



Year Three (FY 07) 3rd Quarter Review (April 1st to June 30th 2007)

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Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
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	Counselling Testing and Care
DHMT	District Health Management Team
EmOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunization
ETAT	Emergency Triage and Assessment Treatment
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
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITNs	Impregnated Treated Nets
KFP	Key Family Practices
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
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
ZHWRS	Zambia Health Workers Retention Scheme
ZPCT	Zambia Prevention Care and Treatment

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1. Child Health and Nutrition

1.1 General Nutrition and Supplementation

Goal

To improve quality and increase coverage of key childhood interventions

Year 3 Target

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

Vitamin A supplementation

Vitamin A supplementation activities in the third quarter were focused on ensuring integration of vitamin A and de-worming into the National Measles Campaign. This was because the Child Health Week was integrated into the national Measles campaign.

Accomplishments

Integrated Measles campaign materials reviewed

The Measles Campaign Field Guide, Measles Training Package, Monitoring and Supervisory tools and Post-Evaluation Assessment tools were reviewed to adequately address Vitamin A and De-worming issues.

National and provincial level orientation to the Measles campaign conducted

HSSP supported the preparations, provided funding and hosted national and provincial level orientations to the Measles campaign in Eastern and Southern provinces. HSSP further provided financial and technical support for the orientations of Lusaka urban, Chongwe, Mazabuka, Livingstone, Kitwe, Ndola, Mongu and Kaoma districts.

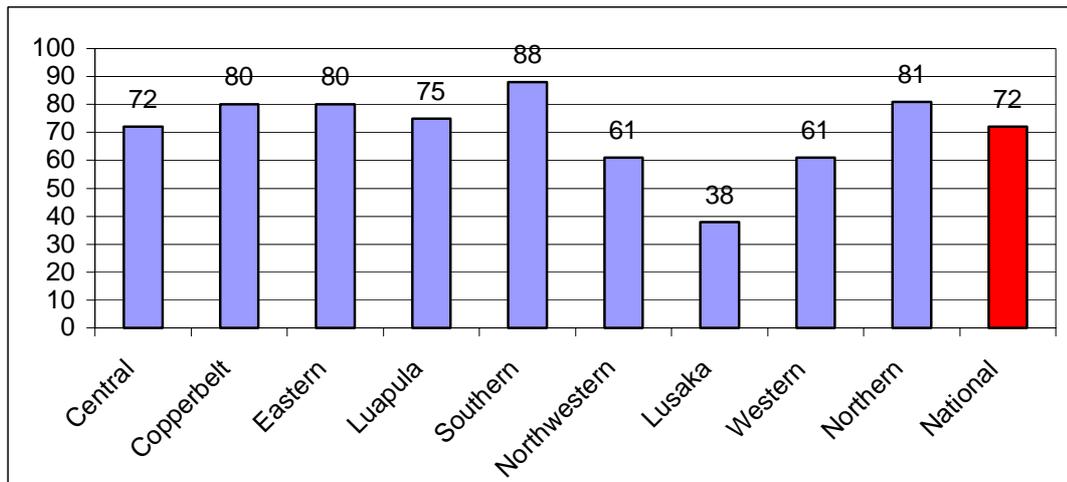
Child Health Week Orientation Manual finalized

Supported finalization of the Child Health Week orientation manual which was edited and graphically designed. It is currently undergoing a final review by key partners involved in the printing process, specifically from the Ministry of Health, NFNC and UNICEF.

December 2006 Child Health Week Report finalized

A final draft of the Child Health Week report for December 2006 was finalised. Coverage results indicate a variation in provincial performance. Disaggregated data by districts show significant differences between districts within the province. Specifically for the Lusaka province, the poor performance was as a result of two districts that did not use outreach sites during the Child Health Week. There are still challenges in the efficiency of collecting and storage of reports at the provincial and national level. Figure 1 below shows the provincial coverage of vitamin A supplementation.

Vitamin A supplementation coverage for December 2006



Ad

vocacy for Postnatal supplementation indicators' retention in the new HMIS continues.

Postnatal supplementation in quarter three focused on continued advocacy to ensure indicators are retained in the new HMIS. The HMIS is currently undergoing review with support from the European Union. There is need to ensure that primary data capturing tools such as tally forms are being used and community based Child Health registers (which also capture postnatal supplementation data) are harmonized .

RED sites visited in Ndola

The field visits to the RED pilot sites was conducted in Ndola. However, it has been recommended that a change of strategy be focused on strengthening the data capturing tools and systems as opposed to learning only from the pilot sites as set out in the action plan. This was because information gathered through the Integrated Child Health tally sheet has shown that with better data capturing and reporting postnatal coverage may soon be reported on.

General Nutrition

A field visits to the Copperbelt province reveals the importance of having motivated community volunteers

A field trip to the Copperbelt province revealed very interesting findings in particular areas of general nutrition such as community Based growth Monitoring and promotion. This is a major strategy that can be used in monitoring and promoting infant and young child nutrition. When implemented correctly, it is a useful vehicle when linked to other nutrition and child health interventions. Essential components of implementing the package include motivated volunteers and the use of venues within the community.



Fig 2. *Kaniki health centre in-charge thanking volunteer for the good work in community based growth monitoring*

HSSP participates in an International conference on Micronutrients

HSSP participated in an International conference on Micronutrients and shared experiences in implementing micronutrients control programme. Key recommendations of the workshop include the need for programmes to continue investing in cost-effective interventions such as Vitamin A supplementation.

Challenges

The National Measles campaign posed a challenge to moving ahead some of the generic work under Vitamin A supplementation. This was because more time was required from provinces and districts to conduct specifically the workshops on data management.

The work overload of the Nutrition Specialists continues to be challenge in implementing activities in general Nutrition.

Next Steps

- Printing of the Child Health Week manual
- Monitoring of the National measles campaign
- Support review meetings for 8 provinces and districts in improving data management

1.2 Community Integrated Management of Childhood Illness (C - IMCI)

Overall goal:

80% (58) districts offering Key Family Practices

Year 3 Targets:

- 55 districts with community providers implementing 6 Key Family Practices;
- At least 3 supervisors in the 60 districts trained to plan and support C-IMCI activities;
- Document and disseminate Best Practices including PD/Hearth results for possible scale up to other districts and;
- Establish a national C-IMCI coordinating body to improve information flow and to leverage resources.

Accomplishments:

227 district health workers trained as C-IMCI trainers

227 district health workers were trained as trainers to support C-IMCI implementation. These represent 64 out of the 72 districts in Zambia.

107 CHWs in Lusaka province have been trained in C-IMCI

107 CHWs in Lusaka province drawn from all 4 districts have been trained in C-IMCI using HSSP's financial and technical assistance; bringing a total of 2,000 CHWs trained to promote the Key Family Practices (KFP).

58 districts currently implementing the 6 Key Family Practices

58 out of 72 districts are currently implementing the 6 Key Family Practices in Communities thus already surpassing this year's target of 55 districts. It is important to develop a critical mass of community volunteers to promote and implement the KFPs. Key Family Practices in C-IMCI are cost effective and can positively impact on the under five morbidity and mortality rates, as will be seen in the subsequent presentations in this conference. Luangwa is one of the examples where promotion of the KFPs has shown positive results.

Lukulu district shares results of Positive Deviance Hearth.

HSSP in collaboration with NFNC provided technical assistance for Lukulu district to document PD/Hearth. Lukulu district shared the results at the Sub regional international research meeting in Lusaka in May 2007. Some of the shared benefits of the PD Hearth Approach are as follows:

- IEC messages developed and implemented by the community members proved to be more effective.
- Utilization of local available foods to make therapeutic feeds with acceptable preparation techniques.
- Utilization of the catchment Health center staff and community level supervisors is cost effective in monitoring and follow up of clients.

- PD/Hearth is target and result oriented.
- With strong household food security Positive Deviance Hearth approach provides positive impact and is easy to sustain at community level.
- HPD integrates other family and community key practices such sanitation, completion of full immunization, ITN uses, Vitamin A supplementation and deworming.

The benefits Positive Deviance Approach can be summarized as follows:

Quick - The approach provides a solution that can quickly address an immediate problem.

Affordable - PD/Hearth is affordable and families are not dependent on outside resources to practice the new behaviors.

Participatory - Community participation is a vital ingredient in the success of the PD/Hearth approach.

Sustainable - The PD/Hearth approach is sustainable because new behaviors are internalized and continue after the Hearth sessions end.

Indigenous - Because the solution is local, progress is made quickly, without a lot of outside analysis or resources.

Culturally Acceptable - Because the Hearth is based on indigenous behaviors identified within the social, ethnic, linguistic and religious context of individual communities, it is by definition, culturally appropriate.

HSSP Supports Luangwa to strengthen Primary Health Care services in game management areas

Luangwa Communities working with the DHMT took up the challenge of introducing Primary Health Care services that are critically needed in the predominantly game management catchment areas. HSSP responded to this cause by providing support for a two week C-IMCI training of 26 CHWs who acquired new knowledge and skills. These CHWs will be work in health posts, thus taking health services as close to the households as possible. Community members especially mothers, will no longer have to brave walking long distances to the nearest health facilities (15km or more for some) with high risks of being attacked by wildlife e.g. elephants.

Zambia hosts an International Conference on Child Health.

HSSP in collaboration with JICA supported MoH to host the Sub-Regional International Conference on Child Health Interventions at Community Level. HSSP provided additional support to selected districts (Lukulu, Luangwa and Kasama and CCF) in documenting their best practices which were shared during the conference.

Documentation of the meeting highlights and recommendations was done. The conference recommendations urged countries present to begin to address issues of matching community volunteer activities with government policy, strengthening roles of various levels of the health system in supporting community level interventions and coordination of partners contribution.

1.3 Expanded Programme on Immunisation (EPI)

Overall goal:

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

Year 3 Targets:

- 48 districts to attain 80% and above full immunization coverage in children under one through improved planning and implementation of CHWk activities, accelerated mass measles immunization campaign and monitoring quality of immunization services.
- Scale up of RED strategy from 10 to 72 districts.

Accomplishments

Increased Immunisation Coverage

In year three, HSSP's target has been to support MoH in attaining 48 districts to reach 80% and above immunization coverage. The end of 2006 saw the attainment of 45 districts with full immunization coverage of 80% and above for children under one year of age. Efforts to support low performing districts during this quarter include provision of more focused technical assistance in planning field support of supplemental immunization activities.

HSSP will aggressively utilize the up coming Integrated Measles Campaign to work with the low performing districts to ensure that a comprehensive package of antigens for eligible children was provided in a timely manner.

HSSP supports Zambia to prepare for the 2007 Integrated Measles and Supplemental immunization campaign

The 2007 planned measles campaign provides a second opportunity for measles vaccination through mass campaigns. The 2007 Integrated National Measles campaign (includes Vit A supplementation and de-worming) in Zambia will target children aged 9 months to 5 years. High coverage rates of 95% are expected to be achieved.

HSSP provided technical and financial support to MoH in adapting, formatting and printing 2,500 copies of the measles field guides, streamlined the operational budgets for districts and orientation of provincial and district staff to the 2007 measles campaign.

