control Measures**

#### **Goal:**

- **80% of children under 5, pregnant women and PLWHA sleeping under and ITN; IVM implemented in urban areas**

#### **Target:**

- **ITN strategy and guidelines developed and disseminated to districts; employer-based schemes and systems for delivery of ITNs to vulnerable groups expanded; USAID support to IVM facilitated.**

#### **Achievements:**

There were a large number of ITN strategic planning meetings during the quarter, which began with a radical revamping of current ITN delivery strategies. In the end, much of the good in the 'old' market segmentation model was retained, with a much more vigorous effort to reach under-served remote areas. Likewise for the Indoor Residual Spray Program, HSSP was able to facilitate a USAID environmental assessment and is helping with the IRS planning. The relationship between ITNs and IRS is also being clarified with the intent that ITNs in 'IRS areas' will be seen as a 'safety net' if the IRS program should falter, and as an 'exit strategy' for the day when malaria rates are lowered, ITNs coverage high, and surveillance systems robust enough for IRS to be withdrawn. There was also some progress in working with the World Economic Forum on the global level, and Zambia Sugar, Zambia Breweries and British American Tobacco on the national level develop employer-based ITN schemes.

#### **Challenges.**

Both the ITN and the IRS programs were severely compromised by problems in the procurement and tendering processes. As stated above, not a single GFATM purchased ITN has reached Zambia; Likewise, the equipment and insecticides for the IRS program did not reach in time, with Lusaka not beginning spray operations until 28 December. Expansion will not be possible until this problem is fixed.

#### **Next steps:**

The national ITN guidelines are being revised to include the new free mass distributions in rural districts, but hoping to continue an enabling environment for the discount voucher program, ITNs to PLWHA and for commercial sales in urban areas. There will likely be a great deal of activity in budgeting and planning for the IRS program over the next few months.

### **3.5. Provided TA for reviewing and developing protocols for appropriate malaria case management**

#### **Goal:**

- **80% of persons suffering from malaria receive prompt and effective treatment**

#### **Target:**

- **Expand use of ACTs to CHWs; begin improvement of QA systems for severe malaria and program for improved use of antimalarials in the private sector.**

#### **Achievements:**

Technical Assistance was provided for clinical management within the 5-year malaria strategic plan, for IMCI and orientations for the Clinical Care Specialists, the District MCH coordinators and for District Malaria Focal Point Persons. Preparations were made and TA provided for applied research for training CHWs in the use of Rapid Diagnostic Tests (funded by WHO/TDR), in CHW diagnosis and management of malaria and pneumonia (funded centrally by Boston University); and a repeat of the 2004 management of outpatient malaria survey.

#### **Challenges:**

The challenges of getting ACTs to CHWs has not yet been solved. There are logistics problems (we are hardly able to manage logistics of ACTs to Health Facilities, much less CHWs) and regulatory issues of CHWs administering ACTs or doing finger-sticks to do diagnostics. While there have been a number of discussions with the Clinical Care Specialists and other partners on a program to improve quality in the management of inpatient malaria, we have not made much real progress. Likewise, involvement in the improved use of antimalarials in the private sector has not begun, as there is not yet consensus on how the private sector can be constructively engaged beyond the roadblock of Coartem. There has been some progress in diagnostics, but staff shortages at NMCC have hampered the establishment of better laboratory support systems. It is hoped that laboratory support could be coordinated better with the tuberculosis program.

#### **Next Steps:**

Work with the NMCC Clinical Care Officer for joint programming of NMCC and HSSP activities for the activities in this section of the work plan. While some of the challenges of CHWs use of Coartem may not be solved immediately, at least we can find joint support for improved training and supervision for both facility and community based diagnosis and treatment. Work on laboratory strengthening and improved use of antimalarials in the private sector will need more discussion to determine if these are areas where HSSP should be involved.

## **4.0. HIV/AIDS Service Delivery**

### **Goals:**

- 100% Districts offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, ART, Lab services and essential drugs) by 2010
- 100% of district HIV/AIDS health worker training programmes using standardized national training packages
- 50% of health facilities providing HIV/AIDS services according to minimum standards

### **Targets:**

- 28% (20) districts offering a minimum package of HIV/AIDS services
- 40% of district health worker training programmes using standardized national training packages
- 2% of health facilities providing HIV/AIDS services according to minimum standards

## **4.1. HIV/AIDS Coordination**

### **Achievements:**

- Discussions with MOH/CBOH to draw up an agenda for completion of the BHCP were held. The Terms of Reference (TORs) were drafted and the consultant to outline the current status of the BHCP and identify gaps was identified
- The TORs for the evaluation of 2004/5 ART implementation plan were developed and pre-tested in selected sites in Central Province. The three consultants were hired to conduct the review and routes for geographical coverage decided upon
- The 2006/8 ART implementation plan will be developed using results from the review of the 2004/5 plan
- The ART database which will coordinate the ART support by partners was finalized. The ART information will be collected through a questionnaire, which will be sent to all partners supporting the national ART programme
- Logistical support was provided for the ART plan review meetings
- The PEPFAR Annual report was compiled and submitted to USAID
- Performance audit reports for the Institute of Medicine (IOM) audit were compiled
- The PEPFAR action plans (FY-06 Country Operational Plan) were consolidated and submitted to USAID
- The IEC materials for the workplace programme were acquired. The sensitization meetings and recreational activities on HIV/AIDS were organized

### **Challenges:**

Implementation of quarter one activities was affected by the low morale and competing on staff in the health sector especially at the central level as implementation of most of the above-mentioned activities required prior approval from them and this was often

obtained very late. The most affected activities were: Finalization of the BHCP, Review of the 2004/5 ART implementation plan and the finalization of the ART database establishment.

**Next Steps:**

In quarter two, HSSP will focus on the following activities:

- Outlining status of BHCP in terms of what has been done to date, identifying gaps and addressing them
- Outlining issues pertaining to institutionalization of the BHCP
- Supporting costing of the package
- Assess provision of minimum package of HIV/AIDS services
- Conduct an Evaluation of the 2004/5 ART implementation plan
- Develop and disseminate 2006/8 ART implementation plan
- Review Global Funds (round 1 and 4) and identify funding gaps
- Prioritize GFATM round 5 proposed activities
- Decide list of partners involved in ART programme implementation and distribute questionnaire for data collection
- Continue providing logistical support for meetings
- Compile PEPFAR semi-annual report

## **4.2. Health Policy**

**Achievements:**

Among the major achievements during the Quarter is the completion of the formulation of the National Child Health and Health Care Financing Policies. A Cabinet Memo and accompanying Implementation Plan for the Child Health Policy were prepared for submission to Cabinet, while the Health Care Financing Policy awaits stakeholder consensus building. HSSP also managed to facilitate the submission of the National Reproductive Health Policy to Cabinet for consideration and approval. Other support went to the finalization of the National Nutrition Policy that is already in print.

HSSP further worked to strengthen links among the MoH, other line Ministries and the Policy Analysis and Coordination (PAC) Division of Cabinet Office. This was in support of enhanced circulation and approval of proposed health policies and pieces of health legislation.

**Challenge:**

The major challenge has been how to harmonize HSSP programmed activities with work schedules of staff in the MoH Policy Directorate.

**Next Steps:**

- Official launching of the National HIV/AIDS/STI/TB Policy;
- Dissemination of the National HIV/AIDS/STI/TB Policy in two national workshops;

- Undertaking a field assessment of the status of implementation of the National HIV/AIDS/STI/TB Policy (with emphasis on minimum package for HIV/AIDS services);
- Printing and disseminating the combined 2006 MoH Policy and Legislation Agenda and 2005 Policy and Legislation Agenda Review Report;
- Following up the Cabinet approval process for the Child Health, Reproductive Health and Health Care Financing Policies; and
- Convening a one-day meeting between MoH Policy Directorate, line Ministry Cabinet Liaison Officers and PAC.

### **4.3. Health Services Planning**

#### **Achievements:**

Among the major achievements during the Quarter is the completion of the health sector plan for 2006-08 which was submitted to Ministry of Finance and National Planning before the end of the year. This forms the basis upon which funds are allocated to the health sector in the national budget.

An agreement was also reached between MoH and HSSP regarding the approaches for the review of the Action plans and for the development of the narrative piece of the MoH 2006-08 Action plan. So far JHPIEGO will provide the technical leadership for the review of the hospital plans, while all the Technical staff in HSSP will be involved in the review of the District Action Plans. A consultant has been identified to work with the review teams and to write the final report and recommendations of the review process.

To ensure that district/hospital level planners are better guided as regards to minimum package of HIV/AIDS services for their level, HSSP (Health Services Planning & HIV/AIDS Coordination) working with MoH counterparts have developed a tool for determining the minimum package for HIV/AIDS in districts and this will form part of the Basic Health Care Package currently under review.

HSSP supported meeting for MoH key personnel from the Directorate of Planning and Development to agree on the process for improving the capacity of district level managers in data use for planning. The meeting made recommendations for the way forward.

#### **Challenge:**

The major challenge during the period under review was to get partner commitment for the planning process to move forward in view of the non clarity of individuals' status at CBoH after the restructuring process.

#### **Next Steps:**

- During current Quarter, HSSP will work with the MoH in undertaking the following activities:
- Support the comprehensive review of the district/hospital plans and report writing

- Support MoH to develop a narrative piece of the 2006-08 health sector
- Work with HMIS team to finalise data reference manual in readiness for use during the next planning cycle.
- Work with HIV/AIDS coordination to build consensus among partners regarding minimum package of care for HIV/AIDS
- Support preparations for the 2007-09 Planning cycle.

#### **4.4. Drugs and Logistics**

##### **Achievements:**

During the quarter under review, Adverse Drug Reaction/Event reporting forms for HIV/AIDS, TB, Malaria, and EPI and the Lab/sample forms for HDR monitoring were reviewed and finalized.

The Guidelines for detecting, reporting of ADR/Es were finalized. This included the defining of roles and responsibilities for all levels in the public health structure and private sector in ADR/Es reporting and HDR monitoring systems established.

Finalization of the HDR monitoring conceptual national framework took longer than expected, because of the need to harmonize the institutional structure with that of the NPVU. However, the HDR framework and the conceptual framework for a Pharmacovigilance System in Zambia were completed during the quarter.

The assessment of supply chain for Coartem, TB drugs and Nevirapine at national and peripheral level was also completed.

##### **Challenges:**

- Coordinating consensus building among stakeholders with other demanding work pressures often leads to delays in finalizing developed forms/protocols
- This program is new, and therefore requires considerable investment initially, at central level for printing and dissemination of national forms and protocols for operationalization of the system at national and peripheral levels. There will be a dire need for further resource mobilization from other programs to sustain implementation of the PVU activities
- Introducing a new program in a health system with critical HR shortages, and (as a result) over-stretched health workers.
- Exclusion of planning/budgeting for pharmacovigilance activities in 2006 annual district/hospital Action Plans despite adequate information being provided by central level
- Inadequate funding by HSSP for Pharmacovigilance activities

**Next Steps:**

- MoH and other key stake holders will actively participate in the adoption, approval and implementation of the PVU activities.
- That adequate resources will be mobilized to meet the budget for the planned activities
- That the review of 2006 Action Plans will ensure inclusion of PVU activities/budgets by the districts/hospitals
- Facilitate adoption, approval and printing of the ADR/E, HDR monitoring forms, Guidelines for detection and reporting of ADR/E forms and national HDR monitoring conceptual framework.
- Facilitate the dissemination of the forms and protocols at national level.
- Provide TA to development/printing of training materials for the Provincial TOT and District training sessions
- Provide TA to the revision of the Guidelines for Donation of drugs (to ensure that it conforms to the provisions under the new Pharmacy Act)
- Printing and dissemination of revised Guidelines for donations to all stakeholders at national level
- Provide TA to generation of quarterly logistics data at MSL.
- Finalize editing of final drafts of the National Drug Policy (NDP) Implementation Master Plan Matrix, NDP Implementation Indicator Matrix and NDP Master Plan Narrative

**4.5. Health Care Financing****Achievements:**

The DAS has been reviewed and adapted to feed into the government Financial Management System, FMS. This was done by incorporating all the fields from DAS into the FMS to create a system for the Districts. The expanded DAS database will now be used both as a budgeting tool, the way it was initially intended, and as a reporting tool at district levels. MOH will be able to extract details of financing and expenditure from the district using the expanded DAS.

The objectives for conducting the Equity Assessment of the Free ARV policy have been drafted.

Literature on Costing Guidelines and Sustainability Frameworks has been identified and information is being extracted for purposes of drafting the Guidelines.

**Implementation Gaps**

Support to the NHA could not be accomplished because MOH cancelled the scheduled December, 2005 workshop at the last minute; citing the non availability of key MOH personnel who were now on their Christmas break.

The CHEWS Dissemination meeting could not take place because of the dispute over the findings between the Kafue Team and the Team of Yann and Kate. There is a fundamental divergence of views over what the Pilot has been able to achieve. While on the one hand the Kafue team feels that the pilot was successful in improving access to care for the Vulnerable and in improving coordination among sister ministries and should be replicated in other districts; the Team of Yann and Kate feel that the Pilot has failed to improve access to care for anyone because the design of the waiver was not stringent enough to identify the very vulnerable, as a result, the majority of those who benefited should not have received the waiver in the first place and therefore the Waiver should not be replicated any where else because it is too costly.

Recommendations for strengthening the private health insurance for ART has not been done either due to lack of time, but will be drafted during Quarter 2.

**Challenges:**

The major challenge for health finance was that of identifying areas of work that would be relevant for the Ministry of Health. It took a while to develop the current work-plan because of the changes in the policy on ARVs.

**Focus for Next Quarter:**

- Provide support to the NHA report writing process.
- Provide support to the development of Cost Codes for newly expanded DAS.
- Conduct a meeting to review the expanded DAS.
- Produce the research tools for the Free ARV-Equity Assessment Baseline Survey.
- Finalize the first draft of the Sustainability Framework.
- Finalize the Costing and Budgeting Guidelines for the Minimum package of HIV/AIDS services.

## **4.6. HMIS**

**Achievements:**

Registers:

- Counselling and Testing Register - This is a compressed edition of what was formally called Form 1 and Form 2 under the PMTCT/VCT parallel data collection system
- PMTCT Delivery Register - This register already existed, what was only done on it was to recast and re-lay it out so that it conforms to the HMIS standards.

Tally Sheets:

- PMTCT Tally Sheets: Based on the two registers listed above, 3 tally sheets have been designed (for ANC, Delivery and Under-five services)
- Counselling and Testing Tally Sheet - This tally sheet is based on the counselling register and will be used in non-PMTCT interactions

### Aggregation Forms:

The following changes have been made to the aggregation forms HIA2 (health centre), HIA3 (hospital) and HIA4 (district):

- HIA 2 & HIA4: Added data elements 1.5.1 through 1.5.12 for PMTCT and section 12 for VCT
- HIA 3: added data elements 1.5.7, 1.5.9 and 1.5.10 (delivery services only). This is an annotated version of HIA2 where the balance of the data elements on HIA2 which are missing here (ANC) are presumed to be offered at PHC level. Section 12 on this has also been added on the understanding that counseling and testing that take place on the wards should also be reported.

### Data Entry and Reporting Interface in the HMIS Program:

Based on the successful completion of revising the paper-side of the system, activities have commenced to reflect similar changes effected to paper on the electronic database system – the HMIS program. By end of December, preliminary works on revising the database tables, and forms had reached completion. Trial runs on data entry for PMTCT, VCT and ART, are currently going on. It is expected that this will be concluded by the end of January 2006. Work has also commenced on the output side of the program. This procedure is quite complex and may take up to 2 months. So far draft reports for PMTCT are out and undergoing testing. With both input and output modules for ART, PMTCT and VCT completed, an upgrade script will be written to automatically upgrade all existing HMIS database version 2.5b and c, throughout the country, to 3.0.

### Challenges:

Much of the challenges posed by activities during the quarter came from the revision of the HMIS database program. The HMIS program was written in a very complex VBA code which automates most of the procedures, especially at form and report level. Unfortunately, during the final handover of the database to CBoH in 2000, there was no technical officer in the CBoH to whom a technical report could have been handed over to. Understanding what the original programmer(s) did has proven to be a very slow process though not insurmountable.

### Next Steps:

With changes effected to the PMTCT and VCT data collection system, in the coming quarter, investment will be directed towards developing a detailed procedure manual and training materials that will provide a guide and standards during the national training in the revised system.

As regards the HMIS database program, more work is still required in completing the reporting module of the program, testing the data input module and creation of data

validation checks. This will be followed by pre testing – preferably on the Copperbelt for a period not yet agreed upon with partners.

#### **4.7. Human Resource**

**Goal:** 100% districts offering a minimum package of HIV/AIDS services (HBC, CTC, ART, Laboratory services).

**Target: 28%** districts offering a minimum package of HIV/AIDS services.

##### **Human Resource Planning**

Under Human Resource Planning HSSP contributed mainly to one HIV/AIDS service delivery objective which is: -

- 28% districts planning for HR requirements to deliver a minimum package of HIV/AIDS services.
- Under this objective the current ART HR planning guidelines were reviewed to include Home Based Care (HBC). In addition the National 5 Year HR plan was completed and submitted to HE the Republican President.

##### **Human Resource Management**

Under Human Resource Management HSSP contributed to three HIV/AIDS service delivery objectives: -

- Support MoH to ensure that 20 districts retain staff with critical skills to deliver a minimum package of HIV/AIDS services; under this objective the guidelines for Retention and Career Development were completed.
- Strengthen the national system for human resource management: In trying to support the operations of the HR Task Force HSSP held an orientation meeting with the new HR Director to acquaint her with the operations and the expected support from HSSP. The outcome of this meeting was commitment by MoH to revive the HR Task Force meetings by January 2006.
- Strengthen deployment of skilled health workers in remote rural districts: Under this objective HSSP support went towards development of a draft MOU between HSSP and MoH regarding the recruitment of 35 Medical Doctors on the rural retention scheme.

