



## **Quarterly Progress Report July 1 - September 30, 2010**

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MoH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

## EXECUTIVE SUMMARY

### MAJOR ACCOMPLISHMENTS THIS QUARTER:

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 01, 2009 to May 31, 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MoH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART and male circumcision (MC).

ZPCT II supported implementation of HIV/AIDS services in 300 health facilities across 40 districts in the five provinces. Key activities and achievements for this reporting period include:

- CT services were provided in 300 health facilities. 143,185 individuals received CT services;
- PMTCT services were provided in 291 facilities. 45,174 women received PMTCT services and 5,149 were provided with a complete course of ARV prophylaxis;
- Ongoing technical assistance in all technical areas continues with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 300 health facilities. A cumulative number of 159,190 individuals received palliative care from these facilities;
- ART services were provided in 126 health facilities (60 are static and 66 are outreach sites with 124 reporting independently while two sites report through the bigger facilities) ). A total of 7,467 new clients (including 533 children) were initiated on antiretroviral therapy. Cumulatively, 115,344 individuals currently on antiretroviral therapy and of these 8,079 are children;
- 1,108 health care workers were trained in one of the following; basic CT, couple counseling, counseling supervision, child counseling, youth CT, PMTCT, family planning, ART/OI management, adherence counseling, dry blood spot, ART commodity management for laboratory and pharmacy, male circumcision, and equipment use and maintenance;
- 460 community volunteers were trained in one of the following; basic CT, couple counseling, counseling supervision, child counseling, youth CT, PMTCT and adherence counseling;
- During this quarter, two mission facilities were added into the CHAZ subcontract, for this work plan period bringing the total number of facilities supported to nine;
- Health facility assessments were conducted in all the five provinces to identify new facilities for the 2011 expansion. 46 new facilities were assessed and most will be considered for the 2011 work plan;
- Six private sector assessments were conducted in the Central, Copperbelt, and Luapula Provinces and six MOUs drafted to be signed next quarter;
- 73 health facility renovations were completed from the planned 79 renovations for year one, while the remaining six facility works are at various stages of completion. During this quarter, 43 new refurbishments for the agreements ending December 2010 were identified. Tender advertisement and contract drafting is ongoing for these 43 new renovations.
- ZPCT II had initial discussions with the MoH planning unit and shared the gender strategy. Further discussions will be held next quarter on how to work collaboratively with MoH

## ZPCT II Project Achievements: 1 August 2009 to 30 September 2010

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul – Sep 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sep 10)	Targets (Jun -Dec 10)	Achievements (Jun - Sep 10)	Male	Female	Total
		<b>1.1 Counseling and Testing (Projections from ZPCT service statistics)</b>						
	Service outlets providing CT according to national or international standards	370	300	296	300			300
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000 <sup>1</sup>	607,149	84,581	202,485	46,393	96,792	143,185
	Individuals trained in CT according to national or international standards	2,316	689	301	183	60	110	170
<b>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</b>								
	Service outlets providing the minimum package of PMTCT services	359	291	287	291			291
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	192,739	66,500	61,190		45,174	45,174
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	25,392	8,183	6,924		5,149	5,149
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,583	840	475	140	315	455
<b>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</b>								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	300	296	300			300
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) <sup>2</sup>	560,000	165,009	96,412	159,783	62,320	96,870	159,190
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	12,815	10,581	12,509	6,302	6,178	12,480

<sup>1</sup> The CT target does not include the PMTCT numbers. Following the new guidelines the target should be 1,300,000.

<sup>2</sup> **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

**A. ART site** - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

**B. Non-ART site** - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	817	364	245	119	105	224
	Service outlets providing ART	130	124	128	124			124
	Individuals newly initiating on ART during the reporting period	115,250	35,085	13,489	10,040	3,111	4,356	7,467
	Pediatrics newly initiating on ART during the reporting period	11,250	2,746	1,379	728	273	260	533
	Individuals receiving ART at the end of the period	146,000	115,344	90,148	115,344	45,510	69,834	115,344
	Pediatrics receiving ART at the end of the period	11,700	8,079	6,664	8,079	4,090	3,989	8,079
	Health workers trained to deliver ART services according to national or international standards	3,120	817	364	245	119	105	224
<b>TB/HIV</b>								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	300	296	300			300
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	6,589	2,009	2,339	1,049	855	1,904
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	817	364	245	119	105	224
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	6,425	3,479	1,764	776	557	1,333
<b>1.4 Male Circumcision (ZPCT II projections)</b>								
	Service outlets providing MC services	50	16	22	16			16
	Individuals trained to provide MC services	260	124	60	20	15	5	20
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	906	N/A	560	471		471
<b>2.1 Laboratory Support (Projections from ZPCT service statistics)</b>								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	84	103	84			84
	Individuals trained in the provision of laboratory-related activities	375	327	42	135	57	26	83

	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	1,298,053	444,850	410,503			299,425
<b>2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)</b>								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	732	287	248	128	99	227
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	483	161	184	58	126	184
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	309	70	22	7	15	22
<b>3 Capacity Building for PHOs and DHOs (ZPCT II projections)</b>								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	X	47	X			X
<b>4 Public-Private Partnerships (ZPCT II projections)</b>								
	Private health facilities providing HIV/AIDS services	30	5	12	5			5
<b>Gender</b>								
	Number of pregnant women receiving PMTCT services with partner	N/A	47,753	N/A	15,733 (25%)		11,641 (25%)	11641 (25%)

## **PROGRAM AND FINANCIAL MANAGEMENT**

### **Partner Collaboration:**

ZPCT II collaborates with its sub partners through activities at national, district, community and health facility levels as follows:

- Management Sciences for Health (MSH): MSH contributes towards strengthening the MoH health system focusing on laboratory and pharmaceutical systems at national, district and the health facility levels through training and technical support.
- CARE International: CARE Zambia contributes to the provision of comprehensive HIV/AIDS services including prevention, care and treatment, through training and supporting community volunteers, and strengthening the continuum of care through referral networks.
- Social Impact: (SI): SI contributes towards mainstreaming gender in health facility service delivery and community prevention, care and treatment activities.
- Cardno Emerging Markets: Cardno contributes towards building the capacity of PMOs and DMOs to provide technical and program management oversight including enhanced problem solving, mentoring, supervision, and monitoring of HIV/AIDS programs.
- Churches Health Association of Zambia (CHAZ): CHAZ contributes towards expansion, and scaling up and integration of prevention, care and treatment services through nine mission health facilities in three provinces supported by ZPCT II.
- KARA Counseling and Training Trust (KCTT): KCTT contributes towards strengthening the MoH health system through training facility and community based health workers in counseling and testing (CT) services under ZPCT II.
- University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributes towards implementation of male circumcision services in ZPCT II supported health facilities through training and technical support.

### **Health Facility Support**

Recipient agreements (RAs): This reporting period, ZPCT II continued to provide programmatic, financial and technical support to 300 facilities in the 40 districts across the five provinces. Currently, ZPCT II is managing a total of 57 recipient agreements, one with UTH –MC Unit, five PMOs, 40 DMOs and 11 hospitals..

Health facility assessments were conducted and 46 new facilities identified for consideration in the 2011 expansion. Mumbwa was assessed as a new district to be added to the 211 expansion; the 56 existing RAs will be amended in the next quarter.

Renovations: This quarter, 73 renovation works were completed out of the planned 79 under year one (June 2009 – May 2010), with the remaining six expected to be completed by December 2010. Tender adverts under the DMOs and contracts for the 43 new renovations planned under the year two work plan (June- December 2010), are ongoing.

### **Environmental Impact Mitigation**

ZPCT II continued to monitor management of medical waste and ensuring environmental compliance of ZPCT II supported renovations. Using guidelines developed for the field offices to formalize and strengthen implementation and monitoring of medical waste management and disposal, ZPCT II provincial staff monitor and document health facility practices and adherence to the Environmental Protection and Pollution Control Act, as an ongoing activity.

## **Facility Graduation and Sustainability Plan**

ZPCT II continued to support the 12 previously graduated districts with scaled back technical assistance, following the graduation process in line with the project sustainability plan.

## **Procurement**

All equipment for year one has been procured and distributed to the five provinces. Procurement for year two commenced this quarter, and started with the processing of documentation of equipment over \$5000 for submission to USAID for approval.

## **Prevention**

Implementation of prevention activities is ongoing at community and facility level in all supported facilities. Activities include retesting negatives, scaling up male circumcision services (including integration with counseling and testing), Prevention with Positives (PwP), general counseling and testing, prevention of mother to child transmission, youth and mobile CT.

## **Gender**

The draft gender strategy was shared with MoH during this quarter. Discussions are ongoing with the MoH planning unit and MoH human resources gender focal person on the next steps. This includes finalizing the strategy with and the launch or sharing of the strategy with the larger stakeholder agencies and with the provinces. Gender activities which include promoting male involvement and screening for gender violence are ongoing at the service delivery points. Some activities were initiated this quarter including review of the ASW training manual and review of PMO supervisory tools. Development of a gender module is ongoing and will be eventually added on to the HCWs and the community volunteer training manuals.

## **Human Resources (HR)**

This quarter, 11 positions were filled from the 19 vacancies noted in the last quarter. Efforts continue to fill the remaining vacancies by the end of the next quarter. A number of staff development and training activities were conducted as well as team building activities across all ZPCT II offices. Staff retention is an ongoing problem as the new USAID projects are starting up.

## **Information Technology (IT)**

The IT team completed the installation of a new cost effective telephone system using VoIP system. The IT team also completed an inventory to establish the state of computers in all ZPCT II offices and supported health facilities with a view to replacing faulty and obsolete computers. In addition a list of obsolete equipment for disposition was compiled by IT for submission to USAID for disposal approval. This quarter, IT also completed the installation of the computerized asset management software in Lusaka and commenced data entry.

## **Finance**

The finance team conducted a review of the sub-partner contracts for CHAZ and CARE. A review meeting was held with the finance officers from the five provincial offices.

## **KEY ISSUES AND CHALLENGES**

### **▪ Critical shortage of staff in health facilities**

Staff shortages continue to negatively affect service provision in general, especially in the rural health centers. ZPCT II supported training and placement of community volunteers and extra shifts for health care workers who are off-duty.

### **▪ Renovations**

Ongoing challenges for renovations during this quarter included inability by contractors to quickly mobilize (i.e. go on site to commence renovations), lack of credible contractors in rural areas, and the need to re-advertise in some cases. ZPCT II worked with the contractors, and to collaborated with the Ministry of Works and Supplies, the PMOs and DMOs to address these recurring challenges. Lack of space in health facilities is an ongoing challenge.

- **CD4 sample referral and laboratory maintenance**  
 ZPCT II continued to work towards ensuring CD4 count assessment for all HIV positive pregnant women. During the reporting period, a number of challenges were experienced. Key among these were insufficient numbers of motorbike riders for the sample referral; as incomplete log sheets which hinder access to fuel for the motorbikes; breakdown of motorbikes and equipment and delays in repairing these; brief stock out of CD4 reagents. ZPCT II addressed these issues through increased communication with the districts, and increasing the maintenance of the motorcycles.
- **Inconsistent documentation for newly introduced strategies (e.g. HIV re-testing)**  
 This was noted to be a challenge in some of the facilities. ZPCT II mentored facility staff on accurate documentation of the services provided, including the new strategies.
- **Early infant diagnosis**  
 Shortages of DBS blood collection bundles continued to be experienced. During this quarter, there were stocks in some facilities despite DBS bundles being available at MSL. The DBS bundles ordering must pass through one person at the MOH for approval before being disbursed by MSL. This had lead to delays in disbursement. ZPCT II worked with health facilities to institutionalize the new ordering system to ensure consistent supplies.
- **Commodity stock outs**  
 Stock outs of HIV test kits continued to recur, mainly because of delays in health facilities submitting orders to MSL. Other commodities that have experienced disruptions include reagents for CD4, selected chemistry tests, and selected ARV drug formulations. ZPCT II worked with MoH and other partners to ensure that the new ordering system is working efficiently.
- **Male involvement**  
 While male involvement in PMTCT is increasing, it still remains a challenge in some facilities. ZPCT II is exploring other approaches and will be using proposed strategies and activities in the gender strategy to enhance male involvement.
- **Male circumcision services**  
 Sixteen MC sites were implementing MC services in varying degrees, with some sites more active than others due to lack of equipment, consumables, slow integration of MC into overall facility service provision, and limited trained staff . However, the surgical equipment and consumables were received at the end of the quarter and services are expected to improve in the next quarter.
- **Web2sms technology**  
 Operationalization of this innovation began in the 23 selected health facilities and will be strengthened in the next quarter Solutions are being actively sought for the IT related problems that were encountered and it is anticipated that the strategy will be fully implemented by next quarter. Other challenges that have been encountered are with top ups of data bundles and airtime from the mobile service provider. ZPCT II worked to resolve these challenges with the service provider.
- **Revision of clinical care/ART QA/QI tool:**  
 The Ministry of Health still has not yet finalized the national ART guidelines and this has caused a delay in the revision of the clinical care/ART QA/QI tool to next quarter.
- **Accreditation of ART sites**  
 Accreditation of ART sites was temporarily halted by the Medical Professions Council of Zambia until after they have conducted a re-orientation of the assessors on the accreditation guidelines.
- **Trainings**  
 ZPCT II is still working out the process to get consultants approved on a timely basis. In addition, the need to have all local purchase orders signed by USAID to ensure VAT free status has also caused some delays. ZPCT II is working with USAID to streamline this process and this continues to improve.

- **Monitoring and evaluation**

Some clinicians are still not completing SmartCare forms. The reasons most cited are that they are too busy attending to a huge client load to spend the time required to complete the forms.

- **Quality assurance and quality improvement**

Despite Ministry of Health highlighting the process of quality improvement of health care as an important focus area, several challenges continue to impede its progress. Little progress has been made on finalization of essential tools and MoH processes for updating national guidelines have been slow.

#### **DELIVERABLES FOR THIS QUARTER (July- September 2010)**

- SF1034 (Invoice)
- SF425 (quarterly financial report)
- July- September 2010 quarterly report

#### **ANTICIPATED ACTIVITIES FOR NEXT QUARTER (October -December 2010)**

ZPCT II partners with the MoH at national, provincial, district and facility levels and will also continue to collaborate with other non GRZ partner organizations at all levels.

The following activities are anticipated for the next quarter (October –December 2010):

- ZPCT II plans to use the performance benchmarks endorsed by the MoH to carry out management capacity assessments on PMOs and DMOs and develop tailored and standardized training programs.
- The HIV re-testing in PMTCT operational study will be initiated next quarter once approval has been given by the Ministry of Health
- The final gender strategy will be shared and discussed in more detail with the MoH. The final strategy will be shared with USAID for approval and will be launched.
- Six private sector MOUs for the year two work plan period will be signed for Copperbelt and Central provinces.
- Some modules of the capacity building tools will be piloted and training conducted to assess these tools in the Copperbelt.
- Year three (2011 calendar year) work plan will be drafted and submitted to USAID for review
- Under plans for the expansion for the 2011 work plan, one new RA for Mumbwa District and amendments for the 40 DMOs and KARA subcontract will be signed.
- Strengthening the web2sms technology initiative in the pilot sites
- Consolidating the implementation of chronic HIV care in all supported health facilities

#### **TRAVEL/TDY for this Quarter (July-September 2010)**

The regional/international travels for ZPCT II staff this quarter were as follows:

- One technical staff traveled to Vietnam for the annual FHI Strategic Information meeting in August 2010
- One provincial laboratory and one pharmacy staff traveled to South Africa for GSLP training in July 2010
- One program and four finance staff attended the USAID rules and regulations training in Pretoria, South Africa
- One admin staff and two technical staff attended a leadership training in August 2010 in Johannesburg, South Africa
- One IT and one procurement staff attended in July 2010 the Inventory management training in Johannesburg, South Africa
- Three provincial IT staff attended the Dell Certification Training in South Africa
- The Chief of Party traveled to the USA on R&R in July 2010
- Dr. Irene Bwalya from the MoH traveled to Pemba, Tanzania for a course in Management of Programs for Communicable Diseases in July 2010

#### **Technical support this quarter was received as follows:**

- Kellock Hazemba, FHI Regional and Administration Advisor traveled to Zambia in Sept. 2010 for technical support to ZPCT II
- Dr. Kwasi Torpey, FHI Regional Senior Technical Advisor traveled to Zambia to provide technical support to ZPCT II from July 27 – August 13, 2010

- Leah Berkowitz, CARE Regional Technical Advisor traveled to Zambia to provide technical support for the community interventions under ZPCT II from August 15 – 27, 2010
- Alben Godlove – Senior Manager, and Mike Reeves – Senior Development Specialist from Cardno Emerging Markets, USA traveled to Zambia for technical support in capacity building in August 2010
- Hare Ram Bhattarai, MSH technical officer, Nepal traveled to Zambia in July 2010 to provide assistance to the Management of Information Systems (MIS) for the ZPCT II laboratory/pharmacy component
- John Pollock, MSH project support leader, USA, traveled to Zambia in August 2010 to provide support to MSH

**TRAVEL /TDY for the NEXT QUARTER (October -December 2010)**

Travel to attend international and regional meetings, trainings and workshops:

- One laboratory and pharmacy staff to attend the supply chain management of HIV/AIDS medicines training in South Africa
- One MSH staff travelling to Cambridge and Arlington for the annual project update meeting
- Chief of Party to travel to Mozambique from 2<sup>nd</sup> to 6<sup>th</sup> November 2010 to attend the Care and Support TWG Linkages and Retention meeting

**Technical support next quarter is as follows:**

- Gender consultant to travel to Lusaka to provide technical support to the ZPCT II program
- Dr Kwasi Torpey (FHI Regional Senior Technical Advisor) travelling to provide technical support to the ZPCT II program
- Kellock Hazemba (FHI Regional Senior F&A Advisor) traveling to Lusaka to provide technical support to the ZPCT II program
- John Bratt will travel to Lusaka with non ZPCT II funds. However, while here he will spend some time reviewing the costing data.

**External Partner Coordination**

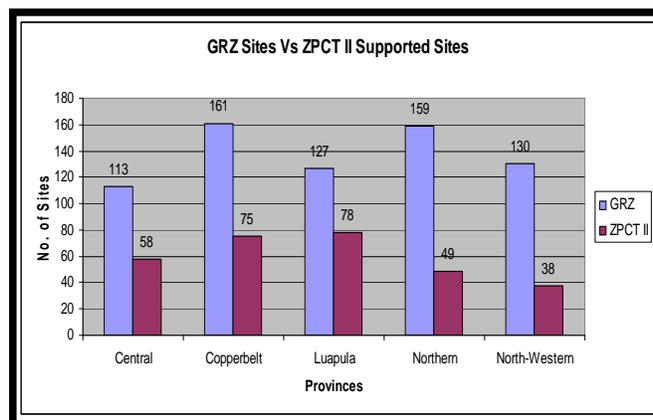
- Partner coordination meetings took place in North Western and Northern Provinces. Central, Luapula and Copperbelt Provinces are still planning these meetings.
- ZPCT II participated in coordination meetings to ensure better collaboration by implementers of male circumcision activities (MC) and for the planning and launch of the MC program.
- ZPCT II participated in a coordination meeting with JSI/SCMS and USAID in Lusaka to discuss issues of lab re-agent stock outs in the facilities.

## QUARTERLY PROGRESS UPDATE

### I. PROGRAM OVERVIEW

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 1, 2009 – May 31, 2014) Task Order between FHI and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II is working with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system by maximizing access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services. ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation.

ZPCT II is supporting 40 of the 42 districts in Central, Copperbelt, Luapula, Northern and North Western Provinces. This quarter, an additional two mission facilities were added to the CHAZ subcontract, bringing the total to nine facilities. ZPCT II is also further diversifying, consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MoH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project's end.



ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II supported implementation of HIV/AIDS services in 300 health facilities in 40 districts in the five provinces. Key activities and achievements include:

- 143,185 individuals received CT services from 300 health facilities providing CT services;

- PMTCT services were provided in 291 facilities. 45,174 women received PMTCT services and 5,149 were provided with a complete course of ARV prophylaxis;
- Ongoing technical assistance in all technical areas continues with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in 300 health facilities reaching a cumulative number of 159,190 individuals;
- 126 health facilities were providing ART services (60 are static and 66 are outreach sites, and 124 are reporting independently while two sites report through the bigger facilities) a. A total of 7,467 new clients (including 533 children) were initiated on antiretroviral therapy. Cumulatively, 115,344 individuals are currently receiving antiretroviral therapy and of these 8,079 are children.
- 1,108 health care workers were trained in one of the following: basic CT, couple counseling, counseling supervision, child counseling, youth CT, PMTCT, family planning, ART/OI management, adherence counseling, dry blood spot, ART commodity management for laboratory and pharmacy, male circumcision, and equipment use and maintenance;
- 460 community volunteers were trained in one of the following; basic CT, couple counseling, counseling supervision, child counseling, youth CT, PMTCT and adherence counseling;
- Health facility assessments were conducted in all the five provinces to identify new facilities for ZPCT II expansion plans for 2011
- Private sector assessments were conducted in the Central, Copperbelt, and Luapula provinces. MOUs with the private sector are being drafted and will be signed next quarter; and
- 73 health facility renovations were completed from the planned 79 renovations for year one, while the remaining six facility works are at various stages of completion. During this quarter, 43 new refurbishments for the agreements ending December 2010 were identified and the process for contract development commenced.

