



# Year Three (FY07) Quarter 1 Narrative (October 1st, 2006 to December 31<sup>st</sup>, 2006)

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## Submitted by:

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## Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ADR/E	Adverse Drug Reaction/Event
BHCP	Basic Health Care Package
CARE	Cooperative for Assistance and Relief Everywhere
CCS	Clinical Care Specialist
CHN	Child Health and Nutrition
CHWk	Child Health Week
CIDRZ	Centre for Infectious Disease and Research in Zambia
COG	Clinical Officer General
CRS	Catholic Relief Services
CTC	Counseling Testing and Care
DHMT	District Health Management Team
EmOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunization
FP	Family Planning
GNC	General Nursing Council
HBC	Home Based Care
HCP	Health Communication Partnership
HRDC	Human Resource Development Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Programme
ICC	Interagency Coordinating Committee
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITNs	Impregnated Treated Nets
LTFP	Long Term Family Planning
M&E	Monitoring and Evaluation
MCZ	Medical Council of Zambia
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non Governmental Organization
NITCS	National In-Service Training Coordination System
NTGs	National Training Guidelines
NMCC	National Malaria Control Centre
PA	Performance Assessment
PAC	Post Abortion Care
PHO	Provincial Health Office
PMTCT	Prevention of Mother to Child Transmission
PRA	Pharmaceutical Regulatory Authority
RED	Reach Every District
RH	Reproductive Health

RHIS	Routine Health Information System
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey
ZPCT	Zambia Prevention Care and Treatment

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## 1. Overview

The reporting period is not only the first for year 3 but also the first for the restructured program. The quarter under review is characterised working technical teams have been reconstituted in accordance with the restructured program. The teams were basically in a state of bonding and establishing a common focus.

Another major change was the decision by the US government to adopt the Country Operation Plan COP approach even in service delivery work i.e. Child Health and Nutrition and Reproductive Health (Maternal Child Health). Previously only HIV/AIDS PEPFAR work had a COP. New indicators have been introduced with the new COP. Therefore the monitoring and evaluation framework has to be further revised to reflect these important changes. These indicators should be reported on in addition to the previous ones (where the old ones are retained). The introduction of the Country Operation Plan (COP) approach even on the service delivery work will require orienting staff just like it was done under PEPFAR in order for them to report accordingly.

Zambia has qualified to be a presidential malaria initiative country. This may have implications (positive) on HSSP's work in malaria. HSSP should be ready to respond in order to access available resources.

Quarter 1 was also a critical period for developing the year 3 work plan. HSSP has since developed the year three work plan i.e., from October 2006 to September 2007.

The review focussed technical, financial, management and team building areas. An external facilitator was hired to facilitate team building which mainly focused on helping staff assert their role in the restructured HSSP as well as preparedness to respond to emerging challenges.

Overall, the momentum for implementation was good. A lot of work has been implemented in a challenging environment and also considering that a significant amount of time was spent in planning for the year. Most of the activities were implemented as planned. It was however still observed that some technical areas had overloaded the quarter and hence ended up with some carryover work. This will have implications on subsequent implementation.

The review revealed that Clinical Care Specialists (CCSs) were playing a critical role in making ART committees become functional. CCSs were encouraged to continue to playing their role in informing provinces of the program and how they could benefit from HSSP e.g. in Emergency Obstetric Care (EMOC). HSSP exhibited efforts in building partnerships. This also worked well in leveraging of resources.

## 2. Child Health and Nutrition

The Ministry of health (MOH) and its cooperating partners has focused its efforts to improve child health and nutrition (CHN) through the implementation of such strategies like integrated management of childhood illness (IMCI), which was introduced in 1996, and Expanded program on immunization (EPI) and various nutritional programs like micronutrient supplementation and food fortification. All these are part of Zambia's basic health care package (BHCP). They are relatively well-established but have critical weaknesses that limit coverage and quality.

### 2.1. Community Integrated Management of Childhood Illness (IMCI)

#### Overall goal:

- 80% districts offering Key Family Practices

#### Year 3 Targets:

- 55 districts with community providers implementing 6 Key Family Practices;
- At least 3 supervisors in the 58 districts trained to plan and support C-IMCI activities;
- Document and disseminate PD/Hearth results and establish a C-IMCI coordinating body to improve information flow.

#### Accomplishments:

##### IMCI Training of Trainers conducted

- Additional 15 trainers trained in C-IMCI to expand provision of 6 Key Family Practices. To date 7 provinces and 59 districts have been oriented to the C-IMCI concept and key family practices. Fifteen trainers from the four Lusaka province districts completed the C-IMCI training bringing the total to 206. The trainers will be expected to train community level volunteers to promote optimal child survival, growth and development. To date 886 CHWs have been trained to promote 6 Key Family Practices at community and household levels, in 55 districts and 7 provinces. Training of volunteers will be tracked using the HIMS system or direct submissions using the districts and provincial trainers.
- Churches Health Association of Zambia (CHAZ) and selected DHMTs have continued to make significant contribution to training of more Community Health Workers. A total of K4 billion was provided to the Child health unit at MoH by the World Bank reprogrammed for key childhood interventions

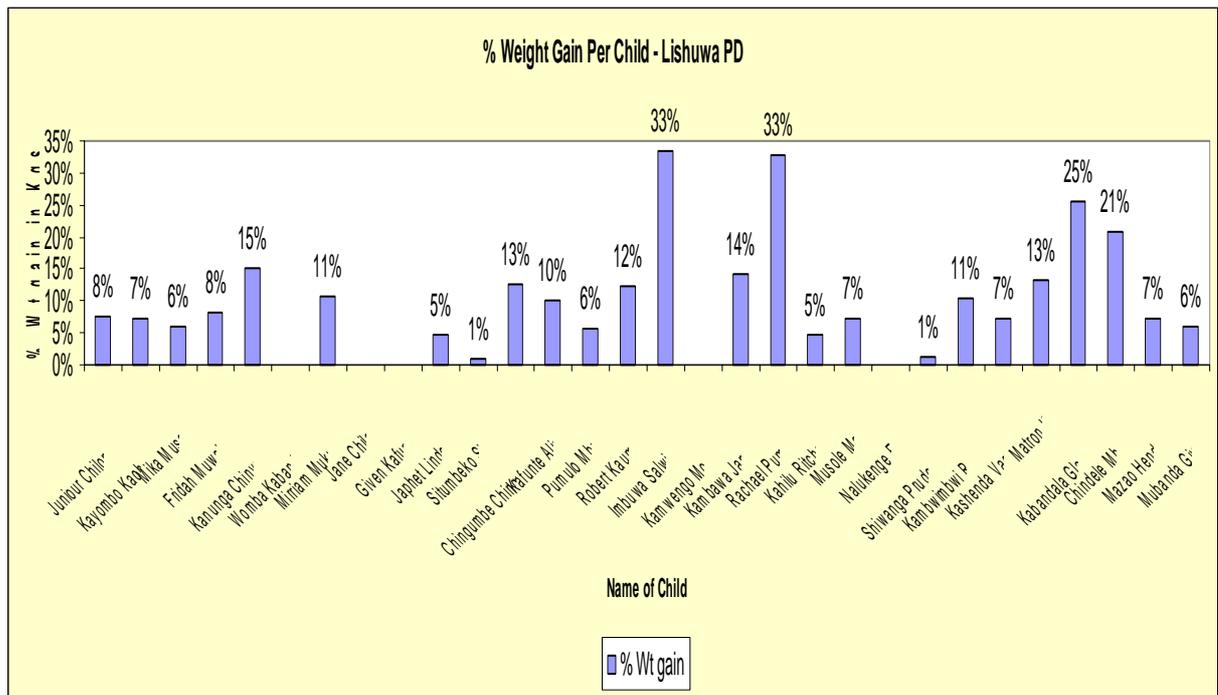
##### IMCI Documentation and Dissemination

- Successful documentation and dissemination of Zambia's experience on RED strategy implementation to local and international audience done. HSSP provided technical

assistance to Luangwa and Lukulu districts for documentation of the best practices in community PHC unit initiative and PD/Hearth for Lukulu districts respectively.

**Hearth/Positive Deviance (H/PD) results in Lukulu district:**

**Progression Rate All Children**



The Positive Deviance Hearth approach introduced in February 2006 aimed to improve the health status of children and was successfully implemented in Lukulu district. By November of the same year, several positive results had been noted:

- The initial 30 care givers (10 supported by HSSP and 20 by the DHMT) continued to make positive strides in the nutrition status of children since the PD/Hearth inception. 10 additional caregivers and 10 children have been recruited leading to a total of 40 children using PD/Hearth approach.
- 70% of the children enrolled in the program gained weight within the first 12 days of intensive PD hearth sessions while 10% were static and 20% lost weight. Overall, this is a significant increase in the children’s weight compared to the last phase.
- Increased community awareness levels on malnutrition have been demonstrated through growth monitoring records and the increased demand for PD/H by the communities.
- With strong household food security, the Positive Deviance Hearth approach provides positive impact and is easy to sustain at community level. Some of the key practices acquired through the PD/Hearth include hand washing practices, ensuring that children

complete their full immunization coverage, better family and house keeping practices including family planning. These results will be used to scale up Positive Deviance Hearth to other districts.

*Recommendations for PD/Hearth*

- The community will be encouraged start vegetable gardens to supplement the available food resources. Concurrently, the district committee on PD/Hearth will need to be strengthened by the active involvement of a member from Ministry of Agriculture.
- Scale up of the program will need training of new supervisors and mother volunteers to support mother caregivers. Fathers will also be targeted to be more active participants in the program
- The district has planned to scale up to other health facilities such as Ngimbu and Luvuzi in order to achieve maximum impact on the malnutrition situation in Lukulu district. The transport situation will need to be improved as well as the availability of IEC kits for the local level

**Challenges:**

- Defining follow up actions for static weight children in the PD/H initiative.
- Finding solutions to household food insecurity for families in PD/H program which include seasonal shortfalls of food stock and its preservation.
- The lack of protective clothing for volunteers and community-level supervisors and inadequate financial resources to print CHW job aides.

**Next Steps:**

- Disseminate high-lights of the Lukulu PD/Hearth in the Child Health technical team and to other districts; discuss challenges and invite strategic stakeholder participation.
- Support Lukulu district committee on PD hearth to establish linkages with agricultural programs that can help improve food production and nutrition for the households participating in PD Hearth.
- HSSP in collaboration with the province and NFNC will provide technical assistance in the continued documentation and dissemination of the PD/Hearth at national level with a potential opportunity to give a presentation during the stakeholder meetings and during the up coming inter-country meeting.
- Train selected districts and potential NGOs for scale up of PD/Hearth to other districts.
- Support the training of 200 CHWs in C-IMCI. HSSP will support training of trainers for North-Western and Copperbelt provinces and their respective districts

## 2.2. Facility IMCI (F-IMCI)

### Overall Objective:

- Expand the number of F-IMCI delivering districts from 38 to 72 by 2010.

### Targets:

- Scale up districts implementing F-IMCI from 54 to 62,
- Train 144 health workers in IMCI case management.
- Focused technical assistance in 21 districts (5 from the old IMCI implementing districts, 8 from the new IMCI implementing districts and 8 from the non IMCI implementing districts)

### Accomplishments:

Following the emphasis on the need for the districts to ensure that the district plans address the issue of reaching the required 60% of the health workers managing children in the health centre trained in IMCI case management, the centre has witnessed an increase in the district requests both for financial and material needs to conduct Facility IMCI training. HSSP has played a major role in influencing this new trend through support to district and provincial orientation visits that were conducted in year two, technical assistance given during the annual provincial and district planning cycles, support to the development and dissemination of the IMCI orientation and planning guidelines and continued advocacy.

### Facility IMCI training Conducted

- During the last quarter, HSSP supported 3 such training programmes for 8 districts from Copperbelt, Central and North Western Provinces. A breakdown of the 72 health workers trained were: 44 Zambia enrolled nurses, 14 clinical Officers, 9 Zambia Registered Nurses, 2 Medical Officers, 2 Environmental health technicians and 1 medical Licentiate.
- Despite major financial constraints, K36 million, K21 million and K10 million was contributed towards the activity from North Western, Central and Copperbelt Provinces respectively.
- A re-sensitization meeting on the IMCI strategy was held with the District Director of Health for Solwezi district. Solwezi is one of the old IMCI districts whose progress in IMCI implementation seems to have gone down (9%) as evidenced by the low numbers of IMCI trained health workers in the district - (*HSSP district profiles 2006*).

### Maternal Neonatal and Child Health

- Several preparatory meetings for the launch of the Maternal, Neonatal and Child health partnership were held resulting in the finalization of the Terms of Reference for the partnership and the development of advocacy materials. HSSP participated in the core

group tasked to write a “Position Paper on New Born Health in Zambia” and the final draft has been produced.

- A four day workshop to strengthen the Neonatal component and review the Road Map on Accelerated Reduction of Maternal and Neonatal Morbidity and Mortality was conducted during the quarter under review. The revision was finalized and the document will be costed.
- Data management which has been a major challenge in the past is now incorporated in the routine monthly reporting format for the Clinical Care Specialists. Although this will be information primarily for HSSP programme work, efforts will be made to share it regularly with the MoH National team and with the Inter-agency coordinating committee as a form of advocacy for support.

### **Challenges:**

- Reduced funding to districts has made it very difficult for districts to conduct F-IMCI training without supplemental financial support.
- Incorporation of the new-born care module into the F-IMCI guidelines
- Competing priorities coupled with inadequate human resource and funding at district level has lead to major gaps in support supervision.
- Inadequate human resource at the national-level child health unit often results in delays in processing documents, letters etc for activities such as training or workshops.
- No national system to track numbers of IMCI trained health workers at district level to assist in focused TA.

### **Next Steps:**

- Advocate for funding to districts to enable F-IMCI training.
- Training of health workers in IMCI case management will continue in the coming quarter in addition to initial supervision for the health workers already trained. District capacity will be built to conduct this activity in the future. HSSP will provide both financial and technical assistance to MoH to review the existing IMCI supervisory tools to include HIV/AIDS which is currently missing.
- A meeting to review the current status of IMCI implementation in the training institutions is also planned during the next quarter in collaboration with the General Nursing Council. The objective of this meeting will be to get feed back on challenges and constraints experienced by the few institutions that have conducted IMCI training to date and also to reach consensus on the most cost effective and sustainable way of conducting IMCI case management training in the Pre-service.

- HSSP will work closely with the National Malaria Control Centre to revitalize the Case Management Working Group and ensure harmonization with the National IMCI programme with a focus on management of fever. The coming quarter will see the launch of the MNCP partnership and dissemination to stakeholders of the national interventions to be adopted in the area of new born health.

### **2.3. Expanded Programme on Immunisation (EPI)**

#### **Overall goal:**

- 80% full immunization coverage of children under one year in 80% (58) districts by 2010

#### **Annual Targets:**

- 45 districts to attain 80% and above full immunization coverage in children under one; through the scale up of RED strategy to 72 districts, improved planning and implementation of CHWk activities, accelerated mass measles immunization campaign and monitoring quality of immunization services.

#### **Accomplishments**

##### **Increased Immunisation Coverage**

- The number of districts with full immunization coverage of 80% and above for children under one year increased from 33 in fourth quarter 2004 to 37 in first quarter 2005 and 36 districts in 2<sup>nd</sup> quarter 2006. MoH will be supported to sustain and scale up these achievements through HSSP's technical assistance in strengthening the district level micro-planning process, CHWk activities and scale up of RED strategy to 72 districts. Additional attempts will include the identification of poor performing districts for more targeted technical assistance.
- The Reach Every District (RED) strategy initially piloted in 10 ten districts, has been expanded to 36 districts with endeavours to integrate other child survival interventions. Zambia's experience on the RED strategy implementation has been disseminated through the APHA meeting and the local Child Health Working Group. Other innovations documented include the Primary Health Care (PHC) initiative in Luangwa district.

Three out of the fifteen identified low performing districts received more focused in micro-planning for EPI, C-IMCI, CHWk and injection safety practices monitoring. These districts include Luangwa in Lusaka province, Nyimba in Eastern province and Lukulu in western province.

HSSP provided technical assistance to MoH/child health unit in the timely submission of ICC reports, logistics monitoring for timely forecasting and ordering of supplies, adaptation and editing of country proposals for supplemental funding on Health Systems Strengthening and Measles Campaign documentation

### **Challenges on coordination of EPI:**

- Scale up of RED strategy activities stalled due to late release of funds from the MoH head quarters to the districts.
- An effective mechanism for timely data availability for use in planning technical assistance at national level needs to be created.

### **2.4. Supplementation and General Nutrition**

#### **Goal:**

- To improve quality and increase coverage of key childhood interventions

#### **Targets for Year 3**

- Attain 76% national coverage of Vitamin A supplementation of children aged 6 – 59 months

#### **Accomplishments**

##### **Vitamin A Supplementation**

- HSSP supported the planning, funding and facilitation of a child health week consultative meeting. Representation from all the 9 the involved Clinical Care Specialists, Data Management Specialists and Surveillance focal points. The meeting addressed ways of coping with the challenges that were affecting implementation of Child Health Week and on generating ideas on improving the data management.
- HSSP monitored Child Health Week Lukulu, Isoka, Mazabuka and Lusaka Urban districts. Supportive supervision was also given and conducted continues to yield useful information on how to address the bottlenecks of successful implementation. From the perspective of the districts, support from the PHO and national level is seen as a morale booster and more importantly a buffer to the human resource and transport available.
- Data quality audits were done in 5 selected districts (Mazabuka, Monze, Livingstone, Kabwe and Chibombo) to assess the key issues surrounding the poor data management. Findings pointed to the need for supervision before and during Child Health Week. A draft tool was developed as result of this process and will be shared to provinces.
- A trend analysis of the Vitamin A supplementation coverage from 1999 to 2006 was done with STTA from ISTI. Results from this analysis indicate the need to stabilize coverage as there was no consistent pattern. In addition the analysis also showed the gaps requiring action on terms of data management. A draft report has been developed and preliminary findings were shared at the CHWK consultative meeting. Recommendations include transfer of responsibility of data management to DMS and

DHIOs and primary screening of reports to be done at all levels prior to sending to the higher levels.

