



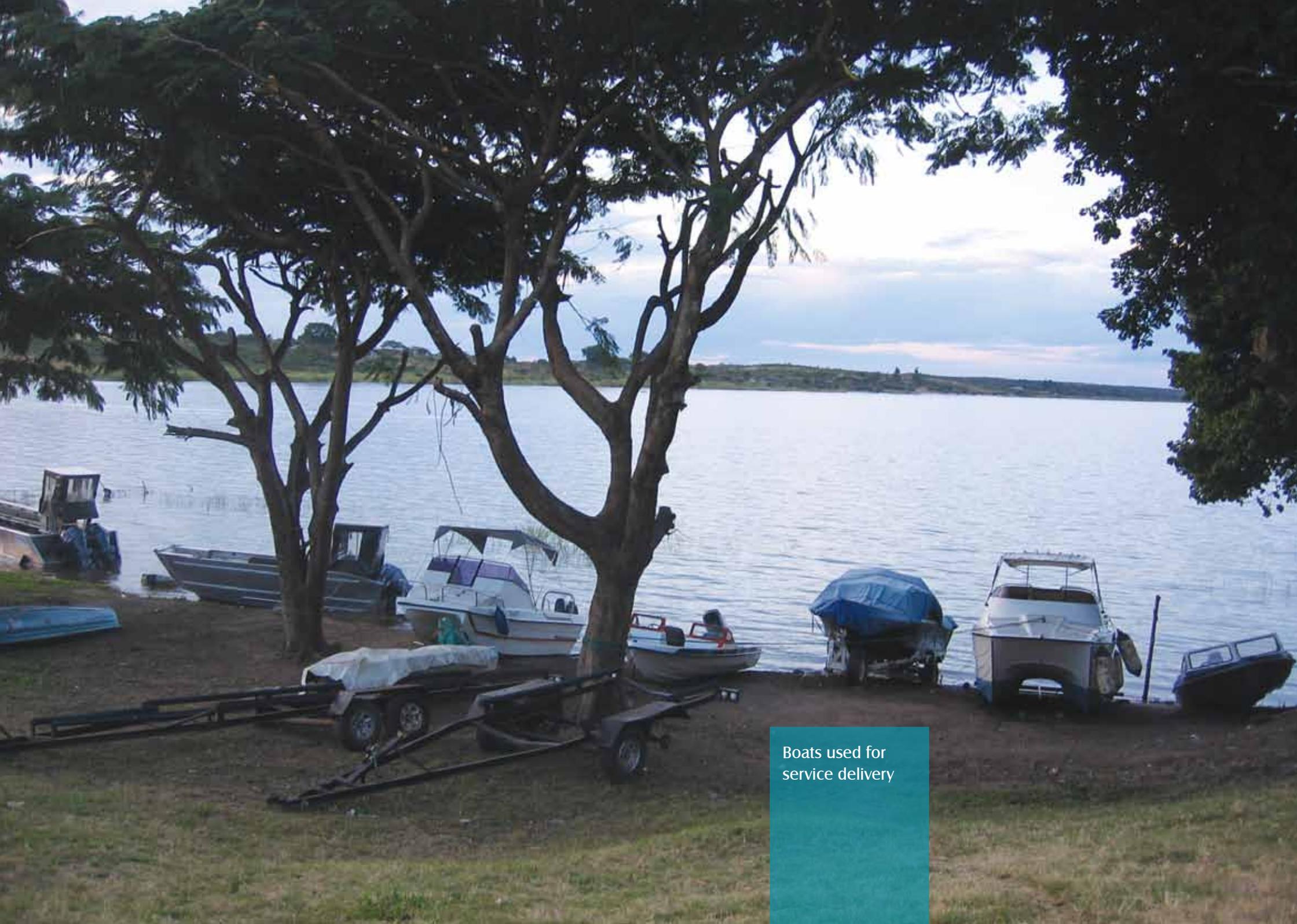
Success Stories

Health Services and Systems Program



USAID
FROM THE AMERICAN PEOPLE





Boats used for
service delivery



About HSSP

The Health Services and Systems Program (HSSP) in Zambia is a USAID-funded five-year cooperative agreement for improving the health status of Zambians by expanding access to and improving the quality of maternal, child, reproductive, and HIV/AIDS health services while simultaneously strengthening the underlying health system. HSSP contributes to achieving USAID/Zambia's Strategic Objective 7 to improve the health status of the Zambian people; decrease rates for total fertility, infant mortality, and HIV prevalence; and contribute to the Ministry of Health (MOH) goal of improving the health status of Zambians. HSSP is implemented by Abt Associates, in partnership with Jhpiego, the International Science and Technology Institute, Inc. (ISTI) and Save the Children.

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Indoor Residual Spraying (IRS) for Malaria

HSSP provides technical assistance and implementation support to Zambia's National Malaria Control Centre (NMCC) to scale up IRS as a vector control strategy to reduce the transmission of malaria. HSSP has directly supported IRS implementation in 15 key districts, while building the technical and managerial capacity of the NMCC to expand the national program to 36 districts and beyond.



Integrated Reproductive Health (IRH)

HSSP contributes to national efforts to reduce maternal mortality and morbidity through capacity building in emergency obstetric and newborn care and family planning (EmONC/FP); Post abortion care and family planning (PAC/FP); and Long Term Family Planning (LTFFP).



Child Health and Nutrition (CHN)

HSSP supports CHN activities to improve the quality and increase access of key childhood interventions. Support for Zambia's Expanded Program on Immunization has significantly increased the number of fully immunized children less than 1 year of age, and technical support for Zambia's national Child Health Week programs has provided Vitamin A supplements and de-worming tablets to millions of children.



Clinical Care Specialists

HSSP has placed a Clinical Care Specialist in each of Zambia's 9 provincial health offices; providing technical support and supervision to improve the management and delivery of HIV services. These specialists play a critical role at the provincial level providing clinical mentorship, supervision and training to provincial health workers, and management and coordination support for HIV services and activities throughout each province.



HIV/AIDS Services Coordination and Support

HSSP works with the MOH to ensure that a minimum package of HIV/AIDS services is available at the district level. To date, over 82% of districts in Zambia have at least one facility offering the minimum package of HIV/AIDS services. HSSP has placed a physician as a Clinical Care Specialist in each of Zambia's 9 provincial health offices; providing technical support and supervision to improve the management and delivery of HIV services. These specialists have played a critical role providing mentorship, supervision and training to provincial health workers, and coordination support for HIV services throughout each province.



Performance Improvement and Accreditation

HSSP supports activities to improve the quality of case management observation/record review during district and facility level supervisory visits. The project has worked closely with the Medical Council of Zambia to introduce an accreditation program for public and private ART service sites.



Strategic Information and Health Services Planning

HSSP has provided technical support to the Ministry of Health to improve the quality and use of the Routine Health Information System (RHIS) in all districts and hospitals in order to use RHIS data for planning and management of HIV/AIDS services. Tools and guidelines have been developed and staff trained to support planning efforts and improve costing and budgeting of HIV and other health services.



Human Resources for Health (HRH)

HSSP supports the Ministry of Health to improve human resources for health capacity and availability through enhanced district, provincial, and national HRH planning and management, and clinical training for pre and in-service health personnel. Through the Zambia Health Worker Retention Scheme, HSSP has helped to recruit and place doctors and other health cadres in rural locations to improve access to services.

Acknowledgements

The compilation and production of this report is a result of the efforts of many people. Special thanks is given to the various HSSP and Abt Associates staff who interviewed individuals, drafted the success stories, and took numerous photographs. Thank you to those involved in important final step of editing and formatting. Finally, a sincere thanks to those in the field who were willing to share their story.





Introduction

HSSP is a countrywide project that works in seventy-two districts throughout Zambia's nine provinces to achieve the following three primary objectives:

- Increased capacity at the district level to scale up and integrate priority child health, nutrition, reproductive health (RH) and malaria services.
- Improved quality of child health, nutrition, RH and malaria services.
- Increased capacity of national and provincial institutions and partnerships to achieve human resource and health sector objectives for priority child health, nutrition, RH, malaria and HIV/AIDS services.

With a focus on scaling up, sustainability, and institutionalization, HSSP supports the MOH in reaching their goal to improve the health status of Zambians through the following eight key technical focus areas:

- Child and Health Nutrition
- Malaria
- Integrated Reproductive Health
- Human Resources for Health
- Pre- and In-Service Training
- Performance Improvement
- HIV/AIDS Coordination
- Health Planning and Routine Health Information System

Since its inception in 2004, HSSP has successfully provided technical assistance to the MOH as they implement high priority interventions, including preventive and curative measures that are simple, evidence-based, low cost, efficacious, and recommended by the World Health Organization. HSSP has also succeeded in the integration of systems and services strengthening by taking a sector-wide approach that looks at all levels of the health system, involves all relevant stakeholders and addresses both patient and provider perspectives. With its core functions, HSSP has truly laid the groundwork for improved service delivery across Zambia.



