



Year 4 Quarter 3 Report (April-June 2008)

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Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labour
ART	Anti-Retroviral Therapy
BHCP	Basic Health Care Package
CARE	Cooperative for Assistance and Relief Everywhere
CBAs	Community Based Agents
CCS	Clinical Care Specialist
CHN	Child Health and Nutrition
CHW	Community Health Worker
CHWk	Child Health Week
CIDRZ	Centre for Infectious Disease and Research in Zambia
CIMCI	Community Integrated Management of Childhood Illnesses
COG	Clinical Officer General
CRS	Catholic Relief Services
CTC	Counseling Testing and Care
DCT	Diagnostic Counselling and Testing
DDH	District Director of Health
DfID	Department for International Development
DHMT	District Health Management Team
DHO	District Health Office
ECZ	Environmental Council of Zambia
EmONC	Emergency Obstetric and newborn Care
EPI	Expanded Program of Immunization
FANC	Focused antenatal care
FIC	Full Immunization Coverage
FIMCI	Facility Integrated Management of Childhood Illnesses
FP	Family Planning
GMP	Growth Monitoring and Promotion
GNC	General Nursing Council
HBC	Home Based Care
HCP	Health Communication Partnership
HRDC	Human Resource Development Committee
HRTWG	Human Resource Technical Working Group
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
IPT	Intermittent Presumptive Therapy
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITGs	Integrated Technical Guidelines (for frontline health workers)
ITNs	Impregnated Treated Nets
IUD	Intra uterine device
LTFP	Long Term Family Planning
MBB	Marginal Budgeting for Bottlenecks

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
MTEF	Medium Term Expenditure Framework
NAC	National HIV/AIDS/STI/TB Council
NFNC	National Food and Nutrition Commission
NGO	Non Governmental Organization
NHA	National Health Accounts
NITCS	National In-Service Training Coordination System
NTGs	National Training Guidelines
NMCC	National Malaria Control Centre
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PAC	Post Abortion Care
PEPFAR	President's Emergency Plan for AIDS Relief
PBN	Post Basic Nursing
PDH	Positive Deviance Hearth
PHC	Primary Health Care
PHO	Provincial Health Office
PICT	Provider Initiated Counselling and Testing
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PRA	Pharmaceutical Regulatory Authority
RDT	Rapid Diagnostic Test
RED	Reach Every District
RH	Reproductive Health
RHIS	Routine Health Information System
STI	Sexually Transmitted Infection
SOM	School of Medicine
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
TOT	Training of Trainers
TSS	Technical Support Supervision
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WFP	World Food Program
WHO	World Health Organization
ZHWRS	Zambia Health Workers Retention Scheme
ZNAN	Zambia National AIDS Network
ZPCT	Zambia Prevention Care and Treatment

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Executive Summary

The intensive level of program implementation in Project Year 4 continued throughout the third quarter. Common themes were: the scaling up of activities, production of guidelines and materials, advocacy to support policy and service delivery, and improving information sources and systems. Preparing for the planning cycle of the Ministry of Health (MOH), as well as preliminary planning for HSSP Project Year 5 involved all technical teams and management. As in previous periods, the main challenges experienced by all units were related to the many competing activities and priorities in the Ministry of Health, which required changes in plans and strategies, sometimes on short notice. All teams have adopted a flexible mode of working, and ability to respond rapidly to such changes to minimize loss of time and resources.

In June, the USAID Mission issued an RFA for a project extension, also informing HSSP that the end of project date would be moved forward from September 30, 2010 to December 31, 2009. This reduction in the life of the project by nine months, and an increase in some targets, will necessitate acceleration in achieving numerical targets and an abbreviated time period for documentation and analysis. A SOW for the final 15 months of the project (Years 5-6) was produced, and further development of the strategy and preparation of a detailed annual work plan will take place in quarter four.

With many of the end of program targets met in the area of Child Health, HSSP has continued to maintain a strong focus on ensuring quality and sustainability of interventions. In F-IMCI, the malaria diagnosis and treatment guidelines, and the integrated technical guidelines were revised to incorporate current changes. Initial follow up visits for health workers trained in IMCI were conducted to monitor skills application and provide onsite technical support. Health workers were trained in IMCI case management. Technical supervision in C-IMCI was conducted in four districts to strengthen facility staff support to community health workers. Work continued in strengthening national level partnerships and data management for child health and nutrition. EPI support was focused on planning and implementation of Child Health Week, which took place in June. The EPI Vaccination Manual was revised to incorporate updates, and technical support supervision was conducted in ten districts with low immunization coverage, as part of the RED strategy. Advocacy targeted at policy makers was conducted to promote continued investments in micronutrient supplementation in Zambia as a key to improving child nutrition. Key MOH staff were oriented to the Essential Nutrition Package developed with HSSP support. The first nutrition technical support supervision visit was conducted, using this package.

In Malaria/Indoor Residual Spraying, a major achievement this quarter was the removal and destruction of insecticide waste which was remaining from prior spray seasons. The HSSP team provided substantial logistical and technical support to the Malaria Indicator Survey this quarter, at the request of NMCC and USAID. In preparation for the upcoming spraying season, a needs assessment for the 15 targeted districts was conducted. A significant scaling up of housing units in Lusaka District is planned, with minor scaling up in other districts. The procurement of supplies and commodities was initiated and bidders have been short listed. The first of three training of trainers for spray operators took place in June.

Many of the year four targets in Integrated Reproductive Health have been met while the remaining are on course. PAC and EmONC services have been scaled up with 11 new districts added; eight provinces now offer these services. IRH has successfully leveraged funds with UNICEF and WHO to enable expansion of EmONC training to all provinces. Training follow-up and other technical

support visits have been conducted, with encouraging results. EMONC and Jadelle job aides and IEC materials, developed and printed in collaboration with HCP, were disseminated. A study on active management of the third stage of labor was initiated, and plans for a rapid assessment of practices in malaria in pregnancy (MIP) and focused antenatal care (FANC) is underway.

The Human Resources Planning and Management area has completed the recruitment of all 119 health workers targeted by HSSP under the Zambia Health Worker Retention Scheme (ZHWRS). The 19 positions for pharmacy and laboratory technicians were converted to clinical officers and nurses in agreement with USAID and MOH. One doctor resigned from the scheme and was promptly replaced. HSSP HR staff also supported the development of the Round 8 Global Fund proposal, focusing on the human resource system strengthening component.

To strengthen implementation of the revised Registered Nurses Curriculum, the Pre- and In-Service Training area oriented 51 principal tutors, nurse education managers and tutors on the use of the revised curriculum. Work to develop monitoring and evaluation tools to track the implementation of the revised curricula has reached an advanced stage. The tools will be finalized and ready for use in the next quarter.

The Performance Improvement area continued to focus on strengthening supportive supervision. As a result Mongu District has been accredited by the Medical Council of Zambia (MCZ) as a center of good standing. Mungwi and Mporokoso districts have introduced clinical meetings and mentorship programs to improve quality of service.

In HIV/AIDS Coordination, the efforts to develop a Coordination Mechanism for HIV/AIDS have resulted in formation of a forum of implementing partners which meets biannually. The first meeting, attended by 23 organizations, was held in April. The HIV/AIDS Sustainability Framework was disseminated to the Health Care Financing Technical Working Group, and Health Policy Partners Meeting. Ten staff members from MOH and NAC were trained in implementation of the framework. The coordination team assisted in development of the Global Fund Round 8 proposal, including the pediatrics, ART, STI and HBC components.

Clinical Care Specialists continued their vital work in support of performance improvement, training and improved quality of care. Partner coordination meetings held quarterly at district and provincial levels have gained prominence in ensuring successful implementation of HIV/AIDS activities. A total of 475 health workers were trained in PMTCT, HBC, pediatric ART, STI, and logistics management. In case management 93 reviews were conducted. CCSs played a role in the opening of 22 new ART sites in the districts.

The Planning and Strategic Information team supported the MoH to prepare the annual planning process. The annual national planning cycle was successfully launched, and HSSP staff were mobilized to support the provincial planning launches in quarter four. All technical teams contributed to the development of technical planning updates in preparation for the launch. Revision of the district level planning guideline was initiated, incorporating Marginal Budgeting for Bottlenecks (MBB) content. The strategic information area led the development of a data collection reference manual needed to improve the HIV/AIDS services. The monitoring and evaluation team revised the M&E plan to incorporate changes in program targets and updated program documentation to assure that HSSP is audit ready, should there be a data quality audit.

1 Introduction

The purpose of the Health Services and Systems Program, 2004-2009, is to contribute to USAID's Strategic Objective 7: Improved status of the health of the Zambian people, total fertility rate, infant mortality rate, and HIV prevalence decreased; and to contribute to Ministry of Health's goal of improving the health status of Zambians.

HSSP contributes to the following USAID Intermediate Results:

- IR7.2: Achievement and maintenance of high coverage for key health interventions
- IR7.3: Health systems strengthened

1.1 Technical Areas and Funding Sources

HSSP currently receives funding from three USAID funding sources, supporting the following range of technical program areas:

USAID Pop/CH

- Child Health and Nutrition (CHN):
 - Facility-based IMCI
 - Community-based IMCI
 - Immunization (EPI)
 - Vitamin A and Deworming
- Integrated Reproductive Health (IRH):
 - Safe motherhood: Post abortion care (PAC)
 - Safe motherhood: Emergency obstetric and newborn care (EmONC)
 - Family planning (FP)

President's Emergency Plan for AIDS Relief (PEPFAR)

- ARV drugs
- Clinical Care Specialists
- Human Resources planning, management and training
- Performance improvement and accreditation
- Planning and strategic information
- HIV/AIDS coordination through a sector-wide approach (SWAP)

President's Malaria Initiative

- Malaria and child health
- Malaria and reproductive health
- Indoor residual spraying (IRS)

1.2 Program Objectives

The three HSSP Program Objectives that crosscut all technical areas are:

- Achievement and maintenance of high coverage for key child health and nutrition, integrated reproductive health, malaria and HIV/AIDS interventions
- Improvement of the quality of key health interventions
- Strengthening of health systems in the delivery of key health interventions

1.3 Program Approach

HSSP's approach is to provide technical support and capacity building to the Ministry of Health, to enable achievement of program results and. Program Year 4 is focused on achievement of life-of-project targets, and documentation of lessons learned, best practices and success stories. The program timeframe has been revised under USAID guidance, and will be completed in December 2009 instead of September 2010. It is planned that the last 15 months of the Program will focus on consolidation of scaled-up systems and programs, ensuring quality, sustaining best practices, and documentation and dissemination of achievements. In quarter 3 of year 4, HSSP has continued to achieve systematic progress to achieve targets, working at all levels of the health system.

1.4 Organization of the Quarterly Report

The Quarter 3 Year 4 Report, April-June 2008, is organized by technical areas, under the three overall (funding source) areas. Up-to-date program results against key indicators are reported in the tables which precede each narrative section. The narrative provides brief detail on all planned activities, as well as new and carried over activities.

2 Child Health and Nutrition

CHN is made up of the following four components: Facility IMCI, Community IMCI, EPI and Nutrition. The overall CHN goal is to improve the quality and increase coverage of key childhood interventions.

2.1 Facility-based IMCI

The specific F-IMCI objective is to expand the number of F-IMCI delivering districts from 38 to 72 by the end of 2009.

2.1.1 Key Indicators: Improved CHN coverage and quality of care through facility-based IMCI

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 3 Target	Quarter 3 Achieved	Total Achieved to date	2009 Target
1.1 Number of districts implementing F-IMCI	68	N/A	8	72 (100% of 2009 target)	72
Health workers trained in IMCI case management	72	24	48	530 (130%)	400

2.1.2 Activities this quarter

Technical updates for F-IMCI

Technical assistance was provided for MOH to develop the technical updates for dissemination during the National Planning Launch. The process involved a reflection on what has been achieved in the past year as well as in the last quarter before providing direction on the focus for the coming 3 years. More targeted TA will be provided at the provincial and district levels depending on the need.

