



Quarterly Progress Report January 1 - March 31, 2010

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Prepared for
USAID/Zambia
United States Agency for International Development
ATTN: Ms. Joy Manengu, COTR
Plot 351, Independence Avenue
P.O. Box 32481
Lusaka, 10101
Zambia

Prepared by
Family Health International Zambia
2055 Nasser Road, Lusaka
P.O. Box 320303
Woodlands
Lusaka, Zambia

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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 OF 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 contract 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).

The Memorandum of Understanding (MOU) with the Ministry of Health (MoH) was signed this quarter. MOUs with the five Provincial Medical Offices (PMOs) will be signed next quarter

This quarter, ZPCT II supported implementation of HIV/AIDS services in 271 of the targeted health facilities for year one in 39 districts in the five provinces. Key activities and achievements for this reporting period include:

- CT services were provided in 271 health facilities, with 88,082 individuals receiving CT services.
- PMTCT services were provided in 262 facilities. 41,456 women received PMTCT services and 5,260 were provided with a complete course of ARV prophylaxis.
- Ongoing technical assistance in all technical areas continues in the ZPCT II supported facilities with a focus on new technical strategies and monitoring quality of services.
- Palliative care services are offered in all 271 health facilities. A cumulative number of 141,452 individuals received palliative care from these facilities.
- Provision of ART services in 116 health facilities. A total of 7,862 new clients (including 706 children) were initiated on antiretroviral therapy through 121 ART sites of which 55 are static and 66 are outreach sites. Of the 121 ART sites, 116 report independently and five sites report through the bigger facilities. Cumulatively, 102,164 individuals were receiving antiretroviral therapy at all ZPCT II supported sites and of these, 7,199 were children.
- Training of 1,274 health care workers in basic CT, couples 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 maintenance.
- Training of 488 community volunteers in basic CT, couples counseling, counseling supervision, child counseling, youth CT, PMTCT, adherence counseling.
- Facility assessments were conducted this quarter in all the five provinces to identify new facilities for the ZPCT II year two expansion plans.
- Private sector assessments were conducted in the Copperbelt and North Western Provinces. MOUs with the private sector are being drafted and will be signed next quarter.
- Year one recipient agreements (RAs) will be amended in the next quarter, for year two.
- Forty, year-one refurbishment contracts were signed this quarter and are all being implemented in four provinces.
- ZPCT II has been awarded a certificate of excellence for the PCR laboratory at Arthur Davison Children's Hospital (ADCH) in Ndola for consistently scoring 100% in the External Quality Assurance program and the PCR lab in consistently producing excellent quality results.

ZPCT II Project Achievements: 1 August 2009 to 31 March 2010

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements Jan 10-Mar 10
		Targets	Achievements Aug 09 – Mar 10	Targets Aug 09-May 10	Achievements Aug 09-Mar 10	
1.1 Counseling and Testing (Projections from ZPCT service statistics)						
	Service outlets providing CT according to national or international standards	370	271	271	271	271
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000 ¹	312,183	118,333	312,183	129,583
	Individuals trained in CT according to national or international standards	2,316	318	520	318	162
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)						
	Service outlets providing the minimum package of PMTCT services	359	262	262	262	262
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	103,261	94,167	103,261	41,456
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	14,146	11,214	14,146	5,260
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	839	1,150	839	506
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	271	271	271
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	560,000	143,680	90,000	143,680	141,452
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,823	10,000	10,823	10,636
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	391	600	391	198

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

² **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. The number therefore for this indicator for an Oct -March period will be more than that for a Jan - Mar period because the six month period has the added sum of the non-ART sites' data for the months Oct – Dec as per guidance above

	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	271	271	271
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	3,328	2,667	3,328	1,220
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	391	600	391	198
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	3,799	4,683	3,799	1,337
	Service outlets providing ART	130	116	121	116	116
	Individuals newly initiating on ART during the reporting period	115,250	20,095	19,167	20,095	7,826
	Pediatrics newly initiating on ART during the reporting period	11,250	1,713	1,667	1,713	706
	Individuals receiving ART at the end of the period	146,000	102,164	79,732	102,164	102,164
	Pediatrics receiving ART at the end of the period	11,700	7,199	5,726	7,199	7,199
	Health workers trained to deliver ART services according to national or international standards	3,120	391	600	391	198
1.4 Male Circumcision (ZPCT II projections)						
	Service outlets providing MC services	50	15	16	15	15
	Individuals trained to provide MC services	260	104	100	104	71
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	213	N/A	213	213
2.1 Laboratory Support (Projections from ZPCT service statistics)						
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	84	96	84	84
	Individuals trained in the provision of laboratory-related activities	375	114	80	114	81
	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	702,110	635,500	702,110	285,290
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)						
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	393	506	393	247

	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	175	285	175	125
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	141	120	141	116
3 Capacity Building for PHOs and DHOs (ZPCT II projections)						
	Local organizations (PHOs and DHOs) provided with technical assistance for HIV-related institutional capacity building	47		-		
4 Public-Private Partnerships (ZPCT II projections)						
	Private health facilities providing HIV/AIDS services	30		6		

PROGRAM AND FINANCIAL MANAGEMENT

Partner Collaboration:

ZPCT II collaborates with its sub partners through various 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 and 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 the gender dimension in health facility service delivery and community prevention, care and treatment activities.

Emerging Markets Group (EMG): EMG 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 seven 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.

Health Facility Support

Recipient agreements (RAs): ZPCT II continues to provide programmatic, financial and technical support to 271 facilities in 39 districts in the five provinces through 56 recipient agreements (RAs) which end May 31st 2010. All 56 are due for amendment next quarter.

Renovations and environmental site assessments: ZPCT II commenced renovation works in four provinces for the 40 contracts that were signed this quarter.. Guidelines were developed for the field offices in order to formalize and strengthen implementation and monitoring of waste management and disposal in line with the Environmental Mitigation and Monitoring plan approved by USAID..