PMTCT client followed up by community health workers in rural Mazabuka

Mother-Baby Follow Up Saves Lives

Community Health Workers Provide the Link

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

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

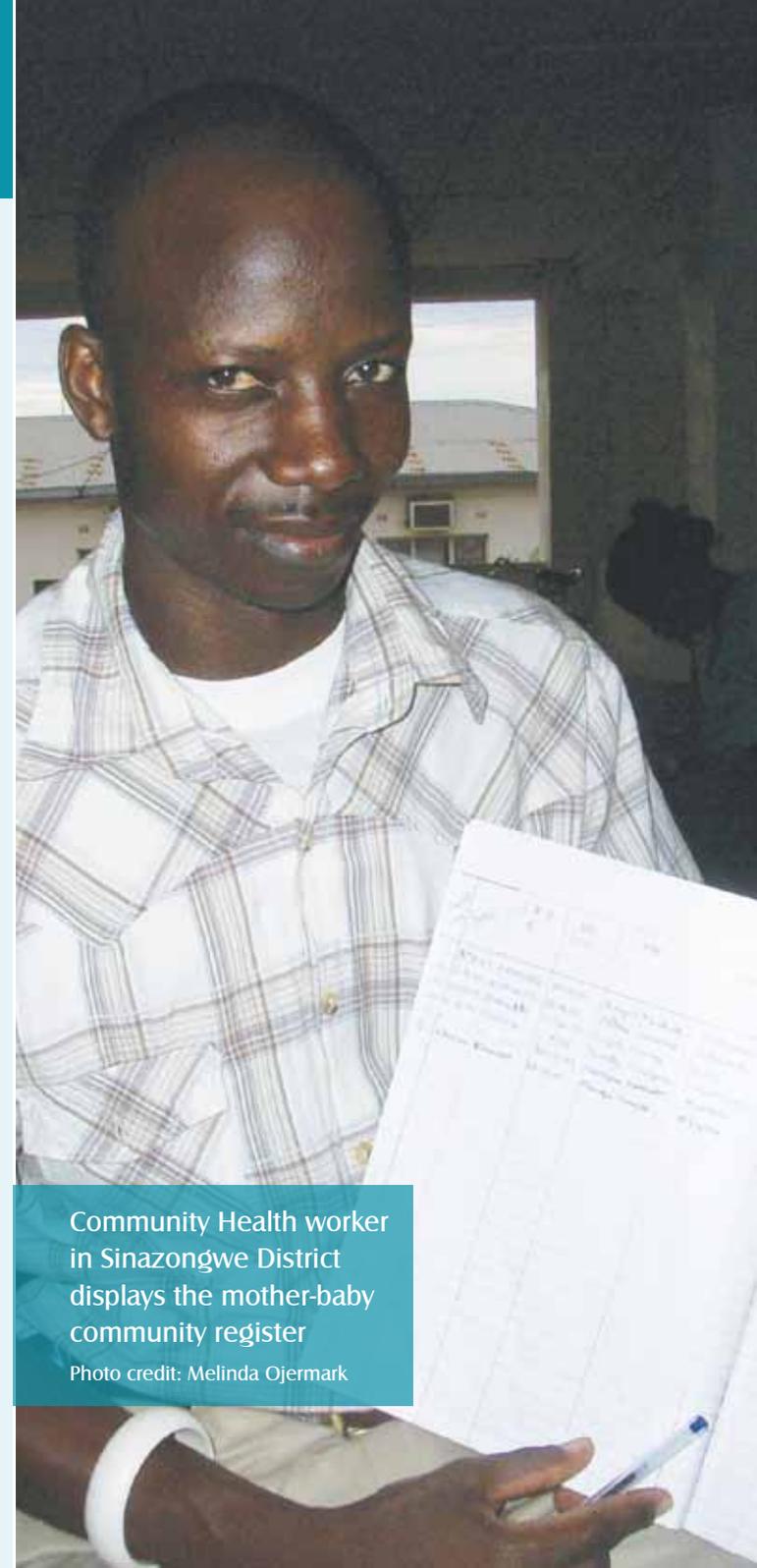
The register captures the full range of services and visits required to provide HIV prevention and care. Use of the register enables health personnel to track and manage care for the HIV-exposed baby from birth to 18 months. As a result, far more HIV infections in children can be prevented through timely testing and treatment.

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

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

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

**Dr. Kebby Musokotwane,
District Health Director,
Sinazongwe**



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

Photo credit: Melinda Ojermark

Defaulter Tracing Program Saves Lives in Kabwe

HIV/AIDS Patients Get Adherence Support For Their Antiretroviral Treatment

Grant Mbebeta, a 32 year-old HIV-positive man from Kabwe, Zambia credits the antiretroviral therapy (ART) defaulter tracing system at Kabwe General Hospital to saving his life. He says, "I stopped coming to the clinic for review on 26 September 2007. I became very sick and was almost dying. I thank the Kabwe General Hospital adherence counselor who discovered me at home in August 2008 and brought me back to the hospital."

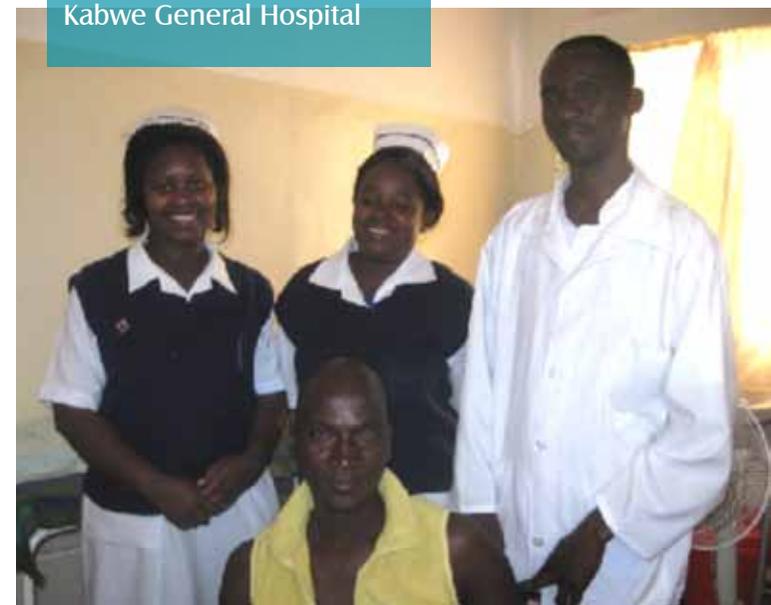
The hospital commenced ART services in 2003. As enrolled patients increased, staff at the clinic also began observing an increase in the number of patients missing their review dates, and approached hospital management to establish a program to trace patients who default from treatment. In 2008, Kabwe General introduced a program to identify and locate ART patients who stopped their treatment for various reasons. With 4,205 clients enrolled on ART since the introduction of services at the hospital, a total of 809 clients had defaulted by the end of December 2008.

With support from the Health Services and Systems Program (HSSP), a USAID-funded project, Kabwe General Hospital mobilized its ART clinic staff and community-based volunteers that provide adherence counseling

to form a defaulter tracing team. The purpose of the team is to track down defaulting patients directly in the community, and provide them with information and support to resume and adhere to their treatment. Thus far, 168 defaulting patients have been traced using this program and are once again receiving their life-saving medicines and follow up care from the clinic.

The ART clinic has seen additional benefits beyond tracing of clients. The counseling skills of the clinic staff have been strengthened and they can readily provide support to patients and clients. The clinic is now able to identify reasons for defaulting, such as self-referrals to other clinics or death – critical information that can be used to assess the ART program performance at the hospital. Medical Superintendent, Dr Yotum Phiri, sees the clear benefits of this program and need to sustain it explaining, "ART defaulter tracing is a very good idea, which should be institutionalized to be part of the ART service delivery package and budgeted for in the annual action plans."

Grant Mbebeta, ART patient, with ART clinic staff, Cecilia Chinyama, Mable Mambwe and Ringo Chileshe, at Kabwe General Hospital



"I thank the Kabwe General Hospital adherence counselor who discovered me at home in August 2008 and brought me back to hospital."

Grant Mbebeta

Zambians Serving Fellow Zambians

Retention Effort Attracts Local Doctors to Serve in Remote Rural Districts

Since 2005 Dr. Abel Shawa has served as the Director of Health for Isoka District in Northern Province. He is the first Zambian doctor ever to serve in this remote district. In earlier years, doctors in Isoka have been recruited from other countries, such as Cuba, Russia and Democratic Republic of the Congo.