F-IMCI case management

Training of the health workers in IMCI case management has to be a continuous process if saturation is to be achieved and sustained. The aim is to have 60 to 80% of all the health workers that manage children at the health facility level trained in IMCI case management. This is the level that has been shown to have impact. Although districts plan and put a budget for training, in most cases this is insufficient to meet all the costs. To this effect it is important that through national level technical assistance there is a system that ensures that the quality of training is maintained. HSSP supported two IMCI case management training programmes during the quarter under review. This involved provision of training materials for the Kalabo, Shang'ombo and Lukulu district training programme and provision of both training materials and some financial resources for



Weighing a child during initial follow-up visit

the Solwezi district training programme. The two training programmes were successfully conducted and a total of 48 health workers trained.

Post IMCI training initial follow-up

Post training follow-up visits provide an opportunity for health workers to be assessed at their station of work to re-enforce the skills and knowledge acquired during the training, and identify and offer solutions for problems that may make it difficult for the health worker to effectively implement the F-IMCI guidelines. During the quarter under review, HSSP provided both financial and technical assistance to the Luapula PHO and in particular to Mwense and Kawambwa DHO to conduct initial follow-up visits for 25 health workers trained in IMCI case management. Some of the highlights of the exercise are as follows:

Kawambwa District

- The health workers were actively using the IMCI guidelines although areas such as the HIV component were not well adhered to.
- Most of the essential drugs and supplies were in stock although in some of the health centres the vaccine fridges had broken down.
- Inadequate staff at some of the health centers was noted.

Mwense District

- The shortage of staff hinders smooth implementation of IMCI in most centers e.g. 15 out of 24 health facilities are manned by unqualified staff.
- Most centres do not check the temperatures of the fridges on a daily basis, especially on weekends.
- Most of the screening rooms had no facilities for assessing if a child is able to drink and retain liquids.
- All the centers reported erratic supply of antibiotics in pediatric formulation; for some centers there is need to provide pediatric formulation of ARVs.
- While 13 out of 5 health workers that screen children at Mwense Stage II are trained in IMCI, the implementation of the IMCI process is still below the expected standard.

Preparations for the XVII International AIDS Conference

HSSP has been systematically supporting post training follow-up visits which provide an opportunity for health workers to be assessed at their station of work to re-enforce the skills and knowledge acquired during the IMCI case management training, and identify and offer solutions for problems that may make it difficult for the health worker to effectively use the IMCI guidelines. Some of the problems identified and subsequently presented to the DHO/PHO included:

- Stock out of the first line drugs for malaria and pneumonia
- Poor maintenance of the cold chain for vaccines in some of the health centers
- Lack of adherence to IMCI guidelines when assessing a child for HIV/AIDS.

The initial findings on lack of adherence to the HIV guidelines prompted HSSP to submit an abstract entitled “Barriers to Implementation of the HIV Guidelines in the IMCI Algorithm” to the XVII International AIDS Conference. The abstract was accepted for presentation and a survey has since been conducted which explores the issue in depth. The results are being analyzed and the findings could have policy implications with regard to linkages of the IMCI program with other program areas such as ART and PMTCT.

Training in IMCI Supervisory Tools

Two PHO and four DHO staff members were trained to use the F-IMCI supervisory tools. Luapula Province now marks the 5th province where HSSP has used this approach. The other sites have been selected in some districts of Central, Copperbelt, North-Western provinces and the whole of Eastern Province. This method of capacity building continues to be a success story in that it utilizes an on-job approach which is practical and cost effective and avoids taking away the staff from their stations of work. However a follow-up assessment is needed concerning how the trained staff have utilized the skills and will be planned for next quarter.

Malaria Diagnosis and Treatment Guidelines Revised

In order to conform to various malaria program updates such as the use of Rapid Diagnostic Tests in case management, the scaling down of the weight limit for the use of the first line drug coartem from 10kg to 5kg, the use of the indoor residual spraying for vector control, etc. A subgroup of the malaria technical working group comprising representation from NMCC, HSSP, UNICEF and WHO was constituted during the last quarter to begin the process of reviewing the national malaria diagnosis and treatment guidelines.



HSSP Senior Reproductive Health Advisor and the MOH Child Health Specialist during the update meeting

Orientation on new updates in child health

HSSP in collaboration with the MOH Child Health Unit organized a two day workshop whose main objective was to update the various stake holders in the public health and clinical areas on the new updates in child health programmes and to foster strong partnerships through sustained collaboration. Over 60 participants attended. Involvement of partners in the clinical area will strengthen the continuum of care and help to improve the national level capacities.

Revision of Integrated Technical Guidelines

HSSP supported the MOH in the revision of the Integrated Technical Guidelines. The chapter on the sick child was updated to include the newborn, the use of RDTs in malaria case management, the use of zinc and low osmolar ORS in the management of diarrhea, as well as the management of HIV in line with the IMCI guidelines.

In-house (HSSP) malaria technical working group

These meetings enable the teams engaged in malaria activities to keep abreast and share information with the aim of strengthening linkages. During the quarter, one meeting was held. Some of the actions agreed upon included:

- To create graphic representation of the linkages of malaria work within HSSP
- The HSSP staff based at NMCC will update the rest of the team members on various activities that are happening there
- At each monthly meeting, a brief will be provided by each program area

2.1.3 Challenges and Solutions

- Engage MOH in activities that are “outside their work-plan” in order to develop partnerships that will strengthen provision of quality services to the child. In this case the partnership between public health and the clinical area is one such collaborative effort. HSSP took the lead of rekindling this partnership by planning and conducting a very successful meeting.
- Supporting unplanned activities which were time consuming such as revision of the sick child component of the ITG.

2.1.4 Successes/Best practices

- Effective analysis of field generated data (initial follow-up visit reports) to build a case for further operational research and subsequently focused technical assistance. This resulted in the acceptance of an abstract submitted to the XVII International AIDs conference.
- The 2 day up dates meeting marked a milestone in the re-establishment of relationships between the clinical area and public health in the area of child health. During the meeting MOH took cognizance of the valuable input that the clinical area would provide to the attainment of MDG4.
- On the job training of the PHO/DHO staff in IMCI supervisory tools is cost effective and allows for rapid scale-up.
- Co-funding in F-IMCI case management training promotes district ownership and allows for more training to be conducted.

2.1.5 Focus for the next Quarter

- Scale up malaria case management activities.
- Print the finalized IMCI training materials
- Provide technical support in national level activities i.e. the 3rd national child health review, roll out of the ETAT program and the preparations of the Count Down to MDG 4 and 5 Conference.
- National and international dissemination of findings from the initial follow-up visits that impact on F-IMCI program implementation

2.2 Community-based IMCI

The specific objective of Community IMCI is to scale up the number of districts with providers promoting 6 Key Family Practices from 13 to 58 districts by 2009.

2.2.1 Key indicators: Improved CHN coverage and quality of care through community-based IMCI

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 3 Target	Quarter 3 Achieved	Total Achieved to date	2009 Target
1.2 Number of districts with at least one health worker trained in C-IMCI	72	N/A	N/A	72 (2009 target reached)	72
1.3 Number of health facilities with at least one health worker trained in C-IMCI	280	35	20	443 (85% of 2009 target)	500
1.4 Percent of districts offering 6 key family practices.	76% (55 dist.)	1 district	N/A	99% (71 dist.) (2009 target reached)	80% (58 dist.)

2.2.2 Activities this quarter

Purchase of weighing scales and bags

HSSP continued to lead advocacy for the supply of CHW drug kits and for the purchase of weighing scales and bags through DHMT visits and scheduled ICC meetings. Advocacy efforts have resulted in an improved supply of weighing scales and bags from the Ministry of Health and selected DHMTs. To date there are 3,000 newly purchased weighing scales and bags, respectively, and 50 out of 72 districts of Zambia have benefited from the supply of weighing scales and bags. The scales and bags will lead to improved growth monitoring for timely nutrition interventions.

Train facility supervisors in 5 districts

20 additional facility supervisors were oriented using the integrated training package in Sesheke District bringing a total of 65. The orientation included C-IMCI, RED strategy, Child health Week and harmonized tools for monitoring and reporting of community level activities. A co-funding agreement between HSSP, Kaoma and Chiengi DHMTs for facility supervisor training in C-IMCI will take effect in fourth quarter 2008.

Training of Community Health Workers (CHWs) in 2 districts

HSSP's technical assistance focused on supporting Mazabuka, Sesheke, Nakonde and Luangwa districts in strengthening implementation of the 6 Key Family Practices by CHWs through supportive supervision and supply of equipment. Districts visited made commitments to allocating financial resources for training of Community Health Workers, while HSSP's contribution is to produce training materials. It is hoped that the co-funding principle will increase district ownership and improve the saturation levels of CHWs which will result in improved access to care for sick children at community levels.

Supervise 10 districts to monitor role of facility staff in supporting CHWs

Three visits were conducted in Nakonde, Sesheke, Mazabuka and Luangwa districts to assess the status of C-IMCI implementation and to consolidate the role of health facility and DHMT staff in supporting community level activities. Results of the visits revealed 80% of the trained CHWs were actively involved in caring for sick children, greater improvements made by DHMTs to supply drugs, ORT equipment, weighing scales and stationery. Records on implementation of 6 Key Family Practices were found in most communities visited. This has resulted in early health care seeking practices and referral of sick children for prompt treatment. There is however need for facility supervisors to improve on documentation, reporting of community level experiences and regular supportive visits.



Chimulungu Phiri, a CHW recording patient data at Mangengele Health Post in Luangwa District

Comprehensive IMCI implementation demonstrated

WHO and UNICEF guidelines state that for IMCI strategy to yield better results in contributing to reduction of morbidity and mortality, the three components of IMCI have to be implemented concurrently in a given community. To demonstrate impact of comprehensive IMCI implementation, HSSP in collaboration with the PHO have selected two districts in Eastern Province (Mambwe and Chadiza). Both districts have adequate numbers of health workers at facility and community level trained in IMCI. The implementation strategy will focus on strengthening linkages of all levels through effective referral and feedback, supervision and availability of drugs and supplies. It is hoped that strengthening implementation of the three components of IMCI will improve the outcome of sick children.

Monitor Positive Deviance/ Hearth activities

The Positive Deviance/Hearth approach in managing malnutrition among under five children at community level has been scaled up to 11 districts (7 districts of Luapula and 4 districts in Northern Province) and to 4 NGOs. There are approximately 1,500 children who have benefited from the PD/Hearth approach in nutrition management. During the quarter under review, HSSP, with National Food and Nutrition Commission (NFNC) conducted technical support supervision in Chikankata Child Survival Project of Mazabuka and Nakonde. The successful implementation of PD/Hearth in Mazabuka and the 4 districts in Northern Province, demonstrated the critical role of NGOs in strengthening implementation of community level initiatives where supervision is key.

Guidelines on Home Based Newborn Care

The implementation of the Home-based Newborn care agenda is being discussed for implementation through the re-vitalized national Community IMCI Working Group. To facilitate HBNC guidelines development, a desk review on newborn care practices at household level has been planned during the next quarter. HSSP will use the guidelines to model HNBC in selected districts.

Strengthening partnerships at national level

HSSP participated in quarterly scheduled meetings such as ICC, GMP, C-IMCI Working Group, Growth Monitoring, Promotion and weekly CHN/TWG meetings. The technical assistance has

resulted in additional funding to support scale up of growth monitoring and promotion activities in the 11 districts of Southern Province and leveraging efforts between HSSP and World Food Program to support training of Child Health Promoters in Kazungula District.

Data management for child health and nutrition

HSSP and collaborative partners' advocacy has resulted in hiring a full time data management officer in the MOH who will regularly update child health and nutrition data. The Database on key child health and nutrition indicators has been developed and training for users is being planned for the fourth quarter of 2008. The established database will track HMIS and program management indicators which will provide an opportunity to assess progress and assist in making strategic decisions.