- Compilation of the required changes for the Child Health Week orientation manual was done. The manual is designed as a job aid for conducting CHwk for programme management and as reference document for technical issues. The changes are based on feedback from the districts reports and national level monitors. The manual has been evolving and updated copies need to be printed and circulated to all districts and health centres.

### **General Nutrition**

- Specific technical support supervision was given to Kabwe General Hospital to strengthen the management of severe malnutrition and assist the hospital to conduct a self-assessment in the Baby Friendly status (implementation of steps that support infant feeding practices).
- HSSP provided technical assistance to a workshop finalising the development of the minimum package of care for nutrition in the health sector. More work still need to be done since the format of the document was changed.
- Participated in the review process to ensure the nutrition indicators were included in the HMIS. This was done through a small meeting with consultants working on the review process.

### **Challenges**

- Inadequate human resource and funding continue to affect the delivery of all Child Health Week services in terms of coverage and quality. Adequate and timely distribution of supplies also continues to be a constraint to the efficiency of the delivery of the services.

### **Next Steps**

- Compilation of the December 2006 round of Child Health Week report to synthesize district reports into a national document; and provide focussed TA to identified districts.
- Continue liaison with HMIS review team to ensure proposed indicators were retained
- Facilitate updating and finalization of a Child Health Week orientation manual
- Work on capacity building of DHIOs through DMS in data management for Child Health Week. This will include sharing of data quality audit tool to the DMS of their use.
- Provide TA to finalise the minimum package of care nutrition and technical support supervision

### 3. Integrated Reproductive Health

#### Overall Objectives:

- To have EmOC/FP services established in 18 districts by 2010
- To have 60% (43) of districts providing PAC/FP by 2010
- To increase accessibility and availability of LTFP methods in 43 districts by 2010

#### Target/s for year 3

- Establish EmOC/FP services in 6 districts
- Establish PAC/FP in 15 districts
- Establish LTFP- 19 districts

#### Accomplishments

##### *Integrated RH supervisory tools Developed*

- HSSP participated in the development and pre-testing of integrated RH supervisory tools for provincial, district and facility levels. The HMIS was reviewed to include critical indicators on FP, PAC and EmOC.

##### *Roadmap for accelerated reduction of maternal and neonatal morbidity and mortality*

- HSSP also played an active role in the review and costing of the road map for accelerated reduction of maternal and neonatal morbidity and mortality.
- The unit attended FP, SMH, EmOC technical working group meetings as a way to foster partnerships, coordination and leveraging of resources among stakeholders.

##### *Support to MTEF Planning and Budgeting*

- The 2007-2009 reproductive health components of MOH MTEF action plan and budget were finalised.

##### *EmOC training package reviewed and adapted to Zambia*

- The JHIPIEGO EmOC training package was reviewed and adapted to suite the Zambian situation. The 5 week training period was reduced to 2 weeks covering critical areas that would impact positively in the reduction of maternal mortality.  
Following the completion of the package, 10 trainers of trainers from Ndola

##### *EmOC Site Assessments for 3 health centres conducted*

- Site assessments for Itezhi-tezhi district were conducted; the hospital and 3 health centers (Kaanzwa, Nanzhila and Lubanda) were identified for provision of comprehensive and basic EmOC services respectively. Preparations were also made for assessments of Kazungula and Livingstone districts.

#### **Four PAC Sites Assessments Conducted**

- Site assessments were done in 4 districts of Southern Province (Mazabuka, Monze, Kalomo and Livingstone). This was in preparation for the establishment of the provision of the PAC services in the four districts.

#### **Preparations to establish LTFP services completed**

- Provincial preparations and site identifications for provision of LTFP services was done in Copper belt, Northern and Luapula provinces; 74 health care providers were identified as potential candidates for training in LTFP from 25 districts. An orientation training was done for 28 health care providers and partners on adolescent sexual and reproductive health from Siavonga, Namwala, Itezhi-tezhi, Gwembe and Mazabuka with a view to improve FP services for adolescents.

#### **Challenges**

- There is a critical shortage of skilled birth attendants (Nurses, Midwives, Medical Doctors and Licentiate) needed for EmOC training in some of the identified EmOC sites.
- Lack of or inadequate space and equipment in some identified facilities earmarked for the provision of EmOC and LTFP services
- Failure to meet the trainers incentives/needs (facilitation allowances)

#### **Next Steps**

- Printing of 150 copies of EmOC training manuals in readiness for the training rollout to 6 districts in Southern, Luapula and Northern Provinces
- Conduct a 5 day training and FP knowledge update for 20 health care providers from 10 districts in Southern and Western provinces
- Conduct 3 Jodelle training sessions for 74 health care providers.
- Preparatory visit to provincial training site in Eastern Province
- Train 24 health care providers from Copperbelt province in adolescent and sexual reproductive health and FP
- Participate in the dissemination and rollout trainings of the IRH supervisory tools to Provinces
- Review IEC materials for EmOC/PAC/ FP and print 2000 copies

## 4. Human Resource for Health

### 4.1. HR Planning and Management

#### Overall Objective:

- To improve/ maintain the staff-client ratio in at least 80% of C&D districts by 2010.

#### Targets:

- 65% of C&D districts demonstrating improved daily staff-client contact ratio.
- 96% of Physicians retained in C&D district hospitals under the HSSP rural retention scheme.
- 6555 individuals ever received ART in C&D districts in which HSSP has posted a physician

#### Accomplishments:

#### Support MOH/ DHMTS in developing & implementation of retention policy/ programs to support the provision of HIV/AIDS.

- The first two years of HSSP support to MoH was spent on developing the 5 Year HR Plan and monitoring the implementation of the first year's activities. Resource mobilisation to implement strategies which included recruitment, deployment and retention of health workers was a major challenge. HSSP supported the development of a progress report to cooperating partners in order to update them on what was achieved. JICA pledged to support the training component of the plan while HSSP, SIDA and the Netherlands Government will support the physicians and expansion of the health workers rural retention scheme.
- HSSP worked with MoH to prepare a Memorandum of Understanding (MoU) for the Rural Retention Scheme (RSS) which has been approved by the Department of Justice and Cabinet. The sign off of the MoU means that HSSP in quarter 2 will support 23 doctors in the scheme and later begin the process of recruiting other health workers to the scheme. HSSP also provided leadership in the drafting of Retention Guidelines. Although the finalization of the guidelines was planned for this quarter MoH has moved the activity to the second quarter of year 3.

#### Districts supported to implement the retention scheme in C&D districts

- HSSP made a follow up review of the Action Plans in quarter 1 to ensure that recommendations from the desk review were taken into consideration during the 2006/7 planning cycle. The follow-up showed marked improvement in human resource planning.

### **Deployment and staff-client ratios in all 72 districts monitored**

A desk review of daily staff –client ratio was conducted to extract baseline information needed to monitor improvements in staff deployment and retention. The results of the study showed that 43% of the C&D districts demonstrated either an improvement or maintained their daily staff client ratios. The target for year three is to see either maintenance or improvements in at least 65% of C&D districts. This will be achieved partly through expansion of the RSS and MoH's recruitment and deployment of staff in C&D districts. The indicators on staff client ratios however has to be carefully analysed to understand other factors that may influence these ratios e.g., disease burdens, in order for a meaningful interpretations to be made on the ratios obtaining.

### **HIV/AIDS HR Planning Guidelines finalized**

HSSP supported finalisation of the HIV/AIDS HR Planning Guidelines. Most of the work this quarter was centred on getting approval and type-setting the document for the 200 copies to be printed. The HIV/AIDS/HR planning guidelines will be disseminated to 5 central level, 18 provincial HR and HMIS staff. The provincial staff will be expected to orient all the 72 districts. HSSP will support MoH ensure the implementation of the guidelines through Support Supervision and Performance Assessments.

### **Challenges:**

- A number of activities were dependent on implementation of the RSS and have had to be moved to quarter 2 due to the delays in the RSS implementation.

### **Next Steps:**

- Hold an orientation workshop on retention and HR planning guidelines for 5 central level and 18 provincial HR & HMIS officers
- Work with MoH to design and implement Retention Schemes.
- Provide TA to develop progress reports and action plans towards the implementation of the 5 Year HR Plan.

## 4.2. Pre and In-service Training

### Overall Objectives:

- 100% of graduates from COG, SOM and Nurse Training Schools trained to provide ART, PMTCT, CTC services by 2010.
- 23 training institutions using revised curriculum that has incorporated HIV/AIDS and other priority health services by 2010.

### Targets:

- 25% of graduates from COG, SOM and Nurse Training Schools trained to provide ART, PMTCT, CTC services by 2010.
- 1 training institution using revised curriculum that has incorporated HIV/AIDS and other priority health services by September 2007.

### Accomplishments:

#### **Ensure all graduate doctors, Nurses and Clinical Officer General are trained in providing HIV/AIDS services**

- To achieve scaling up for provision of ART services and HIV/AIDS care and services health workers need to receive the necessary skills. Since the various curricula have not yet incorporated HIV/AIDS, HSSP continued to train graduates just before they enter the health care system. To date more than 700 graduates have been trained in provision of ART and HIV/AIDS care and services. On behalf of Chainama College HSSP secured a grant of K81, 333,000.00 from ZNAN which was used to train 58 Clinical Officers General graduates.

#### **Clinical Officer General (COG) curriculum revised, School of Medicine Medical Doctors (SOM) and Nurses to incorporate HIV/AIDS and other priority health services.**

- COG curriculum revised.. The first draft Lecturers Activity Guide, zero draft Student Learning Guide and Evaluation Manual was developed
- A curriculum review sensitization seminar for the School of Medicine was held to get consensus on the process of curriculum revision for the school. More than 200 participants attended the meeting comprising faculty, administrators and students from School of Medicine, Chainama College and JHIPIEGO/HSSP. A consensus was reached to revise MB ChB curriculum to incorporate HIV/AIDS and other priority health services. HSSP will support SoM curriculum review process through coordination of resource mobilization activities

**PHOs planning for in-service training for HIV/AIDS and other priority health services strengthened**

- HSSP supported Central Province to plan in-service training for HIV/AIDS and other priority areas through participation in the Provincial Action Planning meeting.
- Technical Assistance was provided to MoH to finalize on the job training package for nurses working in ART sites. The pilot sites have shown that this particular training has benefited the clientele who seek ART and HIV/AIDS care and services, through faster screening, referral and treatment.
- Support was given to MoH to develop curriculum and training materials for Health Care Assistants, a new cadre the MoH is about to introduce in the wake of HRH crisis. This cadre will provide basic care to client/patients, so as to free professionals to provide more complicated care services.

**Challenges:**

- Slow pace at which activities are accomplished owing to scheduled programmatic activities within the training institutions.
- Financial constraints resulting in some activities depending on out sourced funds; this may cause a delay in implementing such activities.

**Next Steps:**

- Mobilize resources to train COG graduates and graduates from other training institutions.
- Conduct follow up of graduates trained in the provision of ART, HIV/AIDS care and services.
- Print and implement revised COG curriculum.
- Finalize Lecturers Activity Outline.
- Develop the COG Procedure Manual.

## 5. Performance Improvement

### Overall Objective

- To improve the quality of case management observation/record review during supervisory visits in 60% of districts by 2010.

### Target

- 23 districts (32%) conducting case management/ record review in at least 80% of supervisory visits

### Accomplishments

#### *Analysis of documentation of quality of supervision*

- A review was conducted to analyse the documentation on quality of case management observation during supervisory visits. The exercise was conducted through interviews with selected DHMTs and desk review of the HSSP baseline survey reports and other documents on performance improvement. Although 34 out of 40 sampled districts (during the HSSP Baseline Survey) were said to have had conducted case management, only three (9%) of them conducted the review in at least 80% of the supervisory visits. In order to gather more information on various aspects of clinical services and provider supervision, interviews were conducted with two non-implementing districts (Lusaka and Chibombo) and one of the districts said to have conducted case management observation/record review (Kafue).

The districts were conveniently sampled with qualitative interviews conducted with the District Director of Health and Manager of Planning and (or) Administration. The major hindrances to adequate supervision included staff shortages, inadequate transportation and poor working environment.

The directors of the three sampled DHMTs are very eager to collaborate with HSSP. Twenty three districts (including all 9 provincial centres) are expected to improve the provision of case management observations/record reviews in at least 80% of supervisory visits by the end of 2007. Out of the 23 selected districts, HSSP will support Chibombo, Kafue, Lusaka, Livingstone, Ndola and Chipata

#### *Review the Performance Assessment and Technical Support Supervision tools to improve Case Management Observation/Record Review*

- HSSP provided technical support to the review of the Performance Assessment tools to incorporate an HIV/AIDS component as well as improve case management observation/record review during supervision. All the PHOs and technical specialists were requested to provide comments that were later consolidated during the review meeting held in Lusaka from the 18-20th October, 2006.

The meeting was attended by 55 representatives from MoH, PHOs, General Nursing Council, WHO, USG/CDC, HSSP, NMCC, UTH, Chainama College, Kasama General Nursing, NFNC, and DHMTs. The outcome of the meeting resulted in a roadmap for finalisation of the tools to be done by a 15 member core team comprising MoH, NFNC, HSSP and 5 Senior Provincial Health Advisors.

A consensus to adopt the draft tools was reached during the PHD consultative meeting held on the 13th December. The draft PA tools have since been submitted to the MoH and feedback from the provinces is expected after the first week of January 2007. The core-team will then finalise the tools and pilot them in two selected districts in each of the nine provinces during the second quarter. HSSP will work with MoH in dissemination of PA/TSS tools to PHD/CCSs.

### **MOH/MCZ supported to initiate accreditation of ART delivery sites Support**

HSSP has continued to provide technical support to MoH and Medical Council of Zambia in the implementation of the ART accreditation system. All the draft documents and the implementation guide were finalised during the quarter under through a series of consultative meetings with various partners. The document is being printed by WHO and will take effect from January 2007. During the second quarter HSSP will work with MCZ to disseminate the accreditation guidelines and conduct the training of surveyors.

### **Monitoring implementation**

- A follow-up discussion was conducted with 11 districts in the Southern Province on strengthening case management during supervisory activities in their action plans.

### **Challenges**

- Consensus building on the review and finalization of the PA tools needed much more time than anticipated. It was difficult to get all the Provincial Health Directors and Senior Health advisors who had to be involved in the process together at one time.

### **Next Steps**

- Work with MOH in dissemination of PA/TSS tools to PHD/CCSs.
- HSSP to participate in one Provincial PA to conduct assessment (piloting) of the revised tools.
- Provide technical assistance to two of the six selected districts in provision of Technical Supportive Supervision (that focus on case management) of hospital and health centre levels.
- Participate in MoH PHDs Quarterly meetings to share experiences in Performance Assessment.
- Work with MCZ to disseminate the accreditation plan to PHOs and Districts.

## 6. Technical Area: HIV/AIDS Coordination/SWAP

### Overall Objective:

60% (43) of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010

### Target/s:

42% (30) of districts with at least one facility offering the minimum package of HIV/AIDS services

### Accomplishments:

#### **Program management and coordination for health sector HIV/AIDS strengthened**

HSSP provided baseline information on the status of key HIV/AIDS services (ART, PMTCT, CTC and basic laboratory services) in the districts. This was done through a desk review of the 2005 Zambia HIV/AIDS Services Assessment survey conducted by the Ministry of Health and the Central Statistical Office.

Key findings from the survey included: a wide spread coverage of clinical care and support services for HIV/AIDS clients (TB, STI and malaria), lack of protocols and guidelines for CTC, ART, PMTCT, OIs and laboratory in health facilities where these services are offered; concentration of HIV/AIDS services in urban districts and hospitals.

A summary report of key findings and recommendations developed will be used by provinces and districts to formulate effective strategies for improving coverage and quality of HIV/AIDS services.

Another area of focus was to support districts to plan for HIV/AIDS services through providing on-site TA to districts, hospitals and training institutions in Northern and Copperbelt provinces during the 2006/7 planning cycle. All districts, hospitals and training institutions have included HIV/AIDS services in their action plans focusing on coverage and quality of service provision.

#### **HIV/AIDS integrated into SWAP**

Following the establishment of an ART partners' database in MoH, HSSP's mandate is now to ensure that the database is updated annually. A structured questionnaire for data collection was circulated to 20 ART partners to support this process. Only 10 records were received and entered. Reports can now be generated outlining the type of support (technical, financial or material) being provided, type of services offered and where, details of financial assistance targeting ART program in the country. The database will assist policy makers and

program managers effectively coordinate the ART program activities and prioritize resources for better health outcomes.

In the area of resource mobilization, HSSP has continued to provide technical assistance to the Ministry of Health and National AIDS Council to conceptualize and plan for the GFATM. Support was provided to review the GFATM. Information and recommendations were provided to the Country Coordinating Mechanism on the concerns raised by the general public regarding management of the Global Funding and outcome of the Round six proposals.