## **II. PROGRAM AND FINANCIAL MANAGEMENT**

During this quarter, the following program and financial management activities took place:

### **A) ZPCT II Partner Activities**

- MSH is the partner responsible for strengthening laboratory and pharmaceutical services at national and facility levels. This quarter MSH provided technical support to strengthen implementation of the DBS sample referral system, CD4 sample referral system, the laboratory services QA/QI tools, external quality assurance (EQA), internal quality assurance, EQA for CD4, inter-laboratory quality assurance for DBS testing, ART laboratory SOPs in facilities, Laboratory Commodities Logistics System, PMTCT/ARV drug logistics system for PMTCT. The partners also participated in piloting of the Short Message System (SMS) technology for sending HIV DNA PCR results to facilities, laboratory accreditation activities, follow up of equipment and reagents status.
- CARE Zambia is responsible for facilitating community based prevention, care and treatment services, and strengthening the continuum of care from community to health facility level, facility to community and within the community. This quarter CARE Zambia facilitated training of volunteers in CT, counseling supervision and adherence counseling, as well as facilitating mobile CT, as well as the district referral network meetings.
- Social Impact (SI) is responsible for providing support to mainstream gender into the ZPCT II program. A gender strategy final draft was shared with USAID and the Ministry of Health. Priority activities for gender have been identified across all technical strategies including community mobilization. Review of the Adherence Support Worker manual commenced this quarter and gender issues have been incorporated into the manual. Review of PMO and DMO supervisory tools will commence next quarter with a view to updating them to include gender indicators. ZPCT II has been in discussions with the Ministry of Health on ways to collaborate on gender mainstreaming. The gender strategy will be shared with the wider stakeholders next quarter.

- Cardno Emerging Markets (Cardno) is responsible for building the capacity of PMOs and DMOs to manage HIV/AIDS programs beyond ZPCT II. This quarter Cardno staff Senior Manager, Alben Godlove, worked with the capacity building team to finalize the assessment tools and draft the training packages. A joint national harmonization workshop with MoH will be conducted to modify the organization capacity assessment tool next quarter.
- Churches Health Association of Zambia (CHAZ) has been responsible for contributing to the expansion and scaling up of HIV/AIDS services in seven mission facilities to date. This quarter, two additional mission facilities in the Northern Province were added to their subcontract for support, namely Mambwe RHC in Mbala District, and Lubushi RHC in Kasama District. Kavu Health Center, in Ndola, Copperbelt Province will transition to CHAZ support from ZPCT II once the Ndola District Medical Office recipient agreement is amended in December. Kavu Health Center has been a ZPCT supported facility since 2007 under the Ndola DMO recipient agreement. Renovations at three CHAZ health facilities supported by ZPCT II will commence next quarter. Procurement of new equipment and furniture was done this quarter and awaits delivery.
- Kara Counseling and Training Trust (KCTT) is responsible for strengthening technical capacity of facility staff to provide counseling and testing services through delivery of trainings. This quarter, KCTT conducted training courses for facility and community-based health workers in basic CT, couple counseling, and CT supervision. However, ZPCT II continued to experience a number of challenges with KCTT in the implementation of its subcontract and financial reporting. As part of efforts to assist the partner, a financial review was conducted and the sub contract was temporarily suspended while implementation issues were being resolved. Following the review, the KCTT subcontract was amended with a reduced scope of work for the work plan period June to December 2010.
- University Teaching Hospital (MC unit) provided support in the implementation of male circumcision services through two MC trainings, and mentoring trained providers.

#### **External Partner Coordination**

- Partner Coordination meetings involving USG funded projects took place in North Western and Northern Provinces. These included ZPCT II, ZISSP, SFH, and JSI. Copperbelt, Luapula and Central Provinces plan to have these meetings next quarter.
- ZPCT II participated in coordination meetings to ensure better collaboration among implementers of male circumcision activities (MC). Among the partners were MoH, Jhpiego, SFH, CHAMP, Marie Stopes and ZCP. ZPCT II participated in the preparation for and launch of the national MC month.

#### **B) Health Facility Support**

Recipient agreements (RAs): This reporting period, ZPCT II provided programmatic, financial and technical support to 300 facilities in the 40 districts across the five provinces through its recipient agreement mechanism. Currently, ZPCT II is managing 57 recipient agreements, one with UTH MC Unit, five PMOs, 40 DMOs, and 11 hospitals.

During the quarter, ZPCT II conducted health facility assessments in order to expand support to new facilities in 2011. In the next quarter, 45 recipient agreements will be amended with five PMOs and 40 DMOs. A new recipient agreement with Mumbwa DMO will be completed for the 2011 expansion. The hospital amendments will be completed in March 2010, as the performance period is different from the PMOs and DMOs.

A complete list of the current recipient agreements/subcontracts is listed under *Annex E*.

#### **C) Success Story**

During this quarter, the following success story was documented:

- Linkages between HIV related services improve family centered care in Chinsali district was submitted for the PEPFAR Annual Report (*Success stories are listed in Annex K*)

#### **D) Renovations**

This quarter, 73 renovation works were completed out of the planned 79 under year one (June 2009 – May 2010), with the remaining six expected to be completed by December 2010. Tender adverts under the DMOs and contract preparation for the 43 new renovations planned under the year two work plan (June-December 2010), are ongoing.

#### **E) Environmental Impact Mitigation**

ZPCT II continued to monitor management of medical waste and ensure environmental compliance of ZPCT II supported renovations. Using guidelines developed for the field offices to formalize and strengthen implementation and monitoring of medical waste management and disposal, ZPCT II provincial staff monitor and document health facility practices and adherence to the Environmental Protection and Pollution Control Act, as an ongoing activity.

ZPCT II program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision) continue to increase the amount of medical waste, including needles, syringes and waste materials from renovations. ZPCT II has a mandate and obligation to apply environmentally sound designs to limit and mitigate the impact that renovations and expanded clinical services are having on the immediate and surrounding environment. All renovations are being preceded by pre-renovation environment assessments jointly conducted with the Ministry of Health and health facilities, and documented by infrastructure support staff in all the five provinces.

Verification of implementation by ZPCT II provincial offices and compliance by MoH facilities is ongoing through quarterly audits by Lusaka office. This is being done through review of provincial office documentation namely the pre-renovation Environmental Site Assessment (ESA) reports and renovation inspection reports, as well as ZPCT II field visit trip reports and Technical Assistance Field visit forms. The documentation on environmental management and mitigation measures is on file i.e. in ESA's, trip reports and inspection reports. This includes information on the puncture proof sharp boxes which are in place (procured by MOH) and are being properly used by facility staff.

ZPCT II continues to work with the MOH on the challenges. Collection and incineration of the sharps continues to be a challenge as there are very few facilities with functional incinerators. In addition, disposal of laboratory waste is also a challenge in some facilities due to the lack of incinerators, running water and septic tanks/soak aways making burial of this waste in pits the only way of disposal.

#### **F) Facility Graduation and Sustainability Plan**

ZPCT II continued to support the ten earlier graduated districts with scaled back technical assistance, following the graduation of the districts. Quality of services within graduated districts continues to be monitored through post graduation management where the DMOs are being given a lead to ensure gradual transfer of technical and program management responsibilities over ZPCT II program activities.

#### **G) Procurement**

Procurement and distribution for all the year one equipment was completed during this quarter. The remaining five facscount machines from the ten that were procured last quarter were also distributed to the provinces this quarter. Procurement for year two commenced this quarter. Among equipment being procured includes autoclaves, centrifuge, electronic balance as well as other minor equipment such as fridges, surge protectors, fire extinguishers

#### **H) Prevention**

The focus of prevention activities undertaken this quarter continued with the initiation, implementation and monitoring of the new technical strategies both at community and facility level. The focus included scaling up male circumcision services and strengthening prevention with positives within the CT, PMTCT and ART services. Retesting of HIV negative pregnant women coupled with risk reduction counseling for them to maintain their HIV negative status continued, as well as the general counseling and testing of clients, including youth focused counseling and testing. Integration of HIV testing with male circumcision continued to be implemented at ZPCT II supported facilities providing MC services across the five provinces. Eleven mobile counseling and testing sessions were also conducted across the five provinces.

## **D) Gender**

The draft gender strategy was shared with MoH during this quarter. Discussions are ongoing with the MoH planning unit and MoH gender focal point person on further collaboration between MoH and ZPCT II and ways to integrate gender mainstreaming into the MoH programs in the provinces and districts. Other plans include a launch of the gender strategy and capacity building for the PMOs and DMOs in gender mainstreaming. Gender activities which include promoting male involvement and screening for gender violence are ongoing at the service delivery points. Some activities were initiated this quarter including review of the ASW training manual and review of PMO supervisory tools. Development of a gender module is ongoing and will be eventually added on to the HCWs and the community volunteer training manuals. This quarter, 11,641 pregnant women received PMTCT services with their partners.

## **J) Human Resources**

### Recruitment

This quarter, 11 positions were filled from the 19 vacancies noted in the last quarter. The majority of vacancies are for medical officers (doctors) which have been a challenge to fill, given the short supply of health professionals in the country. In order to address this gap, ZPCT II will be recruiting clinical officers as well. Efforts continue to fill the remaining vacancies by the end of the next quarter. Staff retention is an ongoing problem as the new USAID projects are starting up.

### Training and Development

Staff development and training activities were as follows this quarter:

- Associate Human Resource Officer for ZPCT II Lusaka office attended a two day workshop on HR Technology with Zambia Institute of Human Resource Management
- Two Provincial Program Managers and the Associate Director, Programs attended an advanced participatory result based monitoring and evaluation workshop for development projects conducted by Impact Training and Development Institute
- One CT/ PMTCT Officer from the ZPCT II Solwezi Office attended a seven day training program for managers and leaders in HIV/ AIDS service organizations conducted by MDI Graduate School of Business
- The Director Technical Support, Senior Advisor CT/PMTCT and Senior Administration Officer attended one week training in effective project leadership by Gordon School of Business Science in South Africa
- Three provincial helpdesk support officers attended training in Dell Warranty by Dell Computer Limited

### Staff Motivation

During this quarter, team building activities have been conducted across all ZPCT II offices. This was done with a view to increase collaboration and team work amongst staff.

## **K) IT**

During this quarter, IT completed the rollout of VoIP system, including installation of a hi-speed digital telephone line in Lusaka with added features such as direct inward dialing to staff extensions which will improve communication with our partners. This means calls from Lusaka to other ZPCT II offices and vice versa, are extension calls and ZPCT II will not incur any charges on the service.

As part of the ongoing support to the ZPCT II supported facilities, IT compiled all the requirements for equipment repairs and replacements. While some computers are repairable and parts are being procured, some are obsolete and need to be replaced with new ones. These computers will be procured through the ZPCT II recipient agreement funding mechanism to the MoH. IT estimates to replace over 50 obsolete health facility computers.

This reporting period, IT completed updating the ZPCT II asset inventory. In addition a list of obsolete equipment for disposition was compiled by IT. This list will be submitted to USAID for disposal approval. IT also completed the installation of the computerized asset management software in Lusaka and commenced data entry.

The deployment of web2SMS technology was completed in all 23 pilot health facilities. Solutions are being actively sought for the IT related problems that were encountered and it is anticipated that the strategy will

be fully implemented by next quarter. Other challenges that have been encountered are with top ups of data bundles and airtime from the mobile service provider. ZPCT II is working to resolve these challenges with the service provider and is also exploring various methods to resolve this issue. This quarter, another vendor, Necor Limited was identified to provide the recurring airtime top ups, and a contract is being finalized.

Three provincial IT staff attended a five day technical training at Dell in South Africa to equip them with the necessary skills to perform equipment repairs. The training was facilitated with the view of reducing the current long delays in the repairs for computer equipment for ZPCT II and the supported health facilities.

#### **L) Finance**

A financial review of CHAZ and CARE sub-contracts was done this quarter to verify compliance with the contract, between FHI and subcontractors. A review meeting for finance officers was held this quarter to prepare for year end close out.

### **III. TECHNICAL ACTIVITIES**

**Objective 1:** Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

#### ***1.1: Expand counseling and testing (CT) services***

This quarter, comprehensive technical assistance was provided to 300 CT sites in the five supported provinces. A complete list of ZPCT II CT sites is available in *Annex B*.

##### ***1.1.1. CT Services***

Technical assistance to HCWs and lay counselors was provided with the objective of increasing access to HIV testing, maintaining a high uptake of same day HIV testing and collection of results as well as improving linkages to clinical care/ART services for both adults and children.

Technical assistance during this period focused on the following:

- **Initiation and strengthening of services in new sites:** During this period, ZPCT II initiated and strengthened CT services in all the targeted 27 new facilities across the five supported provinces.
- **Strengthening youth CT activities:** This has been an ongoing activity and to support this activity, 62 lay counselors and 20 HCWs were trained in youth CT during this reporting period. A total of 89 youth corners have been established.
- **Consolidating retesting of HIV negative CT clients after three months:** This continued to be emphasized during the technical assistance visits to ZPCT II supported facilities. During this quarter, a total of 9,223 HIV negative CT clients were re-tested. Out of the 9,223 clients that were re-tested, 957 tested positive for HIV. The results are used during the TAs being provided to the facilities to strengthen the prevention messages being given to clients by providers and emphasizing the need for retesting. The results are discussed with the health care providers to ensure they help negative clients maintain their negative status. They are also taken into consideration when QA for HIV testing is being looked at.
- **Integration of CT and male circumcision (MC) services:** This quarter, mentorship of CT providers on CT/MC integration continued to be done during the technical assistance visits and emphasized during CT trainings. The TA support focused on increasing referrals of all HIV negative non-circumcised men from CT to MC, and ensuring provision of CT services for all men undergoing MC services. In addition, the CT/MC job aids were finalized and will be printed during the next quarter. Through this effort, 1,244 non-circumcised male CT clients were referred for MC services across the supported provinces.
- **Use of the chronic HIV care checklist for symptom screening for chronic diseases (i.e. diabetes mellitus, TB and hypertension) and provision of PwP services in CT corners:** This continued to be the focus for TA support provided by ZPCT II CT/PMTCT staff. The checklist was revised during this

quarter, and facilities will start using the revised version in the next quarter. In addition to using the checklist, ten sites (five in Central and five in the Copperbelt Provinces) are screening for diabetes mellitus on CT clients by checking the random blood sugar using a glucometer. This is being done as a pilot and the activity is ongoing. The evaluation will be done by the end of first quarter of 2011.

- **CT services in TB, family planning (FP) and sexually transmitted infection (STI) clinics:** Strengthening the integration of CT into FP, TB and STI services continued to be done during this quarter. Through this activity, 7,345 and 1,333 FP and TB clients were provided with CT services respectively.
- **Administration of QA/QI tools:** During this quarter, QA/QI tools continued to be used at the ZPCT II supported facilities to monitor quality of services. In addition, ZPCT II continued to encourage the supported facilities to have counselor support meetings as an ongoing activity as the meetings provide a good forum for counselors to share experiences, discuss ways of managing stress, burn-out, difficult situations, and also address other CT issues as a group.
- **Public-private partnerships:** As part of the expansion of the public-private partnerships meant to strengthen the delivery of HIV/AIDS services, ZPCT II trained five HCWs in basic CT from four private clinics in North Western and Copperbelt Provinces.

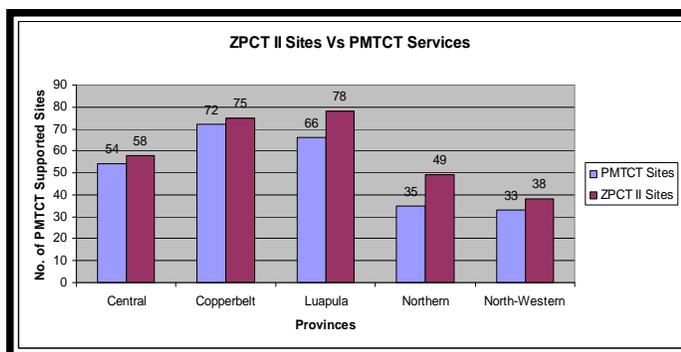
### 1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

PMTCT services were being provided in 291 of the 300 ZPCT II supported facilities.

#### 1.2.1. PMTCT Services:

ZPCT II continued working closely with MOH to support provision of quality PMTCT services in the 291 supported facilities. The focus was continued implementation of the “opt-out” strategy and maintaining a high PMTCT uptake. As an on going activity, ZPCT II mentored PMTCT providers (i.e. both HCWs and lay counselors) in the provision of quality PMTCT services. This is in support of the MoH goal of reaching virtual elimination of paediatric HIV through provision of quality PMTCT services.

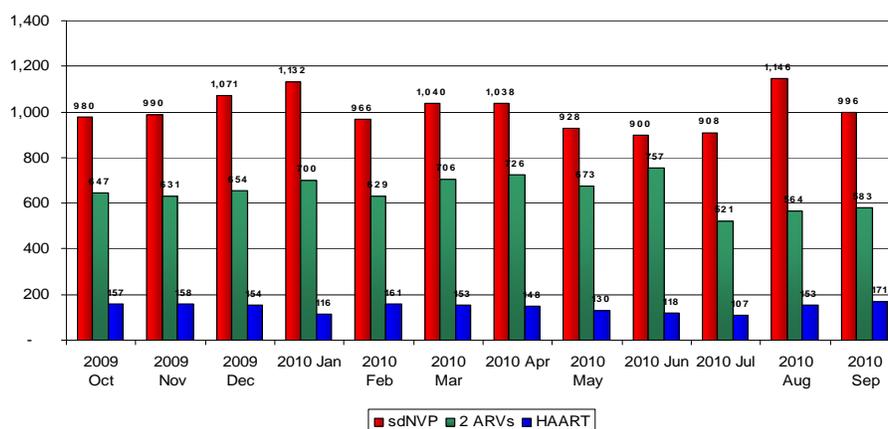
During this period, ZPCT II focused its mentorship on the implementation of quality PMTCT services through strengthening provision of more efficacious ARV regimens, same day testing for HIV and giving of test results, DBS and CD4 sample referral, hemoglobin monitoring for HIV positive mothers and implementation of new ZPCT II PMTCT strategies including repeat HIV testing after three months for HIV negative pregnant women.



The areas of TA focus in PMTCT during this reporting period included:

- **Strengthening provision of more efficacious regimes for PMTCT:** This quarter, TA support focused on continued strengthening of provision of more efficacious regimes for PMTCT as one of the priorities. During technical assistance visits to the supported facilities, ZPCT II staff worked with the HCWs to ensure that facilities had functioning hemocues to enable them to do hemoglobin assessments on the HIV positive pregnant women and provide AZT accordingly. Escorted referrals to ART clinics where ART services were being provided on site continued to be encouraged to ensure timely assessment of HIV positive pregnant women for HAART eligibility and initiation for those eligible.
- **Improving access to CD4 count assessments for HIV positive pregnant women:** ZPCT II continued to work at improving access to CD4 count assessments for HIV positive pregnant women in all the supported provinces through strengthening ‘reflex’ CD4 as soon as HIV positive status is established for all pregnant women. This works out well where the facilities provide both PMTCT and ART services. During this period, 2,622 HIV positive women had their CD4 count assessments done out of 4,274 pregnant women (61%) who tested positive for HIV and collected their results.

