



## Year 4 Quarter 2 Report (January-March 2008)

**Submitted to:**

United States Agency for International Development (USAID)/Lusaka

**Submitted by:**

Abt Associates-HSSP  
Cooperative Agreement # 690-A-00-04-00153-00



**USAID**  
FROM THE AMERICAN PEOPLE



*Health Services and Systems Program  
Plot 8237 Nangwenya Road, Rhodespark  
P. O. Box 39090  
LUSAKA, ZAMBIA*

*April, 2008*

## Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
BHCP	Basic Health Care Package
CARE	Cooperative for Assistance and Relief Everywhere
CBAs	Community Based Agents
CCS	Clinical Care Specialist
CHN	Child Health and Nutrition
CHWk	Child Health Week
CIDRZ	Centre for Infectious Disease and Research in Zambia
COG	Clinical Officer General
CRS	Catholic Relief Services
CTC	Counseling Testing and Care
DDH	District Director of Health
DfID	Department for International Development
DHMT	District Health Management Team
EmONC	Emergency Obstetric and newborn Care
EPI	Expanded Program of Immunization
FANC	Focused antenatal care
FP	Family Planning
GMP	Growth Monitoring and Promotion
GNC	General Nursing Council
HBC	Home Based Care
HCP	Health Communication Partnership
HRDC	Human Resource Development Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Program
ICC	Interagency Coordinating Committee
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITGs	Integrated Technical Guidelines (for frontline health workers)
ITNs	Impregnated Treated Nets
IUD	Intra uterine device
LTFP	Long Term Family Planning
M&E	Monitoring and Evaluation
MCZ	Medical Council of Zambia
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOU	Memorandum of Understanding
NAC	National HIV/AIDS/STI/TB Council
NFNC	National Food and Nutrition Commission

NGO	Non Governmental Organization
NHA	National Health Accounts
NITCS	National In-Service Training Coordination System
NTGs	National Training Guidelines
NMCC	National Malaria Control Centre
PA	Performance Assessment
PAC	Post Abortion Care
PBN	Post Basic Nursing
PHC	Primary Health Care
PHO	Provincial Health Office
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PRA	Pharmaceutical Regulatory Authority
RDT	Rapid Diagnostic Test
RED	Reach Every District
RH	Reproductive Health
RHIS	Routine Health Information System
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
TOT	Training of Trainers
TSS	Technical Support Supervision
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WFP	World Food Program
WHO	World Health Organization
ZHWRS	Zambia Health Workers Retention Scheme
ZNAN	Zambia National AIDS Network
ZPCT	Zambia Prevention Care and Treatment

## Table of Contents

	<i>Page</i>
Abbreviations/Acronyms .....	i
<b>1 Executive Summary .....</b>	<b>1</b>
1.1 Technical Areas and Funding Sources .....	1
1.2 Program Objectives .....	1
1.3 HSSP's Approach.....	2
1.4 Quarterly Summary of Progress .....	2
1.5 Organization of the Quarterly Report .....	4
<b>2 Child Health and Nutrition .....</b>	<b>4</b>
2.1 Facility-based IMCI.....	4
2.1.1 Key Indicators: Improved CHN coverages and quality of care through facility-based IMCI .....	4
2.1.2 Activities this quarter .....	4
2.1.3 Challenges and solutions .....	7
2.1.4 Successes and best practices.....	7
2.1.5 Focus for next quarter .....	7
2.2 Community-based IMCI .....	8
2.2.1 Key indicators: Improved CHN coverages and quality of care through community-based IMCI .....	8
2.2.2 Activities this quarter .....	8
2.3 Expanded Program on Immunization (EPI).....	10
2.3.1 Key Indicators: Improved immunization coverages and quality of care.....	10
2.3.2 Activities this quarter .....	10
2.3.3 Products/Deliverables completed this quarter in EPI and C-IMCI .....	11
2.3.4 Challenges and solutions in EPI and C-IMCI.....	12
2.3.5 Successes and best practices in EPI and C-IMCI .....	12
2.3.6 Focus for next quarter in EPI and C-IMCI .....	12
2.4 Nutrition.....	13
2.4.1 Key indicators: Improved Nutrition coverages and quality of care.....	13
2.4.2 Activities this quarter .....	13
2.4.3 Products/Deliverables completed this quarter.....	16
2.4.4 Challenges and solutions .....	16
2.4.5 Successes and best practices.....	16
2.4.6 Focus for next quarter .....	16
2.5 Key indicators: CHN overall training and special studies.....	16
<b>3 Malaria.....</b>	<b>16</b>
3.1 Key indicators: Improved IRS coverage and quality .....	17
3.2 Activities this quarter .....	17
3.3 Key products/deliverables .....	19
3.4 Challenges and solutions .....	19
3.5 Successes and best practices .....	19
3.6 Focus for next quarter .....	19
<b>4 Integrated Reproductive Health (IRH).....</b>	<b>19</b>
4.1 Key Indicators: Improved coverage and quality of IRH services.....	20
4.2 Activities this quarter .....	20
4.3 Key products/deliverables .....	23
4.4 Challenges and solutions .....	23
4.5 Successes and best practices .....	23
4.6 Focus for next quarter .....	24
<b>5 Human Resources: Planning and Management .....</b>	<b>24</b>
5.1 Key Indicators: Improved Planning and Management coverage and quality.....	24
5.2 Activities this quarter .....	25
5.3 Key products/deliverables .....	27

5.4	Challenges and solutions .....	27
5.5	Focus for next quarter .....	27
<b>6</b>	<b>Human Resources: Pre and In-Service Training .....</b>	<b>28</b>
6.1	Key Indicators: Pre- and In-service Training coverage and quality.....	28
6.2	Activities this quarter .....	28
6.3	Key products/deliverables .....	30
6.4	Challenges and solutions .....	31
6.5	Successes and best practices .....	31
6.6	Focus for next quarter .....	31
<b>7</b>	<b>Performance Improvement and Accreditation .....</b>	<b>31</b>
7.1	Key indicators: Performance Improvement and Accreditation coverage and quality .....	32
7.2	Activities this quarter .....	32
7.3	Key products/deliverables .....	33
7.4	Successes and best practices .....	33
7.5	Focus for next quarter .....	33
<b>8</b>	<b>HIV/AIDS Coordination .....</b>	<b>33</b>
8.1	Key Indicators: Improved HIV/AIDS coverage and quality.....	34
8.2	Activities this quarter .....	34
8.3	Key products/deliverables .....	35
8.4	Challenges and solutions .....	35
8.5	Focus for next quarter .....	35
<b>9</b>	<b>Clinical Care Specialists .....</b>	<b>35</b>
9.1	Overview of CCS activities, in all 9 provinces .....	35
9.2	Key products and deliverables.....	36
9.3	Successes and best practices .....	37
9.4	Focus for next quarter .....	37
<b>10</b>	<b>Planning and Strategic Information .....</b>	<b>37</b>
10.1	Key indicators: Improved Strategic Information and Health Services Planning.....	37
10.2	Key products/deliverables .....	39
10.3	Challenges and solutions .....	39
10.4	Successes and best practices .....	40
10.5	Focus for next quarter .....	40
<b>11</b>	<b>Monitoring and Evaluation.....</b>	<b>40</b>
11.1	Activities this quarter .....	40
11.2	Key products/deliverables .....	42
11.3	Challenges and solutions .....	42
11.4	Focus for next quarter .....	42
<b>12</b>	<b>HSSP Program Administration and Finance .....</b>	<b>43</b>
12.1	Activities this quarter .....	43
12.2	Financial Performance.....	43
12.3	Human Resources .....	44
12.4	Vehicles.....	44
12.5	Key products/deliverables/results.....	44
12.6	Focus for the next quarter.....	44
<b>Appendix 1: Year 4 Quarter 2 Table of Activities by Technical Area .....</b>		<b>45</b>

## 1 Executive Summary

The purpose of the Health Services and Systems Program, 2004-2010, is to contribute to USAID's Strategic Objective 7: Improved status of the health of the Zambian people, total fertility rate, infant mortality rate, and HIV prevalence decreased; and to contribute to Ministry of Health's goal of improving the health status of Zambians.

HSSP contributes to the following USAID Intermediate Results:

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

IR7.3: Health systems strengthened

### 1.1 Technical Areas and Funding Sources

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

#### **USAID Pop/CH:**

- Child Health and Nutrition (CHN):
  - Facility-based IMCI
  - Community-based IMCI
  - Immunization (EPI)
  - Vitamin A and Deworming
- Integrated Reproductive Health (IRH):
  - Safe motherhood: Post abortion care (PAC)
  - Safe motherhood: Emergency obstetric and newborn care (EmONC)
  - Family planning (FP)
- Malaria.
  - National, provincial and district strengthening in malaria
  - Indoor residual spraying (IRS)
  - Malaria and child health
  - Malaria and reproductive health

#### **President's Emergency Plan for AIDS Relief (PEPFAR):**

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

### 1.2 Program Objectives

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

- Achievement and maintenance of high coverage for key child health and nutrition, integrated reproductive health, malaria and HIV/AIDS interventions
- Improvement of the quality of key health interventions
- Strengthening of health systems in the delivery of key health interventions

### **1.3 Approach**

HSSP's approach is to provide technical support and capacity building to the Ministry of Health, to enable achievement of results. Program Year 4 is focused on achievement of life-of-project targets, and documentation of lessons learned, best practices and success stories. It is planned that the final years of the Program will focus on consolidation of scaled-up systems and programs, ensuring quality, sustaining best practices, and documentation and dissemination of achievements. In quarter 2 of year 4, HSSP has achieved systematic progress against targets, working at all levels of the health system.

### **1.4 Quarterly Summary of Progress**

In the area of Child Health, most of the 2010 IMCI targets have been reached, and a strong focus is seen on follow up to insure quality and sustainability. HSSP played a key role in the development of the Maternal and Newborn Health Partnership, which was launched during the quarter, and to develop and disseminate the Newborn Framework.. A comprehensive malaria workshop for health workers at all levels was developed and was highly successful. Workshops will be rolled out next quarter. In C-IMCI, CHWs were trained, district supervisors oriented, and technical support supervision carried out. Positive Deviance/Hearth training was scaled-up to 11 districts and 4 NGOs who will carry on the PD/Hearth work. EPI activities focused on support to low performing districts and strengthening tools for monitoring and management. Resource leveraging extended the reach of the project by training an additional 45 community workers, and orienting 50 supervisors in the RED strategy and C-IMCI. In nutrition, HSSP was a key contributor to the First Annual Report on the Food and Nutrition Situation in Zambia. At its launch, the National Food and Nutrition Policy, printed by HSSP, was also disseminated. Activities focused on technical support to working groups, performance assessments, and advocacy initiatives. HSSP supported the finalization and printing of the Minimum Package of Care for Nutrition in Zambia.

In Malaria/Indoor Residual Spraying, the IRS Post Spray Season Meeting held in January, recorded numerous successes, achieving 94% of the target (700,000) for homes sprayed, and exceeding the 80% goal for houses in targeted areas. Many reporting districts observed reductions in malaria incidence from the previous season and look forward to an even better result this year. The National Malaria Control Center has embarked on an ambitious scale-up program to expand operations to an additional 21 districts. HSSP assisted with the district assessments, the supplementary environmental assessment, and will provide technical and financial support to the Malaria Indicator Survey, scheduled for the next quarter. Key challenges addressed during the quarter were the sorting, packing and preparations for export of used pesticide sachets, and the follow up on environmental safeguards at the district level. The IRS Specialist left his post at the end of the quarter, and active recruitment efforts are ongoing.

Integrated Reproductive Health has made strong progress in Jadelle training, with 178 trained to date, making up for the delay experienced in 2007 due to commodity stock outs. Training is now complemented by job aides and posters produced in collaboration with key partners. IUD training has been incorporated into the Jadelle training at the request of the MoH. Secondment of a Reproductive Health Specialist to the Ministry of Health was approved and will enhance MoH capacity to provide leadership in EmONC training, which

is progressing well. The IRH team contributed to institutional strengthening of the Ministry of Health through participation in numerous National Task Groups and Technical Working Groups, and has leveraged resources via these partnerships.

Human Resources Planning and Management is an area of high visibility, with increasing focus on the national and regional HR crisis in health. Progress in recruiting and obtaining contracts for retention scheme workers was seen this quarter, with 22 nurses and 22 clinical officers added to the HSSP supported staff. Nineteen posts remain to be filled (laboratory and pharmacy technicians). Serious issues remain regarding the efficient processing of retention workers salary payments.

Pre- and In-service training saw the dissemination and distribution of two major bodies of work during the quarter: the Clinical Officer General Curriculum, and the Registered Nurses Curriculum, and all accompanying materials. Printing and distribution took place, and the curricula will greatly contribute to the improvement of health worker education, with particular focus on HIV/AIDS. HSSP supported assessments of training sites for the Direct Entry Midwifery Program, at the request of the GNC. Substantial leveraging of resources during the quarter enabled training for faculty and students in OI management and pediatric and adult ART.

In Performance Improvement, the HSSP team provided TA to technical support supervision in three provinces, and participated in performance assessments in Central Province. MCZ was supported to leverage resources to train 60 health workers in ART, to prepare the facilities where they work for accreditation. In HIV/AIDS Coordination, a key achievement this quarter was the convening of a consensus meeting to develop a Coordination Mechanism, which has been submitted for approval to the Permanent Secretary of the MoH. Preparations are underway for the dissemination of the HIV/AIDS Sustainability Framework, to take place in Quarter 3. The Ministry of Health has revived the issue of integration of HIV/AIDS into the Basic Health Care Package, and requested HSSP to resume assistance in this area. The National Health Accounts exercise continued during the quarter, with the completion of data collection and preparation for the data analysis workshop, scheduled for April.

Clinical Care Specialists continued to function as a mainstay of ART training, coordination and expansion in the provinces. During the quarter 642 nurses and COs were trained in ART, 158 in VCGT, 126 in PMTCT and 87 in HBC provision. CCSs have played a significant role in improved case management, functional ART coordination committees at province and district levels, and increased numbers of clients on ART.

In Planning and Strategic Information, numerous data collection formats and tools for ART, PMTCT and C&T were finalized and improved. At the request of MoH HSSP provided consultancy assistance to review of the current MoH planning process, to incorporate Marginal Budgeting for Bottlenecks (MBB) concepts, and simplify the planning tools. The Costing and Budgeting guide, finalized during the previous quarter, was modified to enable pilot testing. The Monitoring and Evaluation team of HSSP was primarily engaged in ongoing revisions of indicators and targets, and finalization of the M&E plan. Tracking sheets were designed for each technical team to enter data and track progress of its

respective indicators. Corresponding data sources and verification is built into the tracking sheets. M&E worked with consultant assistance to ensure HSSP's readiness for a data quality audit, and will carry out an internal audit during quarter 3. An internal mid-term review was conducted, and an executive summary is under preparation.

### 1.5 Organization of the Quarterly Report

The Quarter 2 Year 4 Report, January-March 2008, is organized by technical areas, under the three overall (funding source) areas. Up-to-date program results against key indicators are reported in the tables which precede each narrative section. The narrative provides brief detail on all planned activities, including new and carried over activities. Appendix 1 contains a table which follows the annual workplan, and serves as a reference on progress to date.

## 2 Child Health and Nutrition

CHN is made up of the following four components: Facility IMCI, Community IMCI, EPI and Nutrition. The overall CHN goal is to improve the quality and increase coverage of key childhood interventions.

### 2.1 Facility-based IMCI

The specific F-IMCI objective is to expand the number of F-IMCI delivering districts from 38 to 72 by 2010.

#### 2.1.1 Key Indicators: Improved CHN coverages and quality of care through facility-based IMCI

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
1.1 Number of districts implementing F-IMCI	68	N/A	8	70 (97% of 2010 target)	72

#### 2.1.2 Activities this quarter

##### Collect updated district information on key IMCI indicators

This activity has since been taken over by CARE International. A full-time data specialist was engaged by CARE to develop a comprehensive child health database for the MOH/Child Health Unit.

**IMCI case management training follow-up**



*Tutors practicing during the facilitators skills training*

During the quarter, HSSP provided both financial and technical assistance to the Eastern Province PHO to conduct initial follow-up visits for 119 health workers trained in IMCI case management in eight districts. Eastern Province has been successful in training health workers in F-IMCI but has lagged behind in conducting post-training initial follow-up visits. Post training follow-up visits provide an opportunity for health workers to be assessed at their station of work to re-enforce the skills and knowledge acquired during the training, and identify and offer solutions for problems that may make it difficult for the health

worker to effectively use the F-IMCI guidelines. Some of the problems identified and subsequently presented to the DHO/PHO included the stock out of the first line drugs for malaria and pneumonia, the poor maintenance of the cold chain for vaccines in some of the health centers and lack of adherence to IMCI guidelines when assessing a child for HIV/AIDS. The health workers assessed expressed appreciation that the visits helped boost their morale and made them feel that they were not working in isolation.

**18 DHO and 2 PHO staff trained in the use of the IMCI initial follow-up tools using an on-job approach**

Effective supervision of frontline health workers is the cornerstone of quality service provision. The DHO with support from the PHO must ensure that supervision is sustained after training. Lack of PHO/DHO capacities to use the supervisory tools effectively has been a gap. For this reason, HSSP embarked on training a minimum of 2 DHO staff at each of the 8 DHMTs in Eastern Province as well as 2 PHO staff in the use of the supervisory tools. This was done using an on-site/job approach. This method has proved to be practical and cost effective and Eastern Province is now the 4<sup>th</sup> province where HSSP has used this approach. The other sites have been selected districts in Central, Copperbelt and North-Western Provinces. The exercise was well appreciated by both the PHO and the DHO staff as evidenced by these two quotes from the Provincial Health Director, Dr Kenneth Malama and the Chadiza District MCH Coordinator, Ms Petty Masinge respectively: “We found different experiences during the initial follow-up visits for Mambwe and Chadiza districts and these visits are worth it” and “these visits are very good”.



