



Year 5 Quarter 1 Report (October-December 2008)

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Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ART	Anti-Retroviral Therapy
BHCP	Basic Health Care Package
CDC	Centre for Disease Control
CARE	Cooperative for Assistance and Relief Everywhere
CBAs	Community Based Agents
CCS	Clinical Care Specialist
CHAZ	Christian Health Association of Zambia
CHN	Child Health and Nutrition
CHW	Community Health Worker
CHWk	Child Health Week
CIDRZ	Centre for Infectious Disease and Research in Zambia
CIMCI	Community Integrated Management of Childhood Illnesses
COG	Clinical Officer General
CRS	Catholic Relief Services
CTC	Counseling Testing and Care
DBS	Dry Blood Spot
DCT	Diagnostic Counseling and Testing
DDH	District Director of Health
DfID	Department for International Development
DHMT	District Health Management Team
DHO	District Health Office
ECZ	Environmental Council of Zambia
EmONC	Emergency Obstetric and newborn Care
EPI	Expanded Program of Immunization
FANC	Focused antenatal care
FIC	Full Immunization Coverage
FIMCI	Facility Integrated Management of Childhood Illnesses
FP	Family Planning
GMP	Growth Monitoring and Promotion
GNC	General Nursing Council
HAHC	Hospital Affiliated Health Center
HBC	Home Based Care
HCP	Health Communication Partnership
HRDC	Human Resource Development Committee
HRTWG	Human Resource Technical Working Group
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Program
ICC	Interagency Coordinating Committee
IEC	Information, Education and Communication
IEPPNC	Integrated Expanded Post Partum and Newborn Care
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Presumptive Therapy
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
MACEPA	Malaria Control and Evaluation Partnership in Africa
MBB	Marginal Budgeting for Bottlenecks
M&E	Monitoring and Evaluation
MCZ	Medical Council of Zambia
MDGs	Millennium Development Goals
MIP	Malaria in Pregnancy
MOH	Ministry of Health
MOU	Memorandum of Understanding
MNCH	Maternal, Newborn and Child Health
MTEF	Medium Term Expenditure Framework
NAC	National HIV/AIDS/STI/TB Council
NBC	New Born Care
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
OI	Opportunistic Infection
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PAC	Post Abortion Care
PATF	Provincial AIDS Task Force
PEPFAR	President's Emergency Plan for AIDS Relief
PBN	Post Basic Nursing
PDH	Positive Deviance Hearth
PHC	Primary Health Care
PHO	Provincial Health Office
PIA	Performance Improvement Approach
PICT	Provider Initiated Counseling and Testing
PMEC	Payroll Management and Establishment Control
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
SMAG	Safe Motherhood Action Groups
STI	Sexually Transmitted Infection
SOM	School of Medicine
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

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Executive Summary

The Health Services and Systems Program has embarked on Year 5, its final 15-month project year. Early in the quarter USAID approved a cost extension of \$4.75m, with some modest increases in the scope of work and an earlier project end date of December 31, 2009, nine months earlier than originally planned.

The year began with presentation of the Year 5 Annual Work Plan, and Year 4 Annual Review. A key feature of Year 5 is the study and documentation of key project results. To this end, a documentation plan was produced, based on ideas generated at the “So What” Meeting held in September 2008. During the quarter, several of these studies have been designed and initiated, including two studies and a review of HSSP experience in the Zambia Health Worker Retention Scheme (ZHWRS). A case study of the results of integrating postpartum and postnatal care in two provinces was conceived, an assessment on malaria in pregnancy (MIP) services was completed, and evaluation of the emergency obstetrics and newborn care program was further planned. These and other studies will further detail the cross-cutting results and challenges of HSSP, and highlight the benefits of the integrated health systems / health services project design. An audit of document dissemination and use is underway, to examine whether key products produced by Ministry of Health (MOH) and HSSP are available and in use at appropriate levels in the health system.

The HSSP Sustainability Plan and Exit Strategy, prepared in June 2008, is now under implementation. Activities are on course and are gradually moving towards full handover and ownership by MOH and other partners.

The Child Health and Nutrition (CHN) and Integrated Reproductive Health (IRH) Units have begun the final year of HSSP programming by continuing to focus on the attainment of targets, on transitioning of programs and products to the Ministry of Health and other partners, and on examination of the broad effects of their work. A few highlights of the activities reported for quarter one are:

- The CHN and IRH Units, together with the HIV/AIDS systems team, have begun conceptualization and planning of the case study that will help to demonstrate the results of HSSP interventions in both services and systems, on the accessibility and use of quality integrated postpartum/postnatal services, including prevention of mother to child transmission (PMTCT), among others.
- HSSP has attended meetings and responded with suggestions for programming to assist the MOH in dealing with the nutrition emergency identified in Lusaka. A plan for reprogramming of some HSSP funds was prepared, to enable to project to assist in supporting selected activities.
- The IRH team has increased its focus on gender, including working to improve male involvement in MNCH by planning a first MIP activity with Safe Motherhood Action Groups in Central and Eastern Provinces (to be undertaken in Quarter 2).

The Malaria/Indoor Residual Spraying (IRS) team completed the 2008 spray season, with the spraying of 759,623 structures. For the second consecutive year, spraying was completed before the main rainy season began. Operational issues in supervision, and adherence to guidelines were observed and recorded by local and international experts. These require concerted attention by HSSP/National Malaria Control Center in the year to come to assure optimal effectiveness and efficient use of resources. A Senior Entomologist/Malaria Specialist was recruited to the HSSP IRS team. Efforts to establish a breeding colony in the insectary and initiate routine entomological investigations began in earnest during the quarter.

Renewed hands-on collaboration with MOH resulted in completing products for long standing activities in the area of HIV/AIDS coordination, including the National Referral Guidelines for HIV and AIDS Related Services and the HIV/AIDS Coordinating Mechanism. HSSP has begun to dialogue with the Human Resources Secretariat regarding ongoing management of the retention scheme as HSSP support concludes, and is cooperating with HR to examine and document lessons learned. In the area of performance assessment and accreditation, the guidelines for certification of ART providers were developed, and will be finalized during quarter two. Progress in accreditation of private sites remains slow, with 50% of the project target achieved. The team is optimistic, however, that with intensified technical assistance, additional trained assessors, and application of revised guidelines, more targeted sites will achieve accreditation in the coming year. Weak capacity and paucity of human resources at the Medical Council of Zambia (MCZ) are key limiting factors.

The work of Clinical Care Specialists (CCSs) is increasingly recognized as a centerpiece of HSSP, owing to CCSs' capacity to promote and reinforce all of the elements of HSSP at the provincial and district levels. Innovative approaches to enhance HIV/AIDS coordination have been introduced, including peer support/exchange visits between CCS provincial teams and introduction of district level Clinical Care Teams. During the final project year, increased funding will be made available to CCSs to re-establish and consolidate quality assurance and rational drug use in the provinces and districts. This will be achieved through training of management staff and clinicians, and reactivating hospital quality assurance committees.

In health services planning, the revised District Planning Handbook has been finalized and pretested. It now includes, in addition to the Medium Term Expenditure (MTEF) three-year rolling plan approach, elements of Marginal Budgeting for Bottlenecks (MBB) and the Logical Framework approach. Planning handbooks for hospitals and training institutions will follow during quarter two, based on the district handbook model. HSSP supported the consolidation of the overall Health Sector Plan 2009-2011. The document will be presented to Parliament for budget approval and allocation in quarter two.

In Strategic Information (SI), six out of the nine Provincial Health Statistical Bulletins were completed. HSSP contributed to the harmonization of outputs from the SmartCare (electronic) system and the paper-based HIV/AIDS management information system (MIS). The SI team initiated work on a technical brief on the shift from a vertical, largely partner-derived HIV/AIDS MIS to an integrated, routine national system.

In summary, program implementation is on target. The few work plan activities which have been deferred to quarter two were reported on at the quarterly review meeting. Most results targets have been met or exceeded and most others are within reach during the next two quarters.

Introduction

The purpose of the Health Services and Systems Program, 2004-2009, 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

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)

President's Emergency Plan for AIDS Relief (PEPFAR)

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

President's Malaria Initiative

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

Program Objectives

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

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

Program Approach

HSSP's approach is to provide technical support and capacity building to the Ministry of Health, to enable achievement of program results. It is planned that in Year 5, the last 15 months of the Program, HSSP will focus on the consolidation of scaled-up systems and programs, ensuring quality, sustaining best practices, and documentation and dissemination of achievements. In this first quarter of Year 5, HSSP generally achieved progress to its targets and continued to work at all levels of the health system.

Organization of the Quarterly Report

The Quarter 1 Year 5 Report, October-December 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, corresponding to the Year 5 Work Plan, and a summary of challenges, solutions, products produced and best practices.

1 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.

1.1 Facility-based IMCI

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

1.1.1 Key Indicators: Improved CHN coverage and quality of care through facility-based IMCI

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
1.1 Number of districts implementing F-IMCI	72	72	72	72	100
Health workers trained in IMCI case management	72	112	400	642	160
1.5 Number of people trained in child health care and child nutrition*	210	112	618	2,973	481

*The contribution to this indicator is from all the three units of CHN

1.1.2 Key Achievements

Monitor and evaluate F-IMCI implementation

HSSP supported the MOH to design and conduct a National Health Facility Survey aimed at assessing the performance of the health workers who underwent IMCI training; and the available system support for program implementation. This is a follow up to the first national survey conducted in 2002 when only 31 districts were implementing F-IMCI. With HSSP support, all districts are now implementing IMCI. The survey was successfully conducted with HSSP technical and financial support. A draft report was produced and has been circulated to key stakeholders for review. The final report will be printed by the end of February 2009 and disseminated within the same quarter.



