



Year 5 Quarter 2 Report (January-March 2009)

Submitted to:
United States Agency for International Development (USAID)/Lusaka

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



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

April, 2009

Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labour
ARH	Adolescent Reproductive Health
ART	Anti-Retroviral Therapy
BHCP	Basic Health Care Package
CDC	Centre for Disease Control
CARE	Cooperative for Assistance and Relief Everywhere
CBA	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 Counselling 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
EHT	Environmental Health Technician
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
PHD	Provincial Health Director
PHO	Provincial Health Office
PIA	Performance Improvement Approach
PICT	Provider Initiated Counselling and Testing
PMEC	Payroll Management and Establishment Control
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PP/PN	Post Partum/Post Natal
PRA	Pharmaceutical Regulatory Authority
RDT	Rapid Diagnostic Test
RED	Reach Every Child in Every District
RH	Reproductive Health
RHIS	Routine Health Information System
SMAG	Safe Motherhood Action Groups
STI	Sexually Transmitted Infection
SOM	School of Medicine
SOP	Standard Operating Procedure
SWAp	Sector Wide Approach
TA	Technical Assistance

TB	Tuberculosis
TOT	Training of Trainers
TSS	Technical Support Supervision
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WFP	World Food Program
WHO	World Health Organization
ZHWRS	Zambia Health Workers Retention Scheme
ZNAN	Zambia National AIDS Network
ZPCT	Zambia Prevention Care and Treatment

Table of Contents

	<i>Page</i>
Abbreviations/Acronyms	i
Executive Summary	iii
Introduction.....	6
Technical Areas and Funding Sources	6
Program Objectives.....	6
Program Approach.....	7
Organization of the Quarterly Report.....	7
1 Child Health and Nutrition	8
1.1 Facility-based IMCI.....	8
1.1.1 Key Indicators: Improved CHN coverage and quality of care through facility-based IMCI	8
1.1.2 Key Achievements	8
1.1.3 Successes/Best Practices	10
1.1.4 Challenges and solutions	10
1.1.5 Focus for the next Quarter	10
1.2 Community IMCI	11
1.2.1 Key indicators: Improved CHN coverage and quality of care through community-based IMCI.....	11
1.2.2 Key Achievements	11
1.3 Expanded Program on Immunization.....	12
1.3.1 Key Indicators: Improved immunization coverage and quality of care	13
1.3.2 Key Achievements	13
1.3.3 Successes/Best Practices	14
1.3.4 Challenges/Solutions	14
1.3.5 Focus for the next Quarter	15
1.4 Nutrition.....	15
1.4.1 Key Indicators: Improved nutrition coverage and quality of care	15
1.4.2 Key Achievements	16
1.4.3 Successes/Best Practices	17
1.4.4 Challenges and Solutions.....	17
1.4.5 Focus for the next Quarter	17
2 Malaria (Indoor Residual Spraying).....	17
2.1 Key indicators: Improved IRS coverage and quality	17
2.2 Key Achievements	18
2.3 Challenges/Solutions.....	20
2.4 Successes/Best Practices.....	20
2.5 Products/Deliverables	21
2.6 Focus for the next Quarter.....	21
3 Integrated Reproductive Health	21
3.1 Key indicators: Improved coverage and quality of IRH services	21
3.2 Key Achievements	22
3.3 Successes / Best Practices	24
3.4 Challenges/Solutions.....	24
3.5 Focus for the next Quarter.....	24
4 Human Resources for Health	24
4.1 Planning and Management	24
4.1.1 Key Indicators: Improved Planning and Management coverage and quality.....	25
4.1.2 Key Achievements	25

4.1.3	Challenges/Solutions	26
4.1.4	Successes/Best practices	26
4.1.5	Focus for the next quarter	26
4.2	Pre and In-service Training	26
4.2.1	Key Indicators: Pre- and In-service training coverage and quality	26
4.2.2	Key Achievements	27
4.2.3	Products/deliverables	28
4.2.4	Successes/Best Practices	28
4.2.5	Challenges/Solutions	28
4.2.6	Focus for the next Quarter	28
5	Performance Improvement and Accreditation.....	29
5.1	Key indicators: Performance Improvement and Accreditation coverage	29
5.2	Activities this quarter.....	29
5.3	Key products/Deliverables	31
5.4	Challenges/Solutions.....	31
5.5	Focus for next quarter.....	31
6	HIV/AIDS Coordination.....	31
6.1	Key Indicators: Improved HIV/AIDS coverage and quality.....	31
6.2	Activities this quarter.....	32
6.3	Key products/deliverables.....	32
6.4	Planned activities for the next quarter.....	32
7	Clinical Care Specialists	33
7.1	Key Achievements	33
7.2	Successes/Best Practices.....	35
7.3	Focus for the next quarter	35
8	Strategic Information and Health Services Planning.....	35
8.1	Key Indicators: Improved strategic information and health services planning.....	35
8.2	Key Achievements	36
8.3	Products/deliverables.....	36
8.4	Successes/Best Practices.....	37
8.5	Focus for the next quarter	37
9	Monitoring and Evaluation.....	37
9.1	Key Achievements	37
9.2	Key Products/Deliverables	39
9.3	Challenges and Solutions	39
9.4	Focus for the next quarter	39
10	Administration and Finance	39
10.1	Key Achievements	40
10.2	Key products/deliverables.....	41
10.3	Focus for the next quarter	41
	Annex 1: Success Stories.....	42
	Coordinated HIV/AIDS and TB Services.....	42
	Involving Rural Communities	43
	Rural Doctors Gain Surgical Skills	44

Executive Summary

The Health Services and Systems Program (HSSP) now is nearing the midpoint of its final project year, having completed quarter two, with nine months remaining. In effect, only two quarters of active project implementation remain. The focus of quarter two, and of the upcoming quarter is:

- completion of remaining results targets
- intensified efforts to assure Ministry of Health capacity to institutionalize and carry forward HSSP-supported initiatives
- documentation of HSSP's key results, innovations and products

These focal areas permeate the manner in which we are now working. HSSP is making progress in achieving the aims set forth in its sustainability and exit strategy (referenced in the RFA submission, June 2008). During the quarter, the annual work plan was reviewed, and modifications made according to emerging needs and opportunities. Excess funding earmarked for the rural retention scheme was reprogrammed, to enable scaling up of quality assurance activities by the Clinical Care Specialists, support to the nutrition emergency, and printing of HSSP supported curricula and HMIS forms and registers. Selected indoor residual spraying (IRS) activities were reprogrammed when other funding sources within the National Malaria Control Center were used to finance HSSP supported activities. This leveraging, and other co-sponsorship of activities throughout the program has enabled HSSP to expand its reach, exceed its targets, and have the flexibility to provide financial support in areas which were unplanned. USAID has been very supportive and responsive to these modifications, enabling the program to provide resources where they are most needed.

A detailed 12 month close-out plan was prepared, linked to the work plan and budget, along with a 12-month budget-to-close. HSSP management, with assistance from the M&E team is carefully monitoring the progress of activities and expenditure to assure an orderly, successful and efficient project close. The close-out plan and budget are now undergoing a 9-month review and update.

Highlights in achievements of the technical teams include the following:

All facility IMCI and community IMCI targets have been achieved, and most are exceeded. Focusing on impact, the team has initiated a study of the impact of on-the-job training, which was spearheaded by HSSP, and assisted the Ministry of Health (MOH) in finalizing the IMCI health facility study. To strengthen the sustainability of the program, HSSP has begun to assist the MOH to prepare the IMCI Strategic Plan 2010-2015. Increased institutionalization of the IMCI program at district level was an encouraging observation this quarter. The community IMCI team has assisted the MOH to document the experience of community health workers (CHWs) in C-IMCI in order to provide improved support to this very important volunteer cadre. District exchanges were carried out to share best practices in implementing the Reach Every District strategy. In the area of nutrition, HSSP provided input to support an emerging nutrition crisis identified in Lusaka, and ongoing support to training, advocacy, and supervision of health workers.

The impact study on integration of postpartum/postnatal (PP/PN) care, conceived during quarter one, made important progress during the quarter. A literature review was prepared, the study was designed, and documentation prepared for institutional review board (IRB) approval. This is an integrated effort of the Child Health, Integrated Reproductive Health,

and M&E teams, and will examine changes brought about by HSSP interventions (EMONC, FANC, F-IMCI, health systems) in three districts, which have enhanced PP/PN care.

The indoor residual spraying program played a major role in organizing, financing and reporting on the Annual Post-Spray Meeting held in Kitwe. Key activities during the quarter focused on district assessments for next season, preparations for insecticide waste removal, and design of the IRS impact assessment. In the area of entomology, the insectary was improved and tested, and mosquito survival rates are improving. Training of technicians, larval collection, and establishing standard operating procedures (SOPs) have all contributed to the challenging process of establishing a viable and sustainable insectary.

Targets in integrated reproductive health (IRH) came closer to full achievement this quarter as the team continued its intensive training activities in long term family planning (LTFP) and emergency obstetric and newborn care (EmONC). Adolescent reproductive health (ARH) site assessments were carried out for 16 facilities for roll-out next quarter, and 17 ARH sites were provided with technical support and mentoring. An innovative development in IRH was this use of Safe Motherhood Action Groups to promote key interventions, and focused on the involvement of males.

In human resources for health, a study of doctors supported by HSSP on the retention scheme provided new information on the 'value added' by these much needed professionals, including new evidence of high job satisfaction. Long-awaited contracts for Clinical Officers were obtained through hands-on assistance by HSSP staff at the MOH. Invoicing and payment of HSSP retained staff through February 09 showed a significant gain in timeliness and processing, and is a good indicator of improved sustainability of the system.