Recruiting medical doctors to remote districts has long been a problem in Zambia, where rural postings offer few comforts and limited educational and professional opportunities. The Zambia Health Worker Retention Scheme is proving to be a successful strategy to attract and retain doctors in remote and disadvantaged districts. USAID supports the Ministry of Health to retain 120 doctors, nurses, clinical officers and nurse tutors throughout Zambia through the Health Services and Systems Program (HSSP). The program is working to establish sustainable systems to manage the retention scheme and ensure its ongoing expansion and support by the Ministry and partner organizations.

“The community wanted a doctor who speaks their language. They are very happy since I’ve come. My culture is their culture.

We have a very personal contact.”

Dr. Abel Shawa

Participating doctors receive an incentive payment, in addition to their salary, which compensates for educational, transport and other costs associated with serving in a rural district. Government houses for the Retention Scheme doctors are being upgraded by HSSP as needed.

As the sole physician in Isoka District, Dr. Shawa contributes to maternal and newborn survival through assisting in complicated deliveries referred to the hospital, and by coaching staff in the maternities at rural health centers. He has also led the introduction of antiretroviral services for HIV/AIDS patients in the district. “We have launched six centers providing ARV care for HIV/AIDS patients, and now have 594 patients on treatment. The rural health centers mobilize all of the patients who need counseling, testing, prevention, and medical care for HIV/AIDS. Using a mobile team approach, we visit the centers monthly. The team brings laboratory, pharmaceutical and medical supplies and equipment, and while providing care, we also train the staff. Our current challenge is to increase our identification and treatment of pediatric HIV/AIDS cases.”



Dr Abel Shawa, District Director of Health, Isoka

Photo credit: Melinda Ojermark



Community health volunteer Mary Kafumbe weighs five-month-old Joseph Matabula as his mother, Prisca, looks on

Photo: Melissa Williams

Families Flock To Zambia's Child Health Week

System Improvements Reduce Under-five Diseases and Deaths

Reducing high rates of preventable illness and death among young children is an ongoing challenge for Zambia, where 64 percent of the population is poor, according to the latest Living Conditions Monitoring Survey Report. The government puts a high priority on improving child health and nutrition.

An effective approach to reaching millions of Zambian children is Child Health Week, a mass campaign held twice a year in clinics and communities across the country. With USAID support, the highly publicized event supplements the health sector's day-to-day work with a free package of high-impact services to prevent infectious diseases and malnutrition in children under five.

Prisca Matabula, the 29-year-old wife of a taxi driver, was one of hundreds of women who lined up with her young children outside a one-room building at Ng'ombe Health Center in Lusaka during Child Health Week in June 2008. The clinic serves one of the capital's many low-income housing compounds. A week earlier, clinic workers had gone through the unpaved streets with loudspeakers, encouraging people to turn out.

Although the room was small, the line moved efficiently from table to table. Nurses and community health volunteers weighed babies, provided health information and administered vaccinations, recording each step on Ministry of Health tally sheets and green client cards.

Five-month-old Joshua Matabula sat quietly in the baby scale, but screamed when he got a multi-vaccine shot in his chubby thigh. His brother Noah, three, bravely swallowed immunity-boosting Vitamin A and a de-worming pill. As they left, a clinic worker handed each family a bar of dark blue hand soap, reinforcing the message of hand washing to protect health.

USAID's Health Services and Systems Program (HSSP) works with the Ministry of Health and other partners to increase access to quality services and strengthen the overall health care delivery system through strategies like Child Health Week. HSSP uses a systems approach, providing training and other technical support to improve planning, performance, supervision, data management and health worker retention. Activities also target reproductive health, malaria prevention and HIV/AIDS.

The partnership is paying off. Eighty-two percent of Zambian children are now fully immunized by age one. The percentage of children receiving Vitamin A supplementation increased from 67 to 86 percent in two years. Two million children were de-wormed last year. Overall, under-five mortality fell 30 percent – from 168 to 119 per thousand – from 2002 to 2007. Maternal mortality and HIV rates also dropped.

“In this compound, money is hard to find. We thank God for these services because this clinic is close and they pay lots of attention to helping us.”

Prisca Matabula

“There is this continuous help,” explained Lewis Mwila, a provincial Ministry of Health official in Lusaka. “The length of time to get things done would be much longer without USAID and HSSP.”



Caption

Accreditation Program Reaps Benefits

Improved Employee Health And Heightened Company Productivity

To extend the reach of HIV/AIDS services in Zambia, the Ministry of Health works in partnership with private sector health providers to serve the large numbers of patients seeking life-saving antiretroviral therapy (ART). One challenge has been to assure that the services follow established standards, and that treatment is given according to up-to-date medical protocols and policies in both public and private facilities. A program to assess and accredit health facilities providing ART was established in 2006, in cooperation between the Ministry of Health, the Medical Council of Zambia and the USAID-funded Health Services and Systems Program (HSSP).

One beneficiary is the Zambia Electricity Supply Corporation (ZESCO), which employs and provides health benefits to 3,800 workers. ZESCO management is proud that their clinic network was recently accredited for ART services. Sister in Charge, Lentisha Muyanza, spearheaded the effort. Understanding the relationship between employee health, productivity, and the company bottom line is crucial for health managers like Mrs. Muyanza. She regularly analyzes company statistics on illness, deaths and accidents, and successfully lobbies ZESCO management to implement win-win health programs, benefiting both the employees and the company. The results are clear – reduced sick leave, improved employee well being, and satisfied managers.

“We first heard about accreditation when we were approached by Dr. Peter Mumba from HSSP. The program made good sense and ZESCO applied. The first step was an initial assessment. We scored only 5 out of 35 points, but we were determined to improve. An inspection team explained that we needed to demonstrate our capacity within seven domains, including laboratory, human resources, clinical care, and several others. We had a long way to go to meet the standards. It was hard work. We needed laboratory and clinical training, equipment, and an information system. HSSP assisted us with training and ZESCO management helped with infrastructure and staff.”

ZESCO now has an HIV/AIDS workplace policy, an equipped laboratory, x-ray facilities, the SmartCare electronic information system, and ART trained staff. Services that were formerly outsourced, such as laboratory, are now provided in-house. Mrs. Muyanza radiated enthusiasm, “now we can treat our patients in an evidence based way, not symptomatically. I feel good, especially for our patients.

Whether or not we were accredited, the process helped us to streamline our operations and to give our patients better care.
Sister in charge, Lentisha Muyanza



Sister in charge,
Lentisha Muyanza

Photo: Melinda Ojermark

Obstetric Care Closer to Home

Building local health worker capacity saves women's lives in rural Zambia

The healthcare providers at Petauke District Hospital are proud of the new skills they've brought to the patients in their maternity ward. The hospital, like most in rural Zambia, has long faced significant obstacles in providing pregnant women with the care that they need. Complications during labour and delivery, and even maternal death, remain all too common. In addition to long distances between villages and rural health centers and poor transport systems, clinics and hospitals face a constant lack of supplies and chronic understaffing.

Recognizing the challenges that healthcare providers face in Petauke District, in May of 2008, the USAID-financed Health Services and Systems Program (HSSP), in partnership with the Ministry of Health, provided training in emergency obstetric care and neonatal care (EmONC) using low-technology approaches. As there are few doctors to provide emergency care to pregnant women and women in labor, HSSP also trained nurses, nurse-midwives, and clinical officers. When HSSP staff went to visit those health workers a year later, the results were impressive.

Upon their arrival in the district, the team met Dr. Gideon Zulu, who had been trained in EmONC, including more complicated, surgical procedures, such as caesarean section. Dr. Zulu acknowledged that the training has had a big impact on his work and on that of his

colleagues, stating, "the training provided me with skills in anaesthesia and more focused management of obstetric complications. I am now able to handle complications with more confidence and can provide support to the nurses and midwives in the maternity and gynaecology wards, as well as in the surrounding health centers." As a result of the staff's expanded capacity to deal with complicated labor and deliveries, women are now rarely transferred to the mission hospital over an hour away in Katete.

As if to confirm the impact of these changes, the HSSP team encountered one of the beneficiaries. Mrs. Iyvon Mwanza had just delivered her third child. Due to multiple complications, which the nurses at the rural health center were able to identify early, she was referred to the hospital for a caesarean section. Mrs. Mwanza was deeply grateful, "I am very happy the way the hospital received me. They reacted quickly and took me to theater and now, my baby and I are fine. I have been looked after very well." Dr. Zulu and his team are pleased with successes like these and hope that, as word spreads about the high-quality of care being given in Petauke, pregnant women will come sooner and more often to receive these life-saving services.



Dr. Zulu attends to paperwork in his office after performing an emergency c-section at Petauke District Hospital

The training provided me with skills in anaesthesia and more focused management of obstetric complications. I am now able to handle complications with more confidence and can provide technical support to the nurses and midwives.

