



Health Services and Systems Program

Year 2 Quarter 3 Report

April 1st 2006 – June 30th 2006

United States Agency for International Development (USAID)/Lusaka

Submitted by:
HSSP

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



*Health Services and Systems Program,
Plot No. 8237,
Nangwenya Road, Rhodespark,
P. O. Box 39090,
LUSAKA, ZAMBIA*

August 2006

Disclaimer:

This publication was made possible through support provided by USAID/ZAMBIA, U.S. Agency for International Development under the terms of the Cooperative Agreement # 690-A-00-04-00153-00, Health Services and Systems Programme. The opinions expressed herein are those of the authors and do not necessarily reflect the views of those of the U.S. Agency for International Development.

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Acronym

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ART	Antiretroviral Therapy
ARTIS	Antiretroviral Therapy Information System
CCS	Clinical Care Specialists
CHW	Community Health Worker
CHWk	Child Health Week
CTC	Counseling Testing and Care
DHMT	District Health Management Team
DILSAT	District Integrated Logistics Self Assessment Tool
EPI	Expanded Programme of Immunization
FDCL	Food and Drug Control Laboratory
FP	Family Planning
GMP	Growth Monitoring Promotion
GRZ	Government of the Republic of Zambia
HC	Health Center
HRIS	Human Resource Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Programme
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventative Treatment
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
IVM	Integrated Vector Management
JHPIEGO	John Hopkins Program for International Education in Gynaecology and Obstetrics
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MiP	Malaria in Pregnancy
MTEF	Medium Term Expenditure Framework
NAC	National AIDS Council
NDP	National Drug Policy
NDPSC	National Drug Policy Steering Committee
NFA	National Fortification Alliance
NFNC	National Food and Nutrition Council
NGO	Non Governmental Organization
NHC	Neighborhood Health Organization
NHRC	National Health Research Conference
NMCC	National Malaria Control Centre
NPLWA	Network for Persons Living With AIDS
NPVC	National Pharmacovigilance Centre
OIs	Opportunistic Infections
OPD	Out Patient Department
PA	Performance Assessment
PAC	Post Abortion Care
PHO	Provincial Health Office
PMTCT	Prevention of Mother to Child Transmission
PRA	Pharmaceutical Regulatory Authority

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QA	Quality Assurance
RBM	Roll Back Malaria
RED	Reach Every District
RHC	Rural Health Centre
SP	Sulfadoxine/Pyrimethamine
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TI	Training Institutions
TOR	Terms of Reference
TOT	Training of Trainers
TSS	Technical Supportive Supervision
UCI	Universal Child Immunization
UNAIDS	United Nations AIDS Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey

1.0 Child Health and Nutrition

1.1 Supplementation

Goals

- Attain 80% national coverage of Vitamin A supplementation of children aged 6 – 59 months; and lactating women within 8 weeks postnatal
- Attain 80% national coverage of de-worming children aged 12 – 59 months of 70%

Targets

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

Achievements

- All 72 district action plans were reviewed to establish whether Child Health Week was planned for to cater for Vitamin A supplementation in children and postnatal women, and de-worming in under fives. All district plans had planned for Child Health Week, however, the adequacy in terms of program requisites i.e. supplies and different components still require further strengthening. Postnatal supplementation planning is almost non-existent. It requires advocacy for inclusion.
- The Child Health Week report from the December 2005 round was completed. There has been improved timeliness with 100% submission of reports within 3 months. However, the time lag between completion and reporting still needs further improvement. Lessons learnt in other places such as Southern province have shown that this is achievable with adequate support and supervision from provincial level.
- One way of addressing the problem of timeliness has been consultations how to integrate reporting of Child Health Week biannually through the HMIS. Of immediate importance is the involvement of the DHIOs in ensuring data quality is enhanced, focusing on targeting and management of data capturing tools.
- Consultations on the prospects of integrating postnatal supplementation into the Reach Every District (RED) strategy were made during the quarter. This was mainly done through the supportive visits to Northern Province by reviewing performance in the last Child Health Week and strengthening planning for the next round of Child health week.
- Efforts were made to have close collaboration with Provincial Health Offices in providing support to districts in the management of Child Health Week. Eastern province PHO was supported to host a half day review of Child Health Week. This

was an innovation as a result of advocacy for ownership of the program at the provincial and lower levels.

Next Steps

- Dissemination of the CHWk report for 2005 during the planning launch for 2007 Action Plans.
- Supportive visits to Central, Copperbelt and Northwestern province prior to next round of Child health Week
- Continued consultation to strengthen Child Health Week data management and exploring best ways of capturing data for postnatal supplementation
- Planning and conducting Child Health Week

1.2 General Nutrition

Achievements

- HSSP provided financial and technical support to the completion of the Infant and Young Child Feeding strategic plan which was reformatted into an operational strategy. Focus was to develop a plan that provides an implementation framework and a Monitoring and Evaluation plan beyond the strategies.
- Regarding the development of a minimum package of care in nutrition, the planning and implementation guidelines for health workers and Nutritionists implementing nutrition programs at both district and hospital level were developed.

Challenges

- The main constraint was competing priorities for NFNC and MoH partners, poses a challenge in timeliness of implementing activities.

1.3 Fortification

Goal

- 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.

Target

- 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 has been finalized and dissemination of the key results has been planned for.
- Results of the samples collected from Kafue Sugar have been shared with consultant for Consolidated Farming Cooperation, the manufacturers of Kafue sugar. The results indicate great inconsistencies in the amounts of vitamin A in sugar. The general conclusion is that there is no adequate mixing of sugar with vitamin A due to lack of mixing equipment. The NFA is yet to meet the management of the company for the way forward. The general advice will be that companies must invest in the mixing equipment so as to produce a well mixed product that will contribute to the reduction of vitamin A in the children.
- The feasibility study on the fortification of cooking oil and milk has been conducted. A draft report has been prepared and circulated to partners and comments have already been received. The study report will give recommendations on the way forward on fortification of other foodstuffs apart from sugar and maize meal. The aim is to reach as many people with fortified foods as possible.
- GAIN has awarded a grant worth US\$ 2.4Million to the Government of Zambia to commence the fortification of maize meal. Since the agreement was signed on 27th February 2006, the secretariat was formed and the first allocation of funds released and arrangements for the procurement of equipment. The first fortified maize meal is expected in September 2006.
- Draft standards and layman's statutory instrument have been prepared by a committee comprising National Food and Nutrition Commission, Zambia Bureau of Standards, HSSP, and Food and Drug Control Laboratory. This will be reviewed by the National Fortification Alliance in April 2006 and there after presented to the Minister of Health. The Statutory Instrument will make the fortification of commercially produced maize meal mandatory. This is expected to contribute to the reduction in the prevalence of Vitamin A, B2, B6, B12 and Iron deficiencies in the general population.
- The frame work has been reviewed to refine indicators on different sectors on nutrition. The modalities of collecting data and disseminating it still needs to be

developed. A consultant from ISTI will come in May to work with NFNC, HSSP and other stakeholders to complete and pretest the framework.

Challenges

- Off loading of industrial unfortified sugar on the market is threatening fortification in Zambia. The sugar companies will feel uncompelled to invest in mixing equipment if there is no control unfortified sugar on the market.

Next Steps

- Discuss and agree with Sugar Companies on the way forward on the mixing equipment.
- Support the FDCL/NFNC to train laboratory technicians from Zambia Sugar and Kafue sugar in enhanced methods of vitamin A analysis.
- Support MoH/NFNC/NFA to complete amendment of the statutory instrument on maize meal fortification.
- Support revision of the fortification manual to include standards on maize meal fortification.

1.4 Expanded Program on Immunization

Goal:

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

Target:

- 43 districts to achieve 80% full immunization coverage in children under the age of one year by end of 2006

Achievements:

During the first quarter 2006, HSSP's focus was directed on the provision of Technical Assistance for the completion of the 72 district profiles; conducting technical support supervision; provision of technical assistance to host the Annual Child health Review meeting and conduct preliminary visits for the expansion of the RED strategy to additional priority districts.

72 district action plans were reviewed and profiles to identify priority districts with low immunization coverage. Results of the profiling formed part of the basis for selecting districts to expand the RED strategy implementation to more districts. The profiles will

further assist in providing more focused technical assistance to the process of developing of action plans whose implementation will result in improvement in provision of quality, cost effective integrated health services.

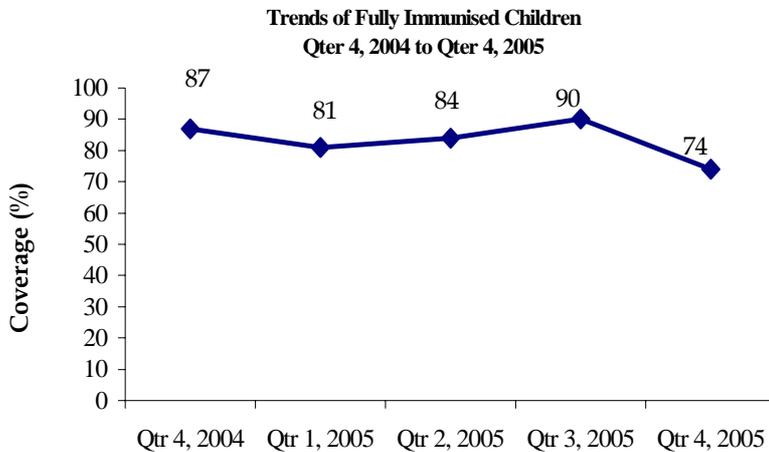
HSSP provided extensive technical assistance to MoH to host the Child health annual review meeting. The meeting highlighted steps and strategies for improvement and scale up of innovative approaches such as the RED strategy. The meeting drew participants from all the Provincial Health Offices, selected districts, training institutions, private sector and cooperating agencies. The key areas of discussions focused on the state of Immunization Program in Zambia, experiences lessons learned from implementing the RED/C strategy, EPI disease surveillance, planning and monitoring processes and tools for RED strategy, the key elements of the EPI Multi-Year Plan(2006 – 2010) including Partnerships.

Although the National Immunization coverage is above 80%, the close review of individual district performance indicate figures as low as 50%, signifying existence of system barriers to attaining full immunization coverage. Therefore strengthening the prioritization, planning and budgeting for effective interventions that make the greatest impact on achieving and sustaining 80/80 Goal in EPI is critical(see table below). Key recommendations to improve implementation of the immunization program were as follows:

- Need to update the data collection tools and to strengthen capacities of DHMT in data audit and verification by orienting more DHMT members
- Central level to provide constant updated information on the availability and source of spare parts for cold chain maintenance and repair to be purchased by DHMTs.
- PHO to take a lead in strengthening the coordination and collaboration of Private/Public partnerships at the level of Private Sector association and districts to ensure that immunization data is submitted to respective health facilities.
- Because of the positive contributions made by RED strategy in ten pilot districts, MOH and its cooperating partners reached consensus on the need to scale up the RED strategy to more districts using experiences and lessons learnt from the ten pilot districts.
- Provincial Health Office to advocate for the need to sustain surveillance levels in light of the Polio free certification status in Zambia.

National Aggregates

Indicator	2004	2005			
	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Average Antenatal visit	3.1	3.0	3.0	3.0	3.1
Supervised Deliveries (%)	61	63	58	66	62
Institutional Deliveries (%)	44	44	40	48	44
New Family Planning Acceptors Rate Per 1000 WCA	31.9	35.6	34.7	34.7	33.4
Fully Immunised Children	87	81	84	90	74
HC Drug Kits Opened per 1000 patients	1.07	0.96	1.07	1.18	1.14
HC Client Contacts	18.4	18.6	17.21	16.9	16.9
Malaria Incidence	91.3	113.7	84.0	84.2	83.7
Respiratory Infection (Non Pneumonia) Incidence	33.9	41.8	29.4	47.3	33.2
HIV/AIDS Incidence	1.4	1.7	1.7	2.2	2.8
Measles Incidence	0.4	0.1	0.0	0.1	0.1
Under Weight Ratio (Percent underweight)	17	18	17	15	15



Following the consensus reached on the need to expand the RED strategy to all the districts, HSSP provided TA in conducting preliminary visits to selected provinces. The purpose of the visits was to advocate for adequate CHWk planning and to facilitate the scale up process of RED strategy. The districts in phase one expansion have been selected on the basis of number of un-immunized children, full immunization coverage rates and geographical access issues. The major high-lights of the visits are as follows:

- All districts visited had run out of BCG and measles vaccines resulting in low coverage rates during 3rd and 4th quarter 2005
- Districts advised to improve on vaccine quantification and to review local strategies to reduce vaccine wastage rates
- National level to reach consensus on the integrated tally sheet that was presented during annual Child Health review
- MoH/HQ &PHO to distribute logistics early
- All districts visited were familiar with RED Strategy and appreciated the dissemination of the micro planning tool.
- Nakonde district need more support to sustain and maintain the initiated community initiatives
- Good adherence to conducting Performance Assessments by provinces and districts, however it was not clear in all the districts visited if TSS was conducted.
- There is need to orient both data managers and program officers in data management

Challenges:

- Instabilities in vaccine supply at district level
- Inadequate cold chain management capacities at DHMT
- Inadequate DHT capacity to maintain quality of EPI in light of RED strategy expansion

Next Steps

- Meeting with MoH/CHN to discuss mechanism ensuring adequate and timely distribution of vaccines and logistics.
- Work to build capacity at provincial and district levels to support the implementation of RED strategy expansion
- Support the adaptation of MLM training materials to strengthen the teaching of EPI in pre-service curricula.
- Training of district supervisors to support RED strategy expansion
- Follow on the public/private sector collaboration to strengthen the provision of immunization services in private practice.
- Support the MoH/NFNC orient Health inspectors and millers on the requirements of the legislation on maize meal fortification.
- Support the NFNC complete the monitoring and evaluation frame work for the nutrition program.

1.5 Facility IMCI

Goals:

- 60% of health workers at health centers who manage sick children trained in IMCI
- All 72 districts implementing 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 facility IMCI
- 35% of children with common childhood illness correctly managed according to IMCI guidelines

Achievements:

- Orientation visits finalized in the 1st quarter have begun to show results as evidenced by Kapiri Mposhi district which conducted the 1st intra-district IMCI case management training with 8 participants using their own resources. This training was done following the review of the district action plan and budget as a result of the IMCI orientation visit conducted for the district in late December 2005. Similarly requests have come from Western Province to assist them orienting their facilitators in the HIV adapted IMCI algorithm prior to conducting a training that they are planning for three districts using the district funds.
- The review of the district action plans provided a good insight of the gaps in the planning and budgeting of IMCI in the districts. Practically all the districts need technical assistance in this area. Some will probably do better in the next planning season following the dissemination of the IMCI orientation and planning guidelines that have been disseminated.
- The district profiles have been finalized and the 10 priority districts identified:

Inclusion criteria

- High infant mortality rate > 200/1000
- Currently no IMCI trained health worker in the district health centres
- Districts with particular disadvantages of referral

Exclusion criteria:

- Where management seems more of the problem and this issue needs to be addressed before more resources are pumped in. E.g. provinces like Luapula that was previously supported by USAID programs such as BASICS and ZIHP.

Accordingly the 10 districts identified are:

- Mpongwe: No IMCI trained health workers and recently oriented
- Chama: High malaria area, very remote, highest district Under 5 Mortality
- Lundazi: High malaria area, high Under 5 Mortality, remote
- Chilubi: Very remote, very difficult referral system
- Kaputa: High Under 5 Mortality, very remote
- Senanga: High mortality rate

- Lukulu: Very remote, difficult referral system, recently oriented in IMCI
- Kalabo: High Under 5 Mortality, difficult referral system, recently oriented in IMCI
- Chingola: No IMCI trained health workers and recently oriented

In order to maximize efforts the same 10 districts will take priority for technical assistance during the planning session.

- The findings from the district profiling were shared at the child health review meeting which was held between 27th February to 2nd March 2006. Participants at the meeting included the Provincial Health Directors, the clinical care specialists, the managers planning and development and some key IMCI facilitators. The meeting, among other things helped to re-set the stage on the roles and responsibilities of each level in the scaling up of IMCI. Districts have now been encouraged to conduct similar review meetings at the provincial level.
- From the district profiles and the orientation visits, it was evident that some of the DHMTs and the PHOs lack the capacities to support IMCI implementation because there are no staff conversant with the IMCI strategy at the respective stations. In this regard an IMCI abridged course was conducted with financial and technical support from HSSP, WHO and MoH. The 18 senior health workers and managers who were trained were strategically chosen with reference to the district profiles.
- During the quarter, HSSP supported the Northern Province, provincial team to conduct technical support visit for Chilubi and Luwingu districts with a focus on child health. These are some of the most challenged districts in the country. The visit proved to be an eye opener for both the supervisors and the health workers visited. At the end of the visit the MoH clinical care specialist sent a message on the phone expressing his gratitude and appreciation.

Next Steps:

- Technical support to the 10 priority districts as well as to any district that wants to conduct IMCI case management training and follow up after training will continue.
- Support during the Technical Supportive Supervision upon request will continue.
- Work with the consultant on the care of the neonate will begin and set the stage for follow up national activities.
- Analysis and documentation of the lessons learnt in district IMCI training will commence.
- TA to MoH on ART protocol development on pediatric HIV will continue
- Lobbying for funds to support the bulk printing of IMCI training materials will continue.
- Time will be taken to finalize/edit any outstanding reports and documents such as the district profiles, the Chilubi and Luwingu case study and documentation of the health workers trained in IMCI.

1.6 Community IMCI

Goal:

- 80% districts offering 6 Key Family Practices

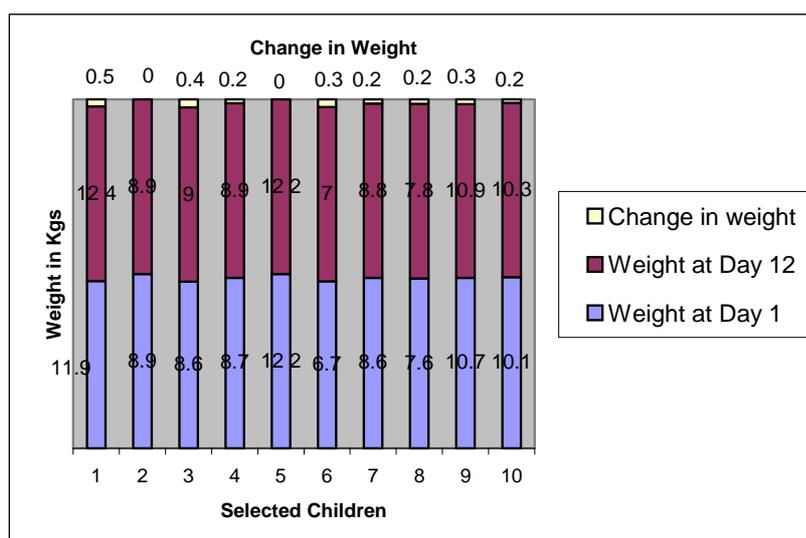
Target:

- 45 districts implementing 6 KFP

Achievements:

- The implementation of the Positive Deviance/Hearth approach in the Kapata community of Lishuwa area in Lukulu district was conducted during the months of January and February 2006. The nutritional survey revealed that out of the total of 66 children who participated; 12 (18.2%) were mildly malnourished, 20 (30.3%) were moderately malnourished, 8 (12.1%) were severely malnourished and only 26 (39.4%) were found to have normal weights.

Of the 26 normal children 17 were positive deviants (poor children with normal growth). After conducting the first PD cycle for 10 randomly selected children, four children showed



a shift in their nutritional status. Three of them shifted from moderate to mild malnutrition status whereas the fourth one shifted from severe to moderated malnutrition status. Overall results showed weight gain for eight of the 10 children (see figure above).

- During the quarter under review HSSP coordinated the provincial training of trainers workshop on Community IMCI in Chipata district, Eastern Province. It was a 5 days training which took place from 6th to 10th February, 2006. The PRSP funds were used by the province. Eighteen participants from all the eight districts in Eastern Province attended the training. Two officers from each District Health Office that comprised of Manager Planning and Development, and the MCH coordinators were trained as trainers. In addition, two officers from the Provincial Health Office also attended the training. During the same meeting all the District Directors of Health

were briefed on the strengthening of C-IMCI implementation in the province. The PHO office with the help of the Clinical Care Specialists will ensure that all the districts conduct the training of CHWs. The C-IMCI strategic plan was approved by the Interagency Coordinating Committee and has been forwarded to the Health Minister's office for endorsement.

Challenges:

- Competing priorities for clinical care specialist.
- 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:

- Participate in the Provincial and district action planning with focus on C-IMCI.
- Assist Southern Province to conduct a Training of Trainers in C-IMCI.
- Provide TA to PHO for supporting districts to scale-up the implementation of the six KFP.
- Next cycle for recruiting another set of mothers starts this quarter in April.

2.0 INTEGRATED REPRODUCTIVE HEALTH

2.1 Post abortion care

Goal: 2004- 2010: 100% of districts providing PAC

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

Achievements

Service statistics from most of the providing sites were collected
A total of 352 PAC patients had been seen by three (Kafue, Chongwe and Lusaka) of the four districts trained in year one. This is from the time of inception of services in mid 2005 to April, 2006 A total of 181 MVA cases were addressed and 132 patients accepted a modern family planning method in these three districts.

Challenges

Inadequate funds both at central and district level affected the scale up of PAC services this quota. Appreciation of the kwacha and delays in district allocations were largely responsible.

Next steps

- To complete the assessment of 2 training sites and preparation of 4 districts in the two remaining provinces namely southern and western province.
- To conduct orientation, Infection Prevention, Contraception Technology update, and Manual Vacuum Aspiration skills workshop for at least 10 districts
- To continue collecting service statistical data.

2.2 EmOC

Goal: 100% of districts offering EmOC

Targets:

- Establishment of EmOC training sites and teams at UTH and Ndola Central hospital
- Scale up of EmOC services to two district hospitals

Achievements

- A one day meeting to disseminate Key findings of the EmOC programme needs assessment was successfully held in Lusaka on 11th May. The meeting was attended by the MoH, representatives from WHO, UNICEF, the provincial health offices, the UTH OBGY department and some selected districts. The key recommendation made

was that the safe mother hood task group be the steering committee in charge of EmOC scale up.

- EmOC Training equipment and materials have been purchased abroad and are currently in transit. Their arrival is awaited.

Challenges

Inadequate funds due to the appreciation of the Kwacha were a Major challenge. Mobilizing training equipment and materials needed to strengthen Ndola and UTH has been slow because this involves leveraging resources from other cooperating partners.

Next steps

- Correction of gaps identified in EmOC services at UTH and Ndola Central hospital
- Standardization of the training package
- Begin to prepare for scale up to two districts

2.3 Focused Antenatal care (FANC)

Goal:

2004-2010: 50% of health facilities providing focused antenatal care.

Target:

148 health centers providing focused antenatal care.

