



Zambia HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership
Cooperative Agreement No. 690-A-00-04-00319-00
Quarterly Report for 1 July – 30 September 2005
Submitted by Family Health International (FHI)
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1. EXECUTIVE SUMMARY

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH)/Ministry of Health (MOH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART.

The ZPCT Partnership is being implemented in phases. In Phase 1, activities will focus on nine districts in the five project provinces. In Phase 2, the Partnership will expand to an additional 15 districts. In Phase 3, support will be extended to an additional five districts, pending availability of sufficient funds. During this reporting period, ZPCT was fully engaged in implementation of project activities in the 43 facilities supported in Phase 1 districts, and completed the assessment of facilities for Phase 2.

Key achievements for this reporting period include:

- Introduction of ZPCT Chief of Party, Catherine Thompson, to USAID, GRZ representatives, donor organizations, and USG partners.
 - 15 additional districts were chosen in consultation with the PHOs and DHMTs for scale up in Phase 2, bringing the number of districts ZPCT is reaching to 24.
 - 40 facilities in 15 districts were assessed during site preparation visits for Phase 2 in addition, two facilities in Phase 1 districts were assessed (total of 42 facilities assessed).
 - Based on assessments, implementation plans were developed for 39 facilities (37 in Phase 2 districts, two in Phase 1 districts) in collaboration with PHOs, DHMTs, and facility management.
 - 16 new recipient agreements, providing support for 37 facilities, were drafted during this quarter for Phase 2 facilities; amendments to existing recipient agreements are under development to add two additional facilities in Phase 1 districts.
 - Organization and support for 21 technical training courses (11 included M&E modules):
 - 38 HCWs were trained in basic CT during two two-week workshops; 46 counselors were trained in counseling supervision in four separate two-week courses.
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- 68 HCWs were trained to provide PMTCT services in three workshops.
 - 86 HCWs were trained in ART and Management of Opportunistic Infections (OI); three 2-week residential training courses supported by ZPCT were attended by 62 HCWs, and one in-house training course based on the national curriculum, spanning five days, was conducted, in which 24 doctors and pharmacists were trained by ZPCT staff.
 - 92 HCWs and one NZP+ member participated in two-day adherence counseling training workshops conducted by ZPCT staff in each of the five project provinces.
 - 40 HCWs, from the nine Phase 1 districts, participated in two ZPCT-supported trainings on ART commodity management. In addition 14 HCWs participated in a national training on appropriate use of and preventive maintenance for, Facscount CD4 machines.
- CT services were initiated in 10 health facilities with ZPCT support during this quarter, bringing to 15 the number of newly-established CT sites in Phase 1 districts; 6,790 individuals received CT services in 43 ZPCT supported facilities between 1 July and 30 September.
 - PMTCT services were initiated in 13 new sites with ZPCT support, bringing to 23 the number of sites with newly-established PMTCT services. Full PMTCT services are now offered in 41 of the 42 facilities targeted in Phase 1 districts. The remaining two facilities will be assisted to start PMTCT service delivery in the next quarter. 4,607 women were provided with PMTCT services, and 282 were provided with a complete course of prophylaxis ARVs during this quarter.
 - Assistance (training, technical assistance visits, and/or renovation) was provided to strengthen ongoing clinical palliative care services in the 43 Phase 1 health facilities. 9,942 individuals received palliative care in ZPCT-supported health facilities prior to the end of September.
 - ART services were provided in 15 of the 16 Phase 1 ART centers; services were initiated in five facilities (two during this quarter) and strengthened in 10. Services will be started in the remaining center, Chipulusuku Health Center, early in the next quarter. At the end of the quarter, ART services were available in all nine Phase 1 districts. 2,145 new clients were provided with ARVs in ZPCT-supported centers between 1 July and 30 September.
 - Execution of the agreement between ZPCT/FHI and CHAZ to provide assistance to mission health centers and hospitals, to include St. Kalemba's Rural Health Centre in Kabompo and Chilubula Mission Rural Health Center in Kasama District and at least two additional facilities from Phase 2 districts. CHAZ conducted assessment visits at St. Kalemba's and Loloma Mission Hospital during this quarter.
 - 16 lay counselors were trained in counseling and testing during this quarter, bring to 50 the number of lay counselors trained to provide counseling and testing in communities and facilities supported by ZPCT.
 - ZPCT conducted a Referral Network Development Workshop for ZPCT Provincial Managers and Program Officers; it was followed by development of action plans and meetings with PHOs and DHMTs for initiation of expanded referral networks.
 - ZPCT management and partners developed and submitted plans for the USG FY 06 Country Operational Plan (COP).

Results for the quarter are summarized in the following table.

Indicator	Achievements for July – September 2005		
	Females	Males	TOTAL
CT			
Service Outlets			43
Persons Trained in CT			84
Persons receive CT services	*	*	6790
PMTCT			
Service Outlets			41
Providers trained in PMTCT			68
Pregnant women provided with PMTCT service, including CT	*		4,607
Pregnant women provided with a complete course of ART prophylaxis	*		282
Basic Health Care and Support			
Strengthen Facilities to provide clinical palliative care services			43
Service Outlets/programs providing general HIV-related palliative care			43
Persons provided OI management and/or prophylaxis	*	*	9,942
Persons provided with general HIV-related palliative care	*	*	9,942
Persons trained to provide general HIV-related care			86
ART Services			
ART service outlets providing treatment			15
Health workers trained			86
New clients for ART	*	*	2,145
Persons receiving treatment	*	*	8,834

2. INTRODUCTION

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral treatment (ART), by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (C&T) and clinical care services for people living with HIV/AIDS (PLHA), including ART programs in all districts in these five provinces. The project collaborates with the PHOs and DHMTs to strengthen service delivery at public sector facilities and to strengthen networks for referral between these and other public sector health services and communities. The program also collaborates actively with other donor agencies and partner organizations to build on, rather than duplicate, ongoing HIV/AIDS projects.

The program has an overall national focus with interventions at national, provincial, district and community levels utilizing health clinics, hospitals and community service delivery programs. At the national level, the program will offer technical assistance and coordination

to the Ministry of Health, CBoH, and the National AIDS Council (NAC), as requested. At the provincial level, the program supports the GRZ through technical assistance and coordination in five provinces, and at the district level the ZPCT assists the DHMTs and selected health facilities to provide, improve, and expand HIV/AIDS services. The project also works with and in communities to create demand for services and strengthen linkages between facilities and communities.

The program has been created in a flexible manner so that GRZ requests can be accommodated as needs arise. Furthermore, all activities and related monitoring and evaluation processes and indicators are designed to meet USAID and Emergency Plan requirements, and to be compatible with established government health management information systems (HMIS).

3. OBJECTIVES

The specific objectives of the ZPCT Partnership are to:

- Increase access to and use of HIV counseling and testing (CT)
- Increase access to and use of interventions for preventing mother to child transmission (PMTCT)
- Increase access to and strengthen delivery of clinical care for HIV/AIDS, including diagnosis, prevention and management of opportunistic infections (OIs), and other HIV related conditions and symptoms
- Increase access to and strengthen delivery of ART services at the provincial and district levels

These objectives will be met within the framework of the GRZ plan for scale up of ART programs and in full partnership with the CBoH/MOH at all levels.

4. ACTIVITIES AND ACCOMPLISHMENTS FOR THE QUARTER

4.1. Program Management

4.1.1. ZPCT Partners

The ZPCT Project Management Team (PMT) met with associate partners during this quarter to plan for the Partnership's contribution to the FY'06 Country Operations Plan (COP). A day-long meeting was held July 11 to which staff from the PMT organizations, FHI, Management Sciences for Health (MSH), and International HIV/AIDS Alliance (IHAA), and representatives from the associate partner organizations, Expanded Church Response (ECR), and Churches Health Association of Zambia (CHAZ), participated. Kara Counselling and Training Trust (KCTT) was unable to send a representative, _During the meeting, a timeline for completing the COP was developed, Partners reviewed the COP database, and program strategies for FY 06 were discussed for all components of the ZPCT.

During this quarter, ZPCT and IHAA management had a series of meetings to discuss IHAA's scope of work (SOW) in the ZPCT. As a result of these discussions, it was agreed that IHAA will focus its efforts with community based organizations (CBOs) in the Copperbelt, as a model province. Lessons learned from the Copperbelt during the next year can be applied to other provinces, as appropriate. IHAA will continue to provide technical assistance and support for developing provincial community mobilization plans, lay (community) counselor training, and stigma and discrimination training for health care workers in all five provinces.

An agreement was signed between CHAZ and ZPCT for support to mission facilities. Under this agreement, St. Kalemba's Rural Health Center (RHC) in Kabompo and Chilubula Mission RHC in Kasama District will receive support from CHAZ. A minimum of two additional facilities will be assessed and supported under the terms of the agreement. During this quarter, the CHAZ ZPCT project officer for conducted joint assessment visits to St. Kalemba's RHC and Loloma Mission Hospital in Kabompo with ZPCT staff. Visits are planned for next quarter to Chilubula, as well as two facilities identified in Luapula Province as part of the Phase 2 assessments.

KCTT is responsible for training of counselor supervisors for the ZPCT. During this quarter, five counselor supervision trainings were conducted. Fifty-five HCWs were trained from the nine Phase 1 districts in the five provinces. KCTT also conducted one site follow-up visit to each province during the required six-week practicum required for certification as a counselor supervisor.

A dedicated program officer for ZPCT joined ECR early this quarter, and moved quickly to hold introductory meetings with 54 church leaders from communities around ZPCT-supported facilities in Kabwe and Mkushi Districts where ECR will focus initially. Following this meeting, a five-day sensitization workshop was held with 44 church leaders to review the ZPCT program, discuss strategies for involving the churches and faith based organizations in community mobilization, and inform church leaders about CT, PMTCT, ART and clinical care services at the facility and community level.

4.1.2. Support of Phase 1 Facilities

Renovations and Procurement: ZPCT-supported renovations have been completed for the majority of services as planned in Phase 1 (see Attachment A, *Status of ZPCT-Supported Services in Phase 1 Districts*), and are nearing completion in most facilities. All renovations to Phase 1 facilities will be completed next quarter, and refurbishments to Phase 2 facilities begun.

ZPCT central and provincial offices have also been engaged actively in procurement and distribution of equipment and supplies needed for expansion of services in Phase 1 facilities. Problems have been encountered in procurement of reagents. ZPCT has requested USAID contracting approval to procure three types of reagents – US source and origin, non US source and origin (but FDA approved) and one non US source and origin and non-FDA approved reagent and equipment. Permission was granted to procure the US source and origin reagents, but the other reagents are still pending approval.

Training: As part of the site preparation ZPCT conducted jointly with the PHOs, DHMTs, and facilities, training needs were determined for each facility. During this quarter, 21 training courses were conducted. Staff from ZPCT-supported health facilities attended courses in CT (84 HCWs), PMTCT (68 HCWs), ART/OI (86). Also, 92 HCWs and one NZP+ member were trained in adherence counseling. Pharmacists and laboratory staff were trained in ART commodity management (40), and appropriate use of Facscount machines, Micros 60 Haematology Analyzers, and quality control procedures (14). Technical courses included modules on monitoring and evaluation, and one stand-alone M&E workshop attended by GRZ M&E staff in the provinces, as well as ZPCT staff and M&E officers from partner organizations. Training for facilities was planned and participants selected with the PHOs and DHMTs, and facility management. Details of training for each program area are provided in Section 4.2 and Attachment B: *ZPCT Training Courses*.

In addition to workshops for health care workers, training has been conducted for CBOs, lay counselors (16), and stigma and discrimination trainers (18). A workshop

was also held for 44 church leaders as a first step to enlisting them in community mobilization efforts among their congregations.

4.1.3. Secondment of Staff to ZPCT-supported GRZ Facilities

ZPCT management and human resources staff have continued to seek solutions to alleviate some of the pressure caused by staff shortages in facilities. Following discussions with the CBoH to develop guidelines for secondment, a letter was sent to the Permanent Secretary of the MOH seeking approval. The issue was referred to Human Resources Department of the MOH. ZPCT was advised that the proposal made was not acceptable, and were directed to develop other alternatives for attracting and retaining staff. ZPCT is seeking guidance from USAID and other partners on strategies that are acceptable and sustainable.

4.1.4. Phase 2 District Selection and Site Preparation Visits

Fifteen districts were selected for Phase 2 expansion in consultation with the PHOs. ZPCT central and provincial office staff, with assistance from FHI/Arlington staff, visited 40 facilities in the Phase 2 districts during the last week of July and first week of August. During these visits, services and needs were assessed, and preliminary implementation plans developed for the 37 facilities selected for ZPCT support (Attachment C: *Phase 1 and 2 – Facilities and Services*). Based on these implementation plans, quotations were sought for identified renovation and equipment needs. Subsequently, 16 recipient agreements with DHMTs and hospitals were drafted. These will be finalized and signed in the coming month.

4.1.5. USG FY06 Country Operational Plan

The ZPCT Partnership completed and submitted its COP during this quarter for FY'06. In addition to expansion to Phase 3 (one district in each province), this plan included the addition of new soft earmarks for pediatric ART and tuberculosis (TB) services. The component for laboratory support was also expanded and presented separately.

4.2. Technical Program Areas

The major activities undertaken during this quarter in each of the technical components of the ZPCT Partnership are described below. For more details on the strategies in each area, refer to Attachment D: *ZPCT Technical Strategies*.

4.2.1 Counseling and Testing (CT)

At the end of this quarter, CT services were being provided in all of the 43 ZPCT-supported Phase 1 health facilities.

Of the 37 facilities assessed and identified for support in the 15 Phase 2 districts, ZPCT developed implementation plans for strengthening CT services in 30 facilities and to initiate services in 7 facilities. In addition, in the two facilities added from Phase 1 districts during this quarter, CT services will be strengthened in one (Mutanda Health Center in Solwezi) and initiated in the other (Kabwe Mine Hospital).

4.2.1.1 CT Training

ZPCT's annual work plan (1 October 2004 – 31 March 2006) includes provision for training 200 health care workers (HCWs) in CT during the year. ZPCT has trained 84 HCWs during this quarter, reaching a total of 161 HCWs trained in counseling or counseling supervision cumulatively, more than 80% of those targeted for the year.

Two basic counseling and testing training courses were conducted in this period. Thirty-eight staff members from 17 facilities in six districts in the Copperbelt, North Western, and Luapula Provinces completed the courses (Attachment B, Table 2: *Counseling and Testing Training*.) Each course included two weeks of theory and a supervised practicum of six weeks.

In addition, four two-week counseling supervision courses were conducted in Northern, North Western, Central and Copperbelt provinces for 46 counselor supervisors from 34 facilities in nine districts. KCTT, a ZPCT associate partner organization, carried out these trainings.

ZPCT also continued training for lay counselors during this quarter. Sixteen community members (some from CBOs) participated in a two-week course for lay counselors conducted in Mansa. Following six weeks of practical experience, they will be certified and placed in facilities in the Phase 1 districts.

Planned trainings for basic counseling and testing, and counseling supervision for staff from the Phase 1 facilities were completed this quarter. Training for staff from facilities to be supported in Phase 2 districts will begin in the next quarter. In addition, refresher counseling training will be planned for those trained four or more years ago.

4.2.1.2 CT Services

Forty-three facilities supported by ZPCT in Phase 1 of the Partnership are now providing CT services. Fifteen of the 43 sites had ZPCT assistance to initiate these services. Further details of assistance are described below and in Attachment A: *Status of ZPCT-Supported Services, Table 1: CT Sites*).

With CT services ongoing as planned in all Phase 1 facilities, ZPCT staff members continued to provide technical assistance (TA) through visits to all facilities during this quarter. The focus of these visits was to increase the number of clients receiving counseling and testing, and the quality of the services provided. ZPCT has worked with CT staff to locate testing within the CT area in the majority of sites, in order to facilitate same day testing and results. Also, during this quarter, ZPCT has developed quality assurance (QA) tools, including checklists based on standards of service and job aids with guidelines for CT procedures. Checklists are being piloted and will be rolled out next quarter. CT job aids have been reviewed by the CBoH, and will be printed and distributed during the next quarter.