Number of HIV+ pregnant women by ARV prophylaxis type, October 2009 to September 2010



- Re-testing of HIV negative pregnant women:** During the reporting period, 7629 HIV negative mothers were re-tested before delivery and 808 (11%) had sero-converted. Pregnant women who had sero-converted were provided with the full package of PMTCT services just like the other pregnant women testing HIV positive after being tested for the first time. The services included provision of NVP on first contact, CD4 count assessments, AZT at 28 weeks and HAART for those found to be eligible. ZPCT II continues to mentor PMTCT providers on documentation of women retested in HIV.
- Mother baby pair follow-up:** This continued to be emphasized and strengthened across the supported provinces. HIV exposed infants were being initiated on cotrimoxazole prophylaxis beginning at six weeks to prevent *Pneumocystis Jirovecii (Carinii)* Pneumonia (PCP), and DBS samples were collected at the same time. This quarter, 3,311 DBS samples were collected from HIV exposed infants in ZPCT II supported sites and 3,284 were tested. 337 tested positive. Furthermore, 2,935 HIV exposed infants were initiated on co-trimoxazole prophylaxis during this period. Infants with positive DNA PCR results continued being referred to ART clinics for further management and initiation of HAART.
- Pilot of SMS technology:** ZPCT II started piloting the SMS technology during this reporting period, which involves sending SMS reminders to parents/guardians of exposed babies once DBS results are received from the PCR laboratory. This is an attempt to ensure that parents/guardians get the HIV DNA PCR results promptly once they have been received at the health facilities from the PCR laboratory. Emphasis during this quarter was put on ensuring that consent forms were being administered on parents/caregivers of HIV exposed infants whenever DBS samples were collected in readiness for the forwarding of the PCR results.
- Training of HCWs from private health facilities:** In order to strengthen the delivery of PMTCT services in the ZPCT II supported private health facilities, nine HCWs from five private clinics (i.e. four in the Copperbelt and one in North Western Province) were trained in PMTCT. Mentorship of the trained staff and technical assistance to the supported private clinics will continue in the next quarter.
- Family planning integration into PMTCT:** ZPCT II continues to provide technical assistance and mentorship to PMTCT providers to ensure that HIV positive and negative pregnant women are provided with quality FP counseling as part of the PMTCT services in MNCH clinics. As an ongoing activity, family planning clients in MNCH are routinely offered counseling and testing for HIV using the opt-out strategy and are informed of MTCT and PMTCT services. Facility staff continued to be encouraged to show evidence of integration by documenting the services accurately.
- Initiation of mother support groups:** Formation of the mother support groups has been ongoing in all the supported facilities. During this quarter, the active support groups included 50 in Luapula Province, 12 in Central Province, 12 in Copperbelt Province and 12 in Northern Province. North-Western Province worked with 23 existing safe motherhood support groups during this period. The support groups

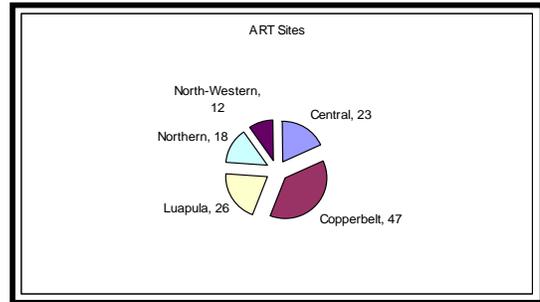
conduct a variety of activities including; educating women, men, and community leaders about safe motherhood issues (PMTCT issues inclusive), doing some cooking demonstrations for mothers, nutrition discussions, and gardening in some of the communities.

- **Prevention for Positives (PwP):** As part of chronic HIV care, messages and counseling on PwP continued to be incorporated in counseling for ANC clients across the supported facilities. Mentorship on correct documentation of this process continued to be part of the TA provided at the health facilities.

### 1.3: Expand treatment services and basic health care and support

#### ART Services

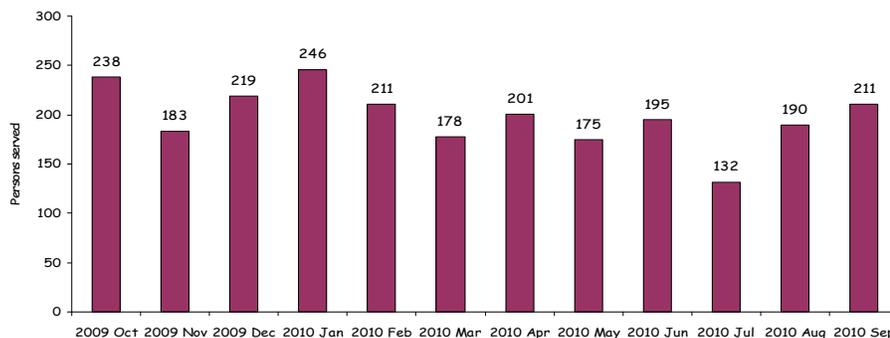
This quarter, 126 health facilities are providing ART services with 124 reporting independently and 66 are outreach sites. There are five new sites in the Copperbelt one public sector (Riverside Health Center, Kitwe District) and four private sector sites (Company Clinic and Hillview Clinic - Kitwe District, and Hilltop Hospital and Maongo Clinic – Ndola District). The key activities in the ART service area includes receiving and enrolling HIV positive clients from various entry points e.g. general CT, TB corner, in patient, OPD and PMTCT. After enrolment, measures are put in place to facilitate clients to do CD4 count and other laboratory test and later to be reviewed by the clinician for baseline assessment and staging (both clinical and laboratory). Those who are eligible are initiated on HAART after adequate adherence counseling. Those with high CD4 count and not yet eligible are followed up as Pre ART clients.



A complete list of ZPCT II ART sites is available in **Annex C**.

7,467 new clients (including 533 children) were initiated on antiretroviral therapy this quarter. Cumulatively, 115,344 are currently receiving treatment out of which 8,079 are children.

Pediatric clients newly enrolled into ART October 2009 – September 2010

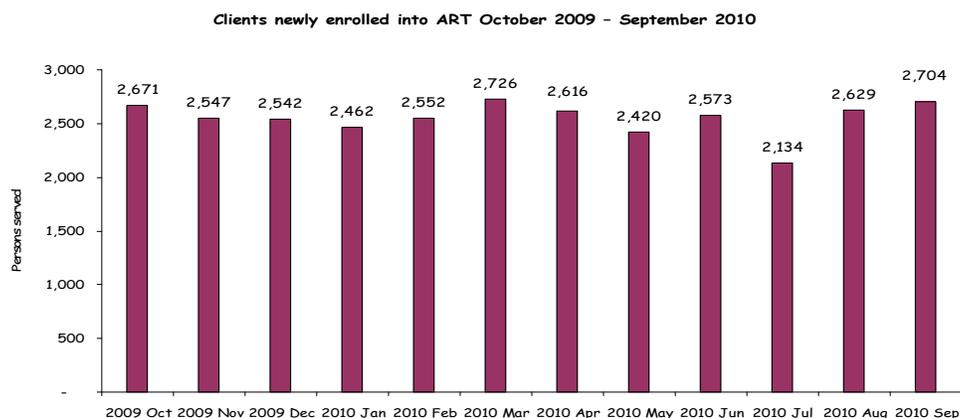


#### ART on-going activities

ZPCT II continued to provide technical assistance, mentorship and support supervision to HCWs in all health facilities providing ART services to ensure provision of quality services. Technical assistance during this period focused on:

- **Accreditation of ART sites:** ZPCT II supports facilities with the accreditation process conducted by the Health Professions Council of Zambia (HPCZ) formerly Medical Council of Zambia (MCZ). This quarter, support was provided to facilities awaiting accreditation through the provision of the requisite mandatory national HIV/AIDS and ART guidelines, SOPs, and providing orientation sessions to facility and DMO staff on the process of site assessment and requirements for accreditation. This included the six private sector supported sites (five in Copperbelt Province, and one in North-Western Province). In addition at national level ZPCT II approved a request from the HPCZ to support a re-orientation training for ART sites accreditation assessors. The actual re-orientation is planned for next quarter. 46 sites are now accredited.

- HIV Nurse Prescriber (HNP) program: The first ten graduates of the HIV nurse prescriber program from the ZPCT II supported sites all passed their exams. The General Nursing Council (GNC) and MoH released the results during this quarter. The dates for the graduation and final certification are still under discussion with the MOH and GNC. In the meantime, ZPCT II continues to encourage these trained nurse prescribers to practice under the supervision of their mentors or resident medical practitioners. The second group of ten trainees from ZPCT II supported sites began their one year training program this quarter. ZPCT II co-supported the initial six week classroom training for the trainees as well as the training of medical officers from ten ZPCT II-supported ART sites who will provide mentorship to the trainee HIV nurse prescribers. A further five ZPCT II staff, one from each of the five provinces, underwent the same training and will coordinate the program on behalf of ZPCT II and will also give back up support in terms of mentorship to the MoH mentors.
- Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology: During the quarter under review, ZPCT II started implementing this strategy after authority was granted by the MoH. Through the short messaging system, ZPCT II hopes to recall defaulting clients in various HIV service areas (i.e., missed appointments in the ART clinic/pharmacy and clients with abnormal laboratory results), and fast-tracking of uncollected HIV DNA PCR results to respective mothers and caregivers of children. This strategy is being piloted in 23 sites and so far at least 75 SMS had been sent out as the end of the quarter.
- ART QA/QI tools: This quarter, the revision of current ART QA/QI tools continued at national level. This process will be completed next quarter upon release of new MoH revised ART 2010 national guidelines which are currently being finalized.
- Post exposure prophylaxis (PEP) registers: The PEP register that had been developed by ZPCT II in the last quarter was presented to the MoH and the Permanent Secretary granted authority to ZPCT II to pilot this tool as currently no formal data collection tools exist nationally. ZPCT II has submitted the register to the ART Technical Working Group (TWG) to have it adopted at national level so that it is used in all sites providing PEP services across the country. The final decision on adoption will be known next quarter after the ART guidelines are finalized.
- Model sites: Two sites per province have been conceptualized to be developed and recognized as model sites or centers of excellence. However, to start with, only one site per province will be developed started from next quarter and the second one added on the following year. The framework consisting of the minimum package for these sites (developed by ZPCT II) has been finalized and those activities that will not have financial implications will be implemented starting next quarter while those with costs attached will have to await recipient agreement amendments. All sites in each of the respective provinces will be linked to the provincial model sites to learn and be mentored on high standards of knowledge, skills and best practices in ART clinical services as well as other service areas i.e. Lab/pharm, M/E, and CT/PMTCT. Low performing sites based on M/E indicators will be given priority.



### **Clinical Palliative Care Services**

Currently, ZPCT II is working in 300 health facilities providing clinical palliative care services for PLHAs. 159, 190 clients received care and support at ZPCT II supported sites this quarter. The palliative care package consists mainly of provision of Cotrimoxazole (septrin), nutrition assessment using Body Mass Index (BMI) and nutrition support for children using plumpy nut (RUTF) in ten sites. In addition, we also support screening of chronic conditions such as hypertension, diabetes mellitus. TB/HIV activities also fall under the category of palliative care including intensified case finding that is supported by the chronic HIV care (CHC) checklist. The general management of opportunistic infections is also part of this package. The following activities were undertaken during this reporting period:

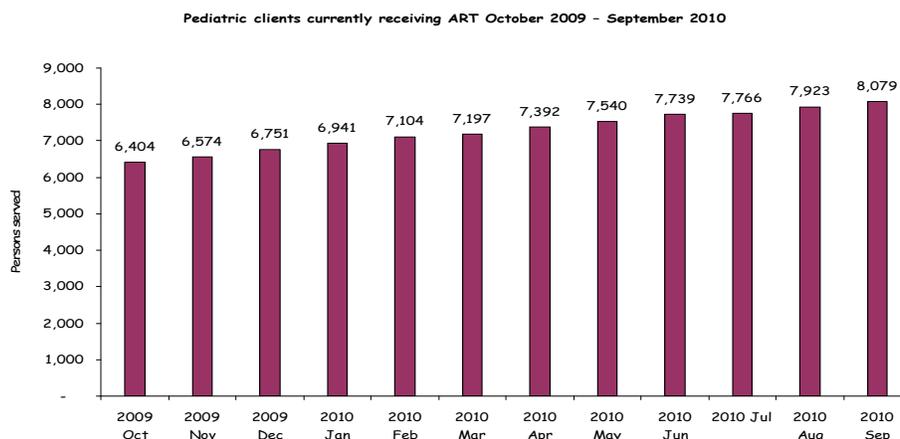
- ASW training package: Having updated the ASW training package to include issues of chronic HIV care, ZPCT II staff continued to provide on site mentorship as an ongoing activity on how ASWs will appropriately administer the ***HIV chronic care checklist*** to provide them with appropriate and clear insight on how this strategy should be implemented. Further, the ASW manual is being reviewed by the gender consultant hired by Social Impact and a gender module is being developed which will incorporate gender issues into the manual. A one day trainer of trainer session will be conducted for ZPCT II clinical and community staff next quarter using the updated manual.
- Managing HIV as a chronic condition: ZPCT II has continued to strengthen implementation of this component through providing onsite mentorship on chronic HIV care to include screening for and management of co-morbidities in HIV clients' particularly chronic conditions such as diabetes mellitus and hypertension. The checklist developed as a data collection tool in the previous quarter, was revised and updated in this quarter. In addition, a BMI assessment section for nutritional assessment has been added to the tool.
- Cotrimoxazole prophylaxis: ZPCT II continues to support the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who need this treatment in accordance with the national guidelines. During this reporting period, 7,775 clients were put on CTX (including 513 children).

#### ***1.4: Scale up male circumcision (MC) services***

Technical assistance, mentorship and supportive supervision continued to be provided to all the supported sites during this quarter. Refurbishments of the facilities have continued this quarter. The MC instruments, theatre clothing and consumables procured in the last quarter were received this quarter, and are being distributed to the facilities. This development will resolve the challenge of the slow pace of implementation of services due to lack of MC instruments and commodities.

- MC services: Technical assistance and supportive supervision are provided to 17 ZPCT II supported MC sites. Two of these sites are new. Sites are refurbished and MC instruments, theatre clothing and consumables procured. MC commodities were not available through the MOH and SCMS which slowed the pace of the implementation. This has now been rectified and ZPCT II is allowed to procure commodities as needed. Male circumcision camps are being held to increase assess and knowledge about MC services. This quarter 471 circumcisions were performed.
- MC camps: During this quarter, two male circumcision camps were held in North-Western Province (Kabompo and Mwinilunga Districts). 180 MCs were performed during these two-week camps, and over 200 clients who could not be attended due to logistical constraints were booked for routine procedures at the respective facilities.
- Trainings: This quarter, two trainings on male circumcision were conducted in the Copperbelt Province at Nchanga North and Roan Antelope hospitals. A total of 20 health care providers were trained in MC from eight health facilities (Nchanga North Hospital -3, Ronald Ross-4, Zambezi District Hospital -2, Arthur Davidson Children's Hospital – 2). This brings the number of health facilities with trained health providers to 20 and the total number of health care providers trained to date to 120.
- Mentorship and supervision: This continues and is being conducted by the MC technical officers in the provinces. The ZPCT II and UTH MC unit will conduct the post-training technical support and supervisory visits for all the health care providers trained this quarter in the next quarter.

- **Job aids and IEC materials for MC:** The materials developed last quarter in collaboration with CT/PMTCT unit, which includes; MC client flow chart, MC counseling protocol and the MC counseling information are to be presented in the MC communications technical working group and dissemination to the facilities thereafter.
- **National level MC activities:** ZPCT II has been an active member of the MC Technical Working Group and participated in the different subcommittee meetings this quarter. ZPCT II actively participated in the preparations towards the national launch of MC month which will be on October 1, 2010.



### **TB-HIV services**

ZPCT II continues to have representation on the national TB-HIV subcommittee, which is chaired by the national TB Infection Control program (NTP). Other members of this committee include CDC, WHO, TBCAP Zambart, AIDSRelief, UTH, Chest Disease Reference Lab (CDRL), Jhpiego, CIDRZ and JATA. As part of this national TB/HIV committee, ZPCT II together with other partners is currently involved in the development of Zambia’s first Intensified TB Case Findings (ICF) guidelines, which are in draft form.

The focus for technical support during this reporting period included:

- **Strengthening the integration of CT into TB services:** This continued to be done during this quarter. To support this activity, ZPCT II has continued to include some of the TB nurses and TB treatment supporters in the basic CT trainings being supported across the five provinces and post training mentorship provided to them thereafter. HIV testing continues to be offered routinely to all TB patients in all facilities and through this activity, 1,333 TB clients out of the 1,881 new TB patients with unknown HIV status were provided with CT services during the quarter.
- **Strengthening of screening for TB:** As part of intensified case finding (ICF), within clinical care/ART as well CT services, ZPCT II continued implementation of the TB symptom screening tool which is part of the chronic HIV Care checklist. This is being administered by ASWs and HCWs at facility level (including in the ART clinic), to enhance and expand intensified TB case finding (ICF). ZPCT II is yet to operationalize administration of this tool in the community by adherence support workers – this will be done in the next quarter. In addition, ZPCT II staff continue to mentor HCWs in the facility on the use of the x-ray reading boxes that were procured prior to this quarter. In August 2010 the TB screening check list was rolled out and the facilities are starting to use this tool. An evaluation of the ICF rates will be conducted in 2011.
- **TB and ART co-management:** TB patients who are HIV positive are promptly referred from TB clinics/corners to ART clinics to have baseline CD4 testing done and assessed for eligibility for ART. ZPCT II staff continue to mentor HCWs on interpretation of chest-rays as part of the work up in the process of diagnosing TB. Plans are underway to procure more x-ray viewing boxes. Through the pharmacy unit, ZPCT II is working with district and facility pharmacy personnel to ensure strengthened commodity management and uninterrupted supply of TB drugs, among others.

ZPCT II staff continue to train and mentor health care workers in the management of TB and ART therapy, including the implementation of DOTS, clinical monitoring of clients for response and management of side effects. ZPCT II is currently revising the job aid on TB-ART co-management to align it to the new WHO and national guidelines for 2010.

- **TB infection prevention:** Recognizing the importance of TB HIV prevention, the two ZPCT II staff (one senior clinical care officer and one infrastructure support officer) that were previously trained in TB infection prevention (before this quarter) are now working on operationalising some of the WHO recommendations for TB infection prevention such as ensuring that all refurbishments done in the ZPCT II facilities take into consideration that there's good ventilation in the rooms, isolating and fast tracking of all those suspected to have TB from the general consulting areas to avoid infecting other patients. ZPCT II staff continue to promote cough etiquette so that this practice is adhered to both within the facility and in the community/household level. In this practice, clients are encouraged to cover their mouth (when coughing) with the back of their arms/forearms or paper to minimize the spread of droplets to uninfected patients, members of the household/community or indeed health care workers. ZPCT II plans to discuss with the MoH in the next quarter on the implementation of the use of masks for TB prevention as per WHO recommendation as this is not yet being done by the MoH themselves.

**Objective 2:** Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

### ***2.1: Strengthen laboratory and pharmacy support services and networks***

#### ***Laboratory Services***

A total of 116 facilities are being strengthened for laboratory services through technical assistance, renovations, equipment maintenance, training and procurement of equipment. A total of 85 of these laboratories are now fully operational with an additional 31 performing minimal laboratory support.

- **PCR laboratory:** The DNA/PCR laboratory at Arthur Davison Children's Hospital (ADCH) continues to provide support for the implementation of early infant diagnosis of HIV for the five ZPCT II supported provinces. The PCR lab continues to function well and continued to access DNA PCR laboratory consumables through the national system.

A total of 36 runs of forty eight (48) specimens and controls were performed by full time and part-time rotational staff during the quarter.

This quarter, a total of 3,900 DBS specimens were received from 246 facilities in 39 districts in the five provinces. A total of 3,311 were from ZPCT II supported facilities in the five provinces and the rest from non-ZPCT II supported health facilities. A total of 3,880 were tested of which 406 were positive. The data is used to strengthen the EID program further by ensuring that more and more HIV exposed infants have access to EID and positive ones linked to ART. It is also used to strengthen counseling in PMTCT especially in relation to IYCF; provision of more efficacious ARVs for PMTCT and ensuring that all the cross cutting issues are addressed e.g sample referral. While more needs to be done to eliminate pediatric ART, the previous crude positivity rates were as high as 22% but through the various interventions in the PMTCT program, this rate has been seen to be steadily reducing with a current crude positivity rate of 10.46% showing that the PMTCT program is efficacious.

During this quarter there were no challenges noted in the supply of PCR Amplicor kits from MSL to the PCR laboratory at ADCH. There were adequate supplies of the kits in the laboratory ensuring uninterrupted testing of the received DBS specimens.

The PCR laboratory has continued to be part of the External Quality Control Proficiency Testing program run by the CDC Division of Global AIDS in Atlanta. During this quarter the results of the June 2010 proficiency test cycle were received and the laboratory scored 100% success. The next samples were expected early next quarter.

- Strengthening early infant diagnosis of HIV– improving turn around time for DBS results: ZPCT II continued to provide technical assistance to ensure proper DBS collection, packaging and transportation of the specimens to the PCR laboratory, especially to facilities where challenges have been noted. ZPCT II in collaboration with the MoH, CHAI and UNICEF, has continued using the Short Message System (SMS) technology for sending HIV DNA PCR results to five ZPCT II facilities. Initial reports indicated that turn around time has been reduced to less than three days but the system requires that information for transmission via the printer is manually inputted by the officer in the laboratory causing delays in sending out the messages due to staff shortage. However, updates have been made during this quarter to the software to address the concerns around the need for automation of the system. This software is being tested and the system will be rolled out to more sites once the evaluation has been done following this upgrade. UNICEF continues to pilot the second SMS technology initiative which is scheduled to run until the end of November. The MoH then plans to evaluate the two pilots and choose one system which will then be rolled out nationally.
- Specimen referral system: The system was functional with 196 health facilities referring specimens to 65 facilities with CD4 equipment across 40 districts. This number increased during this quarter with an additional five CD4 instruments being commissioned in five sites. The users received on-site training in the use of the instruments. ZPCT II continued to monitor the usefulness and quality, as well as to strengthen the specimen referral systems.
- Internal quality control: This quarter, ZPCT II continued to provide technical assistance with significant emphasis on supporting internal quality control (IQC) procedures. Two ZPCT II staff received upgraded training in Strengthening Laboratory Management Toward Accreditation (SLMTA) in a workshop held in Livingstone at which one ZPCT II staff facilitated. The two ZPCT II sites that have been earmarked for the first round of accreditation i.e. Ndola and Kitwe Central Hospitals in the Copperbelt Province were given their next round of improvement projects in the process of getting them to the next phase in the steps toward accreditation.