Dr. Gideon Zulu



Insectary technicians collect mosquito larvae in the field

Evaluating the Effectiveness of Malaria Control

Malaria Entomology Revitalized

A successful malaria control program does more than spray houses and distribute mosquito nets, it also conducts scientific studies of the mosquitoes that cause malaria. The field of malaria entomology was in decline in Zambia for many years, but is attracting renewed interest owing to increased investment in malaria programs and determination to control and even eliminate malaria. The Ministry of Health, with support from programs like the USAID-funded Health Services and Systems Program (HSSP), has an ambitious plan to control malaria, the number one killer disease in Zambia.

“In former times, we had mosquito spotters, and entomology technicians in the districts, who carried out local surveys” reminisces Dr. Cecilia Shinondo, HSSP Senior Entomologist and Malaria Specialist. “Today these categories of staff have virtually disappeared. But we are rebuilding capacity in entomology by training university students and district environmental health staff.”

HSSP works with the National Malaria Control Center to support an indoor residual spraying (IRS) program. To assure the effectiveness of the spraying, insecticide resistance must be evaluated and other entomological studies conducted routinely.

“This job is interesting. We can translate our theoretical knowledge into practice when we go into the field. –

**Dingani Chinula,
Insectary Technician and recent BSc graduate**

The insectary for rearing mosquitoes was refurbished by HSSP. Its small laboratory is a hive of activity, with students working to identify and dissect the mosquitoes. In the adjoining room, a tropical atmosphere prevails. Heaters whirr and a humidifier emits a steamy vapor. Small mesh cages filled with live mosquitoes line the shelves and water-filled dishes in orderly rows contain larvae and pupae. The goal is to achieve and sustain a breeding colony of mosquitoes. “We try to create the conditions of nature to coax the mosquitoes to breed. Even the lamps simulate dawn, daylight and dusk,” explained Dr. Shinondo. The painstaking work is paying off, and soon the insectary will have sufficient stock to support the studies routinely conducted before and after the annual spray season.



Dr. Cecilia Shinondo assisted by Insectary Technician, Idan Emmanuel Chabu

Doctor awarded for Coordinated HIV/AIDS and TB Services

10-fold Increase in AIDS Patients on Treatment

When Dr. K.C. Kabuswe became 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 coordination of HIV and tuberculosis (TB) services in the district, including patient enrollment in ART.

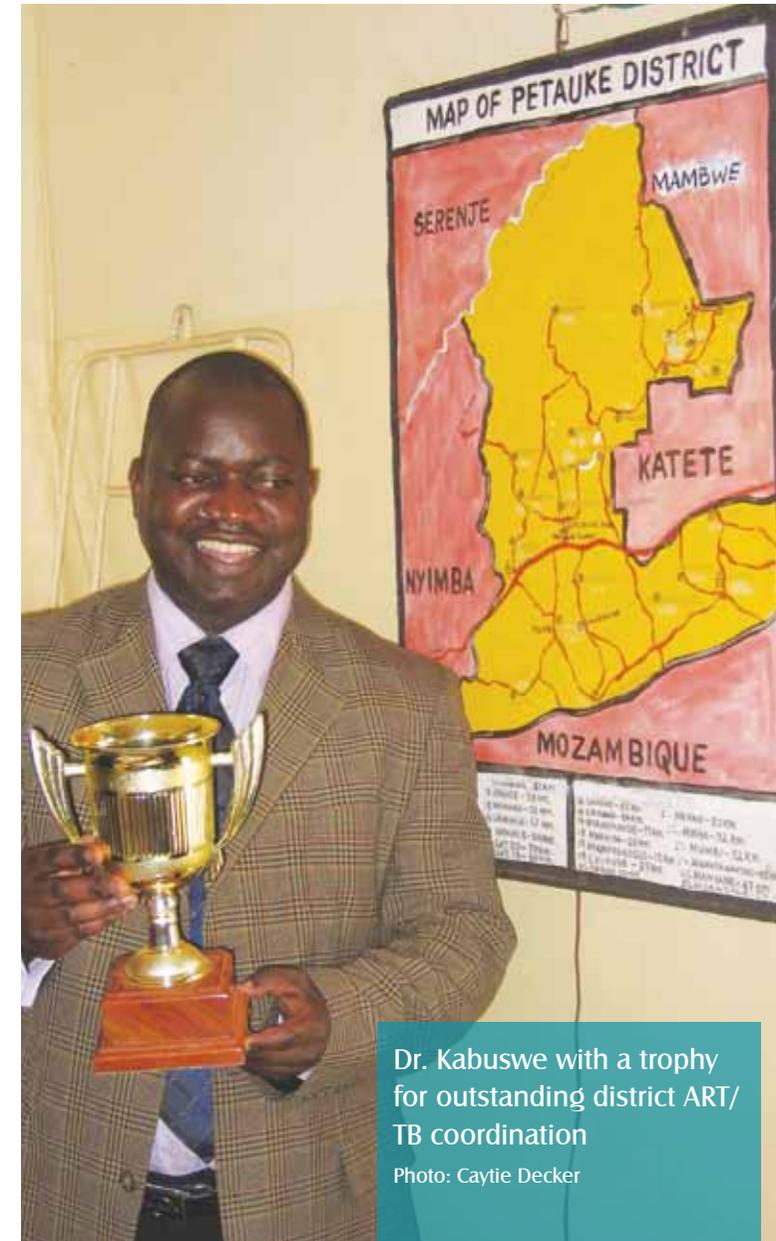
In June 2004, Dr. Kabuswe was the lone doctor at the district hospital, working in the new ART clinic three afternoons a week. At the start, many patients had to come from far distances to seek antiretroviral therapy. In the years following, the program rapidly expanded to two mission hospitals, Minga 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.

“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

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.

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.



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

Photo: Caytie Decker

Community Health Worker Provides Vital Health Services

Health Worker Task Shifting Expands Human Resources

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

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

Oris was first nominated by her community to serve as a CHW more than 10 years ago. The community fondly refers to Oris as “Basilisi” (one who cures), a local term used to refer to medical personnel. She was initially trained as a birth attendant but over the years has undergone several other CHW training and update workshops. The previous clinical officer and the current nurse in charge have also taught her on the job. The District Health Office engaged Oris as a classified daily employee in 2005, entitling her to a monthly allowance for her services. This

arrangement is an example of successful “task shifting” which enables workers with basic skills to provide routine services at appropriate levels. These workers are an important human resource in areas where formally trained health workers are in short supply.

The USAID-financed Health Services and Systems Program (HSSP) has been working with the Ministry of Health and others to develop training materials and conduct training for Community Health Workers, and provide supportive monitoring to their work. Kazungula is one of the districts that has benefited from the training and monitoring.

On a normal day, Oris assists with routine antenatal examinations, such as weighing, reading blood pressure, and assessing the position of the baby in the womb. When there are child health activities, she weighs children, and gives them vitamin A and de-worming tablets. She records information carefully in the health center registers. Mrs Muunga, a qualified nurse, is the only trained health worker at Sinde health center, and greatly appreciates Oris’s contribution.



Oris dispensing drugs at Sinde Rural Health Center

Photo credit: Lizzie Peme

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

Oris Namuswa,
Classified Daily Employee, Sinde



Emergency Medical Transport for Island Dwellers

Ambulance Boat Helps Save Lives

Residents of Chishi and Mbabala in Samfya District, Zambia are now able to access emergency care much faster with the introduction of an ambulance motorboat. Although both islands have health clinics, they are not equipped to handle medical emergencies. Now, residents can be transported to the closest hospital in Samfya in two hours rather than travelling six hours or more by canoe.

In 2006, the USAID-funded Health Services and Systems Program donated a motorboat to the Samfya District Health Office (DHO) to provide improved access to care for over 8,700 residents on two islands in Lake Bangweulu. The boat not only serves as a means of emergency transport for patients but also facilitates transport of medical staff, equipment and supplies. Additionally, DHO staff members are able to provide technical support to clinic staff, restock supplies and equipment, and host health events according to island needs. Prior to acquiring the boat, DHO staff had to rely on the public vessel which takes 13-14 hours to reach the islands.

By providing a quicker channel to emergency services, the ambulance boat has saved lives of residents of Chishi and Mbabala Islands. The most common emergencies that need specialized care are pregnancy-related and childhood illnesses. Other causes are heart attack, acute infectious diseases, and severe injuries.

Additionally, the quality of health services on the islands has been strengthened because the District Health Office staff can readily

provide support and mentorship. As a result, clinic staff knowledge and skills have been strengthened. In addition to improved access to emergency care, island residents are receiving quality health services at their local clinic.

“These remote communities are no longer cut off. The boat serves as an ambulance, and also enables the district health team to visit for supervision, drug delivery and providing general support.”