*Chadiza DHO staff reviewing registers at a health facility*

**32 Nurse Tutors from 14 Nursing Schools trained in IMCI facilitator skills**

Working in close collaboration with the General Nursing Council, HSSP facilitated the training of 32 tutors in F-IMCI facilitation skills. HSSP provided both financial and technical support. Through leveraging of resources a total of three instead of the planned two training programs were conducted, resulting the training of 32 tutors

instead of the 20 that had been planned. The facilitator skills' training is aimed at building capacities among nurse tutors in the training institutions to conduct F-IMCI training for their students in a sustainable and cost-effective manner. This is in line with strengthening pre-service F-IMCI training in order to rapidly scale-up F-IMCI implementation.

**Two-day malaria workshop held for 42 provincial, district and hospital managers and clinicians**

Keeping providers updated in malaria case management has continued to be a challenge,



*Tutors practicing during the facilitator skills training*

especially in relation to the change in drug policy and the introduction of new diagnostic tools (i.e. the RDTs). Recognizing this challenge, HSSP and NMCC have scheduled malaria workshops in the five provinces with the highest incidences of malaria. The first workshop was held in the quarter under review in Luapula Province.

The comprehensive program included general malaria program management, case management, malaria prevention and drug logistics management was drawn up. A dynamic group of presenters from UTH, NMCC and HSSP was identified and 42 provincial, district and hospital managers, and clinicians participated in the workshop. The workshop generated very useful discussions and action points to foster improvements in these areas. The materials presented were given to the institutions on CD and they are expected to hold similar workshops at their stations.

**Malaria site supervisory visits conducted for Luapula Province**

Following the two day workshop on malaria, selected site supervisory visits were conducted to assess the malaria management situation at the various levels of health care (i.e. the DHO, the district hospitals, the health centers and the community). A checklist was drawn up in order to standardize the information collected. At the same time the teams provided on-site solutions where possible. All 7 districts in Luapula Province were visited. The report will provide NMCC useful information for future technical and financial support. Lessons from this exercise will also provide a basis for a similar exercise to be conducted in other provinces.



*Part of the facilitator team admiring a set of quadruplets at Mansa General Hospital*

**Maternal Newborn and Child Health Partnership (MNCP) launched**

Following a series of preparations, the MNCP was officially launched by the Minister of Health on the 23<sup>rd</sup> January, 2008. HSSP played a pivotal role in supporting the MoH Child Health and Reproductive Health units through this process. As part of the preparations, HSSP was involved in the development and dissemination of the terms of reference for the Partnership. In addition, through technical support from SAVE the Children, HSSP supported MoH to

develop the new-born scale-up framework. HSSP has also been working closely with the reproductive and child health teams to finalize the Road Map for accelerating the reduction of maternal and child health mortality.

### **Costing of the newborn and child health component of the Road Map**

HSSP supported the MoH in the costing of activities in the Child and Newborn Health Road Map. This is in an effort to finalize the document and source the necessary funds.

### **Two-day workshop held to review feedback from pilot sites**

A two day workshop was held where feedback from the two pilot sites was discussed and consensus reached on new revisions to the training materials. This will aid the two consultants who have been engaged to finalize the revisions as soon as possible.



*HSSP Chief of Party officially presenting the roadmap to the Minister of Health*

#### **2.1.3 Challenges and solutions**

- The major challenge faced by F-IMCI during the quarter was getting effective collaboration from colleagues from NMCC, UTH, MoH and the PHO to develop a comprehensive program, identify a suitable group of presenters, and agree on dates for the malaria workshop and subsequent supervisory site visits. In order to overcome this challenge, HSSP took up the leadership to prepare the tools such as the checklists that were used for the activity.

#### **2.1.4 Successes and best practices**

- On-the-job training of the DHO and PHO staff in the use of the supervisory tools in Eastern Province is cost effective and allows for quick scale-up of training
- The two-day comprehensive malaria workshop program targeted at all levels of care will assist NMCC to address some of the key challenges in malaria case management, malaria drug and logistics management and general program management.
- The successfully conducted facilitator skills training for nurse tutors is expected to mark the beginning of sustainable scale-up of F-IMCI pre-service training.
- Co-funding the UTH facilitator skills training for nurse tutors increased the number of trained tutors from 20 to 32

#### **2.1.5 Focus for next quarter**

- Roll-out the malaria workshop program to other targeted provinces and continue to make adjustments based on feedback from the Luapula site.
- Continue to support district F-IMCI case management training, with a focus on ensuring that the new revised materials are finalized and printed.

- Continue to provide technical assistance to MoH in the strengthening of the MNCHP

## 2.2 Community-based IMCI

The specific objective of C-IMCI is to scale up the number of districts with providers promoting 6 Key Family Practices from 13 to 58 districts by 2010.

### 2.2.1 Key indicators: Improved CHN coverages and quality of care through community-based IMCI

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
1.2 Number of districts with at least one health worker trained in C-IMCI	72	N/A	N/A	72 (2010 target reached)	72
1.3 Number of health facilities with at least one health worker trained in C-IMCI	280	20	45	423 (85% of 2010 target)	500
1.4 Percent of districts offering 6 key family practices.	76% (55 dist.)	2 dist.	1 dist.	99% (71 dist.) (2010 target reached)	80% (58 dist.)

### 2.2.2 Activities this quarter

#### *Provision of CHW drug kits, weighing scales and bags*

The process for supplying and equipping CHWs with drug kits, weighing scales and bags commenced. A number of districts have reported the arrival of CHW drugs kits. HSSP will continue to provide leadership in advocating for the supply of CHW drug kits and for the purchase of weighing scales and bags through scheduled ICC meetings and district visits.

#### *Training of Community Health Workers (CHWs) in C-IMCI targeted districts*

25 CHWs were trained in C-IMCI in Kaoma District, resulting in a cumulative total of 71 districts implementing key family practices in Zambia. A number of performance assessment mechanisms have identified Kaoma as a low performing district. The weakest component of care was the community. It is anticipated that with the training of CHWs in C-IMCI, the district will be assisted in strengthening Neighborhood Health Committee/Health Center Partnerships to improve health outcomes.

#### *Orientation meeting on technical support supervision*

Fifty district supervisors were oriented to the RED strategy and Community IMCI. The need to strengthen district and facility-based supervisors in technical support supervision is critical if districts are to see impact from community level interventions. The orientation

included soliciting feed back to reach consensus on harmonized tools for monitoring and reporting of community level activities.

**Scale-up of Positive Deviance/Hearth training**

Positive Deviance/Hearth training was scaled up to 11 districts (7 districts of Luapula and 4 districts in Northern Province) and to 4 NGOs. The scale-up has resulted in the orientation of 64 participants in two provinces, 11 districts and 4 NGOs. The local NGOs included Plan International, HCP, Red Cross and RAPIDS. HSSP contributed financial support to the orientation of 40 participants in 7 districts.

**Print 500 CHW training manuals and job aides**

The process of updating CHW training manuals for printing was yet not done due to competing priorities and activities. HSSP will continue to take leadership in completing the update of the training manual to include new concepts in newborn and pediatric HIV/AIDS.

**Train supervisors in C-IMCI implementation**

45 facility supervisors in 2 districts (Livingstone and Kazungula) were oriented to C-IMCI. The facility staff in Livingstone and Kazungula districts were oriented to C-IMCI in order to support implementation and monitoring of C-IMCI. This brings a total of 445 health workers in 423 health facilities oriented to support C-IMCI implementation.

**Conduct technical support supervisory visits in C-IMCI**

Three visits were conducted in Kazungula, Livingstone and Luangwa districts to assess the status of C-IMCI implementation and to consolidate the role of facilities and DHMT's in technical support supervision. Results of the visits revealed that facility staff was regularly assessed through the established PA process, however TSS of Community Based Agents (CBAs) in the community was not specific and not documented.

**Conduct two training sessions for 50 CHWs in two selected districts**

The training of CHWs to demonstrate impact of comprehensive IMCI implementation was not done this quarter. HSSP will modify the strategy from use of training to use of technical support supervision. The strategy will include selection of two districts where first and third components of IMCI already exist and a focus will be on strengthening the second component to achieve the same results.

**Community Based Agent's role revitalized in flooded communities**

HSSP and Kazungula District visited the re-grouped communities in the flooded area and reviewed available CBAs for re-orientation and re-enforcement of their roles in flooded communities where they live. The proposal was welcomed by all CBAs in the communities and DHMT provided required supplies and equipment to support their work.

**Luangwa District prepares to host inter-district exchange visits**

Most of the planned PHC activities were implemented, however there were some challenges faced in sustaining them. These included lack of PHC/CHW drug kits for one and half years, inadequate technical support supervision from all levels, lack of transport for CHW

activities (i.e. follow ups, report submission and referrals), and one PHC who was unable to store equipment and supplies in the PHC due to a defective door and tear and wear of weighing bags. Lack of stationery such as tally sheets, pens, note books, monthly reporting forms and flip charts was another challenge faced. For the district to be ready to host an inter-district exchange visit, the team made the following recommendations:

- The district and health centers to revamp TSS before the district exchange visit
- The DHMT to replace and provide missing equipment and supplies
- The DHMT to explore availability of CHW drug kits from national level

Given the community activity currently obtaining and the required preparation, we propose that the visit be conducted in May 2008.

### **Training of community-based growth monitoring promoters in Kazungula**

HSSP and the World Food Programme in collaboration with NFNC provided support for Kazungula District to train community based growth monitoring promoters (CB-GMP). CB-GMP contributes to implementation of the Key Family Practices.

## **2.3 Expanded Program on Immunization (EPI)**

The specific objectives of EPI are to:

- Increase the number of children under one year of age who receive DPT3 to a cumulative total of 2,097,000 children by 2010, and
- 60 districts to attain 80% and above Full Immunization Coverage (FIC) of children under one year

### **2.3.1 Key Indicators: Improved immunization coverages and quality of care**

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
1.7 Number of districts with at least 80% of children fully immunized by age 1 year	55	N/A	10	45 (75% of 2010 target)	60
1.8 Number of children less than 12 months of age who received DPT3 in the last year	527,000	N/A	N/A	1,533,466 (73% of 2010 target)	2,097,000 (cumulative)

### **2.3.2 Activities this quarter**

#### **Conduct TSS in low performing districts**

TSS aimed at improving immunization coverage was conducted in 3 districts (Kazungula, Livingstone and Luangwa) out of the 15 targeted districts to bringing a total of 7 to date.

#### **Conduct annual review meeting**

A review meeting was held to share progress and strategies for strengthening EPI activities through the RED strategy. Fifty supervisors were oriented to the integrated RED strategy

---

and C-IMCI TSS. The CHN/TWG took the opportunity to disseminate and receive feedback on the harmonized technical support supervision, monitoring and reporting tools.

**Revise EPI Vaccination Manual**

The revision process was postponed because the hard copy had to be re-typed. The typing process is in progress.

**Technical Assistance in GAVI-funded Health Systems Strengthening**

Five Provinces and 12 selected districts were oriented to the GAVI-funded Health Systems Strengthening initiative. Participants included Provincial Directors, Clinical Care Specialists, DDHs/MPD, district Accountants and MCH Coordinators. The GAVI/HSS funding will focus on identifying activities that address barriers to accessing health services.

**District exchange visits to improve immunization coverage**

One spot-check visit was conducted in one low performing district (Luangwa) out of the three identified centers of learning districts (Nakonde, Mazabuka and Lukulu). Spot-check visits are part of the preparatory verification visits made before conducting exchange visits which are planned for Quarter 3.

**Quarterly update of CHN/TWG on immunization coverage data**

Review of district performance data could not be done this quarter due to inadequate HMIS data availability at MOH/HQ. The performance review will be reprogrammed once data is available in the next quarter.

**Dissemination of the harmonized RED strategy and C-IMCI tools**

Harmonized RED and C-IMCI community registers and monitoring tools were disseminated to 45 facility supervisors in two districts (Livingstone and Kazungula). All provinces and 18 districts provided feedback in finalizing and harmonizing community monitoring tools.

**2 EPI Middle - Level Management Training**

HSSP, with other collaborating partners, supported MOH/CHU to conduct one EPI Middle-Level Management training course for 29 district managers and seven pre-service health training institution tutors to strengthen their knowledge and skills in EPI program management, implementation and monitoring.

**2.3.3 Products/Deliverables completed this quarter in EPI and C-IMCI**

- Report on Training for Scale up of Positive Deviance/Hearth Approach for Luapula Province
- Implementation of the Pilot Positive Deviance/Hearth Developmental Approach in Lukulu District, Zambia
- Report on the PD/Hearth Situation Analysis in Lukulu District

#### **2.3.4 Challenges and solutions in EPI and C-IMCI**

- Lack of CHW drug kits provided a barrier for CHWs to provide care to sick children. To resolve this, HSSP provided leadership to advocate for drug kits through ICC and respective districts
- Inadequate support was given by DHMTs to community level activities. However, HSSP continued advocacy through the dissemination of TSS results of C-IMCI implementation status to DHMTs for the required support
- The increased number of stakeholders in child health resulted in delays in reaching consensus on the harmonization of monitoring tools and revision of CHW training materials. To resolve this, the C-IMCI working group is taking leadership in allocating areas to be revised and in setting deadlines.
- RED strategy EPI activities are dependent on supplemental GAVI funds. To solve this problem, HSSP/collaborating partners and the PHO will reinforce institutionalization of RED strategy activities through the district planning process
- Vaccine stock outs (BCG) resulted in poor attainment of full Immunity Coverage rates for children less than one year. HSSP is providing TA to districts with high BCG wastage rates.
- There is a problem of sustaining identified best practices to maintain centers of learning for exchange visits. To deal with this problem, HSSP and the respective PHOs will increase the frequency of TSS and provide TA to sustain best practices.

#### **2.3.5 Successes and best practices in EPI and C-IMCI**

- Resource leveraging:
  - With Kaoma DHMT for training 25 CHWs in Kaoma District
  - With World Food Program (WFP), NFNC for the training of 20 volunteers in CB-GMP for Kazungula District
  - With MOH/CHU to orient 50 provincial and district supervisors in the RED strategy and C-IMCI
- Integration of community level Child Health and Nutrition registers, monitoring and reporting tools and the promotion of a holistic approach to TSS
- Consensus reached on the integration of monitoring community level IMCI and RED strategy activities
- Peer/district exchange visits as a strategy for the dissemination of best practices and to improve the performance of districts
- Hosting of meetings at HSSP office as a mechanism to save resources and to strengthen HSSP and stakeholder partnerships

#### **2.3.6 Focus for next quarter in EPI and C-IMCI**

- Support the process of completing updating CHW training materials and monitoring tools
- Strengthen C-IMCI implementation in five districts through facility-staff orientation and TSS
- With NFNC monitor PD/Hearth activities in Lukulu and Mazabuka Districts
- Document community level activities
- Review newborn guidelines

- Provide TA to complete the revision of the EPI vaccination manual
- Identify a sustainable mechanism for supporting district exchange visits
- Conduct supervision in eight low-performing districts
- Support documentation of exchange visits and use of harmonized tools

## 2.4 Nutrition

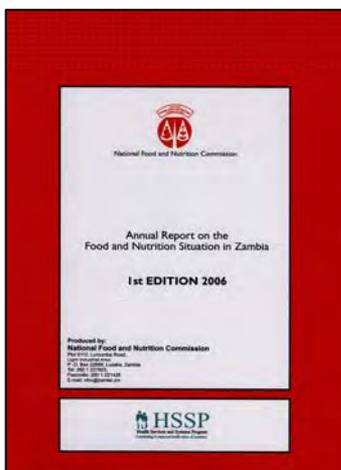
The specific objective of the Nutrition component is to increase national Vitamin A supplementation coverage in all districts to above 85% by 2010.

### 2.4.1 Key indicators: Improved Nutrition coverages and quality of care

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
1.9 Number of children aged between 6 and 59 months of age who received Vitamin A	2,320,000	N/A	2,125,574	4,166,318 (46% of 2010 target)	6,003,000
1.10 Percent of children aged between 6 and 59 months receiving Vitamin A supplementation	80%	N/A	N/A	87% (2010 target reached)	85%
1.11 Number of children aged 1-5 years who received de-worming tablets	2,320,000	N/A	1,869,409	2,006,815 (29% of 2010 target)	6,998,000

### 2.4.2 Activities this quarter

#### *Printing and launch of the first Annual Report on the Food and Nutrition Situation in Zambia*



This report is a product of the support provided to the National Food and Nutrition Commission (NFNC) to strengthen its capacity to coordinate the food and nutrition sector. It provides information on the progress made by various food and nutrition programs in attaining their objectives. The report was disseminated at the launch of two other documents, the National Food and Nutrition Policy and its accompanying implementation plan. The three documents were printed by HSSP at different times but, all were launched on 20<sup>th</sup> March,



2008, at Mulungushi Conference Centre by the Minister of Health.

### **Results of the November 2007 Child Health Week Compiled**

The results of Child Health Week were compiled this quarter. A delay in submission from four provinces was experienced, however, it is worth noting that there was improvement in analysis at Provincial Level when submitting reports to National Level; four provinces compiled provincial summaries.

### **Electronic data management system**

Development of an electronic data management system for child Health Week for provincial and district levels was not initiated during the quarter. The main challenge was competing priorities of National Level counterparts at the National Food and Nutrition Commission and within the Ministry of Health HMIS team. Preparatory work on the consultative process has begun.

### **Collaboration with the HMIS team** HMIS

HSSP HMIS team worked closely with the Nutrition Specialist to ensure that Child Health Week data complements the new HMIS through providing support in the input and monitoring of the process of building consensus on the indicators. The new HMIS being rolled out in the provinces currently has retained Vitamin A and De-worming coverage indicators.



### **Health facility data management model**

Activities related to the health facility management model cannot be carried out in Project Year 4 due to insufficient funding for STTA. Likewise the further examination of data adequacy factors in reporting of Vitamin A and De-worming coverage cannot be carried out this year.