Facility Graduation and Sustainability Plan

ZPCT II continued to support the ten graduated districts with scaled back technical assistance, following the ZPCT II graduation in line with the sustainability plans. ZPCT II plans to graduate two more districts in the next quarter and is currently working with the implementation of the graduation and QA/QI tools to prepare these two districts to graduate.

Procurement

During this quarter the following medication equipment was procured: ten facscount machines and electronic pipettes, 74 micropipettes, 87 diagnostic sets and other medical equipment. This equipment will be delivered to ZPCT II supported facilities next quarter.

Prevention

Prevention activities this quarter focused on the new and old strategies and were carried out at ZPCT II supported health facilities and in selected communities in a few districts. These included retesting negatives, scaling up male circumcision services, integration of Prevention with Positives, and counseling and testing.

Human Resources (HR)

During this quarter, 18 positions were filled from the 35 remaining vacancies of the total 256 approved positions. The HR team continues to recruit and fill the remaining vacancies. A total of 27 ZPCT II staff received staff development training in various areas, this quarter.

Information Technology (IT)

IT installed a new cost effective telephone systems using VoIP in Luapula, Northern and North Western provinces this quarter. IT conducted 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 year two.

Finance

FHI finance team conducted a review of the Kasama field office and Kara Counseling and Training Trust this quarter. In addition, financial orientation sessions were conducted with local partners.

KEY ISSUES AND CHALLENGES

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

Staff shortages have persisted in some of the ZPCT II supported health facilities and continue to affect service delivery negatively. To address this, ZPCT II continued to provide limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services, as well as training more community cadres during this quarter, in all service areas.

➤ **CD4 sample referral and laboratory equipment maintenance**

During the reporting period, sample referral and equipment maintenance continues to be a challenge in selected districts. The challenges include:

- Lack of motorbike riders in some districts, delayed delivery of motorbikes, inadequate fuel, equipment breakdown (see Annex C for details), shortage of reagents. ZPCT II is working to ensure timely access to CD4 testing and working with facilities to improve forecasting and quantification to ensure uninterrupted supply of reagents.
- Routine preventive maintenance of diagnostic equipment is still an issue and not being done consistently even with MoH vendor contracts in place. ZPCT II is working to ensure service schedules are adhered to and responses to call-outs for repairs are timely. While ZPCT II does have regular maintenance included in the program, which is outlined in the following paragraph, issues still arise.

ZPCT II maintenance activities: All major instruments procured by ZPCT are placed at GRZ sites and facilities access reagents through the national approved supply chain. National procurements for these reagents are conducted and the cost of service and maintenance is incorporated into the cost of reagents, thus binding the designated vendor to provide maintenance for these instruments at no cost to the user. However, for major faults and replacement of spare parts beyond these agreements, ZPCT has factored an estimated amount into the budget an amount to cover these instances. In addition, ZPCT continues to coordinate with the vendors and the MOH to try and ensure that the vendors keep to their routine preventive maintenance schedule. Also, during the ‘equipment use and maintenance trainings’ conducted by ZPCT in conjunction with the various vendors, facility staff are equipped with skills to conduct troubleshooting procedures to fix minor faults with the instruments. ZPCT technical staff are also trained likewise to provide further support.

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➤ **Early infant diagnosis**

- Despite the efforts made by ZPCT II to re-distribute DBS kits from low use facilities with excess stocks to facilities that experienced stock-outs, the stock levels of DBS bundles are insufficient in some supported facilities. ZPCT II continues to work with the district laboratory coordinators to facilitate ordering of DBS bundles from MSL.
- The quality of DBS specimens received at the laboratory continued to improve. With ZPCT II technical support, the practice of using expired cards has reduced substantially this quarter.

➤ **Commodity stock outs**

- Few facilities experienced stock outs of HIV test kits this quarter. The Supply Chain Management Systems (SCMS) conducted mop up training for laboratory personnel not trained during this quarter. A general improvement in the supply of test kits has been noted.
- Inconsistencies in the transport system at MSL combined with delays in orders from the districts continued to pose challenges for timely delivery and availability of commodities.

➤ **Inadequate space for child CT**

- Some of the supported health facilities continued to face problems of inadequate space to be used for child CT services. ZPCT II is exploring other options for space with affected facilities.

➤ **Poor male involvement**

- Although some of the supported health facilities have recorded improvements in male involvement in PMTCT services, it has remained low, especially in urban settings. Efforts, through community component are being made to promote and strengthen male involvement.

➤ **Male circumcision services**

- Challenges in this area include inadequate equipment (MC instrument sets) and consumables such as lignocaine and appropriate sutures not being available from Medical Stores Limited (MSL). However, ZPCT II procurement process for approved products is working to resolve these issues.

➤ **Accreditation of ART sites**

- There are still a number of ZPCT II supported ART sites that have not been accredited because of failure to meet minimum standards in a number of areas related to service provision. ZPCT II is working out measures to address these gaps in coordination with the districts.

➤ **Monitoring and evaluation**

- ZPCT II staff report challenges due to some clinicians not fully completing the SmartCare forms. To resolve this, ZPCT II M&E continues to train/orient mentor health personnel in SmartCare use.

➤ **Quality assurance and quality improvement**

Delays in MoH schedule for finalizing quality improvement reference materials for health care workers (HCWs) and managers has resulted in a slow impetus towards institutionalization of QA/QI activities within the health system.