The second site visit to determine how far the two institutions have progressed began at the end of last quarter and reports on the findings show that the facilities that have received SLMTA training have demonstrated significant improvement in their documentation practices with a few exceptions in facilities where stationery has been a challenge like Ndola Central Hospital. This challenge is however being addressed urgently as one of the critical parameters for laboratory accreditation is documentation. ZPCT II will put in place strategies to ensure that stationery is available in all the facilities it supports, mainly the inclusion of stationery in the recipient agreements to facilitate the documentation process in the laboratories. The implementation of improvement projects have been extended to five more facilities namely Arthur Davison Children’s Hospital, Kabwe General Hospital, Mansa General Hospital, Nchanga North General Hospital and Solwezi General Hospital where the same approach will be used. ZPCT II technical staff have been asked to commence SLMTA improvement projects in all facilities after doing mini baseline assessments for which they have received guidance on. This will ensure that all quality concerns are addressed.

- External quality assurance: The HIV testing external quality assurance (EQA) program which was piloted recently has been rolled-out. During this quarter the second round of HIV testing EQA panels were released by the National Reference Laboratory at UTH and were distributed to participating facilities. In order to further strengthen the roll out of HIV EQA proficiency testing program, ZPCT II conducted Quality Rapid HIV Testing Training for Maternal and Child Health (MCH) supervisors from ZPCT II supported sites. Participants received hands–on training to familiarize them with reconstitution of the vials and how to perform the HIV test thereafter. ZPCT II Laboratory and PMTCT staff was able to provide more focused technical assistance having received training in Quality Rapid HIV Testing last quarter. Results from this exercise are being received by the national reference laboratory and the feedback report is being awaited.
- Commodity management: ZPCT II continued to provide technical assistance to improve commodity management systems for laboratory services in all its supported health facilities.
- Guidelines and SOPs: As part of its support, ZPCT II continues to promote and monitor the use of the Zambia ART laboratory SOPs in facilities. The new streamlined revised laboratory QA/QI tools have

been approved for use and will be administered beginning next quarter following updates to the CSPro system to accommodate these changes. It is anticipated that with the new approach, issues arising on accreditation related issues will be captured promptly and attended to accordingly, moving the facilities towards accreditation.

- Equipment: As an ongoing activity, ZPCT II actively follows up on the status of laboratory equipment in its supported sites and the focus is generally on the status of CD4, chemistry and haematology analyzers. An outline of the follow-ups and the status of laboratory equipment can be found in *Annex I*.

### *Pharmacy Services*

This quarter, ZPCT II continued to provide technical support to pharmaceutical services in all the supported health facilities, including; provision of basic pharmacy equipment, furniture and renovations to enhance pharmaceutical service delivery, training and technical assistance.

- ARTServ dispensing tool: This tool is used by pharmacy staff to record data of clients on ART, including drug regimens, side effects and drug dispensing dates. During the quarter, ZPCT II continued to provide technical support to the ART sites on the use of the updated ARTServ dispensing tool. The tool was installed at an additional five sites during the quarter (Natuseko Clinic (Kabwe), Central Clinic (Mansa), Chavuma District Hospital (Chavuma), Kamfinsa Rural Health Centre (Kitwe) and Kaputa Rural Health Centre (Kaputa) bringing the total number of sites using the tool to 79. In addition, orientation in the use of the tool was conducted at two trainings held in Luapula and Central Provinces and a total of 25 healthcare workers were trained. During this quarter, ZPCT II continued to monitor the performance of the SmartCare integrated ARTServ dispensing tool. A meeting was held to discuss recommended enhancements to the system following the feedback received from the system users and the MSH consultant on the pilot system. There are plans to roll-out to an additional 14 sites after the modifications have been made to the system. One SmartCare OJT training was conducted this quarter to train staff from the districts and this exercise continues to be implemented in collaboration with the MoH, CDC and UDAID/Deliver. There are three full SmartCare trainings and one on-the-job training planned for next quarter at which ZPCT II will assist to train identified facility staff.
- Commodity management: Technical assistance visits continued to strengthen commodity management systems in facilities offering ART services, including guidance on improving stores management, stock status update, storage space and conditions, timely ordering and collection, aggregation and proper use of commodity consumption data.

In addition, all facilities offering ART and PMTCT services were encouraged to adhere to ordering procedures as defined by the national ARV logistics management system and the PMTCT/ARV drug logistics system for PMTCT only sites. The TOT in essential drugs LS scheduled for this quarter did not take place however the national roll out trainings will take place for the future once MoH decides on the next steps after an evaluation of the pilot that showed that the preferred model is model B which requires facilities to fill out usage reports and submit them to MSL.

During this reporting period, ZPCT II actively participated in national level activities centered on planning for various supplies including male circumcision supplies, and reproductive health and HIV/AIDS commodities security.

- Good pharmacy practice: Routine technical assistance visits were conducted this quarter focusing on mentoring facility staff on good pharmacy practices, including dispensing, medication use and enforcing adherence counseling to ensure better patient outcomes. ZPCT II is in the final process of distributing Pharmaceutical Regulatory Authority pharmacovigilance materials (registers and IEC) that were printed by ZPCT in the previous quarter. This will be followed up by planned on the job trainings on the use of the registers and the overall implementation of the pharmacovigilance program.

In support of the roll-out of the fixed dose combination (FDC) formulations for pediatric ART, ZPCT II began conducting orientations in the use of the FDCs in all facilities. The commodity was available at most of the facilities and this activity was a collaborative effort with the MoH and partners to enhance adherence and provision of efficacious, easy to use products for pediatric clients.

- **Data management and supply chain:** Technical assistance continued to address the concept of the report and requisition (R&R) - the linkage between good data management and the supply chain to ensure that there were no shortages of critical supplies and stock-outs at the facilities. The reporting rates for the ARV Logistics System averaged around 90%, whilst that of the PMTCT Drug Logistics System averaged around 60% for the quarter. Few sites were overstocked and re-distribution subsystems have been implemented to address the problem.
- **RUTF program:** As an ongoing activity, ZPCT II coordinated with the MoH/CHAI program to provide nutritional support in the form of RUTF (Plumpy Nut) to infants and children with HIV/AIDS in ten sites in the five provinces. This quarter, MSL distributed the Plumpy Nut to all ten ZPCT II supported sites implementing the program. Discussions were held with MoH during the quarter and reports would now be submitted directly to MoH through the district nutritionist. More children continued to be enrolled on the program and to benefit from the nutrition supplementation. The draft advocacy paper on inclusion of RUTF in the national supply chain was developed in the last quarter and awaits submission to MoH.
- **Guidelines and SOPs:** The pharmacy SOPs currently in use are under review and the compilation of the final draft is still awaiting submissions from MoH and partners. Once finalized this will be submitted to the MoH for approval next quarter. Once the SOPs are approved, ZPCT II will support the MoH with the printing and dissemination of the documents.

The pharmacy services QA/QI tools continue to be administered at ZPCT II supported sites. These were revised last quarter and have been approved for use in ZPCT II supported sites. The tools will be administered beginning next quarter following updates to the CSPro system to accommodate the changes made.

## ***2.2: Develop the capacity of facility and community-based health workers***

### ***Trainings***

During the quarter, health care workers and community cadres from ZPCT II supported health facilities attended training courses as follows:

- 58 HCWs and 60 community cadres were trained in basic CT
- 41 lay counselors already trained in CT underwent a CT refresher course
- 30 HCWs and 15 lay counselors already trained in basic CT were trained in child counseling
- 24 HCWs and 24 lay counselors were trained in counseling supervision through a two-week course
- 40 HCWs and 50 lay counselors were trained in couple counseling
- 20 HCWs and 62 lay counselors were trained in youth CT
- 363 HCWs and 125 lay counselors were trained in the provision of PMTCT services, while, 123 HCWs and 61 lay counselors already trained in PMTCT underwent a refresher course
- 124 HCWs were trained in ART and OI management
- 107 HCWs were trained in pediatric ART and opportunistic infection (OI) management
- 20 HCWs were trained in male circumcision procedures
- 25 HCWs were trained in family planning
- 50 HCWs were trained in DBS collection, storage and transportation
- 28 HCWs were trained in ART commodity management for laboratory and pharmacy, and 56 HCWs were trained in equipment use and maintenance in the supported facilities
- 31 health care workers were trained in adherence counseling, and 22 community cadres attended refresher courses in adherence counseling from Northern Provinces
- 9 HCWs from Central Province attended the UTH ART paediatric mentorship
- 20 ZPCT II provincial staff from all five provinces attended the Clinical Training Skills

A one-day module on monitoring and evaluation was included in CT, PMTCT and ART/OI courses, 315 HCWs participated in this one day orientation.

A complete list of all training courses conducted this quarter is outlined in ***Annex F***

### **2.3: Engage community/faith-based groups**

ZPCT II continued to provide support to community based volunteers in the five provinces who complement the work of HCWs in the health facilities by providing counseling and testing, PMTCT and adherence counseling services. Currently, there are a total number of 1,503 community-based volunteers (635 lay counselors, 399 PMTCT counselors, and 469 adherence support workers) deployed and active in the five provinces.

During this reporting period, 30 lay counselors (12 males and 18 females) were trained in youth CT, and 13 lay counselors (10 males and 3 females) already trained in basic CT were trained in CT supervision.

#### Zambulances

This quarter, 10 of the 20 Zambulances that were delivered in the last quarter to supported health facilities were given to beneficiary communities. The 90 Zambulances that were earlier delivered to the communities are already being used in the communities. 48 expectant mothers accessed the Zambulance service to the nearest delivery centers during the reporting period. This is part of PMTCT strategy to promote and encourage supervised deliveries at the health facilities.

#### Mobile CT

During this quarter, ZPCT II collaborated with community groups and health facilities to conduct mobile CT activities in various locations of the supported facilities. The mobilization focused on encouraging communities to access CT, MC and other HIV/AIDS services. A total of 1,593 adults (692 males and 901 females), and 180 children were counseled and tested. All the clients received their results on the same day, and those testing positive (18 adults and 4 children) were referred for CD4 testing and further care.

A list of community mobile services conducted is provided in *Annex H*

#### Referral Networks

ZPCT II continued to partner with the PMOs, DMOs, District Aids Task Force (DATFs), and other partners in the five provinces to strengthen district-wide referral networks and establish networks in new districts.. Currently, there are 33 fully functional referral networks out of the 40 supported districts. These are networks that have strong leadership, strong commitment and motivation by network members.

Four networks need further strengthening; these include Chinsali in Northern province, and Kabompo, Mwinilunga and Kasempa in North Western province. This quarter, mapping and stakeholders meetings were completed to expand the referral network activities to two new districts, namely Chienge and Milenge. The networks will facilitate the systematic and formal link of HIV/AIDS related support services and ensure that clients access available services. A total of eight district referral meetings were conducted during this reporting period. Commitment among referral network members remains a challenge in some districts and hence the low number of meetings.

**Objective 3:** Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

### **3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services**

During this reporting period, as an ongoing process, ZPCT II continued to strengthen integration of the HIV/AIDS into the overall MoH health care services such as reproductive health (RH), maternal, newborn and child health (MNCH) services, including malaria programming. To support this process, HCWs providing antenatal care services have continued to be prioritized for training in PMTCT and family planning so that they can provide these services as part of the regular ANC services. Within the same PMTC training, emphasis is also placed on strengthening focused ANC, which includes education on malaria prevention like use of insecticide treated bed nets, implementation of intermittent presumptive treatment of malaria (IPT) and importance of early diagnosis and treatment of malaria, among other things. In addition, HCWs providing child health as well as family planning services are equally trained in basic counseling and testing skills so that they can implement provider initiated testing and counseling to their clients within the regular child health and FP services.

### ***3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness***

This quarter, the gender strategy was submitted to USAID for approval. Although priority areas for integrating gender into ZPCT II were incorporated into the June –December 2010 work plan only one key activity was initiated; the review of the Adherence Support Worker manual and integration of gender issues. Plans for next quarter include a one day trainer of trainers (TOT) session for ZPCT II staff on the revised ASW manual, and further refinement of the manual. The launch of the gender strategy and review of the PMO and DMO supervisory tools to include gender sensitive indicators will also take place next quarter. The ZPCT II team will also prioritize other key activities for the 2011 work plan to ensure scale up of activities to mainstream gender into service delivery at facility level. ZPCT II will intensify scale up of community mobilization activities to address gender issues. This will include provision of grants to appropriate community based and non governmental organizations to plan and implement activities that address the gender dimension of HIV/AIDS transmission and prevention. During this quarter, ZPCT II has held discussions with the MoH about how the two partners can work collaboratively on gender mainstreaming, including launching the gender strategy. The proposed position of Gender Specialist was approved by USAID this quarter and will be advertised next quarter.

### ***3.3: Increase the problem solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs***

ZPCT II, in collaboration with the MoH worked to expand and strengthen performance benchmarks in planning and other management areas. These have since been presented to the MoH for endorsement. Furthermore, ZPCT II developed an Organizational Capacity Assessment (OrgCap) tool which will be used to determine PMO and DMO planning and management systems gaps. This will be piloted on the Copperbelt in the coming quarter. Assessment results will be used to design and implement trainings in planning and other management areas which will lay the foundation for effective integration of HIV/AIDS services with other priority health interventions

This quarter, ZPCT II worked on expanding and strengthening MoH performance benchmarks for PMOs and DMOs to go beyond just meeting the required GRZ set of minimum standards of operations. The emphasis in the expanded performance benchmarks was on quality and efficiency. ZPCT II unveiled these modified performance benchmarks to MoH and other implementing partners during the Tool Harmonization and Indicator Building workshop jointly held by ZPCT II and MoH. The workshop which was held from August 10 – 11, 2010 was attended by representatives from the MoH central, provincial and district levels, and USG partners, including; CHAI, ZISSIP, EGPAF and CARE International. The workshop participants worked to finalize and build consensus around the PMO and DMO performance benchmarks. ZPCT II plans to use the performance benchmarks endorsed by MoH to carry out management capacity assessments on PMOs and DMOs and develop tailored and standardized training programs. During this workshop, implementing partners shared their capacity building tools. It is envisaged that all partners will use one MoH approved capacity building toolkit to design and implement respective PMO and DMO capacity building programs.

During this quarter, the capacity building team worked with Albena Godlove, Senior Manager, and Mike Reeves, Senior Development Specialist from Cardno Emerging Markets in organizing the Tool Harmonization and Indicator Building meeting. This was part of their continued technical support on the design of the PMO and DMO capacity building program, to ensure ownership and endorsement from MoH and other ZPCT II collaborating partners.

During this quarter, Cardno EM HQ reviewed the needs and team structure of the ZPCT II in country staff team for capacity building and re-organized it for meeting the capacity building objectives of this project. They determined the need to revise the current positions and re-structured the position of Capacity Building Team Leader by making that redundant and a new scope of work was developed for a Senior Capacity Building Advisor. This position has been advertised. The new position is yet to be filled.

### **3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities**

During this quarter, ZPCT II in close collaboration with MoH, worked to develop a standardized scoring methodology and tailored technical assistance to determine the functionality of management systems at the PMO and DMO level of the MoH. The scoring methodology was developed in the capacity areas of Human Resources, Financial Management, Governance and Planning. ZPCT II believes it will make the greatest impact in preparing PMOs and DMOs to assume programmatic responsibilities in these areas. The tailored technical assistance will ensure greater efficiency in resource allocation and sustain improved performance at all levels of MoH service delivery and management structures.

In next reporting quarter, ZPCT II will use the standardized scoring methodology to determine systems gaps at each PMO and DMO and subsequently develop tailored trainings which will target specific areas of interventions to help government entities go beyond set minimum standards of operations.

**Objective 4:** Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

Public private partnerships (PPP): This quarter ZPCT II support to private sector sites continued with capacity building activities taking place in various technical areas. Six health care providers were trained in adult ART, five in paediatric ART, six in PMTCT, and seven had an orientation in SmartCare from the six supported private health facilities. This is in addition to an orientation in the M&E systems to the same staff. ZPCT II continued to provide technical support and mentoring on counseling and testing, PMTCT and provision of clinical care and ART services. Data collection tools (MoH registers and SmartCare computers) have been placed in these facilities and are currently in use and data is being collected.

During this reporting period, private sector assessments were conducted for Central, Copperbelt, and Luapula provinces to select six new sites. MOUs with the private sector for these six new sites are being drafted and will be signed next quarter after which technical support will be provided to strengthen the different HIV/AIDS services at these sites. ...

**Objective 5:** Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II continues to work collaboratively with Ndola DMO and Kitwe DMO to provide technical support towards service integration with the community Home Based Care programme for Ndola Diocese both in Ndola and Kitwe districts. ZPCT II continued to provide technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers respectively. During this quarter, 80 new clients were initiated on ART and 696 old clients were reviewed.

## **IV. STRATEGIC INFORMATION (M&E and QA/QI)**

### **Monitoring and Evaluation (M&E)**

During the quarter, the ZPCT II Strategic Information (SI) unit provided technical support to staff at supported sites in the various data management tasks. The SI team continued to provide technical support to ART sites using the SmartCare system in migration from using only the paper-based ART Information System to SmartCare as the official reporting tool. As at end of this quarter, a total of 36 out of the 98 ZPCT II supported sites running SmartCare were now using it for routine reporting of their service statistics. Of the remaining 62, 9 more were assessed and deemed not yet ready for commissioning. Three had technical issues pending resolution. Twenty five were ready to be re-assessed for commissioning while commissioning re-evaluation forms were being awaited from 24 sites. One site was yet to send the transport database to be merged with the Lusaka ZPCT HQ SmartCare system

The main focus for the period under review was continued development and deployment of data collection tools for next generation PEPFAR indicators and ZPCT II's new program elements in response to current PEPFAR reporting requirements. The SI team worked closely with respective ZPCT II technical units to roll-out the these new data collection systems, including , a chronic health care checklist, post exposure

prophylaxis registers and a Web2SMS system at pilot sites. Technical support was provided on-site to health care workers to begin using the system – this support will continue to be the SI unit's focus in the next quarter.

A key activity during the quarter was the bi-annual M&E data quality audit which was conducted from 13-24 September 2010. This audit was conducted for 40% of supported sites across the five supported provinces. As part of its continued capacity building to MoH, this audit was carried out in conjunction with respective MoH counterparts at provincial and district levels. Indicators on recently introduced Next Generation Indicators (NGIs) were included in the audits for the first time.

As part of its continued effort to build staff's capacity to provide quality technical support to MoH health facilities, the SI unit held a unit meeting during the quarter. A total of 20 staff from the SI unit attended this technical update meeting. The meeting focus was on orienting staff to new data collection tools and indicators, and new features on the SmartCare system.

### **Quality Assurance and Quality Improvement (QA/QI)**

ZPCT II continues to provide technical support to the MoH in the area of quality improvement of the national HIV program. ZPCT II actively contributed during the Ministry of Health planning session to develop the National Quality Improvement Plan for 2011. ZPCT II was invited by Health Professional Council of Zambia (formerly Medical Council of Zambia) to participate in developing quality improvement standards for health care services in Zambia, and a draft document was produced. Key Ministry of Health partners active across different health program areas including HIV attended this workshop.

Five QA/QI Provincial Technical Officers were recruited and commenced operations this quarter, one in each ZPCT II provincial office. Adding provincial technical personnel to the QA/QI team is designed to enhance the effectiveness, efficiency and results of quality improvement activities in each province, build Ministry of Health capacity in quality improvement of HIV services and advance implementation of the graduation and sustainability strategy.

The QA/QI MS Access Database continues to be a work in progress under the SI unit. The PEP register developed through joint efforts of the QA/QI Team and ART/Clinical Care units was approved by Ministry of Health this quarter for use in health facilities. It has been recommended to Ministry of Health for adoption as a national PEP Tool. SI unit has commenced the recruitment process for a consultant to update the QA/QI CSPro software application package used for electronic data entry and routine analysis of quarterly provincial QA/QI data collected. This will enable the roll out of revised QA/QI data collection tools.

### **Administration of QA/QI tools**

The quality of ZPCT II supported HIV prevention, care and treatment program is monitored quarterly using QA/QI data collection tools. These tools are divided into the technical areas of ART/clinical care, PMTCT, HIV CT, laboratory support, pharmacy support, monitoring and evaluation. This includes a reflection session where ZPCT II technical officers assist facility health care workers to develop quarterly quality improvement action plans targeting priority problems identified. Sites must have received a minimum of six months ZPCT II technical support in a particular technical area to be eligible for quality monitoring activities to be commenced.

ART/clinical care tools: ART provider and facility checklists were administered in 124 reporting ART sites and on going mentorship was focused on the deficiencies.