Pre-and in-service training continued to be very active in provision of training skills, technical support to training institutions, and curriculum review. HSSP is assisting in the revision of the BSc nursing curriculum and the nurse prescriber's curriculum, as well as in developing M&E and training needs assessment tools for the General Nursing Council.

In Performance Improvement HSSP assisted in training 55 medical students and 22 health workers in ART. District level technical support supervision (TSS) was provided in Mpongwe District. A significant achievement by the PI team was a highly successful training activity focused on closing the gaps for facilities striving to attain accreditation. The training was attended by 74 health workers from 18 private ART sites. Training was followed up by installation of SmartCare in the 18 sites. An increase in accredited private sites is expected to result from this effort when the next round of inspections takes place in quarter three.

In HIV/AIDS coordination, HSSP facilitated the semi-annual HIV/AIDS and PB Partners' Coordination Meeting, focused on home based care, and the dissemination of the new training guidelines, to which HSSP contributed. The HIV/AIDS referral guidelines were finalized and approved, and will now be printed and disseminated, enabling districts and provinces to develop and improve referral networks and systems. HSSP provided final input to the National Health Accounts and HIV/AIDS Subaccounts reports, and participated in the dissemination meeting in March.

Clinical Care Specialists (CCS) continued their multifaceted activities to improve HIV/AIDS services in the provinces and districts and improve quality and access to effective interventions. These include playing a major role in provincial HIV/TB coordination bodies, mentoring of junior doctors and other health workers; carrying out case management and

record reviews, and providing training in ART/PMTCT/STI/TB management; quality improvement, and rational use of medicines. The CCSs catalyze other HSSP activities, such as private sector accreditation, performance improvement and EmONC.

The roll-out of the new HMIS is now complete, and HSSP has worked this quarter with the MOH on synchronizing the manual and electronic (SmartCare) data systems. HIV/AIDS data has been under review for consistency and completeness, and weaknesses are being recorded for inclusion in a question and answer manual for resolving common issues and errors.

In health planning, several important products were completed. The district planning handbook was tested and was finalized and the handbooks for hospitals, training institutions and health centers were completed. Further, the Integrated Technical Guidelines were approved and the document is ready for printing.

In addition to its routine duties of monitoring, tracking and updating the M&E master database and tracking sheets, the Monitoring and Evaluation (M&E) Unit assisted in the development of four success stories, brought the work of the Provincial Statistical Bulletins closer to completion, and implemented an assessment of the availability and use of key HSSP/MOH products at the district and health facility levels.

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 second 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 2 Year 5 Report, January - March 2009, is organized by technical areas, under the three overall (funding source) areas. Up-to-date program results against key indicators are reported in the tables which precede each narrative section. The narrative provides brief detail on all planned activities, as well as new and carried over activities. Three success stories are given in Annex 1.

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 (Jan-March 2009)		End of Project (EOP)		
	Target	Quarter 2 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	35	400	677	169
1.5 Number of people trained in child health care and child nutrition*	210	46	618	3019	486

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

1.1.2 Key Achievements

Support pre-service IMCI case management

HSSP provided technical and financial support for the training of 35 student nurses from Solwezi School of Nursing comprising 17 male and 18 female students. Although the training was successfully conducted the school is still facing a challenge of having inadequate tutors trained to teach IMCI and guest lecturers have to be called in to complement the staff. A handbook for use in the teaching of IMCI in the pre-service has been adapted to include the new updates in malaria case management using RDTs for diagnosis, the use of zinc and low-osmolar ORS for the treatment of diarrhea and the guidelines on ART. The handbooks are currently being printed through UNICEF funding and HSSP will provide technical assistance to MOH during the tutors' orientation.

Conduct survey to determine impact of on-the-job job training

HSSP has spearheaded the use of on-the-job training to equip supervisors at the DHO with skills to conduct initial follow-up supervision for health workers trained in IMCI since 2006. To date a total of 20 out of the 72 DHOs have been visited and an average of two staff members trained at each district. This has allowed for a rapid and cost effective scaling up of training in the use of supervisory tools. In order to determine the impact that this approach has had, a questionnaire aimed at assessing how the trained staff have used their skills and knowledge has been developed and distributed to all the trained staff through the provincial health office. Analysis of the

information will enable the identification of areas of challenge for future technical assistance. The response has been slow is still being awaited from all the respective districts.

Strengthen sustainability of IMCI program

The IMCI program in Zambia is currently operating without an overall plan as the most recent IMCI strategy expired in 2006, and a new strategy has not yet been developed. The new strategic plan will guide future expansion and refinement of the IMCI program in Zambia, and should incorporate the most up-to-date findings and lessons learned from the program to which HSSP has had considerable input. This includes the results of the recent IMCI Health Facility Survey conducted in October 2008. HSSP, with STTA from Abt head office and in collaboration with partners, has finalized the SOW for a consultant to initiate the process of development of the strategic plan 2010-2015.

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



Reviewing the IMCI guidelines on management of a child with malaria facilitator

HSSP has continued to support NMCC in training provincial staff in malaria case management. Technical assistance was provided to Copperbelt PHO to conduct training for 35 (27 males and 8 females) health staff from PHO, DHO and selected health facilities as well as the private sector. Furthermore, HSSP has been working closely with the NMCC to finalize the review of the malaria diagnosis and treatment guidelines. This process has stalled pending consensus on the treatment guidelines on malaria in pregnancy. The current study being conducted by the Tropical Disease Research Center suggests that coartem is safe for use in pregnant women. Printing of the guidelines will be done once the current issues have been resolved and the document finalized.

F-IMCI facilitators oriented to the updated training materials

Following the revision of the IMCI training materials, there has been need to orient the IMCI facilitators who are in turn expected to provide technical assistance to the various PHO/DHO in updating the service providers. This is expected to be done either through scheduled district based training programs or using the on-job approach during district performance assessments or technical supportive supervisory visits. HSSP has been supporting the national level to roll out the orientation training programs for the facilitators. In the quarter under review, 11 facilitators from Eastern Province underwent the three day



A participant showing a mother at St. Francis Hospital good positioning for effective breast feeding

training program in the new updates. The classroom and clinical sessions exposed the facilitators to the skills of assessing a newborn, diagnosis of malaria using the RDTs, management of diarrhea with the use of the zinc and low osmolar ORS as well as the clinical staging and paediatric anti retroviral treatment.

Develop and pilot a comprehensive newborn health model

Progress has been made in the preparations for the case study on integrated post partum/postnatal care. The literature review has been completed by a regional consultant. Discussions on the study design and logistics have been held in preparation for the consultant who will finalize the design and train data collection assistants from April 14-24.



IMCI course director showing one of the participants how to check for jaundice in a newborn

1.1.3 Successes/Best Practices

There is evidence of institutionalization of the IMCI program both in in-service and pre-service with districts increasingly showing more interest and capacities to implement IMCI related activities.

1.1.4 Challenges and solutions

Challenges	Solutions
Meeting the demands for training materials for all IMCI training programs in light of the increased demand	Advocating for more partners to come on board and bridge the gap has paid off, and to date HSSP, CARE and UNICEF have all contributed to the printing of the revised training materials.

1.1.5 Focus for the next Quarter

- Support the dissemination of the IMCI Health Facility Survey Report
- Finalize and print the Malaria Diagnosis and Treatment Guidelines
- Conduct a malaria orientation meeting for Eastern Province
- Support PHO/DHO to conduct initial follow-up visits in IMCI
- Support the orientation of IMCI facilitators in the new updates
- Continue the process of development of the IMCI strategic plan

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	16	NA	500	549	110%
1.4 Percent of districts with providers offering 6 key family practices	80%	100%	80% (58 districts)	100% (72 districts)	124%

1.2.2 Key Achievements

Document CHW experiences on community IMCI implementation

HSSP supported Luangwa District to document CHW experiences in C-IMCI implementation. This was achieved by conducting focus group discussions with facility staff, Community Health Workers, Neighborhood Health Committees and community members on key issues of CHW workload and range of activities, support systems, motivation and retention mechanisms. All CHWs interviewed feel the Community IMCI training using the MOH designed integrated training curriculum had adequately prepared them to face the demands of primary health care work at community level. Their work comprises preventive, promotive and curative activities in the community and at health posts. The documentation process revealed useful insights about C-IMCI implementation, elements of CHW motivation, and community and facility support systems for improved service delivery.

Document facility supervisor perspective on Community IMCI implementation

HSSP provided technical assistance to monitor 5 districts and documented Community IMCI implementation in Luangwa District from the facility supervisor perspective for improved CHWs support system.

In general, communities value CHW work and appreciate that they work very hard. When CHW strategy was initially conceived, it was envisioned that community members would provide support to volunteer CHWs through food, labor, or other in-kind contributions. However, evidence has increasingly shown that community health workers are receiving none or only

limited support from their communities. CHWs attribute attrition to lack of recognition and appreciation for the work they do.

Host meeting to share experiences on community case management of malnutrition

Concept paper and SOW developed to support the proposed meeting to share experiences and reach consensus on the way forward to strengthen case management of malnutrition. During the



Examination of an infant at Chishoka PHC-Luangwa

next reporting period, HSSP will support a meeting to share additional insights on malnutrition rates, interventions by districts, and achieve improved stakeholder coordination on nutrition support which will result in improved integration and geographical coverage of cost effective interventions.

