



**Zambia HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership
Cooperative Agreement No. 690-A-00-04-00319-00
Quarterly Report for January 1 – March 31, 2006
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 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 were focused on initiation and strengthening of services in 43 facilities in nine districts in the five project provinces. In Phase 2, the Partnership continued support to the facilities supported during Phase 1, while expanding project activities to an additional 15 districts and 39 facilities. During this reporting period, ZPCT continued support to 43 Phase 1 facilities and provided support to 39 facilities identified in Phase 2.

Key activities and achievements for this reporting period include:

- Activities at 39 Phase 2 facilities are well underway, with equipment procurement and refurbishment contracts proceeding.
- 32 technical training courses were conducted:
 - 63 HCWs were trained in basic CT during three two-week workshops. In addition, 34 HCWs were trained as counselor supervisors in three two-week workshops.
 - 43 HCWs were trained to provide PMTCT services in two two-week workshops.
 - 44 HCWs were trained in ART and Management of Opportunistic Infections (OI) in two one-week in-house trainings in Ndola.
 - 99 HCWs participated in seven two-day adherence counseling training workshops conducted by ZPCT staff in 14 districts (three Phase 1 and 11 Phase 2 districts) throughout the five ZPCT-supported provinces.
 - 20 ART adherence support workers (ASWs) from four districts in Central Province were trained in a ten-day workshop.
 - 41 HCWs from 30 facilities in the Phase 2 districts participated in two ZPCT-supported two-week trainings on ART drug and commodity management.
- CT services are ongoing in the 43 Phase 1 facilities, and in all but one of the 39 Phase 2 facilities. 12,574 individuals received CT services in ZPCT-supported facilities between January 1, 2006 and March 31, 2006.
- 13 lay counselors were trained in counseling and testing in North Western Province during this quarter, bringing to 83 the number of lay counselors trained to provide counseling and testing in communities and facilities supported by ZPCT.

- PMTCT services were provided in 79 ZPCT-supported Phase 1 and 2 facilities. 12,323 women were provided with PMTCT services, and 805 were provided with a complete course of prophylaxis ARVs during this quarter.
- Ongoing assistance (training, technical assistance visits, and/or renovation) was provided to strengthen clinical palliative care services in the 43 Phase 1 health facilities, and was initiated in Phase 2 districts. 17,958 individuals received palliative care in ZPCT-supported health facilities during this quarter.
- ART services were provided in 36 ART centers, including 11 outreach sites. At the end of the quarter, ART services were available in all of the 24 districts supported by ZPCT. 4,062 new clients were provided with ARVs in ZPCT-supported centers between January 1 and March 31, 2006. 16,918 received ART during this period.
- Quality assurance and quality improvement (QA/QI) tools in CT, PMTCT, ART, and clinical palliative care (developed by ZPCT) were piloted; based on pilot results, a final QA/QI system will be developed and implemented in each technical area.
- ZPCT procured reagents for HIV-related tests, including CD4 counts. In addition, five Facscount machines, one ABX Micros hematology analyzer and four Sysmex pocHi-100 were installed and laboratory staff trained in the use of this equipment.
- Facility-level plans to support transport costs for HCWs working overtime in ZPCT-supported facilities to supplement staffing for HIV/AIDS services were developed in conjunction with PHOs, DHMTs, and facilities, and approved centrally for implementation.
- Provincial Referral Officers were placed in Copperbelt, Luapula, Northern and North Western provinces – each province now has a referral coordinator. A three-day workshop for referral network development was held at the Lusaka ZPCT Office for referral officers, provincial program officers and Lusaka program staff, and representatives of associate partners.
- Amendments were developed and executed for three associate partner agreements; the agreement between ZPCT/FHI and CHAZ was amended to provide assistance to two additional mission health facilities in Luapula Province, and no-cost extensions were made to agreements with Expanded Church Response (ECR) and Kara Counseling and Training Trust (KCTT).
- ZPCT initiated a meeting with the other USG ART implementing partners – CIDRZ and AIDS Relief. The session outlined the common implementation issues and shared lessons learned in ART scale up. A follow up meeting included other USG partners JHPIEGO and HSSP to discuss a standard USG approach to training costs and issues.
- ZPCT staff prepared and submitted the following three abstracts for the President's Emergency Plan for AIDS Relief 2006 HIV/AIDS Implementers' Meeting, to be held in Durban, South Africa.
 - *The Outreach Model: Increasing Access to Quality ART Services at the Primary Health Level*
 - *Ensuring HIV/AIDS Data Reliability in a Public Health Setting*
 - *Addressing the Human Resource Crisis: Alternative Training Approaches*
- ZPCT staff prepared and submitted the following seven abstracts for the 16th International HIV/AIDS Conference to be held in Toronto, Canada:
 - *Using traditional leaders to increase male involvement in PMTCT services*
 - *Formalizing Referral Networks: Increasing access to and integration of HIV prevention, care, treatment and support services*
 - *'Testing Corners': A key strategy in supplying same day HIV results in Zambia Prevention, Care and Treatment Partnership (ZPCT) supported Provinces of Zambia*
 - *Improving Adherence to ART in Resource Constrained Setting: The Role of Adherence Support Workers*
 - *Specimen Referral System: Quality laboratory services for ART delivery at all levels of care*
 - *Addressing the Human Resource Crisis: Alternative Training Approaches*
 - *The Outreach Model: Increasing Access to Quality ART Services at the Primary Health Level*
- ZPCT staff members continue to provide assistance and leadership on technical and programmatic issues in all key areas at the central level. ZPCT actively participates on seven national technical working groups, as well as several ad-hoc implementation groups.

Results for the quarter are summarized in the following table:

**Services in 82 Facilities Receiving ZPCT Support
January – March 2006**

| Indicator | Achievements for January to March 2006 | | |
|--|---|-------|---------------|
| | Females | Males | TOTAL |
| CT | | | |
| Service Outlets | | | 81 |
| Persons Trained in CT | | | 97 |
| Persons receive CT services | 6,775 | 5,799 | 12,574 |
| PMTCT | | | |
| Service Outlets | | | 79 |
| Providers trained in PMTCT | | | 43 |
| Pregnant women provided with PMTCT service, including CT | 12,323 | | 12,323 |
| Pregnant women provided with a complete course of ART prophylaxis | 805 | | 805 |
| Basic Health Care and Support | | | |
| Strengthen Facilities to provide clinical palliative care services | | | 82 |
| Service Outlets/programs providing general HIV-related palliative care | | | 82 |
| Persons provided OI management and/or prophylaxis | 10,561 | 7,397 | 17,958 |
| Persons provided with general HIV-related palliative care | 10,561 | 7,397 | 17,958 |
| Persons trained to provide general HIV-related care | | | 44 |
| ART Services | | | |
| ART service outlets providing treatment | | | 36 |
| Health workers trained | | | 44 |
| New clients for ART | 2,319 | 1,743 | 4,062 |
| Persons receiving treatment | 9,912 | 7,006 | 16,918 |

2. INTRODUCTION

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the 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 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 ZPCT-supported 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 partnership 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 offers technical assistance and coordination to the MOH 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 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 the President's Emergency Plan for AIDS Relief 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 MOH at all levels.

4. ACTIVITIES AND ACCOMPLISHMENTS FOR THE QUARTER

4.1. Program Management

4.1.1. ZPCT Partners

The agreement between FHI, as the primary ZPCT contractor, and the International HIV/AIDS Alliance (IHAA) was terminated on February 15, 2006, and the close-out of IHAA activities was completed during this quarter. IHAA had provided support to four community-based organizations (CBOs) under their agreement; these were closed out by IHAA on January 31, 2006. ZPCT developed letters of agreement with each organization to provide support for the remainder of the period of the original grant with IHAA (March 31, 2006).

Meetings between IHAA and ZPCT senior and provincial management during the quarter contributed to a smooth transition. The ZPCT provincial offices, with guidance from the ZPCT Senior Advisor for Community Mobilization, have assumed primary responsibility for community mobilization efforts, and are working with existing groups to plan activities to increase access and uptake of HIV/AIDS services in the facilities and communities.

Management Sciences for Health (MSH) continues, as the partner responsible for laboratory and pharmaceutical assistance, to provide technical leadership within ZPCT and nationally in these areas.

Associate Partners

Churches Health Association of Zambia (CHAZ) continued to work in the two mission health facilities identified in Phase 1 - St. Kalemba Health Center in Kabompo District, Northwestern Province and Chilubula Mission Health Center in Kasama, Northern Province.

The CHAZ sub-agreement was amended this quarter to add two Phase 2 facilities in Luapula Province to the scope of work. Support and technical assistance to Mambilima Mission Health Center in Mwense District and Lubwe Mission Health Center in Samfya District have begun.

Kara Counseling and Training Trust (KCTT) is responsible for training of counselor supervisors at ZPCT-supported health facilities and at the district level. This quarter, KCTT conducted a training course in psychosocial counseling skills in Kabwe, Central Province for 23 participants. In addition, KCTT trained 34 experienced counselors in counselor supervision in Copperbelt, Luapula and Northern provinces. Counselor supervision trainings for Central and North Western provinces will take place in the next quarter.

A no-cost extension amendment was made to the sub-agreement with KCTT, extending it to July 30, 2006 to allow the completion of all training courses included in the original scope of work. ZPCT will work with KCTT to develop a new work plan and budget, as well as a new mechanism for funding more appropriate for services provided.

Expanded Church Response (ECR) is working through church communities to increase knowledge and demand for HIV/AIDS services, initially in Kabwe and Mkushi districts in Central Province. During this quarter, ECR conducted two support visits to sites in each district. In addition, the ECR Program Coordinator and ZPCT program and community mobilization staff conducted a joint visit to Kabwe to better integrate ECR's activities with ZPCT's community and referral activities in the district.

A no-cost extension amendment was executed during this quarter, extending the sub-agreement with ECR through May 30, 2006. ZPCT and ECR will collaborate in development of a scope of work that fully integrates ECR activities into the relevant district community organization and referral plans.

ZPCT continues to work with colleagues from associate partner organizations to build capacity to contribute to HIV/AIDS services in Zambia.

4.1.2. Support of Phase 1 and 2 Facilities

Recipient Agreements

At the end of this quarter, ZPCT was strengthening HIV/AIDS services in 82 facilities in 24 districts through 33 recipient agreements. Amendments were developed for 16 Phase 1 recipient agreements which were coming to the end of the first year. In most cases, no-cost extensions were awarded through September 30, 2006, with limited changes to the scope of work within the funded amount. All amendments will be signed early in the next quarter.

Renovations and Procurement:

Renovations to Phase 1 facilities are complete with the exception of facilities with special construction needs. The quality of completed refurbishments has been certified by a ZPCT-hired architect in collaboration with the relevant provincial Public Works and Supply Department.

For Phase 2 facilities, contractors have been identified and contracts have been developed. Contracts were signed this quarter, or will be signed early in the next quarter. ZPCT provincial office staff worked closely with the DHMTs and facility managements to select vendors for identified work.

Equipment and supplies for Phase 2 facilities are being procured, and distribution has begun, and will continue in the next quarter.

Five Facscount machines, one ABX Micros hematology analyzer and four Sysmex pocHi-100 were installed and laboratory staff trained in the use of this equipment, at both Phase 1 and Phase 2 facilities. The Facscount machines are necessary to the ZPCT "zoning" strategy to provide critical CD4 HIV testing within a feasible distance of all ZPCT-supported facilities.

During this quarter all the outstanding waivers to procure reagents have been approved and ZPCT now has permission to procure all reagents – U.S. Source and Origin, Non-U.S. Source and Origin (FDA approved) and non-U.S. Source and origin (not FDA approved). The reagents not previously approved have now been ordered.

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, staff from ZPCT-supported health facilities attended courses in CT (63 HCWs), PMTCT (43 HCWs), ART/OI (44). In addition, 34 HCWs were trained in supervision counseling and 99 HCWs were trained in adherence counseling. Technical courses included modules on monitoring and evaluation. Training for facilities was planned and participants selected with the PHOs and DHMTs, and facility management. ZPCT continues to look for time-efficient and cost-effective ways to provide training. The ART/OI trainings were provided as on-site trainings in Ndola. Details of training for each program area are provided in Section 4.2 and in Attachment B, *ZPCT Training Courses*.