### **Advocacy document for a vitamin A supplementation story in Zambia**

A draft concept paper was developed. The original focus was on vitamin A but was changed with a new focus integrating three micronutrients (vitamin A, iron and iodine). The publication will be done jointly with the National Food and Nutrition Commission.

### **Advocacy for repositioning anaemia**

HSSP provided support in development of an advocacy document that repositions anaemia as an integral entity from multiple programs. A concept paper was developed that looks at three micronutrients: Vitamin A, Iron and Iodine. This activity has been merged with the Vitamin A supplementation story in Zambia.

### **Participation in stakeholder and advocacy meetings**

---

HSSP continued to participate in the Child Health Technical Committee and Interagency Coordinating Committee to advocate for continued investment in Child Health Week data to complement the new HMIS. The large number of cooperating partners that participate in these meetings also offers opportunities for coordination and leveraging of resources. HSSP also supported advocacy meetings for nutrition interventions and implementation of a minimum package of care for nutrition. Technical support was provided to Performance Assessments and Nutrition Technical Working Group meetings. There still need for advocacy for nutrition interventions. HSSP continued to provide technical support in various technical working groups such as Nutrition and HIV/AIDS, Growth Monitoring and Promotion (GMP) and Infant and Young Child Feeding. Through these committees the various nutrition interventions are supported.

**Participate in provincial technical support supervision and performance assessments to integrate nutrition interventions**

The CHN unit participated in a Performance Assessment in Copperbelt Province in Mufulira and Kalulushi Districts. Participation in the performance assessment provides opportunities to strengthen the implementation of nutrition interventions.

**Work closely with the IMCI and IRH teams**

Advocacy for strengthened implementation of the use of Zinc in the treatment of diarrhoea was done through participation in the Child Health Technical Committee and liaison with the National IMCI focal point. Zinc has been included on the essential drug list as part of treatment for diarrhoea. The nutrition team carried out advocacy for strengthened implementation of interventions that control micronutrient deficiencies and promote infant and young child feeding through close collaboration with the IRH team. HSSP worked closer this period with the Prevention of Mother to Child Transmission (PMTCT) team to provide input in issues related to infant and young child feeding. This included a review of the PMTCT training package.

**Minimum Package of Care for Nutrition in Zambia**

A workshop was held to review the revised document. The document is undergoing technical editing in preparation for final circulation to key partners and printing. HSSP is working with UNICEF to support the completion of the document.

**Infant and Young Child Feeding health facility protocol**

A wall protocol was developed and graphic designing conducted. An initial pre-test was done. The protocol is scheduled for final pre-test following a revision of graphics and photographs. The protocol is designed to provide guidance to health workers to support mothers to successfully feed their children.

**Roll-out of the revised Children's Clinic Card**

Support was provided to the Ministry of Health in the development of a Children's Clinic Card orientation package aimed at managers, health workers at health facilities and community based agents. The package will enhance the quality of orientation and the usefulness of the children's clinic card.

### 2.4.3 Products/Deliverables completed this quarter

- Annual Report on the Food and Nutrition Situation in Zambia

### 2.4.4 Challenges and solutions

- Competing priorities of government counterparts continue to pose a challenge to the timeliness of implementation. Extra investment in time is needed to assist in completing tasks.

### 2.4.5 Successes and best practices

- Improved analysis of Child Health Week reports at provincial level enabling improved planning and management for future CHWk campaigns

### 2.4.6 Focus for next quarter

- Prepare for the next round of Child Health Week
- Complete the publication on Minimum Package of Care for Nutrition
- Work on the development of an electronic reporting system for Child Health Week data

## 2.5 Key indicators: CHN overall training and special studies

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
1.5 Number of people trained in child health care and child nutrition	120	110	144	2,422 (2010 target reached)	523
1.6 Number of people trained in maternal/newborn health	110	N/A	144	804 (2010 target reached)	340
1.12 Number of special studies conducted	1	N/A	0	1 (50% of 2010 target)	2
1.13 Number of information-gathering or research activities conducted	4	N/A	0	1 (20% of 2010 target)	5

## 3 Malaria

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

### 3.1 Key indicators: Improved IRS coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
2.1 Number of houses sprayed with insecticide with USG support	700,000	N/A	657,695	657,695 (94% of 2010 target)	700,000
2.2 % of housing units in targeted area for IRS that have been sprayed in the last 12 months	85%	N/A	N/A	94% (2010 target reached)	80%
2.3 Value of pharmaceuticals and health commodities purchased (IRS)	201,300	N/A	N/A	225,524 (38% of 2010 target)	601,300
2.4 Number of host country institutions with improved management information systems (IRS)	22	N/A	7	23 (2010 target reached)	23
2.7 Number of people trained in monitoring and evaluation (IRS)	27	N/A	23	53 (74% of 2010 target)	72
2.8 Number of people trained in strategic information management (IRS)	33	N/A	0	60 (58% of 2010 target)	103
2.9 Number of special studies conducted in malaria	2	N/A	0	0 (0% of 2010 target)	3
2.10 Number of information gathering or research studies conducted in malaria	4	N/A	4	4 (80% of 2010 target)	5

### 3.2 Activities this quarter

#### ***Conduct an IRS post-spray meeting***

The IRS post-spray meeting was conducted during second week of January 2008 in Ndola. It was attended by District Directors of Health, IRS program managers and one supervisor from every district, one participant from each of the Provincial Health Offices, partners from the mines, Environmental Council of Zambia and representatives from Local Authorities. Some of the achievements by the districts included operating within the budget lines, starting the campaign in good time and achieving acceptable coverage, strong supportive supervision and improved distribution of logistics. Some of

the challenges highlighted included inadequate storage infrastructure, issues concerning environmental safeguards, need for improved IEC to assure compliance, and transport for the IRS operations.

#### **Disposal of insecticide waste**

HSSP took an active role in solving the long pending issue of insecticide waste disposal, Empty insecticide sachets from previous seasons were sorted by HSSP. The DDT sachets are expected to be re-exported to South Africa as soon as all necessary documentation and requirements have been sorted out by ECZ and the relevant authorities. Removal of the waste is necessary both for environmental safety purposes, and also to allow for adequate storage space in the districts for the incoming supplies for the next round of spraying.



#### **Support supplementary environmental assessments in 15 districts**

The supplementary environmental assessments are a required to demonstrate progress in environmental compliance prior to insecticide procurement for the subsequent season. Technical support was provided by HSSP, by accompanying the RTI team in the districts, and providing information needed for the assessment. The report is awaited. The briefing on the assessments echoed the concern of districts on the inadequacy of the

facilities for the spray operators and storage which should be addressed before the next consignment of pesticides comes in.

#### **Carry out needs assessments for 21 new districts**

NMCC developed a scale-up plan for IRS to incorporate a total of 36 districts. The initial scale-up plan was to increase coverage by seven districts only, however the Ministry of Health amended its plan to scale up to more districts than previously envisaged, given the availability of other sources of donor funding. The assessment of the 21 districts was carried out and reports will be available during the coming quarter. Consultant Manuel Lluberas reviewed the needs assessments and visited four districts.

#### **Conduct GIS/GPS training of trainers in geo-coding of the 7 new districts**

The training of trainers in geo-coding was conducted in Chipata, Eastern Province for supervisors in the new seven districts. Three participants from each district participated. Participants from three other countries participated in the training on geocoding.

Three countries took advantage of the geocoding TOT in Zambia to have their people trained. The participants were from Zimbabwe, Tanzania and Ethiopia.

#### **Collect epidemiological and entomological data for IRS assessments**

The insectary was completed and supplies procured, however the colony of mosquitoes is yet to be developed. Attempts were made to catch mosquitoes but were unsuccessful,

probably due to the timing. Arrangements are being made to repeat the effort and establish a colony of vector mosquitoes, which is essential for conducting entomological studies.

### 3.3 Key products/deliverables

The following are the key deliverables produced during the quarter under review:

- Post-Spray Report
- Needs Assessment Tool
- Needs Assessment Report
- Geo-coding Training Report

### 3.4 Challenges and solutions

- Delays were experienced in obtaining documentation for insecticide waste export. HSSP has been actively working to solve this problem through communication and coordination with all stakeholders.
- NMCC has increased the number of districts to be sprayed, scaling up to 36. HSSP resources are sufficient for the planned 15 districts, however, the team is participating in some of the technical preparations for the scale-up.

### 3.5 Successes and best practices

- For the first time since the IRS program began, the spray season was completed during the planned time interval, and concluded before the onset of heavy rains. As a result the districts expect a better impact and are highly motivated, as observed in the post spray meeting.
- A district needs assessment tool was developed and put to use. This provides for uniformity in data collection and presentation of assessment results across districts.

### 3.6 Focus for next quarter

- Provide technical assistance to the Malaria Indicator Survey
- Plan for the TOT meeting for district supervisors
- Conduct geo-coding of one district
- Conduct needs assessments in the 15 districts in preparation for the upcoming spray season.
- Initiate the procurement process for personal protective equipment and other materials for the 2008 spray season
- Follow up on environmental safeguard requirements

“Zambia is on the cutting edge of malaria control. The eyes of the world are on you and we like what we see!”  
Manuel Lluberas,  
Medical Entomologist,  
Trip Report, March 2008

## 4 Integrated Reproductive Health (IRH)

IRH is comprised of three components: Post-abortion care and family planning (PAC/FP), Emergency obstetric care and family planning (EmONC/FP), and Long term family planning (LTFP). The IRH goal is to contribute to national efforts to reduce maternal morbidity and mortality.

IRH specific objectives are as follows:

- To have EmONC/FP services established in 43 districts by the year 2010
- To have 43 districts providing PAC/FP by the year 2010
- To increase the accessibility and availability of long term family planning methods in 43 districts by the year 2010

#### 4.1 Key Indicators: Improved coverage and quality of IRH services

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
3.1 Districts with at least one functioning PAC site	36	9	5	32 (74% of 2010 target)	43
3.2 Number of districts with at least two providers trained in PAC and working in facilities providing PAC	36	9	5	32 (74% of 2010 target)	43
3.5 Percent of pregnant women receiving IPTp2 in Central and Eastern provinces	70	N/A	N/A	61 (national figure)	80%
3.6 Number of service delivery points providing FP counseling or services	100	30	32	89 (57% of 2010 target)	155
3.7 Number of information gathering or research activities conducted by the USG	1	0	2	40 (2010 target reached)	12
3.8 Number of people trained in FP or reproductive health	138	58	142	494 total (2010 target reached)	474
3.9 Number of providers trained in LTFP methods (Jadelle)	138	N/A	54	178 (44% of 2010 target)	408

#### 4.2 Activities this quarter

##### EmONC training

EmONC training for Northwestern Province was begun in Quarter 1 and carried over into Quarter 2. Theory for all participants and practicals for 10 of the 25 participants were concluded in December, 2007. Practical training for the remaining



health care providers from Northwestern Province was completed in January 2008.

**IEC materials and job aides**

Drafts of IEC materials and job aides produced in Quarter 1 through partnership with HCP, WHO, and MOH were finalized in Quarter 2 and approved. Printing of Jadelle posters and EmONC job aides was done by HSSP

**EmONC trainings**

A total of 36 health care providers from 5 districts in Central and Eastern provinces were trained in the 3-week combined EmONC/PAC curriculum this quarter. The training for Central Province, while not included in the original Year 4 targets, was done to take advantage of an opportunity to leverage financial resources through the Maternal Infant Health Initiative. For Eastern Province, the theory portion of the training was completed during this period, and the practicals will take place in Quarter 3. In this quarter, a second group of participants from Northwestern Province completed their practicals at Ndola Central Hospital; however, the statistics from this training were included in this quarter's data. EmONC trainings for Western and Southern Provinces are due to take place in Quarter 3.

**Technical support and follow-up visits**

Technical support visits were carried out to training sites in Ndola and Lusaka this period. The Ndola School of Nursing and Midwifery received surgical outfits and IT equipment. At the University Teaching Hospital, it was found that there is a shortage of equipment for use in EmONC trainings – this issue will be addressed at a meeting of national trainers next quarter.

A revised assessment tool was created this quarter to facilitate combined TSS/follow-up visits to service delivery sites six weeks post-EmONC/FP and/or Jadelle/IUD training. This will ensure that recently-trained HCPs display competency in their new skills and that the facilities are properly equipped to provide EmONC/PAC/LTFP services. Due to the fact that training schedules fell slightly behind, these TSS/supportive follow-up visits have been delayed until Quarters 3 and 4.

**EmONC orientation for managers**

The IRH unit conducted two one-day orientations for managers from Central and Eastern Provinces this quarter. These occurred in conjunction with the health care providers' EmONC theory week. These orientations aim to provide district/facility-level managers with the knowledge they need to support their staff in providing EmONC services.

**Orientation to family planning knowledge updates and counseling kits**

In the Year 4 Action Plan, the IRH unit planned to conduct two, 2-week family planning knowledge updates for health care providers and to conduct a 3-day orientation of provincial and district staff to the revised counseling kit and FP updates. These orientations will now be conducted next quarter after the printing of revised FP counseling kits by WHO and HCP.

### **LTFP site assessments**

In this quarter, a one-day site assessment was planned in health facilities regarding the suitability of Jadelle provision. Site assessments of facilities in six districts of Central Province and three districts (Kafue, Lusaka and Chongwe) in Lusaka Province were conducted in March 2008 prior to the LTFP training of HCPs from those facilities.

### **LTFP trainings**

Two, two-week LTFP trainings were conducted for Luapula and Central Provinces this quarter. A total of 53 health care providers from 22 sites in 14 districts were trained in Jadelle and IUD service delivery. These trainings were originally planned as one-week Jadelle trainings; the IRH unit successfully leveraged resources through UNFPA and the MOH to train providers in the IUD as well. It was recognized among HSSP, the MOH, and the national trainers that clients were prevented from seeking the IUD in part due to a lack of trained providers. Next quarter, Jadelle/IUD trainings are due to take place for Lusaka and Eastern provinces with continued financial contributions from the MOH.

### **Orientation in adolescent pregnancy prevention**

In this quarter, an orientation program in adolescent pregnancy prevention for health care providers was prepared. The orientation has been delayed due to lack of time and human resources and will be conducted in Quarters 3 and 4.

### **Success stories**

A success story on adolescent reproductive health was documented and submitted to the monitoring and evaluation unit. A success story on Jadelle provision is planned for next quarter.

### **IEC materials**

IRH planned to print 3,000 copies of IEC materials for distribution to 72 districts this quarter. Drafts of the IEC materials, including job aids and a revised family planning counseling kit, were finalized in conjunction with HCP. The EmONC job aids and Jadelle posters have been submitted for printing and the FP counseling kit is awaiting funds for printing from the MOH and WHO. 12,800 copies of Jadelle posters and EmONC job aids will be rolled-out to all 72 districts next quarter.

### **National task group meetings**

The IRH unit has been involved in a variety of national task group meetings including the: FP Technical Working Group, Interagency Coordinating Committee, SMH Task Group, and IRH Commodity Security meetings and has coordinated monthly EmONC Technical Working Group meetings.

Through leadership in the EmONC and the FP Technical Working Groups, the IRH unit has leveraged resources through cooperating partners allowing us to expand our geographical and programmatic reach.

### **Malaria in Pregnancy**

The Malaria in Pregnancy program commenced to strengthen FANC and increase uptake of IPT in the fourteen districts of Central and Eastern Provinces by September 2008. A

workplan was created in Q2 and activities are due to begin after the release of funding in Quarter 3.

### ***Maternal and Newborn Health Roadmap***

The IRH Unit contributed to the development and costing of the Maternal and Newborn Health Roadmap, which was launched in February 2008. The purpose of the roadmap is to coordinate efforts by government, NGOs, and academic and professional organizations to reach MDGs 4 and 5.

### ***IUD training***

Due to a recognized need for expansion of IUD services, training in the IUD was added to the LTFP/Jadelle trainings for HCPs through leveraging of MOH resources. This was done for the LTFP trainings for Luapula and Central provinces and is expected to continue in all upcoming trainings.

#### **4.3 Key products/deliverables**

- Jadelle client poster
- Jadelle provider job aide
- EmONC Job Aides (HSSP, HCP, MOH, and WHO) addressing:
  - management of eclampsia
  - newborn resuscitation
  - management of post-partum hemorrhage
  - active management of the 3<sup>rd</sup> stage of labour

#### **4.4 Challenges and solutions**

- Due to a delay in receiving the Jadelle commodity, LTFP trainings were not held until February 2008 and the training schedule fell behind. In order to resolve this issue, we are now conducting trainings concurrently and back to back in order to meet our Year 4 targets.
- Both EmONC and LTFP trainings have faced scheduling conflicts with other trainings and activities taking place in the provinces. We have addressed this by increasing the flexibility in the training plan and ordering the trainings based on the availability of the provinces.
- While resources have been successfully leveraged through funding partnerships, these partnerships often lead to logistical difficulties in planning trainings. In order to remedy this, we are more closely following the progress of partners in fulfilling their obligations.

#### **4.5 Successes and best practices**

- Resource leveraging: Resources were leveraged for EmONC training for Central Province through a partnership with the Maternal Infant Health Initiative, which funded pre-training site assessments, as well as the theory week. This enabled expansion of reach to additional sites in Central Province. Resources were also leveraged through partnerships with the MOH and UNFPA to add the IUD to LTFP/Jadelle trainings for HCPs, thus addressing a perceived gap in LTFP trainings

- outside the HSSP mandate. The IUD is expected to continue to be included in future trainings with MOH funding.
- Utilizing donations: Jadelle training kits donated from USAID were used to supply the training workshops. The kits were given to trainees for use at their clinics and hospitals, thus addressing equipment shortages which could hamper Jadelle service delivery.