Other support aimed at integrating HIV/AIDS into SWAP. TA was provided towards completion of the Basic Health Care Package (BHCP). Consultancy was commissioned to put the work on the BHCP back on track as the key central guiding framework for the financing and selection of health care service interventions including HIV/AIDS in the country. Key interventions were identified for all levels with emphasis placed on promotive and preventive strategies; costs for the resource inputs for interventions were defined; cost-effectiveness analysis was undertaken to select the final set of interventions

Community level structures were identified as critical to the decentralized health care service provision. Other aspects included definition of the 2<sup>nd</sup> and 3<sup>rd</sup> level BHCP. A report presenting the first edition of the BHCP which is a synthesis of the previous work of the essential health care package, the BHCP in the context of HIV/AIDS, renal diseases, cancer and cardiovascular disease was developed. A roadmap defining steps to be taken aimed at finalizing the package was also developed.

Following the finalization of the 2006/8 ART implementation plan, HSSP supported the printing of 1000 copies. An additional 1000 copies were printed by W.H.O. Dissemination of the plan to the districts will take place in February 2007. However districts have already started using the plan to develop district specific ART operational plans.

### **HSSP HIV Coordination**

HSSP has been providing support to the provincial CCSs. The provincial CCSs support district hospitals and HIV/AIDS clinical programs. In order to streamline activity implementation and reporting by provinces, HSSP devised a generic action plan and reporting format for use by all the CCSs. All specialists are required to modify their HIV/AIDS action plans based on the proposed framework and from now onwards should report their work using the new reporting template. This will enable consistent reporting on program relevant indicators.

### **Key Results**

- ART partners' database updated
- Desk review summary report developed
- The Zambian BHCP – Levels one, two and three
- Report on Global Fund review developed
- 2006/8 ART implementation plan (1000 copies)

## **Challenges**

- Increased workload was a major challenge. An additional staff member will be hired to replace the program officer who resigned during the quarter.

## **Next Steps**

- Develop a coordination mechanism (tool/guide) for HIV/AIDS services
- Develop a guide/responsibilities for coordinating HIV/AIDS services
- Participate in PA/TSS in North Western Province
- Continue working with MOH and the TWG towards finalization of the BHCP
- Develop and review proposals to Global Fund
- Initiate NHA HIV sub-analysis
- Initiate development of a sustainability framework
- Disseminate 2006-8 ART implementation plan

## **Technical Area: ARV drugs**

**Target/s:** 30% of districts reporting ADR/E and ARV drug resistance monitoring

## **Accomplishments**

The HIV drug resistance (HDR) monitoring framework was finalized and adopted by the Technical Working Group. The HDR monitoring implementation plan with a budget including financing sources and gaps was finalized. Resource mobilization from partners continues to be the mainstay for ADR/E activities given the limited funding to this component.

## **Next steps**

- Work with PRA to conduct two trainings in pharmacovigilance for private sector, pharmaceutical society of Zambia, ZMA and Nurses Association of Zambia
- Work with PRA to initiate technical support supervision

## 7. Planning and Information Management

**Technical Area:** Planning and Information Management

**Overall Objective/s:** Strengthening Systems for Health Information and Action Planning, with Emphasis on HIV/AIDS.

**Target/s:** 100 % districts and hospitals use RHIS to plan for and manage HIV/AIDS services by 2010

### Accomplishments

#### ***PMTCT/VCT data collection materials completed***

- The PMTCT/VCT data collection and reference materials were completed in quarter 4 of the last year. However, protocols for PMTCT were changed and this necessitated a revision of the whole package. During quarter 1 therefore, focus was directed at ensuring that data collection tools, reference and training materials were edited to reflect these changes. So far, all the registers, tally sheets aggregation forms, procedures and indicators manuals have been finalized and circulated for final review. Data tools for tuberculosis were designed by the TB working group and are currently being used in selected provinces. These tools shall be quickly reviewed so that they are reformatted to fit into the design of the conventional HMIS.

Data elements for ART and VCT have already been included into the upgraded version of the HMIS program. Once the PMTCT and TB pieces have been endorsed by all the stakeholders, they too will be integrated.

#### **Review of the current Planning process**

- Input on areas of focus was solicited from various stakeholders on the best way forward towards revising the current planning process. So far, input has been documented from HSSP staff based on their experiences during the review of action plans and visits to the provinces during the planning meetings. In consultation with the MoH, a wider consultative meeting has been planned for January where major issues that may affect planning shall be discussed. Some of these key issues will include decentralization of the planning and budgeting frameworks.

In order to provide focused direction towards possible review of the planning process, a draft document highlighting key areas of focus has been completed and currently under discussion among the planning team members. Once consolidated, this document will be used as input during the upcoming meeting in January.

- Work towards revising the assessment for district action plans that was used in 2006 has only been started. Certain issues however can not be resolved until we have an

idea on the direction the review of planning process is going. In the meantime, work on the generic issues continues has other will be pending the meeting in January 2007.

- The desk review of the 2006 action plans has been delayed until the draft version of the analysis tool has been completed (after January). This tool will be tested for its applicability on the 2006 action plans.

### **Key Results**

- Data collection tools for PMTCT and VCT have been finalized.
- Redrafting of the Procedures and Indicators Manuals completed
- Draft document for governing the review of planning process completed
- Development of a prototype tool for analyzing the quality of action plans has been initiated.

### **Challenges**

- Most of the activities required active involvement by MoH and partners. As such, there were a lot delays in the process of reaching consensus.

### **Next Steps**

- Printing data collection tools and conducting training for provincial and district teams in the use of the new data collection system for PMTCT /VCT and TB.
- Finalize the write-up of the upgrade script to migrate older HMIS datasets to the newer version that will integrate HIV/AIDS services.
- Hold a consultative meeting with MoH and partners on the way forward towards the review of the planning process.
- Finalise and test the tool for analyzing the quality of action plans

## 8. Clinical Care Specialists

### Overall Objectives:

- To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions

### Targets:

- To contribute to attainment of the national target of having 110,000 patients on ART by December 2007

### 8.1. Central Province

#### Accomplishments:

- Technical support was provided to 4 of 15 (26%) ART sites (Kabwe General, Mkushi, Serenje and Chitambo Hospitals) in the province
- CCS through HSSP facilitated the printing and lamination of 90 locally made ART adherence posters
- Facilitated HIV/AIDS case observations in collaboration with some clinicians at Kabwe General Hospital
- Facilitated tracing of ART defaulters at Kabwe General Hospital ART clinic in all districts in the province.
- CCS through HSSP facilitated and funded the quarterly TB cohort review meeting in the province
- Kapiri Mposhi District Hospital had 80% of the TB cases notified in the quarter tested for HIV
- CCS Facilitated a one day meeting for PHO staff on HIV/AIDS at the work place as World AIDS week commemoration.

#### Challenges:

- PHO does not have a fixed schedule for the biannual PA and TSS to districts and the already planned activities by the CCS had to be re scheduled to accommodate PHO initiated activities. Orientation of service providers to the locally made ART adherence posters, establishment of HIV/AIDS work place programme at 4 hospitals and the Provincial ART committee meetings were all rescheduled to the next quarter.

- Time apportioned to TSS is the limiting factor, e.g. observation of service delivery are never done.
- Strengthening of the integration of TB and HIV in all institutions in the districts
- Training of private practitioners in Kabwe district in ART and OIs has not been done due to non availability of funds.

**Next Steps:**

- Technical Support to more ART sites will continue in the next quarter.
- Ensure Provincial ART committee meetings are held regularly.
- Data base on partners providing ART in the province -Activity will be completed in 2nd quarter
- TA to junior MOs providing Art services in the districts will continue especially Clinical officers who are readily available especially in rural arrears.
- Performance Assessment will be conducted in the next quarter as scheduled.
- Other areas of quality assurance in ART service provision will be addressed in next quarter such as adherence assessment.
- Orientation of service providers and distribution of the posters to 9 ART clinics.
- ART defaulter tracing will continue in the next quarter.
- Participate in the identification and assessment of potential ART sites
- Facilitate the training of health workers in ART in the province through collaboration with other partners.
- Facilitate the training of private practitioners in Kabwe district in ART and OIs.
- Service providers in 4 of the 9 ART sites will be oriented in next quarter

## **8.2. Copperbelt**

**Targets:**

- 70% of known HIV/AIDS patients accessing ART by the end of 2006
- At least 50% of all health workers offering ART services, trained in this field.
- The provision and management of logistics to 100% of ART sites
- Reporting of HIV/AIDS data from 100% the districts

## **Accomplishments**

- Most of the private health sector is now reporting data to the PHO.
- The referral system between clinics and hospitals has improved evidenced by recent referrals of samples and only complicated cases to hospitals.
- A number of a number of non accredited sites have been introduced in all districts
- Mobile/outreach sites have been successfully run in all districts particularly, the rural ones.
- Training of 90 health workers in Pharmacovigilance from selected sites in all districts on the Copperbelt; 30 health workers from the private sector were also trained by PRA.
- Participated in the JSI/MoH training of health workers and managers in the new ARV logistics management system.
- Facilitated a policy dialogue meeting on the topic ‘Are ARVs a reality on the Copperbelt’ and participated ‘Paediatric ARVs, the challenges facing them”, both sponsored by SAFAIDS
- Participated in ART/OI training.
- Facilitated TSS in scaling up the provision of PEP to health centres.

## **Challenges**

- There is a reporting gap that has emerged with the introduction of CCPTS; no interim measures have been put in place to provide ARTIS forms until the new system is in place thus there is no reporting system available to districts in transition once the reporting forms run out
- Inconsistent supplies of ARV, OI drugs and laboratory reagents resulting in inconsistent supplies of drugs to patients and laboratory services.
- No tracking system to follow patients who have been lost to follow up in the hospitals and health centres. Long distances to clinics particularly in the rural areas resulting reduced access to ART, though this has been alleviated somewhat by the mobile or outreach clinics.
- There is a need to scale up ART services offered in Chililabombwe District.
- There is a need to train health workers in non ZPCT sites in Paediatric ART.

### **Next Steps**

- Follow up the planned activities of the Provincial ART Committee i.e. setting up of new ART sites, supportive supervision and periodic evaluation of ART service providers and sites etc.
- Facilitate the training of staff in adherence counselling.
- Facilitate the training of non ZPCT staff in Paediatric ART.
- Facilitate the acquisition of logistics and medical supplies at all levels on the province
- Ensure at least 1 scientific meeting for ART providers in the Province.
- Involve the private sector in CCPTS
- Ensure that all districts hold clinical meetings and case reviews for HIV/AIDS cases.

### **Reproductive Health**

#### **Accomplishments**

- Refresher and update training for health workers in Ndola.
- Maternal death reviews conducted by PHO at Ndola Central Hospital and headways are being made in finding solutions to problems.

#### **Challenges**

- There is a need to follow up health workers trained in EmOC because the training was not standardized and there is no monitoring in the services provided by these health workers
- Follow up the standardization of the PAC package and see if there are any deficiencies in the trainings
- Male involvement in family planning is still quite a difficult area, although efforts are being made by various districts it still remains a challenge

### **Child Health**

#### **Accomplishments**

- Facilitated and coordinated logistics from UCI for CHwk and attended the review and preparatory meeting.
- 5 districts consistently above 80% immunization coverage
- Trained 24 health workers from Chingola and Kalulushi in IMCI.

#### **Challenges**

- Few of the health workers are trained in IMCI; supportive supervision will need to be provided to the health workers that have been trained

- High attrition leads to a loss of trained and skilled manpower and there is a need to identify motivating and possible retention ideas
- Some districts not attaining the national immunization coverage levels

#### **Next Step**

- Review the Child health week activities to find out if the coverage of the districts that did poorly can be increased to at least 80% coverage
- Facilitate the training of more staff in IMCI in all districts.
- Provide TSS to poorly performing districts i.e. for routine immunizations.

#### **Malaria**

##### **Achievements**

- Most health workers in all types of health facilities knew the treatment of simple Malaria.
- Some districts had IRS done in the communities.
- Use of Fansidar and Quinine for malaria treatment

##### **Challenges**

- Most health workers do not use the laboratory or Rapid Diagnostic Test to diagnose Malaria resulting in over-diagnosis in patients presenting with fever
- Some hospitals reluctant to use mosquito nets due to hygiene issues
- Some foreigners and private clinic using unauthorized malaria treatment e.g. Artemisinin

### **Next Steps**

- Encourage the use of labs and RDTs for the diagnosis of Malaria; Quality Assurance of blood slides to be done by the Provincial Laboratory Scientist.
- Lobby for consistent supply of Coartem
- Encourage Clinical meetings where differential diagnosis for fever can be explored and discussed at health centre and hospital levels; provide support on a proposed study in the hygiene of using bed nets in the hospitals.

### **8.3. Eastern Province**

#### **HIV/AIDS**

##### **Target/s**

- To scale up 2 more ART sites
- To provide TS to the 8 districts of the Eastern province

##### **Accomplishments**

- 485 clients were put on ART last quarter; 8345 patients are now on ART out of the targeted of 10,000 clients
- The provincial HIV/TB committee is now in place and has planned for and provided technical support to the 8 districts on HIV/AIDS activities. The province also held the HIV/TB quarterly review meetings
- Technical Support was provided to junior doctors through case observations and review of HIV/AIDS patients and case notes; findings were discussed with the ART team
- The ART/TB committee scaled up 2 new ART sites in Nyanje (Petauke) and Lumezi(Lundazi). Vulamukoko (Katete),and Chiparamba (Chipata) were assessed for ART readiness. Through CARE and CCS 4 New PMTCT sites have been scaled up in 4 centres in Chadiza and Chama.
- 24 ART managers were trained in management of HIV/AIDS services
- Apart from mission-run institutions, no private clinic is involved in ART provision yet.
- HIV/AIDS Incidence Rate 2005/2006:  
2005 Q3=0.91, Q4=.01                      2006 Q1 =0.41,Q2=0.61 Q3=0.40

##### **Challenges**

- 1/8 districts have no medical officer for initiating ARVs and only 30% of the health centres in the province are offering PMTCT. CTC coverage is 50%, HBC is 60%
- Stock outs of HIV testing kits and reagents

### **Next Steps**

- To prepare for the next TS/HIV/TB quarterly meetings and strengthen links within the districts
- To work with partners in view of critical staff shortages, inadequate structures, stock out of reagents
- Identified weaknesses following TS to be shared with specific districts
- To lobby for funds from partners for training of 32 staff in pharmacovigilance who are working in the ART centres

## **8.4. Luapula**

### **HIV/AIDS**

#### **Accomplishments:**

- 5000 patients on ART
- Mobile VCT services conducted in Milenge.
- 25 health workers trained in ART/OI, using standardized training packages
- 20 Health workers trained in ART logistics management
- Conducted pre ART site assessments at Kasaba hospital, with the view of opening the ART site in January
- Participation in the Provincial ART coordinating committee meetings has improved along with coordination of activities among partners. Data on activities, instructive clinical cases and new trend in HIV/AIDS treatment is shared. There is now an updated data base on ART activities in the province with an overview of the ART programme and future planned activities.
- Provided on site technical support to Mansa general hospital, ART sites in Samfya, Chienge, and Nchelenge. This has resulted in improved case management, including paediatric ART and data management.
- Initiated clinical meetings at Samfya Stage 2; case management observation done followed by on site TS.
- 30 Key Stakeholders were oriented on the theme of World AIDS day. Discussions were held with members of staff at Provincial Health Office on HIV/AIDS policy at the work place. Appointments with individual couples made
- Monitoring and Evaluation of ART services done at 8 sites

- Submitted proposed standards and indicators for HIV/AIDS, for incorporation in to the Performance Assessment tool

**Challenges:**

- Lack of basic laboratory equipment in most health facilities
- High attrition and inadequate numbers of staff trained in offering the minimum basic care in HIV/AIDS. Incentive packages offered by some partners mitigate negatively on other partners without such incentives
- Inadequate funding and poor coordination of training still remains a big challenge. Partners will train staff from areas they operate in, leaving out staff from districts that need to be ART accredited.
- Poor information management in most ART sites because data from various entry points in big facilities such as Mansa general hospital is not aggregated to compute accurate indicators

**Next Steps:**

- Scale up ART services to Milenge using the mobile clinic approach.
- Strengthen coordination with partners to promote leveraging of resources for coordinated training of facility staff using standardized packages;
- Harmonize incentive packages for community volunteers and health staff.
- Continue support to the provincial ART committee.
- Strengthen data management in HIV/AIDS.
- Provide on site technical support to ART sites not visited in the previous quarter

## **Child Health**

### **Accomplishments:**

- Four districts have attained a de-worming coverage of 80%, while three attained vitamin A supplementation of 80%. All the districts recorded an improvement in coverage with the minimum coverage being 70% for all the districts
- 100% timeliness in reporting CHWK activities
- All the 3 districts, in phase 2 of the RED implementation, have started implementing the RED strategy
- Improved immunization indicators for 5 districts( still compiling data for 4<sup>th</sup> quarter 2006)
- The province conducted an in house training of cold chain technicians from all the 7 districts
- On site support in IMCI provided during PA/TSS.
- Milenge and Chienge have included training of staff in IMCI in their action plans
- Made submissions to include standards and indicators for monitoring IMCI activities, in the PA tool

### **Challenges**

- Late arrival of CHWK logistics
- 
- Too many health centres run by CDEs in Samfya, Kawambwa
- Logistics not always adequate e.g. BCG
- Data management in EPI has remained a big challenge in most districts; competences in running EPI programmes in districts are generally low
- Inadequate cold chain facilities in Samfya, Mwense

### **Next Steps**

- Hold a CHWK provincial review meeting to review performance and initiate planning for the next round of CHWK
- Advocate for timely supplies for EPI, increased technical support and scale up of the RED strategy to the remaining 2 districts.