Availability of HIV test kits and reagents was an initial barrier to initiation of services in several of the new sites, and has caused interruptions and delay in some of the established sites. In response to this, ZPCT procured an emergency interim supply of test kits to avoid a breakdown in services. However, shortages and unreliable supplies continue to disrupt services. The situation is further compounded by the human resource constraints facing all government health facilities.

ZPCT staff is taking these conditions into account as they work with facility staff to ensure quick and smooth implementation of services and to enhance CT services. Provincial and central office staff focuses on practical implementation of strategies to increase access and use of CT. During this quarter the following implementation issues continued to be addressed:

- The urgent need to improve availability of HIV test kits and supplies.
- Training of non-health worker (lay or community) counselors to assist HCWs to provide counseling services.

- Introducing or strengthening provider-initiated counseling within clinical areas.
- Working with facilities to integrate CT into TB, sexually transmitted infections (STI), and family planning (FP services).
- Introducing or strengthening procedures and conditions to provide same-day results for HIV testing.
- Integrating CT into outreach activities to reach clients in communities distant from health facilities.
- Assisting facilities with data entry and record keeping using the newly-introduced integrated CT/PMTCT registers.
- Addressing quality of service standards through development of job aids and quality assurance (QA) tools.

4.2.1.3 National Level Activities in CT

The ZPCT Senior Advisor and the Community CT Specialist have continued to participate on the VCT/Community-Home Based Care (VCT/CHBC) Technical Working Group (TWG) of the NAC. In addition, CT staff continues to collaborate and participate in partner/CBoH meetings relating to CT.

Through the NAC VCT/CHBC TWG, ZPCT representative(s) are participating actively in the sub-committee tasked with drafting a document recommending the use of the finger prick method for HIV testing, with the necessary addition of an alternative testing algorithm. If accepted, this will lead to a policy change and facilitate the involvement of non-health workers in the entire CT process, including HIV testing.

4.2.1.4 Key Issues/Constraints in CT Service Provision

Many of the same challenges facing the GRZ health services also impede the provision of high quality CT services, as well as others that are unique to CT:

- Limited human resources: CT services may suffer disproportionately from this system-wide constraint. In situations where there is a limited number of staff providing a range of services, CT is often among the last to receive attention. ZPCT is addressing this by training additional existing staff in the facilities to provide this service, and by identifying and training lay counselors to supplement HCWs. ZPCT is also investigating mechanisms for providing overtime for this and other services.
- Inconsistent availability of HIV test kits and supplies is a common cause of interruption in CT service provision. ZPCT has trained and worked with facility staff on forecasting and ordering needed supplies from ZVCT/MSL. ZPCT continues to collaborate with JSI-Deliver and CBoH on ways to streamline the system for ordering and distribution of supplies. ZPCT has also procured and distributed interim emergency supplies to address immediate needs not met by the national system.

4.2.2 Prevention of Mother to Child Transmission (PMTCT) of HIV

By the end of this quarter, 41 of the 42 facilities in Phase 1 districts targeted for assistance in initiating or strengthening PMTCT services were providing services. Further details of assistance are described below and in Attachment A: *Status of ZPCT-Supported Services, Table 2: PMTCT Sites*.

Of the 37 facilities assessed and selected in the 15 Phase 2 districts during this quarter, ZPCT developed implementation plans for strengthening PMTCT services in 15 facilities and to initiate services in the remaining 22. In addition, PMTCT services will be strengthened in one facility and initiated in a second facility identified during this quarter in Phase 1 districts.

4.2.2.1 PMTCT Training

ZPCT's annual work plan (1 October 2004 – 31 March 2006) includes provision for training 175 HCWs in PMTCT during the year. During this reporting period, ZPCT has supported the conduct of three PMTCT training courses reaching 68 health care workers (mainly midwives and doctors) from 32 health facilities in six districts in Copperbelt (two trainings), Northern, and Luapula Provinces. Cumulatively, 113 HCWs have been trained in PMTCT, which is over 70% of the target for the year. These two-week courses followed the national PMTCT training curriculum, and included both theory and practical components, as well as expanded components on monitoring and evaluation (M&E) presented by ZPCT M&E staff. As is required, national trainers recognized by the CBoH provided the training, with a ZPCT staff member certified as a national trainer also facilitating.

Of the 68 HCWs who participated in the training this quarter, 12 did not reach the 85% pass mark for the theory part of the training. However, these participants performed very well in the practical skills component of the course. Based on this, and with the agreement of the CBoH, these HCWs have been allowed to practice under close mentorship in the first few weeks following the training.

All planned PMTCT training for health care staff for the Phase 1 facilities was completed during this quarter.

4.2.2.2 PMTCT Services

PMTCT services were being provided in 41 of the 42 ZPCT-supported Phase 1 health facilities. Of the 42 facilities, more than half (25) had not offered PMTCT services previously. Of these 25, only two were unable to initiate service delivery by the end of this quarter. Staff from St. Kalemba RHC was not able to attend the provincial PMTCT training, but will be trained in the next quarter.

During the last quarter, with implementation in Phase 1 districts, the urgent need to address further testing for HIV-infected pregnant women as part of the continuum of care was identified. To facilitate linking eligible women to ART services, ZPCT has ordered five Facscount machines to be placed in geographically strategic ART centers. Motorbikes and fuel allowances were also provided to DHMTs to transport specimens from PMTCT centers for testing. Referrals will be provided to those eligible pregnant women to access triple therapy ARVs.

ZPCT provincial and central office staff members have provided technical support to all the PMTCT service sites during this quarter. As a result of technical assistance visits and discussions with facility and district management, the following implementation issues have been identified and are being addressed on an on-going basis:

- Supporting the implementation of the national policy of opt out for HIV testing within ANC to increase the uptake for PMTCT services
- Facilitating same day return of test results by ensuring that PMTCT providers are trained to do the HIV testing themselves, removing the need for overburdened laboratory staff to perform the HIV tests.
- Integrating PMTCT into outreach ANC activities to increase the number of clients, particularly in rural areas, reached by removing the barrier of distance to the nearest health facility.
- Supporting linkage of HIV positive women to ART if they qualify as part of the continuum of care.

4.2.2.3 National Level Activities in PMTCT

ZPCT continued to participate on the PMTCT TWG of the NAC. ZPCT staff participated actively in the review of the current PMTCT national protocol guidelines which recommend a minimum of dual therapy (AZT and NVP) for PMTCT whilst making every effort to have all those that qualify on full HAART.

Apart from that, the ZPCT PMTCT staff has continued to collaborate and participate in partner/CBoH meetings relating to PMTCT, including the review of the current PMTCT training package.

4.2.2.4 Key Issues/Constraints in PMTCT Service Provision

- Limited human resources may result in an inability to provide HIV test results to pregnant women on the day of PMTCT counseling and testing, thus contributing to clients dropping out before receiving test results. ZPCT is working with facilities and CBOs to identify, train, and attach lay counselors to PMTCT services to provide pre- and post-test counseling.
- Policy and Guidelines: Past failure to implement the opt out policy in many facilities with PMTCT services contributes to a lower-than- expected uptake of PMTCT. ZPCT has made this a focus of its technical assistance and training.
- Linkages between PMTCT services and ART centers are not strong enough to ensure that all eligible infected pregnant women are receiving ART.

4.2.3. Antiretroviral Therapy (ART)

During this quarter, ZPCT has provided training, technical assistance, equipment and supplies and limited renovations to the 16 facilities targeted as ART centers during Phase 1. Of the 16 facilities providing ART services with ZPCT support, six are newly established as ART centers as part of the GRZ's plan for roll out of ART. At the end of the quarter, ART treatment was being provided at 15 centers, with services scheduled to begin soon in the sixteenth.

As part of the assessments for Phase 2 districts, implementation plans were developed for 37 facilities in 15 districts, including 18 ART centers. In Phase 2 districts, ZPCT will support the initiation of 6 new ART sites, and will support the strengthening of 12 existing ART sites. ART services will also be strengthened in an additional site from Kabwe District identified during this quarter, Kabwe Mine Hospital. Further details of assistance given are described below and in Attachment A *Status of ZPCT-Supported Services in Phase 1 Districts*, Table 3: *Status of ART Services*.

4.2.3.1 ART Training

The ZPCT annual work plan includes a target for training 200 HCWs in ART and management of opportunistic infections (OI). This has continued to be a priority during this quarter. ZPCT has supported three, two-week training courses based on the GRZ national curriculum covering both antiretroviral therapy and palliative care/management of opportunistic infections (ART/OIs) during this quarter. ZPCT also piloted an alternative training approach with a five-day in-house training in ART/OI for 19 doctors and five pharmacists at Ndola Central Hospital. This training, also based on the national curriculum, allowed doctors to attend clinics in the morning and report for training in the afternoon. Preliminary post-test results suggest this was as effective as the two-week residential training at a fraction of the cost and disruption to services.

Eighty-six health care workers (HCWs) were trained in ART/OI during this quarter, bringing the number trained with ZPCT support to 186 HCWs,

comprising multidisciplinary teams of doctors, clinical officers, nurses, pharmacists and laboratory technicians, from all five provinces. ZPCT has reached 93% of its target for HCWs trained in ART/OI (Attachment B, Table 4: *ART/OI Training*).

In this quarter, two-day adherence counseling trainings were conducted for 93 HCWs working in the five provinces. (Attachment B: *ZPCT Training Courses*)

ART/OI training for health care staff in Phase 2 facilities will begin in the next quarter. ZPCT staff will participate in the next National Training of Trainers for ART/OI so that they are able to be trainers in future sessions. This will also strengthen the provincial teams of National Trainers, a current challenge for the MOH/CBoH.

4.2.3.2 ART Services

ZPCT staff has made technical assistance visits to the 16 ART centers during this quarter. Three new ART centers were opened in Phase 1 districts during the last quarter, and two initiated services during this quarter with ZPCT support. One additional Phase 1 ART center, Chipulukusu Health Center, will begin services early next quarter with the completion of renovations and procurement of needed furniture and equipment.

Work with the ART centers in Phase 1 districts has focused on development of facility-based, integrated HIV service flow charts and the strengthening of internal referrals from out-patient department (OPD), TB, STI clinics to CT, and onward referrals for clinical care and ART for HIV-positive clients. During TA visits, ZPCT central and provincial clinical care staff work with facility staff to reinforce training and to enhance quality of services, and in some instances assist in the screening of patients.

ZPCT technical staff is also actively engaged in quality assurance issues. During this quarter, ZPCT has developed quality assurance and quality improvement tools, including checklists for standards of services, and eight job aids for distribution to all facilities.

During this quarter, ZPCT has finalized job aids for ART and clinical care, including:

- WHO Staging System in Adults and Adolescents
- WHO Staging System in Children
- Pediatric Dosages Chart
- Adult ARV Dosages Chart
- Major Potential Side Effects
- Ten-step Guide for Adherence Counseling
- Flow chart on Adherence Counseling
- Post-Exposure Prophylaxis (PEP) Guide

These materials will be printed and distributed to centers during the next quarter.

ZPCT is also assisting ART centers in the quantification, forecasting and ordering of ARV's and reagents from GRZ's Medical Stores Limited (MSL) to minimize the erratic supply of ARV's.

In discussions with facility staff during technical assistance visits, ZPCT staff has identified crucial issues needing continued attention:

- Erratic supplies and non-availability of reagents required for CD4s and other HIV tests is a nationwide problem affecting ART programs. ZPCT has been actively engaged during this quarter in compiling and placing an emergency order for reagents. In addition, ZPCT technical staff is working with facility management and staff on use of WHO staging for treatment.
- Shortage of staff in the ART centers and, in some centers where staff are available, their lack of training is critical. In response to this need, ZPCT will continue supporting ART/OI training and is working with the MOH/CBoH and donors on mechanisms for supporting part-time and over-time payment to increase available manpower.
- Poor adherence counseling for ART clients are caused by lack of procedures and trained staff to support effective adherence counseling services. ZPCT will continue to provide ART adherence counseling training and technical assistance for providers on patient follow-up. During the next quarter, a program to train ART adherence support workers will be implemented. These non-HCWs will provide support to PLHA in the facilities and in the community.
- ART data collection and data quality remains an issue. ZPCT technical staff will continue to provide assistance and training to improve use of the ART information system.

4.2.3.3 National Level Activities in ART

ZPCT is represented on the NAC Treatment, Care, and Support Technical Working Group, and is an active participant in this and other national level meetings to further the roll out of ART services. During this quarter, ZPCT staff participated in the following meetings:

- CBoH Harmonization Meeting for the Establishment of an ART Information System (Siavonga, 19-22 July).
- CBoH/WHO Workshop on Harmonizing Community Health Services and Linking to ART (Suwilanji Gardens, 25–29 July).
- “Strengthening of District Structures for the Delivery of Comprehensive ART Services” (a meeting to discuss concept paper called by the CBoH in collaboration with JICA and WHO, 3 August).
- A meeting of the NAC Treatment, Care and Support Technical Working Group to prepare 2006 Work plans for the STI, ART and TB subcommittees (Lusaka, 12 August). ZPCT chaired the ART sub-group. A follow-up meeting was held 9 September to finalize plans.

ZPCT also works closely with partners on a range of issues related to ART.

- Health Systems Support Project (HSSP): Collaboration on infrastructure development for HIV service facilities in Luapula Province, and in the development of a framework for resistance monitoring.
- JHPIEGO: Developing plans for collaboration on:
 - ◆ strengthening integration of HIV and TB services;
 - ◆ continuing education for ART service teams;
 - ◆ updating/revising training materials
- CDC: Developing collaborative relationships in reagent supply and laboratory quality assurance.

ZPCT is working with the MOH/CBoH on adaptation of ART, post exposure prophylaxis (PEP), and adherence counseling standard operating procedures (SOPs) in line with GRZ national guidelines. These SOPs, based on FHI generic SOPs in these areas, will be national SOP's. Finalization of the SOP's awaits the harmonization of the clinical care forms by CBoH and its partners. Once the MOH/CBoH has approved a patient tracking form, ZPCT will identify a consultant to finalize the SOPs in collaboration with CBoH.

4.2.3.4 Key Issues/Constraints

In addition to the constraints widely felt in the health care system in Zambia (shortage of staff, inadequate facilities and equipment) the ART centers also experience unique constraints:

- Shortage of equipment and reagents for HIV testing and monitoring clients on ART. ZPCT has sought approval to procure equipment and an interim supply of reagents for key facilities. In addition, the Partnership is providing support to smaller facilities to transport samples for testing. ZPCT will continue to collaborate with MOH/CBoH and PHO on these issues.
- Cost of Laboratory services. Because of the erratic supply of reagents described above, clients to be initiated on ART are requested to pay for their baseline investigations. This has become a barrier to access despite the provision of free ARV's.
- Erratic supply of some ARVs, a shortage of Stavudine and some single drug ARV's exists in some facilities. To address these issues, ZPCT has provided training in commodity management for ART, and will support similar training in the next quarter.
- Weak adherence counseling systems will be addressed through continuous on-site training of ART providers in adherence counseling and development of integrated HIV services flow charts.
- Limited human resources, particularly medical officers, hinders the roll out of ART services. This is most acute in rural areas with relatively few medical officers. ZPCT will initiate and strengthen ART outreach services, as piloted by Kitwe Central Hospital and the Kitwe DHMT, in districts like Ndola, Chingola, Kabwe, and Kasama to facilitate provision of services in a more health facilities.

4.2.4 Clinical Palliative Care

ZPCT is working with staff of the 43 facilities supported in Phase 1 districts to strengthen and improve palliative clinical care for PLHA, and will expand these efforts to the 37 facilities assessed and selected from the 15 Phase 2 districts.

4.2.4.1 Clinical Care Training

The national training curriculum for ART and OI management is combined. A description of this training is included in the previous section (4.2.3.1) and in Attachment B, Table 4: *ART/OI Training*.

4.2.4.2 Clinical Care Services

ZPCT central and provincial office staff has given technical assistance to all clinical care sites in the five provinces. The ZPCT has completed quality assurance and quality improvement tools used during technical assistance visits to the facilities. These tools include:

- Essential Elements of ART/Clinical Care Checklist,
- Physical inspection of client files and pharmacy records, and
- Client exit interviews.