Document success stories on Key Family Practices (KFPs)

Household and Community IMCI is an integrated child care approach that aims at improving key family and community practices that are likely to have the greatest impact on child survival, growth and

development. The Primary Health Care (PHC) Unit concept in Luangwa District was launched in 1998 as a response to the high infant and maternal mortality ratios. Improved access, capacity building of community level volunteers, strengthened community level referral system and community ownership of initiated interventions resulted in improved immunization coverage, family planning new acceptors coverage, nutritional status of children, institutional deliveries, reduced child mortality and 100% retention of community level volunteers.

With IRH, document case study on Maternal and Newborn Care

HSSP facilitated a desk review on newborn care practices and development of guidelines Results formed the basis for the maternal and newborn case study model. The focus during the quarter under review was the identification of two STTAs for the literature review and a 2nd consultant for field documentation. It is hoped that the lessons learnt will improve future range and quality of maternal newborn care practice 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 2 Achieved	Target	Total Achieved to date	% Status
1.7 Number of districts with at least 80% of children fully immunized by age 1 year	55	N/A	N/A	58	96.7%
1.8 Number of children less than 12 months of age who received DPT3 in the last year	1,057,000	298,527	2,624,000	2,077,001	79%

1.3.2 Key Achievements

Support district exchange visits to improve coverage of child health interventions

A coordinated exchange visit was successfully facilitated among three districts: Luangwa, Sesheke and Nakonde, to share experiences and identify best practices that can be replicable in respective districts. During the past four years, HSSP has invested a vast amount of time working with provinces and districts to identify and improve the best practices that contribute to better health outcomes. These best practices were nurtured, technically supported and information was disseminated to other districts.



Exchange visiting participants evaluating performance data at Nakonde RHC

HSSP co-funded with Sesheke and Luangwa districts a visit to Nakonde District to exchange best practices in the implementation of the RED strategy that have resulted in progressive and sustainable immunization coverage. Five districts have used exchange visits to improve or revitalize district performance. The participants were urged to recognize innovations applied and the feasibility and scalability of best practices. The outcome of the exchange visit was “best practices shared and all districts identified critical areas of improvement”

with a defined time line to be followed up by respective provincial teams.

Support to MOH in the Post Introduction Evaluation of liquid pentavalent vaccine

Post Introduction Evaluation (PIE) is undertaken to assess the impact of switching from liquid lyophilized pentavalent to fully liquid pentavalent vaccines. The evaluation took place from 2nd to 13th February 2009 as part of the WHO requirement for new vaccines introduction. The evaluation team was composed of WHO, CDC, USAID/HSSP and MOH. Key results included high level acceptance of liquefied mono dose vaccine by service providers and consumers resulting in increased immunization coverage. However, areas of improvement were cited to include the need to involve more trained staff during cascade training for sustainability of immunization practices, cold chain storage capacity at national and provincial levels and waste management practices at facility level.

Documentation of Health System Strengthening (HSS) activities, results and lessons learned

The health systems and strengthening initiative is aimed at improving child health services by addressing barriers that impede access to services. This will be achieved by addressing human resource crisis through motivation and retention mechanisms, increasing transport and communication system to improve service delivery and strengthening community involvement. During this quarter, HSSP and other collaborating partners jointly monitored twelve districts for health systems strengthening activities. Performance data has shown improved motivation of qualified health workers and community health workers. HSSP's technical assistance has resulted in the active documentation of experiences and lessons learned on the impact of HSS activities influencing quality of service delivery, motivation and retention of staff.

1.3.3 Successes/Best Practices

During this quarter HSSP provided technical assistance for documentation of three success stories for the Ministry of Health:

- Improved community participation has resulted in progressive and sustainable coverage of child health interventions in Luangwa District
- Health Systems Strengthening for better support systems, improved service delivery and improved health outcomes: Experience from Zambia
- District exchange visit: An active peer mentorship approach for exchanging “Best Practices” to improve district performance

The exchange visit was conducted among Sesheke, Luangwa and Nakonde districts. Some of the documented best practices include the following:

- Good documentation, filing, display and use of data
- Team work and consistency in work culture at all levels
- Transparency in the usage of district/health center grant
- Improved planning and monitoring at all levels

1.3.4 Challenges/Solutions

Challenges	Solutions
Sustaining implementation gains made in light of newly recruited staff, who have not benefited from training is a continued challenge	Developing a coordinated plan to orient newly recruited staff at all levels

1.3.5 Focus for the next Quarter

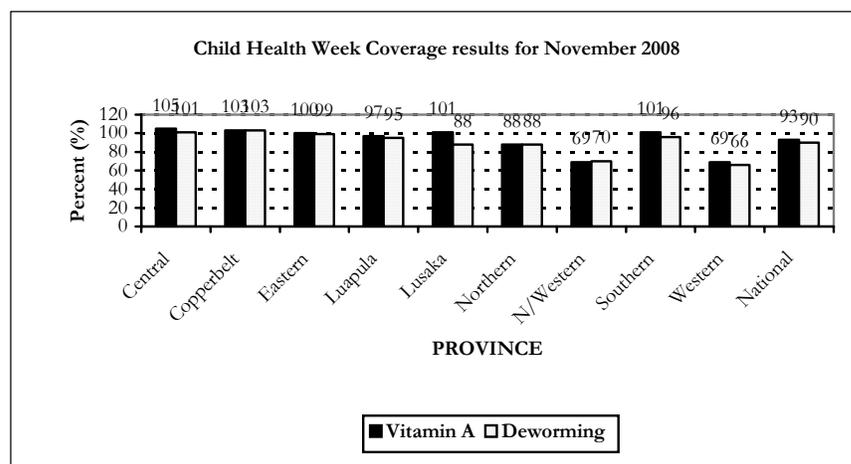
- Contribute to documentation of integrated maternal and newborn care case study
- Meeting on malnutrition case management experiences at community level
- Documentation of community IMCI experiences in two additional districts
- Documentation on utilization of community register experiences
- Technical support supervision for low performing districts
- Continued documentation on the RED strategy and health systems strengthening activities
- Incorporate newborn care guidelines in MOH technical update documentation

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 2009.

1.4.1 Key Indicators: Improved nutrition coverage and quality of care

Indicators	Year 5 (Jan-March 2009)		End of Project (EOP)		
	Target	Quarter 2 Achieved	Target	Total Achieved to date	% Status
1.1 Number of children aged between 6-59 months who received vitamin A	2,325,000	1,832,707	10,762, 521	8,727,311	91%
1.2 Percent of children between 6-59 months receiving vitamin A supplementation	85%	93.7%	85%	93.7%	110%
1.3 Number of children 1-5 years who received de-worming tablets	2,320,000	1,563,783	6,940,000	7,413,957	120%



The coverage results of the November 2008 Child Health Week campaign are presented in the figure below. Complete results received from all 9 provinces have been presented.

1.4.2 Key Achievements

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

HSSP participated in conducting a Child Health Week review meeting in Kabwe with the provinces. Participants were updated on various nutrition and child health technical issues. The meeting generated recommendations on strengthening Child Health Week and ensuring districts are focused on its objectives and strategy.

Strengthen integration of nutrition interventions

HSSP provided support to the Ministry of Health to conduct technical support supervision on the Copperbelt in three districts; Kitwe, Ndola and Masaiti. The technical support supervision was conducted with a dual purpose of supervision as well as field-testing an Integrated Nutrition Supervisory tool. The supervisory tool is aimed at strengthening the supervision of health workers at the implementation levels. Recommendations for improving the supervisory tool have been incorporated.

Advocate for and strengthen integration of nutrition interventions

HSSP provided support to National Food and Nutrition Commission to compile success stories of nutrition interventions in Luapula and Northern provinces. The stories focused on community based interventions aimed at addressing malnutrition. The stories will be used to create awareness amongst professionals in key ministries beyond MOH. The stories will be published in a special issue newsletter by National Food and Nutrition Commission.

Training provinces in Essential Nutrition Package

HSSP supported MOH to provide a nutrition technical update for nutritionists in emerging nutrition issues. A total of 36 nutritionists from all nine provinces were updated. The technical updates provided information on the scientific issues and program progress under the different nutrition programs. These covered seven areas: infant and young child feeding, management of malnutrition, growth monitoring and promotion, micronutrients control, maternal and adolescent nutrition, nutrition and HIV/AIDS and clinical nutrition and dietetics. It is expected that with these updates the nutritionists will serve as nutrition technical resource persons within their provinces.



A mother being counseled at a positive deviance hearth site in Mansa, Luapula district

Nutrition Emergency

HSSP supported the Ministry of Health in technical meetings to address the nutrition emergency in Lusaka Urban and other provinces. In addition, HSSP began organizing trainings to focus on building capacity of provincial staff (MCH Coordinator and CCS) in nutrition programs.



Use of the Children's Under Five Card in counseling mothers in nutrition

1.4.3 Successes/Best Practices

Utilization of the Children's Clinic Card

The use of the revised children's clinic card in the management of malnutrition is considered a success story in the integration of nutrition interventions. One example is the use of the card in tracking the rehabilitation of severely malnourished children using the positive deviance hearth approach in Mansa, Luapula Province.