Dr. Chitalu Chilfya, Clinical Care Specialist

Ambulance boat that transports patients and providers from Chishi and Mbabala Islands



HIV/AIDS Treatment Reaches Remote Villages

Mobile ART Services Save and Sustain Lives

In the remote village of Chitanda in Zambia's Central Province, two year old Chipu, is learning to walk. This event is remarkable, given the challenges of her young life. Chipu's mother passed away a month after her birth, and she was left in the care of her grandmother. Chipu was diagnosed with HIV and was severely malnourished and constantly sick. Her grandmother did everything in her power to provide Chipu with food and treatment, exhausting precious resources to travel to Liteta Hospital, 82 kilometers distant. In April, 2008, with the arrival of mobile Antiretroviral Therapy (ART) services at the nearby Chitanda Rural Health Center, Chipu was able to obtain treatment in her community. Since beginning ART, Chipu is a thriving, active two year old.

Mobile ART outreach currently covers seven remote locations across Central Province, organized under the Provincial Health Office. Clinical Care Specialist, Dr. Victoria Musonda has spearheaded the effort, supported by USAID through the Health Services and Systems Program (HSSP).

Clinical Care Specialists play a critical role in each of Zambia's nine Provinces, providing training, supervision, and program coordination in support of HIV/AIDS activities. The mobile ART team includes a doctor, a nurse, a

pharmacy technician, and a counselor who visit every two weeks to provide testing, counselling and ART services. The community mobilizes clients to gather on mobile ART outreach days.

Since April, 78 clients are receiving ART in Chitanda village through the mobile service. A community leader noted: "we've seen the stigma of HIV reduced. Before, people feared to get tested, but now that services are nearby, and we have seen the people who've benefited, it has encouraged others to get tested."

As the mobile ART team provides services, they train the resident health center staff. Over time, program responsibility will be taken over by the RHC staff, freeing the mobile team to expand services to new locations.

Chipu was very small and sick, and I feared she would die. I used to spend a lot of money going to the hospital; now I can get Chipu the medicine she needs at the village health center."

Mrs. Sibanda, Chipu's Grandmother



Mrs. Sibanda and Chipu

Safe Motherhood Action Groups Boost Education in Maternal Health

Male Involvement Linked to Increasing Safe Deliveries

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.

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.

“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



Mr. Vincent Simpungwe and Mr. Jairus Mvula at Musofu RHC.

Photo credit: Michelle Wallon



Malaria on the Retreat

Community Sees Results from Indoor Residual Spraying

Eunice Mwachilele of Kanyama compound in Lusaka, heard about anti-malarial spraying from door-to-door community workers who informed and motivated residents to support the spraying program. She agreed to participate, and her house was marked with a sticker signaling her consent. Some weeks later, a vehicle with loud speakers plied the narrow streets, informing residents to prepare for the spraying. “They told us to remove our household goods and food from the house and move our beds to the center of the room to allow spraying of the walls. We followed their instructions. They sprayed and we remained outside for an hour, then we opened the windows and waited outside again for 30 minutes before entering the house.”

Eunice and her family are among the over four million beneficiaries of the Indoor Residual Spraying (IRS) program. Malaria is the most common cause of illness and death in Zambia. IRS is a safe and effective method of

malaria prevention, and is supported by USAID in 15 highly populated districts in Zambia. The Health Services and Systems Program (HSSP), together with the National Malaria Control Center, assist districts to prepare and carry out the spray activities with USAID support.

“I am very happy because I sleep freely with no mosquitoes in the house. I have nothing to fear ...”

Eunice Mwachilele

Eunice, her four children, and five dependents have not suffered from malaria since her four-room cinderblock house was sprayed in December 2007. “We noticed since that day that any mosquito that lands on the wall dies.”

Kanyama compound has been especially malaria prone in the past due to standing water during the rainy season. Eunice, who is also a community health worker, noted that even with the unusually high rainfall during the 2007/08 rainy season, malaria cases in her zone were far lower than in the years before the spraying program began.



Mr. Vincent Sampungwe and Mr. Jairus Mvula at Musofu RHC.

Photo credit: Michelle Wallon

Child Growth Monitoring: Assuring a Healthy Start

Mothers Value Services and See Results

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

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

Mothers begin to arrive early in the morning, as the Child Health Week services are popular and in high demand. Children receive immunizations, they are weighed and their growth is recorded. Counseling is given to mothers

whose children weigh below the appropriate levels. Growth monitoring activities enable health workers to detect faltering growth, which may be a result of poor feeding or infection. Advice and health care are provided early and further deterioration and malnutrition can thereby be avoided.

The Health Services and Systems Program, funded by USAID, has been working with the Ministry of Health and others to develop a manual and tools to plan for and conduct regular child growth monitoring and promotion activities. A system has also been developed to generate national level information on the results of growth monitoring and promotion. Intensive supervision

is provided to health facilities and their staff during Child Health Week and during routine child growth monitoring activities. Growth monitoring and promotion is an effective tool to track the

healthy development of children and is an entry point to other child health interventions such as nutrition support and curative care

“I bring my child every month. On special occasions like this one, children receive vitamin A and deworming medicine.”

Ruth Mwamui, mother in Kazungula



Ruth with Community Health Worker weighing, Nkungano, her daughter

Photo: Lizzie Peme



Family Planning Trainers Crossing the Flood Plain

Dedicated Workers Brave Wind and Water to Provide Support

Kalobo is a vast rural district in the plains of the mighty Zambezi River with a population of over 17,000 people. During the rainy season, there is extensive flooding, and the district is completely cut off from the mainland and can only be accessed by boat. In August 2008, the USAID-supported Health Services and Systems Program (HSSP) partnered with the Ministry of Health to train district health care providers in long-term family planning methods, specifically the implant and the intra-uterine device (IUD). These methods can be used for 5 and 10 years respectively. Their availability is important to women in remote areas, who are not always able to reach their local health clinic.

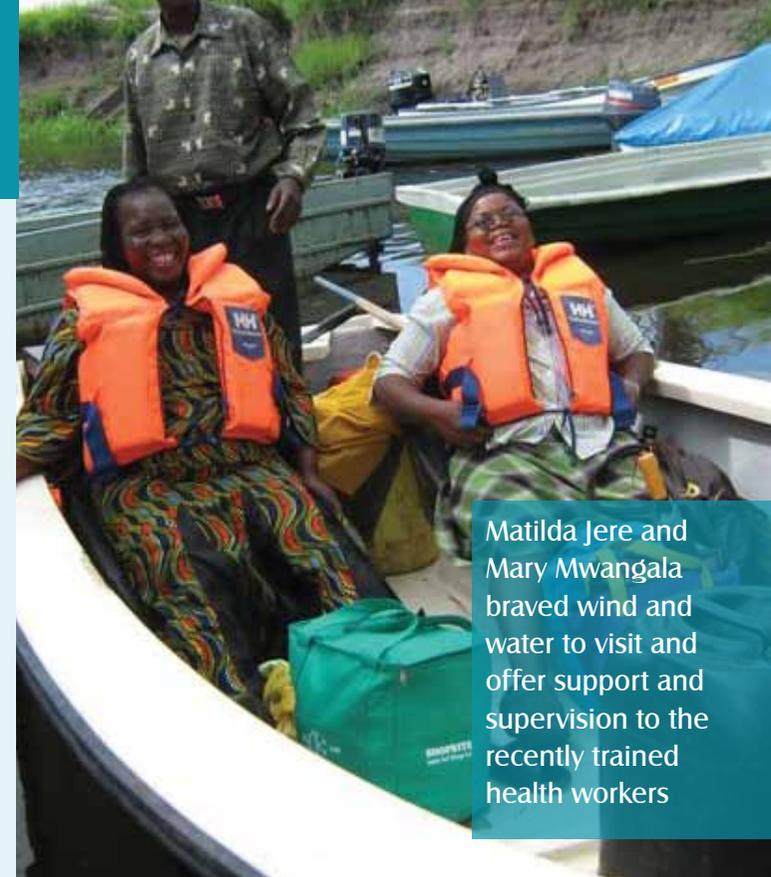
In these remote settings, providing continued support to health care workers is especially necessary and challenging. These challenges did not deter family planning trainers Matilda Jere and Mary Mwangala. With support from HSSP, five months after training nurses and midwives from Yuka and Liyoyelo Rural Health Centers, they braved wind and water to visit and offer support and supervision to the recently trained health workers. After a long journey from Lusaka, Zambia's capital, Mary and Matilda found themselves separated from the health centers by a deep stretch of water caused by recent flooding. Intent on their mission, they boarded a boat and set off across the river.

On arrival at Liyoyelo the team was met by Annie Mutale, an enrolled nurse-midwife. She couldn't have been happier to see them and, acknowledging the rough conditions, remarked, "this is a very rare opportunity to have a technical support visit at this time of the year!" Ms Mutale was facing some big challenges in providing the IUD and the implant and felt that the visitors had come at just the right time. The trainers provided their expertise in resolving the issues raised regarding infection prevention procedures, and also provided family planning supplies and documentation.

Thanks to the commitment of national trainers like Matilda Jere and Mary Mwangala, Yuka and Liyoyelo Rural Health Centers are providing expanded choices in family planning to Kalabo District, preventing scores of unplanned pregnancies and helping women and their families to decide their own futures.