Achievements:

Development of 0 draft orientation package on Safe Motherhood (MCK) for PMTCT trainers and the development of supervisory tool for MCH coordinators although these are not yet complete

Challenges:

In terms of program management, it will be very difficult to meet some targets since HSSP does not have direct control over the funding. The MCK for PMTCT trainers is yet to be finalised.

Next steps:

- Printing and dissemination of the new National Safe Motherhood Guidelines
- Complete data collection and supervisory tools for MCH coordinators
- Follow up MCH coordinators that were trained in FANC
- Work with HCP to develop IEC materials for FANC
- Complete the orientation package for MCH coordinators
- Orient PMTCT trainers to MCK

2.4 Family Planning (FP)

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

Targets:

- Scale up of long-term family planning methods to 18 districts
- Establishment of 2 training sites and 2 teams for permanent contraceptive methods

Achievements:

Development of the Family Planning Training manual started.

Challenges:

- Due to funding constraints, the roll-out to districts will depend on readiness of the provinces to fund future trainings
- Dependence on other partners (UNFPA and JHPIEGO) to procure equipment/commodities and training materials needed to strengthen the district service provisional sites has introduced a sense of unpredictability to the scale up of Jadelle by HSSP.

Next steps:

- Conduct additional post training follow up to the districts in the Southern province (Namwala, Sinazongwe, Choma, Mazabuka and Livingstone)
- Conduct supportive supervision visits to the first four provinces (Lusaka, Central, Southern and Copper-belt provinces).
- Provide training TA to at-least 5 new districts preparing to roll out Jadelle services.

2.5 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

Summary of Quarter Activities:

Standardization of the training materials was conducted and a 0 draft developed. Site assessments were not conducted for the two remaining provincial hospitals due to inadequate funding. As such even the planned training for health care providers has not been done.

Achievements:

- Standardization of STI training package

Challenges:

- Limited budget available in HSSP for STI-related activities

Next Steps:

- Complete work on standardization of STI training materials
- Complete site assessment visits of the remaining 2 provincial hospitals
- Conduct training in STI syndromic management for health providers from the provincial hospitals

2.6 Adolescent Reproductive Health (ARH)

Goal: 2004 – 2010; 360 health facilities in 72 districts providing youth friendly health services

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

Summary of Quarter Activities:

Achievements:

During this quarter under review, a visit to Ndola and Kitwe DHMTs was undertaken to support the smooth implementation of the of youth friendly health services in the two districts. A total of four (4) health facilities were visited to assess their levels of implementation of YFH services and identify other areas of need in order to provide quality youth friendly health services. The two districts were also exposed to the use of the new data collection and management tools and will be used as pilots where lessons will be learnt before the full scaling up of the tools to other districts.

The WHO generic orientation program package for health care providers was adopted as a standard training manual for Zambia and ready for printing

Challenges:

- Printing of the adopted training package for health workers requires substantial funding that has to be leveraged among key players in youth friendly health services
- Critical shortage of both human resources, infrastructure and equipment in the provision of youth friendly health services
- Convincing provincial and district health offices to consider adolescent reproductive health services as part of the IRH priorities that require allocation of adequate resources

Next Steps:

- Printing of adopted WHO program orientation package and data collection tools
- Conduct site assessments in readiness for training of health care providers
- Training of health care providers to provide youth friendly health services– in selected provinces, districts and health centers

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:

- Provide support for program and financial management, information and communications systems at NMCC to facilitate scale-up of three key interventions.

Achievements:

A Senior Finance and Administration Officer (Mr Mwansa) for the NMCC was finally hired, through HSSP funding. This represents a strategic contribution to the National Programme. He and the Malaria Programme Officer (Mr Shimukowa), are fully integrated into the NMCC Administrative division. Mr. Mwansa is currently focused on the financial systems, but will soon expand to improving administrative and human resource issues as well. Mr. Shimukowa managed the expansion of the LAN, installation of a new server and transition to new Internet Service Provider at the NMCC, with band width increased to 512 kilo bytes per second (kbs). Both officers will help with administration and procurement of the World Bank Malaria Booster Programme.

District Action plans were reviewed; the exercise revealed a big communication and understanding gap between what the central level envisioned, and what the district actually planned.

A large review and planning workshop was convened by the NMCC and MACEPA, with significant HSSP contributions to the child health, reproductive health, HIV/AIDS and vector control sections. Information Management for the national program has been a great need. MACEPA posted a surveillance officer during the quarter. Protocols were reviewed for a MACEPA sponsored community-based survey in April. With the potential for increased USAID support for IRS activities, terms of reference were drafted for an additional information officer, specifically to develop Geographic Information Systems.

Zambia Malaria Foundation continues to suffer from financial instability, but continues to strengthen as a major malaria partner especially for making the connections with youth groups, HIV/AIDS programmes and the business community. ZMF was chosen by USAID/Washington to host a workshop for seven Japanese NGOs interested in becoming involved in malaria. HSSP provided technical support for the workshop.

Challenges:

The exercise to review district action plans revealed a communication and understanding gap between the central level and districts – this was in spite of numerous provincial and districts workshops during the latter half of 2005 to discuss malaria strategy implementation. The vast scale-up of malaria investments and partnerships brings with it more challenges for communication and coordination- an area constantly requiring improvement.

Next Steps:

There will be a great deal of reprogramming and re-thinking the most constructive relationship between HSSP and the NMCP. The main HSSP budget is being drastically reduced, but at the same time there will be very large increase in IRS-related activities. As described below, this will necessitate a funding shift for many activities from the HSSP budget to other sources, but still with the technical support from HSSP. The increase for IRS, will include a large segment for this ‘program management’ component, with two additional posts, one for an IRS specialist and one for a Geographic Information Specialist.

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 Pharmaceutical Regulatory Authority.

Achievements:

In the previous quarter, in November and December, 2006, results of the Clinical Efficacy Monitoring Trials were presented at a number of domestic and international forums. While discussions were held among NMCC, MACEPA and Boston University to incorporate SP in Pregnant Women as part of the 2006 clinical efficacy monitoring, this was not included when data collection began in March 2006; maybe next year. The HSSP Drugs and Logistics Officer fielded a team to review essential drugs, including Coartem,[®] revealing significant stock control problems – and focusing attention on this issue, which really is the cornerstone of the entire programme.

Challenges:

Serious problems with Coartem[®] stock management have continued, with stock-outs for some blister-pack sizes in some districts, and large, nearly expired overstocks in other

districts. Since Boston University direct funding, technical support and supervision of the clinical efficacy monitoring trials finished after 2004 the program had faltered. While it appears there are funds for the 2006 round, HSSP's involvement has been limited. HSSP support for drugs logistics and pharmacovigilance is progressing well. For the sake of integration and coordination, these activities, which include the malaria drugs, are managed and reported by the HSSP Drugs and Logistics Officer.

Next steps:

Coartem[®] logistics remains a critical issue for the entire malaria programme. To the extent possible the HSSP Malaria and Drugs and Logistics units will work together to support the national programme.

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 January programme review and strategic planning included a section on Malaria in Pregnancy with significant input from HSSP, ensuring that MiP is firmly within the Focused Antenatal Care programme. In December '05 training was provided for the District MCH coordinators. Training for PMTCT coordinators was scheduled for the first quarter 2006 has been postponed due to problems the NMCC had in accessing GFATM funds. Advocacy for MiP within Adolescent health continues with the Zambia Malaria Foundation's work with youth groups and businesses and organizations involved with HIV/AIDS.

Challenges:

The staffing shortages for persons involved with MiP at NMCC and CBoH have been a challenge, it is hoped that the new, albeit temporary, secondment of HSSP staff to the reproductive health unit will help energize MiP efforts.

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 an 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 several ITN strategic planning meetings keeping with last year's shift from market segmentation and multiple delivery mechanisms towards mass free distributions, allowing for continued distribution to vulnerable groups and for commercial sales in urban areas. A new version of the ITN guidelines has been sent to UNICEF for printing. The resident advisor participated in two global vector control meetings, the biannual NetMark Technical Advisory Group meeting (funded by NetMark) and the RBM ITN working group meeting (funded by USAID/Global Health Bureau). The first meeting involved "succession planning": ensure that critical NetMark functions continue after they leave Zambia in September 2006, especially the voucher programme, communications with the commercial ITN sector, and support for continuing the waiver on taxes and tariffs on nets and insecticides.

The second, RBM meeting, was attended on behalf of USAID. Here one of the pertinent issues for Zambia was the relationship between ITNs and IRS, with ITNs 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. The second major area of achievement during the quarter was the development of a program framework and budget for USAID support to Indoor Residual Spraying.

Challenges:

Both the ITN and the IRS programs were severely compromised by problems in the procurement and tendering processes. It is hoped that at least much of the USAID support for the IRS commodities will go through the WHO procurement system.

Next steps:

There is need for more discussion with the partners for someone to assume management responsibility for the discount voucher programme.

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:

HSSP participated in review and revision of the 5-year malaria strategic plan, specifically clinical management, held in January. Support was also provided for a Boston University-funded Protocol Development Workshop for Community Health Workers classification and management of malaria and pneumonia. This applied research will be done with the Chikankata Health Services, in collaboration with the Siavonga and Mazabuka DHMTs, the Southern Province Health Office, the MoH and HSSP. The work will provide the evidence needed for the MoH to move forward in the deployment of ACTs to the community, as stipulated within the strategic plan. The second large applied research activity that got underway with technical and financial support from HSSP is the repeat of the 2004 study on management of outpatient malaria, within the framework of IMCI. This work will provide important information on the quality of health worker performance, and possible adjustments for training and supervision.

Challenges:

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 in-patient malaria, not much real progress has been made. 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[®]. Progress on deployment of RDTs has been made, but we are still a long way from a functional laboratory support system.

Next Steps:

Finalize CHW protocol developed in was Siavonga and submitted to Research Ethics Committee. Complete data collection for outpatient management study and support analysis and report writing. Continue to discuss with NMCC Clinical Officer for financing child health activities where HSSP can provide technical support. The outstanding issues of laboratory support and improved use of anti-malarials in the private sector need to be addressed within the next quarter.

4.0 HIV/AIDS Coordination, Human Resource and Systems Support

Goals:

- 100% districts with at least one facility offering a minimum package of HIV/AIDS services, (CTC, PMTCT, ART, Lab Services, ARVs, OI drugs and HBC)
- 100% district HIV/AIDS health worker training programs using standardized national training packages
- 50% health facilities providing HIV/AIDS services according to minimum standards

Targets:

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

4.1 Health Services Planning

Summary of Quarter Activities

During the third quarter, the focus for Health Services Planning was provision of routine support to the Ministry of Health's annual planning process to ensure HIV/AIDS remains part of the district action plans. Activities included finalization of the reports for the desk review of 72 action plans; development of annual planning technical updates and national health priorities for all the nine provinces, hospitals and 72 districts with a focus on HIV/AIDS and services.

Achievements:

- As a response to the findings from the Desk review of the 2006-08 district/hospital action plans, the planning team in consultation with other technical areas such as the HMIS, HR, IRH developed a planning addendum to the district and hospital planning guidelines to incorporate comments from the review. Two hundred copies of 72 District Desk Review reports and 150 copies of the 2nd and 3rd level hospital reports were printed and disseminated to all the districts and hospitals respectively.
- HSSP was instrumental in the development of annual technical updates and national health priorities which formed the basis for the 2007-2009 provincial and

district planning. The annual technical updates were disseminated and used for planning by all districts and hospitals in the country.

Challenges

- The dwindling funding to Districts as a result of removal of user fees which in the past formed part of the district resource envelop, plus the movement of key partners to support the central basket (MoFNP) could lead to delayed planning at district level.
- Due to reduced or delayed funding, districts may not be able to implement all the current year's activities

Next Steps:

- Prepare materials required for the PHOs to effectively launch the planning cycle to their health institutions
- Provide on-site support to all provincial and district planning launch and review meetings

4.2 Health Policy

Summary of Activities during the Quarter under review:

During the quarter under review, HSSP continued to provide routine policy advisory and backstopping services to the MoH Policy Directorate in its formulation of health policies and enactment of pieces of health legislation to guide HIV/AIDS service implementation. Specific support went to the review of the implementation status of the National Medical Laboratory Policy which covered aspects on HIV/AIDS. HSSP further supported the finalization of the National Equipment and Infrastructure Management and Maintenance Policy. The period under review was also utilized to monitor the approval process for the Child Health, Reproductive Health and Health Care Financing Policies.

Achievements

- The status of implementation of the National Medical Laboratory Policy vis-à-vis planned M & E Indicators with a focus on HIV/AIDS was reviewed.
- HSSP provided technical assistance to the finalization of the National Equipment and Infrastructure Management and Maintenance Policy. The Policy had been pending for many years and HSSP's input significantly contributed to putting it back on track and increasing prospects for its consideration and approval by Cabinet.

Challenges

Uncertainties associated with the MoH restructuring process continued to bottleneck efforts to officially launch the National HIV/AIDS/STI/TB Policy. The planned dissemination of the Policy in two provincial workshops was also similarly affected. The printing of the 2006 National Policy and Legislation Agenda could not be undertaken for similar reasons.

Next Steps

During the next Quarter, HSSP will work with the MoH in:

- Getting the Health Minister's commitment to launching the National HIV/AIDS/STI/TB Policy
- Disseminating the National HIV/AIDS/STI/TB Policy in two national workshops
- Hosting two provincial HIV/AIDS/STI/TB Policy dissemination workshops (with emphasis on the minimum package for HIV/AIDS services)
- Printing and disseminating the 2006 MoH Policy and Legislation Agenda
- Following up the Cabinet approval process for the Child Health, Reproductive Health and Health Care Financing Policies
- Developing and fine-tuning M &E Indicators in readiness for the field assessment of the status of implementation of the minimum package for HIV/AIDS services.

4.3 Health Care Financing

Summary of Activities during the Quarter under Review

HSSP continued to provide technical assistance to the costing of the National Health Strategic Plan, 2006-2010 by collating data from the various technical areas. In addition, HSSP worked on finalizing the Costing and Budgeting Guidelines for Districts.

Achievements

- The collating of costable data from various technical areas is now complete and with it will be the automatic generation of the costed National Health Strategic Plan and this will assist in the buying-in process by the Donors. The NHSP is a national policy document that governs the provision of health care services to the entire population of 11.960million (CSO Population Projections Report - Nov 2003 page 432)
- HSSP has now completed the Draft Costing and Budgeting Guidelines and presented it to the MOH for review. The guidelines will be used by all 72 districts in the country to improve the budgeting and costing skills of all district managers.
- Through the technical support to the Health Services Planning, gaps in the costing of district plans were identified and all future support will be geared towards improving costing skills in the 72 districts.

Next Steps

During the upcoming Quarter, HSSP will work with MOH in the following areas:

- Present the finalized costed NHSP to MOH
- Finalize the institutional Framework for the establishment of the National Social Insurance Scheme
- Print the finalized proposal of the National Social Insurance Scheme.
- Support the district to operationalize the Costing and Budgeting Guidelines

4.4. Drugs and Logistics

Summary of Activities during the Quarter under review

The following were the key activities during the Quarter under review:

- Support dissemination of the pharmacovigilance forms and protocols at national level
- Dissemination of revised Guidelines for drug donations to all stakeholders
- Printing of PVC training materials
- Conduct 3 provincial TOT in Pharmacovigilance
- Finalize printing of lab sampling forms for Malaria/TB and PVC protocol
- Launch of National Pharmacovigilance Unit and PVC forms/protocols, i.e. ADR/E reporting form, Lab sampling forms for HIV/AIDS/Malaria/TB, PVC Training Materials, PVC Reference Manuals, PVC Guidelines and Guidelines for donation of drugs and commodities by MoH
- Develop action plan for start up HDR monitoring activities, identifying required resources, funding sources and funding gaps

Achievements

Friday the 16th of June 2006, went down as one of the most memorable dates in the annals of the health sector in Zambia. Amidst a gathering of thirty one (31) health experts (from the Ministry of Health, Ministry of Justice, Pharmaceutical Regulatory Authority (PRA), Health Services and Systems Project, Copperbelt University, University of Zambia, School of Medicine, University of Zambia, Cancer Hospital, Chest Diseases Laboratory, National Institute for Scientific Industrial Research, Maina Soko Defence Hospital, Medical Council of Zambia, General Nursing Council, various departments of the University Teaching Hospital, Traditional Health Practitioners Association), the day saw the launch of the National Pharmacovigilance Unit (NPVU) by the Acting Minister of Health, Lt. General Ronnie Shikapwasha at the Hotel Intercontinental in Lusaka.

1,500 copies of Pharmacovigilance Reference Manuals, 1,500 copies of Pharmacovigilance Protocols, 1,500 copies of the ADR/E forms and 1,500 copies of each of the HIV, TB and Malaria lab sampling forms were printed and handed to the

Pharmaceutical Regulatory Authority for use in the health facilities to report the adverse reactions.

Three PVC TOT Workshops were conducted at national level. This included clinicians, Pharmacists, Pharmacy/Lab Technologists, Biomedical Scientists, Clinical Care Specialists, Data Management Specialists and Provincial Surveillance focal persons from all nine (9) all provinces (public sector), NGO's, Government Defence Forces, Private Sector and Tertiary Hospitals (public sector). A total of sixty four (64) health workers were trained. The PVC forms and protocols were disseminated at this forum.

PVC Guidelines were reviewed again after the national Workshops (to incorporate salient views arising from Workshop deliberations) and later printed, together with the developed Reference Manuals.

The revised Guidelines for Drug Donation, to ensure conformity to the provisions under the new Pharmacy Act was launched at the official national launch, together with other PVC tools.

The Draft Action Plan/Budget (including financing sources/gaps) to operationalize the HDR monitoring framework was finalized during the quarter, and awaits adoption by the HDR TWG. Scheduled meetings continue being postponed due to the many other meetings currently being held.

Resource mobilization from partners and other donors has been the mainstay for ADR/E activities given the limited finances allocated to this component.

Implemented but not planned for

Supported the JSI/DELIVER design Workshop where the national standard Logistics Management Information Systems tools were reviewed and others developed, adopted and approved by MoH. The forum was used to sensitize participants about Pharmacovigilance systems, and the need to include these activities in their planning.

Supported the WHO workshop on ARV commodity management, at which HSSP also conducted a session on Pharmacovigilance.

Supported the Curriculum review Workshop at the University of Zambia, School of Medicine (Pharmacy Department) on ARV Commodity Management, where a session was conducted on Logistics Management Information Systems (LMIS) for ART commodities, and the use of the same in monitoring and evaluation. The forum presented an opportunity to disseminate PVC tools to participants (mostly lecturers) and to advocate for inclusion of Pharmacovigilance in the University Curriculum.

Challenges

- Coordinating stakeholder members with heavy work schedules and building consensus on various issues
- Introducing a new program in a health system with critical HR shortage and (as a result) over-stretched health workers
- Despite the enthusiasm on ADR/E reporting at the national PVC TOT Workshops, very few ADR/E reports have been received by PRA
- Conducting PVC training at district level when its not in their Action Plans for 2006
- Further resource mobilization for sustenance of Pharmacovigilance (PVC) activities and
- Mandate for logistics work for HSSP has come to an end, but there is still a demand for logistics assistance from institutions.

Next Steps

- Dissemination of PVC tools to peripheral level
- Review of PVC tools to incorporate inputs from national Workshops – on going
- Continue monitoring of provincial action plans developed at national TOT Workshops
- Continue process for development of IEC materials
- Hold stakeholder meeting to adopt HDR monitoring Work plan/Budget
- Facilitate links to international institutions with experience in HIV/AIDS, Malaria and TB drug resistance monitoring
- Support technical training for key NPVU staff in data management

4.5 HMIS

Summary of Quarterly Activities:

- Revise the current HMIS to integrate PMTCT, CTC, and TB
- Revise the current HMIS database to incorporate PMTCT, CTC, ART, and TB
- Support the publication of HIV/AIDS related data and other information
- Provide TA to the Ministry of Health in the overall HMIS Review

Achievements:

- i. Developed PMTCT/CTC Reference Materials
 - Procedures Manual
 - Indicators Manual
- ii. Developed Data Collection Tools

- Registers
- Tally Sheets
- iii. Developed Reporting Tools
 - Aggregation Forms
- iv. Revised the HMIS Program
 - The revised HMIS Aggregation Forms (HIA 2, 3, and 4) now have PMTCT, CTC, and ART data elements
 - The revised HMIS Database entry screen now has PMTCT, CTC, and ART data elements

Challenges

- Delay in agreeing on the TB Indicator Basket by the TB Technical Team

Next Steps

- i. To develop the PMTCT/CTC/TB Training Package
- ii. To orient 86 Provincial and District staff in the new tools
- iii. To print the PMTCT/CTC Reference materials, Data Collection Tools, and Reporting Tools i.e.,
 - a. PMTCT/CTC Procedures Manual
 - b. PMTCT/CTC Indicators Definition Manual
 - c. PMTCT Delivery Register
 - d. 3 PMTCT Monthly Tally Sheets
 - Antenatal Services
 - Delivery Services
 - Under 5 Services
 - e. Counselling Register
 - f. Counseling and Testing Tally Sheet
 - g. Revised HMIS Aggregation Forms (HIA 2, 3, and 4)
- iv. To strengthen the data reporting system through use of the revised Database
- v. To incorporate the TB component into the HMIS main stream
- vi. To finalize the data collection and reporting tools and develop the
 - a. Indicators Manual
 - b. Procedures Manual
 - c. Training Package &
 - d. Roll out the system

4.6 Human Resource

Achievements

- The ART HR planning guidelines were extensively used during the review of the National HRH Strategic plan and development of the Round 6 Global Fund for

Malaria Tuberculosis and HIV/AIDS HR proposal. The guidelines provided information the National HRH Steering Committee required to estimate staffing requirements and to develop the HRH agenda. The HRH guidelines have now been shared with other partners that include WHO, Trade Unions, provinces and MoH HQ.