1.4.4 Challenges and Solutions

Challenges	Solutions
Continued competing priorities of the Ministry of Health nutrition focal point.	Provided technical support to the MOH in implementing critical tasks

1.4.5 Focus for the next Quarter

- Development of Child Health Week data management model for managing health centre data
- Support strengthening of program management in four districts (monitoring CHWk)
- Support the National Food and Nutrition Commission in hosting the Food and Nutrition Symposium, 29th – 30th April 2009
- Present a poster at the Micronutrients Forum in Beijing, China, 12 -15th May 2009
- Support to Nutrition Emergency
 - Training of health workers in infant and young child feeding and integrated management of acute malnutrition
 - Printing of job aids and IEC materials

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 2 Achieved	Target	Total Achieved to date	% Status
2.1 Number of houses sprayed with insecticide with USG support	802,185* (900,000)	0	802,185 (900,000)	762,479	95% (85%)

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 2 Achieved	Target	Total Achieved to date	% Status
2.2 Proportion of housing units in targeted area for IRS that have been sprayed in the last 12 months	85%	0	85%	95% (85%)	95% (85%)
2.3 Value of pharmaceuticals and health commodities purchased (IRS)	250,325	0	601,300	453,645	75%
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%
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	21	111	106	95%
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	0	9	7	78%

*Revised targets set by districts, based on resources and geographical reconnaissance

2.2 Key Achievements

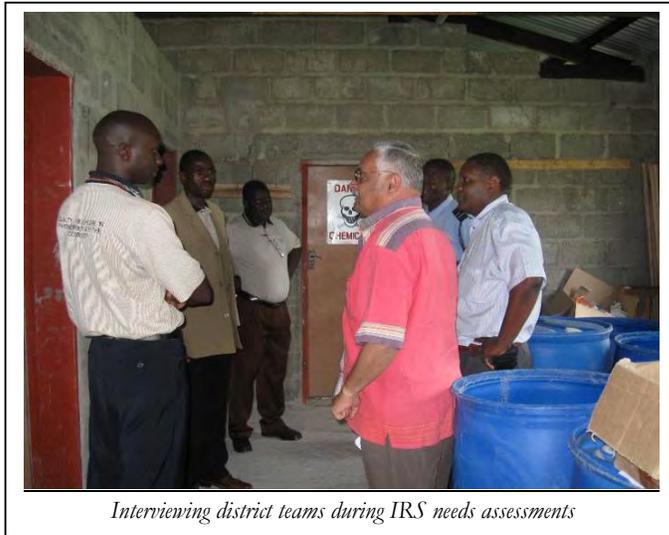
Strengthen management capacities at NMCC for IRS operations

The IRS guidelines will assist to standardize IRS operations in Zambia and ensure compliance with regulatory provisions. The initial draft was done in 2007 and was revised after various stakeholders made comments on the documents in December 2008. Editing was completed this quarter to improve the flow and presentation. The guidelines will be printed in quarter three.

The IRS Post Spray Meeting took place at Edinburgh Hotel in Kitwe from 19-22 January 2009. There were 107 participants in attendance, including representatives from national, provincial, and district levels, the private sector, cooperating partners, funding agencies and representatives of other public and private bodies. Some key recommendations from working groups included rehabilitation of storage facilities, improved environmental management, better use of community motivation for compliance, and timely disbursement of funds. It was noted that the concept of "indoor residual spraying" was not equivalent to a vector control programme but is a well organized military type of drill. It is a composite of services and people in support of the full life cycle of a malaria control program. The meeting provided an opportunity for districts to share experiences on the spray campaign and discuss the way forward. The draft report was produced.

Strengthening the district level management capacities for IRS implementation

Training of supervisors from 17 districts in geocoding was done. The objective of the workshop was to provide sufficient skills to IRS supervisors to be able to conduct geocoding in the districts with minimum supervision from the national level. It is necessary that supervisors are armed with basic knowledge to use geocoding tools in the district IRS service delivery to assure that the work will continue even after HSSP closes. Furthermore, it has been proposed to procure 35 PDAs and a replacement plotter to support this activity. The PDAs are being purchased with funding remaining after leveraging of geocoding trainings with NMCC. The plotter is being purchased to replace outdated and non-functioning equipment. Once the plotter is procured, districts will be able to have maps produced for their planning and reporting purposes.



Interviewing district teams during IRS needs assessments

IRS needs assessments for the next round of spraying were conducted in 36 districts. Assessments ensure that planning for the next spray season is conducted early to allow procurement of insecticides, spray pumps and personal protective equipment (PPEs) at least three months prior to the beginning of the next spray season. Conducting an early needs assessment also ensures that issues related to storage facilities are attended to in time.

The IRS team participated in the World Bank Mission meetings on IRS operations in Zambia. The

mission was intended to examine gaps in the program and to chart a way forward on how to fill those gaps to ensure successful implementation of IRS 2009.

The team also actively participated in preparing log frames for the Global Fund Round 9 proposals. These form the framework for the proposals that are currently being developed. If successful, these will be a source of funds for IRS scale up to 72 districts.

Enhance the NMCC and district teams' capacities to carry out adequate monitoring and supervision activities on IRS operations in 15 districts

All DDT empty sachets and waste were collected from all the districts and stored in Kabwe and Kafue to defray storage costs. These have since been compacted and baled in readiness for export to South Africa for final disposal. Currently documentation to facilitate export of the waste is being processed between ECZ, the supplier, the transit country and the destination country.



Inspecting chemical waste before disposal

Enhance NMCC technical and operational research capacities by facilitating entomological investigations in 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. To prepare the districts to carry out entomological studies, training is necessary. A training course was designed for district EHTs and the training plan has since been scheduled. This course aims at enabling districts to conduct their own basic surveys and studies to inform NMCC. This activity will be initially conducted in the 15 HSSP-supported districts. The training is expected to be rolled out to the other districts.

During the period, the insectary was temporarily closed to enable complete sanitation of the facility to prevent the high mortality that existed. Establishing the environmental conditions (humidity, temperature, control of mold, sanitation) necessary for the good functioning of the insectary has been achieved. Routine larvae collection and insectary stocking were conducted during the period for the purpose of establishing a new colony. However, the mosquitoes failed to produce eggs and the decision to acquire an already established colony was made. The four HSSP supported insectary technicians have continuously been trained in entomology, including learning to follow standard operating procedures (SOPs) of an insectary. The technicians visited an established insectary at Macha in Choma for orientation and they have also have been trained in field work. The insectary has been brought to operating standards and certified. Mosquito mortalities have been reduced to negligible levels.

Enhance NMCC and district IRS teams' capacities to undertake impact assessment studies

To measure IRS program effectiveness, an impact assessment study has been designed and planned. The impact assessment protocol has been reviewed, revised and approved by the operations research technical working group, UNZA Ethics Committee, and Abt IRB.

After meetings with the OR group, it was decided that, in the absence of baseline data, a comparison be made between intervention and non-intervention districts which were similar both geographically and epidemiologically. For parasitological study, data will be obtained from health facility records.

Three sets of districts were selected which were similar. The permission to conduct research in the districts has since been requested from the Ministry of Health.

Participation at international meetings

One member of the team, Brian Chirwa, attended a RBM monitoring and evaluation reference group (MERG) meeting in Barcelona, Spain from 28-30 January 2009. The objective of the meeting was to discuss malaria M&E in the context of sustained control and elimination. MERG guidelines have been updated for core population-based indicators. Among these are the IRS indicators which did not appear in earlier documents, but have now been included.

2.3 Challenges/Solutions

Challenges	Solutions
Establishment of a functional insectary because it is long-term and unpredictable	Insectary sanitized, electrical problems addressed, and environment stabilized

2.4 Successes/Best Practices

- Approval of the impact study protocol by relevant bodies
- Development of basic entomology curriculum for district staff

2.5 Products/Deliverables

- Post spray report

2.6 Focus for the next Quarter

- Print and distribute IRS guidelines
- Enumerate and update new and old districts
- Conduct training of trainers for IRS
- Procure PPEs
- Export DDT waste
- Carry out impact assessment study
- Entomology training for district level
- Refurbishment of storage facilities
- Prepare for pre-spray surveys
- Commence contact bioassays

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).

The 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 2 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	41	95%

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 2 Achieved	Target	Total Achieved to date	% Status
3.4 Number of districts with at least 2 providers trained in EmONC and working in facilities providing EmONC	43	2	43	41	95%
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	67	155	360	Target exceeded
3.7 Number of information gathering or research activities conducted by the USG	9	5	13	57	Target exceeded
3.8 Number of people trained in FP/RH with USG funds	656	764	474	1,761	Target exceeded
3.9 Number of health care providers trained in Long-Term FP methods with HSSP support	150	51	408	358	88%

3.2 Key Achievements

Built capacity in EmONC service provision through training of healthcare providers

HSSP partnered with Ministry of Health to conduct three EmONC trainings in Quarter 2, training a total of 61 healthcare providers (21 in Central Province, 20 from Lusaka District, and 20 from University Teaching Hospital). MOH at provincial and district levels demonstrated greater ownership in the trainings, both initiating them and contributing resources. University Teaching Hospital, identifying an unmet need, requested assistance in conducting an EmONC training for its providers and with the assistance of MOH and HSSP, also secured Global Funds for this purpose.

Provided technical support and supervision to providers trained in EmONC

Technical support and supervision visits were carried out in Northern, Western and Eastern Provinces to ensure that knowledge and skills gained during training were being applied correctly and consistently. Findings during the visits were positive, showing that all the EmONC key functions were being implemented in the comprehensive sites. Further support and supervision is, however, needed at basic level sites in providing post-abortion care and in administering anticonvulsants.

Conducted review of EmONC curriculum

The IRH Unit, in collaboration with partners, continued its progress in the revision of the national EmONC training package in order to better adopt it to the needs of providers and clients in Zambia. Over the course of a two-day meeting, the revised documents were consolidated and prepared for the final editing and formatting.

