



**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, 2008
Submitted by Family Health International (FHI)
April 30, 2008**

1. EXECUTIVE SUMMARY

The Zambia HIV/AIDS Prevention, Care and Treatment Partnership (ZPCT) 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. ZPCT supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, 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.

This quarter, ZPCT supported implementation of HIV/AIDS services in 214 health facilities in 32 districts in the five target provinces. ZPCT stopped supporting two health facilities this quarter – Nakoli Clinic in Kabwe due to closure of the clinic because of structural problems and Mungwi Rural Health Center in Mungwi due to support of services there by CHAZ. In addition, implementation plans were developed to expand support to an additional six health facilities in three new districts – Lufwanyama District in Copperbelt Province, Luwingu District in Northern Province and Milenge District in Luapula Province.

Many of these facilities began reporting data during this quarter and the rest will start reporting by the end of the workplan period. Key activities and achievements for this reporting period include:

- CT services are ongoing in 196 out of 214 health facilities, with 33,266 individuals receiving CT services in these facilities this quarter.
- PMTCT services were provided in 187 out of 200 planned ZPCT-supported facilities. 27,669 women were provided with PMTCT services (including CT), and 2,595 were provided with a complete course of ARV prophylaxis.
- Ongoing technical assistance was provided to expand and improve clinical palliative care services in all targeted health facilities. 74,567 individuals received palliative care in 182 out of 214 ZPCT-supported health facilities during this quarter.
- ART services were available in 32 districts supported by ZPCT. A total of 5,514 new clients (including 372 children) were initiated on antiretroviral therapy through 75 (including 33 outreach sites) out of 102 planned ART centers this quarter. Two of these sites (Solwezi Urban and St. Dorothy) report their results through Solwezi General Hospital and are not included as independent sites in the indicator reporting matrix. By the end of this reporting period, 51,753 individuals were receiving antiretroviral therapy at ZPCT-supported sites and of these, 3,520 were children.
- The following technical training courses were conducted this quarter:
 - 102 community volunteers were trained in basic CT through five, two-week courses
 - 100 HCWs were trained in five, two-week courses in basic CT
 - 15 HCWs already trained in basic CT, were trained in child counseling through a one-week course
 - 8 HCWs were trained in counseling supervision through a two-week course
 - 120 HCWs were trained in five, two-week courses in provision of PMTCT services
 - 67 volunteers were trained in PMTCT for community counselors through three, one-week courses
 - 19 HCWs were trained as trainers in stigma reduction

- 139 HCWs were trained in ART and Management of Opportunistic Infections (OI) through six, two-week courses
 - 48 community volunteers were trained as adherence support workers (ASWs) through two, ten-day trainings
 - 72 HCWs were trained in adherence counseling through six, two-day trainings
 - 17 laboratory staff were trained in use of FACSCount equipment and ten in the use of FACSCalibur equipment
 - 19 pharmacy and laboratory staff were trained in commodity management. One office assistant from Arthur Davison Children's Hospital was trained in cleaning and maintaining a safe environment at the PCR laboratory.
 - 75 HCWs were trained in dry blood spot (DBS) collection, storage and transport, with funding from the Clinton HIV/AIDS Initiative (CHAI).
 - The M&E module was presented as part of the CT training and PMTCT trainings
 - 319 HCWs were trained in the use of SmartCare forms through a series of one-day trainings
 - 115 data entry clerks and information officers were trained in SmartCare software use
- QA/QI tools have been adapted for use in ZPCT-supported sites and are administered on a quarterly basis to assess, monitor and improve the quality of HIV services. The tools are used to assess the extent to which services are consistent with public health policy and guidelines for the treatment and prevention of HIV disease and related opportunistic infections. Data from implementation of the tools are being entered and analyzed using the CSPro software package.
 - Graduation plans have been drafted in consultation with the PHOs and DHMTs for each of the five target provinces based on analysis of the QA/QI results.
 - ZPCT staff participated in the national event to commemorate World TB Day in Kasama, Northern Province.
 - District-wide referral networks are fully functional in 20 districts and have been initiated in 11 additional districts. Initiation of referral network activities is planned in all ZPCT-supported districts during this workplan period.
 - ZPCT has identified and worked with 20 community groups to implement community purchase orders to enable the groups to conduct mobilization activities in communities surrounding ZPCT-supported facilities. Community mobilization activities are underway in all five ZPCT-supported provinces.
 - 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 eight national technical working groups, as well as several ad-hoc implementation groups.

Results for the quarter are summarized in the following table:

Services in Health Facilities Receiving ZPCT Support							
Indicator	Achievements (May 1, 2005 to March 31, 2008)						
	Workplan (1 Oct 07 to 30 Sep 08)	Quarterly Achievements (1 Jan 08 to 31 Mar 08)			Achievements (1 Oct 07 to 31 Mar 08)	Percent Achievement	Cumulative LOP Achievements (1 May 05 to 31 Mar 08)
	TARGET	FEMALE	MALE	TOTAL			
CT							
Service outlets providing CT	216						196
Persons trained in CT	680			225	286	42%	1,260
Persons receive CT services	54,000	17,448	15,818	33,266	66,141	122%	228,574
PMTCT							
Service outlets providing PMTCT	199						187
Persons trained in PMTCT	400			187	281	70%	737
Pregnant women provided with PMTCT services, including CT	84,000	27,669		27,669	52,088	62%	169,650
Pregnant women provided with a complete course of ART prophylaxis	15,750	2,595		2,595	5,133	33%	15,813
Basic Health Care and Support							
Service outlets providing clinical palliative care services	216						182
Service outlets providing general HIV-related palliative care	216						182
Persons provided with OI management and/or prophylaxis	66,690	43,763	28,557	72,320	74,567	112%	81,632
Persons provided with general HIV-related palliative care	66,690	43,763	28,557	72,320	74,567	112%	81,632
Persons trained to provide general HIV- related care	200			139	220	110%	883
Treatment							
Service outlets providing ART services	96						73
Health workers trained in ART	200			139	220	110%	883
New clients receiving ART	15,600	3,285	2,229	5,514	11,447	73%	51,066
Total clients receiving ART	51,300	30,961	20,792	51,753	51,753	101%	51,753
Pediatric Treatment							
Health workers trained in pediatric care	150			0	30	20%	394
New pediatric clients receiving ART	1,560	184	188	372	820	53%	3,571
Total pediatric clients receiving ART	5,130	1,769	1,751	3,520	3,520	69%	3,520
TB and Care							
TB infected clients receiving CT services	7,000	654	695	1,349	2,274	32%	8,484
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (new cases)	4,300	523	590	1,113	2,283	53%	5,798

2. INTRODUCTION

The Zambia Prevention, Care and Treatment Partnership (ZPCT) 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. ZPCT 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 (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART programs in all ZPCT-supported districts in these five provinces. ZPCT 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. ZPCT also collaborates actively with other donor agencies and partner organizations to build on, rather than duplicate, ongoing HIV/AIDS projects.

ZPCT provides support 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. At the community level activities include demand creation for services and strengthening linkages between facilities and communities.

ZPCT is flexible enough to respond to requests from the MOH 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

Management Sciences for Health (MSH), the partner responsible for laboratory and pharmaceutical assistance, continues to provide technical leadership within ZPCT and nationally in these areas. The partner agreement with MSH is currently through September 30, 2008.

Churches Health Association of Zambia (CHAZ) continues to support seven mission health facilities: St. Kalemba Health Center in Kabompo District, Luwi Health Center in Mwinilunga District and Chitokoloki Mission Hospital in Zambezi District (North Western Province), Chilubula Mission Health Center in Kasama District (Northern Province), Mambilima Mission Health Center in Mwense District, Lubwe Mission Hospital in Samfya District and St. Paul's Mission Hospital in Nchelenge District (Luapula Province).

CHAZ continues to implement the ZPCT activities and data from facilities are being reported. However, CHAZ is an implementer of ART services under the Global Fund to fight AIDS, TB and Malaria and has been occupied in rolling out the program. ZPCT is therefore facing challenges in working with CHAZ to

address and resolve outstanding implementing issues, in particular, recruitment of health facility staff, data entry clerks, completion of renovations and data issues. ZPCT is following up with CHAZ to discuss and resolve these issues with CHAZ senior management.

Kara Counseling and Training Trust (KCTT) is responsible for training CT counselors and counselor supervisors at ZPCT-supported health facilities at district level. This quarter, KCTT conducted two basic CT trainings on the Copperbelt (Ndola), training a total of 40 participants. Two follow-up visits for CT course on the Copperbelt and counselor supervision in Luapula Province respectively were also conducted. The remaining basic CT training which started during the last week of March will be completed in April 2008.

Expanded Church Response (ECR) was working through church communities to increase knowledge and demand for HIV/AIDS services. ECR provided technical support to the church coordinating committees around Makululu and Mahatma Gandhi Health Centers in Kabwe, and around Chibefwe and Chalata Health Centers in Mkushi (Central Province). In Chingola, ECR implemented activities for communities around Chiwempala, Chawama and Kabundi East Clinics. The subagreement with ECR ended on September 30, 2007. An amendment was executed to accommodate the payment of staff severance this quarter as part of the full close-out of this subagreement.

A call for proposals was developed and advertised to identify another faith-based partner to assist with community mobilization for HIV/AIDS services. 42 proposals were submitted by the March 14, 2008 deadline. A first round of review was done and nine proposals were short-listed for further review, however the quality of these proposals was very poor. A committee will be formed to conduct further analysis to determine if any are eligible for selection.

4.1.2. Facility Support

Recipient Agreements

At the end of this quarter, ZPCT was working with MOH staff to improve HIV/AIDS services in 214 facilities in 32 districts through 43 recipient agreements. ZPCT began the process to close out the recipient agreement with Mungwi District Health Office due to CHAZ's plans to support HIV clinical services at the Mungwi Baptist Rural Health Center as well as operate satellite services to other health centers located in Mungwi district with separate funding.

ZPCT executed nine amendments to add additional equipment and renovations identified as priority to recipient agreements and extended the end date of these agreements to December 31, 2008.

ZPCT has developed recipient agreements with Lufwanyama District Health Office in Copperbelt Province to support three additional health facilities, with Luwingu District Health Office in Northern Province to support two additional health facilities and with Milenge District Health Office in Luapula Province to support one additional facility. In addition, ZPCT is developing recipient agreements with each of the five Provincial Health Offices to support cross-cutting provincial activities, including training, supervision and monitoring visits, graduation, computer sets, etc. These eight agreements will be finalized next quarter.

Renovations and Environmental Site Assessments

ZPCT is supporting renovations at 180 health facilities out of a total of 214 supported facilities. Renovations at 45 health facilities are completed. Currently, 135 health facilities have ongoing renovations. Bills of quantities and tender documents have been developed for all health facilities, excluding the new proposed expansion sites and those that still have issues to be resolved with the DHMTs.

During this quarter, renovations were completed in 22 health facilities. Renovation contracts were signed for nine health facilities. ZPCT provincial office staff continue to work closely with the DHMTs and facility management in the vendor selection process as well as ongoing monitoring of refurbishments. As renovations are completed, certification of quality and completeness of works is an ongoing follow-up activity by the ZPCT architect in collaboration with the relevant provincial Public Works and Supply Department.

ZPCT has continued to carry out Environmental Site Assessments (ESAs) in facilities undergoing renovations funded by ZPCT, as per USAID guidelines. 86 ESAs have been completed to date, of which 15 were completed this quarter.

Rural Refurbishment

In addition to renovations at health facilities, ZPCT has identified and will renovate staff housing to increase the quality of working and living conditions of health care workers. This activity will contribute to addressing the human resources crisis in Zambia by enhancing staff retention in the most remote, rural areas of Northern and North Western provinces. Assessments have been made and tender documentation completed for 52 housing structures in 22 health facilities in Northern and North Western provinces. PHO agreements have been done and are in the process of being completed in the next quarter.

In North Western Province, ZPCT assessed 46 housing structures at 15 health facilities in collaboration with the PHO and respective DHMTs. After discussion with the PHO, 25 housing structures were selected for renovations. In Northern Province, 26 housing structures in 12 health facilities were jointly assessed and selected for renovations. For all facilities, detailed implementation plans, bills of quantities (BOQs) and tender documents will be prepared to begin the renovations. The refurbishment works will commence in the next quarter.

Procurement

During this quarter, most equipment ordered last quarter was received and delivered to respective health facilities and the process is ongoing. The pending items, which include 23 refrigerator thermometers, one examination couch, 14 lockable file cabinets, four stethoscopes, two adult scales and five boxes of pipette tips, will be delivered to the facilities next quarter.

Training

As part of the site preparation that ZPCT conducted jointly with the PHOs, DHMTs and facilities, training needs were determined for each facility. Training for facilities is planned and participants are selected in consultation with the PHOs, DHMTs, and facility management. Maintaining an adequate number of trained staff in the face of frequent staff transfers is an ongoing challenge in all districts.

A recent communication from the U.S. Embassy outlined the training per diems we are allowed to pay for MOH staff. These per diems are in line with the usual FHI rates. The memo also stated that USG supported programs are not allowed to provide facilitation fees to MOH staff. This has decreased the rate of training since many of the MOH staff are not willing to conduct training without the facilitation allowance. In attempts to address this challenging issue, ZPCT put out a call for private consultants and consulting agencies to conduct training in the areas of CT, PMTCT, ART/OI and clinical care. However, the challenge faced is finding non GRZ individual consultants and agencies. A Training of Trainers (TOT) was also conducted for ZPCT technical staff so they can fill in as trainers.

Funding for training is included in the recipient agreement budgets finalized this quarter, along with approximate numbers of staff to be trained. This is a step ZPCT is taking to decentralize trainings to the DHMTs and hospital management, allowing DHMTs to incorporate ZPCT-support for trainings within their larger district plans. The PHOs will play an active role in working with the districts in planning and implementation of trainings. This quarter, ZPCT held meetings in Central, Copperbelt, Northern and North Western provinces to orient the PHOs and DHMTs on the new training strategy.

During this quarter staff from ZPCT-supported health facilities attended courses in CT (100 HCWs), child counseling (15 HCWs), counseling supervision (8 HCWs), PMTCT (120 HCWs), ART/OI (139 HCWs), adherence counseling (72 HCWs), ART/OI refresher (25 HCWs), stigma reduction TOT (19 HCWs), commodity management (19 HCWs), FACSCount application (17 HCWs) and FACSCalibur application (ten HCWs). An office assistant from Arthur Davison Children's Hospital was trained in cleaning and maintaining a safe environment at the PCR laboratory. 319 HCWs were trained in the use of SmartCare forms through a series of one-day trainings and 115 data entry clerks and information officers were trained in SmartCare software use.

In addition, ZPCT trained 67 community volunteers in PMTCT counseling, 48 in adherence counseling and 102 in basic CT. ZPCT also trained 75 HCWs in DBS collection, storage and transport, with funding from Clinton HIV/AIDS Initiative (CHAI).

Details of training for each program area are provided in Section 4.3 and in Attachment B, *ZPCT Training Courses*.

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

Limited staff at health centers continues to be an issue. ZPCT approaches described below are an attempt to mitigate the human resource constraints.

Health Care Workers in Facilities: ZPCT provincial offices have continued to work with DHMTs and facilities to implement a transport cost reimbursement plan, which follows the districts policies. HCWs who work approved extra shifts are eligible for this reimbursement. This initiative has been implemented at most health facilities and has helped to alleviate staff shortages. ZPCT provincial staff have continued to monitor this initiative closely to determine its effectiveness and feasibility and ensure that health facility staff adhere to the policy and procedures.

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

Data Entry Clerks (DECs): All DECs are currently hired as FHI employees placed at MOH health facilities through funding included in the recipient agreements. To date, the work of 78 DECs trained and placed by ZPCT at ART facilities has resulted in improved timeliness and quality of HIV/AIDS data at these sites. To further improve data quality, these data entry clerks will assist in the compilation of data from non-ART sites supported by ZPCT once a month.

Outreach: Transport allowances for ART outreach have been included in all recipient agreements, as well as amendments/recipient agreements supported by ART Plus-Up funds. This includes support for staff from the DHMT or other facilities to provide services at selected health facilities that lack a medical doctor, laboratory staff and/or pharmacy staff to initiate and monitor clients on ART.

4.1.4. Other Program Management Activities

This quarter, the following additional program management activities took place:

- Human Resources: This quarter, ZPCT hired 12 additional staff in Lusaka and the provincial offices to support the continuing program expansion. Four pediatric clinical care officers were hired to be based at GRZ health facilities to assist with scale-up for pediatric ART services, of which two began work during the quarter. The pediatric clinical care officer for North Western Province will be identified next quarter. ZPCT will organize a supervisory training for staff to enhance skills in this area.
- World TB Day (March 24, 2008): ZPCT staff participated in the national event to commemorate World TB Day in Kasama, Northern Province. As part of the event, ZPCT conducted mobile CT activities.
- Decentralization of Provincial Offices: ZPCT continues to monitor activities that will determine the decentralization of provincial offices in selected program, technical and financial areas. All provinces are decentralized for monthly reports and Copperbelt and Luapula provinces are decentralized for community purchase orders.
- Motor Vehicles Review: A team of two staff from the Office of Financial Management, USAID/Zambia conducted a review of the ZPCT motor vehicle policies, procedures and systems on March 10, 2008. The review included an evaluation on the control environment and adequacy of procedures and systems relating to motor vehicles, accountability and compliance of the use of the motor vehicles, review of monthly reconciliations of the fuel costs and the motor vehicle fixed assets register to determine that motor vehicles are appropriately labeled and marked.
- International Travel: The Associate Director for Technical Support and the Senior Advisor for Clinical Care traveled to Cambodia from March 7 to 16 to participate in the FHI Global Care and Treatment meeting focusing on children and family-focused expansion of access to and demand for HIV prevention, care and treatment. This meeting brought together FHI's key technical staff in HIV/AIDS care and treatment from Africa, Asia, and Latin America, as well as FHI HQ and regional staff to share best practices and technical updates and to plan for the scale-up of care, treatment and support services to children.