In addition to technical workshops for health care workers, 13 lay counselors were trained in North Western Province and 20 adherence support workers were trained in Central Province. Also, 35 newly hired data entry clerks were trained to provide support to ZPCT-supported ART centers.

4.1.3. Strategies to Supplement Human Resources at ZPCT-supported Facilities

Original plans to attach staff members to ZPCT-supported facilities have been put on hold due to delays in reaching agreement on terms and conditions with the MOH, and, more recently, budget constraints. ZPCT has developed other approaches to providing key human resources. These include:

Health Care Workers in Facilities: A ZPCT policy and procedure to provide limited support for transport costs for extra shifts to improve coverage of key services in ZPCT-supported facilities was approved and facility-level plans and district-level budgets developed in all districts. ZPCT provincial offices have worked with DHMTs and facilities on implementation of these plans. This initiative will be monitored closely for the next quarter to determine its effectiveness and feasibility.

Lay Counselors and Adherence Support Workers: ZPCT continues to train and place lay counselors and adherence support workers in facilities to relieve some burden for HCWs in the facilities, and to improve services and well-being of PLHA (in the case of ASWs).

Data Entry Clerks: ZPCT worked with the DHMTs and facilities to recruit and place data entry clerks in all ZPCT-supported ART centers to improve ART information systems and data. Thirty-five data entry clerks were trained and 34 subsequently placed in facilities during this quarter.

Outreach: In Phase 2 recipient agreements and amendments to Phase 1 agreements, support to HCWs for outreach activities was included, as needed. This includes staff to support provision of ART services in facilities where not previously available, as well as to integrate CT and/or PMTCT into ongoing ANC and other outreach activities.

4.1.4. Budget

The appreciation of the Zambian Kwacha led to extensive planning and re-budgeting during this quarter. In anticipation of a loss to the budget, in dollar terms, of approximately 30%, the entire budget has been re-drawn, and cost-cutting measures have been introduced. The measures implemented to cut training and travel costs without sacrificing quality have proven effective in reducing and containing these costs. Any further devaluation will require a more difficult re-budgeting process.

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 C: *ZPCT Technical Strategies*.

4.2.1 Counseling and Testing (CT)

At the end of this quarter, CT services were being provided in 81 of the 82 ZPCT-supported health facilities in the 24 ZPCT-supported districts (9 Phase 1 districts and 15 Phase 2 districts).

4.2.1.1 CT Training

During this reporting period, ZPCT supported three training courses for 63 HCWs in basic counseling and testing skills in three provinces. The participants were drawn from 28 facilities (7 from Phase 1 and 21 from Phase 2) in 13 districts in Central, Northern and Luapula provinces. Each course included two weeks of theory and six weeks of supervised practicum.

In addition to the basic training courses, and to ensure quality of counseling services being provided in the facilities, three courses in counseling supervision for experienced counselors were conducted in three provinces, reaching 34 HCWs.

By the end of this reporting period, ZPCT had trained 206 HCWs in basic counseling and testing and 91 HCWs in counseling supervision. The target set for training under the current work plan period (October 1, 2004 – March 31, 2006), 200 HCWs, was exceeded

ZPCT continued training for lay counselors during this quarter. Thirteen community members were trained as lay counselors, drawn from four districts in North Western Province. Following six weeks of practical experience, they will be certified and placed at health facilities to provide HIV counseling services.

4.2.1.2 CT Services

At the end of this quarter, CT services were being provided in 81 of the 82 ZPCT-supported health facilities in 24 districts (Phase 1 and Phase 2). Ongoing technical assistance was provided to strengthen CT services in the 43 Phase 1 and 36 Phase 2 facilities that were already providing CT services at the beginning of this quarter. Technical support was also provided for initiation of services at three new facilities; two of these three facilities had initiated CT services by the end of the quarter. The remaining facility, Kanyihampa Health Centre, did not initiate services due to lack of space for counseling. However, services are expected to commence in the next quarter once the identified space is refurbished.

Cumulatively, 23 out of the 24 facilities which did not have CT have initiated services to date with ZPCT assistance.

To facilitate HIV testing and provision of same-day results, 55 of the 82 facilities now provide testing within the CT rooms by trained counselors. ZPCT will continue to upgrade furnishings for efficient testing with establishment of testing corners in all Phase 1 and 2 facilities.

Linkages of all HIV positive clients to ART, family planning and other care/support services have been strengthened through ongoing technical assistance and mentoring provided to HCWs in all 81 supported facilities. This will be further improved with the newly established sample referral systems between facilities, providing CD4 count services to more patients. Integration of CT services within TB and STI services also continues to improve, expanding access to HIV/AIDS services.

As part of the process of ensuring quality of services provided, ZPCT has supported and provided technical assistance in the initiation of monthly counselor support meetings at both facility and district level in some Phase 1 and 2 sites. Further assistance will be provided to the remaining facilities in the next quarter. The pre-testing of QA tools was completed and feedback was received from all provinces. ZPCT staff are now reviewing this feedback and further adapting the tools.

ZPCT continued to focus on these issues needing attention:

- Working with facilities to integrate CT into TB, sexually transmitted infections (STI), and family planning (FP) services.
- Strengthening procedures and conditions to provide same-day testing and results particularly in Phase 2 sites
- Training and placement of non-health worker (lay or community) counselors to assist HCWs to provide counseling services.
- Assisting facilities with data entry and record keeping using the Integrated VCT/PMTCT Registers in Phase 2 facilities.

4.2.1.3 National Level Activities in CT

The ZPCT Senior CT/PMTCT Advisor and the Senior Community Mobilization Advisor have continued to participate on the CT/Community-Home Based Care Technical Working Group (TWG) of the NAC. In addition, all ZPCT-Lusaka office CT staff has continued to collaborate and participate in partner meetings relating to CT.

At the national level this quarter, ZPCT has participated in:

- Reviewing and finalizing the Diagnostic Counseling and Testing (DCT) training package.

- Finalization of the Zambia National Guidelines for HIV Counseling and Testing at NAC.
- Drafting the CT component of the package for continuing education for ART teams.
- Review of HIV treatment guidelines.

4.2.1.4 Key Issues/Constraints in CT Service Provision

Some of the challenges encountered during this period are outlined below:

- Limited human resources: This continues to be a problem. ZPCT is addressing this issue by training additional existing staff in the facilities to provide CT services, and by identifying and training lay counselors to supplement HCWs. ZPCT will provide limited support to HCWs doing over time shifts for CT.
- Inadequate space for CT: Most of the Phase 2 facilities do not have adequate or suitable space dedicated for CT. ZPCT is working with the facilities and the DHMTs to support refurbishments to create conducive, confidential counseling and testing rooms
- Inconsistent availability of HIV test kits and supplies is a common cause of interruption in CT service provision. ZPCT continues to collaborate with the facilities, DHMTs to find more efficient ways to streamline the system for ordering and distribution of supplies.

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

Eighty of the 82 ZPCT-supported facilities are targeted for assistance in provision of PMTCT services. Initially this was 81 facilities; however we are now considering Zambezi Urban Health Centre and Zambezi District Hospital as one PMTCT site because both share the same physical space for PMTCT at ANC level. By the end of this quarter, 79 of the 80 facilities in both Phase 1 and 2 districts were providing PMTCT services. In Phase 1 sites, all 42 targeted facilities are providing services, as are 37 out of the 38 Phase 2 facilities.

Six new sites were initiated during this quarter, making a total of nineteen new PMTCT sites in Phase 2 to date. Cumulatively, ZPCT has supported initiation of 44 new PMTCT sites to date.

4.2.2.1 PMTCT Training

ZPCT supported PMTCT training for 43 HCWs during this quarter. Participants represented 26 facilities from ten districts in Copperbelt and North Western provinces. Of the 26 facilities, 11 were Phase 1 facilities and 15 were Phase 2. PMTCT training supported by ZPCT follows the two-week national PMTCT training curriculum, including both theory and practical components. In addition, ZPCT has incorporated an expanded monitoring and evaluation (M&E) component presented by ZPCT M&E staff. As required, national trainers recognized by the MOH provided the training, with a ZPCT staff member certified as a national trainer also facilitating.

Of the 43 HCWs trained this quarter, five did not reach the 85% pass mark for the theory part of the training. However, two of the five performed well in the practical skills component of the course. These two HCWs are practicing under close mentorship by experienced providers within their facilities and the ZPCT provincial CT/PMTCT staff following the training. Once the mentorship has been completed, they will be able to provide PMTCT services. The remaining three HCWs may be re-considered for re-training and mentorship in the future.

By the end of this reporting period, 248 HCWs have been trained in PMTCT, which exceeds the target of 175 HCWs trained in during the year.

4.2.2.2 PMTCT Services

Services were being provided in 79 of the 80 ZPCT-supported facilities targeted for PMTCT in Phase 1 (42) and Phase 2 (38) health facilities. All the 42 Phase 1 facilities have initiated services in PMTCT. For the Phase 2 sites, 37 of the 38 facilities are offering PMTCT services; this includes 19 new sites. Cumulatively, 44 new PMTCT sites in both Phase 1 and 2 have been initiated to date.

ZPCT has provided intensive mentoring to HCWs to establish routine counseling and testing within ANC using the national 'opt out' strategy. Mentorship in HIV testing skills has also

contributed to ensuring same-day testing and results within the ANC in the newly established PMTCT sites in Phase 2 and ongoing support for Phase 1 facilities.

Linkages of all HIV positive women under PMTCT to follow-up care and treatment services have been strengthened through ongoing technical assistance and mentoring provided to HCWs in all supported facilities. This will be further improved with the newly established sample referral system between facilities.

4.2.2.3 National Level Activities in PMTCT

ZPCT continued to participate on national committees on PMTCT at MOH as well as the PMTCT Technical Working Group of the NAC.

- The PMTCT task group under the Reproductive Health (RH) sub-committee at MOH reviewed the Integrated RH action plan, which includes PMTCT activities. Emphasis was placed on the need to increase supervisory activities for PMTCT which have been lagging behind.
- ZPCT also contributed to the national PMTCT work plan under MOH.
- ZPCT assisted with the review of National Guidelines on Management of HIV/AIDS, specifically participating on the PMTCT component.

4.2.2.4 Key Issues/Constraints in PMTCT Service Provision

- Limited human resources has resulted in an inability to provide HIV test results to pregnant women on the day of PMTCT counseling and testing in some of the facilities, thus contributing to clients dropping out before receiving test results. This has also contributed to difficulties in implementing the 'opt out' strategy due to human resource constraints. ZPCT is working with the DHMTs/PHOs in all provinces to implement plans to provide limited ZPCT support for overtime for off-duty facility staff to provide services.
- Inconsistent availability of HIV test kits and supplies has continued to contribute to interruptions and delays in service provision in all facilities.
- Referral linkages between PMTCT services and ART centers are not strong enough to ensure that all eligible infected pregnant women are receiving ART. However, ZPCT is in the process of operationalization of a sample referral system to facilitate screening and placement of eligible pregnant women on ART.

4.2.3. Antiretroviral Therapy (ART)

During this quarter, three ART outreach sites (Mambilima Health Center and Samfya Health Center in Luapula Province and Mpulungu Health Center in Northern Province) began providing ART services, bring the total number of ZPCT-supported ART sites to 36. Eleven of these ART sites are outreach sites.

ZPCT may expand to additional outreach sites in the upcoming quarters, including Roan Hospital in Luanshya, Ronald Ross Hospital in Mufulira as static ART sites, Senama Health Center in Mansa, Location Health Center in Kasama, and Pollen and Makululu Health Centers in Kabwe.

4.2.3.1 ART Training

During this quarter, ZPCT trained 44 HCWs from Copperbelt Province in ART/OI based on the GRZ national curriculum.

ZPCT has, to date, trained 383 HCWs (including doctors, clinical officers, nurses, pharmacy technologists and technicians, and laboratory technicians and technologists) in ART/OI management. This exceeds the annual work plan target of 200 to be trained by March 31, 2006.