Performed site assessments for scale-up of LTFP services

Site assessments were conducted in the 7 districts of Luapula Province and the 10 districts of Copperbelt Province, covering a total of 45 facilities. This was done in preparation for the training of providers from these sites in LTFP and to determine what types of improvements and support are needed to ensure the provision of quality services.



Presentation of action plans for LTFP

Trained 51 providers in LTFP

Two LTFP trainings were conducted, reaching a total of 51 providers in 21 sites in Luapula Province and 24 sites in Copperbelt Province. Resources were leveraged with the MOH to train providers in both Jadelle and the IUCD. This began the “saturation phase” of our program and brought the total number of providers trained to 356.

Performed site assessment for scale-up of ARH services

Site assessments were conducted at 16 facilities in the seven districts of Northern Province. This was done in preparation

for the roll-out of adolescent reproductive health services to these districts to be done in Quarter 3.

Provided technical support and supervision to providers trained in ARH

Technical support was provided to 17 trained sites in Luapula Province in order to mentor the providers and promote ownership and sustainability of the ARH program.

Conducted review of the SDLM

The IRH Unit, in collaboration with partners, conducted a review and update of the Self-Directed Learning Manual. The manual will allow healthcare providers to improve their knowledge and skills in family planning on the job and at their own pace. The manual is due for finalization in quarter 3.



SMAG member explains why male involvement is important in MIP

Conducted MIP orientation of SMAG area coordinators and healthcare providers from 6 districts

HSSP conducted two, two-day workshops for SMAG area coordinating agents (ACAs) and healthcare providers from SMAG health centers from six districts in Central and Eastern Provinces. The participants were oriented to FANC, IPT, and PMTCT with a focus on male involvement in order to prepare them to educate their SMAG sub-committees and conduct community sensitization. The 24 healthcare providers and MNCH coordinators present were also updated on the FANC and IPT guidelines and re-oriented to the safe motherhood guidelines manual.

Supported the orientation of 604 SMAG sub-committee members to MIP

After the initial orientation on MIP for SMAG ACAs and healthcare providers, the participants returned to their communities and conducted orientations on the same information for SMAG sub-committee members and community leaders. They were also given and oriented to Community Health Information Cards (CHICs), distributed by HSSP. HSSP provided material support to these activities which, not only increased the number of MIP and male involvement educators in rural communities, but also strengthened the network linking the health center, main SMAG, sub-committees, and community leadership.

3.3 Successes / Best Practices

Achieved greater MOH ownership in the EmONC program

In Quarter 2, greater ownership of the EmONC program was demonstrated at the provincial, district and facility levels. Requests were made for HSSP's assistance in spearheading trainings and resources were more readily committed.

3.4 Challenges/Solutions

Challenges	Solutions
Stock outs of SP at district and facility levels	Conducted update for healthcare providers on the IPT guidelines in order to correct the misuse of SP.
Inadequate EmONC training models	A resubmission to the procurement team at Ministry of Health has been done to hasten the process of acquisition of additional models.

3.5 Focus for the next Quarter

- Continue to build the capacity of healthcare providers in EmONC/LTFP/ARH in collaboration with cooperating partners through site assessments, trainings, and technical support and supervision.
- Finalize IRH documents: the adapted EmONC curriculum, the revised SDLM and the revised FP counseling kit.
- Continue to work with collaborating partners to promote advocacy, coordination and resource mobilization for FP/EmONC.
- Collaborate with the MOH to train SMAGs and NHCs in the remaining districts in Central and Eastern Provinces, incorporating education on MIP, FANC, PMTCT, and male involvement.

4 Human Resources for Health

The human resources 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 (Jan 2009 – Mar 2009)		End of Project (EOP)		
	Target	Quarter 2 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% (23)	100%
4.2 Percent of C&D districts that maintain or reduce their average daily staff contacts*	70%	0	70%	44%	44%

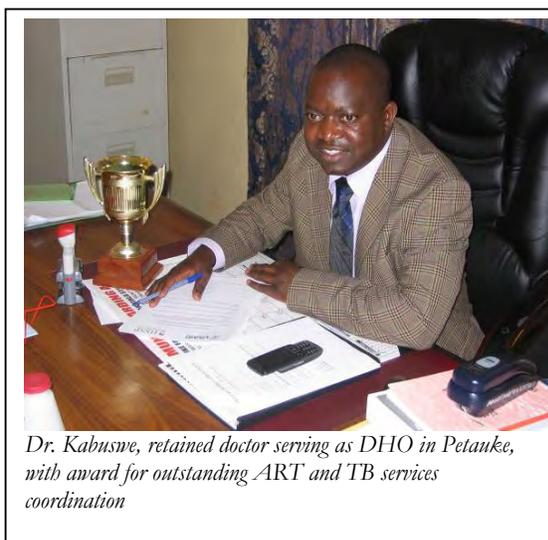
*Note: This indicator is reported once a year in the third quarter using HMIS data.

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

Data Collection for the doctors' retention survey

Data collection for the retention survey to investigate the impact of the retained doctors in the districts was completed in all 18 districts supported by HSSP. The field visits in addition to the research findings revealed a number of success stories, see Annex 1: Success Stories. The preliminary results from the study also show that doctors' under HSSP coordination support have made a substantial contribution to HIV/AIDS services and several have led the introduction of basic surgical procedures. The final study report is expected to be completed by mid May 2009.



Dr. Kabuswe, retained doctor serving as DHO in Petauke, with award for outstanding ART and TB services coordination

Identification of Clinical Officers contracts and reconciliation of all retention scheme payrolls

An important achievement this quarter was the identification of 28 Clinical Officers' contracts that were retrieved from various retention scheme files within the HR Directorate. In addition three more CO contracts that were not on the payroll were identified and the process to include them on the payroll began.

HSSP technical staff also provided technical support to the MOH Accounts Department to reconcile ZHWRS payrolls from October 2008 to February 2009. The result of the technical support was the full reconciliation and the payment of outstanding retention scheme allowances.

HR Planning and Management Technical support supervision provided to Southern and Luapula provinces

As the project winds down technical support supervision (TSS) becomes vital to ensure utilization of HR guidelines and policies. This quarter, HSSP support was directed towards selected PHOs and districts where the team had gone to collect data on the ZHWRS. One main

observation of the TSS was the reported absence of HR policies and guidelines in DHMTs visited. This was evident in Gwembe, Siavonga and Nchelenge. In order to address this problem HSSP provided the Senior HR Officers at PHO Livingstone and Mansa with CDs that contain HR guidelines produced by HSSP support. The PHOs and districts were also advised to make orders of public service conditions of service and all the legislative acts pertaining to HR. These are vital tools to efficiently and effectively manage and plan for staff in the health sector.

4.1.3 Challenges/Solutions

Challenges	Solutions
The placement of new and qualified HR Officers especially at district level needs to be accelerated and completed in order for HR activities to be efficiently and effectively implemented.	Continue supporting and encouraging MOH HR Directorate through the HRTWG to complete the restructuring process by June 2009.

4.1.4 Successes/Best practices

- Reconciled all retention scheme payrolls and allowances with MOH up to February 2009.

4.1.5 Focus for the next quarter

- Data analysis and report writing of the retained doctors' survey.
- Work with MOH to develop a policy brief on strengthening HR planning in Zambia.
- Participate in PA/TSS in a selected province/district.
- Support MOH in monitoring the implementation of the 5 Year HR Strategic Plan 2006 – 2010 and the development of the 2011 – 2016 Strategic Plan.

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 (Jan-March 2009)		End of Project (EOP)		
	Target	Quarter 2 Achieved	Target	Total Achieved to date	% Status
4.3 Percent of graduates trained to provide ART, PMTCT and CTC services (<i>Total</i>)	90%	24% (189)	90%	69% (1,603)	69%
4.3a Percent of graduate nurses trained to provide ART, PMTCT and CTC services	100%	13% (77)	100%	48% (785 nurses)	48%
4.3b Percent of graduate Clinical Officers trained to provide ART,	100%	50% (60)	100%	100% (414 COs)	115%

Indicators	Year 5 (Jan-March 2009)		End of Project (EOP)		
	Target	Quarter 2 Achieved	Target	Total Achieved to date	% Status
PMTCT and CTC services					
4.3c Percent of graduate Doctors trained to provide ART, PMTCT and CTC services	100%	87% (52)	100%	182% (327 doctors)	182%
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	23	100	152	152%

4.2.2 Key Achievements

Technical Support to UNZA School of Medicine to train medical students in adult ART

HSSP provided technical support during the training of 52 intern medical students in adult ART January 5-9, 2009. All participants demonstrated very high dedication and performance levels as revealed in the knowledge base evaluation. Chainama College also collaborated with MOH to train 60 student clinical officers in adult ART.



Tutor teaching a class during support supervision

Clinical Training Skills for tutors and clinical preceptors

23 lecturers, tutors and clinical preceptors were trained in clinical training skills January 19-25, 2009. The participants comprised one Nurse Education Manager, one Principal Tutor, four Tutors, two Lecturers, and 15 Clinical Preceptors and were drawn from Livingstone, Kasama, Ndola, Macha, Chikankata, Monze and Chainama College (public training institutions) and Dovecot, Copperbelt Polytechnic and ESU (private training institutions).