2.3 Expanded Program on Immunization

The specific objectives of the expanded program of immunization (EPI) are to:

- Increase the number of children under one year of age who receive DPT3 to a cumulative total of 2,097,000 children by 2010, and
- 60 districts to attain 80% and above Full Immunization Coverage (FIC) of children under one year

2.3.1 Key Indicators: Improved immunization coverage and quality of care

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2009 Target
1.7 Number of districts with at least 80% of children fully immunized by age 1 year	55	N/A	N/A	45 (75% of 2009 target)	60
1.8 Number of children less than 12 months of age who received DPT3 in the last year	527,000	N/A	N/A	1,533,466 (73% of 2009 target)	2,097,000 (cumulative)

2.3.2 Activities this quarter

Conduct TSS in low performing districts

Technical support supervision conducted in 10 out of the planned 15 districts: (Nakonde, Sesheke, Luangwa, Kazungula, Livingstone, Ndola, Kitwe, Luanshya, Kitwe and Mufulira). Technical assistance provided was aimed at strengthening performance of low performing districts by improving district planning and implementation of routine immunization services, Child Health Weeks and RED strategy activities. Technical assistance has resulted in improved performance in Kaoma, Luangwa and Nakonde districts.

Revise EPI Vaccination Manual

The revision of the EPI vaccination manual has been completed. The next step is the incorporation of graphics and formatting of the document.

Health Systems Strengthening (HSS) activities monitored

HSSP continues to provide technical assistance in reviewing proposals from the districts on community level activities to be funded. The technical assistance has resulted in the speedy disbursement of funds to support community level income generating activities (IGA) to support Community Health Worker activities. HSSP's TA will be critical in assisting the MOH to track the impact of system strengthening activities on service delivery indicators.



*Anastasia Njobvu, a CHW in Mangelengele PHC
Re-treating ITNs for her community members,
Luangwa*

Districts prepare to host inter-district exchange visits

Nakonde, Mazabuka and Luangwa districts have demonstrated some innovations or best practices in providing care to clients. Best practices have been observed in establishing and increasing utilization of munization coverage and Positive Deviance/Hearth to rition. Exchange visits will be conducted in July 2008.

Quarterly update of CHN/TWG on immunization coverage data

Quarterly update meetings on district performance on child health indicators (full immunization coverage and DPT3) were conducted. The performance criteria formed the basis for selecting 20 high priority districts for focused technical assistance during CHWK and RED strategy TSS.

2.3.3 Challenges and solutions

- CHW drug kits are distributed with no anti-malaria drugs limiting Community Health Workers' capacity to provide comprehensive care to sick children. The Ministry of Health is waiting to be guided by results of the National Malaria Control Center pilot of malaria management using Rapid Diagnostic Tests (RDTs) and Coartem.
- Sustaining support to community level activities. Encouraging peer-learning through district exchange visits may promote sustainability.
- Maintaining quality of providing services (injection disposal practices, cold chain). One of the proposed solutions is to strengthen the role of provincial core supervisors in re-enforcing recommended practices.

2.3.4 Successes/Best practices

The resource leveraging practice through district co-funding is a strategy that will promote ownership and sustainability. The co-funding practice will be one of the ways employed to wean off HSSP from some of the capacity building activities supported.

2.3.5 Focus for the next Quarter

- Contribute to printing of the updated EPI vaccination manual
- Support districts for exchange visits (RED strategy, PHC initiative and PD/Hearth)
- Facilitate a stakeholder meeting on CHW training material updates
- Train 10 health facility staff to strengthen C-IMCI implementation
- Documentation of community level activities and best practices
- Develop Newborn Care Guidelines to support implementation of newborn activities.
- Conduct technical support supervision in 5 districts (combined with EPI)
- Support the training of 25 Community Health Workers in one district

- Support implementation of the three components of IMCI in Mambwe and Chadiza districts.
- Support district level documentation of CHW experiences
- Support NFNC to monitor and document Positive Deviance/Hearth approach activities.
- TSS to improve catch up immunization coverage through CHWk in low performing districts

2.4 Nutrition

The specific objective of the Nutrition area is to increase national Vitamin A supplementation coverage in all districts to above 85% by 2010.

2.4.1 Key Indicators: Improved nutrition coverage and quality of care

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Achieved in Yr4	Total Achieved to date	2009 Target
1.9 Number of children 6 to 59 months of age who received Vitamin A	2,320,000	N/A	2,125,574	4,166,318 (46% of 2009 target)	6,003,000
1.10 Percent of children aged between 6 and 59 months receiving Vitamin A supplementation	80%	N/A	N/A	87% (2009 target reached)	85%
1.11 Number of children aged 1-5 years who received de-worming tablets	2,320,000	N/A	1,869,409	2,006,815 (29% of 2009 target)	6,998,000

Electronic data management system for Child Health Week



Child being weighed at Ng'ombe Health Center, Lusaka, during Child Health Week

HSSP provided technical assistance to National Food and Nutrition Commission and Ministry of Health to develop a basic electronic reporting system for Child Health Week data. Technical assistance focused on developing spreadsheets for provincial level reporting to national level. The efforts are aimed at enhancing data storage and reducing workload at national level. The spreadsheets will be availed to the provinces for their use.

Collaboration with the HMIS team

There was continued collaboration on the roll out the new HMIS. This collaboration is critical to ensure that the vitamin A and de-worming coverage indicators are retained in the new system. HSSP participated in consultative meetings between the HMIS team and the Nutrition Specialist at the Ministry of Health.

Child Health Review & Planning meetings

Technical and financial support was provided to Lusaka and Sesheke district review meetings to address bottlenecks that hinder the attainment and sustainability of high coverage of vitamin A supplementation.

Strengthening program management in four districts

HSSP provided financial and logistical support to monitor the implementation of Child Health Week in four highly populated districts (Lusaka, Livingstone, Kabwe and Solwezi). Sesheke was supported due to its continued poor performance.

Advocacy document for a vitamin A supplementation

In collaboration with National Food and Nutrition Commission, HSSP developed a draft document that highlights the milestones of the vitamin A supplementation programme and advocates for continued investments in the programme. The document is targeted at policy makers and programme managers.

Support to Technical Working Groups

HSSP continued to provide technical support in various technical working groups such as Child Health, Infant and Young Child and Growth Monitoring and Promotion. Participation in these committees ensures advocacy to enhance implementation of nutrition interventions.

Advocacy for repositioning anaemia

A draft micronutrients publication that encompasses three micronutrients (iron, iodine and vitamin A) was developed by NFNC with financial and technical support from HSSP. The document is aimed at providing critical basic information to policy makers and programme managers on why it is important to address micronutrient deficiencies in Zambia.

Orientation to Essential Package

Financial and technical support was provided to Ministry of Health to orient nine nutritionists to use the draft Minimum package of Care for nutrition now renamed Essential Nutrition Package. It is expected that these will serve as resource persons for nutrition interventions during planning cycle in the provinces.

Technical support supervision and performance assessments

HSSP provided financial and logistical support to conduct nutrition interventions technical supervision in Kawambwa District. Results show that lack of district nutritionists makes it difficult to implement nutrition programmes.

Minimum Package of Care for Nutrition in Zambia

Technical editing of the document was completed and graphic design commenced. The document has been renamed Essential Nutrition Package to reflect the content which was expanded beyond the minimum package for nutrition. The document provides comprehensive information focusing on scientific basis and guidance on how to plan and implement nutrition interventions at various service delivery levels.

Infant and Young Child Feeding wall protocol

A wall protocol was finalized and the printing commenced. The protocol highlights the recommended health care practices that promote Infant and Young Child Feeding.

Roll-out of the revised Children's Clinic Card

HSSP provided technical support to the Ministry of Health in finalizing the Children's Clinic Card orientation package aimed at managers, health workers and community based agents. The package has been completed and final orientations will commence in July 2008.

2.4.2 Products/Deliverables completed this quarter

Infant and Young Child Feeding Wall Protocol

2.4.3 Successes/Best practices

Improved planning and coordination of Child Health Week in some districts

2.4.4 Focus for next quarter

- Compilation of June 2008 Child Health Week report
- Complete the publication of Essential Nutrition Package.
- Follow up provinces in use of basic electronic reporting system for Child Health Week data
- Complete the micronutrients publication
- Participate in technical support supervision in one province



3 Malaria

The goal of the malaria program is to contribute to the national effort of reducing malaria morbidity and mortality. The objective of the Indoor Residual Spraying (IRS) program is to provide adequate technical, logistical, and managerial assistance to the National Malaria Control Program (NMCP) to achieve its target of reducing the incidence of malaria by 85% in selected IRS areas by the end of 2011.

3.1 Key indicators: Improved IRS coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2009 Target
2.1 Number of houses sprayed with insecticide with USG support	700,000	N/A	657,695	657,695 (94% of 2009 target)	700,000
2.2 % of housing units in targeted area for IRS that have been sprayed in the last 12 months	85%	N/A	N/A	94% (2009 target reached)	85%
2.3 Value of pharmaceuticals and health commodities purchased (IRS)	201,300	N/A	N/A	225,524 (38% of 2009 target)	601,300
2.4 Number of host country institutions with improved management information systems (IRS)	22	N/A	7	23 (2009 target reached)	23
2.5 Number of people trained in monitoring and evaluation (IRS)	27	N/A	23	53 (74% of 2009 target)	72
2.6 Number of people trained in strategic information management (IRS)	33	N/A	0	60 (58% of 2009 target)	103
2.7 Number of special studies conducted in malaria	2	N/A	0	0 (0% of 2009 target)	3
2.10 Number of information gathering or research studies conducted in malaria	4	N/A	4	4 (67% of 2009 target)	6

3.2 Activities this quarter

Plan for Training of Trainers for Spray Operators

The training of IRS District Supervisors (trainers) was planned to be held in three sessions to accommodate the national Malaria Control Programme (NMCP) scale up to 36 districts. The first

was held on June 23-27, and was fully supported by HSSP. This included technical support and all the logistics and finances related to the training. The second and the third will be held in July and co-funded by NMCC with HSSP supplying training material, technical support and half of the transportation costs.



Drilling methods ensure that spray operators do the right thing.

“A slogan was developed by spray teams to help motivate and identify themselves of the Malaria Control Team. The slogan, meaning “kill the mosquito” in the local language, is used in the form of a chant. One person yells it out loud and the teams respond with the first word.

Bulala mosquito!

Bulala!

Bulala mosquito!

Bulala!

This slogan gives the teams a sense of ownership and identity and will aid positive visibility to the IRS teams.

Manuel F. Lluberias - Consultant

Disposal of insecticide waste

Removal and destruction of empty insecticide sachets from previous spraying has been of concern to all the stakeholders, due to environmental risks and storage constraints. HSSP took an active role in ensuring that the bulk of the DDT waste was exported to South Africa for destruction in line with the Stockholm Convention. The remaining waste (non-DDT) was incinerated at the University Teaching Hospital. All logistics related to the disposal work was done by HSSP.



Empty DDT sachets being packed in readiness for export

Support ECZ post spray assessment in 15 districts

The post spray environmental assessments are a routine requirement after each spray round. HSSP has continued to ensure that this requirement is strictly adhered to by seeking the support of the Environmental Council of Zambia to conduct these assessments. HSSP provided financial support and participated in the post spray environmental assessment together with ECZ.



A lab technician conducting a blood sample test on a child. The slide identification code is being read from a PDA.

Participation in the 2008 Zambia National Malaria Indicator Survey

The National Malaria Indicator Survey (MIS) is a national sample survey designed to provide information for monitoring and evaluation of malaria programs in Zambia. The program began with training nurses and lab technicians to conduct household interviews using Personal Digital Assistants (PDAs) and collecting blood samples. The second part consisted of field surveys. HSSP provided both logistical and technical support during the survey. The report is being prepared by NMCC and partners.