"I looked at the boat the expanse of the water and estimated the time it would take to reach the facilities. I was uncomfortable but the job had to be done."

- Matilda Jere,
National Trainer in LTFP



Matilda Jere and Mary Mwangala braved wind and water to visit and offer support and supervision to the recently trained health workers





ART support group at Milenge East 7 Clinic in Milenge District

ART Support Group Starts a Nutrition Co-op

Community Members Collaborate to Improve Nutrition and Well-Being

A group of HIV-positive community members on antiretroviral therapy (ART) at Milenge East 7 Clinic in Milenge District have been successfully running a small-scale nutritional co-op. The co-op provides the members with small amounts of food while also sustaining itself through sales. The co-op has served to improve the nutritional intake of its members and also provide them with a sense of accomplishment and entrepreneurship.

In 2007, ART services were started at Milenge East 7 Clinic in one of the most rural districts in Luapula Province. These services were implemented under the coordination of Dr. Chitalu Chilufya, a Clinical Care Specialist hired under the USAID-financed Health Services and Systems Program. Dr. Chilufya was recruited to improve and expand HIV/AIDS services and improve the quality and access to care to residents of Luapula Province. Working with the Milenge District Health Team and local clinic staff, this district now has eight clinics providing ART.

Once ART services had begun, a group of patients formed a peer-support group to help each other with issues related to treatment and life skills. They realized that one issue that was especially challenging for them was ensuring proper nutrition, a necessity for keeping the immune system strong when HIV-positive. The group pooled a small amount of resources to start up a nutritional co-op, using 40,000 Kwacha (the equivalent of approximately USD \$7.50) to purchase a bag of maize. They swapped the maize for fish and sold the fish and invested the returns in vegetable farming, which brings in a reasonable income.

“With the resources that we raise we support each other in terms of nutrition and washing soap. For those with no accommodation, we help them to make simple structures from local materials”

Mwansa Namambo (group leader)

local materials”.....Mwansa Namambo, explains





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

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 lack 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 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.

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 kilometers 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.

“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

Integrated Community Health Register

Streamlining the Work of Community Volunteers

Keeping track of the health of the community is a challenging responsibility for community health workers (CHWs) in Zambia. Often the job entails maintaining numerous registers, reporting forms and tally sheets for various health programs. The information is periodically compiled and passed to the district health office, with limited benefit to the community.

Zambia's Ministry of Health (MOH) has a well developed information system established in its health facilities, but the community-based system is still in its infancy. Recognizing that community level health information has many benefits, the USAID- financed Health Services and Systems Program (HSSP) supported the MOH to develop a harmonized community register which incorporates the essential information from all current health programs.

The new basic register format was distributed to all provinces and districts for adaptation by the districts to local requirements. In Kaoma District, the register was first tailored to district needs. The community health workers and district supervisors were trained by HSSP in use of the

registers and reporting formats. Mwangala Mulikelela, a Community Health Worker at Kabombwa PHC, is very satisfied: "Previously we had many registers which were not integrated. Things have been made easier now."

All children under five are entered on the register, along with key health milestones and services received such as immunization and growth monitoring. Defaulters are easily identified and tracked down in the community for follow up. The end result is illness prevention, and healthier, better informed families and communities. Regular feedback meetings with community leaders, using data from the registers, help to sustain community support and participation.

In an assessment in 2009, HSSP found that all CHWs responded that the registers were user- friendly and useful in tracking health service follow ups and for guidance in planning.



Mulikelela Mwangala, a CHW at Mungangu PHC. Photo credit: Mary Kaoma

"These registers have assisted us with follow up of defaulting children. Information tracked is relevant for my work and monthly reporting is no longer a nightmare."

Rose, Mungandu PHC,
Kaoma District.

Youth Friendly Services Help Change Sexual Behavior

Health Workers Team With Youth Volunteers To Provide Services

Mukwela Rural Health Centre, near Kalomo in southern Zambia, is home to the Tulwane Youth Friendly Health Corner. This special unit, which provides adolescent reproductive health services, was established in March 2005. Health center staff, the Neighborhood Health Committee, and local headmen met to discuss solutions to the problems of pregnancy, prostitution, and the increasing occurrence of HIV and other sexually transmitted infections among the adolescent population. Tulwane Youth Friendly Health Corner was established and now serves about 90 youth per month, supporting them to make responsible decisions about their sexual health. The Youth Corner activities are coordinated by Mrs. Doris Siamaimbo, a nurse midwife and trained Youth Friendly Services provider.

The Health Services and Systems Program (HSSP), supported by USAID, is working with the Ministry of Health and other partners to address barriers to youth sexual health services. A National Health Program for Youth has been prepared and Youth Friendly Health Services, like those at Tulwane, have been established in 69 clinics with USAID support. Under this program, HSSP has trained health workers to provide reproductive health services to adolescents in both urban and rural health centers. Health center staff team up with trained youth peer

educators to counsel and provide condoms and other contraceptives to sexually active youth as needed. These services are provided in a secluded space to assure privacy, and at convenient hours for school-going youth.

The enthusiastic volunteer Youth Peer Educators are key to the program, and attract young clients through community sensitization and outreach. Drama and creative arts are used to engage youth and other community members in the sensitive issues surrounding adolescent sexuality and its risks. With a youth population of approximately 2,000 covering a large area, the dedicated educators walk as far as 15 kilometers to reach their peers and provide information that will help them make better health decisions.

A committed volunteer, Musonda Katongo, recently completed her secondary education and has high aspirations for her future.

“My life is so different from my parents. They didn’t have to worry about things like HIV the way we do now. I became a peer educator to help and empower my friends by sharing what I know. It makes me proud.”

Caption needed



“There is now a place for someone like me to get condoms and talk about my problems without anyone judging me and telling me that I am a bad person because I choose to protect myself.”

Brendah Chewe, Adolescent Mother



Enumerator records geocoding data on a PDA

Geocoding: A Tool for Planning, Research, and Operations

Malaria Spraying Program Produces Data for Districts, Managers and Researchers

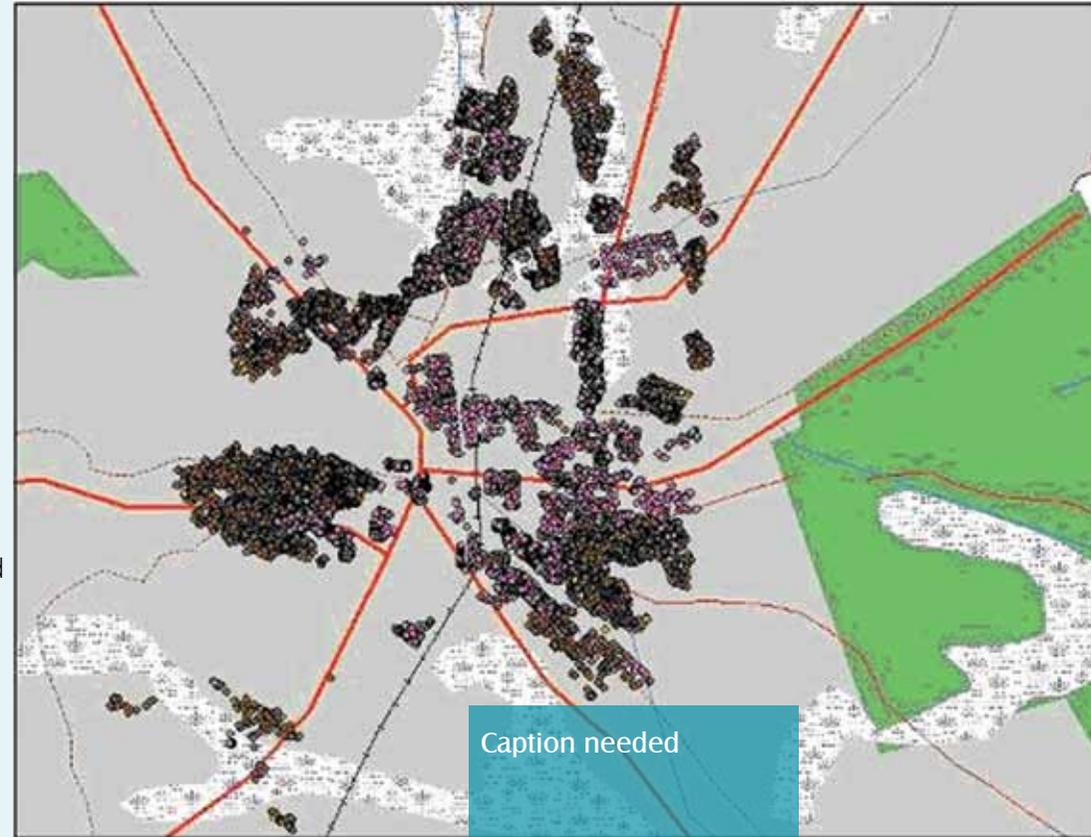
To assist Zambia's National Malaria Control Program to locate and count households targeted for Indoor Residual Spraying (IRS), a new technology was introduced in 2006, through the USAID-funded Health Services and Systems Program (HSSP). Hand-held personal digital assistants (PDAs), equipped with global positioning system (GPS) units, were introduced and have met with wide enthusiasm. The devices enable enumerators to plot the location, and record the characteristics of the houses to be sprayed.