DELIVERABLES FOR THIS QUARTER

- SF1034 (Invoice)
- Quarterly financial report for Jan-March 2010

ANTICIPATED ACTIVITIES FOR NEXT QUARTER (April-June 2010)

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

The following activities are anticipated for the next quarter:

- ZPCT II will sign MOUs with the provincial medical offices (PMOs) in the five provinces
- ZPCT II will develop and submit the work plan for year two.
- ZPCT II will amend the existing current recipient agreements for year two.
- In this quarter, ZPCT II field offices conducted facility assessments to identify additional districts and/or facilities for support under year two expansion plans.
- ZPCT II will finalize the draft gender assessment report and initiate development of the gender strategy next quarter.
- The capacity building team will conduct “pilot” trainings in the Northern Province for PMO, DMO and health facility managers, to test the protocols and training packages.
- ZPCT II will sign six private sector MOUs in North Western and Copperbelt Provinces and start providing technical support to strengthen and initiate HIV/AIDS services in the private sector facilities.
- An all partners meeting has been planned for next quarter to review implementation of year one activities and discuss year two plans.
- EMG consultant will provide technical support for the capacity building component.

TRAVEL/TDY

During this quarter, the regional/international travels for ZPCT II staff were as follows:

- ZPCT II technical staff (Mushota Kabaso and Patrick Katayamoyo) attended the FHI ART cohort analysis planning meeting in Nairobi, Kenya, in March 2010
- Three ZPCT II IT staff attended an advanced Vsat installation training conducted in Nairobi, Kenya from March 8 – 11, 2010. The staff are Mutale Moyo, Chilufya Musosha, and Akamunwa Musole

Technical support this quarter was received as follows:

- Kwasi Torpey, FHI Regional Technical Advisor, traveled to provide technical support to the ZPCT II technical team
- Maryce Ramsey, SI consultant provided technical support to ZPCT II for the gender assessment and strategy development, in January 2010
- Justin Mandala, FHI PMTCT Senior Technical Advisor to provided technical support to ZPCT II, in February 2010

TRAVEL /TDY for the NEXT QUARTER (April -June 2010)

ZPCT II technical staff will travel to attend international and regional meetings:

- Andrew Kumwenda will travel to Tanzania for a "Testing and Counseling for PMTCT" meeting

- Two staff to attend the HIV INTEREST meeting in Mozambique
- Two staff to attend an advanced ART training in Uganda at the Infectious Diseases Institute (IDI)
- One staff to attend the Global IATT PMTCT meeting in Atlanta, USA
- Six program and finance staff will attend the Operations Support/International Program Management Training in Nairobi

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 Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. Presidents 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 scaling up support from 35 to all 42 districts in the five target provinces of Central, Copperbelt, Luapula, Northern and North Western. In year one, 271 facilities across 39 districts will be covered. 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 Ministry of Health's (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 is continuing 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.

During this quarter, ZPCT II supported implementation of HIV/AIDS services in 271 health facilities in 39 districts in the five provinces. Key activities and achievements include:

- CT services were provided in 271 reporting health facilities, with 129,538 individuals receiving CT services in these facilities.
- PMTCT services were provided in 262 facilities. 41,456 women received PMTCT services and 5,260 were provided with a complete course of ARV prophylaxis.
- Clinical palliative care services were provided in 271 health facilities. 141,452 individuals received palliative care from these 271 facilities.
- Provision of ART services in 121 health facilities of which 55 are static and 66 are outreach sites. Of the 121 ART sites, 116 report independently and five sites report through the bigger facilities. A total of 7,862 new clients (including 706 children) were initiated on antiretroviral therapy through

these sites. Cumulatively, 102,164 individuals were receiving antiretroviral therapy at all ZPCT II supported sites and of these, 7,199 were children.

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. In this quarter, MSH provided technical support on strengthening implementation of the DBS sample referral system, CD4 sample referral system, the laboratory services QA/QI tools, External Quality Assurance, 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 facility and community based prevention, care and treatment services, and strengthening the continuum of care. This quarter CARE facilitated training of volunteers in CT, counseling supervision and adherence counseling, as well as facilitating mobile CT and district referral network meetings.

During this quarter, a joint orientation meeting for FHI and CARE staff was held in Lusaka from January 11 – 15, 2010. The purpose of the meeting was to orient staff to FHI and CARE management and financial systems, and highlight the technical design of community mobilization and referral networks in ZPCT II.

The ZPCT II provincial community staff participated in a capacity building training in monitoring and evaluation organized by CARE Zambia. The one week training was held from March 22 – 26, 2010 at CARE Zambia offices, in Lusaka. The training was facilitated by CARE M&E unit. During this meeting, the Community Program Manager and Advisor for ZPCT II met with the provincial staff to review implementation status of year one activities, and discussed the plans for year two.

CARE Zambia has also initiated a revision of their community mobilization and referral network strengthening work plan and budget for year one to better align funds and activities based on the ZPCT II supported activities within the time available. The revised plan is undergoing final review within CARE before it is submitted to FHI for final approval, early next quarter.

During this reporting period, the M&E plan for the community mobilization and referral component of ZPCT II was approved by FHI.

- Social Impact (SI) is responsible for providing support to ZPCT II to mainstream gender into various levels of service delivery. To this effect, a gender assessment was conducted this quarter and a draft report submitted to ZPCT II and is currently being reviewed. Once the report is finalized, the next steps will be to develop a gender strategy and activities for year two and begin the process of mainstreaming gender activities into ZPCT II service delivery, and community mobilization and education activities.
- Emerging Markets Group (EMG) is responsible for building the capacity of PMOs and DMOs to manage HIV/AIDS programmes beyond ZPCT II. This quarter, a pilot management capacity building assessment in Northern Province targeted the PMO, six districts and five health facilities. During the next quarter, the assessment findings will be used for verification of profiling information for PMOs, DMOs and health facilities, development of targeted interventions and training packages and subsequent modification of the organization capacity assessment tool. EMG staff person is expected to visit next quarter in to work with the team here to assist with finalizing the assessment tools and drafting the training manuals.

