



## Year 4 Workplan Narrative and Tables October 2007 - September 2008

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## Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of Third Stage Labour
BHCP	Basic Health Care Package
CCS	Clinical Care Specialist
CHN	Child Health and Nutrition
CHWk	Child Health Week
CHW	Community Health Worker
CIDRZ	Centre for Infectious Disease and Research in Zambia
COG	Clinical Officer General
CTC	Counseling Testing and Care
DHMT	District Health Management Team
DHO	District Health Office
EmONC	Emergency Obstetric and Newborn Care
EPI	Expanded Programme of Immunization
FP	Family Planning
GNC	General Nursing Council
HBC	Home Based Care
HCP	Health Communication Partnership
HRDC	Human Resource Development Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Programme
ICC	Interagency Coordinating Committee
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITNs	Impregnated Treated Nets
LTFP	Long Term Family Planning
M&E	Monitoring and Evaluation
MCZ	Medical Council of Zambia
MDGs	Millennium Development Goals
MIP	Malaria in Pregnancy
MOH	Ministry of Health
MOU	Memorandum of Understanding
NITCS	National In-Service Training Coordination System
NTGs	National Training Guidelines
NMCC	National Malaria Control Centre
PA	Performance Assessment
PAC	Post Abortion Care
PHO	Provincial Health Office
PMTCT	Prevention of Mother to Child Transmission
RED	Reach Every District
RH	Reproductive Health
RHIS	Routine Health Information System
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WHO	World Health Organization
ZPCT	Zambia Prevention Care and Treatment

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## **1 Program Background**

The Health Services and Systems Program (HSSP) is a key contributor to the Ministry of Health (MOH) goal of improvement of the health status of Zambians. HSSP's goals are twofold i.e. improved access to quality Reproductive Health (RH) and Child Health and Nutrition (CHN) services; and increased capacity of all levels of the health system and statutory bodies to achieve Human Resource and systems objectives for HIV/AIDS.

The overall program objectives are to achieve and maintain high coverage for key health interventions i.e., CHN, RH and HIV/AIDS; to improve quality of the key health interventions; and to strengthen systems for delivery of key health interventions. The total field budget for Year 4 is US\$ 3,763,058.

### **1.1 Overall Strategic Approach**

HSSP works at the national, provincial, and district levels to ensure that the district capacities to provide the key health services are strengthened. Geographical focus is driven by need, e.g. C and D (remote) districts for human resource, low performing or non implementing districts for some priority interventions, where focused support is provided.

The general strategy for Year 4 is to scale interventions while consolidating the last three years' accomplishments. HSSP is also consciously building sustainability and institutionalization by working through established structures to integrate what has worked into the mainstream service delivery and related support systems. Applying the "systems approach" helps to ensure that all relevant stakeholders at different levels participate, allowing for synergies and leveraging of resources. HSSP will also continue to lobby for stakeholder partnerships in the implementation of the planned activities.

Support to district planning to ensure that the prioritized activities are allocated resources will continue. HSSP technical staff will continue to provide support to the district planning and review process, thus supporting MOH to adequately plan for and allocate resources for priority health services. HSSP will also support the MOH to mobilize resources to bridge some gaps e.g. training of graduating students in HIV/AIDS skills. Further, HSSP will work with MOH to strengthen the monitoring and evaluation of action plans. Documentation and dissemination of effective approaches will be encouraged to share experiences, innovations and lessons learned for wider adoption and adaptation.

Internally, HSSP will deliberately strengthen synergies and integration of technical areas to maximize achievements e.g. child health maternal and HIV/AIDS components in addressing the care for new born. This also ensures effective utilization of resources.

## **1.2 Challenges**

The key challenges to implementation of the Year 4 workplan include the following:

- Inadequate human and financial resources at District Level for follow-up and support to health facilities. In addition, competing priorities at provincial and district levels result in inadequate planning and budgeting for some priority health services e.g. IMCI implementation. At implementation level, competing demands affect the quality of supervisory support provided to facilities.
- The critical shortage of trained human resource to manage health facilities and ensure provision of quality health care still lingers. This is exacerbated by the high attrition rate among the few trained health workers at the facilities. MOH has also been relatively slow in recruiting graduates.
- Lack of appropriate infrastructure and equipment in some facilities earmarked for provision of priority health services poses a challenge to scaling up e.g. EmONC and LTFP.
- With the new circular on per-diem rates for MOH staff, it is more difficult to implement workshop oriented activities. The new circular on per diems requires that the MOH staff look for their own accommodation and buy their own meals. In situations where the MOH staff requires using a government vehicle to attend a workshop, MOH should pay for fuel. This means that the planned activities have to be re-oriented or re-arranged. The MOH finds it difficult to pay for fuel for workshop oriented activities. The MOH staff prefer cheaper accomodation which in most cases are quite far from the workshop venue, thereby increasing the time when to start or resume the workshop activities.

## **1.3 Critical Assumptions**

- The MOH will continue taking steps to address the human resource crisis
- The Centre continues to mobilize resources to bridge some funding gaps, and allocate these to priority health areas.
- PHOs and the DHMTs will devise strategies to intensify their supportive supervision
- Procurement and distribution of health commodities e.g. community health worker drug kits, and weighing scales will improve.
- That the NMCC would continue to keep its lead role in policy and technical guidance of the IRS program
- Partner collaboration and the project's ability to leverage other partner resources will continue.
- That there will be support for IRS interventions by relevant stakeholders at all levels (District, Provincial, and National).

## **1.4 Report Layout**

This report gives the narrative and tables of the Year 4 Workplan by technical area. The narratives give the targets and the activities to be carried out during the year under review. The tables complement the narratives by outlining the time frame (quarters) for the set activities to be conducted. The tables also include the estimated cost of the set activities. The workplan tables by technical area are shown as Annex 2

## **2 Child Health and Nutrition**

### **2.1 Background**

Infant and under five mortality remain high in Zambia. The country has an infant mortality rate and under-five mortality rate of 95 and 168/1000 respectively. The neonatal mortality rate is 37/1000 live births (DHS 2001/2). 40% of the infant deaths occur during the first month of life and one in six children will die before their 5<sup>th</sup> birthday. The Bellagio Child Survival series of papers, published in The Lancet of 2003, classified Zambia as a “Profile Four” country, where malaria and AIDS are leading causes of under-five deaths, along with pneumonia, diarrhea, neonatal disorders, and malnutrition. Another modeling study of the contribution of HIV to under-five mortality, estimated that AIDS causes 21% of the mortality in this age group in Zambia.

The MOH and its cooperating partners have focused their efforts in improving child health and nutrition (CHN) through the implementation of such strategies as integrated management of childhood illness (IMCI), the expanded program on immunization (EPI), and various nutritional programs like micronutrient supplementation and food fortification. All of these initiatives are part of Zambia’s basic health care package (BHCP). These programs are relatively well-established but have critical weaknesses that limit coverage and quality.

### **2.2 Facility IMCI**

The goal is to expand the coverage and improve the quality of key child health interventions. The overall objective is to expand the number of F-IMCI delivering districts from 38 to 72 by 2010. HSSP is contributing to the national goal to have all districts implementing F-IMCI.

#### **2.2.1 Targets and Activities**

The target is to scale up the number of districts which are implementing F-IMCI from 62 to 72. This will require training of 72 health workers in IMCI case management. Follow-up visits will be intensified during Year 4 in that the project will provide 2 PHOs and 6 DHMTs with financial and technical support to conduct follow-up visits. HSSP will work with the MOH to develop a national scale-up plan and budget for follow-up visits that other stakeholders may support. HSSP will continue to conduct initial follow-up visits in the targeted districts. Malaria case management (focusing on strengthening diagnosis through use of the rapid diagnostic test and blood slides) and new-born health will receive particular attention. The 5 provinces (Western, Northwestern, Northern, Eastern and Luapula) with the highest national incidence of malaria have been identified for capacity building to the District Health Office (DHO) supervisors and other health workers in malaria case management and supervision. HSSP will support MOH to train supervisors in these provinces.

The care of children at 1<sup>st</sup> Level referral hospitals will be strengthened and training of the district hospital staff in Emergency Triage, Assessment and Treatment (ETAT) guidelines will assist to improve the management of children; 4 regional TOTs in ETAT have been planned for Year 4.

HSSP will continue to train tutors in facilitation skills in order to strengthen pre-service IMCI case management training. The General Nursing Council will ensure that the training institutions are oriented and provided with training materials.

HSSP will support printing and piloting of the adapted IMCI guidelines training materials. The IMCI guidelines have undergone revision to include new updates including the management of the newborn from 0 to 1 week of age, the inclusion of zinc and low-osmolar ORS for the management of diarrhea and the use of the rapid diagnostic test and blood slide for malaria. Other mechanisms will also be used during Year 4 to disseminate these updates, including during TSS visits and other forums. HSSP will continue to support the MOH in the preparation and launch of the maternal, newborn and child health partnership. In child health management, the need has become apparent to incorporate maternal and newborn into child health. HSSP's continued support in the areas of CHN and IRH means that it will support MOH to implement this integration.

Training of health workers in IMCI case management will target 10 non-IMCI implementing districts (Choma, Gwembe, Itezhi-Tezhi, Monze, Namwala, Siavonga, Sinazongwe, Mumbwa, Mpika and Kalabo districts).