After each TA visit, a report of the findings is written for each facility, describing the challenges, constraints, successes, recommendations and actions taken.

With these reports, it is possible to track progress made in quality improvement in the facility and they also provide a future guide for technical assistance.

As previously reported (Section 4.2.3.2) ZPCT has finalized a series of eight job aids for use by staff in ART and clinical care settings. The job aids were sent to print and will be ready for distribution in the next quarter.

Efforts to strengthen referral networks to services in other facilities and in the community will be intensified in the next quarter, and will contribute to the overall quality of services and life for PLHA.

4.2.4.3 National Level

ZPCT's work with the NAC Treatment, Care and Support Technical Working Group (described in section 4.2.3.3) also involves issues of clinical care.

ZPCT remains an active member of the Palliative Care Forum (PCF) led by USAID. The PCF will start work on a palliative care strategic plan and will support the GRZ in the development of policies on the issues of co-trimoxazole prophylaxis and pain management.

4.2.4.4 Key Issues/Constraints

- Weak referral linkages and a lack of deliberate policies and procedures for referring HIV positive clients to clinical care services for staging and further assessment adversely affects quality of care. ZPCT will continue to work with facilities to strengthen links between CT, post-PMTCT, and clinical care services. Integrated HIV services flow charts have been developed in most facilities and the referral of clients to CT from OPD and other departments has been strengthened in this quarter.
- Erratic supply of drugs for opportunistic infections is an issue faced in many facilities. ZPCT has provided training in commodity management, and will continue to do so, covering methods for quantification and timely ordering of drugs. ZPCT will continue to share information with JSI-deliver to facilitate correct forecasting on a national level.
- Inadequate reference materials limit clinicians in their attempts to provide high quality clinical care to HIV-infected clients. ZPCT distributed 150 copies of the *Standard Treatment Guidelines, Essential Medicines List & Essential Laboratory Supplies List for Zambia* to all facilities. ZPCT also distributed ARV drug interaction job aids to the ART sites.
- Limitations of facility-based palliative care: Although an important part of the care continuum, the facility's role is limited. ZPCT recognizes this and, while strengthening services within the clinics, linkages with other organizations and partners engaged in palliative care and quality of life are being forged. Provincial offices are linking with other institutions and organizations in the districts involved in HIV/AIDS programming, including palliative care, as an important step in providing a full continuum of care for PLHAs within the district.
- Collection of Palliative Care data: This is a major challenge. ZPCT has, through its regular TA visits to the facilities, worked out possible ways of collecting this data. There is not a single method for collecting this data and depending on the mode of collection the data quality will differ. This was a topic of discussion with representatives from the OGAC 'Reporting Burden' Task Force and, with encouragement from this group; ZPCT will investigate innovative ways to gather this data.

4.2.5 Pharmacy and Laboratory Support

ZPCT recognizes the crucial role of pharmacy and laboratory services in the provision of high quality HIV/AIDS-related services. In every facility ZPCT supports, a thorough assessment is done of gaps and needs in these areas. As a result, in the 43 Phase 1 facilities, ZPCT is providing a combination of needed improvements to basic infrastructure and equipment in 42 pharmacies and 35 laboratories.

Laboratory and pharmacy requirements were also assessed for the 37 facilities selected in Phase 2, and a similar level of support will be provided to those sites in the next quarter.

4.2.5.1 Training

ZPCT conducted two trainings for pharmacy and laboratory staff in commodity management, and supported the conduct of one national training-of-trainers of laboratory staff. A summary of the staff trained follows, with details provided in Attachment B, Table 6: *Pharmacy and Laboratory Services Training*.

- ART Commodity Management Training Workshop (Kitwe, 13 – 15 July)
15 health-care workers from 10 facilities in four districts in Copperbelt and North Western Provinces were trained (9 pharmacy and 6 laboratory staff). The attendance from North Western province was poor
- ART Commodity Management Training Workshop (Kabwe, 10 – 12 August)
25 health-care workers (16 pharmacy and 9 laboratory staff) from 16 facilities in five districts of Central, Luapula and Northern provinces participated in this training.
- National Training in Appropriate Use of Facscount CD4 Machines & Micros 60 Haematological Analyzer + Quality Control Procedures (19 – 24 September)
22 participants from 14 level II and III health facilities in the country were trained on Facscount use, trouble shooting and routine preventive maintenance. This included 14 participants from eight ZPCT supported health facilities from three districts. This training was organized and funded by CBOH with support from ZPCT, CDC and Becton Dickinson, USA.

ZPCT central office pharmacy and laboratory staff also participated in these workshops as facilitators.

4.2.5.2 Technical Assistance

The placement of ZPCT Provincial Pharmacy/Laboratory Officers was completed this quarter, with assignment of staff to Northern, North Western, and Luapula Provinces. This provincial level officer works closely with the Lusaka Office pharmacy and laboratory staff to provide ongoing support and technical assistance to staff in ZPCT-supported facilities.

In addition to the ongoing support provided in all provinces, focused technical assistance was provided in North Western and Copperbelt provinces, where all health facilities were visited by ZPCT staff. In North Western, visits to all sites were conducted simultaneously with the orientation visits of the new ZPCT Provincial Pharmacy/ Laboratory Officer to ZPCT supported facilities in North Western.

Pharmacy and laboratory staff from the ZPCT Lusaka office conducted a situation analysis last quarter to investigate widely-reported shortages of HIV test kits and reagents for HIV-related laboratory investigations. Results showed that non-submission of returns and data, and the lack of technical expertise to order supplies are factors in short supplies at sites. Based on these findings, technical assistance to address specific issues was provided at sites, including guidance for timely placement of orders for re-supply, data reporting for submission with orders (re-supply is not provided if there is a lack of returns), and assistance in forecasting of quantities to order to meet the demand for the services at the facilities.

In addition, the issue of non-availability of supplies at central level (also a contributing factor) was addressed by ordering and procuring supplies as a stop-gap measure. Details are provided in section 4.2.5.3.

Facility Assessments

In addition the routine site preparedness assessments conducted by ZPCT of laboratory and pharmacy facilities at Phase 2 sites, the following assessments were conducted in Phase 1 districts during this quarter:

- Re- assessment of Mahatma Gandhi Health Centre, Kabwe DHMT
The laboratory infrastructure was re-assessed at the request of the DHMT, in light of the work load with the initiation of ART. The ZPCT agreement with the DHMT will be amended for refurbishments to the laboratory space as a result.
- Re-assessment of Serenje District Hospital Laboratory Infrastructure.
Due to inadequate laboratory room space, specific recommendations were made for extensions.
- Re-assessment of Mwinilunga District Hospital
Following notification that the building currently housing the pharmacy has been condemned, an assessment was done to identify alternative space which will be refurbished for pharmacy use.
- Site assessment/preparation – Loloma Mission Hospital, North-Western Province
ZPCT laboratory/pharmacy staff accompanied the project officer from CHAZ (associate partner to ZPCT) to assess the laboratory and pharmacy infrastructure and other gaps at Loloma Mission Hospital in Kabompo. CHAZ will coordinate ZPCT support to mission facilities, and Loloma is a proposed site.

4.2.5.3 Procurement

As described earlier in this section, results of an investigation of the general and widespread shortage of HIV test kits and reagents to conduct HIV-related laboratory investigations reported, indicated low stocks at the Zambia Voluntary Counselling and Testing Service (ZVCTS) and MSL. ZPCT undertook to procure selected commodities to supplement supplies for the five partnership provinces from ZVCTS/MSL, as listed below.

- HIV Test kits
 - ◆ 63 Abbott Determine and 83 Genie II were procured and delivered to DHMTs for distribution to facilities per established needs and schedule.
 - ◆ A second procurement of the same 63 Abbott Determine and 83 Genie II is underway, with plans to procure adequate stocks to keep as buffer stock for future emergency situations.
- Reagents for Facscount, chemistries and haematology
 - ◆ An eight-month stop gap order for reagents for Phase 1 facilities was prepared and received preliminary approval. Problems and delays have been encountered because reagents do not fall under the USG blanket waiver for ARVs. Efforts have continued to address these delays, and the full supply is expected during the next quarter.

4.2.5.4 National Level Activities in Pharmacy and Laboratory Services

ZPCT pharmacy and laboratory staff are actively engaged in a range of issues and discussions at the national level. ZPCT has continued to collaborate with the CBoH and CDC on harmonization of training plans for laboratory services. Issues of quality assurance are also being dealt with continuously. Meetings are ongoing with representatives from ZPCT, CBoH, and CDC on these issues.

ZPCT staff provided input to the ARV dispensing tool database trials spearheaded by MSH under the RPM+ project. Problems were identified with the use of the tool using test data, and queries were also collected from sites currently using the tool and provided to MSH. The tool has been updated and is currently installed and in use in 11 ZPCT-supported ART sites.

Participation in national meetings and workshops ensure ZPCT input into national activities and continued collaboration with the MOH/CBoH and other partners. Meetings during this quarter included:

- Development and Editing of the National Laboratory Safety Manual (Saivonga, 18-20 August 2005).
- Partners' Meeting (CDC and ZPCT, 31 August 2005). Issues included collaboration on laboratory services, equipment and reagents/supplies procurement, and monitoring and evaluation.
- Launch of ART Pharmacy and Laboratory Standard Operating Procedures Manuals (Lusaka, 12 August 2005). *Note: these SOPs have been distributed to all ZPCT Phase I supported sites.*

4.2.5.5 Key Issues/Constraints

The ZPCT is committed to working with our partners in the provinces, districts, and facilities to ensure an adequate supply of HIV-related commodities for provision of services. There are many challenges to meeting this goal.

- Quality of data: Submission of HIV-related commodities data from facilities to DHMTs and from DHMTs to central level is unreliable. ZPCT staff is assisting facilities through technical assistance, provision of registers, computers and software, as needed.
- Lack of qualified staff in the facilities: Shortages of trained staff greatly compromises the quality of service delivery in the facilities.
- Lack of a formal policy on testing by other and non health care workers: ZPCT is advocating revising current testing algorithms, and testing guidelines and training curricula to accommodate testing being done by non health care workers in a bid to address the human resource constraint to answer the increased demand with the scale up of the program.
- Inadequate supply of commodities: The erratic supply of commodities greatly compromises service delivery across all elements of care. ZPCT is employing multiple strategies, including procurement, training and technical assistance, to ensure an uninterrupted supply of essential commodities.
- Maintenance of diagnostic equipment: Routine preventive maintenance of diagnostic equipment is an issue in assuring uninterrupted laboratory and testing service in the facilities. ZPCT is collaborating with the CBoH and CDC to address this problem.
- Specimen referral systems are often weak and not well-articulated. ZPCT is working with districts and facilities to map out networks and provide minimal equipment and support to ensure the provision of complementary quality laboratory services at all facilities regardless of location.

4.2.6 Monitoring and Evaluation

4.2.6.1 Training in Monitoring and Evaluation

The Monitoring and Evaluation (M&E) trainings during this quarter were conducted in conjunction with other technical training courses sponsored by ZPCT. Training modules on the ART Information System (ARTIS,) the official GRZ information system for ART and in CT/PMTCT reporting were delivered to health care workers as part of the ART/OI, CT, and/or PMTCT trainings. Non-clinical staff such as District Health Information Officers, Hospital Information Officers and Data Clerks from sites providing ART, as well as the ZPCT

Provincial M&E Officers also participated in the M&E components of these courses. The M&E modules were facilitated by the ZPCT Provincial M&E Officers in collaboration with the CBoH Data Management Specialists from the respective PHOs.

- 82 health care workers (including M&E cadre) were trained in ARTIS. Staff representing all ZPCT supported facilities in Northern, North Western, Copperbelt, Luapula and Central provinces were included in this training.
- As part of PMTCT courses, 76 staff (both health care workers and M&E) in 31 facilities were trained in the use of the Integrated VCT/PMTCT Register and associated monthly reporting forms. These trainings covered Copperbelt, Luapula, Northern and North Western provinces.
- The M&E module was also presented as part of the CT training for 38 staff in 17 facilities in Luapula, Northwestern and Copperbelt provinces.
- 40 laboratory and pharmacy staff was trained in data capture and reporting during the month of July and August 2005.
- In addition, 16 M&E staff members from the five provinces were trained in Monitoring and Evaluation of HIV/AIDS programs, a full course on M&E conducted by ZPCT with assistance from FH/ Arlington staff. Also included were ZPCT M&E staff (provincial and Lusaka office staff) and M&E officers from ZPCT partner organizations.

4.2.6.2 ZPCT Indicators/Results

The primary purpose of monitoring and evaluation within a service program is to collect and verify data, monitor trends, report on results to management, funders, and partners. This is the second quarter that ZPCT has worked with the MOH/CBoH and partners to compile and report on project indicators. The table below presents data for all ZPCT supported facilities. The statistics cover the period from July to September for services at facility level and provincial level training activities.

Services in 43 Facilities receiving ZPCT Support July - September 2005

Indicator	Achievements for July – September 2005		
	Females	Males	TOTAL
CT			
Service Outlets			43
Persons Trained in CT			84
Persons receive CT services	*	*	6790
PMTCT			
Service Outlets			41
Providers trained in PMTCT			68
Pregnant women provided with PMTCT service, including CT	*		4,607
Pregnant women provided with a complete course of ART prophylaxis	*		282
Basic Health Care and Support			
Strengthen Facilities to provide clinical palliative care services			43
Service Outlets/programs providing general HIV-related palliative care			43

Indicator	Achievements for July – September 2005		
	Females	Males	TOTAL
Persons provided OI management and/or prophylaxis	*	*	9,942
Persons provided with general HIV-related palliative care	*	*	9,942
Persons trained to provide general HIV-related care			86
ART Services			
ART service outlets providing treatment			15
Health workers trained			86
New clients for ART	*	*	2,145
Persons receiving treatment	*	*	8,834

**Data collected in GRZ facilities are not routinely disaggregated by sex*

During this quarter, 43 CT sites, 41 PMTCT sites and 15 ART sites supported by ZPCT provided services. A total of 6,790 people received CT services, 4,607 received PMTCT services (with 282 receiving the complete course of ARV prophylaxis). In ART service provision, the sites recorded 2145 new clients enrolled on ARVs with 8,834 people receiving treatment in the same period.

4.2.6.3 Technical Assistance in M&E

ZPCT Central Office M&E staff, in collaboration with the ZPCT Provincial M&E Officers, conducted two major technical assistance initiatives during this reporting period. In July and August 2005, technical assistance visits were made to all provinces to provide data management mentorship, and to work in close collaboration with DHMT and facility staff to clean data and improve systems for future data collection and reporting efforts.

4.2.6.4 National Level Activities in M&E

- A meeting with partners was held to harmonize the ART information systems (aimed at achieving one of the objectives of the 'Three Ones' goal in the HIV/AIDS program management).
- ZPCT staff participated in the CBoH harmonization meeting for the establishment of an ART information reporting system (Siavonga, 19-22 July).
- ZPCT staff met with CBOH and other partners (CDC, CIDRZ, CRS) to review the current CT/PMTCT data collection tools. ZPCT will pilot the proposed CT/PMTCT registers in three facilities in Central Province.
- ZPCT staff participated in the sub committee to look at the final development of generic data variables to be included in clinical forms that will be used in all health facilities in Zambia.
- ZPCT is also a member of the Survey Design subcommittee for the upcoming Zambia Demographic Health Survey.

4.2.6.5 Key Issues/Constraints

As in all its activities, ZPCT is committed to working within GRZ systems for monitoring and evaluation. However, some data required for reporting to USAID and the Office of the Global AIDS Coordinator (OGAC) are not included in the national health information management system (HMIS). Responding constructively to this is a challenge to the ZPCT M&E component.

- Limited human resources affect the data keeping and reporting in the facilities. The quality and timeliness of the data are often affected.

- The structure of the CT/PMTCT monthly summation form is not consistent with the reporting indicators for the Emergency Plan; it is an integrated sheet showing both CT and PMTCT as a total, rather than separated as individual counts.
- Data are not routinely and consistently disaggregated by sex.
- Palliative care is very challenging to collect at the clinic level since clients coming for care (particularly to facilities that do not offer ART services) do not routinely declare their HIV status.