- Churches Health Association of Zambia (CHAZ) is responsible for contributing to expanding and scaling up of HIV/AIDS services in seven mission facilities under ZPCT II. In this quarter, a full time program officer was recruited to replace the previous staff who had resigned last quarter. The new program officer has been introduced to the ZPCT II program and oriented to activities in all the seven ZPCT II supported mission health facilities. Renovations at three health facilities will be commenced in the next quarter. Procurement of new equipment and furniture was done this quarter and awaits delivery next quarter.
- KARA Counseling and Training Trust (KCTT) is responsible for strengthening technical capacity of facility staff to provide counseling and testing services. 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 trainings, including delays in executing trainings, payment of participants, late and none submission of supporting documentation for the Sub Recipient Monthly Report (SRMFR). ZPCT II has been discussing these issues with KCCT and plans to conduct a financial review among other interventions aimed at assisting the partner. This quarter a number of meetings were held to resolve issues with the monthly SRMFRs, clarification of roles between KCCT, FHI Lusaka and field offices in the five provinces.
- University Teaching Hospital (MC unit) is responsible for supporting ZPCT II to implement male circumcision services. This quarter, UTH MC Unit provided support to the trained facility staff in male circumcision. During this quarter, UTH MC Unit conducted trainings in MC, with the support of Surgical Society of Zambia. The training targeted health staff from Luapula, North-western, Central and Northern provinces. This quarter, MC services started in 12 sites bringing the total to 15 sites offering MC services in year one.

B) Health Facility Support

Recipient agreements: ZPCT II continued to provide programmatic, financial and technical support to 271 facilities across 39 districts of the five provinces through a recipient agreement mechanism. The recipient agreements are with the PMOs, DMOs, hospitals and the University Teaching Hospital (UTH), MC Unit. There are currently 56 recipient agreements being managed by FHI which have been signed with 39 DMOs, 11 hospitals, five PMOs and UTH. These agreements will expire on May 31, 2010. During this quarter, ZPCT II conducted assessments in order to expand support to new facilities in year two. All year one recipient agreements will be amended next quarter.

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

C) Renovations and Environmental Site Assessments:

Renovations and environmental site assessments: ZPCT II has begun implementing its renovation plans for year one which are aimed at supporting renovations in ZPCT II supported health facilities across 39 districts. In this quarter, 40 contracts were signed and all renovation works have commenced for the signed contracts out of a total of 79 renovations scheduled for year one. These renovations cover all service areas including CT, PMTCT, pharmacy and laboratory. Some renovations will be completed next quarter while the remaining few will be carried over to year two for completion. In this quarter, guidelines were developed for the field offices in order to formalize and strengthen implementation and monitoring of waste management and disposal in line with the Environmental Mitigation and Monitoring plan approved by USAID. Medical waste is managed according to the national guidelines of handling the different types of medical waste e.g. safe disposal of sharps without re-capping using provided sharps containers, incineration, decontamination and sterilization of instruments, etc. During technical assistance visits, ZPCT II staff physically check that health centre staff are adhering to the set national guidelines for managing medical waste at facility level.

Verification of implementation and compliance will include regular audits by Lusaka office of provincial office documentation, including pre-renovation Environmental Site Assessment reports and post-renovation Environment Impact Assessment reports included in the ZPCT II field visit trip reports.

D) Facility Graduation and Sustainability Plan

ZPCT II continued to support the ten graduated districts with scaled back technical assistance, following the graduation of the districts. ZPCT II continues to discuss with the PMOs and DMOs on the need to develop post graduation management plans to ensure sustainability of and maintenance of quality of services in graduated health facilities. ZPCT II plans to graduate two more districts in the next quarter through use of the established graduation criteria and the regular administration of service QA/QI tools in all technical areas.

E) Procurement

During this quarter the following medication equipment was procured: ten facscount machines and electronic pipettes, 74 micropipettes, 87 diagnostic sets and other medical equipment. This equipment will be delivered to ZPCT II supported facilities next quarter.

F) Prevention: Prevention activities undertaken this quarter included initiation; implementation and monitoring of the new technical strategies in ZPCT II supported health facilities in all the provinces. Key strategies that were focused on include scaling up male circumcision services, integration of prevention with positives activities within the CT, PMTCT and ART services, retesting of negative pregnant women and general counseling and testing clients, mobile counseling and testing (during the youth and women's day celebrations), youth counseling and testing, and integration of HIV testing with male circumcision at facility level.

G) Human Resources

During this quarter, 18 positions were filled from the 35 remaining vacancies of the total 256 approved positions. The HR team continues to recruit and fill the remaining vacancies. Twenty seven ZPCT II staff received staff development training this quarter.

ZPCT II staff received staff development training this quarter, including;

- Five technical staff enrolled in a three month electronic short course on antiretroviral treatment (eSCART) by the Institute for Tropical Medicine Antwerp in Belgium.
- Ten finance staff enrolled in a seven week Cost Principles online training facilitated by Management Concepts.
- Four procurement staff attended a one-day workshop in Lusaka on the role of procurement in managing public resources.
- One Assistant Finance Officer from the ZPCT II Kabwe office attended a four day workshop on Project Management, Monitoring and Evaluation Reporting.
- Human Resource Advisor attended a three day workshop on HR Key Concepts and Practices facilitated by Inside NGO while, the Assistant Human Resource Officer was trained in intermediate and advanced Microsoft Excel.

H) IT

During this quarter, IT installed a new cost effective telephone systems using VoIP in Solwezi, Kasama and Mansa. The new system has enabled ZPCT II staff to make trunk calls from the three offices to Lusaka at no cost. This will significantly reduce communication costs as inter-office trunk calls account for over 70% of ZPCT II telephone costs. The remaining installations will be completed in the next quarter. One ZPCT IT staff participated in a SmartCare training of trainers organized by JSI to roll out nationally the SmartCare stock control module with support from MoH. This training was held in Siavonga from March 22 – April 1, 2010.

This quarter, Kabwe and Solwezi offices acquired additional offices and IT installed new network systems and servers.

