



Year 4 Quarter 1 Report *October to December 2007*

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Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ADR/E	Adverse Drug Reaction/Event
AMTSL	Active Management of the Third Stage of Labor
BHCP	Basic Health Care Package
CARE	Cooperative for Assistance and Relief Everywhere
CCS	Clinical Care Specialist
CHN	Child Health and Nutrition
CHWk	Child Health Week
CHWs	Community Health Workers
CIDRZ	Centre for Infectious Disease and Research in Zambia
COG	Clinical Officer General
CRS	Catholic Relief Services
CTC	Counseling Testing and Care
DHMT	District Health Management Team
EmOC	Emergency Obstetric Care (EmONC: Emergency Obstetric and Neonatal Care)
EOP	End of Program
EPI	Expanded Program of Immunization
FP	Family Planning
GNC	General Nursing Council
HBC	Home Based Care
HCP	Health Communication Partnership
HRDC	Human Resource
HRDC	Human Resource Development Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Program
ICC	Interagency Coordinating Committee
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITNs	Impregnated Treated Nets
LTFP	Long Term Family Planning
M&E	Monitoring and Evaluation
MCZ	Medical Council of Zambia
MDGs	Millennium Development Goals
MIP	Malaria in Pregnancy
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non Governmental Organization
NITCS	National In-Service Training Coordination System
NTGs	National Training Guidelines
NMCC	National Malaria Control Centre
PA	Performance Assessment

PAC	Post Abortion Care
PHO	Provincial Health Office
PMTCT	Prevention of Mother to Child Transmission
PRA	Pharmaceutical Regulatory Authority
RED	Reach Every District
RH	Reproductive Health
RHIS	Routine Health Information System
SOM	School of Medicine
SWAP	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey
ZPCT	Zambia Prevention Care and Treatment

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1 Introduction

The Health Services and Systems Program (HSSP), 2004-2010, is a key contributor to the Ministry of Health (MOH) goal of improvement of the health status of Zambians. HSSP is now in its 4th year of implementation. The HSSP's goals are twofold:

- Improved access to quality Reproductive Health (RH) and Child Health and Nutrition (CHN) services.
- Increased capacity of all levels of the health system and statutory bodies to achieve Human Resource and systems objectives for HIV/AIDS

The overall program objectives are:

- (i) Achieve and maintain high coverage for key health interventions i.e. CHN, RH, Malaria and HIV/AIDS
- (ii) Improve quality of the key health interventions
- (iii) Strengthen health systems for delivery of key health interventions

HSSP's approach is to provide technical support to the Ministry of Health to enable achievement of targets. Program Year 4 is focused on achievement of Life of Project targets and documentation of lessons learned, best practices and success stories. It is planned that the final years of the Program will focus on scale up, documentation and dissemination of achievements.

HSSP has been able to make solid inroads into the PY4 workplan during Quarter 1, despite the challenges of competing priorities at the national level. As is mentioned throughout the report, almost all of the HSSP technical areas encountered similar challenges to achievement of activities. The MOH had limited capacity to facilitate the implementation of scheduled HSSP activities as it was winding up activities and planning for the next year, and had limited human resources.

This report records progress achieved by HSSP during Quarter 1 of Year 4, October through December 2007. The report is divided into 9 technical areas with program objectives, key indicators, and achievements presented in the respective sections. Annex 1 shows progress made in Quarter 1 against the workplan, showing the status of all activities – both those that were carried out, as well as those which were postponed or reprogrammed, including comments/justification. The narrative portion of the report focuses on progress of activities that were initiated or accomplished.

2 Child Health and Nutrition

Child Health and Nutrition (CHN) is made up of four components, Facility – IMCI, Community – IMCI, EPI, and Nutrition. The Child Health and Nutrition overall goal is to improve the quality and increase coverage of key childhood interventions.

2.1 Facility IMCI

The overall objective is to expand the number of F-IMCI delivering districts from 38 to 72 by 2010.

Year 4 Targets

The following are the targets set for Year 4:

- Scale up districts implementing F-IMCI from 62 to 68
- Train 72 health workers in IMCI case management
- 80% of HSSP trained health providers that manage under-five children with fever managing according to IMCI guidelines
- 75% of children under five seen by HSSP trained health providers being managed according to IMCI guidelines

2.1.1 Planned Activities

The following activities were planned for Year 4 Quarter 1:

- Create a comprehensive national F-IMCI training data base
- Support F-IMCI case management training
- Support piloting of up-dated IMCI training materials
- Develop a national scale-up framework for new born health initiatives
- Information sharing at regional level and international level

2.1.2 Accomplishments

Based on the planned activities, the following were accomplished:

49 health workers trained in IMCI case management

A total of 49 health workers were trained in IMCI case management with HSSP support during the quarter under review. 24 health workers from Luapula province (Mwense and Kawambwa districts) were trained using the standard 11 day course while 25 from Lusaka Province (Chongwe, Luangwa, Kafue and Lusaka districts) were trained during the pilot of the up-dated training materials. All participants were first line health workers from their respective health centers. HSSP will continue to

support districts' IMCI case management training both financially and technically to ensure that saturation levels in numbers are reached.

Updated-IMCI training materials piloted in two provinces

Following the inclusion of new-updates in the IMCI training materials namely the newborn, ART, zinc and low osmolar ORS for the treatment of diarrhoea, the use of RDTs, and blood slides for the diagnosis of malaria as well as the treatment protocol based on a positive or negative malaria test, two sites were identified for pilot. 24 Health workers were selected from all the four districts in Lusaka province; one urban, two peri-urban and one rural district. Another 24 health workers were selected for the North western site namely Zambezi, Mwinilunga and Solwezi districts. Prior to the pilot the facilitators had a one day orientation to the materials. The feedback from the pilot will be used to make final revisions to the materials before printing and dissemination. At the same time strengthening collaboration between the IMCI, PMTCT, Paediatric ART and NMCC will be crucial for the effective implementation of the revised guidelines.



Facilitators being orientated to the IMCI training materials

New-born health scale up framework document finalized

In an effort to integrate and new-born health in the maternal and child health programmes HSSP sought STTA from Save the Children to develop a national newborn scale up frame work document. The process was highly consultative and involved a desk review of existing documents, interviews of the key representatives of stakeholders, field visits, and two consensus building workshops. The out put of the 6 week STTA was a finalized document which is ready for formatting and editing ready for printing. Although the document has broad time frames and does not provide specific guidance in terms of responsible persons and budget, the stakeholders agreed that it can still provide guidance for the PHOs DHMT's in the absence of a national scale up plan.

IMCI lessons learned in Zambia shared at APHA 2007

A paper entitled “Integrated Management of Childhood Illness (IMCI) training in Zambia: Lessons learnt” was presented by HSSP under the session on Maternal Child Health - Data and Epidemiology at the American Public Health Association 135th Annual Meeting & Exposition. The paper highlighted the status of IMCI

implementation in Zambia, challenges of effective implementation and the factors that determine district ability to train health workers in IMCI case management. The paper has been made available on the APHA website for wider dissemination.

National F-IMCI training data base

Note that this activity was not accomplished because with the drop of the indicators on fever (Percent of children under 5 with fever seen by HSSP trained health care providers managed according to IMCI guidelines and percent of HSSP-trained health care providers managing fever among children under 5 according to IMCI guidelines) and CARE employing a fulltime M&E person, this activity will not be conducted to the full extent. However, HSSP will only provide TA.

Key Results

- 49 health workers trained in IMCI case management
- Updated IMCI training materials
- National scale-up framework for new born health initiatives
- Paper entitled “IMCI Training in Zambia: Lessons Learnt” presented at APHA 2007

2.1.3 Challenges

- Competing priorities at national level as the other key partners such as MOH, UNICEF, WHO wind up activities and plan for the next year. This resulted in planned activities taking long to be implemented.
- Inadequate human resource at the national level to facilitate the implementation of scheduled activities. As a result of this, some activities could not be followed up such as data base creation and collecting information from the districts.

2.1.4 Next steps

In the next quarter, the focus will be to:

- Complete the collection of data on F-IMCI key indicators and begin to draft a national plan to scale-up post-training supervisory visits
- Complete the formatting and editing of the new-born scale-up framework and print copies for dissemination
- Provide Technical/financial assistance for selected PHO/DHMT to conduct IMCI follow-up visits
- Support MOH/CH Unit to complete the revision and dissemination of the updated IMCI training materials following the pilot

- Continue supporting IMCI case management training for selected districts
- Begin the consultative process with IRH, NMCC and the UTH aimed at initiating workshops on malaria program management for selected provinces with high incidence of malaria. Note that the training database that was not done in Quarter 1 is an ongoing activity and it is unlikely that the setting up of the database will be completed in Quarter 2.
- Work with the General Nursing Council in the preparation for the TOT for the tutors who were trained in IMCI case management

2.2 Community IMCI

The overall objectives are to:

- Increase number of Health Facilities with at least one health worker trained in C-IMCI
- Increase proportion of districts offering the 6 Key Family Practices

Year 4 Targets

- Scale up the number of districts implementation 6 Key Family Practices from 60 to 72 districts
- Increase the number of health facilities with at least one health worker trained in C-IMCI from 378 to 478
- Increase the number of districts with at least one health worker trained in C-IMCI from 57 to 72

2.2.1 Planned Activities

The following activities were planned to be carried out during the quarter under review:

- Print 500 training manuals for Facility and CHWs including job aides
- Purchase weighing scales/bags & digital thermometers
- Host the meeting to orient 20 district supervisors on strategy for TSS and reporting
- Build capacity for all Provincial core supervisors in strengthening RED strategy TSS
- Conduct 5 TSS visits in 10 selected districts on trained health workers (facility and CHWs) in C-IMCI
- Support MOH rollout RED strategy to remaining 25 districts
- Scale up Positive Deviance to selected districts and NGOs
- Revise EPI Vaccination Manual
- Complete and disseminate the 2007 Integrated Measles Campaign Report

- Support selected districts to conduct exchange visits

2.2.2 Accomplishments

Lessons learned in capacity building

Experiences and lessons learned in capacity building of CHWs and facility supervisors in IMCI and technical support supervision were documented in a report entitled “Strengthening the Management of Sick Children at Community Level.” The process of documentation provided additional insights in facilitating factors and challenges of training CHWs.



A CHW attending to a child

Positive Deviance Hearth and Luangwa Primary Health Care initiative documented and disseminated

Documentation and dissemination of Positive Deviance Hearth in Lukulu District and the Primary Health Care Initiative in Luangwa District were successfully done. Two reports have been produced to this effect, one on positive deviance entitled “Report on the implementation of positive deviance developmental approach to the reduction of malnutrition in Lukulu District” and the other one on primary health care called Community “Participation improves the delivery of Primary Health Care services to communities: The Luangwa District experience.”

Useful feedback was received on the Positive Deviance Health Developmental approach during the 2007 APHA meeting. Feedback results will be used to improve scale up of the program.



Mary Kaoma presenting a poster during the 2007 APHA

25 Community Health workers followed up following training

Follow up visits were conducted in Kafue, Chongwe, Ndola and Mufulira. Results of the CHW follow up visits revealed useful insights regarding performance determinants of Community Level agents. CHWs are reported to have increasing workload of patients especially with the increasing rainfall in rural areas. However, the reported challenges include lack of drug supplies, weighing scales, job aides and bicycles as some of the barriers to implementation of Key Family Practices. Advocacy was made to all districts visited to purchase equipment and supplies to support CHWs.

Training data base for Community IMCI established

A data base for tracking community health workers and facility supervisors trained using USG funds has been established. Continuous update and harmonization with MOH of data base to be done on quarterly basis. Data base will be used for monitoring coverage, estimating required logistics and performance of providers.

