

HSSP

Health Services and Systems Program
Contributing to improved health status of Zambians

Health Systems and Services Programme

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARCH	Applied Research in Child Health
CARE	Cooperative for Assistance and Relief Everywhere
CBA	Community Based Agent
CBGMP	Community Based Growth Monitoring Promoters
CBO	Community Based Organization
CBoH	Central Board of Health
CHAZ	Churches Health Association of Zambia
CHEWS	Community Health Waiver Scheme
CHW	Community Health Worker
DANIDA	Danish International Development Agency
DfID	Department for International Development
DHMT	District Health Management Team
DILSAT	District Integrated Logistics Self Assessment Tool
EBA	Employer Based Agent
EPI	Expanded Programme of Immunization
FAMS	Financial and Administrative Management Systems
FP	Family Planning
FPLM	Family Planning Logistics Management
GAIN	Global Alliance for Improved Nutrition
GAVI	General Agreement on Vaccines Initiative
GMP	Growth Monitoring Promotion
GNC	General Nursing Council
GRZ	Government of the Republic of Zambia
HC	Health Center
HCC	Health Center Committee
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Programme
ICT	Integrated Competency-based Training
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
JHPIEGO	John Hopkins Program for International Education in Gynaecology and Obstetrics
JHU/CCP	John Hopkins University/Center for Communication Programs
JICA	Japan International Cooperation Agency
JSI	John Snow Incorporated
LMIS	Logistics Management Information Systems
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoE	Ministry of Education

MoH	Ministry of Health
MoJ	Ministry of Justice
MOST	Micronutrient Operational Strategies and Technologies
MSH	Management Sciences for Health
MSL	Medical Stores Limited
MTCT	Mother to Child Transmission (of HIV)
NAC	National AIDS Council
NDP	National Drug Policy
NDPSC	National Drug Policy Steering Committee
NFNC	National Food and Nutrition Council
NGO	Non Governmental Organization
NHC	Neighbourhood Health Organization
NIDs	National Immunisation Days
NMCC	National Malaria Control Centre
NPLWA	Network for Persons Living With AIDS
OPD	Out Patients Department
OPV	Oral Polio Vaccine
PA	Performance Assessment
PAC	Post Abortion Care
PHN	Population, Health and Nutrition Agency
PHO	Provincial Health Office
PHR	Partnership for Health Reform
PPAZ	Planned Parenthood Association of Zambia
PSI	Population Services International
PWAS	Public Welfare Assistance Scheme
QA	Quality Assurance
RBM	Roll Back Malaria
RNE	Royal Netherlands Embassy
RPM	Rational Pharmaceutical Management
SIDA	Swedish International Development Organization
SM	Social Marketing
SP	Sulfadoxine/Pyrimethamine
SPA	Sectoral Program Assistance
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendants
TDRC	Tropical Diseases Research Center
TI	Training Institutions
TOR	Terms of Reference
TOT	Training of Trainers
UN	United Nations

UNAIDS	United Nations AIDS Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children’s Fund
USA	United States of America
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
ZAMSIF	Zambia Social Investment Fund
ZCCP	Zambian Center for Communication Programmes
ZEN	Zambia Enrolled Nurses
ZHABS	Zambia HIV/AIDS Business Sector project
ZHECT	Zambia Health Education Trust
ZIHP	Zambia Integrated Health Programme
ZNA	Zambia Nurses Association

Child Health and Nutrition

Background

Current Situation

Infant and child mortality remain high in Zambia. The country has an under-five mortality rate of 168 per 1,000 live births, an infant mortality rate of 95, and a neonatal mortality rate of 37 per 1000. The recent Bellagio Child Survival series of papers, published in *The Lancet*, 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. Pediatric AIDS is also a problem. A study among children admitted to University Teaching Hospital (UTH) found an HIV prevalence of 25 percent, while a 2002 modeling of the contribution of HIV to under-five mortality estimated that AIDS causes 21 percent of the mortality in this age group in Zambia. Although the majority of neonatal deaths occur within the first seven days of life, management of sick newborns is not yet part of the Zambian IMCI protocol.

In Zambia, the focus of efforts to improve child health and nutrition (CHN) are IMCI, which was introduced in 1996, and universal child immunization (UCI). Both are part of Zambia’s basic health care package (BHCP). They are relatively well-established but have critical weaknesses that limit coverage and quality.

The HSSP Child Health and Nutrition programme support will focus at helping the country attain its goals for reducing child morbidity/mortality and HIV/AIDS prevalence. To this end, the Child Health team will focus on high-impact activities to improve coverage and quality of Child Health and Nutrition services as well as integration and support for related HIV/AIDS services.

Integrated Management of Childhood Illness (IMCI)

IMCI in Zambia is expanding but faced a lot of impediments. National training manuals are in place, and 38 of the 72 districts are implementing the strategy. Activities thus far have been mostly limited to the first two components of IMCI--training health facility staff in case management and system strengthening.

Human resource constraints are a major challenge in implementing IMCI. The draft IMCI national strategy includes the challenging task of strengthening both the facility and the systems components of IMCI, while, at the same time, introducing and expanding the third component, Community IMCI (C-IMCI), with its focus on key family and community practices and appropriate treatment through non-formal providers. The 2003–2005 national IMCI strategy will guide the child health team on IMCI.

Expanded Programme of Immunization (EPI)

Immunization coverage in Zambia is higher than in most Sub-Saharan African countries, with 70 percent of 12–23 month-old children completely immunized. But only 57 percent are fully immunized by 12 months of age. The national target is 80 percent. The National

Health Strategic Plan and the Global Alliance for Vaccines and Immunization (GAVI) plan include strategies for achieving and sustaining this target, and immunization is part of the biannual Child Health Weeks. In the meantime, routine EPI suffers from a range of systems and service delivery problems related to inadequate staffing levels, supervision, pre- and in-service staff training, logistics planning and delivery, the cold chain, expired vaccines, data collection, and verifying immunization records. Institutional capacity to guide, implement, and monitor EPI is fragmented among the Ministry of Health (MOH), the CBoH, and the EPI Secretariat.

Nutrition and Micronutrients

Malnutrition is a critical element in infant and child mortality and ill-health in Zambia. Several regions suffer chronic food deficits, and dietary practices, including breastfeeding behaviors, are notably inadequate. The 2001 Zambia Demographic and Health Survey (ZDHS) found that, in children five and under, 47 percent were stunted, 28 percent were underweight, and 5 percent were wasted. Only 40 percent of children under six months of age had been exclusively breastfed on the day before the survey. A 1997 survey found that 67 percent of all Zambian children were deficient in Vitamin A and 65 percent were anemic.

Objectives

In the first year (FY01) the HSSP will:

- Support the MOH/CBoH to finalize the child health policy
- Provide TA in the development of the nutrition strategic plan
- Together with MOH/NFNC facilitate district ownership on CHW
- Work with Fortification Task Force and stakeholders and promote quality fortification of sugar
- Support NFNC/BU to develop proposal on fortification of oil, milk and weaning foods
- Support NFNC and stakeholders on promotion of yellow fleshed potato growing
- Support the NFNC and stakeholders in developing infant and young child feeding
- Work with NFNC and stakeholders to improve utilization of GMP
- Support MOH/NFNC in the documentation of experiences and lessons learnt in nutrition
- To support MOH/CBOH in increasing the number of districts implementing IMCI
- To support MOH/CBoH in the production of IMCI training materials & Job aid
- Work with MCH/CBOH in strengthening IMCI/HIV/AIDS implementation
- To work with CBOH/MOH on the formation of the C-IMCI TWG
- Work with Stakeholders to support PHO/DHMT in the expansion of C-IMCI
- Working with stakeholders to promote the introduction HPD approach
- To work with MOH/CBOH and other collaborating partners to support EPI
- To support MOH/CBOH /PHO in the introduction and implementation of Pentavalent vaccine
- To work with MOH/CBOH in the introduction of second dose of measles vaccine

Approaches

The child health and nutrition (CHN) team will work closely with MOH/CBoH and other collaborating partners to implement selected interventions that address the objectives listed above. In doing so, the CHN team will collaborate with other HSSP partners (e.g. Policy, Human resource, Drug and Logistics). HSSP comparative advantage of TA will be used and financial assistance will be used to produce rapid results for proven strategies. The CHN team will put great priority on supporting the NFNC, PHOs and DHMTs in strategic planning, policy development, implementation and monitoring of activities.

Challenges

During FY01, the CHN team will expect to face the following challenges:

- Human resource shortages
- HIV/AIDS pandemic
- Irregular supply of drugs and supplies. The government has started contributing to the procurement of vaccines and this needs to be encouraged
- Implementation of the financial sustainability plan to support EPI
- Poverty resulting in high malnutrition rates and increased burden of disease
- Expansion of IMCI and introduction of C-IMCI

Implications

Failure to address the high attrition of health workers will result in most of the CHN activities not being implemented. Performance of health workers will also be affected by increased work load. Therefore, the CHN team will work closely with the human resource team to find short term and long term solutions to this problem. The CHN team will support all HIV/AIDS prevention, care and support programs that mitigate the problem of HIV/AIDS in Zambia.

The CHN team will work closely with the drug and logistic counterparts to ensure availability of drugs and supplies. The CHN team will work with the BCC partners to promote Child health community approaches.

Integrated Reproductive Health (IRH)

Background

Safe motherhood

At 750 per 100,000 live births, the maternal mortality ratio in Zambia is unacceptably high. The lifetime risk of maternal death is estimated at 1 in 19. More than half of deliveries currently take place outside of healthcare facilities and emergency transportation in cases of complications is limited. Almost all pregnant women receive some kind of antenatal care (ANC) and this represents a tremendous opportunity to reach women of reproductive age. Nevertheless, many women use these services late in their pregnancy and the services they do use do not consistently include key interventions such as iron/folate supplementation, IPT to prevent malaria in pregnancy (MIP), and provision of antiretroviral therapy to prevent mother-to-child transmission (PMTCT).

HIV/AIDS has added a further threat to maternal survival and burdens a health system already unable to provide widespread access to quality essential and emergency obstetric care.

Importantly, Zambia's cadre of nurse midwives has been among the most affected by attrition over the past 5 years, draining not only service providers but qualified teachers and trainers for pre- and in-service training of skilled birth attendants. Even the deliveries that do occur in rural health clinics and hospitals are often attended by unskilled personnel. Current availability of midwives in Zambia is approximately 1 per 6,000 pregnant women – compared with international standards suggesting that one midwife could reasonably attend 250-300 births per year.

Family planning

At 5.9 births per woman of reproductive age, total fertility rates remain high in Zambia. Currently, up to 23 percent of married women use some form of modern FP; 17 percent of women use modern methods. Despite the recent increase in modern FP use, condom use has not increased in recent years and 27 percent of married women still report an unmet need for modern FP. This is partly due to the unavailability of a wide range of methods of FP and the need to better integrate HIV/AIDS into contraceptive counselling and to integrate FP into antenatal/ postnatal, HIV/AIDS and other programs. There is also a continuing need to address adolescent reproductive health needs, and strengthen youth-friendly services. Oral contraceptives (OCs), including Microgynon and the socially marketed SafePlan, are the most frequently used method of FP, and while Noristerat is available widely, DMPA has only been available in limited geographic areas. Norplant and vasectomies are minimally used and counselling in dual protection needs to increase. In addition, a large discrepancy exists between urban and rural modern contraceptive use, with 39 percent of urban married women using modern FP, a percentage three times higher than that of women in rural areas.

Sexually transmitted infections (STIs)

Reducing STI rates is a priority of the Government of Zambia. The National STI/HIV/AIDS task force recently developed a national strategic plan for STIs with technical assistance from the CDC. Zambia has used ANC sentinel surveillance data to track the prevalence of various STIs within the country for almost a decade. Despite government commitment, however, STIs are still a major problem in Zambia. For example, the 2001-2002 ZDHS found that close to 10 percent of those tested are infected with syphilis. While syphilis testing was included as part of routine antenatal care in the basic health care package years ago, due to the lack of availability of test kits and lack of emphasis on this aspect of ANC it is not routinely carried out. (Only 44 percent of women even had their blood taken, according to the 2001/2 ZDHS).

To date, most approaches to reducing STIs in Zambia have targeted high-risk groups in high-risk settings. Also, many prevention programs have adopted clinic-based approaches to treat infected clients and also reach their partners through contact tracing or partner referral programs. Appropriate treatment of STIs and partner referral are essential components of

any prevention strategy. But clinic-based approaches can miss those who are asymptomatic, those who prefer alternative sources of treatment, and those with limited service access and utilization such as poor and mobile populations. To reduce STIs in Zambia, efforts need to focus on a wide range of target groups, including non high-risk populations, and take into account the differences in urban and rural populations (e.g. Urban, educated men and women know more about STIs than other populations.) and gender differences (e.g. Men are much less likely to seek care from a clinic for an STI than women and are more likely to seek treatment from traditional practitioners).