IT unit installed a desk top computer, printer and scanner purchased for MC unit at UTH. The IT team installed a 128kbps wireless broadband connection for internet access.

The provincial IT staff during this reporting period conducted inventory of equipment in the ZPCT II supported health facilities and ZPCT offices. During the inventory checks, it was observed that most of the equipment such as computers that were procured five years ago are faulty, non repairable and obsolete.

In the next quarter, IT will complete the deployment of the new telephone systems in Ndola, Kabwe and Lusaka. The identified faulty and obsolete computer equipment will be disposed of. IT will also be working on the equipment requirements for year two of ZPCT II and will continue with the capacity building for ZPCT II staff by conducting user training in Microsoft Office.

I) Finance

A financial review of the ZPCT Kasama office and Kara Counseling and Training Trust were conducted during this quarter. Financial orientation sessions were conducted with local partners.

J) USAID DQA visit - During this quarter a USAID DQA team visited Northern Province and had some useful recommendations on data quality processes and financial management. The report was received at the end of the quarter and the issues are being addressed.

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

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

1.1.1. CT Services

ZPCT II continued to provide technical assistance to HCWs and lay counselors in the supported facilities to strengthen CT services, maintain a high uptake of testing and collection of same day results and strengthen the linkage to clinical care for ART services.

Technical assistance during this period focused on:

- Creation of testing corners in new facilities: ZPCT II created testing corners in all 52 new CT sites. By the end of this quarter, 271 CT sites were providing CT services.
- Operationalization of the new ZPCT II technical strategies:
 - Retesting of HIV negative CT clients after three months: Technical support was provided to HCWs to strengthen the retesting of HIV negative CT clients after three months in supported CT sites. ZPCT II mentored HCWs on how to document the re-testing of HIV negative CT clients in the integrated CT registers. A total of 4,926 clients were re-tested during this quarter.
 - CT and male circumcision (MC) integration: ZPCT II has started mentoring HCWs and lay counselors providing CT services in some supported MC sites to refer the uncircumcised HIV negative male CT clients for MC services.
 - Youth CT activities: ZPCT II continued to recruit and train young people as lay counselors to implement youth friendly CT services. A total of 37 youth friendly corners were active across the five supported provinces by this quarter. Placement of the trained young people in the facilities will be completed by next quarter.
 - Symptom screening for chronic diseases (i.e. Diabetes mellitus and hypertension) in CT corners: As part of the new ZPCT II technical strategies of screening CT clients for diabetes mellitus and hypertension, ten glucometers and SOPs were dispatched to the ten pilot sites in Central and Copperbelt provinces. Implementation of the screening will start next quarter after staff are oriented on how to use the glucometers.

- Prevention with Positives (PwP): This quarter, ZPCT II continued to mentor HCWs to provide prevention with positives services to CT clients. A new indicator to monitor PwP was developed during this quarter, and data collection will start in the next quarter. This will help with monitoring progress on PwP.
- CT services in TB, family planning (FP) and sexually transmitted infections (STI) clinics: ZPCT II continues to provide technical support to facility staff working in the TB, STI and family planning services to strengthen linkages and integration of CT into TB, FP and STI clinics. ZPCT II has developed some new indicators that will be used in the next quarter to monitor the integration of CT into these service areas.
- Administering QA/QI tools: QA/QI tools continued to be administered in the supported facilities as part of the ongoing monitoring of quality of CT services being provided in supported facilities.

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

By the end of this quarter, PMTCT services were being provided in 262 ZPCT II supported facilities.

1.2.1. PMTCT Services

ZPCT II continued to record high PMTCT uptake in all supported facilities. The “opt-out” strategy continued to be implemented in these sites. As part of providing comprehensive PMTCT services, ZPCT II mentors newly trained PMTCT providers (i.e. both HCWs and lay counselors) in provision of quality PMTCT services. The mentorship on the PMTCT providers focused on the implementation of quality PMTCT services through strengthening provision of more efficacious ARV regimen, implementation of new ZPCT II PMTCT strategies including improved follow-up of pregnant women who test HIV negative and sharpening the focus of integrating PMTCT services with HIV prevention, malaria, maternal, neonatal and child health (MNCH), TB and FP services, as well as paediatric HIV services.

During this reporting period, technical assistance in PMTCT emphasized the following areas:

- Strengthening provision of same day testing and results: ZPCT II continued to promote same day HIV testing and giving of results particularly in the new supported facilities. This was done through strengthening and creating HIV testing corners within the MNCH departments as well as training more health care workers in skills to conduct HIV testing.
- Strengthening CD4 sample referral: This remained a major area of focus for ZPCT II during technical assistance visits to the supported facilities. ZPCT II continued to collaborate with the district laboratory and MNCH coordinators to ensure that CD4 count access for HIV positive pregnant women was improved in the supported facilities.
- Retesting of HIV negative pregnant women: This quarter, orientation of facility staff was conducted by ZPCT II to ensure all the pregnant women who test HIV negative in their early pregnancy are retested in the late stage of pregnancy (e.g. at the time of first antenatal booking). PMTCT sites have made good progress in the documentation of the retesting in the integrated PMTCT registers. ZPCT II has since started collecting data on retested pregnant women from the supported PMTCT sites as part of the routine data collected monthly. A total of 3,356 pregnant women were re-tested for HIV and received their results during this quarter.
- Strengthening provision of more efficacious regimes for PMTCT: ZPCT II continues to emphasize the use of the WHO three tiered approach in providing more efficacious ARVs for PMTCT. This continued to be done through triaging HIV positive pregnant women by CD4 count facilitated through the specimen referral. HIV positive pregnant women who are eligible for HAART are referred to ART clinics for initiation of HAART. HIV positive women not eligible for HAART continued to be provided with short course prophylaxis according to the national PMTCT protocol guidelines.
- Mother baby pair follow-up: As part of the ongoing pediatric HIV efforts, HIV exposed babies are identified, have their DBS samples collected and cotrimoxazole prophylaxis initiated at six weeks to prevent Pneumocystis Jiroveci (Carinii) Pneumonia (PCP). During this reporting period, 2,862 HIV

exposed children were initiated on cotrimoxazole prophylaxis. A total of 3,215 infants had DBS for HIV DNA PCR testing done from 146 ZPCT II supported facilities in 38 districts in the five provinces. Mentorship of trained HCWs on quality of DBS samples collected continued as an ongoing activity. Infants with positive DNA PCR results continued being referred to ART clinics for further management and initiation of HAART.