## **2.3 Community IMCI**

The goal is to expand coverage and improve the quality of key child health interventions. The overall objective is to scale up the number of districts promoting 6 key family practices

### **2.3.1 Targets and Activities**

The target set to scale up C-IMCI to 60 districts by 2010 has been surpassed as HSSP work in 2007 increased the coverage from 55 to 69. All Provincial and District Health Offices have conducted TOTs, and DHMTs have an average of three staff orientated in community IMCI.

The focus of activities in Year 4 will be on consolidation of the activities initiated in 2007, strengthening Facility Level and Community Health Workers supervision through orientation in 20 districts, the training of 75 supervisors, and conducting Technical Support Supervision in 10 districts. Supervisory and reporting forms will be standardized. HSSP will also support the establishment of a mechanism for reporting on Community Level activities, and the C-IMCI training data base will be consolidated. Based on the budget and need, Community Health Workers in two remote districts will be trained. HSSP will provide Community Health Workers with job aides, and weighing scales and bags to facilitate implementation of key family practices.

## **2.4 Expanded Programme on Immunization (EPI)**

The goal is to expand coverage and improve the quality of key child health interventions. The overall objective is to increase the number of districts attaining at least an 80% Full Immunization Coverage level.

### **2.4.1 Targets and Activities**

The targets for Year 4 are to increase the number of children under one year of age who receive DPT3 from 520,000 to 527,000; and to increase the number of districts attaining at least an 80% full immunization rate from 45 to 55 districts. HSSP will achieve these targets through the provision of support to 15 low-performing districts in planning and technical support supervision to improve coverage, support for Child Health Week preparations, and the implementation of these activities. HSSP will also address other system related barriers to attainment of the targeted immunization coverage through micro-planning for the Reach Every District (RED) strategy, and will facilitate exchange visits among low-performing districts. 26 districts have been targeted for scale-up the RED strategy. Implementation of RED will be integrated within the Community IMCI program.

## **2.5 Nutrition**

The goal is to expand coverage and improve the quality of key child health interventions. The overall objective is to increase national Vitamin A Supplementation.

### **2.5.1 Targets and Activities**

The Year 4 target is to reach 2,325,000 children aged 6 – 59 months with vitamin A supplementation, and de-worm 2,320,000 children 12 to 59 months. Child Health Week (CHWk) continues to be the main vehicle through which vitamin A supplementation and deworming of children is carried out. To improve the quality of data, HSSP will work with provincial staff to develop data management tools for use at the district and health centre levels. HSSP will conduct supportive supervision to four “make or break” districts (districts with large populations) before and during the implementation of Child Health Week. HSSP will also support the logistics management review to systematically identify the bottlenecks to the efficient delivery of supplies for Child Health Week. HSSP will also continue to participate in various technical working groups to advocate for continued investment in nutrition interventions.

With regard to activities to improve general nutrition, HSSP will work closely with the Ministry of Health and the National Food and Nutrition Commission to integrate nutrition into other maternal and child health activities such as IMCI and Integrated Reproductive Health. Focus will be in two main areas; in support of advocacy efforts and technical publications, and in support of the finalization and distribution of the health facility protocols for minimum package of care for nutrition, infant and young child feeding and the children’s clinic card.

### **3 Malaria Control – Indoor Residual Spraying**

#### **3.1 Background**

Malaria is still the number one public health and development challenge in Zambia, accounting for more than 40% of outpatient attendance and 50% of cases admitted to hospitals among children under 5 years old. The MOH-HMIS statistics for 2006 indicate an average malaria incidence of 408 per 1000, and 6,452 deaths in all age groups. Malaria in Zambia is characterized as endemic with a perennial transmission pattern in most of the country, and some epidemic prone areas.

The Government of Zambia has identified the control of malaria as a national health priority for achieving the Millennium Development Goals (MDG). As a vehicle for achieving the targets, a National Malaria Strategic Plan (NMSP) for the period 2006-2011 has been developed by the Ministry of Health outlining the framework for malaria control in the country. This plan aims to scale-up control interventions for an impact target of 75% reduction of malaria burden by 2011.

The key strategy of the NMSP is the implementation of a minimum package of core interventions that have been scientifically proven to be effective in combating malaria. One of these core interventions is reducing disease burden and mortality through prevention using Integrated Vector Management (IVM) strategy. Indoor Residual Spraying (IRS) with insecticide to reduce the vector densities and thereby reducing the risks of malaria is one of the principle intervention actions of IVM strategy. Spraying residual effective insecticides such as pyrethroids and organochlorides on walls and roof surfaces of human dwellings could reduce vector density and disease transmission potential.

The current national strategic plan for malaria control using IRS has focused on the reintroduction of IRS activities beginning in 2000 in 5 districts, and gradually expanding up to a total of 22 districts by 2008. HSSP's primary mandate is to provide technical assistance, and supervision, and build-up the management capacity and systems at the National Malaria Control Centre in Lusaka and at the District Level programmes in 15 districts (Central, Southern, Copperbelt and North-Western provinces).

The national goal of IRS is to achieve at least 85% spraying coverage of eligible housing units in 15 selected districts in Zambia. Collectively, these districts represent roughly 34% and 33% of the total population and total households, respectively, in Zambia. The HSSP's overall objective is to strengthen the IRS program of the National Malaria Control Program (NMCP) by providing technical, logistical and managerial resources.

#### **3.2 Targets and Activities**

The target for Year 4 is to spray 700,000 structures. To do this, HSSP will focus on strengthening the overall program management of IRS operations of NMCP through adequate technical, logistical, supervisory and monitoring assistance at all levels. Additional activities include conducting training of trainers to cover the 15 districts; and supporting

development and implementation of action plans for IRS operations including quantity estimations and developing district operational plans. HSSP also has a key role to play in supporting information gathering and general management special studies to inform on the impact of the spraying. IRS spraying activities are conducted annually and routinely.

The IRS technical team will work with the Integrated Reproductive Health Team to implement Malaria in Pregnancy activities. The MIP component is discussed under the integrated reproductive health section.

## **4 Integrated Reproductive Health**

### **4.1 Safe motherhood and Family Planning**

The national goal is to increase access to integrated reproductive health and family planning services that will reduce the Maternal Mortality Ratio (MMR) by one quarter from 729/100,000 to 547/100,000 live births by 2010. The HSSP's overall objective is to scale up Emergency Obstetric Care, Post Abortion Care, and Long Term Family Planning (EMONC/PAC/LTFP) services at the District Level.

#### **4.1.1 Targets and Activities**

The Year 4 targets are to establish EmONC/PAC services in 20 districts and LTFP in 13 districts. This will be done through the printing of participant training manuals and facilitating training of health care providers, and through conducting post-training follow-up and technical support and supervision. HSSP will also focus on conducting site assessments for provision of Jadelle in Western and Northwestern provinces, and will orient provincial staff on the revised FP counseling kit and FP updates. The 19 health care providers previously trained in EmONC without the PAC component in Southern province will receive further training to integrate PAC skills. HSSP will continue to support coordination of the EmONC Technical Working Group Meetings. HSSP will also print and disseminate Integrated Reproductive Health Information and Education, and Communication (IEC) Materials.

### **4.2 Malaria in Pregnancy**

The goal is to contribute to the national efforts of reducing maternal morbidity and mortality ratio. The overall objective is to strengthen FANC and increase uptake of IPT in the 14 (fourteen) districts of Central and Eastern provinces by September 2009.

#### **4.2.1 Targets and Activities**

The year 4 target is to see to it that 70% of pregnant women receive two doses of IPT (IPTp 2) in Central and Eastern provinces. In order to achieve this, the IRH Unit has lined up numerous activities including the following: Re-initiate PMI working group, review established district health plans, conduct desk review on existing tools in FANC and IPT in collaboration with MOH and NMCC, assess the current use of supervisory tool, conduct one-day workshops on guidelines and supervisory tool, and conduct week-long providers workshop in FANC and IPT. The details are presented in Annex 2.

## **5 Human Resources for Health**

### **5.1 Background**

Zambia continues to face a human resource (HR) crisis with deployment and distribution of staff between urban and rural areas remaining a significant challenge. Particularly, the scaling-up of ART provision and other HIV/AIDS services has encountered challenges of a critical shortage of human resources and inadequate skills to adequately provide services. The MOH and cooperating partners have been working to improve systems for HR planning and management through support of the various strategies outlined in the HR Strategic Plan. Critical among these strategies is the retention of health workers, the development of skills in HIV/AIDS service provision, and improvement of the Human Resource Information System (HRIS). HSSP continues to support key MOH strategies to address these critical issues including working to retain health workers in remote districts to maintain and improve access to health services and to increase the pool of health professionals with skills to provide the services. In improving the skills of health workers, MOH has two strategies, the short term plan to train graduates from health training institutions in management of ART, HIV/AIDS care and services while the long term is to revise curricula for Doctors, Nurses and Clinical officers to incorporate these concepts.

### **5.2 Human Resource Planning and Management**

The goal for HR Management and Planning is to strengthen the MOH human resource capacity to provide HIV/AIDS services. The overall objective is to contribute to improvement and maintenance of the staff-client ratio in at least 80% of C&D districts by 2010. The MOH has divided the 72 districts into 4 categories based on remoteness and deprivation of health services. Thus, the districts in the A category are urban, B are peri-urban districts, C are rural districts while D are most rural districts. There are 11 districts in category A, 7 districts in B, 33 in C and there are 21 districts in category D, see Annex 1 for details.