A total of 27 provincial and 216 district staff was oriented to the 2007 integrated measles campaign scheduled for the second week of July. HSSP will provide additional financial assistance to support national level monitoring teams and supplemental funding to selected districts based on agreed criteria.

Annual Child Health Review meeting hosted

The 2007 Child Health Annual review meeting was held at the end of May. The meeting drew participants from all the Provincial Health Offices and 22 selected districts. HSSP provided technical and financial support to MoH in hosting the annual child health meeting that reviewed progress made in implementing child health activities and assisted in defining the future direction in improving coverage and quality of child health interventions at all levels. Selected districts shared some of the best practices in EPI, IMCI, GMP and other primary health care innovations.

Proposal on Health Systems strengthening approved with clarifications.

HSSP had spent a significant amount of time providing technical assistance in completing the required documentation for submission of Health Services Strengthening (HSS) proposal to GAVI secretariat. Zambia's HSS proposal is reported to have been approved subject to given revisions to be done. This is positive a step for Zambia as it provides an opportunity to address some of the system barriers to service delivery.

Challenges faced Community IMCI.

National Level:

- Lack of an effective mechanism of reporting community level activities
- Lack of data base on community level activities
- Inadequate finance to support Job Aides for Community Health Workers.

District Level:

- Inadequate and erratic supply of CHW drugs kits
- Lack of an effective referral system for sick children
- Existence of multiple reporting systems for community level activities.
- Lack of effective mechanisms to motivate/retain Community-based Agents

Next Steps:

- Harmonization of existing reporting forms including RED strategy activities
- Improving C-IMCI Coordination through strengthening C-IMCI national working group
- Identify mechanism of motivating and retaining Community Based Agents.

1.4 Facility Integrated Management of Childhood Illnesses

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:

Results of District Profile Analysis disseminated at the 2nd National Child Health Review Meeting

HSSP made a detailed analysis of all the 72 districts (data collected Dec 2005-March 2006) aimed at reviewing the overall status of IMCI implementation and identifying factors that

may influence the ability of a district to conduct IMCI case management training for the health workers. This is with the assumption that all the districts are operating within a similar resource basket. The analysis brought out major gaps in the implementation status such as:

- Only about 20% of the health centers had the recommended 60% or more of the health workers who manage children being trained in IMCI case management
- 56% of the PHOs and 26% of the rural DHOs had no one or only one of the staff members trained in IMCI case management against the recommended three.
- 9% and 2 % (approx. 79 and 8) of the rural and urban health centers respectively were manned by untrained health workers

The factors highlighted above have a bearing on the quality of child health services in districts.

Effective management of existing data at all levels has been a challenge. Although useful data is generated, it is rarely used to provide guidance on critical areas to focus technical assistance.

Presentation of this information stimulated a constructive discussion and presented an opportunity for self examination of individual district/provincial performance in F-IMCI. These results will also be used as baseline for future comparative analysis of district performance in F-IMCI implementation. This study has also been accepted to be presented at the forth -coming 135th APHA meeting.

98 health workers trained in F-IMCI:

During the quarter under review, PHOs/DHOs continued to show renewed enthusiasm and eagerness to train more health workers in IMCI case management. DHOs continued to submit Requests for financial, technical, logistic support to HSSP For most of the scheduled training programmes, the PHOs/DHOs did not have the complete team of facilitators to effectively conduct the training. HSSP therefore provided the technical support while at the same time building capacities in the respective areas such as training some doctors to be in-patient instructors.



Fig. 3 Participant examining a child as part of IMCI training

A total of 98 health workers were trained from 10 districts .This brings to 217 the number of health workers trained with HSSP support since the beginning of year 3. This is beyond the targeted 144 for this fiscal year.

6 day IMCI bridged Course piloted for the primary level health workers:

A comparative study between the skills and knowledge acquired using the 6 day versus the 11day IMCI training programme for primary level health workers showed that there was no significant difference in outcome (MoH 2005). However lessons were needed on how practical this training mode would be, outside the study setting. HSSP supported 3 training

programmes for Southern province using the 6 day approach. The support commenced with orientation of the IMCI provincial facilitators to the use the 6 day course materials. Important lessons have been learnt which will be shared with other districts including:

- Introduction of the module should be done on the day of arrival to create more time.
- The in-patient session should have a minimum of two to two and a half hours and not one and half hours
- Efforts should be made to conduct two initial follow-up visits and special attention made for participants noted not to have performed well.

These guidelines will be disseminated as the districts prepare for the next round of the planning cycle. The use of the 6 day training mode for primary level health workers will help to mitigate the cost of training and their long absence from work stations.

77 student nurses and 8 tutors trained in F-IMCI:

HSSP supported three training programmes for the nursing schools where 50 and 27 final year students from Kitwe and Chipata Schools of nursing respectively were trained. In both cases the initiatives were made by the respective schools and HSSP provided technical support. This is also a reflection of the renewed interest in implementing IMCI in training institutions.

The Kitwe school of nursing went a step further by including 8 of their tutors as participants in both the training programmes. This experience showed that it was possible to train both the tutors and the students together in an effort to quickly build capacity among the tutors. The structure of the IMCI training allows for both the students and the tutors to train together without feeling intimidated.

17 provincial and district managers trained in IMCI 6 day abridged course for physicians and senior health workers:

In an effort to ensure that the supervisors have the necessary skills and knowledge to supervise IMCI activities, the national level has been systematically training staff in IMCI at all levels. HSSP supported the 4th national training. The participants were drawn from districts that did not have enough IMCI trained staff (based on *HSSP 2006 district profiles*). The training also attracted three clinical care specialists. To date all the provincial offices have at least one or both clinical specialists trained in IMCI case management skills. This is meant to improve the quality of supervision.

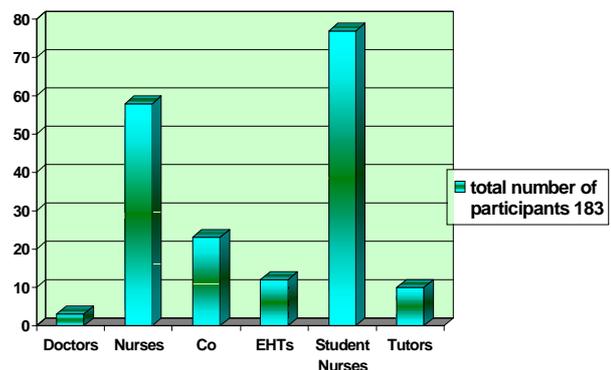


Fig 4: Distribution of IMCI trained health workers in Q3 by cadre

Building synergies with other programme areas:

HSSP has played a key role in viewing the IMCI fever box guidelines to incorporate the use of the Rapid diagnostic Test (RDT) or Blood slide for the diagnosis of malaria. The guidelines were piloted during the abridged course for the DHO and PHO managers. The malaria programme has made efforts to train some health workers from each of the 72 districts in the use of the same, but this has not been used in the IMCI algorithm. The inclusion of the use of the RDTs and the Blood-slides during the IMCI training will ensure that all the health workers that undergo IMCI case management training equally acquire skills in this area.



Fig. 5: District manager checking Under Five Card



Fig. 6: Participant examining Blood Slide

In the same spirit of building synergies HSSP child health unit in collaboration with the HSSP HRH-Training unit supported the General Nursing Council to review and harmonize the information contained in the chapter on management of malaria in children (malaria handbook for nurses and mid-wives) with the IMCI guidelines.

10 IMCI trained health workers trained as facilitators and 3 trained as master trainers:

In order to rapidly scale –up and sustain the training of health workers in IMCI, it is important that each province has a complete team of facilitators. Unfortunately one of the major challenges has been the rapid turn over of the facilitator pool. One strategy undertaken by the national level is to train master trainers for each province who will in turn train the local facilitators. In the past the facilitator skills training have all been initiated by the central level. In the quarter under review, HSSP provided technical support to train 3 master trainers from Central, North Western, and Eastern provinces, who further trained 10 IMCI facilitators from 8 districts.

14 health workers from district hospitals trained in Emergency Triage Assessment and Treatment (ETAT):

HSSP provided TA to MoH in conducting the first national ETAT ToT training for the district hospital based health workers. An analysis of the level of care provided by a selection of 13 district hospitals in 2005 showed that most lacked the basic skills, knowledge and even

equipment needed to care for a seriously ill child who may be referred from a health centre. For IMCI to make a difference, referred children should receive quality care from the next level of care. Following this training, more regional TOTs are due to take place followed by provincial training programmes.

Technical up-dates in F-IMCI provided during the national launch of the planning cycle:

Technical up-dates with in-put from F-IMCI were developed and presented at the launch of the national planning cycle. TA to the districts will continue during the whole process of the planning. Some of the new updates are MCI guidelines to include new-born, zinc for the treatment of persistent diarrhea and the use of low osmolar ORS, strengthening of the HIV/AIDS component as well as reviewing the IMCI management of fever to conform to the national malaria guidelines. In addition districts will need to be given guidance on planning and budgeting for ETAT.

SOW written for SAVE the Children STTA in development of a National frame work for scale plan of the new-born health program:

The STTA provided by SAVE the CHILDREN in 2006 helped to set the stage for the national new-born agenda by bringing together various child health stake holders to share a New Born Environmental Scan report which was an output of the activity. However, in spite of the tremendous efforts being made, gaps still exist in the national agenda or plan for new born health. There is still need to have a national plan for improving new born health at household and community level and the different levels of health care. In addition, there are still gaps in the Coordination between the various MOH structures and between the various stakeholders. A SOW for STTA from SAVE the Children has been written whose main expected output is a National frame work highlighting a scale –up plan for the new-born health program.

Challenges:

- Reduced funding has made it difficult for districts to conduct F-IMCI training without supplemental financial support especially when some facilitators from outside the province are used.
- Inadequate facilitators to conduct IMCI training in the provinces
- Competing priorities coupled with inadequate human resource and funding at district level has continued to make supervision a major challenge.
- 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.
- Competing priorities for Clinical Care Specialist who are key in facilitating district based activities.

Next steps:

- Provide TA during the up-coming measles campaign
- Work with the consultants that will come on the STTA from SAVE the Children.
- Continue to follow-up of health workers trained in IMCI, in collaboration with the DHMTs.
- Preparations for the national launch of MNCHP will continue.

- Finalize all the pending reports and documents

2. Integrated Reproductive Health

Overall Objectives

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

Year 3 Targets

- Establish EmOC/FP services in 10 districts
- Establish PAC/FP in 10 districts
- Establish LTFP- 19 districts

Accomplishments

1.1 EmOC/FP

10 site (facility) assessments conducted:

Site assessments for readiness to provide EmOC services were conducted in the following sites, Northwestern Province:

- Comprehensive EmOC; Solwezi, Loloma Mission, Kabompo, hospitals
- Basic EmOC- Clinics: Solwezi urban, Mapunga, St Dorothy, Mumbezhi Holy Family, Mufumbwe, Kasanda and Kabulamema were assessed in Solwezi, Mufumbwe, Kawambwa and Kabompo districts.

140 copies of the EmOC training modules were produced:

With these copies available, scale up of training will be done.

Preparations for next EmOC training completed

Ndola Central Hospital was visited to prepare for training of service providers from Luapula province.