Data collectors reviewing tools

Support district F-IMCI case management

Initial follow-up visits form an integral part of the IMCI case management training and are required to be conducted four to six weeks after training. The main objective is to re-enforce skills and knowledge gained during training and to ensure a favorable environment for the trained health workers to implement what they have learned. HSSP provided both financial and technical support to Mwinilunga and Kasempa districts to conduct follow-up visits for 18 health workers. Some of the key findings were as follows:



- Lack of thermometers in most of the health centers
- Absence of some of the recommended IMCI drugs like syrup amoxicillin and the pre-referral injectable drugs
- Absence of radio communication in some centers
- Critical shortage of staff with 4 of the 9 centers visited having only one trained staff assisted by either a classified daily employee (CDE) or a CHW
- Adherence to waste disposal procedures not being followed in some centers
- Shortage of kerosene in some centers and/or lack of vaccines has led to a stoppage in the routine vaccination programme

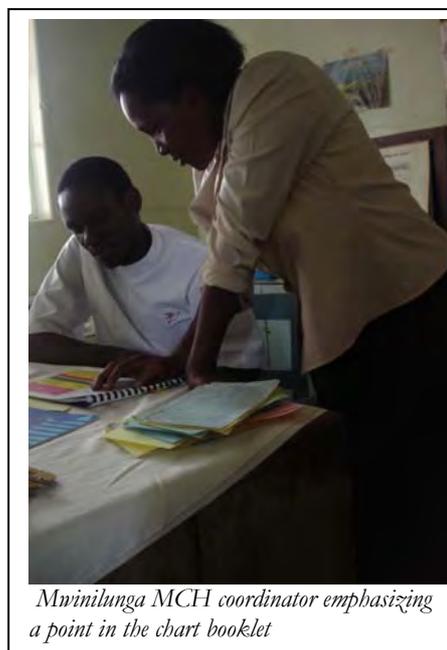
- Shifting cultivation has contributed to the gaps experienced in the implementation of the EPI program. Families shift during the farming season from their permanent homes to remote non accessible areas where their fields are located.

With the above findings, feedback was given to the DHO and specific action points with time frames to address the identified gaps outlined.

Build PHO/DHO capacity to support IMCI implementation

“I have benefited a lot from this visit being in the team; usually when we conduct PA and I reach the part of assessing the IMCI clinical skills of the health worker, I just kept quiet but now I will be able to talk and advise accordingly.”

Mr A Yamboto, Mwinilunga DHIO



The substantial HSSP support to districts to train health workers in IMCI similarly requires post training follow-up. HSSP has spearheaded a process to train key DHO staff in use of standard tools to conduct follow-up visits in order to address the capacity challenge in this area. This on-the-job approach has been noted to instill ownership and foster sustainability. HSSP, in collaboration with counterparts from the national and North-Western Provincial Office, trained

three staff per district. The training was successful as evidenced by feedback given by the Mwinilunga DHIO.

Develop and pilot a comprehensive newborn health model

HSSP has continued to provide leadership in ensuring that care for the newborn at all levels is improved. HSSP, with consultant Dr. Stella Abwao, contributed to development of guidelines for care of the newborn at community level. This is within the National Framework for Newborn Health Interventions that was developed with HSSP support.

With other parts of the CHN Unit, with IRH and with Health Systems, discussions were continued to conceptualize a case study on integrated postpartum and postnatal care. This study will be conducted over quarters 2 and 3. The case study will provide lessons on effective integration of MNCH services, and further contribute to documentation of postpartum and newborn care practices.

Provide TA to MOH in taking stock of progress made in attaining MDG4 and 5 in the context of MNCHp

HSSP contributed significantly both technically and financially to the success of the conference on the Countdown to MDGs 4 and 5 held in late August, 2008. HSSP continues to provide technical assistance to ensure that the report, which is in its final stage, is completed and disseminated in quarter two, and, more importantly, that the recommendations are implemented.

Build capacity and contribute to the provision of national level leadership in malaria case management

HSSP supported NMCC through participation in a series of technical meetings and supported the training of 33 (21 males and 12 females) PHO, DHO and selected facility staff from North-Western Province in malaria case management and overall program management. Technical supervisory visits were conducted for selected centers in Kasempa, Solwezi and Mwinilunga districts. North-Western Province was deliberately targeted due to high levels of parasitemia among children under-five years (2008 Malaria Indicator Survey Report).

Support pre-service IMCI case management

HSSP provided technical and financial support for the training of 113 student nurses from the University Teaching Hospital School of Nursing, Solwezi School of Nursing and Kalene School of Nursing. Sixty-two males and 51 females were trained in F-IMCI. This training will ensure that the graduates have acceptable skills and knowledge to manage malaria at the primary level of care and thus, prevent late referrals that contribute to cases of severe malaria and death.

1.1.3 Products/deliverables

One success story entitled “Supervisor Confidence Rekindled” was written, based on the feedback from the DHO staff trained in the use of IMCI supervisory tools during initial follow-up visits. It highlights the confidence that was acquired by the supervisor following the on-the-job training.

1.1.4 Focus for the next Quarter

- Finalize and disseminate the Health Facility Survey Report
- Finalize and print Malaria Guidelines
- Continue to contribute to the postpartum/postnatal case study
- Initiate development of an MOH-IMCI Strategic Plan for the next 4 years
- Continue supporting F-IMCI training and TSS

1.2 Community IMCI

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

1.2.1 Key indicators: Improved CHN coverage and quality of care through community-based IMCI

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
1.2 Number of districts with at least health worker trained in C-IMCI	72	72	72	72	100%
1.3 Number of facilities with at least one health worker trained in C-IMCI	80	66	500	549	Target exceeded
1.4 Percent of districts with providers offering 6 key family practices	80%	100%	80% (58 districts)	100% (72 districts)	Target exceeded

1.2.2 Key Achievements

Support PHO in strengthening supervision, reporting and supplies for CHWs

For effective implementation of community IMCI, HSSP has contributed to the on going process of revising the Integrated CHW Training Manual, dissemination of standardized monitoring tools, supervision and advocacy for regular drug supply. It is hoped that utilization of the revised manual and regular supervision will improve the quality of training to meet the needs of the expanded role of CHWs in PHC activities. A local consultant has been hired by the MOH to facilitate the completion of the revision process.



MOH Deputy Director, Environmental Health emphasizing need for coordinated efforts to support Community Health Workers

Support districts in monitoring the implementation of C-IMCI activities

Technical support supervision to monitor and reinforce implementation of C-IMCI interventions was provided by HSSP to Chipata, Petauke, Mwense, Samfya and Lukulu. Regular and effective technical support supervision will improve the quality of care to children, and motivate and retain Community Health Workers.



Midwife at Mushawa RHC, Chipata with CHW/TBAs who take turns to support facility PHC activities

Findings of the visits show that community health workers (CHW) and traditional birth attendants (TBA) continue to be the readily available human resources who provide critical primary health care services at community and facility levels. An additional result noted during these visits is the improved utilization of the community register, which is an integrated tracking register for child health interventions. The increased use of this register has resulted in improved planning and monitoring at the community level.

Support 10 districts to train 80 facility staff in C-IMCI supervision

HSSP supported Kaoma and Samfya districts to train 66 C-IMCI supervisors. Thus far a total of 549 facility supervisors have been trained to support planning, implementation and monitoring of community level activities. Training emphasized the need to improve support systems for CHWs which will help to improve quality of care for neonates and children.

Strengthen coordination and experience sharing in C-IMCI

Preparations for a meeting to share experience and best practices in community-IMCI, community level feeding innovations, and nutrition case management have begun. The meeting will be co-funded by HSSP and the MOH. The meeting will hopefully result in the use of the sustainable nutrition case management options (community therapeutic care, referral to hospital, or Positive Deviance/Hearth) by more districts within Zambia.



Director of Public Health and Research addressing audience during NBHC guidelines dissemination meeting

With IRH, conduct a case study on a strategy to strengthen newborn and postpartum care

With other parts of the CHN Unit, with IRH and with Systems, continued discussions to conceptualize a case study on integrated postpartum and postnatal care. This study will be conducted over quarters 2 and 3. The case study will provide lessons on effective integration of MNCH services, and further contribute to documentation of postpartum and newborn care practices.

Support MOH coordination efforts to scale up CHN interventions

Since the launch of the MNCH Partnership, there has been a re-birth of successful integrated activities such as joint annual planning, monitoring of Child Health Week, and conducting the Inter-agency Coordinating Committee (ICC) meeting. HSSP continues to provide technical assistance in the compilation of required updates for the meetings. The MNCH partnership is a positive move to strengthen and coordinate resources to support integrated MNCH activities.

1.3 Expanded Program on Immunization

In an effort to strengthen implementation of child health interventions and improve the outcome, HSSP, with other partners, is supporting the following initiatives:

- Strengthen implementation of EPI through the Reach Every Child in Every District (RED) strategy

- Promote six key family practices that have the greatest impact on child survival, growth and development, and
- Support health system strengthening activities in 12 selected districts

The specific objectives of Expanded Program on Immunization 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 2009
- Support 58 districts to attain 80% and above Full Immunization Coverage (FIC) of children under one year

1.3.1 Key Indicators: Improved immunization coverage and quality of care

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
1.7 Number of districts with at least 80% of children fully immunized by age 1 year	60	N/A	60	45	75%
1.8 Number of children less than 12 months of age who received DPT3 in the last year	1,057,000	245,008	2,624,000	1,778,474	68%

NB: Achieving the full immunization coverage targets will be challenging as most districts have a practice of deferring routine immunization sessions in preference of CHWk, resulting in missed opportunities.

1.3.2 Key Achievements

Capacity building in RED strategy and CHWk to improve coverage

HSSP provided financial and technical support to monitor three districts (Samfya, Milenge and Nchelenge) in Luapula Province during the November 2008 round of CHWk. HSSP was part of a team that provided support for technical assistance as part of the RED strategy strengthening. The RED strategy works with the community to ensure full immunizations of children. Out of 12 districts in 6 provinces targeted, HSSP supported Chipata and Petauke. Generally, the integrated MNCH activities were successfully implemented in the districts visited. There was good participation of mothers with children despite the heavy rains. CHWs and other volunteers worked effectively to mobilize communities for outreach immunization sessions. The presence of trained CHWs has improved



Providing safe water to communities and facility staff through GAVI/HSS, Zummuna RHC, Chipata

implementation of the RED strategy activities, resulting in improved access to child health interventions.

Support exchange visits to improve coverage of child health interventions

The peer/district exchange visit is one of the effective means of disseminating and exchanging best practices to improve outcomes of low performing districts. Following the identification of such districts, HSSP Clinical Care Specialists in Luapula and Southern provinces successfully conducted exchange visits. Following that example, other NGOs from the RAPIDS program supported exchange visits related to PD/Hearth in four districts in Northern Province. The Sesheke/Nakonde exchange visit will be conducted by HSSP in the next quarter.

Strengthening information use practices to provide focused TA to improve immunization services

Quarterly review meetings are held to review the performance of districts by examining the HMIS information. Based on this review, districts are identified for focused TA. HSSP takes part in the entire process of review of HMIS data, selection of districts, provision of TA, and financial assistance in some instances.