Key Results

- Concept paper for consensus building on TSS and reporting strategy
- Training data base for C-IMCI trained staff
- Paper entitled: Experiences and Lessons learned in the implementation of Positive Deviance Health and the Luangwa PHC initiative during the 2007 APHA in the US

2.2.3 Challenges

- The non-availability of CHW drug kits, weighing scales and reporting forms has made it very difficult for community health workers to implement the Key Family Practices. As a result most CHWs work at health facilities for re-enforcement of acquired skills.
- Support to community health workers by health facility staff is very unclear as staff is either too busy or there is inadequate utilization of community funds.

2.2.4 Next steps

- HSSP will continue to provide leadership in advocating for purchase and distribution of CHW drug kits, and purchase of weighing scales by DHMT's.
- To provide TSS, monitoring and evaluation strategy meeting for 20 district and facility supervisors. These will be key in addressing some of the short comings in strengthening implementation of Community Level interventions.

2.3 Expanded Programme on Immunization

The following are the overall objectives:

- Increase the number of districts with at least 80% Full Immunization Coverage of children under one year
- Increase number of children <12months who received DPT3 in last 1year

Year 4 Targets

- Increase the number of districts attaining full immunization coverage of children under one year from 45 to 55 districts
- Increase number of children <12 months targeted to receive DPT3 from 520,000 to 527, 000

2.3.1 Planned Activities

The following activities were planned for during the quarter under review:

- Provide TSS to 15 low-performing districts, in planning, to improve coverage, support for Child Health Week preparations, and the implementation of these activities
- Micro-planning for the Reach Every District (RED) strategy for the remaining 25 districts
- Facilitate exchange visits among low-performing districts
- Scale-up the RED strategy from 47 to 72 districts

2.3.2 Accomplishments

RED strategy Rolls out to 25 remaining districts in Zambia

21 out of 25 districts have been oriented to the RED strategy micro-planning process. HSSP contributed to orientation of 4 out of the 25 districts in RED strategy (Southern and Eastern provinces)

TSS conducted in 4 out of 10 selected districts

Technical Support Supervision conducted in Kafue, Chongwe, Ndola and Mufulira districts for the purpose of monitoring of implement of RED strategy in strengthening routine EPI. Highlights of the visits include postponement of outreach activities due to lack of adherence to providing allowances for work implemented and weakening of routine static EPI activities due to competing priorities at the health facility.

Targeted Technical assistance provided to four low performing districts during CHWk activities

Technical assistance provided to Samfya, Namwala, Sesheke and Chiengwe districts in planning, implementation and monitoring Child Health Week activities during the November session of activities. The provision of TA and additional transport made a big difference to the coverage rates of the districts

Key Results

- 21 out of the planned 25 districts oriented to the RED strategy
- TSS visits to the four districts provided additional insights in strengthening community level
- Implementation of RED strategy and community IMCI

2.3.3 Challenges

- Delays by the national level in disbursing funds to support start-up activities have contributed to delays in scaling up RED strategy
- Technical support supervision by the provincial core teams is non-existent
- Districts are still challenged with inaccurate population figures resulting in unreliable immunization coverage rates

2.3.4 Next steps

- HSSP will continue to advocate for early disbursement of funds to the districts to support implementation of the RED strategy activities.
- HSSP to support provincial meetings to strengthen TSS for RED strategy and Community Level activities.

2.4 Nutrition

Under nutrition, the overall objective is to improve the national coverage of Vitamin A supplementation coverage in all districts to 80%

Year 3 Targets

- To reach 2,325,000 children aged 6 to 59 months with vitamin A supplementation
- To de-worm 2,320,000 children aged between 12 to 59 months

2.4.1 Planned Activities

The following activities were planned to be carried out in Year 4 Quarter 1:

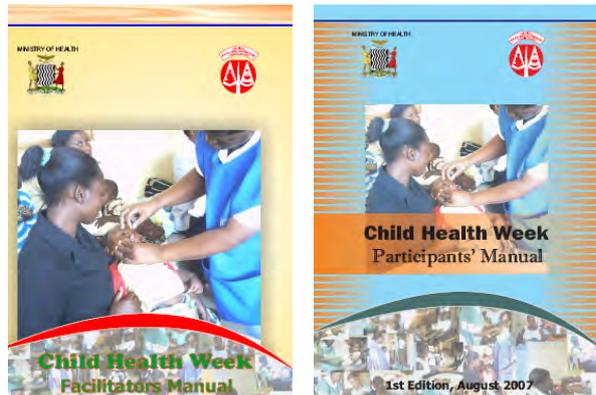
- Collaboration with HMIS team to ensure Child Health Week data complements the New HMIS
- Support strengthening program management in 4 districts before and during Child Health Week
- Compile and print an advocacy document for the vitamin A supplementation story in Zambia
- Support provincial Child Health Week review meeting
- Participate in stakeholder meeting to advocate for continued investment in Child Health Week
- Provide support to nutrition technical working groups
- Support advocacy meetings for nutrition interventions and implementation of minimum package of care for nutrition
- Participate in one provincial technical support supervision and performance assessment
- Support the development and printing of Infant and Young Child Feeding health facility wall protocol
- Provide technical and logistical support to roll out the revised children's clinic card

2.4.2 Accomplishments

The first quarter achievements were in supporting the implementation of the November 2007 round of Child Health Week and strengthening the planning and integration of nutrition programs.

Child Health Week manuals printed and distributed

A total of 4500 facilitators and 6000 participants' manuals were distributed to all 9 provinces. The revised manual has been updated to encompass program management issues that will help improve implementation of Child Health Week to ultimately improve coverage.



Capacity Building of districts and provinces

Two provincial meetings were held with Western and Eastern provinces. The workshops oriented district managers on the use of the revised Child Health Week manual. The Western province workshop was focused on building capacity in data management as a means of strengthening program management. The Eastern Province workshop reviewed the measles campaign performance and facilitated planning for the November 2007 round of Child Health Week.

Supportive supervision conducted in 6 districts during November 2007 Child Health Week

Lusaka is the most highly populated districts in Zambia whose performance affects the national coverage. Deliberate effort was made to provide technical and financial support to the district to orient health centre coordinators for Child Health Week. This was done using the revised Child Health Week manuals.



Health workers and community volunteers at an outreach site in Kalulushi district on the Copperbelt

Six districts namely Ndola, Kitwe, Chipata, Kalulushi and Lufwanyama were monitored and supported during the implementation of Child Health Week. Observations during the Child Health Week showed that districts sustained innovative outreach strategies to reach children. These included setting up posts at market places.

District report reports being reviewed and merged into provincial reports by provincial health offices. National report will be reported in next quarter.

Strengthen integration of Nutrition Interventions

- Supported Performance Assessment in Northwestern province. Recommendations from the performance assessments indicated the need to provide technical support from national and provincial level to strengthen implementation of Nutrition Interventions.
- Supported planning at national level for the 2008 action plans for Ministry of Health and National Food and Nutrition Commission.
- Participated in a regional training in Essential Nutrition Actions. The training built the technical knowledge and skills required to implement Nutrition interventions that can make a difference in the health sector.

Key Results

- Facilitator's Child Health Week Manual
- Participant's Child Health Week Manual
- Minimum Package of Care for Nutrition
- Infant and Young Child Feeding Health Facility Wall Protocol

2.4.3 Next steps

- HSSP will continue to provide technical support for the compilation of reports
- Focus on strengthening integration and implementation of nutrition interventions by participating in the Performance Assessment and finalizing the Minimum Package of Care for Nutrition

2.4.4 Challenges

- Competing priorities for national level counterparts
- Inadequate human resource at the National Level to facilitate the implementation of scheduled activities.
- The above challenges resulted in limited progress in the development of documents such as the minimum package of care for nutrition.

3 Malaria: Indoor Residual Spraying

The overall objective is 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 4 Target

NMCP to achieve around 85% coverage of IRS among the eligible populations in 15 districts.

3.1 Planned Activities

The following activities were planned to be carried out in Year 4 Quarter 1:

- To distribute insecticides and PPE materials
- To enforce the use of standard data recording and reporting forms
- To implement IRS activities timely and adequately in 15 districts
- To carry out data collection in Chongwe, Kafue, Livingston and Luanshya districts
- To present data on IRS activities
- To conduct the Pre-spray Season Mosquito Survey in non- and IRS spray areas
- To rehabilitate the insectory facility at NMCC and to carry out insecticide resistance studies
- To conduct inspection and supervision visits in all 15 districts implementing IRS
- To review current practices, design and rehabilitate/upgrade district facilities
- To carry out a documentary project on IRS activities with appropriate visual and audio supporting material
- To carry out 3 rounds of IRS activity monitoring and supervision visits by IRS technical expert group

3.2 Accomplishments

Procurement of insecticides and equipment

Insecticides and personal protective equipment for the 2007-2008 spray season were acquired and distributed to all the 15 districts.

Spray operations

Spraying for the 2007-2008 season has been completed. Spraying commenced in good time in September before the rainy season. This is an essential action to ensure that as many structures as possible are sprayed during the current spraying cycle. This also enables both the spray teams and communities to be more responsive to the exercise as they are not disturbed much by the rains. Comprehensive implementation plans were drawn for all the 15 districts and followed up by strict supervision and monitoring by both district and national teams. About 700,000 household structures have been sprayed with residual insecticides over operational period of 60 days in most districts. An average of around 93% coverage has been achieved.

Impact assessment studies

The senior IRS specialist assisted the USG/PMI team to document progress of USG supported IRS based malaria control efforts in selected districts from January 2005 to present. Four districts chosen for study were Livingstone, Chongwe, Kafue and Luanshya, where 12 health facilities were visited and data was collected on case burden and other parameters. Among the observations was the fact that there are some reductions in clinical and confirmed malaria cases in all of these districts. The final report is pending.



Spraying inside the house - with DDT

Entomological survey

A pre-spray season entomological survey was carried out in 6 districts in Central Province as part of the routine monitoring and evaluation of the IRS program. Mosquito collections were carried out in sprayed and unsprayed houses in four IRS districts, Kafue, Chongwe, Kabwe and Mazabuka. Collection was also done in two other districts, Choma and Mumbwa, where IRS activities have never been done but are planned for in the upcoming years.

Building up/upgrading the insectary at NMCC

The insectory facility at NMCC has been renovated and fitted with necessary acclimatization and other laboratory equipment to facilitate the function of routine live mosquito rearing activities. This will facilitate the monitoring of insecticide resistance studies at IRS districts which is a prerequisite to taking a decision on choices of insecticides for the spraying operations.

Environmental safeguards

Visits were made to all the 15 districts implementing IRS activities to look at their storage facilities to ensure that environmental safeguards are taken into consideration as the spray campaign takes place. An environmental compliance monitoring visit was undertaken by the USAID/HSSP team to fulfill the USAID/Washington requirement for continuous provision of insecticides, especially DDT for the IRS program in Zambia.

Documentary on IRS program

A documentary on the IRS programme has been created. An initial draft DVD on the program will be ready by end of December 2007. Prior activities included preparing the script, narrative and the documentary story. The production team made visits to IRS districts where activities in the field were filmed and interviews conducted in the districts, at NMCC and with partners. The documentary will be reviewed by USAID and NMCC for comments and is expected to be completed by April 2008.

Monitoring and supervision of spraying campaign

Monitoring and supervision of districts during the spraying campaign was conducted in order to ensure that laid down guidelines were followed during the spraying campaign. Three stages of routine monitoring and supervision visits were made to each district. These visits provided a great contribution to the whole exercise in that they helped keep the campaign on course and helped change strategies in those districts where the exercise was moving slower than expected.

IRS information management

A comprehensive data recording format developed in the previous quarter was fully enforced in all districts for standardization of information management. Follow ups were made with all the districts to ensure that standardized reporting on progress of IRS spraying activities was done. Technical assistance was provided to those districts that required further assistance on using the Excel database for recording and reporting.