Five ZPCT staff (two provincial program managers and three provincial finance officers) traveled to Johannesburg, South Africa to participate in a one-week workshop on USAID Administrative Compliance and Management of Awards.

- Information Technology (IT) Capacity Building and System Maintenance: IT staff continued to provide technical assistance to provincial offices on computer hardware, software, and use of applications through quarterly visits.

The roll-out of the SmartCare database continued this quarter. The provinces performed data migration by transferring client information from manual cards to the SmartCare databases. The IT team has continued to assist with installation and networking of computers at health facilities for the implementation of SmartCare and the data migration exercise. In addition, the IT team is installing the CSPro software at provincial offices, as required for input and analysis of the QA/QI data.

Support of MOH facilities continues to be a challenge due to non compliance of IT policies, lack of proper IT maintenance and user related problems, this has resulted in an accumulation of faulty machines and repeated virus attacks. The IT unit has worked on a program to provide the health facilities with monthly Anti- Virus updates; however the actual updates do sometimes take weeks if not months to be uploaded to the machines due to several factors

Five helpdesk support officers have been employed to provide IT support in all the five provincial offices of ZPCT, these have all taken up the jobs and being relocated. It is envisioned that these IT personnel will assist and support the MOH facilities in the provinces. The Lusaka office has acquired a VSAT and a Riverbed WAN acceleration server to improve communication between FHI, its partners and field offices.

4.2. National Level Activities

ZPCT staff members continue to provide assistance and leadership on technical and programmatic issues in all key areas at the national level. ZPCT actively participates on eight national technical working groups, as well as several ad-hoc implementation groups. Participation in national meetings and workshops ensures ZPCT input into national activities and enhances continued collaboration with the MOH and other partners. Meetings and workshops attended during this quarter are in the table below:

Date	Technical Area	Meeting/Workshop/Training
February 4, 2008	General	<u>Under-Five Cards Production</u> : A meeting was held at MOH on the progress production of new under five cards. The purpose was to discuss with partners on the available resources for orientation of HCWs on the use of the card and the printing process as well as asking partners for contributions to the process
February 12, 2008	General	<u>Child Health Week</u> : Meeting on the review of EPI and Child IMCI updates for Child Health Week activities.
March 9-15, 2008	General	<u>FHI Global Care and Treatment meeting</u> : ZPCT staff participated in an FHI Global Care and Treatment meeting in Cambodia. This meeting focused on sharing experiences and updates in care and treatment with a special emphasis on pediatric HIV
March 16 to 20, 2008	General	<u>NAC HIV Prevention Strategy Development</u> : ZPCT participated in the NAC prevention strategy development process for HIV/AIDS in Copperbelt and North Western provinces. The objective was to have stakeholders meetings in the various provincial districts for discussions on what people perceive to be driving the epidemic of HIV infections in their districts.
January 21 to 24, 2008	CT	<u>International CT Workshop</u> : This was co-hosted by FHI and PSI/SFH. ZPCT staff presented and moderated some of the sessions. The sessions were varied and included issues of routine provider-initiated CT, HR for CT services including task shifting, linkages and referral networks.
March 5 to 7, 2008	CT	<u>Youth CT Training</u> : ZPCT staff co-facilitated a training to pilot the youth CT training package developed by FHI.
February 14, 2008	PMTCT	<u>Infant and Young Children Feeding</u> : ZPCT staff attended a meeting at UNICEF to prioritize activities from the operational strategy paper related to infant and young child feeding.
February 4, 2008	PMTCT, Pharmacy	<u>USAID Stakeholders Meeting</u> : The purpose of the meeting was to discuss the issue of the recall of the injectable contraceptive, Depo-Provera following a newspaper article stating that the contraceptive tested positive for HIV. This meeting discussed how to move forward on this matter and put in place a plan to mitigate the effects of this wrong statement. A technical working group was formed to work with the MOH to issues an authoritative statement to counter this claim and to produce materials to disseminate to service delivery points for use at community level.

Date	Technical Area	Meeting/Workshop/Training
February 13, 2008	Palliative Care	<u>Pediatric Palliative Care Meeting</u> : ZPCT staff attended a pediatric palliative care meeting at CRS offices. The main purpose of the meeting was to obtain consensus from the membership on the need to take the Pediatric Palliative Care Forum to the main body, the Palliative Care Forum and lobby the pediatric palliative care issues within the main forum.
February 20, 2008	Palliative Care	<u>Pediatric Palliative Care Meeting</u> : Attended a Palliative Care Forum meeting at AFRICARE Offices. The meeting discussed: Palliative Care Association of Zambia's Situational Analysis Study updates, PEPFAR's 07/08 COP, and new developments in the country including availability of PCR for early diagnosis of HIV in infants, and nutritional support to PLHA including infants/children.
March 3, 2008	Palliative Care	<u>Palliative Care Association of Zambia's Situational Analysis Study</u> : ZPCT staff attended a dissemination of PCAZ's situational analysis study meeting which was presented at Our Lady Hospice. The study was conducted to understand the current palliative care situation in Zambia, and make appropriate recommendations to government through MoH, Hospices and PCAZ.
March 26, 2008	Palliative Care	<u>Palliative Care Forum Monthly Meeting</u> : Attended a Palliative Care Forum monthly meeting at HSSP offices. This is a monthly update meeting by the membership/partners.
February 25, 2008	ART	<u>Pediatric ART Training and Clinical Mentorship</u> : ZPCT hosted a meeting on availability of cotrimoxazole prophylaxis in Zambia, circulation of the provider initiated-testing and counseling guidelines (PITC) and review of the pediatric clinical mentorship plan for the Zambia. The review of the pediatric mentorship package is on-going and will be finalized in the next quarter.
February 29, 2008	ART, CT, PMTCT	<u>Mobile ART, CT and PMTCT Guidelines development meeting</u> : ZPCT staff attended a mobile ART, CT and PMTCT guidelines development meeting at NAC secretariat. The specific objectives of the meeting were: to outline the difference between mobile and outreach services, define the mobile service package, and develop appropriate tools and outline service linkages.
March 11, 2008	ART, Pharmacy	<u>Cotrimoxazole Quarterly Quantification Update Meeting</u> : ZPCT staff attended a meeting at the JSI/DELIVER office to review and discuss key assumptions from the November quantification of cotrimoxazole. Other issues under discussion were the use of cotrimoxazole for non-HIV related use, the introduction of cotrimoxazole IV form and the cotrimoxazole suspension packaging size. Procurement plans for 2008 and 2009 were also discussed.
March 13 – 14, 2008	ART, Pharmacy	<u>Zambia HIV/AIDS Commodity Security Workshop</u> : ZPCT staff attended this meeting of the Technical Working Group to develop the second draft of the strategic plan for HIV/AIDS commodity security. The first draft of the strategic plan was reviewed and major gaps identified. Revisions were made and a consensus was reached on the HIV/AIDS Commodity Security Coordinating Committee model, finance/policy strategies and the budget development process. The next steps included completing the final draft of the strategic plan, developing the budget and beginning preparations for the strategic plan launch.
March 18, 2008	ART, Pharmacy	<u>ARV Forecast and Quantification Quarterly Review</u> : A meeting was held at the JSI/DELIVER office to identify changes in the quantification assumptions by comparing the trends in the forecasted consumption estimates to the actual consumption and issues data, update the forecasted quantities for 2008-2009 based on changes in the quantification assumptions, review allocation/commitment of funds by key partners in the provision of ARVs in Zambia and procurement plans for 2008 and to identify gaps in the national procurement plan and discuss strategies for resource mobilization.
February 11, 2008	Pharmacy	<u>Scaling-up Community Therapeutic Care programs</u> : ZPCT staff attended a meeting at MoH on Scaling-up Community Therapeutic Care programs in Lusaka and Southern province. The resolutions included on-going capacity building for health workers in nutrition issues, strengthen the community demonstration component of the training package and formation of the National Technical Working Group.
January 31, 2008	Laboratory	<u>Review of Standard Operating Procedures</u> : The meeting was called by MOH working in partnership with CDC, JICA and ZPCT to plan for the review of SOPs for all levels. It was agreed that two workshops will be held – one for health centers and level 1 hospitals in February and a second for level 2 and

Date	Technical Area	Meeting/Workshop/Training
		3 hospitals to be held in April.
February 25, 2008	Laboratory	<u>Planned Preventive Maintenance Meeting with Biogroup</u> : A meeting was held with Biogroup to plan a skills training for ZPCT staff to troubleshoot equipment faults.
March 17, 2008	Laboratory	<u>Hemocue Supplies and Training</u> : ZPCT has been procuring Hemocue hemoglobinometers for all PMTCT sites currently lacking the lab capacity to measure hemoglobin levels in pregnant women, required for initiation of combination ART prophylaxis. A meeting was held with MM-Africa, agent in Zambia, to secure an orientation package to train ZPCT staff in the use of Hemocues, so they may in turn train health facility staff. Issues surrounding equipment maintenance and availability of start up supplies were also discussed.
March 19, 2008	Laboratory	<u>Quantification Review Meeting for Laboratory Commodities</u> : ZPCT attended a Laboratory commodity quarterly quantification review meeting held at SCMS/JSI in collaboration with MOH and all other Partners working in the Laboratory sector. The main objective of the meeting was to review the forecast of laboratory items in relation to the consumption/usage. At this meeting, all partners were encouraged to share equipment and laboratory commodity procurement plans and distribution plans with the MOH Laboratory Specialist.
March 27, 2008	Laboratory	<u>National HIV Test Kits Forecasting and Quantification Quarterly Review</u> : Working in collaboration with SCMS, MOH held this workshop with all laboratory partners to update the forecast and quantification for HIV test kits.
March 27, 2008	Laboratory	<u>Meeting with Becton Dickinson</u> : ZPCT met with the regional manager for Becton Dickinson. The highlight of this visit was to inform the partners that BD Zambia is in the process of employing another engineer to enhance their service and maintenance capacity with the advent of more instruments into the country. In addition, the launch of the new CD4 reagent and technique for the FACSCount equipment is planned for May 2008.
March 28, 2008	Laboratory, PMTCT	<u>Briefing Meeting by CDC Consultant</u> : A consultant was hired by CDC to review the quality assurance systems in place at the three PCR diagnostic laboratories in Zambia. The findings and recommendations by the CDC consultant were presented to MOH and all partners involved in early HIV infant and child diagnosis at CDC premises. Information sharing and analysis of data was encouraged.
January 28, 2008	Laboratory, PMTCT	<u>Meeting with the National Pediatric ART Coordinator</u> : ZPCT attended this meeting together with the representative from CHAI to discuss the dry blood spot (DBS) courier network. The challenges faced with EMS were discussed. The MOH agreed to contract a different service provider for the national system. Until the national system is operationalized, ZPCT will continue working through EMS.
February 14, 2008	Laboratory, PMTCT	<u>DNA PCR Sub-committee Meeting</u> : ZPCT attended this meeting to discuss various issues surrounding PCR implementation in Zambia. Sample quality, the PCR requisition form, and the issues surrounding the DBS courier network were discussed. A TWG to put together the specific roles and responsibilities of various people at the various service points was formed.
February 19, 2008	Laboratory, PMTCT	<u>DNA PCR TWG</u> : This group met to discuss and develop the guidelines for use by the focal person at each DBS hub. In addition, the roles and responsibilities of the service providers for the courier network were finalized for submission to MOH. These will be included in the final contract that will be signed. Access to DBS bundles from MSL was also discussed.

4.3. Technical Program Areas

The major activities undertaken during this quarter in each of the technical components of ZPCT are described below.

4.3.1 Counseling and Testing (CT)

CT services were available at 196 of the 214 health facilities during this quarter.

4.3.1.1 CT Training

During this quarter, ZPCT supported the following training courses for health care workers and 'lay' counselors:

- 100 HCWs from 72 health facilities in 21 districts and were trained in basic CT
- Eight experienced counselors from four districts of Copperbelt Province were trained in counseling supervision
- 15 HCWs from 15 facilities of Northern Province were trained in child counseling
- 102 lay counselors were trained in basic CT across the five target provinces

ZPCT collaborated with the University Teaching Hospital Pediatric Center of Excellence to provide mentoring to 16 experienced lay counselors in providing routine CT to children in care. These 16 pediatric lay counselors have since been placed in the pediatric wards at selected health facilities to provide routine CT for children. Additional pediatric lay counselors will be trained next quarter.

FHI/HQ piloted a training package for youth CT this quarter in collaboration with PSI and trained 18 experienced counselors as trainer of trainers in youth CT. ZPCT will begin to provide CT services to youth where there are youth-friendly corners.

In addition, ZPCT held a three-day capacity building meeting in January for ZPCT CT and PMTCT staff to share experiences, challenges and update information on CT and PMTCT.

4.3.1.2 CT Services

ZPCT provided technical assistance to HCWs and lay counselors in ZPCT-supported facilities to strengthen CT and to maintain a high uptake of testing and collection of same-day results. For the general CT services, the uptake among clients pretest counseled has been almost 100% consistently in facilities across all the provinces with good linkages to care. With the training of more lay counselors in HIV testing, the waiting time for collection of results has been reduced, contributing to greater client satisfaction.

During this period, the technical assistance focused on:

- Strengthening pediatric CT services for children admitted in care and in the under-five clinics: Routine CT for children in care has continued to be strengthened in the initial ten selected hospitals and has been expanded to more hospitals making a total of 25 hospitals providing routine, provider-initiated CT services to children. To support this expansion, ZPCT introduced 'pediatric lay counselors' to complement the efforts of HCWs in providing routine CT services for children. The 16 pediatric lay counselors trained this quarter have been placed in children's wards at 14 facilities to support provision of services. Additional pediatric lay counselors will be trained and placed next quarter.

In addition, CT services continued to be strengthened in the initial five pilot under-five clinics in three provinces with support from CHAI, as well as four other under-five clinics with ZPCT support. During this reporting period, one more under-five clinic was added on, making a total of ten facilities providing CT services in their under-five clinics. Transport re-imbursments for HCWs working extra shifts in these facilities to provide routine CT for children in care and at under-five clinics continued during this reporting period.

This quarter, a total of 3,926 children were tested and received their results for HIV. The CT services were also extended to the parents or guardians of the children.

- CT services in TB, FP and STI clinics: ZPCT staff continued to provide technical support to HCWs working in the TB, STI and family planning services on the importance of ensuring that all clients and patients have access to CT, preferably within the unit or referred to a CT room. The placement of VCT and PMTCT integrated registers in TB and STI clinics has enhanced the documentation of the linkages to CT services for TB and STI patients.
- Mobile CT services: ZPCT has continued to bring CT services closer to people by providing mobile CT services in different locations of the facility catchment areas. This has helped increase access to CT services for more people, particularly males and notably children. This

service provision has proved helpful even to people who may not want to visit the clinic and be attended to by HCWs who come from their (clients) community of origin. This quarter, 1,649 people were provided with CT services through the mobile activities. Additional information and data on these activities is included in the community mobilization section of the report (Section 4.4.4).

- Quality Assurance system: ZPCT staff have continued strengthening the QA system in the facilities through the use of QA/QI tools. During this quarter, QA tools were administered in facilities to monitor quality of services. In addition, counselors' support meetings are ongoing, providing a forum for counselors to share experiences, discuss ways of managing stress, burn-out, difficult situations, and addressing other issues as a group. More details are to be found in the QA/QI section
- Linkages of all HIV positive clients: To facilitate initiation of ART for those that are eligible and general care for the rest of the HIV infected patients, ZPCT has continued to improve linkages to ART services in all ZPCT-supported facilities.

4.3.1.3 Key Issues/Constraints in CT

- Human resource shortages continue to be a challenge, especially with the expansion of entry points for CT to TB, STI, FP and children's services. However, ZPCT continues to address this issue by training additional staff in the facilities to provide CT services, as well as task shifting and training lay counselors to supplement HCWs. In addition, ZPCT provides limited support for transportation to HCWs working extra shifts for CT.
- Inadequate space for CT has continued to be an issue especially with the integration of CT into other service areas like children's wards. ZPCT is addressing this issue with limited infrastructural refurbishments. However, the issue of space must continue to be addressed with the facility and district health management.
- Documentation of CT services in TB corners/wards has been a challenge in some facilities because those counseled and tested TB patients were recorded only in the TB register and not in the integrated VCT and PMTCT register (IVP) where the monthly data is extracted from. Facility staff are being oriented on proper documentation as well as placing Integrated Voluntary Counseling and Testing and Prevention of Mother to Child Transmission of HIV registers in the TB corners/wards.
- Interruptions in HIV test kit supplies continues to be a challenge in some provinces, particularly Northern Province have been experiencing stock outs in the HIV test kits in the quarter, thereby causing interruptions in the provision of routine CT in the wards and under-five clinics. ZPCT Kasama office team is working with health facility staff on responsible for timely reporting and ordering of HIV rapid test kits.