Objectives

In the first year (FY01) the HSSP will:

- Support the CBoH to conduct research on home deliveries and identify feasible interventions to increase facility deliveries
- Facilitate a consensus building workshop among nursing and medical councils, MOH, CBoH and others on requirements for expanding the cadre of providers of EmOC
- Support the CBoH to develop cost-effective ways to promote linkage of ANC services with STI, FP, nutrition, malaria, and HIV/AIDS.
- Support the CBoH to promote birth preparedness and complication readiness through partnerships with Neighbourhood Health Committees (NHCs), traditional healers, TBAs, and CBAs
- Work with District Health Management Teams (DHMTs) to establish or strengthen emergency transport and community finance schemes for safe motherhood.
- Support the Provincial Health Offices (PHOs) to conduct bi-annual performance assessments (including integrated reproductive health data analysis) and provide appropriate technical support
- Assist the CBoH to outline strategic plans for key RH initiatives.
- Support the CBoH to revise the FP portion of RH guidelines in line with international standards and to standardize FP training materials
- Work with the CBoH to scale up existing EBA/CBD programs.
- Work with the Behaviour Change Communication (BCC) partners to integrate FP messages into services and messages for Safe Motherhood, STIs, adolescent health, school health, and HIV/AIDS.
- Support the CBoH to establish or strengthen youth-friendly RH services in all districts
- Work with the CBoH to develop STI operational protocols to reduce STI/HIV transmission.
- Collaborate with BCC partners to develop campaigns to increase awareness of STIs and reduce stigma associated with STIs/HIV.

Approaches

The IRH team will work closely with the CBoH to implement selected interventions that address the objectives listed above. In doing so, the IRH team will collaborate with other HSSP partners (e.g. Human Resource, Drugs and Logistics, Knowledge Management and Systems teams) as well as other development partners. The IRH team will put great priority on supporting the PHOs and DHMTs in IRH strategic planning, implementation and monitoring of activities.

Challenges

During FY01, the IRH team will expect to face the following challenges:

- Human resource shortages
- HIV/AIDS pandemic
- Irregular supply of drugs, medical consumables and contraceptive commodities
- Poverty resulting in poor nutrition, lack of funds for transportation and for emergency services
- Poor perception of the community about reproductive health issues.

Implications

Failure to address human resource shortages and motivation in the health sector can adversely affect the implementation of the work plan. Therefore, the IRH team will work closely with the human resource team to find short-term and long-term solutions to this problem. The IRH team will also support all HIV/AIDS prevention, care and support programs that mitigate the problem of HIV/AIDS in Zambia.

The IRH team will also work closely with its drugs and logistic counterparts to ensure continuous availability of essential drugs, medical supplies and contraceptive commodities. The IRH team will also work closely with its BCC partners to educate the community about the adverse consequences of not addressing reproductive health issues.

Malaria

Background

Malaria remains an overwhelming public health issue in Zambia, accounting for nearly 40 percent of all outpatient attendances and 50 percent of cases among children under five years of age. The National Malaria Control Center (NMCC) estimates that malaria is responsible for 50,000 deaths per year, and up to 20 percent of maternal mortality. Malaria's economic impact in Zambia has not yet been quantified, but is likely substantial, with regional estimates suggesting a deficit of 1.5 percent Gross Domestic Product (GDP) growth. Malaria incidence rates in Zambia have tripled in the past three decades from 121/1000 in 1976 to 376/1000 in 2002 (HMIS). Many factors have led to this deterioration, but it includes, predominantly, the spread of chloroquine resistance, reduced vector control, decreased access to quality care, HIV and poverty.

Despite these dire figures, Zambia, through the framework of the *Roll Back Malaria* strategy, and in collaboration with the HIV/AIDS initiatives, is poised to make a dramatic impact on

the disease. There is a new drug policy and deployment of more effective antimalarials and a roll-out of a packet of interventions to reduce the burden of malaria in pregnancy. Zambia has also begun a vast scale up of vector control, especially through ITNs, but also through an expanded and more judicious use of Indoor Residual Spraying (IRS). Much of this has been made possible through a variety of domestic and international funding sources, including the GFATM, UNICEF, WHO, JICA, CDC/Schools of Public Health, and USAID.

The challenge is to provide the strategic support necessary to the NMCC and its partners at the national, provincial and district levels to implement the national program efficiently, and make these services available in an equitable and sustainable manner. Three themes underlie all support to national malaria efforts: decentralization to the provinces and districts, integral partnerships with the commercial sector and civil society, and close linkage to the HIV/AIDS programs and other health and development initiatives.

Objectives

The Abt team and Boston University will support five major objectives within the national malaria control program:

Programme Management

Provides malaria advisor and central support to NMCC and assist all aspects of the National RBM efforts

Drug Transmission

Provide Technical, Logistical and assistance to the implementation of the ongoing drug transition

Reproductive Health

Support NMCC's campaign against malaria in pregnancy

Integrated Vector Management

Assist continued expansion of distribution of insecticide-treated bednets through USAID supported and other programmes

Disease Management

Provide technical and operational assistance for developing and implementing protocols for appropriate malaria case management

Approach

The Abt team, with assistance from its partner Boston University, will provide strategic support to meet the five objectives listed above.

- Build the capacity and skills of the NMCC to manage the vast scale-up of investments and activities at the national, provincial, district and community levels, including:

- placing a Resident Advisor and support to Information Management Systems and Communications/Information, Education, Communication (IEC),
- supporting the technical theme groups (e.g., IEC, Clinical Management, Integrated Vector Management, Malaria in Pregnancy, Malaria Research),
- facilitating ongoing coordination with other malaria-related investments in Zambia, including research institutes (e.g., the Johns Hopkins University Malaria Research Institute), development initiatives (e.g., Development Cooperation Ireland/Malaria Consortium), service groups (e.g., Red Cross, Scouts and Peace Corps), and commercial sector manufactures and marketers of malaria pharmaceuticals, nets and pesticides,
- facilitating new partnerships, especially with Ministry of Education (MoE), HIV/AIDS initiatives, NGOs and the commercial agriculture and mining sector and private pharmacies and clinics.
- Help make the drug transition to artemisinin-based combination therapies (ACT), including drug information, logistics and pharmaco-vigilance, linked with tuberculosis (TB), Anti-Retroviral Therapy (ARV) and HIV/Aids programmes; continued support for *in vivo* clinical efficacy monitoring and initiatives for improved use of antimalarials in the private sector.
- Provide assistance to combat malaria during pregnancy, and achieve the Abuja targets for intermittent presumptive treatment (IPT) and ITNs for pregnant women by facilitating roll out of a packet of interventions. In addition to a focus on antenatal clinics, implement through close links to the HIV/AIDS programs, reproductive health, preventing mother to child transmission (PMTCT) and school-based adolescent health programs.
- Help Zambia attain and sustain the Abuja targets for personal and community protection against malaria. Assist vector control efforts, especially support to central, provincial and district-level management and coordination of the ITN delivery mechanisms, some of which receive significant commodity and marketing support from other USAID projects. Support net re-treatment campaigns during child health week. Support Integrated Vector Management initiatives.
- Support development of the evidence base, training, implementation and monitoring for disease management interventions in the home and community, at the outpatient and the inpatient facility level, and among private providers. Provide support to improved disease recognition and diagnostics (including both an improved functioning of laboratory services and deployment and monitoring of Rapid Diagnostic Tests).

Challenges

Each of the five project areas present their own challenges and opportunities.

Program Management

Strategic Support to the NMCC staff and operations is crucial. The NMCC staff, and the partnerships they have developed have made tremendous strides over recent years to improve access to appropriate drugs, the package of interventions for reducing malaria in pregnancy, and vector control, especially ITNs. As the NMCC has expanded, so have their

needs, in particular for: Finance and Administration; Information Management and Communications Technology; and in their capacity to provide technical assistance and coordination to Provinces, Districts and other partners, including training and research institutions, the commercial sector, and the vast networks of civil society.

Drug Transition

Zambia is the first country in Africa to Artemisinin-based Combination Therapy (Coartem[®]) as a first line drug. This drug transition is based on a series of annual clinical efficacy monitoring studies which have been supported through various US-based funding mechanisms since 1995. As of September 2004 Coartem had been distributed to 28/72 districts, but has not yet fully penetrated even those districts. Further expansion will require continued clinical efficacy monitoring and a far greater integration with national efforts for the “Logistics Management Information System” and Pharmacovigilance systems currently being developed through the HIV/AIDS programs.

Malaria During Pregnancy

Efforts to reduce the burden of malaria in pregnancy focus on collaboration with Reproductive Health to roll out a package of interventions, including IPT, ITNs and Anemia Management. This is especially important for young women who are having their first or second pregnancy and for women who are HIV+. The challenge is to expand uptake of IPT and ITNs in collaboration with the Reproductive Health Services, but also to reach these young women, and those who are HIV+, through new collaborations with School, Adolescent Health and HIV/AIDS programs

Integrated Vector Management

This fourth area of project collaboration with national malaria control efforts focuses on expanded uptake of ITNs, but also includes technical assistance for the safe and judicious use of insecticides in the Indoor Residual Spray Program, and in collaboration with WHO, improved capacity for managing, and integrating, vector control operations at the Provincial and District Levels. The challenge will be to continue support to the NMCC to manage, and balance the half-dozen different ITN delivery mechanisms which target different segments in the society. A second challenge, and opportunity, is to work across the commercial and private sectors to expand employer-based ITN programs. A third challenge, and opportunity, is to make an ITN available to every person in Zambia living with AIDS.

Disease Management

The fifth area of project collaboration with the national malaria program is with improved diagnosis and clinical management in the community, outpatient and inpatient facility and in the private sector. The challenge here is to coordinate better with groups including IMCI and the HIV/AIDS Service Delivery Project who will provide training and supervision support to clinical officers throughout Zambia.

Human Resources of Health

Background

While Zambia still struggles to develop adequate systems and capacity to provide access to a basic package of cost effective, quality health care services as close to the family as possible, the HIV/AIDS crisis, critical staff shortages at all levels of health care, and a poor interface between the community and the health system all inhibit the attainment of key health reform objectives. A 16 percent HIV prevalence rate puts tremendous pressure on the health sector and is reversing most socio-economic gains made over the past four decades. The human resource (HR) situation in the health sector has attained crisis status due to high attrition rates – caused mainly by “brain drain” to other countries and AIDS related deaths.

Significant resources are beginning to flow into Zambia to help address the HIV/AIDS crisis, and more are expected. While the inflow brings much-needed support, it could divert scarce health personnel and systems capacities away from traditional public health services to HIV/AIDS. Without creative solutions, the system would thus have even less to cope with MCH and RH issues that have major impact on maternal and child morbidity and mortality.

Scarcity and unequal allocation of human resources for service delivery are among the biggest constraints to extending coverage of MCH, RH and HIV/AIDS services in Zambia. According to the 10-Year Human Resource Plan for Zambia, 2000, there is one doctor per 7,500 people in Lusaka Province, but only one doctor per 182,200 people in Luapula Province. The Southern Province has seven times as many midwives per capita as the Northern Province. The public sector health workforce in Zambia has been declining due to migration to other countries and the private sector as well as to morbidity and death due to HIV/AIDS.

The recent Mid Term Review recognized that more effective management of HR issues is crucial for the success of other health reform goals and interventions to extend coverage of priority services. Resolving the HR crisis in Zambia will require complex action at the policy, planning, regulatory, legal, management, and training levels. It will require clarifying disjointed HR management functions currently spread across the Civil Service, Ministry of Finance, and Human Resources Division of the MOH/CBoH. Close collaboration will be needed with non-governmental stakeholders such as the Medical Council and the GNC. Finally, it will be necessary to address serious morale issues and the increasing burden on health staff whose performance is affected by HIV/AIDS or the threat of HIV infection.

Objectives

In the first year the HSSP will:

- Work with the CBoH and other stakeholders to update the 10-year health sector HR plan, using an adaptation of the WHO model for health workforce planning. Take into account recent DHS findings and all factors that affect current supply and demand, including HIV/AIDS, comprehensive changes in the nursing curricula, expanded use of CHWs, and other changes since 2000.

- Conduct an assessment of legal, policy, HR, and labor relations implications of the new government-wide decentralization of the health sector, including position of the civil servants' trade union
- Conduct assessment of the HR implications of public-private partnerships and of health workers who simultaneously practice in the public and private sectors.
- Strengthen the Human Resource Information System (HRIS) by including information on training and skills acquired by health workers and feeding that data into training and sector, PHO and DHMT planning and resource allocation.
- Work with the MOH, CBoH, and Civil Service to develop standards and procedures for rational deployment of human resources to meet the needs of the public service delivery system.
- Provide analytic and implementation support to the HR Emergency Steering Committee established as a result of the mid-term review of the NHSP, including clarification of responsibilities for human resource planning and management.
- Work with the MOH, CBoH, medical and nursing councils, and education and training institutions to review health worker competencies in relation to demands and quality perceptions of the population – focusing on MCH, RH and HIV/AIDS services for these populations – to see if any realignment is needed for HR planning and training purposes; take into account training needs for supervision, HR management and administration, and needs for non-medical staff required to support programs (e.g., logistics specialists, data analysts).
- Provide assistance with a management audit of HR issues and use the results to identify opportunities for improving conditions of service, motivation, and retention of health care workers.
- Provide assistance in evaluating the incentive scheme recently adopted under the SWAp to facilitate replacement of Dutch doctors with Zambian doctors; prepare a review of incentive schemes in the Region and elsewhere to identify lessons for possible adoption.

Performance Improvement

Supervision

- Work with the CBoH and PHOs to strengthen PA skills for integrating quality improvement actions by analyzing data from the routine information systems for health status (HMIS), drugs (Logistic Management Information System - LMIS), human resources (HRIS) and financing (FAMS).
- Develop the requisite operational tools for self-assessments and peer reviews at each level of care.
- Support the development of PA process that is of supportive supervision and self-assessment using operational tools that contain performance standards.
- Work with the CBoH to evaluate other QA and QI systems that have been developed and tried out in Zambia and draw lessons from these experiences, which can be further incorporated into the PA process.

- Develop new performance assessment tools for supervising community-level interventions carried out by CHWs, CBAs and other community providers in malaria, C-IMCI and RH.
- Assist the CBoH with completing a Guide to Quality Improvement to provide operational guidance for Performance Assessments, supportive supervision, self assessments, and provisions of effective technical support and follow-up.