HSSP contributes to GAVI/Health Systems Strengthening (HSS) by participating in activities that monitor HSS and by guiding implementation of the package of HSS interventions. There was observed progress on the MOH 2008 planned activities that included sinking of boreholes or safe water supply, establishment of hammer mills or rearing of chickens for IGAs, transport, radio communication and stationery. Health system strengthening activities in the MOH work plan have resulted in increased motivation for communities and health workers.

The lack of adequate number of trained staff has resulted in task shifting, with an increased CHW and TBA response in supporting community and facility activities. Thus, the role of the community volunteers has increasingly become critical in mobilizing communities and by supporting promotive, preventive and curative child health activities at both community and facility levels. This role of CHWs was demonstrated in Petauke and Chipata districts, which were monitored by HSSP.

Desk review on newborn care (NBC) practices conducted

A desk review on NBC practices facilitated by international consultant Dr. Stella Abwao was conducted. Results of the desk review formed the basis for adopting NBC guidelines. Desk review results and draft guidelines were disseminated during a MOH meeting which was attended by representatives from the various MOH departments and international agencies that support maternal, newborn and child health. Participants provided feedback which included packaging of guidelines and mechanisms to ensure the utilization of developed guidelines.

1.3.3 Challenges and solutions

Challenges	Solutions
Sustaining progress made in light of newly recruited staff	Coordinated plan to orient newly recruited staff at all levels
Sustaining routine immunization due to over reliance on Child Health Week for immunization. This results inability to “capture” children for these immunizations on the prescribed schedule, which further decreases the amount of children < 1 year old who are fully immunized.	Monitoring activity based budgets for evidence of sufficient vaccines and supplies to administer immunizations throughout the year, and not just in CHWk.

Challenges	Solutions
Due to task shifting, there is insufficient CHW coverage for required activities.	Encourage districts to train more CHWs

1.3.4 Focus for the next Quarter

- Complete revision of CHW Training Manual
- Incorporate NBC Guidelines in MOH planning updates
- Support implementation/documentation of IEPPNC model
- Meeting on malnutrition case management experiences at community level
- Documentation of Community IMCI experiences
- Peer/district exchange visits
- Technical support supervision for low performing districts
- Documentation on RED strategy and health systems strengthening activities

1.4 Nutrition

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

1.4.1 Key Indicators: Improved nutrition coverage and quality of care

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
1.9 Number of children aged between 6-59 months who received vitamin A	4,640,000	952,250	10,767,521	8,796,318	82%
1.10 Percent of children between 6-59 months receiving vitamin A supplementation (national average)	85%	14%	85%	79%	79%
1.11 Number of children 1-5 years who received de-worming tablets	2,325,000	828,146* <i>Awaiting more results</i>	6,940,000	7,445,837 <i>To be revised</i>	107%* <i>To be revised</i>

* Data from 4 provinces only, other data still being consolidated

1.4.2 Key Achievements

Capacity building in districts to effectively manage Vitamin A supplementation and de-worming programs

HSSP supported MOH to conduct technical support supervision to the districts during Child Health Week. The aim of this is to enhance the quality of service delivery. Five districts (Chinsali, Isoka, Kalomo, Kazungula and Livingstone) were visited in partnership with the national team.



A child receiving de-worming tablet during the 2008 November Child Health Week

Strengthen integration of nutrition interventions

HSSP provided technical assistance in conducting a three day meeting with nutritionists and stakeholders to integrate the Nutrition Supervisory Checklists from six nutrition program areas. With the use of the tools, nutrition service delivery will be improved through enhanced prevention and management of malnutrition.

Advocate for and strengthen integration of nutrition interventions

HSSP participated in several nutrition technical working group meetings to enhance collaboration for nutrition interventions. The meetings also continued

to provide a forum for leveraging resources and advocating for continued investment in nutrition program.

1.4.3 Successes/Best Practices

Poster presentation at APHA

Presentation of a poster on the Role of Communities in Increasing Vitamin A Supplementation Coverage at the American Public Health Association Annual Meeting, October 2008

Micronutrients forum

An abstract on The Role of System Strengthening in Increasing and Sustaining Vitamin A Supplementation Coverage, submitted for a poster presentation at the Micronutrients Forum in Beijing in May 2009, was accepted.

1.4.4 Challenges and Solutions

The latest Demographic Health Survey (CSO, 2007) shows that 45% of the children surveyed are stunted, 5% are underweight and 5% are wasted. In September 2008, the University Teaching Hospital (UTH) reported an increase in the numbers of infants admitted with severe malnutrition. There has been a 15% increase in total admissions for this September compared with 2007, and a 14% increase for this October compared with 2007. 30-40% of admitted children are HIV positive. 30 to 40% of the total admissions have resulted in deaths. Affected children are mainly from Lusaka, but it is assumed that the problem is country-wide. There is also some concern that misinformation is being given on IYCF for those affected by HIV/AIDS.

HSSP has been participating in regular Nutrition Emergency Meetings at the MOH. HSSP will continue to collaborate with the MOH and other partners to assure nutrition program support and implementation of the MOH's emergency plan.

Challenges	Solutions
The nutrition emergency resulted in MOH shifting priorities to address immediate needs, which affected implementation of our programs	Advocacy for partner support to nutrition should be continued to assure implementation of planned activities and address emergencies

1.4.5 Focus for the next Quarter

- Development of a data management model for Child Health Week for health facility level
- Finalization and printing of micronutrient advocacy material and Essential Nutrition Package
- Provide technical support to Nutrition Emergency Plan
- Develop nutrition success stories
- Support the various nutrition technical working groups

2 Malaria (Indoor Residual Spraying)

The goal of the malaria program is to contribute to the national effort of reducing malaria morbidity and mortality.

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

2.1 Key indicators: Improved IRS coverage and quality

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
2.1 Number of houses sprayed with insecticide with USG support	802,185 (900,000)	762,479	802,185 (900,000)	762,479	95% (85%)
2.2 Proportion of housing units in targeted area for IRS that have been sprayed in the last 12 months	85%	95% (85%)	85%	95% (85%)	95% (85%)
2.3 Value of pharmaceuticals and health commodities purchased (IRS)	250,325	0	651,625	453,645	70%
2.4 Number of host country institutions with improved management information systems (IRS)	22	0	22	37	168%
2.5 Number of people trained in malaria treatment or prevention (IRS)	1,725	0	3,956	3,001	76%

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
2.7 Number of people trained in monitoring and evaluation (IRS)	37	0	79	76	96%
2.8 Number of people trained in strategic information management with (IRS)	48	8	111	85	77%
2.9 Number of special studies conducted	5	0	7	2	29%
2.10 Number of information gathering or research studies conducted in malaria	5	2	9	7	78%

INDOOR RESIDUAL SPRAYING (IRS) COVERAGE, 2008

PROVINCE/DISTRICT	POPULATION PROTECTED	TARGETED POPULATION	STRUCTURES SPRAYED	TARGETED STRUCTURES	% COVERAGE
Central Province					
Kabwe	143,241	220,000	38,976	40,000	97
Copperbelt Province					
Chililabombwe	28,753	35,354	5,656	6,428	88
Chingola	59,349	69,300	11,840	12,600	94
Mufulira	71,369	99,000	16,414	18,000	91
Kalulushi	61,658	91,025	15,933	16,550	96
Kitwe	246,664	346,500	58,926	63,000	94
Ndola	313,318	398,981	65,332	72,542	90
Luanshya	136,381	139,618	22,608	25,385	89
Lusaka Province					
Lusaka	2,403,004	2,200,000	396,672	400,000	99
Kafue	121,457	151,250	22,044	27,500	80
Chongwe	90,810	159,726	27,453	29,041	95
North-Western Province					
Solwezi	66,007	115,500	17,510	21,000	83
Southern Province					
Kazungula	76,734	154,000	20,627	25,000	83
Livingstone	121,445	132,765	22,628	24,139	94
Mazabuka	79,663	79,349	19,860	21,000	95
District targets and totals	4,019,853	4,392,368	762,479	802,185	95
% coverage (planned target 900,000)				900,000	85

The key indicator table and the spray coverage table above show the achievements according to the preliminary national estimate targets, which were set at 900,000 overall for the districts, and the subsequent actual target of 802,185 which represents the total cumulative target of the 15 district targets set by the districts themselves. According to the latter measure, coverage was 95%, according to the original estimate, it was 85%. Given that the district targets were based on the actual resources and geographic reconnaissance work done in each district, we prefer to reference the cumulative actual targets set by the districts as the indicator for coverage.

2.2 Key Achievements

Strengthen management capacities at NMCC for IRS operations

HSSP supported NMCC to finalize the IRS Guidelines through a stakeholders' workshop and produced a final draft which is now ready to go to print. These are comprehensive documents that contain detailed information on IRS operations, environmental safeguards and storage, district cascade training and guidelines on the use of insecticides. HSSP also supported the Environmental Council of Zambia (ECZ) to monitor safeguards in the districts. These activities ensure that there is standardization in the way IRS operations are conducted and above all, will enable the program to be compliant with regulatory requirements.

Strengthening the district level management capacities for IRS implementation

Enumeration of household structures in nine townships of Lusaka was done. This is an activity that was not planned initially but was carried out when extra funds were made available. The enumeration was carried out in partnership with Malaria Control and Evaluation Partnership in Africa (MACEPA). HSSP supported the training of supervisors and enumerators while the implementation was supported by both HSSP and MACEPA. Six townships remain to be geocoded in the future depending on availability of funds.

Enhance NMCC and district teams' capacities to carry out adequate monitoring and supervision activities

To ensure effectiveness of spray operations and compliance with environmental safeguards, monitoring and supervision of spray activities during the spray season is cardinal. Visits were made to the districts for on-the-spot checks to ensure that districts applied the principles and techniques given during the training of trainers (TOT) and cascade trainings. With the assistance of IRS consultant, Manuel Lluberias, it was observed that supervision was weak and in some cases absent. Greater district ownership and commitment is needed to address this deficiency.



Construction of evaporation tanks and soak pits commenced in all the 15 districts. During this period, inspection of these tanks and soak pits was carried out to ensure that the construction was according to the approved standards. Collection of insecticide waste was done. The waste from the northern region was stored at the Kabwe District Health Office IRS warehouse while that from the southern region was stored at the Nitrogen Chemicals of Zambia plant at Kafue. All of this DDT waste will be transported to South Africa for disposal.



