

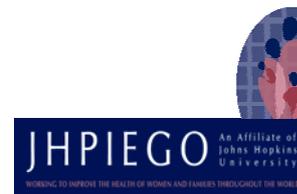


HEALTH SERVICES AND SYSTEMS PROGRAM

Year 1 Quarter 1 Report

October 1st 2004 to December 31st 2004

Submitted by:
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Cooperative Agreement # 690-A-00-04-00153-00



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February 2005

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CARE	Cooperative for Assistance and Relief Everywhere
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
CTO	Cognizant Technical Officer
DANIDA	Danish International Development Agency
DfID	Department for International Development
DHMT	District Health Management Team
DILSAT	District Integrated Logistics Self Assessment Tool
EPI	Expanded Program of Immunization
FAMS	Financial and Administrative Management Systems
FP	Family Planning
GAIN	Global Alliance for Improved Nutrition
GAVI	General Agreement on Vaccines Initiative
GNC	General Nursing Council
GRZ	Government of the Republic of Zambia
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
ITGs	Integrated Technical Guidelines
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
JHPIEGO	John Hopkins Program for International Education in Gynecology and Obstetrics
JICA	Japan International Cooperation Agency
LMIS	Logistics Management Information Systems
M&E	Monitoring and Evaluation
MOFED	Ministry of Finance and Economic Development
MoH	Ministry of Health
MSL	Medical Stores Limited
NAC	National AIDS Council
NDP	National Drug Policy
NDPSC	National Drug Policy Steering Committee
NFNC	National Food and Nutrition Council
NGO	Non Governmental Organization
NIDs	National Immunisation Days
NMCC	National Malaria Control Centre
OPV	Oral Polio Vaccine
PA	Performance Assessment
PAC	Post Abortion Care
PWAS	Public Welfare Assistance Scheme
PHO	Provincial Health Office
PLHA	People Living with HIV/AIDS

PPAZ	Planned Parenthood Association of Zambia
QA	Quality Assurance
RBM	Roll Back Malaria
SIDA	Swedish International Development Organization
SP	Sulfadoxine/Pyrimethamine
SPA	Sectoral Program Assistance
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TI	Training Institutions
TOT	Training of Trainers
UN	United Nations
UNAIDS	United Nations AIDS Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
ZHABS	Zambia HIV/AIDS Business Sector project
ZNA	Zambia Nurses Association
ZNBC	Zambia National Broadcasting Corporation
ZWRASM	Zambia White Ribbon Alliance for Safe Motherhood

1 Introduction

The Health Services and Systems Strengthening Program's (HSSP) mandate is to support the Ministry of Health to improve quality, and access to key child and maternal health services, and strengthening health systems through provision of technical assistance. HSSP works mainly at national and provincial levels to support the health sector to strengthen systems, expand coverage, and improve quality of health services. The program spans from 2004 to 2010. The overall goal is to contribute to improvement of the health status of Zambians.

The following are the priority areas of focus:

Child Health and Nutrition-Support to the MOH to reduce child morbidity/ mortality and HIV/AIDS prevalence through: Health facility and Community Integrated Management of Childhood Illnesses(IMCI), Expanded Program on Immunization (EPI), General Nutrition, Fortification and Supplementation.

Reproductive Health- Support the MOH to reduce maternal mortality through Family Planning, Safe Motherhood, Adolescent Reproductive Health, and STIs prevention and treatment.

Malaria- Support the MOH to reduce morbidity and mortality due to malaria, especially among children under five years and pregnant women, through prevention, control and improved case management.

Health Systems- Support the MOH to strengthen health systems for delivery of health services. HSSP focuses on the following systems:

Human Resource Management
Policy Development and Management
Health Systems Planning
Drugs and Logistics
Health Management Information Systems
Health Financing
HIV/AIDS Coordination

Knowledge Management- Support the MOH to develop and implement evidence based health policies and programs through research.

HSSP is designed based on the USG/USAID Strategic Objective 07 i.e. improved health status of Zambians.

The program expects to deliver the following results:

Intermediate Result (IR) 7.2: Achievement and maintenance of high coverage for key health interventions.

- **Increased district capacity to scale up** priority Child Health and Nutrition (CHN) and Reproductive Health (RH) services.
- **Increased district capacity to integrate** priority MCH and RH services

IR 7.3 Health systems strengthened

- Improved quality of MCH and RH services
- Increased capacity of national institutions and partnerships to achieve HR and health sector objectives for priority MCH, and HIV/AIDS services

This report covers the period from September 1 2004 to December 31 2004. In the **Introduction** the report provides an overview of the program and the overall implementation approach. The **Narratives** section provides the reader with information on the accomplishments during the reporting period, challenges faced and the implications, including eventual modifications to implementation.

The **Tables** section has been designed to show progression towards achieving the annual milestones. Activities actually implemented against those planned are outlined, with a comments column to help provide some explanatory information.

2 Service Delivery

The period under review was characterized by planning and initiating necessary introductions at the MOH, CBOH, and provincial levels. Efforts were also concentrated on formation of teams, and planning strategically for the long term and developing the annual work plan.

2.1 Increased district capacity to scale up priority MCH and RH services

A. Accomplishments

During the period under review, support was provided to two meetings held by MOH/CBOH and other stake holders to develop the child health policy. The result is a draft 0 child health policy. More meetings aimed at finalizing the policy have been planned in the next quarter.