Adherence Counseling Trainings: ZPCT conducted seven two-day adherence counseling training sessions in Central, Luapula, Northern, Copperbelt and North Western provinces, reaching a total of 99 health care workers.

ZPCT provincial clinical care officers continue to work with staff in ART centers to establish adherence counseling teams to assure a standardized system of adherence counseling. In addition to training HCWs in adherence counseling, ZPCT has developed a manual for community health workers. This manual was first piloted in Kabwe, where it was used to train

20 ART Adherence Support Workers. The next pilot training is planned in Copperbelt Province, targeting 24 ART adherence support workers (ASWs). Following these pilot trainings, the manual will be revised and rolled out to the other provinces.

4.2.3.2 ART Services

ZPCT staff provided technical assistance visits to the 36 Phase 1 and Phase 2 ART centers during this quarter. Assistance continues to focus on implementation of facility-based integrated HIV service flow charts to improve access and strengthen internal referrals from out-patient department (OPD), TB, STI clinics to CT, and onward referrals for clinical care and ART for HIV-positive clients. ZPCT staff work closely with facility staff to reinforce knowledge acquired during trainings to enhance quality of services, including direct patient care and mentoring of HCWs.

Initiation of ART services at Chipulukusu Health Center has remained a problem due to the lack of a medical officer on staff. ZPCT will work with the DHMT and hospital management to provide transport reimbursements to off-duty MOs to provide ART services in the next quarter.

Nakonde Health Center, a facility offering ART services, continues to suffer from a shortage of medical officers. The medical officer trained by ZPCT in November 2005 (to replace another trained MO who had left earlier) has also left. ART activities are currently managed by clinical officers. ZPCT will train the remaining MO at the health facility available to support the ART services during the next ART/OI training. The PHO has also informed the ZPCT office of the possibility of deploying a medical officer in Nakonde to run the ART clinic.

During this quarter, ZPCT has worked to revise the job aids to make them more user-friendly.

ZPCT continues to focus on the issues outlined below:

- Outreach ART services: To address the problem of distances to ART services, ZPCT is working with DHMTs and the facilities to introduce and expand outreach ART. As described earlier, ZPCT has supported the opening of three additional ART outreach sites this quarter.
- Adherence counseling for ART clients has improved in most places and has been strengthened with the training of more HCWs in adherence counseling and the recently introduced training of community members as ASWs in Central Province.
- 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. This is a major focus of the ZPCT M&E staff at the central and provincial levels. In collaboration with DHMTs, 34 data entry clerks were placed at the ART centers.
- Provision of reference materials will assist clinicians to provide high quality clinical care to HIV-infected clients. ZPCT has procured and will distribute copies of the 2005-2006 Medical Management of HIV Infection handbook and a John Hopkins University pocket guide on HIV management to clinicians at the ART sites in the next quarter.

4.2.3.3 National Level Activities in ART

ZPCT is represented on the NAC Treatment, Care, and Support Technical Working Group, and staff participates in the reconstituted ART Implementation Committee, convened by the MOH this quarter. ZPCT is an active participant in these and other national level meetings to advance the roll-out of ART services. During this quarter, ZPCT staff participated in the following meetings:

- Two meetings on the development of an ART Accreditation System in Zambia, convened by the Medical Council of Zambia.
- Assessment of the 2004 National ART Implementation plan. This was a nation-wide exercise and ZPCT staff members were part of the assessment teams in three provinces (Lusaka, Copperbelt and Northern). The Director of Technical Support served as the Team Leader for the Lusaka Province Assessment team. In addition, ZPCT designed the database for analysis of the entire evaluation. As part of the national committee, the Director of Technical support assisted with review and finalization of the report
- A workshop to review the National ART guidelines in Siavonga.

- A technical working group meeting on Treatment and Care at the National AIDS Council.

4.2.3.4 Key Issues/Constraints

The following constraints faced in ART service provision are outlined below:

- Shortage of equipment and reagents for HIV testing and monitoring clients on ART. ZPCT procured five Facscount machines, and reagents which have been distributed to various sites in the five provinces. ZPCT is also providing support to smaller facilities to transport samples for CD4 testing. Guidelines on this specimen referral system have been developed. ZPCT will continue to collaborate with MOH and the PHOs on these issues.
- Erratic supply of Drugs for OI management: ZPCT is working with staff from facilities, DHMTs, and PHOs to address these problems. ZPCT continues to provide training in commodity management for ART, and will support similar training in the next quarter. ZPCT is also working with other partners, primarily JSI/Deliver and the Supply Chain Management Project on these issues.
- 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 is working with DHMTs and facilities, where appropriate, to initiate and strengthen ART outreach services. The introduction of extra shifts is another measure that has been considered as a way to tackle the human resource demand in the ART sites. ZPCT is providing limited support for health care workers doing extra shifts in ART clinics and is also supporting staff for outreach services.

4.2.4 Clinical Palliative Care

ZPCT is working with staff at each of the 82 facilities supported in Phase 1 and Phase 2 districts to strengthen and improve palliative care for PLWHA.

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). As reported, 44 HCWs participated in ZPCT-supported ART/OI management training during this quarter, bringing the total to 383 HCWs trained to date.

4.2.4.2 Clinical Care Services

ZPCT Lusaka and provincial office staff have provided technical assistance in clinical care to the 82 sites in the five provinces. During the quarter under review, the provincial clinical care staff began using the quality assurance and quality improvement tools to guide provision of technical assistance to the facilities. These include:

- Essential Elements of ART/Clinical Care Checklist
- Physical inspection of client files and pharmacy records

Efforts to strengthen referral networks to services in other facilities continued to be intensified in the quarter under review. Many facilities report an increase in numbers of referred cases. Additionally, efforts to strengthen the referral networks within communities are intensifying, and are expected to continue to 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 produced a palliative care strategic plan and will support the GRZ in the development of their strategy and the development of policies on the issues of co-trimoxazole prophylaxis and pain management.

ZPCT staff actively participated in the following meetings during this quarter:

- National Palliative Care Stakeholders Meeting on the 13th of January 2006 at Longacres Lodge. The objectives of the meeting were to update stakeholders about the progress of Palliative Care Association of Zambia (PCAZ) activities, learn about what other organizations are doing and areas of mutual interest and collaboration and to develop a shared vision of the way forward for PCAZ and planned activities.

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, TB, STI, under-five and clinical care services. In this quarter, integrated HIV services flow charts have been developed in most facilities and the referral of clients to CT from OPD and other departments continued to be strengthened.
- Erratic supply of drugs for opportunistic infections is an issue faced in many facilities. ZPCT is providing 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.
- Limitations of facility-based palliative care. Although palliative care is an important part of the continuum of care, the facility's role is rather 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.

4.2.5 Pharmacy and Laboratory Support

ZPCT is continuing to provide a combination of needed improvements to basic infrastructure and equipment in 42 pharmacies and 34 laboratories in the 43 Phase 1 facilities. Following the assessment of pharmacy requirements in the 39 Phase 2 facilities, plans for the provision of a similar level of support to be given to these facilities have been finalized. This will include improvements to basic infrastructure and equipment in 39 pharmacies and 25 laboratories in addition to those in Phase 1.

4.2.5.1 Pharmacy and Laboratory Training

ZPCT conducted two ART Pharmacy and Laboratory Services Commodity Management trainings this quarter. These combined trainings were for laboratory and pharmacy staff from non-ART sites from Phase 2. The training included the introduction of the GRZ's "Pharmacy Antiretroviral Therapy Standard Operating Procedures" and "Laboratory Antiretroviral Therapy Standard Operating Procedures."

- **ART Pharmacy and Laboratory Services Commodity Management Training**
February 12–15, 2006 (North Western and Copperbelt provinces): Twenty-one pharmacy and laboratory staff from 15 facilities in Phase 2 in 8 districts were trained. Of these 21 participants, 12 were pharmacy staff and 9 were laboratory staff.

March 6–8, 2006 (Northern, Luapula and Central provinces): Twenty pharmacy and laboratory staff from 15 facilities in Phase 2 in 10 districts were trained. Of these 20 participants, 13 were pharmacy staff and 7 were laboratory staff.

4.2.5.2 Guidelines and SOPs

Site specific adaptation of the ART Pharmacy and Laboratory SOPs commenced for both Phase 1 and 2 facilities in North Western and Northern provinces. The purpose of this exercise is to build capacity of health care providers of ART pharmacy or laboratory services to use national SOPs at facility level and adapt them to their site specific circumstances. This is part of the MOH national objective of scaling up provision of ART services in Zambia.

The exercise was completed for four facilities in North Western Province and in three in Northern Province.

In addition, the pharmacy and laboratory services tools in the ZPCT QA/QI document distributed last quarter have been administered in all the provinces. These tools will be reviewed and edited according to the feedback from the provincial staff who administered them and a final version of the tools will be submitted early next quarter for inclusion in the final QA/QI document.

4.2.5.3 Technical Assistance

Focused technical assistance was provided in all provinces, where all health facilities were visited by ZPCT staff. Technical assistance dealt with specific issues such as non-submission of returns and data which contribute to shortages of critical supplies. The intent is to lessen, and ultimately eliminate, stock outs in the facilities where the shortage is not due to non-availability of commodities at central level.

In addition, the issue of non-availability of supplies at central level (also a contributing factor) was addressed by ordering, procuring and distributing supplies as a stop-gap measure. Details are provided in section 4.2.5.5.

4.2.5.4 Specimen Referral System

A specimen referral system was initiated to provide off-site laboratory support to facilities with weak capacity as well as streamline and support an efficient patient flow system. ZPCT began working with districts and facilities to map out networks and provide support to ensure the provision of complementary quality laboratory services at all facilities regardless of location. The specimen referral system with an initial focus on CD4 count testing was initiated and set-up between five facilities in Kabwe District in Central Province, and between eighteen facilities in Ndola, Chingola and Kitwe districts in Copperbelt Province with plans to cover all provinces by the end of the next quarter.

This referral system was received with enthusiasm by both the DHMTs and providers from ART, PMTCT and the laboratories. It is anticipated that these systems will eliminate transport cost to referral laboratories, thus improving access to services, and will promote adherence to both treatment and care.

ZPCT is providing limited support to staff working the extra time/shifts it is anticipated they will have to put in to process samples for this activity. This will motivate the health workers and improve service provision to outlying facilities.

4.2.5.5 Procurement

Results of an earlier ZPCT assessment to determine causes of the general and widespread shortage of reagents for HIV-related laboratory tests found that inadequate or depleted stocks at Medical Stores Limited was the main cause of the problem. ZPCT procured the following selected commodities to supplement supplies for the five provinces, as listed below:

- **Reagents for Facscount, chemistry and hematology**

ZPCT began distribution of reagents received during this and the previous quarters. Initial stocks are provided to the facilities and monitored. The remaining stocks are taken to Medical Stores Limited for onward storage and distribution. Re-supply is based on consumption, and the sites order the commodities from Medical Stores Limited (MSL) with regular orders for other supplies.

- **Facscount Reagents:** The second consignment of CD4 reagents from the U.S. arrived, was cleared from Lusaka International Airport, and delivered to MSL for storage and distribution to ZPCT-supported sites as per orders generated from the sites. The reagents are earmarked for distribution to ZPCT sites only. Distribution is

ongoing; to date, reagents have been distributed to 17 ART centers with Facscount machines in the Phase 1 and 2 districts.

- **Reagents for Sysmex pocHi-100:** The consignment of reagents for the Sysmex pocHi-100 was received at ZPCT. After an initial distribution of these stocks as start up reagents during the commissioning of the equipment, the balance of these reagents were transferred straight to Ndola DHMT through the ZPCT provincial office in Ndola for storage and onward distribution. This small consignment will be consumed by four facilities in two districts in Copperbelt Province.
- **Reagents for Vitros DT 60:** The reagents for chemistry for Vitros DT 60 were received and initial start-up reagents have been distributed to eight Phase 1 and one Phase 2 facilities. The remaining reagents have been taken to MSL for storage and distribution to sites as per needs generated on the basis of their consumption.