##### **Pre-service Training**

Under Pre-service Training HSSP contributed to two HIV/AIDS service delivery objectives:

- Ensure that 2005 graduating students have skills to provide the minimum package of HIV/AIDS services: HSSP supported the training of 129 graduating students from UTH Schools of Theatre Nursing and Midwifery, Chipata School of Nursing and

Ndola School of Midwifery in ART and PMTCT. Cumulatively this brings to a total of 722 graduating students trained.

- Curricula for critical cadres revised to incorporate the minimum package of HIV/AIDS services: Under this objective support was provided to three main activities. The first activity was support to the development and administering of a training needs assessment tool for Clinical Officer General (COG) and Environmental Health Technologists (EHT) clinical practicum sites. The second activity was support towards the evaluation of the current nursing curriculum in order to ascertain the extent to which HIV/AIDS competences are covered. The last activity was support towards the training of the Chainama College Curricula Review Team in computer assisted clinical skills training.

**Goal:** 100% districts HIV/AIDS health worker training programmes using standardized national training packages.

**Target:** 40% of districts health worker training programmes using standardized training packages.

### **In-service Training**

Under this target HSSP In-service training component contributed to two HIV/AIDS service delivery objectives:

- Standardize national in-service training packages: Under this objective HSSP worked with MoH and other partners to develop a draft on-site training package for TB-HIV/AIDS co-infection. In addition work began on developing a short counseling training course for health workers that will accelerate the acquisition of counseling skills.
- Strengthen National in-service training Coordination: Under this objective were two activities. The first was on-going support provided to the central HRDC office to complete the drafting of the National Training guidelines (NTGs). In addition Provincial HR Managers were oriented to the NTGs and as well receive their input into the development of the guidelines. The second activity was the printing of 200 initial copies of National In-service Training Coordinating System (NITCS) 5 year Plan for launching.

**Goal:** 50% of health facilities providing HIV/AIDS services according to standard.

**Target:** 2% health facilities providing HIV/AIDS services according to standard.

Under this target HSSP In-service training component contributed to one objective:

Strengthen mechanism for accreditation of ART providers: Under this objective consensus was reached on the development of an accreditation system for ART as an entry point into the development of a health systems accreditation programme. In

addition a concept paper with options of accreditation was developed and circulated to MoH management.

**Achievements:**

- Home Based Care integrated into the ART HR planning guidelines.
- National 5 Year HR Plan completed.
- Retention and Career Development guidelines in final draft.
- Draft MOU on the recruitment of 35 Medical Doctors on the rural retention scheme developed.
- 129 graduating students trained in ART and PMTCT.
- COG and EHT training needs assessments done.
- Chainama College Curricula Review Team ready to commence the COG Curricula review.
- 200 NITCS 5 year plan printed.
- National Training guidelines are in final draft.
- Consensus on ART accreditation as an entry point.
- Concept paper on options of accreditation

**Challenges:**

- Competing priorities among MoH partners resulting in some activities lagging behind e.g. the Presidential directive took more precedence over other activities.
- Lack of 'leadership' to champion activities of the HR Task Force.
- Fitting the ART and PMTCT training for graduating students and faculty staff into the normal training institutions calendar.
- The payment of 'sitting' and facilitation allowances to students and facilitators.

**Next Steps:**

- Disseminate ART HR Planning guidelines to all stakeholders.
- Disseminate Retention and Career Development guidelines to all stakeholders.
- Task Force meeting to be held in January.
- Support the implementation of the National 5 Year HR plan.
- Engage other cooperating partners to support the expansion of the rural retention scheme to sponsor benefits that are not being funded by HSSP.
- Training finalists students from Mansa and Kasama Schools of Nursing.
- Support the follow-up supportive supervision of five graduates trained in ART and PMTCT from each participating training institution.
- Data entry, analysis and report writing of the training needs assessment of the COG/EHT Clinical Training sites.
- Hire two consultants for data entry, analysis and report writing of the evaluation of the current nursing curriculum.
- Support the practical competency skills training for the Chainama curricula review team.
- Review of the draft TB/HIV/AIDS co-infection package.
- Review of the draft short counseling training package.
- The launch of NITCS plan and printing of 200 more copies.

- Forwarding the National Training guidelines for approval by PS and the Minister of Health.
- Continue working with MoH on the way forward with the accreditation options.

## **5.0. Knowledge Management**

### **5.1. Monitoring and Evaluation**

**Goal:** Planning, monitoring, evaluation and timely reporting of project implementation

**Target:** Establish a functional monitoring and reporting system

#### **Summary of Quarter Activities:**

Focus for the quarter was on review of the project requisite documents based on the year's experience; working with contractors for the data base, website, and intranet development and baseline survey. Coordination of routine project planning and reporting was also done during the quarter. Other routine work included coordinating the annual review meeting and supporting staff on specific documents review and formatting. An assessment of technical staff computer skills to strengthen their capacities in information management and documentation was conducted.

#### **Achievements:**

The FY06 work plan has been revised to reflect the more specific the goals and targets. Objectives were therefore defined to meet given target. Likewise activities are intended to meet the given objectives, and ultimately the targets and goals. The consolidated work plan was completed and submitted to the CTO/USAID.

The FY05 annual report was completed and submitted to USAID. HSSP is also expected to develop success stories as a way of sharing experiences. Three success stories developed lacked some beneficiary perspectives and hence may not be fully appreciated. There is need to work with technical teams to capture clients perspectives to enrich these stories.

A contractor was hired to conduct the baseline facility survey. HSSP developed the indicators and the initial draft of the tools, which were later reviewed together with the subcontractor. The contractor has since completed the field work and data entry. The baseline report is crucial for the project to determine benchmarks. Earlier plans were to complete the baseline survey by December. However this has not been possible owing to the contractor's delay in finalizing the research instruments before and after pre-testing.

The subcontractors responsible for developing the data base, website and intranet have submitted the products to HSSP. These have been reviewed by knowledge management and the Information Management team. The second phase of piloting of the website with all HSSP teams is on going and expected to be completed by the end of January. More work is needed on the intranet to ensure that it has functions stated in the scope of work. These products are expected to improve internal project information management, reporting, and sharing information with a wider population, in the case of website.

A computer skills training needs assessment was conducted after which a training program was developed. A computer training company has since been hired to conduct the training and one package on Microsoft word has been delivered. Other training will continue as scheduled, to be completed in April. The sessions have been staggered in order to accommodate staff availability.

## **5.2. Research**

**Goal:** MoH capacity to manage and coordinate priority research activities strengthened

**Target:** MoH conducting research according to set priorities

On going research on “What Zambia Must Do to Reach the MDG on Child Health” has critically analyzed under five child mortality trends and survival interventions in Zambia. Draft Report is ready and circulated. This research has:

- Highlighted trends and disparities in U5MR (i.e., when and where under five children are dying and the state of child survival interventions)
- Generated great interest among stakeholders (i.e., MOH)
- Contributed to the HSSP Child Health Team understanding about the subject
- Raised relevant national priority research questions

Guidelines for conducting clinical research in Traditional Medicine were drafted.

### **Challenges for KM overall:**

- Working with subcontractors has been a great challenge. Supervision of the baseline survey became a demanding responsibility due to delays by the subcontractor in meeting commitments. Other subcontractor work progress was delayed by the major breakdown experienced with the HSSP server.
- There is still need to strengthen compliance to agreed upon routine project reporting formats and submission of documents to knowledge management to ensure timely finalization.

### **Next Steps for KM overall:**

- Focus for the next quarter will be on finalization of the baseline survey report. The Monitoring and Evaluation plan will need to be reviewed to harmonize with the work plan and the baseline results.
- Priority will also be given to finalization of the data base, website and intranet and start utilizing them accordingly.
- The computer skills training will also continue and be completed within the second quarter.

- Special attention will be paid to document success stories in HSSP i.e. new ones as well as strengthen the ones developed so far.
- Complete/Disseminate results of ongoing researches
- Consolidate initiated research capacity building activities (i.e., Finalize Guidelines for conducting clinical research in Traditional Medicine and Formation of a National Research Ethics Review Board to regulate and monitor research.
- Begin Preparations for the 4<sup>th</sup> National Health Research Conference

## **6.0. Clinical Care Specialists**

### **Goal:**

To reduce the spread of HIV/AIDS and improve the quality and access to effective interventions by the year 2010.

### **Targets:**

- Increase awareness and acceptance of HIV testing and care
- Reduce mother to child transmission of HIV from 40-36%
- 10% of eligible HIV/AIDS patients accessing ART by the end of 2006
- 30% of TB clients on DOTs plan by the end of 2006.

## **Clinical Care Specialist Reports by province**

### **6.1. Central Province**

#### **Summary of Quarter Activities**

The activities in the quarter are a combination of those planned by various service areas at HSSP and those planned for 2006 at the PHO whose funding has not yet been committed by MoH and the partners. As a result, even the implementation time frame has not been committed to the specific activities. Activities under taken are on going carried forward from 2005.

#### **Achievements:**

- Health education to couples was an unplanned activity, however, this led to a number them making a decision to test for HIV.
- The 72 health workers trained in PMTCT and 25 trained in ART and OIs in the quarter is an achievement to the scale up of PMTCT and ART services in various institutions in the districts.
- The training of peer educators will enhance the delivery of youth friendly services in districts which are already implementing the programme.
- Health education messages through drama, poems, songs etc during World AIDS day commemoration led to a number of people from the community taking an HIV test led by the provincial Permanent Secretary and the District Commissioner.
- Revamping the Provincial ART committee is a will enhance coordination of ART activities in central province.
- Technical Support supervision in ART sites in Mkushi, TB case reviews and strengthening of TB –ART internal referral system in Serenje.
- Participate in TB quarterly review meeting.
- More clients visiting VCT centres and accessing ART with the introduction of free ART policy.
- Participation in consultation of patients and review of case files in some health facilities was a challenge which led to identification of areas for technical support.

- The previous quarter inter district TB cohort review meeting has enhanced the improvement of TB indicators in the districts in central province.

### **Challenges:**

- Human resource distribution across all cadres.
- Increased workload in ART sites since introduction of free ARTs.
- Health workers at Kabwe General Hospital shun to work in ART clinic due to long working hours and lack of incentives.
- Inadequate counselors in ART sites still is a challenge for scaling up ART to meet the provincial target.
- Untrained private practitioners providing ART to the community in the province.
- Standardization of reporting on ART.
- Tracking of about 300 patients initiated on ART at KGH since July 2004 lost to follow up.
- Coordination of referral of ART patients between sites.
- Long distance to ART sites for the population in remote areas in the province.
- The workshop for managers and supervisors on prevention of medical transmission of HIV was a challenge to managers who realized how the disposal of infectious material in their institutions has been neglected. However, whether something has been done to improve the standards needs follow up supervision.
- TB case detection rate still remains very low in the all the districts in the province.
- Lack of priority in targeting the key cadres (midwives) in PMTCT training.

### **Next Steps**

- The revamping of provincial, district, and site ART committees in central province will facilitate the interaction of personnel in different sites to provide technical support.
- Training of 23 counsellors and 18 ART providers in adherence counseling this month will improve service delivery.
- To adapt the training of private practitioners in ART and OIs in the province.
- Ensure 100% of the districts submit quarterly ART reports.
- Coordination of the referral system of ART patients.
- Track 90% of the 300 ART patients lost to follow up at KGH.
- Establish a database of health workers trained in ART, OIs, counseling, ARTIS at PHO.
- Focused training of relevant staff for specific skills.
- More midwives will need to be trained in PMTCT especially those from RHC.

## **Goal 2006-2010:**

**To promote child survival through reduction of infant and under five mortality rate by two thirds.**

### **Target:**

**To reduce infant and five mortality rate by 20% in 2006.**

## **Summary of Quarter Activities:**

Most of the activities undertaken in the quarter were related to IMCI scale up such as orientation of district managers and supervisors in Mumbwa and Kapiri Mposhi, evaluation of districts implementing IMCI, database on IMCI trained health workers in the province. However, other activities were undertaken during Technical support visits to health facilities such as case reviews with staff at Kapiri Mposhi DH, KMH, Mwachisompola RHC, and Serenje DH, review of low immunization coverage indicators with the DHMT in Serenje district.

### **Achievements:**

- The orientation of Kapiri Mposhi and Mumbwa district managers in IMCI is step towards the scale up of IMCI in central province
- Technical support so far provided to the few institutions visited has emphasized the need to improve the generally weak internal referral system.
- All districts have improved and maintained above 80 % immunization coverage except for Serenje.
- Despite non availability of grants for 3 months, countrywide shortage of fuel and kerosene in the districts, lack of supervision by PHO, delayed and non delivery of logistics Child Health Week was conducted by all the districts in the province.

### **Challenges:**

- Inadequate funds committed to IMCI training by the districts in 2006 budget.
- Child Health Week was not effectively conducted due to reasons listed above.
- Less than 10% of health workers managing children under five years are trained in IMCI in all districts except Chibombo with 22%.
- Serenje has two health facilities whose vaccine fridges broke down and have not conducted any immunizations for more than 9 months.
- Human resource shortages with unskilled personnel managing children.

### **Next Steps:**

- Mkushi and Kapiri Mposhi districts will combine resources to train health workers in IMCI.
- Supervision of health workers to manage children under five years in accordance with IMCI guidelines is on going during visits health institutions and during TS.
- Ensure Serenje improves on EPI indicators and ANC attendances.
- Regular TS to health facilities.

## **6.2. Copperbelt Province**

### **Technical Area: HIV/AIDS**

**Goal: To contribute to the scaling up of provision of quality ART services the province.**

#### **Targets:**

- 25% of HIV/AIDS patients accessing ART from 12% by 2005
- Facilitate training of 50% health workers in ART/ OI and adherence counseling
- Facilitate outreach programs for ART trained medical personnel to areas in the districts where no such services are offered
- Facilitate the provision and management of logistics to ensure continuous supply of ARV's and drugs for OI to 100% of all ART sites.
- Reduce mother to child transmission from 8% to 12%.
- Facilitate the timely reporting of HIV/AIDS data from all the districts to the Province and the center.

#### **Summary of Quarter 1 activities**

The first quarter involved becoming familiar with the activities of the Provincial Health Office (PHO) and finding out its interactions with collaborating partners in various fields. There are a few collaborating partners in the field of HIV/AIDS, one of whom is Zambia Prevention Care and Treatment partnership (ZPCT). I was nominated to become the focal person of ZPCT at the PHO as well as for HIV activities at the PHO.

#### **Achievements**

- Revamping and reorganizing the Provincial ART Committee with a view to coordinating and enhancing the quality of ART service provision in the Province.
- There was an increased number of health workers trained in PMTCT and ART/OI from various ART sites.
- There was an increase in the numbers of HIV positive patients seeking ARV's following the introduction of free ART services.
- Participation in the Provincial ART Committees Review Meeting, organized by the Central Board of Health (CBOH).
- Participation in the Condom Workshop organized by CBOH.
- Organization and involvement in four DILSAT Workshops which were aimed at improving not only the storage and management of general logistics and medical supplies but also ARV's and other related medical supplies at district and health center level.

- Providing Technical support in the area of data collection and reporting to the districts during the Provincial Technical support activity (particularly ARTIS), in an effort to enhance the reporting to the Provincial Office and in turn to the Central level.
- Good coordination between the health centers and community based organizations
- Supportive Supervision of PMTCT trained staff by CBOH, in 3 districts i.e. Kitwe, Ndola and Mufulira

## **Challenges**

Collecting data for ARTIS due to shortage in human resources.

Provision of free laboratory services due to the inconsistent supply of reagents and supplies, thereby affecting the initiation of patients onto ART.

Inconsistent supplies of ARV and OI drugs resulting

Shortage of human resources to provide ART services at all centers.

High attrition of health workers meaning more will have to be trained over time.

No data base of trained personnel in ART at the provincial level.

Poor reporting of data by the private sector

No tracking system to follow patients who have been lost to follow up in the hospitals and health centers e.g., 300 from Kitwe Central Hospital, 200 from Ndola Central Hospital etc.

Coordination between sites in cases of referrals particularly between the private and public sectors.

Long distances to clinics particularly in the rural areas resulting in some difficulties accessing ART

Very few staff trained in adherence counseling

## **Next Steps**

Follow up the planned activities of the Provincial ART Committee meeting i.e. setting up of new ART sites, supportive supervision and periodic evaluation of ART service providers and sites etc.

Initiate coordination meetings for the ART partners/providers in the Copperbelt

Ensure that all ART sites in the province are reporting ART data timely to the Provincial Office and the Central level.

Facilitate the training of staff in adherence counseling depending on resources

Set up a database of ART trained staff on the Copperbelt whether by government or partners

Facilitate the acquisition of logistics and medical supplies at all levels on the province

Lobby for the setting up of a tracking system to follow up patients at the national level.

Ensure at least 1 scientific meeting for ART providers in the Province.

- Involve the private sector in ARTIS

## **Technical Area: Reproductive Health**

**Goal: To reduce maternal and neonatal deaths in the province**

### **Targets:**

- **Scale up Emergency Obstetric Care training particularly in the rural districts of the Province in an effort to reduce maternal deaths.**
- **Scale up the provision of Family Planning services in the Province**

### **Summary of Quarter 1 activities**

There was very little done in this area at the PHO since most of the money had been used in previous activities in the year. Most of the support given was in the reporting of maternal deaths. There was poor reporting due to inappropriate definition of maternal deaths. Most of the districts were reporting wrongly and not capturing the true figures. The little resources that are available will be used to organize a workshop on Emergency Obstetric Care for the rural and less urbanized districts where distances between health centers and hospitals are far. In addition not all these centers have trained midwives or personnel, but general staff. It was felt that the staff would benefit from capacity building in this area considering the distances from referral hospitals.