The NFNC/CBOH also met to prepare for development of the NFNC strategic plan. However, development of the plan has been moved to the next quarter because more consultations with many other stakeholders are needed.

Fortification

In 2004, Zambia submitted a proposal to the Global Alliance for Improved Nutrition (GAIN) to assist the country with fortification of mealie (maize) meal. The proposal has been given conditional approval i.e., subject to the country developing mandatory legislation for fortification. The process of assisting the NFNC to develop mandatory legislation on fortification has since begun. The Fortification Task Force met to review comments from the GAIN Foundation and responded to a number of queries. The group agreed that mandatory legislation was not going to work well because most millers lacked the equipment and funds to modify production, despite their willingness to fortify their product.

Feasibility studies on whether the foods can be fortified will have to be undertaken. TA to conduct the studies has already been identified. The feasibility study has been scheduled for the second quarter.

Facility IMCI

34 out of 72 districts in the country have been implementing IMCI. Part of the program's is to ensure that PHOs and DHMTs make IMCI a regular part of their plans in all districts. The program has therefore advocated for inclusion of IMCI in the child health technical working group, ensuring that that roles and responsibilities of the MOH and child health unit are clearly defined. The result is better articulation of IMCI issues in the technical working group.

TA was also provided to 2 PHOs- Lusaka and Eastern provinces through orientation to IMCI training guidelines. In the eastern province, Chipata and Petauke districts were visited, being IMCI-implementing and non-IMCI implementing districts respectively. The orientation visits were successful in stimulating enthusiasm by the PHO to support and supervise IMCI activities.

A 6- day IMCI abridged course was supported by the project to build capacity of PHOs, DHMTs and training institutions to implement and provide technical support for IMCI. 15 participants were trained. Among them were 9 nurse tutors, 1 nurse from the GNC and 5 medical doctors. These are expected to provide onsite technical support to IMCI in their institutions.

The process of standardizing the teaching of IMCI in training institutions through the GNC, MCZ, UNZA and Chainama was started by the human resources team. This work is ongoing.

Community IMCI

Introducing and expanding community IMCI was commenced through holding of a workshop at which, consensus was reached on who leads implementation of C- IMCI. C-IMCI implementation was previously limited by non- availability of designate staff at MOH/CBOH. The C- IMCI technical working group has now been reconstituted and terms of reference for the group developed.

During the quarter TA was provided for the following activities:

- Finalization of the national C- IMCI strategic plan. The final draft of the plan is ready. A meeting is planned in January 2005 to get input from stakeholders and finalize the document. The Strategic Plan will guide implementation of C- IMCI
- Development of the child health communication strategy. For a long time communication on child health has lacked support. The quarter under review saw the development of a draft document. A workshop to agree on the plan has been planned for the 2nd quarter.
- Community Health Worker training materials were updated to include the key family practices.

EPI

The following activities were conducted under this intervention:

- Support supervision was conducted for the 10 RED Strategy implementing districts to assist the districts with planning for better implementation of the strategy. Half the districts were already on track and the other were given recommendations to strengthen the weaknesses identified.
- HMIS and disease surveillance data reports were reviewed to identify districts with low immunization coverage by antigen and to check for any increased disease especially as it related to measles in order to provide focused technical assistance to improve performance.
- Terms of reference for the review of the country EPI program were developed and agreed upon by the stakeholders. The objective of the review is to identify critical issues of the EPI program so that these could be addressed in the subsequent strategic plan 2006-2010.
- Three workshops for all PHOs and 72 districts in the country were successfully held with to orient them to newly introduced Pentavalent vaccine and injection safety practices. The orientation followed the cascade model where the DHMTS would orient their facility staff.
- Support was given to the ICC in form of documentation and technical write ups on EPI. The ICC used this information to advocate for government to contribute to procurement of vaccines in line with the

Vaccine Independent Initiative. Govt increased funding from ZK 200 million in 2003 for traditional vaccines to approximately ZK 373 million towards the end of 2004.

Safe Motherhood

A desk review of research on why most women deliver at home was conducted in order to identify interventions that may encourage women to deliver in health institutions. The report showed that studies conducted so far were not representative country wide, and some key information was missing. Further research will be pursued in the next quarter.

Support was also provided to CBOH to prepare an addendum requested by the Minister of Health to the road map for the reduction of maternal mortality. The document includes 4 critical areas of human resource, logistics, equipment and supplies, and the community. The document was completed and waits costing.

The country is in the process of adapting the Maternal Death Review initiative. HSSP supported development of tools for use to collect data on maternal deaths. These tools have since been circulated for comments. They will be finalised in the next quarter.

The PAC Task force developed a plan of action to scale-up PAC activities to all districts. Lusaka was the first province to be selected for expansion. The Task Force has begun to work to ensure availability of equipment and supplies required for this expansion. An itemized list of equipment for procurement was prepared and submitted to the CBOH procurement unit. In the meantime, CHAZ has provided their equipment for use in the service sites.

Sexually Transmitted Infections

Visits were made to UTH, Chainama, and George clinics in Lusaka to assess implementation of male circumcision services in order to assess support needed to scale up the intervention as an entry point to the introduction of male reproductive health services. Although UTH and George clinics were providing the service, they were facing a shortage of surgical consumables. Chainama clinic had no trained health worker in male circumcision.

Sexually Transmitted Infections

HSSP support to male circumcision as an entry point to male reproductive health services will need to concentrate on sourcing extra resources to support the existing and open new intervention sites.