Training

- Work with the MOH, CBoH, medical and nursing councils, and educational institutions to develop a 5 year plan to integrate, coordinate and strengthen pre- and in-service training in MCH, RH, Environmental Health, and HIV/AIDS services in Zambia.
- Develop milestones, results, and a monitoring and evaluating mechanism to track progress and measure impact.
- Work with the CBoH to establish a national coordinating structure responsible for ensuring comprehensive planning and optimal resource use for in-service training, and for setting standards for managing, designing and evaluating in-service training.
- Work with MOH/CBoH, councils and key representatives of the medical, midwifery and nursing schools to put in place a decision-making body or steering committee to periodically review curricula for MCH, RH and HIV/AIDS, recommend changes as needed, and develop standard processes for strengthening pre-service institutions.
- Work with the GNC to monitor educational standards of nursing in training institutions, strengthen curricula for enrolled and registered nurses, standardize technical information, and strengthen clinical practice opportunities.
- Strengthen curricula developed for clinical professions with a focus on the needs of rural health, community communication and problems with stigma and discrimination.
- Work with PHOs to build DHMT's capacity to coordinate and/or conduct in-service training activities as determined by Performance Assessments conducted in their districts.
- Develop training approaches that do not entail group-based or off-site (e.g., through on-the-job training, distance learning, team approaches).

Approaches

The HRH team will work closely with MoH to implement selected interventions that address the objectives listed above. In doing so the HRH team will collaborate with other HSSP partners as well as other development partners. The HRH team will put great priority on supporting Medical and nursing councils and training institutions to plan implement and monitor the activities.

Challenges

During FY01, the HRH team will expect the following challenges

- Donor coordination challenges
- Donor challenges
- Political will
- Legal framework
- External environment
- Availability of resources finance and human materials.

Strengthening the Zambian Health System – The Foundation of HIV/Aids Prevention, Treatment and Care

Background

Zambia is a target country under the Presidents Emergency Plan for AIDS Relief (PEPFAR) and activities under this program will contribute to reaching PEPFAR goals. The global HIV/AIDS pandemic is one of the greatest challenges of our time. Worldwide, over 40 million people are now infected, and each day 14,000 more are added to their ranks. In claiming the lives of societies' most productive populations – adult ages 15 to 45 – HIV/AIDS threatens a basic principle of development, that each generation does better than the one before.

President Bush responded to the challenge of global HIV/AIDS with his Emergency Plan for AIDS Relief. The Emergency Plan targets \$9 billion in new funding to dramatically scale up prevention, treatment and care services in 15¹ of the most affected countries of the world representing at least 50 percent of HIV infections worldwide. The Emergency Plan also devotes \$5 billion over five years to ongoing bilateral programs in more than 100 countries and increases the pledge to the Global fund to fight AIDS, Tuberculosis, and Malaria by \$1 billion over five years.

The health systems strengthening and HIV/AIDS – related activities to be funded under the Health Services and Systems Program (HSSP) will form part of Zambia's program under PEPFAR.

Objectives

1. Health Services and Systems Program

- Achievement of and maintenance of high coverage for key health interventions
- Health systems strengthening

2. PEPFAR

- Provide treatment to 2 million HIV - infected people by 2008
- Prevent 7 million new HIV infections by 2010; and

- Provide care to 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children by 2008.

3. Zambia Specific goals

- Number of people receiving ART: 120,000 by 2008
- Infections averted: - 398,500 by 2010, averted through PMTCT: 188,762, averted through other means 210,738 (modelling)
- Number of people receiving care and support: 600,000 by 2008, OVCs receiving care and support: 378,000, number of people receiving palliative care: 222,000

Approach

The Abt team will direct all its health systems assistance to strengthening aspects of systems that contribute to significant improvements in the coverage and quality of MCH, RH and HIV/AIDS services. Systems strengthening will thus directly serve the ultimate goals of the project—to reduce child and maternal mortality and HIV/AIDS prevalence in Zambia. We will aim for direct impact on the targeted services both in our work on national policy, planning, budgeting, human resources, research, and sector-wide systems as well as for capacity-building and implementation assistance at the provincial, district, hospital, and training institution levels.

As with our assistance to extend services, coverage and quality, the Abt team will work with and through established processes at all levels of government and in collaboration with GRZ, NGO, and donor counterparts. This will help ensure alignment of objectives, effective targeting and efficient use of resources, monitoring and evaluation of progress toward national goals, responsiveness to new developments and learning, and sustainability.

Our overall strategy for systems strengthening will be to build stronger links between national policy and implementation at the district level. We will improve these links through four main types of activities:

- Collaborative efforts to integrate national policies and goals with sectoral objectives under the NHSP and with district-level implementation. Central to this effort is a common set of program targets and indicators as well as a well functioning monitoring and evaluation system that can track whether health sector objectives are being met through implementation in the field and make necessary adjustments, as needed, to make targets more realistic or implementation strategies more effective.
- Assistance in translating national strategic objectives into appropriate and effective action by the frontline health workers who deliver MCH, RH, and HIV/AIDS services.
- Capacity building for institutions and individuals in skills needed to achieve effectively functioning health systems.
- Building and consolidating multisectoral partnerships as well as partnerships across the public, NGO and private sectors and among the central, provincial and district levels of the health system.

Challenges

- HIV/AIDS
- Restructuring at Ministry of Health
- Human Resources
- PEPFAR targets and deadlines
- Activity overlaps with other Cooperating Partners
- Private Sector Partnerships

Implications

While Zambia still struggles to develop adequate systems and capacity to provide access to a basic package of cost effective, quality health care services as close to the family as possible, the HIV/AIDS crisis, critical staff shortages at all levels of health care, and a poor interface between the community and the health system all inhibit the attainment of key health reform objectives. A 16 percent HIV prevalence rate puts tremendous pressure on the health sector and is reversing most socio-economic gains made over the past four decades. The human resource (HR) situation in the health sector has attained crisis status due to high attrition rates – caused mainly by “brain drain” to other countries and AIDS related deaths.

Significant resources are beginning to flow into Zambia to help address the HIV/AIDS crisis, and more are expected. While the inflow brings much-needed support, it could divert scarce health personnel and systems capacities away from traditional public health services to HIV/AIDS. Without creative solutions, the system would thus have even less to cope with MCH and RH issues that have major impact on maternal and child morbidity and mortality.

At this critical point, the Zambian health system must therefore be further strengthened so that it can meet traditional MCH and RH priorities while at the same time addressing the new and emerging priorities of HIV/AIDS. This is indeed one of the major aims of the country’s Millennium Development Goals (MDGs) and National Health Strategic Plan (NHSP) as well as of the USAID/Emergency Plan/USG Zambia Strategy and annual Country Operational Plans.

Meeting this challenge will require innovative approaches to service delivery, systems strengthening, and related health sector human resource development. It calls for efforts that are appropriate, integrated and sustainable within the Zambian context and designed in a way that effectively utilizes additional resources for HIV/AIDS.

Health Systems Strengthening

Background

The overall objective of the Programme is to expand access to and quality of integrated maternal, child and reproductive health services and to strengthen systems that underlie the Zambian health sector. This is important given the expanding technical and financial support for new HIV/AIDS initiatives that demand expansion of coverage, scaling up, and integration of established services such as family planning, maternal health, child health, nutrition and malaria prevention and treatment. Interventions in all these key areas have the

ultimate goal of reducing child and maternal mortality and HIV/AIDS prevalence in Zambia.

Objectives

The Programme has two specific sets of objectives: achievement of and maintenance of high coverage for key health interventions; and strengthening of health systems that support health service delivery in the areas of HIV/AIDS, MCH, IRH, malaria and nutrition.

Approach

The Programme's technical support towards the improvement of coverage and quality of MCH, IRH and HIV/AIDS services will involve provision of hands-on TA to MoH, CBoH, PHOs and DHMTs by working closely with and within existing government structures and systems. Work and collaboration with NGOs and cooperating partners will also be part of the technical approach to the delivery of health services. Key to this approach will be building synergies through careful functional integration of various system components at all relevant levels of the health system. It has been planned that the entry point for integration and scaling up of service delivery will be the planning, budgeting, monitoring and evaluation processes at the district level. This is the preferred approach because these comprise the range of systems that affect the daily delivery of the majority of MCH, IRH and HIV/AIDS services.

Challenges

There will be several challenges in the process of implementing the Health Systems Strengthening sub-component of the Programme. Among them are the following:

- Effectively working with counterparts (whose positions might be abolished or redeployed) in MoH, CBoH, PHOs and DHMTs) during and after the on-going MoH/CBoH restructuring process
- Ensuring that health personnel that will benefit from human capacity development (HCD) activities during the life of the Programme are retained within the health sector
- Realigning planning in the health sector so as to conform with requirements of the MTEF as way of ensuring that it (health planning) is in tandem with all supporting systems
- How to ensure coordination and discourage competition between and among Programme components funded by USAID and those funded by other cooperating partners
- Creating a system for coordination of in-service training and ensuring regular supportive supervision
- Updating of the health status sub-system to include new indicators, especially for HIV/AIDS (e.g. PMTCT)
- Building capacity of DHMTs for using data from routine information systems for planning, budgeting, monitoring and evaluation of progress in extending coverage of quality MCH, IRH, and HIV/AIDS services

- Linking HMIS data to indicators related to national objectives for health (e.g. TNDP, NHSP, MDGs and HIPC)
- Establishment of effective mechanisms for strengthening the entire district planning, monitoring and reporting cycle, including action plans and budgets
- Deepening skills of DHMTs, hospitals and training institutions for integration of routine data for more focused planning, monitoring and evaluation
- Building capacity of provincial and district institutions for translation of national health policies, objectives and goals into related activities and implementation at local level
- Ascertaining the impact of the new Decentralisation Policy on operations of the health sector, especially as it relates to HIV/AIDS, MCH, IRH, malaria and nutrition
- Building and sustaining capacity of MoH policy staff for setting and prioritising the policy and legislative agenda, including monitoring and evaluation of approved policy decisions
- Revision of outdated pieces of health legislation and shepherding them through MoJ and Parliament
- Strengthening mechanisms for inter-ministerial linkages and collaboration (e.g. through PAC and IMCOs) in support of effective health policy management
- Taking policy appreciation and its linkages to health planning below the MoH and CBoH to provinces and districts
- Development of a new broad-based NHSP
- Development of new and coordinated mechanisms for an expanded basket under SWAp
- Striking a balance between mobilisation of additional revenues to pay for improved health care services and protecting the poorest from negative effects of user-fees
- Establishing appropriate mechanisms for pooling and efficiently using additional resources from available funding sources such as the Global Fund for malaria, TB and HIV/AIDS, HIPC, The World Bank MAPS and others
- Inadequate capacity for commodity forecasting and quantification and collation of logistics data from top to bottom
- Inadequate pharmaceutical HR at both central and PHO levels
- Establishing appropriate mechanisms for operationalising the DSA under SWAp for procurement of drugs and other supplies
- Initiation of strong and effective collaboration between MSL and MoH/CBoH in support of improved logistics systems and a functional LMIS at all levels of the health system and
- Emergence of drug resistance, especially for HIV/AIDS, malaria and STIs, poses a great danger for the ART scale up programme.

Implications

The process of implementing the Programme will, certainly, have several implications. One of them will be the need for building functional alliances and coalitions with partners in both the public and private sectors. This will call for readjustment and/or adoption of new work approaches. The other is that, because the Programme incorporates several related activities in HIV/AIDS, IRH, malaria and nutrition that will be implemented back-to-back, HSSP

staff will have to deal with many actors in the health sector whose priorities might conflict with each other.

Research

Introduction

Improved health status of the people is the underlying goal of the Zambia's health reforms. The vision of the health reforms is to ensure that all Zambians are provided with a health care system with equitable access to cost-effective quality health care as close to the family as possible. To attain this vision, a focused applied health research program that provides critical information to health care planners and policy makers is very cardinal.

With this realization, there is a need for health research designs that test and evaluate new and existing health practices that can apply to household or facility - based care and also investigate both social/behavioural and biomedical issues which have a bearing on health. However, this can only be attained by strengthening existing national health research systems that define priorities for health research, influence national, regional, and global health agendas and lobby for a more equitable allocation of resources.

Consequently, much health related research has been carried out in Zambia and there is a significant growth in the number and scope of health research projects in the country. A substantial amount of this research work has been published but most remain unpublished and a fair amount of data has not been analyzed.

Also very little research data has been disseminated to key stakeholders in the country. Hence utilization of research findings for program planning is still limited. The setting of research priorities is often made on an ad hoc basis with little consideration of existing data and on going research. The process of consultation with stakeholders in determining national health research priority questions remains largely undeveloped and is often a neglected component of building systems to improve health sector performance.

The research component of Health Services and Systems Program (HSSP) is committed to supporting the MoH/CBoH to strengthen and institutionalize research capacity as an integral part of the health policy development and program implementation process.

Objectives

The main objective will be to strengthen research capacity to facilitate linking health research outcomes to policy development, program design and implementation.