13 managers oriented on EmOC

An orientation meeting was conducted in conjunction with UNICEF and the Southern Province Health Office in Livingstone for 13 managers from Itezhi-tezhi, Livingstone, Kazungula and Kalomo districts. The orientation focused on critical managerial roles and responsibilities in the smooth implementation of EmOC in the respective districts.

49 health workers trained in EmOC

A total of 49 service providers i.e. 19 from 4 districts in Southern 30 from 7 districts in Luapula province were trained from UTH and Ndola Central Hospital respectively. EmOC services are therefore now being provided in 11 districts thus exceeding the target of 10 districts for this fiscal year.

Consensus reached by key stakeholders for roll out of EmOC/PAC

A consensus meeting with 13 stakeholders from MoH, UNICEF, UTH, USAID and Provincial Health Offices (Eastern, Copperbelt and Lusaka) on the smooth roll out implementation of EmOC/PAC was held in Lusaka. The meeting agreed on key issues regarding training, infrastructure, drugs and medical supplies and equipment provision.

1.2 PAC/FP

Chipata General Hospital Assessed for suitability as a PAC training site

Over the last quarter, training site assessment for Eastern province was conducted. Chipata General Hospital was found to be suitable for training of service providers in the province. Other preparatory activities have been planned for the next quarter to enable the training to take place.

1.3 LTFP

Jadelle site assessments conducted in 46 facilities; jadelle scaled up to 16 new sites

Jadelle site assessments to 61 service delivery points in 16 districts in Lusaka, Central Luapula, Eastern and provinces were conducted. Jadelle training was conducted for 16 health care providers. This was followed by scaling up of Jadelle services provision to 16 sites in 2 districts in Lusaka and Central Provinces. Further scale up was not possible due to jadelle stock outs. More stocks are reportedly on the pipeline and these will hopefully be available in the next quarter. HSSP has been lobbying with MoH and other partners to improve the jadelle supply chain.

Jadelle facility site assessments were also conducted in 8 districts in the Eastern province and from Lusaka and Central Provinces.

Technical Support provided to 20 jadelle sites

Technical Support Supervision to 20 Jadelle provision sites i.e. 16 on the Copperbelt and 4 in Southern provinces. Most sites were performing well and the demand for Jadelle was high (most had run out) except for Maamba hospital that was found with large stocks. Arrangements were made to move some of these to needy facilities within the province.

Cross-Cutting Issues

The IRH team participated in the rollout of the Integrated Reproductive Health supervisory tools for Northwestern province where MCH Coordinators and facility MCH managers were oriented. The team also attended FP, SMH, EmOC technical working group meetings as a way of fostering partnerships, enhancing coordination and leveraging resources.

Challenges

- Critical shortage of skilled birth attendants (Nurses, Midwives, Medical Doctors and Licentiatees) to be trained in EmOC from some of the identified EmOC sites has continued to slow progress

- Lack of, or inadequate space and equipment in some identified facilities earmarked for the provision of EmOC and LTFP services;
- Jadelle stock out currently being experienced has worked negatively towards meeting the targeted coverage.

Next Steps

EmOC/FP

- Review of the EmOC/PAC curriculum to harmonize the two components
- Training of Trainers in the revised and harmonized EmOC/PAC curriculum.
- Facilitate training of 16 service providers from Northwestern and 18 providers from Eastern provinces in EmOC from the assessed sites in the 3rd quarter.
- Continue leveraging resources from partners such as UNICEF and UNFPA in enhancing sites by providing basic equipment, drugs and medical supplies
- Conduct technical support supervision to EmOC sites in Luapula and Southern provinces

PAC/FP

- Conduct three training sessions on PAC for 49 health care providers from districts trained in EmOC in Southern and Luapula Provinces in July and August

LTFP

- Conduct 3 Jadelle training sessions for 46 health care providers from Luapula and Eastern Provinces when Jadelle commodity is available
- Carry out training for 24 health care providers in adolescent and sexual reproductive health and FP from Copperbelt province in August 2007
- Participate in the follow up of trained facility providers in LTFP – Jadelle Technical Support visits to Northern, Lusaka and Central provinces
- Review and develop IEC materials for EmOC/PAC/ FP

3. Indoor Residual Spray

Overall Objective

To provide adequate technical, logistical, and managerial assistance to the NMCP to achieve its target of reducing the incidence of malaria by 75% in selected IRS areas by the end of 2011

Year 3 Target:

NMCP achieving above 85% national coverage of IRS among the eligible populations in 15 districts

Accomplishments

Geo-coding of household structures in five districts completed

In the last quarter geo-coding of household structures in five districts (Solwezi, Chingola, Kafue, Kabwe and Mazabuka) was completed. This activity is essential in identifying the areas/communities under IRS for enumeration of structures, quantifying insecticides and human labour needs, planning of spray operations and field operational research. Geo-coding of household structures in Kalulushi, Livingstone and Chililabombwe is currently being conducted.

Three maps produced

Maps to be used in planning, estimation and implementation of IRS activities have been produced Solwezi, Chingola and Kabwe.

Standardized forms for IRS recording developed

Standardized forms for IRS recording and reporting have been developed. This will enable districts to report on uniform information and overall improvement of overall data quality.

IRS database development initiated

An IRS database is currently being developed with collaboration of MRC in Durban. Look up lists required to make initial development have already been sent to MRC.

Development of IRS operations guidelines commenced

HSSP facilitated the IRS core technical group meeting in Kabwe to develop national IRS guidelines, training manuals and storage guidelines; the first drafts have been produced.

2006/07 IRS report developed

The first draft of the IRS report for the 2006/2007 spray season has been produced. This will be reviewed and finalized in the next quarter. Finalization of the report has delayed due to the multiplicity of stakeholders involved in its development.

IRS program monitoring and planning on track

HSSP monitored stock levels to prevent insecticides from expiring in districts. Collection and central storage of DDT and other pyrethroid waste material (empty sachets and containers) with ECZ approval. A priority list together with requirements for rehabilitation for storage/hygiene and waste management facilities has been developed. All

insecticide waste material (empty sachets) from 15 districts have been collected and secured in a central point pending destruction.

A Supplementary environment assessment report for use of DDT under USAID funds has been completed as per requirement.

Procurement process for 2007/2008 initiated.

Quantification of insecticides, equipment and spares and PPE for the 2007/08 IRS operation has been done; these items are now being procured

HSSP Supports the development of round seven GF Malaria proposal

Supported the development of round seven GF Malaria proposals for Zambia. The proposal if approved will bring much needed resources to address malaria in Zambia.

Challenges

- Lack of clear funding commitments for key IRS operational activities
- District IRS implementation capacities are still limited
- Securing funds and initiation of district rehabilitation process still lack assured time bound commitments.
- Safe disposal of insecticide waste stored at the central level locally is still not stipulated.

Next Steps

- Finalising district IRS implementation plans
- Carry out training of trainer sessions
- Carry out cascade training of spray operators
- Carry out training of store keepers
- Procurement and distribution of the IRS chemicals, equipment and personal protective equipment
- Continue Geo-coding in three districts (Mufulira, Chongwe and Luanshya)
- Collection of epidemiological and entomological data for IRS assessment exercises

4. Performance Improvement

Overall Objective

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

Year 3 Target

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

Accomplishments

Performance Assessment tools piloted reviewed and further reviewed

During the quarter under review, HSSP working with the Ministry of Health disseminated the new PA tools for pilot in two districts. The feedback and recommendations have since been analyzed and incorporated, and the tools are ready to be disseminated to districts. HSSP also participated in the mini quarterly PHD meeting on 13th June 2007 to discuss the new PA tools. The outcome of the meeting was that the Guide on Performance Assessment and Technical Support which gives directions on how PA should also be reviewed.

19 ART delivery sites (facilities) assessed for accreditation

Accreditation has started and so far 19 of the targeted 21 private institutions for this fiscal year have been assessed for accreditation (13 in Lusaka, 3 in Southern and 2 on the Copperbelt). The accreditation exercise is still on going in Lusaka, Central and the Copperbelt Provinces. HSSP has been working with the Ministry of Health and Medical Council of Zambia to develop an accreditation system for ART sites in Zambia.

Monitoring implementation

HSSP in collaboration with the Provincial Health Offices through the Clinical Care Specialists has been offering technical assistance focusing on case management and record review to DHMTs and hospitals in Luapula, Eastern, Southern and Central provinces. TA was also offered to Kalabo, Senaga, Ndola Central Hospital, Mufumbwe and Solwezi DHMTs in the rest of the provinces.

Participated in National and Provincial Action Planning

HSSP provided supported the MoH in the national and provincial planning launches. Under Performance Improvement specific support was provided to Copperbelt Province with an emphasis on the new PA Tools and ART Accreditation.

Challenges

During the quarter under review there was a backlog in Performance Improvement work pending employment of the designate staff.

Next Steps

- The dissemination of PA/TSS tools to PHD will be conducted during the next PHDs quarterly meeting.
- Provide TA to 6 selected districts in provision of Technical Support Supervision (that focus on case management) of hospital and health centre levels.
- Work with MOH in monitoring of Performance Assessment.
- Participate in District Action Planning.
- Work with MCZ to finalize accrediting 21 Private ART institutions

5. Human Resource Planning and Management

Overall Objective

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

Year 3 Targets

- 96% of physicians retained in C&D districts hospitals under the rural retention scheme.
- 65% of C&D districts demonstrating improved Daily Staff Client Contact Ratio.
- 6555 of individuals ever received ART in C&D districts in which HSSP has posted a physician.

Accomplishments

Operational Guidelines for the management of the ZHWRS finalized

HSSP supported MoH to finalize the operational guidelines of the Zambia Health Workers Retention Scheme (ZHWRS) through working with 9 PHO HR Specialists, central level staff and cooperating partners. In addition the ZHWRS contract was revised to include tutors and other cadres. In order to strengthen the ZHWRS support system, step by step roles and responsibilities at the centre, province and districts were included in the appendices. A Completion Certificate was also developed that will be completed by a scheme member at the end of the 3 year contract. A scale-up action plan was also developed that provides the milestones for implementing the expanded ZHWRS.

16 Doctors recruited on the retention scheme

In addition to the 10 doctors recruited in the last quarter, 6 more doctors have since been signed on the HSSP supported retention scheme. This leaves only 7 more doctors that need to be recruited in order to meet the target of 23 doctors for year 3. The physicians will play a critical role in the expansion of ART services in the rural C&D districts.

Recruitment of 33 Tutors begins

With the pronouncement by the Minister of Health that all tutors will be included on the ZHWRS by 30 June 2007, the initial recruitment processes began. The PHO HR Specialists will play a crucial role to expedite the signing of contracts by tutors. It is expected that all tutors will receive their retention allowance by end of July 2007. HSSP will only support 33 of the 67 tutors. The remaining tutors will be supported through the retention scheme basket fund at MoH. The retention of tutors is very critical to MoH to expansion of student outputs from nurse training institutions.

Recruitment of 63 other cadres

According to the ZHWRS plan, the process of recruiting other cadres which include nurses, clinical officers, and laboratory and pharmacy staff will begin next quarter. The PHO HR Specialists will inform the eligible districts to begin the recruitment process during the 2007 planning cycle. The district will be informed to start the search for staff willing to work in hard-to-reach areas and facilities that have had no trained staff. It is expected that by the end

of July 2007 the staff will have been recruited and posted to the affected areas. The recruitment of these cadres will contribute to the expansion of HIV/AIDS services to hard-to-reach areas and health centres without professional staff. This will improve access of health services to populations around the affected facilities.