Needs assessments for 15 Districts

Needs Assessments are conducted every year to ensure that the needs of the districts are addressed before the start of the spray season. A needs assessment was done for the 15 districts to examine the operational requirements for the forthcoming spray campaign. Two important issues from this needs assessment have been identified. The first is the need to increase the capacity of the districts to supervise the implementation of IRS by training extra IRS supervisors. Thus, it was planned that for the TOT, each IRS manager would attend with two new supervisors. The second issue was the need for the provinces to do more in assisting the districts to monitor and supervise the spray operations. It was also noted that minor intra district scale ups were being considered in a few districts without significant rise in costs. Lusaka has planned a scale up of around 200,000 structures which implies a substantial rise in costs and effort.

Conduct Geographic Reconnaissance (geo-coding) in Ndola

Geographic reconnaissance involves counting of structures and estimating the number of structures that have highly absorbent surfaces (for use with DDT) and those with non-absorbent surfaces (for use with pyrethroids). The training of enumerators and supervisors in geo-coding was carried out June 9-11. The actual geo-coding of the structures started soon after the training and is expected to be completed by July 13. There are 50 enumerators and eight supervisors conducting geo-coding.

Participate in Global Health Council Conference

HSSP IRS Information Officer did a panel presentation on the use of geo-coding for Zambia's community needs at the 2008 Global Health Council Conference in Washington DC, May 27-31. He also took advantage of this opportunity to make a presentation on the HSSP IRS program at Abt Associates.

Conduct Entomological Studies

In an effort to populate a live colony in the insectary at NMCC, HSSP supported two attempts were made by the entomology team at the NMCC to catch the vector. In the first attempt only different species of mosquitoes which were of no value were caught. On the second attempt 6 female anopheles suitable for starting a colony were caught, but did not survive more than 24 hours. It was assumed that they could have been exposed to insecticides in the area where they were caught. Plans are underway to obtain mosquitoes from an insectary at Macha Mission in Choma to start a colony at the NMCC.

3.3 Key products/deliverables

The following are the key deliverables produced during the quarter under review:

- Destruction certificate from Thermopower

3.4 Challenges and solutions

- Lack of the required evaporation tanks in all the 15 districts. Construction of these has been delayed. HSSP has advised the districts to strongly adhere to the triple rinsing method.

- Lack of adequate storage facilities. Storage facilities were expected to be refurbished by RTI but have been postponed to a later date. HSSP with the NMCP have advised the districts to make the necessary improvements using district grants. HSSP has further provided technical assistance to the Copperbelt Provincial Office on the rehabilitation of the provincial warehouse, which might help the districts on the Copperbelt if completed in time.
- Increased number of districts to be sprayed. An increased number of supervisors are being trained to form larger pool of skilled manpower to handle the increased number of districts.

3.5 Successes and best practices

The National Malaria Program has succeeded in exporting DDT waste. HSSP played a pivotal role in ensuring that this landmark activity to the program was achieved.

3.6 Focus for next quarter

- Conduct Cascade Training in the 15 districts
- Conduct the TOT for the remaining districts
- Geocoding of two districts (Kitwe and Kazungula)
- Delivery of IRS commodities
- Organize and launch the 2008 IRS campaign
- Plan and conduct some entomological studies

4 Integrated Reproductive Health

The integrated reproductive health (IRH) unit is comprised of three components: Post-abortion care and family planning (PAC/FP); Emergency obstetric and newborn care and family planning (EmONC/FP); and Long term family planning (LTFP).

IRH specific objectives are as follows:

- EmONC/FP services established in 43 districts by the year 2009
- 43 districts providing PAC/FP by the year 2009
- Increased accessibility and availability of long term family planning methods in 43 districts by the year 2009

4.1 Key indicators: Improved coverages and quality of IRH services

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 3 Target	Quarter 3 Achieved	Total Achieved to date	2009 Target
3.1 Districts with at least 1 functioning PAC site	36	12	11	43 (2009 target reached)	43
3.2 Number of districts with at least 2 providers trained in PAC and working in facilities providing PAC	36	12	11	43 (2009 target reached)	43
3.3 Number of districts with at least 1 functioning EmONC site	36	11	11	36 (84% of 2009 target)	43
3.4 Number of districts with at least 2 providers trained in EmONC and working in facilities providing EmONC	36	11	11	36 (84% of 2009 target)	43
3.5 Percent of pregnant women receiving IPTp2 in Central and Eastern provinces	70	N/A	N/A	54.4 – Central Province; 60.3 – Eastern Province	80%
3.6 Number of service delivery points providing FP counseling or services	100	25	55	144 (57% of 2009 target)	250
3.7 Number of information gathering or research activities conducted by the USG	1	2	3	43 (2009 target reached)	12

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 3 Target	Quarter 3 Achieved	Total Achieved to date	2009 Target
3.8 Number of people trained in FP or reproductive health	525	131	140	634 total (2009 target reached)	525
3.9 Number of providers trained in LTFP methods (Jadelle)	138	35	59	237 (58% of 2009 target)	408

4.2 Activities this quarter

EmONC Trainings

A total of 55 health care providers from 11 districts in Lusaka, Southern, and Western Provinces were trained in the 3-week combined EmONC/PAC curriculum this quarter. The practical portion of the training for Eastern Province was also completed in Quarter 3, however the statistics from this training were counted in the previous reporting period. EmONC trainings for Northern and Copperbelt Provinces will take place in Quarter 4. HSSP was able to extend its reach beyond the original



Health care providers getting instructions on newborn resuscitation

plan to reach only Southern and Western Provinces in Quarter 3, through the leveraging of resources with partners, UNICEF and WHO. HSSP also provided guidance to these partners in spearheading EmONC trainings, which has facilitated the acceleration of trainings and will insure greater sustainability of the EmONC program in the future.

Technical Support and Follow-Up Visits

Technical support visits were carried out in Luapula Province as a follow-up to the EmONC training that occurred there in May and June of 2007. The TSS findings revealed that EmONC services were being provided in almost all facilities with trained care providers:

- The Caesarian section rate had gone up in facilities where it was below the required minimum of 15% of total births in the facilities
- Active management of third stage of labor being practiced in the prevention of post partum hemorrhage



EmONC practical session - Adult intubation

- Manual Vacuum aspirations had gone up in the other facilities other than the hospitals.
- Vacuum deliveries, breech deliveries, manual removal of the placenta were also being done by midwives
- The use of magnesium sulphate in the management of Pre-eclampsia and eclampsia

TSS visits to additional provinces will be conducted in Quarter 4.

EmONC Orientation for Managers

The IRH unit conducted three 1-day orientations this quarter for managers from Lusaka, Southern, and Western Provinces. These occurred in conjunction with the health care providers' EmONC theory week. These orientations aim to provide district/facility-level managers with the knowledge needed to support their staff in providing EmONC services.

Orientation to FP Updates and Counseling Kits

In the Year 4 work plan, the IRH unit planned to conduct two, 2-week family planning knowledge updates for health care providers and to conduct a 3-day orientation of provincial and district staff to the revised counseling kit and FP updates. These orientations will be conducted next quarter after the printing of revised FP counseling kits by WHO and HCP.

LTFP Site Assessments

Site assessments were conducted in Western and North-Western Provinces to evaluate health facilities for the suitability of Jadelle provision prior to the training of providers from those facilities. The training of providers from these provinces in LTFP service provision will take place in Quarter 4.

LTFP Trainings

Two, two-week LTFP trainings were conducted for Lusaka and Eastern Provinces this quarter. A total of 59 health care providers from 45 sites in 11 districts were trained in Jadelle and IUD service delivery. HSSP has been able to include the IUD in the LTFP training program through the successful leveraging of resources with the Ministry of Health. This has enabled healthcare providers to offer an expanded menu of family planning options to women in Zambia. Next quarter, Jadelle/IUD trainings are due to take place in Western and Northwestern Provinces with continued financial contributions from the MOH. The Jadelle implants have been very well accepted and are currently a very popular method.

Technical Support and Follow-Up Visits

TSS to LTFP-trained sites will be done in Quarter 4 using the integrated supervisory tool.

Orientation in Adolescent Pregnancy Prevention

An orientation program in adolescent pregnancy prevention for health care providers was planned; however, it was delayed due to lack of time and human resources and is rescheduled for Quarter 4.

IEC Materials

EmONC and Jadelle job aides and IEC materials, produced in conjunction with HCP, UNICEF, and MOH, were submitted for printing at the end of the previous quarter. In Quarter 3, the printing of 12,800 copies was completed. A one-day orientation was held in Lusaka for MOH and HSSP Clinical Care Specialists. The CCSs were oriented to the materials quantities were given to them for distribution to all of their districts. The FP Counseling Kit is in the final stages of revision and will be presented by HCP to partners to solicit funds for printing in Quarter 4.

National Task Group Meetings

The IRH unit has been involved in a variety of National Task Group Meetings including the SMH Task Group and IRH Commodity Security meetings, and has continued to coordinate monthly EmONC Technical Working Group meetings. Through leadership in the EmONC TWG and the FP TWG, the IRH unit continues to leverage resources through cooperating partners, allowing HSSP to expand its geographic and programmatic reach.

Malaria in Pregnancy

The Malaria in Pregnancy (MIP) program commenced in Quarter 2 to strengthen focused antenatal care (FANC) and increase uptake of IPT in the fourteen districts of Central and Eastern Provinces by September 2008. In Quarter 3, research assistants were trained and rapid assessment tools were developed and piloted at clinics in Lusaka and Chongwe. Three-week field visits to Central and Eastern provinces to conduct the assessments are planned for Quarter 4.

EmONC Curriculum Review

In order to assess needed changes and improvements in the combined EmONC/PAC curriculum, a three-day review meeting was held. The meeting was led by a curriculum specialist from Jhpiego and among the participants included: clinical care specialists, EmONC trainers, MOH personnel, medical officers, EmONC training participants, and EmONC Technical Working Group members. The results of the meeting will be used to design an improved curriculum that more accurately responds to the needs of healthcare providers and patients in Zambia.

4.3 Challenges and solutions

Shortage of FP Commodities

In Quarter 3, through contact with service providers in EmONC and LTFP trainings, the IRH Unit became aware that there was a nation-wide shortage of family planning commodities. The IRH Unit, through IRH Commodity Security Meetings, communicated this information to partners, particularly JSI/Deliver, which is working to address this problem.

Inadequate Training Supplies

In accelerating the planning of EmONC trainings, HSSP faces an inadequate supply of EmONC training models. Currently, HSSP has only one complete set of EmONC models and has had to borrow models from nursing schools in the provinces when conducting trainings concurrently. HSSP has initiated the purchase of additional sets of models and other training equipment with the donation of funds by WHO to the MOH specifically for this purpose. Quotes have been gathered and submitted to the MOH and the team is now awaiting the purchase.

Insufficient Number of EmONC Trainers

With the scale-up of EmONC trainings, HSSP and partners have had difficulty in recruiting national trainers, particularly master trainers who are medical officers, to lead the training teams. We have begun recruiting medical officers who show promise as teachers while they are participants in the EmONC trainings to become trainers themselves and will plan in Quarter 4 for the recruitment and training of additional medical and clinical officers.

4.4 Successes/Best practices

Leveraging of Resources

IRH continues to leverage resources through partnership with the MOH to include the IUD in LTFP/Jadelle trainings for HCPs, allowing for an expanded range of family planning options for women in Zambia. The team has also leveraged resources through UNICEF and WHO to train additional provinces in EmONC.

Roll-out of EmONC/PAC

As of the end of Quarter 3, the team has successfully rolled-out the EmONC/PAC program to eight of the nine provinces in Zambia. As of the first month of Quarter 4, the team will have reached all nine provinces and will begin revisiting each province with the goal of achieving saturation in training.

Providing Guidance in EmONC Roll-Out

The IRH Unit provided guidance to funding partners in the planning of EmONC trainings independent of HSSP. This has allowed HSSP to reach more provinces in less time and will also insure greater sustainability of the EmONC program post-HSSP.

Production of IEC Materials

IEC materials and job aides on EmONC and Jadelle were produced in Quarter 3. Clinical Care Specialists from the nine provinces were oriented to the materials and will distribute them to all 72 districts.