Enhance NMCC technical and operational research capacities by facilitating entomological investigations in 10 selected districts related to monitoring and evaluation of IRS activities

To enable measurement of IRS program effectiveness, various activities, including entomological studies, must be undertaken. An operational insectary is a requirement.

Basic equipment has been acquired for the insectary and four technicians have been engaged to assist in running the insectary and to conduct field collections. Training of the technicians was begun, as well as establishment of standard operating procedures for the insectary. Seven larval collections were done for the purpose of rearing adult mosquitoes, however the team did not succeed this quarter in successfully creating breeding conditions in the insectary.

2.3 Products/deliverables

- Indoor Residual Spraying Guidelines

2.4 Successes/Best Practices

- Certificate of excellence from the Minister of Health as appreciation for HSSP's exceptional leadership and valuable contribution to the fight against malaria in Zambia
- Completion of the spraying activities prior to the rainy season

2.5 Challenges and Solutions

Challenges	Solutions
<i>Erratic funding for implementation spray operations</i> have a defined period with specified number of days of operation. Slow release of funds delayed completion in some districts. MOH required that districts retire funds allocated to them before additional funds could be released, interrupting the progress of spray operations.	Explore possibility of MOH releasing the full funding per spraying period to avoid recurring delays.
<i>Inadequate local supervision during spraying.</i> Supervision of spray operators in some districts, was minimal or lacking, resulting in non compliance with procedures, and reduced productivity. Supervisors were sometimes engaged in other district activities.	Provincial and district management will be engaged during the post spraying review to define a lasting solution to this.
<i>Inefficient utilization of spray operators.</i> Deployment of spray operators in the field was in some cases not well coordinated, resulting in underutilization of spray operators.	This issue will be discussed during the post spray meeting and will also be revisited during the training of trainers' workshop.
<i>Establishing a breeding mosquito colony in the insectary</i> Raising mosquitoes in the insectary at NMCC has not been as successful as expected due to residues and fumes from paint and glue.	Removal of painted surfaces, cleaning and improving ventilation was done.

2.6 Focus for the next Quarter

- Conduct post spray meeting
- Follow up on export of insecticide waste
- Printing and distribution of guidelines
- Final site inspections and handover of evaporation tanks

- Final design of impact study and commencing the study
- Conduct geocoding training to core group of national staff
- Pull-off Lusaka geocode data from PDAs
- Prepare IRS post spray report
- Test insectary and establish breeding colony
- Carry out entomological studies

3 Integrated Reproductive Health

The integrated reproductive health (IRH) unit is comprised of three components: Post-Abortion Care and Family Planning (PAC/FP); emergency obstetric and newborn care and family planning (EmONC/FP); and long term family planning (LTFP).

IRH specific objectives are as follows:

- EmONC/FP services established in 43 districts by the year 2009
- 43 districts providing PAC/FP by the year 2009
- Increased accessibility and availability of long term family planning methods in 43 districts by the year 2009

3.1 Key indicators: Improved coverage and quality of IRH services

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
3.1 Districts with at least 1 functioning PAC site	43	2	43	41	95%
3.2 Number of districts with at least 2 providers trained in PAC and working in facilities providing PAC	43	2	43	41	95%
3.3 Number of districts with at least 1 functioning EmONC site/centre	43	2	43	40	93%
3.4 Number of districts with at least 2 providers trained in EmONC and working in facilities providing EmONC	43	2	43	40	93%
3.5 % of pregnant women receiving IPTp 2 in Central and Eastern provinces	80%	N/A	80%	N/A	N/A
3.6 Number of USG-assisted service delivery points providing FP counseling or services	173	9	493	256	52%
3.7 Number of information gathering or research activities conducted by the USG	9	5	13	15	87%

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
3.8 Number of people trained in FP/RH with USG funds	656	38	1,347	802	60%
3.9 Number of health care providers trained in Long-Term FP methods with HSSP support	150	0	408	307	75%

3.2 Key Achievements

Train 110 health care providers on EMONC from 6 provinces- Eastern, Western, Northern, Copperbelt, Southern and Central provinces. HSSP trained healthcare providers in EmONC and oriented managers' from the Copperbelt Province. TSS visits to EmONC-trained sites in Southern Province were also conducted.

Conduct 4 day site assessments of 43 health facilities in 10 districts

Site assessments were conducted for six districts in preparation for further scale up (phase II). This marks the completion of Phase I of the EmONC National Training and Monitoring Plan.



EMONC training participant practicing on insertion



Jadelle insertion observed by an LTFP trainer during a TSS visit

Support provincial and district health teams to provide TSS to 60% facilities providing LTFP

HSSP, in conjunction with the MOH, conducted LTFP post-training follow-up visits to providers in five provinces (Luapula, Eastern, Western, Southern, and North-Western) in order to provide technical support and supervision and to address barriers to service delivery. Some initial follow up visits in Eastern Province were initiated by the PHOs, signifying greater ownership of the LTFP program at the provincial level.

Conduct a case study on an integrated approach to MNCH based on the HSSP experience

With the CHN Unit and with Systems, continued discussions to conceptualize a case study on integrated postpartum and postnatal care. This study will be conducted over quarters 2 and 3. The case study will provide lessons on effective integration of MNCH services, and further contribute to documentation of postpartum and newborn care practices.

Coordinate activities with potential partners

HSSP collaborated with the MOH to design malaria in pregnancy (MIP) interventions based on the results of the FANC/IPT rapid assessment conducted in July 2008 and information gathered from partners during meetings disseminating those results. The activities will utilize, support, and expand the Safe Motherhood Action Group networks, institutionalizing the goals of the MIP program and ensuring greater sustainability.

Conduct education and sensitization at community level

In Year 5, the IRH Unit is integrating male involvement into its activities. This quarter, HSSP contributed content on “Caring for your pregnant partner” to the Men’s Health Kit being developed by Health Communications Partnerships (HCP). Messages were also contributed to a focused antenatal care poster targeting men to be produced by the MOH.

3.3 Challenges and Solutions

Challenges	Solutions
Lack of client demand for the intrauterine device is a challenge. Without clients, health care providers cannot practice their skills in this method. Lack of clients choosing IUD also limits the healthcare providers’ ability to sustain this skill at their service delivery sites.	HSSP is working with the MOH and partners to emphasize the IUD in the 2009 family planning communications in order to increase client awareness and demand on IUD.
The targets for the MIP component are based on data collected by the NMCC and published every two years in the National Malaria Indicator Survey. The next survey is due to be published after the close of the HSSP	HSSP will need to work with PMI advisors to develop proxy indicators and conduct a study to evaluate the impact of the program. This issue will be addressed in quarter 2.

3.4 Focus for the next Quarter

- Scale up both the long term family planning and adolescent reproductive health trainings, moving towards greater ownership of the programs by the MOH in order to increase their sustainability.
- Commence phase II of the EmONC training program working towards saturation in training and increased institutionalization at provincial and district levels
- Commence and complete major Malaria in pregnancy Safe Motherhood Action Groups (MIPSMAG) activities
- With CHN and Systems, conduct a case study on an integrated approach to MNCH based on the HSSP experience

4 Human Resources

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

4.1 Planning and Management

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

4.1.1 Key Indicators: Improved Planning and Management coverage and quality

Indicators	Year 5 (Oct 2008 – Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total achieved to date	% Status
4.1 Percent of physicians retained in C&D districts under the HSSP rural retention scheme	90%	100%	90%	100%	100%
4.2 Percent of C&D districts that maintain or reduce their average daily staff contacts*	70%	0	70%	44%	44%

*Note: This indicator is reported once a year in the third quarter using HMIS data.

The number of physicians recruited under HSSP support on the retention scheme remains at 23. Thus the current retention status remains at 100%.

4.1.2 Key Achievements

Work with MOH to hold a semi annual meeting and monitor the performance of the ZHWRS

HSSP played an active role in tracking the general performance of the ZHWRS. One major activity involved the use of STTA from Abt Headquarters to review the overall content and context of the ZHWRS. This activity was prompted by the general low performance by districts and hospitals to expand the scheme to other cadres. The main focus of this quarter's semi-annual meeting was to add input to this review. To achieve this objective, 10 HR officers were invited from selected districts. This report provides two main recommendations. The first recommends the decentralization of the retention scheme to the district level in order to curb the bureaucratic inertia through to the MOH headquarters. The second recommends an interface of the retention payroll to link to the public service payroll (PMEC). This would cut down the duplication of work currently happening in district offices. District HR staff are over-burdened by several staff return reports to the ZHWRS and PMEC databases. This report will be shared with other members of the HRTWG in quarter two of 2009. Review of the ZHWRS is vital to monitor the implementation and general performance of districts, hospitals and training institutions.

Design and develop a retention survey

HSSP, working with a short-term research assistant, designed and developed a retention survey to investigate the impact of the doctors' rural retention scheme. This study is also expected to show the integration of the various training and capacity building activities to the doctors' retention scheme.

The HSSP team developed four data collection tools to obtain information from:

- 1) Doctors on the scheme
- 2) Administrative staff at the district
- 3) Community informants, and
- 4) HSSP Provincial Clinical Care Specialists (CCSs).

This quarter data has been collected from Chongwe District. Data collection from the remaining 18 districts will be completed during January 2009.

Support MOH/PHOs to ensure the utilization of HR plans, policies and guidelines

Capacities in HR planning and management have continued to be the major challenge in the efficient and effective management of staff in the public health sector. These capacity challenges have been exacerbated by the transition from board management to civil service. In order to address this deficiency, HSSP leveraged resources from MOH to orient 20 HR officers and managers to the terms and conditions of service, recruitment guidelines, retention guidelines, Human Resources Information and Planning guidelines (HRIP) and performance management guidelines. This orientation workshop was held from 28 November to 5 December 2008. Orientation and building capacity of HR officers and managers to HR policies and guidelines is vital to ensure efficient HR management.

Support MOH to strengthen the utilization of HR planning guidelines and models

The availability of a reliable HR information system (HRIS) and utilization of district/hospital specific HR plans still remain a challenge in the health sector. In order to address this challenge, in August 2008, HSSP provided technical assistance to MOH to introduce district specific HR planning guidelines. Selected provincial and district HR staff were oriented and requested to review and apply the document. This quarter, a follow on meeting was held from 15 to 20 December 2008 to receive feedback and revise the district/hospital HR planning guidelines. The review team was composed of HR and HMIS staff from the provinces. The guidelines were reviewed and adopted by the MoH team. The adoption of the guidelines implies that all districts/hospitals will be expected to develop their specific HR plans that address HR requirements to deliver key health services including HIV/AIDS. In addition to the HR planning guidelines, the workshop also developed a plan to cost the decentralization of the Payroll Management and Establishment Control (PMEC) database to all districts and hospitals. The final implementation of this activity will enhance the development of an effective and efficient human resource information system (HRIS) in the health sector.

