



Year 5 Quarter 3 Report (April - June 2009)

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Table of Contents

	<i>Page</i>
Abbreviations/Acronyms	iii
Executive Summary	1
Introduction	4
Technical Areas and Funding Sources.....	4
Program Objectives.....	4
Program Approach.....	5
Organization of the Quarterly Report	5
1 Child Health and Nutrition.....	6
1.1 Facility-based IMCI.....	6
1.1.1 Key Indicators: Improved CHN coverage and quality of care through facility-based IMCI.....	6
1.1.2 Key Achievements	7
1.1.3 Challenges and solutions.....	9
1.1.4 Focus for the next quarter.....	9
1.2 Community IMCI	9
1.2.1 Key indicators: Improved CHN coverage and quality of care through community-based IMCI.....	9
1.2.2 Key Achievements	10
1.3 Expanded Program on Immunization	12
1.3.1 Key Indicators: Improved immunization coverage and quality of care	12
1.3.2 Key Achievements	12
1.3.3 Successes/Best Practices.....	12
1.3.4 Challenges/Solutions.....	13
1.3.5 Focus for the next quarter.....	13
1.4 Nutrition.....	13
1.4.1 Key Indicators: Vitamin A supplementation of children aged 6 to 59 months.....	13
1.4.2 Key Achievements	14
1.4.3 Successes/Best Practices.....	14
1.4.4 Focus for the next quarter.....	15
2 Malaria (Indoor Residual Spraying).....	15
2.1 Key indicators: Improved IRS coverage and quality	15
2.2 Key Achievements	16
2.3 Challenges/Solutions	19
2.4 Successes/Best Practices	19
2.5 Focus for the next quarter.....	19
3 Integrated Reproductive Health.....	19
3.1 Key indicators: Improved coverage and quality of IRH services.....	20
3.2 Key Achievements	21
3.3 Successes / Best Practices	22
3.4 Challenges/Solutions	22
3.5 Focus for the next Quarter.....	22
4 Human Resources	22
4.1 Planning and Management	22
4.1.1 Key Indicators: Improved planning and management coverage and quality	23
4.1.2 Key Achievements	23
4.1.3 Challenges and Solutions	24
4.1.4 Successes/Best practices.....	24
4.1.5 Focus for the next quarter.....	24
4.2 Pre and In-service Training.....	24
4.2.1 Key Indicators: Pre- and In-service training coverage and quality.....	24
4.2.2 Key Achievements	25
4.2.3 Products/deliverables.....	26
4.2.4 Focus for the next quarter.....	26

5	Performance Improvement and Accreditation.....	26
5.1	Key indicators: Performance Improvement and Accreditation coverage.....	27
5.2	Activities this quarter	27
5.3	Key products/Deliverables	29
5.4	Challenges/Solutions	29
5.5	Focus for next quarter.....	29
6	HIV/AIDS Coordination	29
6.1	Key Indicators: Improved HIV/AIDS coverage and quality	29
6.2	Activities this quarter	29
6.3	Key products/deliverables	30
6.4	Planned activities for the next quarter	30
7	Clinical Care Specialists	30
7.1	Key Achievements	30
7.2	Successes/Best Practices	33
7.3	Focus for the next quarter.....	33
8	Strategic Information and Health Services Planning.....	33
8.1	Key Indicators: Improved strategic information and health services planning	34
8.2	Key Achievements	34
8.3	Products/deliverables.....	35
8.4	Focus for next quarter.....	35
9	Monitoring and Evaluation.....	36
9.1	Key Achievements	36
9.2	Key Products/Deliverables	38
9.3	Challenges and Solutions.....	38
9.4	Focus for the next quarter.....	38
10	Administration and Finance	38
10.1	Key Achievements	39
10.2	Key products/deliverables	40
10.3	Focus for the next quarter.....	40
Annex 1: Success Stories		41
	Accreditation program reaps benefits	42
	Defaulter tracing program saves lives in Kabwe, Zambia	43
	Integrated Community Health Registers	44
	Obstetric Care Closer to Home	45
	Renovating Health Worker Homes.....	46
	Evaluating the effectiveness of malaria control.....	47
	Family planning trainers crossing the flood plain	48
	Community Health Worker Promotes Key Family Practices	49
	Emergency Medical Transport for Island Dwellers.....	50
	Adolescent Health Services Empower Local Youth	51

Abbreviations/Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ARH	Adolescent Reproductive Health
ART	Anti-Retroviral Therapy
BHCP	Basic Health Care Package
CARE	Cooperative for Assistance and Relief Everywhere
CBA	Community Based Agents
CBV	Community Based Volunteer
CCS	Clinical Care Specialist
CCT	Clinical Care Team
CDC	Centre for Disease Control
CHAZ	Christian Health Association of Zambia
CHN	Child Health and Nutrition
CHN	Child Health Unit
CHW	Community Health Worker
CHWk	Child Health Week
CIDRZ	Centre for Infectious Disease and Research in Zambia
C-IMCI	Community Integrated Management of Childhood Illnesses
COG	Clinical Officer General
CRS	Catholic Relief Services
CTC	Counseling Testing and Care
DBS	Dry Blood Spot
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
EHT	Environmental Health Technician
EEMP	Environmental Evaluation and Monitoring Plan
EID	Early Infant Diagnosis
EmONC	Emergency Obstetric and newborn Care
EPI	Expanded Program of Immunization
FANC	Focused antenatal care
FIC	Full Immunization Coverage
F-IMCI	Facility Integrated Management of Childhood Illnesses
FP	Family Planning
GMP	Growth Monitoring and Promotion
GNC	General Nursing Council
HAHC	Hospital Affiliated Health Center
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
IEPPNC	Integrated Expanded Post Partum and Newborn Care
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
MACEPA	Malaria Control and Evaluation Partnership in Africa
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
MNCH	Maternal, Newborn and Child Health
MTEF	Medium Term Expenditure Framework
NAC	National HIV/AIDS/STI/TB Council
NBC	New Born Care
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
OI	Opportunistic Infection
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PAC	Post Abortion Care
PATF	Provincial AIDS Task Force
PEPFAR	President's Emergency Plan for AIDS Relief
PBN	Post Basic Nursing
PDH	Positive Deviance Hearth
PHC	Primary Health Care
PHD	Provincial Health Director
PHO	Provincial Health Office
PIA	Performance Improvement Approach
PICT	Provider Initiated Counselling and Testing
PMEC	Payroll Management and Establishment Control
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PP/PN	Post Partum/Post Natal
PRA	Pharmaceutical Regulatory Authority
RDT	Rapid Diagnostic Test
RED	Reach Every Child in Every District
RH	Reproductive Health
RHIS	Routine Health Information System
SEA	Strategic Environmental Assessment

SMAG	Safe Motherhood Action Groups
STI	Sexually Transmitted Infection
SOM	School of Medicine
SOP	Standard Operating Procedure
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

Executive Summary

The Health Services and Systems Program (HSSP) has progressed past the midpoint of its final 15-month project year, with only six months of the project life remaining. In effect, only one quarter of active project implementation remains. The focus of quarter three has been:

- completion of remaining results targets
- intensified efforts to ensure Ministry of Health capacity to institutionalize and carry forward HSSP-supported initiatives
- documentation of HSSP's key results, innovations and products

These focal areas permeate the manner in which we are now working. HSSP is making progress in achieving the aims set forth in its sustainability and exit strategy (referenced in the RFA submission, June 2008). The generic approaches of the strategy are as follows:

- Assure that all products and deliverables are completed, approved by the Ministry of Health and delivered by end of project.
- Through involvement in the MOH planning cycle, assure that activities and programs which have benefited from HSSP support are included and budgeted for in district and central level plans from 2010 onwards. Operationally this will take place through HSSP participation in central-level and all provincial-level planning launches in July 2009.
- Together with MOH, work to leverage the resources of partners, many of whom are already cost-sharing collaborators with HSSP, to provide on-going support in areas where MOH resources are insufficient.
- Hold an end-of-project conference to assure full dissemination of products, tools, and results to all relevant stakeholders who may in turn make use of the knowledge and benefits gained.

All of the above strategies have been addressed during the quarter:

- Almost all project deliverables are completed, with the remainder scheduled for quarter four.
- HSSP is fully supporting the planning cycle, and attending the national planning launch and all provincial launches in quarter four.
- Leveraging of activities continues to expand our reach, exceed our targets, and enable partnerships to carry the work further. An example this quarter is the substantial involvement of UNFPA and Clinton Foundation in the curriculum review work.
- An end of project dissemination meeting is being planned, a committee has been assigned, and tentative dates are set.

The program close-out plan is being carefully monitored, and a nine month budget-to-close was prepared. A one-month no-cost extension has been proposed to USAID, to enable the IRS season to be fully completed, including the Post-Spray Meeting. Field budgets are being carefully tracked as technical areas now complete their work plans, allowing for re-allocation of balances to areas of need. Printing and dissemination of numerous tools, guidelines, learning materials and reports is a key activity and expenditure area at this point in the project.

Budgetary constraints in the health sector were felt acutely this quarter, as the MOH budget allocations fell short of expected, due to national pressures on the economy, and some donor payments were on hold. HSSP endeavored to be responsive and flexible to assure that key activities could be supported.

Highlights in achievements during the quarter

During the quarter, substantial progress was made in completing the targets for year 5, and in activities to reinforce sustainability. The integration of HSSP activities was further strengthened through new and on-going initiatives:

- The Postpartum/Postnatal Integration study, which documents the strengthening of the continuum of care for mother and newborn through EmONC and F-IMCI.
- Curriculum review, which brought together technical specialists and institutions whose expertise has been enhanced, and whose teams have been enriched through numerous HSSP capacity building efforts (EmONC, IMCI, malaria case management, etc.).
- The preparation of guidelines for Clinical Care Teams and mentoring approach which draws on CCS expertise, and uses health systems approaches to create a sustainable means of continuous clinical strengthening.

All teams assisted Ministry of Health partners in preparing technical updates for the annual planning launch, scheduled for July. Upon receiving the updated Planning Handbooks, and the new Integrated Technical Guidelines, the Permanent Secretary expressed appreciation for HSSP's contribution to the planning cycle. Other important documents were also printed and distributed this quarter, including the Referral Guidelines for HIV/AIDS, and guidelines for ART Accreditation and Certification of Health Workers.

Facility and Community IMCI teams have completed their targets, and continue to strengthen MOH capacity in technical support supervision, monitoring and program follow up. Numerous districts were visited and teams strengthened. The Community Register was assessed, and found to improve participation in child health services. Nutrition activities were broadened this quarter to include support to the nutrition emergency, with a focus on training health workers and printing needed materials. HSSP played a key role in assisting the Ministry of Health to prepare for Child Health Week, which had been cancelled due to financial constraints, but was subsequently rescheduled for July.

The Integrated Reproductive Health team has worked systematically to narrow their targets, training many more health workers in EmONC during the quarter. The innovative work of strengthening male involvement through Safe Motherhood Action Groups has continued with additional workshops, focusing on MIP and general support to pregnant spouses.

In Indoor Residual Spraying, important breakthroughs were achieved this quarter with the establishment of a mosquito colony in the insectary, and the development of entomology capacity at central and district levels. Efforts to assure sustainable district - level capacity in several areas - geocoding, training of trainers (spray operators), and entomology - have been the focus of the quarter. At the national level, there is need to address the future (post-HSSP) management of the IRS program and the dedicated personnel required to run the program.

A leap forward in progress for ART accreditation was achieved, with 13 new private sites accredited, and only two remaining. This achievement represents almost half of the life of project target (30). HSSP will assist the Medical Council of Zambia to establish an ART certification database, and to carry out a restructuring exercise that will strengthen the organization and its systems, to enable MCZ to more fully manage the accreditation and certification activities in the future.