- Family planning integration into PMTCT: ZPCT II continued 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. To facilitate provision of quality family planning counseling within the PMTCT services, ZPCT II continued to conduct family planning trainings for HCWs in the MNCH clinics and providing PMTCT services. This enables them to provide family planning services in ANC and to post partum women.
- Male involvement: Strengthening male involvement in PMTCT is an ongoing activity. ZPCT II supported facilities are encouraged to make efforts to involve men in PMTCT services. ZPCT II is working with facilities and communities to strengthen mobilization for male involvement in PMTCT. In Kabwe district, there was a significant improvement in male involvement in PMTCT/ANC in the first ANC visit. From less than 10% attendance with partners, facilities were recording more than 70% attendance with partners. This was as a result of efforts of the DHO and ZPCT in mobilizing the community to access services as partners.
- Strengthening documentation: ZPCT II continued to strengthen documentation of all PMTCT services by mentoring facility staff. During this period, emphasis was placed on the need to document the PMTCT services provided only in the integrated PMTCT registers to enable ZPCT II data entry clerks collect accurate data only from MoH approved PMTCT data collection tools.

1.3: Expand treatment services and basic health care and support

ART Services

During this quarter, 121 health facilities were providing ART services at the ZPCT II supported facilities. However, the number of sites reporting data independently is 116 while five of the ART sites are reporting through the static ART sites. A complete list of ZPCT II ART sites is available in **Annex C**.

A total of 7,826 new clients (including 706 children) were initiated on antiretroviral therapy this quarter. Cumulatively, 102,164 currently receiving treatment out of which 7,199 are children.

ART on-going activities

ZPCT II provided technical assistance, mentorship and support supervision of 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 continues to support facilities with the accreditation process conducted by the Medical Council of Zambia (MCZ). The assessment for accreditation of sites is done in phases. During this quarter, 11 sites were accredited out of 24 following assessments done during phase III of the program up to December, 2009. Cumulatively, 46 ZPCT II supported ART sites have been accredited by MCZ. ZPCT II continues to provide support to the remaining facilities so that they can be accredited.
- HIV Nurse Prescriber (HNP) Program: ZPCT II works in collaboration with General Nursing Council (GNC), MoH, CIDRZ, AIDSRelief, and the University of Alabama at Birmingham in the implementation of this pilot program which commenced in June 2009 and is expected to be concluded in May, 2010 after the final examinations. ZPCT II clinical care staff played a critical role in this program by assisting in the mentorship and supervision of the mentees. Towards the end of this quarter, ZPCT II provided financial and logistical support for the monitoring and support visits to the pilot sites by two course coordinators from GNC. Additionally, ZPCT II was engaged by GNC with other partners in discussions for the next intake of the HNP program which will commence in June, 2010. A tentative budget was submitted by the course coordinator to ZPCT II for consideration and has been reviewed with consideration to train 10 more nurses in the next intake.

- Job aids: ZPCT II participates in discussions reviewing and revising national guidelines based on the new WHO recommendations for management of HIV/AIDS and ART released in November, 2009. According to MoH timeline, the national guidelines revisions will be finalized next quarter. Only then will ZPCT II embark on revising the ART/clinical care job aids, which are anchored on these national recommendations. Because of the pending review of the national guidelines, ZPCT II's plan is to commence and complete job aids revision during the next quarter. The revisions will also include job aids for paediatric ART and male circumcision.
- Pilot Short Message System (SMS) technology application for defaulting clients: ZPCT II has finalized measures to apply the SMS mobile phone technology in the recall of defaulting clients in various HIV service areas i.e. uncollected HIV DNA PCR results, missed appointments in the ART clinic/pharmacy and clients with abnormal laboratory results. MoH is yet to give ZPCT II clearance to start piloting this activity in some selected supported facilities.
- Public Private Partnerships: During this quarter, ZPCT II conducted pre assessments of ten private sector facilities in the Copperbelt and North Western Provinces. From these, six were identified as potential sites for support using a criteria that included registration with the medical council of Zambia, willingness to use MoH systems for data management, commodity management, availability of staff, space for service provision and basic laboratory equipment or linkages to well established laboratories. The six facilities were assessed (five in the Copperbelt Province and one in North-Western Province). Memoranda of Understanding (MOUs) have been developed this quarter and will be signed in the next quarter to allow for technical support to begin in these sites.
- ART QA/QI tools: This quarter, the clinical care unit commenced the revision of the ART QA/QI tools. However, this process has been put on hold because of the pending revision of the ART national guidelines. ZPCT II continues to lobby with MOH and other key partners to have these tools considered as national tools and be incorporated into the national performance improvements approach (PIA).
- ART model sites: ZPCT II begun the process of identifying one to two sites that will be developed and recognized as model sites or centers of excellence. These sites will have the capacity to manage complicated HIV/ART cases, adverse drug reaction monitoring and management as well as client management of HIV treatment failure. These model sites will also provide resource services to other health facilities mainly through mentorship and advanced training of HCWs. During this reporting period, a framework consisting of the minimum package for these sites has been developed by ZPCT II and is till being discussed internally.