B. Challenges

Child health Policy

The process of policy development is slow because it was difficult to get MOH/CBOH staff together. The uncertainty surrounding staff roles in the CBOH/MOH after the restructuring process has affected their motivation.

Fortification

Even though the millers are agreeable to fortification of mealie meal, they do not have resources to modify their production. This fact will delay introduction of the mandatory legislation of maize meal.

IMCI

Limited ownership of programs by the MOH/CBOH counterparts may negatively affect coordination of activities and progress thereof. Lack of feedback on the draft C-IMCI strategic plan and the community health worker training materials may delay finalization.

Despite the enthusiasm shown by the PHOs to support and supervise IMCI related activities in Eastern and Lusaka provinces, the problem of actual implementation at community level still remains, given the high turnover of volunteers and shortage of health workers in the facilities.

The concept paper for Health/Positive Deviance proposal has not received feedback from Save the Children and as such, will take long to finalize.

The shift of accurate record keeping for the RED strategy from facility to community deprives the facility of information for decision making.

Safe motherhood

Although the list of equipment for PAC was submitted to the CBOH procurement unit, the procurement has been outstanding for long. This may affect the scale-up of PAC services.

Sexually transmitted infections

There are few trained providers of male circumcision. Surgical equipment for the procedure is also in short supply.

C. Implications

EPI

While the RED strategy has placed emphasis on community involvement in keeping records on immunization status of children, there may be need to provide additional resources to provide for transport for the community members to conduct defaulter tracing.

D. Modifications

Fortification

HSSP will concentrate on helping the milling industry to look for resources to enable the millers adjust their production to meal fortification.

EPI

The PHOs and DHMTs have been oriented to new vaccines, but these are not yet in the country. This time lapse between the orientation and use of the vaccines in the field may necessitate additional orientation. This will require extra funding.

Malaria

A. Accomplishments

Over the last several years the National Malaria Control Center has received a lot of support from Global initiatives like the Global Fund, roll Back Malaria to fight malaria. This has called for its expansion in role and size to be able to carry out its mandate. HSSP support is directed at building the capacity of NMCC for its expanded role.

In the area of management support, 3 additional staff have been placed at the NMCC; a Resident Advisor, a program manager and senior management Finance Officer. The placement of a finance manager will now free NMCC technical officers from handling finances to concentrate on technical issues.

The ITN database was updated and is now functional. Through the roll-out of “malaria in pregnancy”, distribution of ITNs to pregnant women can be tracked. In the last quarter the database shows that 294,000 ITNs were distributed in 2004. ITN guidelines were developed and stipulate different types of distribution mechanisms and target groups.

The drug policy change from Chloroquine to Coartem needs close monitoring to ensure the availability of Coartem and monitor clinical efficacy of the new drug. Coartem was finally rolled out to all the 72 districts. A meeting to disseminate results of the 2004 in vivo monitoring of drug efficacy was successfully held. From all the 7 monitoring districts, results of clinical efficacy for Fansidar, Coartem and the combination of Fansidar and Artemisinin were good.

Another meeting was held to disseminate findings on the management of outpatient malaria. The study provided data on the quality of management of children seen as outpatients with malaria. Arising from the findings, the strategy and content for training and supervision were revised. Participants to the meeting included training institutions, DHMTs and the CBOH.

C. Challenges

There has been minimal improvement in the HMIS/surveillance system due to shortage of staff at NMCC.

Linking malaria to HIV/AIDS so that organizations take it up and include it in their programs will require a lot of effort.

Although Coartem has been rolled out to all the 72 districts, monitoring of drug logistics will be difficult because of lack of staff at NMCC to monitor logistics.

2.2 Increased district capacity to integrate priority MCH, HR and HIV/AIDS services

A. Accomplishments

Supplementation

HSSP and partners conducted supportive supervision of the quarters' CHW activities. Districts that had low coverage during the previous CHW were selected for more focused TA during the CHW. These included districts implementing the RED strategy. Districts visited included, Zambezi, Chavuma, Mazabuka, Siavonga, Lundazi, Nakonde, Sesheke, Nyimba, Petauke, Chama, Lusaka, Chipata. Some of the findings of the support visits are as follows:

- There is late delivery of supplies for CHW, IEC materials included
- There is generally low publicity for the event
- Some districts faced manpower shortages as they did not recruit enough volunteers.
- Implementation of RED strategy activities is not integrated with other child health activities.

B. Implications

The findings above, from support supervision visits contribute to low coverage rates. Efforts to identify low coverage districts for more focused technical support should continue.

2.3 Improved quality of MCH and RH services

A. Accomplishments

Safe motherhood

Clinical safe motherhood guidelines were developed by adapting the generic WHO guidelines based on major causes of maternal mortality in Zambia. The guidelines are for all health care delivery levels. These guidelines will be finalized in the second quarter.

Family Panning

The country has no standardized family planning training materials. The IRH module of the ICT is deemed not adequate to provide all the needed skills in family planning. As a result training programs have been using several training manuals. Standardization of FP training materials was planned for the first quarter. The activity was moved to the next quarter to allow first for review of the FP guidelines.