2006 Report on staff-client contacts

HMIS data on staff-client contacts was collected from the Directorate of Planning at MoH. The information was used to update the internal database within HSSP. The results so far show that the health centre staff load contacts have increased from 17 (2004), 17 (2005) to 18.2 in 2006. As already envisaged this increment could be due to the removal of user fees in rural areas. This means that more people are actually accessing the health services and not necessarily an evidence of attrition.

National and Provincial Action Planning process supported

HSSP provided technical support to MOH in the national and provincial planning launches. Under Human Resource Management specific support was provided to Copperbelt Province. The emphasis of the support was on expansion of the retention scheme to Tutors and other cadres.

Challenges

- Competing activities at the centre have led to the delays in implementing the ZHWRS.

Next Steps

- Support MoH implement the retention scheme for tutors and other cadres
- Support HR TWG hold quarterly meetings to review (monitor) staff retention targets in C&D districts.
- Document quarterly reports on the retention performance in C&D districts.

6. Pre and In-service Training

Overall Objective:

100% of graduates from COG, SOM and Nurse Training Schools trained to provide ART, PMTCT, CTC services by 2010.

Targets:

- 50 % of graduates from health institutions trained in skills to provide ART, PMTCT and CTC services
- One (1) training institution utilizing revised curriculum incorporating HIV/AIDS and other priority services

Accomplishments

Proposals for training 734 students in Management of ARVs, OIs, Paediatric ART and PMTCT developed

HSSP led the development of proposals by 20 training institutions on behalf of General Nursing Council (GNC) to support training of 734 students and 60 tutors/preceptors. These proposals were submitted to Zambia National AIDS Network (ZNAN) and UNICEF. ZNAN will fund training in management of ARVs and OIs, while UNICEF will support training in Paediatric ART and PMTCT. More than 300 students from 11 training institutions were trained in the quarter under review. It is necessary to continue supporting training institutions in preparing graduates for the provision of HIV/AIDS care and ART services while curricula are being revised to incorporate these components. These graduates will be equipped to provide HIV/AIDS care and ART services upon completion of training and this will scale down on requirements for in-service training in this area.

Data collection on a Study designed to follow up graduates trained in provision of HIV/AIDS services completed

The questionnaires and training manual were finalized, piloted and data collected has been completed. Data entry and cleaning has already commenced. It is expected that the report will be completed in the next quarter. The implementation of this activity has taken long because of challenges in planning, funding and deployment, coupled with locating where these graduates are working. Lessons from this follow up study will be incorporated in the on going curricula reviews. The study is being coordinated by HSSP's M&E unit.

Clinical Officer General (COG) Curriculum revised and implemented

Curriculum, Lecturers Activity Outline and Procedure Manual have been finalized. It is expected that 60 graduates in December 2009 will acquire the knowledge and skills to provide HIV/AIDS care, IMCI and other priority health services. These graduates will therefore not need in-service training soon after graduating. Clinical Officers General is a critical cadre in the provision of HIV/AIDS and other priority health services. HSSP will provide continued support to Chainama College during the implementation of the revised curriculum.

Curriculum review roadmap for Surgery, Obstetrics and Gynaecology components of the UNZA, School of Medicine MB ChB program developed

HSSP supported development of a curriculum review roadmap for surgery, obstetrics and gynaecology. Some key proposals here include rearrangement of the entire MB ChB program, strengthening HIV/AIDS, communication skills content, and standardization of transfer of practical skills to students. The SOM curriculum review process will be completed in 2009. HSSP initiated School of Medicine (SoM) curriculum review in August 2006 by supporting the curriculum review sensitization seminar and encouraged leveraging of resources. In March 2007, SoM conducted a curriculum review roadmap workshop for basic sciences with support from MSH.

Nurses' curriculum review - Malaria Handbook for Nurses, Midwives and training institutions developed

Support was given to MoH/GNC to develop a handbook on Malaria for nurse/midwives and tutors. The handbook was developed through a consultative process involving a wide range of stakeholders such as GNC, ZNA, MOH, WHO, National Malaria Control Center and Training Institutions. This effort is aimed at standardizing pre-service IMCI training. HSSP supported the orientation and dissemination of handbook on malaria to principal tutors, tutors and preceptors from May 18th to 19th 2007. Comments from this meeting are still being incorporated by stakeholders. Once the handbook is finalized, HSSP will print 500 copies and thereafter support the dissemination to all Training Institutions.

TA to MOH to build capacities of Human Resources Development Committees (HRDCs) in utilization of the NITCS plan and use of NTGs

HSSP worked with MOH to orient and disseminate NITCS and NTGs to Principal Tutors, Tutors and Preceptors. As a result of this training, Training Institutions (TIs) and districts will coordinate their training plans for HIV/AIDS and priority health services. During the orientation meeting, it was revealed that there is lack of coordination between TIs and districts. An inventory of active HRDCs was developed for the nine provinces through the CCSs. C/belt, Central, Lusaka and Eastern provinces have established provincial HRDCs, but only Central province has had meeting with MoH head office, while Lusaka province held their first HRDC meeting on 19th June 2007. In general, most provincial HR managers have requested for an orientation meeting in NITCS and NTGs for the provincial secretariat and district HRDCs. HSSP will respond to this need in the next quarter.

Participation in the National and Provincial Action Planning:

HSSP provided Technical Support to MOH in the national and provincial planning launches. Under Pre and In-service, specific support was provided to Eastern Province. The emphasis of the support was on In-service coordination and formation of HRDCs.

Challenges:

- Slow pace at which activities are accomplished owing to scheduled programmatic activities within the training institutions and statutory bodies.
- Financial constraint in MoH resulting in some activities depending on out sourced funds; this may cause a delay in implementing such activities in particular the MB ChB curriculum review.

- MoH counterparts' commitment to attending to National issues, coupled with partners competing for the same time is a great challenge.

Next Steps:

- Finalize and print Student Learning Guide and Evaluation Manual for COG curriculum
- Continue support to Chainama during implementation of revised curriculum.
- Analyze data and write report on follow up of students trained in provision of HIV/AIDS care and services
- TA to SoM to hold curriculum review roadmap meeting for Medical Sciences.
- TA to MoH/GNC to strengthen HIV/AIDS component of nurses curricula
- Finalize and print Handbook for Nurses, Midwives and TIs on malaria in collaboration with Malaria-IMCI.
- TA to MoH for orientation of PHOs and districts on utilization of NITCS and NTGs.
- Participate in provincial planning launches

7. 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

Year 3 Target:

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

Accomplishments:

Strengthen program management and coordination for health sector HIV/AIDS

In this reporting period, two meetings were held to consolidate and review additional information collected during the district consultative meetings. Participants to these meetings were drawn from government institutions, civil society and cooperating partners. An HIV/AIDS coordination mechanism has thus been developed which takes into account identified gaps and related concerns. Once feedback is received from all parties on the document now being circulated for comments, the guide will be printed and widely distributed. It is therefore hoped that with this mechanism in place, HIV/AIDS services will be better coordinated and this will enhance systematic scale up of services.

Process to develop a sustainability framework for HIV/AIDS service provision initiated

The ministry of health in conjunction with HSSP, UNZA, and Health Systems 20/20 initiated the development of a sustainability framework for HIV/AIDS service provision (CTC, ART, PMTCT, and HBC). During the first phase of data collection, data on costs for the provision of HIV/AIDS services from key partners and stakeholders such as MoH, NAC, CHAZ, ZNAN, and selected donors were collected by seven data collectors engaged by HSSP. The information was shared with HS 20/20 whose responsibility is to enter it into the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) model.

The data collection tool was found to be adequate for collecting data from health facilities (Kalingalinga clinic and the University Teaching Hospital) and somewhat inadequate at donor level as these could only provide macro-level information and referred data collectors to MOH or finance and development for details. There are still evident gaps to be filled as data for certain key sections such as the human resources and unit costs was not provided. The second phase will be undertaken in fourth quarter and data will be collected from health facilities in four provinces. Data analysis and the demonstration of the model to stakeholders will also be carried out in quarter four.

Work with MoH to develop and review proposals to global fund and other HIV/AIDS initiatives

HSSP has continued to provide technical assistance to the Ministry of Health and National AIDS Council on the conceptualization and planning for the GFATM. In May, 2007, HSSP was appointed on the steering committee of the Country Coordinating Mechanism for

GFATM to support the development of the round seven proposals under Churches Health Association of Zambia (CHAZ) and Zambia National AIDS Network (ZNAN) which are the only principle recipients eligible to receive funding in this round. The Steering Committee has agreed that the HIV/AIDS component should not request for funds in this round since there was less time to develop and submit the round 7 request, while the Malaria component needs to explain the need for additional funds since 47 million dollars still remains unspent from the previous rounds. The TB component will be submitting a request though some funds from round 1 for phase 1 and 2 had not yet been disbursed. HSSP will continue supporting the Ministry of Health and NAC during the subsequent GF proposal writing and reviews.

Support development of referral system for delivery of HIV/AIDS services

HSSP is providing support to MoH to strengthen/develop referral system for the delivery of HIV/AIDS services. In this regard preliminary consultative meetings have been held with MoH and NAC on the current referral systems. Additionally, a plan has developed to assess the existing referral systems at all levels of care. Data collection and drafting of the referral procedures will be concluded in the 4th quarter.

HSSP support in HIV Coordination through CCSs

CCSs strengthen coordination of ART services (PMTCT/CTC/TB/HBC) in the Provinces

All provinces have continued to hold ART coordination meetings through their established ART committees. Prominent members of these ART committees include DHMTs, partners, faith based organizations and PLWHA. Among issues discussed was coordination of training and other HIV/AIDS related programs, involvement of the private sector in ART provision, sources of supplies including ART drugs, data management, HIV/AIDS clinical meetings, accreditation of ART sites etc. During these review meetings CCS also provided clinical updates on the management of HIV/AIDS including opportunistic infections. Eight (8) ART sites have been established/certified in Western (3), Northwestern (1) and Central provinces (4) of which two are mobile.

CCSs provide technical backstopping and supervision to junior doctors implementing ART activities in the province

CCS have continued to provide technical backstopping and supervisory support to junior doctors and other health workers especially Clinical Officers and Nurses through in-service training, discussions during ward rounds and clinical meetings. A total of 155 patients with HIV/AIDS related illnesses were reviewed nationwide and discussed to give hands on training to staff.

CCSs contribute to training of 373 health workers

CCSs in all the 9 provinces participated in training 373 health workers in PMTCT, ART, CTC, HBC, Opportunistic infections and management of ART logistics. There is need to train more health workers as the ART scale up plan is implemented.

MoH 2008-2010 district planning

All CCS participated in the National planning launch which was held at Mulungushi Conference Centre in Lusaka from 14 to 15th June 2007. The MoH presented National goals and objectives derived from the NHSP. CCS presented their HIV/AIDS priorities during provincial launches and will provide technical support to DHMTs during the district planning launches.