4.3 Community Mobilization and Developing Referral Networks

The goal of the community mobilization component of ZPCT is to increase awareness of and demand for CT, PMTCT, clinical care, and ART services. A range of strategies are employed to reach this goal.

4.3.1 Community Mobilization Strategy

The International HIV/AIDS Alliance (IHAA), the ZPCT lead partner for community mobilization activities, will focus its work with community based organizations (CBOs) on the Copperbelt Province. With this concentration of staff, effort, and funding in the highest prevalence province, ZPCT intends to have an impact while testing innovative interventions to provide models for replication in other provinces. IHAA will continue to provide support in training lay counselors, treatment support workers, and stigma and discrimination training, and technical assistance in planning community mobilization strategies in the other four provinces.

4.3.2 Community Partners

Grants were awarded to four CBOs in the last quarter. Each of these organizations is mobilizing communities served by specific ZPCT-supported facilities.

Province	District	Community Based Organization	ZPCT Supported Health facility
Luapula	Mansa	Mansa Red Cross	Senama Health Centre Chembe RHC
		Muchinka Centre for AIDS Prevention and Support	Central Clinic Matanda RHC
Northern	Kasama	Kasama Child-Crisis Care Centre	Lukupu RHC
Central	Mkushi	St. Anthony Community Home Based Care	Masansa Health Centre Chibefwe Health Centre

These organizations are implementing community mobilization activities in their catchment areas. During this quarter, the community mobilization activities carried out include drama, door-to-door information visits, discussions in antenatal clinics, and referral of clients for services. The summary of indicators and targets achieved this quarter by the four organizations is shown in the following table.

ZPCT Objective	Indicator	Actual	Comments
Increase access to and use of CT	Number reached with CT messages	9507	Includes those reached thru outreach activities (not mass media)
	Number referred for CT	683	
	Number referred and reached facility	283	New indicator - only captured in September

ZPCT Objective	Indicator	Actual	Comments
Increase access to and use of PMTCT services	Number reached with PMTCT messages	8485	
	Number referred for PMTCT	492	
	Number referred and accessing PMTCT	154	
Increase access to and strengthen delivery of clinical care for HIV/AIDS	Number of PLHA support groups formed	0	
	Number of PLHAs referred to support groups	14	Combines referrals to HBC and other support groups (only reported by Mansa Red Cross)
Increase access to and strengthen delivery of ART services	Number of treatment support groups formed	2	
	Number trained in Stigma and Discrimination	18	TOT training
	Number reached with ART messages	6629	
	Number of people referred for ART	91	

The Expanded Church Response (ECR), a ZPCT associate partner, is conducting community mobilization activities in church communities in Kabwe and Mukushi Districts. As a first step in implementation of the program, introductory meetings were held with 54 church leaders in the communities surrounding ZPCT-supported health facilities in these two districts. Following this, a five-day workshop was conducted in Kabwe for 44 church leaders. Discussions were held on how FBOs and the church can participate in mobilization of communities for comprehensive HIV/AIDS care and treatment, followed with information on CT, PMTCT, ART, and available care and support at the community level.

4.3.3 Provincial and District Community Mobilization Programs

ZPCT central office and provincial staff have worked together to develop district level community mobilization plans for Phase 1 districts in Northern and Copperbelt. Plans will be finalized for North Western, Central, and Luapula Provinces early next quarter.

IHAA will provide direct funding and support for activities in Copperbelt, while the activities in the other four provinces will be funded and implemented through the provincial office there. A combination of small grants, funded through the ZPCT central office, and short-term service contracts will be employed to support activities by groups within the districts. Preliminary assessments and discussions in the districts suggest that neighborhood health committees, connected to each health facility, will be vital partners in these programs.

4.3.4 Training

4.3.4.1 Lay Counselors: Training and Placement

A two-week training workshop for lay counselors was held in Mansa during July. Sixteen lay counselors were trained, bringing the number of lay counselors trained by the ZPCT to 50 (21 in Ndola and 13 in Mkushi). Once the counselors are certified, ZPCT will work with the DHMTs to place them in health facilities to provide counseling services in the health facility and the surrounding

community. In Mkushi, discussions have been held with the DHMT and St. Anthony Home Based Care about assigning the counselors to Chibefwe Health Center, Chalata Health Center and Mkushi District Hospital. In Ndola and in Mansa the counselors have just completed their practicum and, following certification, will be placed in health facilities to ensure counseling services are available to supplement the overburdened health facility counselors who often are too busy to provide the counseling service consistently.

4.3.4.2 Stigma and Discrimination Training

In July, 18 individuals (six female and 12 male) representing eight CBOs in Kasama, Nakonde, Mansa and Solwezi were trained as trainers to conduct stigma and discrimination courses in the community and health facilities. These trainers will form teams in their respective districts to help both communities and health facility staff to overcome stigma and discrimination. In the next quarter, ZPCT staff will develop the roll-out of training in these districts, and for the preparation of training teams in other districts.

4.3.5 Developing Referral Networks

ZPCT is committed to developing and maintaining strong networks to enhance the quality of life for people living with HIV/AIDS (PLHA) in the districts. ZPCT has worked closely with staff of ZPCT-supported facilities to streamline and strengthen referrals within the facility. In addition, the Partnership has developed a strategy to strengthen linkages between groups providing HIV/AIDS related services in the communities around ZPCT-supported facilities, including community groups, other service facilities, and programs supported by USG and other partners.

During this quarter, ZPCT held a one-day workshop on developing referral networks for ZPCT Provincial Managers and Program Officers. Lusaka office program and community staff also attended. Immediately following this workshop, each provincial team developed an action plan for developing referral networks in their areas. The implementation of these plans has begun and the following activities have taken place:

- Two of five ZPCT Provincial Referral Officers have been identified. This position will be a part of the ZPCT team in each province and will provide support to district-level efforts.
- Preliminary mapping of organizations and groups involved in HIV/AIDS related programs has been done in Phase 1 districts in five provinces.
- Meetings were held with PHOs, DHMTs, and/or facility management to discuss and reach consensus on basic concept and principles for referral networks in four provinces.
- Broader stakeholder meetings of interested organizations have been scheduled for early next quarter.

4.3.6 Key Issues/Constraints

- Long distances: in some provinces, long distances to health facilities hinder people from accessing HIV/AIDS services. ZPCT is addressing this issue through working with DHMTs and facilities to develop or support mobile CT/PMTCT services. Working with health facilities and DHMTs, ZPCT is looking for opportunities to link with existing outreach programs of the health facility to better serve remote areas.
- Lay Counselors Motivation: The training and deployment of lay counselors to supplement counseling services in facilities is a key strategy for provision of high quality and accessible HIV/AIDS related services. The ZPCT, along with many other programs, is grappling with the issues of appropriate compensation for these worker-volunteers that balance the need for motivation to maintain services against issues of volunteerism and sustainability. ZPCT management

and staff are discussing possible approaches with the lay counselors, DHMTs, as well as partner organizations with similar volunteers. .

- **Incomplete referral recording:** The number of people referred to the clinics by CBOs is being derived from the records of the CBO and not yet from the health facility. ZPCT will continue to work at the district level to encourage and assist in development of standard referral mechanisms that include feedback on referrals made.
- **District Referral Coordinators:** This position is included in ZPCT's plans for development of strong referral networks in all districts. The original proposal was to attach individuals at the ART center in each district to be funded by ZPCT, but supervised and paid as are other government workers. This proposal has been withdrawn following discussion with the MOH Human Resources Department. ZPCT is now investigating other sustainable ways to establish and support this vital position, including possibly funding through a local CBO.

4.3.7 Participating in National Level Programs

A member of the ZPCT Lusaka office community program participates on the VCT-Community - Home Based Care Technical Working Group of the National AIDS Council and has contributed to policy formulation at national level through this forum. This includes participation, during this quarter, in monthly meetings at NAC to discuss the policy for non-medical staff to conduct HIV, and to contribute to a draft paper on this process.

Staff members also participated in the study tours to Kapiri Mposhi to learn from Medicin Sans Frontier (MSF) pilot program in which community counselors do HIV testing. In addition, a member of the program team was invited to participate in a study tour to Uganda on how communities in that country are participating in increasing community mobilization activities for VCT and PMTCT. Through these learning visits, staff is gaining insight in how to further plan for community activities in the ZPCT.

5. CHALLENGES

The ZPCT Partnership has a great opportunity to work with the GRZ and make a positive contribution to the scale up of HIV/AIDS services in Zambia. The Partnership also faces many challenges. These challenges will only be met through close collaboration with the MOH/CBoH, USAID, other donor agencies, and partner organizations.

Notable challenges exist in the following areas:

➤ **Human Resources**

Staff capacity and availability at all levels within the provinces are below what is required, especially at the health center level. The addition or expansion of HIV-related services further strains the situation. As a response to this, the ZPCT continues to work with the MOH/CBoH to find a sustainable mechanism and define procedures to identify and attach key staff to ZPCT-funded facilities. The process has been slow and as a more immediate solution, ZPCT will support overtime or part-time compensation for HCWs to supplement current staff.

➤ **Incentives for government staff**

Donor and other USG partner policies on payment of government staff and topping up of salaries differ. This poses difficulties to the ZPCT Partnership because staff in facilities where the Partnerships works expects similar incentives for their efforts.

ZPCT will continue to raise this issue with USAID, MOH/CBoH, and other partners to work toward a sustainable common guideline.

➤ ***Training and support for HCWs***

Several challenges are inherent in training for the ZPCT. Training for PMTCT and ART/OIs must follow the Zambia national training curricula. These are both two-week courses, and take staff from already short-staffed facilities for a long period. With the turnover of staff, it is anticipated that training will need to be almost continuous to keep qualified practitioners in facilities. In addition to the service-related issues, this is also a considerable burden on the ZPCT budget. ZPCT piloted an in-house training during this quarter, and will continue to work with MOH/CBoH and other partners on alternative strategies and models for training.

➤ ***Inconsistent supplies of HIV commodities and drugs***

Erratic supplies of HIV test kits, reagents, ARVs and other commodities are common and have resulted in interruptions to provision services. This situation is particularly challenging because there are so many points in the supply chain where a breakdown can occur. ZPCT works with staff in the facilities on quantification, record keeping, ordering, and commodity management. In addition, ZPCT is procuring a stopgap interim supply of reagents. This procurement has been difficult due to USAID procurement requirements. In the long term, ZPCT will collaborate with CBoH/MOH, CDC, and JSI-Deliver on these issues.

➤ ***Policy to provide free ART***

The GRZ has approved a policy to provide free ART to Zambian citizens. This is a positive public health development, but also one that will challenge the present systems and commodity and drug supplies. Current erratic supplies of ARVs and, particularly, the country-wide shortages of reagents are proving to be a barrier to full implementation of the policy.

➤ ***Stigma and discrimination***

Stigma and discrimination continue to be significant barriers to accessing HIV services in Zambia. This is further compounded by issues of gender and inequity in access to services. It is difficult, but crucial, to address these issues effectively but ZPCT is doing so through training in the community and in the clinics.

➤ ***National Guidelines and Protocols***

Guidelines and protocols, where they do exist, are not widely distributed and available at the health facilities. Inability of the national government to print sufficient quantities is part of the problem. In addition, quality assurance protocols and systems are lacking. ZPCT is reproducing and disseminating key guidelines to facilities.

➤ ***Implementing M&E Systems in Government Facilities***

The CBoH, both at the national and provincial level, are unwilling for projects to introduce additional, burdensome reporting requirements in government health facilities. Most indicators required for ZPCT reports under the President's Emergency Plan for AIDS Relief are collected through the existing health information system (HMIS), but the few missing indicators and need for more regular reports (monthly vs. quarterly) will require additional efforts.

➤ ***Partnership Growth and Decentralization***

With the expansion of project activities to 15 Phase 2 districts the decentralization of responsibilities and activities to provincial office staff is crucial. However, the widespread geographic location of the provinces and the relative remoteness of three (Luapula, Northern, and North Western) and communication difficulties present a management and quality assurance challenge for the ZPCT. Success will rely on

competent leadership by the Provincial Managers and strong technical skills of the provincial team, good communication, and with oversight from the Central Office.

Strategies for responding to these challenges have been incorporated into the ZPCT work plan.

6. PLANS FOR THE NEXT QUARTER

Highlights from the plans for the next quarter are described below. In addition to the specific activities listed, the ZPCT Partnership will continue to build a strong partnership with CBoH/MOH, CBO/FBO, and other partner organizations at the provincial and district levels, and with staff and management in facilities.

- Complete final renovations and procurement of equipment and supplies for Phase 1 facilities and DHMTs, Initiate process for Phase 2 facilities.
- Finalize procurement of reagents.
- Complete, sign, and execute recipient agreements with District Health Boards/DHMTs and Hospital Boards for facilities and DHMTs to receive support in Phase 2 districts.
- Initiate and conduct training and ensure initiation and expansion of services planned for Phase 2 districts.
- Continue follow up supportive supervision, in collaboration with CBoH and partners, to ensure that training is being put into practice and having a positive impact on quality of services in Phase 1 districts.
- Conduct technical assistance and quality assurance visits to Phase 1 sites, and provide support and assistance to Phase 2 facilities for rapid start up and to ensure quality of services.
- Complete and implement province and district level community mobilization plans for Phase 1 districts specifying activities linked to communities surrounding ZPCT-supported facilities. Initiate planning process for Phase 2 districts.
- Hire ZPCT Provincial Referral Coordinators for each province; convene key stakeholders meeting at provincial and district levels to seek buy-in and collaboration, agree on principles and guidelines for referral networks, and initiate and/or strengthen referral systems.
- In collaboration with CBoH and partners (CIDRZ, CRS, CDC, HSSP) create a harmonized patient tracking form. Following its completion, ZPCT will work with the CBoH to finalize related SOPs.
- Implement program, using adherence support workers, to strengthen adherence counseling. This will include: finalizing a training module for adherence counseling for these lay workers; identifying, training, and placing lay counselors and adherence support workers in ART centers in Phase 1 districts initially.
- Collaborate with CHAZ to provide support to two to three mission facilities in Phase 1 districts and two in Phase 2 districts.

- Continue to collaborate with associate partner organizations on management of agreements and implementation and reporting of project activities; provide support and monitoring to assure quality.
- Continue to work with the Human Resources Department of MOH to identify mechanisms for seconding staff to ZPCT-supported facilities. Recruit and place staff.