3 Health Systems strengthened

3.1 Improved capacity of national institutions and partnerships to achieve HR and health sector objectives for priority MCH, and HIV/AIDS Services

A. Accomplishments

Human Resource

The challenges facing Zambia currently lie in the ability to train, recruit, deploy, and retain staff according to need. The HR component has been working to provide TA to MOH, statutory bodies, and training institutions, particularly to strengthen systems for HR Planning, Management, pre and in-service training. Earlier work by the ZIHP-Abt to assess national human resource capacity to deliver HIV/AIDS services was continued. Nine human resource plans for implementing ART, PMTCT, and VCT for second and third level hospitals were developed. Further steps will be to promote use of the plans for all the 72 districts.

Work is ongoing with MOH/CBOH to develop management guidelines for attracting and retaining health workers in the peri-urban and rural areas. In relation to this, HSSP visited several districts- Sesheke, Choma, Katete and Gwembe to conduct a survey on factors influencing the motivation of health workers. The information collected will be used to develop guidelines for management of retention schemes.

HSSP has provided TA to the MOH Human Resources for Health Crisis Task Force. This resulted in the developing a situational analysis document on human resource for health and the proposed agenda to address the human resource crisis. Other high level forum papers were presented in Cape Town and in Abuja to solicit for support in resolving the critical shortage of health workers.

The process of establishing a standardized in –service training system for HIV/AIDS begun with the MOH/CBOH calling for a stakeholders meeting of Lusaka based organizations that conduct HIV/AIDS training. The aim was to share lessons and to get consensus on the need for a structured system on training. At the same forum, CBOH disseminated different training packages for HIV/AIDS.

At the same time the national ART, PMTCT and VCT training materials were reviewed to conform them with the WHO guidelines and with the recommended procedure for ART, PMTCT and VCT delivery. A draft document of the training materials was produced and awaits finalization. Provincial trainers for ART and OIs clinical management were trained for all the 9 provinces. Their task is to support provincial ART training to cut back on support from the national core trainers. 250 health workers in all the professional categories from all the 9 provinces were trained in ART. Arising from this activity each province opened 3 district-ART centres, bringing the number from 9 to 54. A client information package on ART has been developed and is being edited.

MOH/CBOH was also supported in sourcing resources for HIV/AIDS- specifically in the preparation of the request for continued funding from the Global Fund.

Policy

The sector wide health reforms call for development of policies and strategies in various technical areas as well as in some broad strategic concerns like HIV/AIDS. During the review period the MOH was supported in a number of policy implementation and legislation activities.

HSSP supported a workshop at which the annual policy and legislative agenda was set. A prioritized list of policies and legislation to be worked on in 2005 was produced. Implementation of the list will be monitored and reported on a quarterly basis.

The country HIV/AIDS policy was reviewed and has since been approved by cabinet. It provides a framework for implementing HIV/AIDS interventions to all stakeholders.

Support was given to the MOH in the formulation of the National Health Strategic Plan 2006-2011. Particular emphasis was placed on the HIV/AIDS chapter. The plan will be completed the next quarter. Other support was given to editing of other strategic documents like the IMCI strategic plan, district planning guidelines etc.

Health Planning

Contracts and checklists for health boards and training institutions were reviewed to incorporate HIV/AIDS services. The documents which have been printed and disseminated will be used during the review of the medium term plans. A 2004 Planning review meeting revealed that health boards faced difficulties in planning for HIV/AIDS due to inadequate guidance. Support was also provided for the review of MTEF planning handbooks for the center and Statutory Boards to include HIV/AIDS. Once finalized the handbooks will contribute to improved planning for HIV/AIDS.

As part of capacity building in MTEF, a field trip to Uganda was undertaken with CBoH/MOH counterparts to learn more on how Uganda has managed their MTEF process in the past 10 years in a decentralized setting. Lessons here include that the local government drives the planning process and that the planning is multi-sectoral, starting with the grass roots. Zambia can learn from this that the Ministry of Health can begin to involve other sectors in the planning process.

Health management information systems

Revision of the HMIS to include ART data elements has reached an advanced stage. HSSP supported the review of the paper version of the ART information system in 10 selected second and third level hospitals. The information system is patient based and will allow tracking of patients on ART. Based on this paper version, a draft electronic version of the patient management systems was developed. Livingstone has been selected as a test site. The ART information system will feed into the HMIS on a quarterly basis.

Health financing

Three major activities were accomplished during the quarter.

- A Financial Procedures' Manual was developed. The manual includes a chapter on tracking all funding from Global Initiatives. The MOH will therefore be able to monitor financial flows to the health sector.
- A draft concept paper on developing a country ART social security scheme was developed from literature review of social security schemes in neighboring countries.

The paper has since been discussed with stakeholders meeting who agreed that more literature needs to be reviewed in order to identify more security scheme options, thus providing a wide choice for the country.

- An ART Cost Sharing Manual was developed as an immediate response to assist with managing the current use of ART cost sharing funds.

Drug and logistics

Facilitation of legislation to create a National Pharmaceutical Authority has resulted in approval by parliament. This body will take over regulation and legislation for the pharmaceutical industry from the Pharmacy and Poisons Board. The Pharmaceutical Authority will be supported by the law to enforce legislation.

A proposal to implement a Drug Supplies Account (DSA) under SWAp was developed and presented to the Health Sector Steering Committee. The rationale of the DSA is for partners to put funds in a common basket to streamline the procurement of drugs and medical supplies. The next step for the DSA will be to define a package for essential drugs, medical supplies, and equipment for each level of care, with emphasis on HIV/AIDS drugs and commodities. This will form the basis for procurement.