4.1.3 Products/Deliverables completed this quarter

- STTA Report for the ZHWRS
- Design and data collection tools for the doctors retention survey

4.1.4 Challenges and Solutions

Challenges	Solutions
The slow pace at which the MOH Accounts Unit processes retention scheme financial accounts has continued during the quarter	The STTA report recommendations through HSSP support provides some of the practical solutions to address this challenge. The merger or interface of the retention scheme payroll with the PMEC database can ease the production of financial returns
Delayed confirmation of retained Clinical Officers (COs) on the payroll	Work with the HR advisor at MOH to ensure all retained COs are included on the payroll

4.1.5 Successes/Best practices

- HSSP and MOH co-funded the orientation workshop for 20 HR officers and managers to the terms and conditions of service, recruitment and retention guidelines
- Abstract on nurse tutor's retention "Quick Wins from the Retention of Nurse Tutors in Zambia" accepted at the International Council of Nurses Conference in Durban in 2009

4.1.6 Focus for the next quarter

- Data collection for the retention survey in 18 districts supported by HSSP.
- Provide support to MOH to develop the 2008 ZHWRS annual report.
- Work with PHOs/districts to provide TSS to develop district/hospital specific HR plans.
- Participate in PA/TSS in a selected province

4.2 Pre and In-Service Training

The main goal of the Pre- and In-service training component 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, CTC and other HIV and AIDS related services by 2009.

4.2.1 Key Indicators: Pre- and In-service training coverage and quality

Indicators	Year 5 (Oct 2008 – Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total achieved to date	% Status
4.3 Percent of graduates trained to provide ART, PMTCT and CTC services (<i>Total</i>)	90%	N/A	90%	83% (1,414 nurses)	92%
4.3a Percent of graduate Nurses trained to provide ART, PMTCT and CTC services	100%	N/A	100%	44% (785 nurses)	76%
4.3b Percent of graduate Clinical Officers trained to provide ART, PMTCT and CTC services	100%	N/A	100%	100% (354 COs)	Target exceeded
4.3c Percent of graduate Doctors trained to provide ART, PMTCT and CTC services	100%	N/A	100%	100% (275 doctors)	100%
4.4 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	N/A	21	20	95%
4.5 Number of individuals trained in HIV-related institutional capacity building	100	–	100	152	Target exceeded

4.2.2 Key Achievements

Technical Support Supervision to Chainama College Lecturers

TSS was provided to Chainama College lecturers November 17 - 18, 2008. During this supervision, an audit of the training materials was conducted. One of the recommendations from this activity was for the college to build a core team of lecturers with clinical training skills who could provide mentorship to other lecturers. This activity will be implemented in the next

quarter. This will result in capacity building in lecturers and clinical preceptors to effectively transfer clinical skills to students.

Revision of the MB ChB curriculum

Little progress was made regarding this activity because of policy limitations on payment of allowances such as transport and resource fee leading to failure to attend meetings. The Ministry of Health may be in a position to pay the allowances and this will be followed up. The review process will continue in quarter two with development of curriculum content which is expected to be completed in the third quarter. Co-financing of the activity from WHO is under discussion.

Development/ revision of BSc Nursing curriculum

In collaboration with the General Nursing Council, HSSP provided technical assistance to the Post Basic Nursing Department during the revision of the pre and in-service training BSc Nursing curricula. The draft curricula are ready for submission to the review committee of the School of Medicine prior to submitting to the Senate for approval. These curricula have strengthened nursing education, HIV/AIDS management, research and other health priorities.

Performance Assessment (PA) for Livingstone General Hospital and School of Nursing

Technical support was provided to Livingstone General Hospital and School of Nursing during PA. An observation at the hospital incinerator revealed a breach of Infection Prevention Guidelines. This was immediately reported to the National Infection Prevention Technical Working Group at MOH for follow up, since the solution will require construction of additional infrastructure. The school had several shortcomings, among them maintenance of infrastructure and inadequate utilization of teaching and learning materials by both faculty and students.

4.2.3 Key Products/Deliverables

- 1,350 RN teaching and learning materials (reprints)
- 500 COG teaching and learning materials (reprints)
- TSS report from Chainama College of Health Sciences

4.2.4 Challenges and Solutions

Challenges	Solutions
MBChB curriculum review process stalled owing to difficulties in participation of university staff caused by policy limitation on payment of allowances	Resources will be leveraged via the Ministry of Health to meet costs which HSSP is unable to pay

4.2.5 Successes/Best Practices

- IRH and Pre-service Training units worked together to finalize the development of the EmONC curriculum
- Collaboration with WHO to co-fund the MB ChB curriculum review

4.2.6 Focus for next quarter

- Support supervision to training institutions during the implementation of the revised curricula
- Support training institutions to complete the revision of MB ChB and finalize the development and revision of BSc Nursing curriculum

- Support technical updates for tutors and preceptors
- Monitor HRDCs and support utilization of ITGs

5 Performance Improvement and Accreditation

The goal of Performance Improvement is to improve the quality of case management observation/record review during supervisory visits. The overall objectives are to reach 60% of districts (43) conducting case management observation and record review in at least 80% of supervisory visits and accredit 30 Private ART sites by 2009.

5.1 Key Indicators: Performance improvement and accreditation coverage and quality

Indicators	Year 5 (Oct 2008 – Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total achieved to date	% Status
5.1 Number of private sites delivering PMTCT, CTC or ART services that are assessed by MCZ	3	Nil	41	38	93%
5.2 Number of private sites delivering PMTCT, CTC or ART services that are accredited by MCZ	15	Nil	30	15	50%
5.3 Percent of districts conducting case management observation / record review in at least 80% of supervisory visits	60% (43 districts)	57% (41 districts)	60%	57%	95%

5.2 Key Achievements

Technical supportive supervision (TSS) to low performing districts

In quarter one HSSP continued to provide technical assistance to districts in the area of supervision. Specifically, HSSP built supervisory skills in case management for clinicians in Mumbwa District. This approach has enabled the district hospital to initiate mentorship programs for its staff, and in low performing health facilities. There is now evidence of strengthened supervisory activities for case management in the district. The district has also re-introduced weekly clinical meetings and quarterly clinical symposia for clinicians and nurses. These will lead to improved case management.

After TSS in case management, Mumbwa District has introduced clinical meetings and mentorship programmes as part of their supervisory support to sites providing ART

Monitoring of performance assessment

HSSP, in partnership with the University Teaching Hospital, joined the Provincial Health Office to conduct Performance Assessment of Copperbelt Province. Only tertiary hospitals (Kitwe and Ndola Central and Arthur Davison Children's Hospital) were assessed. During the assessment, poor case management was observed at all three hospitals. This was extensively discussed and recommendations were given to all the affected institutions. One of the recommendations was to strengthen supervisory services to the clinicians and improve the mentorship program.

Support districts during planning review

HSSP routinely provides technical support to provinces and districts to ensure that key program elements are included in the action plans. In quarter one, HSSP reviewed action plans for Mansa, Nchelenge, Mwense and Milenge districts in Luapula Province and ensured that they included performance improvement and ART accreditation activities.

Accreditation of private ART delivery sites

HSSP's focus for the quarter was on upgrading standards of private ART sites so that they could be accredited. Fifteen ART sites were targeted and were supported through provision of ART training and protocols. The ART sites are now better prepared to meet the standards for accreditation.

Revision of ART Accreditation Guidelines and finalization of ART Accreditation Assessors' Manuals

HSSP, in conjunction with MCZ, revised the ART Accreditation Guidelines. During the first and second phases of implementation of accreditation in Zambia, the following deficiencies were the most common causes for failure of ART sites to meet accreditation standards: lack of a viable HMIS system; dispensers or nurses managing pharmacies rather than pharmacy technologists; ART sites manned by untrained staff. The relevant domain areas in the guidelines were revised to take into account comments from stakeholders and realities on the ground.

In addition, HSSP supported the development of the ART Accreditation Assessors' Manuals for trainers and the trainees. Assessors from four provinces (Copperbelt, Lusaka, Southern and Central provinces) have been oriented to the new guidelines and training manuals.

The certification of health workers

Following the finalization of the accreditation guidelines, MCZ embarked on the development of the Certification Guidelines for ART Providers. These have been drafted and will be finalized and implemented in quarter two. The certification of health providers will lead to improved case management in the ART sites.

Orientation of ART assessors to the revised guidelines and assessors' manuals

After the revision of the ART Accreditation Guidelines and development of the assessors' manuals, MCZ, in collaboration with HSSP, organized a workshop for the orientation of assessors from Lusaka, Southern, Central and Copperbelt provinces. Nine assessors were oriented with HSSP support. The workshop was held in Kabwe from 8th to 12th December 2008.

5.3 Key products and deliverables

- Revised ART Accreditation Guidelines
- ART Accreditation Assessors' Manuals

5.4 Challenges and solutions

Challenges	Solutions
The slow pace at which the MCZ is assessing ART sites for accreditation due to capacity constraints	In the next quarter, MCZ in collaboration with HSSP, will train more assessors in Lusaka and Copperbelt provinces, thereby expanding capacity

5.5 Focus for next quarter

- TA to two districts in provision of TSS at hospital and health center level
- Work with MOH in monitoring of performance assessment
- Conduct a study to determine use of PA findings during TSS
- TA to 15 private ART sites to enable them to meet accreditation standards.
- Work with MCZ to accredit 15 ART sites
- Support MCZ to review the HR establishment. The review will assist the council to lobby for resources from MOH and other partners to address its HR crisis.
- Finalize ART certification guidelines
- Conduct a study to determine impact of accreditation on quality of ART services

6 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 OI services)

The objective is to assure that 60% of districts have at least one facility offering a minimum package of HIV/AIDS services by 2009.