Clinical Palliative Care Services

ZPCT II is working across all health facilities to strengthen and improve palliative care for PLHA. During this quarter, all the 271 health facilities were providing clinical palliative care services. A total of 141,452 clients were receiving care and support at ZPCT II supported sites. The following activities were undertaken during this reporting period:

- Updating ASW training package: ZPCT II finalized updating the three-day refresher training materials for adherence support workers this quarter. The new materials include, PwP, TB and TB-HIV modules. This was done in order to improve the TB/HIV collaboration activities and also to take into account the new WHO recommendations on TB infection control measures and intensified case finding of TB both at the facility and in the community. The new materials will be implemented alongside the basic (ten day) training package which was revised and implemented in 2009.
- Managing HIV as a chronic condition: ZPCT II continued to equip HIV clinical teams with adequate knowledge and skills to improve client screening for and management of co-morbidities in HIV clients' particularly chronic conditions such as Diabetes Mellitus and Hypertension. During this reporting period, ZPCT II finalized developing and distributing various tools including SOPs and Job aids to assist in the pilot screening of Diabetes Mellitus in the ART clinic in ten sites. Glucometers (for measuring blood sugar) have since been procured and distributed to these sites. A symptom screening checklist for Diabetes Mellitus and Hypertension and which also incorporates offering a minimum package for PwP

has been developed and is to be used for implementation of clinical screening at the beginning of next quarter.

- **TB-HIV:** This quarter, ZPCT II developed a TB symptom screening tool. This tool will be used by ASWs and HCWs, accordingly in the implementation of intensified case finding (ICF), both in the facility (particularly the ART clinic) and also in the community by adherence support workers. ICF is an activity where TB is actively looked for (by HCWs and ASWs) through proactively screening for TB symptoms in clients coming in the clinic or in the community and making timely referrals for further client evaluation and management. This strategy is intended to minimize missing out TB diagnosis in HIV clients who are undergoing evaluation for initiation of ART. In addition, ZPCT II procured and distributed 20 x-ray viewing boxes, to 20 sites in all the provinces. This is intended to aid and support diagnosis of TB by HCWs.
- **Cotrimoxazole prophylaxis:** ZPCT II supported provision of cotrimoxazole for prophylaxis to PLWHA both adults and children who need this treatment. During this reporting period, 5751 clients were put on CTX (including 471 children).

1.4: Scale up male circumcision (MC) services

The ZPCT II goal is to scale up MC services through 16 selected facilities, in year one. Training of health care providers has been undertaken including on-going technical assistance. Refurbishments for implementation of the MC services commenced this quarter in Northern, Luapula and Northwestern provinces. During this quarter, male circumcision services were initiated in 12 more health facilities bringing the number of sites providing MC services to 15. One of the planned sites for MC for this year, Mukonchi Rural Health Centre in Kapiri Mposhi District, has not yet initiated services due to lack of MC instruments and consumables. ZPCT II is working to resolve this.

- **MC services:** During this quarter, over 213 circumcisions were performed from the 15 sites that started providing MC services.
- **Mentorship and Supervision:** ZPCT II and UTH MC unit jointly developed a post training mentorship plan to visit MC sites. These visits are meant for UTH and ZPCT II MC technical staff to provide hands-on mentorship and supervision to the health care workers in the facilities who have received training and are providing MC services. Mentorship and support supervision will be an on-going activity and currently is being provided by ZPCT II MC technical staff.
- **MC QA/QI:** ZPCT II and UTH MC unit staff drafted the MC QA/QI and mentorship tools adapted from WHO manuals. These will be piloted next quarter by ZPCT II and UTH MC unit.
- **National level MC activities:** ZPCT II participated in several MC national technical working group meetings during this reporting period including one on adaptation and adoption of the male circumcision training package as indicated in **Annex G**.

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

108 facilities are being strengthened for laboratory services through technical assistance, renovations, equipment maintenance, training and procurement of equipment. 84 of these laboratories are now fully operational with an additional 24 performing minimal laboratory support. Technical assistance is routinely provided to support laboratory needs including additional ART sites (both static and outreach).

- **PCR laboratory:** The DNA/PCR laboratory at Arthur Davison Children's Hospital (ADCH) which was developed with the aim of increasing access to early infant diagnosis of HIV continues to function well. The laboratory serves as a referral center for the five ZPCT II supported provinces. The ADCH PCR

laboratory continued to access DNA PCR laboratory consumables through the national system. During the quarter, there were no shortages experienced in the supply of reagents and PCR consumables from MSL.

As an ongoing activity, ZPCT II continued to expand specimen referral system to transport dry blood spot samples (DBS) from health facilities offering maternal, neonatal and child health (MNCH) services in the five target provinces to the HIV DNA PCR laboratory at ADCH. Samples are being batched at the district hubs and transported by express mail service (EMS) operated by the Zambia postal service to the laboratory in Ndola. During this quarter, all five provinces continued to send in DBS specimens for analysis.

This quarter, a total of 3,785 DBS specimens were received from 199 facilities (51 are non ZPCT supported) in 39 districts in the five provinces. A total of 3708 were tested of which 425 were positive.

A total of 3,215 infants had DBS for HIV DNA PCR testing done from 146 ZPCT II supported facilities in 38 districts in the five provinces. A total of 3174 were tested of which 371 were positive.

ZPCT II continued to provide technical assistance to focal persons to ensure proper DBS collection, packaging and transportation of the specimens to the testing center.

- Improved turn around time for PCR results

One of the challenges in the implementation of the early infant diagnosis of HIV has been long turn around time for PCR results and access to DBS blood collection kits from MSL. To address this issue, ZPCT II, in collaboration with the MoH, CHAI and UNICEF, has begun to implement the pilot of using the Short Message System (SMS) technology for sending HIV DNA PCR results to facilities during this quarter. The SMS printer technology pilot program was successfully launched in February 2010 by CHAI, through MoH, at five ZPCT II supported facilities in Central, Copperbelt and Northern Provinces (Mahatma Gandhi Memorial Clinic in Kabwe District, Kabundi East and Chawama Clinics in Chingola District, and Kasama General Hospital and Location Health Centre in Kasama District). Preliminary results indicate that the system is working well and the turn-around-time for results has been reduced to less than three days. The pilot program will be extended to an additional five facilities, pending assessment of the first phase.