Revision of the MB ChB curriculum

This activity has stalled due to the policy regarding payment of allowances. Two options on how to proceed have been tabled with the School: to accept HSSP conditions or to instead support the Department of Post Basic Nursing for the completion of the BSc nursing curriculum. HSSP has continued collaborating with WHO and Clinton Foundation to co-fund the activity. The School has now proposed to hold a meeting to complete the activity in May 2009.

Development/revision of BSc Nursing Curriculum

HSSP worked with the Department to prepare for the development of training manuals slated for April 2009. These curricula have included strengthened nursing education, HIV/AIDS management, research and other health priorities.

Development of Nurse Prescriber's Curriculum

Technical support was given to MOH/GNC during the finalization of the training curriculum for nurse prescribers January 26-28, 2009. Zero draft curricula have been circulated to stakeholders for comment.

Development of Me&E tools for GNC and Training Needs Assessment

Training needs assessment tools for GNC were developed, piloted, finalized and used to collect data between March 23 and April 3, 2009 from selected schools in Eastern, Northern, Lusaka and Copperbelt provinces. TNA tools development is a carry-over activity from year four which was not included in year five plans, but is a necessary step in curricula reviews.

4.2.3 Products/deliverables

- TNA Questionnaires for:
 - Newly qualified nurse
 - Clinicians and nurse supervisors
 - Senior nurse/midwifery students
 - Tutor/Clinical Instructor
 - Stakeholders for the identification of stakeholders involved in in-service training

4.2.4 Successes/Best Practices

- HR training, PI and CIDRZ teamed up to provide technical support to MOH and School of Medicine to train intern medical students in adult ART including leveraging resources to facilitate implementation of this activity.
- Sharing costs for the TNA between CHAI and HSSP.
- Taking advantage of one activity to conduct another i.e. Combined Planning for Lusaka Province and PA for Southern Province in one trip, and also TNA with monitoring HRDCs

4.2.5 Challenges/Solutions

Challenges	Solutions
Implementation of activities that are dependent on total partner involvement such as the MB ChB curriculum	The School has been given two options to choose from so that HSSP can make a decision on the way forward

4.2.6 Focus for the next Quarter

- Work with GNC to revise OTN and EN curricula
- Support UNZA SOM to complete the revision of MB ChB and development training manuals for the BSc Nursing curriculum
- Support technical updates/CTS for tutors and preceptors
- Monitor HRDCs and support utilization of NTGs

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 objectives are to reach 60% of districts (43) conducting case management observation/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

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 2 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	-	41	40	(98% of 2009 target)
5.2 Number of private sites delivering PMTCT, CTC or ART services that are accredited by MCZ	15	-	30	17	(57% of 2009 target)
5.3 Percent of districts conducting case management observation/record review in at least 80% of supervisory visits	60% (43 dist)	58%	60% (43 dist)	58% (42 dist)	98%

5.2 Activities this quarter

Technical support supervision focused on case management

HSSP provided technical assistance to Mpongwe District in Copperbelt Province in provision of technical support supervision focusing on case management at hospital and health center levels. This ensures that there is a deliberate policy to provide 'on site' technical assistance to the hospital and health facilities.

Mpongwe District has no organized technical support supervision despite that the district has three Medical Officers. However, after the support, the Director recognized the importance of TSS and immediately put in place measures to address the situation. He also promised to include it in the action plan for next year. There is also a plan to re-introduce weekly clinical meetings and quarterly clinical symposia for clinicians and nurses. This will improve case management in HIV/AIDS and other priority health areas.

ART training

The HSSP team participated in the training of 55 seventh year medical students in antiretroviral therapy from 5-9 January, 2009. The training was supported financially by the Ministry of Health and CIDRZ.

The team also participated in training of 22 health workers in ART from Kalulushi and Lufwanyama district health offices. The workshop was held in Kitwe from 19-23 January, 2009. The group was comprised of doctors, clinical officers, nurses, pharmacy and laboratory personnel.

Accreditation of ART delivery sites

During this quarter, HSSP supported 18 private ART sites by training 74 health workers from these sites as follows:

- 18 trained in ARV national logistic system
- 18 trained in HIV test logistic system
- 16 trained in the health data electronic capturing and reporting - SmartCare
- 22 trained in SmartCare Clinical Form

The team then proceeded to install SmartCare in the 18 private ART sites.

Supported ART sites

No.	Site	No.	Site
A. Copperbelt Province			
1	Company clinic -Kitwe	5	Hilltop Clinic-Ndola
2	Beatrice Memorial and Kitwe Surgery -Kitwe	6	Indeni Company Clinic-Ndola
3	Hillview Medical centre-Kitwe	7	Telnor-Ndola
4	Carewell Hospital-Kitwe	8	Kalulushi Medical center -Kalulushi
B. Lusaka Province			
1	CFB Hospital	6	Victoria Hospital
2	Corpmead Clinic	7	Mums Care Clinic
3	Trust Medical Services	8	Mutti Clinic
4	Pendleton Family Clinic	9	Kara Clinic
5	Premium Medical Services	10	ZESCO Company Clinic
C. Southern Province			
1	Chresso Ministries - Livingstone		

These ART sites are now better prepared for ART accreditation. In the quarter under review, HSSP supported Medical Council of Zambia (MCZ) to assess 24 ART sites (22 public and 2 private). Of these, 8 sites were accredited (7 public and 2 private).

Finalization of the review of ART Accreditation Guidelines

HSSP, in conjunction with MCZ, revised the ART Accreditation Guidelines, taking into account comments received from all stakeholders. In the revised guidelines, it is compulsory for all ART sites to be accredited and no new site will be opened to provide ART if it is not accredited. The team finalized the revision of the guidelines and supported the editing and formatting of the final documents. The guidelines have since been ratified by the Council. With the revision of ART accreditation guidelines, it is expected that the accreditation process will be faster and smoother.

Certification of health workers

HSSP provided technical support to MCZ to develop the certification guidelines. The guidelines have since been finalized and the document has been ratified by the Council. Now that the certification of ART providers process is completed, it is expected that there will be improved case management in the ART sites.

Studies

During the quarter, the team worked on the drafts of the two studies. The concepts and the terms of reference have been completed for both studies:

1. To investigate if Performance Assessment findings are used in Technical Support Supervision and planning.
2. To assess whether accredited sites are offering better quality services than non accredited sites.

5.3 Key products/Deliverables

- Revised ART Accreditation Guidelines
- Certification for ART Providers Guidelines
- Eight (8) accredited ART sites (6 public and 2 private)

5.4 Challenges/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, has planned to train more assessors in the remaining five provinces so that more ART sites are assessed

5.5 Focus for next quarter

- TA to two districts in provision of TSS at hospital and health center levels
- Work with MOH in monitoring of performance assessment
- To conduct a study to determine use of PA findings during TSS.
- Work with MCZ to accredit 13 ART sites
- Review MCZ's HR establishment
- To 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 OIs). The objective is to assure 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 Activities this quarter

Facilitate holding of semi-annual partners' meetings for fostering integration of HIV/AIDS services

In this quarter HSSP participated in the preparations of the Semi-annual HIV/AIDS and TB Partners Coordination Meeting which was held on 27th March 2009 at Cresta Golf-View hotel. The focus of this meeting was to disseminate the new training guidelines for caregivers developed by MOH in partnership with the HBC forum. The meeting was also attended by PHDs from the nine provinces. HSSP contributed to the process of developing these training guidelines and has been acknowledged by MOH and NAC for this participation.

Finalize and disseminate Referral Guidelines

In an effort to strengthen and improve the referral networks in the provinces and districts, HSSP has been working with MOH, NAC and partners to develop guidelines for establishing or strengthening referral systems in districts. This document has now been approved by both MOH and NAC and is being printed. It will be distributed to all provinces and districts during quarter three.

Participate in the national, provincial and district action planning

During quarter two, HSSP joined MOH to train frontline health care providers in Eastern Province in ART and in the management of STI and other opportunistic infections. A total of 90 participants drawn from the eight districts attended this five day training which was supported by the MOH through the Global Fund. Apart from nurses and clinical officers who are the designated cadres to treat patients, other cadres such as environmental technicians and laboratory technicians participated in this training due to critical staffing shortages in most rural health centers.

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

In this quarter, HSSP provided comments to the final NHA draft document and participated in the dissemination meeting which was attended by more than 80 participants representing different NGOs, partners, donors, academicians, and people living with HIV on March 4, 2009.

Update partners ART database

Between February and March 2009, HSSP conducted an informal assessment on the use of the database and to make recommendations to MOH. The analysis concluded that the ART database can be a vital tool for MOH, especially for planning purposes. However, access to the database is limited to one user and there is need to address which units in MOH should host it in order to assure that the data is easily accessible. The database will be updated during the third quarter.

6.3 Key products/deliverables

- Approved National HIV/AIDS Referral guidelines

6.4 Planned activities for the next quarter

- Print the referral guidelines
- Facilitate training of health workers in QA
- Update the ART partners database
- Participate in TSS and PA in districts
- Facilitate training of the clinical care teams

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

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.