### **Achievements**

- A number of staff were trained in PMTCT.
- Supportive supervision of staff trained in PMTCT in Kitwe, Ndola and Mufulira was done.
- Technical support given to reporting of maternal deaths at districts and hospitals.
- The PHO with the Senior Health Advisor started a research project titled 'Investigate Maternal Deaths and Act in Ndola' which will last one year and is funded by Irish Aid.
- Staff have since been oriented on how to correctly report maternal deaths by the districts

### **Challenges**

- Emergency Contraceptives are not widely available.
- PAC is not widely practiced nor is staff skilled in it.
- Long term Family Planning methods are only available in Ndola and Kitwe.
- There has been a shortage of certain types of contraceptives in some of the health centers.
- There is very little male involvement in family planning particularly in the rural districts.

## **Next Steps**

- Facilitate setting up of PAC services in the province through training and selection of suitable candidates and sites.
- Train 30 candidates from Masaiti, Mpongwe, Chililabombwe, Chingola and Lufwanyama in Emergency Obstetric Care.
- Encourage family planning through reorientation and technical support to the districts and health centres.

## **Technical Area: Child Health**

### **Goal: Reduce Infant mortality**

#### **Target:**

- **Improve the numbers of fully immunized children of 5 poorly covered districts to over 80%**
- **Increase the number of staff trained in IMCI**

## **Summary of quarter 1 activities**

The major activity in this area was Child Health week, which is a biannual event held in order to scale up the immunizations of children. This involved provision of logistics and supplies, supportive supervision and evaluation of the activity after it occurred. There was also assessment of 3 sites, Masaiti, Mpongwe and Chingola districts for purposes of IMCI training. This included evaluation of the districts and assessment of number of staff trained in IMCI.

## **Achievements**

- Conduction of child health week activities by all districts with provision of logistics from the center in time.
- 5 districts attained over 80% immunization coverage
- Assessment of possible sites for IMCI training in Masaiti, Mpongwe and Chingola.
- A few districts under NGOs trained a few health workers in IMCI.

## **Challenges**

- Constraints faced during child health week were non availability of government grant to the districts for 3 months resulting in difficulties in procuring fuel and other logistics for the activity.
- Demotivation and a shortage of staff to carry out the activity.
- Few of the health workers are trained in IMCI.

## **Next Steps**

- Review the Child health week activities to find out if the coverage of the districts that did poorly can be increased to at least 80% coverage.
- Facilitate the training of more staff in IMCI in all districts.

### **6.3. Western province**

#### **Goal:**

**To support the DHMB's delivering all the 3 components of BHCP health services (curative, preventive and health promotion)**

#### **Target:**

**To support the districts to improve delivery of the Basic Health Care Package.**

#### **Summary of Quarter Activities:**

The main focus of the quarter was to support the District Management Health Boards to improve delivery of the basic Health Care Package according to the priority areas through technical support and capacity building.

#### **Achievements:**

##### **HIV/AIDS**

- The final assessment was done in Shang'ombo, the only district without an ART site, and it has been certified as ready to start the programme.
- Technical support in the collaborative activities between HIV/AIDS, TB, STI and PMTCT was given to the planned district
- Training in ART/OI was conducted for 45 participants.
- Meeting with the cooperating partners held and matters about coordination were discussed.

##### **Malaria:**

The use of coartem improved in most facilities.  
ITN programmes were monitored in all the districts.

##### **Child Health and Nutrition:**

- TS given in the use of the new pentavalent vaccine, quantification of vaccines and management of sick child according to the IMCI guidelines.

##### **Integrated Reproductive Health:**

- The Maternal Death Notification Form was introduced in 3 districts.
- Orientation on the need for maternal death reviews was done in all the districts.
- The use of the partograph was revised in all the districts.
- Technical Supervision on the importance of Risk Factor identification was given to some RHCs in some districts.

**Challenges:**

- Most challenges in the improvement of service delivery come from the poor communication facilities (transport, telephone), affecting the referral system especially in maternity cases.
- Shortage of trained staff as retaining the staff is difficult especially in the RHCs, some of which are manned by untrained staff, who might not work according to the guidelines. The scaling up of ART services is also being slowed down by the shortage of staff.

**Next Steps:**

In the next quarter more work is still required in the coordination of capacity building in the areas of ART/OI, IMCI and PMTCT. Technical support in all the technical areas is still very much needed in all the districts especially the poor performing ones.

## **6.4. North Western Province**

### **Summary of activities**

The main focus on service delivery in HIV-AIDS was to scale up ART and PMTCT sites to all seven districts; and strengthen the multi-sectoral response to HIV/AIDS. The child health week activities were supported under the d\child health component. In the area of Reproductive Health, the focus was on maternal death review, PAC assessments and training in long term contraceptive methods.

### **HIV-AIDS**

#### **Targets:**

- **To reduce the spread of HIV and STIs through effective interventions.**
- **Expand access to ART for eligible adults and children**
- **Mother to Child Transmission Rate of HIV reduced by 10%**

#### **Achievements:**

- Scale up in ART to 5 districts was achieved, and PMTCT was scaled up to all seven districts. The PHO with assistance from ZPCT managed to support Zambezi district to start the ART programme PMTCT is now being scaled up to health centers within the districts.
- Facilitated strengthening of multi-sectoral response to HIV/AIDS i.e. PATF in November 2005. This was to aid in improving the referral network with all stake holders.
- PMTCT activities were scaled up in the last quarter with provision of Niverapine to all MCH centres.
- Training of health workers in ART and ARTIS is ongoing with assistance from ZPCT.

### **Child Health and Nutrition**

#### **Targets:**

- **To reduce the mortality rate among children under the age of five years by two thirds by 2008**
- **Community and facility based IMCI activities implemented in all 7 districts.**
- **Full immunization coverage for children aged 12 months at least at 80% in all 7 districts.**

#### **Achievements**

No training was done in IMCI in all districts. Solwezi and Mwinilunga had already been trained and scale up is a pending issue to other districts and health centres. Child health weeks were fully supported though there were logistical problems such as lack of

vaccines for measles and BCG. There was also a major problem with the kerosene fridges due to the fuel shortage experienced at that time.

## **Integrated Reproductive Health**

### **Targets:**

- **Maternal Case Fatality Rate reduced by one third by 2008**

### **Achievements**

- Maternal death review was started in Mwinilunga to identify possible factors contributing to high maternal death rates in that district. This is a pilot study.
- Focused antenatal care was scaled up to all districts and the new cards distributed.
- PAC sites were also assessed in Solwezi, and are yet to be implemented.
- Infection prevention activities in Zambezi and Mwinilunga districts were started and follow up was done in December 2005.
- Trainers of Trainers were trained in long term family planning methods and followed up. Scale up plans are being drafted.
- Not much activity in adolescent reproductive health has happened. UNFPA have drawn up there action plan and have included this in it. We are expected to work with them in this area.

## **Tuberculosis**

### **Goals:**

- **To introduce T.B collaborative activities in all districts**
- **Increase T.B detection and cure rates**

### **Achievements**

- The T.B quarterly review meeting was held in October 2005, where information on collaboration on HIV activities in the programme was introduced and will be scaled up.
- Support to the T.B treatment supporters in provision of HEPS to its clients was provided.

## **Malaria**

### **Target:**

- **To reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%.**

**Achievements:**

- Scale up of malaria prevention, through integrated vector management, access and usage of ITNs and In-door Residual Spraying (IRN) ongoing in Solwezi.
- All districts are now trained in conducting Rapid Diagnostic Tests for Malaria. Coartem is being used in all districts, though there are problems with stock outs and overstocking in some centres. Efforts are being made to ensure that it is distributed to areas that do not have any stock. Meetings were held with National Malaria Control Centre to prepare for the distribution of free ITN'S. However, not many districts have put logistics in place for this activity..

## **6.5. Southern Province**

### **Summary of activities**

The Clinical Care Specialist took up office on the 3<sup>rd</sup> of October 2005, coinciding with the beginning of the new-year for HSSP. Consequently, the major goal for this first quarter was to develop a clear understanding of the operations of the incumbent CCS office so as to have a good knowledge base of the programs, as well as the province it self, before any plans could be developed, and before full responsibility could be taken of the programs, and Clinical Care in general. This was done through discussion with the incumbent CCS, studying documents available in the office, discussions with other specialists, and eventually site visits.

### **Targets:**

- To develop a clear understanding of the history and current status of the province's HIV/AIDS programs, and clinical care. It was considered essential to gain insight into present strengths and weaknesses of the CCS office, as it had been operating. Such an understanding would lay a foundation for building on operations of the CCS office as regards networking with other players in procurement, distribution and management in the key areas of clinical care and HIV/AIDS service delivery.
- Key areas requiring focused efforts for improvement and development regarding HIV/AIDS and clinical care in general were to be identified, as well as gaps, and best practices learnt.
- Through out the 1<sup>st</sup> Quarter, the CCS was to start providing focused technical support to ART/PMTCT service delivery sites as well.

### **Achievements**

This section highlights the key activities undertaken during the quarter but is not exhaustive and represents approximately 70 % of the work-time of the CCS. The other 30 % of the time was taken up by other PHO responsibilities apportioned to the CCS as shared tasks of the PHO:

- Participated in the Provincial Epidemic Preparedness Committee meeting (PEPC) by giving a presentation on the "Threat of a Bird Flu Pandemic". Lecture was also presented to Livingstone General Hospital staff, DHMT, Customs, immigration and National airports staff
- Facilitated training on Malaria Rapid Diagnostic Tests
- Facilitated PMTCT training (2 sessions supported by Boston University)
- Worked with PHO team to coordinate SADC Malaria week celebrations in the province

- Helped with assessing sites for introduction of long term contraceptive methods, Jadelle and IUD
- Provided technical support to Mazabuka district for the Child Health Week activities
- Convened the provincial ART sub committee, and officially took up the secretarial role of the sub committee. Also attended the reproductive health sub committee meeting during the same month.
- Planned and held a PMTCT orientation workshop for L/Stone General Hospital and DHMT. Workshop was also refresher for previously trained staff, and also set the stage for the initiation of a currently on-going performance improvement process for the PMTCT program in the district
- Developed a comprehensive five (5) year Action Plan which has been the basis for the 1<sup>st</sup> quarter activities
- The situation analysis has generated valuable information on current weaknesses of the ART program in the province, and intervention strategies for addressing these have been developed. It is expected that by the end of 2<sup>nd</sup> quarter, the laboratory services in all the districts will be able to register significant savings on reagents once the interventions have been fully implemented
- Facilitated the initiation of the Performance Improvement (PI) team for the PMTCT program at the LGH and DHMT. The PI process has so far made tremendous strides at improving the efficiency of the PMTCT program as regards strengthening understanding and practice of the “opt-out” approach by the staff (and thus increasing up-take), establishing linkages to ART services which had not been in place, and establishing an efficient infant follow-up program which was not in place either.
- Provided Technical support to 7 out of 19 ART sites in the province focusing on record keeping and reporting. The knowledge of the staff in the ART information system was strengthened, which has been evidenced by the improved quality of data, received for January 2006 from all these sites. The exercise has been a major success, and has been recommended to be adopted as a bi-annual practice by the PHD

## **Challenges**

- The initial challenge faced was the delayed commencement of the situation analysis. This was because at the time, the Provincial Health Director (PHD) was away for a workshop in China. At the same time, the incumbent CCS was also out of office. The CCS only met with the PHD in the third week of the first month. This made it difficult to proceed with the exercise. This has contributed considerably to the spill over of the 1<sup>st</sup> quarter activities into the 2<sup>nd</sup> quarter.
- The next challenge has been the unavailability of staff at the PHO who are very busy and mostly out of office. This further delayed the process of meeting with each of them
- The CCS office in general has a lot of responsibilities that make it rather difficult to remain focused on proactive work. This has been a major challenge as the province has many partners who all come into the province through the CCS office, a situation

that threatens to take up a larger part of the work time in reacting to unexpected needs.

- Efforts to scale up the ART program were seriously frustrated by irregular supply of ARV drugs during the greater part of the quarter.
- Logistical challenges include delayed arrival of the vehicle for the CCS office. This further delayed the start of the site visits as there wasn't enough transport at the PHO to support this program. Internet connection has been a major challenge as the CCS has not been able to keep regular contact with the head office and other colleagues. This has also made it difficult to keep abreast with up to date information on emerging HIV/AIDS care issues from other countries.

### **Next Steps**

Despite the various constraints experienced, by the end of the 1<sup>st</sup> quarter, sufficient information had been collected to effectively start planning strategies aimed at improving quality of clinical services and HIV/AIDS care. The next steps for quarter 2 therefore will be to focus on four activities for a start. These are:

- Facilitate refinement of the PMTCT PI exercise in Livingstone, and thereafter proceed to roll out the same strategy to other districts in the province
- Complete the TA to the remaining 12 ART sites in the province to ensure quality and consistent reporting.
- Proceed with TA visits to address the inappropriate use of laboratory services in the province, starting with Livingstone.
- Focus on re-establishing and strengthening clinical meetings in the district hospitals as a strategy of improving quality of reproductive health, child health, malaria, HIV/AIDS, and other clinical care services over the next five years.
- Establish a frame work for continuing professional development in HIV/AIDS management issues for the front line health workers in the province.

## **6.6. Lusaka Province**

### **Goal**

To provide technical support to district and hospital health management teams

### **Target**

- 25% of health centres (i.e. 2 health centres) in Luangwa District offering prevention of mother to child transmission of HIV (PMTCT).
- 25% of health centres (i.e. 7 health centres) in Chongwe District implementing IMCI.

### **Summary of Quarter 1 Activities:**

The focus in the first quarter was a needs assessment of the four districts of Lusaka Province in the technical areas of HIV and AIDS, Child Health and Nutrition, Integrated Reproductive Health, and malaria.

The needs assessment revealed that all districts require support in all technical areas. The need was more apparent in Luangwa and Chongwe Districts.

### **Achievements**

- Provision of technical and logistical support to districts during the Child Health Week.
- Participation in World AIDS Day activities.
- Training of Maternal and Child Health Coordinators in Integrated Reproductive Health.
- Introduction of IMCI to Mumbwa and Kapiri Mposhi districts.

### **Challenges**

- District Health Management Teams did not receive grants for two months (September and October 2005) thus they failed to implement most of their planned activities.

### **Next steps**

To review fourth quarter districts plans so as to help districts identify priority programs to be carried out in the first quarter of 2006.

## **6.7. Luapula Province**

### **Summary of Activities:**

The focus of the first quarter was on performance assessment, technical support and supervision, training and capacity building.

### **Goals**

- To understudy the activities at the provincial health office
- Study the performance indicators in the province
- Begin the orientation to the various districts

### **Achievements**

- Attended management, technical and planning meetings at the provincial health Office
- oriented in provincial health office activities and fused in well in to the management team
- Enlightened on the current performance indicators in the province
- Participated in the revision of the action plan for the first quarter of 2006
- Attended the inter district meeting where various presentations were made. I also presented on child health
- Attended a ZPCT organized clinical meeting on ART activities at Senama clinic
- Successfully conducted interviews for the position of driver

### **Challenges:**

No major constraints so far

## **HSSP Quarter 1 Tables**

## HSSP Quarter 1 Tables October to December 2005

### 1.0 Child Health and Nutrition

**Technical Area: CHN ( Nutrition- Supplementation)**

**Goals: Attain 80% coverage of vitamin A supplementation**

**Targets: Increase Vitamin A supplementation for children 6 – 59 months by 3% and 10% in postnatal**

Objective	Activities	Implementation Status	Next Steps	Comments
To increase and sustain the number of districts reaching 80% for under 5 years vitamin A supplementation	Complete the assessment to identify best and lowest performers in Vitamin A supplementation	Desk review concept paper developed and being updated to broaden scope of review	Finalise concept paper for desk review; Define variables for in-depth analysis; Complete reports for December 2005	The desk review is a first stage of critically analyzing data and information since inception of Child Health Week. This should provide direction on the best way of sustaining the monitoring of child health week as well as strengthening the supportive systems and quality of service delivery.
Increase postnatal supplementation coverage to 47%	Reviewed safe-motherhood guidelines to include post natal Vit. A supplementation	Reviewed guidelines	Work with the safe motherhood working group to provide necessary technical input	Postnatal supplementation requires close collaboration with the safe motherhood working group as one of the key strategies to increase coverage. Focus will be on data capturing tools.
	Provide focused support to the lowest 10 and best performing districts in Vitamin A supplementation	Supported planning and monitoring of Child Health Week for December 2005 round, 38 districts were visited by national level teams.	Compilation of monitoring reports and district coverage reports and input findings into planning for the next round.	The focused support takes into consideration the performance assessment and technical support and supervision which are key in improving Programme management at provincial and district level.
Provide focused support to the lowest 10 and best performing districts	Supported planning and monitoring of Child Health Week for December 2005 round, 38 districts visited by national level.	Compile reports and input findings into planning for next round	Similar to Vitamin A supplementation, focused support will take into consideration performance assessment, technical support and supervision which are key in improving Programme management at provincial and district level.	

<b>Technical Area: CHN ( Nutrition- Deworming)</b>				
<b>Goal: Attain 80% coverage of de-worming of children under five years by 2010</b>				
<b>Target: Increase the de-worming national average for children aged 12 – 59 months by 5%</b>				
<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>
Increase and sustain the number of districts reaching 80% coverage deworming for 12 - 59 months old.	Conduct desk assessment to identify best and lowest performers in de-worming	Desk review concept paper developed and being updated to broaden scope of review	Completion of concept paper and variables for analysis	Deworming and Vitamin A supplementation coverage will be reviewed. The focused support takes into consideration the performance assessment and technical support and supervision which are key in improving Programme management at provincial and district level

**Technical Area: CHN ( Nutrition- GMP)**

**Goal: Increase number of districts implementing CBGMP**

**Target: Increase the number of districts implementing CBGMP**

<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>
Increase and sustain the number of districts implementing CBGMP	Finalise and disseminate the minimum package of care for nutrition in the health sector	Reference manual and minimum package of care draft developed	Work with stakeholders in reviewing the draft and ensure finalization by April in readiness for the planning launch.	The minimum package being developed will be useful to guide districts in planning.