- Participate in the review of district action plans to ensure adequate allocation of resources for EPI activities
- Continue strengthening capacities of other DHMTs to do quarterly self assessments; probe deteriorating indicators and institute appropriate measures
- Conduct a combined training in IMCI for Milenge and Chienge districts
- IMCI case management training and follow up after training will continue.
- Continue providing on site Technical Supportive Supervision.

## **IRH**

### **Accomplishments:**

- 3 provincial Maternal Death Reviews were held; Mansa general hospital now holding regular MDRs
- On site support to health facility staff in F-ANC services, offered
- Increased use of the Partograms in Mansa, Samfya, Nchelenge and Chienge

### **Challenges**

- Lack of, or inadequate, essential obstetric care at community level and health facility level contributes to late referrals;
- Most of the staff at referral institutions have not yet been trained in EmOC and PAC services; several health facilities are run by unqualified staff
- Some facilities do not have reliable communication equipment and transport to facilitate timely referrals

### **Next steps**

- Follow up with the MoH headquarters on training on EmOC and PAC
- Promote the use of CDK
- Continue building capacities in the facility staff to conducting reviews of maternal deaths
- Lobby with partners to equip the health facilities with reliable communication equipment and transport
- Strengthen technical support in IRH services

## **Malaria**

### **Accomplishments:**

- All DHMTs, some health facility staff and a number of NHCs were trained in the mass distribution of ITNs; NMCC distributed ITNS to 6/7 districts
- Provided technical support on clinical case management of malaria, to facility staff in Samfya stage 2 clinics, Puta clinic in Chienge and Mansa general hospital.

### **Challenges:**

- Inadequate supplies of Coartem and inappropriate use of ITNs
- Delays in implementing other malaria control activities e.g. IRS
- No rapid diagnostic tests in most districts
- Very few health facilities have functional microscopes

### **Next Steps:**

- Coordinate with NMCC to provide ITNs to Samfya district
- MoH headquarters to procure and distribute enough supplies of Coartem, RDTs and microscopes
- Promote and strengthen IEC on the appropriate use of ITNs
- Encourage clinical meetings on malaria case management

## **Performance Assessment and Technical Support**

### **Accomplishments:**

- PA done for all 7 districts, the general hospital and the two training institutions.
- The CCS conducted regular TSS in ART (Mansa General Hospital, Samfya stage 2, Chienge, Milenge and Nchelenge districts), HMIS, IRH( Maternal death reviews at Mansa general hospital, infection prevention, good practices in the maternity ward), IMCI and general clinical care activities

### **Challenges:**

- Funding for on-site technical support is limited
- There is no feedback from the centre on the submitted PA / TSS reports
- Lack of internet services hinder tele-TS (e-TS)
- No PA / TSS visits from the centre

### **Next Steps:**

- Provide technical support based on PA Findings

## 8.5. Lusaka

### HIV/AIDS

#### Accomplishments:

- The Provincial ART Committee meeting was held on 29<sup>th</sup> November focusing on strengthening the ART information system in Lusaka Province. All districts and Chainama Hospital sent representatives to this meeting.
- The CCS attended a one week ART training for doctors at Ndola Central Hospital from 11<sup>th</sup> to 16<sup>th</sup> December.

#### Challenges:

- Cooperating partners implement ART activities without involvement of the PHO

#### Next steps:

- Cooperating partners will be involved in the subsequent ART Committee meetings.
- Now that the CCS is trained in ART technical supportive supervision will be provided to ART and PMTCT sites.

### Child Health

#### Accomplishments:

- The PHO oriented Lusaka and Chongwe districts in the RED strategy. The orientation for Kafue and Luangwa districts has arranged for second quarter 2.
- Technical and logistical support was provided to all districts during the Child Health Week held from 4<sup>th</sup> to 8<sup>th</sup> December. Vaccines, vitamin A, de-worming tablets and commodities for immunization were delivered on time to all districts.
- 16 health workers from districts were trained as trainers in Community IMCI and action plans drawn to train community health workers.

#### Challenges:

- Inadequate financial and material resources to scale up Community IMCI in the districts.

#### Next step:

- Source funds from partners and other programs such as malaria to fund the scale up of Community IMCI in the districts

## 8.6. Northern Province

### HIV/AIDS

#### Achievements:

- 14 health workers from Mungwi District trained ART service provision; Mungwi District serves as a satellite ARV provider of Kasama General Hospital and awaits full accreditation
- Statistics of patients and ART providers submitted from Chilubi to PHO in preparation for the initiation of the ART program there.
- Adherence counselling emphasized during supportive visits to ART sites.
- ART Committee was set up with plans for the first meeting in the second quarter
- 6 ART sites were visited; providers at Nakonde and Isoka need to be trained
- Case observations and record reviews done at Kaputa, Mporokoso and Luwingu.
- Dissemination of WHO guidelines done to 6 Districts.
- Participated in WAD in Isoka.

### Child Health

#### Accomplishments:

- Participated in second round of child health week with good turn out; Munkonge area experienced shortage of BCG and Vit a 1000mg capsules
- Preliminary meetings for IMCI training were held with Nakonde and Isoka (budget commitments).

#### Next steps:

- Follow up scaling up ART for Chilubi and Mungwi Districts
- Continue case management observations in ART sites.
- Hold meetings to plan F-IMCI training for Nakonde, Isoka, Chinsali and Chilubi and ART training for Nakonde and Isoka

## **8.7. North Western Province**

### **HIV/AIDS**

#### **Accomplishments**

- Outreach ART services to St Dorothy and Solwezi Urban Clinic now started.
- Mukinge ART programme has initiated an outreach service to Kasempa Urban Clinic.
- All ART sites are now oriented in the new ARV logistics ordering system.
- Mufumbwe ART site being strengthened in capacity building of pharmacy and laboratory with support from ZPCT.
- Mukinge PMTCT programme and Sachibondo RHC are following up HIV positive mothers and their babies.
- Clients ever on ART increased to 2142 end September 2006 from 1864 as of end June 2006

#### **Challenges**

- To train staff at Chavuma mission, Chitokoloki mission and Kasempa DHMT in ART.
- Scale up of outreach ART services to Lumwana East, Mapunga and Mutanda RHC within Solwezi district as staffing is limited to carry out these activities.

#### **Next Steps**

- Conduct on site TA to Zambezi, Kabompo and Mufumbwe ART sites.
- To continue to lobby for staff in Chavuma, Chitokoloki and Kasempa to be trained in ART.
- To coordinate formation of Provincial ART committee.
- To conduct on site TA to Zambezi, Chavuma, Kabompo and Mufumbwe PMTCT sites.
- To provide TA to junior doctors at Solwezi General Hospital in implementing ART activities in the hospital and district level.
- To facilitate site assessment and certification of Private ART sites

## **Child Health and Nutrition**

### **Accomplishments**

- Dissemination of Red strategy to Zambezi, Chavuma, Kabompo, Mufumbwe and Solwezi districts
- 24 health providers trained in F-IMCI from Mufumbwe, Solwezi and Kabompo being able to manage children according to IMCI guidelines; all 7 districts now are f-IMCI implementing.
- Districts were able to identify and target poorly performing areas early for child health week activities.

### **Challenges**

- To ensure all districts support micro plans of RHC's for Red strategy scale up.
- To assist districts to continue to monitor and support hard to reach / poorly performing areas to improve and maintain immunization coverage.
- To encourage districts to budget for f-IMCI training as it is costly and resources are limited.

### **Next Steps**

- Conduct follow up support supervision to all health workers trained in f-IMCI.
- Provide TA to districts to plan and budget for training in f-IMCI.
- To provide TA to districts in analyzing performance during child health week.
- To provide TA to districts in Red strategy implementation.

## **Integrated Reproductive Health**

### **Accomplishments**

- Conducted and made database for maternal death review analysis in Mwinilunga with trained providers.
- Conducted site assessment for EmOC in 2 RHCs in Mwinilunga.

### **Challenges:**

- Training in PAC is costly, and it will be difficult for districts to source for already limited funds
- To challenge trainers trained in LTFP methods to find innovative ways of scaling up to other health providers.

**Next Steps:**

- To provide TA to districts in identifying sites for PAC services.
- To assist in scale up of training health providers in LTFP methods.
- To ensure districts start reporting and analyzing maternal deaths.

**8.8. Southern Province****HIV/AIDS****Accomplishments**

- DCT has been implemented in all 11 districts hospitals in the province
- TB/HIV collaborative activities have been introduced and fully implemented in all 11 district in the province
- 10 health workers were trained in diagnostic counselling and testing during; all were followed up for post training TSS.
- Health workers from Kazungula and 2 from Sinazongwe were trained in ART/OI
- New ART sites opened in Kazungula district and 1 new ART site opened in Sinazongwe district
- 25 health workers from Kalomo district and 30 from Gwembe district were trained in PMTCT service provision
- 25 health workers were trained in provision of Youth Friendly Reproductive Health services, including HIV/AIDS prevention strategies amongst the youth
- Successfully convened the scheduled provincial ART committee meeting

**Child Health****Accomplishments**

- Successfully completed the RED-C Strategy Phase II Micro briefing exercise for Livingstone, Kalomo, Sinazongwe, Gwembe, and Itezhi-Tezhi Districts.
- CHWk was successfully and effectively implemented in all 11 districts two weeks earlier than the national CHWk without mebendazole supplies from the national level

**Integrated Reproductive Health**

- Conducted case observation TSS in f-IMCI in Siavonga district
- Conducted EmOC site assessments for Itezhi-Tezhi district in readiness for EmOC implementation in the district

## **Performance Assessment and TSS**

- Oriented DDH's and Hosp Directors in HMIS and team building principles
- Conducted TSS to 3 districts using case record reviews for HIV/AIDS patients

## **Challenges**

- The CCS is not accredited as an ART trainer in Zambia and will need to attend a local ART/OI TOT.
- The CCS will also need training in Pharmacovigilance and LMS

## **Next Steps**

- Based on findings of the National HIV/AIDS minimum package assessment report, proceed with TSS/TA to 100% of districts by end of the 2nd quarter
- Complete collection of Data on partners involved in ART services provision from the remaining 3 districts. Analysis and report writing for submission to be completed during 2nd quarter
- TSS based on the previous PA findings will continue to ensure at least 80% of recommendations on issues of service delivery and case management are fully implemented
- TA visits to ART sites in the province to focused on ART and TB/HIV co-infection management
- CCS will continue to spend 30% of each month on providing regular TSS to improve quality of clinical services in general
- HIV/AIDS Case management observations to be conducted with district supervisors in at least 30% of the ART sites in the province
- Facilitate the opening of at least three more ART sites in the province
- Regular TSS in TB/HIV collaboration to continue
- Facilitate orientation of health workers to the use of ART adherence protocols

## **8.9. Western Province**

### **HIV/AIDS**

#### **Accomplishments:**

- 5840 patients now on ART.
- On-site TA conducted at LGH, Senanga and Kaoma District Hospital; LGH and Senanga District Hospital now implementing the ARVs Logistics Management System
- Technical support supervision provided to 3 District Hospitals on in-patient care and clinical meetings.
- Facilitated training of 40 participants in ART/OI, 20 in paediatric Art by CIDRZ and 24 in ARVs Logistics Management System by JSI/Deliver.
- Conducted case observations and record reviews in 3 ART sites.

#### **Challenges**

- The Provincial ART Committee has not held regular meetings due to the difficulties in having all the stakeholders attend
- Paediatrics ART continues to lag behind with less than 5% on ART being children
- 50% of the existing CTC sites not reporting activities to PHO
- TB cure rate of the province is 78% and falls below recommended 85%.

#### **Next Steps**

- To participate in the bi-annual PA to the districts and conduct on-site TA and QA to 3 sites every Quarter.
- To support 3 more sites in the next quarter in implementing the logistics management System.
- To facilitate regular meetings of the Provincial ART Committee.
- To continue facilitating training staff in ART/OIs to meet the scaling up needs especially in paediatric ART
- Continue lobbying for more training of health facilities to introduce and strengthen TB microscopy, CTC, PMTCT in collaboration with CIDRZ, Diagnostic Counselling and Testing and training of lay counsellors to increase access to CT.

## 9. Indoor Residual Spraying (IRS)

Malaria exerts a tremendous burden on the health care system and the country's economy in general. It is the major cause of illness and death especially amongst the children and pregnant women. 45% of clinic consultations and 50,000 deaths are estimated to be caused by malaria annually. Ministry of Health has embarked on an ambitious campaign to reduce malaria by vector control interventions that include the use of ITNs and indoor residual spray (IRS) for eligible areas.

A rapid scale up has seen the expansion of the IRS programme from 2 districts in 2002 to 15 districts in 2005. The coverage has been scaled up from hotspots to about 40% by the end of 2005.

### **Overall Objective/s**

To reduce the incidence of malaria by 75% by the end of 2011.

### **Target/s**

To increase the coverage of IRS among the eligible populations from 40% to 85% in all eligible districts

### **Accomplishments**

- IEC materials on IRS were produced centrally in various languages and disseminated, with special targeting to the eligible districts. These included posters, leaflets and spray operators information brochure.
- Reviewed ,updated and printed 1,000 copies of the supervision checklist
- Procurement of protective clothing for all the spray operators was done to ensure minimum safety requirements. These included overalls, face masks, chemical droplet fumes & dust cartridges, gloves, gum boots, Mutton cloths, rimmed hard hats and clear goggles.
- Quantification and procurement of insecticides and equipment to enable procurement
- 45 supervisors were trained for 5 days to prepare them to conduct the training of the spray operators in the districts.
- 1000 spray operators were trained for a period of 21 days to be able to adequately train the spray operators to be capable of applying the spraying technique viz-a viz distance of nozzle from wall, speed and operating pressure.

- District managers were supported to supervise and enumerate IRS activities for two phases. Standard requirements stipulate that supervision and monitoring should be conducted at the beginning of the campaign, mid way and towards the end. The third supervision round will be conducted in January 2007.
- A stakeholders' meeting was held to look at the plan of activities for short term and long term in relation to studies and safe guards. The ECZ officers have also visited the sites to assess the state of safe guards in place. Coordination with ECZ and other partners on safe use of pesticides will continue.
- A standardized format of information reporting has been developed and districts have been asked to report according to the format. Reports are expected weekly due to the nature of the program. Information submitted so far has been used to provide focussed follow up support.
- The current capacity for storage and spray operators' facilities established. (Inadequate). The program has contracted quantity surveyors to estimate the total requirements. This will enable writing a comprehensive proposal for support. The proposal will be discussed by stakeholders with the view to secure commitments for support.

#### **Key Results**

- The structures sprayed so far represent over 50% of the overall eligible district targets.

#### **Challenges**

- The funds were released relatively late and hence spraying had to be done after the onset of the rains, posing great logistical and compliance challenges. This slowed the campaign due to work stoppages arising from heavy rains and inconveniencing residents. Planning for the next spraying season should be started early in order to address this concern.
- Inadequate transport to all the districts to enable smooth running of the programme.
- Inadequate storage facilities

#### **Next Steps**

- Based on the experiences in the field there is need to review and update training materials for Trainers and spray operators. These materials have not been reviewed for the past five years. This has resulted in varied quality of spray operators trained from district to district
- Provide training for store keepers in safe handling of insecticides and equipment. The store keepers have in the past been left out in the training despite the fact that they handle insecticide and equipment for IRS.

- Follow upon safe use and disposal of pesticides
- To ensure that all the districts send in IRS information in a standardized format
- Provide geographical reconnaissance training in all IRS eligible areas. This will provide basis for better planning (quantification of requirements) and improves information management in general.
- Collect epidemiological and entomological data
- Development of district IRS action and monitoring plans
- Procure hardware and software to support central level information management for IRS
- To prepare bill of quantities and drawings for the extension of storage and spray operator facilities.

## 10. Monitoring and Evaluation

### Overall Objective

To develop Tools and Procedures for Planning and Monitoring and ensure that Management and Technical Staff are routinely updated on the status of given Program Indicators

### Accomplishments

#### Project planning successfully completed

- The year 3 workplan was successfully developed. The HSSP workplan is in conformity to with the MoH's central level and PHO plans. Close collaboration was emphasised when developing the workplan. Implementation of the work plan will now be closely monitored through biweekly and quarterly program reviews, in addition to the management guidance.

#### Program Monitoring and Evaluation plan reviewed to incorporate emerging changes

- The Monitoring and evaluation framework was reviewed to align it with the restructured program. This was done with STTA from Abt associates.
- The program indicators have undergone two reviews in this reporting period, one to accommodate the restructuring and secondly to incorporate new USAID indicators based on the Country Operation Plan Approach. USAID has introduced this approach to the service delivery component too. Previously, this only applied to PEPFAR funded work.
- HSSP has to develop a rolling monitoring and evaluation system in order to continually adapt to the changing operating environment.
- A new program, In-door Residual Spraying was introduced hence the indicators thereof were also incorporated. The program has also been harmonised with the HSSP reporting and monitoring system.

### Challenges

- Documentation of success stories has still remained a challenge to the program. The monitoring and evaluation unit will continue to work with technical teams and management to strengthen this area.
- The quality of reporting still does not adequately reflect the results of work done. There is a tendency to report more on the processes.