- In addition HSSP provided TA to lobby for more money during the Global Fund Round 4 reprogramming. The HR allocation to MoH was increased from US \$20 Million to US \$ 29 Million. The US \$29 Million would allow the MoH to implement an Emergency Recruitment Plan for fresh graduates; Retention Scheme for Selected Critical Staff, Specialists, Physicians (scale up) and Tutors/Lecturers; ART In-service training and Curricula revision for the 6 critical cadres in the health sector.
- Initial HR costing information on what it would take the MoH to implement HIV/AIDS services without compromising the delivery of other core services (Malaria, Tuberculosis, Reproductive & Child health etc.) were developed and utilized through the USAID Human Capacity Development (HCD) discussions. This information needs revision to account for the new Universal Access targets set by MoH /NAC.
- On going support to MoH and Chainama College to review the Clinical Officer General (COG) curriculum to include HIV/AIDS, trends in Reproductive Health, Child Health, Malaria etc. – second draft document is being edited. The revised curriculum will ensure that all health workers graduate with the necessary knowledge and skills to provide comprehensive health care.
- Finalized editing and formatting HIV/AIDS core competencies document and submitted to management for approval before printing. This will ensure that all graduates from Health Training institutions graduate with the necessary knowledge and skills to provide HIV/AIDS services
- Support to GNC for data analysis and report writing on monitoring and evaluation of the implementation of nursing curriculum and to ascertain the extent to which HIV/AIDS competencies were covered – Second draft of report awaiting comments from GNC. This was done in preparation to the review of Nurses curricula to include HIV/AIDS.
- Worked with other partners and MOH to incorporate changes and observations into the earlier developed Diagnostic and Counseling Training package that covers management of HIV/AIDS and TB co – infection. The Diagnostic and Counseling Training (DCT) Package is now available for use by all stake holders. This will ensure standardization in the management of TB co – HIV/AIDS infection.
- Three TWG meetings were held to develop draft guidelines and a site assessment tool for ART accreditation funding for the meetings was sourced from WHO. The group also came up with recommendations that formed the basis for inclusion of the accreditation in the health professions Act.
- TA was provided to MCZ to revise the Health Professions Act to incorporate ART accreditation and revisit the mandate for setting up private practice among health professionals other than Medical Doctors.

Challenges:

- Slow pace at which activities are implemented due to changes in the MoH

- Time constraint owing to implementation of already planned activities of the academic year for Chainama College.
- Financial constraint affects the level of participation and commitment by stakeholders.
- Continued delay in the launch of the NITCS and National Training Guidelines may mean that these will not be included in the 2007 District action plans
- To move the process of consultations through the government system to have the Health Professions Act in Parliament by the next seating.
- Stakeholders meeting to reach consensus on the design and software that the TIMS will sit on is yet to be convened.

Next Steps

- Support PHO staff to orient districts on ART HR planning guidelines during 2006 planning cycle
- Support MoH to track implementation of the 5-year HR plan
- Support integration of HR in HMIS. Pilot the tools in Kabwe and Livingstone districts
- Support training of 5 central level and 18 provincial HR and HMIS staff in HR/HMIS modules
- Finalize retention/career development guidelines with MOH
- Recruitment and support of 20 medical officers on the rural retention scheme
- Initiate activities on retention of other health workers (non doctor) and nurse tutors
- Continue to support revision of curricula – Finalize second draft of COG curriculum for dissemination to specialists and stakeholders, Production and adaptation of teaching and learning materials
- Print and Support dissemination of HIV/AIDS Core Competencies
- Support dissemination of GNC report on monitoring and evaluation of Training Institution's implementation of the revised curriculum in relation to HIV/AIDS
- Support to School of medicine to incorporate HIV/AIDS core competencies
- Follow up graduates trained in management of HIV/AIDS services
- Work with MCZ and the WHO external consultant to complete the strategic plan for accreditation

4.7 HIV/AIDS Coordination

Summary of Quarter Activities:

In the previous quarter the team had successfully completed the evaluation of the National ART Implementation Plan 2004/5. During this quarter, the evaluation report was printed and distributed to all 80 respondents, whose purpose was to provide the foundation for the development of the next Plan for 2006/8. The evaluation covered all 9 provinces and 49 districts and 92 facilities in all.

Achievements

- Supported development of the HIV Care and ART Services Plan 2006/8 (Draft plan available, awaiting finalization). This will be basis for all health institutional work plans for ART and other HIV/AIDS services.
- Support to the reprogramming of Global Fund Round 4 Phase II, and development of Round 6 proposal (these will be finalized in the next quarter)
- Finalize of the BHCP (WHO to support consultancy). MOH to re-constitute TWG and identify new coordinator(s) within MOH.

Challenges

- Reorganization of the MOH and the Global Fund Round 6 proposal development process caused a lot of delays in implementation of activities such as the finalization of the BHCP and HIV/AIDS implementation plan.

Next steps

- Finalization and implementation of the HIV Care and ART Services Plan 2006/8.
- Work on finalizing of the BHCP development
- Support MoH proposals to Global Fund (round 6)
- Documentation of PEPFAR activities
- Coordination of HIV/AIDS workplace programme.

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 third quarter was on completion of outstanding work with the contractor for the baseline survey. Finalization of the baseline analytic report and data verification was completed during this quarter. Data entry on the newly developed tracking monitoring system was also completed. This will enable production of program updates. Coordination of routine project planning and reporting was done during the quarter.

Achievements:

- Final baseline report and data sets were submitted by the subcontractor Mlemba and Associates. Finalization of the analytic report and data verification was completed during this quarter. A summary of findings on some of the indicators has been presented below:

SUMMARY OF RESULTS ON CORE INDICATORS FROM HSSP BASELINE SURVEY

No	Indicator	Baseline
1	# of districts with at least one health worker trained in Community IMCI	-
2	% of districts promoting at least five priority key family practices	93.3
3	* % of children under 5 with malaria/fever managed according to IMCI guidelines (i.e. Assessed, Classified and Treated Correctly)	73.2%
	Assessed correctly	26.1
	Classified correctly	87.0
	Treated correctly with fansidar	89.6
	Treated correctly with Cortem	90.0
4	# of health workers with training in IMCI	423
5	# of health workers with access to IMCI guidelines	-
6	% of pregnant women receiving three doses of IPT according to national guidelines	75.0%
7	% of women receiving Antenatal care who were tested for haemoglobin (Bt)	7.8%
8	% of pregnant women receiving ANC who have received syphilis test (RPR)	14.4%

9	% of women who gave birth in the last 12 months preceding the survey who received syphilis test (RPR)	50.0%
10	# of health facilities offering basic EmOC services	20/201
11	# of hospitals offering comprehensive EmOC services	16/33
12	# of districts with at least two providers trained in PAC	22/40
13	# of districts with at least two providers trained in EmOC	20/40
14	# of districts with at least two providers trained in LTC methods (See page 13 of M&E plan)	17/40
15	% of women coming for ANC who have a birth plan	68.3%
16	% of Health facilities with 75% of pregnant women receiving integrated services (i.e STI, TT, FP, Nutrition, malaria and HIV/AIDS services)	18/201 (9%)
17	% of health facilities with at least 75% of children routinely receiving integrated services (immunization, vitamin A, GMP, ITN re-treatment)	-
18	# of Districts conducting supervisory visits according to MoH guidelines	25/40
19	*% of districts conducting case management observations/record reviews in at least 80% of supervision visits	3/40 (9%)

Note: * is for USAID Core Indicators
 - Data not available for this indicator

5.2. Research

Goal:

- MoH capacity to manage and coordinate priority research activities strengthened

Target:

- MoH conducting research according to set priorities

Summary of Quarter Activities:

- Research on “What Zambia Must Do to Reach the MDG on Child Health” was completed and disseminated on 12th May 2006. More than 75 participants attended the dissemination. This included district and provincial health directors from regions of high and low under-five mortality levels. Other participants were from research institutions and cooperating partners.
- Provided TA to Lufwanyama DHMT in the process of research design and implementation of community operational research on reduction of neonatal mortality. Data collection is still going on.
- Preparations for the Fourth National Health Research Conference (4th NHRC) have reached an advanced stage. The MOH has pledged 150 million kwacha towards the conference. The shortfall will be met by various cooperating partners. The first announcement of call for abstract for 4th NHRC has been published in the local news papers and posted on various cooperating partners’ websites. The dates for the conference have been tentatively set for 7th to 8th December 2006.

- Took part in the review of district health action plans to insure that research was adequately planned for.

Challenges for KM overall:

- M&E will still be a fluid process with envisioned restructuring of HSSP that may have an impact on the M&E plan
- Routine collection of data from provinces and districts has not improved. Districts need further development.
- Systematic dissemination of information is still inadequate (e.g. reports, deliverables)
- Information flow between Clinical Care Specialists and the programme still needs strengthening

Next Steps for KM overall:

- Finalize baseline survey
- Update M&E Report in line with new envisioned HSSP Programme structure
- Heighten preparations for upcoming National Health Research Conference
- Work with provinces to explore effective ways of disseminating research findings
- Work with management to make contractors more responsive

6.0 Clinical Care Specialists

6.1 Central Province

HIV/AIDS

Goal:

- To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions.

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 patients on DOTs plan by the end of 2006.

Achievements:

- Scaling up - 2 ART clinics (RHC) opened (from 11 in the Q1 to 13 in Q2)
- 67% started on ART referrals from VCT, 20% (OPD), 9% (wards), 3% (TB clinic)
- ART committees revamped/ formed improves coordination of activities
- HSSP facilitated EQA to 7 district hospitals
- 5 out of 6 districts commemorated world TB Day- the event mobilises and creates awareness for support in the fight against TB from Stakeholders.

Challenges:

- Human resource shortages/high attrition rate
- High workload/ long working hours/no incentives
- Private practitioners not trained in ART/OIs/PMTCT
- <3% patients started on ART referred from TB clinics (integration of HIV/AIDS-TB services)
- Only 19 of 425 patients started on ART at KGH since July 2004 were traced in quarter.
- Long distances to ART clinics in rural remote areas- low accessibility

Next Steps:

- Scaling up- activation of new potential sites
- Strengthen HIV/AIDS-TB linkages
- Sensitise clinicians to refer pts inwards to CT and ART clinics
- Coordinate ART activities
- Tracing lost patient to continue

Child Survival

Goal:

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

Targets:

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

Achievements:

- EPI coverage above 80%
- All vaccines were available in the quarter
- Supplementary food to undernourished/ HBC/TB through WFP and Global funds respectively
- 5 and 7 cases of suspected AFP and measles detected and investigated

Challenges:

- Most managers not trained in IMCI are still expected to conduct TSS in IMCI
- Less than 10% HWs in districts managing children <5 according to IMCI guidelines except Chibombo with 33%
- Low EPI coverages in Kapiri (58%) from 97% in previous Quarter, Serenje (62%)

Next Steps

- Follow up supervision in 1st wk of May to HWs trained in IMCI.
- All districts will conduct either f-IMCI or c-IMCI training. Provide TA and guidance on IMCI drug procurement.
- TA from centre to address causes of neonatal deaths at KGH and 2 district hospitals
- Scale up food supplements to Serenje and Mkushi by WFP

Integrated Reproductive Health

Goal:

- To reduce maternal and neonatal deaths

Targets:

- 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.

Achievements:

- 3 HWs trained in PAC in. Converted a sluice room in labor ward in order to provide service.

Challenges:

- KGH PAC services need TSS from centre
- Poor quality of MM reviews in some institutions.
- Long term FP methods only at KGH/KMH

Next Steps

- Scale up long term FP to Mumbwa and Serenje district hospitals
- Scale up PAC to Liteta Hospital
- TS during MM reviews.

Malaria Service Delivery

Goal:

- Reduce the incidence of Malaria by 75% and CFR by 50%

Target:

- 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.

Achievements:

- IRS in Kabwe 89% coverage on structures, 87% population. Coverage.
- Malaria incidence rates show declining trends 87/1000 (4th Q2004) to 68% in 4th Q 2005)

Challenges:

- Utilization of ITNs- reportedly used to catch fish in the Lukanga swamps
- IRS- most of housing units in province are made of mud
- Tallying of diseases from case files and registers done by clerks who assign inaccurate diagnoses when records are incomplete.
- Stock out of Coartem in 3/6 districts

Next Steps:

- IRS scale up to Kapiri Mposhi and Chibombo
- Continue to redistribute available pediatric coartem to districts that have none before expiry dates.

Provincial Office Support; PA, TSS

Goal:

- Improve equity of access to quality clinical care services in health institutions in the province

Target:

- To conduct PA to districts and institutions biannually
- To conduct regular TSS to districts and institutions

Achievements:

- PA done to all 6 districts, 8/9 hospitals and 6 health centres, consolidated report compiled.
- TSS has been done for 2 ART clinics by seeing pts with clinicians, ward rounds at Serenje dist. Hosp., consultation of pts at Naluyanda HC

Challenges:

- Less than 10 % of the time spent in health institutions
- Strengthening health worker skills in management of patients

Next Steps:

- 40% of the time in next quarter to be spent in health institutions

6.2 Copperbelt

Technical Area: HIV/AIDS

Goal: To reduce the spread of HIV/AIDS and STI through effective interventions.

Target: 70% of known HIV/AIDS patients accessing ART by the end of 2006
at least 50% of all health workers offering ART services, trained in this field.
The provision and management of logistics to 100% of ART sites
Reporting of HIV/AIDS data from 100% the districts

Summary of the Quarter's Activities

Several meetings held in relation to HIV/AIDS:

- HSSP held a one day orientation meeting in ARTIS for all the Clinical Care Specialists. It was very useful and helped in that we will be able to check on registers when we are out in the field
- The Provincial ART Committee met once, 25th April, 2006 to discuss activities that could be carried out once ZANARA funding has been availed the Province.
- NAC in collaboration with WHO held a meeting 15th – 19th May to develop guidelines for HIV testing methods in the community. The guidelines were developed and once structures are in place at the MOH will be disseminated to the Provinces.
- Pharmacovigilance workshop (2nd – 5th May) was held by the Ministry of Health through Pharmaceutical Regulatory Authority, and in collaboration with WHO and HSSP. This was a training of trainers held for Copperbelt, Northwestern and Luapula Province and involved both Private and Public sector. Reporting books were introduced and based on funds participants are expected to start reporting and encourage others to report Adverse drug Reactions. This is particularly important since a number of adverse drug events have been seen but not reported. ZPCT have offered to sensitize staff working at the 13 sites they are working with.
- Ministry of Health in collaboration with HSSP and WHO held a meeting at Kafue Gorge looking at the Zambia Health Sector Prevention, Treatment and Care Implementation Plan for 2006-8. The participants worked at developing this plan and it was a very useful meeting in that it involved a lot of medical people directly involved in the care of HIV/AIDS patients.
- 60 Health Workers, from various districts, were trained by various NGOs (ZPCT, CRS etc) in various HIV related fields e.g. ART/OI, Adherence counseling etc in this quarter.

- Kakoso Clinic started offering ART on the 31st of May, 2006. They have been running well with a few challenges here and there.

Achievements

Participation in various in various National planning meetings.

Coordination of various HIV/AIDS related services training offered by various stakeholders in the province

Most districts through the Provincial Technical support meeting held by the PHO, have been sensitized about pharmacovigilance and are expected to start reporting adverse drug reactions seen.

The Provincial ART Committee met and reviewed planned activities for the coming year.

Celebration of National VCT day sensitized people on the services being offered by the districts and helped get more people tested.

A lot of districts are offering mobile outreaches in ART services e.g. Ipusukilo in Kitwe District.

Collaboration of the Private sector e.g. Mopani Mine (Wusakile Hospital) with the government in provision of ART services

Data reporting of the private sector has improved and is being done through the districts.

Challenges

- Difficulties in the provision of free Laboratory services due to inability of the government to provide a consistent supply of laboratory reagents and supplies have affected the initiation of some patients to ART.
- Inconsistent supplies of ARV and OI drugs resulting in inconsistent supplies of drugs to patients. There has been a shortage of Abacavir which is out of stock centrally.
- Shortage of Human resources to provide the ART service i.e. Doctors, nurses, pharmacy, laboratory personnel etc, at all centers.
- High attrition of health workers meaning more will have to be trained over time.
- Difficulties in motivating remaining staff
- No tracking system to follow patients who have been lost to follow up in the hospitals and health centers.
- Long distances to Clinics particularly in the rural areas resulting in some difficulties accessing ART. This still remains a problem

Next Steps

- Follow up 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, training of health workers in ART/OI,

Adherence counselling etc. This is still awaiting funding from Ministry of Health through ZANARA funds.

- Initiate coordination meetings for the ART partners/providers in the Copperbelt. The PHO is currently working with and knows the activities of most of its partners in the Province.
- 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.
- Facilitate the acquisition of logistics and medical supplies at all levels on the province.
- Ensure at least 1 scientific meeting for ART providers in the Province. This is tentatively booked for November 2006.
- Training of health workers in pharmacovigilance depending on money made available.
- Follow up pharmacovigilance activities in the province.
- Use the next Performance Assessment to identify strong points and gaps at least 60% of the ART sites in the Province by next quarter.
- Encourage Districts to plan and budget for HIV/AIDS activities in their action plans.

Technical Area: Integrated Reproductive Health

Goal: To reduce the Maternal Mortality Ratio by one third

Target: Scale up of emergency obstetric care in the province
Scale up the provision of Family Planning services by increasing
Contraceptive use from 34% to 37%.
Scale up PAC to 2 district hospitals

Summary of activities

The 'Investigate Maternal Deaths and Act' funded by Irish Aid has started investigating maternal deaths at Ndola Central Hospital. 30 deaths occurred since January 2006 up to date and these are being investigated. This is being carried out by officers at the provincial health office in collaboration with Mwengu Research Institute. The PHO has met regularly with staff from Ndola and Kitwe Central Hospitals and Ndola District Health Management Teams. There is still a lot to be done and this is an ongoing activity. There has been correspondence from the Ministry of Health Lusaka on possible training in EmOc and PAC but are still awaiting dates and timings of trainings. There are currently 3 sites on the Copperbelt offering PAC services i.e. Kitwe Central Hospital, Ndola Central Hospital and Ronald Ross Hospital in Mufulira. The Health workers who were trained in EmOc need to be followed up to determine how they are performing and if the training has had an impact.

Achievements

There have been few since there has been no funding from the Ministry for Reproductive Health activities.

Challenges

There is a need to follow up health workers trained in EmOc

The training given to these health workers is not standardized and there is a need to follow up and monitor the health workers in the provision of the service in which they have been trained

Follow up the standardization of the PAC package and see if there are any deficiencies in the trainings

Support and facilitate the training of health workers in PAC

Male involvement in family planning is still quite a difficult area, although efforts are being made by various districts it still remains a challenge

Follow up PMTCT sites and identify strengths and gaps for at least 60% of sites. This will be done during the Second Performance Assessment held by the districts.

Next Step

Encourage Districts to plan and budget for Integrated Reproductive Health activities in their action plans.

Technical Area: Child Health

Goal: To reduce the mortality rate among children under the age of five years by two thirds by 2006

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

Summary of Quarter activities

A child Health Review meeting combined with an EPI AND IMCI meeting held in Kabwe. This was a very informative meeting. It was also very useful in that the province was made to plan for IMCI and c-IMCI activities.

There was a c-IMCI training of trainers held by CHAZ in collaboration with HSSP. CHAZ provided the institutions with money for trainings and they are expected to train by July.

Achievements

- Participation the Child Health week review/EPI/IMCI meeting and planning for IMCI activities.
- Submission of plans and budgets for IMCI, RED Strategy to the UCI

- The PHO provides support and monitored the Child Health Week Activities.
- 54 community IMCI workers were trained in Mpongwe District by CHAZ
- The 6 key family practices are being encouraged by the c-IMCI community health workers and should have an impact on child health indicators.

Challenges

- Few of the health workers are trained in IMCI and it is an expensive training so most districts cannot manage to hold training.
- C-IMCI trainings are yet to be done in Masaiti and Chingola and other districts.
- Follow up of indicators need to be done over the next 6 months.

Next Step

- Facilitate the training of more staff in IMCI in all districts.
- Follow up community health workers trained in c-IMCI follow them up.
- Analyze Child Health Week reports and other indicators to assess how Districts are performing in this area
- Encourage Districts to plan and budget for Child Health activities in their action plans.

Technical Area: Malaria

Goal: To reduce the incidence of Malaria by 75% and reduce Malaria CFR in children by 20%.

Target: Correctly diagnose least 70% of all suspected Malaria cases
At least 70% of malaria patients in all districts receive prompt and effective treatment according to the laid down guidelines.

Summary of Quarter activities

Coartem became available in May. Coartem has become widely accepted as the first line for malaria treatment and health workers have generally been following it including the change that was made last year that it could be used in children from 5kg and in the 2nd and 3rd trimester of pregnancy.

There was a little activity in terms of retreatment of nets in the districts (Mpongwe, Masaiti, Ndola) during child health Week. NMCC sent word that this would be carried out en-masse in December rather than during this round of Child Health week.

Achievements

Retreatment of some nets were done during this round of Child Health

Districts began procuring coartem from Medical Stores and are in use at the Health facilities.

Challenges

Rapid Diagnostic tests are out of stock at Medical Stores.

Follow up Health workers during Performance Assessment to make sure there is adherence to malaria treatment guidelines.

Next Step

Encourage the use of labs and RDTs for the diagnosis of Malaria

Quality Assurance of blood slides to be done by the Provincial Laboratory Scientist.

Encourage Districts to add Malaria activities in their action plans.

6.3 Eastern Province

Technical Areas: Clinical Care (HIV/AIDS, Child Health, Reproductive Health, Malaria, Drugs and logistics, Technical Supportive Supervision (TSS)
HIV/AIDS

Goal: To provide technical support to districts and hospitals in the area of clinical care particularly in HIV/AIDS so as to reduce it's further spread and morbidity and mortality upon HIV/AIDS patients

Targets:

- To scale up the number of AIDS patients on ART from 4057 to 5543
- To offer comprehensive ART services in the 9 ART sites

Child Health and Nutrition

Goal: To reduce the morbidity and mortality of the under fives by 20 % through key interventions

Targets:

- To attain immunization coverage of the fully immunized of 80% and above in the province
- To ensure that 60% of the health workers are trained in IMCI in the districts

Integrated Reproductive Health

Goal: To reduce significantly maternal and neonatal morbidity and mortality through appropriate interventions

Targets:

- To scale up long term family planning methods to 4 districts
- To scale up EmOC services to 8 districts
- To scale up PAC services to 4 districts
- To scale up Youth friendly corner(YFC) services to 50% of the health centers

Malaria

Goal: To reduce the Incidence of Malaria by 25% and case fatality rate by 25%

Targets:

- To ensure that 25% of under fives are sleeping under ITNs
- To ensure that 25% of antenatal mothers are sleeping under ITNs
- To ensure that at least 50% of patients with Malaria are receiving effective treatment
- To ensure that all antenatal mothers take IPT/ 3 doses of Fansidar during their antenatal period in the 8 districts

Drugs and Logistics Management system

Goal: To ensure available, appropriate levels and rational use of key drugs and supplies in all health institutions

Targets

- To report all drugs in excess and expired drugs monthly to PHO

Technical Supportive Supervision (TSS)

Goal: To strengthen the health service delivery through TSS

Target:

- To debrief and to give TSS to Lundazi ,Chama districts ,Chipata General Hospital and Chipata School of Nursing following performance assessment (pa)

Summary of Quarter Activities:

To strengthen coordination and service delivery, the following activities were undertaken;

HIV/AIDS

- Undertook 4 technical visits to Chadiza district ART clinic where over 20 patients and case records were reviewed
- Facilitated drafting of the CDC proposal on CTC/PMTCT/Palliative care: TB/HIV

- Monthly report for all 9 ART centers to the province I documented the
- Coordinated a TB/HIV quarterly meeting for 8 districts for TB and HIV focal persons

Child Health and Nutrition

- Facilitated an IMCI training; F-IMCI for 20 nursing students at Chipata school of nursing and 100 CHWs (Community Health Worker) C-IMCI
- Facilitated a provincial Child Health Week (CHWk) orientation (8 provincial and 16 district managers were oriented on CHWk updates), Chwk logistics to be distributed timely.
- Facilitated 1 workshop on Management of Severe Malnutrition (PEM)
- monitored and supervised Child health week activities in Katete district during the period 19-23/06/06.