#### **5.2.1 Targets and Activities**

The target is to support MOH to recruit 11 physicians (doctors) and 63 other health worker cadres to the Zambia Health Worker Retention Scheme (ZHWRS). The focus in HR Planning & Management will be to continue recruiting health workers into the ZHWRS to

meet the given target. In this regard, HSSP will also monitor staff deployment in the given C&D districts. HSSP will also monitor the utilization of the ZHWRS guidelines and tools. A review of the overall performance of the retention scheme will be conducted. Technical support supervision visits will be conducted to address specific identified concerns. Other support will involve management of financial and deployment documents related to the ZHWRS. Two workshops will be held to provide technical assistance to all 72 districts to develop respective HR Plans. HSSP will also continue its participation in the Human Resource Technical Working Group (HRTWG) meetings held monthly at the MOH headquarters.

### **5.3 Pre and In-service Training**

The overall goal is to strengthen Human Resource capacity to provide ART, PMTCT and CTC services. The overall objective is to have 100% of graduates from Clinical Officer General (COG), School of Medicine (SOM) and Nurse training institutions trained to provide ART, PMTCT and CTC.

In year 3, HSSP under the pre-service training component focused on curricula revisions and strengthening for Clinical Officers, Doctors and Nurses, while continuing the short term plan to train graduating students in provision of HIV/AIDS services using leveraged resources. Review of COG curriculum was completed and implemented in Year 3 including the development of teaching and learning materials.

#### **5.3.1 Target and Activities**

In Year 4, HSSP will support Chainama College by printing the COG curriculum, and teaching and learning materials. The main focus for the year will be the completion of the strengthened nurses' curriculum and revision of the School of Medicine (MB, ChB) curriculum. An additional focus area will be the orientation of the training institutions to the revised curricula, teaching and learning materials and technical updates. The revised curricula will include the HIV/AIDS component. Technical support will also be provided to the MOH and statutory boards in developing curricula and teaching materials for new health worker cadres such as the Direct Entry Midwifery Program.

For the in-service training component, HSSP will work with the MOH to implement the National In-service Training Coordination System (NITCS). Activities here will include orientation on how to use the National Training Guidelines (NTGs) through working with PHOs and districts to ensure that training for HIV/AIDS and other priority health services is planned for, standardized and coordinated accordingly.

## **6 Performance Improvement**

### **6.1 Background**

Zambia's public health resources have been overly stretched thereby affecting the quality of services. The effect has been seen in high child and maternal mortality rates and other HIV related deaths.

In the area of Performance Improvement, HSSP is working with the MOH to provide support to districts to improve the quality of Case Management, and to MCZ in the accreditation of ART sites.

The goal is to improve the quality of Case Management Observation/Record Review. The overall objective is to have a minimum of 43 districts conducting case management observation/record review in at least 80% of supervision visits by 2010. So far, 26 districts are conducting regular case management observation/record.

### **6.2 Target and Activities**

The target for this year is to conduct case management supervision in 17 districts, and to accredit 27 ART sites. In Year 4, HSSP will focus on supporting the MOH in monitoring Performance Assessment (PA) and in strengthening supervisory services with an emphasis on case management and quality improvement using the revised PA tools. HSSP supported the MOH in the revision of these tools in Year 3. HSSP will also continue to work with the MOH and Medical Council of Zambia to implement the ART accreditation system. This will include the training of 45 surveyors in the remaining 5 provinces, and continuing the rollout of the accreditation program.

Technical Assistance will be provided to the 15 private ART institutions that did not meet the accreditation standards in the previous assessment, in order to improve their preparations for reassessment. It is planned that 41 private ART sites will be assessed during Year 4. HSSP will also support the MCZ to initiate the process of certification of health workers engaged in the provision of ART services.

## **7 HIV/AIDS Coordination/SWAp**

The goal is to strengthen the provision of HIV/AIDS services at the District Level. The overall objective is to reach 43 districts with at least one facility offering a minimum package of HIV/AIDS services by 2010.

### **7.1 Targets and Activities**

In Year 4, the target is to have 36 districts with at least one facility offering a minimum package of HIV/AIDS services. In Year 4, HIV/AIDS coordination and the integration of

HIV services into SWAp will be achieved through the continued collaboration with all directorates in the MOH as well as with partners implementing HIV activities in the health sector, primarily the USG (JHPIEGO, ZCPT, CRS and CIDRZ). The districts will also work with the Provincial Health Offices and the District Health Management Teams to ensure that the provision of HIV services is strengthened at the District Level. Specific activities include establishing an HIV/AIDS coordination mechanism, updating ART partners' database, and participation in Performance Assessment (PA) and the provision of Technical Support Supervision (TSS) in selected districts.

## **8 Strategic Information and Health Services Planning**

### **8.1 Background**

The goal is to improve the quality and usage of the Routine Health Information System (RHIS) in all districts and hospitals by 2010. The overall objective is for all districts and hospitals to use RHIS for planning and management of HIV/AIDS services.

The activities carried out in Year 3 focused on finalizing the integration of HIV-related data (ART, PMTCT, VCT and TB) into the revised RHIS, including finalization and printing of PMTCT/VCT data collection and reporting tools and training of health workers on the use of the new system. The Health Services Planning component continued to provide routine support to MOH in multi-year planning for HIV/AIDS, mainly through revision of planning tools and supporting the annual planning process.

HSSP will continue to provide technical support to MOH to strengthen Systems for Health Information and Action Planning with Emphasis to HIV/AIDS.

### **8.2 Targets and Activities**

The targets are to have at least 64 districts demonstrating use of RHIS data in planning for HIV/AIDS Services; to have 90% of health facilities reporting HIV related activities through RHIS; and at least 64 districts demonstrating use of updated guidelines in planning.

To meet the first target, HSSP will continue to support the HMIS review process to include HIV/AIDS, Malaria, and TB in the reporting process and build capacity to use information at all levels of care. A related activity will be to provide technical support to the MOH to finalize the HMIS/Planning Companion. HSSP will also work closely with the Center for Disease Control (CDC) on the SmartCare Project, ensuring that aggregate reports for submission to the district are consistent with the design of the HMIS paper system.

The main activities under the second target will be to support the consultative process that will develop recommendations for a new planning approach, and revise current planning guidelines and tools. HSSP will also continue to support the development of the Costing and Budgeting Guidelines; and will orient District/hospital levels on the use of these guidelines.

Following the revision of the planning process, further support will be provided to the MOH to develop a mechanism for monitoring district/hospital action plans, including requisite tools.

## **9 Clinical Care Specialists – HIV/AIDS**

### **9.1 Background**

The goal is to improve the quality of and access to cost effective HIV/AIDS interventions. The overall objective is to reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions.

Zambia has an acute shortage of health care personnel which severely constrains the provision of the ART services. As a way of mitigating the human resource crisis and increasing access to HIV/AIDS services, HSSP continues to provide support to the MOH's program through the Provincial Health Office (PHO) by placement of a second Clinical Care Specialist (CCS) in each of the nine PHOs.

### **9.2 Targets and Activities**

The target is contribution to the attainment of the national target of 110,000 patients on ART by December, 2008. The CCSs will continue to play a key role in ART coordination and quality improvement at the provincial and district levels. They will provide technical backstopping and supervision to junior medical doctors implementing ART activities in their respective provinces. The CCSs will continue to support district hospitals and clinical HIV/AIDS programs and strengthen referral processes and continuity of care among health facilities. Further, the CCSs will help to scale up ART through site assessments and facilitating training of health workers. The nine CCSs will continue to serve as the primary conduit for coordination and quality assurance efforts at the provincial level, thus assisting Zambia to attain its national ART targets.

## **10 Monitoring and Evaluation**

### **10.1 Background**

HSSP has a monitoring and evaluation plan which outlines the indicators to be tracked and the project's methodology for monitoring of these indicators. The HSSP M&E plan has undergone several revisions that account for emerging changes in the funded program areas and project's scope of work. The current version responds to the requirements of the PEPFAR Country Operation Plan (COP), and the USAID Population/Child Survival Operation Plan (OP), including malaria. Each of these funding sources has indicators to be tracked. In addition to indicators for the COP and OP, the program has some key indicators which provide a comprehensive picture of the project's progress and achievements. These indicators are reported quarterly, and/or annually in accordance with contractual requirements. HSSP will also conduct an internal mid-term evaluation.

All technical staff are required to allocate 10% of their time and budget for support of M&E activities. The Monitoring and Evaluation team coordinates the M&E efforts to ensure that procedures are followed and appropriate tools are used. The M&E team further provides technical support in program research, data analysis and review of key project documents. The M&E unit has also incorporated a component to build capacity in information generation, analysis and use for decision making by the provinces and districts based on the demand from the provinces.

## **10.2 Targets and Activities**

The target is to submit quarterly and operational plans to USAID in a timely manner. This will be done through strengthened coordination to ensure that all technical staff submit their component reports and other relevant data to the M&E unit according to planned schedules. The HSSP M&E plan will be further revised to ensure that it continues to be responsive to program implementation and reporting needs. HSSP will also provide support to the provinces to improve data analysis, presentation, and use for decision making through developing Health Statistical Bulletins and in developing GIS skills.