In human resources for health, timely invoicing and payment of HSSP retained staff continued to be a good indicator of improved sustainability of the system. The number of doctors retained declined to 17, however, due to transfers and long term training. These will be replaced next quarter, along with discussions with the HR Secretariat on how to reinforce adherence to the retention contracts. In pre-and in-service training, HSSP assisted the School of Medicine to complete the MB ChB curriculum, and GHC was assisted with training manuals for the BSc nursing curriculum.

Clinical Care Specialists (CCS) continued their multifaceted activities to improve HIV/AIDS services in the provinces and districts and improve quality and access to effective interventions. These include playing a major role in provincial HIV/TB coordination bodies, mentoring of junior doctors and other health workers, carrying out case management and record reviews, and providing training in ART/PMTCT/STI/TB management, quality improvement, and rational use of medicines. The CCSs catalyze other HSSP activities, such as private sector accreditation, performance improvement and EmONC.

The roll-out of the new HMIS is now complete, and HSSP has worked this quarter with the MOH on synchronizing the manual and electronic (SmartCare) data systems. HIV/AIDS data has been under review for consistency and completeness, and weaknesses are being recorded for inclusion in a question and answer manual for resolving common issues and errors.

In health planning, several important products were printed and distributed, including the district planning handbook, and the handbooks for hospitals, training institutions and health centers. Likewise, the Integrated Technical Guidelines document was printed, and the pocket sized version will be developed during quarter four.

The M&E unit has been focusing both on routine tracking, and on preparing for close-out. A major effort to complete success stories, yielded 12 stories this quarter, and a compendium of all success stories is being prepared for production as a booklet for distribution at the HSSP end-of-project dissemination meeting, tentatively scheduled for 17th September 2009.

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

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)

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

Program Approach

HSSP's approach is to provide technical support and capacity building to the Ministry of Health, to enable achievement of program results. During Year 5, the last 15 months of the Program, HSSP is focusing on the consolidation of scaled-up systems and programs, ensuring quality, sustaining best practices, and documentation and dissemination of achievements. In this third quarter of Year 5, HSSP achieved progress to complete its targets and continued to work at all levels of the health system.

Organization of the Quarterly Report

The Quarter 3 Year 5 Report, April – June 2009, 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. Ten success stories are included in Annex 1.

1 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.

1.1 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.

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

Indicators	Year 5 (Oct 08 to Dec 09)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
1.1 Number of districts implementing F-IMCI	72	72	72	72	100
Health workers trained in IMCI case management	72	35	400	677	Target exceeded
1.5 Number of people trained in child health care and child nutrition	210	46	618	3,065	Target exceeded ¹
1.6 Number of people trained in maternal/newborn health	375	35	795	1,318	Target exceeded ²
1.12 Number of special studies conducted	2		3	5	Target exceeded ³
1.13 Number of information gathering or research activities conducted	5		9	9	100%

¹ The contribution to this indicator is from all the three units of CHN. The target on health workers trained in IMCI case management training and on number of people trained in child health care and child nutrition have been exceeded because of co-funding with the respective districts to promote ownership and also because of leveraging of resources from national level partners in which case HSSP only provided TA

² The figure achieved increased because those trained in IRH were added to those trained in CHN in Year 3

³ More studies than targeted were conducted as a means to have more information to share with MOH

1.1.2 Key Achievements

Monitor and evaluate IMCI implementation

The National Health Facility Survey dissemination meeting was held to share the findings with a broader partner base. HSSP facilitated the organization of this meeting which attracted a good number of the partners in child health as well as representatives from the districts. Final feedback has been obtained from the partners and the report is ready for printing. Funds from WHO and HSSP will be used towards the printing of the report for distribution.

Support district planning and budgeting for IMCI implementation

As the planning cycle began this quarter, HSSP worked closely with the Child Health Unit to prepare the technical updates aimed at sharing the national focus for the next three years with the provinces and the districts. After the launch of the national planning cycle in the coming quarter, HSSP will provide technical support during the rolling out of the provincial and district planning processes.

Support District F-IMCI case management training

Post IMCI training initial follow-up visits are important to ensure that the trained health workers are supported to transfer the skills and knowledge obtained during training into practice and assure that their work environment is conducive. During the quarter, HSSP led one of five national teams that provided TA to provincial offices to conduct these visits in their selected districts. In particular HSSP provided TA and financial assistance to the Northern PHO and in particular to Kasama, Nakonde and Mpika DHOs to conduct initial follow-up visits for health workers trained in IMCI case management. Some of the key findings were as follows:



Performing an RDT test

- Absence of paediatric formulations of the first line drugs such as amoxicillin
- The absence of a weighing scale, a thermometer and ORT corner compromised the quality of service provision
- Children with fever were being given anti malarials without confirming the diagnosis of malaria
- Lack of protocols for the management of common conditions posted on the walls at some of the facilities
- At some of the facilities staff were misplaced and the few who had been trained in IMCI case management were not given the opportunity to orient the others in the basic principles
- Critical shortage of vaccines as a result of less than required being supplied as per CSO figures as well as general inertia in the ordering process in some of the facilities

During feedback to the respective DHOs, ways of addressing the identified gaps were discussed. The accompanying PHO staff member pledged to visit the districts again to ensure that recommendations made were put into practice.

Build capacities to support IMCI implementation

As part of the on-going capacity building in supervisory skills for the staff at the DHOs, HSSP has continued to use the on-the-job training approach which is quicker and cheaper. The MOH child health unit has equally taken on board the approach and in the quarter under review HSSP led a national level team to work with, and equip Northern PHO staff and DHO staff members for Nakonde, Kasama and Mpika in skills to use the IMCI supervisory tools to provide TSS in child health. Four other teams formed at the national level were tasked to visit Western, Central, Copperbelt, and Southern provinces to undertake similar activities. The capacity built should contribute to improved supervisory skills in IMCI among the provincial and district staff members.



Conduct a survey to determine impact of on-the-job training

The approach of using on-the-job training to equip supervisors at the DHO with skills to conduct initial follow-up supervision for health workers trained in IMCI has been adopted by the MOH child health unit counterparts. The actual impact that this has had is yet to be seen as the districts provide feedback on how they have utilized the skills and knowledge acquired as well as the challenges faced. Information obtained from a questionnaire will be analyzed and made available by the end of the project.

Strengthen sustainability of F-IMCI

Following the development of the SOW for a consultant to lead the process of developing the IMCI strategic plan, HSSP, in collaboration with WHO and MOH, have formed a small team to provide leadership and ensure that the development is on course and completed by the end of the year. A plan of work was developed and agreed upon by all the stakeholders. The consultant has been availed with the key reference documents and has produced a draft log frame which is being reviewed.

Develop and pilot a comprehensive newborn health model

A preliminary data analysis from the integrated postpartum/postnatal care study has been conducted and a core team from both IRH and CHN has reviewed the findings and provided feedback to the external consultant. In an effort to strengthen integration of maternal and child health in the care of the newborn, HSSP contributed to financial support and provision of updates to the White Ribbon Alliance on the national guidelines for the care of the newborn, during their annual meeting.

Build capacity and contribute to the provision of national level leadership in malaria case management
HSSP continued to work with NMCC and provided technical and financial support for the orientation of 38 (30 males and 8 females) PHO, DHO and selected facility staff from Eastern Province, in malaria case management and overall program management. All the eight districts in Eastern Province were represented and the orientation program is expected to be rolled out to all the health workers that are managing malaria cases. Eastern Province was the fifth to be visited following Central, Copperbelt, Western, and North-Western Provinces. These orientation programs are meant to form a basis of strengthening malaria case management at the service delivery points.

Technical supervisory visits were conducted for selected centers in Mambwe, Nyimba, Lundazi, and Chama districts following the two-day orientation program.

Eastern Province ranks fifth in malaria prevalence among under-five children at 9.3% (2008 MIS). In addition, it had the highest proportion of any anemia and severe anemia.

1.1.3 Challenges and solutions

Challenges	Solutions
Assuring the final review of documents by MOH counterparts before printing	Constant reminder to the counterparts

1.1.4 Focus for the next quarter

- Support the printing of the IMCI Health Facility Survey Report
- Support the printing of the Malaria Diagnosis and Treatment Guidelines
- Documentation of impact of the on-the-job training for IMCI supervisors
- Support the training of tutors in IMCI facilitator skills
- Continue the process of development of the IMCI strategic plan

1.2 Community 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.

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

Indicators	Year 5 (April -June 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
1.2 Number of districts with at least health worker trained in C-IMCI	72	N/A	72	72	100%

Indicators	Year 5 (April -June 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
1.3 Number of facilities with at least one health worker trained in C-IMCI	16	30	500	579	Target exceeded ⁴
1.4 Percent of districts with providers offering 6 key family practices	80%	100%	80% (58 districts)	100% (72 districts)	Target exceeded

1.2.2 Key Achievements

Technical support supervision to institutionalize supervision for CHWs



Mother volunteer support groups on PD/Hearth in Chikankata

Four districts (Mazabuka, Sesheke, Kazungula and Kaoma) were monitored for implementation of community IMCI activities and to institutionalize support for Community Health Workers. Some of the field findings include: The need to keep CHWs well equipped with CHW drug kits, equipment, stationery supplies for reporting and bicycles for defaulter tracing and to support outreach activities.

Capacity of facility supervisors to support Community IMCI strengthened

During the quarter HSSP supported capacity building of 30 facility supervisors in Community IMCI monitoring for provision of effective support to CHWs. Participants were drawn from the four districts (Chipata, Chama, Chadiza, and Katete) in Eastern Province. The trained facility supervisors will strengthen health center community partnerships.

Innovations on community case management of malnutrition

Due to MOH competing priorities, a meeting to share best practices on community case management of malnutrition was postponed. However, HSSP took the initiative to conduct supportive visits to some of the sites in Mazabuka, Choma, and Mansa districts which are applying the Positive Deviance/Hearth approach to manage malnourished children. Chikankata PD/Hearth site has recruited over 2,000 children with four PD/Hearth sites. Results of the evaluation are found in Table 1.

⁴ Leveraging of resources led to exceeding the targets for indicators 1.3 and 1.4. For indicator 1.4, MOH deemed it fit to have all the districts offering 6 key family practices

Table 1: Reasons mothers gave for feeding children less than four times a day

Reason	Percent of Respondents
Lack of food	38%
Loss of appetite	20%
Ignorance	15%

To improve mothers understanding of available foods, cooking demonstrations were held, with a very positive response. From the Chikankata experience, attendance of the target population has been nearly 100%. Mothers enjoyed the experience of preparing



A supervisor reviewing a community register with one of the community health workers

food together; it was a social and learning experience.

Given the malnutrition levels in Zambia and the challenges faced in accessing supplemental foods in light of food security challenges, Positive Deviance/Hearth can have an important role to play in managing malnutrition at community level where villages have greater than 30% malnutrition.

Document CHW experiences on community IMCI implementation

During the quarter, HSSP completed documentation of a CHW success story on the implementation of 6 Key Family Practices and a technical brief on the experiences of Community IMCI implementation. The technical brief on C-IMCI will be disseminated during the scheduled CHN/TWG meetings as part of a handover process.