Integrated Reproductive Health

- Facilitated the training of 2 provincial ToTs in long term FP methods(Jadelle)
- Facilitated 1 MDR meeting in the quarter
- Facilitated mobilisation of EmOC resources from Ministry of health/donors
- Participated in identification of PAC sites at, Mwami mission Hospital, Lundazi and Petauke district hospitals
- My office supported the plans to offer YFC services at every health centre

Malaria

- Promoted subsidization of the ITNs to K3,000 for under fives and antenatal mothers
- Promoted integration of IPT in antenatal clinics for all antenatal women
- Strengthened the diagnosis and appropriate treatment of malaria through supervision

Drugs and Logistics Management system

- Supported the revival of therapeutic committees in all the districts/hospitals and the holding of monthly therapeutic committee meetings
- Facilitated the holding of a ToT pharmacovigilance training for PHO specialists (clinical care specialist, data management specialist, clinical care manager-Chipata general hospital, and provincial laboratory technologist)

Technical Supportive Supervision (TSS)

- Provided TSS to Lundazi district, and Chipata school of Nursing

Achievements:

- 4 technical supportive visits were undertaken to Chadiza ART centre (and over 20 AIDS patients and case records were reviewed)
- A CDC proposal on TB/HIV was drafted, finalised and submitted to CDC
- All the 9 ART centers are reporting monthly, currently 5,838 patients are on ART treatment ,and the HIV incidence is 14% (see attached provincial ART report)

- The TB/HIV quarterly meeting was held (with all 8 districts)
- 106 CHW have been trained so far in C-IMCI
- 20 nursing students were trained in F-IMCI
- 8 provincial and 16 district managers on were oriented on CHWk updates and were advised to distribute the CHWk logistics timely
- 24 Nurses and EHTs were trained in management of severe malnutrition
- Monitored CHWk activities in Katete district
- 2 provincial ToTs were trained in long term FP methods(Jadelle)
- Facilitated 1 MDR meeting in the quarter, and the 8 districts were oriented in the new reporting format
- Blood collection, screening and distribution is being done by the provincial blood bank office
- 3 PAC sites were identified at Mwami mission Hospital, Lundazi and Petauke district hospitals
- approximately 50% of Health centers are offering the Youth friendly corner services
- overwhelming demand has outstripped the supply of ITNs
- over 70 % antenatal women are taking IPT/3 doses of Fansidar
- 50% districts attended the Malaria workshop and are conducting monthly medical seminars at their institutions
- 50% of the districts/hospitals have revived their therapeutic committees and are hold monthly therapeutic committee meetings.
- 4 PHO specialists were trained as ToTs in pharmacovigilance (clinical care specialist, data management specialist, clinical care manager Chipata general hospital, and provincial laboratory technologist) and have made the presentation to the PHO.
- Provided TSS to Lundazi district, and Chipata school of Nursing and Chipata General hospital

Challenges:

- Staff crisis in all the districts (Chadiza ART centre has no medical officer and CD4 machine).There are no Consultants at Chipata General Hospital (No physician, Gynecologist, Surgeon or Pediatrician)
- Limited funding to the province makes HIV/AIDS coordination difficult
- Erratic supply of reagents
- A 2006-2010 provincial IMCI scale up action plan has been drafted and funding is being awaited
- Inadequate CHWk logistics were sent late to the province and districts
- Districts still struggling to raise 80% toward the FP/Jadelle Workshop
- Initially poor reporting and recording of MDR forms
- Financial constraints to host the 8 districts for MDRs on a quarterly basis
- Only St Francis Hospital has ideal (gynecological and surgical) medical equipment and Consultants in all disciplines
- Staff and transport crisis for comprehensive EmOC services
- Very few health staff have been trained in PAC

- Demotivation of YFC (AH) volunteers due to lack of incentives and inadequate financial resources
- Inadequate supply of ITNs
- Misuse of ITNs for fishing
- Erratic supply of Coartem. not available in 5/8 districts
- Recurrent drug shortages due to inadequate supply by medical stores limited(MSL).MSL supplies less than 50% of the monthly requirements

Next Steps:

- To recruit more health staff for ART services especially new sites
- To scale up 4 more ART sites and 50% PMTCT in each district (Care, CDC and CIDRZ funding have been mobilized for the PMTCT scale-up)
- To train more health staff in ART/OI management especially in new sites
- to train CHWs in Chama, Katete and Chipata districts before the next quarter
- To conduct a F-IMCI training for health staff in August for Chadiza, Chama, and Lundazi districts
- To ensure that adequate CHWk logistics are sent timely to the districts in the next round
- Chama will conduct CHWk activities from 17-22nd July,2006
- The PHO will give more technical support to Chama during CHWk
- To give technical support to districts in July to staff who have been trained in PEM,EPI, and IMCI
- Districts to identify 2 staff to be trained as long Term FP ToTs
- Districts to be reporting monthly on MDRs. MDR to be incorporated in the 2007 action plans
- To await the procurement of the medical equipment (for Chipata General Hospital and district hospital) from donors this year
- To train district staff in PAC and to mobilize resources from the centre
- To monitor and supervise YFCs monthly and quarterly
- To continue targeting the under fives and antenatal women with ITNs
- To increase the IPT coverage in antenatal women to 100%
- To scale out the holding of medical seminars in all 8 districts
- To strength monitoring and supervision
- Recurrent drug shortages due to inadequate supply by medical stores limited(MSL).MSL supplies less than 50% of the monthly requirements

6.4 Luapula Province

Goals:

1. To assess the progress of districts in meeting set standards in various functional areas.
2. To continue building capacity in district teams and hospitals based on gaps noted in the previous performance audits
3. To scale up ART services to the provinces
4. To establish root causes of poor performance indicators in the province

Targets:

1. Conduct performance audit in at least 2 health facilities in each district, Mansa General Hospital and the 2 training institutions
2. Strengthen clinical care practice, logistical management, immunization programmes in at least six health facilities
3. Initiate an ART clinic at Senama urban clinic under Mansa district
4. Design and administer a questionnaire to establish factors that contribute to low immunization coverage, with the view of defining relevant interventions

Achievements

Performance Assessment:

The Performance Assessment planned for this quarter was carried out focusing on clinical care. The following key observations were made:

- There is inconsistent or poor reference to Integrated Treatment Guidelines when managing Malaria, Tuberculosis, Sexually Transmitted diseases and Pneumonia
- No Coartem Stocks in most health facilities
- Poor understanding of data tools (tally sheets, HIA1, HIA2, HIA3, HIA4) with consequent poor data collection and utilization
- Poor management of drug logistics with huge quantities of drugs expiring
- Technical systems necessary for the effective running of district health services are weakly linked (performance audits, technical committees, updating of action plans, technical support supervision) resulting in poor or no response to deteriorating indicators.
- Health facilities, such as Puta clinic, have well equipped laboratories, but do not provide life saving services such as blood transfusion
- Poor infection prevention practices such as reusing needles, no hand washing facilities in wards, poor instrument processing, no separation of waste and disposal of waste in shallow pits that are near water sources

Technical Support:

- Having noted deficiencies in the management of drugs and logistics (during the orientation visits) at Mbereshi Hospital, a technical support visit was conducted

where the person in charge of the Pharmacy was oriented in the fundamentals of drugs and logistics management. Similar support was given to Mwenze district.

- During the orientation visit to Lubwe, it was noted that the indicator for fully immunized children was deteriorating and that outreach activities were last conducted in August 2005. To address this lapse, the CCS office provided transport to Lubwe and conducted outreach services in health posts visited in the previous year. Technical support was also given to Samfya DHMT and Lubwe management on sustaining the outreaches.
- During the evaluation of the RED strategy in Kawambwa district, technical support was given on various aspects of the strategy. This has reflected in the slight improvement in immunization coverage in some catchments (first quarter data not yet complete)

ART Services:

- Conducted a pre-ART site assessment at Senama clinic. Due to begin running the service within the next quarter.
- Spearheaded formation of the provincial ART committee. The steering committee met and the full committee meeting is due on the 26th of April 2006. This will improve collaboration among stakeholders, quality assurance in ART services, harmonization of data collecting tools, and expedite scaling up of ART services.

Challenges:

- There is a delay in review and approval of monthly work plans by the centre
- Work plans at the centre are not harmonized with those in the province resulting in clashing programmes
- Fuel has been difficult to access from the centre
- Inadequate funds to carry out regular technical support
- Poor collaboration with other partners in the province

Next Steps:

- Technical support based on performance assessment findings in the second quarter
- Carry out a survey on factors contributing to low immunization coverage in the province
- Strengthen the provincial ART Committee
- Roll out ART services to Milenge and Chiengi
- Conduct training in IMCI, PMTCT, ART and DILSAT for at least 30 practitioners in the province
- Continue strengthening clinical case management in health facilities by consulting in various ART and medical clinics. Mansa general hospital will be supported in the ART clinic and the reproductive health department
- Support Milenge in strengthening immunization services using the RED strategy (and also exploit their improved cold chain and transport systems)

6.5 Lusaka Province

Technical Area: Integrated Reproductive Health

Goal: Improve child survival and development through reduction of HIV related infant and childhood morbidity and mortality

Target: Update 80% of health workers in the province with knowledge and skills to prevent HIV infection in children by September 2006

Summary of Quarter Activities: A workshop was organised by Provincial Health Office in conjunction with UNICEF and HSSP in June to orient DHMTs to the new PMTCT guidelines. The topics for discussion were: HIV counseling and testing, antenatal care, intra-partum care, immediate postnatal care, neonatal care post-natal check-up, pediatric HIV care and long term support to mothers, care for health workers and community health providers, monitoring and evaluation.

Achievements: Six members from each district were oriented to the new PMTCT who will in turn orient health centre staff.

Challenges: PMTCT guidelines for distribution to health facilities are still being awaited from printers.

Next Steps: PHO will produce photocopies of the PMTCT guidelines to be distributed to DHMTs.

Technical Area: Child Health and Nutrition

Goal: Reduce infant and childhood morbidity and mortality from vaccine preventable diseases.

Target: Attain coverage of 80% immunisation in children under 1 year during Child Health Week in June 2006.

Summary of Quarter Activities:

The technical staff at the Provincial Health office together with the Child Health Unit (MoH) and cooperating partners were involved in providing supportive supervision and logistical support to the DHMTs.

Achievements

Vaccines and commodities were delivered to districts in good time. The use of vaccines and storage was adhered to according to EPI standards. In addition all health centers had safety boxes.

Challenges

The delay in remitting grants by MoH threatened the child survival and health promotion activities. Districts had to use money for other program to finance Child Health Week.

Next Steps

MoH should remit grants as per schedule.

Technical Area: Drugs and logistics

Goal:

Raise awareness among health workers on the importance of drug safety monitoring i.e. pharmacovigilance

Target: 100% of districts institute drug safety monitoring by December 2006.

Summary of Quarter Activities: A meeting was organised by the Provincial Health Office in May during which selected members from the districts were introduced to pharmacovigilance.

Achievements: DHMTs now in a position to start reporting on adverse drug reaction.

Challenges: The Provincial Health Office is yet to secure funds to train health centre staff on how to report adverse drug reaction.

Next Steps: The pharmacovigilance team from the provincial office will visit selected health facilities to collect data on pharmacovigilance while awaiting training of health centre staff.

6.6 North Western Province

HIV/AIDS

Goal: To reduce the spread of HIV (HIV/AIDS Prevalence reduced from 11% to 6% by 2008) and STI's through effective interventions

Targets:

- Increased awareness of VCT
- Increased access to PMTCT
- Increase number of eligible adults and children on ART.

Summary of Quarter Activities:

- Site visits to Two PMTCT sites in Solwezi district.
- Assisting Solwezi DHMT draft a referral manual for use at all sites offering HIV/AIDS related services in conjunction with ZPCT.
- Technical support to Mufumbwe ART programme.
- Attended workshop for Development of National ART implementation plan for 2006-2008
- Attended workshop for alternative testing methods for use at community level.

Achievements:

- Solwezi district referral operations network manual almost complete.
- Mufumbwe ART programme now established with mobile doctor.

Challenges:

- To train staff at mission hospitals a big challenge.
- To continue scale up in PMTCT within districts as funding is limited.
- Lack of manpower hindering scale up of ART within districts.

Next Steps:

- To train mission staff and Mufumbwe staff in ART
- To finalise the Solwezi district referral manual
- To set up provincial ART committee

Child Health and Nutrition

Goal: To reduce the mortality rate among children under five years by two thirds

Targets:

- Community and facility based IMCI implemented in all 7 districts by 2011

- Full immunization coverage of at least 80% for children aged 12 months in all 7 districts.

Summary of Quarter Activities:

- Assisted with review of child health week activities with child health week specialist to two poorly performing districts (Kasempa and Mwinilunga)
- Supported the PHO with organization of child health week logistics to districts and gave technical support to Kasempa district with child health week.
- Plans for f- IMCI scale up drawn up.

Achievements:

- Child health week was carried out in all seven districts with support from PHO

Challenges:

- Child health week logistics (vitamin A, mebendazole) delivered late.
- Funds for trainings in IMCI inadequate.
- Cold chain in Mwinilunga a challenge.

Next Steps:

- To carry out trainings in IMCI
- To review performance of districts in child health week.

Integrated Reproductive Health

Goal: To reduce the maternal mortality ratio (MMR) by three quarters

Targets:

- Maternal case fatality rate reduced by one third by 2008
- Support implementation of focused ANC activities.
- Support promotion for increased facility deliveries
- Support the increased use of modern contraceptives

Summary of Quarter Activities:

- Provided technical support to sites in Solwezi district offering PMTCT
- Organising the referral of fistula patients in Northwestern to Monze mission hospital.
- Maternal death review started in Mwinilunga.

Achievements:

- Process of referring fistula patients now initiated.
- Maternity annex at Solwezi urban completed and opened.

Challenges:

- PAC plans not implemented due to lack of funding from major partner
- Long term family planning methods scale up held up due to lack of funds.
- Maternal death review stalled in Mwinilunga due to lack of funds.

Next Steps:

- Provide technical support and assess existing PAC sites in the province
- To ensure fistula patients receive the long awaited treatment.
- To continue to provide T/S to Maternal death review programme.

Malaria

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

Targets:

1. Increased malaria prevention and control activities in the districts
2. Correct diagnosis and treatment improved

Summary of Quarter Activities:

- Three districts (Solwezi, Mufumbwe and Kasempa) have received the free ITN's and are distributing them

Achievements:

- Received and distributed free ITN's to three districts and gave out a small number to the other districts

Challenges:

- Shortage of RDT's in RHC's and pharmacy stores
- Coartem still lacking in Solwezi and Mwinilunga DHMT's.

Next Steps:

- To continue to provide support to health centre staff in malaria management
- To ensure availability of coartem in districts.

6.7 Southern Province

Year 2 Quarter 3

Narrative

Goal:

To facilitate full and effective integration of HIV/AIDS Care into the existing health care delivery system, whilst improving and sustaining a high level of clinical care quality in general by providing leadership at Provincial level, technical support to the district health teams, and mentorship to health workers in the field.

Target:

- To focus on re-establishing and strengthening clinical meetings in the district hospitals as a frame work within which to facilitate learning and development of PI programs as one strategy of improving quality of reproductive health, child health, malaria, HIV/AIDS, and other clinical care services over the next five (5) years. Three districts targeted for Quarter 3

- Establish effective supervisory systems in the districts for staff trained in the key focus clinical areas; ART/OI Management, Malaria case Management, f-IMCI, RH. Three districts targeted for Quarter 3
- Continue with the PMTCT PI process, maintaining the main focus of building capacity in Livingstone district
- Facilitate District owned capacity building in all these areas, including c-IMCI.
- Role-out of HIV/TB integration to 50% of Districts
- Role-out PMTCT PI to 50% of Districts
- Technical Support in malaria/febrile illness case management to continue
- Facilitate usage of data at the services delivery front as a strategy of encouraging planning based on data generated, i.e. Operational Research
- Scale-up TA to LGH in HIV/AIDS management by holding one clinic weekly

Summary of Quarter Activities:

Month One (1):

- Attended one-day training for Clinical Care Specialists in HMIS. The training was intended to have the recently recruited CCS's oriented to the HMIS. Emphasis during the training was on the ARTIS component of the information system.

- Attended the HSSP year 2 Quarter 2 review meeting. The CCS made a power-point presentation that included an overview of performance of the province, the main

achievements during the quarter under review, gaps and challenges in implementation of targets that had been set, and the targets set for 3rd quarter.

- The CCS was involved in TB/HIV Collaboration training for Health Workers involved in care of TB and HIV/AIDS patients. The training, supported by funding from the CDC Co-Ag, was done “on-site”, and oriented the Health Workers in the routine testing of all TB patients, and Integrated Management of TB and HIV/AIDS. Kafue Gorge hospital, Siavonga Hospital, Chikankata Mission Hospital, and Mazabuka Hospitals where trained during the course of the week.
- During the visits to the districts for the TB/HIV collaboration training, the CCS also oriented the managers at Siavonga District Hospital and at Mazabuka District Hospital in the proposed concept of Performance Improvement based Clinical Meetings. A power point presentation was made, and the Managers where tasked to immediately start implementing the concept of the clinical meetings. The districts will be required to submit a quarterly report on the clinical meetings to the PHO.
- The CCS spent a major part of the last week coordinating the holding of the Southern Province Provincial Training of Trainers in Community IMCI. The training took place in Livingstone and drew participants from all 11 districts in the province. The training was concluded at the end of the week with a “managers meeting” which was meant to provide the District Directors with the background knowledge in c-IMCI so as to enable them provide effective supervision in the scale-up of c-IMCI activities in their districts.
- The CCS also coordinated the holding of the Africa Malaria Day commemoration, in conjunction with Livingstone District Health Office. The event was a success and sent a strong advocacy message into the community on malaria control strategies that are being under taken in the province. The event was officiated by the Provincial Minister.
- During the same week, the CCS officiated, on behalf of the Provincial Health Director at the launch of the Male circumcision project at Livingstone General Hospital. The project is supported by funding through the MoH from the Global Fund, as a new addition to the list of HIV prevention strategies.
- Having being appointed as one of the members of the Technical Advisory Committee for the “Modeling and Reinforcing to Combat HIV/AIDS project” (MARCH-Project), the CCS attended an advisory meeting held for the purpose of reviewing the scripts for the Radio Drama. The MARCH project is a CDC funded project whose purpose is to use radio drama as a tool to bring about behavioral change as a way of combating HIV/AIDS.

- At the end of the week, the CCS sat on the CDC planning committee at the PHO, to provide Technical Assistance. The meeting reviewed the implementation status of the year-one plan, and also planned for the year-two budget of the TB/HIV Collaboration and CTC activities that are funded from the Cooperative Agreement between the PHO and CDC.

Month two (2):

- The CCS undertook a trip to Itezhi-tezhi and then Monze, being the final leg of training in TB/HIV Collaboration for Health Workers involved in care of TB and HIV/AIDS patients. The first part of the training was conducted during the month of April 06. The training, supported by funding from the CDC Co-Ag, was done “on-site”, and oriented the Health Workers in the routine HIV testing of all TB patients, and Integrated Management of TB and HIV/AIDS.
- The CCS joined the National MDR and Child Survival meeting in Lusaka at which the findings of the EmOC Survey were disseminated. The CCS made a presentation to the meeting on the Southern Province Experience with Maternal Death Reviews. Southern province has pioneered the conducting of Maternal Death reviews in the country, and the CCS has been involved in coordinating the process including reviewing of the data collection tools, analyzing the data, and development of the data-base which is to become the National data-base.
- During the last half of the week, the CCS with the support of other PHO staff hosted the UNICEF Country Representative (Ms Lotta Sylwander) who had accompanied the UNICEF – Australia, Education and Advocacy Coordinator on a visit to appraise UNICEF Australia’s support to Reproductive Health Service in Livingstone. The team had a special interest in the MDR, neonatal health issues, pediatric HIV programs and PMTCT.
- The CCS was in Lusaka during the first two days of the week attending the workshop on developing Guidelines for Alternative HIV Testing methods. On Monday, the CCS chaired the workshop that was working on developing testing guidelines for HIV tests that can be self-administered (Saliva Testing).
- The CCS also worked closely with the CDC field office manager in writing up the Interim Progress Report and Continuation Application for the Co-Ag between CDC and PHO which focuses on TB/HIV Collaboration and Counseling/Testing services.
- The larger part of the week was spent on developing a TB/HIV and Counseling/Testing CDC COP FY07 Operational Plan for the Province. The document was for submission to CDC for funding in order for the PHO to scale-up on TB/HIV Collaborative Activities that includes ART/OI Management in the context of TB, PMTCT, YFS reproductive health services as well as Counseling and Testing services.

- During the same week, the CCS spent a day each in Mazabuka District Hospital and Siavonga District Hospital. The CCS provided Technical Assistance as well as Supervisory Support to the ART clinics in the two Hospitals. The specific Objectives for the visit to the hospitals where;
- To spend a day in each district Hospital's ART clinic, working along side the local ART clinic staff as a way of mentoring them
- To evaluate the current level of clinical practice/care of ART treated patients in these districts and be able to give feedback to the staff and management, where appropriate
- To provide on-going on-job-training by reviewing specific problem cases with the local ART clinic staff
- To follow-up on the planning for, and status of clinical meetings in the district following the orientation of the managers in April 2006

The last three days of the month were spent in Kafue Gorge attending the workshop that finalized the Second National ART Implementation Plan for 2006-2008. The first draft of the plan was ready for cleaning-up by the core team by the time the workshop came to an end.

Month three (3):

- The CCS spent the morning in the Livingstone General Hospital Medical Clinic. The time was spent working along-side the ART doctor, seeing selected difficult cases both from the ART clinic and the general medical clinic. The CCS also facilitated the holding of the first c-IMCI training for Community Health workers in Livingstone district. Fifteen community health workers were trained in c-IMCI.
- The CCS organized and carried out a Child Health Week orientation meeting for the PHO staff who were going to be involved in supervising the CHWk campaign in the districts. The orientation covered the key focus areas for the CHWk activity as well as management issues for consideration in preparation for the activity. The various evaluation tools to be used by the supervisors in the field to assess the CHWk implementation were disseminated. Critical issues to be reinforced such as raising awareness on early identification and reporting of Acute Flacid Paralysis in the light of the Polimyelitis outbreak in neighboring Namibia were discussed.
- The CCS proceeded to Monze where a follow-up meeting with the Health Workers involved in the care of TB and HIV patients was held. During the meeting, the CCS facilitated an interactive learning experience on the concept of TB/HIV Collaborative Activities as well as on Managing ART in the context of Tuberculosis.
- The CCS led a PHO team to the Health Sector National Planning Cycle Launch which was held in Lusaka.