#### 4.6 Focus for next quarter

- Continue the scale-up of EmONC services, focusing on Eastern, Western, and Southern Provinces. For Jadelle/IUD services, focus the scale-up on Lusaka, Eastern and Northwestern provinces
- Provide on-site supportive follow-up to EmONC workshop participants in Central, Luapula, Southern, Northwestern, and Eastern provinces. This will be combined with TSS visits.
- Review the current EmONC curriculum for needed improvements.
- Conduct site assessments for provision of Jadelle/IUD in Western and Northwestern provinces in preparation for LTFP trainings.
- Provide continued leadership in EmONC and MiP task group meetings and use those meetings as a forum to create partnerships and leverage resources.
- Commence activities for MIP scale-up in Eastern and Central provinces. A Peace Corps volunteer will be joining the IRH Unit in April 2008 to work on those activities.
- Conduct training on adolescent friendly health services for Luapula and Copperbelt provinces.
- Distribute EmONC/FP IEC materials and job aids to all 72 districts.

### 5 Human Resources: Planning and Management

The goal of HR Planning and Management is to strengthen human resource capacity and retention to provide HIV/AIDS services in areas supported by HSSP. The objective of this component is to retain at least 90% of health workers in districts under the HSSP rural retention scheme by 2010.

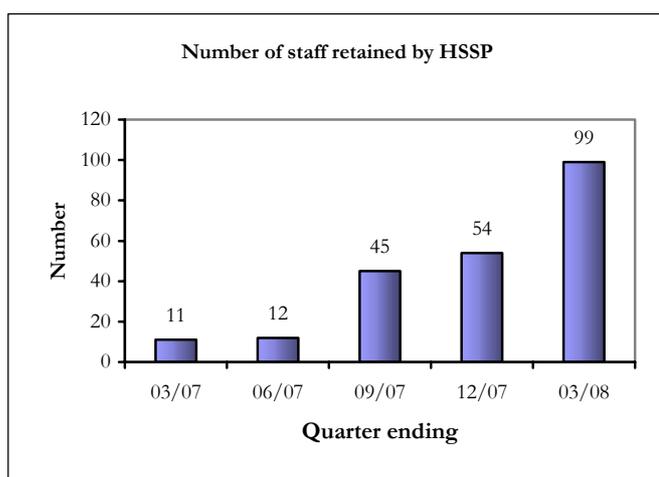
#### 5.1 Key Indicators: Improved Planning and Management coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
4.1 Percent of physicians retained in C&D districts under the HSSP rural retention scheme	90%	90%	96%	96% (2010 target reached)	90%

## 5.2 Activities this quarter

### Support MoH to recruit to recruit health workers to the ZHWRS

This quarter two physicians were recruited to the ZHWRS, bringing the total to 23 doctors on the HSSP-supported scheme. During the quarter one supported doctor left Lufwanyama District to join an NGO in Lusaka. Indicator 4.1 shows this movement to have lowered the retention rate to 96% this quarter based on the initial cohort. The figure below shows the growth in number of retained staff by quarter.



Additionally this quarter, 22 clinical officers and 22 nurses were recruited, bringing the total to 44 out of 63 other cadres recruited to the ZHWRS. There is a delay to recruit the remaining 9 pharmacy and 10 laboratory staff due to the fact that they were put in the fourth phase of the retention plan (2009). Bearing in mind project time constraints, there is need to re-program the remaining 19 other cadres to clinical officers and nurses. The number of tutors supported by

HSSP remains at 33. There has been no reported attrition.

### Distribution of HSSP-supported tutors on the Retention Scheme by School

Training schools supported by HSSP		
Training school	Category	No. of tutors
Macha	B	3
Kasama	B	4
Mansa	B	5
Chikankata	B	3
Monze	B	6
Lewanika	C	5
Chilonga	C	5
St. Pauls	C	2
<b>Total</b>		<b>33</b>

### Organize bi-annual review of ZHWRS performance

The bi-annual meeting was held from 11<sup>th</sup> to 16<sup>th</sup> February 2008 and was attended by all nine PHO staff and 11 MoH headquarters staff. The key discussion issues from this meeting were the challenges brought as a result of the recent transfers of clinical officers and registered nurses from health rural centers to urban ones. This decision will negatively affect the ZHWRS in that clinical officers and nurses in rural facilities constitute the largest numbers of staff participating in the retention scheme. Where clinical officers and nurses are working

in rural areas but are paid from an urban facility, there is difficulty in monitoring their productivity.

**Produce bi-annual report on ZHWRS performance**

This activity was implemented in conjunction with PHOs and the MoH headquarters. The MoH Accounts Department was invited to contribute on the ZHWRS financial management and expenditures to date. HSSP provided TA to the Accounts Department in preparing their section. The report will be circulated to the HRTWG members for review and feedback in the next meeting.

**Work with MoH to monitor, collect and store ZHWRS financial reports**

This activity has continued to move slowly and a number of cooperating partners have recommended technical assistance to the Accounts Department specifically to improve the accounting of retention scheme funds. HSSP has so far collected all financial and deployment documents for the period January to August 2007. A request has been made to receive financial data for the periods August to December 2007 (nurse tutors) and September to December 2007 for doctors.

**Support HRTWG to monitor the implementation of the HR Strategic Plan**

The HRTWG has continued to function as an important forum for donors and MoH to discuss and review the implementation of the 5 Year HR plan. This quarter the committee convened two meetings, addressing issues such as distribution of retained doctors, task-shifting to absorb the contributions of CHWs and other cadres, and retention package revision. The HRTWG has also defined and appointed members to the 2008 HR technical committees which will champion the implementation of activities in specific HR themes.

**Participate in TA/TSS in selected provinces**

This activity has been re-scheduled to Quarter 3 due to competing priorities, mainly the implementation of the retention scheme and the HR skills building workshop for all 72 districts.

**Participate in development and review of national HR policies and guidelines**

The main policy activity for this quarter was the drafting of the Public Health Sector Training Plan which has been circulated to the HRTWG members for review and finalization. The training plan will act as an important pre- and in-service operational document for guiding the implementation of the 5 Year HR Strategic Plan.

**Work with PHOs and districts to develop 72 HR plans.**

The development of district specific plans is a very important stage in the implementation of the 5 Year HR Strategic Plan. Apart from ensuring that districts plan for their staff requirements, the workshop is designed to improve District HR Officers' skills in HR planning. In addition the workshop is designed to show district HR staff how to utilize the HR planning guidelines developed in Year 2 with technical support from HSSP. The two workshops will each support 36 districts and 5 specialized hospitals and are planned for 6<sup>th</sup> to 19<sup>th</sup> April 2008.

### ***Participation in the Global Health Workforce Alliance Conference in Kampala***

HSSP participated in the first GHWA conference, 2-7 March, 2008, and presented a paper and a skills building workshop on rural retention scheme. The conference produced “The Kampala Declaration” which included the following pronouncements:

- Called for massive commitments by international organizations and countries to increase the number of doctors and nurses to resolve the health worker crisis.
- Resolved that rich countries should pay a recruitment fee to the poor countries whose health workers they import.
- Called on government leaders, professional and international agencies to develop national health plans that address the health workforce.
- Called on governments to provide incentives to motivate health workers to remain in their home countries.
- Called on governments to develop databases to monitor the flow of health workers in order to manage migration.
- The Global Health Workforce Alliance will monitor the implementation of the ‘Kampala Declaration’ and reconvene the forum in two years time in order to evaluate progress.

### **5.3 Key products/deliverables**

- 2 Physicians recruited plus contracts
- 22 Clinical Officers and 22 Nurses recruited plus contracts
- ZHWRS 2007 Bi-annual Report
- Country case study presented at the first GHWA conference
- Public Health Sector Training Plan

### **5.4 Challenges and solutions**

- HSSP experienced difficulty in accessing monthly financial documentation for staff on the ZHWRS. HSSP and MoH staff have been working together to devise an efficient way of providing financial information. This began with the recentralization of the payroll from PHOs to MoH headquarters.
- The many competing activities at MoH, such as the implementation of the new establishment structure and the development of job descriptions for the public health sector, have hindered activities. HSSP and MoH have worked closely to ensure that all of these important activities are implemented in a coordinated way.

### **5.5 Focus for next quarter**

- Support MoH to complete the roll-out of the ZHWRS, and fill the remaining posts financed by HSSP.
- Support MoH to strengthen the support systems to ensure efficient management of the ZHWRS.
- Support MoH/PHOs to ensure utilization of HR plans, policies and guidelines.

## 6 Human Resources: Pre and In-Service Training

HR training is composed of Pre and In-service training components whose main goal is to strengthen human resource capacity to provide ART, PMTCT and CTC. The objective of this component is to ensure that 100% of graduates from COG, SOM and Nurse training schools are trained to provide ART, PMTCT and CTC services by 2010.

### 6.1 Key Indicators: Pre- and In-service Training coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
4.2 Percent of Nurses trained to provide ART, PMTCT and CTC services	50%	N/A	10% (31 nurses)	44% (700 nurses)	100%
4.2 Percent of Clinical Officers trained to provide ART, PMTCT and CTC services	100%	N/A	100% (61 COs)	100% (291 COs)	100%
4.2 Percent of Doctors trained to provide ART, PMTCT and CTC services	100%	70	100% (67 doctors)	100% (215 doctors)	100%
4.3 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	N/A	19	20 (87% of 2010 target)	23
4.4 Number of individuals trained in HIV-related institutional capacity building	160	40	45	325 (2010 target reached)	250

### 6.2 Activities this quarter

#### ***Print Clinical Officer General Curriculum and learning materials***

Printing was finalized and documents were handed over to Chainama College (100 copies each of the curriculum and Lecturers Activity Outline, 200 copies each of Student Practicum Log book, Learning Guide, Evaluation and Procedure Manuals) on February 18<sup>th</sup> 2008.

#### ***Hand over of Registered Nurse curriculum and training materials***

In a ceremony presided over by the Vice-Minister of Health, handed over to GNC 200 copies each of the Curriculum and Lecturers Activity Outline, 500 copies each of Student Learning Guide, Evaluation and Procedure Manuals) on January 25<sup>th</sup> 2008.



**TA to Training Institutions in development of proposals for resource mobilization**

TA was given to UNZA, School of Medicine to develop proposals for resource mobilization to train 7<sup>th</sup> year medical students in provision of HIV/AIDS care and services. A proposal was completed and submitted to ZNAN through ZMA for training of 70 medical students. Training of 67 Year medical students occurred from March 13<sup>th</sup> to 28<sup>th</sup> 2008. This training is an extension of

the short term plan to provide competencies to graduates in provision of HIV/AIDS care and services as they enter the health care delivery system.

**Track numbers of students trained in provision of HIV/AIDS care and services**

During the quarter 26 faculty were trained in Pediatric ART, 27 students and 4 staff in ART and OIs, 16 tutors and preceptors trained in Clinical Skills Training (CTS) 61 Clinical Officers and 67 medical students in management of ART and OIs.

**M&E tools for monitoring the implementation of the revised curriculum**

Chainama College was supported to develop M&E tools to monitor the implementation of the revised curriculum. Tools are in draft form. Finalization and implementation will be done in Q 3.

**Support UNZA during curriculum review for the MB ChB programme**

The HSSP team supported three course writers' meetings on 14<sup>th</sup>, 17<sup>th</sup> and 19<sup>th</sup> March 2008. These meetings were co-sponsored by HSSP and Management Sciences for Health (MSH). All the meetings were well attended and the school has shown signs of owning the process of curriculum review. The main purpose of these meetings was to orient all content experts to the standardized method of developing objectives and course content for the various components of the curriculum.

**Printing of strengthened Registered Nurses curriculum and training materials**

HSSP supported the printing of the strengthened Registered Nurses curriculum and training materials. 200 copies of the Registered Nurses curriculum, Teachers Activity Outlines, Student Learning Guide (500), and Evaluation (500) and Procedure Manuals (500) were handed over to the GNC in January and have since been distributed to all Registered Nurse training institutions for immediate implementation.

**Develop M & E tools for the implementation of the strengthened curricula**

This activity was deferred because time was devoted to providing support to MoH/GNC to implement the Direct Entry Midwifery Programme, which commenced in three training institutions in February and March, 2008.

**HIV/AIDS technical update / TOT**

Twenty-five faculty members from Chainama College were trained in Paediatric ART from January 14<sup>th</sup> to 18<sup>th</sup> 2008. Sixteen faculty (11 tutors and 5 clinical teachers) from ten (10) nurse training institutions from seven provinces were trained in clinical skills training (CTS) for HIV/AIDS from March 9<sup>th</sup> to 15<sup>th</sup> 2008. These trainings will contribute to capacity building for training institutions in delivering HIV/AIDS training for students.

**Orientation for HIV/AIDS training using National Training Guidelines (NTGs)**

HSSP supported MoH to hold an orientation meeting on the use of the NTGs for Lusaka Province and districts on 22<sup>nd</sup> and 23<sup>rd</sup> January, 2008. In attendance were Lusaka, Luangwa and Kafue DHMT, Dental School, Chainama, UTH and Chongwe Administration and Human Resource Managers. Support has also been given to MoH for the development of the National Training Plan.

**TA to Post Basic Nursing Dept. to complete revision of BSc. Nursing Programme**

The team attended meetings at SoM with various stakeholders and with HoD of Post Basic Nursing with DMED on a skills lab proposal for SoM and to chart the way forward for both MB ChB and PBN curricula reviews.

**TA to MoH/GNC: Direct Entry Midwifery training programme**

HSSP supported assessments of training sites for Roan School of Midwifery from 14<sup>th</sup> to 16<sup>th</sup> February 2008. The training sites assessed were St. Anthony Rural Health Center, St. Theresa Mission Hospital and Roan Antelope Hospital. The assessments focused on the readiness of these institutions to offer clinical experience to students, based on GNC standards for education and training of midwives.

### **6.3 Key products/deliverables**

**Registered Nurse (RN) Programme:**

- RN curriculum
- Lecturers Activity Outline
- Student Learning Guide
- Evaluation Manual
- Procedure Manuals

**Clinical Officer General (COG) Programme:**

- COG curriculum
- Lecturers Activity Outline
- Student Learning Guide
- Evaluation Manual
- Procedure Manuals
- Student Practicum Log book

#### **6.4 Challenges and solutions**

- The many competing activities at MoH, such as the development and implementation of the Direct Entry Midwifery Training Programme and the MoH Training Plan which are national priorities took center stage. HSSP has collaborated closely with all stakeholders to ensure implementation of activities. The development of the MoH training plan and Training Unit are positive developments for the MoH.

#### **6.5 Successes and best practices**

- The ownership of the curriculum review process for UNZA, School of Medicine by faculty and other stakeholders as shown by increased participation and contribution at meetings, has made it possible to make improved progress towards meeting the target.
- Resources leveraged: K288, 234,030 from ZNAN and K44,000,000 from UNICEF for the training of both faculty and students in management of OIs, pediatric and adult ART. The focus of trainings for this year is on building capacities of training institutions by preparing faculty to take on training of students, since these concepts have been incorporated into the curricula.
- Building partnerships with other stakeholders to ensure the implementation of planned and unplanned activities.

#### **6.6 Focus for next quarter**

- UNZA, School of Medicine – Work with course writers to develop content for the MB ChB curriculum. Continue supporting the strengthening of PBN department through collaboration with other stakeholders.
- TA to MoH/GNC to conduct clinical skills training for tutors and preceptors
- Follow up on the implementation of the tutors' and preceptors' action plans following the Clinical Training Skills course.
- Conduct assessment of implementation of revised curriculum
- Participate in PHO/District planning meetings
- TA to MoH/GNC during orientation of Direct Entry Midwifery faculty to curriculum, learning and teaching materials.

### **7 Performance Improvement and Accreditation**

The goal of Performance Improvement and Accreditation is to improve the quality of case management observation/record review during supervisory visits. The specific objective is to reach 60% of districts (43) conducting case management observation/record review in at least 80% of supervisory visits by 2010.

## 7.1 Key indicators: Performance Improvement and Accreditation coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
5.1 Number of Private sites delivering PMTCT, CTC or ART services that are assessed by MCZ	33	10	4	33 (80% of 2010 target)	41
5.2 Number of private sites delivering PMTCT, CTC or ART services that are accredited by MCZ	27	8	0	8 (27% of 2010 target)	30
5.3 Percent of Districts conducting case management observation /record review in at least 80% of supervisory visits	46% (33 dist)	5	5	51% (37 dist) (86% of 2010 target)	60% (43 dist)

## 7.2 Activities this quarter

### **Support MOH to strengthen supervisory services that focus on case management**

HSSP provided TA to 5 districts in Southern, Western and Copperbelt provinces in the provision of Technical Support Supervision that focus on case management at hospital and health centre levels. The districts visited were Kazungula, Livingstone, Lukulu, Kaoma and Ndola. The districts have since revived their clinical meetings

which are held monthly. They have also introduced mentoring as part of the technical support to the districts especially in the area of HIV management which seems to be a challenge to most clinicians. The doctors from the District Health Office have come up with a schedule where they visit the centers weekly to mentor the Clinical Officers on how to handle the ART patients. This is working very well in Livingstone, Ndola and Kaoma.

After TSS focused on case management, the districts have revived their clinical meetings which are held monthly. They have also introduced mentoring as part of the technical support to the districts especially in the area of HIV management.

### **Work with MOH in monitoring performance assessment**

The HSSP team participated in the performance assessment of Central Province. This is a pilot activity where provinces are being assessed by the officials from MoH headquarters. The team assessed the Provincial Health Office, Kabwe General Hospital and Mkushi District Office. Problem solving activities were focused on Mkushi District, which experienced difficulties in planning.

### **Support MOH/MCZ in accreditation of ART delivery sites**

HSSP, in collaboration with the Medical Council of Zambia, has made progress in the area of accreditation. During the quarter under review, HSSP supported MCZ to leverage resources to train 60 health workers involved in ART. These health workers belong to institutions which were not accredited due to lack of trained ART staff. During this quarter HSSP worked with MCZ to assess 67 sites in Luapula, Northern, Eastern, Southern, Western, Copperbelt and Lusaka provinces. Among these 67 sites 63 are public while 4 are private, and all of the latter were from Lusaka.

### **The certification of health workers**

This activity was planned to have taken place this quarter, however due to other high priority activities at MCZ, this activity has been postponed to next quarter.