In principle, the CD4 count test is free to clients. However, some sites have maintained a nominal charge for these tests to cover the costs for consumables which ZPCT and GRZ are not providing. This fee ranges from about K10,000 to K15,000 and of the 19 ART centers with facilities to perform a CD4 count test, those charging for sundries are Ndola Central Hospital, Kitwe Central Hospital and Nchanga North General Hospital.

▪ **Procurement and installation of laboratory equipment**

- The installation of the five Facscount machines and one ABX Micros procured last quarter was successfully carried out during the first two weeks of February by the vendor Scientific Group SA in conjunction with Becton Dickinson. On-site training was conducted, also provided by the vendor, simultaneously with the installation and commissioning of GRZ equipment.
- The installation and commissioning of four Sysmex pocHi-100 was completed by the vendor Biogroup, with all laboratory staff at the recipient facilities being trained in the use of the equipment. The next steps will be to ensure a steady flow of reagents for this equipment as these are currently out of stock at MSL.

Additional equipment and furniture for the laboratories and pharmacies for Phase 2 sites has been identified and plans for procurement are underway.

4.2.5.6 National Level Activities in Pharmacy and Laboratory Services

ZPCT is participating in national meetings and workshops to ensure ZPCT input into national activities and continued collaboration with the MOH and other partners. ZPCT has continued to collaborate with the MOH and CDC on harmonization of training plans for laboratory services. Issues of quality assurance and quality improvement are also being dealt with continuously. Meetings and workshops during this quarter included:

- **Training Workshop on Pipeline for ARVs and HIV test kits in Zambia:** (January 12-13, 2006), organized by JSI/Deliver and MOH. Management of the pipeline for Zambia was discussed, and a decision made to set up national databases with data concerning stock status of ARVs and HIV test kits managed by the various partners. The information provided in the database will ensure that partners have a clear understanding of the stock situation of ARVs and HIV test kits in Zambia.
- **Review of the National Medical Laboratory Policy** in Siavonga (January 15-18, 2006). ZPCT participated and provided technical input during the review of the National Medical Laboratory Policy document. Draft tools for field assessment were developed. Next steps include the appointment of a small group to refine the tools, and then ultimately field testing.
- **Review of the drug kit content and systems meeting:** (March 7 and 9, 2006). This meeting was arranged to address issues prior to the emergency tender for kits for 2006. The National Procurement Technical Working Group agreed to a review of the kit content and of the supplementary drugs supplied with the kits, to ensure that the kits to be procured this year address the current common conditions in this HIV/AIDS era. The

review will include an assessment on the current situation of kits in the centers, the minimum drug and medical supplies requirements, prescribing behavior and record keeping, and will be the basis of recommendations for suitable Urban Health Center, Rural Health Center and Community Health Worker kit requirements.

- **Review of the Laboratory Management Information System (LMIS) of all drugs and medical supplies:** (March 8, 2006). This meeting was necessitated following the development that the Global Fund Local Funding Agencies will not fund the procurement of drugs for HIV/AIDS, malaria and TB if consumption data from sites consuming these commodities is not obtained. Currently, only issues data is collected and used for quantification and not consumption data which is the ideal alternative for a realistic forecast of needs. The current LMIS structure (which outlines relationships between various levels that link the Zambia drug supply system to the district/hospital pharmacy stores and their clients and patients) was reviewed. It was agreed that a design workshop will be held to improve the LMIS in Zambia.
- **2007 Zambia National ARV Quantification:** (March, 2006). A five-day quantification exercise was held with participation of MOH, WHO, HSSP, JSI/Deliver, CRS, CHAZ, CIDRZ, the Partnership for Supply Chain Management, and ZPCT staff. The team took into consideration the planned change of guidelines to integrate the revised 2005 WHO guidelines that promote the use of Tenofovir based regimens as first line. This exercise will help to estimate funds required for the procurement of adequate supplies of ARVs to ensure the uninterrupted supply of these commodities.
- **Strengthening Laboratory Services**
Various meetings of the Strengthening Laboratory Services National Working Group have been held this quarter (19/01/06, 26/01/06, and 02/02/06). In order to strengthen laboratory services, sub committees to focus on various technical areas were established during this quarter. The subcommittees, with dates of meetings held for each, are listed below. Each of the groups includes representatives from all the partners (MOH, CDC, JICA, ZPCT, CRS, CIDRZ, CHAZ, USAID, and ZANARA):
 - Project Management: February 3 and 28, 2006
 - Procurement and Logistics: February 10, 27, and March 9, 2006
 - Equipment and Infrastructure: February 10 and March 1 and 24, 2006
 - Human Resources: February 8 & 17 and March 10, 2006
 - Data & Quality Management: March 3 and 22, 2006

ZPCT representatives attended all meetings listed. Work covered by these subcommittees will be consolidated into a National HIV/AIDS Laboratory Operational Plan at a retreat proposed for next quarter (May). The expected outputs include:

- Understanding of the national HIV/AIDS laboratory policies, roles and responsibilities for plan implementation
 - Draft of a five-year work plan and budget for each subcommittee
 - Key deliverables as outlined in each subcommittee's TOR
 - A draft of the National HIV/AIDS laboratory instrument and reagent budget, including funding gaps
-
- **Clinton Foundation/ZPCT:** ZPCT staff continues to collaborate with Clinton Foundation representatives to assist the Foundation to develop a national CD4/hematology/chemistry budget, a proposal for a rationalized CD4 instrument network, and a 2006 CD4 reagent procurement plan for the whole of Zambia. Information was provided to ensure that ZPCT support to GRZ sites is noted in planning.

4.2.5.7 Key Issues/Constraints

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 in meeting this goal.

- MSL logistics inadequacies: ZPCT has an arrangement with MSL to store the reagents it procures and distribute them to ZPCT-supported sites. However, occasional lapses in the transport system at MSL require that ZPCT assists to distribute critical supplies for supported sites. This is only possible when there is pre-arranged travel to these destinations. ZPCT is working with facility staff to ensure that orders are submitted according to the delivery schedule requirements that MSL has issued.
- Late submission of aggregated data: Submission of aggregated HIV-related commodity (HIV rapid test kits) data from DHMTs to central level is sometimes delayed due to non-submission of data from non ZPCT-supported sites in some districts. This delays the resulting re-supply of these commodities, causing stock-outs which in turn hinders service provision. ZPCT is working with DHMTs, and with partners at central level to address this.
- Lack of qualified staff in the facilities: Shortages of trained staff greatly compromises the quality of services. ZPCT is working with DHMTs and facilities to provide limited support for pharmacy and laboratory staff that work extra shifts to provide ART-related services; this should be fully operational next quarter.
- Inadequate supply of commodities: The erratic supply of commodities greatly compromises service delivery. ZPCT is employing multiple strategies, including procurement of reagents, training and technical assistance, to ensure an uninterrupted supply of available essential commodities. Also by actively participating in national level forecasting and quantification activities, ZPCT ensures that the facilities' needs are well taken care of.
- 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 MOH and CDC to address this problem.
- Specimen referral systems: The recently initiated specimen referral system set up by ZPCT pose constraints of its own:
 - Specimen containers: Continued shortages non-availability of specimen containers delays the implementation process. ZPCT is procuring some supplies to kick-start the process, but will be looking for sustainable options for the future.
 - Transport: The dual use of motorbikes may hinder the implementation process of the system as some of the District Health Information Officers (DHIOs) who have custody of the motorbikes may place a higher priority on data collection than specimen referral.

4.2.6 Monitoring and Evaluation (M&E)

4.2.6.1 Training in Monitoring and Evaluation

The training of HCWs in the various aspects of M&E was conducted mainly for Phase 2 sites during this quarter. The training sessions were conducted as part of the technical training courses sponsored by ZPCT in CT, PMTCT, ART/OI, and laboratory and pharmacy services. An expanded M&E module is incorporated into standard courses. The training modules on CT/PMTCT reporting and ART Information System (ARTIS), the official GRZ information system for ART, were delivered to health care workers as part of the CT/PMTCT and ART/OI trainings. Laboratory and pharmacy staff were trained in the M&E aspects of commodity management to ensure the timely and efficient flow of commodities for enhanced HIV/AIDS service delivery.

Besides the HCWs, key non-clinical staff participated in the M&E components in many of these courses to enhance the quality of reporting in ZPCT-supported sites. These included DHIOs, hospital Information Officers and data entry clerks from ART centers. All M&E modules were facilitated by the ZPCT provincial M&E Officers in collaboration with PHO Data Management Specialists. Summaries of the M&E training components follow, with further details provided in Attachment B: *ZPCT Training Courses, Table 9: Monitoring and Evaluation*.

In addition, 35 newly recruited data entry clerks were oriented on the ZPCT M&E system and 34 were subsequently deployed in the ART sites located in each ZPCT-supported district.

A summary of the training activities by cadre of staff trained is as follows;

- 71 staff (63 HCWs and 8 Health Information Officers) representing 28 ZPCT-supported facilities in Central, Luapula and Northern provinces were trained in data collection and reporting as part of CT courses. This training involved the use of the Integrated VCT/PMTCT Register and associated monthly reporting forms.
- 47 staff (all HCWs) from 30 ZPCT-supported facilities were trained in PMTCT reporting as part of PMTCT courses in 10 districts. This training involved the use of the Integrated VCT/PMTCT Register and associated monthly reporting forms. These trainings covered the Copperbelt and North Western provinces.
- M&E components for pharmacy and laboratory commodity management for Phase 2 facilities in all ZPCT provinces was conducted during the quarter in review, also as part of the main courses. Two training sessions were conducted with HCWs from Copperbelt and North Western provinces participating in the first workshop and Central, Luapula, and Northern provinces participating in the second workshop. 41 HCW were trained during these two workshops.
- A three-day workshop was conducted in each of the five ZPCT-supported provinces to orient 35 data entry clerks on the ZPCT M&E system.

4.2.6.2 Technical Assistance in M&E

During the quarter under review, ZPCT provided technical assistance to all provinces and provided data management mentorship at facility level in collaboration with the respective DHMT staff. During such visits in this quarter, activities undertaken included working with the PHO and DHMTs to reconstruct and update ART data in the two Central Hospitals (Ndola and Kitwe) and other facilities.

In its continued efforts to implement QA/QI systems, during the month of February, ZPCT conducted a data audit for data reported to USAID for the period May to September 2005. The data audit report was handed to USAID during the same quarter revealing very insightful findings on data reliability and quality which have since been used as input into subsequent technical assistance plans to all ZPCT-supported facilities. USAID has requested that ZPCT share the process and lessons learned from this valuable and rigorous exercise with other USG partners that may benefit from a similar activity.

4.2.6.3 ZPCT Indicators/Results

The table below shows data for the fourth quarter that ZPCT has worked with the MOH and partners. It includes data on key indicators for all ZPCT-supported facilities (both Phase 1 and Phase 2). The period covered is from January 1 to March 31, 2006 for services at facility level. The training statistics for HCWs who directly provide services in all the program areas are also presented.

**Services in 82 Facilities receiving ZPCT Support
January - March 2006**

| Indicator | Achievements for January to March 2006 | | |
|---|---|-------|---------------|
| | Females | Males | TOTAL |
| CT | | | |
| Service Outlets | | | 81 |
| Persons Trained in CT | | | 97 |
| Persons receive CT services | 6,775 | 5,799 | 12,574 |
| PMTCT | | | |
| Service Outlets | | | 79 |
| Providers trained in PMTCT | | | 43 |
| Pregnant women provided with PMTCT service, including CT | 12,323 | | 12,323 |
| Pregnant women provided with a complete course of ART prophylaxis | 805 | | 805 |

| Indicator | Achievements for January to March 2006 | | |
|--|---|-------|---------------|
| | Females | Males | TOTAL |
| Basic Health Care and Support | | | |
| Strengthen Facilities to provide clinical palliative care services | | | 82 |
| Service Outlets/programs providing general HIV-related palliative care | | | 82 |
| Persons provided OI management and/or prophylaxis | 10,561 | 7,397 | 17,958 |
| Persons provided with general HIV-related palliative care | 10,561 | 7,397 | 17,958 |
| Persons trained to provide general HIV-related care | | | 44 |
| ART Services | | | |
| ART service outlets providing treatment | | | 36 |
| Health workers trained | | | 44 |
| New clients for ART | 2,319 | 1,743 | 4,062 |
| Persons receiving treatment | 9,912 | 7,006 | 16,918 |

4.2.6.4 National Level Activities in M&E

- ZPCT, in collaboration with the Health Services and Systems Program (HSSP) and MOH, reconstructed ART data at Ndola Central and Kitwe Central Hospitals to update the active clients' patient files with all past visits to the facilities.
- ZPCT (in collaboration with CDC, MOH and HSSP) has continued its participation in the integration of PMTCT, CT and ART into the Health Management Information System (HMIS).
- ZPCT staff continue to work towards the harmonization of ART information systems in Zambia spearheaded by the MOH (and with CDC, CIDRZ, HSSP and CRS).
- ZPCT is working with HSSP to develop the National CT/PMTCT Procedures Manual, to strengthen M&E of CT/PMTCT services. The procedures manual will be accompanied by a new set of CT/PMTCT registers to replace the current Integrated VCT/PMTCT Register.