4.5 Focus for next quarter

- Site assessments - Conduct LTFP site assessments for provision of Jadelle/IUD in Southern Province with the intent to then conduct LTFP trainings for other provinces.
- Scale-up of services - Continue the scale-up of EmONC services, focusing on Northern and Copperbelt Provinces. For Jadelle/IUD services, we will focus the scale-up on Western, Northwestern, and Southern Provinces
- Supportive follow-up visits - Provide on-site supportive follow-up/TSS visits to EmONC workshop and LTFP workshop participants
- MiP scale-up - Conduct MiP rapid assessments in Central and Eastern Province to assess the situation on the ground. This will allow the IRH team to design a situation-appropriate program to increase FANC and IPT uptake in the two provinces.
- AMSTL (Active Management of the third Stage of labor) study - Continue the collection, analysis and finalization of the study in readiness for dissemination and publication. Continue planning for the follow-on EmONC impact assessment study planned for year 5.

5 Human Resources

The human resources for health unit is made up of two components: Planning and Management and the Pre- and In-service Training.

5.1 Planning and Management

The goal for HR Planning and Management is to strengthen human resource capacity and retention to provide HIV/AIDS services in areas supported by HSSP. The objective of this component is to retain at least 90% of health workers in districts under the ZHWRS by 2009.

5.1.1 Key Indicators: Improved Planning and Management coverage and quality

Indicators	Targets				
	Year 4 target	Quarter 3 target	Achieved in Yr 4	Total Achieved to date	2009 Target
% of physicians retained in C&D district hospitals under the HSSP rural retention scheme	90%	90%	96%	96% (100%)	90%

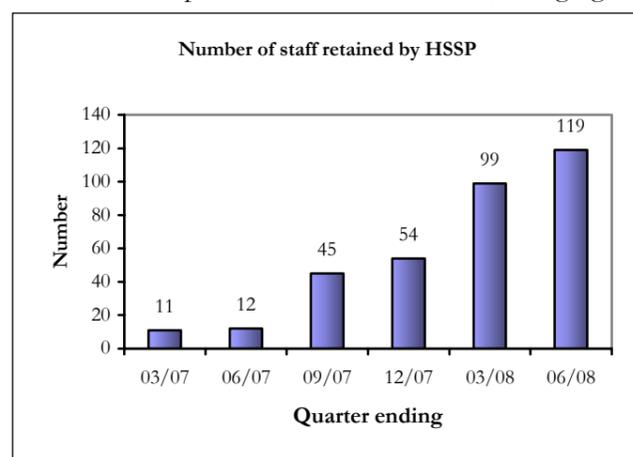
The number of physicians recruited under HSSP support on the retention scheme remains at 23. One physician who resigned was immediately replaced. Thus 100% of the positions filled, and in terms of retaining the original cohort, 96% have been retained.

5.1.2 Activities this quarter

Recruit health workers to the ZHWRS

This quarter the 19 positions for pharmacy and laboratory technicians were converted to clinical officers and nurses. Both USAID and Ministry of Health approved this change.

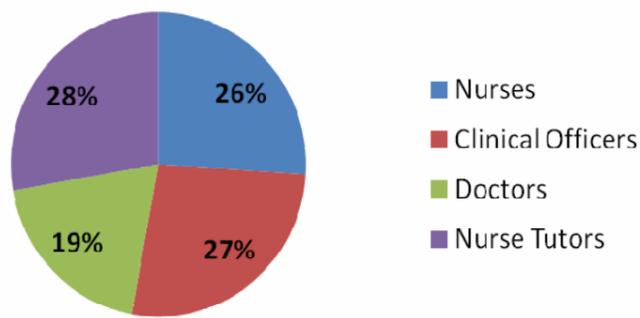
These 19 comprise nine clinical officers, bringing the total to 31 clinical officers, and 10 nurses, bringing the total to 32 nurses. This marks the completion of the recruitment of the 63 HSSP supported positions for other (non-physician) cadres to the ZHWRS. One doctor who left Lufwanyama District last quarter was replaced by another doctor, restoring the total number of doctors supported by HSSP to 23. The number of tutors supported by HSSP remains at 33. There has been no reported attrition.



Work with MOH on management of ZHWRS

This activity involved the reconciliation of the documents submitted by MOH for the period July to December 2007. The HSSP Accounts Unit reviewed and approved the documents. A request to release funds for January to June 2008 has been made to Abt Associates. This will be followed by an immediate request for the January to June 2008 financial documents in order to facilitate release of funds for July.

Health Workers Retained by HSSP



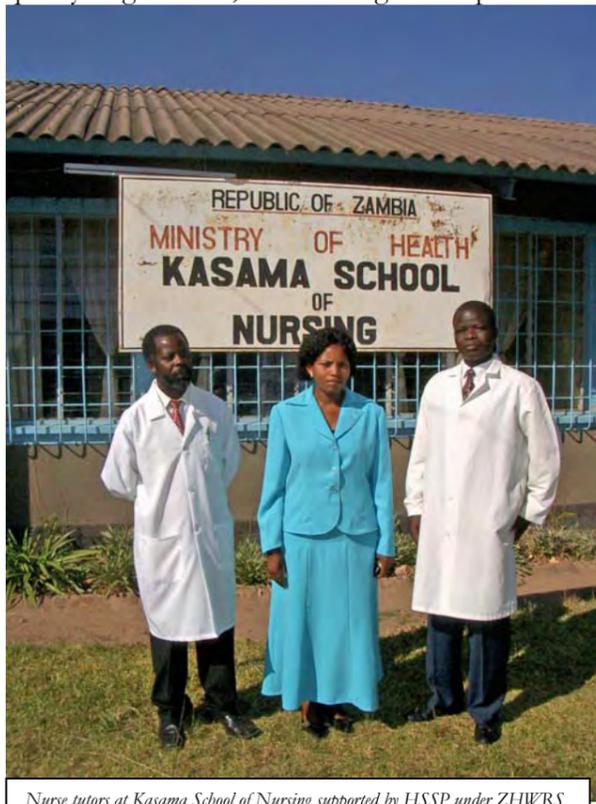
Support HRTWG

This quarter only one HRTWG meeting was held. The MOH was able for the first time to provide detailed HR financial information by expenditure type and source. This development has improved levels of transparency in which basket funds are utilized by MOH. The MOH informed the meeting that such financial information will be made available monthly. The

HRTWG was also presented with various proposals for improving the availability of consultants at provincial level. In addition the final draft of the training plan, task shifting strategy and the Round 8 Global Fund proposal were presented and discussed. The Global Fund proposal has since been submitted.

Development and review of national HR policies and guidelines

The main policy activity for this quarter was the drafting of the Round 8 Global Fund proposal. HSSP provided TA to both MOH and National AIDS Council (NAC) to draft this proposal and ensure that the submissions are in line with the sector HR strategy. The focus of HSSP support was in the systems strengthening component. The success of the Global Fund Round 8 proposal will ensure that there are sufficient resources especially for expansion of training outputs, improved quality of graduates, task-shifting and improvement of health workforce productivity.



Nurse tutors at Kasama School of Nursing supported by HSSP under ZHWRS

Develop 72 HR plans

In quarter two, HSSP and MoH planned to implement this activity through two major workshops consisting of 36 districts each. However due other commitments the HR Director cancelled the planned workshops in April 2008. This activity was reprogrammed to be implemented parallel with the recruitment and placement onto the new establishment structure. As a result of these changes, HSSP and MOH leveraged resources to ensure implementation of the Workforce Analysis. HSSP supported the verification and workforce analysis in 33 districts from Southern, Eastern and Luapula provinces. The development of district specific plans is a very important stage in the implementation of the 5 Year HR Strategic Plan. In order that these plans are completed, MOH and HSSP have agreed to hold nine workshops for District HR Officers' in quarter 4. It is these workshops where district HR officers will be

oriented on how to utilize the HR planning guidelines developed in Year 2. The nine workshops will be co-funded by HSSP and MoH. These 9 workshops are planned to begin in August 2008.

Participation in the MOH Planning Launch

HSSP supported the MOH HR Directorate in the development of the presentation and participated in the launch of the 2009-2011 Planning Cycle at Mulungushi International Conference Center. The main focus of the TA was to ensure that the HR directorate still remains focused with the 5 Year HR Strategic Plan and the operational plan. The main strategies include the completion of recruitment onto the ZHWRS, deployment of staff on the new establishment, expansion of training outputs through opening of new and reopening of closed training institutions, curriculum revisions, etc.

Activities not implemented

This quarter, HSSP had planned to work with MOH and PHOs to support low performing districts, hospitals and training institutions in the implementation of the ZHWRS. However, this activity has been reprogrammed for quarter 4 as it was dependent upon completion of the recruitment of HSSP supported staff onto the ZHWRS.

5.1.3 Products/Deliverables completed this quarter

- 9 Clinical officers and 10 nurses recruited (with contracts) to the ZHWRS
- Global Fund Round 8 proposal
- Two doctors' houses renovated

5.1.4 Challenges and Solutions

- The huge portfolio of HR activities at MOH, such as the implementation of the new establishment structure and the development of job descriptions for the public health sector, required HSSP and MOH to prioritize activities according to urgency.
- The slow pace at which the MOH Accounts Unit processes retention scheme financial accounts has continued during the quarter. HSSP has been working with MoH through the Retention Scheme Task Group to devise a solution through employment of a Financial Specialist to manage the retention scheme accounts and payroll. The position could be funded through the retention scheme basket, specifically the 10% administration fee paid by all donors.

5.1.5 Successes/Best practices

The attainment of the targeted 119 doctors, tutors, clinical officers and nurses on the ZHWRS. This marks the end of recruitment of HSSP supported staff to the ZHWRS.

5.1.6 Focus for the next quarter

- Work with MoH and PHOs to ensure that low performing districts, hospitals and training institutions succeed in recruiting retention staff through the ZHWRS.
- Support MoH to strengthen support systems to ensure efficient management of the ZHWRS:
 - Review conditions for recruitment of medical consultants, potentially linked to CCS (HSSP-supported) sustainability
 - Utilization of administrative cost contribution (10%) for financial management of ZHWRS

- Support MoH/PHOs to collect, analyze, and share information about utilization of HR plans, policies and guidelines
- Support nine workshops to develop 72 HR district level plans

5.2 Pre and In-Service Training

HR training is composed of Pre- and In-service training components whose main goal is to strengthen human resource capacity to provide ART, PMTCT and CTC. The objective of this component is to ensure that 100% of graduates from COG, SOM and nurse training schools are trained to provide ART, PMTCT and CTC services by 2009.

5.2.1 Key Indicators: Pre- and In-service training coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 3 Target	Quarter 3 Achieved	Total Achieved to date	2009 Target
4.2 Percent of nurses trained to provide ART, PMTCT and CTC services	50%	-	-	44% (700 nurses)	100%
4.2 Percent of clinical officers trained to provide ART, PMTCT and CTC services	100%	-	-	100% (291 COs)	100%
4.2 Percent of doctors trained to provide ART, PMTCT and CTC services	100%	-	-	100% (215 doctors)	100%
4.3 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	N/A	2	23 (87% of 2009 target)	23
4.4 Number of individuals trained in HIV-related institutional capacity building	160	40	51	417 (2009 target reached)	100

5.2.2 Activities this quarter

Development of proposals for resource mobilization

Owing to inadequate financial resources to train graduating students in HIV/AIDS care and services, HSSP works with the training institutions to leverage resources. Thus, HSSP assisted Chikankata and Lusaka Schools of Nursing to develop and submit proposals to ZNAN for ZK100,000,000 to train 80 student nurses. This activity is part of the MoH short term plan to increase the number of graduates with skills to provide HIV/AIDS care and services while curricula were being strengthened. To date, 710 nurses, 291 clinical officers and 215 doctors have been trained.