Well before the spray season begins, teams of trained enumerators visit targeted areas to record key information about each household – the number of residents, rooms, types of wall surfaces, mosquito nets available, and other data. Geographic coordinates for each household give the exact location of the structure for eventual mapping.

The information can help us to use resources well -- to plan the transport needed and the number of spray operators. These are really good tools for district managers.”
Brian Chirwa, Information Systems Specialist

“People ask why we need this information, and actually, it benefits us a lot,” remarks Brian Chirwa, Information Systems Specialist. “When we know the number of rooms and types of wall surfaces, we can order the right quantities of insecticides. The maps can help us to plan the on-the-ground logistics and to make decisions about the type of intervention needed. In some cases the program might opt for insecticide treated nets (ITNs) only, based on the geographic data.”

GIS data and use of PDAs is increasingly common in research. The IRS geocoding data has been expanded to include other program indicators, which widen its usefulness. PDAs were used to collect data for the Zambia Malaria Indicator Survey in 2008, eliminating the need for paper forms, and manual data entry onto computers. These improvements all



point to improved efficiency, cost savings, and growing potential for putting needed information into the hands of managers and decision makers.



Bernadette Tembo stands proudly in front of her refurbished home

Photo Credit: Caytie Decker

Renovating Health Worker Homes

Improved Housing: A Successful Incentive for Health Workers

Bernadette Tembo, a nurse at Samfya Stage II Clinic in Samfya District in Zambia lives in one of six newly refurbished institutional homes. The renovations made to her home have kept her happy and motivated to remain in her current position. Mrs. Tembo is just one example of health workers whose lives have improved with the simple renovations done to her home.

In 2005 the USAID-financed Health Services and Systems Program identified the need to renovate government-owned housing for health workers because of the dilapidated state of the buildings. Renovations included sealing large cracks in the walls, repairing roofs, painting walls and ceilings, replacing door locks, and fixing broken toilets. In Milenge District, solar panels were installed in homes to provide a free source of energy for the resident.

The renovations have created both incentive and motivation for health workers to work in remote rural health facilities. Mrs. Tembo explained that before the house was refurbished, she was unhappy with her home, however with the improvements she says, “The house is

clean and painted. I’m living happy.” She also explained that living happy keeps her motivated to remain at Samfya Stage II Clinic. Renovations to housing in Mwense District also provided an incentive for health workers to work at Musangu Clinic, which prior to the improvements, had no staff willing to live and work there. “After thorough renovations of two houses at Musangu, we managed to post a midwife and a clinical officer, who are now happily serving a community of 10,300 people,” then District Director of Health, Theodore Muma explained.

Twenty-six homes have been refurbished since 2005 in Milenge, Mwense, Kawambwa, Samfya and Chiengwe districts across Luapula Province, helping 70 health workers and their families live more comfortably.



Caption needed

“If you are living well, then even your job . . . you can do it in a good way.”

Bernadette Tembo, nurse in Samfya District

Community Health Worker Promotes Key Family Practices

Volunteer on “24 Alert” to Assist the Community

Mr. England Njobvu, has long served as a dedicated Community Health Worker (CHW) in Luangwa District, in Zambia. His drive to serve was sharpened in 2005 when he received training in the management of sick children, supported by the Health Services and Systems Program (HSSP), a USAID financed program.

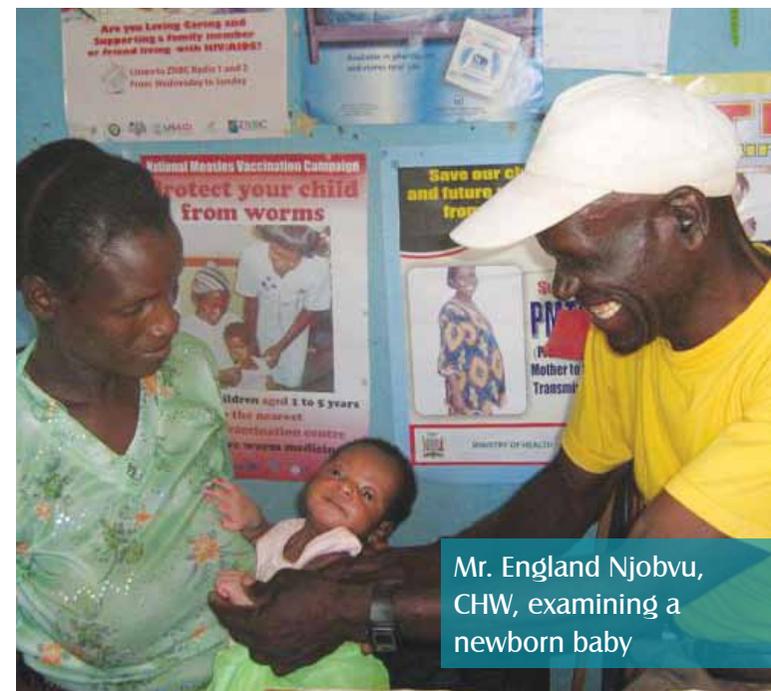
On a typical day Mr Njobvu starts off his day at 8:30 in the morning. He heads for the primary health care unit, a structure built by community members in the center of his village. There he finds mothers and children waiting. Following the national guidelines for community health workers, he attends to sick patients, most of them children, and refers those requiring higher level care to the government clinic. This is followed by group health education, weighing of children and individual counseling sessions. In the afternoons he follows up mothers and their children who have missed scheduled immunizations, growth monitoring and malaria prevention activities.

“I conduct preventive, promotive and curative activities in my community. I am on 24-hour alert for emergencies even when my work is voluntary.”

Mr. England Njobvu, CHW

With so much work to be done, Mr. Njobvu’s greatest challenge is recording and reporting. A district exchange visit facilitated by HSSP was timely. Mr. Njobvu participated in the team from Luangwa that visited Nakonde District to exchange experiences and learn best practices and community innovations, including documentation and reporting.

“The Nakonde visit revitalized my working culture and practices” said Mr Njobvu, as he reflected from his PHC unit. “I have requested for stationery from the health center and district so I can improve my reporting. I really appreciated the opportunity to learn and interact with community volunteers in Nakonde.” The visit also reinforced his promotion of Key Family Practices, which Mr. Njobvu integrates continuously into his work in the community.



Mr. England Njobvu, CHW, examining a newborn baby

Key Family and Community Practices

- Exclusive breastfeeding up to 6 months
- Complementary feeding from 6 months and breastfeeding up to 2 years or longer
- Vitamin A supplementation, de-worming and growth monitoring
- Ensuring that children sleep under ITN
- Children fully immunised by their first birthday
- Appropriate home treatment for sick children and timely referral

Supervisor Confidence Rekindled

Health Worker Supervision: A Key to Quality Health Services

Mr Yambota, the District Health Information Officer for Mwinilunga, completed a practical training in health worker supervision, focused on child health. He is delighted that he can now capably supervise health staff. Mr Yambota was part of a team from the Ministry of Health and Health Services and Systems Program

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

Mr. Yambota, District Health Information Officer, Mwinilunga

(HSP) that conducted a supervisory mission in December 2008. Using the tools and knowledge gained, he can now confidently assess the skills of the health workers, especially on how to manage a sick child, and can provide suggestions to improve health worker performance and management of the facility.