4.2.6.5 Key Issues/Constraints

Since ZPCT is committed to working within existing GRZ systems for data collection, monitoring and evaluation, it continues to work with MOH and other partners to advocate for inclusion of the reporting needs of USAID and the Emergency Plan into the national HMIS.

- Delay in harmonization of Patient Tracking System (PTS) During this quarter, the ZPCT MS Access database has shown very high reliability and is able to sustain the functions of both data capture and management of data collected from all ZPCT-supported sites. The facility-based PTS once implemented will feed into this MS Access database at the ZPCT Lusaka Office which will in turn generate all the required statistics for both program monitoring and reporting.
- Limited human resources have affected the labor-intensive processes required for adequate data recording, cleaning and reporting across ZPCT sites in the past. This has now been addressed by the placement of 34 data entry clerks at the ZPCT-supported health facilities providing ART. This development has further increased the quality and timeliness of the data from these sites and other ZPCT sites in the districts.
- Weaknesses in Data Collection 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. It is in this regard that ZPCT is involved with other partners to integrate CT and PMTCT data reporting into the HMIS recorded under national level activities

Though data are not routinely and consistently disaggregated by sex by health facilities, efforts similar to those described above have yielded the needed data. ZPCT has provided training and technical assistance in data recording to HCWs, including consistent recording of sex and age of clients. ZPCT provincial M&E Officers also conducted facility-by-facility visits to collect the data from registers. The placement of data clerks in the ART centers has increased the capacity of facilities to provide this data. However, the disaggregated data is only available for the period from May 2005 when ZPCT support began.

4.3 Community Mobilization and Developing Referral Networks

During this period, the partnership agreement with the International HIV/AIDS Alliance (IHAA) was terminated. As a result, ZPCT staff is now directly responsible for the planning and implementation of community mobilization activities. During this reporting period, the Senior Advisor for Community Mobilization position, formerly a seconded staff member from IHAA, was filled. Recruitment is underway for a Community Mobilization Officer, a new position to be placed in the Lusaka Office. ZPCT provincial offices will include this important component in their programs, and the recently hired ZPCT referral officers will lead the community mobilization efforts.

4.3.1 Transition from IHAA- Community Based Organization (CBO) Partners

IHAA's grants with four CBO partners were ended January 31, 2006 as part of IHAA's close out. IHAA submitted copies of close out reports for each of these partners. One key issue that is evident from the reports is the lack of tracking of clients by the CBOs to find out whether those referred were able to access services. The table below presents the data from the reports.

| Activity | Indicator | KCCC (Kasama) | St. Anthony (Mkushi) | Muchinka (Mansa) | Mansa Red Cross | Total |
|----------|--|---------------|----------------------|------------------|-----------------|-------|
| CT | Number of people reached with VCT messages | 293 | Data outstanding | 4,894 | 4,752 | 9,939 |
| | Number of people referred for VCT | 44 | Data outstanding | 581 | 616 | 1,241 |
| PMTCT | Number of people reached with PMTCT messages | 482 | Data outstanding | 2,137 | 0 | 2,619 |
| | Number of people referred for PMTCT | 358 | Data outstanding | 124 | 0 | 482 |
| ART | Number of people reached with ART messages | 378 | Data outstanding | 3,607 | 0 | 3,985 |
| | Number of people referred for ART | 52 | Data outstanding | 22 | 147 | 221 |
| IEC | Number of IEC materials distributed | 2,954 | Data outstanding | 0 | 0 | 2,954 |

Letters of Agreement (LOAs) were developed to honor the commitment that IHAA had made with their CBO partners to support activities until March 31, 2006. Through these agreements, minimal funding required to complete and close-out mobilization activities was awarded. The status of each group is included in the following table.

| Province | CBO | Status |
|----------|----------------------------|---|
| Luapula | Muchinka Teen Centre | One week extension given. Activities completed April 3, 2006. Awaiting final report |
| | Zambia Red Cross Society | One week extension given. Activities completed April 3, 2006. Awaiting final report |
| Northern | Kasama Child Crisis Centre | Delays in signing LOA. No cost extension requested. Activities to be completed |
| Central | St Anthony HBC | Delays in signing LOA. No cost extension requested to complete activities. |

4.3.1.1 ZPCT Community Mobilization Strategy

The goal of the community mobilization component of ZPCT is to increase awareness of and demand for CT, PMTCT, clinical care and ART services. During this quarter, as part of the transition from IHAA, ZPCT has refocused and refined community mobilization strategies.

A greater emphasis on-facility oriented mobilization, linked to the referral of those needing HIV/AIDS related services, is central to current plans. District plans for community mobilization around ZPCT-supported facilities were drawn up jointly with DHMTs and health facility staff in the five provinces. Provincial office staff is using the following principles to design community mobilization plans with health facility staff.

- Finding opportunities to engage and integrate community level partners in mobilization efforts. These are community members who have received previous HIV/AIDS training and are currently active around the health facilities, and include cadres such as TB treatment supporters, community health care workers and neighborhood health committee (NHC) members.
- Exploring opportunities for leveraging community mobilization activities and events with other USG partners engaged in activities in the districts (e.g. Society for Family Health, Health Communication Partnership and CRS/Success).
- With the health facility staff, agreement on specific days and times during which a clinics will receive referrals for CT, PMTCT and clinical care from community mobilization activities, including ensuring that appropriate and adequate staff is available.

The revised strategy also focuses on integration of community based activities into the key technical strategies. During this quarter plans were developed in collaboration with the ZPCT CT/PMTCT Unit for activities to increase uptake of these services by pregnant women.

In a further effort to consolidate and better coordinate activities, ZPCT is working closely with associate partners (ECR and CHAZ) to integrate their activities into district mobilization plans. A no-cost extension was granted to the ECR to allow time for continued planning in tailoring activities to meet ZPCT priorities in the relevant districts.

4.3.1.2 Provincial and District Community Mobilization Programs

During this reporting period, work continued on development of district level community mobilization plans. Although drafted previously, the plans needed revision in response to two major factors. These are:

- Increased involvement and direct responsibility of ZPCT staff in community activities
- Budget constraints due to the appreciation of the kwacha

Copperbelt, North Western and Luapula provinces have completed revised community mobilization plans for five districts based on this new reality, and plans are under revision in Central and Northern provinces.

ZPCT does not intend to continue with the IHAA strategy based on grants to CBOs. Instead smaller, more responsive and less labor intensive service agreements (purchase orders for community services) will be developed and implemented with organizations such as NHCs. These purchase orders will be for specific activities targeted at communities in ZPCT-supported facility catchment areas. ZPCT community and finance staff collaborated to develop a community purchase order template and procedures for use with these groups.

4.3.1.3 Referral Network Development

During this report period, referral officers joined ZPCT provincial teams in Northern, North Western, Copperbelt and Luapula provinces. The Central Office referral officer has been in place since last quarter.

Initial meetings were held with district level stakeholders in Phase 1 districts to introduce the key elements of referral network and to select a referral coordinating organization. As a result, stakeholders in Central, Copperbelt, Northern and North Western provinces selected DHMTs as the referral network coordinating committee. Mansa District in Luapula Province has established a steering committee (with representation from the DHMT, ZPCT, Catholic Diocese Home Based Care, Mansa General Hospital, NZP+ and the Provincial Health Office) to take the lead in referral network development.

During this reporting period, ZPCT referral officers have worked with the coordinating committees to draft referral tools, referral network operations manuals and to compile district HIV/AIDS service directories. Referral manuals have been drafted for five Phase 1 districts (Kabwe, Kasama, Nakonde, Ndola and Chingola districts) and are currently under review. Work on standard referral forms is also ongoing.

A three-day ZPCT workshop for referral network development was held at the Lusaka ZPCT Office. Participants of this workshop were the five provincial referral officers, five provincial program officers, as well as program officers from associate partner organizations, ECR and CHAZ. Leine Stuart, Senior Technical Officer from the FHI/Arlington Office, worked with the Senior Advisor for Community Mobilization to plan and facilitate the workshop. The purpose of this meeting was to:

- Agree on key elements and principles of a referral network.
- Develop key indicators and processes for monitoring and evaluating referral networks.
- Develop a work plan to operationalize referral networks at district level.

Key outcomes and decisions of the meeting included:

- District level referral networks will be coordinated and led by an existing entity within the district, usually the DHMT. ZPCT will play a limited role in facilitating and supporting the network, focusing on promoting and strengthening the referral activities of ZPCT-supported health facilities.
- Assistance to referral network development will follow the ZPCT “phase-in approach.” Referral networks will be established in Phase 1 districts where HIV/AIDS services have been strengthened in the health facilities, with plans to move into Phase 2 districts later this year.
- Key elements for the referral forms and systems were agreed upon, with guidance from the ZPCT M&E Unit.
- Quarterly plans were drafted for referral network activities in each province (Note: these were subsequently finalized and submitted to the Senior Community Mobilization Advisor for review).

Significant progress was made in this area during this quarter.

4.3.2 Lay Counselors Training and Placement

Thirteen lay counselors received training in counseling, testing, and care in North Western Province. Training was conducted by MOH national trainers using the national curriculum. The participants were selected jointly by the ZPCT provincial CT/PMTCT officer and health facility staff. The following table shows the number of lay counselors and the health facilities where they will be based.

| District | Health Facility | Number of Lay Counselors |
|--------------|------------------------------|--------------------------|
| Solwezi | St Dorothy | 2 |
| | Mutanda RHC | 2 |
| Kabompo | Kabompo District Hospital | 2 |
| Mwinilunga | Kanyihampa Urban Clinic | 2 |
| | Mwinilunga District Hospital | 1 |
| Zambezi | Zambezi District Hospital | 2 |
| | Zambezi Urban Clinic | 2 |
| Total | | 13 |

With the training of 13 counselors this quarter, the number of counselors trained by ZPCT is 83, including: 21 in Ndola, 13 in Mkushi, 16 in Mansa, eight in Nakonde, and 12 in Kasama.

4.3.3 Key Issues/Constraints

- Transition from IHAA: Although the transition has been relatively smooth, the differences in approach between IHAA and ZPCT have been challenging. Added responsibilities and activities have been assigned to already busy staff and offices.

In addition, IHAA had met with groups and CBOs in some communities to discuss future plans which raised expectations which may not be met. ZPCT provincial officers are meeting with relevant parties to limit damage to the project's credibility.
- Lay counselors: In districts like Mansa, where the lay counselors were selected only from community based organizations, the DHMT has not fully accepted their placement in the facilities. This has necessitated increased dialogue among the DHMT, community based organizations and ZPCT to ensure that lay counselors are formally placed in the facilities through letters of introduction.
- Referral Systems: In most districts, the DHMT was selected as the referral coordinating unit. Following the dissolution of CBoH, bank accounts have been frozen to facilitate the transition from CBoH to MOH. This has delayed the development of referral networks in some cases.