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

During this quarter, 187 of the 200 health facilities targeted for ZPCT assistance in this area provided PMTCT services.

4.3.2.1 PMTCT Training

During this reporting period, the following trainings were conducted:

- A total of five trainings in basic PMTCT for 120 HCWs from 22 districts across Central, North Western, Luapula, and Copperbelt provinces were conducted.
- Using the newly introduced MOH/JHPEIGO training package for community cadres in PMTCT, 67 lay counselors were trained in PMTCT from nine districts of Luapula and Central provinces. These community counselors have been placed in the health facilities to supplement the efforts of the HCWs in providing PMTCT services.
- 75 HCWs from Copperbelt Province were trained in DBS collection and storage for early infant diagnosis using funds from the CHAI. Trained staff are now using these skills to strengthen early infant diagnosis of HIV in their facilities.

In addition, ZPCT held a three-day capacity building meeting in January for ZPCT CT and PMTCT staff to share experiences, challenges and update information on CT and PMTCT.

4.3.2.2 PMTCT Services

ZPCT has maintained a very high PMTCT uptake in all its supported facilities by continued operationalization of the 'opt out' strategy. In addition and in line with the WHO and Zambian PMTCT guidelines, ZPCT continued to support strengthening the provision of more efficacious ARVs for PMTCT (full ART or dual therapy). HIV positive pregnant women who are eligible for full ART are initiated through ART centers. The current sample referral system facilitates laboratory assessments even for patients visiting facilities with no lab capacity. ZPCT is in the process of distributing Hemocue hemoglobinometers to the remaining facilities to enable hemoglobin estimation, required for provision of dual therapy. ZPCT will continue to strengthen this area in the next quarter.

The areas of focus in PMTCT technical assistance during this reporting period were:

- Strengthening mother-baby follow-ups, as part of pediatric HIV efforts: Follow-up of HIV infected mother-baby pairs through MCH services is on-going in most of the facilities, with HIV exposed babies being identified at either the six days or six weeks postnatal/under-five visit. From six weeks, cotrimoxazole preventive therapy (CPT) is being provided for all HIV exposed children for prevention of opportunistic infections like *Pneumocystis carinii pneumonia* (PCP) and others, that otherwise are responsible for high morbidity and mortality in HIV infected children. During this period, 1540 HIV exposed children were provided with cotrimoxazole prophylaxis.

In addition, early infant diagnosis is being strengthened in all facilities that have HCWs trained in DBS collection. At the same six weeks visit, all HIV exposed children are being tested for HIV using PCR, through DBS.
- Provision of more efficacious ARVs for HIV positive pregnant women: ZPCT continued to support strengthening the provision of more efficacious ARVs for PMTCT (HAART or dual therapy). Triaging of all pregnant women testing HIV positive is in place and is supported with the sample referral system that is on-going in ZPCT-supported facilities. Depending on the CD4 count, the HIV positive women are triaged to either receive full ART or AZT and NVP as per the WHO three-tiered approach. Dual therapy (AZT and NVP) is provided from the MCH in facilities able to do the HB estimations. Access to HAART is available through the ART centers for those that qualify for it. During this quarter, however, more emphasis was placed on proper documentation to reflect what regimen each HIV positive woman received as well as strengthening prompt sample referral systems.
- Integration of family planning in PMTCT: ZPCT has been providing technical assistance on linkages to family planning services through family planning counseling in the ANC period as well as provision of the dual protection method (condoms plus a hormonal contraceptive) of FP at the appropriate time after delivery. All women of child bearing age seeking FP and CT are being linked to family planning services within PMTCT, as well as women who are not pregnant attending CT services. In addition, clients accessing FP services are offered CT services and informed of MTCT and PMTCT services.
- PMTCT/pediatric HIV services: During this quarter, ZPCT provided technical assistance and mentorship to HCWs to ensure collection of valid dry blood spot (DBS) samples for early diagnosis of HIV in infants.

4.3.2.3 Key Issues/Constraints in PMTCT

- Human resource shortages: ZPCT is working with DHMTs/PHOs to continue providing limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services as well as shifting certain specific tasks to other cadres where this is allowed and possible.
- Lack of PMTCT trainers: With the USG elimination of facilitation allowances for MOH employees, ZPCT has found it difficult to conduct PMTCT trainings. Many of the experienced trainers previously used are declining to train without a facilitation payment. A call for individual consultant trainers and agencies was put out but we have not been successful in finding more than one or two non government employed trainers. ZPCT trained some of its own staff and is using more of its own staff that are trained in PMTCT and there are plans to train more technical staff as trainers to address this problem.
- Poor male involvement: Despite seeing an improvement in male involvement in PMTCT services in some facilities, men's involvement has generally been on the low side. ZPCT has continued to encourage PMTCT service providers to continue promoting male involvement in PMTCT services. In addition, community activities are being refocused to improve male

involvement based on focus group discussions held this quarter to identify the barriers to male involvement in PMTCT.

- Inconsistent supply of and difficulties in the ordering system of drugs for PMTCT: This especially concerns inconsistent supply of syrups in Luapula province which have affected the program. ZPCT staff have continued to provide technical support in commodity management to improve availability of logistics and supplies.

4.3.3 Antiretroviral Therapy (ART)

ZPCT continued providing technical assistance and mentoring at all health facilities targeted for ART. Focus continued to be placed on quality assurance and quality improvement of services. ZPCT also continued improvement and expanding of other important aspects of ART services like the expansion of DBS referral and transportation system and links to PCR facility, and the continuing roll out and follow up of SmartCare in ART sites.

ZPCT continues to refurbish clinical care and ART rooms and providing the necessary medical tools such as stethoscopes, thermometers, BP measuring machines, diagnostic sets, weighing scales and examination couches.

4.3.3.1 ART Training

ZPCT conducted the following trainings this quarter:

- 139 HCWs were trained in ART/OI management over a series of six, 14-day courses.
- 48 community volunteers were trained in ART adherence counseling. These volunteers will be placed at ART sites to work as adherence support workers (ASWs).
- 72 HCWs from Copperbelt, North Western and Northern provinces were trained in two-day courses in ART adherence counseling.

4.3.3.2 ART Services

At the end of this quarter, 75 (including 33 outreach sites) out of the 102 targeted health facilities were providing ART services in 32 districts. Solwezi Urban Clinic was accredited as an ART site this quarter, enabling the facility to report data directly beginning next quarter. St. Dorothy Health Center continues to report their results through Solwezi General Hospital while awaiting assessment by the ART accreditation team lead by the PHO. A total of 5,514 new clients (including 372 children) were initiated on antiretroviral therapy this quarter. A total of 51,753 individuals were receiving antiretroviral therapy at ZPCT-supported sites; of these 3,520 were children.

ZPCT continues to focus on the issues outlined below:

- Orientation and mentorship in the new ART protocols and SmartCare training: ZPCT continued to roll-out orientation and mentorship in the new ART protocols and SmartCare in ZPCT-supported facilities. ZPCT staff, through scheduled technical assistance visits, followed-up the implementation of SmartCare forms to ensure smooth implementation of the program in the ART sites.
- Collaboration with home-based care programs: ZPCT continues to support ART outreach to three home-based care centers operated by the Ndola Catholic Diocese: Chishilano in Ndola, Twatasha Trakk in Kitwe, and Iseni in Chingola. Stable patients are transitioned or transferred-out to nearby health centers in Chingola. The Memorandum of Understanding (MOU) for support to HBC sites was renewed this quarter through December 31, 2008. However, this collaboration is in the process of being transitioned from ZPCT to CHAZ during the course of the year.

Clients in Ndola and Kitwe are reluctant to transfer from the HBC centers to the nearest ART clinics for fear of losing out on the nutritional support provided by the centers. In addition, the nearest ART site to the HBC center in Kitwe (Chimwemwe clinic) is still quite a distance away.

In Chingola, patient willingness to transfer out was higher due to the nutritional support provided by the Chingola DHMT in collaboration with Word Food Program. However, a new ZPCT-supported site in Kitwe, Kawama clinic, is set to commence ART services next quarter and is within the locality of TRAKK, and it will address the issue of distance for those stable patients to be transferred out of home-based care setting. This collaboration continues to

expand in terms of client enrolment into care and treatment with 98 clients initiated on ART and 1,116 clients were monitored this quarter.

ZPCT continues to support ART outreach to the Mpatamatu Home-Based Care Program in Luanshya District. In this quarter, 17 new clients were initiated on ART and 155 clients were monitored this quarter.

- Progress on pediatric HIV/AIDS care and treatment: ZPCT continues to provide technical assistance and mentoring to scale-up pediatric AIDS treatment, with attention to routine or provider-initiated CT, timely initiation of ART, and cotrimoxazole prophylaxis. During the quarter, linkages with PMTCT services continued to be strengthened with emphasis on improved and effective intra - and inter-facility referral of children under 14 to ART services and expanding the routine CT for all children who come to the facility for health services. ZPCT technical staff continued improving staff skills in the early identification of OIs.

Additionally, ZPCT recruited five medical officers to support pediatric ART services across the target provinces. One medical officer commenced work in Copperbelt province this quarter.

- Pediatric preceptor program: With funding from CHAI, ZPCT hired two consultants from Tropical Diseases Research Center (TDRC) and Arthur Davison Children's Hospital (ADCH) to implement a 20-day preceptor program in pediatric HIV care at eight sites in Ndola and Chingola. The objective of this program is to provide on-the-job, practical intensive hands-on mentorship to HCWs by experienced, practicing pediatricians/medical doctors on providing pediatric care and treatment services. This quarter, 22 HCWs benefited from this exercise. A consolidated report will be compiled and disseminated to the partners and other stakeholders in the next quarter.
- Ready-to-use therapeutic food supplements (RUTFs): ZPCT piloted the RUTF (also known as Plumpy Nut) program in ten selected high volume pediatric sites. This activity is in collaboration with CHAI and the MoH. CHAI supports the procurement of the Plumpy Nut, ZPCT coordinates the implementation and MoH provides the institutional and human resource support. RUTF is given to malnourished and those children on ART. This activity, which commenced in early February 2008, will run for three months as a pilot. The implementation of this program will be reviewed at the end of the three-month pilot period for possible expansion to other sites.
- Quality assurance/quality improvement: ZPCT continued focus on quality assurance and quality improvement issues during the technical assistance visits to health facilities. ZPCT ensures the use of QA/QI tools, in collaboration with PHO, DHMT, and facility partners. ZPCT commenced the revision of the QA/QI tools in line with feedback from the field both from the ZPCT technical staff and the facility staff to have the tools simple and focused. In addition, the SmartCare QA/QI output indicators to facilitate collection of information on the quality of care clients are receiving both at baseline and during follow-up monitoring in the ART sites, will be operational in this coming quarter.
- SOPs for ART, adherence counseling and post exposure prophylaxis (PEP): The MoH is working on the quantities to print and the budget involved. ZPCT will support printing of SOPs. MoH and ZPCT will jointly plan on the distribution and orientation of HCWs on the use of these resource/reference materials.
- Continued support to clinical seminars: As part of capacity building, ZPCT continues to promote and support clinical seminars for HCWs to discuss case studies and any new developments in HIV care including any critical clinical or programmatic issues related to the implementation of the HIV/ART program.
- Provision of reference materials: ZPCT printed and distributed the revised '*Pediatric Dosing Guide and Recommended ARV Regimens for Children in Zambia*' job aids. ZPCT also sourced a pediatric HIV/AIDS reference book produced by ANECCA to be distributed to ZPCT-supported sites next quarter. In view of the new (2007) national ARV treatment guidelines, ZPCT continues to source and provide ART clinicians with a job aid, '*Creatinine Clearance Slide Ruler*', to assist in estimating creatinine clearance, an important laboratory test and requirement for HIV patients initiating treatment on new first line ARV regimens.

4.3.3.3 Key Issues/Constraints in ART

The following constraints were faced in ART service provision:

- Patient monitoring: ZPCT has continued to assist HCWs with the improvement of clinical and laboratory monitoring of patients on ART through technical visits, mentorship and provision of reference materials. ZPCT technical staffs actively follow up on the functional status of lab equipment and other consumables/reagents and proactively facilitate for servicing or repairs of

equipments and supply of lab consumables. ZPCT is yet to finalize and operationalize the SmartCare QA/QI tools developed this quarter.

- Pediatric ART challenges: In the ongoing effort to address human resource constraints, ZPCT continues to provide technical assistance and training in pediatric ART, including the preceptorship program, which is collaboration with the Clinton Foundation HIV/AIDS Initiative. This program is complementing the other strategies being implemented and contributing to the scale-up of comprehensive HIV care and ART in children.
- Initiation of ART in children in the in patient wards: The common practice of only initiating children on ART in the ART clinic means that some in-patients who need ART have to wait until they are discharged to receive services. However, many of these patients do not report to the ART clinic. ZPCT is addressing the issue of improving and expanding the initiation of ART in children by mentoring HCWs on the wards to confidently initiate ART there, and appropriately link these children to the ART clinic once discharged. In addition, ZPCT is also exploring strategies to strengthen internal referral system to initiate eligible children on ART.
- Lack of harmonization of the sample collection day: ZPCT continues to work with facilities to ensure that clients can get their lab results on the same day as their clinic appointment booking, thereby avoiding a situation whereby patients make several visits to the health facility before treatment is initiated.
- Increased client load: The expansion program and expected initiation and strengthening of ART services in other ART sites is expected to decongest some of the high volume sites. This is in addition to measures, in some of these sites which were previously seeing patients only on certain days of the week, to now operate their ART clinics daily where this is feasible.

4.3.4 Clinical Palliative Care

ZPCT is working with staff across all health facilities to strengthen and improve palliative care for PLHA.

4.3.4.1 Clinical Palliative Care Training

The national training curriculum for ART and OI management is combined. As described in Section 4.2.3.1, six trainings were conducted this quarter in the areas of ART/OI reaching a total of 139 HCWs.

4.3.4.2 Clinical Palliative Care Services

ZPCT staff provided technical assistance in clinical care to ZPCT-supported sites in the five provinces. Palliative care strategies and activities are on-going and ZPCT staff, working with HCWs in the facilities and relevant DHMT and PHO staff and the community continued strengthening the following:

- Mentoring and supervision of HCWs in appropriate diagnosis and management of opportunistic infections including pediatric HIV/AIDS cases.
- Emphasis on routine or provider-initiated and diagnostic counseling and testing.
- Identification, management and documentation of adverse drug reactions.
- Scale-up cotrimoxazole prophylaxis in both adults and children.
- Routine CD4 testing of all HIV positive TB patients to facilitate clinical care and ART as required. Integrated VCT and PMTCT (IVP) registers will need to be revised to be able to record CD4 count data for TB clients who have undergone CT, alongside the HIV testing results.
- Routine CD4 for all pregnant mothers who are HIV positive, and referring to ART clinics all those to who are eligible for full HAART.
- Community activities to increase awareness and benefits of HIV services and ART. These activities include messages through drama meant for the general population in public places like markets and also targeted where HBC programs have on record families or households that are affected by the HIV/AIDS and these are encouraged to go through CT.

4.3.4.3 Key Issues/Constraints in Clinical Palliative Care

- **Referral linkages:** ZPCT has continued to strengthen referral system within and between health facilities and other organizations offering health related services. Both the technical staff and the community mobilization and referral officers continue to work closely with HCWs and other cadres involved in the care of HIV clients to improve and strengthen referral systems and mechanisms by ensuring availability of referral documents, appropriate filling in of forms and registers and tracking of the referral forms and clients referred for various HIV/ART related service.
- **Drugs for OIs:** Cotrimoxazole for both prophylaxis and full treatment of OIs as well as drugs for treatment of tuberculosis continue to be readily available in most sites. The MOH, through JSI will ensure that there is an adequate supply of the available essential drugs in all the public health facilities once the drug logistic system is implemented. However, this has been a slow process and not all OI drugs are available, particularly cytotoxic drugs for treatment of Kaposi's sarcoma and antifungal drugs (fluconazole and amphotericin B) for treatment of fungal meningitis.

4.3.5 Pharmacy Services

During this quarter, ZPCT continued to provide support for pharmacy services at all 214 ZPCT-supported health facilities. Ongoing activities include the provision of basic pharmacy equipment, furniture, and renovations to enhance pharmaceutical service delivery, training and technical assistance.

4.3.5.1 Pharmacy Training

This quarter, ZPCT trained seven laboratory and 12 pharmacy health facility staff from six districts in Central and Northern provinces in commodity management for both pharmaceutical and laboratory commodities.