Challenges hampering good service quality were experienced. Patient file reviews indicate a continued trend of critical liver function and kidney function test results not being available for HCW use in appropriate ART management. This was the case both for baseline and MoH recommended six-monthly follow up. Contributing factors were reagent stock outs, laboratory equipment breakdown and logistical difficulties in the sample referral system. Patients on ART for more than six months were not routinely accessing CD4 immunological monitoring, a common reason being that HCW preferred to give priority to those newly initiating ART in view of limited access to CD4 tests through the sample referral system. It was also reported that several patients would miss scheduled clinical follow up appointments. Patient medical record completeness continued to lapse with HCW not routinely filling out required standardized

patient medical forms for the national HIV/ ART electronic patient record system, or utilize its reports fully for monitoring quality of patient care.

Remedial actions planned included intensifying use of electronic patient reminders via the SMS technology, assisting facilities to hold regular clinical meetings which would also function as continuing medical education activities to remind HCW on standard clinical protocols for HIV/ ART care, and closer collaboration between ART and laboratory units to address sample referral system challenges.

PMTCT/CT: The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 254 CT sites and 216 PMTCT sites.

Key problems limiting service quality included stock-out of HIV tests kits in some facilities due to difficulties faced by some HCW in appropriately using the standard MoH national commodity ordering system. CT/PMTCT and laboratory technical officers resolved to work with district laboratory officers to ensure timely ordering of HIV test kits. Facility health care workers were also mentored on logistical management procedures to ensure timely ordering of commodities and their consistent supply. Quality control for HIV testing remained a huge challenge in the light of HCW attrition and high work burden hindering blood samples for quality control being routinely drawn from clients utilizing HIV testing services. Facility health care workers were provided mentorship on peer-to-peer quality control as an interim measure including demonstrations on collection of HIV quality control samples, and emphasizing the role of facility in-charges in this quality control activity. Several new program elements focusing on integration of CT at different points of service such as within family planning, TB clinics, under 5 (well-baby) clinics have been slow for HCW to routinely implement. Technical support will be provided to assist better uptake of these interventions to scale up access and uptake of HIV testing. Technical officers will continue to mentor HCW providing PMTCT and CT services and encourage use of counseling checklists to improve upon quality of counseling offered to clients. This would reduce the problem of full counseling information not being provided to clients.

Achievements were seen this quarter with several new counselor supervisors being trained. It is anticipated that challenges of lack of counselor supervisors to conduct recommended monthly counselor supervision activities will begin to dissipate.

Laboratory infrastructure: The laboratory QA tool was used for quality monitoring in 84 sites.

Areas compromising the quality of HIV – related laboratory services included irregular servicing of laboratory equipment by vendors in breach of their contractual obligations. This resulted in frequent breakdown of equipment preventing critical liver function, kidney function and immunological (CD4) tests being available for good patient care. The poor participation in external quality control and internal quality assessment of laboratory equipment persisted in several sites. Technical support on conducting and documenting these activities will be intensified. In addition, laboratory staff did not routinely participate in departmental planning meetings. Several laboratories lacked national safety and ethics manuals, accident occurrence reporting books, first aid boxes and firefighting equipment.

Pharmacy: The pharmacy QA tool was used for quality monitoring in 84 sites.

Challenges hampering service quality were uncovered. Several ARV bulk store rooms did not have functioning air conditioners putting the ARV drug quality and efficacy at risk. A few facilities suffered stock out of some ARV medications and pediatric trimethoprim/sulfamethoxazole formulations for prophylaxis against several opportunistic infections. Guidelines and counseling checklists for correct medication counseling on ART had been mislaid or damaged in some facilities. Steps would be taken to have these key job aids replaced. HCW implementation of pharmacovigilance systems in ART sites continues to lag behind. ZPCT II has resolved to assist in distribution of the required national pharmacovigilance registers and reporting forms, and mentorship of facility HCW on their appropriate use. Some facilities did not routinely conduct drug utilization studies. Other challenges preventing good management of medicines included lack or poor HCW use of drug expiry tracking charts, temperature monitoring charts and lack of pallets to store drugs correctly. These gaps will provide a basis for continued focused technical support.

Monitoring and Evaluation (M&E): The M&E QA tool, which assesses record keeping and information management, was administered in 252 facilities.

The quality of data and information management systems was closely monitored and the following challenges observed. A few facilities did not have updated patient registers at the time of assessment. Reasons cited included on-going refurbishments and lack of data Entry Clerks at the facility. Efforts to promptly recruit data entry clerks where required are being made. Due to the exponential increase in demand for HIV services within communities, patient numbers have continued to grow. This has resulted in a deficit of lockable cabinets in many sites. As a result, patient medical files and registers are not being securely stored in these centers. This has been flagged as an important item to include under Recipient Agreements.

### **District Graduation and Sustainability Plan**

Twelve Districts have been successfully graduated to date having met the graduation criteria. This quarter, three districts were targeted for graduation. These were Chiengi district in Luapula Province, Mufulira and Chililabombwe districts in Copperbelt Province. Several constraints prevented the graduation of these districts during the quarter.

In Mufulira District, constraints included several pharmacy staff not having been trained in pharmaceutical management of ART commodities and relevant logistics and management systems; stock outs of HIV-related medications; HCW not yet integrating routine CT into under 5 clinics and non availability of particular national HIV-related guidelines and standard operating procedures for HCW reference in providing good quality services.

In Chililabombwe District, constraints included missing national HIV-related guidelines and standard operating procedures for HCW reference in providing good quality services; constraints in physical space for provision of services such as adherence counseling, CT and PMTCT; challenges in correct screening of patients for HIV-related opportunistic infections; several pharmacy staff not having been trained in pharmaceutical management of ART commodities and relevant logistics and management systems.

In Chiengi District graduation constraints included inconsistent monitoring of patients' immunological status using CD4 due to transport challenges in the sample referral system; difficulties in smooth patient flow and service organization; patients attending ART clinics not routinely screened for opportunistic infections.

A complete list of the graduated districts is available in *Annex D*.

## **KEY ISSUES AND CHALLENGES**

### **Critical shortage of staff in health facilities**

This long term problem of shortage of staff has persisted and is more pronounced in rural health facilities. ZPCT II supported task shifting through training additional community volunteers as needed to assist in the provision of HIV/AIDS services and through the provision of limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide HIV/AIDS and related services.

### **Renovations**

Shortages of cement for two months in North Western Province affected the pace of renovations. Chavuma District was flooded and some parts were inaccessible at the beginning of the quarter. The Zambezi river pontoon had also broken down, thus rendering the contractor unable to move to Lukolwe RHC to commence work. In Mansa, the works at Mansa General Hospital had to be re-advertised because the first bids were over the budget estimates, and some of the contractors did not meet the required criteria to participate in the tendering process. In some instances as in the case of Luapula Province, one contractor failed to go on site to commence work, despite signing the contract. ZPCT II worked to resolve the issue with the contractor. Lack of space for additional renovations is an ongoing challenge which is beyond ZPCT II's ability to resolve. Facilities are being encouraged to co-share space with other services to accommodate new services as, well as restructuring of services where feasible.

### **CD4 sample referral and laboratory maintenance**

ZPCT II has been making efforts to ensure CD4 count assessment is being done on all HIV positive pregnant women. During the reporting period, the following challenges were experienced:

- Limited availability or insufficient numbers of motorbike riders in some districts. To address this, it was planned that 23 people would be trained in motorbike riding during this quarter in all the five provinces but this activity did not take place due to challenges in identifying staff to give this responsibility. For instance in Kapiri Mposhi and Kitwe, the motorbikes which were procured by ZPCT II were not being used consistently due to the lack of motorbike riders. Other districts like Kabwe however continued to perform well with specimen referral but the need for back-up riders was identified in the case of vacation or illness of the designated driver. ZPCT II worked with partners to identify lasting solutions in order to ensure uninterrupted service delivery. It is hoped however that in the near future, ZPCT II may be able to place point-of-care CD4 machines in selected pilot sites once these machines that are currently under evaluation at UTH are approved by MoH.
- Breakdown of CD4 count machines across the five provinces coupled with delays in servicing the equipment by vendors continues to cause interruptions in service delivery. Lack of CD4 reagents briefly affected CD4 assessment at a few facilities in Ndola and Kitwe. This has negatively impacted on CD4 count access for HIV positive pregnant women. ZPCT II is worked with the PMOs, MoH and SCMS to address these issues.
- The problem of incomplete log sheets continued to affect whether DMOs or health facilities could access fuel for motorbikes. ZPCT II mentored the district and facilities to ensure adherence to the motorbike policy which requires strict adherence to the guidelines.

### **Inconsistent documentation of for newly introduced strategies (e.g. HIV re-testing).**

- This was noted to be a challenge in some of the facilities. ZPCT II mentored facility staff on accurate documentation of the services provided, including the new strategies.

### **Early infant diagnosis**

- Shortage of DBS blood collection bundles: Challenges with the availability of DBS bundles continued to be experienced during this quarter in some facilities despite stocks being available at MSL. Lack of DBS bundles in facilities hinders the collection of specimen from exposed babies, the implications being the failure to give diagnosis for HIV. ZPCT II did some redistribution of bundles in some of the facilities to ensure that DBS sample collection continued with minimum interruptions. During the Laboratory Commodities Quantification Workshop held this quarter, discussions were held to explore ways to streamline the ordering process of the bundles and a proposal made to include them in the national approved logistics system for other laboratory supplies. ZPCT II followed up, both centrally with MoH and at district and facility levels, and provided technical assistance and mentoring in the implementation of the new ordering system, to ensure improved and consistent supplies.

### **Commodity stock outs**

- Although stock outs of HIV test kits continued to recur, mainly because of delays in health facilities submitting orders to MSL, a general improvement in the supply of kits was noted across all the five provinces. ZPCT II provided technical support to ensure full implementation of the new ordering system to ZPCT II supported health facilities.
- Stock outs for other commodities like reagents for CD4 and a few selected chemistry tests, and selected ARV drug formulations were experienced during the quarter. ZPCT II worked with SCMS, MoH and other partners to find ways to address the causes of these undesired stock outs which cause disruptions in services and hence compromise the quality of service provision.
- However stock-outs were experienced during the quarter for the following at central level: Stavudine 30mg/Lamivudine 150mg tablets, Abacavir 300mg tablets and Lamivudine 150mg tablets. Towards the end of the quarter, a consignment was received so stocks have been replenished and are available at MSL.

### **Male involvement**

- While male involvement in PMTCT is increasing, it still remains a challenge in some facilities. ZPCT II explored other approaches and will be using proposed strategies and activities in the gender strategy to enhance male involvement. Part of the problem has been the lack of a gender strategy with clearly defined strategies and concrete activities to address the many factors surrounding low male involvement. In the next quarter, ZPCT II will start implementing proposed strategies and activities in the gender strategy, which aim to enhance male involvement.

### **Male circumcision services**

Technical assistance and supportive supervision are provided to 17 ZPCT II supported MC sites. These sites were implementing MC services in varying degrees, with some sites more active than others due to lack of MC surgical instruments and consumables at the beginning of the quarter. Sites are refurbished and MC instruments, theatre clothing and consumables have been procured. MC commodities were not available through the MOH and SCMS which slowed the pace of the implementation. This has now been rectified and ZPCT II is allowed to procure commodities as needed. Male circumcision camps are being held to increase assess and knowledge about MC services. This quarter 471 circumcisions were performed. Additional sites are being assessed on a on-going basis and two new sites have been added this quarter. Some of the challenges noted included

- Lack of equipment and MC consumables. With USAID approval given to purchase the consumables, demand creation will be given priority next quarter.
- The MoH is still in the process of integrating the MC program into the mainstream hospital services. ZPCT II will work on increasing MoH ownership as the program expands.
- Limited staff to provide MC services. In some cases medical providers are not motivated to provide MC services under ZPCT II supported activities and prefer to work with other partners who provide higher allowances. Discussion of standardization of allowances is ongoing during regular MC coordination meetings.

### **Web2sms Technology**

- Operationalization of this innovation began in the 23 selected health facilities and will be strengthened in the next quarter. Solutions are being actively sought for the IT related problems that were encountered and it is anticipated that the strategy will be fully implemented by next quarter. Other challenges that have been encountered are with top ups of data bundles and airtime from the mobile service provider. ZPCT II worked to resolve these challenges with the service provider. This quarter, another vendor, Necor Limited was identified to provide the recurring airtime top ups, and a contract is being finalized.

### **Revision of Clinical Care/ART QA/QI tool:**

- The Ministry of Health still has not yet finalized the national ART guidelines and so the completion of the revision of the clinical care/ART QA/QI tool has been delayed. The completion of this activity is dependent on the MoH finalizing and endorsing the new 2010 national ART guidelines on which the tools are partially anchored.

### **Accreditation of ART sites**

- Accreditation of ART sites was temporarily halted by the Medical Professions Council of Zambia (formerly the Medical Council of Zambia) until after they have conducted a re-orientation of the assessor on the accreditation guidelines. This orientation exercise is planned for next quarter and ZPCT II will provide financial and logistical support. Further, ZPCT II worked with the DMO and health facilities to ensure they maintain the standards and are ready for the accreditation assessment.

### **Trainings**

During this quarter, the following challenges were experienced:

- ZPCT II is working to streamline the process to get consultant approval from USAID. As a result some training programs had to be delayed. ZPCT II staff facilitated these trainings to avoid cancellation which may have affected other training schedules. This process has now been resolved.
- Local procurement of services such as venues for trainings in the provincial offices was affected due to the lengthy approval process of the local purchase orders (LPO). The provincial offices

have limited vendors providing training venues, and these usually prefer clients that make cash payments. Some trainings had to be rescheduled due to the delays in receiving the LPOs. This process is now being streamlined.

**Monitoring and evaluation**

- Some clinicians are still not completing SmartCare forms. The reasons most cited is that they are too busy to spend the amount of time required to complete the forms and would rather attend to the many clients who seek medical attention on a daily basis. ZPCT II M&E and clinical care trained, oriented, and mentored health personnel in SmartCare use to ensure complete data capture and recording.

**Quality assurance and quality improvement**

- Despite Ministry of Health highlighting the process of quality improvement of health care as an important focus area, several challenges impede its progress. Essential tools such as national QI training materials have remained in draft form pending finalization for one year. In addition, the process of updating national HIV/ART guidelines to incorporate most recent WHO recommendations issued in 2009 has been slow. Finally, the lack of documented national health care standards and national quality improvement standards has led to slow ownership at health facility level of those HIV related standards implemented by ZPCT II.

**DELIVERABLES FOR THIS QUARTER (July -September 2010)**

- SF1034 (Invoice)
- SF425 (quarterly financial report)
- July-September 2010 quarterly report

**V. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (October –December 2010)**

- ZPCT II plans to use the performance benchmarks endorsed by MoH to carry out management capacity assessments on PMOs and DMOs and develop tailored and standardized training programs.
- The draft gender strategy will be shared and discussed with the MoH and the strategy launched.
- Revision of the adherence support workers training package to incorporate a gender module and use of this revised training package in all subsequent adherence support workers trainings
- One new RA for Mumbwa district and amendments for the 40 DMOs and KARA subcontract will be signed.
- Six private sector MOUs will be signed for Copperbelt and Central provinces and technical support to the six sites will be initiated
- HIV re-testing in PMTCT operational study to be initiated next quarter once the protocol is approved by the MOH
- Preparation of 2011 work plan and submission to USAID
- Strengthening the web2sms technology initiative in the pilot sites
- Consolidating the implementation of chronic HIV care in all supported health facilities

A summary of the plans for the next quarter (October – December, 2010) is provided in *Annex J*.

**VI. TRAVEL /TDY for this quarter (July–Sept. 2010) and next quarter (Oct.–Dec., 2010)**

Travel this Quarter (July – September 2010)	Travel plans for Next Quarter (October – December 2010 )
<ul style="list-style-type: none"> <li>▪ One technical staff traveled to Vietnam for annual FHI Strategic Information meeting in August 2010</li> <li>▪ One provincial laboratory &amp; pharmacy staff traveled to South Africa for GSLP training in July 2010</li> <li>▪ One program and four finance staff attended the USAID rules and regulations training in Pretoria, South Africa</li> <li>▪ One admin staff and two technical staff attended a leadership training in August 2010 in Johannesburg, South Africa</li> <li>▪ One IT and one procurement staff attended in July 2010 the Inventory management training in Johannesburg, South Africa</li> <li>▪ Three provincial IT staff attended the Dell Certification Training in South Africa</li> </ul>	<ul style="list-style-type: none"> <li>▪ One laboratory and pharmacy staff to attend the supply chain management of HIV/AIDS medicines training in South Africa</li> <li>▪ One MSH staff travelling to Cambridge and Arlington for the annual project update meeting</li> <li>▪ Gender Consultant traveling to provide technical support to the ZPCT II program</li> <li>▪ Dr Kwasi Torpey (FHI Regional Senior Technical Advisor) travelling to provide</li> </ul>

<ul style="list-style-type: none"> <li>▪ COP in USA on R&amp;R in July 2010</li> <li>▪ Dr. Irene Bwalya from MoH traveled to Pemba, Tanzania for a course in Management of Programs for Communicable Diseases in July 2010</li> <li>▪ Kellock Hazemba, FHI Regional F&amp;A Advisor traveled to Zambia in Sept. 2010 for technical support to ZPCT II</li> <li>▪ Dr. Kwasi Torpey, FHI Regional Senior Technical Advisor traveled to Zambia to provided technical support to ZPCT II from July 27 – August 13, 2010</li> <li>▪ Leah Berkowitz, CARE Regional Technical Advisor traveled to Zambia to provide technical support for the community interventions under ZPCT II from August 15 – 27, 2010</li> <li>▪ Albena Godlove – Senior Manager, and Mike Reeves – Senior Development Specialist from Cardno Emerging Markets, USA traveled to Zambia for technical support in capacity building in August 2010</li> <li>▪ Hare Ram Bhattarai, MSH technical officer, Nepal traveled to Zambia in July 2010 to provide assistance to the Management of Information Systems (MIS) for the ZPCT II laboratory/pharmacy component</li> <li>▪ John Pollock, MSH project support leader, USA, traveled to Zambia in August 2010 to provide support to MSH</li> </ul>	<p>technical support to the ZPCT II program</p> <ul style="list-style-type: none"> <li>▪ Kellock Hazemba (FHI Regional Senior F&amp;A Advisor) traveling to Lusaka to provide technical support to the ZPCT II program</li> <li>▪ Chief of Party to travel to Mozambique from 2<sup>nd</sup> to 6<sup>th</sup> November 2010 to attend the Care and Support TWG Linkages and Retention meeting</li> </ul>
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## **VII. ANNEXES**

**Annex A: ZPCT II Project Achievements Towards Targets/Indicator Table**

**Annex B: List of ZPCT II Supported Facilities and Services**

**Annex C: ZPCT II ART Sites**

**Annex D: ZPCT II Graduated Districts**

**Annex E: List of Recipient Agreement/Subcontracts**

**Annex F: ZPCT II Trainings Courses**

**Annex G: Meetings and Workshops**

**Annex H: Mobile CT Data**

**Annex I: Status of Laboratory Equipment**

**Annex J: Plans for the Next Quarter**

**Annex K: Success Story**

## ANNEX A: ZPCT II Project Achievements August 1, 2009 to September 30, 2010

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul – Sep 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sep 10)	Targets (Jun -Dec 10)	Achievements (Jun - Sep 10)	Male	Female	Total
		<b>1.1 Counseling and Testing (Projections from ZPCT service statistics)</b>						
	Service outlets providing CT according to national or international standards	370	300	296	300			300
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000 <sup>3</sup>	607,149	84,581	202,485	46,393	96,792	143,185
	Individuals trained in CT according to national or international standards	2,316	689	301	183	60	110	170
<b>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</b>								
	Service outlets providing the minimum package of PMTCT services	359	291	287	291			291
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	192,739	66,500	61,190		45,174	45,174
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	25,392	8,183	6,924		5,149	5,149
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,583	840	475	140	315	455
<b>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</b>								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	300	296	300			300
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) <sup>4</sup>	560,000	165,009	96,412	159,783	62,320	96,870	159,190

<sup>3</sup> The CT target does not include the PMTCT numbers. Following the new guidelines the target should be 1,300,000.