Scaling up of ART to district centers requires close monitoring of drug events. A Pharmacovigilance Center has been set up at the pharmacy and poisons board, to monitor adverse drug reactions. Aside from adverse reactions, logistical issues concerning distribution and stock levels for ARVs have emerged. To deal with this, discussions were held on drugs and logistics management at national level. Recommendations were given regarding minimum shelf life for ARVs, effective distribution and stock outs. Follow up will be made to ensure implementation.

In an effort to produce competent health workers to improve the quality of service delivery, the project supported dialogue with health training institutions to advocate for inclusion of the LMS in pre-service training. Discussions were held with UNZA, Evelyn Hone College, and the GNC. Electronic versions of training manuals were distributed for evaluation by the institutions. Further efforts will be aimed at reaching consensus and thereafter incorporation of these materials in the curricula.

TA was given to the process of updating the Integrated Technical Guidelines, EDL and the ZNF. The ITGs and EDL were printed and disseminated. The ZNF is being printed.

B. Challenges

Policy

Coordination between MOH Policy Directorate and the Policy Analyst and Coordination division at Cabinet Office is not well established. Therefore, there is no regular feedback from cabinet regarding status submitted policies and pieces of legislation.

Planning

The restructuring of the MOH/CBOH throws some uncertainty on the exact role of the centre, making drafting of the planning guide difficult.

Health Management Information System

Progress on ART information system required synergies with other ART implementing partners, especially ZPCT, who were not yet well established.

Health financing

Discussions on whether cost sharing for ART will be abolished are ongoing. As such, the process implementing and review to finalise the ART cost sharing manual is stalled.

Drugs and logistics

There is no directorate position at central level to effectively deal with ARV drug supply issues. This is compounded by the fact that only 3 provinces out of 9 have pharmacists further complicates management of ARV drugs and commodities.

C. *Implications*

- The opening of 3 ART centres in 3 districts in each province and will increase access to ART services. It will be important to complement this with adequate ART information and ensure availability of supplies. For HMIS the challenge is to cope with the demand to establish ARTIS in the additional new centres.
- The framework provided by the approved National HIV/AIDS policy will provide a basis for coordination, planning and resource mobilization for HIV/AIDS interventions.
- Limited information on the national personnel database has necessitated a needs assessment.
- The office of the provincial clinical care specialist has a lot of responsibilities as it is a target for most PHO programs. Adding on ART implementation will overwhelm them.
- The restructuring of the MOH/CBOH may take longer than anticipated. This will affect implementation of those activities that await the completion of the restructuring process.

Knowledge Management

A. *Accomplishments*

Health Research

The Ministry of Health hosted the 3rd Annual Research Conference with support from HSSP. The presentations covered broad areas of the health sector and revealed research gaps in the country. The gaps are used to update the National Health Research Priorities and Recommendations for Action, which set the country's research agenda.

In the next quarter HSSP will support the MoH/CBoH to establish and strengthen a resource centre. The centre is furnished with a bibliography of research done in the country, including key studies such as the Demographic Health Survey, Living Conditions Survey and national Census. The Central Statistical Office was supported to renovate a building to house these data.

Technical Assistance was provided to the review of the planning guide. The guide now includes a component of how to conduct health research and the use of research outcomes in programming.

Monitoring and evaluation

In the quarter under review efforts were directed towards establishing a monitoring and evaluation system. Associated with this was the development of the monitoring and evaluation plan. A first draft of the plan was produced. Several meetings were held with groups of technical staff to get input on the indicators.

Data sources for the indicators were identified and conceptualization of the monitoring and evaluation database and the project website were started.

In relation to the M & E plan the first draft of tracking tools were developed. Refinement of the tools will continue.

Other activities implemented include:

- Work planning for FY 05
- HSSP Team retreat; at the retreat core values, vision and the mission statement were developed to guide the team.
- Introductory meetings with partners; this required a lot of preparation of information packages and presentations. Part of the introductory information was the HSSP brochure. A first draft of the brochure was produced. It will be finalized in the next quarter.

B. Challenges

The start up of the project was overwhelming as there were a lot of activities both from the old and the new project happening at the same time. This fact affected clear conceptualization of the sense of project direction. The new project also started with implementation with little time spent on planning and internalising the program.

4 SECTION II: Activity Tables

Result Area	milestones	Planned activities	Implemented activities	Comments
<i>Increased district capacity to scale up priority/RH services</i>	<p>C-IMCI</p> <p>C- IMCI strategic plan developed</p> <p>C-IMCI training manual upgraded</p>	<ul style="list-style-type: none"> • Support a workshop for stakeholders to achieve consensus on C-IMCI • TA to finalize national C-IMCI strategic plan • TA to development of Child health communication plan • TA to updating of CHW training materials • Prepare concept paper for Heath Positive Deviance proposal • TA to PHOs on TOT on C-IMCI • TA to PHOs in PA/TSS on C-IMCI 	<ul style="list-style-type: none"> • Support a workshop for stakeholders to achieve consensus on C-IMCI • TA to finalize national C-IMCI strategic plan • TA to development of Child health communication plan • TA to updating of CHW training materials • Prepare concept paper for Heath Positive Deviance proposal 	<ul style="list-style-type: none"> • C- IMCI working group reconstituted, to be chaired by HSSP • Draft C-IMCI strategic plan ready, awaiting finalization • Draft Child health communication strategy developed, awaiting finalization • Update of CHW manual done by consultant, awaiting final comments from stakeholders • Awaiting feedback on Heath Positive Deviance proposal from partners • TA to PHOs on TOT and PA/TSS did not take place Focus was placed on orientation to PHOs as the project had just started.