4.3.5.2 Technical Assistance in Pharmacy

ZPCT continues to provide technical support on the use of the updated ARTServ Dispensing Tool, a tool used by pharmacy staff to record data on clients on ART, including drug regimen, side effects, and drug dispensing dates at 52 sites. Five of these sites began using ARTServ this quarter. This will be expanded to all ART sites to be supported by ZPCT. Ongoing training of pharmacy staff in the use of ARTServ is planned to allow for staff rotation and workload reduction.

Technical assistance visits were conducted to strengthen commodity management information systems in facilities offering ART services. ZPCT staff provided guidance on improving stores management including stock status update, storage space and conditions, timely ordering and collection, aggregation and proper use of commodity consumption data. The commodity inventory tracking tool, developed by ZPCT to assist in inventory control and tracking of commodities, is functioning well. In addition, technical assistance was provided to ensure that all facilities adhere to the ordering procedures as defined by the new ARV logistics management system.

Technical assistance visits were also focused on mentoring facility staff on good pharmacy practices, including dispensing, medication use, and enforcing adherence counseling to ensure better patient outcomes.

ZPCT continues to provide technical assistance to address non-submission of returns and data, which contribute to shortages of critical supplies and stock-outs.

The MoH is working in collaboration with CHAI and other partners to mitigate the negative nutritional impact of HIV and AIDS in infants and children by providing nutritional support in the form of RUTF, otherwise known as Plumpy Nut. These RUTF are being provided nationwide to HIV infected infants and children as a supplement to what is locally available and accessible. Through a well established system by MSL, this food supplement is supplied to the ART sites that have been identified as centers for the RUTF/Plumpy Nut support program. ZPCT is working to coordinate this program in its support areas.

An assessment of the pilot implementation of the Ready to Use Therapeutic Food (RUTF) program in six facilities (Arthur Davison Children's Hospital, Kitwe Central Hospital, Nchanga North Hospital,

Thomson Hospital, Kabwe General Hospital and Mahatma Gandhi Memorial Clinic) in five districts was also held this quarter. Results from this assessment will be compiled and reported next quarter.

4.3.5.3 Guidelines and SOPs

ZPCT continues to distribute and promote the use of the Zambia ART Pharmacy SOPs to the facilities, and focuses on providing technical assistance to sites to ensure that work is being done according to the guidelines and SOPs. ZPCT facilitates the site-specific adaptation of these SOPs in line with GRZ policy. However, in line with the launch and dissemination of the new ART guidelines and the need for the inclusion of the new ARV logistics system procedures and forms, the Zambia ART Pharmacy SOPs need to be updated. Discussions have been held with the MOH and the review process is underway. Once complete, the new SOPs will be distributed to all ZPCT static ART sites, and selected outreach ART sites.

With feedback from the provincial staff, the pharmacy services QA/QI tools have been reviewed in an attempt to make the tools more user-friendly to facilitate wider and more frequent use. These tools will continue to be administered at ZPCT-supported sites. Implementation of the tools plays a key role in continually monitoring the quality and sustainability of services, as well as building capacity within health facilities and DHMTs.

4.3.5.4 Key Issues/Constraints in Pharmacy Services

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

- Medical Stores Limited logistics constraints: Occasional lapses in the transport system at MSL combined with some order delays from the districts continued in this quarter and led to requests for ZPCT assistance to transport critical supplies to support sites. However, this is only possible when there is pre-arranged travel to these destination sites. ZPCT is constantly working with facility staff to ensure that orders are submitted according to the delivery schedule requirements that MSL has issued.
- Lack of qualified staff in the facilities: Shortages of trained staff greatly compromise the quality of service delivery in the facilities. Working with DHMTs and facilities to implement the transport reimbursement system for staff working extra shifts has greatly improved this situation.
- Inadequate supply of commodities: An uninterrupted supply of commodities ensures continued service delivery across all elements of care. During this quarter, there has been great improvement in the national level supply chain for ARVs and selected OI drugs which is assisted by ZPCT's training, and technical assistance at the facility level. Although there were improvements, the challenge is to consistently maintain adequate stock levels. There were stock-outs of pediatric ARV suspensions (AZT, D4T), cotrimoxazole suspension and antifungal drugs this quarter due to stock-outs at MSL. ZPCT also actively participates in national level forecasting and quantification activities to ensure that the facilities' needs are taken into account.
- Storage space: As ART services expand, there is an increased need for space in pharmacies to store ARVs and other commodities under proper storage conditions. ZPCT continues to assist through the provision of minor refurbishments to facilities, such as adding shelves and air conditioners.
- Equipment maintenance: The availability of fully functional equipment, such as computers and air conditioners, is an important aspect to achieving our objectives. Breakdown of this equipment, particularly air-conditioners, affects the quality of service delivery. ZPCT is continuing to repair or replace this equipment and is working on instituting equipment maintenance contracts with the vendors of this equipment.

4.3.6 Laboratory Services

ZPCT is currently strengthening laboratory services in 109 facilities by providing technical assistance, supporting renovations and procurement of equipment. Technical assistance is routinely provided to support laboratory needs including additional ART sites (both static and outreach).

PCR Laboratory: The DNA PCR laboratory at Arthur Davison Children's Hospital (ADCH) is functioning well, with samples from all five target provinces being received and analyzed. Ten MOH laboratory staff

trained by ZPCT are working in rotating shifts to assist with the processing and analysis of DBS specimens in the laboratory. The transport reimbursements for the rotational staff and extra shifts for full-time staff are paid on a monthly basis to support the program.

ZPCT recruited a laboratory technician in February 2008 to provide full-time support at the PCR laboratory.

4.3.6.1 Laboratory Services Training

ZPCT conducted two training workshops in laboratory services this quarter, one focused on equipment use and maintenance for FACSCount instruments and the second training on the use and maintenance of FACSCalibur instruments. 17 laboratory staff were trained in FACSCount and ten laboratory staff in FACSCalibur use and maintenance.

As reported in the pharmacy section, a joint commodity management training was conducted for 19 laboratory and pharmacy staff from six districts in Central and Northern provinces.

PCR Laboratory: ZPCT also supported the training of the PCR Laboratory Office Assistant in a two-week course in Health and Safety in Pathological Laboratories at Ndola Biomedical College. Feedback received from the participant was positive.

In addition, as reported in the PMTCT section, trainings were conducted in DBS preparation, packaging and transportation for referral to ADCH for the DNA PCR test.

4.3.6.2 Technical Assistance in Laboratory Services

ZPCT staff continue to provide technical assistance in laboratory services to all ZPCT supported health facilities throughout the five target provinces. The specimen referral system for CD4 is operating well in all sites for both CT and PMTCT clients resulting in continued increase in the number of ART clients. The use of equipment has greatly improved in all facilities with few centers experiencing breakdowns. These breakdowns were attended to by the equipment vendors with an improved turn around time of two weeks due to absence of spares in country. Special attention is being paid to performing internal quality control when the materials are available and where materials are not available, some facilities prepare their own quality control materials.

ZPCT provincial technical officers continue to provide technical assistance to improve commodity management systems for laboratory services at all ZPCT-supported health facilities. Technical assistance in this area focuses on storage, stock status and consumption of commodities.

ZPCT continued to provide technical support on the use of the Laboratory Management Information Systems (LMIS), a tool used to record test data on clients on ART and adopted by the MOH, at seven health facilities. The tool is working well and is being regularly modified with feedback from users. Shortage of laboratory staff poses a challenge in the use of this tool – data is not entered and updated as required. Discussions within the unit looked at the probable engagement of data clerks or the provision of computers to all the three sections of the laboratory (hematology, biochemistry and immunocytology) to alleviate this problem. In addition, ZPCT has recruited more provincial technical officers to support laboratory services at the target facilities. One of their roles is to pay extra attention to the provision of technical assistance in the benefits of the use of this tool.

The QA/QI tool for laboratory continues to be implemented at all ZPCT-supported hospital sites. A recurrent issue confirmed by the QA/QI tool is the critical shortage of trained laboratory technologists in nearly all health facility laboratories. These results are shared with the DHMTs and hospital management. ZPCT will continue to provide transport reimbursements to partially alleviate this problem.

PCR Laboratory: ZPCT staff provided technical assistance in quality DBS collection, packaging and transportation to health facilities in the supported districts. All the ZPCT-supported sites are submitting good quality specimens and there has been a tremendous increase in the number of specimens received at the laboratory as compared to the last quarter.

4.3.6.3 Guidelines/SOPs

ZPCT continues to promote and monitor the use of the Zambia ART laboratory SOPs to facilities with laboratories, providing CT, PMTCT and/or ART services. However, in line with the launch and

dissemination of the new ART guidelines, there is need to update the Zambia ART laboratory SOPs. Discussions with the MOH were held and review of the SOPs will be done next quarter.

The Internal Quality Control (IQC) guidelines document was submitted and is awaiting submission to MOH, dissemination to stakeholders and roll out.

PCR Laboratory: ZPCT has developed SOPs outlining the techniques of DNA extraction from DBS, general laboratory guidelines, a biosafety manual, proper use of PCR equipment and criteria for rejection of specimens. These are draft documents currently in use in the laboratory. The document has been reviewed by the consultant and this draft will now be submitted to the PCR Laboratory subcommittee for comparison with the other two PCR laboratories in the country.

IQC monitoring continues to be run with each test batch. In addition, the PCR laboratory has enrolled in the CDC Proficiency Testing External Quality Assurance Program. Under this program, CDC Atlanta supplies participating laboratories with external control low positive, high positive and negative DBS specimens which are also included in every run with the Roche controls. Ten DBS specimens with unknown HIV status are also sent with every batch and when tested, the results are submitted back to CDC for evaluation. The first batch of controls and unknown specimens from CDC were received and tested in February 2008 and the results were sent back before the deadline via email and postal mail. Feedback is being awaited. These batches of both controls and samples are sent out three times a year to participating PCR laboratories.

A quality assurance review visit for the PCR laboratory was conducted on March 26, 2008 by the Molecular Monitoring Team Leader from CDC. The focus of the visit was to assess how ZPCT facilitates the assurance of quality in the day to day work at the PCR laboratory ADCH. In addition, one facility providing PMTCT/DBS services was also visited. The findings and recommendations by the CDC consultant were presented to MOH and all partners involved in early HIV diagnosis for infants at CDC premises. Information sharing and analysis of data was encouraged. A full report on this review is expected to be shared with all related partners very soon.

4.3.6.4 Specimen Referral System

The specimen referral system to provide off-site support to facilities with limited or no laboratory capacity that ZPCT developed and implemented continues to function well. The system is functional with 78 health facilities referring specimens to 39 facilities with CD4 equipment across 26 districts. ZPCT staff continue to monitor the usefulness and quality, as well as to strengthen the specimen referral systems. ART sites without CD4 equipment, as well as the outreach sites, also refer specimens to the nearest facility with CD4 equipment. Specimens for baseline and monitoring tests, chemistry and hematology analysis, are also being referred.

PCR Laboratory:

The PCR laboratory continues to serve as a referral center for the five ZPCT-supported provinces. By the end of this quarter, all five target provinces have sent in dry blood spot (DBS) specimens for analysis. The specimen referral system has been expanded to transport dry blood spot samples from health facilities offering MCH services in the five target provinces to Arthur Davison Children's Hospital for HIV diagnosis of children less than 18 months old. Samples are being batched at the district level hub and transported by Express Mail Service (EMS) operated by the Zambia Postal Service to ADCH PCR Laboratory in Ndola. This quarter under review, 77 facilities in 22 districts in five provinces sent samples to the laboratory this quarter, including non ZPCT supported facilities.

A total of 1,296 DBS specimens were received from 77 facilities in 22 districts in five provinces in the laboratory this quarter. Of those specimens, a total of 1,288 were tested and 219 (17%) tested positive. The remainder of the specimens will be tested in the following reporting period. The DBS training and the logistics of sending the samples to the PCR lab will continue to be rolled out in the remaining districts.

ZPCT continues to provide technical assistance to the focal persons at these hubs to ensure proper DBS collection, packaging and transportation of the specimens.

4.3.6.5 Equipment and Reagents

During the quarter under review, following is the status of laboratory equipment:

- CD4 count equipment (FACSCount): FACSCount equipment is functional in all facilities. The instrument at Kasama General Hospital required replacement of a part which was done by the vendor mid-March, 2008. 14 FACSCount instruments received last quarter were installed and commissioned following a user training workshop held in January 2008.
Kitwe Central Hospital, Mansa General Hospital and Kasama General Hospital received FACSCalibur instruments from UNICEF/MOH and ZPCT procured one for Ndola Central Hospital. ZPCT facilitated the training, installation and commissioning of these four instruments.
- Chemistry analyzer: Six Humalyzer 2000 chemistry analyzers, received last quarter, were installed and commissioned at renovated health centers. The Cobas Integra chemistry analyzer procured by ZANARA for Mpika District Hospital will be installed in the laboratory once the renovation of the bench top is completed by the DHMT.
- Hematology analyzer: The ABX Micros 60 sample holder was replaced at Nakonde Rural Health Center.

PCR equipment and reagents: All the equipment procured for the PCR laboratory at ADCH was successfully installed and is working well. The Biorad microplate reader cables were modified in order to successfully use the required software which will be connected to a network printer in the PCR laboratory. A second thermocycler was procured which will act as a backup.

All DNA PCR laboratory consumables for use in the laboratory at ADCH are being purchased by ZPCT. The reagent kits (Roche Amplicor version 1.5) are procured through the agreement with CHAI, stored at MSL and distributed to the PCR laboratory by MSL or ZPCT. ZPCT also accesses DBS consumable bundles from MSL, procured by CHAI, for redistribution to all facilities for use in DBS collection and packaging.

ZPCT-supported sites access reagents procured by GRZ and stored at MSL. All reagents are available in sufficient quantities except for the Hematology and Biochemistry controls which are in short supply. The Sysmex Poch-100i controls have continued to be supplied through CDC. A challenge is faced in the distribution of these controls to the respective facilities as they often arrive with only a few days / weeks before their expiry date. ZPCT facilitates the prompt delivery of these commodities using either courier services or scheduled ZPCT visits to the provinces.

Refurbishments at the PCR Laboratory: Minor renovations were carried out on the laboratory taps as recommended by the DNA PCR consultant. The newly installed taps allow opening with minimal manipulation using hands, wrists or elbows. Other refurbishments and repairs were identified and included in the recipient agreement with ADCH to be carried out in the next quarter.

4.3.6.6 Key Issues/Constraints in Laboratory Services

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

- Late submission of aggregated data: Submission of aggregated data on HIV-related commodities (e.g. HIV rapid test kits) from DHMTs to central level has improved while a few DHMTs continue to be a challenge. Stock outs have reduced but are still experienced at a few facilities. ZPCT is continuing to work with DHMTs to build capacity at the district level to eliminate the delays. A problem analysis at the site needs to be carried out to identify the root problem and solutions provided by the facility staff themselves so that they appreciate the challenge. The solution can then be shared with their counterparts for action.
- Lack of qualified staff in the facilities: Shortages of trained staff have compromised the quality of service delivery in the facilities. The MOH has embarked on posting laboratory graduates to hospitals and health centers. However, the challenge is the retention of these graduates in the facilities. ZPCT has continued to work with DHMTs and facilities to improve this situation by providing transport reimbursements to staff who work extra shifts.
- Inadequate supply of commodities: There has been a great improvement in the availability of reagents and most facilities are accessing supplies. While there are occasional stock-outs of selected commodities (specifically, specimen containers), service delivery has not been adversely affected. The Supply Chain Management System (SCMS) project is in the process of developing a new logistics system for laboratory commodities which will be piloted and rolled out soon.

The PCR laboratory consumables are not available locally. ZPCT is procuring these commodities from suppliers and manufacturers and is working with CHAI to ensure there is an uninterrupted supply of these commodities. In addition, ZPCT has included funding in the program budget to enable procurement of these consumables as required.

- Maintenance of diagnostic equipment: Routine preventive maintenance of diagnostic equipment is an issue in that it is not being done even with MOH–vendor contracts being in place. This results in frequent equipment breakdowns interrupting laboratory testing in the facilities. ZPCT is collaborating with the vendors/suppliers (Biogroup, BD and SG) who have agreed to train the ZPCT laboratory staff in preventive maintenance to deal with minor faults and only call the engineers for major issues. This will help to curtail the long turn-around time for equipment maintenance.
- Specimen referral systems: Overall, the specimen referral system is working well, but has occasionally been affected by distances and the development of faults of the CD4, hematology or biochemistry equipment. ZPCT continues to find innovative ways of addressing these gaps, including using DHMT vehicles to transport specimens and refer samples to where CD4 equipment is functional.
- DBS specimens: The PCR laboratory has started receiving specimens from non-ZPCT supported facilities. ZPCT working with the MOH/CHAI has been training non ZPCT supported sites in DBS preparation, packaging and transportation. Quality of specimens has improved. The challenge is the transportation system and the receipt of samples without requisition forms. Samples without requisition forms also cannot be logged into the PCR laboratory database because of the missing patient information. ZPCT is working with the DHMTs concerned to provide training and mentoring to these facilities. In addition, there have been delays in collection of DBS packages from hubs due to issues with EMS. Discussions are ongoing with EMS, the courier service, to resolve this. However, ZPCT will switch to Post Courier, the provider identified by the MoH once the amount pre-paid by ZPCT is depleted.