The CCSs have also been instrumental in providing provincial level input into 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 National Male Circumcision Guidelines
- Formation of district TB/HIV coordinating bodies



Mothers and children - our most important clients

CCSs have continued with peer support/exchange visits to share best practices and scale-up effective interventions and approaches. During the past quarter, the Eastern Province CCS was visited by the Southern Province CCS. The concept of developing clinical care teams was shared and thereafter implemented in Eastern 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 of Activities for Quarter 2

No.	Province	Coordination Activity
1	Central	- Revision of ART Accreditation Guidelines - Provincial TB/HIV coordinating body meeting
2	Copperbelt	- Provincial TB/HIV coordinating body meeting - Provincial HIV committee meeting
3	Eastern	- Clinical mentorship meeting - Provincial TB/HIV Coordinating Body Meeting
4	Luapula	- Provincial ART Committee meeting
5	Lusaka	- Provincial TB/HIV coordinating body meeting
6	Northern	- Provincial TB/HIV coordinating body meeting
7	North-Western	- Provincial PMTCT meeting - Provincial TB/HIV coordinating body meeting
8	Southern	- Provincial TB/HIV coordinating body meeting
9	Western	- Provincial TB/HIV coordinating body meeting

Provision of TA and mentoring to junior health workers in ART

Technical backstopping and supervision was carried out through technical supportive



CCS Dr. Omega Chituvo carrying out a performance assessment at Kalulushi Government Health Centre

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. During the remainder of HSSP, CCSs are increasingly focusing on mentoring district level supervisors 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

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. During the quarter, all CCSs participated in reviewing PMTCT, ART, malaria and reproductive health programs in respective provinces.

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 and co-funded some of the trainings. During the quarter, the following numbers of health workers were trained through this collaboration;

- 900 in ART/PMTCT/STI/ TB
- 340 lay counselors
- 20 in Performance Improvement Approach
- 66 in Rational Drug Use

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



Health workers practicing dry blood spot technique

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. However, Copperbelt Province trained five health workers from the private sector in HIV/AIDS. Lusaka

Province assessed one hospital and North Western Province assessed three hospitals for accreditation.

Scaling up of ART Services

Scale up of ART services was achieved through introduction of ART outreach services in the following centres: Lusaka 4, Northern 8, North Western 2, Copperbelt 1, and Central 10.

Revised Indicators for Clarity and Specificity with the Me&E Unit

Two indicators that are reported by CCSs were revised for better clarity and specificity and include:

- Number of supervisory visits carried out (this quarter), and
- Number of times case management/record reviews conducted during the supervisory visit (this quarter)

7.2 Successes/Best Practices

- Scaling up of ART services through outreach provided by mobile teams
- Peer support/exchange visits to share best practices

7.3 Focus for the next quarter

- Provide concerted TSS to all districts to ensure full functioning of QA committees based on PIA principles
- Formation of clinical mentorship teams in each province
- Continue facilitating the opening of new ART sites to further improve access
- Assess health institutions for ART accreditation purposes
- Document the contribution 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 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 2 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 SmartCare 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 be able to generate summaries for local use and reporting to the higher levels through the HMIS.

During the quarter, HSSP initiated discussions concerning the synchronization with the MOH and all key partners who use SmartCare in the facilities they support. The Ministry has since constituted a team comprising CDC, MOH, ZPCT, and HSSP to commence work on synchronization of report outputs.

Develop mechanism for improving data quality and enhance usage

The revised HMIS has been in use for a year in many districts of the country. Preliminary review of HIV/AIDS data has shown that the data have not yet reached an acceptable level of quality. HIV/AIDS data will therefore, require attention.

During the quarter, HSSP commenced a detailed review of the data for completeness and consistency, to document the weak areas in HIV/AIDS data management. This activity will culminate in compiling a question-and-answer compendium for common data management challenges.

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

Field testing of the revised district handbook

Following the revisions to the district planning handbook, support was provided to MOH for the revisions to planning handbooks for the hospital, the health centre/post and the training institutions. Efforts were made to involve relevant levels in the review exercise to capture their input based on field experience, while the central level team (MOH and HSSP) coordinated the entire review process. Through HSSP support, a consultant has been engaged to assist with the final editing and formatting of the documents.. It is expected that they will be ready for printing by mid April.

Editing of the Integrated Technical Guidelines (ITGs)

The revised ITG document has finally been approved by MOH and is ready for printing which will be carried out in quarter three.

Assess the level of use of revised guidelines in planning for HIV/AIDS by DHMT

All the sub-activities under this activity have been dropped due to delayed finalization of the revised planning handbooks. The remaining time may not be adequate to conduct this activity. However, efforts will be made during the review of the health institutions action plans for 2010-2012 to monitor and document use of the revised guidelines by health institutions.

8.3 Products/deliverables

- Three final versions of hospital, health centre/post and training institutions planning handbooks.

8.4 Successes/Best Practices

Involving field staff in reviewing the documents ensures that they are relevant for the level for which they are being developed.

8.5 Focus for the next quarter

- Compile a compendium of solutions on Frequently Asked Questions (FAQ) in HIV/AIDS Data Management. During the quarter focus will be on identifying a district on the Copperbelt Province for conducting detailed onsite reviews and document experiences.
- Refresh health workers on HIV/AIDS data management
- Support printing of all revised documents (Planning handbooks and ITGs).
- Support preparations of technical planning updates for 2010-2012 planning cycle
- Support orientation of three staff (27) per province in revised planning tools

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 M&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 activities for easy tracking. The program aims to implement all planned activities and hence these formats allow for any delays to be detected and addressed. All program targets must be achieved by the end of the program.

Success Stories

Four success stories were developed with assistance of the monitoring and evaluation unit and three were finalized, see Annex 1. The following are the titles:

- Coordinated HIV/AIDS and TB services: *Zambian District Awarded*
- Involving Communities: *Safe Motherhood Action Groups (SMAGs) Boost Education in Maternal Health*
- Rural Doctors Gain Surgical Skills: *On-the-job Training Expands Services*

One HSSP success story, *Malaria on the Retreat in Zambia: Community Sees Results from Indoor Residual Spraying*, was included in the PMI Annual Report.

HSSP plans to produce a compendium of HSSP success stories. Documentation of success stories will continue in quarter three in order to meet the Year 5 target of 12 stories by the end of quarter three. In addition, other forms of documenting program successes, such as policy briefs, are underway.

Track program implementation and documentation

The monitoring and evaluation framework data was reviewed and indicators were updated. A program indicator update was submitted to USAID and approved. During the quarter, two indicators that are reported by CCSs were further revised for better clarity and specificity:

- Number of supervisory visits carried out (this quarter), and
- Number of times case management/record reviews conducted during the supervisory visit (this quarter),

The end-of-program documentation matrix was updated. The matrix lists the topics for documentation, deadlines for production and the responsible persons. The matrix is regularly updated to inform on status and measures for timely completion of documents and products in readiness for the end of 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 planning matrix was updated. The matrix shows that STTA for technical teams is generally being utilized as planned.

Assist MOH to produce provincial health statistical bulletins

The Health Statistical Bulletins produced in year four were reviewed with the help of a consultant. All the Statistical Bulletins will be finalized and printed in quarter three.



Reviewing the provincial health statistical bulletin

HSSP/MOH Document Utilization Audit Handbook

		
1. Child Health Week Manual	2. Safe Motherhood Guidelines	3. IMCI Chart Booklet
		
4. Integrated Technical Guidelines	5. 10 Steps to Successful Breastfeeding (Poster)	6. Action Planning Handbook (Different Color for each Level)
		
7. RH IEC Materials (A Jodelle posters)	9. Six Key Priority Practices (Poster)	10. Nurses Learner's Guide

Provinces will now be able to produce statistical bulletins without further support; hence district level information will be readily available for planning and decision making even after the end of HSSP.

Conduct program research and data analysis

A program document utilization audit was initiated to assess availability and utilization of key HSSP/MOH products in districts, health training institutions, and health facilities. This activity has been integrated into field trips that technical staff carry out.

Preliminary findings from the field indicate that the HSSP/MOH documents are being utilized, but in many cases are not found. Data analysis will be finalized in the third quarter. Based on findings, recommendations will be made concerning improving distribution, use, and availability of essential documents and print material.

9.2 Key Products/Deliverables

- Year 5 Quarter 1 Report
- Three success stories
- Deliverable Utilization Checklist and Deliverable Utilization Handbook
- Updated Indicator Tracking sheet

9.3 Challenges and Solutions

Challenges	Actions/Solutions
<ul style="list-style-type: none">• Departure of one M&E staff• Complete studies, analyses and end of project documentation in quarters three and four	Technical staff should deliberately focus on documentation to meet workplan commitments. This requires a balance between field/technical work and documentation.

9.4 Focus for the next quarter

- Consolidate and submit quarter 2 report
- Strengthen support to documentation and finalization of program deliverables
- Analyze deliverable utilization audit data
- Update the deliverable archive
- Finalise and print Provincial Health Statistical Bulletins
- Prepare Year 5 Q2 deliverable list
- Prepare the Semi-annual PEPFAR report and submit to USAID
- Prepare for end-of-project dissemination meeting

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 partners to achieve 100% USAID and Abt financial and administrative compliance
- To safeguard project inventory and cash
- To provide local human resource management support
- To provide logistics support to the program

10.1 Key Achievements

Financial accounting activities

- Effected payments for all doctors, nurse tutors and other medical cadres up to November 2008
- All rural retention scheme billing reconciled and ready for payment up to February 2009

Overall Budget and Expenditures

As at March 14, 2009 HSSP had spent a cumulative total of \$38.5 million. The cumulative obligated amount for the same period to March 14, 2009 was \$46.2 million. The total project budget amount is \$46.7 million. Cumulatively, HSSP had spent 83% of total obligated funds and 82% of total budget funds allocated to the project. The remaining obligated funds as at March 14 2009 was \$7.7 million and the remaining budgeted funds as at the same date will be \$8.2 million.