Key Results

- 700,000 housing units sprayed with a residual insecticide
- Rapid Impact Assessment Study
- Pre-spray Entomological Survey in IRS and non-IRS areas for monitoring and evaluation

3.3 Challenges

- Inadequate IEC efforts for IRS activities at district level
- Unexpected delay in supply of spraying operation equipment by other partners
- Earlier than expected rain fall season
- Weaker levels of district supervision and monitoring due to financial constraints
- Deficiency of ownership of the IRS program at district levels
- Slow communication and response at district levels
- Information management difficulties in some districts due to computer and internet problems.

3.4 Next Steps

- Conducting needs assessments for the 7 new districts
- Conduct post spray workshop for reviewing current year activities
- Conducting training of trainers in geocoding for the 7 new districts
- Carry out an operational and cost efficiency analysis of the spray activities
- Collection of epidemiological and entomological data for IRS assessment exercises
- Conduct impact assessment survey

- Upgrading of district IRS facilities for optimum level management of insecticide wastes and storage

4 Integrated Reproductive Health: Safe motherhood and Family Planning

The goal is to contribute to the national effort of reducing maternal morbidity and mortality.

The overall objectives include:

- EmOC/FP: To establish EmOC services in 18 districts by 2010
- PAC/FP: To provide PAC/FP in 60% of districts (43 districts) by 2010
- LTFP: To increase accessibility and availability of long-term FP methods in 60% of districts (43 districts) by 2010

Year 4 Targets

- Train 110 health care providers from 20 districts to provide both EmONC and PAC services in Northwestern, Eastern, Western and Southern provinces and provide 4 supportive follow up visits six weeks after training
- Train 138 health care providers from 13 districts in Luapula, Eastern and Southern provinces in LTFP/Jadelle
- Make EmOC/FP sites in 20 selected districts functional
- Train 30 health providers in PAC from Southern Province and provide supportive supervision six weeks after training
- Collaborate with HCP and other stakeholders in the development of IEC materials on FP/PAC/EmONC - targeting more at community levels
- Collaborate with the PHOs, CCSs and service providers in collecting data and service statistics every quarter on AMTSL, IPT and Depo Provera
- Participate in the National Task Group meetings

4.1 Planned Activities

The following activities were planned for during the quarter under review:

- To conduct PAC training for health care providers previously trained in EmONC without the PAC component
- To conduct EmONC/PAC training for health care providers from Northwestern Province
- To orient managers from Northwestern Province in EmONC
- To develop IRH IEC materials
- To train HCPs and District Level supervisors, develop job aides, and review guidelines and tools
- To conduct manager orientations and HCP trainings on FANC and IPT

4.2 Accomplishments

The following have been achieved:

13 Health Care Providers Trained in PAC

13 health care providers from 4 districts in Southern Province, who had previously been trained in EmONC without the PAC component, were trained in PAC. This cleared the way for the roll-out the harmonized EmOC/PAC curriculum.

20 Managers and MCH Coordinators Oriented to EmOC

20 managers and MCH coordinators from Northwestern Province were oriented to EmONC in a 1-day workshop prior to the training of health care providers from the same districts. The orientation was conducted in order to give supervisors the understanding they would need to assist clinicians in improving EmONC/PAC service delivery post-training.

25 Health Care Providers Trained in EmONC

25 health care providers from 6 districts in Northwestern Province were trained in the harmonized EmONC/PAC curriculum. These were drawn for 16 sites from Kasempa, Solwezi, Mufumbwe, Kabompo, Mwinilunga and Zambezi.



EmONC Training in North-Western Province, December 2007

Finalized IEC Materials

IRH IEC materials, including job aides, posters, and an updated family planning counseling kit were finalized with HSSP and its contributing partners. The job aides included flow-charts on management of post-partum hemorrhage, active management of the third stage of labor, and newborn resuscitation. A birth plan that included information on mother-to-child transmission of HIV and danger signs card were also prepared as take-home materials for clients. Two posters on Jadelle, one for patients and one for providers, were also developed.

Created Workplan for MIP Program

With funds recently allocated by USG, the IRH unit has been tasked with developing a training program to strengthen FANC and increase IPT uptake in the 14 districts of Central and Eastern Provinces by September 2008. A draft workplan has been prepared to be presented to USAID.

Conducted Meeting on Prevention of Postpartum Hemorrhage in the Community

Taking advantage of the visit of JHPIEGO's Medical Director, an expert in PPH management and prevention, HSSP took the lead in bringing together key stakeholders among health care professionals, MOH and partners organizations to move forward on interventions to prevent PPH in the community, at home births. This meeting follows earlier meetings (Dec, 2005 and July 2007) where this issue was discussed. The meeting looked at key concerns and issues related to the use of the drug Misoprostol, as well as registration and distribution issues. It was agreed that a followup meeting with District leadership would occur in January 2008, sponsored by Venture Strategies of University of California at Berkeley.

Key Results

- 58 health care providers trained in EmONC and PAC services
- IRH IEC materials
- Workplan for MIP Program

4.3 Challenges

- The non-availability of the Jadelle commodity halted efforts to train health care providers in its provision. The Jadelle commodity has now arrived in-country and trainings are planned to restart in quarter 2
- There are inadequate EmONC training models for practicals, which has limited our ability to conduct practicals for more than one group of health care providers at a time

4.4 Focus for Next Quarter

- Train 32 health care providers from Eastern and Western Provinces in EmONC/PAC
- Train 75 health care providers from Luapula, Eastern, and one additional province in LTFP and Jadelle insertion/removal
- Conduct technical supervision and support visits to sites 6 weeks post training
- Conduct three orientation workshops for 120 provincial and district staff in revised RH and FP updates
- Print and distribute the finalized IEC materials to all 72 districts
- Begin study to demonstrate the impact of EmONC on averting maternal mortality and morbidity
- Collaborate with MOH, NMCC, and other interested partners in restarting a PMI working group to prevent duplication of MIP activities; conduct desk review and site assessments

- Obtain additional models for trainings, working with partners to fill resource gaps.
- Provide technical input into the January 28 and 29 orientation and implementation planning meeting on PPH Prevention in the community.

5 Human Resources for Health

This section covers Human Resources for Health which includes Planning & Management and Pre & In - Service Training.

5.1 Planning and Management

The overall goal is to improve/maintain staff-client ratios in C&D districts.

The overall objective for Human Resource Planning and Management is to improve/maintain the staff-client ratio in at least 80% of C&D districts by 2010.

Targets:

- 70% of C&D districts demonstrating improved daily staff-client contact ratio
- 92% of physicians retained in C&D district hospitals under the HSSP rural retention scheme
- 6,555 individuals ever received ART in C&D districts in which HSSP has posted a physician

5.1.1 Planned Activities

The following activities were planned to be carried out in Year 4 Quarter 1:

- Support MOH to recruit 11 physicians and 63 other cadres to the ZHWRS
- Organize bi-annual meetings with PHOs to review ZHWRS performance
- Work with MOH to monitor, collect and store financial and deployment documents of the ZHWRS
- Support HRTWG to hold monthly meetings to review (monitor) the implementation of the HR Strategic Plan
- Participate in various reviews of national HR policies and guidelines

5.1.2 Accomplishments

The following have been achieved:

Strengthened national capacities in HR retention, planning and management

The following strengthening activities in HR were conducted on the National Level in Year 4 Quarter 1:

Recruitment and distribution of the 21 doctors:

During this quarter HSSP worked with MOH to recruit 9 more physicians to the HSSP supported retention scheme. Doctors play a critical role in the expansion of ART services in rural C and D districts. All the 21 doctors are still at their stations and therefore, we can report that 100% of the 21 doctors recruited by HSSP have been retained to date. There are now 15 districts that have benefited from HSSP support to the retention scheme. The following 15 districts are currently being supported by HSSP:

Distribution of HSSP-supported doctors on the Retention Scheme by District			
No.	District	Category	# of Doctors
1.	Gwembe	D	1
2.	Siavonga	C	1
3.	Sinazongwe	C	1
4.	Chongwe	C	1
5.	Lufwanyama	D	2
6.	Petauke	C	2
7.	Lukulu	D	1
8.	Nakonde	C	1
9.	Kasempa	D	1
10.	Itezhi - Tezhi	C	1
11.	Kaoma	C	2
12.	Mbala	C	1
13.	Mpika	C	1
14.	Mumbwa	C	3
15.	Mpongwe	C	2
Total			21

Recruitment and distribution of the 33 nurse tutors

HSSP continues to support 33 Tutors from eight nurse training schools. During this quarter two more tutors from St. Paul's Nursing School were recruited to replace two tutors from Chikankata who were reported to be attending full time post graduate training.

Training schools supported by HSSP		
Training School	Category	# of Tutors
Macha	B	3
Kasama	B	4
Mansa	B	5
Chikankata	B	3
Monze	B	6
Lewanika	C	5
Chilonga	C	5
St. Pauls	C	2
Grand Total		33

Improved national, provincial and district capacities in HR for HIV/AIDS

During the quarter under review, the MOH finally received treasury authority for the 51,000 New Staff Establishment. For 2007, Cabinet Office has given MOH authority to employ up to 30,883 staff to fill the new structure. The 30,883 staff establishment comprises 25,620 retained positions and 5,263 new/created posts. The MOH began the implementation of the New Establishment through the employment of new staff to the created new posts. Of the 5,263 new posts the MOH has so far recruited 1,984 medical staff.

The MOH also intensified the expansion of the ZHWRS by recruiting 76 Doctors, 266 nurse tutors/lecturers, 35 nurses and 9 EHTs. The MOH is currently putting in place a Task Force to assist the provinces and districts to successfully recruit and expand the scheme to the Other Cadres.

In all this process, the role of HSSP is to provide TA to MOH and retain the recruited health staff. In particular, HSSP will support the following health workers: 9 CCSs, 21 doctors, 33 tutors the expected 63 other cadres (22 nurses, 22 clinical officers, 9 pharmacists, and 10 lab technicians).

The implementation of the New Establishment and the expansion of the ZHWRS are expected to improve daily staff client ratios in rural districts of Zambia.

Number of patients ever started on ART in C&D districts supported by HSSP	
District	# of patients on ART in 2007*
Gwembe	226
Siavonga	485
Sinazongwe	520
Chongwe	876
Lufwanyama	102
Petauke	175
Lukulu	564
Nakonde	241
Kasempa	390
Itezhi-Tezhi	425
Mumbwa	285
Mpongwe	1,585
Mbala	1,815
Mpika	658
Kaoma	850
Total	9,197

**Note: Only quarter 1 for 2007*

The table above shows the numbers of patients ever started on ART in the C&D districts supported by HSSP. There are 9,197 patients on ART by quarter 1 of 2007 (National AIDS Council; 2007) in the 15 districts supported by the 21 HSSP doctors. The current number of patients on ART is higher than the 2010 target of 6,855 patients supported by HSSP doctors.

5.1.3 Challenges in HR

HR faced the following challenges in the quarter under review:

- Planned activities were postponed due to delays in the recruitment of doctors and other cadres to the ZHWRS
- Competing activities at the national level led to the delays in implementing the ZHWRS

Key Results

- 9 medical doctors recruited on HSSP/ZHWRS
- 1,984 medical staff recruited
- 9,197 patients ever put on ART in 15 districts supported by HSSP

5.2 Pre and In-service Training

The overall objective is to have 100% of graduates from COG, SOM and Nurse training schools trained to provide ART, PMTCT, CTC services by 2010.

Year 4 Target

The target is to have 17 training institutions utilizing the revised curriculum that incorporates HIV/AIDS and other priority health services by 2008.