Approach

Research will be at two dimensions:

1. National picture dealing with building capacities, infrastructures, competences, conferences and policy issues and will include:

- Strengthen the research capacity in MoH/CBoH Directorates of Health Policy and Public Health and Research and collaborate with the National Health Research Advisory Committee in the MoH Permanent Secretary's office in sustaining this effort
 - Provide assistance and build on existing structures, efforts, research networks, and experiences to link research to policies for improving the quality and extending the coverage of Malaria, MCH, RH and HIV/AIDS services. Facilitate dissemination of research results to all relevant stakeholders, including PHOs in order to maximize utilization of research outcomes
 - Strengthen capacity to conduct applied health research of TDRC, UNZA (particularly Community Medicine and MPH programs), the CSO, and NFNC.
2. With MoH/CBoH and program counterparts, determine an agenda for researchable topics in major public health areas of focus namely Malaria, MCH, RH and HIV/AIDS services by identifying a limited number of high-priority research questions and supporting a small number of competitive, small applied research grants each year for Zambian researchers. Issue to be determined will include:
- What are the gaps in the health services being delivered?
 - What are the causes of morbidity and mortality?
 - Where is the problem and why and how can these be solved?
 - What are the available sources of information?

Challenges

- Integration of research into routine health program management
- Institutionalization of the use of research outcomes for health planning, policy and decision making and program implementation at the program level as well as the Central and provincial levels of MoH/CBoH
- Mobilization of resources for conducting health research
- Developing effective mechanisms and systems in setting out MoH/CBoH and program health research priorities
- Develop strategies to effectively coordinate and disseminate research outcomes to promote action.

Implications

- Research will contribute to quality evidence based health policies and programs
- Strengthen the process of consultation with stakeholders in determining national health research priority questions
- Strengthen health research capacity at MoH/CBoH (Central and Provincial) and relevant research institutions
- Strengthen the capacity of dissemination and enhance utilization of research outcomes for action
- Avoid duplication of effort and wastage of scarce resources.

Monitoring and Evaluation

Introduction

Monitoring and evaluation will be conducted using routine data especially from health information and management system (HMIS) and regular Performance Assessments and supervisory reports conducted by PHOs and DHMT's. In addition, other data to measure the proposed performance indicators will largely be derived from the, FAMS, LMIS, PHO and DHMT reports.

The HSSP team has made every effort to identify indicators that can be measured with existing data. Relying on this data as much as possible will also serve the purpose of reinforcing assistance under this Program to strengthen precisely those information and supervisory systems.

The team has developed indicators to measure progress at the district level wherever possible. This approach reflects the basic framework of the Zambian public health system centered on the district as the core unit for managing health services in the public sector. It also reflects the main level at which impact of this Program will be evident for operation of MCH and RH services and systems.

With few exceptions, the indicators developed are not population level indicators. Indicators at that level are appropriate for measuring impact for the USAID Strategic Objective for Health and IRs 7.2 and 7.3. In addition, the activities of several other USAID supported programs, along with this MCH and RH Services and Systems Program, will be needed to contribute to population level impacts. The M& E team will therefore coordinate with partners to strengthen liaison on methodologies and harmonization of monitoring systems.

The proposed indicators will be measured three times during the life of the program: at baseline, mid-term (approximately Year 3), and end of project. The baseline survey will only be conducted after agreeing upon indicators to be measured and determining the gap between available data and actual required. The information needs will also determine the methodologies to be used here. Additional baseline assessments may include situation analyses, and operations research.

Planned for Year 3, the mid-term evaluation will assess achievement of milestones as well as synthesize and analyze information on performance indicators to evaluate progress toward established targets. Qualitative methods, such as interviews with key stakeholders and may be used to further describe program achievements. Information from any relevant evaluations and assessments by counterparts and partners as well as documentation from successful practices initiated by innovative districts will also be reported on.

HSSP will conduct the baseline and subsequent evaluations in close collaboration with key counterparts in the MOH, CBoH, PHOs and DHMT's. This approach will ensure accuracy of findings and also help strengthen capacity to conduct field assessments and evaluations. The program will use the baseline and mid term evaluations as key management tools to provide feedback on successful interventions that should be continued and any areas in need of strengthening or changes in method or strategy over the life of the Program.

The end of project evaluation will document whether proposed program activities were carried out as planned and whether these activities achieved the expected results. It will use the same methodology and sources of data as for the baseline and mid term evaluation, including qualitative research and findings from any additional studies. The final report will include lessons learned to inform future efforts to improve the health status of the *Zambian* people.

The overall objective of monitoring and evaluation is to:

- Contribute to program management by highlighting trends and identifying gaps to be addressed in order to achieve program results.

Approach

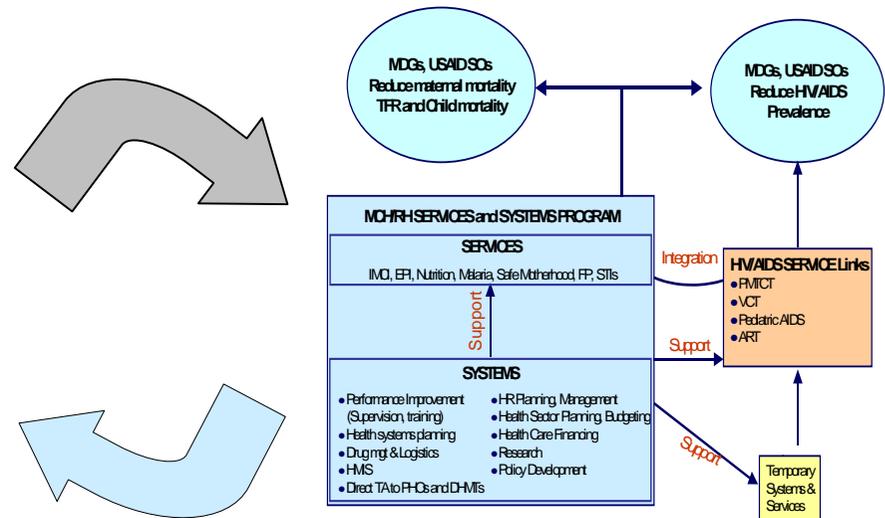
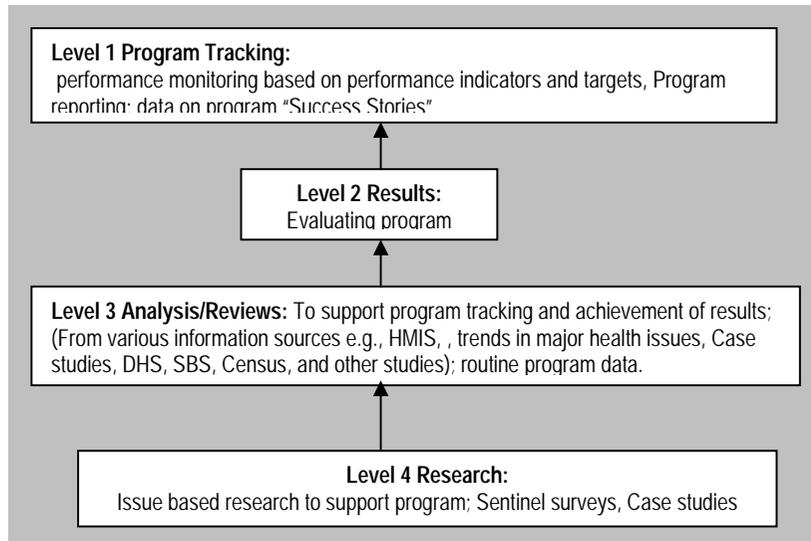
The monitoring system will be developed to track progress towards achieving Targets and results. The program tracking will be done through scheduled monitoring activities reporting.

The results will be measured through monitoring program impact by way of conducting the baseline assessment to lay benchmarks, and midterm review and end of program evaluation.

Analysis and review of secondary data will further strengthen program tracking with complementarities from primary data collection and analysis through issue based research, sentinel surveillance and case studies.

The approach to monitoring will be an integrated one where all technical teams will participate in collaboration with partners. The system will be designed in a manner that helps to observe program events and activities based on work plans, and track changes and trends that lead to achievement of program results. The M&E team will play a coordinating role. The M and E concept below depicts four levels of monitoring and expected outputs for each have been outlined.

Conceptual Framework



Program Team Roles

The program technical teams will:

- Identify program indicators
- Collect and share routine data (Trips/events, conferences/workshop, key meetings, reviews, working groups)
- Report periodically on progress based on agreed schedules and guidelines
- Participate in analysis and interpretation of data
- Participate in identification of researchable topics
- Provide feedback to make M&E responsive to program needs

The M&E team will:

- Coordinate development of overall program indicators
- Provide routine feedback on program implementation based on agreed upon schedules
- Analyze and condense data
- Provide guidelines, and schedules for program reporting
- Document and disseminate information/lessons learnt in given program areas
- Strengthen appreciation of monitoring and evaluation
- Support teams in identifying topics that need research in all program areas.

Key Principles

Monitoring and evaluation of the program will be guided the following principles:

Integration

The M& E system will be designed in a manner that tracks the integration of systems and services work, as well as accounts for synergy building. In this regard, the work plans and reporting formats will be designed to capture such information. Results achieved will be an outcome of a collective team effort. Feedback mechanisms, will seek to enhance this collective effort.

Institutionalisation

The monitoring and evaluation system will be developed in liaison with the MOH/CBOH. The program will seek to harmonize the system, working with already existing mechanisms for monitoring and evaluation; and performance assessment at national, provincial and district levels, e.g. HMIS, Performance assessment, and sentinel surveillance. Any modification made would be to enhance the already existing systems. The program will also collaborate with other partners engaged in related work to strengthen harmonization and information sharing in monitoring and evaluation.

Coverage

The program has a national focus. Approaches to implementation should therefore reflect the coverage while maintaining a clear perspective on the results

to be achieved. The program will draw strength from available secondary data and coordination with other relevant organizations in order to address the challenge of how to efficiently measure results at this wide scale. Sentinel sites will be used to strengthen the quality of monitoring.

Efficiency and Cost effectiveness

An interactive data base will be developed to enable storage, analysis and update of information to provide timely feedback to the program. Harmonization of tools and indicators with other organizations doing similar work will help reduce the need for primary data collection.

Appropriateness

The monitoring and evaluation system will be simple with clearly laid down procedures and formats in order to allow technical teams to contribute fully according to requirements. Support will be rendered as needed to strengthen appreciation of monitoring and evaluation. This will increase the demand for this information and given levels and the need for continued M&E.

Challenges

- The reporting demands are high due to duo reporting schedules.
- The monitoring approach is that technical input are high and hence the need for persistent follow-up for timely submission of information.
- Systematic analysis relying on different sets of data is key to enable conduction on comparative analysis.

Implications

- Technical staff have to consciously allocate time for monitoring activities.
- Staff should be supported to increase appreciation of M&E in order for them to provide quality data and reports.
- Specialized skills will be needed to effectively coordinate monitoring and report on trends

Assumptions for Implementing the Monitoring and Evaluation Plan

- Outputs will be developed following agreed upon program indicators and focusing on issues in specified areas.
- All teams will fulfil agreed upon roles in Monitoring and Evaluation

The table below shows expected outputs from each level of monitoring

Schedule for Reporting

Level	Output	Timeframe Year 1			
		Q1	Q2	Q3	Q4
1. Program Tracking	Program reports, Services		X		X
	Program reports		X		X
2. Evaluation	Baseline assessment Report			X	
	Mid-term Evaluation report				
	Final evaluation report				
3. Analysis and Review	Quarterly review reports	X	X	X	X
	Documents on lessons learnt				
4. Research	Reports on Issue based research to support program		X	X	X

HSSP Year One Work Plan Tables

Health Services and Systems Programme Year One Work Plan									
Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Health Services									
Child Health									
Child Health	Child health policy developed	Hold 2 meetings with MoH/CBoH and other stake holders for developing the child health policy	Meetings held by child health policy working group	Sitali, Mary, Bernard	X	X			WHO, UNICEF, CARE
		Support a workshop for the dissemination of the child health policy	Dissemination workshop held		X	X			
		Provide support to the printing of the Child health policy			X	X			
General Nutrition	Strategic plan with key components on nutrition developed (micronutrients, GMP, Fortification, Infant and young child feeding)	Support NFNC to develop and finalize the nutrition strategic plan	Strategic plan developed	Chipo, Sitali, Bernard	X				NFNC, WHO, UNICEF, MoH
		Hold 4 preparatory meetings with NFNC/CBoH			X				
		Conduct workshop on strategic plan development				X			
		Dissemination of strategic plan				X	X		
Supplementation (CHW)	Low coverage districts reduced	Conduct desk review of CHW reports to identify low performing districts	Desk review conducted	Chipo, Sitali	X				NFNC, WHO, UNICEF, MoH
		Together with NFNC/PHO fine tune and disseminate the new guidelines on CHW through 3 orientations (central level)	Number of district oriented with new guidelines			X	X	X	
Supplementation (CHW)	Low coverage districts reduced	In collaboration with PHO's, work with low covering performing DHMTs in supervision before, during and after (mini-surveys) CHW	Number of districts supervised	Chipo, Sitali	X		X	X	NFNC, WHO, UNICEF, MoH