Result Area	milestones	Planned activities	Implemented activities	Comments
	Clinical IMCI/Malaria	<ul style="list-style-type: none"> • Advocate to define the roles and responsibility of the MOH child health unit • Provide TA to orientation meetings on implementation of IMCI guidelines for 3 PHOs • Provide TA to the training of Trainers of tutors as IMCI trainers • Provide TA in the implementation of IMCI in the training Institutions through the GNC, MCZ, UNZA and Chainama 	<ul style="list-style-type: none"> • Advocate to define the roles and responsibility of the MOH child health unit • Provide TA to orientation meetings on implementation of IMCI guidelines for 2 PHOs • Provide TA to the training of Trainers of tutors as IMCI trainers • Provide TA in the implementation of IMCI in the training Institutions through the GNC, MCZ, UNZA and Chainama 	<ul style="list-style-type: none"> • Better articulation of IMCI issues in the child health technical working group • Renewed support for IMCI by PHOs. 1 Non-IMCI and 1 IMCI district visited to advocate for implementation of all 3 components of IMCI • An abridged, 6-day IMCI training was conducted for 9 nurse tutors, 5 doctors and 1 nurse from the GNC

Result Area	milestones	Planned activities	Implemented activities	Comments
	<p>EPI</p> <p>EPI review conducted</p> <p>EPI multi-year plan developed</p>	<ul style="list-style-type: none"> • Identify low performing districts by antigen • Monitor and supervise performance of the Red districts • TA to ALL districts an PHOs in orientation of new vaccines • Conduct situational analysis of EPI drugs and supplies • TA to certification and polio expert committee • Conduct EPI review • Disseminate results of EPI review • Develop a 5-year EPI strategic plan 	<ul style="list-style-type: none"> • Districts identified • Supervision of RED districts conducted • 3 workshops on orientation of PHOs to new vaccines held 	<ul style="list-style-type: none"> • Low performing districts could not be identified by antigen as that HMIS at national level could not break down the information by antigen. • 225 participants oriented to new vaccines. They in turn will orient other health workers. • TA to expert polio committee not given because representation from all departments was not adequate. The meeting was adjourned to second quarter • EPI review and the subsequent activities shifted to the next quarter to allow for partners to agree on TORs for the review.

Result Area	milestones	Planned activities	Implemented activities	Comments
	<p>Supplementation/Fortification</p> <p>Enhance ways of providing micronutrients supplementation to children over 5 years</p> <p>Mandatory legislation for mealie meal fortification developed</p>	<ul style="list-style-type: none"> • Assist NFNC to develop mandatory fortification • Identify TA to conduct feasibility study on oil, milk and weaning foods • Review of he children's clinic card 	<ul style="list-style-type: none"> • Assist NFNC to develop mandatory fortification • Identify TA to conduct feasibility study on oil, milk and weaning foods • Review of he children's clinic card 	<ul style="list-style-type: none"> • TA to assist NFNC develops mandatory legislation to fortify mealie meal will be directed at helping the milling industry to look for resources to enable the millers adjust their production.

Result Area	milestones	Planned activities	Implemented activities	Comments
	<p data-bbox="595 580 792 608">Safe motherhood</p> <p data-bbox="595 639 860 756">Research on home deliveries conducted and feasible interventions identified</p> <p data-bbox="595 820 860 936">Consensus reached on requirements for expanding providers of EmOCT</p> <p data-bbox="595 968 860 1027">Strategic plans for key RH initiatives outlined</p>	<ul data-bbox="931 280 1189 1359" style="list-style-type: none"> • Support MOH/CBOH to conduct a desk review of existing research on what women deliver at home • Support MOH/CBOH to host a meeting to determine requirements for expanding cadre of provider of EmOC • Work with National PAC Task Force to scale up PAC activities • Work with MOH/CBOH to mobilize resources and equipment for PAC • Support MOH/CBOH to adapt the road map for accelerated maternal mortality reduction to the Zambia situation • Support MOH/CBOH to adapt the Maternal Death Review Initiative 	<ul data-bbox="1256 429 1536 1179" style="list-style-type: none"> • Support MOH/CBOH to conduct a desk review of existing research on why women deliver at home • Work with National PAC Task Force to scale up PAC activities • Work with MOH/CBOH to mobilize resources and equipment for PAC • Support MOH/CBOH to adapt the road map for accelerated maternal mortality reduction to the Zambia situation • Support MOH/CBOH to adapt the Maternal Death Review Initiative 	<p data-bbox="1559 732 1870 906">A stakeholders' meeting to determine requirements for the expanding the cadre of providers of EmOC did take place due to non availability of MOH/CBOH staff.</p>

Result Area	milestones	Planned activities	Implemented activities	Comments
	Family planning FP training materials standardized			
	Malaria Key personnel in place for the NMCC to manage the scale up of malaria interventions			
<i>Increased district capacity to integrate priority MCH RH and HIV/AIDS services</i>	Child health week reviewed Revised guidelines for child health week	<ul style="list-style-type: none"> • Conduct desk review of CHW to identify low performing districts • In collaboration with PHOs work with Child Health Week low coverage districts 	<ul style="list-style-type: none"> • Conduct desk review of CHW to identify low performing districts • In collaboration with PHOs work with Child Health Week low coverage districts 	