**Annex 1: List of districts by Category**

<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<i>No.</i>	<i>District</i>	<i>No.</i>	<i>District</i>	<i>No.</i>	<i>District</i>	<i>No.</i>	<i>District</i>
1	Chililabombwe	1	Chipata	1	Chadiza	1	Chama
2	Chingola	2	Choma	2	Chibombo	2	Chavuma
3	Kabwe	3	Kapiri-Mposhi	3	Chinsali	3	Chiengi
4	Kafue	4	Kasama	4	Chongwe	4	Chilubi
5	Kalulushi	5	Mansa	5	Isoka	5	Gwembe
6	Kitwe	6	Mazabuka	6	Itezhi-Tezhi	6	Kabompo
7	Livingstone	7	Monze	7	Kalomo	7	Kalabo
8	Luanshya			8	Kaoma	8	Kaputa
9	Lusaka			9	Katete	9	Kasempa
10	Mufulira			10	Kawambwa	10	Luangwa
11	Ndola			11	Kazungula	11	Lufwanyama
				12	Lundazi	12	Lukulu
				13	Masaiti	13	Luwingu
				14	Mbala	14	Mambwe
				15	Mkushi	15	Milenge
				16	Mongu	16	Mporokoso
				17	Mpika	17	Mufumbwe
				18	Mpongwe	18	Mwense
				19	Mpulungu	19	Senanga
				20	Mumbwa	20	Shang'ombo
				21	Mungwi	21	Zambezi
				22	Mwinilunga		
				23	Nakonde		
				24	Namwala		
				25	Nchelenge		
				26	Nyimba		
				27	Petauke		
				28	Samfya		
				29	Serenje		
				30	Sesheke		
				31	Siavonga		
				32	Sinazongwe		
				33	Solwezi		

Annex 2: WORKPLAN TABLES FOR YEAR 4 (OCTOBER 2007 - SEPTEMBER 2008) BY TECHNICAL AREA/

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b>	<b>Child Health and Nutrition: Facility - IMCI</b>					
<b>Responsible Person:</b>	Nanthalile Mugala					
<b>Goal:</b>	To expand the coverage and improve the quality of key child health interventions					
<b>Overall Objective:</b>	To expand the number of facility IMCI delivering districts from 38 to 72 by 2010					
<b>Year 4 Target:</b>	To scale up F-IMCI implementing districts from 62 to 72					
<b>To strengthen focused TA in F-IMCI through improved data management</b>	<b>Create a comprehensive national F-IMCI training data base</b>					
	Collect updated district information on the number of F- IMCI facilitators, F-IMCI trained health workers, health workers that have received initial follow-up after training, district managers trained in F- IMCI Case Management (MCH coordinators and others), district managers trained in use of IMCI supervisory tools	x				8,438
	Draft a scale up plan and budget to conduct national post IMCI training follow-up supervisory visits	x	x			
<b>To strengthen district IMCI implementation</b>	<b>Support District Planning and budgeting for IMCI implementation</b>					
	Provide TA to PHO/DHMT in the planning and budgeting of F-IMCI with a focus on the 10 non IMCI implementing districts			x	x	1,134
	<b>Support F-IMCI Case Management Training</b>					
	Provide technical and financial assistance to MOH in the piloting of the updated IMCI guidelines. Health workers from three districts will participate in the pilot (two rural and one peri-urban)	x				26,250
	Contribute towards the printing of the up dated F-IMCI training materials. HSSP will print modules, wall charts and chart booklets for 10 training programmes		x			30,000
	Provide financial and technical assistance to 2 district F-IMCI training programmes. Each district training programme will involve 3 districts and therefore a total of 6 districts will be involved in the training		x	x		78,553
	Provide TA and financial support to PHO/ DHMTs to conduct post training follow up visits (4-6 weeks after training) for the IMCI trained health workers in 6 districts		x		x	30,178
	<b>Aggregate and analyze the follow-up reports to determine:</b>					
	The proportion of HSSP trained health providers that manage under-five children with fever according to IMCI guidelines			x	x	
	The proportion of children under five seen by HSSP trained health providers that are managed according to IMCI guidelines			x	x	3,672
	<b>Build PHO/DHO Capacities to support IMCI implementation</b>					
	Train 2 PHO staff from 2 provinces and 6 district managers from 6 districts to conduct IMCI/child survival related TSS (on-job approach) using the revised IMCI supervisory tools.		x		x	
	<b>Improve management of children at the first level referral hospital</b>					
Provide TA MOH to conduct 1 regional TOT training programme in Emergency, Triage, Assessment and Treatment of children with severe illness such as severe malaria				x		
Participate in scheduled NMCC case management technical working group meetings	x	x	x	x		
<b>Monitor and Evaluate F-IMCI implementation</b>						
Support MOH to conduct the 3rd IMCI/Child health review meeting			x		1,134	
<b>To Facilitate institutionalisation and sustainability of IMCI implementation within the training institutions</b>	<b>Build IMCI capacities among the tutors</b>					
	Conduct two facilitator skills training programmes for the tutors		x			26,810

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
To strengthen Malaria case management	<b>Build IMCI capacities in supervision of malaria case management and diagnosis, procurement of malaria drugs and supplies in 4 provinces with high malaria incidence i.e. Western, Eastern, Luapula, North-Western and Northern provinces</b>					
	Hold a two day provincial workshop on malaria diagnosis, case management and procurement of drugs and supplies for the key DHMT and hospital staff		x	x		61,000
	Conduct site supervisory visits for selected health centres in 6 districts in each of the 5 provinces. Three teams of 3 supervisors will be responsible to cover the selected districts in a period of 10 days		x	x		131,313
To contribute to national implementation of new initiatives in child health	<b>Develop a national scale-up framework for new born health initiatives</b>					
	Work with Save the Children STTA in collaboration with MOH, WHO UNICEF and other child health partners through scheduled meetings and literature review to develop a draft national scale-up framework for new-born health initiatives	x				
	Conduct field visits to 2 districts that are piloting home based neonatal care: each visit to take one day	x				
	Hold a 2 day workshop with 20 participants build consensus on the draft 1 national scale-up framework document	x				10,409
	Hold a one day dissemination workshop to disseminate the revised framework document (10 out of town participants and 30 Lusaka participants)	x				4,281
	Hold a two day workshop to sensitize the members of the Zambia Paediatric/ Obstetric Association and health workers at selected district/provincial hospitals on the new child health programme up-dates i.e. new born health, use of zinc/ORS in the treatment		x			2,072
	Participate in IMCI drugs and logistics advocacy task group meetings	x	x	x	x	
	Support MOH to conduct a series of meetings in preparation for the launch of the maternal new born and child health partnership	x	x			
To disseminate programme results and success stories in relation to F-IMCI	<b>Information sharing at Regional Level and International Level</b>					
	Participate in regional IMCI focal point person meeting/international child health related conference to improve provision of F-IMCI related TA					6,546
	Participate in 25th annual APHA annual meeting	x				
	STTA on documentation data analysis and documentation				x	
	Support out of town national level activities	x	x	x	x	689
<b>COMPONENT TOTAL</b>						<b>422,479</b>

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b>	<b>Child Health and Nutrition – Community IMCI</b>					
<b>Responsible Person:</b>	Mary Kaoma					
<b>Goal:</b>	To expand coverage and improve quality of key child health interventions					
<b>Overall Objectives:</b>	60 districts with providers promoting 6 Key Family Practices by 2010 (KFP)					
<b>Year 4 Target:</b>	Sustain promotion of 6 key family practices in 60 districts					
<b>Provide technical Assistance to PHO for C-IMCI expansion and capacity building in targeted districts</b>	<b>Support PHO in capacity building of 200 Facility supervisors and 100 CHWs to support implementation of C-IMCI in targeted districts</b>					
	Print 500 training manual for Facility and CHWs including Job AIDES		x			6,000
	Purchase weighing scales and bags	x	x	x	x	10,000
	Train 75 facility supervisors in 5 selected districts to support C-IMCI implementation		x	x	x	17,488
	Conduct 2 trainings of 25 CHWs by 2 weeks in 2 targeted districts to implement Key Family Practices		x	x	x	33,830
<b>Strengthen C-IMCI implementation in targeted districts</b>	<b>Support to 10 districts in monitoring implementation of C-IMCI activities</b>					
	One meeting to orient 20 district supervisors on strategy for TSS and reporting		x			10,000
	Conduct 5 TSS visits in 10 selected districts on trained facility and CHWs in C-IMCI		x	x	x	8,200
	Conduct 2 CHW trainings for 50 CHWs in two selected for comprehensive implementation of IMCI		x	x		2,000
	Conduct 2 visits of 5 days each to document experiences of trained CHWs in influencing quality of child health care at Community Level			x	x	1,500
<b>To strengthen the information base for scaling up and strengthening implementation of C-IMCI activities</b>	<b>Support strategies to strengthen Coordination and review meetings to share experiences in implementation of C-IMCI activities</b>					
	Hire officer to enter existing data by district on C-IMCI trained staff, CBVs and services provided	x	x	x	x	1,578
	Conduct 4 orientation meetings in 4 selected districts to pilot revised community registers, monitoring/supervisory tools	x	x			1,050
	Conduct one Annual C-IMCI national working group meetings to review and share progress in C-IMCI implementation combined with RED strategy			x		5,600
<b>To improve Child Health Nutrition through Positive Deviance Hearth</b>	<b>Support implementation of Positive Deviance Hearth activities in selected districts</b>					
	Support one training of selected districts and respective NGOs to support scale up of P/D hearth		x			1,500
	Monitor Positive Deviance activities in selected NGO supported districts through NFNC		x	x	x	1,516
<b>Develop guidelines to improve Home Based Management of the Newborn care</b>	<b>Support MOH in development and dissemination of newborn care guidelines for districts</b>					
	STTA in development of a framework for strengthening New born	x				
	Conduct stakeholder consensus on Home Based newborn framework	x				
	Adaptation and dissemination of guidelines on Home management of newborn		x			700
	Monitor and/document implementation of newborn guidelines and/ innovations		x	x	x	800
<b>Support National level work and Partnerships</b>	<b>Support MOH in resource mobilization to scale up CHN interventions Reporting formats, community registers, training materials and guidelines)</b>					
	Contribute in quarterly ICC meetings	x	x	x	x	
	Contribute to C-IMCI working group meetings	x	x	x		
	Participate in quarterly Growth Monitoring and Promotion meetings	x	x	x	x	
<b>COMPONENT TOTAL</b>						<b>101,762</b>