### Next Steps

- Focus in the next quarter will be on completing documentation of success stories.
- Support technical staff to collect process data on their implementation
- Analyse program data and develop an update report focusing on outcomes.
- Complete definition of indicators

HSSP Year 3 Quarter 1 Tables

<b>Technical Area:</b>	Child Health - Nutrition			
<b>Goal:</b>	To improve quality and increase coverage of key childhood interventions			
<b>Overall Objective :</b>	To improve the national coverage of vitamin A supplementation coverage in all districts to above 80%			
<b>Specific Objectives</b>	<b>Activities</b>	<b>Implementation Status</b>	<b>Next steps</b>	<b>Comments</b>
<b>To improve data management in of Vitamin A supplementation programme</b>	<i>Strengthen Data Management of Vitamin A Supplementation Programme</i>			
	Conduct data quality audit on Vitamin A supplementation programme in four selected districts in 3 provinces	Data quality audit conducted in Livingstone, Mazabuka, Monze, Kabwe and Chibombo The tool was developed and will be shared for other provinces to be used A trend analysis of Vitamin A supplementation coverage also revealed gaps in data quality	Focus will be made on working with DMSs to facilitate their action in compilation of the provincial reports for Child Health Week The data audit tool for CHWk will be availed to DMS to see how they can conduct some audits in one or two districts as part	Data audits at provincial level will enable focused district support that responds to weaknesses identified
	Consultative meeting with Provincial Data Management specialists on how to improve in data management for Vitamin A supplementation programme	A consultative meeting was held in Kabwe Other Child Health Week issues were also discussed All nine provinces were represented	Focus in the next quarter will be to explore ways of building capacity of DHIOs in managing CHEW data	The meeting was a useful forum to discuss the affecting data quality However the meeting also discussed issues surrounding attainment of high coverage and good quality service
	Strengthen the two-way feedback mechanisms for Child Health Week information from Health Centre to National Level	Consultative meeting was used as a forum for feedback both to national level and provincial level	Compile national report for December 2006 Child Week monitoring and provincial/coverage and circulate to provinces and districts	
<b>To build capacity of districts in effective programme management of Vitamin A programme</b>	<i>Capacity Building of districts to effectively manage Vitamin A Supplementation Programme</i>			
	Finalization and Printing of Chew Orientation Manuals	Development of the manual has been ongoing Critical issues that require strengthening to improve quality and coverage have been captured and will be incorporated in the manuals	Effect recommended changes and facilitate finalisation and send for printing in preparation for the next round	The manuals will be printed in collaboration with UNICEF
	Support 8 provincial/district orientations	No direct support was provided to districts but done through the strengthening of provincial offices to assist the districts at the provincial orientations	Following the finalisation of the manuals selected provinces will be supported to conduct thorough orientations	
	Support 6 provinces to conduct Chew review/orientation meetings	TA was provided for Luapula and Lusaka provinces to conduct a Child Health Week review/planning	Focus will be to support two provinces in reviewing of Child Health Week	Provincial reviews facilitate sustaining good performance and assisting weaker districts to learn from peers
Conduct supportive supervision and monitoring during implementation of Chew in 8 poor performing districts during Chew	Support supervision was done in Lusaka Urban, Lukulu, Isoka and Mazabuka districts	The performance of the 4 districts supported will be reviewed and also the next 4 districts will be supported in the June 2007 round of CHWk	Supportive supervision through team effort with provinces continues to provide valuable information on how to strengthen Child Health Week	
	Participate in stakeholder meeting to advocate for continued investment in Child Health Week as a key strategy for delivering Vitamin A supplements to children below 5 years	Participated in Child Health Technical Committee and Interagency Coordinating Committee that focused on planning, implementation and advocacy of Chew	Continue to participate in Child Health Technical Committee and Interagency Coordinating Committee meetings to advocate for more resources for districts as funds are challenge to the implementation of Chew	
	Monitor and support planning, budgeting and ordering of Vitamin A capsules and de-worming	Supported the Child Health Technical Committee in planning and monitoring supplies of CHWK	Continue to advocate for more coordination between the stakeholders involved on the procurement and distribution of supplies for Child Health Week	Supplies remain a critical challenge in the efficiency of implementing Child Health Week

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>To strengthen integration of planning of Vitamin A and deworming and other nutrition interventions in routine PA and TSS</b>	<i>Strengthening integration of Vitamin A supplementation and other nutrition interventions</i>			
	Participate in 4 provincial technical support supervision and performance assessment to integrate nutrition interventions	Participated in technical support supervision in Central province to Kabwe General Hospital	Will support one province in the PA/TSS	Understaffing continues to affect the ability of facilities in attaining desired performance
	Participate in nutrition partnership meetings and workshops to strengthen integration of nutrition interventions	Participated in a 3 day workshop to finalise the minimum package of care for nutrition in the health sector	Will continue to support the process to facilitate the completion of the document Will also support the orientation of Nutritionists in the minimum package of care for nutrition	
<b>To support expansion of Vitamin A supplementation coverage in Postnatal Women</b>	<i>Support expansion of Vitamin A supplementation coverage in Postnatal Women</i>			
	Participate in meetings to advocate for integration of Vitamin A postnatal supplementation into safe motherhood and HMIS activities	Participated in a review meeting with HMIS team of consultants to ensure inclusion of provisions	Will continue to explore foras to advocate for the strengthening the postnatal supplementation of women	
<b>Technical Area:</b>	Child Health - Facility IMCI			
<b>Goal:</b>	To expand the coverage and improve the quality of key child health interventions			
<b>Overall Objective :</b>	To expand the number of facility IMCI delivering districts from 38 to 72 by 2010			
<b>To strengthen focused TA in F-IMCI through improved data management</b>	<i>Study to determine factors that influence the number of health workers that a district trains in F-IMCI</i>			
	Enter existing data collected from the district profiles/review of action plans( in year two) into Epic Info 6	Data entry has been completed	Analyse the data , develop a report and disseminate to stakeholders	Scope of work has been written and a consultant identified who assisted with the data entry and will continue to work on the data analysis and report writing
	<i>Collect critical information on district F-IMCI Activities</i>			
	Develop a checklist for collecting quarterly critical information on district F-IMCI activities	Done: Critical information has been incorporated into the routine monthly reporting format for the CCSs		The information is critical for HSSP to track progress in the district IMCI activities, this will be obtained using the standard HSSP CCS quarterly reporting format which has been updated
<b>To strengthen district IMCI implementation</b>	<i>F-IMCI Case Management Training</i>			
	Provide TA to 4 district planned F- IMCI/fever case management trainings (each training will have 24 participants drawn from 2 to 3 districts) which are non or old IMCI implementing districts	3 training programmes were conducted involving a total of 72 health workers from 8 districts	The process of training health workers is an on-going one	Although mostly front line health workers were trained, efforts were made to build capacity by including a few DHMT staff and medical doctors for future training as IMCI in-patient instructors which is a cadre that has been lacking
	Provide TA to 8 PHO/ DHMTs to conduct post training follow up visits (4-6 weeks after training) for the IMCI trained health workers	Not Done		The IMCI case management training programmes were conducted during the months of November and December and so the trained health workers will be ready for follow-up in the next quarter

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	Leverage Malaria, HIV/AIDS and GAVI funds to support district training and printing of F-IMCI materials	500 IMCI chart booklets and 500 exercise workbooks were printed using UNICEF funds		Printing of these materials has been made possible through partners HSSP ensured that the 20,000USD pledged by UNICEF was quickly used Some of materials have been used in the trainings conducted so far
	<i>Capacity Building</i>			
	Attend and provide technical input on childhood management of fever in the context of IMCI in the NMCC case management working group	Not Done		The National Malaria centre has been undergoing restructuring which has stalled some of the working group meetings These should be revived in the coming quarter
<b>To contribute to national implementation of new initiatives in child health</b>	<i>Strengthen integration of newborn health into maternal and child health programmes</i>			
	Support MOH to conduct a series of meetings in preparation for the launch of the maternal new born and child health partnership	Several meetings were held to review and finalise terms of reference ,develop advocacy materials a list of the potential stakeholders	A stake holders meeting is scheduled to take place in the coming quarter	The launch has delayed due to competing priorities at MOH
	Provide TA to MoH in integrating the new born in the Road Map for Accelerating the Attainment of the MDGs related to Maternal and Newborn health	A four day meeting was held to review the road map A near final document (awaiting comments from the DPHR) is ready for costing	The document will be costed and disseminated for comments to all stakeholders	
	Provide TA to MOH in the write up of a New born Health -Position paper for Zambia	Draft document has been developed and circulate for comments	Based on the position paper the IRH/CH units will be expected to draw up an implementation plan based on the recommended interventions	The programme during the stake holders meeting on the launch of the MNCP will include sharing information contained in this document
	<i>Strengthen the care of the child in relation to HIV/AIDS</i>			
	Support out of town National Level activities	The road map was reviewed		
<b>Technical Area:</b>	Child Health - Community IMCI/EPI			
<b>Goal:</b>	To expand coverage and improve quality of key child health interventions			
<b>Overall Objective:</b>	80% of districts (60 districts) offering 6 Key Family Practices by 2010			
<b>To strengthen the information basis for scaling up C-IMCI activities</b>	<i>Support Quarterly Coordination meetings to review and share experiences in implementation of C-IMCI activities</i>			
	Support 4 quarterly meetings to review and share progress in C-IMCI implementation and expansion	Preparations for the initial stakeholder meeting made which include the development of the concept paper C-IMCI sub-committee with draft TOR	First C-IMCI sub committee meeting to held mid January to review TOR and share progress on C-IMCI implementation	The establishment of the C-IMCI sub-committee will improve data base on C-IMCI and improved sharing of best practices
<b>Provide Technical Assistance to PHO to support expansion of C-IMCI in targeted districts to offer 6 Key Family Practices</b>	<i>Support PHO in capacity building of supervisors and CHWs to support implementation of C-IMCI in targeted districts</i>			
	Support 6 targeted visits to 15 selected districts to provide focused micro-planning process, PA and TSS in EPI/RED strategy, Chew and C-IMCI	3 visits conducted in 3 targeted districts of western, Eastern and Lusaka provinces and provided TA in micro-planning in RED strategy, C-IMCI and Chew activities	Continued targeted visits to 12 remaining low performing districts in EPI	At the end of the 4th quarter 2006 15 low performing districts were identified for more focused TA in planning, supervision and monitoring on quarterly basis

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>To increase number of districts offering 6 Key Family Practices at community</b>	<i>Capacity Building of district supervisors and CHWs to offer 6 Key Family Practices</i>			
	Support 3 TOT (52 trainers) to support CHW training for North/western, C/Belt and Lusaka provinces	One C-IMCI TOT conducted in Lusaka Province which resulted in 15 trainers in C-IMCI	Each district team of facilitators to train a group of 25 Community Health Workers who will provide the 6 Key Family Practices HSSP to provide supplemental financial assistance	HSSP will provide financial assistance for the initial training of CHWs and the districts will be responsible training the remaining CBAs including equipping, supplies and supervision and monitoring
	Support training of 200 CHWs in selected districts to improve case mgt at household	Preparations for the CHW training have been established in Lusaka province which includes training materials	Following the just ended TOT for C-IMCI the CHWs will be trained in the second quarter of 2007	Training of CHWs will be the beginning of improving the implementation of the 6 Key Family Practices in Lusaka province
<b>To improve Child Health Nutrition through Positive Deviance A</b>	<i>Support implementation of Positive Deviance Hearth activities.</i>			
	Support PHO to conduct one TSS to monitor and provide TA for Positive Deviance activities in Lukulu district	One TSS conducted to review progress made in PD/Hearth implementation and provided TA in documentation	Recruited 10 additional children on PD/Hearth; Lukulu to disseminate PD/H in Western province for the potential districts National level to disseminate PD/H to other stakeholders in Lusaka	Successful implementation of PD/Hearth has resulted in improved nutrition management of children in Lukulu
	Support one Meeting to document and disseminate results of P/D Hearth and develop the plan for scale up	HSSP provide TA for documentation of the PD/Hearth report for dissemination	Lukulu to be invited to present their experience on the application of PD/Hearth in addressing child hood malnutrition	It is hoped that the district will use the opportunity to get comments on the PD/Hearth initiative and more from others
<b>Conduct Annual Review meeting to review and share Best Practices in promoting Child Health at Community Level</b>	<i>Support Annual meeting to share Best Practices at Community Level</i>			
	Formation of a committee to coordinate documentation of Best Practices	Preparation of the C-IMCI concept paper on the rationale for establishing a C-IMCI sub committee in progress	Disseminate concept paper to other child health and nutrition stakeholders for comments First meeting to be held in third week of January 2007	The establishment of the C-IMCI working group will improve the coordination of the community level activities in child health
<b>Support National level work and Partnerships</b>	<i>Support MOH in resource mobilization to scale up CHN interventions (RED strategy plus)</i>			
	Participate in stakeholder meetings to enhance coordination (Child Health, NMCC, Case Management, & Safe Motherhood)	Weekly participation in stakeholder meetings for resource leveraging and coordinated TA to MOH	Need to improve resource material and information sharing among stake holders once the C-IMCI working group is established	Participation in stakeholder meetings has provided an opportunity to leverage resources and TA
<b>Technical Area:</b>	CHN: EPI			
<b>Goal:</b>	To expand coverage and improve quality of key child health interventions			
<b>Overall Objective:</b>	80% Full immunization coverage of children under one year in 60 districts by 2010			
<b>To strengthen the information basis for scaling up RED strategy activities</b>	<i>Support Quarterly Coordination meetings to review and share experiences in implementation of RED strategy activities.</i>			
	Support 4 quarterly meetings to review and share progress in RED strategy implementation and expansion	One meeting held for the provincial core teams to establish and share criteria for monitoring and evaluating RED strategy activities	2nd meeting proposed for sharing progress reports on RED strategy expansion	The establishment of the provincial core teams to monitor RED strategy is critical to sustain performance of the districts
<b>Support scale up of RED strategy in targeted districts from 36 to 72 districts</b>	<i>Support scale up of RED strategy activities to improve Immunization Coverage</i>			
	TA to PHO to conduct visits to support micro planning process at community level in selected districts	3 visits made where 3 districts were visited in ( Lukulu, Nyimba and Luangwa ) Western, Eastern and Lusaka provinces	Follow up on some of the challenges and follow up actions in strengthening the micro-planning at community level in the 3 districts	Participation in the Micro-planning process strengthens the involvement of the community levels inputs
	Conduct TSS for selected 15 low performing districts	Only 3 out of the 15 identified low performing districts were visited this quarter	8 districts will be visited in the next quarter to prepare them for the planning process when it starts	On the spot visits usually work better in strengthening the critical issues to be addressed during g the planning process