Result Area	milestones	Planned activities	Implemented activities	Comments
<i>Improved quality of MCH and RH services</i>	<p>Safe motherhood guidelines developed for all levels of care</p> <p>Family planning training materials standardized</p>	<ul style="list-style-type: none"> • Work with MOH/CBOH to develop safe motherhood guidelines • Support MOH/CBOH to convene a meeting to review and update the FP portion of the RH guidelines • TA to a workshop to standardize FP training materials • Print and disseminate revised pocket size ITGs 	<ul style="list-style-type: none"> • Work with MOH/CBOH to develop safe motherhood guidelines • Review of the FP portion of the RH guidelines has partially been done 	<ul style="list-style-type: none"> • WHO guidelines were adapted to the Zambia situation. • Review of the FP portion of the RH guidelines has begun and is ongoing • Standardization of FP materials was postponed until after the RH guidelines have been updated • The process of review of ITGs to include ART has been initiated with MOH/CBOH

Result Area	milestones	Planned activities	Implemented activities	Comments
<p><i>Improved capacity of national institutions and partnerships to achieve human resources for priority MCH, RH and HIV/AIDS programs</i></p>	<p>Human resource information system and training information monitoring system developed</p> <p>Recruit, motivate, and retain health providers</p> <p>National training plan developed for HIV/AIDS services developed for pre-service training</p> <p>HIV/AIDS in-service training coordinated through National coordinating structure</p>	<ul style="list-style-type: none"> ▪ Development of human resource management plans for 2 and 3 level hospitals ▪ Work with MOH/CBOH to conduct national human resource capacity assessment for HIV/AIDS services ▪ Develop management guidelines for motivating and retaining H/W ▪ Work with MOH to develop country HRH emergency strategic document ▪ TA to MOH to review job descriptions in line with added dimensions of HIV/AIDS services ▪ Assessment of pre-service programs to produce graduates with knowledge and skills for the provision of HIV/AIDS services 	<ul style="list-style-type: none"> ▪ Development of human resource management plans for 2 and 3 level hospitals ▪ Work with MOH/CBOH to conduct national human resource capacity assessment for the provision of HIV/AIDS services ▪ Develop management guidelines for motivating and retaining H/W ▪ Work with MOH to develop country HRH emergency strategic document 	<ul style="list-style-type: none"> ▪ Documentation of case studies on incentives for rural H/W on-going ▪ TA to MOH to review job descriptions in line with added dimensions of HIV/AIDS services not done due to the restructuring of the MOH/CBOH ▪ Assessment of pre-service programs not implemented as assessment tools were not ready

Result Area	milestones	Planned activities	Implemented activities	Comments
<i>Improved capacity of national institutions and partnerships to achieve human resources for priority MCH, RH and HIV/AIDS programs</i>		<ul style="list-style-type: none"> ▪ Consensus building for pre-service curriculum ▪ Work with MOH to advocate for a structured system for delivery of HIV/AIDS in-service training ▪ Review of national HIV/AIDS training materials to conform to WHO standards 	<ul style="list-style-type: none"> ▪ Work with MOH to advocate for a structured system for delivery of HIV/AIDS in-service training ▪ Review of national HIV/AIDS training materials to conform to WHO standards 	<ul style="list-style-type: none"> ▪ Process for consensus building for pre-service curriculum begun with set up of curricula review teams for each professional category ▪ Draft document of HIV/AIDS training materials awaiting finalization

Result Area	milestones	Planned activities	Implemented activities	Comments
<p><i>Improved health sector support systems</i></p>	<p>Policy & legislation</p> <p>Technical committee to develop policy implementation, M&E</p> <p>Regular monitoring status of pending policies in HIV/AIDS, MCH, IRH, malaria and nutrition</p> <p>Key health sector policies approved by cabinet</p>	<ul style="list-style-type: none"> ▪ Workshop o review 2004 MOH policy and legislation agenda ▪ Development, review, adoption of HIV/AIDS policy ▪ Work with MOH on finalization of MOH HIV/AIDS Workplace policy ▪ Editing of various strategic documents ▪ Support process of repeal of National Health Services Act of 1995 ▪ Review of National Food and Nutrition Act 	<ul style="list-style-type: none"> ▪ Workshop o review 2004 MOH policy and legislation agenda-2005 policy agenda developed ▪ Development, review, adoption of HIV/AIDS policy ▪ Editing of various strategic documents ▪ Two workshops on tracking stages of implementation of prioritized health policies and pieces of legislation 	<ul style="list-style-type: none"> ▪ MOH HIV/AIDS policy not submitted for editing ▪ The process of repeal of National Health Services Act has been delayed ▪ Review of the National Food and Nutrition Act was pushed to the next quarter