### **Training of health workers in the ART protocols**

Health workers from five districts including Kazungula, Livingstone, Lukulu, Kaoma and Ndola were trained in the revised art protocols. This was done from 25<sup>th</sup> January to 24<sup>th</sup> February 2008. All training reports have been compiled and submitted to MOH.

#### **7.3 Key products/deliverables**

- 60 health workers from private sites that did not meet accreditation standards trained.
- 67 ART sites from seven provinces assessed for accreditation.

#### **7.4 Successes and best practices**

- Owing to limited resources HSSP leveraged resources to support the training of 60 health workers from ART sites that did not meet standards for accreditation. It is anticipated that this training will make a difference in the accreditation results when the sites are re-assessed.

#### **7.5 Focus for next quarter**

- Provide TA to 6 districts in provision of TSS at hospital and health center levels.
- Work with MOH in monitoring of performance assessment
- Participate in PHDs meetings to share experiences in PA.
- Continue with accreditation of ART sites.
- Initiate development of a certification system.

## **8 HIV/AIDS Coordination**

The goal for HIV/AIDS Coordination is to assure that districts are offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, pharmacy, laboratory, ART, and OIs) The objective is to assure 60% of districts have at least one facility offering a minimum package of HIV/AIDS services by 2010.

## 8.1 Key Indicators: Improved HIV/AIDS coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
6.1 Percent of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010	50% (36 dist)	N/A	N/A	82% (59-all assessed districts) (2010 target reached)	60% (43 dist)

## 8.2 Activities this quarter

### *Participate in PA/TSS in selected districts*

Between January and February 2008, TSS was provided to 4 provinces (Copperbelt, Lusaka, Eastern and Central) mainly in the area of ART, management of opportunistic infections and home-based care. A total of 10 districts were visited during this activity. In all districts visited, the team was informed that staff attrition was quite high and impacted negatively on the provision of quality health care especially in the area of HIV and AIDS. The team however learnt that CCSs were continually conducting hands-on training for newly qualified staff who were taking the positions left by those resigning from the civil service.

### *Update partners ART database (annually)*

MoH with assistance from HSSP updated the ART Partners' Database for 2007. The updated data base has been handed over to MoH and arrangements are being made to orient directorates/units in its use. In this update, twenty partners responded to the questionnaire, and their records from 2006 were updated.

### *Develop a coordination mechanism for HIV/AIDS*

A consensus meeting was held on 19<sup>th</sup> and 20<sup>th</sup> March 2008 to adopt the draft coordination guide. A total of 28 participants drawn mainly from MoH and selected organizations such as Konkola Copper Mines (KCM), the Zambia Defense Force Medical Services (ZDFMS), and National AIDS Council (NAC) participated in this important meeting. The HIV/AIDS Specialist will present the document to the Director of Public Health and Research before submitting it for approval to the Permanent Secretary for MoH.

### *Support MoH to finalize the integration of HIV/AIDS services into BHCP*

Support to integration of HIV/AIDS services into the Basic Health Care Package is an activity which is carried forward from last year. The activity lost momentum last year as a result of structural changes that have been taking place at the MoH. However, the MoH has reaffirmed its commitment to finalizing the integration and HSSP is working with MoH to revitalize the activity.

**Support MoH to disseminate the HIV/AIDS sustainability framework**

The sustainability framework document is near completion. A draft document has been handed over as a “blind copy” to the Directorate of Policy and Planning to enable the Directorate to develop a policy brief. The MoH is also making arrangements for a high level dissemination and training of staff June 2008, assisted by specialist TA from Abt Associates.

**Support MoH to conduct the National Health Accounts – HIV/AIDS sub-analysis**

During the quarter, MoH in collaboration with HSSP and the University of Zambia (UNZA) has completed data collection, and a data screen has been created. Data entry is being performed by UNZA with support from MoH. Data will be analyzed between 7<sup>th</sup> and 18<sup>th</sup> April through STTA provided by HSSP.

**8.3 Key products/deliverables**

- Updated ART Partners Database
- HIV/AIDS Sustainability Framework
- HIV/AIDS Coordination Mechanism
- Report on TSS to four provinces

**8.4 Challenges and solutions**

- Inadequate coordination of the HIV/AIDS unit at MoH, resulting in insufficient communication between programs, and lack of harmonization of tools, protocols and guidelines. The unit will be oriented to the HIV/AIDS Coordination Mechanism.

**8.5 Focus for next quarter**

- Print and disseminate the coordination mechanism
- Hold consensus meeting for the referral mechanism
- Continue working with MoH to develop and review proposals to the Global Fund and other initiatives
- Support MoH to disseminate the HIV/AIDS Sustainability Framework
- Finalize the NHA HIV/AIDS sub-analysis

**9 Clinical Care Specialists**

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

**9.1 Overview of CCS activities, in all 9 provinces**

**Coordination in provision of ART services**

The Zambian government, through the Ministry of Health, is focused on expanding ART coverage to reach the majority of locations in both urban and rural areas. To make this a reality, MoH is determined to integrate ART services into the existing national health care

system through the basic health care package. At district level, a number of partners and institutions are involved in the ART service provision. HSSP Clinical Care Specialists play a key role in coordinating HIV/AIDS service provision in districts through ART committee meetings, technical support supervision, and performance assessment, among others. CCSs have continued to strengthen collaboration in HIV/AIDS service provision through working with partners such as CIDRZ, CHAZ, JICA, CDC, UNICEF and ZPCT. In this quarter, all provinces held their quarterly coordination meetings while districts conducted monthly review meetings as planned.

#### **Technical backstopping and supervision of junior health workers in ART**

CCSs have continued to address quality of case management through clinical symposia, mentorship programs and discussions during ward rounds. CCSs, working with partners, have extended technical backstopping and supervision to newly qualified clinical officers and nurses deployed in ART centers. In most health centers visited this quarter, during the validation of a study on the basic package of HIV and AIDS services, it was noted that health centers relied mainly on clinical officers and nurses to provide ART services while junior doctors conducted occasional supervision. During this quarter, CCSs conducted a total of 76 case reviews with junior doctors, clinical officers and other health professionals.

#### **Provincial ART training conducted**

In this quarter, CCSs, while serving as provincial ART trainers, trained a total of 642 nurses and clinical officers in ART (346), VCT/DCT (158), PMTCT (126) and HIV/AIDS treatment adherence support (12), while 87 health care providers were trained in HBC provision. Additionally, 87 health workers were oriented in the pediatric ART protocols while 71 were trained in the management of opportunistic infections.

#### **Monitoring and supervision of private sector ART provision**

Apart from disseminating the 2007 ART protocols to public and private health sector, CCSs have also been actively involved in providing TA to institutions that failed the accreditation exercise. Lusaka and Copperbelt provinces, which have more private institutions providing ART, will need additional TA from HSSP and other partners to meet the Medical Council of Zambia's accreditation benchmarks.

#### **Scale up of ART mobile clinics in hard-to-reach areas**

CCSs have continued to support outreach and mobile ART programs in Central, Copperbelt, Eastern and Western provinces for the hard-to-reach populations. Under this initiative, new sites in Western, Eastern and Luapula have been opened in collaboration with CIDRZ, CRS, ZPCT, JICA and CHAZ. However, sustainability and continuity of these services during the rainy season when access is a problem, is one of the biggest challenges which needs to be addressed.

### **9.2 Key products and deliverables**

- Functional ART coordination provincial and district committees
- Improved coordination and collaboration among partners and stakeholders

“Strengthening of General Case Management: A Critical Component of Scaling-up HIV/AIDS Treatment Programs in Zambia” accepted for oral presentation: HIV/AIDS Implementers Conference, Kampala.

- Improved case management (diagnosis and treatment) in both public and private health institutions
- Increased number of clients on ART
- Abstract approved for HIV/AIDS Implementers' Conference in Kampala

### 9.3 Successes and best practices

- In all provinces, CCSs have pooled resources with other partners in implementing HIV and AIDS services.
- Health providers in ART clinics have greatly benefited from the hands-on training provided by CCSs during ward rounds and case presentations.

### 9.4 Focus for next quarter

- Provide TSS to remaining districts
- Conduct PA to remaining districts
- Continue rolling out ART services
- Conduct provincial ART coordination meeting for organizations involved in ART service provision
- Continue capacity building of health providers in public and private institutions

## 10 Planning and Strategic Information

The goal of Strategic Information and Health Services Planning is to improve the quality and usage of the Routine Health Information System (RHIS) in all districts and hospitals by 2010. The overall objective is for all 72 districts and hospitals to use the RHIS for planning and management of HIV/AIDS services.

### 10.1 Key indicators: Improved Strategic Information and Health Services Planning

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
7.1 Number of districts using HIV/AIDS Planning Guidelines in the development of their Action Plans	65	N/A	N/A	72 (2010 target reached)	72
7.2 Percent of public facilities reporting HIV/AIDS services through the RHIS	70%	N/A	N/A	100% (2010 target reached)	90%
7.3 Number of local organizations provided with technical assistance for strategic information activities	93	N/A	N/A	90 (2010 target reached)	82

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2010 Target
7.4 Number of individuals trained in strategic information	182	N/A	N/A	624 (2010 target reached)	550

The activities carried out this quarter focused on ensuring that reporting on HIV/AIDS services become integral to the routine information system. This included the revision of existing data collection tools and the introduction of new ones to respond to the design requirements of the new HMIS as well as changes in service delivery protocols and standards.

**HIV/AIDS indicator list revised**

Although the actual development of the indicator list was completed last quarter, the training of districts in their use only covered four provinces by the end of the quarter. In third quarter, training of additional provinces continued covering Eastern, Central and Southern provinces.

**Finalize the framework for the ART cohort reporting**

The framework has been developed and integrated into the training package for the ongoing HMIS training. This involved adapting the WHO prototype by linking it to the ART monthly register and the revised indicators for ART on treatment outcomes.

**Revise/develop data collection tools for ART, PMTCT, and C&T**

Data collection tools already existed for most of the proposed indicators in the revised HMIS. However, with some changes in the protocols and indicator definitions, these tools were revised while others were introduced. The revision covered the improvements of the ART monthly register to cater for patients on therapy for more than 24 months; splitting the counseling register into two separate registers for general counseling and testing and counseling and testing under PMTCT; and the MTCT labor ward register to take into account the intra-partum treatment procedures. Newly introduced tools included the ART Cohort Summary Form and the Baby-Mother Tracking Register for PMTCT. Final versions of the ART/HIV care card, six registers and a report form have been sent for printing.

**Revise the ART, PMTCT and VCT manuals in view of the new indicator list and data collection tools**

The draft version of this manual has been developed. Finalization is pending the inclusion of observations arising from ongoing national training in the revised HMIS. This is expected to be finished by the end of Quarter 3.

**Develop and circulate a prototype structure of new planning guidelines**

Two meetings were held to agree on the process for reviewing the current planning process and to make recommendations for future planning guidelines and accompanying tools. The MoH has since asked for a consultant from HSSP with Marginal Budgeting for Bottlenecks

(MBB) knowledge to assist with development of the new planning guidelines. The consultant will be provided in Quarter 3.

**Field test/ finalize development of Costing and Budgeting Guide**

Although the Guide was completed during the last quarter, it could not be field tested during the same quarter because there was need to include a step-by-step process in it, which has since been done. Eight central/provincial financial specialists went through the course to test the appropriateness of the tool for district/hospital level planning. Comments received have since been incorporated. The tool needs final proof reading and formatting before producing it as a first edition.

**Update the Integrated Technical Guidelines to incorporate new policies and treatment protocols**

This activity was brought forward due to demand from the MoH. Specific sections have been extracted and distributed to all relevant technical groups and revisions are expected to be completed by end of April. HSSP will provide support for both the revision and printing of the document. So far some of the sections that have been revised include: Gender in Health, Partnership in Health and Poverty Reduction in Health; Malaria; Reproductive Health and Infection Prevention. The HIV/AIDS team has since started revising their tool while Child Health and Nutrition will be revising between 16<sup>th</sup> and 17<sup>th</sup> April, 2008.

**Produce annual technical updates which integrate HIV/AIDS services**

This activity has shifted to Quarter 3 to pave way for the Joint Annual Review (JAR), whose findings should be considered into the technical updates for 2009 planning cycle. However agreement has been reached by the technical teams to update their sections as they review their ITG sections.

**Develop tool for analyzing quality of plans as well as framework for reporting progress of Action Plans**

These two activities will be deferred as they can only be conducted after the new planning tools have been developed.

**10.2 Key products/deliverables**

- ART Monthly Register which caters for patients on therapy from 25-72 months
- Baby-mother Tracking Register for identifying HIV-exposed babies during U5 clinics
- Costing & Budgeting Guide
- Revised PMTCT Labor Ward Register

**10.3 Challenges and solutions**

- The HMIS rollout is behind to schedule due to long administrative procedures. To resolve this HSSP concentrated on activities that did not require much consensus, such as drafting the manuals.
- The continued shifting of activities by MoH is a major challenge, however HSSP has advocated for other innovations to ensure work continues. In the case of Planning, hiring a consultant will speed up the development of new planning tools.

#### **10.4 Successes and best practices**

- Worked closely with the EU-hired consultant for the HMIS review whose mandate did not closely fit in with that of HSSP
- Though review of planning tools did not take place when it should have, we have started working as a team with the EU who needed our support to work with the planning team.

#### **10.5 Focus for next quarter**

- Finalize the Data Collection Reference Manual for HIV/AIDS Services
- Conduct training sessions for districts (Copperbelt) on ART patient/program monitoring
- Provide on-site support to districts on:
  - utilization of the revised data tools
  - data usage from the new HMIS
- Work with two selected districts (develop approaches) to tracking HIV-exposed babies for early infant testing through improved record management for MCH services
- Begin work on new planning tools with consultant
- Support the development of annual technical updates for 2009 planning cycle
- Support a review of the ITGs Booklet
- Support Central Planning and Provincial Launch meetings
- Finalize and print Costing and Budgeting Guide

### **11 Monitoring and Evaluation**

The goal of the Monitoring and Evaluation (M&E) Unit is to establish and maintain a system for tracking and evaluating program performance. The overall objective of the M&E unit is to develop tools and procedures for planning and monitoring and ensure that management and technical staff are routinely updated on the status of given program indicators. The specific objectives include the following:

- Coordinate development and review work plans
- Coordinate program monitoring and evaluation
- Conduct program performance evaluations
- Support provinces to generate, analyze, and utilize information for decision making
- Support technical teams to carry out research and analyze data

#### **11.1 Activities this quarter**

##### ***Finalize the M&E Plan***

The M&E Plan was finalized and submitted to USAID this period. The Plan includes the list and definitions of HSSP main indicators, i.e. COP/MOP/OP and program indicators. Given the continuous changes in indicators and adjustments in targets and results reported, the M&E plan will undergo periodic updating throughout the remaining life of the project.

**Carry out an internal project Mid-Term Review**

The Mid-Term Review report was written. The report provides a historical background since the inception of HSSP, successes of HSSP and examines the many contextual factors which have influenced the programs successes and challenges. The document is currently over 60 pages long, and an executive summary is being prepared.

**Coordinate and develop Quarter 1 Year 4 report**

The Quarter 1 report for year four was written and submitted to USAID within the deadline.

**Roll out the data tracking system to all technical areas**

A data tracking system was completed and rolled out to all technical areas this quarter. The indicator data tracking form is an excel spreadsheet with several worksheets: one containing indicators and results by year and quarter, while the other worksheets contain verification information such as list of private facilities accredited to deliver HIV/AIDS services or attendance lists of trainees.

**Support the production of Provincial Health Statistical Bulletins**

This has been moved forward to Quarter 3 to allow for HMIS data to be available by March 31<sup>st</sup>. During the quarter under review, a template of the provincial health statistical bulletin was revised using Southern Province as a pilot, which was supported to write Provincial Health Statistical Bulletin covering the period 2004-2006.

**Assess and build on the existing GIS skills in Luapula Province**

A post GIS training assessment has been done. Among the key findings is that:

- Some districts have failed to install the GIS program (ArcView 3.3)
- Some of those who were trained are no longer working as information officers.
- Two out of eight participants are able to generate maps

Further capacity building and problem solving will be done in Quarter 3.

**Initiate data analysis using GIS in Western Province**

This activity has been postponed to take place after examining and rectifying the problems being faced in Luapula Province in using the GIS software to produce health data maps.

**Coordinate the development of success stories**

Two success stories were written: Youth-Friendly Health Services in Zambia, and Taking HIV/AIDS Services to the Community through Mobile Teams. The second was submitted as an abstract to the HIV/AIDS Implementers' Conference in Kampala, and the first was reviewed and will be included in the Success Story Compendium planned for Quarter 3.

**Development of STTA Plan**

An annual plan for short term technical assistance was developed to aid timely and targeted STTA, and has proven very useful and is on track for the year. The next step is to develop an STTA quality review system to assure detailed and focused scopes of work, close supervision and support of STTA, and production of quality products and results.

**Development of common drive and project archive**

The structure of the common drive was developed and the archive framework has been documented.

### **Recruitment of Documentation and Communications Specialist**

The advertisement, interviews and selection were carried out during the quarter. The selected candidate did not take the position and the position remains open. CVs are being re-examined and there will be a second round of recruitment in Quarter 3. In the absence of the Documentation and Communications Specialist, and due to an extended leave of an M&E staff member, short term technical assistance was sought to review the M&E system and assist with quality review and report preparations, as well as preparations for an internal data audit.

### **Revision of the CCSs Quarterly Indicator Reporting Form**

To improve CCS reporting timeliness and effectiveness, the reporting format was re-designed and simplified. The previous format contained a total of 46 indicators. This template was revised and the indicators were scaled down to only 5 to be reported by CCSs quarterly.

#### **11.2 Key products/deliverables**

- Year 4 Quarter 1 Report
- M&E Plan
- Mid-Term Review Report
- CCS Quarterly Indicator reporting form

#### **11.3 Challenges and solutions**

- Targets are frequently changing for some indicators, and some definitions remain unclear. The suggestion is to treat all indicators for the preceding year(s) as provisional so that targeting is done yearly.