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Responsible Person:</b>	Mary Kaoma					
<b>Goal:</b>	To expand coverage and improve quality of key child health interventions.					
<b>Overall Objective:</b>	Increase number of children under one year who receive DPT3 from 520 to 600 by 2010 80% Full immunization coverage of children under one year in 60 districts by 2010.					
<b>Year 4 Targets:</b>	1 Increase number of children under one year who receive DPT3 from 520000 to 527000 2 Increase the number of districts attaining at least 80% full immunisation from 45 to 55					
<b>Support PHO to conduct TSS in targeted low performing districts to improve immunization coverage</b>	<b>Support EPI activities to increase attainment of 45 to 58 districts with FIC of 80% and above and 527,000 children under one to receive DPT3</b>					
	Support 15 targeted low performing districts in planning and TSS to improve immunization coverage	x	x	x	x	1,500
	Two Visits to strengthen implementation of CHWk in low performing districts		x		x	1,044
	Two visits to conduct RED Strategy micro planning process for remaining 25 districts	x	x	x		4,578
	Support district exchange visits for low performing districts		x	x	x	5,000
	Support documentation and dissemination of Best Practices		x	x	x	1,500
<b>Strengthen EPI information basis for scaling up RED strategy and improving Immunization coverage</b>	<b>Support scale up of RED strategy activities to improve Immunization Coverage</b>					
	Quarterly update of DPT3 and Full Immunization coverage data by district on routine EPI implementation	x	x	x	x	-
	Meeting to disseminate harmonized Community registers, supervisory and reporting tools		x	x		1,688
	Conduct one Annual meeting to review and share progress in RED strategy implementation and strengthening		x	x		3,094
<b>Immunization services provided according to standards</b>	<b>Support MOH in capacity building of H/Ws in providing safe immunization services</b>					
	Conduct two meetings to revise EPI Vaccination Manual		x	x		2,157
	Contribute to printing and disseminate revised EPI Guidelines			x	x	1,250
<b>Support to National level Issues and Partnerships</b>	<b>To strengthen Health Systems capacities to improve the delivery of child health activities</b>					
	Support orientation meetings of Provincial and selected 10 district staff to HSS guidelines and activities		x			500
	Support development and dissemination of performance indicators for HSS	x	x			300
	Participate in stake holder meetings to enhance coordination (CHN technical meetings, ICC, NMCC and Safe Motherhood)	x	x	x	x	-
<b>To improve personal skills in the management and use of district service delivery data</b>	<b>Continuous education to improve work performance</b>					
	Participate in meetings to disseminate and share Best Practices	x				
	To participate in scheduled RHIS short courses to improve provision of TA		x			2,000
<b>COMPONENT TOTAL</b>						<b>24,611</b>
<b>C-IMCI and EPI TOTAL</b>						<b>126,373</b>

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b>	<b>Child Health and Nutrition</b>					
<b>Responsible Person:</b>	Ruth Siyandi					
<b>Goal:</b>	To improve quality an increase coverage of key childhood interventions					
<b>Overall Objective:</b>	To improve the national coverage vitamin A supplementation coverage in all districts to above 80%					
<b>Year 4 Targets:</b>	1 To reach 2,325,000 children aged 6-59 months with Vitamin A supplementation 2 To deworm 230,000 children aged 12 to 59 months					
<b>To improve data management of Vitamin A supplementation and deworming programme</b>	<b>Strengthening data management of Vitamin A supplementation programme</b>					
	Development of electronic data management system of Child Health Week data for provincial and district levels		x	x	x	3,000
	Development of health facility data management model through support to 3 districts (STTA )		x	x		26,526
	Support capacity building of provincial staff in the use of the health facility model (STTA )		x	x	x	9,523
	Provide support to 9 provinces in one district each in the implementation of the data management model (STTA )			x	x	65,747
	Further exploration of factors affecting Vitamin A and Deworming coverage (STTA )		x	x		500
	Collaboration with HMIS team to ensure Child Health Week data complements the new HMIS	x	x	x	x	2,000
<b>To build capacity of districts in effective programme management of Vitamin A programme</b>	<b>Capacity Building of districts to effectively manage Vitamin A supplementation and deworming programme</b>					
	Support strengthening programme management in 4 highly populated districts (make or break districts) before during Child Health Week	x		x		15,422
	Compile and print an advocacy document for the vitamin A supplementation story in Zambia (STTA)	x	x			3,000
	Support 2 provincial CHWk review meetings	x		x		16,353
	Participate in stakeholder meeting to advocate for continued investment in Child Health Week as a key strategy for delivering Vitamin A supplements to children below 5 years	x	x	x	x	
<b>To advocate and strengthen the integration of nutrition interventions</b>	<b>Advocate and strengthen integration of nutrition interventions</b>					
	Provide technical support to the Nutrition technical working groups	x	x	x	x	500
	Support the Annual Nutrition/Child Health and Review meeting			x		3,000
	Support development of an advocacy document that repositions anaemia as an integral entity drawing from multiple programmes (STTA)		x	x		2,500
	Support Advocacy meetings for Nutrition interventions and implementation of minimum package of care for Nutrition	x	x	x	x	3,000
	Work closely with the IMCI team to advocate for strengthened implementation of use of zinc in treatment of diarrhoea	x	x	x	x	
	Work closely with IRH team to advocate for strengthened implementation of interventions that control micronutrients deficiency and promote Infant and Young Child Feeding	x	x	x	x	
<b>To strengthen planning and implementation of nutrition interventions</b>	<b>Strengthening integration of nutrition interventions</b>					
	Support planning launch in 4 provinces			x		2,500
	Participate in 4 provincial technical support supervision and performance assessment to integrate nutrition interventions	x	x	x	x	9,338
	Support finalization and printing of Minimum Package of Care for Nutrition in Zambia (STTA)	x	x			5,469
	Support the development and printing of Infant and Young Child feeding health facility wall protocol	x	x			3,500
	Provide technical and logistical support to the roll out of the revised Children's Clinic Card	x	x			1,000
<b>COMPONENT TOTAL</b>					<b>172,877</b>	

Specific Objectives	Activities	Time Frame				Budget (US\$)	
		Q1	Q2	Q3	Q4		
<b>Technical Area:</b>	<b>Malaria - Indoor Residual Spraying (IRS)</b>						
<b>Responsible Person:</b>	Chandana Mendis						
<b>Goal:</b>	NMCP achieving the over 85% coverage of 700000 house holds targeted by IRS operations in 15 districts						
<b>Overall Objective:</b>	To strengthen the IRS program of NMCP by providing adequate technical, logistical and managerial resources						
<b>Year 4 Target:</b>	To spray 700,000 structures						
<b>To improve the program management capacity of NMCC for IRS operations</b>	<b>Strengthen Management capacities at NMCC for IRS operations</b>						
	Maintain the services of Senior Advisor, Program Officer, Logistician and Data Manager for IRS implementation	x	x	x	x		
	Provide adequate office and other support services for Hasp's IRS team	x	x	x	x	36,000	
	Provide computer/printer hard ware support for data management and mapping	x	x	x	x	8,000	
	Support national consultative meeting to finalize the guide lines on IRS, training and insecticide storage according to EHZ regulations			x		16,000	
	Logistical support for coordination activates with ECZ and other partners on safe insecticide use			x		14,000	
<b>To improve the district capacities for implementation of IRS activities</b>	<b>Strengthening the District Level management capacities for IRS implementation</b>						
	Provide technical and logistical support for mapping and enumeration of house holds under IRS operation in 3 districts (Ndola, Kitwe and Kazungula)			x	x	48,000	
	Provide technical and logistical support for post season IRS review meeting			x		25,000	
<b>To enhance the NMCP management capacities to expand the IRS operations in to new districts</b>	<b>Strengthening the NMCC and District management capacities to undertake further expansion of IRS operations in to new selected 7 districts in Zambia</b>						
	Support situation analysis and survey visits to 7 new districts identified for IRS coverage - analysis and reporting on storage, training and operational capacities, assistance for developing workplans for districts				x	x	18,000
<b>To support the NMCC and districts in conducting training for IRS operations</b>	<b>Support NMCC and district to conduct appropriate master trainer and cascade training session with adequate technical, logistical and managerial assistance</b>						
	Support NMCC to conduct national training of trainers ( master trainer) session with logistical, managerial and technical resources				x		65,000
	Support 15 districts to carry out district cascade training for IRS operators with adequate logistical and technical support					x	255,000
<b>To strengthen the NMCC and District capacities to undertake entomological investigations</b>	<b>Enhance the NMCC technical and operational research capacities by facilitating 3 entomological investigation in 10 selected districts related to monitoring and evaluation of IRS activities</b>						
	Support NMCC and 10 districts to carry out entomological investigation in three serial rounds to collect samples and data for monitoring and evaluation of IRS out comes	x	x				30,000
	Support NMCC and district teams to carry out insecticide resistance studies in 5 selected localities for over 6 months period						21,000
	Support the maintenance of national entomology lab and insector facilitating conduct of vector resistance studies - logistic, material and human resource support	x	x	x			18,000
<b>To strengthen the NMCC and District team capacities in monitoring and supervision of IRS activities</b>	<b>Enhance the NMCC and district teams capacities to carry out adequate monitoring and supervision activities on IRS operations in 15 districts</b>						
	Support NMCC and district IRS technical teams with adequate logistical, technical and managerial assistance to carry out monitoring and supervision	x	x	x			36,000
	Support NMCC and ECZ to follow up on the safe disposal of insecticide waste material at District Level			x	x		21,000
	Emergency/contingency support to 15 district to carry out IRS implementations	x	x				30,000
	Support NMCC technical team and district teams with technical and logistic resources to monitor and assess the quality of master and cascade training sessions				x	x	16,000