5.2.1 Planned Activities

The activities that were planned to be carried out during Year 4 Quarter 1 include the following:

- Resource mobilization to train COG, doctors and nurse graduates in the provision of HIV/AIDS care and services
- Support GNC to print strengthened Registered Nurse Curriculum and teaching materials
- Support Chainama College to print COG curriculum, teaching and learning materials
- Work with Chainama College during the orientation of faculty and students to the revised curriculum, teaching and learning materials
- Work with Chainama College to develop COG Student Practicum Log Book, M&E tools

5.2.2 Accomplishments

The following activities have been accomplished:

30 (19 Lecturers and 11 preceptors) oriented to revised Clinical Officer General (COG) Curriculum, teaching and learning materials

Support was given to Chainama College to orient 30 lecturers and preceptors to the revised COG curriculum, teaching and learning materials, as part of ongoing support to Chainama College during the implementation of the revised curriculum.

Ensure all graduate Clinical Officers, Doctors and Nurses are trained in the provision of HIV/AIDS care and services

Proposals for Lusaka Nursing Institute and Chainama College for the training of 110 students were successfully developed and were submitted to ZNAN.

Finalization and printing of Registered Nurse and COG curricula, teaching and learning materials

- Finalized and printed 200 copies of Registered Nurses Curriculum, 200 copies of Lecturers Activity Outline, 500 copies of Student Learning Guide, 500 copies of Procedures Manual and 500 copies of Student Evaluation Manual.
- Finalized COG curriculum, teaching and learning materials.
- Developed COG Student Practicum Log Book and M&E tools for implementation of revised curriculum.
- Participated in developing Nursing Education component of the BSc Nursing curriculum as one of the strategies to meet the scaling up capacity of nursing and midwifery.

Global Consultation meeting on scaling up capacity of Nursing and Midwifery

Attended Global Consultation on implementation framework for scaling up the capacity of nursing and midwifery, from 3-5 December 2007, in Lusaka. This meeting was attended by more than twenty (20) countries and Zambia is one of the countries that has already implemented the “Islamabad Declaration No. 4 on scaling up capacity of Nursing and Midwifery” (WHO and WHA 2007).

Key Results

- RN curriculum and teaching materials: Curriculum, Teachers Activity Outline, Procedures Manual, Learners Guide, and Evaluation Manual
- Oriented 30 (19 Lecturers, 11 Preceptors) to revised COG curriculum, teaching and learning materials
- COG Student Practicum Log Book and M&E tools
- Nursing Education component of the BSc Nursing Curriculum

5.2.3 Challenges

- Inadequate funding to print curricula documents
- The departure of MOH counterpart resulted in stalling of inservice training activities

- Non response from stakeholders to documents circulated for comment affects time lines for completion

5.2.4 Next steps

- Complete proposals for UNZA and SOM and provide logistical support to Chainama College and Lusaka Nursing Institute during training once funds are available
- Finalization and printing of COG practicum log book. Circulate assessment tools to stakeholders
- Handover printed and soft copies of curriculum documents to GNC. Support orientation of tutors to strengthened curriculum, teaching and learning materials
- Continue the curriculum review process for UNZA, SOM with analysis of existing content.
- Provide TA to Post Basic Nursing Department to complete revising BSc Nursing Curriculum
- Provide TA on editing and finalizing Direct Entry Midwifery Curriculum documents; during inspection/preparation of training sites and orientation of faculty to curriculum and training materials.
- Technical updates and clinical skills training to tutors, lecturers and preceptors in HIV/AIDS/IMCI

6 Performance Improvement

The overall objective is to improve the quality of case management observation/record review during supervisory visits in 43 of the districts by 2010.

Targets

The targets include:

- 17 districts conducting case management/ record review in at least 80% of supervisory visits by Sept 2008.
- To accredit 22 private sites by September 2008

6.1 Planned Activities

In order to achieve the listed targets, the following activities were planned for in Year 4 Quarter 1:

- Provide TA to 5 selected districts in TSS that focus on case management
- Participate in PHDs meeting
- Participate in District action plan
- Work with MCZ to train 45 assessors to undertake accreditation
- Provide TA to 21 ART private sites
- Work with MCZ to accredit 12 private ART sites

- Hold a consensus meeting to agree on certification standards

6.2 Accomplishments

Support MOH to strengthen supervisory services that focus on case management

The team provided TA to six districts on the Copperbelt in Technical Support Supervision that focuses on case management at hospital and health centre levels. The districts have since revived their clinical meetings which are held monthly. They have also introduced mentoring as part of the technical support to the districts.

Doctors from the District Health Office have come up with a schedule whereby they visit the centers weekly to mentor the Clinical Officers on ART patient management. This is working very well in Masaiti, Lufwanyama and Kalulushi. However, this program needs strengthening in Mufulira and Luanshya.

HSSP met the target for the quarter under review, to provide TA to an average of five districts each quarter.

Participated in the District Action Planning

HSSP participated in the district action planning for Northwestern Province. There were 12 plans in total and all were reviewed. Areas of focus were HIV/AIDS, TB, Malaria and other diseases. It was noted that most of the plans had drastically improved as compared to last year's plans.

Participate in MOH's PHDs quarterly meetings to share experiences in Performance Assessment

This activity did not take place during the quarter under review because the Ministry of Health did not have the time to host it as most of the officers were busy attending to other equally important matters.

Support MOH/MCZ in accreditation of ART delivery sites

HSSP in collaboration with the Medical Council of Zambia has made substantial progress in the area of accreditation. During the quarter under review, HSSP supported MCZ to train 45 surveyors from 5 provinces. These provinces are Luapula, Northern, North-Western, Western and Eastern provinces. The training took place in Kabwe from 15th to 19th October 2007. It is expected that these provinces will conduct their initial assessment of 10 sites from each province by the end of the year. So far Eastern Province has assessed 10 sites which include 7 public and 3 private sites. The rest of the provinces will start the process soon.

Currently HSSP is providing technical assistance to private sites that did not meet the standards during last assessment. HSSP has printed 120 protocols and guidelines for distribution to the sites that failed the accreditation and those sites that are to be assessed. So far 15 private ART sites in Lusaka have received the protocols. The process of re-assessment for accreditation will be done in the next quarter.

Key Results

- 45 Assessors trained to undertake accreditation
- Guidelines to 15 Private ART sites which did not meet the accreditation standards
- 6 districts conducting case management

6.3 Challenges

- During quarter one, the Ministry of Health did not have a meeting for the PHD, thus, there was no opportunity to discuss the Performance Assessment which is a vital component of quality improvement.
- The Medical Council of Zambia has postponed the consensus meeting to agree on Certification Standards and therefore this activity has been shifted to second quarter instead of the first quarter as planned.

6.4 Next Steps

- Provide TA to 6 selected districts in provision of Technical Support Supervision (that focuses on case management) of hospital and health centre levels
- Work with MOH in monitoring of Performance Assessment
- Participate in MOH PHDs Quarterly meetings to share experiences in Performance Assessment
- Work with MCZ to provide TA to 21 private sites that did not meet the standard
- Work with MCZ to reassess 21 private sites that failed the initial accreditation process
- Work with MCZ to accredit 12 ART sites
- Work with MCZ to hold a consensus meeting to agree on Certification Standards for Health Workers in ART clinics.

7 HIV/AIDS Coordination

The overall objective is to reach 43 districts with at least one facility offering a minimum package of HIV/AIDS services by 2010

Year 4 Target

The target in Year 4 is to have all districts with at least one facility offering a minimum package of HIV/AIDS services

7.1 Planned Activities

Activities planned for in Quarter 1 of HSSP's 4th Year of implementation include:

- Participate in district action planning for HIV/AIDS

- Participate in PA/TSS in selected districts
- Support the development of a referral system for the delivery of HIV/AIDS services
- Hold consensus building meeting on the adoption of the developed HIV/AIDS coordination mechanism
- Carryout a survey to determine districts with facilities providing the minimum package of HIV/AIDS services
- Update ART partners' database
- Integrate HIV/AIDS and mental health in the basic health care package
- Support MOH conduct the National Health Accounts HIV/AIDS subanalysis
- Assess the services being provided by CCSs
- Participate in national, regional and international meetings/conferences

7.2 Accomplishments

1st draft referral guidelines developed

During the quarter under review, a team comprising of 8 people drawn from public and private health institutions, people living with HIV/AIDS and HSSP prepared the first draft referral guidelines. These draft guidelines have been sent back to the team members for comments before they are circulated for comments to a wider constituency.

Participation in district action planning

To ensure that districts include HIV/AIDS activities in their annual plans and provide technical support in developing HIV/AIDS programs, HSSP with counterparts from MOH participated in the Eastern Province district planning meeting in Chipata. All district plans in the province were presented and reviewed. Major concern areas included shortage of staff and drugs in most health facilities. The meeting also stressed the need to adequately budget for HIV test kits and the expansion of the ART programs, especially in the rural areas.

Updating the partners ART database

As the momentum for scaling up the ART program increases, there is need to continuously take stock of all cooperating partners and their activities, projects and programs carried out within Zambia, which relate to ART. Knowledge of this information is necessary for planning, coordination and sustainability of services. A consultant, who worked closely with MOH to design the partners' database to actively collect this information, is now gathering data from the field. This activity is being jointly carried out with MOH. The updated database is expected to be ready by end of February 2008.

Support provided to MOH to hold a mental health conference

Mental disorders are common public health problems in Zambia. This is against a background of various challenges facing the people, such as a rise in poverty levels, the spread of HIV/AIDS, unemployment, and gender based physical and sexual violence contributing to high rates of depression and anxiety disorders. Cognizant of the

relationship between HIV/AIDS and mental health, HSSP provided support to the National Mental Health Conference, held on 19th and 20th November 2007. One major discussion area during this conference was the integration of HIV/AIDS and mental health in the basic health care package (BHCP). 200 people attended this conference of which 50 percent were health professionals, the remainder comprised of persons affected or interested in the issues concerning mental health. These included persons representing support groups, NGOs, and government officials. Others were international delegates, media organizations and conference consultants. Recommendations arising from this conference will inform the integration process of the mental health and HIV/AIDS in the BHCP.

Support MOH conduct the National Health Accounts HIV/AIDS sub-analysis

NHA has been defined as a comprehensive compilation of data on sources and uses of the country's spending on health. This data informs the health policy process such as planning, implementation, dialogue, monitoring and evaluation. The Zambian Government has begun to institutionalize NHA.

The previous NHA covered the period 1999-2002. HSSP in conjunction with MOH, UNZA and World Health Organization are collaborated in the NHA data collection exercise this quarter. STTA was provided from Abt to develop questionnaires. Subsequently, 50 data collectors were identified and trained. Data collection in the field has commenced.

82% of districts with facilities providing the minimum package of HIV/AIDS services

A survey was carried out to find out how many districts have facilities providing the minimum package of HIV/AIDS services. The minimum package includes provision of ART, PMTCT, CTC, HBC, and laboratory services. The survey carried out in October/November 2007 indicates that 82% of the districts have such facilities.

Participation in the 2008 Global HIV/AIDS prevention and treatment strategies

One HSSP staff was supported to attend this two and half week training in Galilee, Israel. The training drew participants from all around the globe. The main focus of training was project management.

Key Results

- Draft HIV/AIDS Referral Guidelines
- National HIV/AIDS Treatment Guidelines
- Assessment of CCSs Program

- Difficulties in assessing all district health facilities for HIV/AIDS minimum package of care due to poor communication network
- Intermittent availability of counterparts from MOH to undertake activities compounded by delays in the approval process by MOH

7.4 Next steps

- Finalize and disseminate the National HIV/AIDS Coordination Mechanism document and Referral Guidelines
- Participate in TA/TSS in selected districts
- Intensify HIV/AIDS work place programs - through discussions, visits and group/individual counseling
- Support MOH to hold partners' coordination meeting on HIV/AIDS
- Support MOH to disseminate the HIV/AIDS services Sustainability Framework

8 Planning and Information Management

The goal is to strengthen Systems for Health Information and Action Planning with emphasis on HIV/AIDS.

The overall objective is to have 100% of districts and hospitals use RHIS to plan for and manage HIV/AIDS services by 2010.