Community register use evaluated

In 2007, HSSP took the leadership in supporting MOH/CHU to harmonize existing community registers into an integrated register. The harmonized format was disseminated to all provinces and selected districts to adapt and use as needed. Following the dissemination, Kaoma DHMT adapted the format and added other data elements. HSSP and Kaoma DHMT co-funded the training of CHWs and facility supervisors in case management and monitoring community activities. Use of community registers ensures that all children under five are traced, including interventions received. This facilitates identification of defaulters in immunization and growth monitoring. Regular updates of the community registers and feedback meetings with community leaders should be planned for. After 6 months of utilization, support was given to Kaoma DHMT to evaluate use of registers and provide TA to CHWs in their use

Highlights on the use of the community register

- All CHWs visited had printed registers and report forms in use
- Most CHWs were oriented and followed up
- CHWs felt that the register was user friendly and useful
- All CHWs visited had adequate transport and PHC units to operate from

Following the evaluation, HSSP in collaboration with Kaoma DHMT, will disseminate findings to MOH, NFNC and partners for refining, printing and scaling up use of integrated and standardized community register to achieve sustainability.

1.3 Expanded Program on Immunization

The specific objectives of Expanded Program on Immunization 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 2009
- Support 58 districts to attain 80% and above Full Immunization Coverage (FIC) of children under one year

1.3.1 Key Indicators: Improved immunization coverage and quality of care

Indicators	Year 5 (April - June 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
1.7 Number of districts with at least 80% of children fully immunized by age 1 year	55	N/A	N/A	58	97%
1.8 Number of children less than 12 months of age who received DPT3 in the last year	1,057,000	159, 995	2,624,000	2, 283,477	87%

1.3.2 Key Achievements

Technical support supervision for low performing districts provided

In quarter three, districts were monitored for provision of technical assistance to sustain the improved immunization coverage gains made during the last four years. The visits reviewed sustainable strategies used within their own district resources with focus on the application of RED strategy.

Documentation of Health System Strengthening (HSS) activities, results and lessons learned

HSSP provided technical assistance to the tracking study for Health Systems Strengthening activities. Documentation of experiences and lessons learned on the impact of HSS activities will continue in the next quarter.

1.3.3 Successes/Best Practices

- Use of community register as a tool for achieving integration and enhancing community activities
- Districts that have institutionalized use of RED strategy concept have demonstrated improved coverage of maternal and child health interventions

1.3.4 Challenges/Solutions

Challenges	Solutions
<ul style="list-style-type: none"> Support MOH with comprehensive revision of CHW training manuals and new training strategy Funding insufficient due to failure in leveraging from MOH 	<ul style="list-style-type: none"> On-the-job training held in lieu of formal training Reduced the number of participants and days

1.3.5 Focus for the next quarter

- Support to printing of EPI vaccination manual
- Complete documentation of impact of Health System Strengthening activities on staff motivation and service delivery.
- Support MOH with comprehensive revision of CHW training manuals and new training strategy
- Briefing meetings planned with CHU, NFNC, HMIS units on RED strategy technical brief and community register and to discuss way forward for strengthened coordination/sustainability

1.4 Nutrition

The specific objective of the Nutrition area is to increase national vitamin A supplementation coverage in all districts to above 85% by 2009.

1.4.1 Key Indicators: Vitamin A supplementation of children aged 6 to 59 months

Indicators	End of Project (EOP)		
	Target	Total Achieved to date	% Status
1.1 Number of children aged between 6-59 months who received vitamin A	10,762, 521	8,727,311	91%
1.2 Percent of children between 6-59 months receiving vitamin A supplementation	85%	93.7%	Target exceeded ⁵
1.3 Number of children 1-5 years who received de-worming tablets	6,940,000	7,413,957	Target exceeded ⁶

Note: Child Health Week scheduled for quarter two was rescheduled to quarter three.

⁵ Indicator 1.2 has been exceeded because during the recent years government has invested more resources in CHWk, enabling districts to target resources and expand coverage beyond initial targets

⁶ Indicator 1.3 has been exceeded due to under estimation of the targets

1.4.2 Key Achievements

Capacity building in districts to effectively manage vitamin A supplementation and de-worming programs

Provided technical support in planning for the next round of Child Health Week scheduled for July 2009. Preparatory activities for finalization of a Child Health Week data management model commenced. These activities include collection of trend coverage data from health facilities.

Strengthen integration of nutrition interventions

HSSP provided support to the Ministry of Health to conduct technical support supervision in three provinces, namely Central (Kapiri Mposhi and Serenje), Northern (Mbala and Kasama), and Western (Mongu and Senanga). The technical support supervision was conducted with a dual purpose of supervision as well as field-testing an integrated nutrition supervisory tool. The supervisory tool is aimed at strengthening the nutrition supervision of health workers at the implementation levels.

Advocate for and strengthen integration of nutrition interventions

HSSP provided logistical and technical support in hosting a National Food and Nutrition Symposium on 28th and 29th May 2009. In addition, HSSP was able to participate in the institutional exhibitions. The symposium provided a forum for multi-sectoral exchange of ideas on how to improve the nutrition situation in the country.

Nutrition Emergency

HSSP supported the Ministry of Health in three key areas in the nutrition emergency during the quarter:

1. Field-testing of a supervisory tool that will help ensure health workers adhere to procedures and protocols for achieving better nutrition outcomes. The supervisory tool is an essential tool in addressing the gaps of supervision that are required following training.
2. Training of 61 health workers: 21 health workers in basic training of infant and young child feeding counseling; 20 health workers as trainer of trainers in infant and young child feeding counseling; and 20 health workers in management of severe malnutrition.
3. HSSP initiated printing of the Essential Nutrition Package of Care for the Health Sector, Infant and Young Child Feeding Counselling Tool and the Zambia Food Composition Table.

1.4.3 Successes/Best Practices

Presented a poster at the Micronutrients Forum in Beijing, China, 12-15th May 2009

The poster presentation was entitled: “Strengthening Health Systems Management: Prerequisites for sustaining vitamin A supplementation coverage”.



HSSP Nutrition Advisor, Ruth Siyandi, during the Beijing Conference

1.4.4 Focus for the next quarter

- Complete development of Child Health Week data management model for managing health centre data
- Support monitoring of Child Health Week in two districts
- Complete printing of job aids and IEC materials
- Training of 24 health workers in the management of severe malnutrition
- Handover of printed documents and protocols

2 Malaria (Indoor Residual Spraying)

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

2.1 Key indicators: Improved IRS coverage and quality

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
2.1 Number of houses sprayed with insecticide with USG support	802,185 ⁷ (900,000)	0	802,185 (900,000)	762,479	95% (85%)
2.2 Proportion of housing units in targeted area for IRS that have been sprayed in the last 12 months	85%	0	85%	95% (85%)	95% (85%)
2.3 Value of pharmaceuticals and health commodities purchased (IRS)	250,325	150,124	601,300	603,769	Target exceeded
2.4 Number of host country institutions with improved management information systems (IRS)	22	0	22	37 ⁸	Target exceeded
2.5 Number of people trained in malaria treatment or prevention (IRS)	1,725	0	3,956	3,001	76%
2.7 Number of people trained in monitoring and evaluation (IRS)	37	28	79	104	Target exceeded

⁷ Revised targets set by districts, based on resources and geographical reconnaissance

⁸ Provided training to all 36 districts plus central level when NMCC scaled up IRS to 36 districts

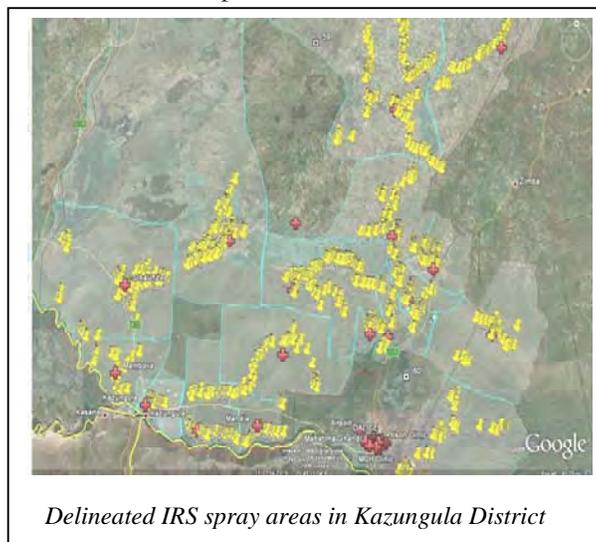
Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
2.8 Number of people trained in strategic information management with (IRS)	0	12	111	118	Target exceeded ⁹
2.9 Number of special studies conducted	5	2	7	3	57% ¹⁰
2.10 Number of information gathering or research studies conducted in malaria	5	4	9	11	Target exceeded

2.2 Key Achievements

Strengthen management capacities at NMCC for IRS operations

The IRS guidelines will assist to standardize IRS operations in Zambia and ensure compliance with regulatory provisions. Editing was completed this quarter to improve the flow and presentation. A graphic artist has been engaged to design the format for printing. The guidelines will be printed in quarter four.

A one day TOT orientation was held in Lusaka in June to review the TOT strategy for the IRS 2009 season. Thirty experienced trainers from selected IRS districts attended. These will be the facilitators for the TOT that will take place in Ndola, Kabwe and Lusaka in July. It was agreed to



Delineated IRS spray areas in Kazungula District

conduct the three TOT sessions simultaneously rather than sequentially, thus saving time and resources. Upon successful completion of the TOT, the 30 will be confirmed master trainers for the future. This will ensure that NMCC is well prepared for the scale up in 2010, targeted for 54 districts, and is a sustainability measure, given that HSSP technical support is coming to an end.

To ensure environmental compliance, a number of preparatory meetings to conduct a strategic environmental assessment (SEA) for the country were held with various

⁹ People trained (indicator 2.8) and information gathering (indicator 2.10) activities have exceeded the target because of new districts introduced into IRS in 2008 that have participated in these trainings

¹⁰ Special studies reported include geocoding data analyses and impact study (entomological portion). The numbers should improve in the next quarter with the impact study, resistance studies and pre-spray entomological studies.

partners under the leadership of ECZ. Once carried out, the SEA will be able to provide the framework for all safeguards.

HSSP initiated activities to identify storage facilities for rehabilitation. Three sites were selected, Ndola, Kitwe and Mazabuka. The structures were assessed and architect's drawings prepared. Approvals are being processed including an Environmental Evaluation and Monitoring Plan (EEMP) for USAID.

Strengthening the district level management capacities for IRS implementation

To ensure effective planning for logistics and procurement of commodities, as well as effective monitoring and evaluation of spray activities, supervisors from four districts were trained in geocoding. The objective of the workshop was to provide sufficient skills to IRS supervisors to be able to conduct geocoding in the districts with minimum supervision from the national level. Geocoding data summary analyses for the districts were prepared by the IRS Information Specialist.

It is necessary that supervisors are armed with basic knowledge to use geocoding tools in the district IRS service delivery to assure that the work will continue even after HSSP closes. Seven districts were supported to carry out enumeration of structures. In addition, nine districts were supported to delineate spray areas. The latter is being carried out in collaboration with Integrated Vector Control Consortium (IVCC) under the Medical Research Council (MRC) of South Africa. The purpose of spray area delineation is to improve the efficiency of planning for spray operations.

The IRS team attended PMI Mission meetings both at HSSP and NMCC. The team also participated in the Global Fund Round 9 Proposals to ensure funds availability to support expansion of IRS activities in the country.

Enhance the NMCC and district teams' capacities to carry out adequate monitoring and supervision activities on IRS operations in 15 districts

The exportation of the DDT waste had stalled for some time due to additional waste material from packaging being added to the quantity to be exported. This required renegotiation between supplier and buyer. The most recent reports indicate that clearance may be granted by the South African authorities by the end of July, and loading in Lusaka in early August.

Enhance NMCC technical and operational research capacities by facilitating entomological investigations in selected districts related to monitoring and evaluation of IRS activities

To enable measurement of IRS program effectiveness, various activities, including entomological studies, must be undertaken. To prepare the districts to carry out entomological studies, training of district environmental health technologists (EHTs) was undertaken. Thirty participants from HSSP-supported districts were trained in basic entomology. The completion of this course now sets the stage for entomological studies to be carried



out, with district capacity in place.