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	Visits to support implementation of RED strategy activities and documentation of Best Practices	Lusaka and Eastern province visited for the purpose of capacity building in the orientation process to the micro-plan for RED strategy	Aggregation of all the 36 micro-plans for the next trench of funds to support implementation	Micro-planning process is a critical process for geographical mapping and identification of un-immunized pockets of children
	Support PHO in quarterly collection of HMIS data on number of districts attaining 80% full immunization coverage for children under one year	Process of data collection of the UCI secretariat using the disease surveillance officers has begun for the purpose of planning and prompt action taking	Quarterly meetings with child health working group to share information on district level performance	Quarterly review meetings of data base will provide an opportunity to identify districts for more focused TA
<b>Support PHO to conduct TSS in targeted low performing districts to improve immunization coverage</b>	<i>Provide support for the preparation of annual review meeting</i>			
	Visits to support PHO and selected districts for documentation of progress and innovations	Visits made to Luangwa and Lukulu provided an opportunity for HSSP to provide in documentation of local best practices	Dissemination of the Lukulu and Luangwa PHC innovations during the up coming inter-country meeting	This will be a motivating meeting for the districts who are encouraged to document
	Support two officers to attend APHA meeting in Boston, USA	Attended the APHA meeting in Boston for the presentation of Zambia's experience in implementation of RED strategy	To encourage RED strategy scale up districts to share best practices	Presentation to the CHN working group in the next quarter 2007
	<i>To strengthen Health Systems capacities to improve the delivery of child health activities.</i>			
	Participate in meeting to review draft proposals for GAVI phase two and Health System Strengthening,	Provided TA in editing the GAVI phase two and measles campaign proposal document for funding	MoH has since submitted Measles proposal to WHO/AFRO for funding consideration while HSS proposal will be submitted by February 2007	It will be critical for Zambia to get funds to strengthening the health Systems component as it will strengthen the implementation of child health interventions
<b>Technical Area:</b>	IRH - Safe Motherhood and Family Planning			
<b>Goal:</b>	To contribute to the national effort of reducing maternal morbidity and mortality			
<b>Overall Objectives:</b>	1 EmOC/FP: To have EmOC/FP services established in 18 districts by 2010 2 PAC/FP: To have 60% of districts (43 districts) providing PAC/FP by 2010 3 LTFP: To increase accessibility and availability of long-term FP methods in 60% (43) districts by 2010			
<b>Build capacity and establish EmOC/FP services in 6 Districts</b>	<i>Train 10 EmOC/FP trainers, 5 from UTH and another 5 from Ndola Central hospital</i>			
	Conduct 1 six days EmOC technical update and revision exercise for 10 candidate EmOC trainers	Concensus meeting held in Kabwe where the JHPIEGO training manual was reviewed and adapted from the 5 weeks to the Zambian 2 weeks training period	Finalize editing the trainers and participants manuals in readiness for printing	The adapted manuals were pre-tested during the TOT and further modifications were made
	Conduct 1 five days clinical training skills course for the 10 EmOC trainers	10 participants from UTH, Ndola, Lusaka DHMT and Livingstone were trained as TOT	Involve some trainers in facility site assessments before the training is rolled out	
	Print 150 final copies of EmOC training package	Printing awaits final editing of the manuals	Printing to be done in the 2nd quarter	
	<i>Strengthen selected EmOC/FP sites in 6 districts</i>			
	Conduct 6 four days site assessments	Assessments was done in Itezhi-tezhi district Hospital and 3 other health centers These will be part of the facilities to implement EmOC in the district	Participants drawn from the district will be trained in the 2nd quarter	The district has a critical shortage of midwives and nurses making it difficult to conduct training for some facilities
	Conduct 6 four days strengthening visits to address identified gaps	Activity not yet done due to other pressing priorities	The activity will be done in the 2nd quarter	
<b>Facilitate the scale up of PAC/FP services to 10 districts</b>	<i>Assessment and preparation of the training sites and potential facilities</i>			
	Conduct a one day assessment of the remaining two provincial training sites to determine readiness for PAC training	Assessment done in Southern Province and site was found to be conducive for training	Visit to Western province will be done in February	
	Conduct 6 one day facility assessments for PAC services	Assessments done in Southern Province were Mazabuka, Monze, Kalomo and Livingstone were visited	Training for the sites has been put for January 2007	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	<i>Train 20 health providers in PAC</i>			
	Conduct 1 five day Family planning Knowledge update/infection prevention workshops for 20 Health providers from the 10 districts	Activity not yet done	Activity slated for January 2007	
<b>Facilitate the training of 140 health care providers in the provision of Long Term Family Planning services from 44 Health Facilities in 19 districts in 4 provinces</b>	<i>Visit 4 provincial training sites to assess the suitability of training sites (Prepare training sites)</i>	Visited Ndola, Kasama and Mansa for Copperbelt, Northern and Luapula Provinces respectively	Ndola and Kasama are ready for the training while Mansa needs to identify rooms at Mansa General hospital that are conducive A total of 74 health care providers are earmarked for training in Jadelle in 25 districts in Copperbelt, Northern and Luapula	Chipata will be visited in February 2007
	Hold a 2 day dissemination meeting of safe motherhood and FP guidelines for provincial and district staff	Activity not yet done	Activity planned for January 2007 It will be co-financed together with UNICEF and MOH	
	Conduct 1 day site assessments of 44 health facilities in 19 districts covering 4 provinces (Assess suitability for provision of LTFP methods )	Activity not yet done	Activity planned for January 2007 Activity will be done in conjunction with the respective PHOs and Jadelle Master Trainers	
<b>Improve awareness and mobilize the community to utilize FP/PAC/EmOC services in 10 newly trained districts</b>	<i>Collaborate with HCP and other stakeholders in the development of IEC materials on FP/PAC/EmOC</i>			
	Hold 4 one day meetings to review the existing IEC materials on FP/EmOC/PAC	Activity not yet done	Activity planned for January 2007 Activity will be done in conjunction with HCP and other Partners	
	Hold a 2 day meeting to develop an orientation package for community based workers based on key information on FP/PAC/EmOC	Activity not yet done	The activity will have to be re-visited	
	Hold a 3 days meeting to finalize editing of the orientation package and IEC materials	Activity not yet done	Editing will done after the review of existing materials	
	Printing of 2000 copies of IEC materials for distribution to 72 districts	Activity not yet done	Printing to be done in the 1st quarter	
	Conduct site assessments in 10 districts in 4 provinces - Assess for availability and provision of comprehensive YFHS of comprehensive YFHS	Activity done in Southern Province in Mazabuka, Gwembe, Namwala and Itezhi-tezhi in conjunction with CDC Field Office in Southern province	Assessments to be done in the Copperbelt and Luapula Provinces in February	
	Hold a 4 days orientation program for 60 health care providers in adolescent pregnancy prevention (Family Planning)	A total of 28 health care providers and partners were oriented from Gwembe, Mazabuka, Namwala and Itezhi-tezhi	Orientation of health care providers from 20 health facilities in Copperbelt and Luapula Provinces	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Establish a system for FP/EmOC/PAC programme and service improvement through quarterly analysis of collated data and service statistics</b>	<i>Collaborate with the PHOs, CCS and service providers in collecting data and service statistics every quarter</i>			
	Conduct Quarterly analysis of the collected data and service statistics to determine weaknesses in services, the outcome of services and progress made	The tools have been developed	Commence data collection	
	<i>Share results of the analysis and recommendations as feed back to all facilities, their respective districts and PHOs through reports every quarter as part of the M&amp;E process at the HSSP quarterly review meetings</i>			
		Activity will only implemented when analysis is done		
	with the respective FP/EMOC/PAC task groups every quarter as input in strategizing for improvement and future planning	Activity not yet done		
<i>Provide TA in the launch and review of District Action Plans</i>				
<b>Participate in activities at national level that foster partnership, promote advocacy, coordination and resource mobilization for FP/PAC and EmOC programs</b>	<i>Support the PAC task force to coordinate nationwide PAC activities</i>			
	Provide TA in the National PAC strategy	TA given to Southern Province Provincial PAC task force		
	<i>Participate in the National safe motherhood task group meetings</i>			
	Attend the quarterly SMH task group meetings	Attended the quarterly meeting		
	Provide TA and leadership in the SMH areas of EmOC and PAC	TA given during finalization of the MOH MTEF 2007 - 2009 plan and budget TA given in development and pre-testing of the IRH supervisory tools	Offer TA on the roll out of the IRH supervisory tools orientation for provincial staff planned from the 2nd quarter	
	<i>Provide leadership to the EmOC technical working group</i>			
	Support holding of FP TWG Meetings	Attended the quarterly meeting	Continue supporting the FP TWG	
	Support and Hold monthly EmOC TWG meetings	Two EmOC meetings were held	Continue meeting as per schedules	
	Provide TA and coordination for the scale up of EmOC services	The Unit managed to provide TA during the scale up - adaptation of materials and TOT		
	Leverage resources through the working group	Managed to get additional resources for EmOC TOT and YFHS orientation from UNICEF and CDC respectively	Continue sourcing for additional resources	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	Performance Improvement			
<b>Goal:</b>	Improve quality of case management observation/record review during supervisory visits			
<b>Overall Objective:</b>	60% of districts conducting case management observation/record review in at least 80% of			
<b>Analysis and documentation of quality of supervision</b>	<i>Review of documentation on quality of case management observation during supervision</i>			
	Work with MOH to analyze Baseline Survey Reports for quality of Case Management during supervision	Analysis of Supervisory reports on quality of Case Management/Record Review done through desk review of the MoH/HSSP baseline survey report and field visits of Lusaka, Chibombo and Kafue districts		
	Disseminate findings and prioritize intervention districts	Report submitted to the MoH Priority intervention districts have been identified	Provide TA to 6 selected districts in provision of Technical Supportive Supervision (that focus on case management) of hospital and health centre levels	
	<i>Review of existing PA and TSS tools for health facilities to include HIV services</i>			
<b>Review the Performance Assessment and Technical Support Supervision tools to improve Case Management Observation/Record Review</b>	Collect submissions for review of PA/TSS tools from all provinces	Consolidation of submitted comments and integration into the new tools done		
	Hold workshop to review PA/TSS tools	Draft tools were developed by a wide group (55 representatives) A core further revised the first draft and developed a roadmap to finalization PHD consultation meeting held on 13th December to discuss the draft tools	•Continue work and consultation to enable finalisation, orientation and piloting of the tools in districts	Meeting held at Mulungushi Int conference had wide involvement including PHD representatives a and MOH, PHOs, General Nursing Council, WHO, USG/C D C, HSSP, NMCC, UTH, Chainama College, Kasama General Nursing, NFNC, and DHMTs - 55 participants
	<i>Support MOH to strengthen supervisory services that focus on case management and quality improvement</i>			
	Participate in District Action Planning	Done in Southern province Availability of guidelines for planning enabled provision of of guided support		
<b>Support MOH/MCZ in accreditation of ART delivery sites</b>	<i>Roll out accreditation system to 21 Private ART sites</i>			
	Participate in finalization of guidelines for accreditation process	Guidelines and tools for accreditation finalized Timeframe for implementation has been set The process will begin January 07	Work with MCZ to disseminate the accreditation plan to PHOs and Districts Work with Medical Council of Zambia (MCZ) to conduct training course for 30 surveyors/inspectors to undertake accreditation	
<b>Capacity Building and Study Tour focused on Standards Development</b>	<i>Participate in International Workshops</i>			
	Participate in International Workshops focusing on Performance Improvement	The international study tour on accreditation of ART sites has been postponed to the first quarter of 2007	Undertake an international study tour on accreditation of ART sites	The trip is being organised by MoH and WHO HSSP is part of the delegation

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	Human Resource - Pre & In- service Training			
<b>Goal:</b>	To strengthen Human Resource capacity to provide ART, PMTCT and CTC services			
<b>Overall Objective:</b>	100% of graduates from COG, SOM and Nurse Training Schools trained to provide ART,			
<b>Ensure all graduate doctors, Nurses and Clinical Officer General are trained in providing HIV/AIDS services</b>	<i>Support Chainama College to train 120 3rd-Year Clinical Officer General (COG) students in provision of HIV/AIDS services</i>			
		Trained 58 graduating COG students in management of HIV/AIDS services	Preparation of proposals and work plans for the training of COG graduating students as well as graduates from Nurse training institutions	This activity is being sponsored by ZNAN
	Resource mobilization for training of COG graduates in provision of HIV/AIDS services	Developed a proposal that lead to award of K81,333,000 00 grant for Chainama College to train 58 graduating COG graduates in December 2006	mobilise resources and develop work plans for the training of subsequent groups of COG graduating students	This activity is being sponsored by ZNAN
	Conduct follow up assessment of graduates trained in provision of HIV/AIDS services	Assessment tools finalized	Conduct follow up assessment	
<b>Ensure revision of curricula for Clinical Officer General (COG), School of Medicine Medical Doctors (SOM) and Nurses to incorporate HIV/AIDS and other priority health services</b>	<i>Support MoH and Chainama College to review COG Curriculum</i>			
		COG curriculum review done, final formatting of curriculum document and Lecturers	To print 100 copies of revised COG curriculum and implement revised curriculum	
	Development of Teaching & Learning materials for COG curriculum - Procedure Manual	Zero drafts of Student Learning Guide and Evaluation Manual developed	Consolidation of zero draft documents	In addition TA was given to MoH in development of curriculum for Health Care Assistant
	<i>Support UNZA to review SOM Curriculum</i>			
	Curriculum Review-Sensitization Seminar for School of Medicine	Curriculum sensitization seminar took place on 16th November 2006, More than 200 attended	Departmental analyses of existing curriculum	This activity will not be funded by HSSP
	Coordinate sourcing for funds for SOM curriculum review	Held meetings with WHO to source for funding to support curriculum review process	To analyze existing curriculum	
	Printing of revised curricula			
<b>Support PHOs and districts to plan for in-service training for HIV/AIDS and other priority health services</b>	<i>Provide TA to MOH to build capacities of HRDCs in utilization of the NITCS plan and use of NTGs</i>			
	Support MOH orient MCZ and GNC in the use of NITCS and NTGs	Began preparations for meeting to orient MCZ and GNC to NITCS and NTGs	To hold one day meeting for GNC and MCZ	Meeting did not take place this quarter as responsible officer in MoH was out of the office
	Participate in Semi Annual Provincial PA and TSS	Activity overtaken by other priorities		
	Support standardization of training packages	Worked with MoH and CIDRZ and other CPs to finalize TRIAGE training package for nurses working in ART sites	To review comments on the final draft document	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	Human Resource - Planning & Management			
<b>Goal:</b>	Human Resource capacity strengthening			
<b>Overall Objective:</b>	To improve/ maintain the staff-client ratio in at least 80% of C&D districts by 2011			
<b>Support MOH/ DHMTS in developing &amp; implementation of retention policy/ programs to support the provision of HIV/AIDS.</b>	<i>Support MOH to develop and implement deployment and retention standards and procedures (guidelines)</i>			
	Hold a TWG meeting to review and finalize the draft deployment and retention guidelines	TWG Workshop not done and will be implemented in the second quarter. This activity is dependent on the guidelines being finalised	Hold an orientation workshop on retention and HR planning guidelines for 5 central level and 18 provincial HR & HMIS officers	
	Work with MoH to develop HR action plans for Resource Mobilization	Done - supported MoH in writing the progress report for year 1 implementation of the 5-Year HR plan	Provide TA to develop progress reports and action plans towards the implementation of the 5 Year HR Plan	
	Work with MoH to design and implement Retention Schemes	Done - MoU with MoH finalised and signed. In addition a draft concept paper was developed for the expansion of the retention scheme to other cadres	1 Implementation of the Doctors, Other Health providers and Tutors Retention Schemes 2 Share the concept paper for expansion of reten	
<b>Provide support to districts to ensure implementation of retention schemes in 54 C&amp;D districts</b>	<i>Support districts to plan and implement retention schemes</i>			
	Participate in provincial and district plan meetings	Done - supported 11 districts in Southern Province	Participate in the provincial performance assessment and Supportive supervision in quarter 2	
	Support HR TWG hold quarterly meetings to review (monitor) staff retention targets in C&D districts	Two HR TWG meetings held in Quarter 1	Support MoH hold TWG meeting in Quarter 2 to review (monitor) staff retention targets in C & D districts	
	Document quarterly reports on the retention performance in C&D districts	Not done - this activity is dependent on HMIS reports. It will be reported in Quarter 2		
<b>Monitor deployment and staff-client ratios in all 72 districts</b>	<i>Support MOH to monitor deployment numbers and Staff-Client ratios</i>			
	Develop a Baseline study for staff client ratios in A, B, C & D districts	Done - Although only 2005 data could be utilised since the preceding years had a lot of errors	Monitor staff client ratios for 2006 reporting period	
	Develop a database for monitoring staff deployment and staff-client ratios	Work began with information preceding 2005 needing attention	Continue updating the database with 2006 staff client ratio and deployment information	
	Produce quarterly reports on staff deployment numbers and ratios	Not done - this activity is dependent on HMIS reports. It will be reported in Quarter 2		
<b>Finalize and disseminate HIV/AIDS HR Planning Guidelines</b>	<i>Print and disseminate the HIV/AIDS HR Planning Guidelines</i>			
	Revise and send document to printers	Document was revised and sent to printers		
	Hold a dissemination meeting for HIV/AIDS HR Planning Guidelines	Not done - the dissemination will be done during the TWG meeting for HR and HMIS staff in Quarter 2		