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Fortification	Recommended levels on sugar and maize meal fortification sustained	Assist NFNC to develop mandatory legislation	Mandatory legislation developed	Chipo, Sitali, Bernard	X	X	X	X	FTF, MoH, NFNC
		Provide TA to FDCL to develop cost effective costs to sustain laboratory monitoring	Costs standardized		X	X	X		
		Conduct a workshop to develop procedures of fortification surveillance at boarder points	Surveillance procedures developed for border points		X	X	X	X	
		Support CBOH orient 9 Health inspectors prosecution	9 Health inspectors oriented in prosecution		X	X	X	X	
Fortification	Proposal development and study implementation on oil, milk and weaning foods completed	Identification of TA to conduct feasibility study on oil, milk and weaning foods	TA identified	Chipo, Sitali, BU/Mubi	X		X	X	FTF, MoH, NFNC
		Provide TA with resources for feasibility study	Study conducted			X	X		
Yellow Fleshed Potato	NFNC adopted mechanisms on promotion of yellow fleshed potato	Consensus meeting on yellow fleshed sweet potato	Consensus achieved	Ruth, Sitali			X	X	FTF, MoH, NFNC
		TA to Mt Makulu research station on reproduction of seed	Seed reproduced		X	X			
		Pilot in two districts	District production				X	X	
Breastfeeding	Infant and young child feeding strategy in place	Provide TA to facilitate implementation of key strategies on infant and young child feeding	Number of districts implementing Key strategies	Ruth	X	X			NFNC MoH BFTF
Growth monitoring and promotion (GMP)	Enhanced ways of GMP utilization defined	Support orientation workshop in all PHOs to new GMP guidelines	Number of PHOs orientation	Sitali	X	X	X	X	NFNC, UNICEF, WHO, MOH, DFID
		Support PHOs and selected districts during the scheduled PA/TSS visits to reinforce implementation of GMP	Number of PA/SS conducted re enforcing GMP		X	X	X	X	
		Support NFNC in production and utilization of GMP information at all levels	GMP information utilized at all levels		X	X	X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Documentation of Nutrition activities	Enhanced ways documenting nutrition activities	Provide TA to produce technical documents	Technical documents produced on time	Chipo	X	X	X	X	NFNC
		Provide TA technical layout of documents			X	X	X	X	
		Provide resources for printing of documents			X	X	X	X	
Support Resource Centre	Enhanced ways of utilizations and performance of NFNC management of nutrition resource centre	Provide resources for communication with PHOs and DHMTs	Resources provided	Chipo	X	X	X	X	NFNC
		Provide resources for stationery to enhance performance on nutrition programmes			X	X	X	X	
Support Resource Centre	Exchange visit for best practice	1 - IVACG meetings	2 HSSP staff supported for IVACG meeting – Peru		X			X	
		1 visit Nepal				X		X	
Comprehensive IMCI implemented	Comprehensive IMCI implemented	Strengthen IMCI focus in child health technical working group through advocacy roles and responsibilities	Roles and responsibilities defined	Mugala, Sitali	X				WHO, UNICEF, JICA, Plan, CARE, GTZ
		Finalization of guidelines for strengthening capacities in IMCI planning and implementation	Guidelines finalized		X	X			
Comprehensive IMCI implemented	Comprehensive IMCI implemented	Provide TA to 3 PHO IMCI guidelines orientation trainings	3 Orientation workshops conducted			X	X		
		Work with CBOH/MOH to advocate for leveraging of resources to print the revised IMCI protocols and job aids	Revised IMCI protocols and job aids produced		X				

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Clinical IMCI	Comprehensive IMCI implemented	Work with PHO to build capacity in provincial training teams to support the expansion of IMCI	PHO IMCI capacity built	Mugala, Sitali	X	X	X	X	WHO, UNICEF, JICA, Plan, CARE, GTZ
		Provide TA to district IMCI Health worker training	TA to district IMCI Health worker training provided		X	X	X	X	
		Work with MOH/CBOH, PHO/DHMT to provide TA in PA/TSS	TA provided in PA and TSS		X	X	X	X	
		Work with MOH/CBOH to improve communication and referral mechanism	Communication and referral system improved		X	X	X	X	
	Care of a sick child in relation to IMCI and HIV/AIDS strengthened	Provide TA to DHMTs IMCI refresher courses	TA provided	Mugala	X	X	X	X	WHO, GTZ, UNICEF, JICA, Plan, CARE
		Conduct on the job training on IMCI	IMCI on job training conducted		X	X	X	X	
	Revised curricula in training institutions implemented	Provide TA to the training of trainers of Tutors as IMCI trainers	TA provided to training of trainers and tutors of IMCI	Mugala, Sitali, Anna	X	X	X	X	WHO, UNICEF, JICA, Plan, CARE, GTZ
		Support implementation of IMCI in the TIs through the GNC, MCZ, UNZA and Chainama	IMCI implemented in GNC, MCA, UNZA and Chainama		X	X			

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Community IMCI	Functional C-IMCI Technical Working Group re-constituted	Support a work shop drawn for all stakeholders to achieve consensus on C-IMCI	C-IMCI TWG with TOR Structured	Chitembo, Sitali, Bernard	X	X			MOH/CBOH, PHO/DHMT, CARE, PLAN, JICA, WHO, UNICEF
		Provide TA to finalize the national C-IMCI strategic plan	C-IMCI Strategic plan finalized						
	Introduction of 1 new district implementing C-IMCI in each province	Support a 4 trainings of trainers workshop for C-IMCI	One district per province implementing C-IMCI	Chitembo	X	X	X	X	MOH/CBOH, PHO/DHMT, CARE, PLAN, JICA, WHO, UNICEF
		Provide TA to the district C-IMCI trainings for the CBAs in child health			X	X	X	X	
		Support PHO in PA and TSS with emphasis on C-IMCI			X	X	X	X	
	Improve child nutrition using H/PD approach	Preparation and proposal writing	H/PD approach being implemented in 4 districts	Chitembo		X	X		MOH/CBOH, PHO/DHMT, CARE, PLAN, JICA, WHO, UNICEF, MAFF, MCDSS
		Districts selection				X	X		
		Baseline survey				X	X		
		Intervention implementation				X	X		
		Monitoring and evaluation				X	X		
	Communication strategy developed	Hold meetings with partners		Chitembo	X	X	X	X	MOH/CBOH, PHO/DHMT, CARE, PLAN, JICA, WHO, UNICEF
		Support 2 workshop for C-IMCI material development			X	X	X	X	
Communication strategy developed	Provide TA C-IMCI material evaluation			X	X	X	X		
Expanded Programme on Immunisation	EPI multi-year plan revised	Meeting to reach consensus on EPI situation analysis results	Multi year strategic plan developed and implemented	Mary, Sitali	X	X	X		WHO, UNICEF, JICA, GAVI
		Hold workshop to develop five year EPI plan			X	X	X		
	EPI multi-year plan revised	Dissemination and implementation of 5 year plan	Multi year strategic plan developed and implemented	Mary, Sitali			X	X	WHO, UNICEF, JICA, GAVI
	Full immunization coverage increased	Conduct EPI review and identify low performing districts	EPI review conducted		X	X			
	Full immunization coverage increased	Hold a dissemination meeting for the EPI review results	Results of EPI review disseminated	Mary, Sitali	X	X			WHO, UNICEF, JICA, GAVI
	Support low performing districts to improve coverage through supervision and mini-campaigns	Low EPI performing districts supported			X	X	X		

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners	
		To monitor and supervise the performance of the RED district strategy	RED districts monitored and supervised		X	X	X	X		
Expanded Programme on Immunisation	All districts implementing Pentavalent vaccines	Support 9 provincial orientation workshops to reorient health PHOs in new vaccines	Proportion of districts implementing new vaccines	Mary, Sitali	X				WHO, UNICEF, JICA, GAVI	
		Monitor implementation of new vaccines in 4 provinces				X	X	X		
	Second dose of measles vaccine introduced	TA for reorient health workers in measles second dose	Proportion of districts implementing second dose measles	Mary	X	X	X		WHO, UNICEF, JICA, GAVI	
		Monitor districts with high measles incidence in quality of cold chain maintenance					X	X		
	Financial Sustainability Plan implemented	TA to the ICC to advocate for MOH increase in allocation of funds to vaccine independent initiate and EPI supplies and logistics	Proportion of GRZ contribution to EPI	Mary, Sitali				X	X	WHO, UNICEF, JICA, GAVI
	CBOH/MOH supported on supplemental EPI activities	TA to certification and polio expert committee	Certification process strength	Sitali	X	X	X	X	WHO, UNICEF, JICA, GAVI	
	Coordination and logistical support improved in all districts	To conduct situation analysis of EPI drugs and supplies logistics	Situation analysis conducted	Mary, Violet	X	X	X	X	WHO, UNICEF, JICA, GAVI	
		To implement and monitor EPI drugs and supplies recommendations	Number districts with essential EPI logistics available		X	X	X	X		

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Integrated Reproductive Health									
Safe Motherhood	Research on home deliveries conducted and feasible interventions identified	Support the CBoH to conduct a desk review of existing research on why women deliver at home	A report of research findings on home delivery in Zambia	CBoH	X				CBoH/MoH, PHOs, DHMTs, Traditional Healers, Boston Univ , UNICEF, UNZA Comm Medicine Dpt
		Support the CBoH to conduct an operations research to determine the effectiveness of interventions	Research protocol	Rabecca,Dipo		X	X	X	
		Support the CBoH to disseminate the findings of the operations research	A report of operations research findings	Reuben, Rabecca					
	Consensus developed among nursing and medical councils, MoH, CBoH and others on requirements for expanding the cadre of providers of EmOC	Support the CBoH to host a stakeholders meeting on expanding cadre of EmOC providers	Consensus reached on requirements for expanding cadre of providers for IRH	Killian,Reuben, Hilary	X				CBoH/MoH,IRH Sub-committee, PHOs, DHMTs, GNC, Medical Council, Midwifery Schools, Chainama College, National Pac Task Force
		Liaise with the human resource planning team for a comprehensive HCD approach for IRH	Comprehensive strategy for human capacity development in IRH completed	Killian,Reuben, Hilary, Malaria team				X	
	Consensus developed among stakeholders on requirements for expanding the cadre of providers of EmOC	Work with the IRH subcommittee to develop a standardized curriculum for EmOC (LSS)	EmOC (LSS) curriculum standardized	Dipo, Killian, Anna		X			
	Consensus developed among stakeholders on requirements for expanding the cadre of providers of EmOC	Support the CBoH to upgrade the existing PAC training sites for EmOC	PAC training sites upgraded for EmOC training	Dipo, Killian			X		

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Safe Motherhood	Consensus developed among nursing and medical councils, MoH, CBoH and others on requirements for expanding the cadre of providers of EmOC	Support the CBoH to update its trainers on the standardized EmOC curriculum	PAC trainers updated on EmOC; At least 1 health provider trained in EmOC (LSS) in 20% of districts	Dipo, Killian, Anna			X		CBoH/MoH, IRH Subcommittee, PHOs, DHMTs, GNC, Medical Council, Midwifery Schools, Chainama College, National Pac Task Force
		Support CBoH/PHO to follow-up EmOC trainees	PAC trainees followed up; Poor performance factors identified and addressed	Killian, Reuben, Anna				X	
		Work with National PAC Task force to scale up PAC activities to districts	At least 10% of districts providing PAC services	Killian, Rabeca	X	X	X	X	
	Cost-effective ways to promote linkage of ANC services with STI, FP, nutrition, malaria, and HIV/AIDS developed	Support CBoH to disseminate the Maternity Counseling Kit to health providers in all the districts	Maternity Counseling Kit available in 50% of health facilities	Rabeca, Reuben		X	X	X	CBoH/MoH, PHOs, DHMTs, IRH Subcommittee, UNICEF
		Meet with systems partners (PHOs, DHMTs, UNICEF etc) to strengthen IRH drug and materials supply and distribution	Stockouts of IRH drugs and materials reduced by 10%	Reuben, Rabeca, Violet, Malaria Team	X	X			
	Birth preparedness and complication readiness promoted through partnerships with	Work with BCC partners to disseminate recently developed birth plan and emergency readiness materials	IEC materials for birth planning and emergency readiness disseminated to all districts	Rabeca		X	X	X	BCC partners, MHC, PHOs

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
	neighbourhood health committees (NHCs), traditional healers, TBAs, and CBAs	Work with BCC partners to develop a dissemination plan for birth planning and emergency readiness materials in all 72	Birth planning and emergency readiness implemented in 10% of facilities providing ANC	Rebecca			X	X	MoH/CBoH, PHOs, DHMTs, NHC
Safe Motherhood	Emergency transport and community finance schemes strengthened	Work with DHMTs to establish emergency transport and community finance systems for safe motherhood	Emergency transport and community finance systems adopted in 10% of districts	Rebecca, Ruben, Systems Team			X	X	MoH CBoH, PHOs, DHMTs, NHCs, World Bank
	CBoH supported in IRH data analysis and supportive supervision	Provide technical assistance to the CBoH for HMIS data analysis and support supervision	HMIS data analysis and supervision reports available	Reuben; Systems Team		X	X	X	CBoH, PHOs, DHMTs
	Strategic plans for key RH initiatives outlined	Support CBoH to adapt the road map for accelerated maternal mortality reduction to the Zambian situation	Adapted document for accelerating maternal mortality reduction available	Killian, Reuben	X	X	X	X	CBoH, IRH Sub-Committee, PHOs, DHMTs
		Support the CBoH to monitor the implementation of the road map bi-annually	Implementation framework designed	Killian, Reuben			X	X	CBoH, IRH Sub-Committee, PHOs, DHMTs
Support the CBoH to adapt the Maternal Death Review (MDR) initiative	Tools for MDR developed	Reuben, Killian, Lizzie	X	X	X	X			