During the quarter the NMCC insectary has been maintained and improved. Intensive and sustained effort at larval collection, and also obtaining larvae from Macha, has resulted in achieving viable breeding colonies of mosquitoes for use in entomological studies. Resistance studies and pre-spray entomologicals will be conducted in quarter four.

Enhance NMCC and district IRS teams' capacities to undertake impact assessment studies

To measure effectiveness/impact of IRS, an impact assessment study was designed,



Course participants on an entomology field exercise

approval was received by ethical review boards in Zambia and the US, and data collection was initiated. The study involves three IRS districts paired with three similar non-IRS districts. Entomological and health facility case data (RDT or laboratory confirmed cases) was collected. The volume of health facility data was greater than anticipated, hence, some remaining data collection will be completed in quarter four as well as the analysis and reporting of the study.

Procurement of personal protective equipment (PPE)

Advertising, tendering and selection of vendors for procurement of personal protective equipment were carried out, and the orders processed for PPEs for the coming IRS season. Delivery is expected at the end of July and distribution to the districts in August.

Participation at international meetings

The IRS team participated in the 75th American Mosquito Control Association Annual Conference held in New Orleans, Louisiana. The team made three oral presentations as follows: Doing it right – the Zambian IRS; Maximizing Operational and Collaborative Efforts for IRS Implementation - Zambia; Using Personal Data Assistants in Zambia's IRS Planning Process. The team also participated in a panel discussion on insecticides and environmental protection. One team member was sponsored by IVCC to participate in a workshop held in Durban, South Africa to discuss the planned implementation and standardization of the malaria decision support system to be rolled out in the IRS districts. The idea is to ensure that all countries in the region are using the same system. Finally, a poster was presented at the Global Health Council Annual Meeting: Using PDAs to Improve the Quality and Efficiency of IRS Service Delivery in Zambia.

2.3 Challenges/Solutions

Challenges	Solutions
Lack of control on the process of export of DDT waste as HSSP is not part of the supply contracts. Capacity at NMCC to manage IRS	Recommended that purchase should include a revised waste disposal clause Capacity has been developed in the provinces and districts

2.4 Successes/Best Practices

- Created a core of master trainers for TOT, decreasing reliance on HSSP and external expertise
- Increased sustainability of geocoding by training district IRS supervisors
- Succeeded in establishing a breeding colony of mosquitoes in the insectary
- Developed district capacity in basic entomology

2.5 Focus for the next quarter

- Conduct pre-spray entomological surveys
- Initiate contact bioassays and susceptibility tests
- Analysis of data on impact study and report writing
- Insectary sustainability plan documentation
- Upgrade storage facilities
- Conduct training of trainers and cascade trainings
- Facilitate export of DDT waste
- Distribute PPEs and insecticides
- Conduct monitoring and supervision of spray activities
- Analyze IRS and geo-coding data
- Launch the spray season

3 Integrated Reproductive Health

The integrated reproductive health (IRH) area 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).

The 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 2009

3.1 Key indicators: Improved coverage and quality of IRH services

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
3.1 Districts with at least 1 functioning PAC site	43	0	43	41	95%
3.2 Number of districts with at least 2 providers trained in PAC and working in facilities providing PAC	43	0	43	41	95%
3.3 Number of districts with at least 1 functioning EmONC site/centre	43	0	43	41	95%
3.4 Number of districts with at least 2 providers trained in EmONC and working in facilities providing EmONC	43	0	43	41	95%
3.5 % of pregnant women receiving IPTp 2 in Central and Eastern provinces	80%	N/A	80%	N/A	N/A
3.6 Number of USG-assisted service delivery points providing FP counseling or services	173	67	493	821	Target exceeded ¹¹
3.7 Number of information gathering or research activities conducted by the USG	9	2	15	57	Target exceeded ¹²
3.8 Number of people trained in FP/RH with USG funds	656	114	1,347	1,761	Target exceeded ¹³
3.9 Number of health care providers trained in Long-Term FP methods with HSSP support	150	0	408	358	88%

¹¹ Training and updates in the provision of FP services are a component of the LTFP, EmONC, and ARH programs.

¹² This indicator includes research activities, such as the AMSTL study and MIP assessment, as well as site assessments undertaken at health facilities prior to all LTFP, EmONC, and ARH trainings.

¹³ All of the IRH Unit training programs, including those for community members in MIP, focus on one or more aspects and reproductive health and/or family planning.

3.2 Key Achievements

Built capacity in EmONC service provision through training of healthcare providers

HSSP partnered with Ministry of Health and UNFPA to train 18 healthcare providers from six districts in Luapula Province. This three-week training in both, theory and practical skills, built providers' capacity to prevent and manage obstetric complications, including spontaneous and unsafe abortions.

Oriented district and facility-level managers to EmONC

Forty managers from Central, Copperbelt, and Lusaka Provinces were oriented to the EmONC program in order to achieve greater ownership and sustainability of the program at the district level.

Trained healthcare providers in Adolescent Reproductive Health

A training in adolescent reproductive health (ARH) was conducted for nine districts in Northern Province. Twenty-eight healthcare providers from 24 sites were trained in adolescent pregnancy prevention and counseling, and the creation of "youth-friendly corners."

Provided technical support and supervision to providers trained in ARH

Technical support was provided to 11 trained sites in Southern Province in order to mentor providers and promote ownership and sustainability of the ARH program.



ARH peer educator in Southern Province conducts education at a local clinic



NHC member demonstrates use of job aid provided by HSSP

Finalized the Self-Directed Learning Manual for Family Planning Methods

The IRH Unit, in collaboration with partners, finalized the review and update of the Self-Directed Learning Manual. The manual will allow healthcare providers to improve their knowledge and skills in family planning on the job and at their own pace. The manual is currently in the formatting stage and is due for printing in quarter 4.

Conducted MIP orientation for NHC members and healthcare providers from 8 districts

Two workshops were conducted for NHC members and healthcare providers from health centers preparing for the roll-out of Safe Motherhood Action Groups (SMAGs). The participants, from eight districts in Central and Eastern Provinces, were oriented to FANC, IPT, and PMTCT with a focus on male involvement in order to prepare them to educate their fellow NHC/SMAG members and conduct community sensitization. The 31 healthcare providers and 8 MNCH coordinators present were also updated on the FANC and IPT guidelines and re-oriented to the safe motherhood guidelines manual.

3.3 Successes / Best Practices

Strengthened healthcare provider-community network

The MIP orientations were designed to include stakeholders from three levels: the district, the health center, and the community. By bringing all of these participants together for one workshop, the network between them was strengthened and it reinforced the valuable role of community members in achieving improved health outcomes.

3.4 Challenges/Solutions

Challenges	Solutions
Stock outs of SP at district and facility levels	Conducted update for healthcare providers on the IPT guidelines in order to correct the misuse of SP.
Inadequate resources	Reprogrammed male involvement and EmONC study funds into MIP male involvement activities and EmONC trainings.

3.5 Focus for the next Quarter

- Conduct follow-up on MIP activities, re-evaluating health center data and visiting Safe Motherhood Action Groups
- Complete Integrated Postpartum/Postnatal Care Case Study
- Conduct LTFP training for Northern and Central Provinces
- Conduct EmONC Training for Copperbelt Province
- Complete and print EmONC curriculum
- Document and report on end of project results

4 Human Resources

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

4.1 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.

4.1.1 Key Indicators: Improved planning and management coverage and quality

Indicators	Year 5 (Dec 2008 – Oct 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total achieved to date	% Status
4.1 Percent of physicians retained in C and D districts under the HSSP rural retention scheme	90%	74%	90%	74%	74% ¹⁴
4.2 Percent of C and D districts that maintain or reduce their average daily staff contacts ¹⁵	70%	0	70%	44%	44%

In the May 2009 payroll, six doctors under HSSP support had either been promoted or were reported to have gone for training taking more than nine months. As a result of this, the number of physicians under HSSP support on the retention scheme has reduced to 17, equivalent to 74%. HSSP will work with MOH to assure replacement of doctors permanently removed from the retention payroll.

4.1.2 Key Achievements

Doctors' retention survey

The report on the assessment of the benefits of the doctors' retention scheme was completed this quarter. Fourteen doctors were interviewed. Among the results, doctors found the following retention scheme factors to be highly motivating:

- High level of responsibility for decision making
- Broad scope for learning and professional development
- Satisfaction in providing a service to society

The report will be presented as a technical brief during quarter four.

Identification of Clinical Officers contracts and reconciliation of retention scheme payroll

Two Clinical Officers' contracts were completed this quarter bringing the total of CO contracts to 30. All available CO retention contracts at MOH are being supported by HSSP.

The reconciliation of the ZHWRS payroll has been completed up to May 2009. The provision of up-to-date payrolls has continued to be well coordinated by MOH with little support from HSSP technical staff.

HR planning technical brief

As part of the handover process, and in order to document HSSP experience in HR planning, HSSP developed an HR planning technical brief. The document describes the current situation of HR planning and HRIS, the current challenges, and provides policy recommendations.

¹⁴ A temporary decrease occurred due to staff transfers and attendance of retained doctors in training. This will be corrected in Quarter 4

¹⁵ This indicator is reported once a year in the third quarter using HMIS data

HR planning and management technical support supervision (TSS) provided to the NIPA Health Management Course

The MOH invited HSSP to provide TSS to the NIPA course for Health Managers. This activity provided an opportunity to share important HR planning guidelines and tools. The course participants included District Medical Officers, district managers, hospital managers and ward supervisors.

4.1.3 Challenges and Solutions

Challenges	Solutions
The placement of new and qualified HR Officers especially at district level needs to be accelerated and completed in order for HR activities to be efficiently and effectively implemented.	MOH HR Directorate attended a 21 day retreat in order to complete the restructuring process by mid-July 2009

4.1.4 Successes/Best practices

- Reconciled retention scheme payrolls and allowances with MOH up to May 2009.

4.1.5 Focus for the next quarter

- Dissemination of technical brief and report on doctors retention.
- Participate in the national and district planning launches.
- Support MOH in monitoring the implementation of the 5 Year HR Strategic Plan 2006 – 2010 and the development of the 2011 – 2016 Strategic Plan.

4.2 Pre and In-service Training

The main goal of the Pre- and In-service training component 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, CTC and other HIV and AIDS related services by 2009.

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

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
4.2 Percent of graduates trained to provide ART, PMTCT and CTC services <i>(Total)</i>	90% (780)	N/A	90% (2,340)	69% (1,603)	69%

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
(a) Nurses	100% (600)	N/A	100% (1,800)	48% (785)	48% ¹⁶
(b) Clinical Officers	100% (120)	N/A	100% (360)	100% (414)	Target exceeded ¹⁷
(c) Doctors	100% (60)	N/A	100% (180)	182% (327)	Target exceeded
4.3 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	N/A	21	20	95%
4.4 Number of individuals trained in HIV-related institutional capacity building	100	46	100	198	Target exceeded
4.5 Number of students graduating from pre-service health training institutions (Total)	665	N/A	1,330	658	49% ¹⁸
(a) Nurses	555	N/A	1,110	551	50%
(b) Clinical Officers	60	N/A	120	57	48%
(c) Doctors	50	N/A	100	50	50%

4.2.2 Key Achievements

Work with GNC to revise OTN and EN curricula

In collaboration with GNC, preparatory work to revise and incorporate HIV/AIDS content in the operating theater nursing (OTN) and enrolled nurse (EN) curricula started in quarter three. The workshop to complete revision of curricula has been scheduled for quarter four.

Support UNZA SOM to complete the revision of MB ChB and development of training manuals for the BSc Nursing curriculum

The MB ChB curriculum was revised to incorporate HIV/AIDS and the training manuals for the BSc Nursing curriculum were developed. The completed documents were submitted to the Senate for endorsement in readiness for printing. The BSc nursing curriculum was adopted by Senate and will be printed in quarter four.