Challenges:

Competing programs in MoH counterparts usually delay progress

Next Steps

- Print and distribute 1,500 guides for the HIV/AIDS coordination mechanism
- Finalize the HIV/AIDS sustainability framework
- Participate in PA/TSS
- Finalization of the development of procedures for HIV/AIDS referral system
- Consolidation of the CCS reports
- Participate in the district action planning for HIV/AIDS

8. ARV drugs

Overall Objective:

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

Year 3 Target:

30% of districts reporting ADR/E and ARV drug resistance monitoring

Accomplishments

Supervision on HIV Drug Resistance implementation plan

In order to wind up activities in this area, the following were done during the quarter under review: preparatory work to undertake support supervision in five provinces (Lusaka, Central, Copperbelt, Northern and Southern) implementing pharmacovigilance activities. Two experts in pharmacovigilance were recruited by HSSP to carry out the supervision during July 2007. The HIV Drug Resistance (HDR) implementation plan was sent to the printers. 500 copies of the plan will be printed and disseminated to health facilities. A budget to train health workers in pharmacovigilance from Eastern province was developed. This training will be conducted in August 2007. This technical area will be dropped in September 2007 in accordance with the revised HSSP focus.

Next steps

- Work with PRA to support the supervision of provinces in pharmacovigilance
- Print and disseminate HDR implementation plan
- Train two PRA staff in data management
- Train health workers in pharmacovigilance from Eastern Province

9. Planning and Information Management

Overall Objective:

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

Year 3 Target:

72 districts use revised planning guidelines and tools to plan for HIV/AIDS by 2010

Accomplishments

Reference Manual finalized

Finalization of drafting of the RHIS Reference guide was supposed to be done after the review of current planning process and the HMIS. Due to the urgency attached to improving the quality of district plans, this document has been split into two with MoH authorization i.e. one part covers support to districts in use of data for planning and the other is a planning companion for districts. The planning companion has since been developed and is ready for field testing. This document provides detailed description of what is expected to go in each section and table.

166 staff trained in Revised PMTCT/VCT Tools

A total of 81 health workers were initially target for this training. Realizing that funds from HSSP were not adequate to train this number of people, additional funds were sourced from UNICEF and CDC. As a result of this counterpart funding, a total of 166 health workers have been trained. These are DHIOs and MCH coordinators from each district, 7 representatives from KCM, 2 from Boston University, 2 from Linknet, 1 from Champ and 10 provincial health offices

Upgrade the HMIS Database

The plan to re-program the HMIS database to include HIV/AIDS Services with HSSP support was based on the existing HMIS version. With funding from EU to do a comprehensive review of the HMIS, HSSP's role has been to ensure that essential HIV/AIDS indicators are included in the new HMIS. The database has since been revised and is due for pilot on the Copperbelt during the last week of July.

Planning tools revised

HSSP supported MoH in the review of the Planning Handbooks for Training Institutions and the accompanying reviewer's checklist. This handbook is currently being used in the development of the 2008 action plans for training institutions.

Support to MoH Planning Process provided

HSSP supported the development of updates for the 2008-2010 MTEF. The document has since been compiled and disseminated. It is currently being used by districts and hospitals in the development of the 2008 action plans. Additional support was provided to the MoH in production of the planning guidelines for use at

the Central Plan Launch, whose contents mainly focused on HIV/AIDS and IRS services.

Challenges

- The planned pilot of new planning toolkit (MBB) in 9 districts alongside the existing planning process still a major challenge. It is yet to be seen how this process will be done.
- There is a sudden push for implementation of the Decentralization Policy and mechanism for devolvement of PHC functions to local government is another major challenge especially as it relates to planning.
- Inadequate coordination of planning by MoH across all programme areas within the MoH poses serious questions on sustainability.

Next Steps

- Roll out the PMTCT/VCT tools to facility level for those districts that do not have direct funding from partners.
- Commence activities towards the development of RHIS Reference manual which will provide guidance on data use for planning in view of the revised HMIS
- Orientation of the 9 DMS in the planning companion and training of 94 district directors and planning managers in the basic use of data for planning.
- Provide technical support to PHO planning and the selected 9 poor-performing districts.

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

Quarter 2 review successfully conducted and quarterly report submitted to USAID

The Yr 3 Q2 Report was submitted to USAID i.e., Narratives and Tables

Clinical Care Specialists Reporting Forms revised

The Clinical Care Specialists Reporting Forms previously revised have now been adopted; A Monthly Reporting Template – Word Document; and an Indicators Reporting Form – Excel Document. There is now uniformity in reporting.

Pre-service Graduate training in HIV/AIDS follow up survey conducted

Enumerators were trained and data collection in all the 9 provinces was completed. Data editing and entry has since begun. The final report is expected to be completed by August 09th 2007.

M&E plan revised and Indicator Definition Manual developed

The Monitoring and Evaluation has been revised to incorporate indicators on the forthcoming Operation Plan (OP) and Malaria Operational Plan (MOP). The added indicators were given by USAID. The indicator definition manual has been developed and circulated within HSSP for review.

2008 Country Operation Plan (COP) submitted to USAID

The 2008 COP was finalized and submitted to USAID as required. Further revision may be done upon receipt of latest guidance. The funding allocations may also change.

Stakeholders reach consensus on use of GIS in analyzing information

The initial meeting was successfully held. Stakeholder agreed that Ministry of Health would lead this initiative. The objective is to improve data analysis, reporting, and presentation.

Luapula province has already requested HSSP support to initiate GIS analysis. Related activities are scheduled for the first week of August.

Stakeholders here include WHO, CDC Ministry of Land, Ministry of Finance Central Statistical Office.

Support provided to provinces to produce statistical bulletins

This is an initiative to support provinces (upon request) to produce own bulletins that would make available district specific information for planning and monitoring progress.

A Provincial Health Data Report Template has been developed and provinces are working to produce bulletins. HSSP will continue to support this process as needed.

Challenges

Delay in submission of required documents continues to delay the completion of reports on time.

Next Steps

- Finalize Q3 Report
- Coordinate with Technical staff to develop Program Success Stories
- Support HR to finalise the Graduate Follow-up Survey
- Develop a program update on given indicators
- Initiate data analysis using GIS in Luapula province
- Coordinate end of fiscal year reporting and planning for year 4.

Year 3 Quarter 3 Tables

Technical Area: Child Health - Nutrition				
Goal: To improve quality and increase coverage of key childhood interventions				
Overall Objective: To improve the national coverage of vit. A supplementation in all districts to above 80%				
Specific Objectives	Activities	Implementation Status	Next steps	Comments
To improve data management in of Vitamin A supplementation programme	<i>Strengthen Data Management of Vitamin A Supplementation Programme</i>			
	Strengthen the two-way feedback mechanisms for Child Health Week information from Health Centre to National Level	Annual Child Health Week review meeting used as a forum for feedback both to national level and provincial level	Ensure district specific trend analysis feedback is provided in the 8 provincial workshops scheduled for quarter 4	
To build capacity of districts in effective programme management of Vitamin A programme	<i>Capacity Building of districts to effectively manage Vitamin A Supplementation Programme</i>			
	Finalization and Printing of CHWk Orientation Manuals	The manual has been edited and is undergoing final review by partners prior to printing	Print manuals and orient provincial managers in changes in the revised CHWk manuals	printing to be done in collaboration with UNICEF
	Support 8 provincial/district orientations	Supported 8 districts to conduct orientations for the Measles campaign	Follow up coverage reports	Financial resources were provided to the districts for implementation of Vitamin A and de-worming component during the Measles campaign
	Support 6 provinces to conduct CHWk review/orientation meetings	Support was provided to the national level measles orientation and one provincial orientation Three provinces (Southern, Eastern & Western) oriented in one session		Orientations were conducted as part of the National Measles campaign
To build capacity of districts in effective programme management of Vitamin A programme	Conduct supportive supervision and monitoring during implementation of CHWk in 8 poor performing districts	The dates moved from June (third quarter) to July (fourth quarter)	Will conduct supportive supervision to 8 poor performing districts during the Measles campaign	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	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 meetings	Continue to participate in Child Health Technical Committee and Interagency Coordinating Committee meetings	
	Monitor and support planning, budgeting and ordering of Vitamin A capsules and de-worming	Supported the Child Health Technical Committee in monitoring stock management	Continue to monitor stock management of Vitamin A and De-worming	
To strengthen integration of planning of Vitamin A and de-worming and other nutrition interventions in routine PA and TSS	<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	Activity was overridden by demands for measles campaign preparations	Will conduct one TSS and PA	More time invested in the preparations for the measles campaign
	Support development of nutrition supervisory checklists and documentation of case studies of best practices in Infant and Young Child Feeding and Community based growth monitoring and promotion	Conducted one exploratory visit to Copperbelt to document selected success stories in nutrition	Finalise documentation of success stories	
	Participate in nutrition partnership meetings and workshops to strengthen integration of nutrition interventions	Continued to participate in Nutrition technical meetings in Infant and Young Child Feeding and General nutrition	Continue to participate in Nutrition technical meetings	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
To support expansion of Vitamin A supplementation coverage in Postnatal Women	Support expansion of Vitamin A supplementation coverage in Postnatal Women			
	Support implementation of RED strategy scale up in 8 districts to integrate Vitamin A supplementation	The strategy was changed to focus on improving data capturing tools and records. Facilitated the harmonization of community registers that collect data on child health.	Work with the HMIS to ensure smooth integration in implementation of activities.	
	Participate in meetings to advocate for integration of Vitamin A postnatal supplementation into safe motherhood and HMIS activities.	HMIS has retained the postnatal supplementation as an indicator for the New HMIS.	Continue to monitor the process of piloting the HMIS on the copperbelt.	
	Conduct supportive visits to 3 pilot districts to document best practices in increasing postnatal supplementation of Vitamin A.	Visited Ndola to establish the level of implementation of postnatal Vitamin A supplementation.		There are more problems with data capturing and reporting than the provision of the service.
Professional development in Micronutrients control programme	To attend micronutrients global forum in Turkey.	Attended the conference.		