<sup>4</sup> **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:  
**A. ART site** - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.  
**B. Non-ART site** - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	12,815	10,581	12,509	6,302	6,178	12,480
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	817	364	245	119	105	224
	Service outlets providing ART	130	124	128	124			124
	Individuals newly initiating on ART during the reporting period	115,250	35,085	13,489	10,040	3,111	4,356	7,467
	Pediatrics newly initiating on ART during the reporting period	11,250	2,746	1,379	728	273	260	533
	Individuals receiving ART at the end of the period	146,000	115,344	90,148	115,344	45,510	69,834	115,344
	Pediatrics receiving ART at the end of the period	11,700	8,079	6,664	8,079	4,090	3,989	8,079
	Health workers trained to deliver ART services according to national or international standards	3,120	817	364	245	119	105	224
<b>TB/HIV</b>								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	300	296	300			300
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	6,589	2,009	2,339	1,049	855	1,904
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	817	364	245	119	105	224
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	6,425	3,479	1,764	776	557	1,333
<b>1.4 Male Circumcision (ZPCT II projections)</b>								
	Service outlets providing MC services	50	16	22	16			16
	Individuals trained to provide MC services	260	124	60	20	15	5	20
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	906	N/A	560	471		471
<b>2.1 Laboratory Support (Projections from ZPCT service statistics)</b>								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	84	103	84			84
	Individuals trained in the provision of laboratory-related activities	375	327	42	135	57	26	83

	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	1,298,053	444,850	410,503			299,425
<b>2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)</b>								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	732	287	248	128	99	227
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	483	161	184	58	126	184
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	309	70	22	7	15	22
<b>3 Capacity Building for PHOs and DHOs (ZPCT II projections)</b>								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	X	47	X			X
<b>4 Public-Private Partnerships (ZPCT II projections)</b>								
	Private health facilities providing HIV/AIDS services	30	5	12	5			5
<b>Gender</b>								
	Number of pregnant women receiving PMTCT services with partner	N/A	47,753	N/A	15,733		11,641	11641

## ANNEX B: ZPCT II Supported Facilities and Services

### Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Mahatma Gandhi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Kabwe Mine Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	4. Bwacha HC	Urban		◆	◆	◆	◆	◆	
	5. Makululu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	6. Pollen HC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	11. Ngungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	12. Natuseko HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	19. Masansa HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
<i>Serenje</i>	22. Serenje DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	23. Chitambo Hospital	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	24. Chibale RHC	Rural		◆	◆	◆		◆	
	25. Muchinka RHC	Rural		◆	◆	◆		◆	
	26. Kabundi RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	27. Chalilo RHC	Rural		◆	◆	◆		◆	
	28. Mpelembe RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	29. Mulilima RHC	Rural		◆	◆	◆		◆	
<i>Chibombo</i>	30. Liteta DH	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	31. Chikobo RHC	Rural		◆	◆	◆		◆	
	32. Mwachisompola Demo Zone	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	33. Chibombo RHC	Rural		◆	◆	◆		◆	
	34. Chisamba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	35. Mungule RHC	Rural		◆	◆	◆		◆	
	36. Muswishi RHC	Rural		◆	◆	◆		◆	
	37. Chitanda RHC	Rural		◆	◆	◆		◆	⊙
	38. Malambanyama RHC	Rural		◆	◆	◆			
	39. Chipeso RHC	Rural		◆	◆	◆			
	40. Kayosha RHC	Rural		◆	◆	◆			
41. Mulungushi Agro RHC	Rural		◆	◆	◆				
<i>Kapiri Mposhi</i>	42. Kapiri Mposhi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	43. Mukonchi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	⊙
	44. Chibwe RHC	Rural		◆	◆	◆		◆	
	45. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	46. Kampumba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	47. Mulungushi RHC	Rural		◆	◆	◆		◆	
	48. Chawama UHC	Rural		◆	◆	◆		◆	
	49. Kawama HC	Urban		◆	◆	◆		◆	
	50. Tazara UHC	Rural		◆	◆	◆		◆	
	51. Ndeke UHC	Rural		◆	◆	◆		◆	
	52. Nkole RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	53. Chankomo RHC	Rural		◆	◆	◆		◆	
	54. Luanshimba RHC	Rural		◆	◆	◆		◆	
	55. Mulungushi University HC	Rural		◆	◆	◆		◆	
	56. Chipeco RHC	Rural		◆	◆	◆		◆	
	57. Waya RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	58. Chilumba RHC	Rural		◆	◆	◆		◆	
<b>Totals</b>			<b>23</b>	<b>58</b>	<b>58</b>	<b>58</b>	<b>20</b>	<b>43</b>	<b>8</b>

*ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission*

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

### Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Arthur Davison Hospital	Urban	◆ <sup>2</sup>		◆	◆	◆ <sup>3</sup>		⊙
	3. Lubuto HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	4. Mahatma Gandhi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆		◆	
	12. Kansenshi Prison Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆			
	14. Kaniki Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	15. Kavv Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	16. New Masala Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	17. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	18. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	19. Twapia Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Chingola</i>	20. Nchanga N. GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	21. Chiwempala HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	22. Kabundi East Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	23. Chawama HC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	24. Clinic 1 HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kitwe</i>	28. Kitwe Central Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	29. Ndeke HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	30. Chimwemwe Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	31. Buchi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	32. Luangwa HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	34. Bulangililo Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	45. ZAMTAN Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	47. Kamfinsa Prison Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆		◆	
48. Mwekera Clinic	Urban		◆	◆	◆		◆		
49. ZNS Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆		
50. Riverside Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆		◆		
<i>Luanshya</i>	51. Thompson DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	52. Roan GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Mufulira</i>	55. Kamuchanga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	56. Ronald Ross GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	57. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	58. Kansunswa HC	Rural		◆	◆	◆		◆	
	59. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	60. Mokambo Clinic	Rural		◆	◆	◆		◆	
	61. Suburb Clinic	Urban		◆	◆	◆		◆	
<i>Kalulushi</i>	62. Kalulushi GRZ Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	63. Chambeshi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	64. Chibuluma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Chililabombwe</i>	65. Kakoso District HC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	66. Lubengele UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Lufwanyama</i>	67. Mushingashi RHC	Rural		◆	◆	◆		◆	
	68. Lumpuma RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	69. Shimukunami RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Mpongwe</i>	70. Kayenda RHC	Rural		◆	◆	◆	◆		
	71. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	72. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	73. Kashitu RHC	Rural		◆	◆	◆	◆	◆	
	74. Jelemani RHC	Rural		◆	◆	◆		◆	
	75. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
<b>Totals</b>			<b>43</b>	<b>73</b>	<b>75</b>	<b>75</b>	<b>40</b>	<b>52</b>	<b>6</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

### Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kabole RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
<i>Kawambwa</i>	4. Kawambwa DH	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	5. Mbereshi Hospital	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	6. Kawambwa HC	Rural		◆	◆	◆	◆	◆	
	7. Mushota RHC	Rural		◆	◆	◆		◆	
	8. Munkanta RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	9. Kawambwa Tea Co Clinic	Urban		◆	◆	◆			
	10. Kazembe RHC	Rural		◆	◆	◆		◆	
<i>Mansa</i>	11. Mansa GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	12. Senama HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	13. Central Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	14. Matanda RHC	Rural		◆	◆	◆		◆	
	15. Chembe RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	16. Buntungwa RHC	Urban		◆	◆	◆		◆	
	17. Chipete RHC	Rural		◆	◆	◆		◆	
	18. Chisembe RHC	Rural		◆	◆	◆		◆	
	19. Chisunka RHC	Rural		◆	◆	◆		◆	
	20. Fimpulu RHC	Rural		◆	◆	◆		◆	
	21. Kabunda RHC	Rural		◆	◆	◆		◆	
	22. Kalaba RHC	Rural		◆	◆	◆		◆	
	23. Kalyongo RHC	Rural		◆	◆	◆		◆	
	24. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	25. Katangwe RHC	Rural		◆	◆	◆		◆	
	26. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
27. Luamfumu RHC	Rural		◆	◆	◆	◆	◆		
28. Mabumba RHC	Rural		◆	◆	◆		◆		
29. Mano RHC	Rural		◆	◆	◆		◆		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	30. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	31. Mibenge RHC	Rural		◆	◆	◆		◆	
	32. Moloshi RHC	Rural		◆	◆	◆		◆	
	33. Mutiti RHC	Rural		◆	◆	◆		◆	
	34. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	35. Ndoba RHC	Rural		◆	◆	◆		◆	
	36. Nsonga RHC	Rural		◆	◆	◆		◆	
	37. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
<i>Milenge</i>	38. Mulumbi RHC	Rural		◆	◆	◆		◆	
	39. Milenge East 7 RHC	Rural		◆	◆	◆	◆	◆	
	40. Kapalala RHC	Rural		◆	◆	◆		◆	
<i>Mwense</i>	41. Mambilima HC (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	42. Mwense Stage II HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	43. Chibondo RHC	Rural			◆	◆		◆	
	44. Chipili RHC	Rural		◆	◆	◆		◆	
	45. Chisheta RHC	Rural		◆	◆	◆			
	46. Kalundu RHC	Rural			◆	◆			
	47. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	48. Kapamba RHC	Rural		◆	◆	◆		◆	
	49. Kashiba RHC	Rural		◆	◆	◆		◆	
	50. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	51. Kawama RHC	Rural		◆	◆	◆		◆	
	52. Lubunda RHC	Rural		◆	◆	◆		◆	
	53. Lukwesa RHC	Rural		◆	◆	◆		◆	
	54. Luminu RHC	Rural			◆	◆			
	55. Lupososhi RHC	Rural			◆	◆			
	56. Mubende RHC	Rural		◆	◆	◆		◆	
	57. Mukonshi RHC	Rural		◆	◆	◆		◆	
58. Mununshi RHC	Rural		◆	◆	◆		◆		
	59. Mupeta RHC	Rural			◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	60. Musangu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	61. Mutipula RHC	Rural			◆	◆		◆	
	62. Mwenda RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
<i>Nchelenge</i>	63. Nchelenge RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	64. Kashikishi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	65. Chabilikila RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	66. Kabuta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	67. Kafutuma RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	68. Kambwali RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	69. Kanyembo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	70. Chisenga RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	71. Kilwa RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	72. St. Paul's Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Samfya</i>	73. Lubwe Mission Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	74. Samfya Stage 2 Clinic	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	75. Kasanka RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	76. Shikamushile RHC	Rural		◆	◆	◆		◆	
	77. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	78. Kabongo RHC	Rural		◆	◆	◆			
<b>Totals</b>			<b>26</b>	<b>72</b>	<b>78</b>	<b>78</b>	<b>22</b>	<b>60</b>	<b>4</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

### Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kasama UHC	Urban		◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	4. Chilubula (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	5. Lukupa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural		◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural							
<i>Nakonde</i>	14. Nakonde RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎
	15. Chilolwa RHC	Rural		◆	◆	◆		◆	
	16. Waitwika RHC	Rural		◆	◆	◆		◆	
	17. Mwenzo RHC	Rural		◆	◆	◆		◆	
	18. Ntatumbila RHC	Rural	◆ <sup>1</sup>	◆	◆	◆			
	19. Chozi RHC	Rural		◆	◆	◆			
<i>Mpika</i>	20. Mpika DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	21. Mpika HC	Urban		◆	◆	◆		◆	
	22. Mpepo RHC	Rural		◆	◆	◆			
	23. Chibansa RHC	Rural		◆	◆	◆			
	24. Mpumba RHC	Rural		◆	◆	◆			
	25. Mukungule RHC	Rural		◆	◆	◆			
	26. Mpika TAZARA	Rural		◆	◆	◆			
<i>Chinsali</i>	27. Chinsali DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	28. Chinsali HC	Urban		◆	◆	◆		◆	
	29. Matumbo RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Mbala</i>	30. Mbala GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	31. Mbala UHC	Urban		◆	◆	◆		◆	
	32. Tulemane UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Senga Hills RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	34. Chozi Mbala Tazara RHC	Rural		◆	◆	◆			
	35. Mambwe RHC (CHAZ)	Rural							
<i>Mpulungu</i>	36. Mpulungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		◎
<i>Isoka</i>	37. Isoka DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	38. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	39. Muyombe	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	40. Kalungu RHC	Rural		◆	◆	◆			
<i>Mporokoso</i>	41. Mporokoso DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	42. Mporokoso UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Luwingu</i>	43. Luwingu DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	44. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	45. Kaputa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	46. Nsumbu RHC	Rural		◆	◆	◆		◆	
<i>Mungwi</i>	47. Chitimukulu RHC	Rural		◆	◆	◆			
	48. Malole RHC	Rural		◆	◆	◆			
	49. Nseluka RHC	Rural		◆	◆	◆			
<b>Totals</b>			<b>17</b>	<b>47</b>	<b>47</b>	<b>47</b>	<b>18</b>	<b>23</b>	<b>8</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
◎ MC sites	2 = ART Static Site
◎ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: CHAZ new mission facilities are shaded in grey

### North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Solwezi GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	12. Kabompo DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	13. St. Kalemba (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆	◆	◆	
<i>Zambezi</i>	16. Zambezi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	17. Zambezi UHC	Urban			◆	◆		◆	
	18. Mize HC	Rural		◆	◆	◆		◆	
	19. Chitokoloki (CHAZ)	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	20. Mukandakunda RHC	Rural		◆	◆	◆			
	21. Nyakulenga RHC	Rural		◆	◆	◆			
	22. Chilenga RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	23. Mwinilunga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	24. Kanyihampa HC	Rural		◆	◆	◆		◆	
	25. Luwi (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	26. Ikelenge RHC	Rural		◆	◆	◆			
	27. Lwawu RHC	Rural		◆	◆	◆			
	28. Nyangombe RHC*								
<i>Mufumbwe</i>	29. Mufumbwe DH	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	30. Matushi RHC	Rural		◆	◆	◆		◆	
	31. Kashima RHC	Rural		◆	◆	◆			
	32. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	33. Chiyeke RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	34. Chivombo RHC	Rural		◆	◆	◆	◆	◆	
	35. Chiingi RHC	Rural		◆	◆	◆		◆	
	36. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
<i>Kasempa</i>	37. Kasempa UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	38. Nselauke RHC	Rural		◆	◆	◆		◆	
<b>Totals</b>			<b>12</b>	<b>35</b>	<b>37</b>	<b>37</b>	<b>16</b>	<b>18</b>	<b>4</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

\* Not reporting data

**ANNEX C: ZPCT II ART Sites (As of September 30, 2010)**

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Central	Chibombo	1. Chisamba		Outreach	
		2. Liteta Hospital	Static		
		3. Mwachisompola Demo Zone		Outreach	
	Kabwe	4. Kabwe General Hospital	Static		
		5. Kabwe Mine Hospital	Static		
		6. Kasanda		Outreach	
		7. Katondo		Outreach	
		8. Mahatma Gandhi Memorial		Outreach	
		9. Makululu		Outreach	
		10. Ngungu		Outreach	
		11. Pollen		Outreach	
		12. Natuseko		Outreach	
		Kapiri Mposhi	13. Kapiri Mposhi DH	Static	
	14. Kampumba RHC			Outreach	
	15. Mukonchi RHC		Static		
	16. Nkole RHC			Outreach	
	17. Waya RHC			Outreach	
	Mkushi	18. Masansa		Outreach	
		19. Mkushi District Hospital	Static		
		20. Chalata		Outreach	
	Serenje	21. Chitambo Hospital	Static		
		22. Mpelembe RHC		Outreach	
		23. Serenje Hospital	Static		
Copperbelt	Chililabombwe	24. Kakoso	Static		
		25. Lubengele Clinic		Outreach	
	Chingola	26. Chawama	Static		
		27. Chiwempala		Outreach	
		28. Kabundi East		Outreach	
		29. Nchanga North Hospital	Static		
		30. Clinic 1		Outreach	
		31. Muchinshi		Outreach	
	Kalulushi	32. Chambeshi Govt. Clinic		Outreach	
		33. Chibuluma		Outreach	
		34. Kalulushi Govt. Clinic	Static		
		35. Buchi Main		Outreach	
	Kitwe	36. Bulangililo		Outreach	
		37. Chavuma		Outreach	
		38. Chimwemwe		Outreach	
		39. Ipusukilo		Outreach	
		40. Kamfinsa	Static		
		41. Kawama		Outreach	
		42. Kitwe Central Hospital	Static		
		43. Luangwa		Outreach	
		44. Mindolo 1 Clinic	Static		
		45. Mulenga		Outreach	
		46. Ndeke		Outreach	
		47. Riverside	Static		
		48. Zamtan		Outreach	
		49. ZNS		Outreach	
		50. Company Clinic*	Static		
		51. Hillview Clinic*	Static		

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)	
Copperbelt	Luanshya	52. Mpatamatu Clinic		Outreach		
		53. Roan Antelope Hospital	Static			
		54. Thomson Hospital	Static			
	Lufwanyama	55. Lumpuma			Outreach	
		56. Shimukunami			Outreach	
	Mufulira	57. Kamuchanga District Hospital	Static			
		58. Ronald Ross General Hospital	Static			
	Ndola	59. Arthur Davison Hospital	Static			
		60. Chipokota Mayamba			Outreach	
		61. Kansenshi Prison			Outreach	
		62. Kavv			Outreach	
		63. Kaniki			Outreach	
		64. Lubuto			Outreach	
		65. Mahatma Gandhi			Outreach	
		66. New Masala			Outreach	
		67. Ndola Central Hospital	Static			
		68. Twapia			Outreach	
		69. Maongo Clinic*	Static			
	70. Hilltop Hospital*	Static				
	Luapula	Chiengwe	71. Kabole RHC	Static		
72. Puta RHC			Static			
Kawambwa		73. Kawambwa District Hospital	Static			
		74. Mbereshi Mission Hospital	Static			
		75. Munkanta RHC			Outreach	
Mansa		76. Central Clinic	Static			
		77. Chembe RHC	Static			
		78. Mansa General Hospital	Static			
		79. Senama			Outreach	
Mwense		80. Mambilima			Outreach	
		81. Musangu	Static			
		82. Mwense			Outreach	
		83. Mwenda	Static			
Nchelenge		84. Chabilikila	Static			
		85. Chisenga Island			Outreach	
		86. Kabuta	Static			
	87. Kafutuma	Static				
	88. Kambwali	Static				
	89. Kanyembo	Static				
	90. Kashikishi	Static				
	91. Kilwa Island			Outreach		
	92. Nchelenge HC	Static				
	93. St. Paul's Hospital	Static				
Samfya	94. Kasanka RHC			Outreach		
	95. Lubwe Mission Hospital	Static				
	96. Samfya Stage II			Outreach		
Northern	Chinsali	97. Chinsali District Hospital	Static			
		98. Isoka District Hospital	Static			
	Isoka	99. Muyombe			Outreach	
	Kaputa	100. Kaputa	Static			
	Kasama	101. Chilubula	Static			
		102. Kasama General Hospital	Static			
		103. Location			Outreach	
104. Lukupa RHC		Static				

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)	
	Luwingu	105. Luwingu Hospital	Static			
		106. Mbala Hospital	Static			
		107. Tulemane			Outreach	
	Mbala	108. Senga Hill			Outreach	
	Mpika	109. Mpika DH	Static			
	Mporokoso	110. Mporokoso District Hospital	Static			
		111. Mporokoso UHC			Outreach	Mporokoso DH
	Mpulungu	112. Mpulungu HC			Outreach	
	Nakonde	113. Nakonde HC	Static			
		114. Ntatumbila			Outreach	
	North-Western	Chavuma	115. Chiyeke	Static		
		Kabompo	116. Kabompo District Hospital	Static		
			117. St Kalemba			Outreach
		Kasempa	118. Kasempa			Outreach
Mufumbwe		119. Mufumbwe Hospital			Outreach	
Mwinilunga		120. Mwinilunga District Hospital	Static			
		121. Luwi Mission			Outreach	
Solwezi		122. Solwezi General Hospital	Static			
		123. Solwezi Urban			Outreach	
Zambezi		124. St. Dorothy			Outreach	Solwezi Urban Clinic
	125. Chitokoloki Mission Hospital			Outreach		
		126. Zambezi District Hospital	Static			

**\*Private sector ART sites**

- ART services available in 36 of the 39 supported districts
- 126 ART sites of which 124 report independently and two report under bigger facilities
- 4 ART sites are private sector (Company and Hillview Clinics – Kitwe, and Hilltop Hospital and Maongo Clinic – Ndola)
- 60 are static and 66 are outreach sites

**ANNEX D: ZPCT II Graduated Districts (As of September 30, 2010)**

Province	District	Health Facility
Central	1. Mkushi	Chalata
		Chibefwe
		Chikupili
		Masansa
		Mkushi District Hospital
		Nshinso
	2. Kabwe	Kabwe General Hospital
		Kabwe Mine Hospital
		Mahatma Gandhi HC
		Bwacha
		Chowa
		Kasanda
		Kasavasa
		Katondo
		Kawama
		Mahatma Gandhi Memorial
		Makululu
		Mukobeko Township
		Natuseko
		Ngungu
Pollen		
Railway Surgery		
Copperbelt	3. Kalulushi	Chambeshi Govt. Clinic
		Chibuluma
		Kalulushi Govt. Clinic
	4. Luanshya	Mikomfwa
		Mpatamatu Clinic
		Roan Antelope Hospital
Luapula	5. Samfya	Thomson Hospital
		Kasanka RHC
		Lubwe Mission Hospital
Northern	6. Chinsali	Samfya Stage II
		Chinsali District Hospital
	7. Kasama	Chinsali UHC
		Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
		Lukashya
		Lukupia RHC
		Misengo
		Mulenga
	Musa	
	8. Mpika	Mpepo RHC
		Mpika DH
		Mpika UHC
		Chilolwa RHC
	9. Nakonde	Chozi
		Mwenzu
Nakonde HC		
Ntatumbila		
Waitwika		
North-Western	10. Kabompo	Kasamba RHC
		Kabompo District Hospital
		Mumbeji RHC
		St Kalembe