Attachment A: Status of ZPCT-Supported Services in Phase 1 Districts

Table 1: Status of CT Sites – Phase 1						
Province District	Facility	New CT Site	Staff Trained by ZPCT	Status of Renovation	# TA Visits	Status of CT Services
Central						
Kabwe	Kabwe General Hospital	NO	Yes	Ongoing	6	CT services ongoing
	Bwacha HC	NO	Yes	Near Completion	6	CT services ongoing
	Mahatma Ghandi HC	NO	Yes	Near Completion	6	CT services ongoing
	Makululu HC	NO	Yes	Near Completion	6	CT services ongoing
	Pollen HC	NO	Yes	Near Completion	6	CT services ongoing
Mkushi	Mkushi District Hospital	NO	Yes	Ongoing	6	CT services ongoing
	Chibefwe HC	Yes	Yes	On going	6	CT services initiated
	Chalata HC	Yes	Yes	Ongoing	6	CT services initiated
	Masansa HC	Yes	Yes	Ongoing	6	CT services ongoing
* <i>Mkushi and Chibefwe share one physical site; ZPCT is providing assistance for separate space for Chibefwe as of next quarter.</i>						
Copperbelt						
Ndola	Ndola Central Hospital	Yes	Yes	Completed; ZPCT certification pending	2	Still doing diagnostic CT
	Arthur Davidson Hosp	NO	Yes	N/A	3	CT services ongoing
	Lubuto HC	NO	Yes	N/A	5	CT services ongoing
	Chipulukusu HC	NO	Yes	Completed	3	CT services ongoing
	Mushili Clinic	NO	Yes	ongoing	4	CT services ongoing
	Nkwazi Clinic	NO	Yes	Container may be needed - pending	2	CT services ongoing
	Chipokota Mayamba HC	NO	Yes	Completed	5	CT services ongoing
	Kawama HC	NO	Yes	ongoing	2	CT services ongoing
	Ndeke Health Center	NO	Yes	ongoing	2	CT services ongoing
Chingola	Nchanga North General Hosp	NO	Yes	ongoing	2	CT services ongoing
	Chiwempala HC	NO	Yes	N/A	3	CT services ongoing
	Chawama HC	NO	Yes	completed	3	CT services ongoing
	Kabundi East Clinic	NO	Yes	completed	2	CT services ongoing
Kitwe	Kitwe Central Hospital	NO,	Yes	ongoing	2	CT services ongoing
North Western						
Kabompo	Kabompo District Hospital	NO	Yes	Seeking vendors	2	CT services ongoing
	St. Kalemba Rural HC	NO	Yes	BOQs obtained CHAZ	2	CT services ongoing
Solwezi	Solwezi General Hospital	NO	Yes	Near completion	3	CT services ongoing
	Solwezi Urban HC	NO	Yes	Completed	5	CT services ongoing
	Mapunga Rural HC	Yes	Yes	ongoing	3	CT services ongoing
	St. Dorothy RHC	Yes	Yes	ongoing	2	CT services ongoing
Northern						
Kasama	Kasama General Hospital (previously used Kasama UHC)	Yes	Yes	Completed	6	CT services ongoing
	Kasama Urban HC	NO	Yes	Completed	6	CT services ongoing
	Location Urban HC	Yes	Yes	Near completion	6	CT services ongoing

Attachment A: Status of ZPCT-Supported Services in Phase 1 Districts

<i>Table 1: Status of CT Sites – Phase 1</i>						
Province District	Facility	New CT Site	Staff Trained by ZPCT	Status of Renovation	# TA Visits	Status of CT Services
Kasama	Chilubula Mission RHC	NO	No	Pending CHAZ assessment	0	CT services ongoing
	Lukupa Rural HC	Yes	Yes	Completed	5	CT services ongoing
Nakonde	Nakonde Rural HC	NO	Yes	Completed	4	CT services ongoing
	Chilolwa Rural HC	Yes	Yes	Completed	4	Services initiated
	Waitwika Rural HC	Yes	Yes	Completed	4	Services initiated
	Mwenzu Rural HC	Yes	Yes	Completed	4	Services initiated
Luapula						
Mansa	Mansa General Hospital	NO	Yes	Ongoing	10	CT services ongoing
	Senama HC	Yes	Yes	Ongoing	11	Services initiated
	Central Clinic	NO	Yes	Ongoing	11	CT services ongoing
	Matanda Rural HC	Yes	Yes	Completed	5	Services initiated
	Chembe Rural HC	Yes	Yes	Completed pending water connections.	7	Services initiated

Attachment A: Status of ZPCT-Supported Services in Phase 1 Districts

Table 2: Status of PMTCT Sites – Phase 1						
Province District	Facility	New PMTCT Site	Staff Trained by ZPCT	Status of Renovation	# TA Visits	Status of PMTCT Services
Central						
Kabwe	Kabwe General Hospital	No	Yes	Ongoing	6	PMTCT Services ongoing
	Bwacha HC	Yes	Yes	Near completion	6	PMTCT Services ongoing
	Mahatma Ghandi HC	No	Yes	Near completion	6	PMTCT Services ongoing
	Makululu HC	No	Yes	Near completion	6	PMTCT Services ongoing
	Pollen HC	No	Yes	Near completion	6	PMTCT Services ongoing
Mkushi	Mkushi District Hospital	Yes	Yes	Ongoing	6	PMTCT Services ongoing
	Chibefwe HC	Yes	Yes	Ongoing	6	PMTCT Services ongoing
	Chalata HC	Yes	Yes	Ongoing	6	PMTCT Services ongoing
	Masansa HC	Yes	Yes	Ongoing	6	PMTCT Services ongoing
Copperbelt						
Ndola	Ndola Central Hospital	No	Yes	Completed; ZPCT certification pending	2	PMTCT Services ongoing
	Arthur Davison Hospital	Yes	Yes	Room identified and BoQs developed	3	Limited PMTCT Services ongoing
	Lubuto HC	No	Yes	N/A	5	PMTCT Services ongoing
	Chipulukusu HC	No	Yes	N/A	3	PMTCT Services ongoing
	Mushili Clinic	No	Yes	N/A	4	PMTCT Services ongoing
	Nkwazi Clinic	No	Yes	N/A	2	PMTCT Services ongoing
	Chipokota Mayamba HC	No	Yes	N/A	5	PMTCT Services ongoing
	Kawama HC	No	Yes	N/A	2	PMTCT Services ongoing
	Ndeke Health Center	No	No	N/A	2	PMTCT Services ongoing
Chingola	Nchanga North General Hospital	Yes	Yes	Ongoing	2	Services Initiated
	Chiwempala HC	Yes	Yes	N/A	3	Services Initiated
	Chawama HC	Yes	Yes	Completed	3	Services Initiated
	Kabundi East Clinic	Yes	Yes	N/A	2	Services Initiated
Kitwe	Kitwe Central Hospital	No	Yes	N/A	2	PMTCT Services ongoing
North Western						
Kabompo	Kabompo District Hosp	NO	Yes	Quotations requested	0	PMTCT Services ongoing
	St. Kalemba Rural HC	Yes	No	CHAZ	0	Services not yet initiated
Solwezi	Solwezi General Hospital	NO	Yes	Vendors sourced	2	PMTCT Services ongoing
	Solwezi Urban HC	Yes	Yes	BOQs obtained by CHAZ	2	Services Initiated
	Mapunga Rural HC	No	Yes	Near completion	3	Services initiated
	St. Dorothy RHC	Yes	Yes	Completed	5	Services initiated
Northern						
Kasama	Kasama General Hospital	Yes	Yes	NA	6	PMTCT Services ongoing
	Kasama Urban HC	Yes	Yes	Completed	6	PMTCT Services ongoing
	Location Urban HC	Yes	Yes	Near completion	6	Services initiated
	Chilubula Mission RHC	No	No	Pending CHAZ assessment	0	PMTCT Services ongoing
	Lukupa Rural HC	Yes	Yes	Completed	5	PMTCT Services ongoing

Attachment A: Status of ZPCT-Supported Services in Phase 1 Districts

Table 2: Status of PMTCT Sites – Phase 1						
Province District	Facility	New PMTCT Site	Staff Trained by ZPCT	Status of Renovation	# TA Visits	Status of PMTCT Services
Nakonde	Nakonde Rural HC	Yes	Yes	Completed	5	PMTCT Services ongoing
	Chilolwa Rural HC	Yes	Yes	Completed	4	Services initiated
	Waitwika Rural HC	Yes	Yes	Completed	4	Services initiated
	Mwenzu Rural HC	Yes	Yes	Completed	4	Services initiated
Luapula						
Mansa	Mansa General Hospital	No	Yes	Ongoing	5	PMTCT Services ongoing
	Senama HC	Yes	Yes	Ongoing	11	Services initiated
	Central Clinic	Yes	Yes	Ongoing	13	Services initiated
	Chembe Rural HC	Yes	Yes	Completed pending water connections.	7	Services initiated

Table 3: Status of ART Sites – Phase 1						
Province District	Facility	New ART Center	Staff Trained by ZPCT	Status of Renovation	# TA Visits	Status of ART Service
Central						
Kabwe	Kabwe General Hospital	No	Yes	Ongoing	10	ART services ongoing
	Mahatma Ghandi	Yes	Yes	Ongoing	11	ART services ongoing
Mkushi	Mkushi District Hospital	Yes	Yes	Ongoing	5	ART services ongoing
Copperbelt						
Ndola	Ndola Central Hospital	No	Yes	Work done awaits ZPCT certification	8	ART services ongoing
	Arthur Davison Hosp	No	Yes	Completed	6	ART services ongoing
	Lubuto HC	No	Yes	N/A	6	ART services ongoing
	Chipulukusu HC	Yes	Yes	Completed	5	ART services to start soon
	Chipokota Mayamba HC	No	Yes	Completed	6	ART services ongoing
Chingola	Nchanga N. Gen Hospital	No	Yes	Work in progress	7	ART services ongoing
	Chiwempala HC	Yes	Yes	Work done awaits ZPCT certification	5	ART services initiated
Kitwe	Kitwe Central Hospital	No	Yes	Work in progress	6	ART services ongoing
Northwestern						
Kabompo	Kabompo District Hospital	Yes	Yes	Vendors sourced	2	ART services ongoing
Solwezi	Solwezi General Hospital	No	Yes	Near completion	3	ART services ongoing
Northern						
Kasama	Kasama General Hospital	No	Yes	Completed	12	ART services ongoing
Nakonde	Nakonde Rural HC	Yes	Yes	Ongoing	8	ART services initiated
Luapula						
Mansa	Mansa General Hospital	No	Yes	Ongoing	5	ART services ongoing

Attachment A: Status of ZPCT-Supported Services in Phase 1 Districts

Table 4: Status of Clinical Care Sites – Phase 1					
Province District	Facility	Staff Trained by ZPCT	Status of Renovation	# TA Visits	Status of Clinical Care Services
Central					
Kabwe	Kabwe General Hospital	Yes	Ongoing	10	Services ongoing
	Bwacha HC	Yes	Near Completion	3	Services ongoing
	Mahatma Ghandi HC	Yes	Near Completion	11	Services ongoing
	Makululu HC	Yes	Near Completion	3	Services ongoing
	Pollen HC	Yes	Near Completion	3	Services ongoing
Mkushi	Mkushi District Hospital	Yes	Ongoing	5	Services ongoing
	Chibefwe HC	Yes	Ongoing	3	Services ongoing
	Chalata HC	Yes	Ongoing	3	Services ongoing
	Masansa HC	Yes	Ongoing	3	Services ongoing
Copperbelt					
Ndola	Ndola Central Hospital	Yes	Completed; ZPCT certification pending	8	Services ongoing
	Arthur Davidson Hosp	Yes	Completed	6	Services ongoing
	Lubuto HC	Yes	N/A	6	Services ongoing
	Chipulukusu HC	Yes	Completed	5	Services ongoing
	Mushili Clinic	No	N/A	4	Services ongoing
	Nkwazi Clinic	No	N/A	4	Services ongoing
	Chipokota Mayamba HC	Yes	Completed	6	Services ongoing
	Kawama HC	Yes	N/A	5	Services ongoing
	Ndeke Health Center	No	N/A	5	Services ongoing
Chingola	Nchanga North General Hosp	Yes	Ongoing	7	Services ongoing
	Chiwempala HC	Yes	Completed; ZPCT certification pending	5	Services ongoing
	Chawama HC	Yes	N/A	5	Services ongoing
	Kabundi East Clinic	Yes	N/A	4	Services ongoing
Kitwe	Kitwe Central Hospital	Yes	N/A	6	Services ongoing
North Western					
Kabompo	Kabompo District Hospital	Yes	Vendor sourced	2	Services ongoing
	St. Kalembe Rural HC	Yes	BOQs obtained by CHAZ	2	Services ongoing
Solwezi	Solwezi General Hospital	Yes	Near completion	11	Services ongoing
	Solwezi Urban HC	Yes	Completed	13	Services ongoing
	Mapunga Rural HC	Yes	Vendor approved	2	Services ongoing
	St. Dorothy RHC	Yes	Vendor approved	2	Services ongoing
Northern					
Kasama	Kasama General Hospital	Yes	Completed apart from the Walk-way construction	12	Services ongoing
	Kasama Urban HC	Yes	completed except installing formica bench tops in lab	5	Services ongoing
	Location Urban HC	Yes	Ongoing	5	Services ongoing
	Chilubula Mission Rural HC	Yes	Pending CHAZ	1	Services ongoing

Attachment A: Status of ZPCT-Supported Services in Phase 1 Districts

<i>Table 4: Status of Clinical Care Sites – Phase 1</i>					
Province District	Facility	Staff Trained by ZPCT	Status of Renovation	# TA Visits	Status of Clinical Care Services
			assessment		
	Lukupa Rural HC	Yes	Completed except installing formica bench top in lab	5	Services ongoing
Nakonde	Nakonde Rural HC	Yes	Completed	8	Services ongoing
	Chilolwa Rural HC	Yes	Completed	3	Services ongoing
	Waitwika Rural HC	Yes	Completed	4	Services ongoing
	Mwenzu Rural HC	Yes	Completed	4	Services ongoing
Luapula					
Mansa	Mansa General Hospital	Yes	Near completion	8	Services ongoing
	Senama HC	Yes	Ongoing	5	Services ongoing
	Central Clinic	Yes	Ongoing	7	Services ongoing
	Matanda Rural HC	Yes	Completed	4	Services ongoing
	Chembe Rural HC	Yes	Completed except water connections.	5	Services ongoing

**Attachment B: ZPCT Training Courses
(1 July – 30 September 2005)**

Table 1: COUNSELING AND TESTING

Training Course	Dates	Province/District	Number of Facilities	Number Trained
Counseling and Testing	11/07/05 - 23/07/05	Luapula/Mansa	4	19
Counseling and Testing	8/08/05 - 21/08/05	N/Western/Solwezi	4	8
		Kabompo	1	3
		Copperbelt/Chingola	4	4
		Kitwe	1	1
		Ndola	3	3
Total			17	38

Table 2: SUPERVISION COUNSELING

Training Course	Dates	Province/District	Facilities (#)	# Trained
Supervision Counseling	18/07/05 - 29/07/05	N/western/Solwezi	3	7
		Kabompo	2	3
Supervision Counseling	25/07/05 - 5/08/05	Northern/Kasama	5	9
		Nakonde	1	3
Supervision Counseling	27/07/05 - 08/08/05	Central/Kabwe	6	7
		Mkushi	5	5
Supervision Counseling	29/08/05 - 9/09/05	Copperbelt/Ndola	7	7
		Chingola	4	4
		Kitwe	1	1
Total			34	46

Table 3: PMTCT

Training Course	Dates	Province/District	Facilities (#)	Number Trained
PMTCT	19/06/06 - 02/07/05	Copperbelt/Ndola	6	10
		Kitwe	1	4
		Chingola	5	10
PMTCT	18/07/05 - 31/07/05	Copperbelt/Ndola	6	6
		Chingola	6	13
PMTCT	08/08/05 - 20/08/05	N/Western/Kabompo	1	2
		Luapula/ Mansa	4	19
PMTCT		Northern/Kasama	2	4
Total			32	68

**Attachment B: ZPCT Training Courses
(1 July – 30 September 2005)**

Table 4: ART/CLINICAL CARE

Training Course	Dates	Province/District	Facilities (#)	Number Trained
ART/OIs	19/06/05 - 02/07/05	Northern/Kasama	4	14
		Nakonde	4	8
ART/OIs	19/06/05 - 02/07/05	Northwestern /Solwezi	3	13
		Kabompo	2	6
ART/OIs In house training	5/09/05 - 9/09/05	Copperbelt/Ndola	1	24
ART/OIs	12/09/05 - 24/09/05	All provinces		
		Luapula/Mansa	3	3
		Northern/ Nakonde	2	2
		Kasama	2	2
		Central/Kabwe	3	4
		Copperbelt/Chingola	1	1
		Ndola	3	4
		N/Western/Kabompo	1	1
Solwezi	2	3		
Total				86

Table 5: ART ADHERENCE COUNSELING

Training Course	Dates	Province/District	Facilities (#)	Number Trained
Adherence Counseling	01-02/09/05	N/western Solwezi	1	8 (1 NZP+)
	15-16/08/05	Kabompo	1	10
Adherence Counseling	23-24/08/05	Copperbelt/Ndola	5	16
	25-26/08/05	Kitwe	2	9
	29-30/08/05	Chingola	2	10
Adherence Counseling	01-02/09/05	Luapula/Mansa	1	8
Adherence Counseling	15-16/08/05	Central/Kabwe	2	9
		Mkushi	1	3
Adherence Counseling	30-31/08/08	Northern/ Kasama	1	12
	8-9/09/05	Nakonde	1	8
Total				93