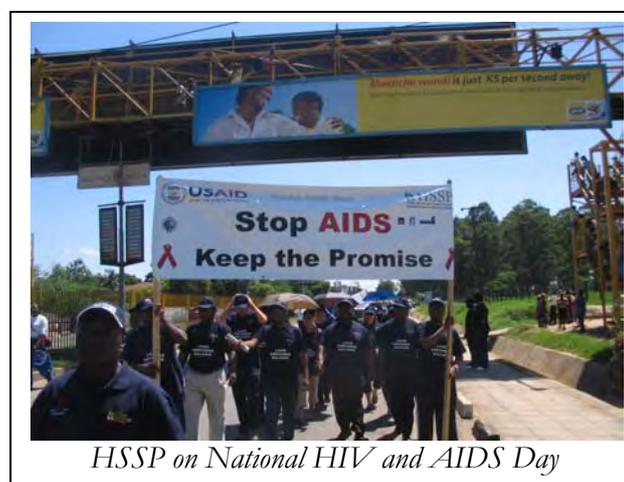
6.1 Key Indicators: Improved HIV/AIDS coverage and quality

Indicators	Year 5 (Oct 2008 – Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total achieved to date	% Status
6.1 Percent of districts with at least one facility offering a minimum package of HIV/AIDS services by 2009	60% (43)	Nil	60% (43)	100% (72) (NAC Reports)	Target achieved

6.2 Key Achievements

Print and distribute national coordination guidelines

The completion of the HIV/AIDS Coordination Guidelines has been long pending, awaiting the finalization of the restructuring at the Ministry of Health (MOH). HSSP supported MOH to develop a road map for speedy completion of the guidelines. The process will now be led by the Director Public Health and Research. All directorates and unit heads are required to participate in related activities.



Print and distribute referral guidelines

In an effort to improve the referral networks in the provinces and districts, HSSP has been working with MOH, National AIDS Council (NAC) and partners to develop guidelines for strengthening referral systems in districts. The draft developed in year four was reviewed by all key stakeholders and approved by the Treatment and Care Theme Group, and thereafter submitted for final approval by NAC. The guidelines will be printed and disseminated to all provinces and districts for onward distribution to both public and private institutions involved in HIV/AIDS service delivery.

Participate in the national, provincial and district action planning

During this quarter, HSSP joined MOH and partners to review district action plans. Specifically, the HIV/AIDS Coordination Team reviewed the Eastern Province district action plans and ensured that the plans contained HIV/AIDS activities based on the national and provincial technical updates. All districts had included HIV/AIDS activities in their plans, however most stated that they faced challenges in implementing activities due to inadequate budget allocations.

Support MOH to conduct the National Health Accounts (NHA) – HIV/AIDS sub-analysis

HSSP worked with the University of Zambia (UNZA) and MOH to review the draft NHA HIV/AIDS sub-analysis. The comments were submitted to the NHA Working Group for consideration in the general report. The draft report will be circulated to partners for comments in January 2009 and presented to a stakeholders' meeting for verification in February 2009.

Update partners' ART database

This annual exercise, conducted from December to January, has been reprogrammed to quarter two, in order to achieve a better response rate in the post holiday period. HSSP will, in addition, conduct an assessment to determine use of this database in planning for HIV/ART services by MOH. Focused TA will be provided, based on the assessment findings, in order to strengthen evidence-based planning.

6.3 Challenges and Solutions

Challenges	Solutions
MOH ownership of the process for developing the coordination and guidelines has been weak.	HSSP has lobbied for the Director of Public Health and Research to spearhead the finalization process

6.4 Planned activities for the next quarter

- Finalize and print the coordination guidelines
- Print the referral guidelines
- Hold the semi-annual HIV/AIDS Coordination meeting
- Update the partners' database
- Carry out the assessment of use of the partners' database
- Participate in TSS and PA in districts

7 Clinical Care Specialists

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

7.1 Key Achievements

7.1.1 Coordination of ART services

The scale-up of ART services has continued across the country, with all provinces now focusing on ART delivery at the primary level of care. With the presence of partner organizations in all provinces, the need for a coordinated approach to supporting delivery of services remains critical for rational allocation of resources. The CCSs have continued to facilitate the Provincial ART Coordination Committee meetings which are held on a quarterly basis.

During the last six months of 2008, all provinces went through the process of forming Provincial TB/HIV Coordination Committees to facilitate effective TB/HIV collaboration. The CCSs have played a key role in the formation and continued functioning of these coordination bodies.

Apart from facilitating these provincial level coordination meetings, the CCSs have also been instrumental in providing provincial level input towards national processes such as development and revision of various national documents as well as programmatic review meetings. During the quarter, selected CCSs contributed towards:

- Revision of ART Accreditation Guidelines
- Development of ART Health Worker Certification Guidelines
- Development of National Male Circumcision Guidelines
- NAC PMTCT strategic planning meeting
- National ART stakeholder update meeting



PMTCT team members in Sinazongwe during CCS monitoring visit

CCSs have continued with peer support/exchange visits to share best practices and scale-up effective interventions and approaches. During the past quarter, the Northern Province CCS was visited by the Luapula Province CCS. The concept of developing clinical care teams was shared and thereafter implemented in Northern Province.

The CCSs also continue to act as advisors on behalf of MOH on technical HIV/AIDS issues at Provincial AIDS Task Force (PATF) meetings.

Coordination Activities for Quarter 1

No.	Province	Coordination Activity
1	Central	- Revision of ART Accreditation Guidelines - Development of Health Worker Certification Guidelines - Attending National ART update meetings
2	Copperbelt	- Participated in ART update meetings - Attending inter-district meetings
3	Eastern	- TA to Districts Action Planning - TB/HIV Coordinating Body Meeting

No.	Province	Coordination Activity
		- Inter-district Meeting - TB/HIV/PMTCT Quarterly meeting - Mobile ART Meeting
4	Luapula	- Provincial ART Committee - Peer Support Visit - TA to District Action Planning
5	Lusaka	- TA to District Action Planning - Quarterly TB/HIV/AIDS meeting - ART update meetings - Development of Health Worker Certification Guidelines
6	Northern	- Planning Meeting with Mporokoso DHO for opening 4 new ART sites - District Action Planning
7	North-Western	- Provincial ART Committee - Attended National ART update - TA to District Action Planning
8	Southern	- Provincial ART Committee - TB/HIV Coordinating Body Meeting – Development of Strategic Plan - Development of Health Worker Certification Guidelines - Attending National ART update meeting - TA to District Planning
9	Western	- TA to District Action Planning - Provincial ART Committee - TA to PATF

Provision of TA and mentoring to junior health workers in ART

Technical backstopping and supervision was achieved through technical supportive supervision (TSS). The recipients of TSS included medical officers, clinical officers, nurse/midwives, and classified daily employees who, in some instances, provide clinical services to patients. It has been consistently found that most districts do more of audit spot-checks rather than supportive supervision. During the remaining duration of HSSP, CCSs are increasingly focusing on mentoring district level program officers in the appropriate TSS approach that leads to changed practice.

Case management and record reviews conducted this quarter

One of the core objectives of the CCSs is to foster improved quality of case management with an emphasis on HIV/AIDS services. This was achieved through:

- Case management observations in health facilities
- Record reviews in health facilities
- Clinical meetings
- Clinical mentoring which also incorporates most of the activities listed above

The table below summarizes the activities undertaken during the quarter.

No.	Province	Case Observation/ Record Review Episodes	Clinical Meetings	Mentoring
1	Central			17 visits (75 HW contacts)
2	Copper belt			
3	Eastern	6 visits (11 HW contacts)	2 Clinical meetings	2 visits (4 HW contacts)

No.	Province	Case Observation/ Record Review Episodes	Clinical Meetings	Mentoring
4	Luapula	13 visits (12 HW contacts)	2 Clinical Meetings	
5	Lusaka	10 visits		10 visits
6	Northern	9 visits		2 visits
7	North-Western	2 visits		
8	Southern		1 Clinical Meeting	1 visit (18 HW contacts)
9	Western	1 visit		

Note: "Visits" does not necessarily imply frequency of trips. More than one facility may have been visited on the same trip, and these are counted as separate visits

Support districts, hospitals and clinical HIV/AIDS programs

The CCSs have continued to strengthen HIV/AIDS programs, including referral systems in the districts, through a number of approaches. Five CCS participated in PA during the quarter by providing TA and financing performance review meetings. The CCS, Eastern Province conducted a TB/HIV data review meeting.

The quarter also saw some innovative support approaches to districts, such as support in CD4 sample referral for rural health centers and a defaulter tracing audit study in Central Province. Support to mobile ART services continues in Central, Southern, Luapula, Eastern and Northern provinces.

The CCSs also continued to fund and undertake follow up of health workers trained in various fields which included Performance Improvement Approaches (PIA) in Southern Province, and pediatric ART in Luapula province.

Building capacity

HSSP CCSs facilitated the training of health workers in various areas in collaboration with other supporting partners of the MOH (CDC, CARE, CHAZ, CIDRZ, and ZPCT). CCSs participated as trainers as well co-funding some of the trainings. During the quarter under review, the following numbers of health workers were trained as a result of this collaboration;

- 118 health workers were trained in dry blood spot (DBS) collection, packaging and transportation (Central and Southern)
- 207 in PMTCT (Central, Eastern, Luapula, North-Western, and Southern)
- 71 in Pediatric ART (C/belt, Eastern, Southern)
- 233 in ART/OI (Southern and Eastern)
- 38 in TB/HIV (Luapula and Eastern)
- 46 in PIA (Southern and Western)
- 21 in Rational Drug Use (Luapula)
 - 4 Child Counseling (Eastern and Central)



Satisfied patient after receiving drugs and adherence counselling from Clinical Officer, Mr. Mwale, Chilubi Island

Training was also done for community health workers and psychosocial counselors (community based volunteers) in the following fields:

- 11 in PMTCT including DBS (Southern)
- 13 ART Educators (North-Western)
- 19 in PMTCT (Central)

Training efforts are aimed at strengthening existing HIV/AIDS services as well as expanding these to new sites.

Working with the private sector in the provision of ART

The private sector remains challenging to work with. Most private providers have not undergone the national standardized training programs in the various HIV/AIDS services. HSSP developed plans to train private practitioners from five clinics on the Copperbelt. Further, the revision of the ART Accreditation Guidelines that will make accreditation mandatory for all providers of ART services will help in bringing the private sector into line with MOH policy.

The CCS in Northern Province participated in assessment of three ART sites. None of the assessed sites attained accreditation standard and hence they have been targeted for capacity strengthening.

Scaling up of ART Services

One new ART site was opened in Western Province. Planning meetings for selection of the next new sites and consensus on partner support took place in Southern and Northern Provinces. Four new PMTCT sites were opened in Luapula Province. More new sites, including mobile ones will open after the end of the current rainy season.