¹⁶ The closure of some of the nurse training schools led to the reduction in the expected number of graduates

¹⁷ The goal by MOH to scale up ART services in the country led to recruiting more students and training more health workers and tutors, exceeding the targets on indicators 4.2 b and c and 4.4

¹⁸ The numbers are expected to reach 100% in quarter four once the information on graduating students in June 2009 is obtained

Support technical updates/CTS for tutors and preceptors

Twenty three (23) individuals were trained in HIV/AIDS related services. Another workshop to train 75 more individuals has been scheduled for quarter four.

Monitor HRDCs and support utilization of ITGs

HRDCs were monitored in quarter three. The utilization of ITGs was also supported

Printed COG and RN curricula and teaching and learning materials

The COG and RN curricula and teaching and learning materials were printed and delivered to Chainama College and GNC, respectively.



4.2.3 Products/deliverables

- Clinical Officer General Curriculum
- Registered Nurses Curriculum

4.2.4 Focus for the next quarter

- Print MB ChB and BSc Nursing curricula
- Increase the number of individuals receiving capacity building in HIV/AIDS (annual target is 160)
- Revise EN, EM, RM and OTN curricula to include HIV/AIDS and other priority health services

5 Performance Improvement and Accreditation

The goal of Performance Improvement is to improve the quality of case management observation/record review during supervisory visits. The objectives are to reach 60% of districts (43) conducting case management observation/record review in at least 80% of supervisory visits and accredit 30 private ART sites by 2009.

5.1 Key indicators: Performance Improvement and Accreditation coverage

Indicators	Year 5 (Oct 08 to Dec 09)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
5.1 Number of private sites delivering PMTCT, CTC or ART services that are assessed by MCZ	3	4	41	45	Target exceeded ¹⁹
5.2 Number of private sites delivering PMTCT, CTC or ART services that are accredited by MCZ	15	13	30	30	100%
5.3 Percent of districts conducting case management observation/ record review in at least 80% of supervisory visits	60% (43 districts)	60%	60% (43)	60% (43)	100%

5.2 Activities this quarter

Technical support supervision focused on case management

HSSP assisted Chingola District in Copperbelt Province in provision of technical support supervision focusing on case management at hospital and health center levels. This ensures that there is a deliberate policy to provide ‘on site’ technical assistance to the hospital and health facilities.

Chingola District carries out a form of TSS but it is not well organized. Three Medical officers in the district give support to all the health centers. With the support from HSSP, the District Director recognized the importance of TSS and immediately put in place measures to address the situation. He is also committed to include it in the action plan for next year. There is also a plan to re-introduce weekly clinical meetings and quarterly clinical symposia for clinicians and nurses. This will improve case management in HIV/AIDS and other priority health areas.

Sustainability

To ensure sustainability, HSSP has built capacity in 43 districts in conducting case management. It is expected that the districts will include this activity in their action plans and continue to provide technical support supervision even after HSSP has come to a close.

Accreditation of ART delivery sites

During this quarter, HSSP supported MCZ to assess and accredit 13 private sites.

¹⁹ More facilities providing ART needed to be accredited, thus, more facilities than targeted were assessed

Accredited ART sites

No.	Site	No.	Site
A. Copperbelt Province			
1	Company Clinic -Kitwe	3	Hillview Medical Centre-Kitwe
2	Telnor-Ndola	4	Kalulushi Medical Center -Kalulushi
B. Lusaka Province			
1	CFB Hospital	6	Mums Care Clinic
2	Corpmead Clinic	7	Mutti Clinic
3	Pendleton Family Clinic	8	Kara Clinic
4	Premium Medical Services	9	ZESCO Company Clinic
5	Victoria Hospital		

Among the benefits of accreditation, ART sites will sign a Memorandum of Understanding with Ministry of Health, upon being accredited, that will enable them to receive free ARVs from MOH. This is expected to increase the ART uptake and also decongest the public ART sites.

Printing of ART accreditation guidelines and Certification guidelines

In the previous quarter, HSSP in conjunction with MCZ revised the ART Accreditation Guidelines. In quarter three, HSSP supported the printing of the ART Accreditation Guidelines, ART Certification Guidelines, as well as the ART Accreditation Assessment Tools.



Dr. Peter Mumba, examining medical records during the inspection visit at Victoria Hospital.

Certification of health workers

The development of the certification system of ART health providers has been initiated. With assistance from MCZ, a consultant has been identified to design the data base and the activity will be completed by the end of quarter four.

HSSP has supported systems that will assure continuity when the project ends in December 2009. ART Accreditation and Certification Guidelines have been printed and distributed. Provincial assessors have been trained and these will continue with ART site assessments. In addition, in quarter four HSSP will support MCZ to review the organizational structure aimed at filling critical positions that will also absorb the work generated through HSSP's technical contribution.

Documentation

During the quarter, the team developed the Technical Brief for ART Accreditation in Zambia. The brief has been shared with Medical Council of Zambia and the Council has approved the content. The brief, illustrated by selected accreditation success stories, will be published in quarter four.

5.3 Key products/Deliverables

- 500 copies of the Revised ART Accreditation Guidelines
- 500 copies of Certification for ART Providers Guidelines
- 500 copies of ART accreditation assessment tools
- Thirteen (13) Private ART sites accredited

5.4 Challenges/Solutions

Challenges	Solutions
The slow pace at which the MCZ is assessing ART sites for accreditation due to capacity constraints	MCZ, in collaboration with HSSP, is reviewing the organizational structure so that MCZ can be more efficient.

5.5 Focus for next quarter

- Hand over the printed guidelines to MCZ
- Completion of ART certification data base at MCZ
- Carry out the review of the organizational structure at MCZ

6 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 OIs). The objective is to assure 60% of districts have at least one facility offering a minimum package of HIV/AIDS services by 2009.

6.1 Key Indicators: Improved HIV/AIDS coverage and quality

Indicators	Year 5 (Oct 2008 – Dec 2009)		End of Project (EOP)		
	Target	Quarter 1 Achieved	Target	Total achieved to date	% Status
6.1 Percent of districts with at least one facility offering a minimum package of HIV/AIDS services by 2009	60% (43)	Nil	60% (43)	100% (72) (NAC Reports)	100% Target achieved

6.2 Activities this quarter

Update ART partners database

During the quarter, HSSP carried out the survey to update the database. A total of 20 partners responded to the questionnaire out of which 16 records were updated. Some partners indicated that they no longer support ART activities while others stated that they provide block funding for all HIV activities and not only for ART. This database

has since been handed over to MOH after demonstrations on its use were conducted. To ensure continuity of this activity, MOH and NAC will convene a meeting to seek ways of integrating the different ART databases obtaining in their institutions.

Develop mentorship and QA training materials

Throughout the life of the program, HSSP has contributed to building capacities of health service providers at various levels, and build sustainable systems that ensure quality service provision and improved performance. To further these efforts during the quarter, HSSP supported the development of mentorship and QA training materials. These materials were developed by a team of experienced clinicians drawn from primary, secondary and tertiary hospitals and the Provincial Health Office. The materials will be used by Provincial Health Offices, hospitals and MOH to train and mentor health workers so as to ensure maintenance of standards and quality of case management. The draft materials will be finalized and printed in the fourth quarter.

Print and distribute HIV/AIDS Referral Guidelines

HSSP has been working with MOH and NAC to strengthen the HIV/AIDS referral system in public and private institutions. During the quarter HSSP supported the printing of 5000 copies of the National HIV and AIDS Referral Guidelines. These guidelines will be distributed along with the Home Based Care Standards and the training packages which have been developed by NAC and CARE International.

6.3 Key products/deliverables

- Updated 2009 partners ART database
- Printed National HIV/AIDS Referral Guidelines

6.4 Planned activities for the next quarter

- Finalize QA and mentorship training guidelines
- Work with CCSs to conduct provincial TOT workshops for health workers in QA and clinical mentorship

7 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.

7.1 Key Achievements

Coordination of ART services

The scale-up of ART services has continued across the country, with all provinces now focusing on ART delivery at the primary level of care. With the presence of partner organizations in all provinces, the need for a coordinated approach to supporting delivery of services remains critical for rational allocation of resources. The CCSs have

continued to facilitate the Provincial ART Coordination Committee meetings which are held on a quarterly basis.

The CCSs have also been instrumental in providing provincial level input into national processes such as 2008 Annual Monitoring and Evaluation of Global Fund indicators in HIV/AIDS, TB and malaria conducted in all nine provinces in clusters of three provinces.

Quarterly district service delivery performance review meetings are very useful fora for DHMTs to monitor and compare their performance and share experiences. Central and North-Western provinces conducted this activity with full participation of the CCSs.



CCS for Central Province Dr. Victoria Musonda providing mentorship

The CCSs also continue to act as advisors on behalf of MOH on technical HIV/AIDS issues at Provincial AIDS Task Force (PATF) meetings.

Coordination Activities for Quarter 3

No.	Province	Coordination Activity
1	Central	- Provincial TB/HIV coordinating body meeting
2	Copperbelt	- Provincial TB/HIV coordinating body meeting - Provincial HIV committee meeting
3	Eastern	- Clinical mentorship meeting - Provincial TB/HIV Coordinating Body Meeting
4	Luapula	- Provincial ART Committee meeting
5	Lusaka	- Provincial TB/HIV coordinating body meeting
6	Northern	- Provincial TB/HIV coordinating body meeting
7	North-Western	- Provincial PMTCT meeting - Provincial TB/HIV coordinating body meeting
8	Southern	- Provincial TB/HIV coordinating body meeting
9	Western	- Provincial TB/HIV coordinating body meeting

Provision of TA and mentoring to junior health workers in ART

Technical backstopping and supervision was carried out through technical supportive supervision (TSS). The recipients of TSS included medical officers, clinical officers, nurse/midwives, classified daily employees, and community based volunteers who, in some instances, provide clinical services to patients. During the remainder of HSSP, CCSs are increasingly focusing on mentoring district level supervisors in the appropriate TSS approach that leads to changed practice. CCs participated in mentorship to 87



CCS for Luapula Province Dr. Chitalu Chilufya providing hands-on training to junior health workers

junior doctors in Central, Eastern, Luapula, Lusaka, North-Western, Southern and Western provinces.

Case management and record reviews conducted this quarter

One of the core objectives of the CCSs is to foster improved quality of case management with an emphasis on HIV/AIDS services. This was achieved through:

- Case management observations in health facilities
- Record reviews in health facilities
- Clinical meetings
- Clinical mentoring which also incorporates most of the activities listed above

During the quarter 112 case record reviews were done in four provinces.

Support districts, hospitals and clinical HIV/AIDS programs

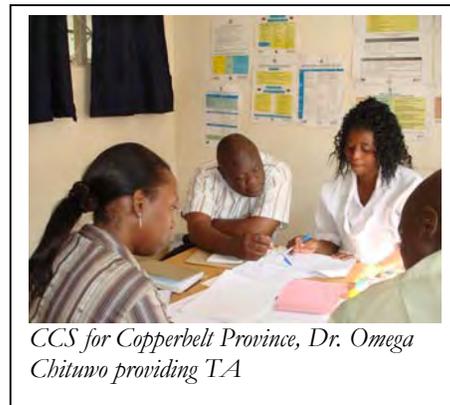
The CCSs have continued to strengthen HIV/AIDS programs through a number of approaches. During the quarter, all CCSs participated in reviewing PMTCT, ART, malaria and reproductive health programs in respective provinces. CD4 sample referral was also supported in Central Province. ART defaulter tracing enabled 204 clients to initiate or resume care at an ART site in Central Province.