**Attachment B: ZPCT Training Courses
(1 July – 30 September 2005)**

Table 6: LABORATORY AND PHARMACY

Training Course	Dates	Province/District(s)	Facilities (#)	Number Trained
ART Commodity MX B	13-15/07/05 (15 participants)	Copperbelt/Ndola	6	9
		Chingola	2	3
		N/western/Solwezi	1	2
ART Commodity MX B	10-12/08/05 (25 participants)	Kabompo	1	1
		Central/Kabwe	4	7
		Mukushi	4	5
ART Commodity MX B	10-12/08/05 (25 participants)	Luapula/Mansa	2	4
		Northern/Nakonde	3	3
		Kasama	3	7
National training in appropriate use of Facs count machines & Micros 60 + QC procedures	19-24/09/05 (14 participants)	Central / Kabwe	1	2
		Copperbelt/Ndola	2	4
		Kitwe	1	2
		Chingola	1	1
		Northern/Kasama	1	2
Luapula/ Mansa	1	2		
North western/Solwezi	1	1		
Total				54

**Attachment B: ZPCT Training Courses
(1 July – 30 September 2005)**

Table: 7 MONITORING AND EVALUATION

Training Course	Dates	Province/District	Facilities (#)	Number Trained
M&E in PMTCT	1/06/05 - 02/07/05	Copperbelt/Ndola	6	32
		Kitwe	1	
		Chingola	5	
M&E in PMTCT	30/07/05 - 31/07/05	Copperbelt/Ndola	6	21
		Kabompo	1	
		Chingola	6	
M&E in PMTCT		Luapula/Mansa	4	19
		Northern/ Kasama	2	4 (24)
M&E in ART/OIs	30/06/05 - 02/07/05	Northern/Kasama	2	30
		Nakonde	1	
M&E in ART/OIs	19/06/05 - 02/07/05	N/Western/ Solwezi	5	24
		Kabompo		
M&E in ART/OIs	5/09/9/05 - 9/09/05	Copperbelt/Ndola Central Hospital <i>In house training for Doctors and Pharmacists</i>	1	0
M&E in ART/OIs	12/09/05 - 24/09/05	All Five Provinces		28
M&E	15/08/05 - 19/08/05	All Five Provinces in Kitwe		16
M&E in Counseling & Testing	11/07/05 - 23/07/05	Luapula/Mansa	4	19
M&E in Counseling & Testing	08/09/05 - 21/08/05	N/Western/Solwezi	4	19
		Kabompo	1	
		Chingola	4	
		Kitwe	1	
		Ndola	4	
Lab and Pharm ART commodity management	13/07/05 – 15/07/05	Copperbelt/Ndola	6	9
		Chingola	2	3
		N/western/Solwezi	1	2
Lab and Pharm ART commodity management	10/08/05 - 12/08/05	Kabompo	1	1 (15)
		Central/Kabwe	6	7
		Mukushi	4	5
		Luapula/Mansa	2	4 (25)
		Northern/Nakonde	3	3
Kasama	3	7		
TOTAL				252

Attachment C: Phase 1 and 2 – Facilities and Services

Central Province				
District	Phase	Facility	Service strengthened	Service initiated
Kabwe	1	Kabwe General Hospital	CT, CC, PMTCT, ART	
		Bwacha Health Center	CT, CC	PMTCT
		Mahatma Gandhi Health Center	CT, CC, PMTCT	ART
		Makululu Health Center	CT, CC, PMTCT	
		Pollen Health Center	CT, CC, PMTCT	
	2	Kabwe Mine Hospital	CT, CC, PMTCT, ART	
Mkushi	1	Mkushi District Hospital	CT, CC	ART, PMTCT
		Chibefwe Health Center	CC	CT, PMTCT
		Chalata Health Center	CC	CT, PMTCT
		Masansa Health Center	CC	CT, PMTCT
Serenje	2	Serenje District Hospital	CT, CC, PMTCT, ART	
		Chitambo Hospital	CT, CC	ART, PMTCT
Chibombo	2	Liteta District Hospital	CT, CC, ART	PMTCT
		Chikobo Rural Health Center	CT, CC	PMTCT
		Mwachisopola Rural Health Center	CT, CC	PMTCT
Copperbelt Province				
District	Phase	Facility	Service strengthened	Service Initiated
Ndola	1	Ndola Central Hospital	CC, PMTCT, ART	CT
		Arthur Davison Hospital	CT, CC, ART	PMTCT
		Lubuto Health Center	CT, CC, PMTCT, ART	
		Chipulukusu Health Center	CT, CC, PMTCT	ART
		Mushili Clinic	CT, CC, PMTCT	
		Nkwazi Clinic	CT, CC, PMTCT	
		Chipokota Mayamba Health Center	CT, CC, PMTCT, ART	
		Kawama Health Center	CT, CC, PMTCT	
		Ndeke Health Center	CT, CC, PMTCT	
Chingola	1	Nchanga North General Hosp	CT, CC, ART	PMTCT
		Chiwempala Health Center	CT, CC	PMTCT, ART
		Chawama Health Center	CT, CC	PMTCT
		Kabundi East Clinic	CT, CC	PMTCT
Kitwe	1	Kitwe Central Hospital	CT, CC, PMTCT, ART	
		Ndeke Health Center	CT, CC, PMTCT, ART	
	2	Buchi Health Center	CT, CC, PMTCT	
		Chimwemwe Clinic	CT, CC, PMTCT, ART	
Luanshya	2	Luangwa Health Center	CT, CC, PMTCT	
		Thompson District Hospital	CT, CC,	ART, PMTCT
		Mikomfwa Health Center	CC	CT, PMTCT
Mufulira	2	Mpatamatu Sec 26 Urban Clinic	CC	CT, PMTCT
		Kamuchanga District Hospital	CT, CC, PMTCT, ART	
		Clinic 3 Mine Clinic	CC, PMTCT	CT
Kalulushi	2	Kansunswa Health Center	CC, PMTCT	CT
		Kalulushi Government Clinic	CT, CC, ART	PMTCT
		Chambishi Health Center	CT, CC	PMTCT

Luapula Province				
District	Phase	Facility	Service strengthened	Service initiated
Mansa	1	Mansa General Hospital	CT, CC, PMTCT, ART	
		Senama Health Center	CC	CT, PMTCT
		Central Clinic	CT, CC	PMTCT
		Matanda Rural Health Center	CC	CT
		Chembe Rural Health Center	CC	CT, PMTCT
Kawambwa	2	Kawambwa District Hospital	CT, CC, PMTCT, ART	
		Kwambwa Health Center	CT, CC	PMTCT
		Mbereshi Hospital	CT, CC	PMTCT, ART
Mwense	2	Mambilima Health Center	CT, CC,	PMTCT, ART
		Mwense Health Center	CT, CC	PMTCT
Samfya	2	Lubwe Mission Hospital	CT, CC, ART	PMTCT
		Samfya Health Center	CT,CC	PMTCT
Northern Province				
District	Phase	Facility	Service strengthened	Service initiated
Kasama	1	Kasama General Hospital	CC, ART	CT , PMTCT
		Kasama Urban Health Center	CT, CC	PMTCT
		Location Urban Health Center	CC	CT, PMTCT
		Chilubula Mission Rural Health Center	CT, CC, PMTCT	
		Lukupu Rural Health Center	CC	CT, PMTCT
Nakonde	1	Nakonde Rural Health Center	CT, CC	PMTCT, ART
		Chilolwa Rural Health Center	CC	CT, PMTCT
		Waitwika Rural Health Center	CC	CT, PMTCT
		Mwenzu Rural Health Center	CC	CT, PMTCT
Mpika	2	Mpika District Hospital	CT, CC, PMTCT, ART	
		Mpika Health Center	CT, CC, PMTCT	
Chinsali	2	Chinsali District Hospital	CT, CC, ART	PMTCT
		Chinsali Health Center	CT, CC	PMTCT
Mbala	2	Mbala General Hospital	CT, CC, ART	PMTCT
		Mbala Urban Health Center	CC	CT, PMTCT
		Tulemane Urban Health Center	CT, CC	PMTCT
Mpulungu	2	Mpulungu Health Center	CT, CC	PMTCT, ART
North Western Province				
District	Phase	Facility	Service strengthened	Service initiated
Kabompo	1	Kabompo District Hospital	CT, CC, PMTCT	ART
		St. Kalembe Rural Health Center	CT, CC	PMTCT
Solwezi	1	Solwezi General Hospital	CT, CC, PMTCT, ART	
		Solwezi Urban Health Center	CT, CC	PMTCT
		Mapunga Rural Health Center	CC	CT, PMTCT
		St. Dorothy Rural Health Center	CC	CT, PMTCT
	2	Mutanda Health Center	CC, CT	PMTCT
Zambezi	2	Zambezi District Hospital	CT, CC, PMTCT	ART
		Zambezi Urban Health Center	CC, PMTCT	CT
		Mize Health Center	CT, CC	PMTCT
Mwinilunga	2	Mwinilunga District Hospital	CT, CC, PMTCT, ART	
		Kanyihampa Health Center	CC, PMTCT	CT

**ATTACHMENT D:
ZPCT TECHNICAL STRATEGIES
1 NOVEMBER 2005**



ZAMBIA HIV/AIDS PREVENTION, CARE AND TREATMENT (ZPCT) PARTNERSHIP

November 1, 2005

Introduction: The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership, funded by the U.S. President's Emergency Plan for AIDS Relief through USAID, works with the Ministry of Health (MOH)/ Central Board of Health (CBoH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART. The partnership reaches from the community to the tertiary level health facilities. The objectives of the partnership are to:

- Increase access to and use of HIV counseling and testing (CT) services.
- Increase access to and use of interventions for preventing mother-to-child transmission of HIV (PMTCT).
- Increase access to and strengthen delivery of clinical care for HIV/AIDS including diagnosis, prevention and management of opportunistic infections (OIs) and other HIV related conditions.
- Increase access to and strengthen delivery of ART services at the provincial and district levels.

Project Management Team: Family Health International is the prime on this cooperative agreement with USAID, with Management Sciences for Health (MSH) and the International HIV/AIDS Alliance (IHAA) as sub partners. In addition ZPCT works with the following Zambian associate partners: Churches Health Association of Zambia (CHAZ), the Expanded Church Response (ECR) and Kara Counselling and Training Trust.

ZPCT has a central office in Lusaka to ensure coordination and collaboration with USAID, other U.S. Government partners, the GRZ, and cooperating agencies. Five provincial offices in Central, Copperbelt, Northern, North Western and Luapula provinces provide ongoing assistance to the 81 facilities being assisted by this partnership.

Strategic Approach: The ZPCT strategic approach is based on access, equity and establishing sustainability. ZPCT began in October 2004 with national and provincial meetings with the CBoH/MoH and other partners to discuss plans for the first year of implementation and lay the groundwork for continuing collaboration with government and partners. In consultation with the CBoH at national and provincial levels, 9 districts and 43 facilities within these districts were chosen for assistance. Agreements were drawn up and implementation of these first phase sites began in May 2005. In July and August the second phase sites were assessed and implementation began in an additional 15 districts and 38 sites in October 2005. Support to these 81 facilities includes, training, refurbishments, and ongoing technical assistance to ensure quality services.

ZPCT's goal is to increase the capacity of the Zambian Government to provide ART, PMTCT, palliative care and counseling services by strengthening and supporting the MoH policies. As directed by the GRZ, ZPCT is reaching out to rural as well as urban areas and is piloting new approaches to training, human resources and accessibility of services.

Technical Strategies: ZPCT is working in the following technical areas to strengthen and support the quality of services at the government facilities and the surrounding communities.

Community

- Increase awareness of and demand for PMTCT, ART/OI, and CT services in the community
- Increase community acceptance of people living with HIV/AIDS
- Increase community involvement in HIV/AIDS activities for sustainability
- Work through CBOs and neighbourhood health committees
- Work with CBOs and health staff on stigma and discrimination
- Address gender issues in all community programs



Referral Networks

- Linking organizations and groups to ensure the best quality of life possible for people living with and effected by HIV/AIDS
- Development of guidelines for building or strengthening a referral network
- Building Provincial and District level consensus on network principles, including ensuring a feed back loop.
- Participatory mapping of groups involved in HIV/AIDS programs in the district
- Developing and implementing referral directories and standardized referral tools to ensure effective referrals and feedback
- Maintaining referral networks by placing provincial and district level network coordinators

Counseling and Testing

- Expanding geographic coverage by initiating new and strengthening existing CT sites
- Facilitation of same day results by encouraging testing by all trained counselors
- Broadening entry points for CT and encouraging provider-initiated CT in different clinical areas
- Training of health care workers and community (lay) counselors in provision of CT
- Facility refurbishment to provide CT services
- Train staff in commodity management
- Development and adaptation of flow charts and QA tools

PMTCT

- Training HCWs in PMTCT
- Facilitate implementation of the GRZ 'Opt Out' approach in ANC
- Integrate PMTCT services into regular ANC/MCH and outreach programs
- Facilitate same day testing and results by the trained PMTCT providers
- Strengthen linkages between PMTCT and ART by facilitation of CD4 testing for positive pregnant women
- Linkages to Family Planning and community programs for follow up and referral
- Support PMTCT-plus
- Development and adaptation of flow charts and QA tools

ART/Clinical palliative care

- Capacity building of health care workers in ART/clinical care management (which includes TB/STI), adherence counseling and ART information systems
- Setting up and strengthening adherence counseling services in all ART sites.
- Establish integrated HIV/AIDS service patient flow systems
- Outreach from hospitals/DHMT to provide ART in health centers
- Provision of job aids and on site technical support and mentoring to help improve the quality of services
- Establish sample referral systems between hospitals and health centers

Pharmacy and Lab

- Strengthen staff capacity in commodity management and pharmaceutical and lab service delivery
- Improve/refurbish work and storage areas at facilities and provide basic pharmacy equipment
- Provide essential laboratory equipment to improve diagnostic and monitoring capacity – "zoning"
- Strengthen quality assurance systems – i.e. SOPs
- Collaboration with other partners - JSI/Deliver, CDC
- Strengthen information management in pharmacy and laboratory – e.g. ARV Dispensing Tool
- Testing corners to increase accessibility to quality testing
- Facilitate quality sample referral system

Monitoring and Evaluation

- Collaborate with MOH/CBoH and other partners to harmonize all reporting systems (*Three Ones* principle)
- Work with the CBoH to strengthen the HMIS (ART and CT/PMTCT information systems)
- Build M&E capacity for government and NGOs
- Development of standard patient tracking system with the CBoH and other partners (CDC, CIDRZ, CRS)
- Distribution and training on CT/PMTCT and ART registers

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Challenges

Human Resources

- Staff capacity and availability at all levels within the provinces are considerably below what is required, especially at the health center level
- Staff attachment to the MoH
- Part time and extra shifts being attempted

National Guidelines and Protocols

- Not widely distributed and available at the health facilities
- In addition, quality assurance protocols and systems are in development

Monitoring and Evaluation

- ART IS
 - Paper based data system used at most ART sites
 - Designed to provide history of patient visits and progress
 - Time consuming to complete; seldom kept up to date
 - Can work in a facility with a low patient load
 - CBoH led Harmonization process of ART M&E
 - Developing Patient Tracking System (PTS) with clinical forms and facility-based patient databases
 - Defines minimum standard ART data elements, including progress and quality of care
 - Eventually all ART sites to have PTS with computer
- Palliative care – collection of data

Transition to Free ARVs

- The new policy will increase demand for services
- Facilities still charging for laboratory tests
- Many health facility staff, as well as their clients, are unaware of the exemption policy and criteria
- Availability of test kits and reagents lead to ZPCT procurement
- Reagents are not part of the ARV blanket waiver

Hard to reach districts and facilities

ZPCT Targets

Indicator	Targets		
	FY 05*	FY06**	FY07
Individuals receiving CT services	51,640	83,343	87,510
Pregnant women provided with PMTCT services, incl. CT	62,010	90,877	95,421
Pregnant women provided with a complete course of ART prophylaxis	13,642	20,447	21,470
New clients receiving ART	7,200	12,551	13,179
All clients receiving ART	Not available	24,800	38,947

*Targets from the ZPCT Work plan

** Targets for 18 months April 2006 – September 2007

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ZPCT Results May 2005 – September 2005

Indicator	Achievements for July – September 2005		
	May – June 05	July – Sept 05	May – Sept 05
CT			
Service Outlets	33	43	43
Persons Trained in CT	77	84	161
Persons receive CT services	2,598	6,790	9,388
PMTCT			
Service Outlets	36	41	41
Providers trained in PMTCT	45	68	113
Pregnant women provided with PMTCT service, including CT	692	4,607	5,299
Pregnant women provided with a complete course of ART prophylaxis	122	282	404
Basic Health Care and Support			
Strengthen Facilities to provide clinical palliative care services	43	43	43
Service Outlets/programs providing general HIV-related palliative care	43	43	43
Persons provided OI management and/or prophylaxis	6,410	9,942	9,942
Persons provided with general HIV-related palliative care	6,410	9,942	9,942
Persons trained to provide general HIV-related care	100	86	186
ART Services			
ART service outlets providing treatment	12	15	15
Health workers trained	100	86	186
New clients for ART	976	2,145	3,121
Persons receiving treatment	6,153	8,834	8,834

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Technical Overview

1 November 2005

The mandate of the ZPCT Community Mobilization Unit, lead by the International HIV AIDS Alliance, is to increase community acceptability and access to HIV/AIDS services supported by ZPCT in the Government of Zambia health facilities in Central, Copperbelt, Luapula, Northern and Northwest provinces. Working with various community based structures and health facilities ZPCT will aim at:

- Increasing access to and use of HIV counseling and testing (CT) services.
- Increasing access to and use of interventions for preventing mother-to-child transmission of HIV (PMTCT).
- Increasing access to clinical care for HIV/AIDS including diagnosis, prevention and management of opportunistic infections (OIs) and other HIV related conditions and systems.
- Increasing access to and strengthen delivery of ART services at the provincial and district levels.