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, 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, ZPCT has developed and implemented a plan to support HCWs who work extra shifts.
- **Training and support for HCWs**
Several challenges are inherent in training in Zambia. 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. In addition to the service-related issues, this is also a considerable burden on the ZPCT budget. ZPCT has conducted in-house training courses, and continues to work with MOH and other partners on alternative strategies and models for training, as well as cost-savings for current trainings.
- **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 service provision. 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, and with the MOH and JSI/Deliver at a national level, on quantification, record keeping, ordering, and commodity management. In addition, ZPCT procured a stopgap interim supply of reagents. USAID procurement requirements made this challenging, but the final waiver was received this quarter, and the remaining reagents are being procured. Even in these difficult budget times, ZPCT has included reagents in the next annual budget.
- **National Guidelines, Protocols, and SOPs**
ZPCT is reproducing and disseminating key guidelines to facilities. In addition, technical staff is working with the MOH and other partners on development of national SOPs for key procedures, and in the interim, has provided job aids in CT, PMTCT, and ART/OI to ZPCT-supported facilities to enhance quality assurance and improvement.

- **Implementing M&E Systems in Government Facilities**
The Ministry of Health, both at the national and provincial level, is unwilling for projects to introduce additional, burdensome reporting requirements in government health facilities. Most indicators required for ZPCT reports under the Emergency Plan are collected through the existing health information system (HMIS), but the few missing indicators and need for more regular reports (monthly vs. quarterly) continue to require additional efforts. Data entry clerks were hired, oriented, and placed in 34 ZPCT-supported ART centers. This will improve the quality of data and increase the sustainability of improved data collection methods being introduced.
- **Sustainability and Quality of Services**
As ZPCT expands into more districts and facilities, quality assurance and sustainability become increasingly important, and more challenging. ZPCT's central and provincial level staff will continue to provide technical assistance and mentor staff to ensure quality. ZPCT piloted QA/QI tools for all technical areas in each of the provinces and will work with facility staff to establish routine QA/QI.
- **Budget Issues**
The appreciation of the Zambian kwacha at the end of last year is having a devastating effect on this year's budget, and has decreased available project funds by 30%. The resulting scaling back of activities may have an effect on targets.

Strategies to respond to these challenges have been incorporated into the ZPCT work plan for the next year, to be submitted to USAID in April.

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 MOH and other partner organizations at the provincial and district levels, and with staff and management in facilities.

- Complete and sign contracts for all renovations and procure equipment and supplies for Phase 2 facilities and DHMTs.
- Execute amendments for Phase 1 recipient agreements.
- Continue training and initiation and expansion of services planned for Phase 2 districts.
- If ART Plus-Up funds become available, plan and initiate activities for increased and improved ART services, including increased outreach and strengthening pediatric HIV/AIDS services.
- Continue mentoring, in collaboration with MOH and partners, to ensure that training is becomes practice and is improving quality of services in ZPCT-supported facilities.
- Finalize and implement system and procedures for routine QA/QI in all technical areas in all project provinces.
- Conduct technical assistance and quality assurance visits to Phase 1 and Phase 2 sites.
- Implement zoning and sample transfer system with fully operational Facscount machines in key facilities.
- Implement transport reimbursement systems to cover extra shifts for key HIV/AIDS services in Phase 1 and Phase 2 facilities.
- Develop and sign community purchase orders to implement mobilization activities linked to communities surrounding ZPCT-supported Phase 1 facilities.
- Consolidate establishment and functioning of referral networks in Phase 1 districts.
- Work with MOH and partners (CIDRZ, CRS, CDC, HSSP) to introduce the harmonized patient tracking form. Work with the MOH to finalize related SOPs.

- Continue training for ASWs, to strengthen adherence counseling; place trained ASWs in ART centers to provide in-facility and community follow up to ART clients.
- Collaborate with CHAZ to provide support to two mission facilities in Phase 1 districts and two in Phase 2 districts.
- Amend ECR and KCTT sub agreements to extend activities for another year.
- 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.

Attachment A: Status of ZPCT-Supported Services and Facilities

| District | Health Facility | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 |
|--|---|----------------|-------|----|----|----------------|---------------------------|
| Central Province (15 facilities) | | | | | | | |
| Kabwe | Kabwe General Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Mahatma Gandhi Health Centre | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Kabwe Mine Hospital | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Bwacha Health Centre | | ◆ | ◆ | ◆ | ◆ | |
| | Makululu Health Centre | | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Pollen Health Centre | | ◆ | ◆ | ◆ | | ◆ |
| Mkushi | Mkushi District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Chibefwe Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| | Chalata Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| | Masansa Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| Serenje | Serenje District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Chitambo Hospital | ◆ | ◆ | ◆ | ◆ | ◆ | ❖ |
| Chibombo | Liteta District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Chikobo Rural Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| | Mwachisompola Health Demonstration Zone | | ◆ | ◆ | ◆ | ◆ | ❖ |
| Copperbelt Province (26 facilities) | | | | | | | |
| Ndola | Ndola Central Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Arthur Davison Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Lubuto Health Centre | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Chipulukusu Health Centre | ❖ ¹ | ◆ | ◆ | ◆ | ❖ ² | ◆ |
| | Chipokota Mayamba Health Centre | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Mushili Clinic | | ◆ | ◆ | ◆ | | ◆ |
| | Nkwazi Clinic | | ◆ | ◆ | ◆ | | ◆ |
| | Kawama Health Centre | | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Ndeke Health Centre | | ◆ | ◆ | ◆ | | ◆ |
| Chingola | Nchanga N. General Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Chiwempala Health Centre | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Kabundi East Clinic | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Chawama Health Centre | | ◆ | ◆ | ◆ | ◆ | ◆ |
| Kitwe | Kitwe Central Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Ndeke Health Centre | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Chimwemwe Clinic | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Buchi Health Centre | | ◆ | ◆ | ◆ | ◆ | ◆ |
| | Luangwa Health Centre | | ◆ | ◆ | ◆ | | ◆ |
| Luanshya | Thompson District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Mikomfwa Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| | Mpatamatu Sec 26 Urban Clinic | | ◆ | ◆ | ◆ | ❖ | ❖ |

| District | Health Facility | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 |
|---|---------------------------------|----------------|-------|----|----|----------------|---------------------------|
| Mufulira | Kamuchanga District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Clinic 3 Mine Clinic | | ◆ | ◆ | ◆ | | ❖ |
| | Kansunswa Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| Kalulushi | Kalulushi Government Clinic | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Chambishi Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| Luapula Province (12 facilities) | | | | | | | |
| Mansa | Mansa General Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Senama Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Central Clinic | | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Matanda Rural Health Centre | | | ◆ | ◆ | | ❖ |
| | Chembe Rural Health Centre | | ◆ | ◆ | ◆ | ❖ ² | ❖ |
| Kawambwa | Kawambwa District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Mbereshi Hospital | ◆ | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Kawambwa Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| Mwense | Mambilima Health Centre (CHAZ) | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Mwense Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| Samfya | Lubwe Mission Hospital (CHAZ) | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Samfya Health Centre | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ❖ |
| Northern Province (17 facilities) | | | | | | | |
| Kasama | Kasama General Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Kasama Urban Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Location Urban Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Chilubula Mission RHC (CHAZ) | | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Lukupula Rural Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| Nakonde | Nakonde Rural Health Centre | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Chilolwa Rural Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| | Waitwika Rural Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| | Mwenzu Rural Health Centre | | ◆ | ◆ | ◆ | ❖ ² | ❖ |
| Mpika | Mpika District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Mpika Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| Chinsali | Chinsali District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Chinsali Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| Mbala | Mbala General Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Mbala Urban Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| | Tulemane Urban Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| Mpulungu | Mpulungu Health Centre | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ❖ |
| North Western Province (12 facilities) | | | | | | | |
| Solwezi | Solwezi General Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Solwezi Urban Health Centre | | ◆ | ◆ | ◆ | ◆ | ❖ |
| | Mapunga Rural Health Centre | | ◆ | ◆ | ◆ | ❖ | ❖ |
| | St. Dorothy Rural Health Centre | | ◆ | ◆ | ◆ | ❖ | ❖ |

| District | Health Facility | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 |
|-------------------|--|-----|-------|----|----|----------------|---------------------------|
| | Mutanda Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| Zambezi | Zambezi District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | Zambezi Urban Health Centre | | | ◆ | ◆ | | ❖ |
| | Mize Health Centre | | ◆ | ◆ | ◆ | | ❖ |
| Kabompo | Kabompo District Hospital | ◆ | ◆ | ◆ | ◆ | ◆ ³ | |
| | St. Kalembe Rural Health Centre (CHAZ) | | ◆ | ◆ | ◆ | ◆ | ❖ |
| Mwinilunga | Mwinilunga District Hospital | ◆ | ❖ | ◆ | ◆ | ◆ ³ | |
| | Kanyihampa Health Centre | | ◆ | ❖ | ◆ | | ❖ |

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

Phase 1 Facilities are shaded

◆ Services have started

❖ Services are planned, but not yet started

1 = Outreach ART Site

2 = Facility has a laboratory but not yet functional

3 = Referral laboratory for CD4

**Attachment B: ZPCT Training Courses
(January 1 – March 31, 2006)**

Table 1: Counseling & Testing

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|------------------------|-------------------|-------------------|----------|----------------------|----------------|
| Counseling and Testing | 9/1/06 to 20/1/06 | Northern | Kasama | 2 | 2 |
| | | | Mpika | 2 | 4 |
| | | | Nakonde | 2 | 2 |
| | | | Mbala | 3 | 6 |
| | | | Mpulungu | 1 | 2 |
| | | | Chinsali | 2 | 4 |
| Counseling and Testing | 9/1/06 to 20/1/06 | Luapula | Kawambwa | 3 | 8 |
| | | | Samfya | 2 | 6 |
| | | | Mwense | 2 | 6 |
| Counseling and Testing | 9/1/06 to 20/1/06 | Central | Kabwe | 4 | 6 |
| | | | Mkushi | 1 | 1 |
| | | | Serenje | 2 | 9 |
| | | | Chibombo | 2 | 7 |
| Total | | | | 28 | 63 |

Table 2: Counseling Supervision

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|------------------------|--------------------|-------------------|-----------|----------------------|----------------|
| Counseling Supervision | 9/1/06 to 20/1/06 | Copperbelt | Ndola | 2 | 2 |
| | | | Kalulushi | 2 | 2 |
| | | | Chingola | 1 | 2 |
| | | | Luanshya | 2 | 2 |
| | | | Kitwe | 3 | 3 |
| | | | Mufulira | 1 | 1 |
| Counseling Supervision | 13/2/06 to 24/2/06 | Northern | Mpika | 2 | 3 |
| | | | Mbala | 2 | 4 |
| | | | Mpulungu | 2 | 2 |
| | | | Chinsali | 1 | 2 |
| Counseling Supervision | 5/3/06 to 18/3/06 | Luapula | Mansa | 2 | 4 |
| | | | Samfya | 1 | 1 |
| | | | Kawambwa | 2 | 4 |
| | | | Mwense | 1 | 2 |
| Total | | | | 24 | 34 |

Table 3: HIV Counseling for Lay Counselors

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|-----------------|--------------------|-------------------|------------|----------------------|----------------|
| Lay Counselors | 20/3/06 to 31/3/06 | North Western | Solwezi | 2 | 4 |
| Lay Counselors | 8/2/06 to 9/2/06 | North Western | Kabompo | 1 | 2 |
| | | | Mwinilunga | 1 | 3 |
| | | | Zambezi | 2 | 4 |
| Total | | | | 6 | 13 |

Attachment B: ZPCT Training Courses - *continued*
(January 1 – March 31, 2006)

Table 4: PMTCT

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|-----------------|--------------------|-------------------|------------|----------------------|----------------|
| PMTCT | 16/1/06 to 29/1/06 | North Western | Mwinilunga | 2 | 5 |
| | | | Zambezi | 3 | 8 |
| | | | Solwezi | 4 | 9 |
| | | | Kabompo | 1 | 1 |
| PMTCT | 2/2/06 to 11/3/06 | Copperbelt | Ndola | 1 | 1 |
| | | | Kalulushi | 2 | 3 |
| | | | Chingola | 4 | 5 |
| | | | Luanshya | 2 | 2 |
| | | | Kitwe | 4 | 6 |
| | | | Mufulira | 3 | 3 |
| Total | | | | 26 | 43 |