**Technical Area: CHN ( Nutrition- Fortification)**

**Goal: 90% of the household sugar is adequately fortified with Vitamin A.**

**Target: To improve the proportion of household sugar adequately fortified with Vitamin A from 18% to 25%**

Objective	Activities	Implementation Status	Next Steps	Comments
Ensure that household sugar is adequately fortified.	Finalise the assessment on levels of Vitamin A fortification at factory and retail levels, and disseminate results.	Sugar samples collected from Kafue Sugar have been analysed. The results indicate that mixing is still a problem in the factory. Feedback to Kafue sugar yet to be submitted since they are on recess.	Discuss the results with Kafue sugar, Discuss the need for the installation of the mixer .Collect samples from Zambia Sugar and Kalungwishi , analyse and disseminate the results.	The aim of collecting samples and sharing the results with the sugar companies is aimed to support adjustment of the machinery to achieve homogeneous mixing. The results will allow the Fortification Taskforce to convince Kafue sugar install mixing equipment and this will enhance the quality of fortified sugar.
Ensure that household sugar is adequately fortified.	Complete study on fortification of other food vehicles	Study completed and report is being prepared by consultants at ISTI	Complete Report and Disseminate results to stakeholders by end of March 2006	Preliminary results indicate that it is more feasible to fortify milk than cooking oil. The identification of more food vehicles for fortification will broaden the list of products. However, the Government will have to decide which foods are fortified based on the feasibility of such a programme.

**Technical Area: CHN ( Nutrition- Fortification)**

**Goal: 100% of the commercially produced maize meal fortified with a multi mix by the end of 2008**

**Target: To have 20% of the commercially produced maize meal fortified with a multi mix .**

Objective	Activities	Implementation Status	Next Steps	Comments
Ensure that commercial maize meal is fortified with a multi mix.	Finalise the GAIN project implementation plan	The implementation plan has been finalised and submitted to GAIN ( Nov)	Support NFNC and the task force to develop maize meal fortification guidelines.	The implementation plan was a prerequisite for the contract between GAIN and GRZ. This was however not done due problems in the earlier proposal development. The participation of HSSP in the revision of the GAIN project proposal has tremendously raised the chances for the Grant to be approved at the end of January 2006.
		Revision of the GAIN project budget included some equipment that was missing in the initial proposal. The revised budget was accepted by GAIN Board for a total of US\$ 2.4million.		This was unplanned but due to changing events, it became inevitable to revise the budget.

**Technical Area: Fortification**

**Goal: Implementation of national nutrition programmes strengthened.**

**Target: NFNC capacity to monitor programmes strengthened.**

Objective	Activities	Implementation Status	Next Steps	Comments
M&E system in place and functional within NFNC	Finalise and disseminate the M&E nutrition frame work	The revised draft frame work has been submitted to NFNC. It will be disseminated in the 2nd Quarter.	Review of indicators and chart flow. Development of a database user's guide, Training of key staff in database management.	The M&E system will enhance the capacity of GRZ and other organisations to implement quality and viable nutrition programmes. It will also enhance the capacity of NFNC to perform its advisory role.

**Technical Area: CHN- Expanded Programme of Immunisation (EPI)**

**Goal: 80% full immunization coverage of children under one year in 80% (58) of the districts**

**Target: 80% full immunisation coverage in children under one in 43 districts**

Objective	Activities	Implementation Status	Next Steps	Comments
To sustain and scale up Full Immunization Coverage in 43 districts	Develop and disseminate EPI profiles for 43 districts	Review meeting held resulted in the selection of 20 low performing districts for more focused TA.	To complete the comprehensive profiling of districts by end of January 2006.	Twenty districts selected based on the criteria established for the expansion of the RED strategy.
	Provide support based on the gaps identified in the profiles and action plans/PA reports through the planning cycle, RED strategy and CHWk	Planning Process of identifying priority districts for more focused TA has begun.	To participate in the review of district action plans to gain more insight for the TA.	Profiling of districts to include MOH counterparts and other cooperating partners.
	Provide TA and FA to conduct supportive supervision in selected RED strategy implementing districts.	Visited Kalabo district; a final report on the 10 districts implementing Red finalised and ready for dissemination.	Expansion of RED strategy to 20 more districts. Orientation and micro planning meeting for the new selected districts scheduled January 2006.	Comprehensive documentation of RED strategy implementation completed in 10 pilot districts.
Strengthen the EPI Management Information System	Host quarterly meetings to review district performance data in EPI	One of the two planned meetings held to review HMIS immunization coverage figures(2000 - 2005 2nd quarter)	The second meeting planned for January 2006 to review IDSR data.	Results used for selection of priority districts for RED expansion.
	Documentation of EPI financial sustainability plan	Held two meetings to review the EPI FSP to update it to current developments in EPI	Finalize revision of the document to include available resources.	
	TA to MoH to strengthen monitoring and compilation of field reports on integrated disease surveillance	International Polio free certification meeting held where Zambia's documentation was accepted for polio free certification.	Strengthen the surveillance and increase routine OPV coverage in boarder areas of Congo DR and Angola.	However Polio free certification will be done on region basis.
	Documentation of annual performance of EPI	Series of meetings held for comprehensive documentation of the EPI annual reports, RED strategy and update reports for the Minister of Health and new Child health specialist.	Dissemination of the RED strategy and annual reports to provinces and districts.	
		3 meetings held to disseminate criteria to selected districts for compiling district assessments for infrastructure investments. Five districts sent proposals.	Proposal to visit all the selected districts and prepare report for the next joint partner/MOH meeting set for end of January.	Proposals received did not meet the expected standards.

**Technical Area:** Facility IMCI

**Goal:** 60% of health workers at health centers who manage sick children trained in IMCI

**Target:** 200 health workers trained in IMCI

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen district IMCI training	Identify and priorities 10 districts that require IMCI case management training	A desk review for profiling of the districts according to the under five mortality and the proportion of the health workers in the district trained in IMCI commenced and is on going.	Complete the compilation of district profiles according to laid down criteria.	Information is being collected from the provinces through the CCS and some provinces have not complied to date
Strengthen district IMCI training	Support IMCI training in the selected 10 districts	IMCI training for Chipata and Lundazi districts supported- a total of 25 health workers trained. In addition training for medical licentiates supported- 21 trained.	More districts will be supported to conduct IMCI training as priority for this year. Eastern PHO to be encouraged to conduct initial follow up visits for the h/ws trained in the two IMCI trainings conducted so far.	Focus this quarter will be on the prioritised 10 districts to ensure that they start conducting IMCI case management training. There will be need to meet with Eastern Province PHO on how to raise resources for the follow -up visits
Mobilization of resources for IMCI materials	Facilitate meetings with partners on resource mobilization	Proposal for resource mobilisation for the bulk printing of IMCI training materials presented to the ICC and was endorsed by the partners.	Partners to be requested to make pledges in the next ICC	More partners have shown interest in the proposal after it was endorsed by the ICC . A total of US \$ 648,508.70 is needed.
Mobilization of resources for IMCI materials	Leverage malaria and HIV/AIDS funding	Meeting held with NMCC coordinator and NMCC malaria case management specialist. The idea of using IMCI case management trainings as an entry point for malaria case management training and pooling of resources (both technical and financial) was discussed and agreed upon.	Follow up meeting planned to come up with a joint work plan for IMCI/malaria case management training .	

**Technical Area: Facility IMCI**

**Goal: 72 districts implementing IMCI**

**Target: 12 additional districts implementing facility IMCI**

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen implementation of Facility IMCI by districts.	Provide TA to PHO on district IMCI preliminary visits (orientation) to 5 districts	All the districts visited and oriented to IMCI. All the 72 DHMTs now have been oriented to IMCI.	Ensure that the districts start planning and budgeting for IMCI implementation. This should lead to more districts meeting the criteria to be IMCI implementing districts	After the review of the district action plans, those that did not include IMCI will be encouraged to do so.

**Technical Area: Child health ( Facility-IMCI)**

**Goal: 60% of children presenting with common childhood illness managed according to IMCI guidelines**

**Target: 35% of children with common childhood illness correctly managed according to IMCI guidelines**

Objective	Activities	Implementation status	Next Steps	Comments
To improve the care of the sick child	Provide TA to MOH on ART protocol development on pediatric HIV.	The draft document has been divided into various sections; consultants have been identified to review and refine the sections. This activity is being supported by CRS	The draft document will be merged into one. A meeting to reach consensus on the final document is scheduled for 3rd week January 2006 .	There is need to quickly finalise this document in order to harmonize pediatric HIV management. Most of the scheduled meetings in the last quarter had to be cancelled due to non availability of the committee members.
To improve the care of the sick child		SOW drawn for a consultant to work on the care of the sick new born guidelines and sent to save the children. Initial draft of the scope of work completed.	Finalise the SOW. The consultant is expected to start work during the next quarter.	

**Technical Area: Community -IMCI**

**Goal: 80% districts offering 6 Key Family Practices**

**Target: 45 districts implementing 6 Key Family Practices**

Objective	Activities	Implementation Status	Next Steps	Comments
To sustain and scale up the 6 key family practices in 45 districts	Develop and disseminate C-IMCI profiles for 45 districts	45 priority districts have been identified. C-IMCI profiles are being compiled by desk review and with support from the CCS.	All profiles will be finalised by March 2006.	The activity started during the last part of the 1st quarter after the final review of the work plans. Dissemination of the profiles will take place in the next quarter.
To sustain and scale up the 6 key family practices in 45 districts	Provide TA to the PHO for TSS to the 45 districts	Conducted technical supportive supervision with emphasis on community IMCI to Northern Province PHO for Mbala, Mpulungu, Nakonde and Isoka.	Technical supportive supervision to be conducted in 5 more districts among the 45.	
To sustain and scale up the 6 key family practices in 45 districts	Provide technical assistance to the PHO for TSS to the 45 districts	400 Community Health Workers and 45 CHPs trained in 19 districts using PRSP funds.	Provide technical assistance to the PHOs and districts on capacity building of community resource persons in C-IMCI.	Activity had been planned for Q2 but the opportunity was taken when funds were made available.
To sustain and scale up the 6 key family practices in 45 districts	Provide support based on the gaps identified in the profiles and action plans/PA reports through the planning cycle, RED strategy and CHWk	Advocated for funds (K 892, 054, 800) for 24 districts: in Southern (8), Eastern (8), Northern (6), Luapula (1) and Western (1) provinces. K 419,789,500 has already been sent to the 24 districts. The funds will be used for C-IMCI activities.	Provide technical assistance to the PHOs on capacity building of community resource persons in C-IMCI.	National Malaria Control Centre has also committed a funds for C-IMCI. Mobilisation of resources for C-IMCI will help the scaling up of the 6 key family practices.
Explore approaches for strengthening the 6 key family practices	Introduction and piloting of HPD approach in one province	The NFNC in collaboration with HSSP/Save the children has started implementation of positive Deviance/Hearth approach: <ul style="list-style-type: none"> <li>• Orientation/training of national program facilitators in community-based rehabilitation of malnourished children</li> <li>• Positive Deviance/Hearth National Working Group established (NFNC, WVI, CARE I, UNICEF, Ministry of Agriculture and Community Development and HSSP)</li> <li>• Adaptation of implementation materials for local use was done.</li> <li>• Lukulu selected as the Pilot site.</li> <li>• Consensus on time frame developed</li> </ul>	The pilot will start in February 2006 in Lukulu district	PD/H implementation will strengthen Community-based Growth Monitoring and Promotion (CBGMP) program. PD/H approach will be applied in prevention and treatment of malnutrition which contributes about 60% of under five mortality. The activity is being conducted in collaboration with HSSP nutritional counterparts.

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen C-IMCI implementation at national level	Support approval dissemination of C-IMCI strategic plan	C-IMCI strategic plan presented to the Inter-Agency Coord. Committee (ICC) and a follow up dissemination meeting to be held for all partners who are not part of ICC.	The next ICC is scheduled for January 2006	The ICC is usually held quarterly. The previous ICC was congested with too many issues on the agenda to accommodate the endorsement of C-IMCI strategic plan.
	Provide technical and financial assistance in designing and dissemination of posters and implementation guidelines on 6 key family practices	2500 posters have been developed and printed. They have been distributed to all the 9 provinces through the Clinical Care Specialists. The poster was developed by the Ministry of Health in collaboration with cooperating partners. The design was made by HCP.	The posters should be made available to all the health centres country-wide with the help of the provincial Clinical Care Specialists.	The posters will provide awareness and reinforcement on the 6 priority key family practices to all the health centre staff coordinating community IMCI activities. The expected output is increased scale-up and sustained implementation of the 6 key family practices.

## 2.0 Integrated Reproductive Health

**Technical Area:** Post Abortion Care (PAC)

**Goal:** 2004 -2010: 100% of districts offering PAC services

**Target:** 20 districts providing PAC services (16 new districts in 8 additional provinces)

Objective	Activities	Implementation Status	Next Steps	Comments
To strengthen provincial PAC training sites	Conduct nine 1-day assessments of provincial training sites to determine readiness for PAC training	3 sites assessed i.e. Solwezi, Kasama, and Mansa general hospitals	assessment of the remaining 6 sites	
To strengthen provincial PAC training sites	Strengthen provincial training sites as needed	Preparations for training of more PAC providers have been made Kasama	Train 3 health workers	Only one provider is available, the rest have been lost to attrition
To prepare 16 district hospitals to provide PAC services	Conduct 1-day facility assessments for PAC services in 16 hospitals	13 district hospitals were assessed i.e., 7 north western; 4 in northern, and 2 in Luapula provinces.	Orientation of staff and training of will be done as follow up to the hospitals that were assessed. Assessment of the remaining planned 10 facilities in 5 provinces.	This activity was convenient to implement in the 1st quota at the same time as assessment of provincial training sites. PAC strategy for 2006 is to assess at least 2 facilities per province, 13 instead of the expected 6 is a great and cost effective achievement.
To prepare 16 district hospitals to provide PAC services	Strengthen 16 facilities to provide PAC based on the assessment findings	Rooms have been designated and are being converted into PAC procedure rooms by respective facilities	Support continued preparation of the facilities for PAC service provision	
To support MoH to strengthen systems for adequate PAC supplies, personnel and quality assurance	Work with MOH to leverage funds for MVA kits and other supplies from other donors	450 MVA kits have been purchased by UNFPA	Hand-over MVA kits to PAC task force for further distribution to PAC sites	The 450 kits are in addition to 300 donated by JHPIEGO. UNFPA will fund MVA workshops for North western province.
Objective	Activities	Implementation Status	Next Steps	Comments

To establish a system for replenishment of MVA kits at service sites.	Participate in PAC task force meetings and advocate for the establishment of a sustainable system for replenishing MVA kits at PAC service sites	The activity was not implemented because the first meeting is scheduled for the second quarter (Jan 2006)	Participate in the forth coming task force meeting	
To collate quarterly PAC service statistics for periodic analysis	Revise PAC data feedback form	Feedback form revised	Distribute the feedback form to PAC sites	use of the data form will provide information including number of patients accessing PAC services and types of services accessed.
To collate quarterly PAC service statistics for periodic analysis	Support provincial PAC trainers & CCSs to collect data from PAC service sites	Data collected in the 3 provinces visited	receive 1st quarter data	
To revitalize the PAC task force	Support the PAC task force to coordinate PAC activities nationwide	The HSSP yr. 2 work plan was discussed with task force chairperson.	Hold a task force member meeting to share Fy06 work plan for them to identify areas of participation/contribution.	
To revitalize the PAC task force	Support Quarterly meetings of the Task force	Not done- The first meeting is scheduled for the second quarter (Jan 2006)	prepare for quota meeting	
To revitalise the PAC task force	To provide TA in the review of the national PAC strategy	Review will be done at the first meeting scheduled for the second quarter.		

**Technical Area:** Emergency Obstetric Care (EmOC)

**Goal:** 2004 -2010: 100% of district hospitals offering EmOC

**Targets:** 1.EmOC training sites and teams established at UTH and Ndola Central hospitals  
2.EmOC services scaled up to two district hospitals

Objective	Activities	Implementation Status	Next Steps	Comments
To disseminate the key findings of the EmOC program needs assessment exercise	Finalise the EmOC assessment report (to incorporate comments from reviewers)	Comments incorporated. Document circulated for final review.	Finalise disseminate the needs assessment findings	
To prepare 2 hospitals as EmOC training institutions	Support advocacy meeting with UTH and Ndola Central Hospital managing directors and top management	The activity was overtaken by other priorities	Support advocacy meeting with UTH and Ndola Central Hospital managing directors and top management	
To strengthen clinical training sites at UTH and Ndola Central Hospital	Conduct two 2-day clinical site assessment exercises for the provision of EmOC services (according to set standards)	The activity was overtaken by other priorities	1.conduct training needs assessment 2.Conduct two 2-day clinical site assessment exercises for the provision of EmOC services (according to set standards) 3.Strengthen sites	
To collaborate with MoH to develop/finalise key national reproductive health protocols/guidelines and initiatives	Support MoH in the dissemination and scale up of the MDR initiative	The activity was overtaken by other priorities	Support MoH in the dissemination and scale up of the MDR initiative	Progress on the activity is determined by availability of UTH and WHO, key stakeholders in this activity.