PEPFAR - COP

Out of the total project obligated funds of \$46.2 million, the PEPFAR component is obligated \$18.5 million. The total PEPFAR budget is \$21.9 million. Cumulative expenditure under this component to March 14, 2009 was \$17.2 million. This represents 93% of obligated PEPFAR funds. In relation to the total PEPFAR budget, the expenditure represents 78% of funds spent of the total budgeted funds.

Non-PEPFAR- OP

Out of the total project obligated funds of \$46.2 million, the Non-PEPFAR component is obligated \$27.6 million. The total Non-PEPFAR budget is \$24.7 million. Cumulative expenditure under this component as at March 14, 2009 was \$ 21.3 million. This represented 77% of obligated funds. In relation to the total Non-PEPFAR budget, the expenditure represents 86% of the total budgeted funds.

Monthly Average Burn Rate

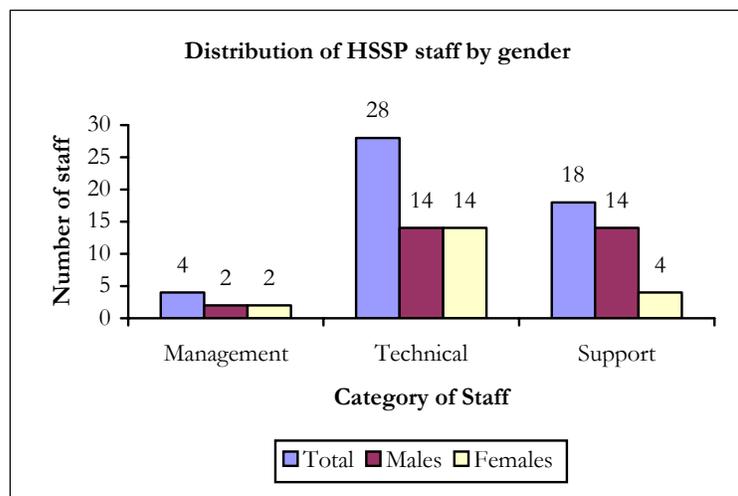
The monthly average burn rate for PEPFAR funding is \$380,740. The monthly average burn rate for Non-PEPFAR funding is \$470,981. The overall monthly burn rate for the project is \$851,721 for the quarter.

Compliance of Financial contract reports

Standard Form (SF) 269 and Federal Cash Transaction Report 272 for the quarter ended December 31, 2008 were submitted to USAID on January 29, 2009

Human Resources

HSSP has a human resource establishment of 50, comprised of 4 management staff, 28 technical staff and 18 support staff. The gender breakdown is illustrated in the attached table.



10.2 Key products/deliverables

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

- Risk assessment report
- Project 12 month close-out budget
- Project close out plan
- Project security framework
- Project Financial Year End Accounts

10.3 Focus for the next quarter

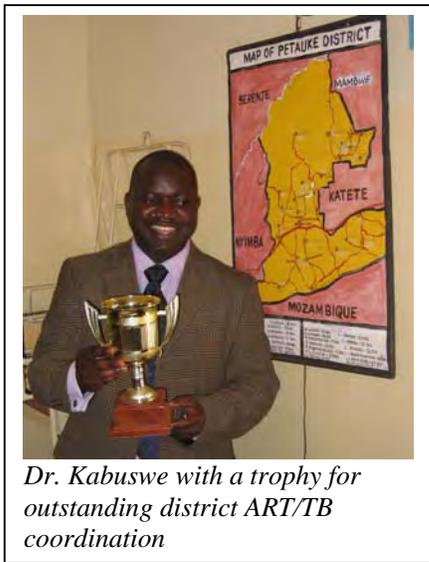
- Payment for all RRS expenditure to February 2009
- Reconcile & pay all RRS advances for March, April, May & June 2009
- Track the project close out plan
- Track overall project and Field expenditures
- Continue to improve quality of documentation for financial transactions (ROVs)
- Continue to uphold compliance training and enforcement
- IRS PPEs procurement
- IRS storage facilities renovations

Annex 1: Success Stories

Coordinated HIV/AIDS and TB Services

Zambian District Awarded

When Dr. K.C. Kabuswe started as District Medical Officer in Petauke District in 2004, HIV-positive residents in the district had no nearby access to antiretroviral therapy (ART) to help sustain their lives. Four years later, he and his team won a provincial award for outstanding district coordination of HIV and tuberculosis (TB) services in the district, including patient enrollment in ART.



Dr. Kabuswe with a trophy for outstanding district ART/TB coordination

In June 2004, Dr. Kabuswe was the lone doctor at the district hospital, working in the new ART clinic three afternoons a week. At the start, many patients had to come from far distances to seek antiretroviral therapy. In the years following, the program rapidly expanded to two mission hospitals, Minga and Nyanje, and ten outreach sites served by mobile teams. This expansion has helped HIV positive residents living in hard-to-reach places start and maintain antiretroviral therapy. The program has also focused on linking TB patients to HIV testing and care.

Dr. Kabuswe is enrolled in Zambia’s health worker retention program, which provides incentives to keep doctors and other key health workers in rural areas that have severe shortages of human resources. By retaining quality doctors, rural districts like Petauke are able to maintain their health programs and continue building

upon them to reach more and more patients. The USAID-financed Health Services and Systems Program supports 119 retained health workers on the retention scheme, including Dr. Kabuswe.

“Things are becoming easier for us. Generally we are seeing that some of these (health) indicators are coming down, despite the human resource shortage.”

Dr. Kabuswe, DHO, Petauke

During its first year the ART program in Petauke District enrolled 169 patients. Four years later in 2008, the program had a total enrollment of 1,681 patients. Although enrollment is important for getting patients started on ART, “adherence is the key to the success of this program,” explained Dr. Kabuswe. The district has also trained 24 adherence supporters who work in the ART outreach sites to help patients maintain their treatment and stay healthy.

Involving Rural Communities

Safe Motherhood Action Groups boost education in maternal health

Vincent Simpungwe is the Environmental Health Technician at Musofu Rural Health Center in Mkushi District in Zambia. As the only health worker at the clinic, located 53 kilometers from town, he does his best to treat patients, and perform outreach services and provide health education. He will tell you, however, that “there just isn’t enough time.”



In 2008, Safe Motherhood Action Groups (SMAGs) were formed in Mkushi District to involve and enlist help from the community. The groups began by educating the community about danger signs in pregnancy and the importance of delivering at the health center. Since the work started, the demand for maternal services has gone up in Musofu. More mothers attend antenatal clinics, and some are bringing their husbands. Jairus Mvula, the SMAG Area Coordinating Agent, has a “no bush delivery” motto that guides the action group members in ensuring that

all mothers know the importance of delivering with a skilled birth attendant.

When the USAID-financed Health Services and Systems Program (HSSP) developed a program to educate rural communities about malaria in pregnancy and to increase male involvement in maternal health, the SMAGs were an ideal entry point. In January 2009, HSSP, in conjunction with the Ministry of Health, trained volunteers and health workers, with assistance from established Safe Motherhood Action Groups. At the training, Mr. Mvula presented the progress in Musofu and encouraged his peers to make the same efforts in their communities -- to educate women, and especially their male partners, on malaria in pregnancy, antenatal care, and PMTCT.

“The fact that HSSP has come to Musofu proves to the community that this information is important. This gives us motivation to continue to educate the community which relies on us.”

Mr. Jairus Mvula, SMAG ACA

On a recent visit to Musofu, Mr. Mvula and Mr. Simpungwe were found conducting their own orientation for SMAG sub groups. Mr. Mvula said that with the additional training and support, the members’ motivation and willingness to work has increased even further. Indeed, two women walked over 80 km to attend the orientation. Mr. Mvula believes this demonstrates the commitment and pride the members feel about their duty within the community.

Rural Doctors Gain Surgical Skills

On-the-job training expands services and saves lives

Residents of Zambia's rural areas obtain basic health services from health posts and rural health centers, but when patients need surgery, long distances and transport costs are a formidable barrier. Sandy terrain and seasonal flooding in Zambia's Western Province cause many areas to be periodically cut off from critical health care services. Some districts lack medical doctors, or where doctors are present, they may have inadequate skills in surgery.

Lewanika General Hospital is the provincial referral hospital serving a population of over 900,000. An estimated 40 surgical cases are seen per week, many from traffic accidents, which have seen a dramatic rise since the provincial road network was upgraded. To meet the demand in surgical cases requiring immediate attention, the



Clinical Care Specialist Dr. Gloria Munthali (left) trains doctors on-the-job in Kalabo District

Provincial Medical Office found an effective strategy. Through the USAID-financed Health Services and Systems Program, a Clinical Care Specialist was recruited with a dual purpose: to improve and expand HIV/AIDS services, and to improve the quality and access to care.

“Doctor, since we did those operations together, I can now perform them with confidence. They don't seem so complicated anymore”.

Dr. Jacob Sakala, Medical Officer, Kalabo District

A General Surgeon, Dr. Gloria Munthali, was recruited for the position. She has actively expanded the HIV/AIDS services in the province and used her expertise to improve and expand surgical services. Dr. Munthali took an innovative approach to mentor doctors in Lewanika Hospital and district hospitals in basic surgical skills. This involved attending to surgical cases in the clinic, assisting doctors on call in case of an

emergency, consulting on complicated cases, and doing on-the-job training during district supervision visits. She mentors clinicians in these facilities in basic surgery, who in turn are able to attend to surgical cases independently

This approach has saved lives and reduced the number of costly referrals to the University Teaching Hospital, 600 kilometres distant from Western Province's capital. In distant Kalabo District junior doctors are now performing basic surgical operations, which were previously being referred to neighbouring North Western Province.