4.3.7 Monitoring and Evaluation (M&E)

4.3.7.1 M&E Training

A one-day module on M&E topics was included as part of the CT and PMTCT trainings conducted this quarter. These trainings involved the use of the Integrated VCT/PMTCT Register and associated monthly reporting forms. Details of these trainings are as follows:

- The M&E module was presented as part of the CT training for 100 staff from 72 ZPCT-supported sites in Central, Copperbelt, Luapula and Northern provinces.
- 120 staff from 97 ZPCT-supported facilities were trained in PMTCT reporting as part of the PMTCT trainings across all five target provinces.

ZPCT conducted a series of trainings on SmartCare forms and software trainings for 80 facilities across the five target provinces, as follows:

- 319 HCWs were trained in the use of SmartCare forms through a series of one-day trainings
- 115 data entry clerks and information officers were trained in SmartCare software use.

4.3.7.2 Technical Assistance in M&E

The SmartCare system was deployed in 30 districts. In Nchelenge District, Luapula Province, health facilities are continuing to use the FUCHIA software, developed by Médecins Sans Frontières. ZPCT is in the process of discussing the transition to SmartCare with relevant authorities in the Ministry of Health. ZPCT staff continued to provide technical assistance to DHMTs and health facilities in the area of data management through mentorship, in collaboration with the respective PHO/DHMT staff. The focus of the site visits included conducting SmartCare quality assurance and quality control checks, reviewing and correcting data entry problems and updating the ARV dispensing tool in the pharmacies. The SmartCare software data quality control in collaboration with CDC (as the software developers) has continued to ensure that quality reports are generated from the software once it is fully operational.

4.3.7.3 Key Issues/Constraints in M&E

One constraint in the deployment of the SmartCare system has been the software's failure to continuously function at optimum level in a networked environment. The development team at CDC has been notified, but the process of software development is slow. The data migration process has taken additional time some facilities such as Lubuto, Chiwempala and Chimwemwe Clinics in Copperbelt Province, Serenje and Chitambo District Hospitals in Central Province, Kawambwa District Hospital and Samfya Stage II Clinic in Luapula and Mbala General Hospital, Mpulungu HC and Nakonde RHC in Northern Province due to frequent power outages.

ZPCT staff are working to resolve computer hardware and software problems which were detected as a result of the high use of computers during the quarter that was caused by SmartCare deployment.

4.3.7.4 ZPCT Indicators/Results

The following table shows service statistics and related data through March 31, 2008 from ZPCT-supported sites. It is a summary of key indicators for all ZPCT activities from all facilities. The training statistics for health care workers and lay counselors who directly provide services in all the program areas are also presented.

Services in Health Facilities Receiving ZPCT Support							
Indicator	Achievements (May 1, 2005 to March 31, 2008)						
	Workplan (1 Oct 07 to 30 Sep 08)	Quarterly Achievements (1 Jan 08 to 31 Mar 08)			Achievements (1 Oct 07 to 31 Mar 08)	Percent Achievement	Cumulative LOP Achievements (1 May 05 to 31 Mar 08)
	TARGET	FEMALE	MALE	TOTAL			
CT							
Service outlets providing CT	216						196
Persons trained in CT	680			225	286	42%	1,260
Persons receive CT services	54,000	17,448	15,818	33,266	66,141	122%	228,574
PMTCT							
Service outlets providing PMTCT	199						187
Persons trained in PMTCT	400			187	281	70%	737
Pregnant women provided with PMTCT services, including CT	84,000	27,669		27,669	52,088	62%	169,650
Pregnant women provided with a complete course of ART prophylaxis	15,750	2,595		2,595	5,133	33%	15,813
Basic Health Care and Support							
Service outlets providing clinical palliative care services	216						182
Service outlets providing general HIV-related palliative care	216						182
Persons provided with OI management and/or prophylaxis	66,690	43,763	28,557	72,320	74,567	112%	81,632
Persons provided with general HIV-related palliative care	66,690	43,763	28,557	72,320	74,567	112%	81,632
Persons trained to provide general HIV- related care	200			139	220	110%	883
Treatment							
Service outlets providing ART services	96						73
Health workers trained in ART	200			139	220	110%	883
New clients receiving ART	15,600	3,285	2,229	5,514	11,447	73%	51,066
Total clients receiving ART	51,300	30,961	20,792	51,753	51,753	101%	51,753
Pediatric Treatment							
Health workers trained in pediatric care	150			0	30	20%	394
New pediatric clients receiving ART	1,560	184	188	372	820	53%	3,571
Total pediatric clients receiving ART	5,130	1,769	1,751	3,520	3,520	69%	3,520
TB and Care							
TB infected clients receiving CT services	7,000	654	695	1,349	2,274	32%	8,484
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (new cases)	4,300	523	590	1,113	2,283	53%	5,798

4.4. Community Mobilization and Developing Referral Networks

The Senior Advisor for Community Mobilization and the Senior Technical Officer for Care and Treatment from FHI/Arlington visited Kabwe district during the reporting period. The purpose of the visit was to meet with the district referral focal person to discuss the DHMT request for ZPCT to support the establishment of a Microsoft Access database for the Kabwe district referral network. The database will be managed by the Kabwe DHMT and it will allow the DHMT to capture quantitative and qualitative information on referral network activities and enable a comparison of the numbers of clients being referred for HIV/AIDS related services to those reaching and accessing services. The information generated will identify gaps in service provision that will support the planning process for Kabwe DHMT and the referral network. The DHMT will assume responsibility for data input as well as report generation and dissemination to the referral network members. The program would be made available to the DHMT in other ZPCT-supported districts to adapt and use as needed.

The ZPCT Kabwe office team discussed the preparation of an article on the referral networks supported by ZPCT, with a case study of the Kabwe district referral network. A concept paper detailing the objectives, outline and proposed timeline for the paper, with the latter contingent upon the proposed electronic referral database and availability of quality data. The paper will form the basis of a journal abstract and conference presentation.

4.4.1 Community Mobilization Program

Implementation of community mobilization and referral activities was a challenge this quarter, particularly in rural provinces, due to heavy rains and farming activities. This affected the numbers of referrals to HIV/AIDS services.

During the reporting period, the MOH announced that Child Health Week will be held from June 16 to 21, 2008. ZPCT provincial staff participated in planning meetings with their respective DHMTs for outreach activities, including mobile CT to increase access to CT for pediatric clients.

The ZPCT Kabwe staff met with the Network of Zambian People Living Positively (NZP+) Serenje Chapter to discuss the possibility of forming a PMTCT support group in the district. Once formed, the PMTCT support group will mobilize other women and expecting mothers to access PMTCT services with emphasis on the importance of knowing their status, sharing the results with their partners and adhering to the PMTCT interventions. The NZP+ support group members are expected to share their status with other women and how to stay healthy by adhering to drugs and good nutritional practices for themselves and their children. The group reported that although many women are willing to disclose their status to their husbands, they cannot do so because of fear of abuse, divorce and stigmatization. The women recommended that there is need to sensitize other women so that they can start accessing PMTCT services and join the PMTCT support group once it is formed. This sensitization can be carried out by local CBOs and women who are public about their HIV positive status. The group requested that ZPCT train them in the basics of HIV/AIDS, PMTCT and ways of sharing information with other women in need of PMTCT services. This training will be conducted next quarter.

During the reporting period, ZPCT staff held focus group discussions to identify the barriers to male involvement in PMTCT. The following factors were identified:

- Men believed that matters related to child bearing and reproductive health is primarily for women and prefer not to be involved in this area.
- A man accompanying his partner for antenatal services is perceived to be obsessed with his partner.
- Health facilities are often not male-friendly. In particular, most HCWs are women and therefore men are often not comfortable discussing issues of reproductive health with them.
- Health facilities are often congested and therefore men are reluctant to go for services.

ZPCT is working with NHCs and health facilities to prioritize couples for service provision. In addition, CPOs are being developed with community groups to disseminate information to men on the benefits of being tested with your partner, the benefits of PMTCT interventions in keeping their partners and children healthy and to make 'male involvement' more acceptable and encouraged by the community.

4.4.1.1 Associate Partners - Community Mobilization

CHAZ: A meeting was held at St. Kalemba Rural Health Center with community leaders from the catchment area to develop a comprehensive action plan for HIV prevention and mitigation in the St. Kalemba catchment area. Planned activities include male involvement in PMTCT, referral of

children who will benefit from HIV CT and stigma reduction efforts. A meeting is planned for next quarter to initiate planned activities.

Faith-Based Organization Request for Applications (RFA): During the reporting period an RFA was placed in the local press to identify an FBO to use their comparative advantage in working with faith-based institutions to increase demand for and access to HIV/AIDS services in health facilities supported by ZPCT. This follows the close-out of the subagreement with the Expanded Church Response (ECR). The faith-based partner will be expected to use their established relationships with faith-based institutions in the selected provinces to increase awareness of the benefits of HIV/AIDS related services, implement strategies to reduce HIV/AIDS related stigma within the faith based context, mobilize community members affiliated with churches and faith-based institutions to access ZPCT-supported health facility services and actively provide referrals to interested individuals to facilitate uptake of services. A total of 42 proposals were received and nine were short-listed, however the quality of these proposals was very poor. A committee will be formed to conduct further analysis to determine if any are eligible for selection.

4.4.1.2 Working with Local Community Groups

During the reporting period, ZPCT staff collaborated with health facility staff to strengthen community groups to conduct mobilization for PMTCT and increase referral of children for CT.

Two community purchase orders (CPOs) were developed to focus specifically on pediatric CT with Chipulukusu and Mushili Neighborhood Health Committees (NHCs). In the Chipulukusu catchment area, 135 children were referred from the community and accessed CT services at Chipulukusu clinic. 14 of these children tested positive for HIV and were immediately referred to the ART Clinic. During the mobilization activities, a number of women expressed reluctance to having their children tested for HIV due to fear of blame by their husbands for the child's HIV positive status. Generally, it was noted during the community mobilization activities that there continues to be a high level of misconceptions surrounding ART. During focus groups discussions, implemented as part of the CPO activities, community members stated that they believed ARVs caused cancer and hence were dangerous. To address this, community mobilization partners continue to disseminate messages on the benefits of ART for both adults and children. The groups are also distributing IEC materials on ART.

In Central Province, community mobilization for couples CT was held on February 13 and 14, 2008 to coincide with Valentine's Day. A group called KATECH Entertainment performed poetry, songs and drama at Mukuyu tree in Kabwe with messages on the benefits of couples HIV CT. A total of 245 people were counseled and tested. Because the counseling is provided individually, it is difficult to capture data on the number of couples tested.

At Chilubula Mission Hospital, ZPCT Kasama office signed a CPO with a PLHA support group to conduct community mobilization and refer children who will benefit from HIV CT from amongst its members. As part of its routine activities, the support group provides home-based care and produces food that is donated to patients at Chilubula Mission Hospital.

In North Western Province, meetings with community leaders were held in all the catchment areas of ZPCT-supported facilities. The purpose of the meetings were to engage community leaders on the lack of partner notification and the implications that this has on care, treatment and support services for women and children. Community leaders were oriented to the community job aides for HIV CT and PMTCT to strengthen their ability to disseminate messages in the community and to the referral tools.

During the reporting period, ZPCT executed 20 CPOs with community groups as follows:

Province	District	Facility	Group
Copperbelt	Ndola	Chipulukusu Clinic	Chipulukusu
	Ndola	Mushili Clinic	Mushili
	Ndola	Dola Hill Clinic	Dola Hill Youth
	Ndola	Ndeke Clinic	Ndeke Youth
	Kitwe	Buchi Clinic	Buchi Youth
	Mufulira	Clinic 3 Clinic	Mutenda Home Based Care
	Mufulira	Clinic 5 Clinic	Kankoyo Peer Educators
	Luanshya	Mpatamatu Clinic	Mpatamatu Youths

	Chingola	Muchinshi Clinic	Muchinshi Youths Motivators
Central	Kabwe	Mahatma Gandhi Clinic	Mahatma Gandhi PMTCT
	Kabwe	Mahatma Gandhi	Katech Entertainment
Luapula	Mansa	Central Clinic	Central Clinic Health Center Committee
	Mansa	Senama Clinic	Senama NHC
	Mwense	Mwense Stage II Clinic	Mwense Home Based Care
	Samfya	Samfya Stage II	Samfya Home Based Care
	Samfya	Lubwe Mission Hospital	Lubwe Home Based Care
Northern	Kasama	Chilubula Mission Hospital	Buyantanshi Support Group
	Chinsali	Chinsali District Hospital	Association of Lay Missionaries
	Nakonde	Nakonde Health Center	St Mary's HBC
	Mpulungu	Mpulungu Health Center	Mpulungu Mobilization Group

4.4.2 Lay Counselors

During the reporting period, five trainings in basic CT were held for a total of 102 lay counselors. This brings the total number of lay counselors trained to 308.

Lay counselors benefited from on-site counseling supervision during mobile CT activities in Kabwe. Following guidance sent to the provincial offices on the strengthening of QA/QI systems for all CT activities from the Lusaka office, a counseling supervisor was part of the team that provided counseling and testing services at Mukuyu tree in Kabwe on February 13 and 14, 2008. The supervisor was able to observe pre- and post-test counseling session. The supervisor provided feedback to the counselors once the client had left. The lay counselors who participated in this activity gave positive feedback to ZPCT staff on the provision of supervision during the mobile CT event.

Last quarter, ZPCT completed the study to investigate the effects of lay counselors on HIV CT service provision in ten ZPCT-supported sites. This quarter, a consultant was hired to create data screens using the Statistical Package for the Social Sciences and enter all data. Data analysis will be supported by the M&E Unit in the Lusaka Office and the preliminary report will be developed next quarter.

4.4.3 Stigma Reduction

ZPCT staff facilitated a stigma reduction workshop held at Mansa School of Nursing. Eight HCWs from Mansa, Mwense and Samfya Districts were trained as trainers in stigma reduction and will in turn train other health workers, PLHA and community groups in the remaining districts to conduct exercises to increase awareness negative effects of stigma, contribute to stigma reduction at the facility and community setting, and lead to increased uptake of services. During the training, HCWs noted that it is important to include PLHA in such trainings as they are able to give personal experiences of stigma. The participants recognized the need to include stigma reduction messages and exercises in all facility HIV/AIDS related services such as ANC, TB clinic. Health facility staff also felt stigma reduction activities should be included in outreach activities.

4.4.4 Mobile Counseling and Testing

There were very few mobile CT events held during the reporting period, due to the heavy rains across the country. Mporokoso and Isoka held two mobile CT events without ZPCT's support.

District	Males Counseled and Tested			Females Counseled and Tested			Children Counseled and Tested		
	Total	# positive	% positive	Total	# positive	% positive	Total	# positive	% positive
Kabwe	423	56	13.2%	142	22	15.5%	116	6	5.2%
Nchelenge	140	0	0.0%	127	5	3.9%	34	0	0.0%
Samfya	101	7	6.9%	107	14	13.1%	11	1	9.1%
Ndola	79	11	13.9%	119	07	5.9%	21	0	0.0%
Mufulira	116	15	12.9%	87	12	13.8%	26	2	7.7%
Total	859	89	10.4%	582	60	10.3%	208	9	4.3%

4.4.5 Referral Network Development

The table below illustrates the status of referral networks in each of the ZPCT-supported districts:

Province	# Functional Networks	# in Process of Development	To Be Developed
Central	3	1 (Chibombo)	0
Copperbelt	4	3 (Luanshya, Kalulushi, Chililabombwe,)	1 (Lufwanyama)
Luapula	4	1 (Mwense)	2 (Chiengi, Milenge)
Northern	4	4 (Isoka, Mbala, Mporokoso, Mpika)	1 (Luwingu)
North Western	5	2 (Kasempa and Solwezi)	0
Total	20	11	4

During the reporting period, Kabwe and Ndola districts reviewed the functioning of the referral systems and identified ways to strengthen activities, particularly provision of feedback. It was observed that in small districts such as Mwense provision of feedback among organizations is very prompt and well documented. Larger districts however require consistent meetings to ensure feedback is being distributed to referring organizations.

ZPCT staff in Central and Northern Provinces advocated with referral network members to include groups such as NHCs in the referral networks. ZPCT staff in the Central, Copperbelt and Northern Province offices have observed that NHCs have integrated referral of clients as part of their routine community based activities and would benefit from participation in the district referral network quarterly meetings.

In Kasama, health facilities are using the district referral network referral form for internal facility referrals. At the ART clinics, the ZPCT-supported data entry clerks collect referral feedback slips and maintain the outgoing and incoming referral registers. At facilities with MCH services, a significant number of HIV-infected pregnant women are not accessing the ART Clinic, even though they are “formally” referred with a network referral form.

In Luapula Province, it was agreed that a facility based referral network will be established at Chembe Rural Health facility. The HIV/AIDS service providers in the Chembe catchment area find it challenging to be part of the referral network in Mansa district 38 community members representing six groups operating around Chembe RHC catchment area attended a meeting to brainstorm on initiating a referral network. Chembe RHC was elected as the coordinating unit, and the facility In-charge to spearhead referral network activities. Also, the members agreed to be meeting on a quarterly basis with representation from all the twelve zones of Chembe RHC catchment area. The Mansa district referral network has received support from a group known as Pavern Foundation. The organization which was established by a former Peace Corps volunteer will support the printing of all referral tools for all referral network partners in Mansa District.