Technical Strategy

- **Working with CBOs/NGOs and FBOs:** ZPCT is providing grants to implementing partners in each target district. The implementing partners are local community based organization (CBOs), non-governmental organizations (NGOs) or faith based organizations (FBOs) already existing, and doing HIV/AIDS related activities in the community.
- **Lay Counselors:** Lay counselors provide HIV counseling at the health facilities to assist the overworked health care workers and also provide counseling services in the community.
- **Community Motivators:** Where CBOs are not active in catchment areas surrounding supported facilities, and to augment the CBO activities ZPCT will work with existing community structures such as neighborhood health committees, to raise awareness on the availability of HIV/AIDS services in the facilities and to make referrals to the facilities for services.
- **Mobile CT services:** The ZPCT community program will link with the facilities to support mobile CT services in remote areas. The community will be mobilized and organized around mobile CT visits to increase utilization.
- **Reducing Stigma and Discrimination levels:** Stigma and discrimination negatively affects people's will to access CT and PMTCT services available in the community. ZPCT is training trainers and motivators in stigma and discrimination alleviation both at community and facility levels.
- **Treatment Support Workers (TSWs)** – ZPCT is training individuals to support PLHA on treatment. These TSWs will identify barriers to service, increase adherence and support the client to continue treatment.

Key Activities

- **Lay counselors:** 50 lay counselors have been trained in three provinces. The ultimate goal is to have three lay counselors per facility to assist the severely overworked health care workers.
- **Treatment Support Workers:** 14 treatment support workers from four districts (Ndola, Mansa, Solwezi and Kabompo) have received the training. The majority of those trained are people living



with HIV/AIDS. The TSWs are also working with CBOs such as *Redemption Coalition for PLHA and OVCs* to actively encouraging more people living with HIV/AIDS to access treatment services.

- **Community Mobilization skills training:** 108 members of staff and volunteers from 5 partner community based organizations have been trained in community mobilization skills. The workshops provided technical information about ART, PMTCT, palliative care and CT. Using participatory learning methods participants explored various methodologies that they use in their mobilization activities
- **Stigma and Discrimination Training:** 18 participants from five provinces have been trained as trainers in reducing stigma and discrimination. These trainers will then facilitate district level workshops and hold discussions within the community and with facility staff to reduce stigma and encourage people to access the HIV/AIDS services.
- **Use of community theatre:** CBOs are using various theatrical performances to deliver information about increasing awareness of and access to PMTCT, CT and ART. Performances include plays, sketches, songs and dance to use entertainment to raise awareness and increasing community members' knowledge of the HIV/AIDS services available.
- **Increasing male participation in PMTCT:** To ensure that men do not hinder women's access to PMTCT services, partners are engaging community leaders (the majority of whom are male), holding discussions with couples, and creating and motivating PMTCT support groups.
- **Door to door sensitization:** peer educators, people living with HIV/AIDS, members of the neighborhood health committees and home based care volunteers are carrying out door to door visitation to explain to members of the household the HIV/AIDS services.
- **Referrals:** CBOs are referring clients to health facilities to access HIV services. As the referral systems are refined the CBOs will play a vital role to strengthen feedback between the facilities and the community.

Challenges

- **Coordinating Referral information between CBO/NGO and the facility.** The referral systems are being strengthened and in some cases developed. District wide and facility level meetings are being held to fine tune the referral system in each district and at each facility in relation to partner organizations in the community.
- **Motivating lay counselors, motivators and treatment support workers:** The CBO rely on volunteers for their activities. ZPCT is exploring different methods to motivate these community volunteers to continue their important activities.
- **Use of existing community structures:** ZPCT will expand community mobilization activities by increasing collaboration with community level structures such as Neighborhood health committees, community health workers, traditional birth attendants, traditional healers and traditional leaders.
- **Policy** - ZPCT will explore opportunities for training lay counselors to do rapid HIV testing so that immediately after counseling they can test the client and provide same day results.

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Technical Overview

1 November 2005

With the HIV prevalence currently estimated at 16% among the 15- 49 year old age group and almost 200,000 eligible for antiretroviral therapy (ART), GRZ is grappling with the challenge of training health care workers to provide effective, quality services as the ART program is expanded. Training and retention of adequate human resources is central to the successful scale up of HIV/AIDS prevention, care and treatment programs, to meet the national goal of reducing prevalence rates and expanding provision of ART to the high rate of people currently infected with HIV. However, critical shortages of health staff, partly due to the high rate of qualified health staff migration to other countries, continue to be a challenge for the Government of the Republic of Zambia (GRZ).

Technical Strategy

ZPCT is assisting the GRZ to train HCWs in counseling and testing (CT), prevention of mother to child transmission (PMTCT), clinical care provision to facilitate scale up of the ART program in Central, Copperbelt, Luapula, Northern and Northwest provinces. National training packages and national trainers are being used where available and ZPCT is working with the MOH/CBoH to develop and adapt national training packages for technical areas where none are available.

- ZPCT works closely with the CBoH at the national level to build the corps of national trainers in ART, OIs, and PMTCT. Program training activities are planned and implemented in partnership with the Central Board of Health (CBoH) and the Provincial Health Office (PHO).
- ZPCT will work with the PHO and the district health management teams (DHMT) to ensure that training supported by ZPCT is integrated into the relevant action and training plans.
- Capacity building efforts includes monitoring and supervision. ZPCT will work with the CBoH, HSSP, and other relevant partners to expand and improve tools used in the provinces, districts, and health centers to guide supervision and monitoring of service provision.
- ZPCT will work with DHMTs and PHOs to provide consistent and timely follow up of issues noted during supervisory and performance assessment visits. Assistance will be provided through visits, during routine monthly and quarterly meetings, and other continuing education opportunities.

Key Activities and Achievements

Activities	Progress as of 30 Sept 2005
Provincial Orientations	Total of 1,473 participated including <ul style="list-style-type: none"> • Copperbelt 544 HW from 12 facilities • Northern 194 HW from 10 facilities • Central 381HW from 10 facilities • Luapula 208 HW from 5 facilities • North western 130 from 6 facilities
Training Planning Meeting with CBOH and national trainers for each technical area	Done for all technical areas
Provincial Training Planning Meetings	Done in all provinces and ongoing



Activities	Progress as of 30 Sept 2005
Provincial level workshops for districts in different technical areas	<p>The following were trained in each technical area</p> <ul style="list-style-type: none"> • counseling and testing and counseling supervision 161 (CT 104 and CS 57) health workers (HW) from all phase 1 facilities • ART/OI 186 HW from all Phase1 facilities • PMTCT 113 HW from all Phase 1 facilities • M & E 471 trained CT, ART/OIs and PMTCT • Laboratory and pharmacy ART training 104 HW trained
Training follow up supervision visits	To start in next quarter
HIV Clinical Case Review Seminars	To start next quarter
Provincial meetings	To start next quarter

**This table includes data from beginning of implementation at the health facility and district level (May 1, 2005).*

Challenges

- **Critical shortage of staff in health facilities** - The limited number of available staff are stretched to cover the health facilities. Taking staff for training disrupts the on going services. Innovative training approaches such as on site training is being implemented where possible.
- **Training is expensive** - training requires development of national training packages, guidelines, training of trainers and provision of necessary logistics to facilitate training. On site training will also help to decrease costs.
- **Retention of trained staff** - once trained it is important that the staff is retained.
- **Lack of national training packages in some technical areas** (such as CT and Adherence counseling) – ZPCT is working with the MOH and the CBoH to develop these materials.

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Technical Overview

1 November 2005

HIV counseling and testing is the entry point to comprehensive HIV/AIDS services - treatment, care and support. However, less than 10% of people in Africa have access to counseling and testing. If Zambia is to achieve the goal of making HIV/AIDS services accessible to all that need them, CT must be made easily accessible and acceptable to communities. ZPCT will assist the GRZ to expand geographical coverage for CT, increase number of clients seen in some of the existing underutilized CT services, promote male access and uptake, and broaden the range of services provided at CT sites to include client initiated, provider initiated and PMTCT.

High standards of counseling and testing are critical and providers are trained to uphold these standards which include the voluntary nature of HIV testing; the need to obtain informed consent; confidentiality of the process and; access to high-quality supportive counseling.

Technical Strategy

ZPCT Partnership, in collaboration with the Government of Zambia, will facilitate expansion and strengthening of counseling and testing in the five northern provinces of Zambia, Central, Copperbelt, Luapula, Northern and Northwestern. By October 2005 CT services were initiated or strengthened in 25 of the 42 districts and in 78 facilities in these target provinces. To expand access and coverage as rapidly as possible, ZPCT is working with the District Health Management Teams (DHMTs) and facility staff to identify and broaden entry points to testing. In each of the health facilities, space has been identified and will be dedicated to counseling and testing services.

To facilitate rapid scale up of CT services, including expanding access and coverage as rapidly as possible, the ZPCT in collaboration with the Provincial Health Offices, DHMTs and facility management will broaden entry points for testing through:

- Expanding testing to clinical areas such as sexually transmitted infections (STI) and tuberculosis (TB) clinics, in-patient and general outpatient departments, home care programs, pediatric clinics, and in post-exposure situations;
- Expanding and integrating CT services linked to antenatal clinic (ANC) services
- Establishing CT rooms within the health facilities for those who just want to know their status;
- Use of lay counselors in health facilities and communities
- Innovations such as use of multidisciplinary mobile outreach counseling teams;
- Working to ensure same day testing and results; provision of testing corners in CT rooms
- Ongoing mentoring, supervision and monitoring and evaluation of CT services.
- Sensitizing trained health care workers to make deliberate efforts to refer clients who are positive to care and treatment.

Key Activities

At facility level:

- Infrastructure improvement: Refurbishment of identified CT rooms within facility.
- Human resource -training of health care workers in CT; training of lay counselors and counselor supervisors.
- Guidelines and standard operating procedures (SOP) - distribution of national guidelines to all facilities and orientation of staff in their use; development of standardized and tailored SOPs for CT for the different types of facilities and cadres (rural HC, peri-urban HC and hospital; health care worker use vs. lay counselor)
- Test kits and supplies - the laboratory and pharmacy unit of ZPCT will ensure that facility and DHMT staff are trained in forecasting and procurement of HIV test kits and supplies to ensure an uninterrupted supply



- Expand CT to other clinical areas such as TB, STI and ANC clinics
- Regular monitoring and evaluation visits to ensure quality

At community level,

- Increase awareness and mobilize the community for increased access to and use of CT services
- Establish strong, workable referral networks to and from facilities/community with DHMT
- Initiate discussions for mobile CT services in the district

At PHO/DHMT level, ZPCT will support their HIV/AIDS activities and

- Participate in their annual planning meetings and ensure integration of ZPCT activities into PHO and DHMT annual plans
- Participate in the quarterly supportive supervision and assessment visits to all ZPCT sites
- Provide management and supervisory training as needed for DHMT staff

List of Indicators and Targets

Indicator	Target as of 31 Mar 2006	Progress as of 30 Sept 2005
Health care providers trained in CT	200	161
Number of service outlets	60	43
Number of clients tested	51,640	9,388

**This table includes data from the beginning of implementation at the health facility and district level (May 1, 2005).*

Challenges

- Human resource constraints - ZPCT will train lay counselors and place them at facilities to help with the pre-test counseling and also provide on-going supportive counseling. ZPCT is also exploring the secondment of staff on government conditions to these facilities and will support retention by training, supporting monthly technical meetings at facilities
- Lack of community awareness of the availability of comprehensive HIV/AIDS care packages – ZPCT is promoting community mobilization by CBOs, NGOs, and faith based groups to create awareness and demand for these services
- Stigma and discrimination creates a bottleneck for access and utilisation of services even when the community is aware of the benefits of CT. Community and health care worker sensitization training is being conducted to create community acceptable services at the clinics.
- Shortages of test kits and supplies due to non availability at central level or due to poor forecasting and procurement practices. Staff will be trained in forecasting, procurement to make sure the district procurement needs are correctly identified.
- Policy issues include the need to provide testing by non- health care workers to expedite the process.

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Technical Overview

1 November 2005

The prevalence of HIV among pregnant women in Zambia is high. In the 2001 sentinel survey prevalence was high as 30% in some areas. ZPCT is working with the Central, Provincial and District Boards of Health and the Ministry of Health to integrate PMTCT into existing Maternal and Child Health services:

- Preventing HIV infection in women of childbearing age through risk reduction counseling of ANC and Maternal and Child Health (MCH) clients and their partners and promotion of PMTCT services at the community and site levels.
- Preventing unintended pregnancies among HIV-infected women through referrals to family planning (FP) services.
- Preventing perinatal HIV infection through universal counseling and testing, short-course ARV prophylaxis for mothers and infants, good obstetric practices and safe infant feeding counseling and support.
- Follow-up care and support for mother-infant pairs and their families through provision of and referrals to comprehensive HIV/AIDS care, treatment and support services.

ZPCT's Technical Strategy

ZPCT is working closely with the Zambian government to scale up PMTCT activities as part of a comprehensive HIV prevention, care and support program. The PMTCT component is being integrated and closely coordinated with MCH and FP services, and linked to other HIV prevention, care, treatment and support efforts in the facilities and community. The minimum PMTCT package is being offered, strengthened, and monitored at all ZPCT-supported PMTCT sites. ZPCT's technical approach includes:

- Integration of counseling and testing (CT) for women and their partners in ANC Settings using the 'opt out' approach which is in the national PMTCT guidelines.
- Antiretroviral chemoprophylaxis and full ART.
- Strengthening linkages between PMTCT services and FP as part of the continuum of care.
- Providing comprehensive care and support to mothers, children and their families (PMTCT-Plus). ZPCT will facilitate CD4 count for all pregnant women and refer for ART if they qualify.
- Strengthening of PMTCT services and follow-up care and support through: post-natal counseling; infant feeding counseling; community follow-up and support; mother-infant tracking.

Key Activities

In each of the facilities that ZPCT supports, the following are the activities:

- Infrastructure - refurbishment of identified PMTCT rooms within facility.
- Capacity building - training of health care workers (doctors, midwives, nurses, clinical officers, and laboratory and pharmacy staff) in PMTCT and mentoring the trained staff by provincial ZPCT CT and PMTCT staff as they provide services.
- Commodities – procurement of test kits, supplies and ART for PMTCT.