	11. Mufumbwe	Kashima RHC
		Matushi RHC
		Mufumbwe Clinic
		Mufumbwe District Hospital
	12. Mwinilunga	Mwinilunga District Hospital
		Mwinilunga District Hospital HAHC
		Lwawu RHC
		Luwi Mission Hospital
		Ikelenge RHC

**ANNEX E: ZPCT II Signed Recipient Agreements/Subcontracts/MOUs**

Province	District	Implementing Agency (IA)	Amended Period	Budget Amendment	New Total Budget	
Central	Chibombo	1. Chibombo DMO	May – Dec 10	\$104,909	\$165,209	
	Kabwe	2. Central PMO	May – Dec 10	\$336,810	\$999,815	
		3. Kabwe DMO	May – Dec 10	\$71,151	\$154,721	
		4. Kabwe GH	May 10 – Apr 11	\$45,805	\$112,501	
		5. Kapiri Mposhi DMO	May – Dec 10	\$247,023	\$595,013	
	Mkushi	6. Mkushi DMO	May – Dec 10	\$27,232	\$66,276	
	Serenje	7. Serenje DMO	May – Dec 10	\$65,080	\$178,860	
Copperbelt	Chililabombwe	8. Chililabombwe DMO	May – Dec 10	\$7,801	\$50,623	
	Chingola	9. Chingola DMO	May – Dec 10	\$32,806	\$153,262	
		10. Nchanga North	May 10 – Apr 11	\$31,938	\$44,597	
	Kalulushi	11. Kalulushi DMO	May – Dec 10	\$23,296	\$60,013	
	Kitwe	12. Kitwe Central Hospital	May 10 – Apr 11	\$34,249	\$65,296	
		13. Kitwe DMO	May – Dec 10	\$121,663	\$335,646	
	Luanshya	14. Luanshya DMO	May – Dec 10	\$39,668	\$90,203	
		15. Roan GH	May 10 – Apr 11	\$25,945	\$47,783	
	Lufwanyama	16. Lufwanyama DMO	May – Dec 10	\$9,207	\$23,796	
	Masaiti	17. Masaiti DMO	May – Dec 10	(\$3,225)	\$68,977	
	Mpongwe	18. Mpongwe DMO	May – Dec 10	(\$1,336)	\$47,771	
	Mufulira	19. Mufulira DMO	May – Dec 10	\$19,642	\$84,987	
		20. Ronald Ross	May 10 – Apr 11	\$37,630	\$79,172	
		Ndola	21. Arthur Davison CH	May 10 – Apr 11	\$60,936	\$161,280
			22. Copperbelt PMO	May – Dec 10	(\$38)	\$96,798
	23. Ndola Central Hospital		May 10 – Apr 11	\$45,964	\$65,207	
	24. Ndola DMO	May – Dec 10	\$71,112	\$229,226		
	Luapula	Chienge	25. Chienge DMO	May – Dec 10	(\$38,911)	\$59,584
		Kawambwa	26. Kawambwa DMO	May – Dec 10	\$96,851	\$180,680
		Mansa	27. Luapula PMO	May – Dec 10	\$315,487	\$886,336
28. Mansa DMO			May – Dec 10	\$73,173	\$175,866	
29. Mansa GH			May 10 – Apr 11	\$23,448	\$103,673	
Milenge		30. Milenge DMO	May – Dec 10	\$65,867	\$122,395	
Mwense		31. Mwense DMO	May – Dec 10	\$64,608	\$129,437	
Nchelenge		32. Nchelenge DMO	May – Dec 10	\$1,606	\$97,530	
Samfya	33. Samfya DMO	May – Dec 10	\$32,055	\$89,886		
Northern	Chinsali	34. Chinsali DMO	May – Dec 10	\$14,525	\$24,286	
	Isoka	35. Isoka DMO	May – Dec 10	\$42,858	\$78,366	
	Kasama	36. Kasama DMO	May – Dec 10	\$68,484	\$216,381	
		37. Kasama GH	May 10 – Apr 11	\$34,317	\$54,350	
		38. Northern PMO	May – Dec 10	\$359,009	\$786,425	
		39. Kaputa DMO	May – Dec 10	\$14,560	\$80,154	
	Luwingu	40. Luwingu DMO	May – Dec 10	\$25,670	\$42,399	
	Mbala	41. Mbala DMO	May – Dec 10	\$7,444	\$47,251	
		42. Mbala GH	May 10 – Apr 11	\$17,351	\$71,837	
	Mpika	43. Mpika DMO	May – Dec 10	\$76,053	\$89,597	
	Mpulungu	44. Mpulungu DMO	May – Dec 10	\$35,815	\$42,260	
	Mporokoso	45. Mporokoso DMO	May – Dec 10	\$11,861	\$47,087	
	Mungwi	46. Mungwi DMO	Jun – Dec 10	\$0	\$57,269	
	Nakonde	47. Nakonde DMO	May – Dec 10	\$32,053	\$117,175	
	North-Western	Chavuma	48. Chavuma DMO	May – Dec 10	\$35,080	\$229,138
		Kabompo	49. Kabompo DMO	May – Dec 10	\$2,639	\$25,322
Kasempa		50. Kasempa DMO	May – Dec 10	\$2,555	\$25,402	
Mufumbwe		51. Mufumbwe DMO	May – Dec 10	\$5,161	\$138,208	
Mwinilunga		52. Mwinilunga DMO	May – Dec 10	\$68,237	\$87,899	
		Solwezi	53. Solwezi DMO	May – Dec 10	\$6,978	\$160,290
54. Solwezi GH			May 10 – Apr 11	\$23,592	\$77,842	
55. North-Western PMO			May – Dec 10	\$288,228	\$698,052	

	Zambezi	56. Zambezi DMO	May – Dec 10	\$94,130	\$105,671
Lusaka	Lusaka	57. University Teaching Hospital	May 10 – Apr 11	\$47,943	\$108,998
	Lusaka/FHI HQ	58. Management Science for Health			
	Lusaka/FHI HQ	59. CARE International			
	Lusaka/FHI HQ	60. Emerging Markets Group			
	Lusaka/FHI HQ	61. Social Impact			
	Lusaka/FHI HQ	62. Salvation Army			
	Lusaka	63. CHAZ	May 10 – Apr 11	\$252,162	\$446,926
	Lusaka	64. KCTT	May – Dec 10	\$146,512	\$556,485
Copperbelt	Memorandum of Understanding	65. Mpatamatu HBC MOU	May – Dec 10	\$0	\$0
		66. Ndola Catholic Diocese MOU	May – Dec 10	\$0	\$0

**ANNEX F: ZPCT II Training Courses and Numbers Trained (July – Sept. 2010)**

<b>Training Course</b>	<b>Training Dates</b>	<b>Province</b>	<b>Number Trained</b>
Basic CT HCWs	August 16-28, 2010	North-Western	20
	August 16-28, 2010	Northern	18
	September 13-25, 2010	Copperbelt	20
		<b>Total</b>	<b>58</b>
Basic CT Lay	July 19-31, 2010	Luapula	20
	August 9-21, 2010	Copperbelt	20
	September 13-25, 2010	Northern	20
		<b>Total</b>	<b>60</b>
Basic CT Refresher Lay	August 16-21, 2010	Central	21
	September 6-11, 2010	North-Western	20
		<b>Total</b>	<b>41</b>
Basic Child CT HCWs	September 6-11, 2010	Luapula	15
	September 20-25, 2010	North-Western	15
		<b>Total</b>	<b>30</b>
Basic Child CT Lay	August 16-20, 2010	Copperbelt	15
		<b>Total</b>	<b>15</b>
Couple CT HCWs	August 16-21, 2010	Central	20
	September 20-25, 2010	Luapula	20
		<b>Total</b>	<b>40</b>
Couple CT Lay	August 8-14, 2010	Luapula	20
	September 13-18, 2010	North-Western	10
	September 20-25, 2010	Northern	20
		<b>Total</b>	<b>50</b>
CT Supervision HCWs	September 6-18, 2010	Northern	12
	August 22-September 4, 2010	Central	12
		<b>Total</b>	<b>24</b>
CT Supervision Lay	August 16,-28, 2010	Northern	12
	August 23- September 4 2010	Luapula	12
		<b>Total</b>	<b>24</b>
Youth CT HCWs	September 20-24, 2010	Copperbelt	20
		<b>Total</b>	<b>20</b>
Youth CT Lay	August 30-September 3, 2010	Northern	19
	September 13-17, 2010	Central	23
	September 20-24, 2010	Luapula	20
		<b>Total</b>	<b>62</b>
PMTCT HCWs	July 12-17, 2010	Copperbelt	25
	July 12-17, 2010	Northern	20
	July 26-31, 2010	Central	25
	July 26-31, 2010	Copperbelt	25
	August 9-14, 2010	Copperbelt	24
	August 30-September 4, 2010	Central	25
	August 30-September 4, 2010	Copperbelt	25
	August 30-September 4, 2010	Northern	25
	September 6-11, 2010	Central	25
	September 6-11, 2010	Luapula	15
	September 13-18, 2010	Central	25
	September 13-18, 2010	Luapula	25
	September 13-18, 2010	North-Western	25
	September 20-25, 2010	Copperbelt	26
	September 20-25, 2010	Northern	28
		<b>Total</b>	<b>363</b>
PMTCT Refresher HCWs	July 12-17, 2010	Central	25
	July 26-31, 2010	Copperbelt	23
	August 30-September 4, 2010	Luapula	25
	August 30-September 4, 2010	North-Western	25
	September 20-25, 2010	Central	25

		<b>Total</b>	<b>123</b>
<b>PMTCT Lay</b>	July 12-17, 2010	Copperbelt	25
	July 26-31, 2010	North-Western	25
	August 9-14, 2010	Central	25
	August 9-14, 2010	Northern	25
	August 16-21, 2010	Luapula	25
		<b>Total</b>	<b>125</b>
<b>PMTCT Refresher Lay</b>	July 26-31, 2010	Luapula	<b>25</b>
	July 26-31, 2010	North-Western	<b>25</b>
	August 9-14, 2010	North-Western	<b>11</b>
		<b>Total</b>	<b>61</b>
<b>ART/OIs</b>	August 9-14, 2010	Copperbelt	25
	August 16-28, 2010	Northern	25
	August 30-September 11, 2010	Luapula	25
	September 20-30, 2010	Copperbelt	27
	September 20-30, 2010	Central	22
		<b>Total</b>	<b>124</b>
<b>ART/OIs Paediatrics</b>	July 26-30, 2010	Copperbelt	29
	July 26-30, 2010	Central	25
	August 23-27, 2010	North-Western	28
	September 20-24, 2010	Northern	25
		<b>Total</b>	<b>107</b>
<b>Adherence Counseling HCWs</b>	September 7-9, 2010	North-Western	15
	September 14-16, 2010	Central	16
		<b>Total</b>	<b>31</b>
<b>Male Circumcision</b>	August 9-19, 2010	Copperbelt/Luapula/Northern/North-Western	12
	September 13-24, 2010	Copperbelt/Luapula/North-Western	8
		<b>Total</b>	<b>20</b>
<b>ASWs Refresher</b>	September 27-29, 2010	Northern	22
		<b>Total</b>	<b>22</b>
<b>ART Paediatric Mentorship HCWs</b>	September 6-8, 2010	Central	9
		<b>Total</b>	<b>9</b>
<b>Clinical Training Skills</b>	August 9-14, 2010	Central, Copperbelt, North-Western/Luapula/Northern	20
		<b>Total</b>	<b>20</b>
<b>Dry Blood Spot (DBS) Collection</b>	July 27-29, 2010	Luapula	25
	August 18-18, 2010	Northern	12
	August 19-19, 2010	Northern	5
	August 25-25, 2010	Northern	8
		<b>Total</b>	<b>50</b>
<b>Family Planning</b>	September 13-17, 2010	Northern	25
		<b>Total</b>	<b>25</b>
<b>Equipment Use and Maintenance</b>	July 12-14, 2010	Copperbelt/Central/Northern/Luapula	19
	July 15-17, 2010	Copperbelt/Central/ North-Western/Northern	15
	August 23-25, 2010	Copperbelt/N/Western	7
	August 26 -28, 2010	Central/Copperbelt/North-Western	15
		<b>Total</b>	<b>56</b>
<b>ART Commodity Management A and B for Lab</b>	July 26-30, 2010	Luapula	3
	August 23-28, 2010	Central	12
	September 6-8, 2010	Copperbelt/Luapula	8
	September 9-11, 2010	Copperbelt	5
		<b>Total</b>	<b>28</b>

## ANNEX G: Meetings and Workshops this Quarter (July – September 2010)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT	<p><b>July 13, 2010</b>            FP TWG meeting: This meeting was held at MOH with an objective of disseminating research results on “Household Bargaining and Excess Fertility: An Experimental Study in Zambia” done at Chipata Clinic in Lusaka by Ashraf, Field and Lee from Harvard University. This study was criticized from different points including the study methodology. The researchers were asked to re-look at their study and discuss with MOH further. They were also requested to attend to all concerns raised during the meeting including reviewing their findings again.</p>
	<p><b>July 14, 2010</b>            Contraceptives Forecasting Review Meeting. The meeting was held at the JSI boardroom. Its objective was to review the estimates of the 2010 national contraceptive requirements. From this meeting, the following were the next steps:</p> <ul style="list-style-type: none"> <li>▪ USAID Deliver project to adjust the forecast based on the consensus building</li> <li>▪ Enter the projected forecast into the JSI pipeline software and prepare a contraceptive supply plan for the short to medium term.</li> <li>▪ Identify funding gaps for the procurement of the contraceptive commodities</li> <li>▪ MoH / USAID deliver project to plan for the annual quantification meeting</li> </ul> <p>Partners involved in RH services to provide consumption data for RH commodities during the annual quantification meeting.</p>
	<p><b>August 17, 2010</b>            Official ground breaking ceremony for the future CIDRZ campus: This meeting was a ground breaking meeting at the new CIDRZ plot which will house all the CIDRZ facilities in Lusaka’s Ibex Hill area.</p>
	<p><b>August 19, 2010</b>            FP TWG meeting: This was a routine FP TWG meeting held at ZISSP. The meeting provided some FP updates to the members and also looked at the RH commodity security strategy, stock status for contraceptives and supply chain. In addition, presentations on Sino-Implant and CBD study updates were given.</p>
	<p><b>August 24-26, 2010</b>            Retreat to Align Electronic Health Record System, ANC Card and related data tools to the revised Safe Motherhood/PMTCT guidelines: This was organized by MoH and was held at Chaminuka Lodge. The specific objectives for this retreat were:</p> <ul style="list-style-type: none"> <li>▪ To come up with a comprehensive set of proposed changes to the ANC card in view of changes in the PMTCT protocols</li> <li>▪ To come up with a set of conceptually agreed new/revised tools that would allow for effective monitoring of the mother/baby pair during the period of NVP prophylaxis for breast feeding and</li> </ul> <p>To come up with an agreed mechanism for linkages for the mother to care and treatment post partum; and a corresponding mechanism for linkages for exposed babies from MCH to care and treatment including corresponding tool to allow monitoring of both mother and baby through these systems.</p>
	<p><b>August 20-27, 2010</b>            East Central and Southern African College of Nursing (ECSACON) conference: This meeting was held at Mulungushi Conference center in Lusaka. This was a meeting for nurses and attracted delegates from across East, Central and Southern Africa</p>
	<p><b>September 21, 2010</b>  <b>2010 PMTCT protocol guidelines review meeting:</b> This meeting was organized by WHO and it was held in the WHO conference room at the UN Annex to review the final draft of the revised 2010 PMTCT national guidelines and make necessary corrections. The document was edited and finalized. WHO was tasked to print the edited version and have it circulated so that the members of the editorial team could have their final review before sending the document to the MOH for minister’s signature and final printing. A follow up meeting was scheduled for September 22, 2010.</p>
	<p><b>September 22, 2010</b>  <b>2010 PMTCT protocol guidelines review meeting:</b> This meeting was held at WHO, UN Annex as a follow up to a similar meeting held earlier on September 21<sup>st</sup>, 2010. The meeting was called to review the final edited version of the 2010 PMTCT protocol guidelines. The editorial team had another opportunity to give their final input into the document before printing could be done. The document was finalized. Partners that offered to print some copies of the document included WHO, UNICEF and ZPCT II among others.</p>
	<p><b>August 24-26, 2010</b></p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>Retreat to Align Electronic Health Record System, ANC Card and related data tools to the revised Safe Motherhood/PMTCT guidelines: This was organized by MOH and was held at Chaminuka Lodge. The specific objectives for this retreat were:</p> <ul style="list-style-type: none"> <li>▪ Draft a comprehensive set of proposed changes to the ANC card in view of changes in the PMTCT protocols</li> <li>▪ Develop a set of conceptually agreed new/revised tools that would allow for effective monitoring of the mother/baby pair during the period of NVP prophylaxis for breast feeding</li> </ul>
CT	<p><b>September 17, 2010</b> NAC Prevention theme group meeting on National operation plan. This meeting was called to look at formation of technical working groups which would in turn look at the overview of the national operational plan and update on the NASF 2011-2015.</p>
MC	<p><b>July 28, and August 31, 2010</b> <b>ART Accreditation Monthly consultative meeting:</b> ZPCT II is a member of this committee and participation during this meeting. This routine meeting is held among stakeholders to share updates on issues regarding ART sites accreditation. In addition updates were shared regarding the planned refresher trainings for ART sites' accreditation assessors. The meeting looked at the implications of the mobile ART outreach guidelines in relation to the core business of accreditation of ART sites. Members were requested to study the guidelines for deliberation in the subsequent meeting.</p> <p><b>September 2, 2010</b> <b>MC Accreditation Guidelines Review Meeting:</b> During this quarter, ZPCT II participated in the development of MC sites accreditation guidelines. This meeting was held under the auspices of Health Profession Council of Zambia (HPCZ) has a draft tool which has since been given to MC implementing partners to pilot and provide feedback. A final document is expected next quarter.</p> <p><b>September 28, 2010</b> <b>MC National Campaign Planning Meetings:</b> During this quarter, ZPCT II participated in several planning meeting for the MC national campaign which is due to be held in the month of October, 2010. These meetings iron out the various logistical and coordination issues in relation to the planned event. A national target of 10,000 MCs has been set for all stakeholders including ZPCT II.</p>
Private Sector	<p><b>August 13, 2010</b> <b>Collaboration meeting with MoH and Private Sector:</b> ZPCT II hosted this meeting for the five supported private sector sites in Ndola. In attendance were key representatives from MoH, i.e. PMO, DMO for Kitwe, two representatives from each of the five sites, and key ZPCT II officers from Lusaka and Ndola.</p>
ART/CC	<p><b>August 5, 2010</b> <b>National TB Control Program Review:</b> ZPCT II participated in this meeting at Jhpiego offices whose agenda was for key partners working with MoH to brief consultants from World Health Organization (WHO) on how they were involved in the National TB Control Program implementation. Other key partners in attendance were MoH, Jhpiego, Zambart, CARE International, TB CAP, and CIDRZ.</p> <p><b>August 13, 2010</b> <b>National TB Control Program Review, Debrief:</b> ZPCT II attended this meeting which was a culmination of the field work which was conducted to evaluate the TB control program and also the meeting held by WHO consultants with key MoH partners which was held centrally. On this day WHO consultants presented a report on the evaluation exercise of the National TB control Implementation program for 2005 – 2010.</p> <p><b>August 25 2010</b> <b>Situational analysis to develop National Minimum Healthcare Standards for Zambia:</b> ZPCT II attended this meeting which was held to review the draft report presented by consultants hired by Health Professions Council of Zambia (HPCZ). This report was assessing the prevailing minimum standards in the health sector with intention to adapt acceptable comparable standards for the country. A follow up meeting is planned next quarter.</p> <p><b>September 13, 2010</b> <b>ART Evaluation Meeting:</b> ZPCT II participated in this planning meeting which was called by MoH to agree on an evaluation program planned for October 2010 of the national ART program for the period 2006 to 2008. The outputs included agreeing on provincial and district coverage and the review of evaluation tools to be used. The findings of this evaluation will be used to help develop the ART scale up plan for the period 2011 to 2015.</p> <p><b>September 14, 2010</b> <b>ART National Guidelines Review Meeting:</b> As a key stakeholder, ZPCT II participated in the</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>one day meeting called by MoH to finalize revisions of the 2010 ART national guidelines. Among the key achievements are that ZPCT II lobbied to have the PEP register it has developed to be adopted at national level and several new elements currently being implemented such as Prevention with Positives (PWP) and nutritional assessment (using BMI) to be aligned in content and language with the national guidelines. The final guidelines should be ready next quarter.</p> <p><b>September 16, 2010</b>  <b>NAC National Operation Plan:</b> ZPCT II participated in this exercise which was conducted by National AIDS Council and stakeholders. National AIDS Council was working to finalize the national operational plan for the National Strategic Framework (NASF) for 2011 – 2015. This exercise was meant for NAC to obtain further consultation before finalizing the NOP.</p> <p><b>September 16<sup>th</sup>, 2010</b>  <b>ART Mentorship Program Meeting:</b> During this quarter, ZPCT II was also invited by MoH to participate in this meeting which was called to evaluate the current ART mentorship tools and program. The expected output was that stakeholders also need to come up with a plan to develop structured adult ART mentorship tools and implementation plan. A follow up meeting is expected in the next quarter to conclude these plans.</p> <p><b>September 21 – 22,, 2010</b>  <b>Zambia National HIV/AIDS Commodity Strategy:</b> ZPCT II was among several partners/stakeholder invited to provide expertise in the review of the HACS (HIV/AIDS Commodity Security - HACS) strategy developed by the MoH with support from SCMS aimed at creating a supportive environment for reliable HIV and AIDS commodities in the country by prioritizing specific activities which will help ensure that the policies, systems and personnel are in place to achieve commodity security for HIV/AIDS commodities – a situation created when clients and service providers can obtain and use commodities when and where they need them.</p>
Laboratory	<p><b>July 19 - 29, 2010:</b>  <i>Strengthening Laboratory Management Toward Accreditation (SLMTA):</i> ZPCT II facilitated at second round of the SLMTA national training conducted by MoH and CDC in Livingstone. Two ZPCT II laboratory technical staff from the Copperbelt province received updated SLMTA training to facilitate their provision of technical assistance and support to the laboratories earmarked for accreditation, namely Ndola and Kitwe Central Hospitals.</p> <p><b>August 17, 2010:</b>  <i>Early Infant Diagnosis Technical Working Group Meeting:</i> ZPCT II attended this meeting convened by the MoH held in the MoH Boardroom. All implementing partners in EID were present at this meeting where the protocol for the proposed evaluation of the EID program in Zambia was presented by CDC. The proposed protocol covers an assessment of both the laboratory services and the support systems established for EID. The meeting proposed one concise protocol which would evaluate all areas of the EID program as other partners were planning evaluations of their own for different aspects of the program. A follow-on meeting to agree on the way forward with this was planned for later in the quarter.</p> <p><b>September 13, 2010:</b>  <i>Quarterly HIV test kits Quantification Review Meeting:</i> ZPCT II attended the quarterly review meeting of the HIV test kits forecast and quantification. The meeting was held at JSI offices. The meeting was convened by MoH to review the annual quantification and forecast figures, assessing the current consumption trends, and to address any issues raised around the supply chain for the commodities.</p> <p><b>September 14 - 16, 2010:</b>  <i>Quarterly laboratory reagents and commodities Quantification Review Meeting:</i> ZPCT II attended the quarterly review meeting of the laboratory reagents and consumables forecast and quantification. The meeting was held at JSI offices. The meeting was convened by MoH to review the annual quantification and forecast figures, assessing the current consumption trends, and to address any issues raised around the supply chain for the commodities.</p> <p><b>September 20, 2010:</b>  <i>Laboratory Technical Working Group Meeting:</i> ZPCT II attended the meeting convened by MoH and held at the JSI offices. The new approved chemistry analyzers were reviewed and issues regarding servicing contracts were discussed. laboratory accreditation and the status of the five target facilities was also reviewed noting that progress was being made in all but not at the desired pace for them to reach the accreditation status. Partners were encouraged to support the laboratories to help them attain the required standards for accreditation.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p><b>September 25, 2010:</b>  <i>CD4 External Quality Assurance Training Planning Meeting:</i> This meeting was convened by MoH and attended by ZPCT II, CDC, AIDSRelief, CIDRZ and CHAZ. The EQA training program scheduled for October 5 – 7, 2010 was discussed and final planning for the training done. ZPCT II will support 24 participants from its sites to attend this important meeting.</p>
Pharmacy	<p><b>July 21, 2010:</b>  <i>Logistics Supply Coordination Meeting:</i> This meeting was convened by USAID and held at the JSI offices. ZPCT II and SCMS attended the meeting to discuss coordination in the supply and management of the various logistics systems in use. It was agreed that as a way forward ZPCT II and SCMS would hold regular central and provincial level meetings to better enhance the collaborative roles the two projects have in support of the MoH with regard to ensuring uninterrupted supplies in the facilities.</p> <p><b>July 22, 2010:</b>  <i>Logistics Supply Meeting (Central level) Meeting:</i> The first in a series of central level discussions was held where ZPCT II and SCMS discussed the supply chain for various commodities. Pipelines for the commodities were analyzed as well as current stock status of the various commodities and plans for stop-gap procurements shared.</p> <p><b>August 5, 2010:</b>  <i>SmartCare Pilot Meeting:</i> ZPCT II attended this meeting held at JSI offices to discuss recommended enhancements to the system following the feedback from the system users and MSH consultant on the pilot system before the rollout to the additional 14 health facilities. In attendance was CDC, EGPAF and USAID Deliver project.</p> <p><b>August 5, 2010:</b>  <i>HIV/AIDS Commodity Security (HACS) Secretariat meeting:</i> ZPCT II attended this meeting held at CHAI offices. The main purpose of the meeting was to discuss plans for the upcoming strategy review meeting and further finalization of the strategy for presentation to the MoH PS.</p> <p><b>August 12, 2010:</b>  <i>Nutrition TWG:</i> ZPCT II attended this meeting held at Blue Crest Lodge to provide guidance on the 2011 central level planning process and to give an update on the infant and young child feeding as well as the IMAM programme.</p> <p><b>August 31, 2010:</b>  <i>Nutrition TWG:</i> ZPCT II attended this meeting hosted by MoH and cooperating partners joint meeting held at MoH Boardroom to discuss the overview of the maternal new born and child health program.</p> <p><b>September 10, 2010:</b>  <i>HIV/AIDS Commodity Security (HACS) Secretariat meeting:</i> ZPCT II attended this meeting held at JSI offices. The main purpose of the meeting was to finalize plans for the upcoming strategy review meeting scheduled for September 20 – 22, 2010. The agenda was finalized and the presentations to give a background of the HACS process were developed. The participant list was also finalized and way forward charted towards the holding of the long-overdue meeting.</p>
PMTCT, ART, Laboratory, Pharmacy	<p><b>August 31 – September 3, 2010:</b>  <i>National Planning Meeting in relation to the PMTCT Mother Baby Pack:</i> ZPCT II attended this meeting hosted by MoH and its partners (UNICEF, EGPAF, WHO) held at Cresta Golf View Hotel to plan for the implementation of the MBP. The MBP contains ARVs and Co-trimoxazole that are required to optimally provide more efficacious regimens for virtual elimination of HIV transmission to babies through MTCT. The selected districts for roll out are Luanshya, Choma, Chongwe, Katete, Chipata, Kawambwa, Kabwe and Chibombo.</p>
General	<p><b>September 20 – 24, 2010:</b>  <i>ZPCT II Pharmacy and Laboratory Unit Quarterly Review Meeting:</i> This meeting was held in Lusaka at Woodlands Ash Lodge at which all Pharmacy and Laboratory Unit staff participated. A review of the unit's activities was conducted and successes and challenges encountered were shared as well as lessons learnt to be applied for way forward in implementation. Presentations and interactions with MoH, TSG, BD, Bio-group, BSZ and other ZPCT II units formed part of the program to ensure all cross-cutting issues in program implementation were addressed</p>