**Technical Area:** IRH (Family Planning)

**Goal:** 2004-2010: Scale up of an expanded contraceptive choice (long term and permanent methods) to all districts in Zambia

**Target:** 1. Scale up long term methods to 18 districts

2. Establish training sites and training teams for permanent contraceptive methods at UTH and Ndola Central Hospital

Objective	Activities	Implementation Status	Next Steps	Comments
To establish 5 additional provincial training sites	Conduct five 1-day site visits to FP service delivery points	5 provincial hospitals visited and assessed in: North western, Luapula, Western, Northern and Eastern provinces. Training of trainers in long term contr. methods was done.		This activity is now completed. Together with 4 done in FY 1, 9 provincial training sites have been established in the nation
To work with PHOs to train IUD/Jadelle service providers from 18 districts	Conduct eighteen 1-day site assessments for the district facilities	Mazabuka, Choma Sinazongwe, Namwala and Livingstone district hospitals were assessed	Follow up to strengthen identified needy areas	
To work with PHOs to train IUD/Jadelle service providers from 18 districts	Support site strengthening activities at district facilities depending on the gaps identified	Infection Prevention practices strengthening done, gaps in infrastructure and equipment brought to attention of hospital management		Gaps were found in infection prevention practices, equipment and infrastructure in some facilities
	Conduct training course for health care workers from district facilities	10 health providers from 5 districts were trained. i.e. Mazabuka, Choma Sinazongwe, Namwala and Livingstone	Conduct 5 post training follow up visits	Though indicated as 3rd quarter was done in 1st for conveniences sake
To strengthen the systems for regular supply of family planning commodities including IUDs and Jadelle	Lobby for employment of a commodities focal person at MoH for IRH	The selected person has since taken up another job	Re-do the entire activity	
	Follow up registration of Depo provera	Registration completed. Supported the PHOs to notify the districts that they can now order Depo provera		
	Support Districts to order Depo Provera	Supported MoH to write and distribute letters of authorisation of ordering Depo Provera		
To contribute to the finalisation of the family planning guidelines and dissemination	Support Family Planning guidelines finalisation and dissemination	Document finalised	Print and disseminate guidelines	

**Technical Area:** IRH (Antenatal Care)

**Goal:** 2004 -2010 : 50% of health facilities providing Focused ANC (FANC)

**Target:** 148 health centers providing FANC

Objective	Activities	Implementation Status	Next Steps	Comments
To orient health providers to the Maternal Counseling Kit (MCK) through PMTCT	Meet with the National PMTCT coordinator to outline steps for coordination of MCK and PMTCT training events	Consensus reached on collaboration	Develop a joint implementation plan. Orient health providers to FANC through PMTCT training events	
To orient district MCH coordinators to MCK by 12/2005	Two 5-day orientation workshops for 72 MCH coordinators on FANC MIP and other RH issues	70 MCH coordinators oriented- each from a district	Conduct joint training with Child health team and other stakeholders for integration	
Work with HCP and White Ribbon Alliance to conduct Maternal Health Weeks	Participate in MHW planning meetings	Not done because activity dependent on participation from other partners who were not available.	participate in planning meetings	
	Work with provinces and districts to conduct maternal health weeks	not done because activity dependent on participation from other partners as well	support MHW	
Work with MoH to complete and disseminate new Safe Motherhood guidelines	Participate in MoH meetings for completion of the SM guidelines	SM guidelines completed.	support printing and dissemination of safe mother hood guidelines	
To work with the systems group to strengthen supply of RH drugs and commodities	Participate in planning meetings for the training of health providers in the ordering and management of stocks	not done because activity dependent on participation from other partners as well	to participate in these meetings	
To work with the MoH to develop an effective way of capturing FANC information	Conduct one 3-day meeting to review current data collecting tools followed by strengthening or development of new tools	not done because activity dependent on participation from other partners as well	to develop data collecting and supervisory tools	

**Technical Area:** Adolescent reproductive Health

**Goal:** 2040 -2010 : 360 health facilities in 72 districts providing YFHS

**Target:** YFHS provided at 75 site in 15 districts

Objective	Activities	Implementation Status	Next Steps	Comments
Develop an effective reporting and referral system for YFHS	Facilitate 4 quarterly meetings with the youth focus group	To implemented in quarter 2; Adaptation of YF services curriculum was done instead.		

**Technical Area:** Sexually Transmitted Infections (STI)

**Goal:** 2004 -2010: integrate STI diagnosis and treatment in all RH services

**Target:** 1. STI protocols and training materials standardized

2. STI services strengthened in 9 districts

Objective	Activities	Implementation Status	Next Steps	Comments
To update the National STI diagnostic and Treatment protocols	Build consensus with stakeholders on the draft national STI guidelines; and the format for a standardized STI training package	STI guidelines finalised; consensus was reached by partners on the format for a standard.	Print the STI guidelines; Develop a standardized STI training package.	

**3.0 Malaria**

**Technical Area:** Support Provided to NMCC and National RBM Management Systems  
**Goal:** Develop a robust and well functioning NMCC and National RBM Programme  
**Target:** Support program/financial management, information/communication systems at NMCC for scale up of 3 key interventions

Objective	Activities	Implementation Status	Next Steps	Comments
Technically sound, well functioning NMCC providing leadership, planning, policy applied research and partnerships	Numerous planning and review meetings with MACEPA, WHO and World Bank; facilitated formation of ZAMART: Zambia Alliance for Malaria Applied Research and Training, plus grant proposal to NIH	Great progress on coordination of Applied Malaria Research; Grant proposal for planning ZAMART submitted to NIH. Transition phase for NMCC with new partners, HSSP and USAID also redefining role in this new context	Continue Research and Training Coordination efforts. Continue to try to facilitate integration of new partner plans into existing systems	A transition phase for the NMCC and the partners, readjusting to the new influx of funding
Expand and improve NMCC systems (IT, library, etc.	LAN expanded, network maintained, plans for broadening bandwidth with MACEPA support	Library moved, IT networks maintained, discussions for broadening bandwidth with MACEPA held	Expand bandwidth and advocate for better use of IT at NMCC	IT still not used to full capability for communications, planning and information management
Improve NMCC Financial and Administrative Systems	Posting of Sr. Finance and Administration Officer	Interviews held on 27 May, final recruitment still pending at CBoH	Complete recruitment and provide orientation on financial, administration issues, and Human Resources (including HIV/AIDS workplace program)	NMCC in great need of support to manage large increase in financing streams; also need for administration and human resource management support
Improve planning activities at all levels	Participated in malaria 5-yr strategic plan updates for districts.. Provided updates for malaria focal persons in Southern Province	Major revision of plans with new partners MACEPA and World Bank. Further changes ahead with reprogramming of USAID funding	Participate in review of District Action Plans and prepare for next planning cycle	Despite very large investments by NMCC in planning and dissemination workshops, there still appears to be a gap between central and district levels
Provide direct grant to NMCC	Under negotiation for much of quarter	Still in transition from direct Boston support to HSSP and other partner support	Further negotiations with NMCC and partners	Would like to maintain 'strategic' support for NMCC for Applied Research Officer, Accounts Officer and Internet connections
Objective	Activities	Implementation Status	Next Steps	Comments

Make data available for planning, monitoring and evaluation	Provided consultants to finish analysis and report writing of September '04 community survey paid for largely by Boston University; participate in workshop for 10 sentinel districts	Survey report completed.	Participate in strategic planning and day-to-day activities of the NMCC M&E unit	Information management still weak link in malaria programme, expect MACEPA investment in this area
Expand NMCP service delivery through NGOs	Facilitate numerous meetings of ZMF with private sector and HIV/AIDS organization. ZMF elected as one of two NGO representatives to RBM Board in Geneva	ZMF still suffers from financial instability, despite some limited funds now coming from GFATM has grown into a major partner for the NMCP, and the global RBM network, including hosting counterpart agencies from five other countries in one week workshop, and election to represent NGOs on RBM Board	Continue to strengthen collaboration with BizAIDS, Zambia Business Forum against Malaria, Zambia Breweries and other commercial firms. Prepare to host visit by 7 Japanese NGOs in January who chose Zambia as the venue to learn how to integrate malaria into NGO programmes	ZMF has grown into major partners for Zambia NMCP and global malaria community

**Technical Area** Provide technical and logistical assistance to the implementation of the ongoing drug transition

**Goal** An evidence-based national drug policy with efficient logistics systems

**Year 2 Target:** Introduce SP in Pregnant Women for annual clinical efficacy monitoring trial; strengthen ACT logistics and Pharmacovigilance systems within CBoH and Pharmacy Regulatory Authority

Objective	Activities	Implementation Status	Next Steps	Comments
To maintain sound evidence base for continue review of drug strategy	Protocol Development in collaboration with Boston University; monitor implementation and support analysis and dissemination	Discussions held between NMCC and Boston University for technical support to in vivo testing. Results of prior year's testing presented at International Malaria Conference in Cameroon in November	Prepare for 2006 malaria season and potential resumption of in vivo monitoring	Before 2005 activity fully funded by BU, now funding and implementation uncertain
Ensure proper quantification and logistics for antimalarial drugs	Work with partners to ensure good tracking mechanisms for malaria drugs	Worked with HSSP D/L to field consultants to conduct field survey for malaria drug survey	Work with partners to hire additional staff to monitor malaria drug logistics	Critical function of NMCP that lapsed
Objective	Activities	Implementation Status	Next Steps	Comments

To maintain sound evidence base for continue review of drug strategy	Provide TA for the development of the PV system; support "malaria" in expert review committee of National PV unit within PRA; Provide professional development for PV	HSSP D/L implementing support for Pharmacovigilance Systems	Provide Technical Support to PRA PV system	TA provided, but management with PRA and D/L
Provide STTA for logistics and pharmacovigilance	Develop terms of reference in collaboration with D/L, KM, NMCC, CBoH and Boston University	not yet implemented		Uncertain if activities in this area will take place

**Technical Area**      **Support to NMCP's campaign against malaria in pregnancy**

**Goal**                      **80% of women at risk for malaria during pregnancy avail themselves to the packet of MiP interventions**

**Year 2 Target:**        **Establish Malaria in Pregnancy as a key component of Reproductive Health Programs**

<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>
Strengthened MIP within FANC and PMTCT training modules, job aids, etc.	Review malaria component of training modules, (maternal counseling kit) if necessary, rewrite, print and insert	Province malaria updates in training worksops for District MCH Coordinators; MIP major component of PMTCT	Update for PMTCT trainers scheduled first quarter 2006	Revisions provided for MCH coordinators, next will be the PMTCT trainers
Support NMCC provision of equipment and supplies for Hb monitoring and RDTs provided	Support inventory of equipment needs, procurement and training	Still under discussion with MACEPA and other partners		Still under discussion with MACEPA and other MIP colleagues
<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>

MIP included in ANC performance assessment checklist (including IPT and ITN stocks)	Review malaria component of Performance Assessment checklist, if necessary, rewrite, print and insert	Not yet conducted	Will be reviewed in first quarter 2006	
Strengthen MIP in Safe Motherhood and Adolescent Health programs for communications related to MiP, including communications for men	Review advocacy materials, and if necessary rewrite and insert into Safe Motherhood and Adolescent, Reproductive Health; Participate in Safe Motherhood programs such as the White Ribbon Alliance	Numerous malaria in pregnancy and malaira/HIV talks given to District malaira focal point persons, NMCC Strategic Planning meetings, NGOs etc. Presentation provided to JHPIEGO/Baltimore on malaria-HIV-Adolescent Health	Begin work with new HSSP Adolescent Reproductive Health Specialist	Still hope that can be area great collaboration among ZMF, JHPIEGO, HCP and other adolescent health and HIV/AIDS partners
Ensure support from NMCP for reporting of MIP indicators within HMIS and other surveys	Review and strengthen MiP reporting systems from malaria sentinel districts	Sentinel sites reporting MiP indicators, but analysis at central level lacking	Prepare for MACEPA 20 district community survey in First Quarter 2006	Information management in all sectors is lacking
Strengthen malaria component within Maternal Death Reviews	Participate in Maternal Death Reviews conducted by IRH (Kalomo and Chipata)	Reviews completed	Participate in dissemination meetings	NMCP plays minor role in surveys, but hope results will clarify statement that "20% of Maternal Deaths due to Malaria"

**Technical Area** Assist continued expansion of distribution of ITNs and other appropriate vector control measures

**Goal** 80% of children under 5, pregnant women and PLWHA sleeping under an ITN; IVM implemented in urban areas

**Year 2 Target:** Disseminate ITN guidelines to districts; expanded employer-based systems for ITN delivery; USAID support to IVM facilitated

Objective	Activities	Implementation Status	Next Steps	Comments
National Strategy maintained and used as a framework for scale-up	Participate in revision of national strategy and guideline documents	Numerous meetings to revise national strategy in light of MACEPA with attempts to maintain functioning systems through ANC, commercial sector and for PLWHA	Rewrite national ITN guidelines, begin adjustments for NetMark departure	Still huge problems with ITN tendering and procurement; CBMPCP distribution system discontinued, try to maintain others in a segmented market
Ensure data available for policy and strategy development	Review and compile survey data from NetMark, SFH and NMCC	Survey data used effectively for Strategy development, especially disparity between urban/rural rich/poor	Continue to develop better coverage and use data, especially to support market segmentation models	Some strategy decisions for ITN distribution and retreatment campaigns not based on evidence
Increase number of employer-based schemes.	Review current employer-based schemes; identify potential new partners; provide advocacy for new potential partners to establish schemes	Numerous advocacy meetings with business community conducted; first meeting of Zambia Business Coalition against Malaria held	Facilitate ZMF to coordinate Zambia Business Coalition	steady progress being made by ZMF to increase private sector collaboration for ITNs
Numbers of ITNs delivered through partner organizations to vulnerable groups	Work with ZMF to map NGO absorptive capacity for ITN delivery to vulnerable groups. Liaise with NMCC for delivery of ITNs to those groups.	ITNs continue to be delivered to RAPIDS and other organizations working with Home Based Care	Numbers of ITNs limited due to tendering and procurement processes	Still large absorptive capacity for organizations working with PLHA
Information available on ITN Commercial Sector Impact	In collaboration with BU, develop commercial collaboration and study protocols; Implement study	Preliminary data collected for Zambia Sugar, Zambia Breweries and British American Tobacco; visit by World Economic Forum facilitated	Follow up with BU colleagues on commercial sector studies	Slow to get started
Improved district-level decision making, implementation and monitoring of vector control	Facilitate USAID Environmental Assessment for IRS, and plan for further investment, including mapping and information management	Support given for Environmental Assessment, planning and training; this year's IRS severely hampered by problems with tendering and procurement procedures	Support planning, implementation and evaluation process for NMCC and IRS partners	Will become much larger area for USAID investment

**Technical Area** Provide TA for reviewing and developing protocols for appropriate malaria case management  
**Goal** 80% of persons suffering from malaria receive prompt and effective diagnosis and treatment  
**Year 2 Target :** Expand use of ACTs to CHWs; begin improvement of QA systems for severe malaria and program for improved use of antimalarials in the private sector

Objective	Activities	Implementation Status	Next Steps	Comments
Provide TA for malaria components within C-IMCI, community mobilization in general, for CHW delivery of ACTs	Refer to Community- IMCI section of child health program	Numerous review meetings and district visits, but CHW delivery still hampered by logistics and diagnostics problems; prepare for applied research on CHW diagnosis and treatment with Chikankata Health Services	Applied Research with CHWs in Chikankata to begin in March;	
Provide TA for malaria components within IMCI and for outpatient management training and supervision	Repeat of '04 study on management of outpatient malaria	Preparations made to repeat study in first quarter of 2006	prepare for next round of survey	Important survey providing information on health worker performance in the diagnosis and management of malaria with ACTs. Should provide excellent information for Clinical Care Specialists
Improve quality of in-patient malaria management	Review Performance Assessment checklists for in-patient wards; Refine data on case fatality; Develop training and supervision systems for severe malaria management	Not yet implemented	Possibly begin first quarter 2005	Preliminary discussions with international colleagues and with Clinical Care Specialists on protocol development, but this important work not yet begun
Established program for improved laboratory services; deployment and monitoring of RDTs	Review RDT deployment to districts; Provide TA to TDRC and NMCC for development of QA system	Participated in WHO/TDR/QAP project for training CHWs (in Luangwa District) on use of RDTs	Complete project in Luangwa district; revise discussion on joint laboratory services support with HIV/AIDS/TB colleagues	
Program initiated to improve use of antimalarials in private sector	Survey use of antimalarials in private sector; Establish partnership with MSH, TDRC, PHO	Not yet implemented	uncertain if funds or consensus exist to work in this area	Area of large potential impact, but not yet consensus on how to proceed: discussions still narrowly focused only on Coartem, and not broader issues of malaira treatment in private sector

**4.0 HIV/AIDS Service Delivery**

**Technical Area:** HIV/AIDS Coordination

**Goal:** 100% Districts offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, ART, Lab services, essential drugs)

**Target:** 28% (20) districts offering a minimum package of HIV/AIDS services

Objective	Activities	Implementation Status	Next Steps	Comments
HIV/AIDS integrated into SWAP	Finalize and facilitate approval of BHCP	Discussions with MOH/CBOH to draw up an agenda for the completion of the BHCP	Outlining status of BHCP in and identifying gaps; Outlining issues pertaining to institutionalization of the package 3. Costing of the package	The package will be a tool for priority setting i.e. planning, budgeting and resource allocation. HSSP's focus is on ensuring that the HIV/AIDS component of the package is adequately captured. Coordination with other partners will be critical. WHO has allocated funds for the finalization process and others are being approached
HIV/AIDS integrated into SWAP	Finalize and facilitate approval of BHCP	Terms of Reference drafted and consultant identified		
2006-2008 ART implementation plan developed	Review the 2004/5 ART plan	ART Plan Evaluation TORs developed and pretested, 3 Consultants hired, Routes for geographical coverage decided upon	Conduct an Evaluation of the 2004/5 ART implementation plan in all the provinces	The 2004/5 ART plan review results will be used to develop the 2006/8 ART implementation plan
2006-2008 ART implementation plan developed	Develop 2006/8 ART implementation plan	Awaiting ART plan 2004/5 review results	Develop 2006/8 ART plan	
HIV/AIDS resource mobilization supported	Support development of GFATM proposals		Prioritize GFATM round 5 proposed activities	Round 5 was not approved by the GF Review Board. However, Zambia has been placed in category 3 who are allowed to reapply
HIV/AIDS resource mobilization supported	Support MOH identify funding gaps for HIV/AIDS	Process to review the global funds in view of the non-approval of round 5 started	Continue working with MOH to identify funding gaps for HIV/AIDS	
	Finalize and maintain ART database establishment	ART database finalized	Decide list of partners involved in ART programme implementation and distribute questionnaire for data collection	ART database will be housed and maintained in MOH
	Provide logistical support for partners' meetings and workshops	Support provided for ART plan review meetings	Continue providing logistical support for meetings	