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Safe Motherhood	Strategic plans for key RH initiatives outlined	Support PHOs in IRH strategic planning	District plans include IRH priority interventions	IRH team, Systems Team	X	X			CBoH, IRH Sub-Committee, PHOs, DHMTs
Family planning	FP portion of RH guidelines revised in line with international standards	Support CBoH to convene a meeting of the FP Task Group to review and update the FP pin RH guidelines	FP/RH guidelines revised in line with international standards	Reuben, Dipo	X	X			MoH/CBoH, FP Task Force, PPAZ, UNFPA, WHO
	FP training materials standardized	Provide technical assistance to CBoH to organize an FP materials standardization workshop	Standardized FP training materials available	Reuben, Dipo, Anna, Genevieve	X	X			CBoH/MoH, FP Task Force, PPAZ, UNFPA, WHO
		Support CBoH to update FP trainers to the new standardized materials	Core group of FP trainers updated on standardized training curriculum	Rabeca, Killian, Rebecca, Genevieve			X		
Family planning	Existing EBA/CBD program scaled up	Support CBoH to update FP trainers on the standardized EBA/CBD training manual	Core group of trainers updated to the EBA/CBD manual	Rabeca, Killian, Anna, Genevieve			X		MoH/CBoH, PHOs, DHMTs, NHCs, Health Centres, FP Task Force, PPAZ, UNFPA, WHO
		Support CBoH to train EBA/CBD agents	EBA/CBD agents trained in 10% of districts	Rabeca, Killian			X	X	
		Work with PHOs/DHMTs to strengthen referral reporting and supervision of EBA/CBD agents	EBA/CBD agents reports available regularly; supervision reports available	Rabeca, Reuben, Systems team			X	X	CBoH/MoH
	FP integrated into services and messages for SM, STIs, adolescent health, school health, and HIV/AIDS	Work with Behaviour Change Communication (BCC) partners to develop messages for integrated RH	FP messages included in messages on integrated RH information (IEC) materials developed and disseminated	Reuben, Rabeca	X	X	X	X	BCC partners, MoH/CBoH, PHOs, DHMTs, NHC
	Youth-friendly RH services established in all districts	Support CBoH to establish or strengthen youth friendly RH services in all districts	Youth friendly services established in all districts	Rabeca, Dipo		X	X	X	MoH/CBoH, PHOs, DHMTs, NHCs
Family planning	Youth-friendly RH services established in all districts	Support CBoH to standardize the peer educator curricula	Youth friendly services established in all districts	Anna, Genevieve		X			MoH/CBoH, PHOs, DHMTs, NHCs
		Support CBoH in training of youth friendly IRH providers					X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Sexually Transmitted Infections	STI operational protocols to reduce STI/HIV transmission developed	Obtain report of ongoing STI situation analysis from NAC	STI situational analysis report obtained	Reuben	X				MoH/CBoH, PHOs, DHMTs, STI Working group, NAC, UNICEF, FHI, CDC
		Support CBoH to identify an STI focal person in the CBoH	STI focal person identified in the CBoH	Reuben, Hilary, Mwiche, Cosmas	X				
		Collaborate with existing STI working group to review materials and develop operational protocols	Consensus reached on STI operational protocol	Reuben, Dipo, Anna, Genevieve		X			WHO
		Support development of an STI training curriculum and integrate into pre-service and in-service training	STI training curriculum developed	Reuben, Dipo, Anna, Genevieve			X		
		Support CBoH to train a core group of trainers for STI screening and management	Core group of STI trainers from all provinces trained	Dipo, Reuben, HR team				X	
		Support CBoH to train health care providers on STI prevention and management	At least one health provider trained as an STI trainer in 25% of districts	IRH team HR team				X	
	Collaboration with BCC programs to develop STI Awareness campaign and reduce stigma	Work with BCC partners to develop STI awareness messages and a dissemination plan	Information, education and communication (IEC) materials on STIs produced and disseminated	Rabecca, Reuben		X	X		BCC partners, MoH/CBoH, PHOs, DHMTs, STI Working Group

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Malaria									
Support NMCC and National RBM	Project fund personnel and management support to NMCP	Resident Advisor and Project Assistant	Improved technical collaboration	(Macdonald/Shimokowa)	X				NMCC,MOH/CBoH, WHO,UNICEF
		Senior Mgt Finance Officer	Improved Admin/Fin Mgt	TBN, Health /Systems planning	X				
		BU Interns (12 person-months) and Peace Corps 3rd Year extendees	Outputs for specific projects	TBN		X	X		NMCC, PHO
		Organizational Development and Management consulting services	NMCC management systems revised; repositioned within MoH	Health Systems Planning		X			DCDM
	Support Information Management	Information Management Officer posted	Quarterly malaria reports produced	TBN, HMIS	X				NMCC/PHO
		Support to Sentinel Districts HMIS/surveillance systems continue	Reports received from Sentinel Districts	HMIS	X	X	X	X	NMCC/PHO
		Drug Logistics and Pharmacovigilance systems in place	Foundation for drugs management	M&E Team	X				
		ITN data-base updated	Foundation for managing national ITN Strategy	M&E Team	X	X	X	X	NMCC,MSH
		Disseminate repeat of baseline 10-district survey	Follow-up baseline report written and disseminated	M&E Team	X	X			NMCC. PHO
		NMCC Internet Connections maintained	Efficient use of ICT		X	X	X	X	NMCC, WHO, UNICEF

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Support NMCC and National RBM	Support communications IEC unit	Materials Development: Guidelines, Manual and pamphlet production	Malaria core element of HCP communications strategy. Guidelines	IMCI Team	X	X	X	X	NMCC, ZMF, HCP
	Facilitate Partnerships	Technical Theme Groups continue	Technical strategies developed/ implemented	IMCI Team	X	X	X	X	NMCC
	Facilitate Partnerships	Zambia Malaria Foundation supported	NGOs Identified and Engaged in RBM efforts	IMCI Team	X	X	X	X	ZMF
		HIV/AIDS networks linked to malaria activities	Malaria included in youth empowerment initiatives	HIV Team	X				HCP, Adolescent Health
		Ministry of Education collaboration continues	Schools-based program	IRH/HIV teams	X	X	X	X	MoE
		Commercial Agriculture/Mines partnerships established	Employer-based initiatives	Health Financing team					ZMF/NMCC
	Improve Staff Management capacity	Direct grant to NMCC	Well functioning NMCC with skills and capacity to manage vast scale-up of investment and activities		X				NMCC
	Support District and Province Planning	Link to DCI/Malaria Consortium; disseminate and support malaria addenda to District Health planning process	Malaria addenda to PHO/District Planning Guidelines produced and supported	Planning Team	X	X	X	X	PHO

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners	
Changeover from chloroquine to Artemisinin-based antimalarials	<i>In vivo</i> monitoring results	<i>In vivo</i> monitoring of ACT and SP continue in seven sites per year	Results available for evidenced base for drug policy	M&E Team		X			NMCC, TDR, UNZA, Macha	
	Link monitoring to regional systems	Cross-border workshops for improved communications with drug policy, clinical management and vector monitoring activities in neighbouring countries,	Broadened cross-border initiatives for monitoring chemotherapy and vector control	TBD			X		WHO, CDC	
Support NMCC and CBoH in implementing changeover	Support Information and logistics for drug management and pharmacovigilance	Link to CBoH and MSL logistics systems for essential drugs, TB and ARVs; hiring short-term staff to assist Clinical Specialist	Robust malaria drug delivery systems integrated with the overall Zambia Logistics Management	Drugs and Logistics team	X	X	X	X	MSH, PHO	
	STTA	Support information management related to drug logistics and information systems	A model system for ACT deployment functioning	TBN			X	X		
	Support Roll out of "malaria during pregnancy" package, especially IPT and ITNs	Support continued training and monitoring of IPT roll out		Abuja IPT targets achieved	Reproductive Health Team: HMIS; M&E	X	X	X	X	NMCC, PHO
		Support NMCC schemes for improved use of ITNs by pregnant women		Abuja ITN targets maintained and sustained in efficient and equitable manner	Reproductive Health Team; Health Financing	X	X	X	X	NetMark, SFH
	Link MiP to schools-based HIV/AIDS Programmes	Strategy meetings with MoE and USAID		Link to school health program	Reproductive Health Team	X		X		MoE, HCP
		Develop and implement changes in science and health curricula		Malaria in school curriculum	HIV Team		X	X		
Develop 'Malaria Clubs' in conjunction with HIV/AIDS school-based initiatives			Malaria, esp MIP part of after school health clubs	HIV Team		X	X			

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Support to NMCP's campaign against Malaria in Pregnancy	Incorporate Operations Research into policy and strategies for reducing the burden of Malaria during Pregnancy	Based on results of Ndola IPT in HIV+ women, reformulate IPT policy	Correct policy adjusted for HIV+ women	M&E Team			X		
		Disseminate OR results on attitudes and behavior related to taking medicines (esp SP) and tonics during pregnancy	Improved uptake of IPT	M&E Team		X			
		Link to ongoing OR for Coartem use in Pregnancy	Data on safety and efficacy of Coartem in Pregnancy	M&E Team	X				
Expansion of distribution of ITNs	Support ITN Policy development	Support to ITN working group to develop and promulgate national ITN policy	National Strategy maintained a	Health Systems Policy team	X				NMCC, HCP
	Coordinate ITN KAP and Coverage survey and dissemination	Disseminate results from nationwide Knowledge Attitude and Practice, and Coverage survey,	Data available for improving market segmentation appropriate use	M&E Team	X	X			NetMark, SFH, UNICEF, WHO, HCP

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Expansion of distribution of ITNs	Build Capacity for Integrated Vector Management (IVM) for(EHTs)	Provide pilot training for IVM for district-level EHTs	Training provided and District-level decision making, implementation and monitoring of vector control improved	Human Resources Team/ C-IMCI			X	X	WHO
		Support to Chainama Hills College, EHT Training course		Human Resources Team			X	X	
	Expand Employer-based schemes for ITNs	Develop data and advocacy materials for malaria impact in the agriculture and mining sectors	Number of employer-based schemes increased	M&E Team, Health Financing team	X	X	X		SFH, Netmark
	ITNs for PLWA	Channel free ITNs to NGOs working with home based care	Improved targeting of ITNs to People Living with AIDS	HIV Team	X	X	X	X	PEPFAR, UNICEF, ZMF
	STTA	Commercial Sector Impact and Policy	TA for above	TBN			X		
TA for reviewing/developing protocols for appropriate malaria case management	Support Community and home based management	Support OR for community drug effectiveness studies, compliance/cost effectiveness; incorporating evidence to strategy and training/supervision for CHWs and IMCI training	Evidence base, training and implementation for improved disease management in home and community	IMCI Team		X	X	X	
	Support Outpatient malaria management	Disseminate management of outpatient malaria study, revise strategy and content for training/supervision	Evidence base established, strategy and implementation for outpatient management improved	IMCI Team	X	X	X	X	KEMRI
	Support Management of severe malaria	Renew work on the quality assurance systems for improved management of severe malaria in district hospitals	Evidence base for improved management of severe malaria: reduction of case fatality rates			X	X		UNZA
	Support Diagnostic service expansion and QA	Support NMCC training for lab services and deployment of RDTs	Improved use of laboratory services; deployment and monitoring of RDTs	IMCI Team	X	X			
		Support strategy development and training for lab Quality Assurance	Improved QA for lab services and RDTs		X	X			TDRC
	Improved use of antimalarials in the private sector	Collaborate with other USAID projects, including anti-microbial resistance to improve use of antimalarials in the private sector	Improved use of antimalarials in private sector	M&E	X	X	X		MSH

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
	Clinical Management training at all levels	Collaboration for clinical management training at all levels – community, outpatient and in patient	Technical support for IMCI clinical management training	IMCI Team	X	X	X	X	PHO
	STTA	TA for Drugs and Clinical Management activities		TBN		X			

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Human resource Management									
HRH Planning and Management	Human Resource Information System and Training Information Monitoring System developed that provide regular information for HIV/AIDS, ART, PMTCT, VCT and MCH Planning and decision making	Hold meetings/workshops with MoH to Review the current national personnel database for gaps Review the current status of the training databases (in-service and pre-service training)	Status report on training and personnel information systems produced	HMIS Advisor	X				UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office
		Provide TA to develop/strengthen HRIS/TIMS and also to develop data collection tools/guidelines	HRIS/TIMS developed, tested and approved; data collection agreement and reporting tools printed		X	X			
		Provide TA to support integration of HRIS/TIMS: training, data collection and data in-put at MoH and PHO levels	HRIS/TIMS integrated and data collected			X	X	X	
	Revise the national 10-year human resource plan for supporting scaling -up of ART , PMTCT, VCT ,MCH in the private and public sectors	Work with MoH/CBoH to conduct a national human resource capacity assessment for the provision of ART, PMTCT, VCT and MCH services	National HR capacity assessment carried out Situation Analysis Report produced and disseminated		X	X			
		Consultancy for best prtices in HIV/AIDS HR planning Models	HR Planning model adopted	HIV/AIDS Team IRH Team MCH Team		X			
		Work with the MoH to develop 10-year projections for ART, PMTCT, VCT and MCH requirements	Projections report developed and disseminated			X			
HRH Planning and Management	Revise the national 10-year human resource plan for supporting scaling -up of ART , PMTCT, VCT ,MCH in the private and public sectors	Work with MoH/CBoH to revise and finalise the 10-year national human resource plan for ART, PMTCT, VCT, MCH scale-up using the existing HR reports	National 10-year HR plan for ART, PMTCT, VCT and MCH finalised	HIV/AIDS Team IRH Team MCH Team		X	X	UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office	
		Work with MoH to Cost the national human resource plan	National Human Resource plan costed				X		X
	Recruit, Motivate and Retain health care providers	Rightsize the human resource requirements for ART delivery in line with the HR plan	Percentage of ART delivery centres with			X	X	X	UNDP, DFID, RNE