7.2 Successes/Best Practices

- Formation of Clinical Care Teams
- Peer support/exchange visits to share best practices
- Quarterly data audit meetings have strengthened the collection, cleaning and analysis of data and the quality of reports by district/hospitals

7.3 Focus for the next quarter

- Provide concerted TSS to all districts to ensure full functioning of QA committees based on PIA principles
- Regular follow-up to all districts to ensure all Clinical Care Teams are well established and operational as vehicles of delivery of TSS and Clinical mentorship
- Continue facilitating the opening of new ART sites to further improve access
- Assess health institutions for ART accreditation purposes
- Continue facilitating the holding of provincial ART coordination meetings and consolidating TB/HIV Coordinating Bodies in all provinces while mentoring the new Communicable Disease Control Specialists (CDCS) at PHOs for continuity and sustainability.
- Documentation of CCS work towards the HSSP legacy
- Conduct QA training for health providers and hospital managers

8 Strategic Information and Health Services Planning

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

8.1 Key Indicators: Improved strategic information and health services planning

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total Achieved to date	% Status
7.1 Number of individuals trained in Strategic Information	182	223	720	847	Target exceeded
7.2 Number of institutions provided with TA in SI activities	93	93	93	93	100
7.3 Number of districts using revised guidelines for planning	72	72	72	72	100

8.2 Key Achievements

Synchronise Report Outputs between Smart Care and the Paper System

The Ministry of Health has concluded the rolling out of the HMIS to all public facilities. At facility level, HIV/AIDS data are collected through individual patient/client cards or forms. In facilities with no computer capabilities, patient records are maintained in registers, while those with computer capability transfer data from patient forms onto computers, using software called SmartCare. At the end of the reporting period, both systems (manual and electronic) should generate summaries for local use and reporting to the higher levels through the HMIS.

During the quarter, activities were initiated to ensure that summaries from the two sources are synchronised before being reported to the next level. This involved reviewing the HIV/AIDS facility data from the Copperbelt Province for the period August 2007 to August 2008 and conducting a data transmission trail. This exercise revealed that the quality of data from both systems needs serious attention, specifically regarding report completeness and consistency. The identified issues will form the focus of support in the next quarter.

Provide routine support to MOH planning cycle

Following completion of the planning process for 2009-2011 in districts and the center, HSSP provided support to consolidate the overall health sector plan which incorporates HIV/AIDS and other MCH interventions. The document will be presented to Parliament for budget approval and allocation in quarter two.

Update existing planning guidelines and tools based on the NHSP and other national goals

Field testing of the revised district handbook

Field testing of the revised district planning handbook was conducted. Seven districts, out of eight invited, participated and provided comprehensive feedback to the document. Each district was represented by the District Director of Health, Manager Planning and Development and District Accountant. The handbook has new Marginal Budgeting for Bottlenecks (MBB) and Logical Frame concepts, and there was a mixture of MBB and non MBB pilot districts present to check the applicability of the document in both situations. Twenty seven participants (21 from the districts, 6 from the center) attended the meeting. The document was finalized and sent to MOH for final review and approval for printing.

Editing of the Integrated Technical Guidelines (ITGs)

The revised ITGs document was further reviewed and edited with local STTA. A technical reviewer and a language editor were engaged by HSSP. The document was finalized and has been submitted to the relevant MOH office for approval to allow printing.

8.3 Products/deliverables:

- District Planning Handbook
- Integrated Technical Guidelines(ITGs) for Frontline Health Workers

8.4 Successes/Best Practices

Field testing of the District Planning Handbook with the end users enhanced ownership, timely completion, and ensured that the document is based on field experiences.

8.5 Challenges and Solutions

Challenges	Solutions
Delays by MOH to provide feedback to documents resulting in delayed completion	Practical ways to enlist active participation, such as field testing documents, seem to enhance timely completion

8.6 Focus for the next quarter

- Compile a compendium of solutions on Frequently Asked Questions (FAQ) in HIV/AIDS Data Management.
- Reporting on HIV/AIDS through a routine information system is a new practice in Zambia. In the past data were collected by implementing partners and reported through their systems. The government would hence obtain data from individual programs as needed, whereas now MOH workers are responsible for HIV/AIDS reporting. MOH workers need more day-to-day support through supportive tools such as the compendium.
- Refresh health workers on HIV/AIDS data management
- A focused training package will be developed and relevant health workers will be trained to address challenges identified during detailed data reviews and interviews with health workers. This will be done in collaboration with all key partners such as UNICEF, ZPCT, CIRDZ, CRS, ZNAN and the SmartCare project.
- Restock districts with essential primary tools for HIV/AIDS data collection
- It was observed during the previous quarter that most of the facilities do not have the correct version of primary data tools. They were still using old registers that were developed before the HMIS was reviewed. This has contributed to the poor quality of data as some data elements from these tools were missing while others have since been redefined in the new system
- Conduct revisions to the hospital, health centre and training institution Planning Handbooks. The revisions will be in harmony with the revised district planning handbook.
- Print the revised District Planning Handbook and the Integrated Technical Guidelines booklet. Dissemination of both documents will be based on the agreed strategy with MOH
- Revise the pocket size ITGs based on revisions made to align it with the main document.

9 Monitoring and Evaluation

The goal of the Monitoring and Evaluation unit is to establish and maintain a system for tracking and evaluating program performance.

The overall objective of the Monitoring and Evaluation (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.

9.1 Key Achievements

Coordinate program planning and reporting on program indicators

The Year 4 Annual Report was completed as well as the Work Plan for year five, (Oct 2008 to Dec 2009). The year four annual review was conducted. This was shortly followed by the annual portfolio review by USAID. The M and E team supported the preparations and participated in the meeting, which received positive feedback from the USAID participants. The annual report and year five work plan were submitted to USAID, and subsequent to some minor changes, approved.

The M and E team, working closely with management, coordinated the year five quarter one review meeting. Reporting formats for presentations and narrative reports were reviewed to further strengthen reporting and tracking achievements. The reports are aligned to the program objectives and core work plan activities for easy tracking. Quarterly PowerPoint presentations were formatted to highlight the “so what” issues in relation to main achievements.

Success Stories

Four success stories were developed with assistance of the M and E unit (see Annex):

1. Mother-baby follow-up saves lives
2. Supervisor confidence rekindled
3. Mothers in Kazungula, Zambia Appreciate Child Growth Monitoring
4. Community health workers provide vital health services in Zambia
5. HSSP plans to produce a compendium of HSSP success stories.

HSSP plans to prepare a compendium of success stories. Three additional stories have been drafted, and a target of 12 stories has been set for the end of quarter three. Other forms of documenting program successes such as case studies and policy briefs have been planned for in addition.

Track program implementation and documentation

Selected HSSP Monitoring and Evaluation Framework indicators and data were reviewed as requested by USAID and updated. Three indicators were added (two COP and one OP, respectively) to the USAID reporting framework as follows:

- Percentage of DHMTs which conduct case management supervision in at least 80% of supportive visits
- Percent of C&D districts that maintain or reduce their average daily staff contacts.
- Percent of pregnant women receiving IPTp2 in Central and Eastern provinces

The current status for these indicators was known because HSSP has an effective tracking system and these indicators were already being tracked under the program indicator category that helps to provide a wider understanding of program status.

A Program Documentation Plan format was developed to assure that all planned products, studies, and reports are tracked and completed during the final year of the project. The plan, which is matrix format, lists the topics, schedules, and the responsible teams/individuals. The plan will be regularly updated to insure timely completion of in readiness for the end program dissemination.

Strengthen internal data/deliverables tracking system

The program deliverables list was updated and posted on the HSSP common drive. Hard copies of all deliverables will be printed and shared during the end of program documentation. The STTA matrix was updated, and planned STTA for technical teams is on track.

Assist MOH to produce provincial health statistical bulletins

The Health Statistical Bulletins produced in year four were reviewed with the assistance of a consultant. Six of these have been finalised and will be printed soon, while the remaining three are being finalized. Bulletins for the Copperbelt, Eastern and Central provinces are undergoing final review. All the Statistical Bulletins will be printed in quarter two. Provinces should now be able to produce statistical bulletins without further technical support. This capacity ensures that district level information can be produced and made available for planning and decision making even after the end of HSSP.

Conduct program research and data analysis

A program documentation audit was initiated to assess availability of MOH/HSSP products in districts and health facilities. This activity was integrated in Child Health Week activities where the M and E team provided monitoring support to Mansa, Samfya, Livingstone and Kazungula districts in Luapula and Southern provinces. Nine key documents were listed for the audit:

1. Child Health Week Manual
2. Safe Motherhood Guidelines
3. IMCI Chart Booklet
4. Integrated Technical Guidelines (ITGs)
5. 10 Steps to Successful Breastfeeding Poster
6. Planning Guidelines
7. Reproductive Health IEC Materials (including Jadelle Posters, Steps to Successful Breastfeeding)
8. New HMIS Tally Sheets
9. 6 Key Practices

The audit will be finalized in the second quarter. Based on findings, support will be provided to districts and facilities to ensure continued availability and utilization of the documents as a program sustainability measure.

The monitoring and evaluation team supported the development of study tools for the retention of doctors scheme study and data collection for the nurse tutor retention benefits study. Other support was provided to the Reproductive Health team to review the Malaria in Pregnancy and Active Management of the Third Stage of Labor study reports. The IRS Impact Study Protocol was reviewed.

9.2 Key Products/Deliverables

- Year four Report
- Year five workplan
- Updated indicator tracking sheet

9.3 Challenges and Solutions

Challenge	Actions/Solutions
Program documentation, including studies, technical briefs, success stories, and other efforts to answer the “so what” questions of HSSP should be completed during quarters two and three.	Technical staff will be required to focus on studies and documentation of project results using innovative and user friendly approaches, while gradually reducing and handing over technical support activities.

9.4 Focus for the next quarter

- Finalise and print Provincial Health Statistical Bulletins
- Consolidate and submit year 5 quarter one report to USAID
- Strengthen support to documentation and finalization of program deliverables
- Conduct deliverable utilization audit
- Update the deliverables archive

10 Administration and Finance

The goals for the administration and finance unit are to:

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

The objectives are:

- To guide HSSP and other Abt Associates partners to achieve 100% USAID and Abt financial and administrative compliance
- To safeguard project inventory and cash
- To provide local HR management support
- To provide logistics support to the program

10.1 Key Achievements

Financial accounting activities

Financial reconciliations for retained doctors completed up to the month of December 2008. Retained nurse tutors completed up to September 2008.