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area: Goal: Overall Objective:	Child Health - Community IMCI To expand coverage and improve quality of key child health interventions 80% of districts (60 districts) offering 6 Key Family Practices by 2010			
To strengthen the information basis for scaling up C-IMCI activities	<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	Coordinated compilation of C-IMCI progress and utilized the International research conference on child health interventions at community level for dissemination	Follow up meetings on strengthening coordination and planning for C-IMCI implementation by districts and partners	The high -risk approach further assists reviewers to define if district has service delivery access or utilization challenges
	Support one meeting for harmonization of community level registers	Draft 0 community register developed and currently being piloted in selected districts	Piloting of the community register using urban and rural community sites	Harmonization of community registers will facilitate documentation of Key Family Practices implemented and information collection
Provide Technical Assistance to PHO to support expansion of C - IMCI in targeted districts to offer 6 Key Family Practices	<i>Support PHO in capacity building of supervisors and CHWs to support implementation of C-IMCI in targeted districts.</i>			
	Provided support in documentation of Best Practices at community level in 4 districts and two local level NGOs	Part of the preparations to the International conference on child health interventions at community level was to prepare documentation of best practices for dissemination HSSP provided technical assistance to Lukulu, Luangwa, Kasama and Siavonga to review and edit the presentations	Hosting of the C-IMCI working group meeting to review and strategize implementation of the conference recommendations on community IMCI	The conference recommendations addressed areas of matching community activities with government policy, strengthening roles and coordination of C-IMCI at all levels including partners
To increase number of districts offering 6 Key Family Practices at community	<i>Capacity Building of district supervisors and CHWs to offer 6 Key Family Practices.</i>			
	Support training of 200 CHWs in selected districts to improve case management at household level	A total of 107 CHWs in Lusaka province have been trained in the 4 respective districts	Meetings held with the 4 districts to discuss support mechanisms for the newly trained Community Health Workers which included drug kits, stationery for reporting and transport for follow up visits	It is hoped that the trained CHWs will implement the Key Family Practices

Specific Objectives	Activities	Implementation Status	Next steps	Comments
To improve Child Health Nutrition through Positive Deviance A	<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	Supported Lukulu district in documenting and dissemination of the PD/Hearth process and results	To source STTA from the SAVE the children for a comprehensive dissemination to potential NGOs and selected districts for possible scale up	The completed PD/Hearth documentation was successfully disseminated to International conference participants on child health interventions
	Support one Meeting to document and disseminate results of P/D Health and develop the plan for scale up	Series of meetings held to complete the PD/Hearth documentation in conjunction with NFNC and Lukulu district	Identification of potential NGOs and selected districts for capacity building to adopt the PD/Hearth approach in respective catchment areas	A successful PD/Hearth program calls for commitment on DHMTs and community support teams to re-enforce the key family practices
Conduct Annual Review meeting to review and share Best Practices in promoting Child Health at Community Level	<i>Support Annual meeting to share Best Practices at Community Level</i>			
	Formation of a committee to coordinate documentation of Best Practices	Some of the committee members of the C-IMCI working group participated in supporting the preparations of the International research meeting on child health interventions at community level	The C-IMCI working group to meet and focus on critical issues of coordination strengthening, standardize monitoring tools, IEC and leverage resources on training materials	The establishment and strengthening of the C-IMCI working group will be used as a for a to share, complement efforts and standardize approach to C-IMCI
Support National level work and Partnerships	<i>Support MOHR in resource mobilization to scale up C-IMCI to all the 72 districts</i>			
	Participate in stakeholder meetings to enhance coordination (Child Health, NMCC, Case Management, & Safe Motherhood)	Participated in two CHN technical and stake holder meetings for resource mobilization, monitoring progress, and leveraging for scale up of C-IMCI	Strengthening of C-IMCI working group will assist in achieving improved monitoring , resource mobilization and leveraging	Need to schedule the routine quarterly meetings to review progress

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	Child Health - Facility IMCI			
Goal:	To expand the coverage and improve the quality of key child health interventions			
Overall Objective :	To expand the number of facility IMCI delivering districts from 38 to 72 by 2010			
To strengthen focused TA in F-IMCI through improved data management	<i>Study to determine factors that influence the number of health workers that a district trains in F-IMCI</i>			
	Analyse data using EPIINFO Statistical package	Analysis done and final report is ready		
	Hold half a day meeting to disseminate the results to stakeholders	Results of the analysis were disseminated at the annual Child Health Review meeting	The results will be disseminated at other fora such as the ICC as a way of advocating for F-IMCI support In addition the results will be used to provide guidance in providing focused TA at the national level	The results highlighted some major gaps in implementation of IMCI case management training and stimulated a lot of discussion at the Child Health Review Meeting
	<i>Collect critical information on district F-IMCI Activities</i>			
	Develop a checklist for collecting quarterly critical information on district F-IMCI activities			Activity done in the first quarter
To strengthen district IMCI implementation	<i>District Planning and Budgeting for IMCI Implementation</i>			
	Provide TA to PHO/DHMT in planning and budgeting for F-IMCI with a focus on the selected 5 old and 8 non IMCI implementing districts	At national level, technical updates with input from F-IMCI were developed to launch the start of the planning cycle	Focused TA will continue as districts finalise their plans	Other opportunities have been used to provide TA to PHO/DHO in strengthening their capacities to plan and budget for F-IMCI
	<i>FIMCI Case Management Training</i>			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	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	7 training programmes were conducted:4 were district based training programmes in Western and Southern Provinces; 98 health workers drawn from 10 districts were trained 3 were pre-service training programmes, 77 student nurses and 8 tutors were trained	Training of health workers is a continuous process based on district needs	The quarter under review has seen good efforts being made by both provincial and district staff to scale up IMCI training for health workers
	Provide TA to MOHR on the revision of the existing tools used to follow-up health workers after training in IMCI	The tools were revised and the missing component of HIV incorporated		Activity was conducted in quarter two
	Provide TA to 8 PHO/ DHMTs to conduct post training follow up visits (4-6 weeks after training) for the IMCI trained health workers	So far TA has been provided to 5 PHO/DHO Plans have been made to follow up this activity in quarter four		The deficit in people trained in IMCI supervisory skills has partly led to the slowing down of this activity
To strengthen district IMCI implementation	Contribute towards the printing of F-IMCI training materials	HSSP supported photocopying of the IMCI 6 day abridged course materials for Southern province primary level health workers as well as for the 4th national IMCI training for PHO/DHO staff		Support has been mainly to supplement the photocopying of the various training forms and checklists
To strengthen district IMCI implementation	Leverage malaria, HIV/AIDS and GAVI funds to support district training and printing of F-IMCI materials	The need to streamline some of the training programmes is being emphasized e.g training in the use of RDTs during the IMCI case management training		This approach was piloted during one of the IMCI case management training programmes
	<i>Capacity Building</i>			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	Provide TA/financial support to MOH in conducting the 4th National Abridged Course for Physicians and Senior health workers	Training was successfully conducted 14 DHMTs and 3PHOs were represented The participants were drawn from the DHMTs with the least number of staff trained in IMCI case management		The trained staff are expected to play a key role in ensuring effective IMCI implementation in their respective districts and provinces
	Train 8 district managers in 8 new IMCI implementing districts to conduct IMCI/Child survival related TSS using the On-job approach	So far 5 district managers from 5 new IMCI implementing districts were trained This activity will continue in the 4th quarter		Too many competing activities at national level have slowed down the implementation of this activity
To strengthen district IMCI implementation	Provide TA to PHO to conduct two provincial IMCI TOT	One national TOT was conducted ; 10 new IMCI facilitators were trained as well as three IMCI national master trainers	The provinces with master trainers are expected to conduct their own IMCI TOTs from the pool of IMCI trained health workers	This approach was taken in order to de-centralize the training of Trainers and speed up the process of building the provincial facilitator pools
	Support MOH to conduct a national training in Emergency Triage, Assessment and Treatment of children with severe illness such as severe malaria	Training was successfully conducted where 14 district hospitals were represented; the training also had 2 international participants	Three regional TOTs will be conducted after which provincial based training programmes are expected to be conducted	A series of background work needs to be done to prepare the PHOs and DHOs to plan and put a budget towards ETAT Guidelines will be provided to use during the on-going planning cycle
	Attend and provide technical input on childhood management of fever in the context of IMCI in the NMCC case management working group	Working with NMCC, TA was provided to General Nursing Council to review and finalize the chapter on management of malaria in children- in the malaria handbook for nurses and mid-wives	The handbook is undergoing final editing and formatting before printing	TA will continue to be provided in the implementation process
To strengthen district IMCI implementation	<i>Monitoring and evaluation</i>			
	Support MOH to conduct 2nd IMCI/Child health review meeting	Meeting was well represented and successfully conducted		The meeting provided an opportunity for the districts and provinces to learn from others as well as to self examine their performance in the various programme areas
To contribute to national implementation of new initiatives in child health	<i>Strengthen integration of newborn health into maternal and child health programmes</i>			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	Support MOH to conduct a series of meetings in preparation for the launch of the maternal new born and child health partnership	A stake holders meeting was held in the first quarter and TORs of the partnership shared	Finalization of the TORs based on feedback from the stakeholders	The launch of the partnership has stalled due to competing national level activities
	Support MOH to develop a framework highlighting a National scale up plan for new-born health	A SOW/TOR for STTA requesting SAVE the Children to assist in developing this framework has been written	Awaiting response from SAVE the CHILDREN	There is need for improved coordination of activities among MOH structures and other stakeholders in the area of new-born health at national level

Specific Objectives	Activities	Implementation Status	Next steps	Comments
To contribute to national implementation of new initiatives in child health	<i>Strengthen the care of the child in relation to HIV/AIDS</i>			
	Provide TA to MOH in the adaptation of the IMCI complimentary course on HIV/Aids to the Zambian context	Following the TA provided to MOH to come up with a draft IMCI charbooklet that incorporates new-born, use of zinc and low osmolar ORS for management of diarrhoea, use of RDTs for blood slide for diagnosis of malaria and the paediatric ART, UNICEF has engaged 2 consultants to translate the information into all the training materials	After adaptation, the materials will be piloted before bulk printing	
	Support out of town National Level activities	2nd IMCI/Child health review meeting held in Kabwe district was supported		
To enhance professional development in relation to IMCI	<i>Information sharing at regional level</i>			
	Attend regional IMCI focal point person meeting			The date and venue for this years' meeting has not yet been set

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	CHN: Expanded Programme on Immunization			
Goal:	To expand coverage and improve quality of key child health interventions			
Overall Objective:	80% Full immunization coverage of children under one year in 60 districts by 2010			
To strengthen the information basis for scaling up RED strategy activities	Support 4 quarterly meetings with PHO to review and share progress in RED strategy implementation and expansion	Provincial RED strategy core teams utilized the 2nd Annual meeting on child health to submit reports on progress made in the implementation of RED strategy in the districts	Follow up on the orientation of the remaining 26 districts to RED strategy principles Next quarter to focus on provision of TSS to selected priority districts	Technical support visits to focus on improving the quality of immunization services and to discuss sustainability of RED strategy activities
Support scale up of RED strategy in targeted districts from 36 to 72 districts	<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	Participated in the Western Provincial/district planning launch and TA to the micro-planning process to be provided with facility level teams in respective districts	Follow up and review the action plans for the low performing districts in the next quarter	HSSP will provide more focused TA on low performing districts during the up coming measles campaign and the quarterly TSS visits
	Conduct TSS for selected 15 low performing districts	TSS visits conducted in Western province in conjunction with the preparations for measles and CHW campaign planning	Provision of more focused TA during the up coming integrated measles campaign in Lukulu, Sesheke, Kalabo, Samfya and Kawambwa districts	The TA will focus on defined areas as hi-lighted in the micro-plans
	Visits to support implementation of RED strategy activities and documentation of Best Practices	TA provided to Lukulu, Luangwa Siavonga, Kasama districts and CCF in documenting their best practices which were shared during the hosted Sub - Regional conference on child health in the community	Review of conference report by child health and nutrition technical group to strategize implementation of the conference recommendations on strengthening child health interventions at community level	All nine provinces and 18 districts provided an opportunity for sharing Best practices
Support PHO to conduct TSS in targeted low performing districts to improve immunization coverage	<i>Provide support for the preparation of annual review meeting.</i>			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	Visits to support PHO and selected districts for documentation of progress and innovations	TA provided to Luangwa, Lukulu, Siavonga and Sinazongwe in documenting their best practices which were shared during the Sub - Regional meeting on child health in the community	Follow up and TA to scale up of best practices in respective districts	The idea of hosting an inter - country meeting was welcomed by all participants as it provided an opportunity to share and motivate districts in strengthening implementation of community level activities
To strengthen Health Systems capacities to improve the delivery of child health activities.	Participate in meeting to review developed draft proposals for GAVI phase two and Health System Strengthening (HSS),	Provided TA in completing the required documentation for submission of HSS proposal to GAVI secretariat	Providing TA to MOH/CHN team in incorporating the suggested revisions to improve the quality of the HSSP proposal	Zambia's HSS proposal is reported to have been approved with revisions to be done
Support Annual review meeting for EPI and other child health activities	Provided TA and financial support to MoH in hosting the Integrated Annual Child Health meeting that reviewed progress made in implementing child health activities and to define the future direction in improving coverage and quality of child health interventions	The 2007 child health annual review meeting was successfully held at the end of May 2007 The meeting drew participants from the all PHOs and selected 22 districts who also presented some of the best practices in EPI, IMCI and GMP	To utilize the 2008 planning cycle to incorporate recommendations in the planning guidelines in improving quality of action plans	National level presented updates in EPI, CHWk and IMCI and provinces presented progress in implementing child health interventions in respective districts
Support MOH in the implementation of the 2007 Integrated Measles campaign	Provided TA and financial support to MOH in adapting, formatting and printing 2,500 copies the measles field guides, streamlining the operational budgets for districts and orientation of provinces and districts	All provinces and districts successfully oriented to the 2007 integrated measles campaign IEC materials, vaccines/injection materials, Vit A, de-worming tables and re-treatment kits all distributed to all districts	Provision of more focused TA and financial support to selected districts during the up coming integrated measles campaign	The planned combined measles and CHWk campaign will be implemented in all districts in July 2007