As part of the development of the referral network, FHI recommends regular client satisfaction surveys at both facility and community level to monitor the effectiveness of referral and measure contribution to client care and support. To date, only one Client Satisfaction Survey has only been conducted at Mahatma Gandhi in Kabwe District.

4.4.6 Key Issues/Constraints for Community Mobilization and Referral Networks

The following challenges were encountered this quarter related to community mobilization and referral networks:

- Retention of lay counselors: Lay counselors working in ZPCT-supported facilities have become competent counselors with the training, practice and supervision. Although these counselors are volunteers, it is clear that they would prefer incentives and a salary if possible. For example, this quarter, three facility based lay counselors in Kabwe have been offered jobs by local NGOs such as KCTT and World Vision. To address the attrition of lay counselors, ZPCT has trained more lay counselors for the new sites and to cover the gaps in HIV CT services.
- Technical assistance to community groups: With the ZPCT’s expansion to new sites and districts, additional pressure has been placed on transport. Provincial staff are required to share transport when they travel for technical assistance visits, often reducing the amount of time that can be spent providing support to community groups.

- Large referral networks: In districts such as Kabwe district, the referral network has grown so large that it is challenging to coordinate the provision of feedback and collect monthly reports from all network members. ZPCT is supporting the establishment of a referral network database that will make it easier to monitor reporting of referral activities. The referral database will be managed by the District health office.

4.5. Quality Assurance and Quality Improvement (QA/QI)

4.5.1 Administration of QA/QI Tools

ZPCT is currently in the process of streamlining and refining a QA/QI system that is intended to encourage provincial technical officers to work as a team, draw on their collective experience and skills and to analyze the extent to which ZPCT-supported sites are compliant with national HIV prevention, care and treatment strategies. This information is used to identify priority areas for improvement and to design and implement activities to improve the services provided. ZPCT has adapted a set of QA/QI tools developed by FHI and MSH in each of the following technical areas: CT, PMTCT, ART and clinical care, pharmacy, laboratory and M&E. These tools in consultation with the facility staff are administered on a quarterly basis in supported sites to identify gaps in service delivery and potential areas for improvement. QA/QI tools will be administered at the newly supported sites only once services are functional for at least three months. The QA/QI system runs through a cyclical process of identifying priority problems, establishing the desired outcomes and requirements to achieve them, taking corrective action(s) and evaluating whether the corrective actions delivered the desired outcome. This cycle is continuous and runs every quarter to identify and address new areas for improvement.

- CT/PMTCT Tools: During this quarter, the CT/PMTCT facility checklist, CT provider, PMTCT provider and counselor reflection QA/QI tools were administered in 82 of the 97 ZPCT-supported health facilities established with COP06 funds providing PMTCT services. The CT/PMTCT facility tool was used to assess general aspects of site operations, staffing levels, adherence to standards in both CT and PMTCT, and availability of registers and test kits. The CT and PMTCT provider tools were used by supervisors to assess the quality of the provider-client interaction as clients actually receive services, while the counselor reflection tool was administered as a self-reflection tool to identify areas of weakness.

There has been a significant improvement in the number of sites that were supervised following training of more counselor supervisors in the last quarter. The increased mentorship by ZPCT technical staff has been instrumental in sensitizing trained counselor supervisors on their roles and responsibilities. Human resource shortages and continued staff attrition continue to be a major challenge in sustaining quality gains made in supported facilities. Although a national strategy for quality assurance for CT, based on FHI tools, has been developed, there has been little progress made in operationalizing it. This has been a challenge especially in efforts to implement external QA for HIV testing. ZPCT will continue engage partners to reinforce the message on the importance of QA for HIV testing and develop practical approaches to institutionalize the national Quality assurance strategy for CT services. Other key areas identified for improvement in the next quarter include, ensuring a constant and consistent supply of HIV test kits, strengthening internal and external linkages between routine CT services in the pediatric wards and under five clinics, family planning services and male involvement.

- ART/CC Tools: During this quarter, the ART/CC tools comprising of the ART/CC essential elements checklist, ART facility checklist and ART provider questionnaire was administered in 54 of the 62 ZPCT-supported ART sites established with COP06 funding. The tools have been instrumental in assessing standards in initiating and prescribing ART, monitoring clients and referral practices. Through clinical meetings and increased supervision, provincial staff were able to ensure that all ART sites had functional post-exposure prophylaxis (PEP) programs and were using the correct ARV regimens for PEP cases. However a key issue noted was the lack of a consistent supply of reagents from MSL for conducting liver enzyme (AST, ALT) and renal function (creatinine) tests. Lack of these baseline investigations delayed the administration of the new national ART protocol in affected facilities. Other key issues noted were, stock outs of pediatric ARV suspensions (AZT, D4T), cotrimoxazole suspension and antifungal drugs due to stocks outs at MSL and the presence of untrained pharmacy personnel in the affected facilities.

In order to address these challenges, ZPCT staff will conduct commodity management trainings for newly posted staff, support facilities to order adequate ARVs, strengthen stock management and liaise more frequently with the ARV commodity technical officer at medical store on the availability of ARVs and OI drugs at medical store.

- **Pharmacy Tools:** The pharmacy tools used by ZPCT are based on the standard operating procedures used at the national level, developed by MSH under RPM Plus. In this quarter, the pharmacy ARV bulk store tool, dispensing and medication counseling process tool and ART pharmacy records tool were administered in 52 of the 62 ZPCT-supported ART pharmacies established with COP06 funding. This set of tools form a cardinal component of assessing and monitoring the quality of ART commodity management. More specifically, the tools were used to assess the general appearance and organization of the ARV bulk store and dispensing areas. In addition, the tools assess the adherence to the national standard operating procedures for pharmacy. The majority of sites continue to have well organized ARV store rooms and dispensing areas. Sites have been supplied with thermometers and temperature tracking charts for monitoring purposes. Weakness identified for improvement included lack of a system for reporting adverse reactions. ZPCT is currently working with MoH to develop a standard approach to reporting adverse reactions to the Pharmacy Regulatory authority.
- **Laboratory Tools:** The laboratory QA/QI tool used by ZPCT is based on the standard operating procedures used at the national level, developed by MSH under RPM Plus. The health center and hospital laboratories QA/QI tool was administered in 62 of the 65 ZPCT-supported laboratories established with COP06 funding. Some of the key areas assessed were health and safety, equipment and reagents management and use of internal and external quality assurance procedures.

Some of the issues identified as areas of weakness continued to include broken down laboratory equipment, lack of regular servicing of lab equipment, laboratories not performing internal quality control runs with each test batch and also lack an external quality assurance system, shortages of trained staff, erratic supply of FACSCount and serum creatine reagents and EDTA containers by MSL. ZPCT provincial teams on an ongoing basis will continue to work with the Lusaka office to purchase and supply commodities and reagents in short supply. ZPCT provincial staff will liaise with DHMTs and PHO to set up an external QA system by using provincial labs as reference labs for district hospitals and health laboratories. Service agreements with suppliers of the lab equipment have been reached and facilities will be linked with the supplier for prompt repair of any broken down equipment.

- **M&E Tool:** The M&E facility checklist was administered in 92 ZPCT-supported sites during this quarter. The tool was used to check for the availability of ART/CC, CT and PMTCT registers and the consistency of data collected.

In general, all data capturing tools were found to be correctly updated and well kept. This was mainly attributed to regular data audits that ensure that ZPCT summation form entries are matching with data from MOH monthly forms. However, there continues to be a shortage of M&E job aids in the facilities to guide facility staff on the data management in all technical areas. ZPCT will ensure that M&E job aids are reproduced and supplied in affected facilities.

4.5.2 Facility Graduation Sustainability Plan

As part of its sustainability plans, ZPCT developed a graduation plan for ZPCT-supported districts to continue to provide good quality services in the absence of intensive external support. The graduation plan aims to transition supervision and technical assistance of districts implementing high-quality HIV/AIDS services from ZPCT to GRZ support without compromising service delivery or quality. ZPCT's technical strategies and QA/QI tools will be used as the basis for assessing service quality in the targeted facilities. Graduation tools have been developed and are being used to establish comprehensive graduation plans by the provinces. However, since facilities eligible for graduation must maintain and sustain an acceptable standard in CT, PMTCT, clinical care, ART, pharmacy and laboratory services for a period not less than three to six months before graduation, and with the expansion to additional health facilities in the districts planned for graduation, the process has slowed down.

Taking these developments into consideration, each province aims to graduate at least one district by September 30, 2008. The five districts identified for graduation by the end of September, 2008 are Mkushi, Luanshya, Kabompo, Kasama and Mansa. Additional districts will be graduated in the next work plan period. ZPCT will continue to provide financial assistance to graduated facilities to enable the provision of CT, PMTCT, clinical care and ART services with minimal supervision and technical assistance from ZPCT provincial and Lusaka offices.

4.5.3 Key Issues/ Constraints in QA/QI

Shortages of trained staff in all technical areas and the issues of scaling up pediatric ART have been discussed in all of the other sections. Below are some additional constraints:

- Sustaining QA/QI gains: The QA/QI tools are part of a package of approaches including supervision, mentorship, joint problem solving, and two-way communication between supervisors and those being supervised. ZPCT will also continue to conduct training which evolves to meet national standards and training needs. Technical strategies will be implemented to deliberately increase integration of services, reduce missed opportunities to serve clients, improving linkages and referrals between community services and health facilities and encouraging skills transfer to other facility staff from trained and experienced peers. These measures must be systematically maintained by the MOH once facilities and districts are graduated from intense ZPCT technical supervision.
- Lack of clear guidelines and regulations: There are currently no clear national regulations that require medical staff in the facilities to form quality assurance committees making the intensity of their involvement in quality improvement efforts variable. Even when actively involved, facility staff lack training in quality improvement processes. Historically, quality improvement has not been part of medical schools' curricula. Following the engagement of a QA/QI focal person at the MOH, there will ongoing discussions on how to institutionalize this process. ZPCT, working with other partners, will look for several strategies to increase involvement of the HCWs in the QA/QI process.
- Lack of time: One barrier that ZPCT technical staff faces in quality improvement is lack of time for planning, analyzing, implementation and evaluation of the QA/QI program. QA/QI updates will be included in workshops and quarterly meetings to identify key challenges and possible changes they could be made in the delivery of care. At subsequent workshops/meetings, technical staff will facilitate productive discussions with peers to help them analyze the results of the data collected.

5. ONGOING CHALLENGES

➤ **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. In response, ZPCT has developed and implemented a transport reimbursement schedule to support HCWs who work extra shifts, as well as training and placing lay counselors and adherence support workers to relieve HCWs counseling duties.

➤ **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 which 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 supply of HIV commodities and drugs**

Although there have been improvements in supplies of HIV test kits, reagents, ARVs and other commodities, there are occasional interruptions to service provision due to erratic supplies. 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, USAID/JSI/DELIVER and Supply Chain Management System (SCMS) at a national level, on quantification, record keeping, ordering, and commodity management. ZPCT continues to procure a stop-gap interim supply of reagents until the systems are fully stocked. ZPCT has included reagents in the next annual budget.

➤ **National guidelines, protocols, and SOPs**

ZPCT is disseminating key CT and PMTCT guidelines to facilities. Technical staff are working with the MOH and other partners on development of national SOPs for key procedures and has provided MOH approved 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 MOH, both at the national and provincial level, is not willing for implementing partners to introduce additional reporting requirements in government health facilities. While most indicators required for ZPCT reports under PEPFAR are collected through the existing HMIS, there are a few missing indicators which require additional efforts. Data entry clerks were hired, oriented, and placed in ZPCT-supported ART centers and they have improved the quality of data and increased the sustainability of improved data collection methods being introduced. Additional data entry clerks are being recruited to provide support to the new ART sites. In the next quarter, data entry clerks will be hired through the recipient agreements under one-year contracts based on MOH salaries and benefits. The long term status of the data entry clerk positions is being discussed with the MOH.

➤ **Sustainability and quality of services**

As ZPCT expands into more districts and facilities quality assurance and sustainability become increasingly important and more challenging. ZPCT 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 are working with facility staff and the DHMTs to establish routine QA/QI.

Strategies to respond to these challenges have been incorporated into the ZPCT work plan and are being addressed as implementation progresses.

6. PLANS FOR THE NEXT QUARTER

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

Technical Area	Planned Activity
General	➤ Provide human resource support on training and development needs for staff, including training of supervisors.
	➤ Review the employment manual to ensure compliance with Zambian labor laws and review market trends in terms of salaries to remain competitive.
	➤ Finalize three recipient agreements covering six health facilities in three new districts – Lufwanyama District in Copperbelt Province, Luwingu District in Northern Province and Milenge District in Luapula Province, and begin implementation.
	➤ Procure equipment for additional six health facilities as well as new equipment identified in recently executed amendments.
	➤ Continue to carry out renovations under the new and amended recipient agreements.
	➤ Participate in FHI global technical meetings on care and treatment and M&E in Bangkok, Thailand.
	➤ Chief of Party (COP) to participate in the FHI Global Management Meeting in North Carolina, USA.
	➤ Chief of Party (COP) to participate in the 2008 HIV/AIDS Implementers' Meeting in Kampala, Uganda.
	➤ Hold quarterly program management meeting for program and finance staff.
	➤ Complete five PHO recipient agreements and support implementation of activities under these recipient agreements.
	➤ Monitor and support implementation of rural refurbishment for staff housing in Northern and North Western provinces.
	➤ Conduct regular program support visits to monitor program activities in all the five provinces.
	➤ Complete transition of activities in Mungwi District, Northern Province with the DHMT to CHAZ.
	➤ Continue with implementation of stigma reduction activities, including training of facility staff to support implementation of stigma reduction exercises at ZPCT-supported health facilities.
	➤ Complete data analysis and report on lay counselor study.
	➤ Continue to collaborate with CHAZ and KCTT on implementation and reporting of project activities and provide support and monitoring to assure quality.
	➤ Complete review of proposals and select new FBO partner to support community mobilization activities.
	➤ Continue to monitor and assist ZPCT provincial offices to be decentralized in selected program, technical and financial areas.
	➤ Conduct orientation meetings with the DHMTs in Luapula provinces to discuss decentralization of trainings and develop a plan for the province.
	➤ Continue to strengthen the referral system including integrating the review of referral data during PHO and DHMT supervisory visits.
CT	➤ Implement strategy to monitor and assure quality of mobile CT services. visit one province to monitor quality of service.
	➤ Participate in National VCT day activities.
CT, PMTCT	➤ Strengthen pediatric CT by training and placing pediatric lay counselors specifically for child counseling. Strengthen links with DCT, TB and FP integration in CT.
	➤ Complete refurbishment of CT rooms for children, including distribution of child-friendly materials, with support from CHAI.
	➤ Conduct CT/ PMTCT capacity building meeting with provincial staff.
	➤ Provide mentorship in facilities that provide CT/PMTCT services, paying special attention to facilities with weak performing indicators and new facilities.
	➤ Develop targeted community mobilization activities to increase the numbers of children referred for HIV CT and male involvement in PMTCT.
PMTCT	➤ Expand provision of more efficacious ARVs for PMTCT, including full ART for women who are eligible and dual therapy for those receiving prophylaxis only. Follow up new regimen which includes 3TC and have all HCWs providing PMTCT services oriented in the triple therapy.