Year 4 Target

The target set for Year 4 is to have all 72 districts use revised planning guidelines and tools to plan for HIV/AIDS by 2010.

8.1 Planned activities

The following are the activities planned for in Quarter 1:

- Finalize integration of HIV-related data into the mainstream RHIS
 - Finalize revision of HIV indicators for new HMIS
- Develop a mechanism for improving data quality & usage
 - Support development of provincial health statistical bulletins
- Upgrade the existing planning guidelines and tools based on emerging issues & other national goals
 - Conduct meeting to agree on the approach for revising the current planning process
- Provide routine support to the MOH annual planning process
 - TA to the PHO planning review of district/hospital action plans
 - TA to consolidation of the overall Health Sector Plan for 2008-2010

8.2 Accomplishments

Finalize revisions of HIV Indicators for new HMIS

HIV/AIDS was one of the services that did not initially receive enough attention in the formulation of indicators and corresponding data elements. In the past quarter, a lot of effort has gone to revising indicators that were originally drafted under HSSP and its partners before the EU project. A new indicator list has since been finalized and is currently in use in Copperbelt, Northwestern and Western provinces. However more work is still required on ART cohort analysis as this could not fit into the routine reporting framework proposed by government through EU support. This work continues in the coming quarter. HSSP will continue providing TA towards this activity.

Support development of provincial health statistical bulletins

During the last quarter of the previous year, work towards the design of a template for developing provincial health statistics bulletins was initiated. The draft template was field tested in Southern Province and comments obtained were used to finalize development of the template. Actual development of the 2007 provincial statistical bulletins will begin during the coming quarter as the MOH will have data for the whole year.

Conduct meeting to agree on the approach for revising the current planning process

The meeting took place on 14 December 2007

Recommendations made were as follows:

TA to the PHO planning review of district/hospital action plans

HSSP technical teams participated in four remaining provincial review meetings in Eastern, Luapula, North-Western, and Western provinces. Key findings are that there has been great improvement in planning for HIV/AIDS services, however there is still a lot to be done to improve the quality of plans as it relates to use of information for prioritization of health problems. Also there are still some districts not yet planning for all the three services (ART, PMTCT, and VCT). Also monitoring and evaluation remains weak in almost all the plans. HSSP should take this as a priority during the revision of the existing planning guidelines.

TA to consolidation of the overall health sector plan

HSSP provided support to the MOH Planning Unit to consolidate the 2007-2009 Health Sector Budget and Plan. The Budget was presented during the Annual Consultative Meeting and feedback received has since been addressed. Both the health sector plan and budget have since been submitted to Ministry of Finance and National Planning for budget consideration by Parliament. The budget Framework paper was prepared and MOH attended the Budget hearing meeting in Parliament on 13th December, 2007.

Key Deliverables

- Revised Service Delivery Aggregation Form (HIA2) drafted
- First draft of the MOH 2007-09 Plan and Budget which integrates plans for HIV/AIDS services
- Report of the first meeting to agree on the approach for the new planning process

8.3 Focus during the next quarter

- Finalize the framework for the ART cohort reporting as part of the routine/periodic HMIS reporting.
- Revision of the manuals and protocols in view of the new HMIS.
- Support a consultative meeting with stakeholders for the new planning approach
- Develop a prototype structure for a new planning approach and circulate for comments
- Support field testing of the Costing and Budgeting Guide

8.4 Challenges

- Implementation pace of HMIS and approach is difficult to synchronize with the HSSP workplan
- Consolidation of the health sector plan is rather too abrupt and the timing is inadequate

9 Clinical Care Specialists

This section of the report covers the consolidated work of the nine Clinical Care Specialists (CCSs) placed in all the nine provinces of Zambia.

The goal under CCSs is to improve the quality of and access to cost effective HIV/AIDS interventions.

Their overall objective is to reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions. The CCSs strategic focus in Year 4 is to contribute to the attainment of the national target of having 110,000 patients on ART by December 2007.

Specific Objectives

The following are the specific objectives:

- To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province
- To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province
- To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities
- To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers

- To serve as Provincial ART Trainers
- To monitor and supervise private sector ART provision

9.1 Accomplishments

Coordination of ART services (PMTCT/CTC/TB/HBC) in the Provinces

Under this specific objective, all provinces in this quarter held quarterly ART Coordination Meetings while districts continued to have their monthly review meetings. As a contribution to the ART scale-up program, the CCSs have worked with the Medical Council of Zambia and MOH to accredit health institutions as ART centres. CCSs have also provided technical support to institutions which fail to meet the benchmarks for accreditation. During the World AIDS Day commemoration, CCSs worked with DHMTs and other partners in the districts in setting-up satellite HIV/AIDS activities in the communities. Among the commonest activities were voluntary testing and counseling centres. A total of 632 individuals were tested for HIV during World AIDS Day (December 1, 2007) in selected VCT mobile stations organized by CCSs. 38 (6%) of those tested were HIV positive.

Provided technical backstopping and supervision to junior doctors implementing ART activities in the provinces/districts

CCSs in conjunction with the MOH have continued to provide capacity building activities to health workers in the districts. In this quarter, a total of 1,068 health workers (doctors, nurses, clinical officers and laboratory technologists) were trained in PMTCT, pediatric and adult ART, diagnostic counseling and testing (DCT), HBC and opportunistic infections. On-site training was also provided during ward rounds and clinical meetings. Some CCSs took advantage of the mobile clinics to provide on-the-spot training to staff in the hard to reach districts in Luapula and Central provinces. CCSs have also been very instrumental in providing technical support to institutions for ART accreditation in all provinces. A recent survey of districts with at least one facility providing all basic HIV/AIDS services indicated that over 82% of the districts had at least one facility providing all the HIV/AIDS services.

To support districts, hospitals and clinical HIV/AIDS programs and strengthen the referral system

All CCSs, while working with their counterparts from MOH, participated in reviewing the 2008-2010 district plans in their respective provinces and ensured that HIV/AIDS activities were included in the workplans. These district plans included those developed for hospital and health training institutions. During the review, most districts were generally satisfied with the suggested HIV/AIDS activities. However, districts stated that the implementation of activities on HIV/AIDS, though planned for, was slow and at times did not take place at all due to inadequate funding from MOH and partners.

Key Results

- 632 individuals tested for HIV
- 1,068 health workers (doctors, nurses, clinical officers and laboratory technologists) were trained in PMTCT, pediatric and adult ART, diagnostic counseling and testing (DCT), HBC and opportunistic infections
- 82% of districts have at least one facility providing all the HIV/AIDS services

9.2 Challenges

- During the quarter under review, the MOH was engaged in district planning and year – end activities. CCSs, being part of the provincial team that reviews and provides technical support to the districts, had to suspend some of their activities to accommodate these two important activities in the MOH calendar
- Many conflicting program hindering supervision
- Erratic supply of laboratory reagents and drugs for opportunistic infections has continued compromising the quality of ART care
- Referral from PMTCT, TB, STI, still not strong, (due to a number of reasons such as HR shortage, lack of transport and long distances)
- PMTCT services scaling up at a higher pace, compared to ART services. Lack of basic laboratory equipment in most health facilities, is the single factor accounting for this
- Health workers commencing clients on ARVs without conducting lab assessment
- Inadequate resources to provide mentoring and supportive supervision services to clinical care specialists, district level, and frontline health workers

9.3 Next Steps

- Continue coordination of ART services and partners in the provinces through activities such as the Provincial ART Committee meetings
- Provide technical support and supervision
- Carrying out performance assessments
- Coordinate, support and facilitate at various HIV related capacity building activities e.g. paediatric ART, PMTCT, and ARV logistics system
- Continue to monitor and supervise the private sector in ART provision
- Provide technical support to ART sites in implementation of new ART protocols

10 Monitoring and Evaluation

The goal is to establish and maintain a system for tracking and evaluating program performance.

The overall objective is 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.

Year 4 Target

The Year 4 target is to have a fully functional M & E System.

Specific Objectives

The specific objectives include, to:

- Coordinate development and review workplans
- Coordinate program M&E
- Conduct program performance evaluations
- Support provinces to generate, analyze, and utilize information for decision making
- Support technical teams' research and other data analysis
- Build capacity (staff development)

10.1 Planned Activities

The following activities were planned for:

- Prepare the Annual Report for Year 3 (FY 07) and submit to USAID
- Coordinate Year 4 Quarter 1 Review Meetings
- Consolidate and review workplans
- Finalize the M&E Plan and Indicators
- Develop data tracking system
- Conduct Program Data Audit
- Build district capacity in the production of health statistical bulletins
- Finalize the 2005 Graduates Follow-up Survey Report
- Coordinate the portfolio review
- Conduct Mid-Term Review

10.2 Accomplishments

Year 3 Annual Report

The annual report for Year 3 was prepared and the initial draft submitted to USAID

Revised M&E Plan

The M&E Plan has been revised to accommodate COP/MOP/OP indicators. The plan now contains the core indicators and their definitions.

Revised Provincial Health Statistical Bulletin—Template

As a means of building capacity at District Level to strengthen use information for decision making, HSSP supported the production of a provincial health statistical

bulleting template whose unit of analysis is the district. With this template, the province is able to produce its own health statistical bulletin showing the performance of the districts. The purpose of producing the template was to standardize the format of the health statistical bulletins.

Year 4 Workplan

The Year 4 workplan narratives and tables have been prepared.

Initial Data Quality Assessment Information Sheet for OP indicators

An initial assessment of data quality for OP indicators was carried out. The assessment looked at some of the following: whether there are responsible persons for the given indicator, who the responsible person is, whether targets have been set for the indicator and what the targets are, whether there is a database to track the indicator, and how data is collected and received.

Indicator data tracking system

As a way of ensuring consistency for indicators, the M&E team devised a system of tracking indicators through the respective technical teams. The Excel-based form is able to track, for example, the number of persons trained during a given quarter by sex. An embedded chart is updated automatically as new data is added. The information is cross-checked with the respective technical team to ensure consistency. Thus far, the indicator data tracking system has been implemented with the integrated reproductive health team.

2005 core competencies graduates follow-up survey

The survey was carried out to follow-up on the students trained in the management of HIV/AIDS services who graduated in 2005. The findings of the survey are presented in a report entitled “Core Competencies Graduates’ Follow-Up Report”. This report was finalized during the period under review.