M&E of the implementation of the revised COG curriculum

HSSP supported the development and implementation of the COG curriculum; hence there is a need to develop M&E tools to monitor the implementation of the revised curriculum. Draft tools were sent to stakeholders for comment; a meeting will be held in July to finalize them. The M&E activity will be conducted in the next quarter. It is necessary to conduct the assessment to identify and address any challenges, ensure that the revised curriculum is being implemented according to the plan.

UNZA, School of Medicine MB ChB curriculum review

This is an on going activity. HSSP has been meeting and collaborating with the Department of Medical Education (DMED) at the School of Medicine to ensure that work on developing course objectives and content is on course. DMED is receiving and compiling the drafts. The June meeting was cancelled owing to exams. A meeting to consolidate and compile the first draft curriculum document is planned for August 28 and 29. The School has planned to submit the draft curriculum document to the Senate in October 2008.

Support MOH/GNC to build capacities of training institutions

This activity was pushed to next quarter owing to GNC exams in training institutions during the month of June. HSSP worked with Chikankata and Chipata Schools of nursing to prepare for the Assessors Course. This activity will prepare faculty and preceptors in the selection and correct use of assessment methods as detailed in the strengthened curricula.

Technical update, ToT to lecturers, tutors and preceptors

51 Principal Tutors, Nurse Education Managers and Tutors in-charge were oriented to the strengthened nurses' curricula. It is expected that the Principal Tutors will in turn orient their staff in their respective training institutions. This activity will assist tutors and preceptors to effectively and efficiently implement the strengthened curriculum.

Support districts to plan for HIV/AIDS training

HSSP provided TA to MOH during the development of the National Training Plan and operational plan (comprehensive assessments and training institution specific operational plans) to plan for HIV/AIDS training using national training guidelines.

Revision of BSc. Nursing Curriculum

HSSP provided TA to the Post Basic Department of Nursing to revise the BSc Nursing Curriculum. An MOU between UNZA, SOM and Clinton Foundation was signed to provide financial support to the Department. This is a follow-on activity to the Global Conference on Strengthening the Capacity of Nursing and Midwifery during which countries pledged to rise to the challenge of training adequate numbers of nurses and midwives who would in turn contribute to meeting MDGs 4, 5 and 6. HSSP is providing TA to the School of Medicine, PBN to revise the current BSc nursing curriculum and also to develop a direct entry BSc nursing curriculum.

Training program for nurse prescribing (ART)

HSSP provided TA to MOH/GNC during the development of the concept paper entitled Nurses and Midwives Drug Formulary, and Curriculum for Nurse Prescribers. Training is scheduled to commence in September at Lusaka School of Nursing. The first phase will take 30 participants. This activity is aimed at preparing nurses (who constitute more than 75 % of all health care providers) to initiate ART and to provide a continuum of care to HIV/AIDS patients. This will ensure more accessibility of services to those in need.

5.2.3 Key products/Deliverables

- Proposals for Lusaka Nursing Institute and Chikankata School of Nursing to train students in HIV/AIDS.
- Training Operational Plan for training institutions.
- Concept paper: Nurses and Midwives Drug Formulary, and curriculum for Nurse Prescribers.

5.2.4 Challenges and solutions

- Some major activities planned for the quarter were pushed forward owing to examinations in training institutions. However HSSP continued to collaborate closely with all stakeholders to ensure implementation of some activities as prioritized by the MOH and statutory boards such as the development of the MOH Training Plan and Operational Plan, the development of nurse prescriber's curriculum and revision of BSc Nursing Curriculum.

5.2.5 Successes/Best practices

- Forging of partnerships between the HSSP, UNZA, School of Medicine and Clinton Foundation.



Group work during curriculum review meeting for UNZA, SoM for the MB ChB Program

5.2.6 Focus for next quarter

- UNZA, School of Medicine – Work with course writers to complete content development and produce first draft of the MB ChB curriculum.
- TA to MOH/GNC to conduct Clinical Skills Training/Assessors Course for tutors and preceptors
- Follow up on the implementation of the tutors and preceptors action plans following the Clinical Training Skills Course.
- Conduct assessment of implementation of revised COG curriculum
- Participate in PHO/District planning meetings

6 Performance Improvement and Accreditation

The goal of Performance Improvement and Accreditation is to improve the quality of case management observation/record review during supervisory visits. The specific objective is to reach 60% of districts (43) conducting case management observation/record review in at least 80% of supervisory visits by 2009.

6.1 Key indicators: Performance improvement and accreditation coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 3 Target	Quarter 3 Achieved	Total Achieved to date	2009 Target
5.1 Number of private sites delivering PMTCT, CTC or ART services that are assessed by MCZ	33	-	-	33 (80% of 2009 target)	41
5.2 Number of private sites delivering PMTCT, CTC or ART services that are accredited by MCZ	27	-	-	8 (27% of 2009 target)	30
5.3 Percent of districts conducting case management observation /record review in at least 80% of supervisory visits	46% (33 dist)	3	3	56% (40 dist) (93% of 2009 target)	60% (43 dist)

6.2 Activities this quarter

Technical supportive supervision focused on case management

HSSP assisted two districts in Northern Province and one in Western Province in the provision of technical support supervision focusing on case management at hospital and health center levels. The approach was to provide 'on site' technical assistance to enable districts to appreciate the importance of supervisory visits to the sites. The districts visited were Mongu, Mungwi and Mporokoso.

After TSS focused on case management, Mungwi and Mporokoso Districts have introduced clinical meetings and mentorship as part of their supervisory visits to the sites providing ART

Mongu is doing very well in supportive supervision. It has been accredited as a center of good standing by Medical Council of Zambia (MCZ), following the support provided by HSSP. This district has a strong mentorship program in place where routine supervisory visits are carried out by the medical officers. This has improved the case management in the sites being supervised by the districts. However in Mungwi and Mporokoso, there are many challenges. Mungwi has no Medical Officer to provide mentorship and conduct clinical meetings and no supervisory visits are done in the district. This has reduced the quality of care for patients.

In Mporokoso the situation is similar to Mungwi District despite having a doctor. The doctor is the District Director of Health and also does rounds at the district hospital. Clinical work has suffered due to demands at the District Health Office. However the medical officer has agreed to introduce

mentorship as part of the technical support to the centers especially in the area of HIV management.

After the Technical Support Supervision, Mungwi and Mporokoso district health offices have introduced clinical meetings and mentorship as part of their supervisory visits to the sites providing ART.



Monitoring of performance assessment

The HSSP team participated in the Performance Assessment of Eastern Province. This is a pilot activity where provinces are being assessed by officials from the Ministry of Health headquarters. The team assessed the Provincial Health Office, Petauke Health Office and Petauke District Hospital. The team also visited two

rural health centers in Petauke District. Overall it was found that the province is performing well but needs more innovation to improve the quality of care offered.

Accreditation of ART delivery sites

During the quarter, HSSP supported MCZ to reassess 17 ART sites in Lusaka and the Copperbelt. MCZ has planned to analyze these results through the Expert Committee by July 2008 to assist in determining which sites have been accredited.

The certification of health workers

This activity was planned for this quarter, however due to other high priority activities at MCZ, it has been postponed to next quarter.

Development of training materials for ART accreditation assessors

Following training of ART accreditation assessors and implementation of the ART accreditation guidelines in 2007, HSSP provided additional support to develop training materials for the assessors. A workshop was held in Lusaka where draft copies for the training materials were developed. These will now be sent to the consultant who will finalize them and send the final copies to MCZ.

6.3 Challenges and solutions

Lack of resources to provide support to the private ART sites which did not meet the accreditation standards. In the next quarter, plans are under way to leverage resources from other organizations such as WHO and ZNAN.

6.4 Focus for next quarter

- Provide TA to three districts in provision of TSS at hospital and health center levels
- Work with MoH in monitoring of performance assessment
- Participate in PHDs meetings to share experiences in PA.
- Continue with accreditation of both public and private ART sites
- Initiate development of a certification system

7 HIV/AIDS Coordination

The goal for HIV/AIDS Coordination is to assure that districts are offering a minimum package of HIV/AIDS services (HBC, CTC, PMTCT, pharmacy, laboratory, ART, and OI services). The objective is to assure that 60% of districts have at least one facility offering a minimum package of HIV/AIDS services by 2009

7.1 Key Indicators: Improved HIV/AIDS coverage and quality

Indicators	Targets and Achievements				
	Year 4 Target	Quarter 2 Target	Quarter 2 Achieved	Total Achieved to date	2009 Target
6.1 Percent of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010	50% (36 dist)	-	-	82% (2009 target achieved)	60% (43 dist)

7.2 Activities this quarter

Partners' coordination meeting on HIV/AIDS programs (semi-annually)

In an effort to strengthen coordination and collaboration among partners involved in HIV/AIDS service provision MOH, with support from HSSP and NAC, has developed a forum for sharing implementation plans, achievements, challenges and constraints through semi annual meetings. The first partners' coordination meeting was held at NAC, April 2, 2008, and was attended by 27 participants representing 23 organizations. This meeting provided for frank discussions, practical solutions and the reaffirmation that all partners should be fully involved in this forum. Concrete recommendations were made on information sharing, networking, coordination by NAC and the need for mapping of catchment areas by partners to avoid duplication of activities/programs. The next meeting is scheduled for September 2008.

Proposals to Global Fund and other HIV/AIDS initiatives

Under this activity HSSP provided technical support to MOH in developing the Round 8 Global Fund proposal. Specifically, HSSP staff worked with technical working groups for Pediatric ART, STI and HBC to develop workplans and budget matrices. The proposal has since been submitted to the Country Coordinating Mechanism (CCM) for finalization and merging with other sub-recipients.

National, provincial and district action planning

During this quarter HSSP participated in the development of national planning technical updates. The review teams, which included MOH and partners, reviewed last year's technical updates and comments collected from the field during TSS, PA and the Joint Annual Review. Lessons from implementing the ART expansion strategy through outreach programmes and ensuring quality in delivering ART through accreditation have also been incorporated in the plans. During the next quarter, HSSP will support MOH to ensure that districts utilize these technical updates in their planning cycles.

Disseminate the HIV/AIDS sustainability framework

The Sustainability Framework, based on the HIV/AIDS Program Sustainability Analysis Tool, was disseminated at the Health Care and Finance TWG and Health Policy Partners Meetings in June 2008. Ten members of staff drawn from MOH and NAC were thereafter trained in the implementation of the framework. The framework was designed to respond to the need of donors and policymakers to understand the impact of HIV/AIDS on the health budget and related human resources. The Framework will be updated periodically by MOH with support from partners.

Integration of HIV/AIDS services into Basic Health Care Package (BHCP)

During this quarter, MOH and partners with support from HSSP have held four consultative meetings. Materials on previous publications and preparatory work by MOH and partners have been collected for reference purposes. A list of names of individuals from MOH, HSSP, WHO, UNICEF, UNZA-School of Medicine and MCZ to finalize the integration has been submitted to PS-MOH for approval. The senior management Team of MOH is yet to approve this activity.

National Health Accounts - HIV/AIDS sub-analysis

In this quarter, HSSP worked with UNZA and MOH to complete data analysis and write the NHA report. The team has faced some technical problems in the application in the of the NHA tool. There is also need to validate the analysis done so far. In order to generate a credible NHA report, MOH has requested HSSP to provide further external STTA aimed at the completion of the NHA process, to take place during quarter four.

Participate in national and regional meetings/conferences

- HSSP participated in the Health Economics Partnership Network Regional Conference in Livingstone, June 24-26 May and presented on NHA and HAPSAT.
- The project was also represented at the regional HIV/AIDS workplace capacity building workshop in Lusaka 23-27 June.

Develop a coordination mechanism for HIV/AIDS services (ART, PMTCT, CTC, and HBC)

This is an activity which is carried forward from last year. The draft coordination guideline document is pending approval, and is currently in the Directorate of Public Health and Research, MOH. Once approved, MOH, partners and NAC will ensure that it is disseminated to all institutions involved in HIV/AIDS service delivery.