#### **11.4 Focus for next quarter**

- Prepare the Year 4 Quarter 2 report
- Prepare the PEPFAR biannual report
- Coordinate the writing of success stories
- Expand the definitions of indicators in the M&E Plan
- Carry out the internal data audit
- Carry out an inventory of products/deliverables
- Post the products/deliverables on the Common Drive
- Build GIS capacity in Luapula Province
- Support provinces to develop health statistical bulletins
- Develop the STTA quality review system
- Coordinate Year 4 Quarter 3 review and reporting preparations
- Facilitate Year 4 Quarter 3 review meeting

## 12 HSSP Program Administration and Finance

The goals of the F&A unit are as follows:

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

F&A objectives include:

- Support/guide HSSP including all participating partners to assure 100% financial and administrative compliance to meet both USAID and Abt Associates requirements
- Safeguard project inventory
- Manage HSSP human resources

### 12.1 Activities this quarter

#### Financial accounting activities

All financial accounting activities were completed as planned.

#### Administrative/logistical work

All administrative and logistical work was completed as planned.

#### Office/inventory maintenance activities

All office and inventory maintenance activities were completed as planned.

### 12.2 Financial Performance

#### **Overall Budget and Expenditures**

As of March 31, 2008 it was anticipated that HSSP would have spent a cumulative total of \$29.3 million. The cumulative obligated amount for the same period to March 31, 2008 was \$36.0 million. The total project budget amount remained at \$41.9 million. Cumulatively, HSSP had spent 81% of total obligated funds and 70% of total budget funds located to the project. The remaining obligated funds as of March 31 were \$8.0 million and the remaining budgeted funds as at the same date were \$5.9 million.

#### **PEPFAR - COP**

Out of the total project obligated funds of \$36.0 million, the PEPFAR component was obligated \$16.1 million. The total PEPFAR budget out of the project total budget of \$41.9 million is \$23.1 million. Cumulative expenditure under this component as at March 31, 2008 stood at \$13.1 million. This represented 80.4% of obligated funds spent. In relation to the total PEPFAR budget, the expenditure represented 56.9% funds spent of the total budgeted funds.

#### **Non-PEPFAR- OP**

Out of the total project obligated funds of \$36.0 million, the non-PEPFAR component was obligated \$19.8 million. The total non-PEPFAR budget out of the project total budget of

\$41.9 million is \$18.8 million. Cumulative expenditure under this component as at March 31, 2008 stood at \$16.2 million. This represented 81.8% of obligated funds spent. In relation to the total PEPFAR budget, the expenditure represented 86.2% funds spent of the total budgeted funds. There appears to be a problem regarding obligated non-PEPFAR funds in relation to budgeted non-PEPFAR funds. Technically, it should not be possible to be obligated more funds than budgeted funds as the case is here. This matter has been brought to the attention of the project CTO.

### **Monthly Average Burn Rate**

The monthly average burn rate for PEPFAR funding is \$512,384. The monthly average burn rate for non-PEPFAR funding is \$633,330. The overall monthly burn rate for the project is \$1,145,714.

### **12.3 Human Resources**

HSSP has a human resource establishment of 50, comprised of: 5 management, 27 technical and 18 support staff. At the current time, the actual staffing level is 47 broken down as follows: 4 management, 25 technical and 18 support staff.

### **12.4 Vehicles**

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

### **12.5 Key products/deliverables/results**

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

- Successfully met financial year-end deadlines
- Reconciled April to August 2007 doctors RRS advance payments
- Assessed 17 houses out of 23 RRS doctors houses for renovations

### **12.6 Focus for the next quarter**

- Expand RRS expenditure to other medical staff
- RRS Housing renovations and hardship advance reconciliation
- Overall budget/Field tracking – weakening dollar, PAYE
- Improve the quality of documentation for financial transactions (ROV)

Appendix 1 Year 4 Quarter 2 Table of activities by Technical Area

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>CHILD HEALTH AND NUTRITION Facility - IMCI</b>				
<b>Goal</b>	To expand the coverage and improve the quality of key child health interventions				
<b>Overall Objective</b>	To expand the number of facility IMCI delivering districts from 38 to 72 by 2010				
	<i>Create a comprehensive national F-IMCI training data base</i>				
<b>To strengthen focussed TA in F-IMCI through improved data management</b>	Collect updated district information on key IMCI indicators.	Carried over	This activity has since been taken over by CARE international who have engaged a full time data specialist to develop a comprehensive child health data base for MOH/child health unit. The data base has included key information on facility IMCI.	Finalisation and consensus on the key information to be collected.	Having a data base a national level will ensure a more sustainable way of collecting and updating information on all the child health programme areas. This will assist the national level to provide focused technical assistance
	Draft a scale up plan and budget to conduct national post MCI training follow-up supervisory visits.	Planned	Not done		This is a national level activity which is dependant on getting information from the districts in order to identify the gap. However HSSP has continued to advocate that PHO/DHO ensure that post MCI follow up visits are budgeted for and conducted as part of the F- MCI case management training to ensure quality of health service provision.
<b>To strengthen district IMCI implementation</b>	<i>Support F-IMCI case management training</i>				
	Contribute towards the printing of the up dated F- MCI training materials .HSSP will print modules, wall charts and chart booklets for 10 training programmes.	Planned	Not done.		The printing of the materials will only take place once the process of up-dating the materials has been finalised. HSSP has been actively providing technical assistance by closely working with the two consultants that have been engaged to facilitate this process.
	Provide technical assistance to MoH in reviewing information form the pilot sites for the revised IMCI training materials	Unplanned	Following the pilot of the revised training materials during the last quarter, a two day meeting was held during the quarter under review during which the feedback from the two pilot sites was discussed and consensus reached on any new revisions to the training materials.		
	Provide financial and technical assistance to 2 district F-IMCI training programmes . Each district training programme will involve 3 districts and therefore a total of 6 districts will be involved in the training.	Planned	IMCI case management training was conducted for Mwense and Kawambwa districts in Luapula province where 24 health workers trained in the first quarter.		Re-scheduling activities such as training to fit into the district plans is one way of overcoming the challenges of competing activities at the district level
	Provide TA and financial support to PHO/ DHMTs to conduct post training follow up visits (4-6 weeks after training) for the MCI trained health workers in 6 districts.	Planned	Post MCI case management training follow-up visits was conducted for 119 health workers from 8 districts in Eastern Province.	Respective districts are expected to complete the exercise for the remaining health workers using their own resources.	
	<i>Build PHO/DHO Capacities to support IMCI implementation</i>				
	Train 2 PHO staff from 2 provinces and 6 district managers from 6 districts to conduct IMCI/child survival related TSS (on-job approach) using the revised IMCI supervisory tools.	Planned	A total of 18 DHO staff and 2 PHO staff from Eastern Province were oriented to the IMCI initial follow-up supervisory tools.	The trained staff at the DHOs with support from the PHO are expected to complete the follow-up visits for all the trained health workers.	Although the visits were initially planned for only three districts, Eastern province has a big pool of IMCI trained health workers needing initial follow-up visits. Building enough capacity to do this activity at each of the DHOs will ensure timely and sustained
	<i>Improve management of children at the first level referral hospital</i>				
Attend scheduled NMCC case management technical working group meetings	Planned	HSSP participated in two meetings on malaria case management.			

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>To facilitate institutionalisation and sustainability of IMCI implementation within the training institutions</b>	<i>Build IMCI capacities among the tutors</i>				
	Conduct two IMCI facilitator skills training programmes for the tutors	Planned	Three facilitator skills programmes conducted 32 nurse tutors from 14 nursing schools were trained in facilitator skills.	The tutors are expected to provide leadership in planning and budgeting for training of student nurses in IMCI case management at their respective schools.	Three training programmes were conducted instead of the planned two. One of the training programmes for UTH school of nursing was co-funded by WHO and HSSP while the other two were done in collaboration with HSSP in-service training. The target of 20 tutors has thus been exceeded to a total of 32
<b>To strengthen malaria case management</b>	<i>Build IMCI capacities in supervision of malaria case management and drug logistics management, in 5 provinces with high malaria incidence i.e. Western, Eastern, Luapula, North-Western and, Northern provinces</i>				
	Hold a two day provincial workshop on malaria diagnosis, case management and procurement of drugs and supplies for the key DHMT and hospital staff	Planned	A two day workshop was conducted in Luapula province for provincial, district and hospital managers. A total of 42 participants from all the 7 districts attended the workshop.	It is expected that similar workshops will be conducted for front line health workers in the various districts.	Collaborating with colleagues from NMCC, UTH and the PHO to come up with a comprehensive programme, suitable group of presenters and agree on a date was a challenge due to competing priorities among all the targeted individuals
<b>To strengthen malaria case management</b>	Conduct site supervisory visits for selected health centres in 6 districts in each of the 5 provinces. Three teams of 3 supervisors will be responsible to cover the selected districts in a period of 10 days.	Planned	An assessment and TSS focussing on malaria prevention, case and drug logistics management and general programme management was conducted for all the seven districts DHOs and selected health centres.	A report on the findings will be used by NMCC to further plan for future technical assistance.	
<b>To contribute to national implementation of new initiatives in child health</b>	<i>Develop a national scale-up framework for new born health initiatives</i>				
	Hold a two day workshop to sensitise the members of the Zambia paediatric/Obstetric association and health workers at selected district/provincial hospitals on the new child health programme up-dates i.e. new born health, use of zinc/ORS in the treatment of diarrhoea and use of the RDTs at the 1st level facilities (10 out of town participants and 30 Lusaka participants).		Not done		The activity had to be postponed because most of the participants/ presenters were busy with exam preparations for the school of medicine.
	Attend IMCI drugs and logistics advocacy task group meetings	Planned	Although no structured meeting have been held there has been continuous advocacy and plans are underway for MOH to purchase drugs such as zinc and low-osmolar ORS		
	Support MOH to conduct a series of meetings in preparation for the launch of the maternal new born and child health partnership	Planned	The maternal ,newborn and child health partnership was launched on the 23rd January 2008	Follow-up meetings are planned to map the next steps	
	Support out of town national level activities	Unplanned	MoH was supported during the costing of the Road Map for accelerating the reduction in maternal and neonatal mortality.		

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>CHILD HEALTH AND NUTRITION Community - IMCI</b>				
<b>Goal</b>	To expand the coverage and improve the quality of key child health interventions				
<b>Overall Objective</b>	60 districts with providers promoting 6 Key Family Practices (KFP) by 2010				
<b>Year 4 Target</b>	Sustain promotion of 6 Key Family Practices in 60 districts				
<b>Provide Technical Assistance to PHO for C-IMCI expansion and capacity building in targeted districts</b>	<i>Support PHO in capacity of 200 Facility supervisors and 100 CHWs</i>				
	Print 500 training manuals for Facility and CHWs including Job Aides	Carried over	Process of updating the CHW training manuals has stalled due to the need to increase number of stakeholders.	HSSP to take leadership in working with MOH focal person on Basic Health Package for community level interventions	The coordination of revising CHW training manual goes beyond the child health unity. An MOH basic health Package focal person is being identified
	Purchase of weighing scales and bags	Carried over	Advocacy meetings with UNICEF and NFNC done	Continued efforts for districts to budget for weighing scales in plan of actions to continue	Advocacy efforts to UNICEF, NFNC and districts continue for purchase of appropriate and adequate weighing scales
	Training 75 Facility supervisors in 5 selected districts to support C- MCI implementation	Planned	45 out of the planned 75 facility supervisors oriented in Community MCI in two selected districts	HSSP to identify areas of resource leveraging and integration of C-IMCI training for facility staff	Facility based staff training in C-IMCI is critical to support community level activities
	Conduct 2 CHW trainings in C-IMCI for two selected districts	Carried over	25 CHWs out of planned 50 in C- MCI trained in Kaoma district	HSSP to discuss training of facility staff using DHMT funds to support community level volunteers in C- MCI	There is a critical need Kaoma district to strengthen community participation to improve the health outcomes
<b>Strengthen C-IMCI implementation in targeted districts</b>	<i>Support to 10 districts in Monitoring implementation of C-IMCI activities</i>				
	Support meeting to orient 20 district supervisors in TSS and reporting	Carried over	18 provincial and 36 district supervisors oriented to C-IMCI and RED strategy TSS	To re-enforce utilization of harmonized TSS and monitoring tools by districts	HSSP in collaboration with other partners to bind and disseminate community registers to districts
	Conduct 5 TSS visits in 10 selected districts for trained facility and CHWs	Planned	3 visits out of the targeted 5 conducted in Kazungula, Livingstone and Luangwa districts	HSSP to take leadership in re-enforcing team efforts to increase district coverage for TSS	National level to improve fulfilment of conducting TSS to planned districts
<b>To strengthen information base for scale up of and strengthening implementation of C-IMCI</b>	<i>Support strategies to strengthen implementation, coordination and, review of C-IMCI activities</i>				
	Hire officer to enter existing data base on C-IMCI	Planned	Child Health and Nutrition data base update officer hired at MOH/CHU with financial support from CARE	CHN/TWG contributing to defining indicators and information needs for child health	This will address and strengthen regular reviews of districts performance and use of data for strategic planning
	Conduct 4 district orientating meetings to disseminate harmonized TSS and monitoring tools	Planned	Harmonized TSS and monitoring tools disseminated to 2 out of 4 planned. 18 districts provided feed back	Encourage districts to use districts based opportunities to disseminate and use harmonized monitoring tools	A lot of information is collected from community level. The challenge for national level is to find mechanism of getting it national level
<b>To improve Child Health Nutrition through Positive Deviance Hearth</b>	<i>Support implementation of Positive Deviance Hearth</i>				
	Support one training of selected districts and respective NGOs to support scale up of PD/Hearth	Carried over	PD/Hearth scaled up to 11 districts and 4 NGOs on two provinces Northern and Luapula)	HSSP to take leadership in submitting 7 PD/Hearth proposals to potentials partners for support.	HSSP provided financial support to scale up of PDH to 7 districts in Luapula while RAPIDs with TA from NFNC supported scale up to 4 districts in Northern Province
	Monitor Positive Deviance Hearth activities in selected NGO supported districts through NFNC	Planned	Not done due to excessive floods in targeted districts	Activity scheduled for next quarter with TA from NFNC	With increasing number of districts adopting PD/Hearth, there will be need to work with respective NGOs for close supervision
<b>To contribute to national implementation of new initiatives in child health</b>	<i>Develop a national scale-up framework for new born health initiatives</i>				
	Adapt and disseminate guidelines on Home management of newborn	Planned	Not done	Activity scheduled for next quarter	The activity to be completed currently with training materials development process
	Conduct 2 trainings for 50 CHWs in two selected districts for comprehensive C-IMCI implementation	Planned	Not done	Strategy modified in preference to using follow up strategy to re-enforce Facility and C-IMCI comprehensive implementation)	HSSP to identify two districts where both Facility and C-IMCI training has been done. Strategy to focus on strengthening TSS, supplies, equipment and referral systems
<b>Support national level work and partnerships</b>	<i>Support MOH in resource mobilization to scale up child health interventions</i>				
	Participate in quarterly Inter-Agency Child Health Coordination meetings (ICC)	Planned	HSSP Participated Quarterly ICC meeting		ICC for a used to advocate for issues affecting field implementation of activities

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>CHILD HEALTH AND NUTRITION Expanded Programme on Immunization</b>				
<b>Goal</b>	To expand the coverage and improve the quality of key child health interventions				
<b>Overall Objective</b>	Increase number of children under one year who receive DPT3 FROM 520,000 to 600 y 2010				
<b>Year 4 Target</b>	80% Full Immunization Coverage of children under one year in 60 districts by 2010 55 districts to attain 80% and above FIC; Increase number of children under one receiving DPT3 from 520,00 to 527000				
<b>Support PHO to conduct TSS in targeted low performing districts to improve immunization coverage</b>	<i>Support EPI activities to increase 45 to 58 with 80% and above FIC and 527,000 children under one to receive DPT3</i>				
	Support 15 targeted low performing districts through planning and TSS	Planned	3 districts visited bringing a total of 7 out of the 15 targeted districts supervised (Kazungula, Livingstone and Luangwa)	To lay more focus on TSS for low performing districts in the next quarter	HSSP to advocate for team formation to complete TSS for the remaining 8 districts
	Two visits to conduct RED strategy micro-planning to scale up RED strategy in remaining 25 districts	Planned	Two Visits made to Kazungula, Livingstone and Luangwa to assess implementation of RED strategy micro-plans	TSS results disseminated to all facility health workers in both districts and used as a basis for strengthening implementation	Immediate dissemination of the TSS results to facility staff and provision of update viewed as a best practice
	Support exchange visits for low performing districts	Planned	Spot check visit conducted in one out of the identified 3 districts	Luangwa DHMT and the assessment team agreed to address current identified weaknesses in the one month	The district exchange visits is being proposed for May 2008
	Support documentation and dissemination of best practices	Planned	Documentation not done due to insufficient lessons learned with exchange visits	HSSP to take leadership in re-enforcing team efforts for documentation	Best practices observed in Luangwa, Nakonde, Mazabuka and Chingola districts
<b>Strengthen EPI information basis for scaling up RED strategy and improve Immunization Coverage</b>	<i>Support scale up of RED strategy activities to improve immunization coverage</i>				
	Quarterly update meeting on district performance on FIC and DPT3	Planned	Not done due to late submission of HMIS data.	HSSP to take leadership in accessing HMIS data for the quarter review meeting	The practice of quarterly review of districts performance will assist the CHN/TWG to make strategic decisions targeted at low performing districts
	Conduct Annual meeting to review progress on RED strategy implementation and strengthen TSS practices	Planned	RED strategy Review meeting held and 50 supervisors were in attendance	The harmonized monitoring tools to be disseminated by respective provinces	Harmonization of community monitoring tools is a good step to achieve integration and strengthening partnerships
	Meeting to disseminate harmonized community level monitoring tools	Planned	Harmonized disseminated in Livingstone and Kazungula districts	Districts to use varied opportunities to disseminate monitoring tools	Harmonized monitoring tools will facilitate standardization of reporting and will encourage
<b>Immunization service provided according to standards</b>	<i>Support MOH in capacity building of H/Ws to provide safety immunization</i>				
	Conduct two meetings to revise EPI vaccination manual	Planned	Not done. Process of re-typing hard copies of old document in progress	CHN/TWG to update vaccination manual once typing is complete.	Updating vaccination manual has stalled due to lack of committed resources.
<b>Support national level work and partnerships</b>	<i>To strengthen Health Systems capacities to improve the delivery of child health activities</i>				
	Support orientation of Provincial and staff from selected 12 districts in Health Systems Strengthening initiative	Planned	Representatives of 12 selected districts and respective provinces to attend the orientation meeting	HSSP to provide TA in preparing background documentation to support orientation sessions	The GAVI supported HSS initiative will aim at addressing identified systems barriers to accessing health services
	Participate in quarterly Inter-Agency Child Health Coordination meetings (ICC)	Planned	HSSP in attendance for all quarterly ICC meetings	HSSP to use the ICC for a to advocate for supplies that affect implementation	Advocacy through ICC has resulted in integration of resources and influenced the implementation approach
	Participate in meetings to disseminate and share best practices	Planned	Documentation not done due to excessive floods in targeted districts	Activity scheduled for next quarter with the involvement of the respective districts	Provincial teams to identify Best Practices during district Performance Assessment visits