Key Deliverables

- Year 3 Annual Report
- Revised M&E Plan
 - (M&E Plan Narrative & Indicator Definitions)
- Revised Provincial Health Statistical Bulletin–Template
- Year 4 Workplan
 - Narrative and Tables by Technical Area
- 2005 Graduates Follow-up Survey Report

10.3 Challenges

- Delays in receiving feedback to finalize draft documents

10.4 Next Steps

- Coordinate the development of Year 4 Quarter 1 Report and submit it to USAID
- Finalize the M&E Plan
- Coordinate the development of success stories
- Work on the PEPFAR Report
- Continue with data auditing
- Rollout the data tracking system to other technical areas
- Support the production of Provincial Health Statistical Bulletins
- Initiate data analysis using GIS in Western Province
- Assess and build on the existing GIS skills in Luapula Province

Annex 1: Year 4 Quarter 1 Review Tables by Technical Area

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	CHILD HEALTH AND NUTRITION: 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 focussed TA in F-IMCI through improved data management	<i>Create a comprehensive national F-IMCI training data base</i>			
	Collect updated district information on key IMCI indicators.	A memo has been sent out to all the PHOs from MOH/CH requesting them to collect information from the districts.	Speed up the process of getting information by engaging a person to take a more aggressive approach to collecting information.	Response from the various districts has been slow.
	Draft a scale up plan and budget to conduct national post IMCI training follow-up supervisory visits.	Not done		This activity is dependant on getting the information from the districts in order to identify the gap
To strengthen district IMCI implementation	<i>Support F-IMCI case management training</i>			
	Provide technical and financial assistance to MOH in the piloting of the updated IMCI guidelines. Health workers from three districts will participate in the pilot (two rural and one peri-urban)	Piloting of the materials was conducted in two sites: Lusaka and N/Western provinces. HSSP provided technical and financial support for the Lusaka province site.	Based on the results of the pilot, the training materials will be revised, finalised, printed and disseminated to the various IMCI facilitator teams.	25 health workers from Luangwa, Kafue, Chongwe and Lusaka districts participated in the Lusaka site and 24 health workers from Zambezi, Mwinilunga, Solwezi participated in the North Western site. Strengthening collaboration between the IMCI, PMTCT, Paediatric ART and NMCC will be crucial for the effective implementation of the revised guidelines.
	Provide financial and technical assistance to 2 district F-IMCI training programmes. Each district training programme will involve 3 districts and therefore a total of 6 districts will be involved in the training.	IMCI conducted for Mwinilunga and Kawambwa districts in Luapula province. 24 health workers trained.	Districts' collaboration with the facilitator teams to scheduled time for follow-up.	Although support for this activity was scheduled for the second quarter, it was brought forward to fit into the respective district plans.
To contribute to national implementation of new initiatives in child health	<i>Develop a national scale-up framework for new born health initiatives</i>			
	Conduct field visits to 2 districts that are piloting home based neonatal care: each visit to take one day	One field visit conducted in Chongwe district and a team of TBAs who have undergone essential new born care training were interviewed on their practices and challenges		Information was utilised to in the final write-up of the new-born health scale-up framework.
	Hold a 2 day workshop with 20 participants to build consensus on the draft national scale-up framework document	A two day workshop was conducted in Kafue and was well attended by a cross section of stakeholders both from reproductive health and child health.	Feedback from the workshop was used to revise the initial draft of the document	Response for the workshop was overwhelming with good output.
	Hold a one day final consensus building /dissemination workshop to disseminate the revised framework document.	A one day workshop was held and the final revisions agreed upon by various stakeholders.	Final editing and formatting will be done and the document will be printed.	Although the document has broad time frames and does not provide specific guidance in terms of responsible persons and budget, the stakeholders agreed that it can still provide guidance for the PHOs/DHMTs in the absence of a national scale-up plan.

Specific Objectives	Activities	Implementation Status	Next steps	Comments
To disseminate programme results and success stories in relation to F- IMCI	Information sharing at regional level and international level			
	Attend 25th annual APHA annual meeting	A paper based on an analysis of the status of IMCI implementation and the factors that influence districts to conduct MCI case management training in Zambia was presented.	The paper will be made available on the APHA website for a wider dissemination.	The APHA provides an opportunity to share some of HSSP work to the international community.
Technical Area:	Community IMCI			
Goal:	To expand coverage and improve quality of key child health interventions			
Overall Objective:	1 80% of districts (60 districts) with providers to offer 6 Key Family Practices by 2010 (KFP) 2 % of facilities with trained health workers in Community MCI (# of HF)			
Provide Technical Assistance to PHO for C- IMCI expansion and capacity building in targeted districts	Support PHO in capacity building of 75 Facility supervisors and 50 CHWs to support implementation of C-IMCI in targeted districts			
	Print 500 training manual for Facility and CHWs including Job AIDES	Not done due to incomplete review process	Adaptation meetings planned for January 2008.	Training materials need updating with Newborn Health Care guidelines.
	Purchase weighing scales and bags	Advocacy to DHMTs and other partners for purchase of weighing scales commenced	Visits to respective districts to take stock of DHMT support to CHWs	In the partnership of supporting CHWs, HSSP will support printing of training materials while other partners will support purchase of supplies and equipment
Provide Technical Assistance to PHO to strengthen C- IMCI implementation in targeted districts.	One meeting to orient 20 district supervisors on strategy for TSS and reporting	Supervisors Training on C-IMCI TSS not done	Concept paper developed for consensus building on TSS and reporting strategy	Consensus to be reached through C-IMCI working group and proposed provincial and district meeting
	Conduct 5 TSS visits in 10 selected districts on trained Facility and CHWs in C-IMCI	TSS conducted in 4 out of the 10 selected districts to review implementation progress in C-IMCI and EPI	Utilize findings and lessons learned to strengthen implementation of C- MCI and RED strategy	Conduct TSS in remaining 6 districts
Strengthen the information basis for scaling up and strengthening implementation of C-IMCI activities	Support strategies to strengthen Coordination and review meetings to share best practices			
	Establish data base on C-IMCI trained staff, CBVs and services provided	Training data base C-IMCI trained staff established	Utilization of training database for follow ups, logistics estimation and intervention coverage	Training data base disaggregated by district and health facility.
Improve Child Health Nutrition through Positive Deviance Hearth	Support implementation of Positive Deviance Hearth activities in selected districts			
	Support one training of selected districts and respective NGOs to support scale up of P/D health	Training not done due to the need for more clarity on NGO/district partnerships	Meeting with NFNC on NGOs/ district support mechanisms	UNICEF has resources to support 13 districts in Eastern and Luapula for start up activities. Challenge is to link NGOs with respective districts
Develop guidelines to improve Home Based Management of the Newborn care	Support MOH in development and dissemination of newborn care guidelines for districts			
	Conduct stakeholder consensus on Home Based newborn framework	Stakeholder consensus reached on Home Based newborn framework	To support MOH in identifying a consultant to conduct a desk review on newborn care.	To support in operationalizing activities on Home Based newborn framework
Technical Area	Expanded Programme on Immunization			
Goal:	To expand coverage and improve quality of key child health interventions.			
Overall Objectives:	Increase number of children under one year who receive DPT3 from 520 to 600 by 2010 80% Full immunization coverage of children under one year in 60 districts by 2010.			
Support PHO to conduct TSS in targeted low performing districts to improve immunization coverage	Support EPI activities to increase attainment of 45 to 58 districts with FIC of 80% and above and 527,000 children under one to receive DPT3.			
	Support 15 targeted low performing districts in planning and TSS to improve immunization coverage	...number of districts with 80% and above coverage	Development of a TSS plan for low performing districts	Need to review implementation status of RED strategy activities and identify areas requiring strengthening
	Support scale up of RED strategy activities to improve Immunization Coverage			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Support National level work and Partnerships	<i>Support MOH in resource mobilization to scale up CHN interventions(Reporting formats, community registers, training materials and guidelines)</i>			
	Support Measles out break in Milenge and Kaputa districts	Intergrated measles mop up exercise successfully implemented	To strengthening surveillance activities	Milenge and Kaputa districts have had measles and cholera outbreak since April 2007. Rapid response stalled.
	Support CHWk activities in low performing districts	TA to planning, and implementation of CHWk provided to 4 low performing districts	Review impact of TA to strengthen routine EPI activities	HSSP provided TA to low performing districts to improve the planning and implementation of Child Health Week activities.
	Participate in quarterly Growth Monitoring and Promotion meetings	Provided TA in finalization of GMP operational strategic plan	To support implementation of GMP strategic plan	The GMP strategic plan will set standards and guides implementation and monitoring of GMP activities.
	TA to Annual workplan development	Development of MOH 2008 plan of action completed	Support MOH in implementation of 2008 child health activities.	All partner activities incorporated all in the MOH plan of action
Technical Area: Overall Objective:	Nutrition 1 To reach 2,325,000 children aged 6 to 59 months with Vitamin A supplementation 2 To deworm 2,320,000 children aged between 12 to 59 months			
To improve data management of Vitamin A supplementation and deworming programme	<i>Strengthening data management of Vitamin A supplementation programme</i>			
	Collaboration with HMIS team to ensure Child Health Week data complements the New HMIS	An ongoing activity with continuous consultation with the HMIS team on the review process	Continue to liaise with the team in the scale up process	Vitamin A and deworming coverage indicators have been incorporated
To build capacity of districts in effective programme management of Vitamin A programme	Support strengthening programme management in 4 highly populated districts before and during Child Health Week	Four districts namely Chipata, Ndola, Lufwanyama and Kitwe were monitored and supported during Child Health Week. Lusaka district was supported to conduct orientation of health centre supervisors.	Following receipt of district reports will review performance and provide technical support to address any challenges experienced	Districts appreciated conducting the Child Health Week in November and not December. The Child Health Week was combined with SADC malaria week
	Compile and print an advocacy document for the Vitamin A supplementation story in Zambia	There is a process of consultation for consensus as this document will be a joint publication with financial support from HSSP and UNICEF	Following consensus on the scope will commence work	
	Support provincial Child Health Week review meeting	Eastern and Western province was supported to host a review and planning meeting for Child Health Week	Will continue collaboration with Provincial Health offices to assist districts in strengthening Child Health Week	
	Participate in stakeholder meeting to advocate for continued investment in Child Health Week as a key strategy for delivering Vitamin A supplements	Continued to participate in the Child Health technical Committee	Continue to participate in different meetings to advocate for Nutrition interventions	
To advocate and strengthen the integration of Nutrition interventions	Provide support to Nutrition technical working group	Participated in a number of technical working group meetings and supported Ministry of Health national level planning	Will continue to participate in networking meetings	
	Support advocacy meetings for Nutrition interventions and implementation of minimum package of care for Nutrition			

Specific Objectives	Activities	Implementation Status	Next steps	Comments
To strengthen planning and implementation of Nutrition interventions	Participate in 4 provincial technical support supervision and performance assessment to integrate nutrition interventions	Supported Performance Assessment in Northwestern province	Working with NFNC and Ministry of Health Nutrition specialist to follow up recommendations.	
	Support finalisation and printing of Minimum package of care for Nutrition in Zambia	Editorial process still ongoing	Complete editorial process and print copies for all districts	
	Support the development and printing of Infant and Young Child Feeding health facility wall protocol	A draft has been developed and pretesting of first draft conducted in Lusaka	Finalise and print 3000 copies for the health centres	
	Provide technical and logistical support to roll out the revised children's clinic card	Provided TA in the preparations for orientations for provinces and districts	Continue to provide technical assistance in the orientation and roll out process	Resource mobilisation is currently being done by the Ministry for printing of procedures manual and the Children's Clinic Card
Technical Area:	Indoor Residual Spraying			
Goal:	To reduce the incidence of malaria by 75% by the end of 2011			
Overall Objective:	To achieve the national coverage of IRS in eligible structures above 80% all 15 districts			
Supply of adequate insecticides and PPE material to districts	<i>Distribution of insecticides and PPE material</i>	<i>carried out successfully, No adverse shortages of PPE or stock out of insecticides occurred</i>	<i>stock balance recording</i>	<i>Some of the PPE material procured by WB was not good quality</i>
To strengthen the IRS data management capacities at NMCP/NMCC	Enforcing use of standard data recording and reporting forms	<i>carried out successfully. All 15 districts are now reporting uniformly and swiftly with new reporting form.</i>	<i>maintain and further fine tune the information management of IRS operations.</i>	
To achieve the coverage of IRS above 89% in the 15 districts	Implementation of IRS activities timely and adequately in 15 districts	<i>IRS activities are being carried out in 15 districts from mid September to mid December before heavy rains. A total about 620000 houses were covered so far from 15 districts, data from IRS operation of private sector is still pending.</i>	<i>Conduct post spray activity review meeting and planning for next season</i>	<i>review meeting date is being discussed; to be held in december 2007 or january 2008</i>
Assist to carry out PMI/USAID sponsored rapid assessment study	Carried out data collection from Chongwe, Kafue, Livingston and Lyanshya district	<i>Data collection is finished.</i>	<i>Carry out similar IRS impact assessment in coordination with NMCC in selected district for longer period.</i>	<i>Draft proposal is ready and pending approval from NMCC and ethical review board.</i>
	First draft data presentation was done	<i>Final report is pending at USAID office</i>		
To strengthen the scientific monitoring base of the IRS programme	Conduct pre-spray season mosquito survey in non and IRS spray areas	<i>First round of mosquito collection were done from 7 districts in central province covering sprayed and non sprayed houses</i>	<i>To continue collection of mosquitoes from selected house another two rounds, 2 and 4 months after spray</i>	
	Rehabilitation of the insectory facility at NMCC to carry out insecticide resistance studies	<i>Insector is ready for initiation of mosquito colony and resistance studies</i>	<i>Establishment of mosquito colony.</i>	<i>The collection mosquito samples during current this period is still weak</i>
Improve the environmental compliance practices of NMCP	Conduct inspection and supervision visits in all 15 districts	<i>Visits were carried out and draft report is pending.</i>		
	Review current practices, design and rehabilitate/upgrade district facilities	<i>First stage plan for rehabilitation/upgrading is ready pending funds</i>	<i>Commencing the work</i>	<i>Second stage of work plan is to be designed to improve the storage facilities</i>
To improve visibility and IEC capacities of the IRS program	<i>Carry out documentary project on IRS activities with appropriate visual and audio supporting material</i>	<i>work is being carried out.</i>	<i>Pending reviews and editing</i>	<i>unplanned activity as per yearly planning.</i>