Objective	Activities	Implementation Status	Next Steps	Comments
Coordination of HSSP HIV/AIDS activities	Documentation of PEPFAR activities	PEPFAR annual report compiled and submitted to USAID	Compile PEPFAR semi-annual report	
	Support performance audits	Compiled reports and other documents for the IOM audit	Compile reports for audits as needed	
	Consolidation of PEPFAR action plans	FY-06 Country Operational Plan consolidated and submitted to USAID/OGAC		
	Coordination of HIV/AIDS workplace program	IEC materials sourced, workplace sensitization meetings held, Recreational activities organized		

**Technical Area:** Health Policy

**Goal:** 2004-2010- 100% Districts offering a Minimum of HIV/AIDS Services

**Target:** 28% Districts offering a Minimum Package of HIV/AIDS Services

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen the implementation of the HIV/AIDS Policy	Facilitate development, approval and implementation of key policies in IRH, CH, Nutrition, malaria, including HIV/AIDS	The National HIV/AIDS/STI/TB Policy has been approved and awaits official launch and dissemination - National Reproductive Health Policy has been submitted to Social and Restructuring Committee of Cabinet - National Nutrition Policy is in print	Support dissemination of the HIV/AIDS/STI/TB Policy; Track Cabinet approval process for Reproductive Health Policy	The planned official launch, dissemination and field assessment of the Policy are key to scaling up HIV/AIDS services and clarifying roles of key partners
Strengthen the policy and regulatory environment	Complete formulation of National Child Health Policy	Policy has been finalised and Cabinet Memo has been prepared with accompanying Implementation Plan	Track Cabinet approval process for the Policy	The draft Policy has been pending for a long time and, hence, the need to fast track its submission to Cabinet
Strengthen the policy and regulatory environment	Finalise formulation of National Health Care Financing Policy	Draft has been finalised and only awaits consensus building	Support one-day consensus building meeting	Like the Child Health Policy, this Policy has also been pending for a long time
Strengthen the policy and regulatory environment	Submit National Reproductive Health Policy to Cabinet for consideration and approval	Policy submitted	Track approval process	
Strengthen the policy and regulatory environment	Contribute to strengthening communication between MoH Policy Directorate and Cabinet Office	Process has begun with the planned meeting between MoH Policy Directorate and other line Ministry Cabinet Liaison Officers	Support holding of planned one-day meeting	The planned meeting is critical for enhancing the flow of Cabinet Memos, proposed national health policies and legislation
Strengthen the policy and regulatory environment	Edit and print 2006 MoH Policy and Legislation Agenda	Legislation Agenda finalised	Print Agenda	The Agenda is key to focusing the MoH's management of the health policy and legislation cycle
Strengthen the policy and regulatory environment		Edited technical papers from other HSSP Components (NDP Strategic Plan: 2004-2008; National Training Guidelines; and Guidelines for Management of Retention Schemes.		This is an additional activity that I undertake as a contribution to quality control of technical papers

**Technical Area:** Health Services Planning

**Goal:** 100% Districts offering a minimum package of HIV/AIDS services (HBC, PMTC, CTC, PMTCT, ART, Lab services)

**Target:** 20% districts offering a minimum package of HIV/AIDS services.

Objective	Activities	Implementation Status	Next Steps	Comments
Ensure all district plans include the minimum package of HIV/AIDS services	Work with MoH to finalize consolidation of health sector plans	Consolidation of the plan completed.	HSSP to provide logistical/ financial support for printing of the plan.	
Ensure all district plans include the minimum package of HIV/AIDS services	Support review of the district/hospital Action plans for 2006-08 to establish adequacy of plans to deliver health care package.	All the 72 district plans have been photocopied in readiness for the review while the review of the hospital plans is in process under the leadership of JHPIEGO. All the Checklists have been developed for the review process	Support comprehensive review of the 72 District/hospital plans	Findings from the review will form the basis for HSSP to come up with focused TA to MoH counterparts at the centre and district/hospital levels

**Technical Area:** HIV/AIDS Drugs

**Goal:** 2004-2010: 100% Districts offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, ART, Lab services)

**Target:** Year 2 Target : 28% districts offering a minimum package of HIV/AIDS services

Objective	Activities	Implementation Status	Next Steps	Comments
Train all ART sites in Adverse Drug Reaction/ Events reporting (ADR/E)	Design/review protocols and forms for HIV/AIDS, TB, Malaria, and EPI	i) ADR/E, HDR monitoring forms and Guidelines for detecting and reporting ADR/Es for HIV/AIDS, TB, Malaria and EPI finalized ii) First draft of Conceptual framework for NPVU developed	Facilitate adoption (main stakeholder committee), approval (by MoH) and dissemination of the forms and Guidelines at national level	
Strengthen the system for ARV drug resistance monitoring (Violet)	Completion and approval of the conceptual framework for monitoring drug resistance	i) HDR monitoring national conceptual framework finalized ii) Roles and responsibilities established	i) Facilitate Adoption of the documents by main committee and approval by MoH ii) Print the document iii) Dissemination of document	Process took longer than expected because it was recognised initially, that 1. HIV/AIDS, TB and EPI needed to be included into the main stream of malaria ADR/E reporting, and later, need to harmonise HDR monitoring system with that of the Pharmacovigilance system. The required wider consultations were delayed by the unavailability of most key stakeholders
Support the supply chain logistics for ARVs & other HIV related commodities in public sector	Assessment of supply chain for Coartem, TB drugs and Nevirapine at national and peripheral level	Assessment finalized and report produced	Provide TA to generation of quarterly logistics data at MSL	Activities were not planned but were undertaken by request for TA by MoH/CBoH
	Assessment of supply chain for Coartem, TB drugs and Nevirapine at national and peripheral level		Provide TA to the revision of the Guidelines for Donation of drugs (to ensure that it conforms to the provisions under the new Pharmacy Act)	
Support the supply chain logistics for ARVs & other HIV related commodities in public sector	Assessment of supply chain for Coartem, TB drugs and Nevirapine at national and peripheral level	Provided support to final editing of final drafts of the National Drug Policy (NDP) Implementation Master Plan Matrix, NDP Implementation Indicator Matrix and NDP Master Plan Narrative	Finalize editing of final drafts of the National Drug Policy (NDP) Implementation Master Plan Matrix, NDP Implementation Indicator Matrix and NDP Master Plan Narrative	

**Technical Area:** HIV/AIDS Service Delivery (Human Resource)

**Goal:** 100% Districts offering a minimum package of HIV/AIDS services (HBC, CTC, ART, Laboratory services)

**Target:** 28% districts offering a minimum of HIV/AIDS services

Objective	Activities	Implementation Status	Next Steps	Comments
28% districts planning for HR requirements to deliver a minimum package of HIV/AIDS services	Review the current ART HR Planning guidelines to include Home Based Care (HBC)	Home Based Care integrated into the ART HR Planning Guidelines	Disseminate ART HR Planning guidelines to all stakeholders	The ART Guidelines will be presented to the PS through the HR Directorate for sign off.
20 Districts retaining staff with critical skills to deliver a minimum package of HIV/AIDS services	Complete the retention and career development guidelines	Draft completed	Seek stakeholder review of the draft to enable finalization	The Retention and Career Development Guidelines will be presented to the PS through the HR Directorate for sign off.
Strengthen the national system for HR Management	Support the operations of the HR Task Force	HR Director oriented to HSSP activities.		
Strengthen the national system for HR Management		Meeting held with the HR Director on the revival of the Task Force Meetings.	Task Force meeting to be held in January	Task Force has not held any meeting for the last twelve months.
Strengthen the national system for HR Management	Support MOH to address gaps identified in the 5 year plan	5 year plan awaiting approval	Support implementation of the plan once approved	
Strengthen the deployment of skilled health workers in remote rural districts	Recruitment and support of 35 medical officers on the rural retention scheme	Meetings held with MOH leading to the development of a draft MOU between HSSP and MOH. The contract between the Physician and the MOH has been revised	Engage other cooperating partners who are interested in supporting the expansion of the scheme to sponsor benefits that are not being funded by HSSP	

Objective	Activities	Implementation Status	Next Steps	Comments
Ensure that 2005 graduating students have skills to provide the minimum package of HIV/AIDS services	Support training of graduating students in Mansa and Kasama Training Institution (TI)	Not done-Both schools were conducting examinations for finalist students	Train finalist students from the two TIs once dates are confirmed	
Ensure that 2005 graduating students have skills to provide the minimum package of HIV/AIDS services	Training of graduating students from UTH Schools of Theatre Nursing (20) and Midwifery (40), Chipata School of Nursing (27) in ARVs and OIs and Ndola Midwifery School (42) in PMTCT	Training completed	Follow up supportive supervision of five (5) graduates from each TI	This brings to a total number of 722 graduating students from Training Institutions trained under HSSP support
Curricula for critical cadre revised to incorporate the minimum package of HIV/AIDS services	Training needs assessment for Chainama college clinical training sites	Supported the development and administering of assessment tool	Data entry, analysis and report writing	Activity is part of curriculum review process for Clinical Officer General program
Curricula for critical cadre revised to incorporate the minimum package of HIV/AIDS services	Support the evaluation of implemented curricula in Nurse Training Institutions	Consultants identified for both data entry, analysis and report writing for data which was collected in March, 2005 by GNC	Hire 2 consultants for data entry, analysis and report writing	Activity is part of curriculum review process, GNC collected this data around March, 2005 with assistance from HSSP
Curricula for critical cadre revised to incorporate the minimum package of HIV/AIDS services	Competency based training for Chainama College curriculum review team	Computer assisted Clinical skilled training undertaken	Practical Competency Skills training planned for January 3rd 2006	Activity part of the curriculum review process for Clinical Officer General program

**Target:** 100% District HIV/AIDS Health worker training programmes using standardized national training packages

**Goal:** 40% of district health worker training programmes using standardized national training packages

Objective	Activities	Implementation Status	Next Steps	Comments
Standardize National In service training packages	Work with MOH and other partners to develop on-site training package for HIV/AIDS/ coinfection	Frame work for the package developed and a smaller group still working on the detailed information for the package	Circulation of the draft to all stake holders for comments before piloting in a few sites	JHPIEGO spearheading this activity. Circulation was supposed to be done before X - Mas holidays
Standardize National In service training packages	Support developmnt a short counseling training course for health workers	Process started and first draft of the course content was developed and circulated to stakeholders for input	Finalize the training package and pilot in a few sites	The 5 day course is designed for all health workers in order to accelerate the number of clients accessing ART
Strengthen National In -Service training Coordination	Provide On going support to Central HRDC TWG activities to implement the NITCS plan	On going TA is provided to the Human Resource Development Office both on request and pro - actively whenever need arises	Continue providing support to Central HRDC activities	
Strengthen National In -Service training Coordination	Support Printing and dissemination of the NITCS five year implementation plan	Initial 200 copies of the NITCS plan done and request for next set of 200. On going dissemination done by MoH in the orientation of Provincial and district HR managers; NITCS document shared at International Training Coordinators Conference in Johannesburg 10/2005.	follow up response from the PS for convenient date to handover and launch of the printed document  Next set of 200 copies to be printed within January 2006	Complementary copies distributed to all HSSP members and the MOH Chief Human Resource Development Officer
Strengthen National In -Service training Coordination	Support dissemination process of the national training guidelines for pre and in service training	Draft five of the guidelines being formatted at the MOH	Forwarding the document to the Permanent Secretary for onward submission to the Minister of Health for signing	Though finalization appears in Q2 the MOH wanted the document to be completed faster so that it can go with the NITCS plan to the provinces

**Target:** 50% of health facilities providing HIV/AIDS services according to standards

**Goal:** 2% health facilities providing HIV/AIDS services according to standards

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen the mechanism for accreditation of ART providers	Build Consensus on options for accrediting ART sites	Concept paper with options of accreditation developed through TWG meetings and forwarded to CBOH management for consideration	Continue working with Directorate of Clinical Care on the way forward with ART accreditation	Process has taken long due to the continued restructuring of the Ministry of Health

**Technical Area:** Strategic Information

**Target:** 2004-2010: 100% Districts offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, ART, Lab services)

**Goal:** 28% (20) districts offering a minimum package of HIV/AIDS services

Objective	Activities	Implementation Status	Next Steps	Comments
All districts report data on the minimum package for HIV/AIDS through the HMIS	Revise current HMIS to integrate CTC, PMTCT and TB	Developed the indicators manual for VCT and PMTCT	The following are the follow up activities for the 2nd quarter:	These activities have been carried out in close collaboration with the CBoH, ZVCT, provincial staff and USG partners notably CDC, CIRDZ and ZPCT
	Revise current HMIS to integrate CTC, PMTCT and TB	Revised or design the following data collection and reporting tools: A generic data collection and counseling register; PMTCT Delivery Register		
	Revise current HMIS to integrate CTC, PMTCT and TB		Develop a procedures manual for PMTCT and VCT	
	Revise current HMIS to integrate CTC, PMTCT and TB	3 PMTCT Tally Sheets (Antenatal, Delivery & Under-five)	Develop materials for PMTCT and VCT	
	Revise current HMIS to integrate CTC, PMTCT and TB	1 Testing and Counseling Tally sheet (non-PMTCT interaction)	Training of end-users	
	Revise current HMIS to integrate CTC, PMTCT and TB	Added PMTCT, VCT to the existing HMIS Aggregation Forms (HIA2, 3 & 4)		

Objective	Activities	Implementation Status	Next Steps	Comments
All districts report data on the minimum package for HIV/AIDS through the HMIS	Revise current HMIS to integrate CTC, PMTCT and TB	Reviewed the existing data collection tools for Tuberculosis	The TB Indicator Definitions Manual pending input from the TB Working Group	The TB working group has in the recent past revised the TB registers but their deployment has not been well coordinated. Several version are currently in circulation. The working group however is aware of this and has promised the HMIS team feed within this month.
All districts report data on the minimum package for HIV/AIDS through the HMIS	Revise the HMIS database program to incorporate PMTCT, CTC, TB, and ART	Completed the revision of tables and forms in the HMIS database program	Data input testing	The actual programming is being spearheaded by staff from CDC, ZPCT, CIRDZ and ZVCT while system testing is being done by CBoH and HSSP
All districts report data on the minimum package for HIV/AIDS through the HMIS	Revise the HMIS database program to incorporate PMTCT, CTC, TB, and ART		Inclusion of data consistence and validation rules	
All districts report data on the minimum package for HIV/AIDS through the HMIS	Revise the HMIS database program to incorporate PMTCT, CTC, TB, and ART	80 percentage of the report modules for PMTCT completed	Report modules for VCT and ART is underway	
Strengthen the HMIS system	Support the publication of HIV/AIDS related data and other information	Provided on-site technical backstopping in preparing the first-ever HMIS-based ART facility quarterly report for July-Sep 2005	Production of the 2005 statistical bulletin	It is hoped that with the integration of ART, PMTCT and VCT into the HMIS, the 2005 bulletin will have more districts represented in these aspects
	Provide TA to the MOH in the overall HMIS review	Other than the works towards the inclusion of PMTCT VCT, ART and TB, not much direct work has been done on overall review as the ministry still awaits approval of work plan from Min. of Finance	Review of the EU funded plan of action for the HMIS review	

**Technical Area:** Health Care Finance

**Goal:** 100% Districts offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, ART, Lab Services)

**Target:** 28% (20) districts offering a minimum package of HIV/AIDS services

Objectives	Activities	Implementation Status	Next Steps	Comments
All districts report HIV/AIDS service expenditures and plan for sustainability of ART services	Provide Guidance on Costing and Budgeting for the minimum package of HIV/AIDS services	Process started - Literature has been identified and currently reading and drafting the document	Continue drafting the Costing Guidelines. Find additional material and finalize	Will need to co-opt participation of MOH staff once the initial draft is complete
	Support MOH to ensure that the District Accounting System (DAS) captures and reports HIV/AIDS services related expenditure	The review has been conducted. The DAS now includes fields from FAMS	Develop Cost Codes Manual. Review the Expanded FAMS	The expanded DAS will eventually feed into the NHA
	Work with NAC to develop a resource tracking mechanism for HIV/AIDS	Support provided to NAC to develop Scope of work to hire consultant to develop a resource tracking mechanism for HIV/AIDS.	Work with NAC to hold a meeting to finalize the hiring process	
	Develop a sustainability framework to estimate the cost of ART and other HIV/AIDS services	Literature on Sustainability has been identified. Currently reading and drafting the document	Continue drafting the Sustainability Framework	Work with ABT staff on this activity
	Assess equity and accessibility to Free ART policy and determine the cost to the patient of accessing services - Baseline Survey	Objectives for conducting the Baseline Survey have been drafted.	Develop the research tools for the Baseline Survey.	
	Make recommendations to strengthen the private health insurance for ART	Activity overtaken by other priorities	Activity to be implemented in quarter 2	1. Draft the document outlining the advantages for establishing social and private health insurance. 2. Draft the implementation framework for the social health insurance.