- Laboratory and pharmacy support – training of facility and DHMT staff in forecasting and procurement of HIV test kits, supplies and NVP to ensure an uninterrupted supply. Monthly meetings supported by ZPCT in each of the facilities. This will encourage sharing experiences and learning from each other.
- Monitoring and evaluation - ensure correct entry of data by the counselors to ensure that the program is running effectively and reaching its intended goals.

At community level, our focus will be in the communities around the facilities. These are the ones that will be expected to utilize the services there. ZPCT will;

- Increase awareness and mobilize the community for increased access to and use of PMTCT services
- In collaboration with DHMT, establish strong, workable referral networks to and from facilities/community
- Develop a referral model that provides care and support by linking PMTCT HIV+ women and their families to the ART program
- Mobilize for male involvement in PMTCT activities

List of Indicators and targets for PMTCT

Indicator	Target as of 31 Mar 2006	Progress as of 30 Sept 2005
Health care providers trained in PMTCT	175	113
Number of service outlets	65	41
Pregnant women provided with PMTCT services	60,000	5299
Pregnant women provided with Nevirapine	13,642	404

**This table includes data from the beginning of implementation at the health facility and district level (May 1, 2005).*

Challenges

- Human resource constraints - ZPCT is training lay counselors and placing them at facilities to help with the pre-test counseling and to provide on-going supportive counseling.
- Lack of awareness of the availability of comprehensive HIV/AIDS care packages – Community mobilization activities are being planned with CBOs, NGOs, churches and community motivators.
- Male involvement - There is very limited male involvement in ANC and postnatal care while men are normally the decision makers even on matters of health for a pregnant woman. It is therefore critical that they are involved.
- Stigma & discrimination of PLHA - creates a bottleneck for access and utilisation of services even when the community is aware of the benefits of PMTCT. ZPCT is conducting community and health care worker sensitisation on stigma reduction.
- Shortages of test kits and supplies hinder the smooth running of services. – ZPCT is procuring emergency test kits to fill current gaps while working with JSI/Deliver and the MOH for ongoing procurement.

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Technical Overview

1 November 2005

Zambia is one of the 15 focus countries that benefit from the U.S. Government's Emergency Plan for AIDS Relief. Zambia has a population of 10.9 million with approximately one million Zambians who are HIV positive. An estimated two hundred thousand people may require treatment with ARVs and in September 2005 only 30,000 Zambians are receiving antiretroviral therapy. ZPCT is working with the Government of Zambia to scale up CT, PMTCT and ART in the 5 northern provinces of Zambia – Central, Copperbelt, Luapula, Northern and Northwestern.

Technical Strategy

The ZPCT Partnership is supporting the MOH/CBoH in their plans to scale up provision of quality comprehensive clinical care services for PLHA through rapid capacity building of health care workers, ensuring provision of treatment for opportunistic infections and ART, assisting with quantification and forecasting of ARV drugs at the provincial and district level, providing needed test kits and laboratory equipment and renovation facilities to provide comprehensive ART services. ZPCT is currently working at national, provincial and district level with the MOH/CBoH in 25 of the 42 districts including 15 ART sites and 43 clinical care sites. ZPCT support includes:

- Strengthening/development or adaptation of policies, guidelines and SOPs in line with requirements of the MOH/CBoH.
- Facilitate training to build capacity of staff in ART including post exposure prophylaxis, effective management of opportunistic infections in line with national guidelines and adherence counseling.
- Provide ART information system training in collaboration with the M&E staff immediately following ART training.
- Ensure initiation or strengthening of ART centers in all districts of the 5 targeted provinces.
- Establish strong linkages between Clinical Care and CT/PMTCT/TB/STI/Youth-friendly services etc.
- Establish systems to manage laboratory sample transfers from remote facilities to facilities that have CD4 count machines.
- Facilitate outreach programs for ART trained medical doctors to health centers in the districts to manage ART clinics and to also look into the possibility of running ART mobile services to remote areas.
- Follow up support supervision for the trained staff to ensure delivery of quality health services.

Key Activities

The following are the key activities being undertaken and planned in order to strengthen, expand and initiate ART/CC services:

- Training in ART and management opportunistic infections and adherence counselling at facility level – including refresher courses in ART/OI and paediatric ART. 186 health workers from all 5 provinces have been trained in the CBoH Comprehensive Management of Opportunistic Infections and ART curriculum.
- ZPCT participates in the National Technical Working Group on Treatment and Care for PLWHA and on national committees on palliative care.
- Provision, adaptation and revision of Guidelines and Standard Operating Procedures (SOP) and orientation in the use of the ART, PEP and Adherence counselling SOP's
- Sourced and distributed 80 National Guidelines in the Management of HIV/AIDS booklets to Copperbelt and Luapula Province, 150 Standard treatment Guidelines and IEC material to all sites..
- Strengthening and establishment of referral and outreach systems
- Supply of equipment for clinical care such as thermometers, BP machines, scales, diagnostic sets
- Development, printing and distribution of job aids.
- Standardization of the patient tracking system: the unit, in collaboration with the M&E unit, developed a clinical care form to be used in the patient tracking system, which is being reviewed by the CBoH.
- Strengthening clinical care support services e.g. Laboratory, pharmacy, logistics management and M&E
- Ongoing monitoring and supervision during TA visits to maintain quality services.



List of Indicators and Targets

Indicator	Target as of 31 Mar 2006	Progress as of 30 Sept 2005
Health care providers trained in ART/OI	200	186
Number of service outlets strengthened/expanded to provide clinical palliative care services	43	43
Number of service outlets initiating ART services	6	5
Number of clients provided with Clinical Care services including management of OI's/or prophylaxis	15,826	9,942
New HIV+ clients on ART	7,200	3,121
Persons receiving ART	15,027	8,834

**This table includes data from the beginning of implementation at the health facility and district level (May 1, 2005).*

Challenges

- **Human Resources**

Many GRZ critical positions are not filled at the facility level. ZPCT is working with the MOH to set up a mechanism to recruit and maintain staffing levels.

- **Training**

A critical bottleneck to delivering HIV clinical care services is the lack of trained staff in the health facilities. ZPCT Partnership is training health workers in the management of opportunistic infections, other HIV-related conditions and ART. ZPCT is also training staff in adherence counseling.

- **Laboratory costs**

While treatment is now free in Zambia, the cost of reagents for the laboratory tests has been a problem. The supply has been erratic, so hospitals are purchasing their own reagents and passing that cost on to the clients. ZPCT is working with the CBoH to procure reagents as a stop gap measure while the GRZ works out a steady supply of these important laboratory supplies.

- **Logistics Management**

The supply of drugs for OI prophylaxis, OI treatment, and management of adverse symptoms at most sites is erratic. Paramount to this process is the accurate quantification and forecasting of ARV's at the central level and at facility level (taking into account the expected high numbers of new patients) to prevent stock outs and ensure distribution to health facilities.

- **Infrastructure/Equipment**

The facilities need some refurbishments in order to take on a comprehensive care and ART program. ZPCT is currently in the process of procuring equipment and refurbishing infrastructure in some of the facilities.

For additional information in this technical area, please contact:
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Technical Overview

1 November 2005

ZPCT is working with the MOH/CBoH to strengthen the Health Management Information System (HMIS) to ensure that it satisfies the data needs of all stakeholders in the HIV/AIDS service provision programs. Specifically, the ZPCT Partnership will support implementation of a rigorous M&E effort that facilitates real-time evidence-based decision-making to guide rapid scale-up, as well as respond to the information needs of the Zambia's CBoH, USG, USAID/Zambia and National AIDS Committee (NAC). ZPCT is working with all partners to harmonize the information systems of different HIV/AIDS data systems to avoid duplication of efforts in support of the "three ones" principle of one Monitoring and Evaluation system in the country.

Technical Strategy

The M&E system designed for ZPCT focuses on activities undertaken and results achieved at the facility, district and provincial levels in the 5 target provinces of Central, Copperbelt, Luapula, Northern and Northwest and provide a basis for:

- Monitoring performance in achieving rapid scale-up of quality HIV-related services;
- Ensuring that best practices for ART/clinical care, VCT and PMTCT service provision are documented and shared with other stakeholders in these thematic areas;
- Ensuring that best practices for ART are developed through evidence-based approaches and implemented properly by monitoring adherence, immunologic and clinical response, and applying results from program activities;
- Measuring the contribution of program efforts to the achievement of Zambian Central Board of Health (CBoH), USAID/Zambia, the President's Emergency Plan for AIDS Relief and the National AIDS Council (NAC) objectives;
- Strengthening M&E capacity at the national, provincial and district levels;

ZPCT M&E activities will:

- **Ensure adequate conceptualization & implementation of a harmonized M&E system** by ensuring that the ZPCT M&E system is consistent with national M&E plans and requirements, that all the M&E indicators, data sources, baselines, targets, data collection activities and timeframes for data reporting are consistent between partners without creating a duplication of activities at all levels.
- **Ensure adequate utilization of the results from M&E activities to improve the implementation of project activities.** The ZPCT M&E unit will document and disseminate to relevant partners ZPCT's progress towards targets during project implementation and ensure that M&E results are presented in ways/formats that can facilitate critical programmatic decision-making at the facility, district, provincial and national levels.
- **Ensure sustainability of the M&E efforts** - the ZPCT M&E unit will provide technical assistance on M&E to partners, sub-grantees and relevant national, provincial, and district level staff to strengthen their M&E activities. The unit conducts workshops, refresher in-service training, on-the-job training, and mentoring to strengthen local capacities on M&E to ensure sustainability of all these activities even beyond the project's lifespan.



Key Activities

- Training all health care and health information office staff in the GRZ's ART Information System (ARTIS)
- Training all health care and health information office staff in the GRZ's VCT/PMTCT Information System
- Collaborate with various ZPCT Technical units in the distribution of SOP's and guidelines
- Provide on-site technical assistance and mentoring to the health information staff at all levels (for district, hospital and provincial staff) in MOH/CBoH and ZPCT
- Supply of essential equipment (such as computers) for data storage and reporting in all ART clinics and some District Health Offices where needed
- Identify a suitable database for use at the Provincial and Central offices
- Develop and adopt standardized patient tracking system (for all ART clinics) in collaboration with CBoH and other partners
- Strengthening all clinical care support services in information management - laboratory, pharmacy and logistics management

Challenges

Human Resources

A critical bottleneck to collecting data for M&E activities is staff shortages. ZPCT will be recruiting data entry clerks to assist with this process. At the same time the M&E system utilizes data submitted routinely to the district health management team.

Training

All training activities carried out by ZPCT includes a day or two reserved for data collection tools and reporting so that all facility staff are aware of the reporting requirements.

Patient Information Management System/Patient Tracking System

An HMIS system—apart from ensuring accurate data collection—must be able to provide data for patient clinical management and answer operational questions and mainstream lessons learned into national ART programming. The current HMIS for ART (ARTIS) requires urgent review at the national level. Health facility staff report that the system is time consuming and involves substantial duplication. In its current form, it would become almost unmanageable as patient load increases. ZPCT is working together with CBoH and other partners in the development of a new Patient Tracking System.

Infrastructure/Equipment

ZPCT will ensure that all facilities providing ART have a computer to host the PTS database. Necessary support and accessories for the computer will also be provided to ensure continuous data entry and reporting.

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Technical Overview

1 November 2005

The mandate of ZPCT is to assist the Government of Zambia to increase access and utilization of HIV/AIDS prevention, care and treatment services in the Central, Copperbelt, Luapula, Northern and Northwest provinces. Critical to this endeavour is the availability and management of needed commodities and equipment to provide quality pharmaceutical and laboratory services. The indicator of commodity management is that high-quality commodities are continuously available and appropriately used, achieving the desired therapeutic outcomes in the patients.

ZPCT recognizes the importance of maintaining high-quality laboratory services while scaling up HIV/AIDS services. The laboratory network plays a pivotal role in establishing diagnoses of HIV and opportunistic infections, monitoring treatment and disease progression, and providing surveillance data. The laboratory services are closely coordinated with the clinical palliative care, ART, CT/PMTCT, and TB-HIV components of the program.

Technical Strategy

Pharmacy and Laboratory support activities are a part of a comprehensive HIV prevention, care and support program. The component is integrated and closely coordinated with CT, PMTCT, ART and clinical care services, and linked to other HIV support efforts in the facilities and community. ART pharmacy & laboratory services will be strengthened and monitored at all ZPCT-supported ART, PMTCT and CT sites. ZPCT's technical approach includes:

- Training staff at the facility level to effectively forecast, quantify, order, procure, and store ARVs, OI drugs, and other drugs and laboratory supplies in order to eliminate stock outs and reduce overstocking of commodities.
- Improving storage (identify space, refurbish/renovate rooms) and enhance storage conditions in pharmacies & laboratories at health centers.
- Providing essential standard equipment to enable laboratories carry out diagnosis as needed. Equipment will be provided to all ART sites to fill the gaps where identified.
- Setting up of CT testing corners to be manned by counselors to promote same day testing with results. This will be supervised by the laboratory staff to ensure quality of testing.
- Ensuring that complementary quality laboratory services are provided at all facilities by using and strengthening sample referral systems.
- Strengthen the inventory management systems, logistics, commodities and security for ARVs, OIs, and drugs for palliative care and for laboratory supplies.
- Assisting the GRZ in the formulation and implementation of standards of practice (SOPs).
- Strengthening internal quality control (QC) and external quality assurance (QA) in order to promote quality results and confidence in laboratory services

Key Activities

Training of pharmacy / laboratory staff in:

- Commodity management, including forecasting, timely ordering of needed stock, maintaining minimum/maximum stock levels, rotating stock, etc.
- Pharmacy specific - Dispensing practices; Medication use counseling & adherence counseling; Adverse Drug Reaction (ADR) reporting; Rational and irrational drug use; SOPs and site specific adaptation of the same.
- Lab specific – HIV diagnosis, monitoring and follow up, Routine preventive maintenance of equipment; Specimen collection, handling & processing; Laboratory safety & ethics; SOPs and QA
- The use of the automated Zambia Pharmacy ART program (ARTServ Dispensing Tool) & the Laboratory Information Systems



Provide supervisory support and technical assistance to pharmacies & laboratories to:

- Improve/strengthen logistics and delivery procedures/distribution subsystems for ARVs, drugs for OIs and palliative care and diagnostics
- Strengthen rational use and reporting system for drugs and reagents
- Strengthen ADR reporting, ADR monitoring, and feedback systems including for ARVs
- Ensure timely distribution of commodities
- Ensure timely performance of laboratory tests and release of results
- Improve/strengthen the use of batch quality control

Introduce automated systems to elected health centers to enhance the process of accurate inventory management of commodities.

The pharmaceutical and laboratory services collaborate and work within the GRZ national systems and programs. The Project collaborates with JSI/Deliver of quantification and forecasting issues at ZPCT-supported sites to support procurement at the national level. In addition, ZPCT coordinates key laboratory support efforts with CDC. This includes providing input and collaborating on laboratory information system, training materials, and the national laboratory quality assurance system being established by CDC with the GRZ.

Challenges

- **Human resources** – There are many unfilled pharmacy and laboratory positions in the facilities which ZPCT is trying to fill in collaboration with GRZ.
- **Policy** – Due to staff shortages other HCWs can be testing for HIV. ZPCT will assist with reviewing algorithms and testing guidelines and training packages in accordance with GRZ standards. .
- **Infrastructure** – ZPCT recognizes the need to have an optimal work environment and is assisting the GRZ to refurbish pharmacies & labs
- **ARVs, OI drugs & drugs for palliative care supply** – There is a vital need for an uninterrupted supply of these commodities & ZPCT is closely working with GRZ and JSI/Deliver to ensure that ZPCT sites are catered for in the national quota.
- **HIV test kit / Reagent supply** – There is a need for an uninterrupted supply of HIV test kits and reagents. ZPCT is assisting with stop-gap procurement.
- **Diagnostic Equipment and Quality Control and Assurance** – ZPCT is working closely with GRZ and CDC to ensure ZPCT sites are maintained at the highest quality of service provision. This includes ensuring equipment calibration & routine preventive maintenance.

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