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	HIV Coordination			
<b>Goal:</b>	Strengthen the provision of HIV/AIDS services in districts			
<b>Overall Objective:</b>	60% (43) of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010			
<b>Strengthen program management and coordination for Health Sector HIV/AIDS services</b>	<i>Analysis and documentation of district provision of key HIV/AIDS services (ART, PMTCT, CTC, HBC) in districts</i>			
	Conduct an assessment of the provision of key HIV/AIDS services in districts	Desk review of the Zambia HIV/AIDS service provision Among the findings were non availability of some treatment protocols in some sites	Work with key stakeholders to develop a coordination mechanism (tool/guide) for HIV/AIDS services (ART, VCT, PMTCT, HBC) 2) and develop a guide/responsibilities for coordinating HIV/AIDS services at district level	Findings and recommendations of the desk review will be used to support planning for HIV/AIDS services and address the identified gaps
	Participate in the district action planning for HIV/AIDS services	Onsite TA was provided to districts, hospitals and training institutions in Northern and Copperbelt Provinces during the 2006/7 planning cycle	Participate in PA/TSS in Northwestern Province	This support will extend to one other province in the subsequent quarter
	Participate in PA/TSS in two selected provinces	The targeted province for quarter one has scheduled its PA/TSS for 2nd quarter 2007	Participate in PA/TSS in Northwestern Province in January 2007	Central level team will include two HIV/AIDS specialists form MOH
<b>HIV/AIDS integrated into SWAP</b>	<i>Support MoH to integrate HIV/AIDS services into SWAP</i>			
	Update ART partners database annually	ART data actively collected from partners and database updated	Collect data from remaining ART partners	Partners never filed in questionnaires and submitted as earlier intended but had to be actively followed
	Work with MoH and NAC to develop and review proposals to global fund and other HIV/AIDS initiatives	GFATM reviewed and recommendations shared with MoH/NAC	Respond to Global Fund concerns as they arise including providing support to prioritization of HIV/AIDS activities in view of the non approval of Round six	There will be need to prioritize HIV/AIDS activities in view of non approval of Round six
<b>HSSP HIV Coordination</b>	<i>Consolidate CCS field reports</i>			
		Onsite TA was provided to districts, hospitals and training institutions in Northern and Copperbelt Provinces during the 2006/7 planning cycle	Quarterly consolidation of CCS field reports	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b> <b>Goal:</b> <b>Overall Objective:</b>	ARV drugs Strengthen the provision of HIV/AIDS services in districts 30% of districts reporting ADR/E and ARV drug resistance monitoring			
<b>Support</b>	<i>Strengthen implementation of ADR/E reporting and ARV drug resistance monitoring</i>			
<b>PRA/MOH to strengthen the implementation of ADR/E reporting and ARV drug resistance monitoring</b>	Conduct three trainings in Pharmacovigilance (25 participants per training) for private sector, Pharmaceutical Society of Zambia, ZMA, Nurses Association of Zambia	The PRA will undertake this activity in the 2nd quarter This is the time when it fits their calendar	Conduct two trainings in Pharmacovigilance	The third training will be conducted in the third quarter
	<i>Provide assistance to develop operational systems for monitoring ARV drug resistance</i>			
	Finalize development of the ARV drug resistance monitoring implementation plan	ARV drug resistance monitoring implementation plan completed	Support the establishment of a pharmacovigilance unit/office at National Institute for Science and Industrial Research (NISIR)	
<b>Technical Area:</b> <b>Goal:</b> <b>Overall Objective:</b>	Planning and Information Management Strengthening Systems for Health Information and Action Planning, with Emphasis on HIV/AIDS 100 % districts and hospitals use RHIS to plan for and manage HIV/AIDS services by 2010			
<b>72 district use revised planning guidelines and tools to plan for HIV/AIDS by 2010</b>	<i>Finalise the integration of HIV-related data into the RHIS</i>			
	Finalise PMTCT/VCT and TB training materials	Data tools and reference materials have been drafted and final review is due in January 2007	Print materials and conduct training for district level staff	TB tools were done by the TB working group and will just be incorporated
	<i>Upgrade the HMIS database from 2.5c to 3.1</i>			
	Re-programme the HMIS database to include HIV	The inclusion of ART and VCT data elements has been finalised PMTCT pieces pending consensus after the review in January	Write a database upgrade script for older versions of the database currently in use	This work is being spearheaded in conjunction with the IT department at MoH
	<i>Revise Current Planning Process</i>			
	Solicit for input on areas of focus	Internal (HSSP) consultations were conducted with staff and input has been documented	Carry out consultations with the ministry	MoH will only be available in January 2007 Preparations have however commenced
Compile a working document to govern the revision	Following preliminary discussions with MoH, a draft working document to guide the review process has been developed	A wider consultative meeting with MoH partners and stakeholders planned for January 2007		
<b>72 districts and 9 PHOs report progress on action plans by 2010</b>	<i>Develop an M &amp; E mechanism Monitoring Action Plans</i>			
	Develop a tool for analysis of quality of plans	Work has started on revising the guidelines used this year It will only be finalised was consensus on the planning process review has been reached	Complete the tool by integrating input from the consensus meeting	The initial plan was to develop a scoring tool based on the existing guidelines This proved difficult as districts applied differently due to their ability
	Conduct a desk review on the 2006 action plans	This work is pending the finalisation of tool for analysing action plans	Before the tool could be circulated for use, it will be tested on the current plans	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area</b>	HIV/AIDS - CENTRAL PROVINCE			
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions			
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
<b>Target:</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	4 of 15 ART sites (26%) were supported (Kabwe General, Mkushi, Serenje and Chitambo Hospitals)	Technical support to all ART sites will continue in the next quarter	
	Facilitate the coordination of ART Coordinating Committees	The two meetings scheduled in the quarter were postponed		Overlapping activities contributed to failure to form a quorum
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
		Onsite TA was provided to the 4 ART clinics	Activity will continue in the next quarter	This activity is usually provided to clinical officers who are readily available in rural health institutions
	Strengthen health workers' skills through Performance Assessment in districts	The activity was scheduled and conducted in previous quarter	Performance Assessment will be conducted in the next quarter as scheduled	Quarterly Performance Assessments are not as comprehensive as the biannual one
	Conduct on-site TA to ART sites in the Province	4 ART sites were visited in the quarter; counselled 9 clients at the mobile VCT site on World AIDS day	On site TA provided to clinicians at the 4 ART sites visited in the quarter	
	Conduct quality assurance assessment of ART sites	This was done during the visit to the 4 ART sites specifically looking at case management	Other areas of quality assurance will be addressed in next quarter such as adherence assessment	Time is the limiting factor, e.g. observation of service delivery is never done
	Conduct regular technical support supervision to improve quality of clinical services	Regular Technical support was provided to all District Health Offices, Hospitals and one Health centre in each district CCS participated in Kapiri Mposhi, Mkushi, and Serenje districts	This activity is an on going exercise	
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate the provision of ART and other HIV/AIDS logistics	90 ART adherence posters were printed	Orientation of service providers and dissemination of the posters to 9 ART clinics	Orientation has been rescheduled to 2nd quarter because PHO decided to undertake the routine bi-annual TSS
	Facilitate HIV/AIDS case observations and record reviews	Facilitated ART defaulter tracing for all districts at Kabwe General Hospital in collaboration with clinicians	Activity will continue in the next quarter	
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Facilitate integration of HIV and TB in health facilities	Facilitated and funded the quarterly TB cohort review meeting in the province; Kapiri Mposhi District Hospital had 80% of the TB cases notified in the quarter tested for HIV	Further strengthening of the integration in all districts	HIV and TB integration was on the agenda for the quarterly TB cohort reviews in Central province
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	9 health workers from institutions in central province were trained in ART in collaboration with ZPCT	Facilitate training of health workers in ART in the province; facilitate VCT services for PHO staff	
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	HIV/AIDS - COPPERBELT PROVINCE			
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions			
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
<b>Target:</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	This is an ongoing activity done with other partners in the province Gaps in service delivery were noted during the PA of Q1,2 of 2006 such as PEP prophylaxis not being offered in all Health Centres	Training of Paediatric HIV/AIDS management is being offered by ZPCT	Technical Support is done sometimes in collaboration with other partners interested in HIV/AIDS service delivery improvement
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Strengthen health workers' skills through Performance Assessment in districts	This is a routine ongoing biannual activity 2006 Q1,Q2 has already been done and the report sent to MoH	Assessment of Q2,Q3, 2006 will start in January 2007	
	TA to ART sites in the Province	This is being done regularly for Chililabombwe by the CCS and in the other 6 districts by ZPCT	Improved collaboration with other partners will be addressed in the Provincial ART Committee meeting	
	Conduct regular technical support supervision to improve quality of clinical services	This done regularly at Ndola Central Hospital, Authur Davidson Hospital and Chililabombwe District	This activity will be extended to Roan and Thompson Hospitals and Chililabombwe district	
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate the provision of ART and other HIV/AIDS logistics	Done through the Provincial Health Office; Provincial Pharmacist will take over the coordination of this activity from the CCS	It is hoped that a Provincial Pharmacist will be hired in Q2 by MOH	The presence of a Pharmacist is crucial to coordinate this activity and in the provision of TS
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	District plans were reviewed to ensure that they included such components in their Action plan	Assist the districts to prepare the sites for accreditation whilst providing other technical support in the needed areas All districts have identified new sites and the constraint is skilled staff	
	Facilitate integration of HIV and TB in health facilities	The link between TB and HIV activities needs to be strengthened; This is being done by encouraging districts to test all known and potential TB patients	There is a need to continue encouraging the districts to integrate not only TB with HIV but also other services	
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Participate in training of health care providers in Pharmacovigilance	90 health workers from 20 government sites and 30 from private sites have been trained by PRA who will disseminate all they have learnt	Follow up of those trained is very important There is also a need to scale up the training but this is dependant on funds from MOH	Funds are needed to scale out Pharmacovigilance particularly since it is a new activity
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			
	Facilitate site assessment and certification of private ART sites	The private sector currently goes through the PHO for site accreditation	This activity needs strengthening and there is a need to include information dissemination	There are very few private sector sites opening; nevertheless there is a need to monitor the existing sites
	Facilitate orientation of health workers to the use of ART adherence protocols	This is an activity that is being handled by partners such as CRS and ZPCT More involvement is needed by the PHO	This activity can be coordinated through the Provincial ART Committee and can be followed up through them	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	HIV/AIDS - EASTERN PROVINCE			
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions			
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
<b>Target:</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	Provided on site TS to all 9 ART sites	To plan for and conduct TS in the next quarter	Hampered by fewer trained staff and stock out of HIV testing kits and reagents
	Facilitate the coordination of ART Coordinating Committees	The ART committee held meetings to harmonise ART reporting		Few children are accessing ART (97); 26/164 centres are providing PMTCT
	Develop a data base (list) of partners in ART service provision and review it annually	A list of active ART partners has been created	To update list annually	CIDRZ, Care, CHAZ are among partners on the list
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Strengthen health workers' skills through Performance Assessment in districts	Done through case observations and reviews	To be undertaken quarterly	Fewer medical officers on the ground
	Conduct on-site TA to ART sites in the Province	HIV/AIDS patients were reviewed and findings were shared with ART team	Ongoing TA to districts	Motivates and enhances learning
	Conduct quality assurance assessment of ART sites	Done through case reviews	Quarterly activity	Challenges include critical staff shortages, inadequate structures, stock out of reagents
	Conduct regular technical support supervision to improve quality of clinical services	Done in all the 8 districts	Quarterly activity	Quality compromised due to shortages of trained staff and drugs
<b>To support district hospitals and clinical HIV/AIDS programs and</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate HIV/AIDS case observations and record reviews	Case management, in all the districts	Identify areas of need and prepare for TS in the next quarter	
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	Petauke (Nyanje) and Lundazi (Lumezi) ART centres scaled up; Katete(vulamukoko) and Chipata (Chiparamba) were assessed for ART readiness	Built capacity in the new ART sites	
	Facilitate integration of HIV and TB in health facilities	HIV/AIDS/TB Provincial Committee in place now	Strengthen HIV/TB links in the districts through joint HIV/TB committees/meetings	
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI and opportunistic infections	Provided TS in HIV/AIDS services to 8 districts, Care trained 48 health staff in PMTCT from Chadiza/Chama, and CHAZ trained 48 in ART from Kamoto/ Petauke	To lobby support from donors like ZANARA to train more staff in ART	
	Participate in training of health care providers in Pharmacovigilance	Provincial Pharmacovigilance ToT in place; PHO and district staff were oriented	Leverage funds for training of 32 staff in pharmacovigilance	
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			
	Facilitate orientation of health workers to the use of ART adherence protocols	TS provided to the 8 districts	To continue TS quarterly, staff to poster the adherence protocols in the clinics	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	HIV/AIDS - LUAPULA PROVINCE			
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions			
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
<b>Target:</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	Technical Support to 10 sites in the province	Strengthen pediatric ART in all the sites; roll out ART/PMTCT services to 2 new sites	On site technical support has proved very effective in capacity building for ART. It will supplement case management observation, in improving case management
	Facilitate the coordination of ART Coordinating Committees	Both meetings held in the quarter were well attended with active participation	Coordination to be continued; leveraging of resources for training and program implementation	This forum has improved coordination of partner activities. ART programme shared and the way forward designed
	Develop a data base (list) of partners in ART service provision and review it annually	Data base for 2006 developed	Strengthen coordination of all partners on the data base and update it annually	The data base has enabled effective referral of cases/programmes and coordination between partners
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Strengthen health workers' skills through Performance Assessment in districts	PA for 1st and 2nd quarters done	Provide focused technical support based on the PA findings	PA has provided an opportunity to observe clinical practices and provide onsite TS
	Conduct on-site TA to ART sites in the Province	10 out of 17 sites were visited	Continue TA in the remaining sites	Most ART sites need support in Pediatric ART, and investigations of Otis; data management for PMTCT and ART needs strengthening
	Conduct quality assurance assessment of ART sites	Rapid assessment done in 8 sites	Conduct a comprehensive assessment	most ART sites need support in Pediatric ART, Data management for PMTCT and ART needs strengthening
	Conduct regular technical support supervision to improve quality of clinical services	TSS was provided in ART (Mansa General Hospital, Samfya stage 2, Chienge, Milenge and Nchelenge district), HMIS, IRH (Maternal death reviews at Mansa general hospital, infection prevention, good practices in the maternity ward), IMCI and general clinical	Continue TA in the remaining sites	Inadequate finances have limited the amount of time and number of technical staff dedicated to Technical support
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate the provision of ART and other HIV/AIDS logistics	Ensured supplies were distributed to all ART sites including Chienge which is newly opened site	Provide on site support in logistics management; on site training for Chienge	Improved management of ART logistics will reduce stock outs and ensure a sustained ART service
	Facilitate HIV/AIDS case observations and record reviews	Case management observation and record reviews started in Samfya and Mansa hospital	Strengthen case management observation/ record reviews in all the other facilities, during PA and TSS	Record reviews and case management observation will be a very effective form of onsite technical support

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	7 sites identified as new ART, PMTCT, CTC site Including Kawambwa - kineme; Samfya - casaba mission hospital	Training of more staff in these facilities; implementation of the ART programme	All the sites will need a lot of support in the laboratory to ensure all patients are adequately evaluated before initiating ART
	Facilitate integration of HIV and TB in health facilities	2 TB/HIV collaborative meetings held	Technical support supervision to ensure Diagnostic Counseling and Testing given to all facilities offering ART /TB services	The inclusion of VCT/ART data on the TB card has enhanced TB/HIV collaboration
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	25 staff trained in PMTCT; 25 staff trained in ART/OI	leverage more resources to train 100 more staff	Partners like ZPCT have resources to train health workers operating in ZPCT supported sites; however to ensure equitable distribution of ART services , it is critical for the centre to provide resources to train staff from places where partners are not wo
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			
	Facilitate site assessment and certification of private ART sites	on going	Invite private practitioners to a capacity building meeting on ART	Luapula province does not have a lot of private practitioners; however the few available will be brought on board
	Facilitate orientation of health workers to the use of ART adherence protocols	on going	Continue the orientation and do on site TS on adherence protocols	Training in adherence counseling will need to be done for number of health workers working in the various ART sites; the conventional ART training package combines ART/OI and adherence counseling, however partners conduct separate training for adherence counselling
Technical Area:	Child Health			
Goal:	Strengthen the provision of key child health interventions in the province			
Overall Objective:	Improve child welfare by improving access to key child health interventions in all the seven districts by 2011			
<b>Increase and sustain at 80% coverage of de-worming and vitamin A supplementation in the 7 districts by 2010</b>	<i>capacity building workshop in planning/implementation of CHWK</i>			
		All Directors, Managers Planning and MCH coordinators trained	review performance in the December round ; reinforce on good programme management of CHWK through capacity building workshops for MPDs, MCH coordinators and Clinical care experts	capacity building for CHWK is a better approach to improving Vit A and de-worming coverage, other than just monitoring during the exercise The improvement in coverage for all the districts is evidence of the effectiveness of this approach
	Provide TS during CHWK	Done; all districts have recorded an improvement in Vit A and de worming coverage	Review the previous CHwk, strengthen the gains and work on the gaps to improve performance in the next round	HSSP not only provided TA, but also hired extra staff from Mansa hospital to back the team in Samfya
<b>Increase and sustain at 80% immunisation coverage for six districts</b>	Provide TS in coordinating and planning of routine EPI activities	Capacity building workshop for CHwk and routine EPI programmes done; Upward trends in immunisation coverage noted in Samfya, Milenge and Nchelenge	Continue with support to district teams in strengthening EPI programmes	Building capacity of DHMT staff to run routine EPI programmes will ultimately lead to improved coverage, and improved child survival

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>strengthen IMCI implementation in the districts</b>	Coordinate district action planning to include IMCI	All districts have included IMCI in their plans. A combined training for Milenge and Chienge is planned for 2nd quarter 2007; facilitators trained in management of severe malnutrition	train 25 staff from Chienge and Milenge in IMCI, in the first quarter; train health workers in management of severe malnutrition	Funding from partners and the MOH will be key to the implementation of this training. Training of health workers in management of severe malnutrition will reduce case fatality from malnutrition related ailments
	<i>Review PA tool to include IMCI</i>			
		Submitted proposals to include IMCI in the PA tools	To ensure PA teams have the necessary competencies to assess IMCI	Once the new PA tools are in place, PA teams will routinely observe IMCI practices and provide on site technical support
	Integrate IMCI in routine TSS	TSS teams now include relevant competencies to support IMCI	Continue with support to facility staff in IMCI	The inclusion of IMCI trained Peers has facilitated supervision of IMCI
<b>Technical Area:</b>	Technical Area: Integrated Reproductive Health			
<b>Goal:</b>	Reduce maternal mortality by two thirds by the year 2010			
<b>Overall Objective:</b>	All the districts providing comprehensive integrated reproductive health services by the year 2010			
<b>Reduce Maternal Mortality by two thirds</b>	<i>Coordinate MDRs</i>	4 Maternal Death Reviews held at the hospital; gaps noted are being addressed	Training in EmOC; MDRs to be held as required; gaps noted at various levels of care to be addressed; training of TBAs, implementation of the CDK programme, and lobbying for more qualified staff for facilities	Lack/ inadequate essential obstetric care at community and health facility level contributes to late referrals; lack of EmOC services at referral hospitals is also a challenge
	Promote the implementation of FANC services in the health facilities	Onsite TSS done in the first quarter at 4 sites in FANC	continue TSS on FANC	strengthening TSS in FANC will lead to improved care for the pregnant woman
	Coordinate district action planning to include youth friendly services	Districts have planned for YFS	TS on implementation of YFS	Support from the centre will be key to the implementation of YFS
	Participate in the review of the PA tools to incorporate FANC and YFS	Made submissions to the review to incorporate FANC and YFS	PA teams to include relevant competencies to assess and support YFS and FANC	Including technical staff from the hospitals and districts will improve the quality of PA/TSS
<b>Technical Area:</b>	Malaria			
<b>Goal:</b>	Strengthen promotive, preventive and curative interventions against malaria			
<b>Overall Objective:</b>	Reduce the case fatality from malaria by improving skills of health staff in clinical management of malaria			
<b>Reduce the incidence and case fatality of malaria</b>	Coordinate with NMCC on distribution of ITNs	ITNs distributed to 6/7 districts	Coordinate with NMCC to ensure ITNs reach Samfya district; support districts to distribute the ITNs to the communities	Appropriate use of ITNS has been emphasized for the program to impact positively on the incidence of malaria
	Facilitate training of NHCs and DHMTs in running the ITN programmes	All DHMTs trained; training of NHCs on going	Monitor the distribution of ITNs to the communities	Involving the community is critical to prevent use of ITNS as fishing nets