Finalize and disseminate referral guidelines

MOH, NAC and partners have reviewed the draft national referral guidelines. MOH is finalizing the document to incorporate the new reporting structures at provincial and district levels. MOH will work with HSSP and NAC to finalize and ensure that the document is approved by the Permanent Secretary- MOH. This document is intended to guide districts to implement a coordinated referral system which is responsive to the needs of the community and the clients.

7.3 Key products/Deliverables

- HIV/AIDS sustainability framework
- Report on the semi-annual coordinating meeting for partners involved in HIV/AIDS programmes

7.4 Challenges

Delay in approving the coordination guidelines by MOH. We shall be holding discussions with the directorate of Public Health and Research to speed up the process

7.5 Successes/Best practices

The partners' semi-annual coordination meeting has been identified as an opportunity for cementing collaboration, leveraging of resources and sharing experiences.

7.6 Focus for next quarter

- Support MOH to provide TSS to districts on HIV/AIDS service provision
- Participate in 3 provincial ART coordination meetings
- Participate in the provincial and district planning meetings
- Support MOH to review the BHCP
- Hold a second semi-annual partners coordination meeting
- Finalize the NHA HIV/AIDS sub-analysis
- Support the MOH to conduct a mid term national health strategic plan that includes HIV/AIDS

8 Clinical Care Specialists

The goal for Clinical Care Specialists (CCSs) is to improve the management of HIV/AIDS and opportunistic infections. The objective for CCSs is to reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions

8.1 Activities this quarter

Coordination in provision of ART services

ART partner coordination meetings continue to take place in the provinces and districts. These meetings have become a major forum for discussing HIV/AIDS service provision in the districts. At district level, partners meet monthly while at provincial level they meet quarterly. However, due to competing activities in the districts, the monthly meetings are now being scheduled on a quarterly basis. HSSP will propose that districts hold monthly meetings while provinces conduct quarterly meetings. In this way, district health management teams and partners will be able to review and plan monthly activities together and assess implementation at the provincial quarterly meetings involving all districts. Key services included in the discussions include: TB, VCT, ART, PMTCT and HBC.

Technical backstopping and supervision to junior health workers in ART

During the quarter CCSs continued to provide technical backstopping and supervision to junior doctors and other health providers in the health institutions. CCSs conducted case management and record reviews in this quarter in addition to performance assessments in health institutions. The quality of case management continues to improve through clinical symposia, mentorship programs and case presentations during ward rounds.

Case management and record reviews conducted this quarter

The table below shows the number of cases that were reviewed whenever the clinical care specialists visited the health facilities. Sessions here refers to the number of visits.

“During the first case observations ... I noted that nurses were not conducting full physical examination of clients. Additionally, during case record reviews I discovered that most doctors and clinical officers were in the habit of not completing them. However, through these case observations and record reviews there is now evidence that shows that there is an improvement in

Province	Number of Case Reviews
Northern	8 sessions
Central	98 reviews in 5 sessions
Copperbelt	8 sessions
Luapula	7 sessions
Lusaka	1 session
Eastern	24 reviews in 7 sessions
N/western	33 reviews in 6 sessions
Western	8 sessions
Southern	7 sessions

Support districts, hospitals and clinical HIV/AIDS programs and strengthen referral system



Clinical Care Specialist Robert Chipaila on rounds at Kasama Provincial Hospital

In this quarter, Lusaka Province with support from HSSP commenced outreach/ mobile ART services in Chongwe and Luangwa Districts while Southern Province embarked on strengthening the referral system through networking of partners involved in HIV/AIDS service provision. Draft national referral guidelines developed by HSSP and partners are being used to guide implementation.

Serve as Provincial ART Trainers

HSSP, in collaboration with other partners (CDC, CIDRZ, and ZPCT), trained 475 health workers drawn from both public and private health institutions in PMTCT, HBC, Paediatric ART, STI and logistics management. Those trained included: nurses, clinical officers, doctors and pharmacy technicians. These training programmes aim at scaling up ART services and improving the quality of HIV/AIDS services in the districts.

Monitor and supervise private sector ART provision

CCSs from Lusaka, Southern, Central and Copperbelt participated in the development of the ART accreditation trainer's manual from 5- 6 June 2008 in Lusaka. This manual will guide ART assessors to conduct accreditation exercises in the districts.

Coordinate the scale-up of ART in hospitals and health centers

In this quarter, CCSs continued to coordinate the scaling up of ART services in the districts. A total of 22 new sites have been opened; 7 in Copperbelt, 1 in North-Western; 4 in Eastern 2 in Luapula, 2 in Lusaka, 2 in Central, 1 in Northern, and 2 in Western provinces, refer to the table below. With technical support from CCS and accreditation activities going on in the districts, more sites are expected to be opened in the next quarter.

CCSs Assisted in opening the following ART sites this quarter:

Central	Lusaka
• Chibombo rural HC	• Kasisi HC
• Chitanda HC	• Lwimba HC
Copperbelt	Eastern
• Kaloko HC	• Chiparamba RHC
• Mpapa HC	• Hoffmere HC
• Kafulafuta Mission HC	• Nsanzu HC
• Chiwala HC	• Chikwa HC
• Mikata HC	N/western
• St. Anthony Mission HC	• Chieke RHC
• Kanyenda HC	Western
Luapula	• Mitete RHC (Mobile)
• Chembe RHC	• Mbanga HC
• Lwela satellite HC	Northern
• Mulumbi/Chibende (Combined satellite– Zonal)	• Mwenzo RHC

8.2 Focus for the next quarter

- Assess health institutions for ART accreditation purposes; Copperbelt 5, Southern 2, Central 3, Luapula 10, Northwestern 5, Northern 6, Southern 5)
- Continue training/mentoring of health providers in public and private institutions in ART, PMTCT, diagnostic counseling and testing (DCT), provider-initiated counseling and testing (PICI), TB, and home-based care
- Hold advocacy and consultative meetings with partners and stakeholders to integrate TB and HIV activities at provincial and district level
- Strengthen collaboration and coordination of HIV/AIDS services through monthly/ quarterly district/provincial HIV meetings
- Provide quality assurance through TSS and performance assessment in the districts

8.3 Successes/Best Practices

Case management and record review meetings: “These meetings have been found to be very useful by all clinicians especially that most work in isolation and are unable to consult a physician when faced with challenging cases” *CCS from Central Province*

International and regional dissemination: Dr. Jonas Mwale, CCS for Southern Province, presented a paper at the HIV/AIDS Implementers Conference in Uganda entitled “General Case Management: A Critical Component of Scaling-up HIV/AIDS Treatment Programs in Zambia”. This paper raised a lot of interest by illustrating how case management and record reviews can contribute not only to improved quality of care, but also conservation of scarce resources. The clinical mentorship program as an intervention was of much interest to the audience.

9 Planning and Strategic Information

The goal of Health Services Planning and Strategic Information is to improve the quality and use of the Routine Health Information System (RHIS) in all districts and hospitals by 2009. The overall objective is for all districts and hospitals to use RHIS for planning and management of HIV/AIDS services.

9.1 Key Indicators: Improved Strategic Information and Health Services Planning

Indicators	Targets and Achievements				
	Year 4	Quarter 3	Quarter3 Achieved	Total to date	2009 Target
# of individuals trained in Strategic Information	182	50	50	674 (87%)	720
# of institutions provided with TA in SI activities	93	93	93	93	93
# of districts using revised guidelines for planning	72	72	72	72	72

9.2 Activities this quarter

The activities planned for quarter 3 focused on ensuring that reporting on HIV/AIDS services and utilization of the information thereof, become integral to the routine information system. This covered the documentation of data collection procedures for HIV/AIDS services, institutionalization of the system through mentoring and enhancing record keeping for longitudinal client management, and enhancing planning guidelines and protocols. Except for the revision of planning guidelines that are still under development, the set targets have been reached. What remains is strengthening these systems for local-level institutionalisation.

Finalise the Data Collection Reference Manual for HIV/AIDS

This manual covers data collection guidelines for the following HIV/AIDS services: ART, PMTCT, counselling and testing and post-exposure prophylaxis. The document has been finalised by the author and is awaiting review by the Ministry of Health. A small team will be constituted to thoroughly review the guidelines before printing. This should be done within the month of July.

Conduct training for ART patient/program monitoring

This activity could not take place as the DHIOs for the province were occupied with the HMIS rollout and software training. This activity will be carried out in quarter 4. This training will fulfill the FY08 target of training 182 health workers in data management.

Provide on-site support to districts

In quarter 3, HSSP worked with the DHIO, the MCH Coordinator and health facility staff to document the processes and mechanisms that are currently used for the management of client records across MCH services. This included PMTCT-ANC, maternity and HIV-exposed babies during under-five clinics. Now that the HMIS has been rolled out (this June) to all government facilities in the country, additional districts will be chosen for focussed support.

Tracking HIV exposed babies

Provision of PMTCT services in government facilities started nearly 10 years ago. Although information relating to testing during antenatal is fairly known, corresponding information on what happens to HIV exposed babies has not been well established. This is due to the lack of standards and protocols for service provision and data management. A study protocol has since been developed and discussed with management of Kabwe DMHT for implementation in their facilities. The main aim of this study is to establish the challenges surrounding post-delivery HIV testing of children borne to HIV positive mothers despite the high attendance rates for children's clinics. Results from the study will assist in revising the data collection mechanisms and training materials for PMTCT. This activity continues into the 4th quarter.

Initiate work to develop new planning tools/guidelines for three levels

Work has continued to develop new planning/Guidelines with the help of a Consultant for districts and other health institutions. The purpose of this process is to further strengthen the current planning guidelines by incorporating analytical concepts such as those found in the marginal budgeting for bottlenecks toolkit (MBB). This should result into plans that are based on real health problems in districts while at the same time focussing on results rather than the current process whose focus is mainly on inputs. A zero draft of the district planning tool was produced and comments have since been fed back to the consultant to enable her to produce the first draft of the district planning handbook. It is hoped that the first document can be finalised within quarter four so that work on the health centre and hospital documents can be initiated based on the district framework.

Print Costing & Budgeting Guide

The Costing & Budgeting Guide has since been finalised and formatted. The document is now ready for printing and three quotations have been collected to facilitate selection of the appropriate printing company. In view of the delayed printing, the steps to Costing & Budgeting Guide section have been disseminated to all levels as part of Technical Planning Updates for 2009-11 MTEF. This Guide will help provide guidance to districts, hospitals and other health institutions in costing and budgeting of activities as this has been one of the identified weaknesses in many districts.

Update the Integrated Technical Guidelines to incorporate new policies and treatment protocols

The unit has now managed to collect all the revised chapters of the ITGs. New sections have been developed such as the Non-Communicable Diseases which is now one of the key focus areas of Ministry of Health and Paediatric ART.

Produce annual technical planning updates which integrate HIV/AIDS Services

This activity has been undertaken and the document was produced and disseminated to all 72 districts, 22 level 2 & 3 hospitals, 22 training institutions, in both electronic and hard copies. Meanwhile all planning launch documents have been provided to PHOs electronically for use as reference guide as they undertake their follow up inter-district planning meetings

Develop tool for analyzing quality of plans as well as framework for reporting progress of Action Plans

These two activities will now be conducted as part of the revisions to the handbooks since M& E will be one of the sections in the revised handbooks. We will be working with EU on this to support MOH.