Technical Area	Planned Activity
	<ul style="list-style-type: none"> ➤ Print and distribute new under five cards with the HIV stamp, new PMTCT protocol guidelines and revised job aids. ➤ Participate in Child Health Week activities. ➤ Ensure that children exposed to HIV infection are provided with cotrimoxazole prophylaxis. ➤ Finalize research protocol for the PMTCT effectiveness study.
PMTCT, Laboratory	<ul style="list-style-type: none"> ➤ Implement and monitor the DBS courier network; in addition, ensure the functionality of the PCR laboratory for early infant diagnosis. ➤ Training HCWs in dry blood spot collection, storage and transport and operationalize implementation of early infant diagnosis using PCR technology at health facilities. ➤ Strengthen mother-baby follow-ups in ZPCT-supported PMTCT sites and link to HIV testing through PCR at six weeks. ➤ Facilitate the roll-out of the national HIV test kits logistics system in the ZPCT supported sites.
Laboratory	<ul style="list-style-type: none"> ➤ Equip ZPCT staff with the capacity to conduct periodic routine maintenance on various lab instruments to try and curb the long turn around time for equipment repairs by vendors. ➤ Follow up on review of SOP outlining the techniques of DNA extraction from DBS, general laboratory guidelines, a biosafety manual, proper use of PCR equipment and criteria for rejection of specimens by PCR laboratory subcommittee for comparison with the other two PCR laboratories in the country. ➤ Conduct trainings in equipment use and maintenance for users at ZPCT-supported facilities.
ART	<ul style="list-style-type: none"> ➤ Continue technical assistance and mentorship to scale-up pediatric ART. ➤ Print and distribute the revised SOPs for ART, post-exposure prophylaxis and adherence when approved by the MOH. ➤ Circulate the research report for the ASW study ➤ Complete initiation of ART services to all newly expanded sites ➤ Conduct a capacity building meeting for ZPCT staff, including seven newly recruited staff.
ART, Pharmacy	<ul style="list-style-type: none"> ➤ Continue updating the ARV dispensing tool at ART sites where it is already installed, and install in all new ZPCT-supported ART sites once computer sets are delivered. ➤ Monitoring the implementation of the pilot RUTF (Plumpynut) utilization and determine the way forward once the reports are finalized. ➤ Roll out the usage of pharmaco-vigilance registers to standardize reporting of adverse drug reactions. ➤ Monitor the implementation of the ARV logistic system in all ZPCT sites.
TB/HIV	<ul style="list-style-type: none"> ➤ Integrate and strengthen the TB/HIV links through opt-out provider-initiated HIV testing and CD4 testing for all HIV positive TB patients to ensure effective management of co-infections through early and appropriate referral to ART.
M&E	<ul style="list-style-type: none"> ➤ Train DECAs in the interpretation of indicators involving basic Clinical Care terminologies. ➤ Conduct a SmartCare QA/QC for aggregated data from all ZPCT supported health facilities. ➤ Conduct the semi-annual data audits in all provinces to ensure reliability of data reported and amend reports as needed. ➤ Implement a geographical information system (GIS) for use in data management, analysis and presentation. ➤ Conduct full M&E training for Phase II and III districts for health information staff at the district level and selected hospitals ➤ Hold ZPCT M&E technical update meeting. ➤ Design facility profile data collection template and collect facility profile data from the ZPCT-supported sites. ➤ Deploy updated or integrated CT/PMTCT/HMIS software at DHMTs after consultation with partners (HSSP, CDC, EU, and MOH). ➤ Identify and assess ZPCT-supported health facilities which will need additional computers and/or DECAs as patient load increases.
QA/QI	<ul style="list-style-type: none"> ➤ Administer client exit interviews for ART, pharmacy, and CT services, analyze their results and plan appropriate actions to improve quality based on their findings ➤ Collate and analyze QA/QI data collected to identify support needs for "poor performing" sites.

Technical Area	Planned Activity
	<ul style="list-style-type: none"> ➤ Identify, encourage, support “high-performing ART sites” to get national accreditation status from the Medical Council of Zambia. ➤ Continue to support the revision and dissemination of national and SOPs for the laboratory, pharmacy, ART, PMTCT and CT services. ➤ Continue to provide technical assistance to the provinces on the systematic and regular use of all QA/QI and graduation plans. ➤ Strengthen procedures to ensure that collected data is analyzed, documented and disseminated on the quarterly basis to determine progress towards achieving benchmarks. ➤ Strengthen feedback mechanisms between provincial offices and supported facilities with the aim of fostering team work and partnerships in implementing a systematic QA/QI system. ➤ Continue to work closely with MOH focal person to institutionalize and develop a National QA/QI system for HIV/AIDS services.
Procurement	<ul style="list-style-type: none"> ➤ Ten vehicles for the five provincial field offices
	<ul style="list-style-type: none"> ➤ Four motorbikes for new facilities ➤ Two generators. ➤ One inverter ➤ Medical equipments such as one hematocrit centrifuge; two bench centrifuges; five chemistry analyzers; three hematology analyzers for new facilities ➤ Seventeen computer sets for new facilities

**Attachment A: Status of ZPCT-Supported Services and Facilities
as of March 31, 2008**

Central Province

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
<i>Kabwe</i>	1. Kabwe General Hospital	◆		◆		◆		◆	◆ ³	
	2. Mahatma Gandhi HC		◆ ¹	◆		◆		◆	◆ ³	
	3. Kabwe Mine Hospital		◆		◆	◆		◆	◆	◆
	4. Bwacha HC				◆	◆		◆	◆	◆
	5. Makululu HC		◆ ¹	◆		◆		◆	◆	◆
	6. Pollen HC		◆ ¹	◆		◆		◆		◆
	7. Kasanda Urban Health Clinic		◆ ¹	◆		◆		◆	◆	◆
	8. <i>Chowa HC</i>			◆		◆		◆	◆	◆
	9. <i>Railway Surgery HC</i>			◆		◆		◆	◆	◆
	10. <i>Katondo HC</i>		◆ ¹	◆		◆		◆	◆	◆
	11. <i>Ngungu HC</i>		◆ ¹	◆		◆		◆	◆	◆
	12. <i>Natuseko HC</i>		◆ ¹	◆		◆		◆	◆	◆
	13. <i>Mukobeko Township HC</i>				◆	◆		◆		◆
	14. <i>Kawama HC</i>			◆		◆		◆		◆
	15. <i>Kasavasa HC</i>				◆	◆		◆		◆
<i>Mkushi</i>	16. Mkushi District Hospital		◆		◆	◆		◆	◆ ³	
	17. Chibefwe HC				◆		◆	◆		◆
	18. Chalata HC		◆ ¹		◆		◆	◆	◆ ²	◆
	19. Masansa HC		◆ ¹		◆		◆	◆	◆ ²	◆
	20. <i>Nshinso HC</i>			◆		◆		◆		◆
21. <i>Chikupili HC</i>				◆	◆		◆		◆	
<i>Serenje</i>	22. Serenje District Hospital	◆		◆		◆		◆	◆ ³	
	23. Chitambo Hospital		◆	◆		◆		◆	◆	◆
	24. <i>Chibale RHC</i>				◆	◆		◆		◆
	25. <i>Muchinka RHC</i>				◆		◆	◆		◆
	26. <i>Kabundi RHC</i>				◆		◆	◆		◆
<i>Chibombo</i>	27. Liteta District Hospital	◆			◆	◆		◆	◆ ³	
	28. Chikobo RHC				◆	◆		◆		◆
	29. Mwachisompola Health Demonstration Zone				◆	◆		◆	◆	◆
	30. <i>Chibombo RHC</i>				◆	◆		◆		◆
	31. <i>Chisamba RHC</i>		◆ ¹		◆	◆		◆	◆	◆
	32. <i>Mungule RHC</i>				◆	◆		◆		◆
	33. <i>Muswishi RHC</i>				◆	◆		◆		◆
34. <i>Chitanda RHC</i>				◆	◆		◆		◆	
Totals		3	13	14	20	29	5	34	16 active 3 planned	11 active 18 planned

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

◆ Services have started	1 = Outreach ART Site
◆ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

Copperbelt Province: ZPCT-Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
Ndola	1. Ndola Central Hospital	◆		◆			◆	◆	◆ ³	
	2. Arthur Davison Hospital	◆			◆	◆		◆	◆ ³	
	3. Lubuto HC	◆ ¹		◆		◆		◆	◆	◆
	4. Chipulukusu HC		◆ ¹	◆		◆		◆	◆	◆
	5. Chipokota Mayamba HC	◆ ¹		◆		◆		◆	◆	◆
	6. Mushili Clinic			◆		◆		◆		◆
	7. Nkwazi Clinic			◆		◆		◆		◆
	8. Kawama HC			◆		◆		◆	◆	◆
	9. Ndeke HC			◆		◆		◆		◆
	10. Dola Hill Urban Clinic			◆		◆		◆		◆
	11. Kabushi Clinic			◆		◆		◆	◆ ²	◆
	12. Kansenshi Prison Clinic		◆ ¹	◆		◆		◆	◆	◆
	13. Kaloko Clinic			◆		◆		◆		◆
	14. Kaniki Clinic			◆		◆		◆		◆
	15. Kavu Clinic	◆ ¹		◆		◆		◆	◆	◆
	16. New Masala Clinic		◆ ¹	◆		◆		◆	◆	◆
	17. Pamodzi-Sathiya Sai Clinic			◆		◆		◆		◆
	18. Railway Surgery Clinic			◆		◆		◆		◆
	19. Twapia Clinic	◆ ¹		◆		◆		◆	◆	◆
Chingola	20. Nchanga N. General Hospital	◆			◆	◆		◆	◆ ³	
	21. Chiwempala HC		◆ ¹		◆	◆		◆	◆ ³	
	22. Kabundi East Clinic	◆ ¹			◆	◆		◆	◆	◆
	23. Chawama HC				◆	◆		◆	◆	◆
	24. Clinic 1 HC		◆ ¹	◆		◆		◆	◆	◆
	25. Muchinshi Clinic		◆ ¹	◆		◆		◆	◆ ²	◆
	26. Kasombe Clinic					◆		◆		◆
Kitwe	27. Kitwe Central Hospital	◆		◆		◆		◆	◆ ³	
	28. Ndeke HC	◆ ¹		◆		◆		◆	◆ ³	
	29. Chimwemwe Clinic	◆ ¹		◆		◆		◆	◆ ³	
	30. Buchi HC		◆ ¹	◆		◆		◆	◆	◆
	31. Luangwa HC		◆ ¹	◆		◆		◆	◆	◆
	32. Ipusukilo HC	◆ ¹		◆		◆		◆	◆ ²	◆
	33. Bulangililo Clinic		◆ ¹		◆	◆		◆	◆	◆
	34. Twatasha Clinic				◆		◆	◆		◆
	35. FGarnatone Clinic						◆	◆		◆
	36. Itimpi Clinic			◆		◆		◆		◆
	37. Kamitondo Clinic				◆	◆		◆		◆
	38. Kawama Clinic		◆ ¹	◆		◆		◆	◆	◆
	39. Kwacha Clinic				◆	◆		◆		◆
	40. Mindolo 1 Clinic				◆	◆		◆	◆	◆
	41. Mulenga Clinic			◆		◆		◆		◆
	42. Mwaiseni Clinic				◆		◆	◆		◆
	43. Wusakile Government Clinic				◆	◆		◆		◆
	44. ZAMTAN Clinic	◆ ¹		◆		◆		◆	◆	◆
	45. Chavuma Clinic	◆ ¹		◆		◆		◆		◆
46. Kamfinsa Prison Camp Clinic		◆ ¹	◆		◆		◆		◆	
47. Mwekera Clinic			◆		◆		◆		◆	
48. ZNS Clinic	◆ ¹		◆		◆		◆		◆	

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
Luanshya	49. Thompson District Hospital		◆		◆	◆		◆	◆ ³	
	50. Roan General Hospital		◆		◆	◆		◆	◆	◆
	51. Mikomfwa HC				◆		◆	◆		◆
	52. Mpatamatu Sec 26 Urban Clinic		❖ ¹		◆		◆	◆	◆	◆
Mufulira	53. Kamuchanga District Hospital	◆		◆		◆		◆	◆ ³	
	54. Ronald Ross General Hospital	◆			◆	◆		◆	◆ ³	
	55. Clinic 3 Mine Clinic			◆			◆	◆		◆
	56. Kansunswa HC			◆			◆	◆		◆
	57. Clinic 5 Clinic			◆		◆		◆		◆
	58. Mokambo Clinic			◆		◆		◆		❖
Kalulushi	59. Kalulushi Government Clinic	◆			◆	◆		◆	◆ ³	
	60. Chambishi HC		◆ ¹		◆	◆		◆	◆	◆
	61. Chibuluma Clinic				◆	◆		◆		❖
Chililabombwe	62. Kakoso District HC	◆		◆		◆		◆	◆ ³	
	63. Lubengele Urban Clinic		◆ ¹	◆		◆		◆	❖	❖
Lufwanyama	64. Mushingashi RHC			❖		❖		❖		❖
	65. Lumpuma RHC	❖ ¹		❖		❖		❖		❖
	66. Shimukunami RHC	❖ ¹		❖		❖		❖	❖	❖
Totals		21	15	42	23	58	8	66	30 active 7 planned	35 active 23 planned

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

◆ Services have started	1 = Outreach ART Site
❖ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

Luapula Province: ZPCT-Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4	
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate				
<i>Chienge</i>	1. Puta RHC	◆			◆	◆		◆	◆		
	2. Kabole RHC		❖		◆		◆	◆	❖	❖	
<i>Kawambwa</i>	3. Kawambwa District Hospital	◆		◆		◆		◆	◆ ³		
	4. Mbereshi Hospital		◆	◆		◆		◆	◆ ³		
	5. Kawambwa HC			◆		◆		◆	◆	◆	
	6. Mushota RHC				◆		◆	◆	◆	❖	
<i>Mansa</i>	7. Mansa General Hospital	◆		◆		◆		◆	◆ ³		
	8. Senama HC		◆ ¹		◆		◆	◆	◆ ³		
	9. Central Clinic				◆	◆		◆	◆	◆	
	10. Matanda RHC				◆		◆	◆		◆	
	11. Chembe RHC		❖		◆		◆	◆	◆	◆	
	12. Buntungwa RHC				◆		◆	◆		❖	
	13. Chipete RHC				❖		❖	❖		❖	
	14. Chisembe RHC						❖	❖		❖	
	15. Chisunka RHC				◆		◆	◆		❖	
	16. Fimpulu RHC				◆		◆	◆		❖	
	17. Kabunda RHC				◆		◆	◆		❖	
	18. Kalaba RHC				◆		◆	◆		❖	
	19. Kalyongo RHC				❖		❖	❖		❖	
	20. Kasoma Lwela RHC				◆		◆	◆		❖	
	21. Katangwe RHC				◆		◆	◆		❖	
	22. Kunda Mfumu RHC				◆	◆		◆		❖	
	23. Luamfumu RHC				◆	◆		◆	◆	❖	
	24. Mabumba RHC				◆		◆	◆		❖	
	25. Mano RHC				◆		◆	◆		❖	
	26. Mantumbusa RHC				◆	◆		◆		❖	
	27. Mibenge RHC				◆		◆	◆		❖	
	28. Moloshi RHC				◆	◆		◆		❖	
	29. Mutiti RHC				❖	❖		◆		❖	
	30. Muwang'uni RHC				◆	◆		◆		❖	
	31. Ndoba RHC				◆		◆	◆		❖	
	32. Nsonga RHC				◆		◆	◆		❖	
	33. Paul Mambilima RHC				◆		◆	◆		❖	
	<i>Mwense</i>	34. Mambilima HC (CHAZ)		◆ ¹		◆	◆		◆	◆	◆
		35. Mwense HC		❖ ¹		◆	◆		◆	◆ ³	
		36. Chibondo RHC						❖	❖		❖
		37. Chipili RHC				◆		◆	◆		❖
		38. Chisheta RHC						◆	◆		❖
		39. Kalundu RHC						❖	❖		❖
40. Kaoma Makasa RHC							❖	❖		❖	
41. Kapamba RHC					◆		◆	◆		❖	
42. Kashiba RHC					◆	◆		◆		❖	
43. Katuta kampemba RHC					❖		◆	◆		❖	
44. Kawama RHC					❖		❖	❖		❖	
45. Lubunda RHC					◆		◆	◆		❖	
46. Lukwesa RHC					◆		◆	◆		❖	
47. Luminu RHC							◆	◆		❖	
48. Lupososhi RHC							❖	❖		❖	
49. Mubende RHC							❖	❖		❖	

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
	50. Mukonshi RHC						❖	❖		❖
	51. Mununshi RHC						❖	❖		❖
	52. Mupeta RHC						❖	❖		❖
	53. Musangu RHC				◆	◆		◆	❖ ²	❖
	54. Mutipula RHC						❖	❖		❖
	55. Mwenda RHC		❖		◆	◆		◆	◆	❖
Nchelenge	56. Nchelenge RHC	◆		◆		◆		◆		◆
	57. Kashikishi RHC	◆		◆		◆		◆	❖	◆
	58. Chabilikila RHC	◆		◆		◆		◆		◆
	59. Kabuta RHC	◆		◆		◆		◆	❖	◆
	60. Kafutuma RHC	◆		◆		◆		◆		◆
	61. Kambwali RHC	◆		◆		◆		◆	❖	◆
	62. Kanyembo RHC	◆		◆		◆		◆	❖	◆
	63. Chisenga RHC		◆ ¹	◆		◆		◆		◆
	64. Kilwa RHC		◆ ¹	◆		◆		◆		◆
	65. St. Paul's Hospital (CHAZ)	◆		◆		◆		◆	◆ ³	
Samfya	66. Lubwe Mission Hospital (CHAZ)	◆		◆		◆		◆	◆ ³	
	67. Samfya Stage 2 Clinic		◆ ¹		◆	◆		◆	◆	◆
Milenge	68. Mulumbi RHC			❖		❖		❖		❖
Totals		12	10	16	38	30	38	68	16 active 6 planned	17 active 45 planned

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

◆ Services have started	1 = Outreach ART Site
❖ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