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Reduce the incidence and case fatality of malaria</b>	Conduct clinical meetings in case management of malaria	Clinical meetings held at Mansa General Hospital and Samfya stage 2	All facilities to be encouraged to hold clinical meetings to update all staff on management of malaria; continue supporting clinical meetings in various facilities <u>with case observation</u>	Clinical meetings will equip staff with the skills to diagnose and treat Malaria and ultimately reduce case fatality
	Provide on site support on case management of malaria	On site support given to health centres in Chienge, Nchelenge, Samfya and Mansa	Continue onsite support to all facilities	Coupled with case management observation , on site support will effectively improve health workers skills in management of Malaria
<b>Technical Area:</b>	HIV/AIDS - LUSAKA PROVINCE			
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions			
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
<b>Target:</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HOB) in the Province</b>	<i>Coordination of ART Services</i>			
	Facilitate the coordination of ART Coordinating Committees	Meeting held in November	Conduct quality assurance of ART sites	ART Coordinating Committee meeting are held quarterly
	Develop a data base (list) of partners in ART service provision and review it annually	Data on partners submitted by districts	Meetings to be held with partners to discuss their activities	Data base will be updated quarterly
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Strengthen health workers' skills through Performance Assessment in districts	PA of all districts and hospitals conducted	Conduct TSS to districts and hospitals	TSS will be conducted in January
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate the provision of ART and other HIV/AIDS logistics	Protocols and guidelines on ART and PMTCT provided to districts and hospitals	Continue supporting districts and hospitals whenever need arises	Partners are helping a lot with logistical support to ART sites
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	Luangwa, Chongwe and Kafue districts assisted to open up new PMTCT sites	PMTCT training to be held next quarter for staff at the new sites	Training to be held with support from CIDRZ
	Facilitate integration of HIV and TB in health facilities	All ART sites now provide integrated HIV and TB activities/services	Strengthen community support to PLWAs	
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	ART training conducted in December with support from CIDRZ Participants drawn from all the four districts	Another training scheduled to take place next quarter	With the reduction in grants received by PHO capacity building will rely mostly on funds from partners
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b> <b>Goal:</b> <b>Overall Objective:</b>	Child Health and Nutrition Improve child survival through implementation of key child health interventions 100% of districts in Lusaka Province implementing Community IMCI by 2011			
<b>Assist districts implement key child health interventions at community level</b>	<i>Build capacity of districts to implement Community IMCI</i>			
	Hold workshop to train Community IMCI trainers	Workshop held All districts sent participants for training	Districts to include Community IMCI training in revised quarterly action plans	Districts to use the grant to train community health workers
	Provide technical assistance to districts train community health workers in Community IMCI	Technical assistance provided to districts in formulating Community IMCI plans	Review district Community IMCI Plans	
<b>To attain immunisation and vitamin A coverage of over 80% during Child Health Week</b>	<i>Strengthen capacity of districts to conduct Child health Week effectively</i>			
	Provide technical and logistical assistance to districts during Child Health Week	Technical and logistical support provided to districts	Hold a meeting to review district performance during Child Health Week	The meeting will provide opportunity for poor performing districts to learn from others
	Orient districts to RED Strategy	Lusaka and Chongwe districts oriented	Orientation workshops to be organised for Kafue and Luangwa districts	
<b>Technical Area:</b> <b>Goal:</b> <b>Overall Objective:</b> <b>Target:</b>	HIV/AIDS - NORTHERN PROVINCE To improve the quality of and access to cost effective HIV/AIDS interventions To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	Who guidelines disseminated to Kaputa, Mporokoso, Luwingu, Mpika, Nakonde, Isoka and Mungwi (on computer + discussions) Provided TS to same districts	To do same to Chilubi, Mbala and Mpulungu next quarter To train more personnel in Nakonde and Isoka next quarter	
	Facilitate the coordination of ART Coordinating Committees	Formed provincial ART team(9 members-one from each district)	To hold one meeting with ART team next quarter	
	Develop a data base (list) of partners in ART service provision and review it annually	ZPCT, Kasama G Hospital, DHMT, HCP, SNV so far identified as working partners	Organising ART training for Nakonde and Isoka	
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Conduct on-site TA to ART sites in the Province	Kaputa, Mporokoso, Luwingu, Mpika, Isoka and Nakonde covered	ART training planned to strengthen referral systems	
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate HIV/AIDS case observations and record reviews	Done for Nakonde, Isoka, Mporokoso, Kaputa, Luwingu	to continue next quarter	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	Mungwi trained (awaiting certification)	Chilubi to be satellite to Kasama by next quarter	
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	Four centers have been trained	Isoka and Nakonde planned for next quarter	
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			
	Facilitate orientation of health workers to the use of ART adherence protocols	On going emphasized in visited sites	To continue next quarter	
<b>Technical Area:</b>	HIV/AIDS - NORTH-WESTERN PROVINCE			
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions			
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
<b>Target:</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	Technical support provided Mukinge and Mwinilunga	Technical support to be provided to Zambezi, kabompo, Loloma and Mufumbwe ART sites	To ensure case record reviews are done
	Facilitate the coordination of ART Coordinating Committees	Framework for provincial ART committee operations developed, awaiting dissemination and implementation	First meeting planned for February 2007	Districts already have ART committees in place
	Develop a data base of partners in ART service provision and review it annually	Database odeveloped Needs to be reviewed annually	To ensure that provincial ART committee reviews and officially documents the database once it is in place	
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Strengthen health workers' skills through Performance Assessment in districts	Performance assessment done last quarter in all districts PA due in next quarter 2007	To undertake PA in all ART sites in next quarter	Current PA tool does not include ART services
	Conduct on-site TA to ART sites in the Province	Conducted on site TA to Mukinge mission and Mwinilunga ART sites	To conduct TA to Zambezi, Kabompo, Loloma and Mufumbwe ART sites in February 2007	
	Conduct quality assurance assessment of ART sites	There is need to seek guidance on conducting quality assurance of ART sites		
	Conduct regular technical support supervision to improve quality of clinical services	Support supervision is conducted regularly every quarter during PA and TSS	Once Provincial ART committee is in place, to invite peer reviews from HSSP and MOH	
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate the provision of ART and other HIV/AIDS logistics	Workshop on new National ARV Logistics System was held for health providers at all ART sites	To undertake on site TA to all ART sites on management of current ARV logistics systems	
	Facilitate HIV/AIDS case observations and record reviews	HIV/AIDS case observations and record reviews done at Mwinilunga ART site	To ensure HIV/Aids case observations and record reviews are done during PA and TSS and take it up with provincial ART committee	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	Solwezi district has opened up two outreach sites at St Dorothy and Solwezi Urban Clinic Plans are to open up sites at Mapunga, Mutanda and Lumwana East RHC with support from ZPCT	Kasempa District to open up an outreach site at Nselauke RHC Mukinge has initiated an outreach site at Kasempa Urban clinic which needs strengthening Staff to run an ART clinic there is present but <u>are not trained</u>	Outreach ART sites is catching up, but manpower is the limiting factor in most districts
	Facilitate integration of HIV and TB in health facilities	This concept is well understood and all major district T B sites offer CTC/ART services to all clients	To ensure districts encourage their RHC's to implement this aspect in all T B clients	
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	Mufumbwe staff have been trained in ART with assistance from ZPCT Chavuma & Chitokoloki missions and Kasempa district have been identified as needing training	To lobby for training of Kasempa district and Chavuma and Chitokoloki missions	
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			
	Facilitate site assessment and certification of private ART sites	No information regarding certification of private ART sites is available currently	To take up issue with the PHD and the provincial ART committee and ensure it is looked into	
	Facilitate orientation of health workers to the use of ART adherence protocols	Adherence protocols are being utilised In Mwinilunga , adherence counselors and supporters have a duty rota for every ART clinic In Mukinge, every new client started on ART has to have a treatment supporter Defaulter tracing is also done	There is need to study which methods used are effective and share the information between the various ART sites	
<b>Technical Area:</b>	Child health and Nutrition			
<b>Goal:</b>	To expand the coverage and improve the quality of key child health interventions			
<b>Overall objective:</b>	To reduce mortality rate in children under 5 years			
<b>Targets:</b>	To expand the number of facility IMCI delivering districts from 2 to 7			
	80% of districts (6 districts) offering 6 Key Family Practices			
	80% Full immunization coverage of children under one year in all districts			
<b>To expand number of facility IMCI delivering districts from two to seven</b>	<i>Provide technical assistance in scale up of IMCI training of staff to three districts</i>	24 health workers trained in FIMCI from Mufumbwe, Slowest and Kabompo	To conduct follow up support supervision to trained health workers	
	<i>Conduct follow up</i>			
<b>Full immunisation coverage of 80% in 80% of districts</b>	<i>Provide T/S to two districts during child health week.</i>	Conducted support supervision and monitoring on site to three RHC's in Solwezi district during Child health week	To provide feedback reports on performance during child health week	
	<i>Support scale up of Red strategy activities</i>	RED Strategy dissemination scaled up to Zambezi, Chavuma, Kabompo, Mufumbwe and Solwezi districts	To provide TA to districts in Red strategy implementation	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b> <b>Goal:</b> <b>Targets:</b>	Integrated Reproductive Health To contribute to national effort of reducing maternal morbidity and mortality 1 PAC services scaled up to at least one site per district 2 At least one RHC per district with health care providers offering LTFP methods 3 All districts oriented and implementing MDR			
<b>Facilitate MDR implementation in all the districts</b>	<i>Provide technical support and assistance to districts in implementing MDR</i>	Conducted MDR and made database for maternal death review analysis in Mwinilunga with trained providers	To support the remaining districts to start reporting and analyzing maternal deaths	
<b>Technical Area:</b> <b>Goal:</b> <b>Overall Objective:</b> <b>Target:</b>	HIV/AIDS - SOUTHERN PROVINCE To improve the quality of and access to cost effective HIV/AIDS interventions To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	TSS on diagnostic counseling and testing was provided to all District hospitals	Based on findings of the National HIV/AIDS minimum package assessment report, proceed with TSS/TA to 100% of districts by end of 2nd Qtr	
	Facilitate ART Coordinating Committees	All scheduled Provincial ART committee meetings held; attended 80% of scheduled PATF meetings on behalf of PHO	Both activities will be ongoing	
	Develop a data base (list) of partners in ART service provision and review it annually	Data on partners in ART services collected from 8/11 districts	Complete collection of data from the remaining 3 districts Analysis to be completed during 2nd Qtr	
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Strengthen health workers' skills through Performance Assessment in districts	PA for 1st & 2nd Qtr 2006 was done; addendum to PA tools that includes HIV/AIDS issues was submitted to the national level	TSS based on the previous PA findings to ensure at least 80% of recommendations on issues of service delivery and case management are fully implemented	
	Conduct on-site TA to ART sites in the Province	Detailed TA visits made to Siavonga, Mazabuka, Sinazongwe and Choma specifically on management of TB/HIV co-infection	TA visits to continue during 2nd Qtr focused on ART management and TB/HIV co-infection management	
	Conduct quality assurance assessment of ART sites	Siavonga, Mazabuka, and Ithezhi-tezhi oriented in QA	Implementation of QA processes in these districts to be facilitated during 2nd Qtr; 3 more districts to be oriented during the same period	
<b>To support district To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	Funded and facilitated the training of 6 health workers in ART/OI from two districts resulting in the opening of 3 new ART sites	Will aim to open 3 more ART sites in the province	
	Facilitate integration of HIV and TB in health facilities	TSS in TB/HIV collaboration was provided to all District hospitals to ensure correct implementation	Regular TSS in TB/HIV collaboration to continue	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Technical Area:</b>	HIV/AIDS - WESTERN PROVINCE			
<b>Goal:</b>	To improve the quality of and access to cost effective HIV/AIDS interventions			
<b>Overall Objective:</b>	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
<b>Target:</b>	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>			
	Provide technical support to all ART sites in the Province	Technical support provided to 3 out of the current 12 ART sites	To provide technical support to the rest of the sites in the next quarter	TS will be provided to 3 sites each Quarter
	Facilitate the coordination of ART Coordinating Committees	Attended PATF meetings and preparations for WAD		The Provincial Art Committee has not held regular meetings due to the difficulties in having all the stakeholders attend
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>			
	Conduct on-site TA to ART sites in the Province	On-site TA conducted at LGH, Senanga and Kaoma District Hospital	To conduct On-Site TA to 3 sites every Quarter	
	Conduct quality assurance assessment of ART sites	Conducted Quality Assurance Assessment of 3 ART sites	To conduct Quality Assurance Assessment of 3 ART sites every Quarter	
	Conduct regular technical support supervision to improve quality of clinical services	Technical support supervision provided to 3 District Hospitals in in-patient care and Clinical Meetings		2 Clinical Meetings, 1 Mortality Review Meeting and 1 major round were conducted at the LGH
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate the provision of ART and other HIV/AIDS logistics	Supported LGH and Senanga District Hospital in starting the implementation of the new ARVs Logistics Management System	To support 3 more sites in the next quarter in implementing the logistics management System	
	Facilitate HIV/AIDS case observations and record reviews	Conducted case observations and record reviews in 3 ART sites		
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>			
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	Limulunga RHC, Luampa and Yuka mission Hospitals assessed as new ART sites	Kandende RHC in Kaoma identified as a potential Art site	Limulunga has started offering ART services
	Facilitate integration of HIV and TB in health facilities	Worked with CDC to strengthen TB/HIV collaborative activities through capacity building equipment and infrastructure improvement		CDC will support in capacity building in the areas of HIV counseling and testing, TB microscopy and HIV/TB collaborative services in order to make the services more accessible to the general population
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	40 participants trained in ART/OI, 20 in pediatric ART and 24 in ARVs Logistics Management System	To continue training staff in ART/Otis to meet the scaling up needs especially in pediatric ART	Pediatrics ART continues to lag behind with less than 5% of clients on ART being children
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>			
	Facilitate site assessment and certification of private ART sites	None of the private clinics are providing ART services		Private practitioners still need to be monitored in other HIV/AIDS activities
<b>To build capacity of districts in effective programme management of Vitamin A programme</b>	<i>Capacity Building of districts to effectively manage Vitamin A Supplementation Programme</i>			
	Conduct supportive supervision and monitoring during implementation of CHWk in 1 district	Senanga District supported with transport and monitored during CHWk	To support and monitor 1 district during the bi-annual CHWk activities	
	Monitor ordering and stocking of Vitamin A capsules and de-worming tablets	Stocks of Vitamin A and de-worming tablets monitored in all the districts		

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>To improve Child Health Nutrition through Positive Deviance A</b>	To conduct one TSS to monitor and provide TA for Positive Deviance activities in Lukulu district	TSS conducted	Continue providing 1 TSS visit to the P/D in Lukulu every Quarter	Activity was implemented by the (CCS MoH) implemented
<b>To strengthen the information basis for scaling up RED strategy activities</b>	<i>Support scale up of RED strategy activities to improve Immunization Coverage</i>			
	To work with the DMS to collect reports on immunization coverage rates on quarterly basis	The DMS and reports were collected during the Quarter	To continue working with the DMS on the follow up of reports	
	Conduct TSS for selected low performing districts	TSS conducted in Sesheke District		
<b>Facilitate the Implementation of LTFP methods in Mongu District</b>	<i>Strengthen Long Term FP services in 1 site and improve quality of obstetric care at hospital level</i>			
	Conduct a one day supportive follow up visits after training	Meeting held and way forward discussed with the people trained in LTFP		
<b>Reinforce Maternal Death Reviews at all levels</b>	Give quarterly feedback and recommendations to the Districts on the reported maternal deaths	Maternal Deaths analyzed and feedback given to all the District and Provincial Hospitals	To continue monthly reviews and Quarterly feedback on the maternal deaths	
<b>Technical Area:</b>	Monitoring and Evaluation			
<b>Goal:</b>	Establish and maintain a system for tracking and evaluating program performance			
<b>Overall Objective:</b>	To develop Tools and Procedures for Planning and Monitoring and ensure that Management and Technical Staff are routinely updated on the status of given Program Indicators			
<b>Review work plans and coordinate program performance monitoring</b>	<i>Coordinate the review of work plans</i>			
	Coordinate the quarterly and annual review of work plans			
	Consolidate work plans	Year 3 workplans finalized and circulated		
	Submit annual plans to USAID	Workplan submitted to USAID		
	<i>Consolidate reports on program indicators</i>			
	Coordinate development of quarterly reports	Quarterly reports developed		Great efforts by staff to submit reports within deadlines should be encouraged
	Coordinate the development of success stories	Two draft have been developed More information has been requested from responsible technical staff to enable finalisation	Finalise success stories	One story is on Amok in Mporokoso and another on Community IMCI
	Harmonize CCSs' reports with other HSSP reports	Formats for CCS's reporting were developed The monthly format is under review Quarterly reporting has been harmonised with the rest of the program	Finalised monthly reporting format and start using it	
Harmonize IRS' reports with other HSSP reports	IRS program now participating in the administration meeting; IRS quarterly reporting has been incorporated into the program			
<b>Revise the Program ME Plan</b>	<i>Revise the M&amp;E Framework</i>			
	Consolidate M&E framework	M& E framework has been revised to accommodate emerging needs		
	Consolidate and define the indicators	Program indicators have continued to change in order to accommodate program restructuring, and USAID's new Operation plan for service delivery	consolidate indicators	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
<b>Revise the Program ME Plan</b>	Revise Methodology for reporting on these indicators	Methodology revised in accordance to accommodate the new indicators	update baseline information as needed	The M&E methodology will be modified as need arises to accommodate new changes in the program
<b>Coordinate Program Updates</b>	<i>Coordinate Program Updates</i>			
<b>Conduct program performance evaluations</b>	<i>Develop a Baseline Report for the Revised Program</i>			
<b>Build Capacity</b>	<i>District Support</i>			
	<i>Strengthening Data Analysis for Program Planning and Monitoring and building capacity in 4 Districts by undergoing an Orientation in Data Collection, Analysis and Presentation using GIS</i>			
	Prepare concept for GIS approach:	The draft concept paper was developed	Review and finalise draft, start implementing the process activities	