- Approximately 80 % of the week was spent supervising the implementation of the CHWk Campaign. The CCS started with Siavonga District, providing Technical Supportive Supervision to the various facilities visited, helping with the delivery of supplies where the need arose, as well as assessing the whole implementation process using the Client/Provider Observation Check list, Managers Performance Audit, and Exit Interview tools. In addition to these activities, the CCS also helped fill in knowledge gaps where identified, as the Health Workers were giving Health Education talks. During the CHWk campaign, the CCS also helped with examination, diagnosis and treatment of some of the children who were identified to be ill.
- The CCS attended both the Provincial ART and Provincial Reproductive Health Committee meetings. The Provincial ART Comm focused on planning for the scale-up of ART services in four identified districts, i.e. Kazungula, Livingstone district, Sinazongwe, and Kafue Gorge Hosp. The CCS was also tasked to closely follow-up the “mobile ART services” in Kazungula district in view of the apparently low up-take and the lack of progression in the initially agreed scale-up plan in the district. The Provincial Reproductive Health Comm’s focus on the other hand was on the way forward regarding the MDR pilot, and the institution of establishing a Comprehensive EMoC unit in Livingstone district.
- The CCS represented the PHD at the occasion of the Zambia National VCT day. The CCS made a speech on the background to the day and its significance in bringing down barriers to Counseling and testing like Stigma and Discrimination, as well as on the importance of VCT as an entry point to Care Treatment Prevention and Support services.
- The CCS also joined the PTBFPP for the Provincial TB Quarterly review meeting. The CCS raised the importance of the meeting also taking on the function of M&E at provincial level for the TB control program by analyzing the quarters data critically, and not just for the purpose of cleaning up the quarters data. The CCS further proposed that time be made in future meetings for Technical up-dates as regards TB case detection, management, and on TB/HIV collaboration. This would help guide the program officers in re-focusing on strategies aimed at TB control in their areas, as well as ensure the practice of Evidence-Based Clinical practices.

Achievements:

- First and foremost, the CCS managed to address 75 % of the targets that had been set for quarter 2 of year 2, with 50 % fully accomplished and 12 % exceeding the set targets
- The CCS attained the goal of instituting the Performance Improvement based clinical meetings in the targeted three districts during the quarter. Visits to Itezhi-

tezhi, Siavonga and Mazabuka were undertaken during which the district directors and other managers were oriented to the concept. A time line within which to have the clinical meetings started was agreed upon, and a reporting format and schedule was also agreed upon.

- Though the target of three districts was not attained, the establishment of effective supervisory teams in the districts was started with, a team for facility and community IMCI, and another team for PMTCT established in Livingstone District. These teams are also mandated to spear-head capacity building activities in the district, and have been used to also carry out PHO driven capacity building for neighboring districts.
- The CCS both financed and coordinated the holding of a workshop with the help of the Livingstone District PMTCT supervisors' team. The workshop was intended to increase the up-take into the PMTCT intervention by addressing the following identified short falls;
 1. The up-take of mothers into the intervention is low due to a poor understanding and application of the "Opt-Out Strategy" in PMTCT counseling
 2. Weak and unclear follow-up plans for the care and monitoring of the Mother/Infant pair and family, following administration of the Nevirapine perinatally

The workshop drew the expertise of the National PMTCT Coordinator, and involved Kazungula, Kalomo, and Livingstone Districts, and the Livingstone General Hospital. Though fallen short of the targeted 50 % coverage of districts with the PMTCT Performance Improvement activities, 36 % coverage to-date has been attained.

- District owned capacity building was facilitated as stated in the IMCI and PMTCT cases.
- The set target of rolling out TB/HIV collaborative activities to 50 % of the districts was by far over taken, with 100 % of districts having been oriented in TB/HIV Collaboration during the quarter.
- Again, though the CCS fell short of the targeted holding of one specialist clinic in the ART clinic at the Livingstone General Hospital, the CCS has held 25 % of the scheduled clinics.
- The CCS secured a full package of training materials for f-IMCI for the province. The materials have already been used to hold an up-grade training workshop for health workers who were trained prior to the inclusion of the component of "Suspected HIV Infection (SHI)" into the IMCI curriculum in Livingstone, with

support from CCS-HSSP office. They will also be used for training in f-IMCI in other districts.

Challenges:

A major challenge that has remained since the previous quarter, is that of the CCS being the only “body” in the CCS office at the PHO. This situation has posed an extreme challenge as far as maintaining focus and the ability to carry programs through to completion.

The many competing programs at the PHO, coupled with the numerous un-planned and impromptu activities generated at the national level and by various partners have by and large led to the falling short of targets such as the number of specialist clinics held during the quarter at the LGH.

Besides the fact that the CCS is alone in the office at the PHO, the continued un-coordinated support and planning of programs by Partners and the National level has seen the CCS involved in a lot of useful but un-planned activities, at the expense of planned provincial activities, contributed to falling short of targets.

Further, though a positive development, the Co-Ag between the PHO-Southern and CDC Atlanta under which the PHO is funded for TB/HIV and CT programs has posed an additional challenge. Being the Provincial focal person for all HIV/AIDS programs, the CCS has ended up spending a good 40 % of time working on CDC Co-Ag related documentation (such as preparing inclusions for COP FY 07 and IPR-Continuation Application processes) which are extremely time consuming documents to develop.

Financial constraints suffered by both the PHO and more especially the districts has made it very difficult to move various programs forward that are not directly funded by the National level or other partners. Programs such as district training in f-IMCI have suffered. Compounding the picture is the reduced capacity of the CCS-HSSP office to support programs due to the current financial constraints.

The continued lack of access to Internet connection has still been a major challenge for the CCS. This has meant that the CCS has not been able to keep regular contact with the head office and other colleagues, and has also not had feedback from the head office. The lack of internet access has also made it difficult to keep abreast with the international scene as regards HIV/AIDS care issues.

Next Steps:

- To ensure that 100 % of districts adequately plan for, and allocate funds to capacity building and program implementation/expansion for the following areas
 - a) Facility and Community IMCI
 - b) RED strategy
 - c) Holding of CHWk campaign

- d) Community based identification and management of malnourished children and facility management of severe malnutrition
 - e) DCT
 - f) TB/HIV/STI Collaboration
 - g) ART/OI Management
 - h) PMTCT
 - i) EMoC
 - j) PAC
 - k) YFS
 - l) FP including Jadelle and IUD
 - m) Efficient logistics management and procurement of commodities for all the areas listed above, including Coartem, RDT's, ITN's and IRS
-
- During the 4th quarter, the implementation of the Clinical meetings will be monitored and TS will be provided to the three districts, with an extra two districts oriented to start holding the Performance Improvement based clinical meetings (target is 40 % of districts holding PI based clinical meetings)
 - During the fourth quarter, the CCS will target to facilitate the constitution of supervisory teams and strengthening the concepts of M&E in three (3) more districts (target of 30 % of districts), whilst ensuring that all focus areas (TB/HIV/AIDS/STI, Malaria, CHN, and IRH) are comprehensively catered for as regards supervision
 - The strategy of holding PMTCT performance improvement meetings will continue during the fourth quarter with another three districts being targeted. In addition, the CCS will also facilitate exchange visits between better performing and poorer performing districts in PMTCT so as to help share good practices and optimized the performance of the intervention, aiming to increase up-take into the PMTCT intervention from the current 25 % to 90 %.
 - Facilitate the scale-up of ART service delivery sites from the current 19 to 30 sites in the province
 - During quarter four, the focus will be to consolidate the TB/HIV collaboration further by ensuring there is effective integration of TB/HIV/STI management in 100 % of hospitals in the province and also that 50 % of TB diagnostic centers have key clinical staff trained in Diagnostic Counseling and Testing (DCT), to allow for more TB patients to access HIV testing and ART services.
 - The district owned capacity building will be further facilitated in all the focus areas
 - During quarter four, the CCS will continue to schedule weekly clinics at LGH as well as providing Technical Assistance to the other districts. The CCS will target to allocate 50 % of work time to providing Technical Assistance as a way of enhancing the quality of clinical care in the province in all four focus areas.

- Facilitate the holding of c-IMCI training for Community health workers in the remaining 80 % of districts and f-IMCI up-grade/refresher workshops in 3 other districts

6.8 Western Province

Goal:

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

HIV/AIDS/TB

Achievements

- Two new ART sites accredited (Shangombo and Nangango)
- Consistent supply of ARV

Challenges:

- Stock outs of laboratory reagents.
- Shortage of staff
- Inadequate infrastructure in some centres.
- Difficulties in follow up

Child Survival

Achievements:

- Improved vaccine management
- PD study in Lukulu has taken off.

Challenges:

- Poor follow up IMCI activities.

Integrated Reproductive Health

Achievements:

- Maternal Death Notification and Investigation Forms introduced in the rest of the district and mission hospitals.

Challenges:

- Low rates of institutional deliveries.
- Delayed referrals of complicated deliveries.

Malaria Service Delivery

Achievements:

- Coartem being used as 1st line drug when available.
- Distribution of free ITNs started in 6/7 districts.

Challenges:

- Erratic supply of coartem.
- ITNs being used as fishing nets.

Provincial Office Support; PA, TSS

Achievements:

- 17 major operations done in 3 district hospitals
- Teaching rounds at LGH
- Consultations answered at LGH
- Clinical meetings attended.
- DILSAT training conducted in all the districts

Challenges:

- Poor management of stock control cards.
- Too many reports overloading the ART staff.

Next Steps:

- TS on the Preparation of the remaining mission hospitals as ART centres
- Advocate for an increase of supply of reagents by the partners
- Encourage hospitals to procure reagents from the hospital budget.
- Continue supporting the PD study.
- Strengthen TSS in IMCI and Stores management.

HSSP Quarter 2 Tables January 1 to March 31 2006

1.0 Child Health				
Technical Area: CHN -Facility IMCI				
Goal: 60% of health workers at health centers who manage sick children trained in IMCI				
Targets: 200 health workers trained in IMCI				
Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen district planning and budgeting for IMCI implementation	Provide TA to identified districts in planning and budgeting for IMCI	Provided TA in update of the revised district technical planning guidelines The guidelines are ready and will be used by the districts after the recently National planning launch	TA will be provided to the identified districts during the provincial and district planning sessions	Reduced basket funding to the districts remain a major challenge
Strengthen district IMCI training	Provide TA to selected provincial IMCI TOT	PHOs have come up with an action plan for the scale up of F- IMCI The initial step in these plans is the strengthening of IMCI training teams The provinces have been advised to source funds from their budgets and partners	Ensure that this activity is priority in the provincial plans	Strong provincial IMCI training teams will assist in scale up and sustaining the training of health workers in IMCI case management
Strengthen district IMCI training	Support IMCI training in the selected 10 districts	On-going: this support is dependant on the district having set funds for IMCI training During the quarter TA and financial assistance was provided for Chipata school of nursing to conduct pre-service IMCI training for its final year students In total 27 students were trained	TA will be provided to districts that have prioritized and budgeted for F-IMCI	Training materials have been provided to Western province PHO and Livingstone DHMT for up coming F-IMCI trainings
Strengthen district IMCI training	Conduct Post training follow up visits in the selected districts 6 weeks after each training	Not done	During the district planning TA will be provided to ensure that initial follow up after IMCI health worker training is included in districts that undertook IMCI training	Following the 6 day capacity building IMCI abridged course which was conducted for selected PHOs and DHMTs, provinces and districts are expected to start conducting initial follow-ups using the existing tools Lukulu district was visited and the DHMT staff oriented on the use of the tools for the follow-up Eastern province is in the process of drawing up a programme to do the follow-ups
Strengthen district IMCI training	Analyze and document lessons learnt in district IMCI training (including planning and budgeting)	on-going	Continue work on the write up	Progress in the last quarter was slow due to other competing priorities
Support integration of IMCI into pre-service training	Review IMCI pre-service implementation status, Review IMCI pre-service implementation status, build consensus on IMCI mode of training, Adapt IMCI training materials if need be, Conduct TOT for tutors (where needed),	Not done		Pre-service consensus meeting will be held this coming quarter to agree on mode of training for pre-service

Objective	Activities	Implementation Status	Next Steps	Comments
Goal :72 districts implementing IMCI				
Targets: 12 additional districts implementing facility IMCI				
Strengthen implementation of F-IMCI by the districts	Support training of district managers in IMCI support supervisory skills,	Not done		
Strengthen implementation of F-IMCI by the districts	Conduct 2 IMCI abridged courses for district managers	Activity has been rescheduled for the next quarter since the last training was conducted at the end of the last quarter		Financial constraints have lead to this activity not being done It is hoped that other partners will be found to sponsor this activity e.g global funds
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				
Strengthen the care of the sick child in relation to HIV/AIDs	Provide TA to the orientation of health workers in the HIV adapted IMCI algorithm	on-going		IMCI -HIV adapted materials prepared for a planned refresher course for Western Province IMCI facilitators
Improve the care of the sick child	Support the development and dissemination of national guidelines for the care of the sick new-born	Supported a consultancy on assessment of new born health in Zambia Draft report is being finalised and will include recommendations on priority areas to integrate new born health into MNH programmes Zambia identified as one of the countries to benefit from phase two SNL support as been drawn up	The final report will be used as resource material in the development of a National implementation plan for new born	From the Harare meeting the next steps include: feedback of workshop deliberations to all Key stake holders, to this process is the integration /strengthening of the new born component using already existing vehicles such as IMCI,EPI,PMTCT ,EMOC etc
Improve the care of the sick child	Provide TA to MOH on ART protocol development on pediatric ART	on-going	Awaiting the dissemination meeting by the consultant who was contracted by UNICEF to finalise the guidelines	
Improve the care of the sick child	Support selected provincial training in emergency, triage and treatment of sick children	Not done		
Technical Area: CHN -Community IMCI				
Goal: 80% districts offering 6 Key Family Practices				
Targets: 45 districts implementing 6 KFP				
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	Provided support to Lusaka PHO on the implementation of the annual Child Health week activities	Provide technical assistance to the PHO and Lusaka district on the implementation of C-IMCI activities	Lusaka district is one of the 45 districts implementing C-IMCI The district is one of the poor performers in Child health week activities mainly due to inadequate human resource and less attention on routine child health activities as compared to the HIV/AIDS activities were the health workers are financially motivated
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 supportive supervisory visit in Western Province on the implementation of Positive Deviance in collaboration with the PHO The provincial CCS are also providing TSS to the districts	To provide TA to Eastern province PHO for TSS in C-IMCI	Working in collaboration with the Clinical Care specialist in the monitoring of the activities will improve implementation

Objective	Activities	Implementation Status	Next Steps	Comments
To sustain and scale up the 6 key family practices in 45 districts	Review action plans/PA reports for C-IMCI activities in the 45 districts	Action plans reviewed and findings were used to revised the district planning guide and will be used in this year MTEF planning to include C-IMCI	Provide technical assistance to the PHO in district annual planning for C-IMCI	
Explore approaches for strengthening the 6 key family practices	Support coordination and TOT for CHW training	Provided TA to Southern and Copperbelt provinces on TOT of trainers of community IMCI The implementation of C-IMCI is in the expansion and scaling up phase To date 55 districts in the 9 provinces have 190 additional trainers and have trained 886 additional CHWs since 2004 The National will achieve the implementation status of 45 districts by end of 2006 upon fulfilling the criteria of having the DHMT preliminary visits/orientation and conducting the C-IMCI capacity building at community level	Continue mobilizing the funds for TOT and training of CHWs	The Southern province workshop was conducted using the PRSP funds The province is currently training the CHWs Global funds amounting to ZMK 750 million were mobilized from the Churches Health Association of Zambia (CHAZ) and disbursed to mission affiliated institutions in 10 districts (in 7 provinces) for the purpose of TOT, training of CHWs, monitoring of activities and printing of additional CHW manuals
Explore approaches for strengthening the 6 key family practices	Support coordination and TOT for CHW training	Provided TA to MOH in the development of IEC materials (C-IMCI flip charts) for CHWs JICA has printed 260 copies already	To mobilise funds for national wide printing and distribution	
Explore approaches for strengthening the 6 key family practices	Introduction and piloting of HPD approach in one province	Lukulu DHMT has provided ZMK 1,500,000 and it has started the second cycle of the Positive Deviance/Health implementation with an additional of 20 more children	Integration of the Positive Deviance approach into the Community based growth monitoring program(CBGMP)	Positive Deviance is a good approach for strengthening the implementation of CBGMP at household level It should be introduced to all the districts implementing C-IMCI especially CBGMP
Goals: 80% full immunization coverage of children under one year in 80% (58) of the districts				
Targets: 43 districts to achieve 80% full immunization coverage in children under the age of one year by end of 2006				
RED strategy scale up to improve immunization coverage	Selection and orientation of provincial 'core teams' to support scale up process of RED strategy	35 provincial core teams members oriented and scale up RED strategy from 10 to 36 districts	TA to RED strategy micro-planning process and disbursement of "start up" funds from GAVI Award funds	It is hoped that RED strategy will be scaled up to 72 districts by end of 2006
To strengthen the planning and implementation of CHWk activities to improve immunization coverage	TA in monitoring implementation of CHWk activities in Lusaka province	CHWk activities well planned and implemented in Kafue, Luangwa and Chongwe districts Challenges faced in Lusaka in terms HR and finances	Meeting planned to review performance of Lusaka district and propose method to improved service delivery	It is time the country reviewed the current strategies for urban settings as the challenges faced are different from rural setting
Build capacity of provinces/districts in inclusion of key elements of EPI	Compilation and dissemination of national concerns on planning key elements in EPI	National concerns in EPI disseminated during the RED strategy core trainers meeting	Provide TA to Provinces/District during the annual planning cycle using the revised technical planning guidelines	EPI will be planned as a full package in the district action plans
Build capacity of provinces/districts in inclusion of key elements of EPI	Conduct TSS to low performing districts to improve service delivery of quality Immunization services	TSS conducted in 4(Northern,Luapula,Eastern and Southern) provinces and 19 respective districts	Western, Lusaka, and Copperbelt provinces to be visited during the 4th quarter 2006 Address the EPI challenges that were identified during TSS in conjunction with the province	Due to challenges of reduced basket funding EPI is reduced to static session in some districts while in some districts with cold chain problem outreach sessions take precedence though expensive

Objective	Activities	Implementation Status	Next Steps	Comments
To strengthen capacity of the national level in coordination of stakeholder meetings	TA in compiling required EPI progress reports for the ICC meeting	1st and 2nd quarter 2006 progress reports disseminated to ICC for information and action	Extra ordinary ICC meeting proposed to review and approve GAVI revised budget	ICC will need to review expenditure of the \$2 1million and approve the budget for the \$705,000 reward
Technical Area: CHN - Nutrition(Fortification)				
Goals: 90% of House hold sugar adequately fortified with Vitamin A 100% of commercially produced Maize Meal fortified with a multi Mix by 2008. Implementation of National Nutrition programmes strengthened. 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 with a multi mix.				
	Provide TA to manufacturers and retailers on addressing identified gaps	Meeting held between the Zambia Sugar and the National Fortification Alliance to discuss the fortification process	Meet the Management of Kafue and Kalungwishi Sugar Plants to review their fortification process	
	Support the FDCL/NFNC to train laboratory Technicians from Zambia Sugar and Kafue Sugar in the enhanced methods of vitamin A analysis	1 The HPCL machine has been ordered but not yet delivered to FDCL 2 Draft Training Manuals have been produced	Conduct trainings of lab technologists after the installation of the HPCL	The training is dependant on the installation of the HPCL machine The HPCL will be purchased through GAIN funds The purchase process have been completed and orders made
	TA to MOH/NFNC to collect regular samples from the factory and retail outlets for lab analysis	not being done	Prepare proposals for funding to allow regular collection of samples	Currently regular samples are not being collected due to lack of funds A project proposal is being prepared to source for funds the collection and analysis of samples at regular intervals This will promote compliance among the sugar companies
	Re- orient Health Inspectors and EHTs on the enforcement of the regulations on fortification of Sugar	Draft revised enforcement guidelines already prepared Consultations with Ministry of Justice still to be done	Complete consultations with Ministry of Justice and conduct orientations	The trainings have not taken place due to no availability of training guidelines The manuals for sugar fortification are being done simultaneously with those for Maize Meal The trainings will be conducted simultaneously
Ensure that commercial maize meal is fortified with a multi mix	Support amendment to the statutory instrument on maize meal fortification	1 2nd Draft Statutory instrument produced 2 the Draft SI has been shared among Permanent Secretaries from the provinces, Justice, Commerce and trade, MOH	Finalize the SI and submit to Ministry of Justice through MoH	The SI is expected to be completed and approved by the end of September 2006 This is important to facilitate the beginning of fortification of maize meal
	Revise the fortification manual to include standards on Maize Meal fortification and disseminate	Revised draft manual has been produced Editing still going on	Finalise the Manuals and conduct trainings	There was a delay of producing the revised manuals due to the sequencing of activities by the GAIN project staff Advocacy meetings were considered more urgent than the manuals However in the next quarter all manuals will be finalised

Objective	Activities	Implementation Status	Next Steps	Comments
	Orient Health Inspectors and millers on the requirements of the legislation on Maize Meal fortification	not yet done	1 Complete the SI and the Enforcement Manual 2 Conduct the orientations	The orientation of the Health Inspectors and other authorized officers will depend on the completion and gazetting of the Statutory Instrument on the fortification of the Maize Meal The orientations are meant to enhance the capacity of Health Inspectors and other Authorized Officers to enforce the regulations on fortification of foods The SI and the manuals are almost ready The trainings will commence as soon as the SI and Manuals are complete
M&E system in place and functional within NFNC	Finalize and disseminate the M&E nutrition framework	The indicators have been finalised with the STTA from ISTI	Trial collection of data and report generation	Indicators to be collected have been finalised and agreed upon by stakeholders Trial collection of data will start soon This will be a spread sheet based data (Access) before a more sophisticated data base is developed The first Nutrition Situation Report is expected by the end of 2006
	Support development of a data base at NFNC	Frame work completed	Start collecting data	The monitoring frame work will partly serve as a data base A more refined system will be developed later
Technical Area: e.g. CHN - Nutrition(Supplementation)				
Goals: To increase coverage of Vitamin A supplementation to 80% in children aged 6-59months				
Targets: To increase coverage of Vitamin A supplementation in under five children by 3 %				
Increase and sustain the number of districts reaching 80% under 5 Vitamin A supplementation coverage	Provide focused support to poor performing districts	Supportive visits conducted to selected districts in Central, Copperbelt, Northern Lusaka and Northwestern provinces	Review performance of districts after June child health week to see whether recommendations made were implemented	The process of supportive visits before child health continued to yield more commitment from districts in addressing the barriers and strengthening the understanding of the need to implement Child Health Week as a core child survival strategy
Increase and sustain the number of districts reaching 80% under 5 Vitamin A supplementation coverage	Provide focused support to the lowest 10 and best performing districts	CHWk conducted in 8 provinces other than Western province This was a provincial decision to allow swampy areas to dry up following the rains	Provide support to Western province that will conduct CHWk in July 2006 Compile report for the June 2006 round of Child Health Week to assess coverage	Child Health Week continues to face challenges of inadequate human resource, funding and transport to efficiently deliver services and attain high coverage Most facilities rely on volunteers to provide vitamin A supplements The volunteers are poorly supervised which further demotivates them