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
To enhance the NMCC and District IRS teams capacities to undertake impact assessment studies	<b>Enhance the NMCC and district IRS team capacities to carry out impact assessment studies on IRS intervention in 6 selected districts</b>					
	Support the NMCC district teams with adequate logistical and technical resources to undertake impact assessment studies on IRS interventions - entomological, parasitological and epidemiology investigations	x	x	x		36,000
	Support the NMCC team with adequate logistical and managerial support to undertake comparative cost benefit study on different intervention strategies			x		15,000
<b>COMPONENT TOTAL</b>						<b>708,000</b>
<b>Technical Area:</b>	<b>Integrated Reproductive Health - IRH (Safe Motherhood and Family Planning)</b>					
<b>Responsible Person:</b>	Masuka Musumali/Bernard Kasawa					
<b>Goal:</b>	To contribute to the national efforts of reducing maternal morbidity and mortality ratio					
<b>Overall objectives:</b>	Scale up EmONC/PAC/LTFP services in districts					
<b>Year 4 Targets:</b>	1 Establish EmONC/PAC/ FP services in 10 additional districts each 2 Establish LTFP services in 19 additional districts					
To build capacity and establish EmONC/FP services in 20 Districts	<b>Train 110 health care providers in EmONC from 4 provinces: North-western, Western, Eastern and Southern</b>					
	Conduct 1 five days EmONC technical update and revision exercise for 16 EmONC trainers		x			14,970
	Print 300 copies of EmONC participant training manuals	x				2,250
	Conduct 1 five days site assessments for Central Province	x				3,415
	Start work on a study to demonstrate impact of EmONC on averting maternal mortality and disability		x	x	x	5,076
	Conduct 7 three weeks EmONC training for 110 Health Care providers from 20 districts	x	x	x		316,495
	<b>Provide 4 supportive follow up visits six weeks after training</b>					
	Hold a three days EmONC review meeting			x		15,948
	Carry out quarterly technical Support visits to EmONC Training sites (Ndola)	x	x	x	x	5,415
	Conduct (4) four days follow up visits to 60% of sites six weeks after training		x	x	x	6,318
To support the scale up of PAC/FP services in 20 Districts	Conduct 8 one day orientation workshops for 80 district/hospital managers	x	x	x		37,663
	<b>Train 30 health providers in PAC from Southern Province</b>					
	Conduct 2 two weeks Family planning Knowledge update/infection prevention and MVS standardization workshops for 19 Health providers from the 6 districts	x	x			1,975
<b>Provide supportive supervision six weeks after training</b>						
Facilitate training of 138 health care providers in LTFP methods from 43 facilities in 13 districts	Conduct 1 day site assessments of 11 health facilities in 6 districts covering 2 provinces (Assess suitability for provision of LTFP methods )	x	x			5,535
	Conduct tour - 3 days orientation of 120 Provincial and district staff to the revised FP Counselling Kit and FP technical updates		x			75,375
	Conduct 8 five day LTFP training courses for 138 health care workers		x	x	x	138,019
	Hold a 4 days orientation program for 40 health care providers in adolescent pregnancy prevention (Family Planning)		x	x		26,508
	Carry out documentation - success story on FP/EmONC			x		3,955
	TSS to facilities providing ARH FP services			x	x	4,842
	Carry out post training technical support supervision to 60% of the facilities trained in LTFP. The other 40% will be visited by the Provincial CCS			x	x	5,420
To improve awareness and mobilize the community to utilize F/PAC/EmONC services in 20 selected districts	<b>Collaborate with HCP and other stakeholders in the development of IEC materials on FP/PAC/EmONC - targeting more at Community Level</b>					
	Hold 4 one day meetings to review the existing community IEC materials on FP/EmONC/PAC		x			1,788
	Hire a consultant to work on package for community based key information on FP/PAC/EmONC		x			4,406
	Hold a 3 days meeting to finalize editing of the orientation package and IEC materials			x		1,788
Printing of 3000 copies of IEC materials for distribution to 72 districts			x	x	39,750	

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
To establish a system for FP/EmONC/PAC programme and service improvement through quarterly analysis of collected data and service statistics	<b>Collaborate with the PHOs, CCS and service providers in collecting data and service statistics every quarter on AMTSL, IPT and Depo Provera</b>					
	Conduct Quarterly analysis of the collected data and service statistics to determine weaknesses in services, the outcome of services and progress made	x	x	x	x	
	Share results of the analysis and recommendations	x	x	x	x	
	Give feed back to all facilities, their respective districts and PHOs through reports every quarter		x	x	x	
	Hold a four -2 days orientation meeting for 153 Provincial health staff on the reporting for AMTSL, IPT and Depo Provera	x				69,730
	Conduct a quality assurance survey in AMTSL, IPT, Depo and use of haemacules in 4 districts in 4 Provinces	x	x	x	x	5,815
	Prepare reports for HSSP quarterly review meetings	x	x	x	x	
Participate in activities at International and National Levels that foster partnerships, promote advocacy, coordination and resources mobilization for EmONC and FP	<b>Provide TA in the launch and review of district action plans</b>			x	x	1,890
	<b>Participate in the National task group meetings</b>					
	Support the Obstetrics and gynaecology annual meeting			x		15,225
	Attend the quarterly SMH task group meetings	x	x	x	x	
	Provide TA and leadership to the of EmONC Working Group	x	x	x	x	
	Attend the quarterly IRH Commodity Security Committee meetings	x	x	x	x	
	Support holding of FP TWG Meetings	x	x	x	x	
	Support and Hold monthly EmONC TWG meetings	x	x	x	x	
	Disseminate and learn form success stories in FP/EmONC at national and international conferences	x	x	x	x	10,025
	Leverage resources through the Working Groups	x	x	x	x	
<b>COMPONENT TOTAL</b>						<b>819,596</b>
<b>Technical Area:</b>	<b>IRH (Safe Motherhood and Family Planning)</b>					
<b>Responsible Person:</b>	Donna Vivio					
<b>Goal:</b>	To contribute to the national efforts of reducing maternal morbidity and mortality ratio					
<b>Overall Objectives:</b>	1 To strengthen FANC in the fourteen districts of Central and Eastern Provinces by September 2009 2 To increase uptake of IPT in the fourteen districts of Central and Eastern Provinces by Sept. 2009					
Coordinate activities with potential partners	<b>Re-initiate PMI working group</b>					
	Hold meetings with MOH, NMCC, and other potential collaborators (e.g., HCP for IEC, NMCC or MOH for supply of SP) to coordinate activities and prevent duplication with other programs		x			
	Collaborate with IMCI case management group and their activities in Central and Eastern Provinces		x			
Assess existing health plans and written information regarding FANC and IPT	<b>Review established district health plans</b>					
	Assess health plans in the 14 districts to determine which activities should be initially supported/conducted to strengthen FANC					
	<b>Conduct desk review on existing tools in FANC and IPT in collaboration with MOH and NMCC</b>					
	Review captured data on FANC and IPT		x			
	Review existing, written guidelines to determine if there is a need to update them		x			
	Review previously utilized job aids on FANC and IPT		x			
Conduct rapid assessment of FANC in Eastern and Central Provinces	<b>Assess current use of supervisory tool</b>					
	Develop checklist for assessment of service delivery sites		x			
	Visited selected sites to evaluate current FANC and IPT service delivery practices and availability of supplies		x			
	Perform on-site assessment of MCH coordinators' use of the supervisory tool		x			
	<b>Monitor uptake of IPT</b>					
	Establish mechanisms for determining baseline uptake of IPT and data collection techniques for continued monitoring of IPT uptake		x			
	Determine indicators for reporting		x			