Building capacity

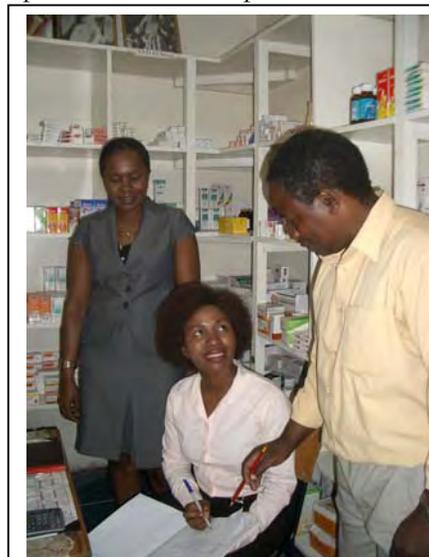
HSSP CCSs facilitated the training of health workers in various areas in collaboration with other partners (CDC, CARE, CHAZ, CIDRZ, and ZPCT). CCSs participated as trainers and co-funded some of the trainings. During the quarter, the following numbers of health workers were trained through this collaboration:

- 331 health workers in ART/PMTCT /DBS in 5 provinces
- 24 lay counselors in PMTCT in Central Province

These trainings will enhance ART/PMTCT uptake and reduce pediatric HIV infection. DBS trainings will enhance Early Infant Diagnosis (EID) which will reduce infant mortality.



CCS for Copperbelt Province, Dr. Omega Chituvo providing TA



Dr. John Banda on accreditation inspection at Victoria Hospital, Lusaka

Working with the private sector in the provision of ART

CCSs are involved in ART site assessment for accreditation. This quarter, Lusaka Province assessed 10 private ART sites for accreditation.

Scaling up of ART Services

New ART sites were opened through the introduction of ART outreach services in the following centers: North Western 4, Copperbelt 1, Central 5, Western 4 and Eastern 13.

During the quarter, all 72 districts scaled up PMTCT sites following the trainings of health workers conducted in the previous quarter

through Global Fund financing. Central Province recorded 22 new PMTCT sites.

7.2 Successes/Best Practices

- ART services scaled up by 27 new sites in 5 provinces
- PMTCT services scaled up in all 72 districts in 9 provinces
- ART defaulter tracing of 204 clients was supported to an ART site in Central Province.
- 331 health workers and 24 CBVs trained in HIV/AIDS programs

7.3 Focus for the next quarter

- Coordinate district planning for priority health areas including HIV/AIDS
- Hold Quarterly Provincial ART Committee meetings
- Coordinate partner efforts in HIV/AIDS services in the provinces; leverage resources for training and implementation of HIV/AIDS services
- Participate in provincial planning launches
- Create/strengthen clinical care teams, equip them with supervisory/program management skills, through capacity building meetings and mentorship programs. This will sustain the technical support programs
- Coordinate the clinical care teams to conduct on-site TSS for health workers from ART sites, focusing on case management observation and record reviews
- Collaborate with the CCT to strengthen clinical mentorship programs in all districts
- Facilitate clinical symposia for clinicians in 9 provinces
- Provide TA to strengthen sample referral systems for DBS, (promoting EID) and for baseline investigations for facilities without laboratory services, which need to provide ART services
- Strengthen linkages between ART and PMTCT services in all PMTCT sites
- Train health care providers in QA in remaining provinces
- Train 120 health care providers in rational use of medicines in 9 provinces
- Support provinces to monitor adherence to national treatment protocols for both adult and pediatric ART management

8 Strategic Information and Health Services Planning

The goal of Strategic Information and Health Services Planning 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.

8.1 Key Indicators: Improved strategic information and health services planning

Indicators	Year 5 (Oct 2008-Dec 2009)		End of Project (EOP)		
	Target	Quarter 3 Achieved	Target	Total Achieved to date	% Status
7.1 Number of individuals trained in Strategic Information	12	12	720	847	Target exceeded ²⁰
7.2 Number of institutions provided with TA in SI activities	10		93	93	100
7.3 Number of districts using revised guidelines for planning	72	72	72	72	100

8.2 Key Achievements

Synchronise report outputs between SmartCare and the paper system

Following the rolling out of the HMIS to all public facilities, HSSP, in collaboration with CDC and Boston University, began a process of harmonizing the different data elements identified in the existing reporting formats. The different data elements were observed in reports presented by various partners. On each of the reports, consensus was reached on standard definitions of data elements for HIV/AIDS. Harmonized reports were provided to the programmers at MOH and CDC for translation into an electronic version. This information was later used to update the HMIS/MOH Service Delivery Form. The form is currently being reviewed by HSSP and will be ready in quarter four. Expected beneficiaries from this exercise include ZPCT, AID Relief, Boston University, CIDRZ and MOH.

Develop mechanism for improved data quality and enhanced usage

The revised HMIS has been in use for over a year in many districts of the country. Preliminary review of HIV/AIDS data has shown that data have not yet reached an acceptable level of quality, and data will therefore require further attention.

In response to this, HSSP commenced a detailed data review for completeness and consistency in five districts in Copperbelt Province to document the weak areas in HIV/AIDS data management. Findings will be used to compile a question-and-answer compendium for common data management challenges. The compendium will be integrated into the Data Management Manual for HIV/AIDS services, which will be revised in quarter four. This activity is expected to be completed by August 2009.

²⁰ Global Fund supported MOH with data audit for HIV/AIDS services. HSSP was a key facilitator to the data audit meetings. Those meetings were not planned for by HSSP but we were called upon to be a technical resource in trainings/data audit meetings

Update existing planning guidelines and tools based on the NHSP and other national goals

Field testing of the revised district handbook

Following the revisions to the district, hospital, health centre and training institutions planning handbooks, support was provided to MOH for the orientation of the provincial health staff to the revised planning handbooks. A total of 32 staff were trained including Clinical Care Specialists, Financial Specialists and Health Planners from the provinces, MOH, HSSP and WHO. The revised handbooks have since been printed and will be disseminated to the districts through provincial planning meetings. It is expected that provincial staff who have received orientation will in turn orient other staff in their respective provinces, districts/hospitals, and other health institutions to the revised planning tools.

Integrated Technical Guidelines (ITGs)

A total of 1,000 copies of the ITG document have been printed through HSSP support. There are plans by the Directorate of Clinical Care and Diagnostic Services to disseminate these documents through the newly defined mentorship program.

Assess the level of use of revised guidelines in planning for HIV/AIDS by DHMT

All the sub-activities under this activity have been dropped due to delayed finalization of the revised planning handbooks. The remaining time may not be adequate to conduct this activity. However, efforts will be made during the review of the health institutions action plans for 2010-2012 to monitor and document use of the revised guidelines by health institutions.

8.3 Products/deliverables

- Printed copies of district, hospital, health centre/post and training institutions planning handbooks
- Printed copies of ITGs document

8.4 Focus for next quarter

- Refine the existing “Data Management Manual for HIV/AIDS” to include Frequently Asked Questions (FAQ) in HIV/AIDS Data Management. Print revised data management manual.
- Technical support to provincial planning launch and review meetings with districts and other health institutions from 15th to 31st July, 2009
- Revise and print pocket size ITGs. Revision had stalled due to delayed finalization of the main ITG document. The activity has since been restarted and the document should be ready for formatting by end of August, with printing in September, 2009.
- Technical support for district and other health institutions action plan review and consolidation of the health sector for 2010-2012. These activities are expected to be undertaken between September and November, 2009. MOH is expected to take the leading role, while HSSP will provide technical support.

To ensure sustainability, most of the activities under strategic information and health services planning are part of the overall MOH priority areas. Technical assistance provided to MOH was aimed at building capacity of the relevant technical officers to ensure continuity of activities.

9 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.

9.1 Key Achievements

Coordinate program planning and reporting on program indicators

The M&E team, working in consultation with management, coordinated the year five quarters two and three review meetings. The quarter two narrative report was consolidated and submitted to USAID on schedule.

Formats for presentations and reports were reviewed to further strengthen presentation of achievements. Reports are aligned to program objectives and core activities for easy tracking. The M&E team is working to assure that all indicators and results are promptly and correctly reported at this near-final stage of HSSP.

PEPFAR Semi Annual Report

The M&E team, working closely with management, coordinated the development of the semi-annual PEPFAR report which was submitted to USAID on schedule.

Success Stories

With the assistance of the M&E unit, and under the leadership of the COP, HSSP has developed a total of 25 success stories. Twenty-two of these stories have been published in the Year 4 Annual Report and Year 5 quarters 1, 2 and 3 reports. Eight success stories have been uploaded onto the USAID Telling Our Story website, of which three have been published, and one story, “Malaria on the Retreat in Zambia” was published in the PMI annual report. The target of developing a cumulative total of 12 success stories by the end of quarter three has been greatly exceeded. Twelve stories were developed this quarter, of which ten are included in this quarterly report in Annex 1. A compendium of success stories has been prepared, is currently being formatted, and will be printed during quarter four. The compendium will be published as a final product of HSSP, to be shared at the final dissemination meeting.

Four technical briefs, another form of documenting program successes, were drafted during the quarter and will be completed during quarter four:

- ART Accreditation
- Impact of RED strategy on child health interventions
- HIV/AIDS HMIS: From vertical to integrated; and
- Human Resource Planning

The results of the doctor’s retention assessment will also be prepared as a technical brief.

Develop and maintain tracking systems

Archive of HSSP Deliverables

The M&E Unit has maintained an archive of all HSSP products and deliverables. To support the archive, a product/deliverable tracking matrix is regularly updated, as was done this quarter.

Printing Matrix

At this final stage of the project, many documents and products are being prepared for printing and dissemination. A printing matrix has been developed and updated and is used to track the planning, progress and quantity of each document in the queue. It also acts as a standard tool for obtaining printing quotations.

Conduct program research and data analysis

ZHWRS rapid assessment on Nurse Training Institutions and MOH/HSSP Document Audit

In quarter three, the M&E unit began to summarize the information collected for two rapid assessments:

- (a) Examining the impact of the ZHWRS on student intakes and tutor recruitment in Nurse Training Institutions
- (b) MOH/HSSP Document Audit – tracing key HSSP/MOH documents and their use in the field

Data analysis and writing up of results will be completed in the next quarter.

Postnatal/Postpartum Integration study

In collaboration with the child health and integrated reproductive health teams, the M&E unit assisted in the planning and implementation of the Postnatal/Postpartum Integration Study. Data has been collected and a draft report has been provided by the consultant. Technical review and finalization will take place in quarter four.

EmONC Curricula

The M&E unit assisted the IRH team to review the EmONC participant's and trainer's manuals. During quarter four a technical specialist and a graphics designer will be engaged to finalise the two documents and they will thereafter be printed.

Assist MOH to produce provincial health statistical bulletins

The nine provincial statistical bulletins have been finalised and will be printed in quarter four. The M&E unit has planned to meet with all the provincial health data managers and CCSs to discuss how MOH should take up the initiative to prepare the provincial statistical bulletins on a sustained annual basis.

Health Planning Guidelines

The M&E unit travelled to Livingstone to assist in the workshops to review the revised planning handbooks for the district, hospitals, training institutions, and health centres/communities. The handbooks have been printed and handed over to MOH, for use in the upcoming planning cycle.



Patrick Cheve and Paul Chimbimba with the Data Management Specialist for North-Western Province, Mr. Ndoji Kalejhi during the Provincial Health Statistical Bulletin development

Reviewing Clinical Care Specialists Indicators

Reports submitted by the nine clinical care specialists have typically been diverse in detail and content, although efforts have been made to raise standards and ensure consistency. During the quarter, five indicators for tracking the activities of the clinical care specialists (CCSs) were reviewed for standardization, in a further effort to obtain more uniform and complete reports.