Objective	Activities	Implementation Status	Next Steps	Comments
Technical Area: e.g. CHN - Nutrition(Deworming)				
Goals: Attainment of 80% coverage of de-worming of children under five years by 2010				
Targets: To increase coverage of de-worming in under five children from 65% to 70%				
Increase and sustain number of districts reaching 80% coverage de-worming for 12- 59 months old	Provide focused support to poor performing districts	Supportive visits to Central, Copperbelt, Northern, Lusaka and Northwestern province	Review performance of districts after June child health week to see whether recommendations were implemented	The review of the action plan has provided an insight on the inadequacies of the district planning for deworming during CHW. The activity is conducted in an integrated manner with the Vitamin A supplementation
Increase and sustain number of districts reaching 80% coverage de-worming for 12- 59 months old	Provide technical support supervision to 10 districts during Child Health Week	CHWk conducted in 8 provinces other than Western province. This was for the reason that the province has more swampy areas following the rains	Provide support to Western province that will conduct CHWk in June 2006. Compile report for the June 2006 round of Child Health Week	Deworming during child health week has been implemented as an integrated package together with Vitamin A supplementation. These two products are usually dispersed to children by volunteers. There has been an observed reduced numbers of volunteers that participate in CHWk
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)				
Technical Area: IRH (Post Abortion Care)				
Goal: 2004-2010: 100% of districts offering PAC services				
Target: 20 districts providing PAC services (16 new districts in 8 additional provinces)				
To strengthen provincial PAC training sites	Conduct nine 1- day assessments of provincial training sites to determine readiness for PAC training	not done for the remaining two provinces (A total of 7 provincial training sites have been assessed so far)	to conduct assessments of Livingstone and Lewanika hospitals in the two remaining provinces of southern and western	Due to inadequate funds activities were not done and their implementation in the next quota will still depend on availability of funds
To prepare 16 district hospitals to provide PAC services	Conduct sixteen 1- day facility assessments for PAC services	not done for this quota (A total of 20 facilities have been assessed so far)	To prepare the remaining 4 district hospitals in southern and western provinces i e , 2 in each	
To prepare 16 district hospitals to provide PAC services	Conduct three 2-day PAC orientation workshops for 48 participants(16 district office managers and 32 managers from hospital facilities)	not done in this quota	to conduct at least one more orientation for 18 managers	
To train 32 health providers in PAC	Conduct four 5 -days contraception technology update/infection prevention (CTU/IP) work shops for health care workers from the 16 facilities	not done in this quota	to conduct at least one CTU/IP workshop for 12 participants	

Objective	Activities	Implementation Status	Next Steps	Comments
	Conduct four 2 weeks manual vacuum aspiration (MVA) standardization courses at UTH or other suitable training sites	not done in this quota	to conduct at least one MVA workshop for 12 participants	
To collate quarterly PAC service statistics for periodic analysis	Support provincial PAC trainers & CCs to collect data from PAC service sites	some statistics collected	continue collating statistics	
To revitalize the PAC task force	Support quarterly meetings of the Task force	not done	a meeting will be held at an appropriate time	
Technical Area: EmOC				
Goal: 100% of district hospitals offering EmOC				
Targets: Establishment of EmOC training sites and teams at UTH and Ndola Central Hospitals				
Scale up of EmOC Services to two district hospitals				
To disseminate the key findings of the EmOC program needs assessment	Hold a 1-day dissemination meeting	Held on 11-12/05/06 at Andrews motel All provinces, some districts and cooperating partners attended	Print 200 of the final copies	The safe mother hood task group was recommended to be the steering committee for EmOC scale up
Prepare 2 hospitals as EmOC institutions	strengthen training sites according to assessment findings including supply of anatomic models and other related training equipment)	this activity is awaiting the arrival of anatomical models, training materials and other equipment which have already been purchased abroad and are in transit	To confirm arrival dates	
To standardize EmOC training materials in Zambia	Develop training package	not done	Hold a stakeholders meeting to adapt the identified training package	
Technical Area: Family Planning				
Goals: Scale up expanded contraceptive choice (long term and permanent methods) to all districts in Zambia.				
Targets: Scale up long term methods to 18 districts				
Establish training sites and teams for permanent contraceptive methods at UTH and Ndola Central				
To contribute to the finalization of the Family Planning Guidelines and dissemination	Finalize FP guidelines	FP guidelines completed and 2,500 copies have been printed	Dissemination of the guidelines	Printing done by WHO
To establish 5 additional provincial training sites	Conduct support supervision with PHOs office in all the 9 provinces and 5 districts in Southern province (Namwala, Sinazongwe, Mazabuka, Choma and Livingstone)	This was not done	Implement same activity	activity was planned but we did not have adequate funding
To work with PHOs to train IUD/Jadelle providers from 18 districts	Support site strengthening activities at district facilities depending on the gaps identified	Not done	To conduct 5 site assessments in 5 districts	Could not be done because Jadelle was out of stock

Objective	Activities	Implementation Status	Next Steps	Comments
To work with PHOs to train IUD/Jadelle providers from 18 districts	Conduct ten day training course for health care workers from districts facilities	Not done	Provide TA to 5 DHMTs to conduct IUD/Jadelle training	No funding from the provinces
To up date FP health providers in contraceptive technology	Develop a contraceptive technology update (CTU) training package in line with the revised family planning guidelines	Process started but not complete	Finalizing the CTU package Pretesting the package	
Technical Area	Antenatal Care			
Goal	50% of health facilities providing focused antenatal care			
Target:	148 health Centers providing FANC			
To orient health providers to the MCK through PMTCT	Develop an MCK orientation package for the PMTCT trainers	An almost complete Package was developed by stakeholders at a 3 day workshop at laughing waters(27th to 29th April)	To finalize the Package	Activities under this objective have now been included in the round 4 phase 2 Global fund reprogramming
Work with the MOH to develop an effective way of capturing FANC information	Develop data collection and supervisory tool	Preliminary work was done by stakeholders at a workshop held at laughing waters lodge for 3 days from 27th to 29 th April 2006	To hold a final stake holders meeting to finalize the tool	the remaining activities under this objective have also been taken to global funds reprogramming
Work with HCP to produce appropriate safe motherhood materials for community	Develop IEC materials for FANC	not done , HCP also lacked funds now taken to global funds reprogramming		
Technical Area: Adolescent Reproductive Health				
Goals: 2004 - 2010; 360 health facilities in 72 districts providing Youth Friendly Health Services				
Targets: Youth Friendly Health Services provided at 75 facilities in 15 districts				
To complete adaptation of youth Friendly Health Services curriculum for health care providers	Finalize with the consultative process on ARH data collecting and reporting tool development with HMIS team	Consultative process finalized and data collection and reporting tools being piloted in Ndola and Kitwe districts May to July 2006	Visit Ndola and Kitwe districts in August 2006 for monitoring and evaluation of the new ARH data collection and reporting tools	The two districts' response to the introduction of ARH data collecting and reporting tools was overwhelming
To strengthen the provision of adolescent reproductive health services in health facilities	Conduct facility site assessments	Facility site assessments done on the Copperbelt and visited Ndeke and Kaloko health centers in Ndola and Ndeke and Mwekera health centers in Kitwe, 15th to 18th May 2006	Conduct site assessments in 4 districts in southern provinces in readiness for training of health care providers from 25 facilities	Southern Province has funds for strengthening YFHS from CDC
To complete adaptation of youth Friendly Health Services curriculum for health care providers	Complete the adaptation of the Youth Friendly Health services orientation package for health care providers	Adaptation process finalized and awaiting printing	Printing of 400 copies of participants modules and 75 copies of trainers guides	
To strengthen the coordination of ARH services among the key stakeholders	Hold ARH Technical Working Group meeting	Meeting not held as Ministry of Health representative was not available to call up the meeting	Hold the meeting in July 2006	

Objective	Activities	Implementation Status	Next Steps	Comments
Technical Area: STIs				
Goals: STIs diagnosis and treatment integrated in all RH services				
Targets: STI protocols and training materials standardized STI services integrated in 9 districts				
To standardize STI training materials	Develop a standardized STI training package and print draft copies	0 draft STI training manual developed	Finalizing the training manual	Activity conducted under the UNFPA/WHO strategic partnership program
To prepare provincial hospitals for use as training sites	Conduct site assessment visits of provincial hospitals	Site assessment for two remaining provincial hospitals not conducted	Complete site assessment visits of the 2 hospitals	Activity delayed because of Inadequate funding
To prepare provincial hospitals for use as training sites	Identify trainees for the STI course	Trainees identified from the 7 hospitals visited	Plan for STI course	Not conducted because the training materials were not ready
To prepare provincial hospitals for use as training sites	Site strengthening based on assessment findings	Site assessment for two provincial hospitals not conducted	Assessment of the two remaining provincial Hospitals	
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 for program and financial management, information and communication systems at NMCC to facilitate scale up of the 3 key interventions				
Technically sound, well functioning NMCC providing leadership, planning, policy applied research and partnerships	Participated in large review and strategic planning workshop; worked with WHO and other partners for reprogramming of USAID support	Time of transition for USAID and HSSP collaboration with the National Malaria Control Programme	Follow up with Zambia research institutions to develop secretariat; continue strategic plan and work plan revisions in line with new funding	Partner coordination and communication needs a fresh look
Expand and improve NMCC systems (IT, library, etc)	LAN expanded, ISP changed, Bandwidth expanded and new server installed	As of March, Internet Connections at NMCC much improved	HSSP Malaria Programme Officer will continue to support network management at NMCC	Network Management still by Shimukowa, but ISP subscription payment now shifted to MACEPA
Improve NMCC Financial and Administrative Systems	Posting of Sr Finance and Administration Officer	HSSP officer finally begins work at NMCC; WB money will be administered by NMCC with support from Sr Finance and Malaria Program Officer	Continue to improve financial accounting systems; next step is to work on administration and human resource issues, including HIV/AIDS workplace program	This is a significant, strategic contribution of HSSP to the National Program
Improve planning activities at all levels	Reviewed District Action Plans	District Plan review suggests big gap in understanding between National level and districts	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 but shift other support to partners

Objective	Activities	Implementation Status	Next Steps	Comments
Make data available for planning, monitoring and evaluation	Reviewed plans for MACEPA community survey scheduled for April; Discussions for new support for Geographic Information Systems	MACEPA survey to begin in April	Terms of Reference developed for GIS officer	Information management still weak link in malaria programme, expect MACEPA investment in this area
Expand NMCP service delivery through NGOs	Facilitated workshop for seven Japanese NGOs interested in greater malaria involvement; support development of new Strategic Plan and reorganization of ZMF	ZMF still suffers from financial instability, but has established itself as a major voice in Zambia and the global RBM partnership	Support Strategic Plan workshop in April Support ZMF's role as secretariat for business sector support and as information clearing house for NGO supported ITN distributions	ZMF focus on integrating malaria activities with Youth and HIV/AIDS programs has greatly expanded the reach of the RBM partnership in Zambia
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			
Target:	Introduce SP in Pregnant Women for annual clinical efficacy monitoring trial; strengthen ACT logistics and Pharmacovigilance systems within CBoH and Pharmacy Regulatory Authority			
To maintain sound evidence base for continual review of drug strategy	Protocol Development in collaboration with Boston University; monitor implementation and support analysis and dissemination	In vivo teams sent to field in March, unable to include testing of SP for pregnant women as earlier discussed	Awaiting results of data collection, provide technical assistance for analysis and reporting	Before 2005 activity fully funded by BU, now funding and implementation through GFATM
Ensure proper quantification and logistics for ant-malarial 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, now taken up by HSSP D/L
Provide technical support to Pharmacovigilance system	no activities this quarter	HSSP D/L implementing support for Pharmacovigilance Systems	Provide Technical Support to PRA PV system	As above, activity managed by D/L
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			
Target:	Establish Malaria in Pregnancy as a key component of Focused Antenatal Care, Safe Motherhood and Adolescent/Reproductive Health programs			
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	Provided malaria updates in training workshops for District MCH Coordinators; MIP major component of PMTCT	Update for PMTCT trainers scheduled first quarter 2006 delayed until second quarter	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	potential procurement from USAID through WHO	Still under discussion with MACEPA and other MIP colleagues

Objective	Activities	Implementation Status	Next Steps	Comments
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 second 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 malaria/HIV talks given to District malaria focal point persons, NMCC Strategic Planning meetings, NGOs etc	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 second 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 Insecticide-treated mosquito nets and other appropriate vector control measures			
Goal	80% of children under 5, pregnant women and PLWHA sleeping under an ITN; I VM implemented in urban areas			
Target:	ITN Strategy and Guidelines developed and disseminated to districts; employer-based schemes and systems for delivery ITNs to vulnerable groups expanded; USAID support to IVM facilitated			
National Strategy maintained and used as a framework for scale-up	Participated in rewrite of National ITN guidelines; Bi annual Net Mark Technical Advisory Group Meeting and stood in for USAID at RBM Vector Control Working Group	Guidelines finally revised and sent to UNICEF for printing Still	Support district planning for ITN distribution and monitoring clarify strategies to promote ITNs in areas selected for IRS coverage; prepare for Net Mark close in September - especially hand-over of voucher program	Still many problems with ITN supply
Ensure data available for policy and strategy development	Reviewed protocols for upcoming MACEPA community survey	Because of staff shortages, ITN data base has not been updated: revision needed	Need to review data on coverage rates in areas receiving ITNs through mass campaigns	Need much more evidence for strategy decisions
Increase number of employer-based schemes	Review current Employer-based schemes; identify potential new partners; provide advocacy	Numerous advocacy meetings with business community conducted; Standard Chartered Bank potential major contributor for ITNs	Prepare for Net mark Regional Office visit to Copperbelt in April; support ZMF and Zambia Business Coalition	steady progress being made by ZMF to increase private sector collaboration for ITNs
Increase numbers of ITNs delivered through partner organizations to vulnerable groups	Work with ZMF to map NGO absorptive capacity for ITN delivery to PLWHA, OVCs and other vulnerable 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

Objective	Activities	Implementation Status	Next Steps	Comments
Information available on ITN Commercial Sector Impact	In collaboration with BU, develop commercial collaboration and study protocols	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	Developed budgets and log frames for USAID investment in Zambia IRS program; Provided review of Programmatic Environmental Assessment for USAID	Budget and program frameworks completed, about to begin procurement processes	Begin to implement USAID IRS support plan	Suddenly, a major investment area for USAID
Technical Area Goal Target :	Provide TA for reviewing and developing protocols for appropriate malaria case management 80% of persons suffering from malaria receive prompt and effective diagnosis and treatment Expand use of ACTs to CHWs; begin improvement of QA systems for severe malaria and program for improved use of anti-malarials in the private sector			
Provide TA for malaria components within C-IMCI, community mobilization in general, for CHW delivery of ACTs	Supported one week proposal development workshop for CHW diagnosis and treatment of malaria and pneumonia	First draft of protocols completed	Finalize protocols with Chikankata Health Services, Siavonga and Mazabuka DHMTs, MoH and NMCC, submit to Research Ethics Committee	Critical research to learn how to introduce ACTs to CHWs
Provide TA for malaria components within IMCI and for outpatient management training and supervision	Repeat of '04 study on management of outpatient malaria	Chingola and Chipata completed end of March	Samfya and Kalomo to be completed in April	Important survey providing information on health worker performance in the diagnosis and management of malaria with ACTs. Should provide excellent information for Clinical Care Specialist
Improve quality of in-patient malaria management	Review Performance Assessment checklists for inpatient wards; Refine data on case fatality; Develop training and supervision systems for severe malaria management	Not yet implemented	Possibly begin second quarter 2006	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	Participated in WHO/TDR/QAP project for training CHWs (in Luangwa District) on use of RDTs	Phase I formative research completed, training aids to be tested in April	Complete project in Luangwa district; revive discussion on joint laboratory services support with HIV/AIDS/TB colleagues	
Program initiated to improve use of anti-malarials in private sector	Survey use of anti-malarials 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 malaria treatment in private sector

Objective	Activities	Implementation Status	Next Steps	Comments
4.0 HIV/AIDS Service Delivery				
Technical Area:	HIV/AIDS Coordination, Human Resource, Systems Support			
Goals:	100% Districts offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, ART, Lab services, ARVs, OI drugs, Home Based Care) by the end of 2010			
	100% district HIV/AIDS health worker training programs using standardized national training packages			
	50% health facilities providing HIV/AIDS services according to minimum standards			
Targets:	28% districts offering a minimum package of HIV/AIDS services			
	40% of district health worker training programmes using standardized training packages			
	2% health facilities providing HIV/AIDS services according to standards			
HIV/AIDS Coordination				
HIV/AIDS integrated into SWAP	Support the MOH in finalizing and institutionalizing the BHCP	Terms of Reference for finalization of the BHCP approved by MOH HSSP has been officially authorized by MOH to coordinate the process	Finalize and facilitate approval of the BHCP	The BHCP will form the basis for resource allocation and delivery of services at various levels of health care
HIV/AIDS integrated into SWAP	Support the MOH in finalizing and institutionalizing the BHCP	The HIV/AIDS section of the BHCP was reviewed to include emerging issues such as ART; PMTCT; and some aspects CTC	Conduct a rapid assessment of the provision of a minimum package of HIV/AIDS services	
HIV/AIDS integrated into SWAP	Support the MOH in finalizing and institutionalizing the BHCP	The Cancer, Cardiovascular and Renal diseases chapters of the BHCP have been drafted	Integrate the newly drafted chapters into the overall BHCP	
Strengthen partnerships for HIV/AIDS	Finalize the ART Partner's Database	ART database finalized	Support the launch and maintenance of the ART Partners Database and provide all logistical support for the Partners meetings	The database will assist MOH in effectively coordinating the national ART program
2006-2008 ART implementation plan developed	Evaluation of the National ART Implementation Plan – 2004/5	The national ART implementation Plan 2004/5 has been evaluated	Develop the 2006-2008 National ART Implementation Plan	The results of this evaluation are being used to develop the next Plan for 2006-2008
2006-2008 ART implementation plan developed	Develop the successor Plan for 2006-2008	Work is underway	Disseminate the 2006-2010 Implementation Plan	Results from the rapid assessment will provide a Baseline of HIV/AIDS services in the districts
20 districts offering a minimum package of HIV/AIDS services and Strengthen HIV/AIDS referral	Assessment of the provision of the minimum package of HIV/AIDS services in the districts	A questionnaire to assess the provision of the minimum package of HIV/AIDS services in the districts has been developed	Conduct a rapid assessment of the current referral system to identify gaps	The results will be used to improve institutional HIV/AIDS program
Coordination of HSSP HIV/AIDS activities	Documentation of PEPFAR activities		Document all PEPFAR Activities	
Coordination of HSSP HIV/AIDS activities	HIV/AIDS Workplace Program	HSSP HIV/AIDS workplace needs assessment was conducted	Continue coordinating the HIV/AIDS workplace program	
Coordination of HSSP HIV/AIDS activities	Framework for tracking implementation of HIV/AIDS activities has been dropped from the work plan			

Objective	Activities	Implementation Status	Next Steps	Comments
Technical Area: Drugs & Logistics				
Train all ART sites in Adverse Drug Reaction/ Events reporting (ADR/E)	Facilitate Approval and dissemination of the forms and protocols	PVC tools approved by Ministry of Health and disseminated at national level	Dissemination of PVC tools at peripheral level	Three Workshops held for national level which included private sector, defense forces, tertiary hospitals and NGOs
Train all ART sites in Adverse Drug Reaction/ Events reporting (ADR/E)	Develop training materials for the Provincial TOT and District training sessions	Done	Support training of peripheral level in ADR/E reporting systems On-going Review PVC tools to incorporate salient points from Workshop deliberations	Problems of financing, since Districts/Hospitals did not include Pharmacovigilance activities in their Actions Plans despite being advised to do so
Strengthen implementation of the ADR/E reporting			Support technical training for key NPVU staff in data management	Project might not have the financial ability to conduct this activity
Strengthen implementation of the ADR/E reporting	Provide technical assistance and logistical support for the operational systems of the NPVU	NPVU launched by Minister of Health and the PS Some ADR/E reports received from TDRC and the Mines		Launch covered on national TV Network and as the editorial and news item in the national daily paper
Strengthen implementation of the ADR/E reporting	Work with NPVU and other partners to sensitize the public and private sectors on the importance of ARV Pharmacovigilance	Work on development of ICE materials has started and will be on-going	On-going	Launch covered on national TV Network and as the editorial and news item in the leading national daily paper Financial support from project might be limited
Strengthen the system for ARVS drug resistance monitoring	Completion and approval of the conceptual framework for monitoring drug resistance	Done Draft Work plan/Budget for HDR monitoring activities completed	Adoption of Draft Workplan/Budget for HDR monitoring activities by stakeholders	Scheduled meetings continue being postponed due to many other meetings currently being held
Strengthen implementation of the ADR/E reporting	Establish roles and responsibilities for drug resistance monitoring	Done	Approval by Ministry of Health	
Strengthen implementation of the ADR/E reporting	Facilitate links to international institutions with experience in ARV drug resistance monitoring	Not done yet	Facilitate links to international institutions with experience in ARV drug resistance monitoring	Delays in signing of PVC protocols and the NPVU launch has contributed to this delay
Strengthen implementation of the ADR/E reporting	Implemented but not planned for	Supported the JSI/DELIVER design Workshop where the national standard Logistics Management Information Systems tools were reviewed and others developed, adopted and approved by Ministry		The forum was used to sensitize participants about Pharmacovigilance systems, and the need to include these activities in their planning
Strengthen implementation of the ADR/E reporting	Implemented but not planned for	Supported the WHO workshop on ARV commodity management, at which HSSP also conducted a session on Pharmacovigilance		