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
Orient managers and MCH coordinators from provincial and district levels to guidelines and supervisory tool	<b>Conduct one-day workshops on guidelines and supervisory tool</b>					
	Review one-day supervisors' training course held in 2003 and develop curriculum for new workshop		x			
	Recruit persons from MOH, NMCC, and HSSP to act as facilitators for supervisors' workshop		x			
	Coordinate workshops in collaboration with IMCI unit		x	x		
Train health care providers in FANC and IPT	<b>Conduct week-long providers workshop in FANC and IPT</b>					
	Orient established trainers from the 2 provinces to MIP/FANC curriculum using recently established providers' training pack		x			
	Develop hands-on health care providers training in MIP/FANC using recently established providers' training pack		x			
	Conduct workshops		x	x		
Assess continuing application of knowledge/skills post-training	<b>Provide technical support and supervision</b>					
	Visit sites with newly trained providers and evaluate FANC and IPT practices 6 weeks post-training				x	
	<b>Perform monitoring and evaluation of training program</b>					
	Gather and evaluate data on uptake of IPT since commencing training program				x	
<b>COMPONENT TOTAL</b>						<b>500,000</b>
<b>IRH &amp; MIP TOTAL</b>						<b>1,319,596</b>
<b>Technical Area:</b>	<b>Human Resource - Planning &amp; Management</b>					
<b>Responsible Person:</b>	Hilary Mwale					
<b>Goal:</b>	Strengthen the MOH Human Resource capacity to provide HIV/AIDS Services					
<b>Overall Objective:</b>	To contribute to improvement / maintenance of the staff-client ratio in at least 80% of C&D districts by 2010					
<b>Year 4 Target:</b>	Recruit 11 physicians (doctors) and 63 other cadres to the Zambia Health Worker Retention Scheme (ZHWRS)					
Support MOH/PHO in monitoring implementation of retention policy/programs to support the provision of HIV/AIDS	<b>Support MOH to monitor implementation of the ZHWRS plan (Doctors, Tutors &amp; other cadres). (STTA in Documentation)</b>					
	Support MOH recruit 11 Physicians and 63 other cadres to the ZHWRS	x	x	x	x	
	Organize bi-annual meetings with PHOs to review the ZHWRS performance	x		x		21,505
	Work with PHOs to provide technical support to low performing hospitals, training institutions and districts		x	x	x	22,286
	Write a bi-annual report on the ZHWRS performance		x		x	
	<b>Support MOH strengthen the support system to ensure efficient management of the ZHWRS</b>	x	x	x	x	
	Work with MOH to monitor, collect and store financial and deployment documentation of the ZHWRS	x	x	x	x	
Provide TA to MOH to document bi-annual Management and Financial reports of the ZHWRS		x		x	2,476	
Provide support to MOH, PHOs and districts to strengthen capacities in HR Planning and Management	<b>Support MOH/PHOs to ensure the utilization of HR plans, policies and guidelines</b>	x	x	x	x	
	Support HR TWG hold monthly meetings to review (monitor) the implementation of the HR Strategic Plan	x	x	x	x	
	Participate in PA/TSS in a selected province		x			
	Participate in various development and review of national HR policies and guidelines	x	x	x	x	2,476
Monitor deployment and staff-client ratios in all 72 districts	<b>Support MOH to monitor deployment numbers and staff client ratios</b>				x	
	Produce annual reports on staff deployment numbers and ratios				x	
Provide support to MOH to ensure that districts and hospitals plan for HR requirements to deliver HIV/AIDS services	<b>Support MOH strengthen the utilization of HR planning guidelines and models</b>	x	x	x	x	
	Work with PHOs and districts to develop 72 HR plans		x			46,305
	Participate in provincial and district plan meetings			x	x	4,952
<b>100,000</b>						

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b> Human Resource - Pre & In- service Training <b>Responsible Person:</b> Lastina T. Lwatula <b>Goal:</b> To strengthen Human Resource capacity to provide ART, PMTCT and CTC services <b>Overall Objective:</b> 100% of graduates from COG, SOM and Nurse training schools trained to provide ART, PMTCT, CTC services by 2010 <b>Year 4 Targets:</b> <ol style="list-style-type: none"> <li>1 Implement Clinical Officer General (COG) curriculum</li> <li>2 Finalise nurses curriculum</li> <li>3 Review School of Medicine (SOM) curriculum</li> </ol>						
<b>Ensure all graduate doctors, Nurses and Clinical Officer General are trained in providing HIV/AIDS care and services</b>	<b>Support to MOH and training institutions to train all graduates from selected programs (Clinical Officers, Doctors and Nurse/Midwives) in provision of HIV/AIDS care and services</b>					
	Provide TA to TIs in development of proposals for resource mobilization to train COG, doctors and nurse graduates in provision of HIV/AIDS care and services	x	x	x	x	
	Logistical support to training institutions during the training of graduates in provision of HIV/AIDS care and services	x		x		
	Track numbers of students trained in provision of HIV/AIDS care and services	x	x	x	x	
<b>Ensure revision of curricula for Clinical Officer General (COG), School of Medicine Medical Doctors (SOM) and Nurses to incorporate HIV/AIDS and other priority health services</b>	<b>Support MOH and Chainama College during implementation of revised COG Curriculum</b>					
	Support the development of M&E tools for monitoring the implementation of the revised curriculum		x			100
	Conduct assessment of implementation of revised curriculum			x		100
	Complete printing of teaching and learning materials	x				6,310
	<b>Support UNZA to review SOM curriculum</b>					
	Logistical support to UNZA to conduct a 2 day curriculum review consensus building meeting for stakeholders	x				4,526
	Support 3 departmental analysis of existing curriculum meetings		x	x		6,907
	Support 3 departmental curriculum development meetings			x	x	6,907
	Printing and photocopying of all curriculum documents		x	x	x	11,357
	<b>Support GNC to strengthen RN and EN curricula</b>					
	Editing and formatting of Registered nurses curriculum, student learning Guide procedure and evaluation manuals (STTA Documentation and formatting)	x				1,317
	Support printing of strengthened Registered and Enrolled Nurses curricula, Teachers Activity Outlines, Student Learning Guide, Evaluation and Procedure Manuals (10 documents)	x	x			27,762
	Support GNC to develop M & E tools of the implementation of the strengthened curricula		x			602
	<b>Support MOH, Chainama College, GNC build capacity for Lecturers, Tutors and Preceptors in HIV/AIDS</b>					
Support MOH, Chainama College, GNC to orient 160 lecturers, tutors and preceptors to the revised curriculum, teaching and training materials					28,188	
Support MOH, Chainama College, GNC provide technical updates to 160 Lecturers, Tutors and Preceptors in HIV/AIDS		x		x	27,086	
Support MOH, Chainama College, GNC conduct ToT 160 Lecturers, Tutors and Preceptors in HIV/AIDS		x		x	27,086	
<b>Support PHOs and districts to plan for in-service training for HIV/AIDS and other</b>	<b>Provide TA to MOH to build capacities of HRDCs in utilization of the NITCS plan and use of NTGs</b>					
	Support 35 districts to plan for HIV/AIDS training using NTGs		x		x	34,195
	Participate in PHO/District planning meetings	x		x		3,626
<b>COMPONENT TOTAL</b>						<b>186,069</b>

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b>	<b>Performance Improvement</b>					
<b>Responsible Person:</b>	Peter Mumba					
<b>Goal:</b>	Improve quality of case management observation/record review					
<b>Overall Objective:</b>	43 districts conducting case management observation/record review in at least 80% of supervision visits by 2010					
<b>Year 4 Target:</b>	Accredit 27 ART sites					
<b>Support MOH in monitoring of PA/TSS implementation</b>	<b>Support MOH to strengthen supervisory services that focus on case management and quality improvement</b>					
	Provide TA to 17 selected districts in provision of Technical Supportive Supervision (that focus on case management) of hospital and health centre	x	x	x	x	14,881
	Work with MOH in monitoring of performance assessment (PA)		x		x	8,405
	Participate in MOH PHDs quarterly meetings to share experiences in PA	x	x	x	x	
	Participate in district action planning	x	x	x		4,762
<b>Support MOH/MCZ in accreditation of ART delivery sites</b>	<b>Roll out Accreditation system to Private ART sites (STTA)</b>					
	Work with Medical Council of Zambia (MCZ) to conduct training course for 45 surveyors/inspectors to undertake accreditation		x			26,190
	Provide TA to 21 ART sites that did not meet the standards	x	x	x		13,917
	Work with MCZ to Re-assess 21 Private ART sites		x	x	x	4,045
	Work with MCZ to accredit 12 private ART institutions	x	x	x	x	13,750
<b>Support MOH/MCZ in certification of health workers working in ART</b>	<b>To Support MOH/MCZ to Certify Health Workers involved in ART Care</b>					
	Hold a consensus meeting to agree on Certification Standards	x				5,762
	Identify Health Workers to be Certified and Design a Certificate		x			3,871
<b>Capacity Building and Study Tour focused ART Accreditation</b>	<b>To participate on international Workshop</b>					
	Participate in International Workshops focusing on ART Accreditation	x		x		3,561
<b>COMPONENT TOTAL</b>						<b>99,144</b>
<b>Technical Area:</b>	<b>HIV Coordination</b>					
<b>Responsible Person:</b>	Clement Mwale					
<b>Goal:</b>	Strengthen the provision of HIV/AIDS services in districts					
<b>Overall Objective:</b>	43 districts with at least one facility offering a minimum package of HIV/AIDS services by 2010					
<b>Year 4 Target:</b>	36 districts offering a minimum package of HIV/Aids services					
<b>Strengthen program management and coordination for Health Sector HIV/AIDS services</b>						
	Hold consensus meeting on the HIV/AIDS coordination mechanism		x			8,571
	Finalise and disseminate referral guidelines			x	x	7,405
	Participate in the district action planning for HIV/AIDS services		x	x	x	2,277
	Participate in PA/TSS in selected districts	x	x	x	x	6,310
<b>HIV/AIDS integrated into SWAP</b>						
	Update ART partners database (annually)	x			x	3,934
	Work with MOH to hold a partners coordination meeting on HIV/AIDS programs	x			x	1,785
	Work with MOH to develop and review proposals to global fund and other HIV/AIDS initiatives	x	x	x	x	6,071
	Support MOH conduct a midterm NHSP strategic plan which includes HIV/AIDS (STTA)	x	x	x	x	25,529
	Support MOH to finalise the integration of HIV/AIDS services in the BHCP					916
	Support MOH to integrate HIV/AIDS and Mental Health in the BHCP					2,914
	Support MOH conduct the NHA HIV/AIDS sub-analysis (STTA for National Health Accounts)					47,928
	Participate in national and regional conferences	x	x	x		5,693
<b>COMPONENT TOTAL</b>						<b>119,333</b>