Table 5: ART/Clinical Care

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|--------------------|--------------------|-------------------|------------------------|----------------------|----------------|
| ART/OIs (in-house) | 27/2/06 to 4/3/06 | Copperbelt | Ndola Central Hospital | 1 | 25 |
| ART/OIs (in-house) | 20/2/06 to 24/3/06 | Copperbelt | Ndola DHMT | 7 | 19 |
| Total | | | | 8 | 44 |

Table 6: ART Adherence Counseling for HCWs

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|----------------------|--------------------|-------------------|----------------------|----------------------|----------------|
| Adherence Counseling | 18/1/06 to 19/1/06 | Central | Kabwe | 6 | 17 |
| | | | Kabwe | | |
| | | | Mkushi | | |
| | | | Chimbombo Serenje | | |
| Adherence Counseling | 8/2/06 to 9/2/06 | North Western | Zambezi | 1 | 7 |
| Adherence Counseling | 9/2/06 to 10/2/06 | Northern | Chinsali | 1 | 7 |
| | | | Mpika | 1 | 9 |
| | | | Mpulungu | 1 | 6 |
| | | | Mbala | 3 | 10 |
| Adherence Counseling | 17/2/06 to 18/2/06 | North Western | Mwinilunga | 1 | 8 |
| Adherence Counseling | 13/2/06 to 14/2/06 | Luapula | Samfya | 2 | 6 |
| | | | Kawambwa | 3 | 10 |
| Adherence Counseling | 16/2/06 to 17/2/06 | Luapula | Mwense | 2 | 4 |
| Adherence Counseling | 10/3/06 to 11/3/06 | Copperbelt | Ndola | 5 | 15 |
| Total | | | | 26 | 99 |

Attachment B: ZPCT Training Courses - *continued*
(January 1 – March 31, 2006)

Table 7: ART Adherence Counseling for non-HCWs

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|--|--------------------|-------------------|----------|----------------------|----------------|
| ART Adherence Support Workers Training | 27/2/06 to 10/3/06 | Central | Kabwe | 5 | 11 |
| | | | Mkushi | 2 | 4 |
| | | | Serenje | 2 | 4 |
| | | | Chibombo | 1 | 1 |
| Total | | | | 10 | 20 |

Table 8: Laboratory and Pharmacy

| Training Course | Dates | Province/District | | Number of Facilities | Number Trained |
|---|--------------------|--------------------------------|------------|----------------------|----------------|
| ART Commodity Management for Pharmacy and Lab | 12/2/06 to 16/2/06 | Copperbelt North Western | Kitwe | 2 | 4 |
| | | | Kalulushi | 2 | 2 |
| | | | Mufulira | 3 | 3 |
| | | | Chingola | 2 | 2 |
| | | | Luanshya | 2 | 2 |
| | | | Mwinilunga | 1 | 1 |
| | | | Solwezi | 2 | 4 |
| | | | Zambezi | 1 | 3 |
| ART Commodity Management for Pharmacy and Lab | 6/3/06 to 9/3/06 | Central Northern Luapula | Kabwe | 1 | 1 |
| | | | Mkushi | 1 | 1 |
| | | | Chibombo | 3 | 4 |
| | | | Kasama | 1 | 1 |
| | | | Mpika | 2 | 2 |
| | | | Chinsali | 1 | 2 |
| | | | Mbala | 2 | 3 |
| | | | Kawambwa | 2 | 2 |
| | | | Mwense | 1 | 2 |
| Samfya | 1 | 2 | | | |
| Total | | | | 30 | 41 |

Attachment B: ZPCT Training Courses - *continued*
(January 1 – March 31, 2006)

Table 9: Monitoring and Evaluation

| Training Course | Dates | Province/District(s) | Number of Facilities | Number Trained | |
|-----------------------------|--------------------|----------------------|----------------------|----------------|----|
| M&E in PMTCT | 16/1/06 to 29/1/06 | North Western | Mwinilunga | 3 | 6 |
| | | | Zambezi | 4 | 9 |
| | | | Solwezi | 5 | 10 |
| | | | Kabompo | 2 | 2 |
| M&E in PMTCT | 27/2/06 to 11/3/06 | Copperbelt | Ndola | 1 | 1 |
| | | | Kalulushi | 2 | 3 |
| | | | Chingola | 4 | 5 |
| | | | Luanshya | 2 | 2 |
| | | | Kitwe | 4 | 6 |
| Mufulira | 3 | 3 | | | |
| M&E in CT | 9/1/06 to 20/1/06 | Central | Kabwe | 9 | 23 |
| M&E in CT | 12/2/06 to 25/2/06 | Northern | Kasama | 2 | 2 |
| | | | Mpika | 2 | 6 |
| | | | Nakonde | 2 | 2 |
| | | | Mbala | 3 | 8 |
| | | | Mpulungu | 1 | 4 |
| | | | Chinsali | 2 | 6 |
| M&E in CT | 12/2/06 to 25/2/06 | Luapula | Kawambwa | 3 | 8 |
| | | | Samfya | 2 | 6 |
| | | | Mwense | 2 | 6 |
| Sub-total | | | 58 | 118 | |
| M&E Data Clerks Orientation | 7/3/06 to 9/3/06 | Copperbelt | Kitwe | 3 | 4 |
| | | | Ndola | 4 | 5 |
| | | | Luanshya | 1 | 1 |
| | | | Chingola | 3 | 3 |
| | | | Kalulushi | 1 | 1 |
| | | | Mufulira | 1 | 1 |
| M&E Data Clerks Orientation | 7/3/06 to 9/3/06 | Northern | Kasama | 2 | 2 |
| | | | Nakonde | 1 | 1 |
| | | | Chinsali | 1 | 1 |
| | | | Mbala | 1 | 1 |
| | | | Mpika | 1 | 1 |
| M&E Data Clerks Orientation | 7/3/06 to 9/3/06 | Central | Kabwe | 3 | 3 |
| | | | Mukushi | 1 | 1 |
| | | | Chibombo | 1 | 1 |
| | | | Serenje | 2 | 2 |
| M&E Data Clerks Orientation | 7/3/06 to 9/3/06 | Luapula | Mansa | 1 | 1 |
| | | | Kawambwa | 2 | 2 |
| M&E Data Clerks Orientation | 7/3/06 to 9/3/06 | North Western | Solwezi | 1 | 1 |
| | | | Kabompo | 1 | 1 |
| | | | Mwinilunga | 1 | 1 |
| | | | Zambezi | 1 | 1 |
| Sub-total | | | 33 | 35 | |
| TOTAL | | | 91 | 153 | |

**ATTACHMENT C:
ZPCT TECHNICAL STRATEGIES
March 31, 2006**

**Counseling and Testing
Prevention of Mother-to-Child Transmission
Clinical Care and Antiretroviral Therapy (ART/OI)
Pharmacy and Laboratory
Monitoring and Evaluation
Training**

April 2006

Technical Overview

HIV counselling and testing (CT) is the entry point to comprehensive HIV/AIDS services - treatment, care and support. However, only 11.4% of males and 15.3% of females Zambia have been tested for HIV. 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 Government of Zambia (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 prevention of mother-to-child transmission (PMTCT).

High standards of CT 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 counselling.

Technical Strategy

The ZPCT Partnership, in collaboration with the GRZ, will facilitate expansion and strengthening of CT in the five northern provinces of Zambia - Central, Copperbelt, Luapula, Northern and North Western. By March 2006, CT services were initiated in 23 of the 24 new sites and strengthened in all 58 existing CT sites in the 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 CT services.

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

- Expanding testing to clinical areas such as sexually transmitted infections (STI) and tuberculosis (TB) clinics, in-patient and general outpatient departments, home care programs, paediatric 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 counsellors in health facilities and communities
- Innovations such as use of multidisciplinary mobile outreach counselling teams
- Working to ensure same day testing and results; provision of testing corners in CT rooms
- Developing and adapting quality assurance (QA) tools for CT and supporting the systems in the facilities
- Developing and/or adapting job aids for use by health care workers (HCWs)
- Providing on-going mentoring, supervision and monitoring and evaluation of CT services.
- Sensitising 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 resources: Training of health care workers, lay counsellors, couple counsellors and counsellor supervisors to support CT services.

- Distribution of national guidelines to all facilities and orientation of staff in their use, development of standardized and tailored standard operating procedures (SOPs) for CT for the different levels of facilities and cadres (rural health centre, peri-urban health centre, and hospital; HCW use vs. lay counsellor).
- Test kits and supplies: 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.
- Developing and adapting QA tools for CT.
- Initiate regular individual and group supervision for counsellors.
- Distribution of job aids and information, education and communication (IEC) materials to all facilities.
- Regular supportive supervisory visits to facilities to ensure quality.

At community level,

- Increase awareness and mobilise the community for increased access to and use of CT services.
- Establish strong, workable referral networks to and from facilities/community with DHMT.
- Implement mobile CT services for hard to reach areas.

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

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

List of Indicators and Targets

| Indicator | Target as of 31 March 2006 | Progress as of 31 March 2006 |
|---|-------------------------------|--|
| Health care providers trained in CT | 200 | 297 (206 basic counselling & 91 counselling supervision) |
| Number of service outlets providing CT | 75 | 81 |
| Number of clients tested and received results | 51,640 | 33,287 |

**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 counsellors and place them at facilities to help with the pre-test counselling and also provide on-going supportive counselling.
- **Inadequate counselling space** in some of the facilities.
- **Lack of community awareness** of the availability of comprehensive HIV/AIDS care packages – ZPCT is promoting community mobilisation by different community groups such as neighbourhood health committees (NHCs), 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 sensitisation 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 practises. Staff will be trained in forecasting, procurement to make sure the district procurement needs are correctly identified.

Technical Overview

In the 2001 sentinel survey the prevalence of HIV among pregnant women in Zambia was as high as 30% in some areas. ZPCT is working with the Ministry of Health (MOH) to integrate prevention of mother-to-child transmission (PMTCT) into existing Maternal and Child Health services at national, provincial and district levels in Central, Copperbelt, Luapula, Northern and North Western Provinces to:

- Prevent HIV infection in women of childbearing age through risk reduction counselling of ANC and Maternal and Child Health (MCH) clients and their partners and promote of PMTCT services at the community and site levels.
- Prevent unintended pregnancies among HIV-infected women through referrals to family planning (FP) services.
- Prevent peri-natal HIV infection through universal counselling and testing, short-course ARV prophylaxis for mothers and infants, good obstetric practises and safe infant feeding counselling and support.
- Ensure 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 Government of Zambia (GRZ) 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 counselling 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 for those who qualify.
- 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 counselling; infant feeding counselling; community follow-up and support; mother-infant tracking through the under-five clinics at MCH to facilitate infant HIV testing and linkage to care.

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. This also includes training of non-health workers as PMTCT motivators.
- 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.

- Quality Assurance systems: developing and adapting QA tools for CT and supporting the initiation of QA systems in the facilities
- Job aids: developing and/or adapting job aids for use by HCWs
- Monitoring and evaluation: ensure correct entry of data by the counsellors to ensure that the program is running effectively and reaching its intended goals.
- Supportive supervision to the supported sites
- Strengthening referral systems for both clients/patients as well as laboratory samples

At community level, ZPCT will focus creating demand in the ZPCT-supported health facility catchment areas by:

- Increasing awareness and mobilise the community for increased access to and use of PMTCT services.
- Establishing strong, workable referral networks to and from facilities/community In collaboration with DHMTs.
- Developing a referral model that provides care and support by linking PMTCT HIV+ women and their families to ART services.
- Mobilising for male involvement in PMTCT activities.

List of Indicators and Targets

| Indicator | Target as of 31 st March 2006 | Progress as of 31 st March 2006 |
|--|--|--|
| Health care providers trained in PMTCT | 175 | 248 |
| Number of service outlets providing PMTCT | 62 | 79 |
| Pregnant women provided with PMTCT services | 62,010 | 26,789 |
| Pregnant women provided with Nevirapine | 13,642 | 1,863 |

**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 exploring innovative ways of supporting staff that are off-duty or working beyond their regular hours.
- **Inadequate space for counselling** in the ANC, labour and delivery and postnatal wards
- **Lack of awareness** of the availability of comprehensive HIV/AIDS care packages – PMTCT motivators have been trained in some of the communities to mobilise around PMTCT. Other identified members of communities like neighbourhood health committees and faith-based organizations will also be involved in this mobilisation effort.
- **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. PMTCT motivators have a role to play here as well.
- **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.