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area: Integrated reproductive Health				
Overall Objective: 1. To have EmOC services established in 18 districts by 2010				
Target/s: 2. PAC/FP: To have 60% of districts (43 districts) providing PAC/FP by 2010				
3. LTFP: To increase accessibility and availability of longterm FP methods in 60% (43) districts by 2010				
1. EmOC				
Build capacity and establish EmOC services in 6 districts	Print 140 copies of training modules	Printing of 140 copies done.	Facilitate training of service providers in EmOC in the assessed sites in the 3rd quarter. Plan for strengthening of the sites by providing basic equipment, drugs and other medical supplies. Minor rehabilitation of labour wards may be necessary	
	To orient 12 district managers from 4 selected districts in Southern Province.	13 Managers oriented and their roles well spelt out	Prepare for training of health care providers from Southern Province	
	To train 20 health care providers from Southern Province.	19 health care providers from 4 districts in Southern Province trained (16/04 -27/04/07).	Prepare for Training of health care providers from the assessed sites in Luapula province.	Luapula Province has been split into two groups for maximum coverage .
	Provide supportive follow up visits 6 weeks after training	Not done	To conduct follow up in the 4th quarter.	Activity not done due to competing demands.
	To conduct a 1 day training preparatory meeting in Ndola for 1st group of health care from 4 districts in Luapula Province at Ndola Central Hospital.	Meeting held and preparation of logistics done		
	To train 14 service providers from 4 districts in Luapula at Ndola Central Hospital	14 health care providers trained from chiengwe, Nchelenge, Kawambwa and Mwense districts from 21/05-1/06/07.		
	To train 16 health care providers from 3 more districts in Luapula Province.	16 health care providers trained from Mansa, Milenge and Samfya districts from 28/05 - 8/06/07.	Prepare for training of health care providers from the assessed sites in eastern and Northwestern Provinces.	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
	To conduct consensus meeting on EmONC/PAC roll out implementation.	Meeting held from 21/06 - 22/06/07 at Blue Crest Lodge in Lusaka.	Work with stakeholders to merge EmONC and PAC trainings.	Consensus has been reached to merge both EmONC and PAC into one training.
	To attend EmONC/PAC/FP meetings	Safemotherhood task force meeting attended, FP working group meeting attended and Rh commodity security meeting attended.	Participate in the EmONC/PAC working group meeting.	
2. PAC/FP				
Facilitate the scale up of PAC/FP services to 10 districts.	To conduct 1 day facility assessment of Chipata General Hospital in preparation for PAC training in Eastern Province.	Site assessment done on 7/06/07	Prepare for the training	Training to be done as a block EmONC/PAC
3. LTFP				
Facilitate the training of 140 health care providers from 44 health facilities in 19 districts in 4 provinces.	To conduct facility site assessment for Luapula Province.	Site assessments conducted in 7 districts covering 15 sites.	Training pending. Awaiting availability of Jadelle.	Jadelle low in stock
	To conduct facility site assessment for Eastern Province.	Site assessments conducted in 7 districts covering 17 sites.	Training pending. Awaiting availability of Jadelle.	
	To conduct facility site assessments in Mumbwa and Luangwa districts.	Site assessments done in the 2 districts covering 17 sites	To prepare for training in both Jadelle and IUD (LTFP).	Training to be facilitated in conjunction with Christian Children Fund (CCF).
	To train 16 health care providers from Mumbwa and Luangwa districts	Training of 16 health care providers from 28/05 - 8/06/07	To conduct follow up visit after 6 weeks post training.	
	To provide technical support and supervision to 16 sites in the Copperbelt providing Jadelle services.	16 sites visited and TSS provided.		
	To provide technical support and supervision to 4 sites in Southern Province providing Jadelle services.	4 sites visited and TSS provided		All except one site had run out of Jadelle.

Specific Objectives	Activities	Implementation Status	Next steps	Comments
4. FP/PAC/EmOC	To Print 200 copies of I.E.C materials.	Not done	Planned for 4th quarter.	Working group approach may be adopted to move the process forward faster.
To improve awareness and mobilize the community to utilize FP/PAC/EmOC services in 10 districts.				
5. FP/PAC/EmOC	To attend the National planning Launch at the Mulungushi Conference Centre.	Participated in the National Planning Launch from 14/06 - 15/06/07.		
Participate in activities at national level that foster partnership, advocacy, coordination and resource mobilization for FP/PAC and EmOC programmes.				
Technical Area:	Indoor residual spraying (IRS)			
Goal:	Reducing the incidence of Malaria by 75% in selected IRS areas by the end of 2011 with HSSP support			
Overall Objective:	To provide adequate technical, logistic and managerial assistance to the NMCP to achieve above 85% national coverage of IRS among the eligible populations in 15 districts in 2007-08 malaria season			
Assistance in IRS household mapping (GIS/GPS) action plan	Geo-coding of house hold structures in IRS coverage areas in 11 districts (Solwezi, Chingola, Kabwe, Mazabuka Kafue, Livingstone, Chililabombwe, Kalalushi, Mufulira, Luanshya and Chongwe)	Geo-coding in five districts (Solwezi, Chingola, Kabwe, Kafue and Mazabuka) have been completed Geo-coding in three districts (Kafue, Livingston and Chililabombwe) are currently being conducted	Initiation of training and implementation of Geo-coding in Mufulira, Luanshya and Chongwe districts	Plans and funds are ready to start activities in Luanshya, Mufulira and Chongwe districts
	Develop maps of IRS coverage areas and structures in 11 districts	Three districts Maps are ready (Solwezi, Chingola and Kabwe)	Develop maps for Mazabuka, Kafue, Livingston and Chililabombwe	
Assistance in IRS information management	Develop standardized recording and reporting forms	Recording and reporting forms are ready	Introduction of forms for information capture at all levels	
	Development of an IRS Database	An IRS database is currently being developed.	Finalization of data base and introduction to NMCP	Collaborative work with MRC Durban, feed back is pending

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Assistance in programme management of IRS operations	Production of draft IRS planning guidelines and training manual	Facilitated an IRS core technical group meeting	Finalization and adoption of guide lines and training manual	Require partner inputs and ratifications
		The first drafts of IRS planning guidelines and training manual are ready		
	Supported the development of round seven GF malaria proposal for Zambia	Draft proposal is ready	Finalization and submission of proposal	
Assistance for environmental safe guard action for IRS operation at districts	Monitoring and guarantee safe use and disposal of Chemicals	No expiring insecticides in districts	Safe disposal of waste	DDT disposal is pending on international agreements
Assistance for environmental safe guard action for IRS operation at districts		Collection and central storage of DDT and other pyrethroid waste material A priority list of facility rehabilitation is being created	Initiation of rehabilitation	
	Develop manual for safe storage/handling of insecticides	First draft of the manual is ready	Finalization of the manual	
Assistance in procurement and supply for IRS operations	The quantification of insecticides, equipment and spares and PPE for the 2007/08 IRS operation	These items are now being procured	Distribution of items	These items are procured through USAID/RTI support
Assistance in entomological and parasitological investigations for evaluation of IRS activities	Identified a need list for Entomological field operations and insectaria	A list of items for field sampling and maintenance of an insectaria are identified and being procured	Training and implementation of field sampling	Currently facing human resources problems at NMCC