## 5.0 Knowledge Management

**Technical Area:** Monitoring & Evaluation

**Goal:** Planning, monitoring, evaluation and timely reporting of project implementation

**Target:** Establish functional monitoring and reporting system

Objective	Activities	Implementation Status	Next Steps	Comments
To develop/review requisite project reporting formats	Work with management and technical teams to review and update project planning and reporting formats	FY06 work plan has been revised; Quarterly report tables and narratives; and other reporting formats have been revised	Support technical teams to assure compliance to agreed upon formats	The revision of key reporting formats was done to harmonize with the work plan .
To develop/review requisite project reporting formats	Facilitate project staff training in computer skills	HSSP Staff computer skill needs assessment was successfully completed; A company was contracted to conduct the training; One Training in MS basic Word was conducted.	The remaining courses will resume on 24th January and continue until April.	The trainer was not available to conduct the second course on time thus the schedule has been amended.
To develop/review requisite project reporting formats	Finalize baseline survey and M&E plan	Field work was completed and data entry is ongoing. The preliminary data collected was forwarded to USAID for input in their Annual Report	Data validation once submitted to HSSP	The baseline survey results will contribute significantly to the process of revising the M& E plan
Database development	Facilitate the development and implementation of HSSP database	The draft database has been finalized and loaded onto the HSSP server for pre-testing. The database will enable storage and processing of program information to produce relevant reports.	Upload all program information no the data base and test its full function.	Completion of the database was delayed due to the HSSP server problems during the reporting period
Website and intranet development	Facilitate the development and updating of HSSP website and intranet	Drafts of the website and intranet have been installed for pre-testing.	Finalize pre-testing and approval of products by the end of January	Completion of the website and intranet was delayed due to the HSSP server problems that occurred in November
Timely production of quality reports and plans	Coordinate production of project reports, plans, updates, success stories and other necessary documents	Year two work plan finalized and submitted to USAID. Three success stories developed but they lack a client perspective.	Coordinate finalization of year two quarter 1 report; support teams to collect information on client perspective	Awaiting feedback from management
Improve the quality of project documents and performance	Support teams to edit and format project documents	Documents reviewed include SOW for consultants	Support to technical teams will continue	
	HSSP brochure	Brochure finalised; 5000 copies printed and given to teams for dissemination		

**Technical Area: Research**

**Goal: MOH capacity to manage and coordinate priority research activities strengthened**

**Target: MOH conducting research according to set priorities**

Objective	Activities	Implementation Status	Next Steps	Comments
Build research capacity in the MoH and other institutions	Support creation of the National Health Research Ethics Committee	Sub committee to spearhead the process of creating the National Health Research Ethics Committee formed. Terms of Reference for the Sub Committee drafted by the NHRAC. Relevant materials identified	Sub-Committee to hold a review meeting and draft guidelines	The Chairperson and Secretary of the Sub Committee had ill health most of the quarter. This slowed the process
Build research capacity in the MoH and other institutions	Facilitate development of protocols for undertaking clinical research in traditional medicine	Draft guidelines for Clinical Research in Traditional Medicines in Zambia developed	Draft to be reviewed by the MoH and other relevant stakeholders. Finalize the guidelines. MoH to disseminate the guidelines.	Absence of Research Officer affected KM capacity to effectively implement planned activities.
Build research capacity in the MoH and other institutions	Provide MOH and other research institutions with TA to manage and coordinate research	Supported the MOH key processes (i.e. planning and research protocol development) through the NHRAC. Supported NHRAC Planning/Working monthly meetings	Work with MOH to implement the NHRAC plan of action	
Conduct at least two studies in high priority areas (CH, RH, Malaria)	Finalize research on "What Zambia should do to meet the MDG on child health"	Draft report completed and reviewed by relevant key stakeholders (MOH,HSSP, UNICEF and CARE).	Revise the draft report to incorporate Reviewers' comments. Finalize the first phase of the research and disseminate to key stakeholders.	More analysis to explain the observed patterns is required (i.e., What causes differentials in U5MR? Is Neonatal mortality associated with maternal indicators? And what is the relationship between and U5MR?)
Conduct at least two studies in high priority areas (CH, RH, Malaria)	Identify researchable questions in high priority areas (CH, RH, Malaria)	Priority questions identified	Questions to form the basis of National Health Research Priorities in Zambia	
Conduct at least two studies in high priority areas (CH, RH, Malaria)	Disseminate Research findings	Key research conducted by HSSP disseminated by relevant Technical Teams mainly at national level	On-going process	To facilitate effective utilization of research results at district levels more effective dissemination mechanisms targeting the province, district and community are required
Ensure the quality of HSSP funded research	Review and provide TA on all proposed research protocols	Supported various Technical Teams (HR, RH, CH, Malaria, HIV/AIDS and Drugs & Logistics to develop protocols, review tools and provide TA on methodology and data analysis	Ensure compliance to guidelines for implementing and coordinating research within HSSP	

**6.0 Clinical Care Specialists**

**Central Province**

**Technical Area:** HIV/AIDS Service Delivery

**Goal:** To reduce the spread of HIV/AIDS and improve the quality and access to effective services

**Targets:**  
 Increase awareness and acceptance of HIV testing and care  
 Reduce mother to child transmission of HIV from 40% to 36%  
 10% of eligible HIV/AIDS patients accessing ART by the end of 2006  
 30% of TB clients on DOTs plan by the end of 2006

<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>
To reduce the spread of HIV/AIDS/STIs through effective interventions.	Increase awareness and acceptance of HIV testing and care	Health education talks to couples in 2 churches in Kapiri Mposhi and Kabwe; Training of HIV/AIDS counselors in 3rd week of Dec	23 health workers from institutions in the province are currently undergoing training in HIV counseling and testing organized by Kara Counseling through ZPCT in collaboration with PHO Clinical unit.	More counselors need to be trained to reduce the workload
To reduce the spread of HIV/AIDS/STIs through effective interventions.	Increase awareness and acceptance of HIV testing and care	Train 72 health workers in PMTCT, 25 of them in collaboration with ZPCT.	More health workers will be trained in 2006 esp. midwives.	
To reduce the spread of HIV/AIDS/STIs through effective interventions.	Increase awareness and acceptance of HIV testing and care	Consultation, counseling and referral of patients for HIV testing to Mahatma Gandhi clinic and Mwachisompola RHC		
To reduce the spread of HIV/AIDS/STIs through effective interventions.	Increase awareness and acceptance of HIV testing and care	Attended workshop on prevention of medical transmission of HIV and injection safety.	During PA a deliberate effort will be made to assess efforts made by institutions regarding injection safety.	Workshop was organized for DHMTs and supervisors by PHO in collaboration with JHPIEGO
To reduce the spread of HIV/AIDS/STIs through effective interventions.	Increase awareness and acceptance of HIV testing and care	Participated in the activities of World AIDS day commemoration in Kabwe.	Next event in 2006 HSSP at provincial level should support some activities	Many stakeholders participated including politicians, partners and the community
<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>

To reduce the spread of HIV/AIDS/STIs through effective interventions.	Increase awareness and acceptance of HIV testing and care	Facilitated at Peer educators' Training	Efforts will be made to evaluate Youth friendly services in districts already implementing	The training was organized by Student Partnership World wide.
Improve quality and access to HIV/AIDS interventions in Central Province	Train 48 health care providers in ART	25 health workers trained in ART and OIs	18 ART health care providers will be trained in adherence counseling for 2 days starting on 18 <sup>th</sup> Jan 2006	Both trainings coordinated by Clinical care unit in collaboration with ZPCT
Improve quality and access to HIV/AIDS interventions in Central Province	Scale up ART services to all districts	Consultation of patients in ART clinic at Mkushi District Hospital	More such consultations will be undertaken in all ART sites in the province in 2006	
Improve quality and access to HIV/AIDS interventions in Central Province	Scale up ART services to all districts	Presentation on ART programme status in Central Province at national scale up review meeting	To ensure all ART sites submit quarterly reports (ARTIS) in 2006	At this forum the need to revamp ART committees at all levels was realized
Improve quality and access to HIV/AIDS interventions in Central Province	Scale up ART services to all districts	Participated in a meeting at PHO to assess the Impact of free ART policy	Advocacy for free ART related investigations e.g. CXR if indicated	More clients, increased access, increased workload, no funds to buy reagents when o/s, no incentives, health workers shun to work there
Improve quality and access to HIV/AIDS interventions in Central Province	Scale up ART services to all districts	Participate in the evaluation of ART programme implementation 2004-2005 at Kabwe Gen. Hosp. (KGH)		A lot of challenges identified
Improve quality and access to HIV/AIDS interventions in Central Province	Revamp Provincial/district/site ART committees	Provincial Committee has had one meeting; Districts and ART sites have been advised to form committees	Meeting only held on 4th Jan 2006, monthly meetings in the next 6 months, then review achievements and define way forward.	A lot of issues discussed with implementing partners and the private sector
<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>

To reduce transmission of TB in the community		Review of TB patient files during technical support at Serenje District Hospital, Kabwe Mine hospital was done.		Generally the TB programme in the province is doing very well with improvement in most indicators except there is low detection rate
To reduce transmission of TB in the community		Advocate for resumption of Quality control on sputum examination		Not much achieved except that Kapiri has sent some slides to KGH for QC, Lab at KGH complaining of workload
To reduce transmission of TB in the community		Participate in quarterly TB cohort review meeting held in Oct 2005	Quarterly activity	4 <sup>th</sup> Quarter review meeting is currently going on in Mumbwa district 10 <sup>th</sup> to 13 <sup>th</sup> Jan 2006
To reduce transmission of TB in the community		Advocacy for improved referral system between the TB clinics and the VCT centres	On going activity	Some progress has been made in Kapiri, KGH

**Technical Area:** Child Health Service Delivery  
**Goal 2006-2010:** To promote child survival through reduction of infant  
 And under five mortality rate by two thirds  
**Target:** To reduce infant and five mortality rate by 20% in 2006

Objective	Activities	Implementation Status	Next Steps	Comments
To reduce infant and child mortality by implementing facility based IMCI in some districts in Central Province	Strengthen the provincial TOT in IMCI	Not done		To be done in the second quarter
	Coordinate district IMCI health worker training		Kapiri Mposhi and Mkushi are expected to put resources together to train 22 health workers in 1 <sup>st</sup> quarter 2006	Inadequate resources committed to IMCI training in the districts in 2006
	Advocate for availability of IMCI drugs	Facilitation of procurement of essential drugs by the institutions		This is an on going process during visits to institutions
	Coordinate an effective referral system	Technical support has been given to Kabwe Mine Hospital, Mkushi and Serenje district Hospitals to improve the weak internal referral system	On going activity during visits to institutions	The internal referral of patients from the nurses to COs and MOs is very weak in most health institutions in the province.
	Supervision of IMCI trained health workers	Not done		Less than 10 % of health workers have been trained in IMCI in all districts in Central Province except Chibombo with 22% . Only 37% of the districts in the province are managing children according to IMCI guidelines.
	Orientation of PHO and DHMT on planning and implementation of IMCI	Mumbwa and Kapiri Mposhi managers were oriented in Dec 2005 in conjunction with HSSP Child Health Unit		Activity has been completed because all district managers in the province have been oriented
	PHO/DHMT training of managers in IMCI supportive supervisory tools	Not done		Funding status from MOH not yet known for 2006
Objective	Activities	Implementation Status	Next Steps	Comments

To reduce infant and child mortality by implementing facility based IMCI in some districts in Central Province	Monitor and evaluate infant and under five mortality rates	Collected data on the indicators managing under 5 children in accordance with IMCI guidelines in the province, and TSS.		Activity undertaken on behalf of Knowledge management at HSSP, to provide USAID information on the annual report.
To reduce infant and under five mortality through attainment of 80% fully immunized children	Facilitate collection, storage and distribution of vaccines	this is a Routine activity		BCG vaccine has been out of stock since 4 <sup>th</sup> quarter.
	Coordinate child health week	Supported provided to districts- distribution of supplies and logistics support. Event was implemented by all the districts		Inputs were delivered very late and some vaccines were out of stock. ITNs were not available in some districts, delayed disbursement of funds to the district and
	Capacity building in vaccine management	Not done- Awaiting funds from MoH		
	Supervision and site training	On going activity as facilities are visited and during TS		

**Technical Area:** Reproductive Health Service Delivery  
**Goal 2006-2010:** To reduce maternal and neonatal deaths  
**Target 2006:** Scale up long term FP methods to 3 districts in the province  
Scale up PAC services to 3 districts  
Scale up EmOC services in health institutions  
To improve access to adolescent and youth reproductive friendly services

Objective	Activities	Implementation Status	Next Steps	Comments
22 % health institutions offering quality integrated reproductive health services	Facilitate maternal death reviews in health institutions	On going activity though none of the institutions or district has submitted the reports	Review of maternal deaths with health workers during technical support in Mkushi district Hospital. Follow up on reports submitted	All health institutions in the province have been requested to review all maternal deaths and submit reports to PHO
	Attend Reproductive Health Annual General Meeting	Participated in meeting which focused on strategies to reduce maternal mortality.		Meeting was not conclusive on a number of issues discussed such as strategies to reduce maternal mortality and human resource crisis.
Establish and strengthen adolescent and youth reproductive friendly	Technical backup for district trainings	Not Yet done	Implementation to be done as funding is made available	
Establish and strengthen adolescent and youth reproductive friendly services	Facilitate peer educator counseling	Facilitate at peer educator training for school leavers		Training was organized by Student Partnership Worldwide
	Monitor and evaluate adolescent and youth friendly services	On going activity during TS, however, not done in the quarter.		

**Technical Area:** Malaria Service delivery  
**Goal 2006-2010:** Reduce the incidence of Malaria by 75% and CFR by 50%  
**Targets 2006:** 20% of people in INT areas sleep under ITN  
 20 % of people in IRS eligible areas access the service  
 50 % of malaria patients access effective case management

Objective	Activities	Implementation Status	Next Steps	Comments
To prevent and reduce malaria incidence	Promote use of ITNs especially for pregnant women and children under 5 yrs	Technical support to the district	On going activity during TS	
	Scaling up IRS in eligible areas	Not yet done		
	Improve health worker skills in malaria case management	TS to staff at KMH, KapiriMposhi DH, Serenje DH, and Mwachisompola RHC through case reviews		
	Enforce use of standard treatment guidelines and pasting of protocols in consultation rooms	Done to the above institutions	On going activity at every opportunity an institution is visited	
	Monitor and evaluate malaria incidence and CFR	Case file review of all deaths in 3 <sup>rd</sup> quarter 2005 at KGH	To be completed before end of 1 <sup>st</sup> quarter 2006	Central province has been identified to have high malaria CFR

**Technical Area:** Environmental Health Service Area  
**Goal 2006-2010:** To control and reduce the incidence of food borne diseases by 80%  
**Targets:** To reduce the incidence of cholera epidemics by 50%

Objective	Activities	Implementation Status	Next Steps	Comments
To reduce the incidence of cholera by 50%	Strengthen district epidemic preparedness	Attend consultative meetings with stakeholders during the last cholera epidemic in Lukanga swamps; Provided technical support to cholera treatment sites.	On going TS to districts prone for the epidemic	Cholera has been brought under control since the closure of the Lukanga swamps. However, the epidemic has shifted to some township in Kabwe with the onset of rains. The current status is that it is under control.