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen implementation of the ADR/E reporting	Implemented but not planned for	Supported the Curriculum review Workshop at the University of Zambia, School of Medicine (Pharmacy Department) on ARV Commodity Management, where I also conducted a session on Logistics Management Information Systems (LMIS) for ART commodities, and the use of the same in monitoring and evaluation		The forum presented an opportunity to disseminate PVC tools to participants (mostly lecturers) and to advocate for inclusion of Pharmacovigilance in the University Curriculum
Technical Area: 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				
28% districts planning for HR requirements to deliver a minimum package of HIV/AIDS services	Disseminate ART HR Planning guidelines to all stakeholders	The ART HR planning guidelines were submitted to the PS through the HR Directorate for sign off	Disseminate ART HR Planning guidelines to all stakeholders during the 2006 planning cycle	The ART Guidelines will be printed before the launch of the planning cycle Each district will be given a copy
28% districts planning for HR requirements to deliver a minimum package of HIV/AIDS services	Support supervision to the 9 pilot sites for the HR planning guidelines	Activity completed between February and March 2006 Districts visited include Ndola, Kitwe, Chingola, Solwezi, Chipata, Petauke, Katete, Livingstone and Kazungula	Disseminate ART HR Planning guidelines to all stakeholders during the 2006 planning cycle	The ART Guidelines will be printed before the launch of the planning cycle Each district will be given a copy
28% districts planning for HR requirements to deliver a minimum package of HIV/AIDS services	Costing HR requirements to provide ART, PMTCT, CTC & HBC	Work has begun to cost (Personnel Emoluments) the HR requirements for ART, PMTCT, CTC & HBC	The document will be used for developing the HR HIV/AIDS services roadmap	This exercise will provide what it would cost the MoH to recruit and deliver HIV/AIDS services without affecting other critical health demands (Child, IRH, Malaria etc)
Strengthen the national system for HR Planning	Support MoH track the implementation of the 5 year HR Plan	The 5 year HR plan was tabled in Cabinet and the government has requested MoH to align the HR plan activities with the Health Sector Plan and the National Development Plan	On-going support to MoH to track the implementation of the 5 year HR plan	Government has so far provided leadership to ensure that the milestones of the 5 Year HR plan remain on track
Strengthen the national system for HR Planning	Support to integrate HR in HMIS	Draft HR indicators and modules to be included in HMIS were developed	The HR indicators and modules to be shared with other partners during the HMIS review	Draft tables and guidelines have been developed
Strengthen the national system for HR Planning	Support to develop the Training Information Monitoring System (TIMS)	Discussions on the sort of software the TIMS will be developed have began The scope of work (SoW) for a consultant has been developed	Consensus reached on the software to be used for the TIMS TIMS migrated to all districts	The MoH is yet to convene a meeting for all stakeholders to discuss the TIMS
20 Districts retaining staff with critical skills to deliver a minimum package of HIV/AIDS services	Complete the retention and career development guidelines	Guidelines completed	Disseminate Retention and Career Development guidelines to all stakeholders	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 introduced to HSSP activities		
Strengthen the national system for HR Management	Support the operations of the HR Task Force	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

Objective	Activities	Implementation Status	Next Steps	Comments
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	Support implementation of the MOU once it has been signed	The recruitment is further likely to be delayed because HSSP is not sponsoring the total package of benefits as compared to the current Dutch retention scheme
Ensure that 2005 graduating students have skills to provide the minimum package of HIV/AIDS services	Support to Training institutions to train graduating students in provision of HIV/AIDS services	Locating where these graduates are deployed and developing assessment tool	Follow up graduates trained in providing HIV/AIDS	Locating graduates after graduation has been a challenge because records of where they are deployed are not consistent
Curricula for critical cadre revised to incorporate the minimum package of HIV/AIDS services	Training needs assessment for Chainama college clinical training sites	First draft report of TNA produced	Use findings from TNA during curriculum review process	Activity is part of curriculum review process for Clinical Officer General (COG) 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	Secured contracts from Abt Associates for the two consultants, data entry commenced	Data 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 clinical skills training for Chainama College curriculum review team (faculty)	Competency based Clinical Skills training completed for 18 members of Faculty		Activity part of the curriculum review process for Clinical Officer General program
Curricula for critical cadre revised to incorporate the minimum package of HIV/AIDS services	Support to Chainama College to review COG curriculum	Production of learning and teaching materials - crude draft of curriculum developed	Finalize first draft and disseminate to stakeholders for comments Development of teaching and learning other materials	Review process received positive response from all stakeholders
Curricula for critical cadre revised to incorporate the minimum package of HIV/AIDS services	Support to MoH to finalize HIV/AIDS core competencies document	Editing and formatting completed, document submitted to management for approval prior to printing	To print once approved	
Technical Area:	HR In Service Training			
Goals:	100% District HIV/AIDS training programmes using standardized National Training Packages			
Target:	40% of district health worker training programmes using National Training Packages			
Standardize National Training Packages	Work with MOH and other partners to develop a National training package for TB/HIV/AIDS co infection	Draft DCT training package has been piloted in 3 health worker training programs by JHPIEGO; 46 workers from Mazabuka and the Army institution have been trained using this package	Observations and changes have been incorporated following a review meeting The final package will be shared in May of 2006	Participants who have gone through the package have described it as an answer to encouraging patients to start ART because counseling is initiated by the provider
Standardize National Training Packages	Work with MOH and other partners to develop an on site training package for opportunistic infections	Draft Management of Opportunistic Infections Training Package piloted in Livingstone by JHPIEGO for 10 health workers	Final document will be ready and shared around May 2006	The training program is done within the ward and clinic when time is available therefore only a small number of people can be trained at a time

Objective	Activities	Implementation Status	Next Steps	Comments
Standardize National Training Packages	Support the revision of ART protocols in line with the new WHO guidelines	In progress		The activity is being done through NAC and HSSP has not been included in the process
Standardize National Training Packages	Support the dissemination of IMAI training package	Activity has stalled awaiting the revised protocols by NAC		
Standardize National Training Packages	Support the building of consensus on National Laboratory training package	One meeting was held where training and staff recruitment issues were discussed	TWG to involve MOH HR department for issues of staff recruitment	The Laboratory TWG is currently focusing on recruiting staff which is the prerogative of the Govt
Standardize National Training Packages	Support HRDCs to monitor the use of the National Training Packages	Only Central Province has so far held two HRDC meetings to discuss training issues	Work with the CC Specialists to track HRDC meetings	The delayed launch of the NITCS by MOH has affected progress of the HRDCs
Strengthen National In - service training Coordination	Provide on going support to central HRDC TWG activities to implement the NITCS plan	On going TA was provided to the MOH HQ to prepare for the official launch of the NITCS document		
Strengthen National In - service training Coordination	Support the printing and dissemination of the NITCS five year plan	200 more copies were printed and MOH shared a number of copies during an exchange visit by MoH to Malawi	NITCS plan to be launched before the planning launch	
Strengthen National In - service training Coordination	Support the finalisation of National Training Guideline	A final draft has been handed over to MOH	Draft NTG to be forwarded to PSMD for scrutiny	
Goal: 50% health facilities providing HIV/AIDS according to minimum standards				
2% of health facilities providing HIV/AIDS services according to standards	Build consensus on options for accrediting ART sites	Done the option of doing the ART accreditation was picked and this has been institutionalized into MCZ		
2% of health facilities providing HIV/AIDS services according to standards	Develop an implementation plan for accreditation of ART sites	preparations for developing the plan are underway Funds have been leveraged from WHO for the development process which will include consultants	TWG to meet on the 6th of April to review draft TORs and plan for review of tools	WHO has put in about US\$ 30,000 in the planning process plus one external consultant to work along side one local consultant
Technical Area: Health Services Planning				
Ensure all districts include the minimum package of HIV/AIDS services	Review of the 72 District and 24 Hospital Action Plans	72 District Action Plans have been reviewed and a summary document drafted outlining the shortcomings of district action planning	Review the current district action plan guidelines and incorporate the finding of the review	The review revealed that all 72 districts and 24 hospitals now include HIV/AIDS services in their operational plans as compared 2 years ago when only 50% of them did so
Ensure all districts include the minimum package of HIV/AIDS services	Review of the 72 District and 24 Hospital Action Plans	In addition District specific reports have been prepared	Develop an addendum to the District Action Plan Guidelines and disseminate at the planning launch	
Strengthen capacity of hospitals/districts in data use for planning	Review of the 72 District and 24 Hospital Action Plans	24 Hospital Action Plans have been reviewed	Support the annual planning launch and provide on site coaching in district action planning	Shared counterparts – makes it difficult to get the counterparts to commit to one task at any given time

Objective	Activities	Implementation Status	Next Steps	Comments
Technical Area: Health Care Financing				
Financial flows to the health sector analyzed	Tracking of Funds - DAS	On-going		Finalized all the worksheets NHSP is the basis of health care services provision to the whole country The costed NHSP will facilitate the buying process for Cooperating Partners who support the Health sector
Financial flows to the health sector analyzed	Costing of the National Health Strategic Plan			Finalized all the worksheets NHSP is the basis of health care services provision to the whole country The costed NHSP will facilitate the buying process for Cooperating Partners who support the Health sector
Financial flows to the health sector analyzed	Costing and Budgeting Guidelines for HIV/AIDS Interventions	On-going		Presented the Draft Guidelines to the Principal Planner and the Costing & Budgeting Specialists The Guidelines will be disseminated to all 72 districts and used to improve budgeting and costing skills among the district managers
Innovative approaches to meeting a number of health care financing challenges identified and developed	Social Health Insurance	On-going		Finalized the first draft of the Insurance Paper Gave a Presentation of the Zambia Proposal on How National Health Insurance was going to be incorporated into the Social Protection Interventions to the World Bank Panel of Experts Paper approved Next steps design organization plan for NHIS
Refinement to the Cost Sharing Reforms	Removal of User Fees	On-going		Produced Guidelines on Removal of User Fees in the Rural Districts Maintain contact with districts to assess the impact of the removal of user fee policy
Technical Area: Strategic Information (Health Management Information System)				
All districts report data on the minimum package for HIV/AIDS through the HMIS	Revise the current HMIS to integrate PMTCT, CTC, and TB	Developed PMTCT/CTC tools: (i) Reference materials (Procedures Manual, Indicators Manual) (ii) Data Collection Tools (Registers and Tally Sheets) and (iii) Reporting Tools (Agregation Forms)	To develop the Training Package & roll out the system	To liaise with other partners (ZPCT, CIDRZ, ZVCT, MOH) in finalizing and rolling out Ran out of funds; Activities pending next round of funding
		Integration of TB has Not been Done	To help finalize the data collection and reporting tools and develop the: Indicators Manual, Procedures Manual, Training Package & roll out the system, To work closely with the TB Specialist at MOH	The TB component has lagged behind because the TB Technical Team has not agreed on the final Indicator Basket , To ensure that the costs are included in the Global Funds

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen the HMIS System	Revise the current HMIS Programme to incorporate PMTCT, CTC, ART, and TB Support the publication of HIV/AIDS related data and other information Provide TA to the Ministry of Health in the overall HMIS Review	The data entry & reporting components of the HMIS Database have been revised The trial run database has been submitted to MOH 2005 Annual Health Statistical Bulletin written	To re-activate the database activities and finalize any pending To strengthen the data reporting system issues To develop systems for the production of the Annual Provincial Health Bulletins To focus on repackaging the implementation plan for the review	The Draft Revised HMIS Aggregation Forms (HIA 2, 3, and 4) now have PMTCT, CTC, and ART data elements The published National Annual Health Statistical Bulletins are not detailed They do not look at District Level performance The TA provided to MOH has to be re-strategised in view of the appreciation of the Kwacha
Technical Area: Policy for Health Services				
Strengthen the implementation of the HIV/AIDS/STI/TB Policy	Officially launch HIV/AIDS/STI/TB Policy	The launch was stalled on account of the failure to get the commitment of the Minister of Health to officiate during the function (at the time of writing this report, the launch was tentatively scheduled for June 29, 2006 at Mulungushi International Conference Centre)	Continue seeking Minister's commitment to the launch, Hold two provincial Policy dissemination workshops	There is need for the national launch of the Policy as it is now the official government document for informing public and private sector interventions against HIV/AIDS, STI and TB
Strengthen the implementation of the HIV/AIDS Policy	Print and disseminate 2006 Policy and Legislation Agenda	The Agenda has not been printed due to the delay by the MoH Policy Directorate to approve the dummy	Follow up dummy approval by the MoH Policy Directorate	It would appear that the approval of the dummy has been delayed by other commitments related to the on-going MoH restructuring process
Strengthen the implementation of the HIV/AIDS Policy	Facilitate development, approval and implementation of other key policies (IRH, Nutrition, CH,)	The Child Health, Health Care Financing and Reproductive Health Policies are still at Cabinet awaiting approval	Continue monitoring approval process at Cabinet	The pace at which submitted Policies are considered and approved by Cabinet is determined by Cabinet itself and the MoH has little, if any, control over the process
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			
To develop/review requisite project reporting formats	Work with management and technical teams to review and update project planning and reporting formats	Year 2 quarter 2 reports have been finalised and submitted to all staff No feedback was received	prepare Year 2 quarter3 review meeting and reports	
To develop/review requisite project reporting formats	Facilitate project staff training in computer skills	Notable improvements in the quality of reports submitted to KM for final editing have been achieved due to HSSP Staff computer skills training conducted during quarter 2	The KM/IT teams will monitor and conduct a benefit analysis on how useful the training was towards improving the quality of documentation within the programme	
To develop/review requisite project reporting formats	Finalize baseline survey and M&E plan	Analytic report has been completed and circulated to all HSSP staff		
Website and intranet development	Facilitate the development and updating of HSSP website and intranet	The website has been developed is if functional, But has been intermittently been disrupted due server problems	users will be trained on the use of the intranet	

Objective	Activities	Implementation Status	Next Steps	Comments
Improve the quality of project documents and performance	Support teams to edit and format project documents	Documents reviewed include SOW for consultants: Report on Pharmacovigilance National Training of Trainers' Workshops, Report of the Desk Review of 72 District Health Operational Plans 2006-2008	Support to technical teams will continue	
Technical Area:	Research			
Goal:	MOH capacity to manage and coordinate priority research activities strengthened			
Target:	MOH conducting research according to set priorities			
Build research capacity in the MoH and other institutions	Provide MOH and other research institutions with TA to manage and coordinate research	• Preparations for the Fourth National Health Research Conference (4th NHRC) have reached an advanced stage	Continue facilitating the NHRAC Planning/Working monthly meetings, lobbying for inclusion of research activities, and identification of research focal point persons in districts	The MOH has pledged 150 million kwacha towards the conference the shortfall will be met by various cooperating partners. The first announcement of call for abstract for 4th NHRC has been published in the local news papers and posted on various cooperating partners' websites. The dates for the conference have been tentatively set for 7th to 8th December 2006
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"	Research paper on Understanding Levels and Trends of mortality among Children U5 Years: Implications for Targeting Child Survival Interventions in Zambia was completed and disseminated on 12th May 2006		More than 75 participants attended the dissemination. This included district and provincial health directors from regions of high and low under-five mortality levels. Other participants were from research institutions and cooperating partners
Ensure the quality of HSSP funded research	Review and provide TA on all proposed research protocols	Provide TA to Lufwanyama DHMT in the process of research design and implementation of community operational research on reduction of neonatal mortality		Data collection is still going on
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 cost effective interventions			
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			
To reduce the spread of HIV/AIDS and STIs through effective interventions	Increase awareness and acceptance of HIV testing and care	At the time of reporting, districts had not submitted their 1st quarter 2006 reports to the provincial office, however, 268 patients were started on ART treatment from Jan to end of Feb 2006 in 4 out of 6 districts excluding Kapiri Mposhi (which has 3 ART sites) and Mumbwa	Technical Support supervisory visits to ART sites in the quarter by the CCS	There is a discernable increase in community awareness and sensitization on availability of ARV therapy, and the free ART policy. However, this increase in patient load has not been coupled with an increase in staffing
To reduce the spread of HIV/AIDS and STIs through effective interventions	Scale up ART services to all districts	Consultation of patients in ART clinics at Kabwe General Hospital, Mahatma Ghandi clinic in Kabwe	CCS will visit more ART sites in the province to provide technical support to health workers in these institutions	

Objective	Activities	Implementation Status	Next Steps	Comments
To reduce the spread of HIV/AIDS and STIs through effective interventions	Scale up ART services to all districts	PMTCT scaled up to 15 health facilities in the province	More facilities to start implementing PMTCT services	Scale up of ART services has been implemented faster than the scale up of PMTCT which should be made available in all institutions where deliveries are conducted
To reduce the spread of HIV/AIDS and STIs through effective interventions	Scale up ART services to all districts	3 new ART sites opened in the quarter all rural health centres in Mkushi and 2 in KapiriMposhi	CCS will provide TSS to the new ART sites to build the capacity of health workers	All three new ART sites are visited once weekly by a supervising Medical Officer from the District Hospitals in the respective districts
To reduce the spread of HIV/AIDS and STIs through effective interventions	Scale up ART services to all districts	3 facts count machines have been distributed by the centre in collaboration with cooperating partners to 3 institutions to act as referral centers for CD4 counts	The provincial ART committee will facilitate coordination of the flow of specimens and results to and from CD4 sites	Unequal distribution of facts count machines by the centre has not alleviated workload at the second level referral hospital laboratory because the 2 hospitals in Mumbwa 40km apart both received the factscount machines
To reduce the spread of HIV/AIDS and STIs through effective interventions	Scale up ART services to all districts	Participate in national evaluation of ART programme implementation plan 2004-2005 at Mkushi and Serenje district hospitals	Coordination of activities initiated by the centre will continue	Central level encouraged to give enough notice before the activity to harmonize with activities planned by the province
To reduce the spread of HIV/AIDS and STIs through effective interventions	Scale up ART services to all districts	Attend UTH-JICA HIV/AIDS and TB Control Project Dissemination Meeting In central province on average only 3% of patients started on ART are referred from TB clinics However, there are variations from district to district with Mkushi at 16%	Promote linkages between the TB and ART clinics	The districts were introduced to the new TB registers which incorporates HIV components although these are not yet available in the districts
To reduce the spread of HIV/AIDS and STIs through effective interventions	Coordinate HIV/AIDS activities	Coordinate provincial ART Committee monthly meeting	Identify technical support needs and provide appropriate response, facilitate formation of ART committees at lower levels of ART service provision	3 of the 6 districts have formed ART committees, 2 of them had 2 meetings each in the quarter
To reduce the spread of HIV/AIDS and STIs through effective interventions		Coordinate the tracing of 425 ART patients lost to follow up at Kabwe general Hospital since July 2004 when ART services were introduced At the time of reporting 19 patients had been traced	Coordinate the tracing of patients lost to follow up through Provincial ART committee	Human resource shortage and lack of transport are the major constraints to this exercise
To reduce transmission of TB in the community	Provide Technical Support to the TB Control programme in the province	Pilot implementation of 4FDCs in all districts in the province was a success This was observed in the improvement of treatment outcome indicators, although other factors also contributed such as improved community participation through TB treatment supporters	A documentary on 4FDCs was to be aired on ZNBC TV before World TB Day has been postponed next quarter due to the dissolution of CBoH	Central province was a pilot for the 4FDCs in the country
To reduce transmission of PTB in the community	Provide Technical Support to the TB Control programme in the province	Facilitated performance of External Quality Control on sputum examination results in health facilities External QA was performed for 7 of the 9 hospital laboratories that were visited	Ensure regular External QA to all health institutions in the province	Transport and payment of the driver was undertaken by HSSP

Objective	Activities	Implementation Status	Next Steps	Comments
To reduce transmission of PTB in the community	Provide Technical Support to the TB Control programme in the province	4th Quarter 2005 TB cohort review meeting conducted	A quarterly exercise which will continue	Quarterly activity which involve key stakeholders to analyse indicators in the cohort and identify areas for improvement
To reduce transmission of PTB in the community	Provide Technical Support to the TB Control programme in the province	Although awareness has been created on the TB/HIV co-infection only 3% of clients initiated on ART in 3rd and 4th quarter 2005 were referrals from TB clinics	More sensitization at the next TB cohort review meeting to strengthen integration	The process has started in all districts but variations in level of implementation
To reduce transmission of PTB in the community	Mobilise support for the fight against TB	Technical support to Serenje district during World TB Day Commemoration 24th March 2006 5/6 districts commemorated the event	All 6 districts will be encouraged to participate in future events	All the districts except Kapiri Mposhi commemorated the event in central province
Technical Area:	Child Health Service Delivery			
Goal:	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			
To improve the skills of health workers managing childhood illnesses in under five children	Coordinate district IMCI health worker training	Kapiri Mposhi district conducted training of 8 health workers in IMCI during the quarter representing 8% of the provincial target by the end of 2006	All other districts will train some health workers and managers in f-IMCI starting in the second quarter 2006	All the districts have revised their action plans and committed some funds to IMCI training in 2006
To improve the skills of health workers managing childhood illnesses in under five children	Strengthening of systems component of IMCI	All health institutions procured some essential drugs from 4 % allocation however, only a few were IMCI drugs	To provide technical guidance to districts on procurement of essential drugs used in IMCI	This is an on going process during visits to institutions
To improve the skills of health workers managing childhood illnesses in under five children	Strengthening of systems component of IMCI	Kapiri Mposhi district procured an ambulance and plans to install radio communication equipment to strengthen the systems component of IMCI	Kabwe and Chibombo districts have planned to purchase 2 and 4 motorbikes each respectively to strengthen TSS to health workers	The internal referral of patients from the nurses to COs and MOs is still weak in most health institutions
To improve the skills of health workers managing childhood illnesses in under five children	Supervision of IMCI trained health workers	This is an ongoing activity being done during visits to health facilities	A special activity to be done in 1st week of May in Kapiri Mposhi 6 weeks after health worker training Other districts will continue to receive the routine supervision	TSS will be conducted in conjunction with identified provincial facilitators since the CCS has not yet undergone training
To improve the skills of health workers managing childhood illnesses in under five children	Train CHWs in c-IMCI	70 CHWs were trained	Kabwe and Chibombo districts will conduct C-IMCI training in 3rd quarter 2006	Other districts will be encouraged to budget for the activity in 2007
To improve the skills of health workers managing childhood illnesses in under five children	PHO/DHMT training of managers in IMCI supportive supervisory tools	Not done	CCS (HSSP) at PHO and Kapiri Mposhi District managers will be trained in 3rd quarter 2006	Activity to be funded by MoH
To reduce infant and under five mortality through attainment of 80% fully immunized children	Vaccine supplies and cold chain maintenance	All vaccine supplies were available in the quarter, however some health centres had no functional vaccine fridges	TSS to be strengthened to Serenje and KapiriMposhi districts in the next quarter	All antigens were available in the quarter ended Kapiri attributes low coverage to lack of commitment by staff at one facility with a big population