Specific Objectives	Activities	Implementation Status	Next steps	Comments
To provide support to the management of the IRS programme	Carry out 3 rounds of IRS activity monitoring and supervision visit by IRS technical expert group.	Supervision visits were done.	Report is pending.	As a result IRS activities are well coordinated and executed well in time in most districts.
Technical Area: Overall Objective:	Integrated reproductive Health 1 To have EmOC services established in 18 districts by 2010 2 To have 60% of districts (43 districts) providing PAC/FP by 2010 3 To increase accessibility and availability of long-term FP methods in 60% (43) districts by 2010			
To facilitate the harmonized EmONC roll-out and build capacity in EmONC/FP services	<i>Train 38 providers from Northwestern and Southern Provinces in PAC and EmONC</i>			
	Conducted PAC training for health care providers from Southern Province previously trained in EmONC without the PAC component	Training conducted from 5/11/07 to 16/11/07	Conduct TSS visits to facilities with the newly trained providers	13 participants trained
	Conducted EmONC/PAC training for health care providers from Northwestern Province	Theory portion of training conducted 18/11/07 to 24/11/07; 10 participants completed practical component 3/12/07 to 14/12/07	Additional 15 participants to complete practical portion of training January 2008; Conduct TSS visits to facilities with newly trained providers	Division of participants for practicals due to high number of participants and limited gyn models for practice; 25 participants to be fully trained by end of January 2008
To facilitate and promote comprehensive supervision in EmONC services	<i>Orient managers from Northwestern Province in EmONC</i>			
	Conducted 1-day orientation in EmONC for managers in Northwestern Province	Orientation conducted on 16/11/07	District/hospital action plans due from managers 21/12/07	20 Managers and MCH coordinators from 6 districts oriented
To raise awareness and sensitize the public and health care providers on available reproductive health services	<i>Develop IRH IEC materials</i>			
	Developed job aides, posters, and updated family planning kit	Printing done in Choma, Kabwe, and HSSP; materials finalized December 2007	Materials to be printed and disseminated to all 72 districts in Q2	
To strengthen FANC and increase IPT uptake in the 14 districts of Central and Eastern Provinces	<i>Train HCPs and district-level supervisors, develop job aids, and review guidelines and tools</i>			
	Conduct manager orientations and HCP trainings on FANC and IPT	Created and presented workplan to USAID December 2007	MIP working group with MOH, NMCC, and other potential collaborators to be revived; desk review and site assessments to be performed in quarter 2	Reporting indicators to be determined

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area: Overall Objective: Targets:	Human Resource Planning and Management To improve/maintain the staff-client ratio in at least 80% of C&D districts by 2010.			
	1) 70% of C&D districts demonstrating improved daily staff-client contact ratio. 2) 92% of Physicians retained in C&D district hospitals under the HSSP rural retention scheme. 3) 6,555 individuals ever received ART in C&D districts in which HSSP has posted a physician			
Support MoH/PHO in monitoring implementation of retention policy/programs to support the provision of HIV/AIDS	<i>Support MOH to monitor implementation of the ZHWRS plan (Doctors, Tutors & Other cadres).</i>			
	Support MoH recruit 11 physicians and 63 other cadres to the ZHWRS	. 9 Physicians recruited . The MoH has recommended setting up a Task Force to assist provinces and districts recruit Other Cadres using the set guidelines	. Recruitment of the remaining 2 physicians . Recruitment of 63 Other Cadres	Competing activities at the MoH HQ contributed to the delay in implementing this activity
	Organize bi-annual meetings with PHOs to review the ZHWRS performance	Not done	Meeting to be held after the Task Force visits	The meeting is dependant on full implementation of the ZHWRS Plan.
	<i>Support MOH strengthen the support system to ensure efficient management of the ZHWRS</i>			
	Work with MoH to monitor, collect and store financial and deployment documents of the ZHWRS	Financial and deployment documentation for the first funding collected from all provinces except for Lusaka province	. Collect documentation from Lusaka province after the physicians are paid. . Release of retention allowances for Physicians, tutors and other cadres	
Provide support to MoH, PHOs and districts to strengthen capacities in HR planning and management	<i>Support MoH/PHOs to ensure the utilization of HR plans, policies and guidelines</i>			
	Support HRTWG hold monthly meetings to review (monitor) the implementation of the HR Strategic plan	Done - all HR TWG meetings held in this quarter	Participate in the 2nd quarter TWG meetings	The TWG meetings played a crucial role in ensuring that the MoH and cooperating partners meet agree on HR issues and targets
	Participate in various development and review of national HR policies and guidelines	. Done - Review of the ZHWRS to include health workers in the urban areas . Review of the MoH comprehensive Training Plan	Finalization of the revised Training Plan and ZHWRS Plan that includes Urban areas	
Technical Area: Overall Objective:	Human Resources - Pre and In-service Training 100% of graduates from COG, SOM and Nurse training schools trained to provide ART, PMTCT, CTC services by 2010			
Ensure all graduate Clinical Officers, Doctors and Nurses are trained in the provision of HIV/AIDS care and services	TA to TIs in development of proposals for resource mobilization to train COG, doctors and nurse graduates in provision of HIV/AIDS care and services	Successfully developed proposals for Lusaka Nursing Institute and Chainama College, which were submitted to ZNAN	Complete proposals for UNZA, SoM to train 107 students and provide logistical support to Chainama and Lusaka Nursing Institute during training once funds are available	ZNAN expects funding in January 2008
Ensure revision of curricula for Medical Doctors, Clinical Officers General and Nurses to incorporate HIV/AIDS and other priority health services	Technical support to Chainama College to orient 40 faculty and preceptors to the revised curriculum, teaching and learning materials	Oriented 30 (19 Lecturers and 11 Preceptors) to revised COG curriculum, teaching and learning materials	Art of Assessing and Examining students, technical updates and ToT in IMCI/HIV/AIDS	Art of Assessing and Examining students is an activity was recommended after the orientation of Lecturers to revised curriculum
	Technical support to Chainama College to develop Log Book for practical experience and M&E tools for implementation of revised curriculum	Draft Log book circulated to stakeholders for comment. M&E tools still in draft form.	To incorporate comments from stakeholders, finalize and print book. To circulate tools to stakeholders	So far no comments have been received since the second week of October.
	Technical support to Chainama College to print curriculum, teaching and learning materials	Design formatting for COG curriculum completed and dummies produced.	Printing the documents and handing over to Chainama College	
	Editing and formatting of Registered nurses curriculum, student learning Guide procedure and evaluation manuals	Editing of RN curriculum, Learners Guide and Evaluation Manual took place at GNC resource Center from 4th to 5th 2007	Graphic designing for all the documents	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Ensure revision of curricula for Medical Doctors, Clinical Officers General and Nurses to incorporate HIV/AIDS and other priority health services	Support printing of strengthened Registered and Enrolled Nurses curricula, Teachers Activity Outlines, Student Learning Guide, Evaluation and Procedure Manuals (10 documents)	Finalized and Printed Registered Nurse curriculum, lecturers activity outline, student learning guide, evaluation and procedure manuals.	Hand over printed and soft copies of curriculum documents to GNC. To support orientation of tutors to strengthened curriculum, teaching and learning materials	It is expected that the GNC will roll out the orientation of other tutors simultaneously
	Logical support to UNZA to conduct a 2 day curriculum review consensus building meeting for stakeholders	Supported Unza at two day stakeholders meeting held at Mulungushi Conference Center on 10th and 11th November 2007	To continue the curriculum review process with analysis of existing content.	Hybrid curriculum roadmap was recommended to the Board of Studies at UNZA, who in turn will pass their recommendations to the Senate for final approval
	Support MoH/UNZA/SoM to revise BSc Nursing curriculum	Developed content for Nursing Education major from December 7th to 12th 2007 at Annina's Lodge.	Circulate first draft curriculum to stakeholders for comment, review and strengthen other components of the curriculum	The school will require to leverage more resources for follow on activities in scaling up training of nursing/midwifery tutors
Support MoH/GNC to develop curricula for new cadres	Technical support MoH/GNC during the development of curriculum, teaching and training materials for the Direct Entry Midwifery Programme	Participated in development of Direct Entry Midwifery (DEM) Programme curriculum, teaching and Learning materials at Siavonga from October 14th to 20th 2007	Provide TA on Editing, finalizing and printing curriculum documents, Inspection/preparation of training sites.	HSSP is supporting graphic design formatting of DEM documents
	Inspection of Training Institutions for readiness to receive increased funding	Participated in inspection of Training Institutions in Southern and Eastern Provinces	To support TIs during planning cycles to ensure they are planning for HIV/AIDS services and other priority areas	
	Attend Global Consultative meeting for scaling up Nursing and Midwifery capacity	Attend Global Consultative meeting for scaling up Nursing and Midwifery capacity from December 3rd to 4th	To present recommendations from the meeting to the Minister of Health subsequently to the World Health Assembly	Each country was tasked to come up with Action Plans for presentation to the World Health Assembly
Support PHOs and districts to plan for inservice training for HIV/AIDS and other priority health services	Participate in MoH Action Planning and Cosing exercise	Ensured that HSSP activities were factored into the MoH Action Plan	To implement what was factored in the plan	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area: Overall Objective:	Performance Improvement			
	To improve the quality of case management observation/record review during supervisory visits in 43 of the districts by 2010			
	A 17 districts conducting case management observation/record in at least 80% of supervisory visits by Sept 2008			
	B To accredit 22 Private sites by Sept 2008			
Support MOH in Monitoring of PA/TSS implementation	<i>Support MOH to strengthen supervisory services that focus on case management and quality improvement</i>			
	Provide TA to 17 districts in provision of Technical Supportive Supervision that focus on case management at hospital and health centre levels.	TA was provided to 6 districts on the Copperbelt in provision of TSS that focus on case management. These districts are Kitwe, Lufwanyama, Mufulira, Luanshya, Masaiti and Kalulushi.	TA to be provided to 6 selected districts in TSS that focus on case management of hospital and health centre levels.	The districts visited have a system for Technical Support in place except for Mufulira who seem to be struggling in this area. However the PHO has promised that they will look into this issue.
	Participate in MOH PHD's quarterly meetings to share experiences in performance assessment	This activity did not take place, as it was reported that MOH officials at the center were committed to other issues.	To participate in the MOH PHD's quarterly meetings next quarter.	This meeting is dictated by MOH. This means that if MOH officials are not available then this meeting does not take place. However we are hopeful that this meeting will be there next quarter.
	Participate in district action planning	We participated in the district planning in Northern Western province.	To participate in the National planning activities in second quarter.	The plans from the districts were very impressive. This shows an improvement from last year.
Support MOH/MCZ in accreditation of ART delivery sites.	<i>Roll out Accreditation to Private ART sites</i>			
	Work with MCZ to conduct training course for 45 Assessors to undertake Accreditation	The Assessors were trained in ART accreditation and this took place in Kabwe from 15 to 19 Oct 2007.	To accredit 12 ART Private sites in the five provinces.	The training was successful. The Assessors were from Five Province. These are Luapula, Northern, North Western, Eastern and Western Provinces.
	Provide TA to 21 ART sites that did not meet the standards	15 Private ART sites have been provided with copies of Guidelines and protocol.	To continue with TA to Private ART sites.	So far only Domain 2 is being addressed but we hope to leverage resources so that we address Domain 5 as well.
	Work with MCZ to accredit 12 Private ART sites in the five provinces.	So far only Eastern Province has started assessing the Sites for accreditation. They have assessed 10 sites, 7 public and 3 private.	To continue with Assessment ART sites in the other 4 provinces.	The provinces seem to have less Private ART sites than records at MCZ.
Support MOH/MCZ in certification of Health Workers working in ART	<i>To support MOH/MCZ to certify Health workers involved in ART care</i>			
	Hold a consensus meeting to agree on Certification standards.	This activity did not take place.	To hold a consensus meeting to agree on Certification standards.	MCZ has committed itself to hold this meeting in the 2nd Quarter.