Result Area	milestones	Planned activities	Implemented activities	Comments
<i>Improved health sector support systems</i>	<p>Planning HIV/AIDS services reflected in the new NHSP for 2006-2011</p> <p>Guidance for multi-year planning in HIV/AIDS for districts/hospitals developed</p> <p>HMIS ART information substructure functional in all ART sites</p> <p>PMTCT and VCT reported as part of HMIS</p>	<ul style="list-style-type: none"> ▪ Review of reporting formats, checklists & contracts for health boards and TIs to incorporate monitoring for ART ▪ Printing and dissemination of revised contracts & checklists ▪ Review 5 existing MTEF planning handbooks ▪ Field trip for building capacity in MTEF ▪ Support post implementation review of ARTIS in level 2/3 hospitals ▪ Develop an electronic patient management system ▪ Initiate the revision of the HMIS database to include ART data 	<ul style="list-style-type: none"> ▪ Printing and dissemination of revised contracts & checklists ▪ Review 5 existing MTEF planning handbooks ▪ Drafting 2 planning handbooks for the center and statutory boards o include HIV/AIDS ▪ Drafting 2 planning handbooks for the center and statutory boards o include HIV/AIDS ▪ Meeting to review 2004 planning experience ▪ Field trip for building capacity in MTEF ▪ Support post implementation review of ARTIS in level 2/3 hospitals ▪ Develop an electronic patient management system ▪ Initiate the revision of the HMIS database to include ART data 	<ul style="list-style-type: none"> ▪ Processes for reporting under MTEF not very well understood hence only contracts could be revised ▪ Review done in all planned 10 hospitals ▪ Initial draft design developed and Livingstone chosen as pilot site.

Result Area	milestones	Planned activities	Implemented activities	Comments
<p><i>Improved health sector support systems</i></p>	<p>Health financing Financial flow to health sector analyzed</p> <p>Exemptions for ART clients becomes part of the routine reporting system</p> <p>Equitable access to ART for the vulnerable</p>	<ul style="list-style-type: none"> ▪ Development of the MOH/CBOH financial procedures' manual, which includes a chapter on tracking of ART funding from Global Fund initiatives ▪ Work with MOH/CBOH to evaluate existing framework for ARV provision in both private and public sectors ▪ Work with MOH in developing systems for managing the use of ART cost sharing funds- Developed the ART Cost Sharing Manual 	<ul style="list-style-type: none"> ▪ Development of the MOH/CBOH financial procedures' manual, which includes a chapter on tracking of ART funding from Global Fund initiatives ▪ Work with MOH/CBOH to evaluate existing framework for ARV provision in both private and public sectors ▪ Work with MOH in developing systems for managing the use of ART cost sharing funds- Developed the ART Cost Sharing Manual 	<ul style="list-style-type: none"> ▪ Tracking is not restricts to ART funding but includes funding for global initiatives. ▪ A draft paper has been developed. More literature review has to be done ▪ Cost sharing manual developed. Awaiting approval from MOH.

Result Area	milestones	Planned activities	Implemented activities	Comments
<i>Improved health sector support systems</i>	<p>Drugs and logistics</p> <p>Legislation to create National Pharmaceutical Regulatory Authority for effective registration/regulation of ARVs</p> <p>DSA structured, adopted and capitalized for optimal financing of HIV/AIDS related medicines</p> <p>Inclusion of LMS/DILSAT in Health worker curricula</p>	<p>Facilitate legislation to create a National Pharmaceutical Regulatory Authority</p> <p>Support to MOH/CBOH to design and implement the DSA under SWAp</p> <p>Dialogue with Health training institutions to include LMS in curricula</p> <p>Operationalization of pharmacovigilance centre and link it to ART program</p> <p>Support review and update of STGs, ZNF, EDL, disseminate documents</p> <p>Support capacity of MOH/CBOH to resolve emerging ARV logistical issues at periphery level</p>	<ul style="list-style-type: none"> ▪ Facilitate legislation to create a National Pharmaceutical Regulatory Authority ▪ Support to MOH/CBOH to design and implement the DSA under SWAp ▪ Dialogue with Health training institutions to include LMS in curricula ▪ Operationalization of pharmacovigilance centre and link it to ART program ▪ Support review and update of STGs, ZNF, EDL and disseminate documents ▪ Support capacity of MOH/CBOH to resolve emerging ARV logistical issues at periphery level 	<ul style="list-style-type: none"> ▪ Statutory instrument for legislation of pharmaceutical body approved ▪ Proposal for DSA has been developed and presented to health sector committee. ▪ Discussions with health training institutions held and CDs for training distributed for evaluation ▪ Pharmacovigilance center set up at pharmacy and poisons board ▪ STGs/EDL updated, printed and disseminated. ZNF in print.

Result Area	milestones	Planned activities	Implemented activities	Comments
<i>Strengthened health systems in the delivery of HIV/AIDS services</i>	<p>Capacity built in PHOs to scale up ART implementation</p> <p>Improved coordination of resources</p> <p>Raised community awareness on ART</p>	<ul style="list-style-type: none"> ▪ TOT in ART for 9 provinces and the private sector ▪ Training of health workers in ART ▪ TA to ART providers in public, private for profit sectors ▪ Formulate strategies and develop work-plans for sourcing resources for HIV/AIDS programs ▪ Support development of information package on ART 	<ul style="list-style-type: none"> ▪ TOT in ART for 9 provinces and the private sector ▪ Training of health workers in ART ▪ Formulate strategies and develop work-plans for sourcing resources for HIV/AIDS programs ▪ Support development of information package on ART 	<ul style="list-style-type: none"> ▪ 250 health workers trained in 9 provinces, 3 ART centers opened in each province ▪ TA to ART providers in public, private for profit sectors not done. Critical partners like ZPCT, RAPIDS not yet well established ▪ TA provided for GF request for continued funding and to the finalization of the ZANARA work-plan