Objective	Activities	Implementation Status	Next Steps	Comments
To reduce infant and under five mortality through attainment of 80% fully immunized children	Maintain 80% EPI coverage	All health centres in Serenje are conducting immunizations following redistribution of vaccine fridges	TSS to be strengthened to Serenje and KapiriMposhi districts in the next quarter	
To reduce infant and under five mortality through attainment of 80% fully immunized children	Disease Surveillance	5 cases of AFP and 7 cases of measles reported in the quarter, all were investigated awaiting results	On going activity	The reported measles cases had mild rashes that are likely to be Rubella
To reduce infant and under five mortality through nutrition promotion	Provision of nutritional supplements to undernourished children in Kabwe district	Kabwe district and Kabwe General Hospital are the beneficiaries of the WFP nutritional supplements	Scale up to Serenje and Mkushi districts in 2007-2010	TB patients are given nutritional supplements in the whole province from global funds
Technical Area: Goal: Target	Reproductive Health Service Delivery To reduce maternal and neonatal deaths 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			
20 % health institutions offering quality integrated reproductive health services	Scaling up of PAC services to 6 districts	3 Health care providers were trained at Mumbwa hospital, a room was identified and is providing the service Liteta Hospital was assessed by a team from the centre, still awaits feedback	To scale up to Liteta District Hospital in Chibombo District	Kabwe General Hospital needs TSS from the centre to evaluate PAC services being provided
20 % health institutions offering quality integrated reproductive health services	Facilitate maternal death reviews in health institutions	Activity not done in the quarter, however 2 districts submitted reports of their maternal mortality reviews	To provide TA to 2 institutions on maternal mortality review in next quarter	There is need to provide TSS to improve the quality of maternal mortality reviews by some institutions; All health institutions in the province had been requested to review all maternal deaths and submit reports to PHO
20 % health institutions offering quality integrated reproductive health services	Scale up of long term FP methods to 3 districts	Not done	To be done in next quarter in Kapiri Mposhi	CCS to source funds from HSSP
20 % health institutions offering quality integrated reproductive health services	Monitor and evaluate adolescent and youth friendly services	Not yet done	To be done during TSS in next quarter	All districts have some youth friendly services at the hospital, however, there is need to evaluate and offer TS

Objective	Activities	Implementation Status	Next Steps	Comments
Technical Area: Goal: Targets:	Malaria Service delivery			
	Reduce the incidence of Malaria by 75% and CFR by 50%			
	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			
To prevent and reduce malaria incidence	Promote use of ITNs especially for pregnant women, children under 5 yrs and HIV positive clients	Technical support supervision to the districts to ensure subsidized ITNs are accessed by the intended targets	On going activity during TS	Some ITNs sold in Chibombo, Kapiri Mposhi and Mumbwa reportedly being used as fishing nets
To prevent and reduce malaria incidence	Scaling up IRS in eligible areas	Done in Kabwe only with 89% coverage on structures and 87% population coverage	Scale up in next rainy season to Kapiri Mposhi and Chibombo districts	
To prevent and reduce malaria incidence	Improve health worker skills in malaria case management	TS to staff at Serenje DH, Mahatma Ghandi clinic	On going activity to all institutions	
To prevent and reduce malaria incidence	Enforce use of standard treatment guidelines and pasting of protocols in consultation rooms	Done in institutions visited during PA in Chibombo and Mumbwa districts	On going activity at every opportunity an institution is visited	RDTs in Central province have been abandoned by health workers, however, a few have indicated that since the onset of the malaria season more tests are coming out positive
To prevent and reduce malaria incidence	Monitor and evaluate malaria incidence and CFR	Case file review of all deaths in 3rd quarter 2005 at Kabwe General Hospital	To be completed before end of 1st quarter 2006	Central province has been identified to have a high malaria Case Fatality Rate. However, since the records review was undertaken malaria CFR in the last quarter has significantly dropped
Technical: Goal: Targets:	Environmental Health Service Area			
	To control and reduce the incidence of food borne diseases by 80%			
	To reduce the incidence of cholera epidemics by 50%			
To reduce the incidence of Cholera epidemics in the province	Strengthen district epidemic preparedness	TSS during Cholera epidemic at Kapiri Mposhi district hospital, Naluyanda Health Centre in Chibombo district	On going TS to districts prone for the epidemic	The Cholera epidemic has been contained with minimum number of cases and low CFR as opposed to previous years when high proportions were affected in some communities
To reduce the incidence of Cholera epidemics in the province	Strengthen district epidemic preparedness	Affected districts responded effectively to the epidemic and the number of cases were minimal compared to the previous years	On going TS to districts prone for the epidemic	
Technical Area: Goal: Targets	Provincial Office Support			
	Improve equity of access to quality clinical care services in health institutions in the province			
	To provide PA and regular technical support to health institutions in the province			
	To strengthen coordination of clinical care activities in the province.			
Strengthen clinical care services in Central province	Coordinate activities initiated by the centre to the districts and health institutions	Clinical care unit coordinated all centrally initiated clinical care related activities in the province	PHO Clinical Care Unit will continue to coordinate activities between the centre, the districts and health institutions in the province	Too many activities initiated by the centre which override those planned at the PHO
Strengthen clinical care services in Central province	Provide clinical services in various institutions in the province	This was done at Kabwe General Hospital, Serenje district Hospital and Mahatma Ghandi clinic	A monthly schedule has been done for the 2nd quarter	So many unplanned events at PHO initiated by the centre, hinder an effective plan to be maintained

Objective	Activities	Implementation Status	Next Steps	Comments
Strengthen clinical care services in Central province	Conduct biannual performance assessment to the districts	This exercise was effectively conducted by 3 teams to all the districts and 8/9 hospitals and 6 health centres in the province This was an assessment of 3rd and 4th quarter of 2005	A consolidated report has been compiled for the same exercise	Individual district reports have been sent to respective districts and institutions
Copperbelt Province				
Technical Area: HIV/AIDS/STI Service Delivery				
Goal: To reduce the spread of HIV/AIDS and STI through				
Targets: 70% of known HIV/AIDS patients accessing ART by the end of 2006				
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				
Facilitate the reporting of HIV/AIDS data from all the districts				
Reduce HIV prevalence from 16% to 15% in 2006				
70% of known HIV/AIDS patients accessing ART	Increase awareness of the policy of free ARVS	Patients are currently aware of the free ARV's and the numbers of those accessing ARVs is now >9,000 Lab reagents have been provided and the cost of lab tests have reduced markedly from K90,000 to K20,000	Ronald Ross Hospital (non public) is providing free ART services This needs to be investigated to find out how they are managing to provide this service	
70% of known HIV/AIDS patients accessing ART	Scale up ART to all districts	Provincial ART Committee has been revived and has met twice since January looking at gaps in the province and planning activities with monies promised under ZANARA	Identify the districts most needing, training All provinces have been given 99million kwacha for staff training and 15 million kwacha for the Provincial ART Committee meeting	Provincial ART Committee is in place Not much has been done because awaiting funding from the Ministry although ZANARA funds have already been committed on paper
70% of known HIV/AIDS patients accessing ART	Scale up ART to all districts	Participate in the evaluation of ART sites in the Province This was done to provide the PHO with ideas of the gaps This has been done and it has been noted that there is a need to provide trained staff with updates in ART and Pediatric HIV/AIDS	There are plans in the offing to hold a one day clinical meeting at which at least 2 service providers will attend It is hoped that this may become an annual or biannual event	
70% of known HIV/AIDS patients accessing ART	Scale up ART to all districts	This is being done The PHO is attempting to support the start of the services at Roan Hospital through ZPCT Luanshya Hospital (Private Hospital) is also due to start offering the service Kakoso Clinic has been offering these services since 31st May 2006 There are still a few gaps in staff knowledge	Monitor progress of these sites and provide support where needed	
Facilitate training of at least 50% of all health workers offering ART services	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	
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	This is being done as training of all staff is done through the PHO

Objective	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
Facilitate training of at least 50% of all health workers offering ART services	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
Facilitate training of at least 50% of all health workers offering ART services	Train Health workers who are working in sites where ART services are going to be offered	Two sites were earmarked, Kakoso Clinic in Chililabombwe and Roan Hospital in Luanshya, for opening ART services in April or May and 11 health workers have been trained	These sites and personnel need support in starting the service, from the PHO, in form of supportive supervision and guidance	This support will be provided to the centers as and when the need arises
Facilitate the provision and management of logistics to 100% of ART sites	Provide the health workers with the knowledge and skills to handle logistics	DILSAT workshops were held involving health workers from all districts Plans are being made to hold more workshops to cover the Health facilities that may have been missed Pharmacovigilance will also be added to this training	Will start trainings in August and make sure that all ART sites have been covered	
Facilitate the provision and management of logistics to 100% of ART sites	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
Reduce the prevalence of HIV from 16% to 15%	Conduct CTC refresher courses for identified sites	This is in the planning stage, sites have been identified and budgets have been prepared		
TECHNICAL AREA : REPRODUCTIVE HEALTH				
Goals : To reduce the Maternal Mortality Ratio by three-quarters (700/100,000)				
TARGETS : Scale up of emergency obstetric care in the province particularly in the rural districts				
Scale up the provision of Family Planning services by increasing contraceptive use from 34% to 37%				
Scale up PAC to 2 district hospitals				
To reduce the Maternal Mortality Ratio by three-quarters (700/100,000)	Scale up emergency obstetric care in 5 of the most rural districts by training of 10 selected health workers in 4 districts	Training was done in the second quarter There is need to plan for more training and this will be placed in action plan by districts	Waiting for materials from MOH and go ahead on the new guidelines	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 learned with other colleagues in the districts What remains to be done is provide supportive supervision to the health workers
To reduce the Maternal Mortality Ratio by three-quarters (700/100,000)	Introduce the use of verbal autopsy tools and support their implementation	This is in the planning stage	Complete planning of this activity	This is being done at Ndola Central Hospital
To reduce the Maternal Mortality Ratio by three-quarters (700/100,000)	Encourage the setting up of maternal death reviews by the hospitals and districts	On going activity	To encourage the setting up of this collaborative system between hospitals and districts in the next quarter	

Objective	Activities	Implementation Status	Next Steps	Comments
To reduce the Maternal Mortality Ratio by three-quarters (700/100,000)	Identification of PAC sites for training in the province with the HSSP reproductive health unit	Two sites have been identified and assessed, and these are district hospitals	There is a need to identify staff for training	We are waiting for MOH to sanction and give the go ahead for trainings Hospitals and Districts have already been identified
Scale up of new family planning acceptors in all districts	Refresher and reorientation of health workers in family planning methods	In the planning phase	Not yet done but planning for it	
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	There is a need to lobby for a consistent supply of drugs and logistics in family planning This would increase the number of people who would be able to assess this service	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 neighborhood committees	There is a need to find out ways in which men can be involved This is being done in various districts Follow up must be made to share findings made	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

TECHNICAL AREA: CHILD HEALTH

Goal: Reduce Infant mortality by two thirds

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

Underweight incidences among under five children reduced from 28% to 20% in 2006

Improve the numbers of fully immunized children to 80% coverage in 80% of all districts	Provide technical support to the districts	This was provided to the districts during the Child Health Week Orientation Meetings of five districts that did poorly in the last round	Awaiting data of outcome of the Child Health Week	
Improve the numbers of fully immunized children to 80% coverage in 80% of all districts	Orientation of district staff and provision of TSS in Child health week activities	This was provided to the districts during the Child Health Week Orientation Meetings of five districts that did poorly in the last round	Awaiting data of outcome of the Child Health Week	
Improve the numbers of fully immunized children to 80% coverage in 80% of all districts	Identify problems in the districts that came up during CHWk by holding a meeting to discuss constraints and solutions for the forthcoming activity	This was not done but is planned before the next child health week round to identify problems, identify solutions and share experiences	Awaiting data of outcome of the Child Health Week	District Directors have said that can fund staff to attend a one day meeting following CHWk
Improve the numbers of fully immunized children to 80% coverage in 80% of all districts	Scale up the number of RED Districts on the Copperbelt from one to six	Currently in the Planning Phase to scale up to 5 more districts since only one district, Ndola, was piloted on this strategy	To hold the trainings for managers and members of DHMTs in Masaiti, Mpongwe, Mufulira, Kitwe and Lufwanyama	Awaiting funding from the Ministry for the training
Improve the numbers of fully immunized children to 80% coverage in 80% of all districts	Support the districts in encouraging the six key family practices	Training of Trainers of Community IMCI held in 3 districts in the Copperbelt These districts have trained a total of 52 in Mpongwe 14 are being trained in Chingola and Masaiti have not yet trained	Follow up the progress of those trained and encourage those funded but not trained to do so	Monitor the progress of districts trained and compare with those who don't have Support and encourage those not trained to do so

Objective	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	Districts being encouraged to include it in their action plans	The Provincial Health Office is planning to hold a training in Facility IMCI training in September/October at which districts are encouraged to support 2 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 Plans are in place to hold one by the PHO
Increase the number of IMCI trained staff in 3 rural districts	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	HSSP has trained 10 health workers from Masaiti
Reduce the Underweight incidence from 28% to 20%	Hold Seminar to encourage healthworkers promote appropriate diets and lifestyles, exclusive breast feeding, dietary diversification, supplementation and expansion of micro-nutrient fortification of major food commodities	Yet to be done but will be incorporated into the IMCI training	Organize the seminar	
Reduce the Underweight incidence from 28% to 20%	66 community IMCI workers have been trained by Mpongwe and Chingola Other districts need to be supported to do the same	Need to follow up the indicators and demonstrate the value of these volunteers to other districts		

TECHNICAL AREA: MALARIA

Goal: To reduce the incidence of Malaria by 75% and reduce Malaria CFR in children by 20%

Targets: Correctly diagnose least 70% of all suspected Malaria cases

At least 70% of malaria patients in all districts receive prompt and effective treatment according to the laid down guidelines

Correctly diagnose and treat at least 70% of all suspected Malaria cases	Conduct a workshop on Malaria treatment policy and skills management	May not be needed since most health workers are adhering to the policy	Monitor adherence of policy now that Coartem is available	
Correctly diagnose at least 70% of all suspected Malaria cases	Improve quality control of malaria slides in hospitals	Activity to be carried out concurrently as QA for TB slides being carried out	This is currently being followed up with TDRC	
At least 70% of all Malaria patients receive prompt and effective treatment according to laid down guidelines	Follow up on Malaria policy guidelines adherence	This was carried out during the PA and it was found that most of health worker were aware of the malaria policy but were unable to follow it due to non availability of coartem	Provide supportive supervision where necessary and monitor adherence to the policy Coartem is now available	

Objective	Activities	Implementation Status	Next Steps	Comments
Lusaka Province				
Technical Area: Integrated Reproductive Health				
Goal: Improve child survival through prevention of mother to child transmission of HIV infection				
Target: Update 80% of health workers with PMTCT knowledge and skills by September 2006				
Orient DHMTs to new PMTCT guidelines	Hold workshop to orient DHMTs	Workshop held in June to orient DHMTs	DHMTs plan to orient the health centre staff in the fourth quarter 2006	Guidelines are yet to be printed and distributed to districts for use to train health centre staff
Technical Area: Child Health and Nutrition				
Goal: Reduce morbidity and mortality from vaccine preventable diseases				
Target: Attain 80% immunisation coverage in children under 1 during Child Health Week in June 2006				
Provide technical and logistical support to DHMTs during Child Health Week	Distribute vaccines to health centers with a short fall, ensure that cold chain is maintained and assess quality of immunisation services by interviewing health workers and care givers	Technical staff from PHO provided supervisory and logistical support to DHMTs during Child Health Week	Hold a review meeting in July to discuss successes and constraints faced by DHMTs during Child Health Week	A reduction in grants to DHMTs threatened Child Health Week activities. However, DHMTs managed to source funds from other programs
Technical Area: Drugs and Logistics				
Goal: Raise awareness among health workers on drug safety monitoring				
Target: 100% of districts institute drug safety monitoring by December 2006				
Orient health workers on adverse drugs reaction reporting	Hold workshop to orient DHMTs to Pharmacovigilance	Workshop held in May to orient DHMTs	DHMTs will train health centre staff in next quarter	PHO team will visit selected health facilities to gather data on adverse drug reaction while awaiting training of health centre staff
Southern Province				
Support remaining 12 ART sites in the province to ensure quality and consistent reporting	Conducted site visits for TSS to the ART centers that were not visited during the 1 st Quarter Yr 2	TSS provided to L/Stone, Choma, Kazungula, and Namwala in ARTIS	Facilitate usage of data at the service delivery front as a strategy to improve planning;	Not all ART sites have been visited due to competing demands at the PHO including the Cholera out-breaks that occurred
Address inappropriate use of laboratory services in ART Management to reduce wastage of Lab reagents	Give lecture on "Appropriate Use of Laboratory Tests in Managing ART"	CCS office financially supported clinical meeting on "The Appropriate Use of Laboratory Investigations in Managing ART Treated Patients"	Present the same lecture to sites that will be visited during the upcoming TSS on ARTIS	
Refine the PMTCT PI exercise in Livingstone, and roll out the strategy to other districts	Provided technical and financial support to PI meeting on PMTCT	Facilitated development of linkages between LGH, LDHMT, and KDHMT to improve tracing and follow-up of PMTCT infants through the PI meetings	Focus on capacity building for the PMTCT program in Livingstone during 3 rd Quarter	Ensuring Opt-Out strategy is strengthened will be the main thrust of increasing up-take into PMTCT in the province
Refine the PMTCT PI exercise in Livingstone, and roll out the strategy to other districts	TSS was provided to Mazabuka district on Opt-Out	TSS to Mazabuka District in "Opt-Out" Strategy to increase up-take – PMTCT	Roll out PMTCT PI to 50% of Districts with a focus on strengthening the Opt-out strategy	

Objective	Activities	Implementation Status	Next Steps	Comments
Build capacity and improve quality of care in IRH, CHN, Malaria, HIV/AIDS, and other clinical practice areas	Facilitate training of health workers and provide TSS and TA in HIV/AIDS Management, Malaria Management, IMCI, EPI, and IRH; Plan for the revitalizing of Clinical meetings	CCS office financially supported the training in ART/OI's, of one Health Worker from the Itzhi-Tezhi ART clinic	Technical Support was provided to districts in establishing effective supervisory systems in the districts for staff trained in the key focus clinical areas;	Activities to be a constant feature during whole of project period
Build capacity and improve quality of care in IRH, CHN, Malaria, HIV/AIDS, and other clinical practice areas	Facilitate training of health workers and provide TSS and TA in HIV/AIDS Management, Malaria Management, IMCI, EPI, and IRH	With PHO funding, conducted training for 25 health workers in ART/OI Management, and another 25 in DCT; Facilitated RDT training and Case Management;		
Emergency/Unplanned activities	Acted as chief coordinator of the Health sector response to the Kazungula Flood disaster	Supported Kazungula DHMT in setting up of a clinic at the temporary settlement camp for the flood victims	Handed the operation over to the MPD – Kazungula	
Northwestern Province				
Technical Area: HIV-AIDS				
Goals: To reduce the spread of HIV/AIDS and STI's through effective interventions.				
Targets: 1. Expand access to ART for eligible adults and children by 50% in 2006				
2. Mother to Child Transmission Rate of HIV reduced by 7% per quarter				
Expand access to ART for eligible adults and children by 50% in 2006	Increase the number of people on ART in the districts	The number of clients on ART have increased to 1224 end quarter 1 2006 from 1071 at end Dec 2005	To train mission staff and Mufumbwe staff in ART	
Expand access to ART for eligible adults and children by 50% in 2006	Increase the number of people on ART in the districts	Trainings in ART planned for next quarter	To finalise the Solwezi district referral manual and set up provincial ART committee	
Technical area: Child health and Nutrition				
Goals: To reduce mortality rate in children by two				
Targets:1. Community and facility based IMCI implemented in all 7 districts by 2011				
2. Full immunization coverage of at least 80% for children aged 12 months in all 7 districts.				
To reduce the mortality rate among children under the age of five years by two thirds	Technical support in planning for IMCI at district and community level	Plans drafted for f- IMCI scale up but not implemented due to lack of funds	Districts to be advised to budget for training their staff in next quarter	
Full immunization coverage for children aged 12 months at least at 80% in all 7 districts	Support immunization activities in the province	Assisted in review of child health week activities in two districts (Kasempa and Mwinilunga)		
Full immunization coverage for children aged 12 months at least at 80% in all 7 districts	-coordinate collection of immunisation logistics from Lusaka	Assisted Kasempa district in child health week activities and also supported the province in coordination of child health wk logistics	To collect reports from districts and send to UCI sec	Cold chain in mwinilunga district still serious UCI secretariat aware of this

Objective	Activities	Implementation Status	Next Steps	Comments
Technical area: Integrated Reproductive Health Goal: To reduce the maternal mortality ratio (MMR) by three quarters Targets: 1. Maternal case fatality rate reduced by one third by 2008 2. Support implementation of focused ANC activities. 3. Support promotion for increased facility deliveries 4. Support the increased use of modern				
To reduce the Maternal Mortality Ratio (MMR) by three quarters	- Training of trainers in EMOC	- Maternal death review from Mwinilunga district not yet complete, due to financial constraints	During Technical support to RHC's to ensure basic EMOC requisites are in place	
To reduce the Maternal Mortality Ratio (MMR) by three quarters	- Training of providers in EMOC	- PAC not scaled up as planned due to lack of funding from UNFPA	- To provide technical support to existing PAC sites while awaiting scale up to be funded	
To reduce the Maternal Mortality Ratio (MMR) by three quarters	- Distribution of EMOC requisites			
Improve the implementation of Focused ANC	Provide minimum package for implementing FANC	- RPR and Hb testing still a problem in RHC's	- To help districts in scale up of FANC to rural health centres within districts and to provide technical support in RPR and Hb testing	
Improve the implementation of Focused ANC	- Improve the skills, knowledge and attitudes of midwives	- UNFPA currently doing support supervision in FANC	To provide Technical support during Technical support	
Improve the implementation of Focused ANC	- coordinate in-service training of providers on the new guide of focused ANC, intra natal and postnatal care	No activities planned or done		
Modern contraceptive prevalence rate increased from 34% to 40%	Promote Family Planning activities in all the districts	Action plans for scale up to the districts done but not implemented due to lack of funds	- Source for funds for training in scale up in long term methods	- Provide technical support to family planning clinics and check on use of family planning tool
Modern contraceptive prevalence rate increased from 34% to 40%	- Train the providers	Action plans for scale up to the districts done but not implemented due to lack of funds	- Source for funds for training in scale up in long term methods	
Modern contraceptive prevalence rate increased from 34% to 40%	- Train CBD's (e.g. TBAs) in FP logistics	Action plans for scale up to the districts done but not implemented due to lack of funds	- Source for funds for training in scale up in long term methods	

Objective	Activities	Implementation Status	Next Steps	Comments
Technical Area: Malaria				
To reduce the incidence of malaria by 75% and mortality due to malaria in children under				
Targets:1. Increased malaria prevention and control activities in the districts				
2.. Correct diagnosis and treatment improved				
1. 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	Free ITN distribution ongoing in Solwezi Mufumbwe and Mwinilunga	Increase the coverage of people using ITN's to rest of the districts, through free nets provided by NMCC	
2 Improved correct diagnosis and treatment of malaria cases	Improve diagnostic and treatment skills for malaria patients in all districts	Coartem distributed to Zambezi, Chavuma, Kabompo and Mufumbwe Need to get coartem for Solwezi and mwinilunga	Provide technical support and assess malaria management during support supervision in next quarter	Technical supportive supervision on malaria management on going