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>CHILD HEALTH AND NUTRITION Nutrition</b>				
<b>Goal</b>	To expand the coverage and improve the quality of key child health interventions				
<b>Overall Objective</b>	To increase the national coverage for Vitamin A supplementation in all districts above 80%				
<b>To improve data management of Vitamin A supplementation and deworming programme</b>	<i>Strengthening data management system of Vitamin A supplementation programme</i>				
	Compilation of November 2007 Child Health Week	Carried Over	Report compiled	Dissemination to provincial and district levels	Observed improved analysis and review at provincial levels despite delayed submissions in some provinces
	Development of electronic data management system of Child Health Week data for provincial and district levels	Planned	Not done	Plans on course to work with NFNC and HMIS on the process	Competing priorities of the HMIS team. The reporting system is for programme related data and not coverage that is in HMIS
	Development of health facility data management model through support to 3 districts	Planned	Not done		Inadequate funding
	Support capacity building of provincial staff in use of health facility model	Planned	Not done		Inadequate funding
	Further exploration of factors affecting Vitamin A and deworming coverage (STTA)	Planned	Not done		Limited funding for International STTA
	Collaboration with HMIS team to ensure Child Health Week data complements the new HMIS	Planned	Worked with Nutrition Specialist HMIS to ensure coverage indicators are retained	Continue to collaborate and follow up of data flow from lower levels on coverage through HMIS	
	<i>Capacity Building of districts to effectively manage Vitamin A supplementation</i>				
<b>To build capacity of districts in effective programme management of Vitamin A programme</b>	Compile and print advocacy document for the Vitamin A supplementation story in Zambia	Planned	Draft concept paper developed	Finalise document	The document will be compiled in an integrated manner with other micronutrients
	Participate in stakeholder meeting to advocate for continued investment in Child Health Week as a key strategy for delivering Vitamin A supplements to children below 5 years	Planned	Participated in key committees such as the Child Health Technical Committee and Interagency Coordinating Committee	Continue to participate in meetings	
<b>To advocate and strengthen the integration of nutrition interventions</b>	<i>Advocate and strengthen integration of nutrition interventions</i>				
	Provide technical support to the Nutrition technical working groups	Planned	Provided support in various nutrition technical meetings	Continue to participate in meetings	
	Support development of an advocacy document that repositions anaemia as integrity entity drawing from multiple programmes	Planned	Draft concept paper developed	Finalise document	The document will be compiled in an integrated manner with other micronutrients
<b>To advocate and strengthen the integration of nutrition interventions</b>	Support advocacy meetings for Nutrition interventions and implementation of minimum package of care for nutrition	Planned	Provided support for advocacy through the participation in the technical working group	Continue to participate in meetings	
<b>To strengthen planning and implementation of nutrition interventions</b>	<i>Strengthening integration of nutrition interventions</i>				
	Participate in 4 provincial technical support supervision and performance assessment to integrate nutrition interventions	Planned	Participated in the Copperbelt province district performance assessment	Follow up on gaps in the PA tool	
	Support finalisation and printing of Minimum Package of Care for Nutrition in Zambia	Planned	The document has been finalised is undergoing editing	Complete editorial and send for printing	Competing priorities with national level counterparts
	Support the development and printing of Infant and Young Child Feeding health facility wall protocol	Planned	Final draft of the wall protocol to undergo final pre-test	Conduct final pre-test	
	Provide technical and logistical support to the roll out of the revised Children's Clinic Card	Planned	Provided assistance in developing orientation package for 3 levels Mangers, health workers and community volunteers)	Provide TA in the training of provincial resource persons	

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>Indoor Residual Spray</b>				
<b>Goal</b>	To achieve over 85% coverage of 700,000 households targets by RS operations in 15 districts				
<b>Overall Objective</b>	To provide adequate technical logistical and managerial assistance to the NMCP to achieve its target of reducing the incidence of malaria by 75% in selected IRS areas by the end of 2011				
<b>To improve the district capacities for implementing IRS activities</b>	<i>Strengthen district level management capacities for IRS implementation</i>				
	Provide technical and logistical support for post season IRS review meeting		Post spray meeting was conducted during second week of January 2008.		District Directors and their RS managers attended the meeting. Issues of IEC were discussed extensively
<b>To enhance the NMCP management capacities to expand the IRS operations in to new districts</b>	<i>Strengthening the NMCC and district management capacities to undertake further expansion of IRS operations into new selected 7 districts in Zambia</i>				
	Support situation analysis and survey visits to 7 new districts identified for IRS coverage	Planned	Needs assessments for the new districts were done. A combined report for all the districts is being compiled.	To follow up on the progress made by the districts to implement the recommendations in the assessment reports	14 districts in addition to the 7 were assessed. (GRZ has increased number of districts to be sprayed next year)
<b>To support the NMCC and districts in conducting training for IRS operations</b>	<i>Support NMCC and district to conduct appropriate master trainer and cascade training session with adequate technical, logistical and managerial assistance</i>				
	Support NMCC to conduct national training of trainers (master trainer)	Planned	The training of trainers in geocoding was done for 7 new districts.	To provide technical support to geocode the 7 new districts	18 participants from the 7 districts and 5 provinces were trained. In addition, Ethiopia, Tanzania and Zimbabwe showed interest in this training and sent 3 participants each.
<b>To strengthen the NMCC and District capacities in monitoring and supervision of IRS operations</b>	Support NMCC and ECZ to follow up on the safe disposal of insecticide waste material at district level	Planned	All insecticide waste for last spray round in districts packed in bulk bags pending transportation to Lusaka	To follow up transportation of waste to Lusaka	
			All insecticide waste from previous years packed in bulk bags in Lusaka	Follow up documentation for export of DDT waste and incineration of non DDT waste at UTH	
<b>To improve the programme management capacity of NMCC for IRS operations</b>	<i>Strengthen management capacities at NMCC for IRS operations</i>				
	Provide logistical support to coordinate activities with ECZ and other partners on safe pesticide use.	Planned	Supplementary Environmental assessment was done in conjunction with RTI	To follow up on the progress made by the districts to implement the recommendations in the assessment reports	

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>Integrated Reproductive Health - IRH</b>				
<b>Goal</b>	To contribute to the national efforts of reducing the maternal morbidity and mortality ratio				
<b>Overall Objective</b>	1 EmONC/FP: To have EmONC/FP services established in 44 districts (60%) by 2010 2 PAC/FP: To have 44 districts (60%) providing PAC/FP by 2010 3 LTFP: To increase accessibility and availability of long-term FP methods in 44 districts (60%) by 2010				
<b>To build capacity and establish EmONC/FP in 20 districts</b>	<i>Train 110 health care providers in EmONC from 4 provinces. Make EmOC/FP sites in 20 selected districts functional.</i>				
	Conduct 1 five days EmONC technical update and revision exercises for 16 EmONC trainers	Planned	Delayed	To be conducted in Q3	Draft scope of work done
	Print 300 copies of EmONC participant training manuals	Planned	80 copies made in Q2	Hold meeting among EmONC national trainers to review and revise training workshop and manuals	Copies currently being made on as-needed basis until revision of manuals is complete
	<i>Make EmOC/FP sites in 20 selected districts functional</i>				
	Conduct 1 five days site assessments for Central Province	Planned	Completed by M HI		Done prior to EmONC training for Central Province conducted February 2008
	Start work on study to demonstrate impact of EmONC on averting maternal mortality and disability	Planned	Consultant from Venture Strategies selected to conduct study	Consultant to visit HSSP and begin study in Q3	
	Conduct 7 three week EmONC trainings for 110 HCPs from 20 districts	Carried over	Two EmONC practicals for 2nd group of HCPs from North-western province carried over from Q1 and conducted in January; EmONC trainings for Central completed and Eastern Province (only theory) conducted March 2008	Eastern Province practicals to be completed in Q3 ( April)	Central Province training co-funded by M HI; 36 HCPs from 5 districts in Central and Eastern provinces trained (numbers for North-western Province included in Q1 reporting)
	<i>Provide 4 supportive follow-up visits six weeks after training</i>				
	Carry out quarterly technical support visits to EmONC training sites (Ndola)	Planned	Visit to Ndola training site done Feb 2008	Next visit to be done in Q3	Provided surgical outfits and IT equipment to Ndola School of Nursing and Midwifery
	Conduct (4) four day follow-up visits to 60% of sites six weeks after training	Planned	Visits delayed	To be conducted in Q3 and Q4	Follow-up visits and TSS visits to be combined; follow-up tool has been reviewed and tailored for use in combined visits
	Conduct 8 one day orientation workshops for 80 district/hospital managers	Planned	Conducted 2 one-day orientations for district/hospital managers from Central and Eastern Provinces respectively	Follow-up on action plans created by managers to be conducted at TSS visits	37 managers from 5 districts oriented to EmONC
<b>Facilitate training of 138 HCPs in LTFP methods from 43 facilities in 13 districts</b>	<i>Site assessment of health facilities</i>				
	Conduct 1 day site assessment of 11 health facilities in 6 districts covering 2 provinces to assess suitability for provision of LTFP methods	Planned	Conducted 4 days assessment covering 17 sites in 5 districts of Central Province and 7 days assessment covering 16 sites in Lusaka, Kafue and Chongwe districts	Conduct LTFP trainings for Lusaka, Kafue and Chongwe districts in April 2008	
	Conduct four 3 day orientations of 120 provincial and district staff to the revised FP counselling kit and FP technical updates	Planned	Delayed	To be conducted in Q3 after printing of revised FP counselling kit	
	Conduct 8 five day LTFP training courses for 130 health care workers	Planned	Conducted 2 two-week LTFP (Jadelle/IUD) trainings for Luapula and Central provinces	Conduct LTFP trainings for Lusaka and Eastern Provinces in Q3	IUD portion of trainings funded by UNFPA and MOH; 53 HCPs from 22 sites in 14 districts trained
	Hold a four day orientation program for 40 HCPs in adolescent pregnancy prevention	Planned	Delayed due to lack of human resources	To be conducted in Q3 in Copperbelt and Luapula provinces	
	Carry out documentation - success story on FP/EmONC	Planned	Completed one on adolescent reproductive health - Southern province and submitted to M&E	To write one success story on long term family planning in Q3	

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>To improve awareness and mobilize the community to utilize FP/PAC/EmONC services in 20 selected districts</b>	<i>Collaborate with HCP and other stakeholders in the development of IEC materials on FP/PAC/EmONC targeting more at community levels</i>				
	Hold 4 one day meetings to review existing community EC materials on FP/EmONC/PAC	Planned	Delayed		
	Print 3000 copies of FP/EmONC IEC materials and job aids	Planned	12,800 copies printed	Hand over to MOH and distribution to Provinces	
	Hire a consultant to work on package for community-based key information on FP/EmONC/PAC	Planned	Delayed		
<b>Establish a system for FP/EmONC/PAC programme and service improvement</b>	<i>Prepare quarterly reports and participate in the planning launch</i>				
	Prepare reports for HSSP quarterly review meetings	Planned	Completed		
	Provide TA in the launch and review of district action plans	Planned	Started work on review of ITGs	Complete work on review of ITGs and prepare addendum on planning updates	
	<i>Participate in national task group meetings</i>				
	Attend the quarterly SMH task group meetings	Planned	attended the quarterly meeting at MOH	Attend next quarter SMH task group meeting	
	Provide TA and leadership to the EmONC Working Group	Planned	Continued providing Leadership to EmONC TWG and roll out of EmONC activities in the country	Continue to spearhead implementation of EmONC trainings	
	Attend the quarterly IRH commodity security committee meetings	Planned	IRH commodity security committee meetings attended in January and March 2008		
	Support holding of FP TWG meetings	Planned	Participated in FP TWG meeting February 2008		
	Support and hold monthly EmONC TWG meetings	Planned	EmONC TWG meetings conducted 17/01/08, 19/02/08, and 18/03/08 at HSSP	Continue to support holding of monthly EmONC TWG meetings	
	Disseminate and learn from success stories in FP/EmONC at national and international conferences	Planned			
Leverage resources through the working groups	Planned	Resources leveraged through MIHI, UNFPA, and MOH for EmONC and LTFF trainings	Continue to leverage MOH resources to fund IUD portion of LTFF trainings		
<b>To establish a Malaria in Pregnancy program for Central and Eastern Provinces</b>	<i>Strengthen FANC and increase uptake of IPT in the 14 districts of Central and Eastern Provinces</i>				
	Conduct FANC/MIP activities in Central and Eastern Provinces	Unplanned	MIP Working Group formed and workplan created	Activities to commence in Q3	

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>Human Resource Planning and Management</b>				
<b>Goal</b>	Strengthen human resource capacity and retention to provide HIV/AIDS services in areas supported by HSSP				
<b>Overall Objective</b>	To retain at least 90% of health workers in districts under the HSSP retention scheme by 2010				
<b>Support MoH/PHOs in monitoring implementation of retention policy/programs to support the provision of HIV/AIDS</b>	<i>Support MoH to monitor implementation of the ZHWRS plan (doctors, tutors &amp; other cadres)</i>				
	Support MoH recruit 11 Physicians and 63 other cadres to the ZHWRS.	Planned	11 Physicians, 22 Clinical Officers and 22 nurses recruited	To meet with USAID to suggest re-programming the 9 Pharmacy and 10 Laboratory staff to nurses or clinical officers	The MoH might take long to introduce paramedical staff who include pharmacy and laboratory staff to the ZHWRS. It is better to be pro-active and instead replace the 19 with clinical officers and nurses who are already on the scheme.
	Organize bi-annual meetings with PHOs to review the ZHWRS performance	Carry over	Meeting held from the 11th to the 16th of February 2008	Planning for another bi-annual report in the 4th Quarter of 2008	
	Work with PHOs to provide technical support to low performing hospitals, training institutions and districts	Planned	TSS to low performing hospitals, training institutions & districts to be implemented in quarter 3.	Work with PHOs to provide technical support to low performing hospitals, training institutions and districts	This activity is dependant on full implementation of the ZHWRS plan.
	Write a bi-annual report the ZHWRS performance	Planned	The report has been written and forwarded to MoH for onward circulation to HRTWG members.	Finalization of the report in quarter 3	
	<i>Support MoH strengthen the support system to ensure efficient management of the ZHWRS</i>				
	Work with MoH to monitor, collect and store financial and deployment documentation of the ZHWRS	Planned	All financial and deployment documents collected up to August 2007. A request has been made for documentation covering July – December 2007 (Nurse Tutors) and September to December 2007 for Doctors.	Work with the MoH accounts department to devise a system to provide financial statements in an efficient manner.	A number of donors participating in the retention scheme have suggested TA for the accounts department to improve production of financial statements.
Provide TA to MoH to document biannual Management and Financial reports of the ZHWRS	Planned	The draft report has been documented and will be circulated and presented to the HRTWG	Finalization of the report in quarter 3		
<b>Provide support to MoH, PHOs and districts to strengthen capacities in HR planning and management</b>	<i>Support MoH/PHOs to ensure the utilization of HR plans, policies and guidelines</i>				
	Support HRTWG hold monthly meetings to review (monitor) the implementation of the HR Strategic Plan	Planned	Two meetings held this year and the third one is planned for April 2008.	Continue to support MoH hold HRTWG meetings and technical committee meetings.	
	Participate in PA/TSS in a selected province	Planned	This activity has been re-scheduled to quarter 3 due to other competing priorities, mainly the implementation of the retention scheme and the HR planning skills building workshop for all 72 districts.	Participate in PA/TSS in quarter 3	
	Participate in various development and review of national HR policies and guidelines	Planned	The main activity for this quarter was the drafting of the Public Health Sector Training Plan which has been circulated to the HRTWG members.	Introduction of the HR planning policy for MoH	
<b>Provide support to MoH to ensure that districts and hospitals plan for Hr requirements to deliver a minimum package of HIV/AIDS services</b>	<i>Support MoH strengthen the utilization of HR planning guidelines and models</i>				
	Work with PHOs and districts to develop 72 HR plan	Planned	A letter has been written to the PS MoH stating that HSSP has financial and logistical support for this activity. The MoH has advised that the skills building workshop will be implemented 6th to 19th April 2008	Facilitation of the HR planning workshop in April 2008	The districts will be expected to utilize the HR plans in their District Action planning