Administrative/logistical work

Doctors’ houses under the HSSP rural retention scheme rehabilitation program completed during the quarter under review. All other logistical support, including processing of visa applications for HSSP expert staff and other programme partners was provided.

Office/inventory maintenance activities

Various plumbing, electrical and other works were carried out during the quarter, including the installation of a generator, which has enabled full productivity during electrical outages.

10.1.1 Financial Performance

Overall Budget and Expenditures

As of November 30, 2008 HSSP had spent a cumulative total of \$35.7 million. The cumulative obligated amount for the same period to November 30, 2008 was \$44.1 million. The total project budget amount was increased during the quarter to \$46.7 million. Cumulatively, HSSP spent 81% of total obligated funds and 76% of total budget funds allocated to the project. The remaining obligated funds as of November 30 was \$8.4 million, and the remaining budgeted funds as of the same date will be \$11.0 million.

PEPFAR - COP

Out of the total project obligated funds of \$44.1 million, the PEPFAR component is obligated \$17.9 million. The total PEPFAR budget is \$21.9 million out of the project total budget of \$46.7 million. Cumulative expenditure under this component to November 30, 2008 was \$15.5 million. This represents 87% of obligated funds. In relation to the total PEPFAR budget, the expenditure represents 71% funds spent of the total budgeted funds.

Non-PEPFAR- OP

Out of the total project obligated funds of \$44.1 million, the non-PEPFAR component is obligated \$26.2 million. The total non-PEPFAR budget is \$24.7 million out of the project total budget of \$46.7 million. Cumulative expenditure under this component as of November 30, 2008 was \$ 20.2 million. This represented 77% of obligated funds. In relation to the total non-PEPFAR budget, the expenditure represents 82% of the total budgeted funds.

Monthly Average Burn Rate

The monthly average burn rate for PEPFAR funding is \$242,075. The monthly average burn rate for non-PEPFAR funding is \$343,896. The overall monthly burn rate for the project is \$585,971 for the quarter.

10.1.2 Human Resources

HSSP has a human resource establishment of 51, comprised of four management staff including two females and two males, 29 technical staff comprising 14 females and 15 males, and 18 support staff comprising four females and 14 males.

10.1.3 Inventory

Desktop computers

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

LCDs

There are currently a total of five LCDs. Of these, four are functional and one is damaged.

Laptop computers

There are currently 40 laptop computers. Of these, 18 are allocated to staff, 10 are used in the pool and 12 are damaged. Three new laptops were ordered to replace non functional ones.

Vehicles

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

10.2 Key products/deliverables

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

- Successfully met financial deadlines for both Abt and USAID requirements.
- Reconciled doctors' payments up to December 2008 and nurse tutors payments up to September 2008.
- Successfully completed all the renovations of the doctors' houses under the retention scheme.

10.3 Focus for the next quarter

- Expand RRS expenditure to other medical staff
- Reconcile RRS advances for Jan to March 2009
- Compliance refresher training for all staff
- Overall budget/field tracking
- Continued improvement in quality of documentation for financial transactions
- Project close out planning and 12 month count down initiated

Supervisor Confidence Rekindled

Health Worker Supervision: A Key to Quality Health Services

Mr. Yambota, the District Health Information Officer for Mwinilunga, completed a practical training in health worker supervision, focused on child health. He is delighted that he can now capably supervise health staff. Mr. Yambota was part of a team from the Ministry of Health and Health Services and Systems Program (HSSP) that conducted a supervisory mission in December 2008. Using the tools and knowledge gained, he can now confidently assess the skills of the health workers, especially on how to manage a sick child, and can provide suggestions to improve health worker performance and management of the facility.

“I have benefited a lot from this visit and being in the team. Usually when we conduct performance assessment and you reach the part of assessing the child clinical skills of the health worker, you just keep quiet, but now I will be able to talk and advise accordingly.”

Mr. Yambota, District Health Information Officer, Mwinilunga

Monitoring the performance of health workers is essential to assuring the quality of health care. Frequent and effective supervision usually results in improved services at health facilities. These improvements translate into reduced illness and deaths among children under five years, the most vulnerable category. The Ministry of Health expects district supervisors to conduct supervisory visits to every health facility at least twice per year.

The USAID-financed Health Services and Systems Program has been working with the Ministry of Health to develop the guideline and tools to train and to monitor health worker supervision, in

order to improve child care services. The many efforts put forward by the Ministry of Health, the Health Services and Systems program, and others, are bringing some success. A recent national study revealed that for the first time in many years, the number of children who die before the age of five has reduced noticeably.



Mr. Yambota, District Health Information Officer for Mwinilunga District (left), assesses the performance of Mr. Munjunga, a health worker at Mukangala Rural Health Center

Mother-Baby Follow Up Saves Lives

Community Health Workers Provide the Link

HIV testing of pregnant women who attend antenatal clinics is nearly universal in Zambia. Testing enables health workers to provide treatment which will preserve the health of the HIV positive mother and reduce the risk of transmission of HIV to the baby. Study has shown, however, that a very small percent of HIV exposed babies are followed up after birth to receive continued prevention and care. This gap occurs for various reasons: many babies are born at home, or in facilities outside of their community, and the records of patient care are fragmented and incomplete.

“We were able to identify many more HIV-exposed infants through the Community Health Workers who located HIV positive mothers who had been previously lost to follow-up.”

Dr. Kebby Musokotwane, District Health Director, Sinazongwe

To assure that babies of HIV positive mothers are followed up for testing and care, the USAID-financed Health Services and Systems Program worked with the Ministry of Health to design a register to link the mother-baby patient records.

The register captures the full range of services and visits required to provide HIV prevention and care. Use of the register enables health personnel to track and manage care for the HIV-exposed

baby from birth to 18 months. As a result, far more HIV infections in children can be prevented through timely testing and treatment.

An innovation to extend follow up to the community was designed with assistance from the HSSP Provincial Clinical Care Specialist. In Sinazongwe, a rural district in Zambia’s Southern Province, community registers, similar to those kept at the health facilities, were designed for community health workers (CHWs). Using the registers, CHWs are able to follow up the mother-baby pairs directly in their home villages to assure that they attend the clinic and receive the full package of services. They update the health facility register periodically and serve as a link in the care and referral process.

Within one year of tracing mothers and maintaining these registers in Sinazongwe, the number of babies being followed up by the health facility increased from 1 to 66, and the number of mothers on follow up increased from 32 to 72. This simple tool, adapted and put to use by community volunteers, is a cost-effective and appropriate technology that contributes to the survival of HIV-exposed babies.



Community Health worker in Sinazongwe District displays the mother-baby community register

Community Health Worker Provides Vital Health Services

Health worker task shifting expands human resources

What started as short term community service for Oris Namuswa, a Community Health Worker (CHW), has become a long term occupation providing health services to the Sinda community in Kazungula District.

With a catchment population of more than 30,000, the demand for health services in the area is high. Sinda Health Center is the only easily accessible health facility for the surrounding community. It is linked to the Lusaka-Livingstone highway by a 30km winding dirt road which becomes largely impassable during the rainy season due to floods.

Oris was first nominated by her community to serve as a CHW more than 10 years ago. The community fondly refers to Oris as “Basilisi” (one who cures), a local term used to refer to medical personnel. She was initially trained as a birth attendant but over the years has undergone several other CHW training and update workshops. The previous clinical officer and the current nurse in charge have also taught her on the job. The District Health Office engaged Oris as a classified daily employee in 2005, entitling her to a monthly allowance for her services. This arrangement is an example of successful “task shifting” which enables workers with basic skills to provide routine services at appropriate levels. These workers are an important human resource in areas where formally trained health workers are in short supply.



Oris dispensing drugs at Sinda Rural Health Center

“I have gained a lot of experience.... I handle most deliveries successfully, and I know which cases to refer to the hospital. I’m happy with my work because people appreciate my service.”

Oris Namuswa, Classified Daily Employee, Sinda

The USAID-financed Health Services and Systems Program (HSSP) has supported Kazungula District to train 25 Community Health Workers, to provide training materials, technical assistance and supportive monitoring of the community work in the district.

On a normal day, Oris assists with routine antenatal examinations, such as weighing, reading blood pressure, and assessing the position of the baby in the womb.

When there are child health activities, she weighs children, and gives them vitamin A and deworming tablets. She records information carefully in the health center registers. Mrs Muunga, a qualified nurse, is the only trained health worker at Sinda Health Center, and greatly appreciates Oris’s contribution.

Mothers in Kazungula, Zambia Appreciate Child Growth Monitoring

Regular Growth Monitoring and Promotion Results in a Healthy Child

Ruth Mwamubi, of Kasungula District in southern Zambia, is a 22 year old single mother who sells fish for a living. She places high importance on her child's health, and takes her 22 month old daughter, Nkungano for regular growth monitoring activities at the local health center. Bringing her daughter for the semi-annual Child Health Week activities at Nachilinda Rural Health Center was a high priority for Ruth.

The Health Services and Systems Program, funded by USAID, has been working with the Ministry of Health and others to develop a manual and tools to plan for and conduct regular child growth monitoring and promotion activities. A system has also been developed to generate national level information on the results of growth monitoring and promotion. Intensive supervision is provided to health facilities and their staff during child health week and during routine child growth monitoring activities. Growth monitoring and promotion is an effective tool used to monitor development of children and it is an entry point to other child health interventions.

The nurses at Nachilinda informed mothers about the forthcoming Child Health Week during regular monthly child growth monitoring visits. The message was also posted on the notice board in Lozi, the local language. Community Health Workers, who are unpaid volunteers living in the community among those they serve, also spread messages on key events like Child Health Week.

"I bring my child every month. On special occasions like this one, children receive vitamin A and deworming medicine."
Ruth Mwamui, mother in Kazungula

Mothers begin to arrive early in the morning, as the Child Health Week services are popular and



Ruth with Community Health Worker weighing, Nkungano, her daughter

in high demand. Children receive immunizations, Vitamin A, and deworming tablets. They are weighed and their growth is recorded. Growth monitoring activities enable health workers to detect faltering growth which may be a result of under-nutrition or infection. Health workers are able to counsel mothers on nutrition and assure that treatment and referral are provided if needed. These free services are supplemental to the routine well child services for children under 5 years offered at health centers throughout the country.