North Western Province: ZPCT-Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
<i>Solwezi</i>	1. Solwezi General Hospital	◆		◆		◆		◆	◆ ³	
	2. Solwezi UHC		◆ ¹		◆	◆		◆	◆ ³	
	3. Mapunga RHC				◆		◆	◆	◆	◆
	4. St. Dorothy RHC		◆ ¹		◆		◆	◆	◆	◆
	5. Mutanda HC			◆		◆		◆		◆
	6. Meheba D RHC				◆	◆		◆	◆	◆
	7. Mumena RHC				◆	◆		◆	◆	◆
<i>Kabompo</i>	8. Kabompo District Hospital		◆	◆		◆		◆	◆ ³	
	9. St. Kalembe RHC (CHAZ)		◆ ¹		◆	◆		◆	◆	◆
	10. Mumbeji RHC				◆	◆		◆		◆
	11. Kasamba RHC				◆		◆	◆		◆
<i>Zambezi</i>	12. Zambezi District Hospital		◆		◆	◆		◆	◆ ³	
	13. Zambezi UHC						◆	◆		◆
	14. Mize HC				◆	◆		◆		◆
	15. Chitokoloki Mission Hospital (CHAZ)		◆	◆		◆		◆	◆ ³	
<i>Mwinilunga</i>	16. Mwinilunga District Hospital	◆		◆		◆		◆	◆ ³	
	17. Kanyihampa HC			◆			◆	◆		◆
	18. Luwi Mission Hospital (CHAZ)		◆	◆		◆		◆	◆	◆
	19. Ikelenge RHC				◆		◆	◆		◆
	20. Lwawu RHC				◆	◆		◆		◆
<i>Mufumbwe</i>	21. Mufumbwe District Hospital		◆ ¹	◆		◆		◆	◆ ³	
	22. Matushi RHC				◆		◆	◆		◆
<i>Chavuma</i>	23. Chiyeke RHC		◆		◆	◆	◆	◆	◆	◆
<i>Kasempa</i>	24. Kasempa Urban Clinic		◆ ¹		◆	◆		◆	◆	◆
	25. Nselauke RHC				◆	◆		◆	◆	◆
Totals		2	10	8	16	18	7	25	12 active 2 planned	9 active 10 planned

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

◆ Services have started	1 = Outreach ART Site
◆ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

Northern Province: ZPCT-Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
Kasama	1. Kasama General Hospital	◆			◆		◆	◆	◆ ³	
	2. Kasama UHC				◆	◆		◆	◆	◆
	3. Location UHC		◆ ¹		◆		◆	◆	◆	◆
	4. Chilubula Mission RHC (CHAZ)		◆	◆		◆		◆	◆ ³	
	5. Lukupa RHC				◆		◆	◆	◆	◆
	6. Tazara UHC				◆	◆		◆		◆
Nakonde	7. Nakonde RHC		◆		◆	◆		◆	◆ ³	
	8. Chilolwa RHC				◆		◆	◆		◆
	9. Waitwika RHC				◆		◆	◆		◆
	10. Mwenzo RHC				◆		◆	◆	❖ ²	◆
Mpika	11. Mpika District Hospital	◆		◆		◆		◆	◆ ³	
	12. Mpika HC			◆			◆	◆	◆	◆
	13. Tazara Railway Clinic			◆			◆	◆		◆
	14. Mpepo RHC				◆	◆		◆	❖ ²	❖
Chinsali	15. Chinsali District Hospital	◆			◆	◆		◆	◆ ³	
	16. Chinsali HC				◆		◆	◆		◆
Mbala	17. Mbala General Hospital	◆			◆	◆		◆	◆ ³	
	18. Mbala UHC				◆		◆	◆		◆
	19. Tulemane UHC		❖ ¹		◆	◆		◆	◆	◆
	20. Senga Hills RHC	❖ ¹		◆		◆		◆		❖
Mpulungu	21. Mpulungu HC		◆ ¹		◆	◆		◆	◆	◆
Isoka	22. Isoka District Hospital	◆		◆		◆		◆	◆ ³	
	23. Isoka UHC			◆		◆		◆	❖	❖
Mporokoso	24. Mporokoso District Hospital	◆		◆		◆		◆	◆ ³	
	25. Mporokoso UHC	❖ ¹		◆		◆		◆	❖	❖
Luwingu	26. Luwingu District Hospital	❖		❖		❖		❖	❖	
	27. Namukolo Clinic			❖			❖	❖		❖
Totals		9	5	11	16	16	11	27	14 active 5 planned	14 active 5 planned

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

◆ Services have started	1 = Outreach ART Site
❖ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

**Attachment B: ZPCT Training Courses
January 1 to March 31, 2008**

Table 1: Basic Counseling and Testing (CT) for HCWs

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Basic CT*	11/2/08 to 22/2/08	Northern	Mporokoso	2	4
			Mpika	2	4
			Mbala	2	3
			Isoka	2	5
			Kasama	3	4
Basic CT*	11/2/08 to 22/02/08	Copperbelt	Kitwe	9	17
			Kalulushi	3	3
Basic CT*	3/3/08 to 14/02/08	Copperbelt	Kitwe	9	9
			Mufulira	2	2
			Chingola	2	2
			Chililabombwe	2	2
			Kalulushi	1	1
			Ndola	4	4
Basic CT*	16/3/08 to 30/3/08	Central	Serenje	2	2
			Mkushi	1	1
			Kabwe	11	14
			Chibombo	2	3
Basic CT*	16/3/08 to 30/3/08	Luapula	Mansa	1	4
			Chienge	2	3
			Mwense	4	5
			Kawambwa	3	3
			Nchelenge	2	2
			Samfya	1	3
			Total	72	100

*The training included one-day on monitoring and evaluation.

Table 2: Basic Child Counseling for HCWs

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Basic Child Counseling	10/3/08 to 15/3/08	Northern	Mporokoso	1	1
			Mpika	3	3
			Mbala	3	3
			Isoka	2	2
			Kasama	3	3
			Nakonde	2	2
			Mpulungu	1	1
			Total	15	15

Table 3: Counseling Supervision

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Counseling Supervision	21/1/08 to 1/2/08	Copperbelt	Kitwe	2	2
			Chingola	2	2
			Chililabombwe	1	1
			Luanshya	3	3
			Total	8	8

Table 4: Counseling and Testing (CT) for Community Volunteers

Training Course	Dates	Province/District	Number of Facilities	Number Trained	
CT for Lay Counselors	21/1/08 to 2/2/08	Northern	Nakonde	1	1
			Kasama	3	5
			Mpika	3	5
			Mbala	1	2
			Mporokoso	2	4
			Isoka	2	3
CT for Lay Counselors	28/1/08 to 9/2/08	Luapula	Mwense	14	16
CT for Lay Counselors	3/2/08 to 16/2/08	Copperbelt	Kalulushi	1	1
			Chingola	3	3
			Kitwe	14	15
CT for Lay Counselors	18/2/08 to 1/3/08	Copperbelt Central Northern North Western	Ndola	1	3
			Mufulira	1	2
			Chingola	2	4
			Kitwe	1	3
			Mkushi	1	2
			Kabwe	2	4
			Chibombo	1	2
			Nakonde	1	2
			Kasama	2	2
			Mbala	1	1
			Zambezi	1	2
			CT for Lay Counselors	10/3/08 to 22/3/08	North Western
Zambezi	1	2			
Chavuma	1	2			
Mufumbwe	1	1			
Mwinilunga	3	6			
Kabompo	2	2			
Solwezi	2	3			
Total					

Table 5: Stigma Reduction Training of Trainers (TOT) for HCWs

Training Course	Dates	Province/District	Number of Facilities	Number Trained	
Stigma Reduction TOT	18/2/08 to 21/2/08	Luapula	Mansa	3	4
			Samfya	1	2
			Mwense	2	2
Stigma Reduction TOT	4/3/08 to 7/3/08	Central	Kabwe	11	11
			Total	17	19

Table 6: Prevention of Mother-to-Child Transmission (PMTCT)

Training Course	Dates	Province/District		Number of Facilities	Number Trained
PMTCT	14/1/08 to 26/1/08	Luapula	Mansa	14	15
			Chienge	2	3
			Mwense	2	2
			Kawambwa	1	1
			Nchelenge	1	1
PMTCT	11/2/08 to 23/2/08	Central	Kabwe	7	13
			Mkushi	2	2
			Chibombo	4	5
			Serenje	3	3
PMTCT	17/2/08 to 1/3/08	Copperbelt	Kalulushi	1	1
			Chingola	3	4
			Chililabombwe	2	4
			Mufulira	2	2
			Kitwe	14	14
PMTCT	25/2/08 to 8/3/08	Luapula	Mansa	8	8
			Chienge	1	1
			Mwense	7	11
			Kawambwa	2	2
			Nchelenge	3	3
PMTCT	17/3/08 to 30/3/08	North Western	Kasempa	2	3
			Zambezi	2	6
			Chavuma	1	1
			Mufumbwe	2	2
			Mwinilunga	3	3
			Kabompo	3	3
			Solwezi	4	6
Total			97	120	

*The training included one-day on monitoring and evaluation.

Table 7: Prevention of Mother-to-Child Transmission (PMTCT) for Community Volunteers

Training Course	Dates	Province/District		Number of Facilities	Number Trained
PMTCT for Lay Counselors	4/2/08 to 9/2/08	Luapula	Mansa	12	12
			Samfya	2	4
			Mwense	1	1
			Kawambwa	3	6
PMTCT for Lay Counselors	11/2/08 to 16/2/08	Luapula	Mwense	10	11
			Nchelenge	8	9
PMTCT for Lay Counselors	3/3/08 to 8/3/08	Central	Kabwe	6	11
			Mkushi	3	6
			Chibombo	2	4
			Serenje	2	3
Total			49	67	



Table 8: ART/OIs

Training Course	Dates	Province/District		Number of Facilities	Number Trained
ART/OIs	28/1/08 to 8/2/08	Northern	Mporokoso	2	5
			Mpika	2	4
			Mbala	2	3
			Isoka	2	5
			Kasama	2	4
ART/OIs	28/1/08 to 8/2/08	Copperbelt	Kitwe	6	14
			Chingola	2	5
			Chililabombwe	2	5
ART/OIs	28/1/08 to 8/2/08	North Western	Kabompo	3	3
			Kasempa	2	5
			Mwinilunga	2	2
			Solwezi	4	9
			Mufumbwe	2	2
ART/OIs	11/2/08 to 22/2/08	Central	Kabwe	7	16
			Mkushi	1	2
			Chibombo	2	5
			Serenje	1	1
ART/OIs	25/2/08 to 8/3/08	Copperbelt	Kitwe	6	6
			Ndola	4	15
			Luanshya	1	3
ART/OIs	4/3/08 to 15/3/08	Luapula	Nchelenge	2	9
			Chiengi	2	2
			Mwense	4	5
			Mansa	5	6
			Kawambwa	2	3
			Total	70	139

Table 9: Adherence Counseling for HCWs

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Adherence Counseling HCWs	14/2/08 to 15/2/08	Northern	Mporokoso	2	4
			Mpika	3	5
			Mbala	1	1
			Isoka	2	5
			Kasama	2	3
Adherence Counseling HCWs	19/2/08 to 20/2/08	Copperbelt	Ndola	4	12
			Luanshya	1	3
Adherence Counseling HCWs	21/2/08 to 22/2/08	Copperbelt	Kitwe	6	15
Adherence Counseling HCWs	27/2/08 to 28/2/08	Copperbelt	Chingola	2	6
			Chililabombwe	2	6
Adherence Counseling HCWs	27/3/08 to 28/3/08	North Western	Kasempa	1	6
Adherence Counseling HCWs	29/3/08 to 30/3/08	North Western	Zambezi	1	4
			Chavuma	1	2
			Total	28	72

Table 10: Adherence Counseling for Adherence Support Workers

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Adherence Support Workers	21/1/08 to 31/1/08	Central	Kabwe	6	14
			Mkushi	2	4
			Serenje	2	2
			Chibombo	2	4
Adherence Support Workers	21/1/08 to 31/1/08	Luapula	Nchelenge	2	8
			Mwense	2	5
			Chiengi	2	7
			Mansa	1	4
			Total	19	48

Table 11: Laboratory/Pharmacy

Training Course	Dates	Province/District		Number of Facilities	Number Trained
FACSCount Application	15/1/08 to 17/1/08	Central Copperbelt Luapula North Western Northern	Chibombo	1	1
			Serenje	1	1
			Kitwe	2	2
			Kalulushi	1	1
			Chingola	1	1
			Chililabombwe	1	1
			Mufulira	1	1
			Mwense	1	1
			Mansa	1	1
			Mporokoso	1	1
			Isoka	1	1
			Chinsali	2	2
			Nakonde	1	1
			Solwezi	1	1
Mufumbwe	1	1			
Health and Safety in Pathological Laboratories	18/2/08 to 29/2/08	Copperbelt	Ndola	1	1
Commodity Management B	27/2/08 to 29/2/08	Central	Kabwe	8	9
			Mbala	1	2
			Chinsali	1	1
			Kasama	3	4
			Mpika	1	2
FACSCalibur Application	4/3/08 to 8/3/08	Copperbelt	Nakonde	1	1
			Mansa	1	2
			Kitwe	1	2
			Ndola	2	4
			Kasama	1	2
			Total	38	47

Table 12: Dry Blood Spot (DBS) Collection**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
DBS	10/3/08	Copperbelt	Ndola	9	23
DBS	17/3/08	Copperbelt	Mufulira	4	15
DBS	17/3/08	Copperbelt	Kitwe	15	19
DBS	18/3/08	Copperbelt	Chingola	4	15
			Chililabombwe	2	3
			Total	34	75

**These trainings were supported with funding from the Clinton Foundation HIV/AIDS Initiative.

Table 13: Smart Care Forms Training for Clinicians

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Smart Care Forms	28/1/08	Northern	Mporokoso	1	6
Smart Care Forms	13/2/08	Copperbelt	Ndola Luanshya	4 3	4 17
Smart Care Forms	18/2/08	North Western	Kabompo Zambezi Mufumbwe	2 2 1	8 10 5
Smart Care Forms	18/2/08	Copperbelt	Kalulushi	2	14
Smart Care Forms	18/2/08	Copperbelt	Kitwe	8	15
Smart Care Forms	18/2/08	Central	Mkushi	4	10
Smart Care Forms	19/2/08	Copperbelt	Kitwe	9	20
Smart Care Forms	20/2/08	Northern	Mpika	1	7
Smart Care Forms	23/2/08	Central	Kabwe Serenje Chibombo Mkushi	7 1 2 2	15 1 5 3
Smart Care Forms	23/2/08	Central	Serenje	2	20
Smart Care Forms	25/2/08	Northwestern	Mwinilunga	2	10
Smart Care Forms	25/2/08	Copperbelt	Mufulira	2	18
Smart Care Forms	25/2/08	Northern	Chinsali	1	6
Smart Care Forms	26/2/08	Luapula	Mwense	2	8
Smart Care Forms	28/2/08	Northern	Isoka	1	8
Smart Care Forms	29/2/08	Luapula	Kawambwa	2	7
Smart Care Forms	3/3/08	Copperbelt	Chingola	5	17
Smart Care Forms	3/3/08	Central	Chibombo	1	11
Smart Care Forms	4/3/08	Copperbelt	Chingola Chilabombwe	3 2	12 5
Smart Care Forms	15/3/08	Copperbelt	Kitwe	1	20
Smart Care Forms	15/3/08	Luapula	Samfya	2	10
Smart Care Forms	19/3/08	Northern	Nakonde	1	6
Smart Care Forms	27/3/08	Northern	Mbala	2	9
Smart Care Forms	28/3/08	Central	Chibombo	1	5
Smart Care Forms	29/3/08	Northern	Mpulungu	1	7
			Total	80	319

Table 14: Smart Care Software for M&E Staff and Data Entry Clerks

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Smart Care Software	29/1/08 to 30/1/08	Northern	Mporokoso	2	3
Smart Care Software	14/2/08 to 15/2/08	Copperbelt	Ndola Luanshya	4 3	4 7
Smart Care Software	16/2/08 to 17/2/08	Luapula	Samfya	2	6
Smart Care Software	19/2/08 to 20/2/08	Copperbelt	Kalulushi	2	4
Smart Care Software	19/2/08 to 20/2/08	Central	Mkushi	3	4
Smart Care Software	19/2/08 to 20/2/08	Northwestern	Kabompo Zambezi Mufumbwe	2 2 1	2 5 3
Smart Care Software	20/2/08 to 21/2/08	Copperbelt	Kitwe	9	18
Smart Care Software	21/2/08 to 22/2/08	Central	Serenje	2	3
Smart Care Software	21/2/08 to 22/2/08	Northern	Mpika	1	4
Smart Care Software	26/2/08 to 27/2/08	Copperbelt	Mufulira	2	6
Smart Care Software	26/2/08 to 27/2/08	Northern	Chinsali	1	4
Smart Care Software	26/2/08 to 27/2/08	Northwestern	Mwinilunga	2	2
Smart Care Software	27/2/08 to 28/2/08	Luapula	Mwense	2	7
Smart Care Software	29/2/08 to 1/3/08	Northern	Isoka	1	3
Smart Care Software	4/3/08 to 5/3/08	Central	Chibombo	1	3
Smart Care Software	5/3/08 to 6/3/8	Copperbelt	Chingola	6	11
Smart Care Software	20/3/08 to 21/3/08	Northern	Nakonde	1	5
Smart Care Software	28/3/08 to 29/3/08	Northern	Mbala	2	4
Smart Care Software	28/3/08 to 29/3/08	Luapula	Kawambwa	2	4
Smart Care Software	31/3/08 to 1/4/08	Northern	Mpulungu	1	3
		Total		54	115