9.2 Key Products/Deliverables

- Year 5 Quarter 2 Report
- Updated archive and list of all products/deliverables
- Updated Indicator Tracking sheet
- Printing Matrix
- PEPFAR Semi Annual Report
- 12 success stories

9.3 Challenges and Solutions

Challenges	Actions/Solutions
Complete studies, analyses and end of project documentation in quarter three; insufficient editorial capacity to process the documents	Technical staff to focus on documentation to meet workplan commitments; COP and Abt home office staff engaged in technical and editorial review

9.4 Focus for the next quarter

- Finalize analysis and reporting of all remaining studies
- Finalize life of project results in the Indicator Tracking Sheet
- Prepare final listing of documents and deliverables
- Prepare archival materials for transmission according to close out plan
- Upload reports to USAID websites: DEC and TOS
- Print and disseminate the compendium of success stories
- Print and handover provincial health statistical bulletins
- Consolidate and submit quarter 3 report to USAID
- Prepare for and hold end-of-project dissemination meeting
- Prepare for final annual review meeting and Year 5 Annual Report

10 Administration and Finance

The Goals for the administration and finance 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:

- To guide HSSP to achieve 100% USAID and Abt Associates financial and administrative compliance

- To safeguard project inventory and cash
- To provide local human resources management support
- To provide logistics support to the program

10.1 Key Achievements

Financial accounting activities

- Reconciled and paid all Rural Retention Scheme reimbursements to MOH for March, April, and May 2009
- Tracking the project close-out plan, including preparing a 9-month budget-to-close
- Tracking overall project and field expenditures, and making realignments as technical areas prepare to close out
- Continued to improve quality of documentation for financial transactions (ROVs)
- Continued to uphold compliance training and enforcement at every given opportunity
- IRS PPEs procured and final delivery expected by July 31, 2009
- Participation in assessing potential IRS storage sites, and facilitating approval process from USAID and ECZ for IRS storage facilities renovations

Overall budget and expenditures

As at May 22, 2009 HSSP had spent a cumulative total of \$40.6 million. The cumulative obligated amount for the same period to May 22, 2009 was \$46.2 million. The total project ceiling amount is \$46.7 million. Cumulatively, HSSP had spent 87.8% of total obligated funds and 86.9% of total project ceiling funds. The remaining obligated funds as at May 22, 2009 were \$5.6 million.

PEPFAR - COP

Out of the total project obligated funds of \$46.2 million, the PEPFAR component is obligated \$18.5 million. Cumulative expenditure under this component to May 22, 2009 was \$17.1 million. This represents 92.4% of obligated PEPFAR funds.

Non-PEPFAR- OP

Out of the total project obligated funds of \$46.2 million, the Non-PEPFAR component is obligated \$27.7 million. Cumulative expenditure under this component as at May 22, 2009 was \$ 23.4 million. This represented 84.5% of obligated funds.

Monthly average burn rate

The monthly average burn rate for PEPFAR funding is \$284,405. The monthly average burn rate for Non-PEPFAR funding is \$470,292. The overall monthly burn rate for the project is \$754,697 for the quarter.

Compliance of financial contract reports

Standard Form (SF) 269 and Federal Cash Transaction Report 272 for the quarter ended March 31, 2009 were submitted to USAID on April 30, 2009. Due date for submission of these reports was May 15, 2009.

Human Resources

HSSP has a human resource establishment of 49, comprised of 4 management staff, 27 technical staff and 18 support staff. There were no changes in staffing during the quarter.

10.2 Key products/deliverables

The following are the key results produced during the quarter:

- Project 9 month close-out budget
- Monthly ROVs for April, May and June 2009

10.3 Focus for the next quarter

- Management of close out plan and budget tracking for the period July 2009 to January 2010; implement plan for successive staff terminations as a part of close-out.
- Undertake renovations and hand over refurbished Mazabuka, Ndola and Kitwe IRS storage facilities
- Begin work on disposition of project property and documents

Annex 1: Success Stories

Accreditation program reaps benefits

Improved employee health and heightened company productivity

To extend the reach of HIV/AIDS services in Zambia, the Ministry of Health works in partnership with private sector health providers to serve the large numbers of patients seeking life-saving antiretroviral therapy (ART). One challenge has been to assure that the services follow established standards, and that treatment is given according to up-to-date medical protocols and policies in both public and private facilities. A program to assess and accredit health facilities providing ART was established in 2006, in cooperation between the Ministry of Health, the Medical Council of Zambia and the USAID-funded Health Services and Systems Program (HSSP).

One beneficiary is the Zambia Electricity Supply Corporation (ZESCO), which employs and provides health benefits to 3,800 workers. ZESCO management is proud that their clinic network was recently accredited for ART services. Sister in Charge, Lentisha Muyanza, spearheaded the effort. Understanding the relationship between employee health, productivity, and the company bottom line is



ZESCO Sister in charge, Lentisha Muyanza.

crucial for health managers like Mrs. Muyanza. She regularly analyzes company statistics on illness, deaths and accidents, and successfully lobbies ZESCO management to implement win-win health programs, benefiting both the employees and the company. The results are clear -- reduced sick leave, improved employee well being, and satisfied managers.

“Whether or not we were accredited, the process helped us to streamline our operations and to give our patients better care.”

Sister in charge, Lentisha Muyanza

“We first heard about accreditation when we were approached by Dr. Peter Mumba from HSSP. The program made good sense and ZESCO applied. The first step was an initial assessment. We scored

only 5 out of 35 points, but we were determined to improve. An inspection team explained that we needed to demonstrate our capacity within seven domains, including laboratory, human resources, clinical care, and several others. We had a long way to go to meet the standards. It was hard work. We needed laboratory and clinical training, equipment, and an information system. HSSP assisted us with training and ZESCO management helped with infrastructure and staff.”

ZESCO now has an HIV/AIDS workplace policy, an equipped laboratory, x-ray facilities, the SmartCare electronic information system, and ART trained staff. Services that were formerly outsourced, such as laboratory, are now provided in-house. Mrs. Muyanza radiated enthusiasm, “now we can treat our patients in an evidence-based way, not symptomatically. I feel good, especially for our patients.”

Defaulter tracing program saves lives in Kabwe, Zambia HIV/AIDS patients get adherence support for their treatment

Grant Mbebeta, a 32 year-old HIV-positive man from Kabwe, Zambia credits the antiretroviral therapy (ART) defaulter tracing system at Kabwe General Hospital to finding him and saving his life. He says, "I stopped coming to the clinic for review on 26 September 2007. I became very sick and was almost dying."

The hospital commenced ART services in 2003. As enrolled patients increased, staff at the clinic also began observing an increase in the number of patients missing their review dates, and approached hospital management to establish a program to trace patients who default from treatment. In 2008, Kabwe General introduced a program to identify and locate ART patients who stopped their treatment for various reasons. With 4,205 clients enrolled on ART since the introduction of services at the hospital, a total of 809 clients had defaulted by the end of December 2008.

"I thank the Kabwe General Hospital adherence counselor who discovered me at home in August 2008 and brought me back to the hospital." Grant Mbebeta

With support from the Health Services and Systems Program (HSSP), a USAID-funded



Nurse Cecilia Chinyama and patient Grant Mbebeta, at Kabwe General Hospital

project, Kabwe General Hospital mobilized its ART clinic staff and community-based volunteers that provide adherence counseling to form a defaulter tracing team. The purpose of the team is to track down defaulting patients directly in the community, and provide them with information and support to resume and adhere to their treatment. Thus far, 168 defaulting patients have been traced using this program and are once again receiving their life-saving medicines and follow up care from the clinic.

The ART clinic has seen additional benefits beyond tracing of clients. The counseling skills of the clinic staff have been strengthened and they can readily provide support to patients and clients. The clinic is now able to identify reasons for defaulting, such as self-referrals to other clinics or death -- critical information that can be used to assess the ART program performance at the hospital. Medical Superintendent, Dr Yotum Phiri, sees the clear benefits of this program and the need to sustain it explaining, "ART defaulter tracing is a very good idea, which should be institutionalized to be part of the ART service delivery package and budgeted for in the annual action plans."

Integrated Community Health Registers

Streamlining the work of volunteer health workers

Keeping track of the health of the community is a challenging responsibility for Community Health Workers in Zambia. Often the job entails maintaining numerous registers, reporting forms and tally sheets for various health programs. The information is periodically compiled and passed to the district health office, with limited benefit to the community.



Zambia's Ministry of Health (MOH) has a well developed information system in its health facilities, but the community-based health information system is still in its infancy. Recognizing that community level health information has many benefits, the USAID-financed Health Services and Systems Program (HSSP) supported the MOH to develop a harmonized community register which incorporates the essential information from all current health programs.

The basic register format was distributed to all provinces and districts for adaptation to local requirements. In Kaoma District, community health workers and district supervisors were trained by HSSP in use of the registers and reporting formats. Mwangala Mulikelela, a Community Health Worker at Kabombwa PHC, is very satisfied: "previously we had many registers which were not integrated. Things have been made easier now."

All children under five are entered on the register, along with key health milestones and services received such as immunization and growth monitoring. Defaulters are easily identified and tracked down in the community for follow up. The end result is illness prevention, and healthier, better informed families and communities. Regular feedback meetings with community leaders, using data from the registers, help to sustain community support and participation.

"These registers have assisted us with follow up of defaulting children. Information tracked is relevant for my work and monthly reporting is no longer a nightmare."
Rose Mungandu PHC, Kaoma District

In an assessment in 2009 HSSP found that all CHWs responded that the registers were user friendly and useful in tracking health service follow ups and for guidance in planning.

Obstetric Care Closer to Home

Building local health worker capacity saves women's lives in rural Zambia

The healthcare providers at Petauke District Hospital are proud of the new skills they've brought to the patients in their maternity ward. The hospital, like most in rural Zambia, has long faced significant obstacles in providing pregnant women with the care that they need. Complications during labor and delivery, and even maternal death, remain all too common. In addition to long distances between villages and rural health centers and poor transport systems, clinics and hospitals face a constant lack of supplies and chronic understaffing.



Dr. Zulu attends to paperwork in his office at Petauke District Hospital

Recognizing the challenges that healthcare providers face in Petauke District, in May of 2008, the USAID-financed Health Services and Systems Program (HSSP), in partnership with the Ministry of Health, provided training in emergency obstetric care and neonatal care (EmONC) using low-technology approaches. As there are few doctors to provide emergency care to pregnant women and women in labor, HSSP also trained nurses, nurse-midwives, and clinical officers. When HSSP staff went to

visit those health workers a year later, the results were impressive.

Upon their arrival in the district, the team met Dr. Gideon Zulu, who had been trained in EmONC, including more complicated, surgical procedures, such as caesarean section. Dr. Zulu acknowledged that the training has had a big impact on his work and on that of his colleagues, stating, “the training provided me with skills in anaesthesia and more focused management of obstetric complications. I am now able to handle complications with more confidence and can provide support to the nurses and midwives in the maternity and gynaecology wards, as well as in the surrounding health centers.” As a result of the staff's expanded capacity to deal with complicated labor and deliveries, women are now rarely transferred to the mission hospital over an hour away in Katete.

“The training provided me with skills in anesthesia and more focused management of obstetric complications. I am now able to handle complications with more confidence and can provide technical support to the nurses and midwives.” Dr. Gideon Zulu

As if to confirm the impact of these changes, the HSSP team encountered one of the beneficiaries whose life was saved. Mrs. Ivyon Mwanza had just delivered her third child. Due to multiple complications, which the nurses at the rural health center were able to identify early, she was referred to the hospital for a caesarean section. Mrs. Mwanza was deeply grateful, “I am very happy the way the hospital received me. They reacted quickly and took me to theater and now, my baby and I are fine. I have been looked after very well.” Dr. Zulu and his team are pleased with successes like these and hope that, as word spreads about the high-quality of care being given in Petauke, pregnant women will come sooner and more often to receive these life-saving services.