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b> Planning and Information Management <b>Responsible Person:</b> Paul Chishimba/Emily Moonze <b>Goal:</b> Improve Quality and Usage of RHIS in all Districts and Hospitals by 2010 <b>Overall Objective:</b> 72 districts and hospitals use RHIS to plan for and manage HIV/AIDS services <b>Year 4 Targets:</b> <ol style="list-style-type: none"> <li>1 64 districts demonstrating use of RHIS data in planning for HIV/AIDS services</li> <li>2 90% of health facilities reporting HIV related activities through RHIS</li> <li>3 64 districts demonstrating use of updated guidelines in planning</li> </ol>						
90% of health facilities reporting HIV-related activities through the RHIS by end of 2008	<b>Finalise the integration of HIV-related data into the mainstream RHIS</b>					96,713
	Finalise the revision of HIV Indicators for new HMIS	x				
	Revise manuals and protocols in view of the new HMIS		x	x	x	
	Print revised reference manuals	x				
	Train 182 Health Workers in data management			x		
At least 80% districts using RHIS data for planning for HIV/AIDS services according to the district planning guidelines by 2010	<b>Develop mechanism for improving data quality &amp; usage</b>					11,581
	Finalise drafting the RHIS Reference Guide	x	x	x	x	
	Finalise development of HMIS/Planning companion		x			
	Print and disseminate manual to 72 districts, 22 hospitals & 9 PHOs		x			
	Support the development of provincial bulletins	x	x			
At least 90% of districts demonstrating use of updated planning guidelines to develop their HIV/AIDS plans & other national priorities such as MCH, RH & Malaria by 2010	<b>Update existing planning guidelines and tools based on the NHSP &amp; other national goals</b>					42,592
	Meeting to agree on the planning approach	x				
	Develop a prototype structure for the new guidelines	x				
	Circulate the prototype structure to PHOs for comments		x			
	Finalise planning guidelines based on new approach		x			
	Print new planning guidelines		x			
	Disseminate updated guidelines to 9 PHOs and 72 districts			x		
	Field test the Costing & Budgeting Guide	x				
	Finalise Costing & Budgeting Guide, print & disseminate to 9 PHOs, 22 Hospitals & 72 districts		x	x		
	Update the Integrated Technical Guidelines based on new protocols			x		
Print the revised ITG				x		
72 districts, 9 PHOs and 22 hospitals report progress on action plans quarterly by 2010	<b>Monitor implementation of plans by districts</b>					8,012
	Develop a tool for analysing quality action plans		x	x		
	Develop a framework for reporting progress of Action Plans	x	x			
HIV/AIDS services remain part of overall health sector plans	<b>Provide routine support for the MOH annual Planning process</b>					30,288
	Produce annual technical updates which integrate HIV/AIDS services planning guidance		x			
	TA to the PHO planning launch meetings			x	x	
	TA to the PHO planning review of District/hospital action plans			x		
	TA to consolidation of the overall health sector Plan for 2008-2010				x	
<b>COMPONENT TOTAL</b>						<b>189,187</b>

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b>	<b>CCSs - HIV/AIDS Consolidated</b>					
<b>Responsible Person:</b>	Clinical Care Specialists					
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions					
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions					
<b>Target:</b>	To contribute to attainment of the national target of having more than 110,000 patients on ART by December 2008					
<b>To coordinate ART services (PMTCT/CTC/TB/ART/H BC) in the Province</b>	<b>Coordination of ART Services</b>					36,000
	Provide technical support to all ART/HIV/AIDS sites in the Province (monitoring and supervision)	x	x	x	x	
	Hold Provincial ART Committee /HIV/AIDS Partners /HIV/AIDS Quarterly meetings	x	x	x	x	
	Develop a data base (list) of partners in ART service provision and review it annually	x			x	
	Coordinate district planning for priority health areas including HIV/AIDS services			x	x	
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<b>Provision of TA to Junior Medical Doctors</b>					32,400
	Participate in Performance Assessment in districts	x	x	x	x	
	Conduct on-site TA to ART sites in the Province	x	x	x	x	
	Conduct quality assurance assessment of ART sites	x	x	x	x	
	Conduct regular technical support supervision to improve quality of clinical services	x		x		
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<b>Supporting District Hospitals and Clinical HIV/AIDS Programs</b>					39,600
	Facilitate the provision of ART and other HIV/AIDS logistics	x	x	x	x	
	Participate in the Planning Review of District & Hospital Action Plans				x	
	Facilitate HIV/AIDS case observations and record reviews	x	x	x	x	
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centres</b>	<b>Scaling up of ART Services</b>					45,000
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	x	x	x	x	
	Facilitate integration of HIV and TB in health facilities	x	x	x	x	
<b>To serve as Provincial ART Trainers</b>	<b>Building Capacity</b>					18,000
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	x	x	x	x	
	Participate in training of health care providers in pharmacovigilance	x	x	x	x	
<b>To monitor and supervise Private Sector ART Provision</b>	<b>Working with the Private sector in the provision of ART</b>					9,000
	Facilitate site assessment and certification of private ART sites	x	x	x	x	
	Facilitate orientation of health workers to the use of ART adherence protocols	x	x	x	x	
<b>COMPONENT TOTAL</b>						<b>180,000</b>

Specific Objectives	Activities	Time Frame				Budget (US\$)
		Q1	Q2	Q3	Q4	
<b>Technical Area:</b>	<b>Monitoring and Evaluation</b>					
<b>Responsible Person:</b>	Lizzie Peme-Tigere/Patrick M. Chewe					
<b>Goal:</b>	Establish and maintain a system for tracking and evaluating program performance					
<b>Overall Objective:</b>	To develop Tools and Procedures for Planning and Monitoring and ensure that Management and Technical Staff are routinely updated on the status of given Program Indicators					
<b>Coordinate development and review workplans</b>	<b>Coordinate the review of work plans</b>					
	Develop/review and circulate guidelines and formats for planning	x				Nil
	Review and consolidate workplans	x				Ni
	Coordinate quarterly performance review meetings	x	x	x	x	20,845
	Coordinate annual performance review meetings				x	15,310
	Submit annual plans to USAID	x			x	Ni
	<b>Consolidate reports on program indicators</b>					
	Coordinate development of quarterly reports	x	x	x	x	Nil
	Consolidate quarterly reports and submit to USAID	x	x	x	x	3,500
	Consolidate Annual Report and submit to USAID	x				5,500
	Consolidate PEPFAR and OP Reports and submit to USAID	x		x		1,595
	Coordinate the development of success stories	x	x	x	x	5,000
<b>Coordinate program M&amp;E</b>	<b>Track program implementation</b>					2,500
	Review M&E Framework	x				
	Coordinate review of program indicators	x	x	x	x	
	Review program indicator definitions	x				
	Revise Methodology for reporting on these indicators	x				
	<b>Revise Formats and Procedures for M&amp;E</b>					
	Develop an Internal Data Tracking System	x	x			
	Conduct program Data Audit	x	x	x	x	7,500
	Conduct a survey for missing data			x	x	21,400
	<b>Coordinate Program Updates</b>					Ni
Coordinate the identification and analysis of indicators based on program	x	x	x	x		
Coordinate the writing of reports on the given indicators	x	x	x	x		
<b>Conduct program performance evaluations</b>	<b>Carry out a Mid-Term Evaluation</b>					10,460
	Developing a Mid-Term Evaluation Plan (STTA needed)			x		
	Carry out Mid-Term Evaluation (STTA needed)			x	x	
<b>Support provinces to generate, analyze, and utilize information for decision making</b>	<b>Build provincial capacity in GIS</b>					12,500
	Follow up initiation of GIS in Luapula province		x	x	x	
	Orient Western province to GIS (STTA needed)		x	x		
	Conduct follow up to Western Province orientation		x	x	x	
	Conduct district updates and provide system support in 14 districts		x	x	x	
	<b>Build District capacity in production of health statistical bulletins</b>					
	Review the statistical bulletin template	x				2,500
Support provinces to develop Health statistical bulletins		x	x	x	17,500	
<b>Support technical teams research and other data analysis</b>	<b>Conduct program research and data analysis</b>					2,500
	Support collection and analysis of Child Health data	x	x	x	x	
	Provide support to other technical areas and management as needed	x	x	x	x	
<b>Build capacity</b>	<b>Staff training in M&amp;E</b>					
	Improve analytical and documentation skills - Short term training			x	x	11,390
<b>COMPONENT TOTAL</b>					<b>140,000</b>	
<b>GRAND TOTAL</b>					<b>3,763,058</b>	