Technical Overview

April 2006

Zambia is one of the 15 focus countries that benefit from the President'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 and by the end of 2005, only 51,000 were receiving ART. ZPCT is working with the Government of Zambia (GRZ) to scale up counselling and testing (CT), prevention of mother-to-child transmission (PMTCT), clinical care and antiretroviral therapy (ART) in Central, Copperbelt, Luapula, Northern and North Western provinces.

Technical Strategy

The ZPCT Partnership is supporting the Ministry of Health (MOH) in their plans to scale up provision of quality comprehensive clinical care services for people living with HIV/AIDS (PLHA) through rapid capacity building of health care workers (HCWs), ensuring provision of treatment for opportunistic infections (OIs) and ART, assisting with quantification and forecasting of ARV drugs at the provincial and district level, providing needed test kits and laboratory equipment, and renovating facilities to provide comprehensive ART services. ZPCT is currently working at national, provincial and district level with the MOH in 24 of the 42 districts including 36 ART sites and 82 clinical care sites. ZPCT support includes:

- Strengthening, development or adaptation of policies, guidelines and SOPs in line with requirements of the MOH.
- Facilitating training to build capacity of staff in ART including post-exposure prophylaxis (PEP), effective management of OIs in line with national guidelines and adherence counselling.
- Providing ART information system training in collaboration with the monitoring and evaluation (M&E) staff immediately following ART training.
- Ensuring initiation or strengthening of ART centres in the 5 targeted provinces.
- Establishing strong linkages between clinical care and CT/PMTCT/TB/STI/Youth-friendly services.
- Establishing systems to manage laboratory sample transfers from remote facilities to facilities that have CD4 count machines.
- Facilitating outreach programs for ART trained medical doctors to health centres to manage ART clinics and to also look into the possibility of running ART mobile services to remote areas.
- Providing support supervision for the trained staff to ensure delivery of quality health services.

Key Activities

Technical Assistance and Support

Technical assistance and mentoring will continue in 36 ZPCT-supported ART Centres (25 static ART centres and 11 ART outreach sites in ZPCT-supported clinics). There will be an increased focus on outreach and on improving and expanding paediatric ART services. Technical assistance and support will include:

- Assisting with adaptation of standard operating procedures (SOPs) for ART, adherence counselling and PEP and, following approval by MOH, orienting and supporting staff and management in ZPCT-supported facilities in their use.
- Finalizing quality assurance/quality improvement (QA/QI) tools and, in collaboration with Provincial Health Offices (PHOs), District Health Management Teams (DHMTs), and facility partners, implementing the quality assurance/quality improvement (QA/QI) system for ART services.
- Providing technical assistance and mentoring in paediatric AIDS treatment to ART centres and outreach sites, with attention to dosing issues, working with families, and disclosure issues.
- Ensuring children exposed to HIV infection are provided with needed clinical care and co-trimoxazole prophylaxis, and those eligible for ART are provided with appropriate treatment.

- Strengthening intra- and inter-facility referral of children under 14 to CT and ART in all ZPCT-supported facilities;
- Strengthening ART outreach in 11 sites, and, establishing at least four new ART outreach centres.
- Extending support for ART services to at least two new “static” ART centres, Roan Hospital in Luanshya and Ronald Ross Hospital in Mufulira.
- Establishing a comprehensive care centre for the family (parents and children) at Arthur Davison Hospital; improving infrastructure and staff capacity.
- Training HCWs in ART/OI management, diagnosis and management of paediatric HIV/AIDS, adherence counselling for HCWs and training community members as adherence support workers.

List of Indicators and Targets

| Indicator | Target as of 31 st March 2006 | Progress as of 31 st March 2006 |
|---|--|--|
| Health care providers trained in ART/OI | 200 | 383 |
| Number of service outlets strengthened/expanded to provide clinical palliative care services | 70 | 82 |
| Number of service outlets initiating ART services | 26 | 36 |
| Number of clients provided with Clinical Care services including management of OIs and/or prophylaxis | 15,846 | 17,958 |
| New HIV+ clients on ART | 7,200 | 10,816 |
| Persons receiving ART | 15,027 | 16,918 |

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

Challenges

- **Human Resources:** There is a critical shortage of HCWs in most facilities. ZPCT is working with the MOH to set up a mechanism to assist staff working extra shifts and to recruit new staff. 34 Data Entry Clerks have been recruited and deployed to assist in the ART facilities.
- **Training:** A critical bottleneck to delivering HIV clinical care services is the lack of trained staff in the health facilities. The 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 counselling including training community members in ART adherence counselling. They will work at both facility as well as community levels.
- **Laboratory Costs:** The supply of reagents for needed laboratory tests has been erratic and some hospitals are purchasing their own reagents and passing that cost on to the clients. ZPCT has procured and supplied reagents for CD4, haematology and biochemistry to a number of facilities 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 ARVs and drugs for OI management at the central level and at facility level to prevent stock-outs and ensure distribution to health facilities. ZPCT offers training in Commodity Management for health care workers and works in collaboration with JSI/Deliver on quantification for ARVs.
- **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. Renovation and refurbishment at most Phase 1 facilities have been completed.

April 2006

Technical Overview

The mandate of ZPCT is to assist the Government of Zambia (GRZ) to increase access and utilization of HIV/AIDS prevention, care and treatment services in the Central, Copperbelt, Luapula, Northern and North Western provinces. Critical to this endeavour is the availability and management of needed commodities and equipment to provide quality pharmaceutical and laboratory services. The goal 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, antiretroviral therapy (ART), counselling and testing (CT), prevention of mother-to-child transmission (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 programme. 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 and 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, opportunistic infection (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 enhancing storage conditions in pharmacies and laboratories at health centres.
- Providing essential standard equipment to enable laboratories to carry out diagnosis as needed. Equipment will be provided to all ART sites to fill the gaps where identified.
- Setting-up CT testing corners to be manned by counsellors 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.
- Strengthening 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 standard operating procedures (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 and laboratory staff in:

- Commodity management, including forecasting, timely ordering of needed stock, maintaining minimum/maximum stock levels, and rotating stock.
- Pharmacy: Dispensing practises, medication use counselling and adherence counselling, Adverse Drug Reaction (ADR) reporting, rational and irrational drug use, use and site-specific adaptation of SOPs.

- Laboratory: HIV diagnosis, monitoring and follow up, routine preventive maintenance of equipment; specimen collection, handling and processing, laboratory safety and ethics; SOPs and QA
- The use of the automated Zambia Pharmacy ART program (ARTServ Dispensing Tool) and 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 adverse drug reaction (ADR) reporting, ADR monitoring, and feedback systems including 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 centres to enhance the process of accurate inventory management of commodities.

The pharmaceutical and laboratory services collaborate and work within the GRZ national systems and programmes. ZPCT collaborates with JSI/Deliver on 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 recognises the need to have an optimal work environment and is assisting the GRZ to refurbish pharmacies and laboratories.
- **Drug Supply (ARVs, OI drugs, and palliative care drugs):** There is a vital need for an uninterrupted supply of these commodities and ZPCT is closely working with GRZ and JSI/Deliver to ensure that ZPCT sites are catered for in the national quota.
- **HIV Test Kit and Reagent Supply:** There is a need for an uninterrupted supply of HIV test kits and reagents. ZPCT has assisted with stop-gap procurement and is working with the districts on reordering procedures.
- **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 and routine preventive maintenance.

Technical Overview

April 2006

ZPCT is working with the Ministry of Health (MOH) 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 Zambia's MOH, US Government, USAID/Zambia and National AIDS Committee (NAC). ZPCT is working with all partners to harmonise 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 North Western and provide a basis for:

- Monitoring performance in achieving rapid scale-up of quality HIV-related services;
- Ensuring that best practises for ART/clinical care, Counselling and Testing (CT) and prevention of mother-to-child transmission (PMTCT) service provision are documented and shared with other stakeholders in these thematic areas;
- Ensuring that best practises 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 the MOH, USAID/Zambia, the President's Emergency Plan for AIDS Relief and the NAC objectives; and
- Strengthening M&E capacity at the national, provincial and district levels.

ZPCT M&E activities will:

- **Ensure adequate conceptualisation & 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 utilisation 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

- A total of 34 data entry clerks have been recruited and placed at ZPCT ART sites.
- 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 CT/PMTCT Information System.
- Collaborate with ZPCT Technical units in the distribution of standard operating procedures (SOPs) and guidelines.
- Provide on-site technical assistance and mentoring of the health information staff at all levels (for district, hospital and provincial staff) in MOH 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.
- The development and adoption of a standardized patient tracking system (for all ART clinics) in collaboration with MOH and other partners has reached an advanced stage with the new policy guidelines having been released by the MOH.
- Strengthening all clinical care support services in information management - laboratory, pharmacy and logistics management.
- The unit completed a data audit for all ZPCT sites for the period from May to Sept 2005. The report has since been submitted to USAID by ZPCT.

Challenges

- **Human Resources:** A critical bottleneck to collecting data for M&E activities has been staff shortages. At facility level, this has now been overcome with the introduction of data entry clerks who have made the compilation of data much easier, ensuring that ZPCT supported sites are now able to submit their monthly and quarterly returns to the DHMT and subsequently to ZPCT on time.
- **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:** In its continued collaboration with GRZ, ZPCT is working with other partners to develop a Patient Tracking System (PTS) for ART program monitoring and reporting. This PTS is planned to be part of the national HMIS. 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) is being reviewed at the national level since 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.
- **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. Almost all facilities have these computers in place and only await the introduction of the PTS once the process (harmonization) to make it operate in line with minimum GRZ data requirements has been completed by GRZ and all participating partners (CDC, HSSP, CIDRZ, CRS).

Technical Overview

April 2006

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), the Government of Zambia (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 GRZ.

Technical Strategy

ZPCT is assisting the GRZ to train health care workers (HCWs) in counselling and testing (CT), prevention of mother-to-child transmission (PMTCT), clinical care, pharmacy and laboratory services to facilitate scale up of the ART, CT and PMTCT programs in Central, Copperbelt, Luapula, Northern and North Western provinces. National training packages and national trainers are being used where available and ZPCT is working with the Ministry of Health (MOH) to develop and adapt national training packages for technical areas where none are available.

- ZPCT works closely with the MOH at the national level to build the corps of national trainers in ART, OIs, CT and PMTCT. Program training activities are planned and implemented in partnership with the MOH and the Provincial Health Offices (PHO).
- ZPCT is working with the PHOs 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 MOH, Health Services and Systems Program (HSSP), and other relevant partners to expand and improve tools used in the provinces, districts, and health centres 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 Accomplishments

| Activities | Progress as of 31 March 2006 |
|--|---|
| Provincial level trainings in various technical areas | The following numbers of HCWs were trained in each technical area: <ul style="list-style-type: none">➤ CT: 206➤ Counselling supervision: 91➤ ART/OI: 383➤ PMTCT: 248➤ Monitoring & Evaluation: 902➤ Laboratory and Pharmacy: 180 |

**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:** There is a shortage of staff at health facilities and existing staff are stretched to provide services. While trainings are essential, on-going services are disrupted when health care workers are away from health facilities for trainings. Innovative training approaches such as on-site training and continuing education seminars are being implemented where possible.
- **Cost of Training:** Training requires development of national training packages, guidelines, training of trainers and provision of logistics to facilitate training. ZPCT is exploring training ZPCT staff and MOH provincial staff as national trainers, using government training institutions and holding on-site trainings to reduce costs while maintaining a high level of quality.
- **Retention of trained staff:** Once trained it is important that the staff is retained.
- **Lack of national training packages in some technical areas:** ZPCT is working with the MOH and other partners to develop training materials in areas such as CT and Adherence counselling.