**Technical Area:** Provincial Office Support  
**Goal 2006-2010:** Improve equity of access to quality clinical care services in health institutions in the province  
**Targets 2006:** To provide regular technical support to health institutions in the province  
 To strengthen coordination of clinical care activities in the province

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen clinical care services in Central province	Familiarization tour of the districts and institutions in the province	Not done- Overtaken by events (all districts have been visited)		
Strengthen clinical care services in Central province	Conduct clinical work in various institutions in the province	This has been done while visiting institutions for other activities as highlighted in specific service areas	A deliberate schedule to be made in the next quarter to consult patients in one ART site fortnightly	So many unplanned events at PHO hinder an effective plan to be maintained
Strengthen clinical care services in Central province	Conduct biannual performance assessment to the districts	Mumbwa, and Chibombo were visited for the exercise	Next assessment to be conducted accordingly	
Strengthen clinical care services in Central province		Participated in decision making in management meetings such as human resource development and placement	Activity ongoing	
Strengthen clinical care services in Central province	Technical support to the districts	Mkushi, Serenje and Kabwe MH were visited	Although a biannual activity more frequent TS will be done because this should be a continuous process	
Strengthen clinical care services in Central province		Analysis of HMIS indicators from the district to identify areas for technical support	On going process	This is done in collaboration with the PHA and the DMS

**Copperbelt Province**

**Technical Area:** HIV/AIDS Service Delivery

**Goal:** To contribute to the scaling up of quality ART services on the Copperbelt Province

**Targets:** 25% of known HIV/AIDS patients accessing ART

Facilitate training of at least 50% of all health workers offering ART services

Facilitate the provision and management of logistics to 100% of ART sites

Reduce mother to child transmission from 8% to 12%

Facilitate the reporting of HIV/AIDS data from all the districts

Objectives	Activities	Implementation Status	Next Steps	Comments
25% of known HIV/AIDS patients accessing ART	Increase awareness of the policy of free ARVS	Patients are currently aware of the free ARV's but are put off by the costs of lab tests and expensive unavailable drugs	There are steps in place to provide lab reagents in order to reduce the price of lab tests at 3rd level hospitals by ZPCT	Since the introduction of free ART policy the number of patients has increased by %
25% of known HIV/AIDS patients accessing ART	Scale up ART to all districts	Presentation of the status of ART in the Province at a national ART review meeting	To revive Provincial ART Committee	ART Committee has been revived and reorganized and has already planned a number of activities for 2006 eg site assessment of new sites etc
25% of known HIV/AIDS patients accessing ART	Scale up ART to all districts	Participate in the evaluation of ART sites in the Province	Evaluation of the report on the site visits by the PHO	A lot of findings were made and need to be discussed through the ART Committee
25% of known HIV/AIDS patients accessing ART	Scale up ART to all districts	A lot of Staff are trained but not followed up	Supportive supervision of staff at ART sites in the province	Need to develop a tool to assess the work being done and services being offered at ART sites being done by ART Committee
Facilitate training of at least 50% of all health workers offering ART	Determine how many ART trained workers there are in the province, at ART sites	The numbers of health workers whether trained or not is being compiled	Set up a data base of trained health workers in the province	The levels of workers are not constant and there seems to be a high attrition rate leading to the loss of skilled workers
Facilitate training of at least 50% of all health workers offering ART services	Support NGO's, in collaboration with the PHO, in the training of staff	ZPCT has been a major player and has identified certain districts where trainings are being done	Support the identification of relevant staff for the trainings	Currently staff have been trained in 3 districts and they are now in 3 other districts
Objectives	Activities	Implementation Status	Next Steps	Comments

Facilitate training of at least 50% of all health workers offering ART services	Support NGO's, in collaboration with the PHO, in the training of staff	Other collaborating partners have been identified to provide and facilitate staff trainings	Support the identification of relevant staff for the trainings	A number of collaborating partners wishing to provide various trainings have been identified
	Provide supportive supervision of staff at ART sites in the province	The Provincial ART Committee is in the process of planning meetings and supportive supervision to staff	Plans for site visits are being made and need to be finalized	There is a bit of constraint in terms of finance provided by the government but with careful planning and involvement of partners can be gotten around
	Provide the healthworkers with the knowledge and skills to handle logistics	DILSAT workshops were held involving healthworkers from all districts	All the districts have been trained in DILSAT	There is a need to monitor the staff. This will be done by the PHO during the Performance Assessment
	Support the health facilities in the stocktaking and forecasting of needs of logistics	The ART sites will be presenting monthly stocks of logistics to the ART Committee	The sites will start reporting next year	There is a deficiency of a Provincial Pharmacist to monitor and supervise pharmacies but is being done with the assistance of pharmacists in the province

**Technical Area: Reproductive Health**

**Goals: Reduce Maternal deaths in the province**

**Targets: Scale up of emergency obstetric care in the province particularly in the rural districts**

**Scale up the provision of Family Planning services in the Province**

**Scale up the provision of PAC in 2 districts**

Objectives	Activities	Implementation Status	Next Steps	Comments
Scale up emergency obstetric care in 4 of the most rural districts	Training of 10 selected health workers in 4 districts	In the planning phase	Training to be done in the second quarter	There is a need to train more health workers but due to constraints in resources these will be trained and will be charged with sharing what was learnt with other colleagues in the districts
Scale up emergency obstetric care in 4 of the most rural districts	Encourage the setting up of maternal death reviews by the hospitals and districts	The hospitals and districts still carrying them out on their own.	To encourage the setting up of this collaborative system between hospitals and districts in the next quarter	
Objectives	Activities	Implementation Status	Next Steps	Comments

Scale up of new family planning acceptors in all districts	Refresher and reorientation of healthworkers in family planning methods	In the planning phase	To be done in second quarter	
Scale up of new family planning acceptors in all districts	Facilitate the provision of all family planning methods by the districts	Being done but still deficiencies in the provision of certain family planning logistics	To source for support from NGO's in this area untill a consistant supply can be supplied by the Centre	People are keen to access the family planning methods but there is a constraint in that there is an erratic supply
Scale up of new family planning acceptors in all districts	Facilitate male involvement in family planning through the districts by sensitization through the neighbour hood committees	On going activity	To continue with the activity	There is a need to involve more men in the community as CBD in an effort to involve them in family planning. This is being done in one rural district Lufwanyama
Scale up the provision of PAC in 2 districts	Identification of sites for training in the province with the HSSP reproductive health unit	To be done	Identification to be done and selection of health workers to be trained	

**Technical Area:** Child Health

**Goal:** Reduce Infant mortality

**Targets:** Improve the numbers of fully immunized children to over 80% coverage in 5 poorly covered districts

Increase the number of IMCI trained staff in the districts particularly the 3 rural districts of Masaiti, Mpongwe and Lufwanyama

Objectives	Activities	Implementation Status	Next steps	Comments
Increase the number of IMCI trained staff in 3 rural districts	Identification of health centre sites where health workers need the training	Ongoing	To seek support in training health workers	IMCI training is very expensive and although the districts have incorporated it into their action plans for the year, due to financial constraints they may not be able to carry it out and need support.
	Orientation of Masaiti, Mpongwe and Chingola Districts in IMCI	Done by the Child Health Unit, HSSP in November 2005	To seek support in training health workers in the districts	

**Western Province**

**Goal:** To support the DHMBs delivering all the 3 components of BHCP health services ( curative, preventive and health promotion).

**Target:** To support the districts to improve delivery of the Basic Health Care Package according to the priority areas.

<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>
To Offer Art services to at least 5700 patients in all the districts	Monitor ART programmes in all the Districts.	Six out of the seven Districts visited and the ART programme monitored.	Visit the remaining district.	The existing ART sites need to strengthened before scaling out to the HCs.
	To assist in training more staff in ARV/Ois	40 staff trained in ART/ Ois by CIDRZ.	Continue with the training of more staff.	
	To assist Districts in starting (satellite) ART services at HCs	The final assement of ART readiness of Shan'gombo District done and advised to start the service.	To monitor the satellite ART sites in the two implementing Districts.	The RHCs are not able to carry out ART services independently due to a number of constraints.
	TS in the collaboration of HIV/AIDS and TB	TS offered to Kaoma, Lukulu, Senanga, Mongu and Kalabo	TS to the remaining Districts.	
To support the Districts increase the number of PMTCT sites	To support the districts in the training of PMTCT providers.	PMTCT providers trained.	To conduct a follow up supervision of the trained staff.	
	To follow up PMTCT programmes in the Districts	PMTCT programme followed up in all the district.	Continue monitoring the quality of the services offered.	
	To support the integration of PMTCT programme into ART programme.	Districts supported in the intergration.	To continue support to the districts.	
	To co-ordinate MOH and CIDRZ PMTCT/ART programmes.	Meeting with the CIDRZ coordinator held.		There is need to coordinate the PMTCT activities by the different partners.
	Monitor Number of VCT services Provided	Number of VCT centres monitored.	To continue TS to the centres.	
	Stimulate and support the Districts increase number of CTC centres.	Districts monitored and supported.	To continue support to the centres.	
<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>

To ensure proper malaria case management in 70% of malaria cases.	Monitor if coartem is prescribed according to guidelines.	TS on the use of coartem given to all the districts.	To continue monitoring the use of coartem.	The use of coartem as the first line drug for the treatment of malaria has been slow to pick up but there is some improvement.
To ensure proper malaria case management in 70% of malaria cases.	TS to the district hospitals in the case management of severe malaria.	TS given to 4 the district Hospitals	To provide TS to the remaining 3 districts in the next quarter.	
To increase the coverage for fully immunised under ones to 77%	Monitor EPI programme.	Supervision done in all the Districts.		
	Monitor introduction of penavalent vaccine.	Supervision done in all the Districts.	To continue Technical support and supervision.	
	Monitor RED strategy in Kalabo.	Supportive supervision done.	To continue Technical support and supervision.	
	Support Districts in vaccine management.	Re-distribution of vaccines done from the over stocked districts to the under stocked ones	To continue Technical support and supervision.	
Scaling up and strengthening community and facility IMCI.	Facilitate training of CHW in IMCI.	Districts assisted in budgeting for IMCI activities.		
	Monitor IMCI facility staff.	Monitoring of facility staff done in two Districts (Lukulu and Kaoma)		
To support the District in increasing the number of institutional deliveries.	To strengthen the use the Partograph.	TS in the use of the partograph given.		HCs advised to use either the ITG partograph or the WHO format depending on which one was understood by the staff.
	To strengthen identification of Risk Factors and Referral System.	TS on the identification of Risk factors given to the districts.	To continue the TS to the RHCs	
	To orient hospital and DHO staff in the need for Maternal Death Reviews.	Orientation done in all the districts and the Maternal Death Notification and Investigation Form Introduced to the districts.	To continue with the follow up of the Maternal Deaths.	The number of reported maternal deaths seems to be lower than the actual numbers.

North Western Province

Technical Area: HIV/AIDS

Objective	Activities	Implementation status	Next Steps	Comments
To reduce the spread of HIV-AIDS and STI's through effective interventions	Scale-up prevention activities through increased promotion and support to ABC programmes and culturally sensitive IEC	Facilitated the strengthening of the multi-sectoral response to HIV/AIDS i.e. PATF and set up a provincial AIDS task force		The meeting was aided by ZPCT
Mother to Child Transmission Rate of HIV reduced (by half) from 40% to 22%.	Scale up of PMTCT activities through integration with ANC's at Maternal and Child Health (MCH) and routine HIV testing in antenatal clinics.	Currently PMTCT scaled up to all districts 13 centres now active.	Provide technical support to all PMTCT centres at district and health centre level. Scale up PMTCT at health centres within districts.	Providing T/S to PMTCT sites. ZPCT is also giving support in sites that have just started like Zambezi.
30% of all eligible HIV/AIDS patients on ART by	Increasing access to HIV counselling and testing, in all health facilities and at community level; Expand access to ART for eligible adults and children.	Five out of seven Districts offering ART services	To scale up ART sites to the remaining two districts in conjunction with ZPCT	Technical support to implementing sites is on going, aided by ZPCT.

**Technical Area:** **Child Health and Nutrition**

Objective	Activities	Implementation status	Next Steps	Comments
To reduce the mortality rate among children under the age of five years by two thirds.	Community and facility based IMCI activities implemented in 70% of districts.	Supporting and coordinating training of health care providers in IMCI - ongoing. Solwezi and Mwinilunga districts are implementing district with facilitators and course directors in place.	Support and coordinate training of health care providers in IMCI in districts that are not yet oriented i.e., Kasempa, Kabompo, Zambezi Chavuma and Mufumbwe	Technical support on planning IMCI at district and community level.- to be done with Child Health team at HSSP
Full immunization coverage for children aged 12 months at least at 80% in all 7 districts.	Coordinate collection of immunisation logistics from Lusaka and distribute the vaccines to the districts.	Support to cold chain maintenance - ongoing	Continue Conducting supervisory visits to districts	

**Technical Area:** **Reproductive Health**

Objective	Activities	Implementation status	Next Steps	Comments
To reduce the Maternal Mortality Ratio (MMR) by three quarters.	Distribution of EMOC requisites	Currently Maternal death review is on in Mwinilunga.	To improve referral system	
	Purchasing of bicycles for TBA's	To liaise with UNFPA on implementation of EMOC	Advocate for adequate staffing, equipment, lab, safe blood and theatres.	
	Purchasing and training in CDK	Most district hospitals have an MCH centre equipped for maternal deliveries with assistance from UNFPA.	Scale up in training in PAC with UNFPA to 4 districts	Pac sites identified in 4 <sup>th</sup> Quarter 2005.
Objective	Activities	Implementation status	Next Steps	Comments

Strengthen adolescent reproductive health	Strengthen SMAG's	UNFPA in the province has implemented a few sites in some districts.	To scale up adolescent reproductive health and Youth friendly services in all districts.	To work with UNFPA in youth / adolescent reproductive services.
Improve the implementation of Focused ANC.	Refurbish counselling rooms to make them more user friendly for men and youths.	Currently all district hospitals providing FANC	To scale up FANC to rural health centres within districts.	FANC is being implemented in all district hospitals. Currently providing technical support to all MCH centres.
	Train the providers	Trainers trained in long term contraceptive methods in October 2005	Train the family planning providers	
Modern contraceptive prevalence rate increased from 34% to 40%;	Train CBD's (e.g. TBA's) in FP logistics	Trainers currently undergoing follow up supervision from national centre.		

**Technical Area: Malaria**

Objective	Activities	Implementation status	Next Steps	Comments
To reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%.	Increase malaria prevention and control activities in the districts	Scaling up malaria prevention, through integrated vector management interventions, including the access and usage of ITN's and In-door Residual Spraying (IRS)	Increase the coverage of people using ITN's in all the districts, through free nets provided by NMCC	Meeting held with DHMT's on preparation for free ITN distribution.
To reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%.	Support formation of district malaria control committees.	Solwezi district plans almost complete for IRS;	Provide Technical Support to the districts.	
Objective	Activities	Implementation status	Next Steps	Comments

To reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%.	Increase the number of people in eligible IRS areas of every district who sleep in sprayed structures	Currently districts have started receiving free nets.		
Improved correct diagnosis and treatment of malaria cases.	Improve diagnostic and treatment skills for malaria patients in all districts.	Rapid Diagnostic tests supplied to most districts	Provide technical support and assess malaria management during performance assessment.	
Improved correct diagnosis and treatment of malaria cases.	Acquire microscopes and laboratory supplies for malaria for the districts.	Currently all districts have been oriented in RDT		
Improved correct diagnosis and treatment of malaria cases.	Provide guidance (and guidelines) so that malaria patients in all districts receive prompt and effective treatment according to the current drug policy, within 24 hours of onset of malaria	Chavuma mission started using coartem as per management of malaria guidelines. Rest of districts and health centres currently following national guidelines for management of malaria.		

**Technical Area: TUBERCULOSIS (TB)**

Objective	Activities	Implementation status	Next Steps	Comments
To introduce T.B / HIV collaborative activities in all districts		Introducing TB/HIV collaborative activities in all districts – ongoing. Mukinge mission appears to have heeded advice and have started offering VCT to all clients diagnosed with T.B.	Strengthen the TB-HIV/DOTS programmes in all districts	
	Lobby for all treatment supporters to have access to Income Generating Activities (IGAs)	Giving support to T.B supporters in IGA	To provide guidelines on use of monies raised from IGA activities.	

**OTHER ACTIVITIES**

Objective	Activities	Implementation status	Next Steps	Comments
Ensure the appropriate and rational use of drugs and medical supplies at all levels	Provide standard treatment guidelines	This activity is ongoing in most visits to the district stores and pharmacy especially with coartem and T.B drugs.		
	Monitor excess drugs and supplies in all pharmacies	Assisted Pharmacovigilance group with study on drug management assessment in Solwezi district.		
Conduct technical support supervision		Just about to complete TS to all districts, though it was delayed due to lack of funds for running costs.		Performance assessment done twice a year. Next PA is in March 2006.

**Southern Province**

**Technical Area:** Clinical Care – HIV/AIDS Service Delivery

**Goal:** Effective integration of HIV/AIDS Care into the existing health care system

**Targets:** Develop a clear understanding of current status of the province's HIV/AIDS programs

**Focused efforts for improvement and development in HIV/AIDS and clinical care in general**

**Provide focused technical support to ART/PMTCT services**

<b>Objective</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next Steps</b>	<b>Comments</b>
Carry out situation analysis to establish current status of CCS office and all HIV/AIDS programs in the province so as to build a firm basis upon which to initiate clinical care quality improvement efforts and facilitate the full and efficient integration of HIV/AIDS Care into the health delivery system	Understudy existing CCS; Study all available documents as pertains to CCS office; Familiarize with HMIS/ARTIS as presently operating	Was done by CCS with help from the incumbent CCS involved both discussion and studying of records that were made available. Was successfully concluded Dec 05. However, process still continues as need arises along lines of duty	To proceed with second phase situation analysis by undertaking site visits	Taken as first step based on the understanding that HIV/AIDS programs were already running in the province and had been coordinated by the incumbent CCS; Process delayed as most PHO staff were not in office at time of reporting, and up to two weeks later. Also, due to busy schedule of office, process did not run consistently. Considered essential for understanding where the province is at, as regards HIV/AIDS and Clinical Care in general before actively starting to steer programs. Delayed due to transport non-availability and system not yet set for financial support to CCS until November 2005, as well as the busy schedule of the office.
Site visits to all districts for second phase situation analysis	Study current level of HIV/AIDS care as available at various levels of care; Study level of PMTCT integration into Maternal health services; Study status of Clinical Care in general	So far visited 7 out of 19 ART implementing districts. Process still to be concluded. Visits conducted along with the PSHA and combined with TA in ART information management; Strengthened the PMTCT activities at the Livingstone General and the District health centers	Proceed to formulate interventions to address gaps and also to develop programs to strengthen HIV/AIDS programs and clinical care in general	

**Lusaka Province**

**Technical Area:** Clinical Care

**Goal:** To provide technical support to both District and Hospital Health Management Teams.

**Targets:** 25% (i.e. 2) of health centres in Luangwa District offering prevention of mother to child transmission of HIV (PMTCT).  
25% (i.e. 7) of health centres in Chongwe District implementing IMCI.

Objective	Activities	Implementation Status	Next Steps	Comments
Provision of PMTCT in Luangwa District	Identify centres to provide PMTCT	Two health centres identified (Kansinsa and Boma)	Conduct training in quarter 2	Training could not take place in quarter 1 due to lack funds
	Train health workers in PMTCT	Workers identified and budget drawn		Training could not take place in quarter 1 due to lack funds
Implementation of IMCI in Chongwe District	Train health workers in IMCI	Workers identified and budgets drawn		Training could not take place in quarter 1 due to lack funds

**Luapula Province**

**Technical Area:** Clinical Care

**Goal:** To understudy the activities at the provincial health office

**Study the performance indicators in the province**

**Begin the orientation to the various districts**

Objective	Activities	Implementation Status	Next Steps	Comments
Orientation – PHO Activities	Orientation on provincial activities through discussions with Provincial staff, available documentation and technical meetings			Insight into the operations of PHO will give better understanding in terms of the current health status of the province and areas that need improvement
Familiarization to Mansa General Hospital and Mansa DHMB.	Tour Mansa General Hospital and attend clinical meeting			Gain insight in HMIS, ART, Child Health Week and Malaria activities
Orientation to seven (7) DHMBs.	Attend inter-district meeting			The meetings allow the DHMBs to share experiences on various technical issues