Renovating Health Worker Homes

Improved housing - a successful incentive for health workers

Bernadette Tembo, a nurse at Samfya Stage II Clinic in Samfya District in rural Zambia lives in one of six newly refurbished staff homes. The renovations made to her home have kept her happy and motivated to remain in her current position. Mrs. Tembo is just one example of health workers in rural areas whose lives have improved with the basic upgrading of their homes.

In 2005 the USAID-financed Health Services and Systems Program identified the need to renovate government-owned housing for health workers because of the



Bernadette Tembo stands proudly in front of her refurbished home

*"If you are living well, then even your job . . . you can do it in a good way."
Bernadette Tembo, nurse in Samfya District*

dilapidated state of the buildings. Renovations included sealing large cracks in the walls, repairing roofs, painting walls and ceilings, replacing door locks, and fixing broken toilets. In Milenge District, solar panels were installed in

homes to provide a free source of energy for the resident.

The renovations have created both incentive and motivation for health workers to work in remote rural health facilities. Mrs. Tembo explained that before the house was refurbished, she was unhappy with her home, however with the improvements she says, "The house is clean and painted. I'm living happy." She also explained that living happy keeps her motivated to remain at Samfya Stage II Clinic. Renovations to housing in Mwense District also provided an incentive for health workers to work at Musangu Clinic, which prior to the improvements, had no staff willing to live and work there. "After thorough renovations of two houses at Musangu, we managed to post a midwife and a clinical officer, who are now happily serving a community of 10,300 people," then District Director of Health, Theodore Muma explained.

Twenty-six homes have been refurbished since 2005 in Milenge, Mwense, Kawambwa, Samfya and Chiengwe districts across Luapula Province, helping 70 health workers and their families live more comfortably.

Evaluating the effectiveness of malaria control

Malaria entomology revitalized

A successful malaria control program does more than spray houses and distribute mosquito nets, it also conducts scientific study of the mosquitoes that cause malaria. The field of malaria entomology was in decline in Zambia for many years, but is attracting renewed interest owing to increased investment in malaria programs and determination to control and even eliminate malaria. The Ministry of Health, with support from programs like the USAID-funded Health Services and Systems Program (HSSP), has an ambitious plan to control malaria, the number one killer disease in Zambia.

“In former times, we had mosquito spotters and entomology technicians in the districts, who carried out local surveys” reminisces Dr. Cecilia Shinondo, HSSP Senior Entomologist and Malaria Specialist. “Today these categories of staff have virtually disappeared. But we are rebuilding capacity in entomology by training university students and district environmental health staff.”

HSSP works with the National Malaria Control Center to support an indoor residual spraying (IRS) program. To assure the effectiveness of the spraying, insecticide resistance must be evaluated and other entomological studies conducted routinely.



Dr. Cecilia Shinondo assisted by Insectary Technician, Idan Emmanuel Chabu

“This job is interesting. We can translate our theoretical knowledge into practice when we go into the field.”

Dingani Chinula, Insectary Technician and recent BSc graduate



Mosquitoes readied for dissection.

The insectary for rearing mosquitoes was refurbished by HSSP. Its small laboratory is a hive of activity, with students working to identify and dissect the mosquitoes. In the adjoining room, a tropical atmosphere prevails. Heaters whirr and a humidifier emits a steamy vapor. Small mesh cages filled with live mosquitoes line the shelves and water-filled dishes in orderly rows contain larvae and pupae. The goal is to achieve and sustain a breeding colony of mosquitoes. “We try to create the conditions of nature to coax the mosquitoes to breed. Even the lamps simulate dawn, daylight and dusk,” explained Dr. Shinondo. The painstaking work is paying off, and soon the insectary will have sufficient stock to support the studies routinely conducted before and after the annual spray season.

Family planning trainers crossing the flood plain

Dedicated workers brave wind and water to provide support

Kalabo is a vast rural district in the plains of the mighty Zambezi River with a population of over 17,000 people. During the rainy season, there is extensive flooding, and the district is completely cut off from the mainland and can only be accessed by boat. In August 2008, the USAID-supported Health Services and Systems Program (HSSP) partnered with the Ministry of Health to train district health care providers in long-term family planning methods, specifically the implant and the intra-uterine device (IUD). These methods can be used for 5 and 10 years respectively. Their availability is important to women in remote areas, who are not always able to reach their local health clinic.



LTFP trainers prepare for their journey to Kalabo rural health centers

In these remote settings, providing continued support to health care workers is especially necessary and challenging. These challenges did not deter family planning trainers Matilda Jere and Mary Mwangala. With support from HSSP, five months after training nurses and midwives from Yuka and Liyoyelo Rural Health Centers, they braved wind and water to visit and offer support and supervision to the recently trained health workers. After a long journey from Lusaka, Zambia's capital, Mary and Matilda found themselves separated from the health

centers by a deep stretch of water caused by recent flooding. Intent on their mission, they boarded a boat and set off across the river.

On arrival at Liyoyelo the team was met by Annie Mutale, an enrolled nurse-midwife. She couldn't have been happier to see them and, acknowledging the rough conditions, remarked, "this is a very rare opportunity to have a technical support visit at this time of the year!" Ms Mutale was facing some big challenges in providing the IUD and the implant and felt that the visitors had come at just the right time. The trainers provided their expertise in resolving the issues raised regarding infection prevention procedures, and also provided family planning supplies and documentation.

"I looked at the boat the expanse of the water and estimated the time it would take to reach the facilities. I was uncomfortable but the job had to be done."

Matilda Jere, National Trainer

Thanks to the commitment of national trainers like Matilda Jere and Mary Mwangala, Yuka and Liyoyelo Rural Health Centers are providing expanded choices in family planning to Kalabo District, preventing scores of unplanned pregnancies and helping women and their families to decide their own futures.

Community Health Worker Promotes Key Family Practices

Volunteer on “24 alert” to assist the community

Mr. England Njobvu, has long served as a dedicated Community Health Worker (CHW) in Luangwa District, in Zambia. His drive to serve was sharpened in 2005 when he received training in the management of sick children, supported by the Health Services and Systems Program (HSSP), a USAID financed program.

On a typical day Mr Njobvu starts off his day at 8:30 in the morning. He heads for the primary health care unit, a structure built by community members in the center of his village. There he

finds mothers and children waiting. Following the national guidelines for community health workers, he attends to sick patients, most of them children, and refers those requiring higher level care to the government clinic. This is followed by group health education, weighing of children and individual counseling sessions. In the afternoons he follows up mothers and their children who have missed scheduled immunizations, growth monitoring and malaria prevention activities.

“I conduct preventive, promotive and curative activities in my community. I am on 24-hour alert for emergencies even when my work is voluntary.”

Mr. England Njobvu, CHW



Mr. England Njobvu, CHW, examining a newborn baby

With so much work to be done, Mr. Njobvu’s greatest challenge is recording and reporting. A district exchange visit facilitated by HSSP was timely. Mr. Njobvu participated in the team from Luangwa that visited Nakonde District to exchange experiences and learn best practices

and community innovations, including documentation and reporting.

“The Nakonde visit revitalized my working culture and practices” said Mr Njobvu, as he reflected from his PHC unit. “I have requested for stationery from the health center and district so I can improve my reporting. I really appreciated the opportunity to learn and interact with community volunteers in Nakonde.” The visit also reinforced his promotion of Key Family Practices, which Mr. Njobvu integrates continuously into his work in the community.

Key Family and Community Practices

- *Exclusive breastfeeding up to 6 months*
- *Complementary feeding from 6 months and breastfeeding up to 2 years or longer*
- *Vitamin A supplementation, de-worming and growth monitoring*
- *Ensuring that children sleep under an ITN*
- *Children fully immunised by their first birthday*
- *Appropriate home treatment for sick children and timely referral*

Emergency Medical Transport for Island Dwellers

Ambulance boat helps save lives

Residents of Chishi and Mbabala in Samfya District, Zambia are now able to access emergency care much faster with the introduction of an ambulance motorboat. Although both islands have health clinics, they are not equipped to handle medical emergencies. Now, residents can be transported to the closest hospital in Samfya in two hours rather than travelling six hours or more by canoe.

In 2006, the USAID-funded Health Services and Systems Program donated a motorboat to the Samfya District Health Office (DHO) to provide improved access to care for over 8,700 residents on two islands in Lake Bangweulu. The boat not only serves as a means of emergency transport for patients but also facilitates transport of medical staff, equipment and supplies. Additionally, DHO staff members are able to provide technical support to clinic staff, restock supplies and equipment, and host health events according to island needs. Prior to acquiring the boat, DHO staff had to rely on the public vessel which takes 13-14 hours to reach the islands.



Ambulance boat that transports patients and providers from Chishi and Mbabala Islands

“These remote communities are no longer cut off. The boat serves as an ambulance, and also enables the district health team to visit for supervision, drug delivery and providing general support.”
Dr. Chitalu Chilfya, Clinical Care Specialist

By providing a quicker channel to emergency services, the ambulance boat has saved lives of residents of Chishi and Mbabala Islands. The most common emergencies that need specialized care are pregnancy-related and childhood illnesses. Other causes are heart attack, acute infectious diseases, and severe injuries.

Additionally, the quality of health services on the islands has been strengthened because the District Health Office staff can readily provide support and mentorship. As a result, clinic staff knowledge and skills have been strengthened. In addition to improved access to emergency care, island residents are now receiving better quality health services at their local clinic.

Adolescent Health Services Empower Local Youth

Health workers team with youth volunteers to provide youth friendly services

Mukwela Rural Health Centre, near Kalomo in southern Zambia, is home to the Tulwane Youth Friendly Health Corner. This special unit, which provides adolescent reproductive health services, was established in March 2005. The plan for the center evolved when health center staff, the Neighborhood Health Committee, and local



Tulwane youth with their Coordinator at their newly constructed building at Mukwela RHC

headmen met to discuss solutions to the problems of pregnancy, prostitution, and the increasing occurrence of HIV and sexually transmitted infections among the adolescent population. Tulwane Youth Friendly Health Corner was established and now serves about 90 youth per month, supporting them to make responsible decisions about their sexual health. The Youth Corner activities are coordinated by Mrs. Doris Siamaimbo, a nurse midwife and trained Youth Friendly Services provider.

The Health Services and Systems Program (HSSP), supported by USAID, is working with the Ministry of Health and other partners to address barriers to youth reproductive health services. A National Health Program for Youth has been prepared and Youth Friendly Health Services, like those at Tulwane, have been established in 69 clinics with USAID support as well as that of other partners. Under this program, HSSP has trained health workers to provide reproductive health services to adolescents in both urban and rural health centers. Health center staff team up with trained youth peer educators to counsel youth and provide condoms and other contraceptives to sexually active youth as needed. These services are provided in a secluded space to assure privacy, and at convenient hours for school-going youth.

“There is now a place for someone like me to get condoms and talk about my problems without anyone judging me and telling me that I am a bad person because I choose to protect myself.” Brendab Chewe, Adolescent client

The enthusiastic volunteer Youth Peer Educators are key to the program, and attract young clients through community sensitization and outreach. Drama and creative arts are used to engage youth and other community members in the sensitive issues surrounding adolescent sexuality. With a youth population of approximately 2,000 covering a large area, the dedicated educators walk as far as 15 kilometers to reach and counsel their peers.

A committed volunteer, Musonda Katongo, recently completed her secondary education and has high aspirations for her future. “My life is so different from my parents. They didn’t have to worry about things like HIV the way we do now. I became a peer educator to help and empower my friends by sharing what I know. It makes me proud.”