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	HIV/AIDS Coordination			
Overall Objective:	60% (43) districts with at least one health facility offering a minimum package of HIV/AIDS services by 2010			
Year 4 target	36 districts with at least one facility offering minimum package of HIV/AIDS services			
	Participate in the district action planning for HIV/AIDS	Participated in the Eastern Province district planning meeting (reviewed action plans for the districts)	Follow up implementation of activities and provide technical support through relevant directorates	There is need to hasten the approval process for the coordination of HIV/AIDS services document. This will allow partners to effectively coordinate their activities at District Level.
	Participate in PA/TSS in selected districts	On going. Joined the Lusaka Province team that provided PA/TSS to Lusaka, Luangwa, Kafue and Chongwe districts	Follow up recommendations and support capacity building initiatives	The periods for the visits need to be extended to allow meaningful assimilation of ideas and techniques/skills
	Support the development of referral procedures for delivery of HIV/AIDS services	Draft referral guidelines have been developed	A technical team comprising MoH, NAC and partners will be constituted to review these guidelines before submitting them to MoH for Approval	
	Participate in National, Regional and international meetings/conferences on HIV/AIDS	Participated in the Galilee College HIV/AIDS management course	Share lessons learnt with NAC and MoH	The course mainly focused on HIV prevention and management of individuals and affected families. Male circumcision was observed to be a global intervention for the transmission of HIV and other STIs
	Hold consensus building meeting on the adoption of the developed HIV/AIDS coordination mechanism	MoH has suggested that this meeting be deferred to January 2008 (busy schedule for MoH and other partners)	Will hold this meeting mid January 2008	
	Update partners ART database	Langson Banda – the consultant who developed the initial data collection tool has been engaged to collect and update data	Approval has been granted by MoH and data collection has commenced	
	Work with MoH to hold a coordination meeting on HIV/AIDS programs	MoH has postponed meeting to next quarter	Will hold this meeting in January/February 2008	MoH is really interested in this meeting, since there is no forum of this nature especially for service providers
	Work with MoH and NAC to develop and review proposals to the global fund and other HIV/AIDS initiatives	There has been no call for proposals yet		
	Support MoH to intergrate HIV/AIDS and Mental Health in the Basic Health Care Package	Supported MoH hold the first National Mental Health conference in Lusaka		This meeting looked at the components of basic mental health services in relation to HIV/AIDS
	Support MoH conduct the National Health accounts HIV/AIDS sub-analysis	Questionnaires have been developed. 50 Data collectors have been identified and trained – Currently, collecting data in the field. (A local consultant-Maureen has been engaged to coordinate and supervise the whole exercise)	Analyse data and prepare a report	This activity is co- supported by MoH, UNZA, HSSP and WHO
	Participate in National, Regional and International HIV/AIDS programs and meetings	Participated in the Galilee College HIV/AIDS management course	Share lessons learnt with MoH and NAC	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
Technical Area:	Planning and Information Management			
Goal:	Strengthening Systems for Health Information and Action Planning, with Emphasis on HIV/AIDS.			
Overall Objective:	100 % districts and hospitals use RHIS to plan for and manage HIV/AIDS services by 2010			
72 district use revised planning guidelines and tools to plan for HIV/AIDS by 2010	<i>Finalise the integration of HIV-related data into the RHIS</i>			
	Revise the HIV/AIDS indicator list for inclusion into HMIS	A new indicator list has since been finalized and currently in use in Western, North-western and Copperbelt province	Finalise the framework for the ART cohort reporting as part of the routine/ periodic HMIS reporting. Revise ART, PMTCT and VCT manual	The original cohort analysis report designed under ARTIS cannot fit into the revised HMIS routine reporting framework
	<i>Revise Current Planning Process</i>			
	Meeting to agree of approach for revising the planning process	Initial meeting held on Friday 14th December 2007. Report on the proceedings since circulated	Support consultative meeting with stakeholders for the new planning approach and develop a prototype structure for a new planning approach & circulate for comments	
At least 90% of districts demonstrating use of updated planning guidelines to develop their HIV/AIDS plans & other national priorities such as MCH, RH & Malaria by 2010	<i>Review of action plans for hospitals and districts</i>			
	TA to provincial review of action plans for hospital/districts	HSSP participated in review of the health institutional action plans for 2007-09 in 4 provinces (Luapula, Western, N/Western & Eastern provinces).	Strengthen the M&E component of the plans during the revision of the procedures for annual action plans and support the field testing of the budgeting and costing guide	
Technical Area:	CCSs - HIV/AIDS			
Goal:	To improve the quality of and access to cost effective HIV/AIDS interventions			
Overall Objective:	To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions			
Target:	To contribute to attainment of the national target of having 110,000 patients on ART by December 2007			
To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province	<i>Coordination of ART Services</i>	Coordination was provided mainly through Provincial and district ART coordination meetings. Major partners included ZPCT, CRS, CIDRZ, NZP+ve and UNICEF. Participated in the TB/HIV collaborative meeting in Chisamba	To continue holding monthly district and quarterly provincial ART meetings	
	Provide technical support to all ART sites	TA was provided during the PA exercise on case management of patients on ART and on septrin prophylaxis to infants, adolescents and adults on ART. Ward rounds were also used for this purpose.	To continue providing TA and TS to districts especially the hard to reach health centres in the coming quarter	
	Facilitate the coordination of ART Coordinating Committees	Supported the ART coordinating committees to hold review meetings.		
	Develop a data base (list) of partners in ART service provision and review it annually	The list of all partners in ART services has been developed.	To continue updating this list annually.	
To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province	<i>Provision of TA to Junior Medical Doctors</i>			
	Participate in the Performance Assessment	Participated in all District PA and provided feedback to staff and DHMTs.	To offer training and TS in these weak areas.	Generally health centres showed weaknesses in HIV/AIDS and STI case management using syndromic algorithms.
	Conduct on-site TA to ART sites	Provided on-site TA to ART sites in the provinces mainly during the PA and reviewed records for patients	To continue offering TA to facilities providing HIV/AIDS services	

Specific Objectives	Activities	Implementation Status	Next steps	Comments
To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>			
	Facilitate the provision of ART and other HIV/AIDS logistics	Provided TS to ART sites in their ARV logistics management.	To conduct TS to the rest of the sites in the provinces	There is reduced stock out of drugs in ART sites
	Facilitate HIV/AIDS case observations and record reviews	Case observations were conducted in the ART sites	Continue case observations in the sites	ART sites conform to the national ART treatment guidelines.
To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers	<i>Scaling up of ART Services</i>			
	Work in collaboration with partners to provide TA to possible ART and PMTCT sites	New ART sites have been opened after being accredited by the Medical Council of Zambia	To assist those health facilities which failed accreditation	The scaling up of ART, PMTCT and VCT services has been slowed down due to shortage of human resource and lack of infrastructure in some facilities.
	Facilitate integration of HIV and TB in health facilities	Facilitated training in diagnostic testing and counseling (DCT) of 300 health workers.	Work with the Provincial TB focal Point Person in monitoring the implementation of DCT in all the districts	
To serve as Provincial ART Trainers	<i>Building Capacity</i>			
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	Coordinated and participated in the Paediatric ART ToT at the UTH. Trained 176 health workers in paediatric ART and 152 in adult ART. 314 and 91 health workers were trained in PMTCT and HBC respectively	To scale up paediatric ART through capacity building in the existing ART sites.	
To monitor and supervise Private Sector ART Provision	<i>Working with the Private sector in the provision of ART</i>			
	Facilitate site assessment and certification of private ART sites	Participated in the accreditation of private ART sites in conjunction with MoH and Medical Council of Zambia	To continue supporting sites which do not meet the accreditation criteria while ensuring that standards are maintained by those who meet the criteria	
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			
Coordinate development and review workplans	<i>Coordinate the review of workplans</i>			
	Review and consolidate workplans	Year 4 workplan consolidated	Circulated the report for comments	<i>Delays in submitting comments hinders the progress of finishing on time</i>
	Coordinate quarterly performance review meetings	Year 4 Quarter 1 meeting held	To coordinate Year 4 Quarter 2 meeting	
	Submit annual plans to USAID	Year 4 workplan first draft submitted to USAID	To finalize the report once comments are received and submit to USAID	
	<i>Consolidate reports on program indicators</i>			
	Coordinate development of quarterly reports	Year 4 Quarter 1 report template developed and shared among technical staff	Technical staff to prepare a quarterly report based on the developed template	
	Consolidate quarterly reports and submit to USAID	Year 4 Quarter 1 meeting zero draft report available	To finalize the report once comments are received and submit to USAID	
	Consolidate Annual Report and submit to USAID	Year 3 Annual report ready and circulated for comments	To finalize the report once comments are received and submit to USAID	
	Coordinate the development of success stories	Some success stories available	Submitted the success stories to USAID	
<i>Track program implementation</i>				

Specific Objectives	Activities	Implementation Status	Next steps	Comments	
Coordinate program M&E	Review M&E Framework	M&E Plan revized	Circulated the report for comments		
	Coordinate review of program indicators	Program indicators reviewed		<i>Some indicators have been dropped while others have been reworded</i>	
	Review program indicator definitions	Indicator definitions reviewed when the M&E Plan was being revized			
	Revise Methodology for reporting on these indicators	The CCSs repor ing methodology revized	To meet CCCSs and discuss how easy it is for hem to collect data	<i>To discuss the CCSs' Data Reporting Form with the CCSs</i>	
	<i>Revise Formats and Procedures for M&E</i>				
	Develop an Internal Data Tracking System	Tracking System developed for IRH Technical Team	To roll out the tracking system to other technical teams		
	Conduct program Data Audit	Data audit conducted on core indicators	To carry out data audit on other indicators		
Conduct program performance evaluations	<i>Carry out a Mid-Term Evaluation</i>				
	Developing a Mid-Term Evaluation Plan	Mid-Term Evaluation plan has been developed and the structure of the report drafted			
	Carry out Mid-Term Evaluation	To be carried out in Q2			
Support provinces to generate, analyze, and utilize information for decision making	<i>Build provincial capacity in GIS</i>				
	Orient Western Province to GIS	To be carried out in Q2			
	Conduct district updates and provide system support in 14 districts				
	<i>Build District capacity in production of health statistical bulletins</i>				
	Review he statis ical bulle in template	Health Statistical Bulletin Template revised			
Support technical teams research and other data analysis	<i>Conduct program research and data analysis</i>				
	Support collection and analysis of Child Health data	On going activity			
	Provide support to other technical areas and management as needed	On going activity			