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners	
		Develop incentive schemes for health providers	Delivery centres with adequate health care providers for the provision of HIV/AIDS,		X	X	X	X	UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office	
		Create career growth opportunity for ART health care providers including certification	ART, PMTCT and VCT services			X	X	X		
HRH Planning and Management	Promote private - public partnerships	Work with the MoH to develop guidelines on contracting out ART services to private providers	Guidelines developed and circulated for HIV/AIDS, SART, PMT and VCT services				X	X	UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office	
	Human emergency steering committee	Work with MoH to develop the country's HRH emergency strategic document	HRH emergency Strategic document developed		X	X	X	X	MoH, GNC, MCZ, Cabinet Office	
	Human emergency steering committee	Work with MoH to develop guidelines on career development in relation to provision of HIV/AIDS ART, PMTCT and VCT services	Guidelines developed and implemented for HIV/AIDS ART, PMTCT and VCT services		X	X	X	X	UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office	
		Provide TA to MoH to incorporate HIV/AIDS policy in the HR policy framework	HIV/AIDS HR policy incorporated and the HR policy framework disseminated	Policy Advisor	X	X	X			
	Human emergency steering committee	Provide TA to MoH to review job descriptions in line with added dimensions of HIV/AIDS ART, PMTCT and VCT services	Job descriptions revised with added dimensions of HIV/AIDS services		X	X	X			
		Provide TA to MoH to carry out attitude survey on job satisfaction in relation to provision of HIV/AIDS ART, PMTCT and VCT services	Survey results analyzed	Knowledge management team			X	X	X	
	National training plan for HIV/AIDS services developed for preservice training	Work with MOH to develop a baseline survey of training institutions	National training plan developed		X	X	X			
	Assessment of preservice programmes to produce graduates with knowledge and skills for the provision of HIV/AIDS services	Work with MOH to develop a baseline survey of training institutions capacity to produce graduates with HIV/AIDS, PMTCT and ART	National training plan for HIV/AIDS, PMTCT & ART developed		X	X	X		UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q	Q	Q	Q	Partners
					1	2	3	4	
HRH Pre-Service Training	National Training plan for pre service HIV/AIDS, PMTCT & ART training developed	Work with MOH to develop a baseline survey of faculty, insittutions and resources who have undergone HIV/AIDS, PMTCT & ART training	Training gaps of training institutions in HIV/AIDS, PMTCT & ART identified		X	X	X	X	
		Strengthen HIV/AIDS, PMTCT, ART knowledge and skills of faculty, institutions and resources of School of Medicine	Training gaps of training institutions in HIV/AIDS, PMTCT & ART identified and strengthened		X	X	X	X	
		Strengthen HIV/AIDS, PMTCT, ART knowledge and skills of faculty instructors of school of PBN	Training gaps of training institutions in HIV/AIDS, PMTCT & ART identified and stregthened			X	X	X	
HRH Pre-Service Training	National Training plan for pre service HIV/AIDS, PMTCT & ART training developed	Strengthen HIV/AIDS, PMTCT, ART knowledge and skills of faculty instructors of Schools of Nursing/Midwifery	Training gaps of training institutions in HIV/AIDS, PMTCT & ART identified and stregthened			X	X	X	UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office
		Strengthen HIV/AIDS, PMTCT, ART knowledge and skills of faculty instructors of School of Chainama College	Training gaps of training institutions with HIV/AIDS knowledge and skills strengthened			X	X	X	
	Establish educational steering committee to review HIV/AIDS , PMTCT & ART curriculum content in pre service training institutions	Work with MoH to Establish steering committee to review all pre-service curricula	Steering committee established			X			UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office
	Produce newly trained health professionals with competencies to deliver HIV/AIDS, PMTCT & ART services	Work with MoH statutory bodies and training institutions to strengthen and standardize curriculum for clinical professions	Curriculum strengthened			X			
		Pre service institutions to collaborate and develop a reference document for incorporating ART, PMTCT, VCT into training curricula	Revised curricula learning packages assessment tools printed and piloted			X	X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q	Q	Q	Q	Partners
					1	2	3	4	
		Incooperate ART, PMTCT, VCT into the curriculum of preservice health professionals training institutions	Percentage of health professions training institutions with ART, PMTCT, VCT integrated in the curriculum		X	X	X	X	
	Produce newly trained health professionals with competencies to deliver HIV/AIDS, PMTCT & ART services	Develop and disseminate ART, PMTCT, VCT reference materials for Training Institutions for use by students, lecturers and medical libraries	Percentage of Training Institutions with ART, PMTCT, VCT reference materials				X	X	
	HIV/AIDS, PMTCT and ART In-service training coordinated through National Coordinating Structure (NCS)	Work with MOH to undertake an inventory of existing in-service training programmes for HIV/AIDS, PMTCT and ART	Inventory of existing HIV/AIDS, PMTCT and ART in-service training programmes developed		X	X			UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office
Work with MOH to advocate for a structured system for delivery of HIV/AIDS, ART, PMTCT In service training (NCS)		National coordinating structure established		X	X				
Explore best practices of coordinating inservice training through a national coordinating structure					X	X	X		

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
HRH In- Service Training	HIV/AIDS, PMTCT and ART In-service training coordinated through National Coordinating Structure (NCS)	Hire a consultant to share information on best practices	National coordinating structure established			X			UNDP, DFID, RNE, JICA, World Bank, PHO, DHMTs, CBoH, MoH, GNC, MCZ, Cabinet Office
		Visit to regional and international model programs of national in service coordination structures					X	X	
	Provide all practising health professionals with competencies in ART delivery	Establish a Curriculum Strengthening Team (CST) to review, Chainama inservice training materials to incorporate HIV/AIDS, PMTCT, VCT & ART	CurriculumStrengthening Team Established		X	X			
		Work with the CST to strengthen the Chainama in service training program to address issues of ART, PMTCT, VCT services	Chainama in service training program strengthened		X	X	X		
		Work with MOH to Review the national ART, PMTCT and VCT training materials to ensure conformity with WHO guidelines and recommended procedures for ART, PMTCT and VCT delivery	National ART training materials updated			X	X	X	
		Hold a stakeholder meeting to plan for the finalisation of criteria for certification of providers and ART	MoH/CBoH plan of action reflects plan for certification of ART		X				
		Finalise and disseminate criteria and checklist for certification of providers and ART delivery centres	Certification criteria finalised and disseminated			X	X	X	
	Identifying best practices of HIV/AIDS, PMTCT VCT & ART non group based in service training approaches	Work with MOH to review existing HIV/AIDS, PMTCT, ART training approaches to identify gaps of addressing non group based training approach	Training approaches gaps identified				X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
HKH III- Service Training	Strengthening of post training supportive supervision for HIV/AIDS, PMTCT, VCT & ART health professionals	Work with MOH & Service delivery components to develop performance standards for HIV/AIDS, PMTCT, VCT & ART service provision	performance standards for HIV/AIDS, PMTCT, VCT & ART service provision developed			X	X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Health Systems									
Policy									
Implementation Structure	Technical Committee to develop policy implementation, M&E mechanisms established	Assist in establishing composition of Technical and support its work	Technical Committee established and operational	Reproductive Health Team	X				Reproductive Health Specialist, Multisectoral HIV/AIDS (SO9), NFNC, MoH/CBoH, NMCC, NAC, ZNAN
		Reconfirm status of health policies in HIV/AIDS, MCH, IRH, malaria and nutrition	List of policies in the areas HIV/AIDS, MCH, IRH, malaria and nutrition		X	X			
		Suggest mechanisms to accelerate implementation of lagging policies in HIV/AIDS, MCH, IRH, malaria and nutrition	Set of recommendations for accelerating implementation of policies		X	X			
Health legislation	Legislation in HIV/AIDS, MCH, IRH, malaria, nutrition reviewed	Support the establishment of an inventory of legislation in HIV/AIDS, MCH, IRH, malaria and nutrition	Verifiable inventory of legislation in HIV/AIDS, MCH, IRH, malaria and nutrition	NMCC, NFNC	X	X			MoH/CBoH, MoJ, Parliament
		Support formation of a Legislation Technical Committee for HIV/AIDS, MCH, IRH, malaria and nutrition	Operational Technical Committee on review of health legislation in HIV/AIDS, MCH, IRH, malaria and nutrition		X	X			
		Facilitate review of legislation in HIV/AIDS, MCH, IRH, malaria and nutrition	Key legislation in HIV/AIDS, MCH, IRH, malaria and nutrition reviewed		X	X	X	X	
		Support submission of reviewed legislation to MoH Cabinet Liaison Committee and finally to Cabinet for approval	Reviewed legislation in HIV/AIDS, MCH, IRH, malaria and nutrition submitted to Cabinet for approval		X	X	X	X	
Policy Approval	Key health sector policies, including HIV/AIDS, approved by Cabinet	Facilitate submission of key health sector policies, including HIV/AIDS, to MoH Cabinet Liaison Committee and Cabinet for consideration and approval	Number of health sector policies, including HIV/AIDS, submitted to and approved by Cabinet	Health Care Financing Team, Reproductive Health Team	X	X	X	X	MoH/CBoH, PAC

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Policy Monitoring and Tools	Regular process for monitoring status of pending policies in HIV/AIDS, MCH, IRH, malaria and nutrition established	Support formulation of guidelines and indicators for M&E of the implementation of health policies in HIV/AIDS, MCH, IRH, malaria	Verifiable guidelines and indicators for M&E of implementation of health sector policy decisions	HMIS	X	X	X	X	MoH/CBoH, CSO
		Provide TA to M & E of status of pending policies in HIV/AIDS, MCH, IRH, malaria and nutrition	Number of health policies in HIV/AIDS, MCH, IRH, malaria and nutrition benefiting from TA		X	X	X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Health Systems Planning									
Health Services Planning	HIV/AIDS services reflected in the new NHSP for 2006 -2010	Drafting of 2006 -2010 NHSP HIV/AIDS chapter	NHSP chapter for HIV/AIDS developed	HMIS, Policy,			X		MoFNP, MoH/CBoHDCI/NM CC, TIs, GNC, MCZ
	Guidance for multi year planning in HIV/AIDS for districts/hospitals developed	Support MoH/CBoH to review 5 current planning guidelines for health boards & TIs to incorporate multi year HIV/AIDS services planning and coordination	Guidelines for HIV/AIDS services planning incorporated in 5 planning guidelines	HMIS, Policy				X	MoH/CBoH, Multi-sectoral, TIs, GNC, MCZ
		Support the printing & dissemination of revised planning guidelines	Guidelines printed & disseminated						
		Work with MoH/PHOs to prepare for the launch of planning & review of medium-term plans each year to ensure	% of district/hospital plans reflecting plans for HIV/AIDS services.	HMIS, Policy		X			MoH/CBoH, SHARE TIs, GNC, MCZ
Quality Improvement	HIV/AIDS and ART become part of the system for monitoring & reporting performance	Support the review of current PA tools & Contracts for health boards to incorporate monitoring for ART, PMTC & VCT	PA tools & Contracts reflecting aspects of ART, PMTC, & VCT	HMIS, Policy			X		MoH/CBoH
		Print and disseminate revised PA tools & Contracts	Contracts for and PA tools revised & disseminated				X		
Quality Improvement		Work with MoH/CBoH to develop reporting format for monitoring the implementation of Action Plans with special emphasis to ART, PMTC & VCT.	Reporting format developed and disseminated to relevant levels.					X	PHOs, DHMTs, Multi-sectoral HIV/AIDS
	NDP Draft workplan, for efficient procurement and management of ARVs and other commodities, finalised	Facilitate the quarterly NDPSC meeting	Quarterly meetings held	Policy Advisor	X	X	X	X	MoH, MoFED, MCD&SS, P&PB, PSZ, MoS&T, MoEd,
		Provide TA to drafting of workplan	Workplan developed	Policy Advisor	X	X			MoJ, UNZA School of Medicine, ZCA, Association of

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
National Drug Policy	Monitoring indicators developed, and monitoring of implementation process undertaken by NDPSC	Provide TA to drafting of monitoring indicators and the monitoring process	Number of reports submitted by implementing institutions	Policy Advisor		X	X	X	Manufacturers, CboH, Sida and other CPs
	Legislation to create a national Pharmaceutical Regulatory Authority facilitated for effective registration/regulation of ARVs	Facilitate legislation to create a national Pharmaceutical Regulatory Authority	Legislation enacted	Policy Advisor		X	X		
	DSA properly structured, adopted, and capitalized for optimal financing of HIV/AIDS related medicines	Continue supporting CboH/MoH with other CPs to design and implement the DSA under SWAp	DSA fully functional		X	X	X	X	
	Improved staffing levels; pharmaceutical/logistics personnel at all levels	Work with the MOH/CBoH to advocate for contract extensions of current performing foreign professionals	Number of current foreign national retained	HR team	X	X			
	Dialogue for pre-service training with UNZA, Evelyn Hone, GNC, Lab Tech Institute, Dental School and Chainama College for inclusion of LMS in curricula	LMS institutionized in TI's curricula Ratio pharmaceutical professionals against other health professionals trained		HR team	X	X	X	X	
	CboH/MoH efforts to contain antimicrobial resistance to ARVs supported	Support the advocacy and coalition-building process with other stake holders	Number of meetings held		X	X	X	X	GRZ, Private Sector, NGOs, Media, CPs
		Support the process for the operationalization of Pharmacovigilance Centre (for adverse drug monitoring) and link it to ART program	Pharmacovigilance Centre established and functional		X	X	X	X	NMCC, ART, TB Programs