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>Human Resources Training Pre and In-service</b>				
<b>Goal</b>	To strengthen Human Resource capacity to provide ART, PMTCT and CTC.				
<b>Overall Objective</b>	100% of graduates from COG, SOM and Nurse training schools trained to provide ART, PMTCT CTC services by 2010				
<b>Ensure all graduate doctors, Nurses and Clinical Officer General are trained in providing HIV/AIDS care and services</b>	<i>Support to MoH and training institutions to train all graduates from selected programs (Clinical Officers, Doctors and Nurse/Midwives) in provision of HIV/AIDS care and services</i>				
	Provide TA to TIs in development of proposals for resource mobilization	Planned	K130,000,000 was awarded through ZMA for the training of 67 seven (7th) Year medical students in management of ART, OIs from March 19th to 28th 2008	Develop proposals for School of Medicine and Chainama to train 6th year medical students and senior Clinical Officer students respectively.	The target to train 100% of medical students (doctors) has been achieved for this year.
	Track numbers of students trained in provision of HIV/AIDS care and services	Planned	25 faculties from Chainama College were trained in management of Paediatric ART, 27 student nurses and 4 staff in adult ART and OIs, 16 tutors and preceptors trained in Clinical Skills Training (CTS) and 67 seventh (7th) year medical students in management of adult ART and OIs.	Continue to track the numbers of those trained in all the quarters	Focus for this year is on building capacities of training institutions especially for nursing and midwifery.
<b>Ensure revision of curricula for Clinical Officer General (COG), School of Medicine Medical Doctors (SOM) and Nurses to incorporate</b>	<i>Support MoH and Chainama College during implementation of revised COG Curriculum</i>				
	Printing of Clinical Officer General Curriculum and learning materials	Carried over	Handed over to Chainama College (100 copies each of the curriculum and Lecturers Activity Outline, 200 copies each of Student Practicum Log book, Learning Guide, Evaluation and Procedure Manuals) on February 18th 2008	To identify consultant to conduct Mid term review of implementation of revised curriculum.	The mid term review will require STTA
	Support to Chainama College develop M&E tool. Tools are in draft form.	Planned	Development of M&E tools for monitoring the implementation of the revised curriculum	To finalize tools and conduct evaluation	This is the mid term review activity that will require STTA
	<i>Support MoH UNZA school of Medicine revise Curriculum</i>				
	Support 3 course writers meetings	Planned	Supported three course writers meetings for orientation, and development of course objectives	Follow up with all the groups on progress on development of objectives and proposed formats	Feedback is expected next month
<b>Ensure revision of curricula for Clinical Officer General (COG), School of Medicine Medical Doctors (SOM) and Nurses to incorporate HIV/AIDS and other priority health services</b>	<i>Support GNC to strengthen RN curriculum</i>				
	Support MOH/GNC to print strengthened Registered Nurses curriculum and training materials	Carried over	Handed over to GNC Registered Nurses curriculum (200), Teachers Activity Outlines (200), Student Learning Guide (500), Evaluation (500) and Procedure Manuals (500) on January 25 2008.	Orientation/updates/ToT for tutors and preceptors to strengthened curriculum.	Focus for this year is on building capacities of training institutions especially for nursing and midwifery.
	<i>Support MoH/GNC during implementation of Direct Entry Midwifery program</i>				
	TA to MoH/GNC during implementation of Direct Entry Midwifery training programme	Unplanned	Supported assessments of Training sites for Roan school of Midwifery from 14th to 16th February 2008. The assessments focused on the readiness of these institutions to offer clinical experience to students, based on GNC standards for education and training of Midwives.	To orientate preceptors for Chipata school of Midwifery	TA is given during this activity as it falls under my scope of work
	TA to Post Basic Nursing Dept. (PBN) to complete revision of BSc. Nursing Programme	Unplanned	Attended meetings at SOM with CHAI, Nuffic (Danish organization), DFID and with HoD of PBN with DMED on skills lab proposal for SOM and to chart the way forward for both MB ChB and PBN curriculum review	To continue with developing content for various courses of the BSc. Nursing program. A follow up meeting with CHAI will take place in April to discuss funding for the activity.	HSSP is collaborating with CHAI to leverage resources to build capacity for the PBN department
<i>Provide TA to MOH to build capacities of HRDCs in utilization of the NITCS plan and use of NTGs</i>					
	Support districts to plan for HIV/AIDS training using National Training Guidelines (NTGs)	Planned	Supported MoH hold an orientation meeting on the use of the NTGs for Lusaka province Luangwa and Kafue DHMT, Dental school, Chainama, UTH and Chongwe Administration and Human Resource Managers on January 22nd and 23rd 2008.	To conduct similar activity with other provinces	The engagement of an officer for HRH training and development since March 2008 is hoped will enhance implementation of most planned activities in this area.

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>Performance Improvement</b>				
<b>Goal</b>	To improve quality of case management observation/ record review during supervisory visits				
<b>Overall Objective</b>	60% of districts case management observation / record review in at least 80% of supervisory visits by 2010.				
<b>Monitoring implementation</b>	<i>Support MOH to strengthen supervisory services that focus on case management and quality improvement</i>				
	Provide TA to 17 selected districts in provision of Technical Supportive Supervision	Planned	TA was provided to 5 districts namely; Livingstone, Kazungula, Kaoma, Lukulu and Ndola.	To provide TA to 6 Selected districts in the provision of TSS that focus on case management.	There seem to be improved case once TSS is implemented.
	Participate in MOH PHDs meeting to share experience in Performance Assessment	Planned	This activity was postponed to first week of April 2008.	To participate in next Quarterly meeting.	
	Work with MOH in Monitoring Performance Assessment	Planned	Participated in the PA for Central province.	To participate in next PA.	The PA new tool seems bulky but it brings out very important issues which relates to quality.
<b>Support MOH/MCZ in accreditation of ART Sites</b>	<i>Roll out accreditation to Private ART sites</i>				
	Work with MCZ to re assess 15 ART sites	Planned	TA was provided to ART sites that did not meet the standards. 60 health are being trained in ART.	To provide TA to the ART sites that did not meet the standards in HMIS	A meeting with MOH is being organised to see which HMIS version would be good for the Private sector
	Work with MCZ to accredit 12 ART sites	Planned	4 private ART sites were assessed and none was accredited.	To assess more private ART sites	More sites will be assessed next quarter in Lusaka and Copperbelt
<b>To work with MOH /MCZ in certification of Health workers involved in provision of ART</b>	<i>Support MCZ to certify Health Workers involved in ART provision</i>				
	Hold a consensus meeting to agree on certification standards	Planned	This meeting was postponed due to competing activities at MCZ	To hold a consensus meeting to agree on certification standards	The MCZ has already committed itself to have his meeting next quarter
	Identify Health workers to be certified and design a certificate	Planned	This meeting was postponed due to competing activities at MCZ	This activity depends on first having a consensus meeting.	The MCZ has already committed itself to have his meeting next quarter
<b>Support MOH to improve quality in ART sites</b>	<i>TO train 5 districts in the new ART protocols</i>				
	To train health workers in 5 districts in the new ART protocols	Unplanned	Health workers were trained in Livingstone, Kazungula, Kaoma, Lukulu and Ndola.	To attend a review meeting on the new ART protocols.	15 Health workers from each districts were trained
<b>Technical Area</b>	<b>HIV and AIDS Coordination</b>				
<b>Goal</b>	Improve the management of HIV/AIDS and opportunistic infections				
<b>Overall Objective</b>	Districts offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, Lab services)				
<b>Target</b>	60% of districts with at least one facility offering a minimum package of HIV/AIDS services by 2001				
<b>To coordinate HIV/AIDS services - PMTCT/CTC/ TB/ART/HBC - in the Provinces</b>	Develop a coordination mechanism for HIV/A DS services (ART, PMTCT, CTC, HBC)	Planned	Consensus meeting was held on 19 and 20th March 2008 to adopt the draft coordination guide.	Follow up approval process with MoH	Dissemination will follow immediately after the guideline has been approved
	Finalize and disseminate referral guidelines	Planned	Meeting was held with MoH (HIV/A DS Specialist and HBC Coordinator) and NAC (Care and support Specialist) where it was agreed that a consensus building workshop should be conducted in April 08.	To coordinate and support the consensus building meeting in April 2008	Dissemination will follow after the adoption of the guidelines - in this quarter
	Participate in the district action planning for HIV/A DS services	Planned	Will participate in quarter 3 - when most districts are scheduled to start their planning cycles	To accompany MoH teams during the provincial and district planning cycles	
	Participate in PA/TSS in selected districts	Planned	Provided TSS to 4 provinces (Copperbelt, Lusaka, Eastern and Central) mainly in the area of ART, management of opportunistic infections and home based care	To continue supporting MoH provide TSS to week districts	
	Update partners ART database (annually)	Planned	Database has been updated and the soft ware has been given to MoH	Train MoH staff on use of the software. Assess on number of units in the MoH utilising the database	Training of MoH staff and assessment of data use will be conducted in this quarter
	Work with MoH to hold a partners coordination meeting on HIV/AIDS programs (bi-annually)	Planned	The first partners coordination meeting has been arranged for the first week of April 2008 (held on 2nd April - 37 partners participated)	The next meeting has been scheduled for September/October 2008	

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>To coordinate HIV/AIDS services - PMTCT/CTC/TB/ART/HBC - in the Provinces</b>	Support MoH develop and review proposals to global fund and other HIV/A DS initiatives	Planned	Participated in the Round 8 proposal development planning meeting held at Ibis Hotel in Chisamba	To continue providing support to MoH until the proposal is submitted	
	Support MoH disseminate the HIV/AIDS sustainability framework	Unplanned	MOH is developing a policy brief which will be followed by dissemination	Training of staff in the use of the framework will be conducted in April 2008 through the directorate of Policy and Planning	
	Support MoH to finalise the integration of HIV/A DS services into BHCP	Planned	Discussions have been held with MoH. A technical working group is being constituted to spear head the process of finalization	A technical working group consisting of officials from MoH, UTH, WHO, UNICEF and HSSP will identify members for specific technical areas.	Funds are available from WHO, MoH and HSSP
<b>Technical Area</b>	<b>Clinical Care Specialists</b>				
<b>Goal</b>	To improve the quality of and access to cost effective HIV/AIDS interventions				
<b>Overall Objective</b>	60% of districts case management observation / record review in at least 80% of supervisory visits by 2010.				
<b>Target</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007				
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	Coordination of ART Services	Planned	Coordination was provided mainly through provincial and district coordination meetings.	To continue holding coordination meetings at provincial and district levels	To lobby districts to include key partners in the development of annual plans
	Provide technical support to all ART sites	Planned	Ward rounds, clinical meetings and case presentations were used in providing TA . CCS also participated in PA exercises	To continue providing TA and TSS to districts especially orientation in the 2007 ART protocols	
	Develop a data base (list) of partners in ART service provision and review it annually	Planned	Database for ART partners in the provinces have been developed	To continue updating this database annually	
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	Provision of TA to Junior Medical Doctors	Planned	CCS have provided TA to junior medical doctors through ward rounds, technical update meetings and case presentation.	To continue providing TA to junior doctors in 2007 ART protocols. This TA will also cover clinical officers and nurses who are managing ART centres	The case management presentations include management of TB, malaria and other opportunistic infections
	Conduct on the spot TA to ART sites	Planned	Provided on the spot TA to ART centres mainly during PA and reviewed case records	There is improved case management in most districts in ART and management of opportunistic infections including STI	More sites will be visited in the next quarter
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centres</b>	Work in collaboration with partners to provide TA to possible ART and PMTCT sites	Planned	CCS have been working with partners ZPCT, JICA, CIDRZ, UNICEF to coordinate the ART scale up. More sites have been opened up.	To continue providing TA to junior doctors in 2007 ART protocols. This TA will also cover clinical officers and nurses who are managing ART centres	CCS will continue to work with MCZ to assess the remaining institutions for ART accreditation
<b>To serve as Provincial ART Trainers</b>	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	Unplanned	CCS have coordinated and participated in training of health care providers in private and public health institutions.	To scale up training to cover all districts.	The main areas of training have been in PMTCT, paediatric ART, management of opportunistic infections and introduction of 2007 ART protocols

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area</b>	<b>Strategic Information &amp; Health Systems Planning</b>				
<b>Goal</b>	Improve Quality and Usage of RHIS in all Districts and Hospitals				
<b>Overall Objective</b>	72 districts and hospitals use RHIS to plan for and manage HIV/A DS services				
<b>90% of health facilities reporting HIV-related activities through the RHIS by end of 2007</b>	<i>Finalise the integration of HIV-related data into the RHIS</i>				
	Revise manuals and protocols for the new HMIS	Planned	Draft finalized. Pending the inclusion of observations arising from the ongoing national trainings in the revised HMIS	Finalise and print the manual and distribute	There is has been a delay in the finalising some sections of this manual due to the delays in the rollout of the HMIS, where tools are continuously edited in-sessions
	Revise/develop data collection tools for ART, PMTCT, C&T	Planned	Final versions of the ART/HIV care card, 6 registers and a report form sent for printing	Work with selected districts in optimising record management for the baby-mother follow-up in PMTCT	To capture indicators on infant testing, a tool was adopted from ZPCT-funded sites. This register has been modified to work with ANC card and new U5 card.
	Print the reference manual and tools	Planned	Data collections are currently being printed	Distribution to provinces	Experience has shown that if materials are left with MoH stores, they hardly filter down in time.
	Finalize the framework for the ART cohort reporting as part of the routine/periodic HMIS report	Planned	Framework developed and integrated into the training package for the on-going HMIS training	Follow-up focused training on data management for ART - patient monitoring	Observation from the training in Central Province, the time during the rollout sessions is inadequate hence the need for follow-up training.
Revise HIV/A DS Indicator for inclusion into the new HMIS	Carried Over	Participated in the training for Eastern, Central and Southern province on the new indicators	Field support on the use of data from the revised HMIS		
<b>At least 90 % of districts demonstrating use of updated planning guidelines to develop their HIV/AIDS plans &amp; other national priorities such as MCH, RH &amp; Malaria by 2010</b>	<i>Update existing guidelines &amp; tools based on the NHSP &amp; other national goals and objectives</i>				
	Develop & circulate prototype structure of new planning guidelines	Planned	Development of new guidelines shifted to quarter 3 due to request by MoH for a Consultant	Consultant hired and due to start preliminary work 1st week of April,2008 for two weeks	The delays in implementing this activity was due to delays within MoH itself. However preliminary meetings were held to agree on what should be included in the new planning guidelines
	Field test /finalise Costing & Budgeting Guide	Planned	Field testing conducted & adjustments made to the guide based on comments received	Formatting and producing document as First Edition & disseminate to 72 Districts, 22 hospitals, & 9 PHOs	New section had to be developed to provide a Step-by-Step process for Costing & Budgeting
Update the Integrated Technical Guidelines to incorporate new policies and treatment protocols	Unplanned	Retrieved all word documents & disseminated them to relevant technical teams	Planning team has already worked on 3 sections (Gender in Health, Partnership in health & Poverty reduction in health	Activity had to be brought forward due to demands from MoH. Work is expected to be completed by second week of April.	
<b>72 Districts, 9 PHOs &amp; 22 hospitals report progress on action plans quarterly by 2010</b>	<i>Monitor implementation of plans by districts</i>				
	Develop tool for analysing quality of Action Plans as well as framework for reporting progress of action plans	Planned	Activities awaiting development of new planning tools	Finalise development of new planning tools	
<b>HIV/AIDS remains part of overall MoH Plan</b>	<i>Provide routine support for MoH annual planning process</i>				
	Produce annual technical updates which integrate HIV/A DS Services planning	Planned	Shifted to 3rd quarter due to Joint Annual Review	Activity to be conducted during the month of April in readiness for 2009 planning launch	The MoH decided to shift this activity to the 3rd quarter to pave way for the Joint Assessment Review exercise

Specific Objectives	Activities	Carried over/ Planned/Unplanned	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	Monitoring and Evaluation				
<b>Goal:</b>	To establish and maintain a system for tracking and evaluating program performance				
<b>Overall Objective:</b>	To develop tools and procedures for planning and monitoring and ensure that management and technical staff are routinely updated on the status of given program indicators				
<b>Coordinate program M&amp;E</b>	<i>Track program implementation</i>				
	To finalize the M&E Plan	Carried over	M&E Plan finalized and submitted to USAID	Expand the definitions of indicators component in the M&E Plan	The expansion of the definitions manual will be for internal use
<b>Conduct program performance evaluations</b>	<i>Carry out a mid-term Evaluation</i>				
	To carryout a mid-term review	Carried over	Mid-term review report written	To attend to comments and submit the final report to USAID	
<b>Coordinate development and review workplans</b>	<i>Consolidate reports on program indicators</i>				
	To coordinate the development of Year 4 Quarter 1 Report and submit it to USAID	Planned	Year 4 Quarter 1 Report written and submitted to USAID	To coordinate the development of Year 4 Quarter 2 Report and submit it to USAID	
	To coordinate the development of success stories	Planned	2 stories written, 1 was best practice and the other was an abstract	To coordinate the development of success stories	A vacancy has been created for someone to specifically work on success stories
<b>Coordinate program M&amp;E</b>	<i>Revise Formats and Procedures for M&amp;E</i>				
	To continue with data auditing	Planned	Harmonized core indicators at HSSP with what USAID has	To ensure that data in the respective tracking forms is harmonized with the Master M&E Data Tracking Form and that the tracking forms are kept up to date	Data audit will also result in identifying the produced deliverables/products to date. These will be put on the common drive
<b>Support provinces to generate, analyze, and utilize information for decision making</b>	<i>Build District capacity in production of health statistical bulletins</i>				
	To support the production of Provincial Health Statistical Bulletins	Planned	This has been pushed forward to Quarter 3 to allow for HMIS data to be available by March 31st	To assist provinces write the health statistical bulletins	
	<i>Build provincial capacity in GIS</i>				
	To initiate data analysis using GIS in Western Province	Planned	This has been reprogrammed to take place after rectifying the problems being faced in Luapula Province		
	To assess and build on the existing GIS skills in Luapula Province	Planned	The assessment has been done. The build-up will be done in Quarter 3	To share the findings on the GIS status in Luapula Province and implement the way forward	

**Note:**

Carried over/Planned/Unplanned indicates whether an activity was a carry over from the previous quarter, or was planned for the quarter under review, or was not planned for the quarter but was carried out