9.3 Key Products/Deliverables

- Data Collection Reference Manual for HIV/AIDS for HIV/AIDS Services
- Study protocol for documenting challenges surrounding early infant testing for HIV-exposed babies during under-five clinics
- Revised chapters of ITGs for ITGs
- Copy of Consolidated Annual Technical Updates for 2009-2011 MTEF

9.4 Challenges and Solutions

- Competing for the same staff who have been very busy with the HMIS review

9.5 Successes/Best practices

Launched the 2008 planning cycle for 2009-2011 MTEF, which sets the pace for planning in all health institutions



Official Opening of the Planning Launch by Ministry of Health Permanent Secretary 24th-25th June, 2008

9.6 Focus for the next Quarter

- Print the Reference Manual: The HMIS rollout should have concluded in April but only rollout countrywide in June, once feedback has been received from the ministry this document will be sent to the printers.
- Conduct training sessions for districts (Copperbelt) on ART patient/programme monitoring. The HMIS pilot was conducted on the Copperbelt, and in the process a number of new things were introduced or revised. The ART cohort summary form is one of those. Data managers from the province have since requested support to train their staff from ART sites. This activity has been carried over from the 3rd quarter.
- Continue to provide on-site support to districts on the utilization of the revised data tools and the data usage from the new HMIS. This is a routine support until the system has been institutionalized
- Work with two Kabwe districts to establish the challenges surrounding post-delivery HIV testing of children borne to HIV positive mothers despite the high attendance rates for children's clinics. This will assist in developing best approaches to tracking HIV-exposed babies for early infant testing through improved record management for MCH services.
- Continue work on new planning tools with consultant and MOH planning team.
- Support printing of Costing & Budgeting Guide
- Support consolidation, editing, formatting & printing of revised ITGs
- Provide TA to PHOs for the launch and review of institution Action Plans for 2009-2011 MTEF. PHOs also expected to produce Parliamentary Briefs this year.

10 Monitoring and Evaluation

The goal of the Monitoring and Evaluation unit is to establish and maintain a system for tracking and evaluating program performance.

The overall objective of the Monitoring and Evaluation (M&E) unit 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.

The specific objectives include the following:

- Coordinate the development and review of workplans
- Coordinate program monitoring and evaluation
- Conduct program performance evaluations
- Support provinces to generate, analyze, and utilize information for decision making
- Support technical teams research and analyze data

10.1 Activities this quarter

The activities that planned for Quarter 3 and their implementation status are presented below.

Monitoring and Evaluation Plan

The M&E Plan was revised specifically to change some targets and definitions based on USAID guidance. The table below shows details of the revisions

Indicator	Revision
Number of people trained in maternal/newborn health through USG - supported programs – CHN	This has been treated as inclusive of the contributions from CHN and IRH, however it was advised by USAID that this should only come from CHN.
Number of people trained in strategic information management with USG assistance – Malaria	This indicator was redefined to specify which categories should be counted for training in strategic information management
Number of special studies conducted – Malaria	This indicator was revised and now includes examples of the studies
Number of information gathering or research activities conducted - Malaria	This indicator was redefined and now includes examples of the research activities/information gatherings

The last two indicators, number of special studies conducted and number of information gathering or research activities conducted, are also applicable to the CHN component, and were likewise redefined with examples.

All the targets were revised in view of the change in project completion period from the initial September 2010 to December 2009 to reflect what is achievable in the modified timeframe.

Year 4 Quarter 2 Report

The Year 4 Quarter 2 report was written and submitted to USAID.

Request for Assistance (RFA) for FY 2008/09

The M&E team assisted in the development of the 15-month scope of work.

Documentation and Archiving

Key project documents and deliverables since inception were tracked and posted on the HSSP common drive. A process to upload the required documents on to the USAID website referred to as the development experience clearinghouse (DEC) has also begun. Staff have been oriented on how to use the common drive, and are expected to continue uploading documents as they are finalized. This will be a continuous process to the end of the program. Relevant program documents e.g. workplans and annual reports were further uploaded onto the USAID website.

Data auditing

Data audit is restricted to the tracking sheets. These are worksheets in excel which contain the indicators, targets and achievements, including verifying information such as number of persons trained and number of districts implementing F-IMCI. As a way of ensuring that the tracking sheets are revised and up to date and as a preparation for the data quality audit by USAID, the M&E team worked with the technical teams to update the tracking sheets. Internal data audits will be conducted periodically to the end of the program.

Provincial Health Statistical Bulletins

HSSP has been supporting production of provincial health statistical bulletins. During the quarter,



Lusaka and Southern provinces were supported to develop their bulletins and have so far developed draft reports. Specific focus was on skills to extract information from the HMIS data base, clean, validate, analyze the data and develop the bulletin. The target personnel during the statistical bulletins are provincial and district health personnel including the district health information officers, the data management specialists, managers for planning and development, clinical care specialists, environmental health specialists and respective program managers e.g. TB program managers. This activity also strengthens ownership of the bulletin.

Lusaka Province was assisted to develop the draft bulletin in Kabwe from 5th to 9th May 2008 and 17 people participated in the meeting. The Lusaka Provincial Health Director Dr. Mary M. Zulu and the HSSP Chief of Party Ms. Melinda Ojermark attended this meeting.

The Southern Province workshop to develop the statistical bulletin was held from June 30 to July 4 2008 and had 13 participants.

Success stories

Three success stories were written, one on the child health week and the rest on the IRS program. The final editing and formatting according to the USAID Tell Our Story format and uploading of the stories will be done in the next quarter. Background information was collected to develop a case study on how posters have been effective in improving adherence to ART in Kapiri-Mposhi. The study will be conducted in the next quarter.

AMTSL Study

Support was given to the IRH team to develop the Active Management of the Third Stage of Labour (AMTSL) study tools. Given what information the IRH team wanted to collect, the M&E unit designed three questionnaires:

- Form A which was looking at the birth attendant's demographic characteristics such as education, and whether trained formally or informally
- Form B was an observation checklist and focused on the time of birth of a child, management practices prior to delivery of placenta, and management practices following delivery of the placenta
- Form C looked at commodities and resources at a given centre selected for the study. Examples of the commodities and resources include the availability of Oxytocin, Ergometrine, Misoprostol, and electricity.

More details on this study are reported in the reproductive health section.

Malaria – IRS Impact Study

Support was given to the malaria team in developing methodology for a planned in door residual spraying impact study. This included sampling, selection of facilities to act as points of analyzing the prevalence of malaria, population size for the areas chosen, and terminologies used. The study may have to be redesigned to achieve the intended objective. An impact study may be too intense and complex for an intervention like in-door residual spraying.

Unplanned activities/additional activities and status of implementation

Support to NAC

Support was given to the National HIV/AIDS/TB, STI council to review the protocol and tools and support planning for conducting their midterm review. The mid-term review has since been launched. The report is expected out in September 2008. Continued support will be provided through the monitoring and evaluation theme group.

Recruitment of Documentation and Communications Specialist

The selected candidate declined. Other candidates were not suitable for various reasons. The position was re-advertised. The submissions received were not satisfactory. Management has made a decision not to recruit a fulltime person as the program is going to end in December 2009. Other possibilities will be explored including using STTA and some experienced volunteers to lessen the workload in the M&E unit.

10.2 Key products/deliverables

The following are the key deliverables produced during the quarter under review:

- Year 4 Quarter 2 Report

10.3 Challenges and solutions

Delays by technical staff in submitting required information/deliverables continues to pose a challenge to the M&E unit timely completion of tasks. The M&E unit relies on other technical staff to provide key information for development of expected outputs/deliverables such as the quarterly reports.

10.4 Focus for next quarter

- Complete the Year 4 Quarter 3 report
- Ensure that the tracking sheets are updated
- Save the Year 4 Q3 products/deliverables on to the common drive
- Upload the HSSP products/deliverables on to the USAID website, the development experience clearinghouse (DEC)
- Support seven provinces (Central, Copperbelt, Eastern, Luapula, Northern, North-Western, and Western) to develop their own health statistical bulletins
- Edit and print provincial health statistical bulletins
- Support technical teams in research and documentation, particularly the Malaria, CCSs, and IRH teams
- Support NAC M&E theme group activities
- Follow-up on the GIS support to Luapula Province and orienting Western Province to the use of GIS for data use and decision making
- Preparing for Year 4 annual review and workplanning
- Prepare for and hold the internal meeting to address the “so what” issues and implement resultant workplan
- Review the STTA plan and update on status
- Follow-up on the dissemination of the M&E statistical reports including the health statistical bulletins
- Develop and finalize ten success stories and upload them on USAID’s Tell Our Story Website.
- Coordinate end of year review and planning of year five
- Develop an events and call for abstracts calendar

11 HSSP Program Administration and Finances

The Goals for the administration and finances unit are to:

- Provide cost effective, efficient financial and administrative support for all project operations
- Provide accurate timely reporting of all financial and administrative transactions for the project to all stakeholders

The objectives are:

- Support/guide HSSP including all participating partners towards 100% financial and administrative compliance to meet both USAID and Abt requirements
- HR management
- Safe-guard project inventory

11.1 Activities this quarter

Financial accounting activities

All financial accounting activities were completed as planned.

Administrative/logistical work

All administrative and logistical work were completed as planned.

Office/inventory maintenance activities

All office and inventory maintenance activities were completed as planned.

11.1.1 Financial Performance

Overall Budget and Expenditures

As at June 30, 2008 it is anticipated that HSSP will have spent a cumulative total of \$30.8 million. The cumulative obligated amount for the same period to June 30, 2008 was \$36.2 million. The total project budget amount remained at \$41.9 million. Cumulatively, HSSP will spend 85% of total obligated funds and 74% of total budget funds allocated to the project. The remaining obligated funds as at June 30 will be \$5.4 million and the remaining budgeted funds as at the same date will be \$11.1 million.

PEPFAR - COP

Out of the total project obligated funds of \$36.2 million, the PEPFAR component is obligated \$15.9 million. The total PEPFAR budget out of the project total budget of \$41.9 million is \$23.1 million. Cumulative expenditure under this component to June 30, 2008 will be \$13.8 million. This represents 86.7% of obligated funds. In relation to the total PEPFAR budget, the expenditure represents 59.7% funds spent of the total budgeted funds.

Non-PEPFAR- OP

Out of the total project obligated funds of \$36.2 million, the NON-PEPFAR component is obligated \$20.3 million. The total NON-PEPFAR budget out of the project total budget of \$41.9 million is \$18.8 million. Cumulative expenditure under this component as at June 30, 2008 is estimated at \$17.0 million. This represented 83.7% of obligated funds. In relation to the total PEPFAR budget, the expenditure represents 90.4% of the total budgeted funds. Technically, it should not be possible to be obligated more funds than budgeted funds as the case is here. This

matter has been brought to the attention of the project CTO and it is hoped that this matter will be resolved through the execution of the budget ceiling increase.

Monthly Average Burn Rate

The monthly average burn rate for PEPFAR funding is \$309,351. The monthly average burn rate for Non-PEPFAR funding is \$472,368. The overall monthly burn rate for the project is \$781,719 for the quarter.

11.1.2 Human Resources

HSSP has a human resource establishment of 50, comprised of 5 management staff, 27 technical staff, and 18 support staff. At the current time, the actual staffing totals 47, comprised of 4 management, 25 technical, and 18 support staff.

11.1.3 Inventory

Desktop computers

There are currently a total of 66 desktop computers. Of these, 45 are functional and allocated to staff, 10 are functional and in storage and 11 are damaged.

LCDs

There are currently a total of 5 LCDs. Of these, 4 are functional and 1 is damaged.

Laptop computers

There are currently 40 laptop computers. Of these, 18 are allocated to staff, 10 are used in pool and 12 are damaged.

Vehicles

There are currently a total of 22 vehicles. Of these, 7 are in the Lusaka office, 9 are in the provinces with the CCSs and 6 are ex-ZIHP vehicles that are not fully functional.

11.2 Key products/deliverables

The following are the key results produced during the quarter under review:

- Successfully met financial deadlines
- Reconciled September to December 2007 Doctors and Nurse Tutors RRS advance payments
- Renovated 2 of the 5 Doctors staff houses approved under the RRS scheme.

11.3 Focus for the next quarter

- Expand RRS expenditure to other medical staff
- Complete remaining 3 RRS Housing renovations
- Reconcile Doctors, Nurse Tutors and Other medical cadres advances for period January to June 2008
- Continue to monitor overall budget/Field tracking – Weakening Dollar PAYE
- Improve the quality of documentation for financial transactions (ROV)
- IRS Personal Projective Equipment procurement follow-up