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

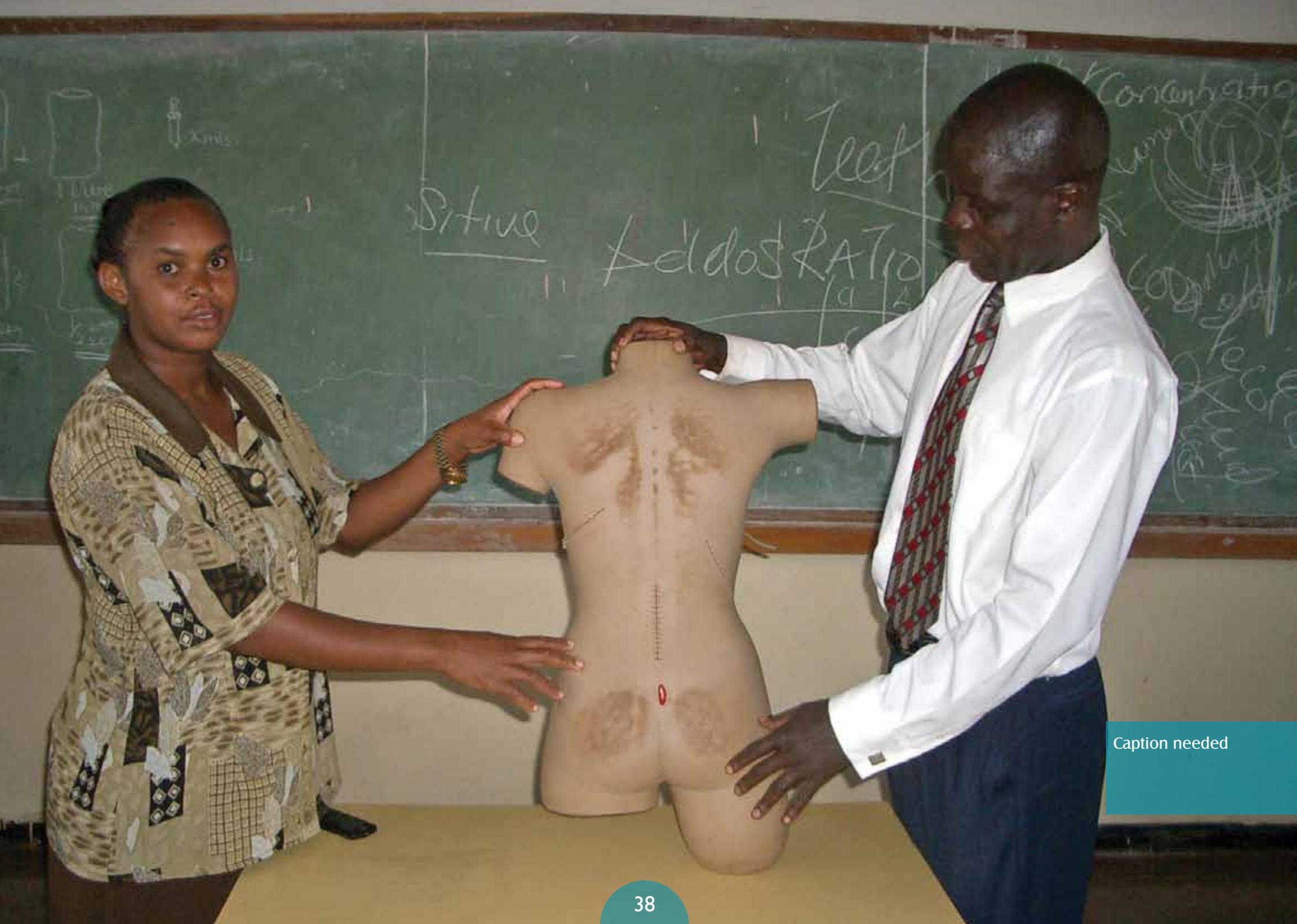
The USAID-financed Health Services and Systems Program has been working with the Ministry of Health to develop the guideline and tools to train and to monitor health worker supervision, in order to improve child care services. The many

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



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

Photo: Nanthalile Mugale



Caption needed

Ensuring a New Generation of Nurses

Incentive Package Helps Nursing Schools Attract and Retain Instructors

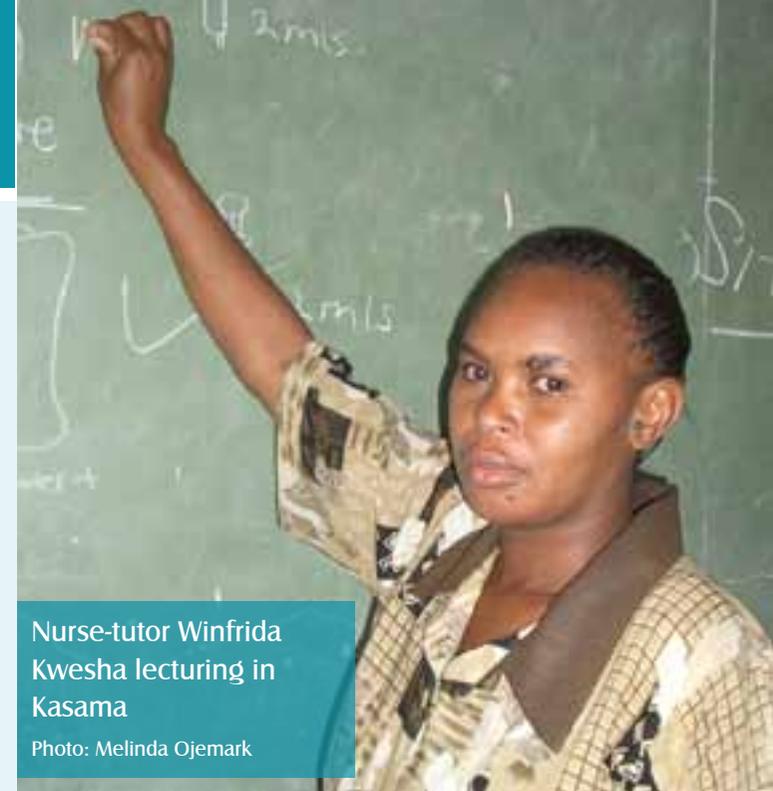
Elson Muulu is the Principal Tutor at Kasama School of Nursing, in Zambia's Northern Province. He manages the School, currently serving 150 nursing students, and teaches, together with four other tutors. Maintaining a full faculty of nurse tutors, and assuring their job satisfaction is a big challenge for Mr. Muulu.

Although nurses form the backbone of the health services in Zambia, many nurse training schools have difficulties attracting and retaining teaching staff. Salaries are low, workload is heavy, and most health professionals prefer to live in large cities rather than distant provinces and districts where many schools are located. In Zambia, where there is a deficit of 13,963 nurses nationwide, preserving and developing the profession and its training institutions, is a matter of urgency.

"We are very happy that someone considered us as beneficiaries of the Retention Scheme. Conditions are really improving, and the extra income makes a big difference. I will be staying in this job."

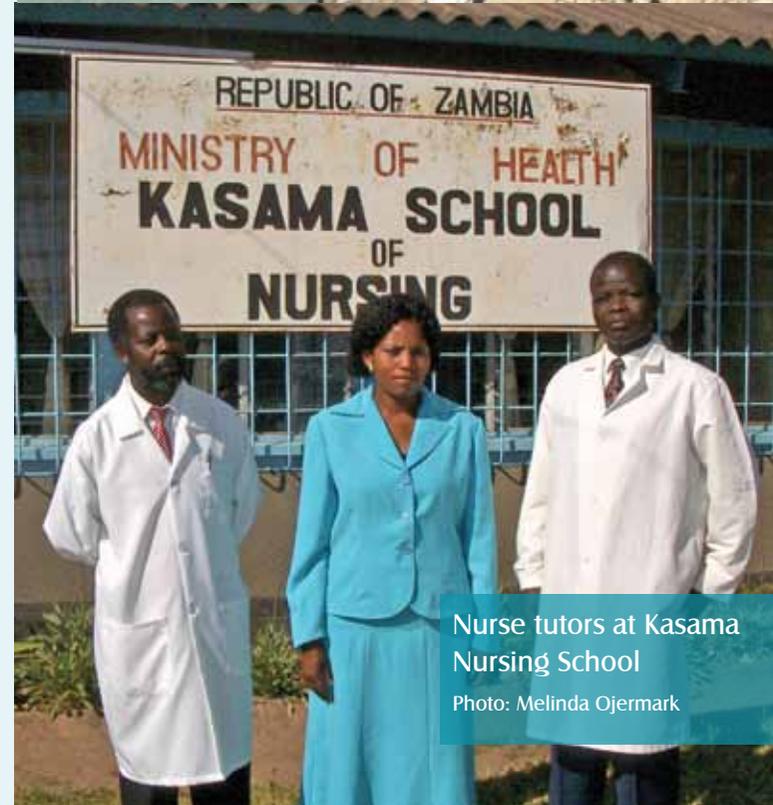
Nurse Tutor, Mr. Merrington Kabanda

Several national strategies are at work to relieve these human resources gaps. The nursing instructors of Kasama Nursing School are beneficiaries of the Rural Retention Scheme, a program which provides an incentive package designed to motivate and retain key health staff. The program is a partnership between the Ministry of Health and the USAID-supported Health Services and Systems Program. Through USAID/HSSP support, 33 nursing instructors are retained nationwide, and eight training schools are strengthened. Prior to 2006 five schools had been closed due to insufficient staff. These have now been reopened, thanks to the improved conditions which have attracted teaching staff. Attracting more nursing instructors to the profession will in turn assure that increasing numbers of urgently needed nurses will be educated and serve in the health workforce.



Nurse-tutor Winfrida Kwesha lecturing in Kasama

Photo: Melinda Ojemark



Nurse tutors at Kasama Nursing School

Photo: Melinda Ojemark

HSSP short stories





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