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	Performance Improvement			
Goal:	Improve quality of case management observation/record review during supervisory visits			
Overall Objective:	60% of districts conducting case management observation/record review in at least 80% of supervision visits			
Review the PA and TSS tools to improve Case Management Observation/Record Review	<i>Review of existing PA and TSS tools for health facilities to include HIV services</i>			
	Work with MOH to finalize the review of PA/TSS tools	The Core Team has received the feedback of the PA pilot reports from all the provinces and completed the analysis. Tools are ready for dissemination.	Disseminate the revised PA tools to the MOH/PHDs at the next PHDs quarterly meeting in July 2007	
Monitoring implementation	<i>Support MOH to strengthen supervisory services that focus on case</i>			
	Work with MOH in monitoring of Performance Assessment	This activity did not take place during the quarter under review	Work with the MOH in monitoring of Performance Assessment	The designate staff came on board way into the quarter
	Provide TA to selected districts in provision of Technical Supportive Supervision (focussing on case management) of hospital and health centre levels	TA was provided to 16 districts through the Clinical care Specialists throughout the 9 provinces	To continue providing technical assistance to selected districts in provision of Technical Supportive Supervision (focussing on case management) of hospital and health centre levels	In total, 22 districts are now conducting case management observation/records
Support MOH/MCZ in accreditation of ART delivery sites	<i>Roll out accreditation system to 21 Private ART sites</i>			
Support MOH/MCZ in accreditation of ART delivery sites				
	Work with Mdeical Council of Zambia to accredit 21 Private ART institutions	The accreditation of 21 Private ART institutions has started. So far 19 institutions have been assessed for accreditation in Lusaka, southern and copperbelt provinces	Work with MCZ to finalise accreditation of these Private ART institutions	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	Human Resource - Pre & In- service Training			
Goal:	To strengthen Human Resource capacity to provide ART, PMTCT and CTC services			
Overall Objective:	100% of graduates from COG, SOM and Nurse Training Schools trained to provide ART, PMTCT, CTC services by 2010			
Ensure all graduate doctors, Nurses and Clinical Officer General are trained in providing HIV/AIDS services	<i>Support TIs to develop proposals for submission to ZNAN for the training in HIV/AIDS Other proposals were to UNICEF for the training of student Midwives in EmOC, paediatric ART and PMTCT</i>	Five (5) TIs have submitted proposals to ZNAN to train about 180 graduating students, while eleven (11) have submitted to UNICEF to train approximately 20 faculty and over 100 student midwives	Continue supporting TIs on developing proposals to ZNAN and UNICEF	Both ZNAN and UNICEF will fund the TIs directly using national trainers Training in EmOC, paediatric ART and PMTCT will be limited to faculty and student midwives due to complexity of course content
	<i>Conduct follow up assessment of graduates trained in provision of HIV/AIDS services</i>	Data collection was conducted in June 2007 Data cleaning and entry has started	To analyze data and write the report	The process is now managed by the M&E team
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	<i>Support MoH and Chainama College to review COG Curriculum</i>	Finalized curriculum, Lecturers Activity Outline and Procedure Manual All documents awaiting approval to print	To print 200 copies each of revised COG curriculum, Teachers Activity Outline and Procedure Manuals To finalize Student learning Guide, Student Evaluation and print once approved	Curriculum, Lecturers Activity Outline and Procedure Manual have been forwarded to Abt For STTA on formatting prior to printing
	<i>Support GNC to review nurses curricula</i>	Supported MoH and GNC to develop, disseminate to Principal Tutors, Tutors and preceptors a handbook on malaria for nurses, midwives and TIs,	To finalize and print the handbook once comments are incorporated To hold meeting for strengthening of HIV/AIDS and other priority areas of the nurses/midwives curricula	10 training institutions have given inventory of tutors trained in HIV/AIDS and IMCI Awaiting response from the rest of the TIs to make a decision on next steps
	<i>Support UNZA to review SOM Curriculum</i>	Supported SoM to hold 4 day (11th to 14th June) curriculum review roadmap for surgery, obstetrics and gynaecology component	To support SoM during the curriculum review roadmap for medical sciences planned for July 9th to 13th 2007	Strong proposal to rearrange the entire MB ChB program, to strengthen HIV/AIDS, communication skills and standardize transfer of practical skills to students Review to embrace WFME and IBMES guidelines

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Support PHOs and districts to plan for in-service training for HIV/AIDS and other priority health services	<i>Provide TA to MOH to build capacities of HRDCs in utilization of the NITCS plan and use of NTGs</i>			
	Support MOH to build capacities in the use of NITCS and NTGs	Support was given to MoH to orient and disseminate NITCS and NTGs to Principal Tutors, Tutors and Preceptors Inventory of active HRDCs was also done for the nine provinces through the CCSs	To reorient PHOs and districts on the utilization of NITCS and NTGs and to keep inventory of HRDCs that are planning training for HIV/AIDS using NTGs To participate in the provincial planning launches	There is lack of coordination between some districts/hospitals and the TIs C/belt, Central, Lusaka and Eastern provinces have established provincial HRDCs Only Central province had meeting with center, while Lusaka province had their first HRDC meeting on 19th June 2007
	Support standardization of training packages	TA was given to MoH/GNC on development of handbook on malaria for Nurse/midwives and tutors	To incorporate comments from stakeholders and print the handbook	Printing will be funded from the Malaria-IMCI component of HSSP
Technical Area:	Human Resource - Planning & Management			
Goal:	Human Resource capacity strengthening			
Overall Objective:	To improve/ maintain the staff-client ratio in at least 80% of C&D districts by 2010			
Support MOH/ DHMTS in developing & implementation of retention policy/ programs to support the provision of HIV/AIDS.	<i>Support MOH to develop and implement deployment and retention</i>			
	Hold a TWG meeting to review and finalize the draft deployment and retention guidelines	TWG Workshop was held where the ZHWRS Guidelines were finalized, a ZHWRS Contract was revised, a ZHWRS Completion Certificate was developed and a ZHWRS implementation plan for expansion was developed	Approval by PS and Circulate all the documents to all levels of the health delivery system	
	Work with MoH to develop HR action plans for Resource Mobilization	Not done		A number of donors have pledged quite a considerable amount of money to support the implementation of the 5 Year HR Strategic Plan It is now up to MoH to prove that they can absorb the pledged funds

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Provide support to districts to ensure implementation of retention schemes in 54 C&D districts	<i>Support districts to plan and implement retention schemes</i>			
	Work with MoH to design and implement Retention Schemes	16 doctors recruited on the physicians retention scheme The recruitment of tutors began	Recruitment of 7 additional doctors Release of funds for tutors Recruitment of other cadres	
	Support HR TWG hold quarterly meetings to review (monitor) staff retention targets in C&D districts	Not done		This activity is dependent on the implementation of the retention scheme
	Document quarterly reports on the retention performance in C&D districts	Not done		This activity is dependent on implementation of the retention scheme
Monitor deployment and staff-client ratios in all 72 districts	<i>Support MOH to monitor deployment numbers and Staff-Client ratios</i>			
	Produce quarterly reports on staff deployment numbers and ratios	Done - Data on staff client contacts collected from HMIS Database update and report done		

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area: Goal: Overall Objective:	HIV Coordination Strengthen the provision of HIV/AIDS services in districts 60% (43) of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010			
Strengthen program management and coordination for Health Sector HIV/AIDS services	<i>Develop a sustainability framework for HIV/AIDS service provision (CTC, PMTCT, HBC, ART)</i>	Data on costs for providing HIV/AIDS services from key partners and stakeholders such as MoH, CHAZ, ZNAN and selected donors has been collected and is being analysed. A local consultant and STTA have been engaged to provide technical support to this process.	External STTA will analyse data. Data will also be collected from selected institutions in the next quarter to assess costs at implementation level.	It was difficult to collect unit costs from donors since only some of the funds given to implementing institutions.
	<i>Work with stakeholders to strengthen coordination mechanism (guide) for HIV/AIDS services - ART, PMTCT, CTC, HBC etc</i>	A guide has been developed and is being circulated for comments to MoH, HSSP, NAC, NZP+ and selected NGOs.	Deadline for receiving comments is June 22nd 2007 after which a consensus building workshop will be held to adopt the guide.	Resources will be required to print and distribute 1,500 copies in all districts and provinces.
HIV/AIDS integrated into SWAP	Support development of referral system for delivery of HIV/AIDS services.	Preliminary consultative meetings have been held with MoH and other partners. A plan has been developed to assess the existing referral systems at Provincial, District and Community levels.	Consultative meetings will be held in selected provinces, districts and communities in July 2007. Findings and comments will form the basis for strengthening/developing tangible referral systems.	A wider consensus meeting will be required to adopt the referral systems to be developed.
	Work with MoH and NAC to develop and review proposals to global fund and other HIV/AIDS initiatives.	HSSP has been appointed on the global fund steering committee for the country coordinating committee and has been participating in the Round 7 proposal development.	Continue participating in other proposal development initiatives.	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
HSSP HIV Coordination	<i>Consolidate CCS field reports</i>	A meeting was held with CCS to streamline reporting formats, requirement and deadlines on 31st May 2007. Administrative issues pertaining to program implementation were also discussed at the same meeting.	Following this meeting, the June activity reports for CCSs conform to program reporting formats and are thus easy to consolidate.	
Technical Area: Goal: Overall Objective: Support PRA/MOH to strengthen the implementation of ADR/E reporting and ARV drug resistance monitoring	ARV drugs			
	Strengthen the provision of HIV/AIDS services in districts			
	30% of districts reporting ADR/E and ARV drug resistance monitoring			
	<i>Strengthen implementation of ADR/E reporting and ARV drug resistance monitoring</i>			
	Provide support supervision to five provinces in pharmacovigilance	Two STTA contracted to undertake supervision in July 2007	Conduct support supervision in five provinces (Copperbelt, Lusaka, Central, Northern and Southern)	Depending on availability of funds, supervision may be extended to the remaining four provinces
	Train health providers in Eastern province in pharmacovigilance	Budget developed and funding secured	Train health providers in Eastern province	
Train two data management specialists in pharmacovigilance	Not done	Awaiting recruitment of data specialists at PRA	To be conducted once these positions are filled up - in quarter four	
<i>Provide assistance to develop operational systems for monitoring ARV drug resistance</i>				
Print 500 copies of the HDR implementation plan	Quotations obtained	Print 500 copies of the HDR implementation plan		

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	Monitoring and Evaluation			
Goal:	Establish and maintain a system for tracking and evaluating program performance			
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			
Review work plans and coordinate program performance monitoring	<i>Coordinate the review of work plans</i>			
	Coordinate the quarterly and annual review of work plans	Quarter 2 review successfully conducted	Coordinate Q3 Review	
	<i>Consolidate reports on program indicators</i>			
	Coordinate development of quarterly reports	Quarter 2 report consolidated and finalized		
	Coordinate the development of success stories	NO success stories developed during the quarter Documentation activities have been planned for quarter 4	Support Technical staff to document program success stories	Emphasis was laid on conducting the graduate HIV/AIDS training survey
	Coordinate program planning	Reviewed 08 COP and submitted it to USAID	Review plan to incorporate new guidance and submit final copy to USAID	COP will only be finalized after receiving the latest guidance from USAID
	Harmonize CCSs' reports with other HSSP reports	A monthly template has been finalized and in use An indicator reporting form has also been developed	Support CCS reporting using the revised format	The format is aimed at creating uniformity in reporting on key information
Revise the Program M&E Plan	<i>Revise the M&E Framework</i>			
	Consolidate and define the indicators; Review M&E narrative	The M&E plan has been revised to incorporate OP/MOP indicators The indicator definition manual has been revised accordingly		The M&E plan & indicators definition manual have been merged into one document, the " Revised M&E Plan" HSSP will continue to respond to emerging demands on M&E given the changing working environment
Support to Technical Staff	Support HR-Pre-service training to conduct follow up survey	Data collection has been completed Office editing & Data entry is being done	Clean data sets and develop survey report	The final survey report will be ready in August 2007

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Build Capacity in data analysis	<i>Support child Health and Nutrition prepare for the 2007 Integrated Measles Campaign</i>	Assisted in the development of the in community child Health Register Assisted in the development of pre, intra, and Post M&E Tools	To provide support as needed Participate in data collection , compilation and analysis, & dissemination	The report will be ready by the end of July 2007
	<i>District Support</i>	Trained participants in the data collected tools (tally sheets and aggregation forms)		
	<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>			The strategy has now changed from starting with 4 districts in Luapula and 2 in Western to all Districts in each province at once
Build Capacity in data analysis	Prepare concept for GIS approach:	The initial meeting was held with stakeholders Liaison to initiate work in Luapula province has begun A workshop to start activities is scheduled for 1st week of August	Initiate consensus building process and initial training	Luapula requested for the support HSSP will provide financial and technical support towards the initiative Support will start with Luapula and followed by Western Province
	<i>Support provinces to produce statistical bulletins</i>	Initial meetings were successfully held A Provincial Health Data Report Template has been developed Provinces are currently working to produce their first ever bulletins	Monitor progress on development of the bulletins and provide financial and technical assistance as needed	The bulletins will make province specific health information available for use in planning HSSP will have access to more specific information through the bulletin