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Coordination	Improved clear operational roles between CboH/MoH and MSL and establishment of a functional LMIS system at central level for ARVs	Initiate dialogue with Crown Agents, through CboH, for resumption of regular management meetings between MSL/CboH/MoH	Number of management meetings held	HMIS Advisor, Health Finance Advisor, Planning Advisor, IRH, MCH, NMCC	X	X	X	X	MSL, CboH, MoH, (UNICEF, DfID, JICA, WHO, Netherlands)
		Support the revision of reporting procedures/format of LMIS data by MSL to MoH/CBoH for ARVs	MSL logistics reporting forms reviewed Number of LMIS reports submitted to CboH/MoH by MSL MSL logistics reporting		X	X	X	X	
		Continue working stakeholders (including private sector) to integrate ART into the National LMIS monitoring framework	Number of ART sub-programs integrated into national LMIS by May 2005	IRH, MCH, NMCC, ART and TB programs			X	X	Above + Private sector
		Form working committee	Committee formed (Consultancy)	IRH, MCH, NMCC	X				
Tracer ARVs, OIs and other essential medicines for effective monitoring of Zambian LMIS identified and adopted	Stakeholder mapping	Stakeholder identified			X				
	Preliminary meetings of Working Committee for roadmap and preparation of background paper (Consultant)	Road map and background paper prepared			X	X			
	Distribution of background document to stakeholder	Background paper distributed				X			
	Hold consensus building meeting of stakeholders and give support in identifying essential drugs for Zambia	Meeting held				X			
	Documentation of consensus Meeting (Consultant)	Report on Consensus building workshop				X			
	Printing of document	3000 documents printed and distributed				X			

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners	
Logistics Management		Distribution of document to all stakeholders	Number of stakeholders received Document			X				
	Staff capacity in ARVs management and monitoring strengthened Planning Guidelines revised	Support capacity of CboH/MoH and PHOs, to resolving of emerging logistics issues at peripheral levels concerning ARVs	Proportion of emerging specific problems resolved per quarter	HR Team				X	X	
		Support CBoH/MoH use of LMIS data for pipeline monitoring and informed decision making to improve the logistics supply chain	Number of decisions made based on LMIS data Number of feedback reports to peripheral levels based on LMIS data					X	X	
		Support CBoH/MoH to review and up-date STGs, ZNF and EDL (to promote rational drug use), and disseminate documents	Guidelines updated and disseminated to improve adherence to treatment	Zambia National Formulary Committee			X	X	X	
		Support the review of HMIS to include LMS indicators for ARVs	LMS indicators integrated into HMIS	HMIS Advisor	X					
		Printing and distribution of developed LMS/DILSAT training manuals	Number of manuals printed and number of HF's received manuals			X				
		Revision of Stores, Quantification Manuals and other monitoring and reporting tools	Revised Stores/Quantification Manuals				X	X		

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q	Q	Q	Q	Partners
					1	2	3	4	
		Printing of the manuals	Number of manuals printed				X		
		Distribution of manuals	Number of facilities who have received manuals				X		
		Support the Revision of Planning Guidelines	Revised Planning Guidelines	Planning Advisor		X			
	PHO Strengthened	Team support to PHO	Number of Reports from PHO	Systems Team		X	X	X	
Quality Improvement	DILSAT tool used for quality improvement of logistics systems for ARVs	Build capacity in PHO focal persons for assessment of logistics systems at peripheral levels using DILSAT	Number of times per quarter DILSAT is applied during PA & TS visits	Planning Advisor		X	X	X	CboH, MoH, DFiD

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Health Management Information Systems (HMIS)									
HMIS	ART Information substructure functional in all sites offering ART	Support post-implementation review of the ART Info Sys in levels 2 and 3 hospitals	Tools revised and printed for 10 hospitals		X				CRS, CHA, CiRDZ
		Identify a local Software company to provide periodic backup support to the HMIS program	Company selected		X				CDC – Zambia, PHRplus
		Develop an electronic patient management system	Software deplored in at least levels 2 and 3 (about 22 SDPs)			X			CDC - Zambia,PHRplus
		Support the integration of ART info sys into the training curricula for ART	Number of staff members trained in ARTIS and clinical aspects in the same session		X				JHPIEGO, CDC
		Support the training of Level 1 hospitals, in ART Info System	At least 200 health worker trained in ARTIS; ARTIS functional in at least 30 government hospitals providing ART		X				JHPIEGO, CDC, CRS/CHAZ
		Provide support to the training of Private Facilities in ART Info System	ARTIS functional in all public hospitals providing ART				X		JHPIEGO,Medical Council of Zambia
		Initiate the revision of the HMIS Database to include ART data elements	HMIS program revised to Ver 3 0			X			CRS, CHAZ, CiRDZ
	ART Information substructure functional in all sites offering ART	Production of an ART chapter of the HMIS Statistical Bulletin	2000 copies of the 2004 HMIS Bulletin disseminated		X			CRS, CHAZ, CiRDZ	
	PMTCT and VCT reported as part of the HMIS	Undertake an inventory of the existing PMTCT and VCT indicator basket	Indicator list for PMTCT and VCT compiled				X	AED Linkage, CDC, CiRDZ, ZCS, MSH	
		Agree on the minimum data requirements for routine reporting at different levels	PMTCT and VCT national indicators included to the HMIS indicator list				X		

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
HMIS		Revise the existing HMIS data collection and reporting tools to integrate VCT and PMTCT	Data collection, aggregation and reporting tools printed					X	
	Tuberculosis data fully integrated in the HMIS	Review gaps between the parallel reporting structure and the HMIS reports	List of mismatched data elements				X		CDC
		Reach consensus on the inclusions/exclusions of data elements	Final list of data elements to be included in the mainstream HMIS				X		
		Revise the existing HMIS data collection and reporting tools to cater for the changes to the TB reports	Data collection, aggregation and reporting tools printed					X	CDC, ZCS

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Health Financing									
ART Financing	Financial Flows to health sector analyzed	Work with MOH to monitor flows to health sector using tools such as the JIP, NHA	Report written on financial flows	Health Financing Advisor, DCOP Tech Sys; Sector Planner; Assistant Planner, SWAP Specialist; PHO Advisor,	X	X	X	X	HSSP, CBOH, MOH, SWAP Cooperating Partners, UNZA, MCDSS-PWAS; Danish Embassy, DANIDA
		Support MOH in coordinating flow of funds from various sources such as PEPFAR, Global Fund, HIPC	Comprehensive resource envelope including all sources of funding compiled		X	X	X	X	
		Work with MOH in monitoring HIPC completion point and subsequent GRZ resource allocations to districts	Process of reaching HIPC completion point documented		X	X	X	X	
		Work with MOH in conducting financial analysis of ART requirements	Monitor impact of meeting HIPC = Find evidence of increased GRZ funding to district of up to 80%		X	X	X	X	
		Work with MOH in identifying gaps and advise accordingly	Report of the financial analysis done		X	X	X	X	
		Support MOH in monitoring flows of ARV from the Public to Private sector	Report showing gap and meeting held to advise government accordingly		X	X	X	X	
		Work with MOH/MOFNP in developing systems for mobilizing and reporting local finances such as the 1% tax on personal bank account cost sharing of ARV	System for capturing data put in place		X	X	X	X	
		Work with MOH to establish exemption committees at all ART facilities	Percentage of clients exempted from cost sharing on ART		X	X	X	X	
		Work with MOH in scaling up of Exemption mechanisms	Number of ART facilities using PWAS Exemption Matrix		X	X	X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Cost Sharing of ART	Exemptions for ART clients becomes part of the routine reporting system	Work with MOH in integrating ART exemptions in HMIS	95-100% of poor ART clients exempted		X	X	X	X	
			(20% of all ART clients)		X	X	X	X	
		Work with MOH in strengthening systems for reporting ART cost sharing funds	Number of facility reporting to the Center about ART Cost Sharing funds		X	X	X	X	
ART Social Security Scheme	Equitable access to ART for the vulnerable	Work with CBOH and MOH in designing a study of social security schemes for ART clients	Study designed and documented	Health Financing Advisor, DCOP Tech Sys; Sector Planner; Assistant Planner, SWAP Specialist; PHO Advisor,	X	X			HSSP, CBOH, MOH, SWAP Cooperating Partners, UNZA, MCDSS-PWAS; Danish Embassy, DANIDA
		Work with MOH to evaluate existing framework for ARV provision in both the private and public sectors	Report drafted on prevailing practices		X	X	X	X	
		Work with MOH to do a desk review of all program as part of literature review to the study	Report of the Literature review		X	X			
		Support MOH in developing government policy on social security schemes	Policy document developed		X	X	X	X	
		Work with MOH and MCDSS in developing a framework for social security schemes for both private and public sectors	Report of the framework		X	X	X	X	
		Support MOH, MCDSS, PHO and NGOs to implement the social security schemes	Number of districts implementing the social security schemes		X	X	X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners		
Health Research											
Building research capacity in the MoH / CBoH	NHA Sub-Analysis Output utilized in decision making	Disseminate NHA Sub analysis output	Number of districts using NHA sub-analysis outputs		X	X	X	X	CBoH, MoH, SWAP CPs, NHA Core person		
	Use of NHA Findings in Planning at district level	Reproduce and Disseminate report to all districts	Number of districts utilizing NHA output		X	X	X	X			
	Monitoring & Evaluation by the Centre	Monitor use of NHA Output at district level	Number of districts monitored		X	X	X	X			
	Research Policy document considered and approved by Cabinet	Submit to MoH Cabinet Liaison committee and finally to Cabinet for consideration and approval	Updated research policy adopted and approved			X	X	X	MoH, CBoH		
	Strengthening the MoH /CBoH Directorates Health Policy and Public Health and Research	Provision of TA to the MoH / CBoH Directorates of Health Policy and Public Health and Research on mechanisms for coordinating health research at all levels	Guidelines for coordinating health research at the central level developed and strengthened		X	X	X	X	MoH, MoH NHRAC & NHRTC, CBoH, BU, WHO		
				Research gaps identified	X	X					
				Conduct the National Health Research Conference and review the National Health Research Priorities and Recommendation for Action	Conference Proceedings and recommendations compiled		X	X		X	
				National Health Research priorities reviewed		X	X	X			
	Provide support to the NHRAC &NHRTC activities	Operational guidelines developed		X	X	X	X				
	Supporting the strengthening the research knowledge and skills in national health research institutions	Increased capacity for building research knowledge and skills in research and health training institution	Providing TA in reviewing the MPH curriculum at the department of community medicine, school of medicine, UNZA	Curriculum review process initiated		X	X	X	MoH, MoH NHRAC & NHRTC, UNZA, CSO, TDRC, BU		
CSO Secondary Data Analysis Program for UNZA MPH introduced					X	X	X				
Improve the health research infrastructure for effective utilization of research outcomes		Strengthening the MoH-CBoH resource centre	MoH-CBoH fully functional		X	X	X	X			
			Setting up of the CSO dataset resource center for secondary data analysis	CSO Dataset Resource Centre set up and fully functional		X	X	X		X	
Supporting the program identify and conduct research in high priority areas	Providing TA in identifying researchable questions in high research priority areas	Reviewing and analyzing existing data to identify trends and gaps in the health service delivery	Baseline indicators identified	Other Project Components	X	X	X	X	MoH, NHRAC & NHRTC		

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q 1	Q 2	Q 3	Q 4	Partners
Monitoring and Evaluation									
Strengthening M&E capacity within project	Coordination of program M&E Activities	Finalize Development of M&E Plan	M&E plan finalized	Contact persons to be identified in each technical team	X				S 09 partners, MoH, CBoH, PHOs and DHMT
		Consolidate performance monitoring indicators	Performance monitoring indicators finalized		X	X			
		Develop an interactive M&E data base	M&E data base developed		X	X	X	X	
		Collect and review secondary data and determine gaps on baseline data available	Secondary data reviewed and report developed on the information gaps		X	X	X	X	
		Write program briefs/update	Program briefs written		X	X	X	X	

Technical Area	Milestones	Tasks/Activities	Indicators	Group Synergies	Q	Q	Q	Q	Partners
					1	2	3	4	
Documentation and dissemination of project information	Support teams in Reviews and Data analysis	Conduct program M&E appreciation/consensus building	Consensus built on the M&E approach	Contact persons to be identified in each technical team	X	X	X	X	S 09 partners, MoH, CBoH, PHOs and DHMT
		Identify and prioritize relevant data	Relevant data identified and prioritized		X	X	X	X	
		Review data and provide feedback	Feedback on data analysis given to teams		X	X	X	X	
	Tracking Progress and results achieved	Develop program reporting formats and schedules.	Program reporting formats and schedules developed		X	X	X	X	
		Collect and Synthesize reports from technical teams	Reports collected and synthesized		X	X	X	X	
		Support analysis of Program Data and Provide Feedback on Trends	Data analyzed and feedback on trends given		X	X	X	X	
Collaboration with partners to strengthen program M&E	Coordinate Quarterly Review Meetings and Reporting	Support use of Information for Program Management and Policy Development	Disseminate emerging trends and results	Contact persons to be identified in each technical team		X		X	S 09 partners, MoH, CBoH, PHOs and DHMT
		Support identification of researchable areas and			X	X	X		
		Conduct surveys and Routine Research; baseline: Develop plan to conduct a baseline assessment	Plan for conducting a baseline assessment developed and shared.		X	X			
	Coordinate Quarterly Review Meetings and Reporting		Develop of data collection tools for the baseline survey.		X	X			
		Disseminate Key Results , Lessons Learnt and success stories	Coordination of information sharing within the program and with		X	X	X	X	
	Participate in other M&E forums and share experiences with the program teams	Liaise with other partners in Implementation of M&E Activities			X	X	X	X	
		Participate in M&E forums among	Reports on participation in		X	X	X	X	
		Harmonize Systems and tools and Indicators with other partners	M&E tools and indicators harmonized		X	X	X	X	