## ANNEX H: Mobile CT Data July – September 2010

District	Males Counselled and Tested			Females Counselled and Tested			Children Counselled and Tested		
	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>
Kawambwa	106	3	2.8%	26	2	7.7%	0	0%	0%
Kasama	448	15	3.3%	680	15	2.2%	22	4%	18.2%
Chavuma	138	0	0%	195	1	0.5%	158	0%	0%
<b>Grand Total</b>	<b>692</b>	<b>18</b>	<b>2.6%</b>	<b>901</b>	<b>18</b>	<b>1.9%</b>	<b>180</b>	<b>4%</b>	<b>2.2%</b>

## ANNEX I: Status of Laboratory Equipment (July – September 2010)

Item	Facility	Instrument	Condition	Action	Current Status
<b>CD4</b>	New Masala Clinic	FACSCount UPS	New equipment procured and delivered to facility	Vendor installed and provided onsite training	UPS failed to install .collected by BDB for assessments with manufacturer
	Kabwe Mine hospital	FACSCount	New equipment procured and delivered to facility	Vendor installed and provided onsite training	Fully functional and in use
	Mwachisompola HDZ	FACSCount	New equipment procured and delivered to facility	Vendor installed and provided onsite training	Fully functional and in use
	Mukonchi RHC	FACSCount	New equipment procured and delivered to ZPCT Kabwe office	Vendor notified ,	Installation pending completion of lab works at facility.
	Kawama Clinic Kitwe	FACSCount UPS	New equipment procured and delivered to facility	Vendor installed and provided onsite training	UPS failed to install .collected by BDB for assessments with manufacturer.
	Ngungu clinic	FACSCount	Non functional for a week need part replacement	vendor replaced the part	Fully functional and in use .
	Ronald Ross	FACSCount UPS			UPS failed to install .collected by BDB for assessments with manufacturer
	Mufumbwe Health Centre	FACSCount	Non functional in the month of July	Quality control samples not passing Vendor notified. ZPCT lab officer performed trouble shooting.	Fully functional and in use.
	Kakoso Chililabombwe	Vortex Mixer for FACSCount	Non functional due to power surge	Equipment damaged by power fluctuations	Non functional pending way forward with programs unit
	Kasempa UC	FACSCount	New equipment procured and delivered to facility	Vendor installed and provide onsite training	Functional and in use.
<b>Chemistry Analyzer</b>	Mufumbwe HC	Humalyser 2000	Non functional	consistently high results. vendor services and mentored lab techs	Fully functional and in use .
	Mkushi District Hospital	Humalyser 2000	Non functional	Vendor repaired	fully functional and in use .
	Kasempa Urban Clinic	Humalyzer 2000	For installation	Vendor and provide onsite training	Fully functional and in use.
	Solwezi GH	Humalyzer 2000	Non functional lost memory	Biogroup performed memory restoration .	fully functional and in use .
	Solwezi Urban clinic	Humalyzer 2000	Non functional	Vendor notified	Fully functional and in use.

	Nchanga North Hosp	Cobas Integra	Non functional with Fluid controller error	Biogroup replaced and adjusted the probes on the analyzer	equipment fully functional and in use .
	St Paul's Mission Hospital	Cobas Integra	CPU now its totally damaged it needs to be replaced	Vendor tried to work on the equipment , CPU needs replacement	Non functional pending CPU replacement.
	Roan GH	Humalzyer 2000	Non functional		Non functional
	Ipusukilo H.C	Humalzyer 2000	Not installed	Vendor installed and provided onsite training	Functional and in use .
	Chiyeki HC	Humalzyer 2000	Not installed	Vendor installed and provided onsite training	Functional and in use .
	ADH	Olympus AU 400	Several parts needed to be replaced	Vendor Scientific repaired and replaced Parts.	fully functional and in use
<b>Haematology Analyzer</b>	Kabwe General hospital	ABX Micros 60	Equipment is old and has frequent break down. Facility has written to ZPCT II for consideration of replacement machine.	Vendor assessed the machine. Pochi 1100 being used as back up for lab services	Non functional using Pochi 100 as back up.
	Central clinic	ABX Micros 60	Pending installation	Vendor notified and installation plan scheduled	Pending installation
	Musangu HC	ABX Micros 60	Pending instillation	Vendor notified and installation plan scheduled	Pending installation
	Kashikishi	ABX Micros 60	Pending installation	Vendor notified and installation plan scheduled	Pending installation
	Mindolo clinic	ABX Micros 60	Pending installation	Vendor notified and installation plan scheduled	Pending installation
	Kawama Clinic	ABX Micros 60	Pending installation	Vendor notified and installation plan scheduled	Pending installation
	Kabushi HC	ABX Micros 60	Pending installation	Vendor notified and installation plan scheduled	Pending installation
	New Masala clinic	ABX Micros 60	Pending installation	Vendor notified and installation plan scheduled	Pending installation
	TwapiaClinic	ABX Micros 60	Pending installation	Vendor notified	Pending installation
	Solwezi GH	Sysmex Pochi	Defective display unit	vendor replaced defective power cable .	Fully functional and in use .
	Kawambwa DMO	ABX Micros	Frequent break down with Leaking tubes. Equipment old.	Vendor repaired the analyzer	functional and in use .
	Mwense HC	ABX Micros 60	Non functional	Vendor notified	Non Functional.
	kasempa HC	Sysmex Pochi	not installed	vendor installed and provided on site training	fully functional and in use.
Mambilima	Sysmex Pochii	Fault not clear	Vendor notified and repairs	Not functional	

				scheduled	
	ADH	ABX Pentra 60	developed a minor fault for 6 days in the month of July .	Vendor repaired	fully functional and in use .
	Mbala General Hospital	ABX Micros 60	Nonfunctional .Old instrument with frequent breakdowns.	Vendor assessed instrument. Needs Replacement facility currently using Pochii for hematology tests as back up.	ZPCT has procured a higher throughput analyzer . pending procurement process of delivery to facility
<b>General equipment</b>	Kakoso Clinic Chililabombwe	Centrifuge	Non functional due to power surge	Equipment damaged by power fluctuations	Non functional pending way forward with programs unit
	Kakoso Clinic Chililabombwe	Olympus Microscope	Non functional due to power surge	Equipment damaged by power fluctuations	Non functional. Pending way forward with programs.

## ANNEX J: Activities Planned for the Next Quarter (October – December, 2010)

Objectives	Planned Activities	2010		
		Oct	Nov	Dec
<b>Objective 1:</b> Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	X	X	X
	Provide improved follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	X	X	X
	Strengthen CT services in both old and new sites	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Strengthen youth friendly CT and provide youth centered job aids	X	X	X
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.			
	Refer uncircumcised male clients for MC in all ZPCT II supported sites	X	X	X
	Conduct mobile CT for hard to reach areas	X	X	X
1.2: Expand prevention of mother-to-child transmission (PMTCT) services	Strengthen the use of community PMTCT counselors to address staff shortages	X	X	X
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community	X	X	X
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester	X	X	X
	Conduct a study on HIV retesting among HIV negative pregnant women in 10 sites across the five supported provinces		X	X
	Strengthen male involvement in PMTCT	X	X	X
	Strengthen family planning integration in HIV/AIDS services			
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	X	X	X
	Strengthen the provision of more efficacious ARV regimens for PMTCT	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis and DBS sample collection at six weeks for HIV exposed babies	X	X	X
	Strengthen documentation of services in supported facilities	X	X	X
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	X	X	X
	Work in collaboration with CARE to promote and strengthen male involvement in PMTCT service	X	X	X
	Continue to strengthen DBS sample collection	X	X	X
	Continue to strengthen implementation of new elements	X	X	X
Implement the SMS technology pilot in 22 ZPCT II supported sites	X	X	X	
Conduct an in-depth evaluation study of HIV retesting among HIV negative pregnant women in selected supported health facilities.			X	
1.3: Expand treatment services and basic health care and support	Scale-up ART to new health facilities and districts	X	X	X
	Strengthen MC services in existing sites and expand to new sites	X	X	X
	Support ART/CC and MC services in existing PPP sites; and select new/year II PPP sites	X	X	X
	Conduct scheduled trainings in ART/OI, Adherence for HCWs, and Adherence for ASWs.	X	X	X
	Strengthen implementation of new technical activities including Prevention With Positives ,	X	X	X
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	X	X	X

	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	X	X	X
	Print and distribute job aids; distribute ART and OI reference manuals	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Support enhancement of TB/HIV collaboration activities including Intensified TB case findings	X	X	X
	Strengthen roll out and implementation new Post Exposure Prophylaxis (PEP) Register	X	X	X
	Roll out revised Pharmaco-vigilance registers to all ART sites	X	X	X
	Continue working with facility and DHO/PMO staff to prepare ART sites for Accreditation	X	X	X
	Initiate implementation of activities in Private Sector and finalize plans for model sites	X	X	X
	Participation at provincial level in the mentorship of HIV Nurse practitioners.	X	X	X
	Support holding of clinical meetings with HCWs	X	X	X
	Continue working with MoH and other partners in the planning and implementation of national level activities in ART, CC and MC	X	X	X
	Participate during the National ART Update Seminar/Conference in Lusaka		X	
	Conduct Clinical Care- ART capacity building Unit meeting in Lusaka		X	
1.4: Scale up male circumcision (MC) services	Technical support visits in male circumcision in relation to implementation of service delivery activities	X	X	X
<b>Objective 2:</b> Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Hold stakeholders' meeting to finalise the ongoing review of the ART pharmacy SOPs	X	X	X
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs	X	X	X
	Provide ongoing technical assistance to all the supported sites	X	X	X
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	X	X	X
	Train HCWs in equipment use and maintenance, and ART commodity management	X	X	X
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	X	X	X
	Support the roll out of the MoH policy to improve the usage of Tenofovir based regimens and the FDCs for paediatric clients in ZPCT II supported ART facilities	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Support the dissemination of guidelines and SOPs for laboratory services.	X	X	X
	Participate in the SLMTA national training in support of the national laboratory accreditation program.	X	X	X
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	X		
	Monitor and strengthen the implementation of the CD4 testing EQA program .	X	X	X
	Support and participate in the Zambia National CD4 EQA program training	X	X	X
	Support the collection of results from the second round of the HIV Testing DTS EQA program in collaboration with the MoH and other partners at ZPCT II supported facilities	X	X	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities		X	

	Support the dissemination of ADR registers and IEC materials, and the orientation of facility staff in support of the national pharmacovigilance program.		x	x
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
<b>Objective 3:</b> Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x		
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules		x	x
<b>Objective 4:</b> Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Continue provision of technical support to the six private sector facilities for year one		x	x
	Sign MOUs for the six private sector facilities assessed during this quarter	x		
<b>Objective 5:</b> Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
<b>M&amp;E and QA/QI</b>				
	Conduct semi annual data audit		x	x
	Update QA/QI CSPro software application package	x	x	x
	Pilot use of updated QA/QI Tools in two provinces	x	x	x
	Stimulate routine use of SmartCare Quality Reports in all eligible ART sites	x	x	x
	Provide on-site QA/QI technical support in two provinces	x	x	x
<b>Program Management</b>				
<b>Program</b>	Complete program management tools for ZPCT II including monitoring plan and tools for Lusaka and field offices		x	x
	Development of tender documents, advertising and signing of contracts for new renovations for year two and completion of remaining year one renovations	x	x	x
	Launch the ZPCT II Gender strategy		x	
	Refurbishment of the mission health facilities, including; Lubwe, Mambilima, St. Kalemba, Mambwe, Chilubula, Lubushi,		x	x
	Procurement of equipment and furniture for the new CHAZ health facilities	x	x	x
	Conduct unit meeting for Program staff in Ndola		x	
	Continue to work with MoH and USG partners to finalize PMO and DMO performance benchmarks	x	x	x
	Finalization of PMO and DMO Organizational Capacity Assessment tool (OrgCap)	x	x	
	Conduct pilot test of the OrgCap in Copperbelt Province with the PMO and DMOs		x	x
<b>Finance</b>	FHI finance team will conduct financial reviews of FHI field offices		x	x
	FHI finance team will conduct financial reviews of KARA			x
<b>HR</b>	Implement training programs developed in the last quarter for each	x	x	x

	ZPCT II position on a monthly basis			
	Finalize annual performance assessments for October 2010	x	x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
<b>IT</b>	Roll out the computerized asset management software to ZPCT II provincial	x	x	x
	Continue to monitor web2sms and update computer equipment in the facilities	x	x	x
	Install updated call accounting software in all the ZPCT II offices to ensure allocation of call costs to staff and FCO numbers	x	x	x

## **ANNEX K: Success Story**

### **Service Linkages Improves Family Centered Care in Chinsali District**

Patricia Namulambia was referred to the Chinsali District Hospital from Mulilansolo Rural Health Center (RHC), located about 70km from the hospital, with cerebral malaria. She was tested for HIV and found to be positive and in need of treatment. Patricia did not have access to PMTCT services when her son, Christopher Sichivula was born, but immediate action was taken to determine his HIV status. Christopher Sichivula was taken by his grandmother, Mrs. Deofista Simukonde, for testing for early infant diagnosis. The sample was then sent to the Polymerase Chain Reaction (PCR) laboratory in Ndola, Copperbelt Province for analysis. Happily Christopher is HIV negative.

Dr. Kamina Kabongo, Patricia’s doctor, recognized the need to find out the child’s HIV status. “I counseled Patricia’s mother and convinced her that we needed to start looking into the health of the child by finding out if he will need HIV care so that we start treatment early. I am happy to note that my advice was taken.’

Patricia has been discharged, is now on antiretroviral therapy and has been counseled on exclusive breast feeding. The family is receiving ongoing care at the Mulilansolo RHC including ART for the mother and regular review for the child.

“I am happy with how the doctor treated my daughter and grandson. My daughter is doing better now, and we are happy that the hospital assisted us to know the status of my grandson,” said Deofista Simukonde Mother of Patricia Namulambia.

This was an example of the importance of family centered care. If one family member is positive it is important to reach the rest of the family with testing. Exclusive breastfeeding is protective against HIV transmission if formula feeding is not possible. Now the Namulambia family will receive the care they need and hopefully Christopher will remain negative.



**DBS sample being collected from Christopher**



**Nurse Muwowo preparing for DBS sample collection**