- Shortage of DBS blood collection bundles

Shortages of DBS bundles continued during the quarter in various facilities. Despite stocks being available at MSL, challenges are being faced in the implementation of the new revised ordering system for the kits that is centralized at district level because of the prolonged time for approval of the orders by MOH which then results in delays to the Logistics Management Unit (LMU) at Medical Stores Limited (MSL). This in turn results in orders not being honored by MSL and ultimately non-delivery of the commodities at the district office. Other challenges include delays by facility staff in making the orders and occasionally lapses in the MSL delivery cycle. ZPCT II continues to follow up, both centrally with MOH and at district and facility levels and to provide technical assistance and mentoring in the implementation of this new system.

- Specimen referral: Technical assistance in laboratory services continued to be provided to all ZPCT II supported health facilities throughout the five target provinces. The system is functional with 148 health facilities referring specimens to 57 facilities with CD4 equipment across 35 districts. ZPCT II continued to monitor the usefulness and quality, as well as to strengthen the specimen referral systems. ART sites without CD4 equipment, as well as the outreach sites, also refer specimens to the nearest facility with CD4 equipment. Specimens for baseline and monitoring investigations, chemistry and hematology analysis, are also being referred. The main challenge faced this quarter was the absence of motorbike riders. ZPCT II is addressing this by exploring the possibility of training additional riders in the affected districts to try and alleviate the problem. In addition, other challenges noted were interrupted equipment functionality, inadequate staffing at referral laboratories, and in some places incorrect implementation of the motorcycle policy by MoH staff e.g. not recording appropriately on the log sheets and delays in

submitting fuel reimbursements. ZPCT II continued to address these issues to maintain an effective referral system

- Internal quality control: During this quarter, ZPCT II continued to provide technical assistance with significant emphasis on supporting internal quality control (IQC) procedures. To strengthen the use of the internal quality control forms, priority has been given to the JICA/MOH model for IQC documentation by the Strengthening Laboratory Management Toward Accreditation (SLMTA) Zambia training team. In the next three months, improvement projects designed to enforce the use of these forms will be embarked on and the major thrust will be to ensure that data is entered, supervisor and manager review is indicated and that all corrective actions are documented. This weakness has been identified across all facilities nationwide and ZPCT II will continue to provide focused technical assistance in this area. However, specific focus will be given to 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. To verify adherence to the emphasized practices, the SLMTA team will be conducting site visits and the co-operating partners in the provinces will also provide some form of monitoring to ensure the new practices are adhered to.
- External quality assurance: The HIV external quality assurance (EQA) program which was piloted recently has not yet been rolled out. Following dissemination of the results to partners last quarter, it was observed that the technical expertise of non trained staff may have been challenged with reconstitution of the tubes and subsequent testing. Therefore, further guidance on the way forward is being awaited from MOH. Discussions are ongoing to decide on the status of the reconstitution of the vials. Once this has been finalized and a less technical method of reconstitution is agreed upon, the performance of supported facilities will be better assessed.

National external quality assurance programs last quarter was extended to CD4 testing with the launch of the National CD4 EQA program. This EQA program is being implemented in conjunction with the United Kingdom National External Quality Assurance System (UKNEQAS) with the virology laboratory at UTH serving as the local reference and coordination laboratory. 18 ZPCT II sites from 17 districts in five provinces received the panels during the pilot. Preliminary results have been unofficially released and there is an indication of poor performance in some sites across the nation. The reference laboratory has advised that before investigations are conducted on the poor performance of some of the facilities, official dissemination of results will have to take place. This activity is pending clearance from MoH but it is tentatively scheduled for the next quarter.

The ADCH PCR laboratory is currently working very closely with the MoH University Teaching Hospital (UTH) and the Centre for Infectious Disease Research in Zambia (CIDRZ) laboratory to facilitate the new designed system for inter-laboratory quality assurance. This inter-laboratory quality assurance system is designed to provide in country checks on the quality of DBS testing services as provided by the three testing laboratories. The first samples were shipped from ADCH PCR laboratory in December 2009, and tested in January 2010 at UTH and CIDRZ PCR laboratories. Both laboratories scored 100% success.

The PCR laboratory is enrolled in the CDC Proficiency Testing External Quality Assurance (EQA) Program. Under this program, the CDC supplies participating laboratories with external control DBS specimens included in every run with the Roche controls. Ten DBS specimens with unknown HIV status are also sent with every batch and when tested, the results are submitted back to CDC for evaluation. The laboratory has taken part in seven proficiency tests under the CDC so far, of which it has scored 100% success in five, 80% success in one, and results for the last tests performed in February 2010 are still pending.

- Commodity management: ZPCT II continues to provide technical assistance to improve commodity management systems for laboratory services in all its supported health facilities. Technical assistance in this area focuses on quantification, timely ordering and storage of commodities. The challenges previously experienced as a result of the transition from the old to the new national approved HIV test kits logistics management system have not been so big during the quarter and the situation with the supply of the commodities has continued to improve this quarter. In addition, the new national approved Laboratory Commodities Logistics System has been rolled out across the country. SCMS

conducted additional mop-up trainings to finalize the roll-out this quarter. ZPCT II has supported the implementation of the system in its sites and so far, no major challenges have been noted.

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 reviewed SOPs, together with the revised safety manual, QA guidelines and the SOP for the use of IQC documentation which were printed by MOH/CDC have been distributed nationwide during the quarter.

- The laboratory services QA/QI tools continue to be administered at ZPCT II supported sites. Implementation of the tools plays a key role in monitoring the quality and sustainability of services as well as building capacity within health facilities and DMOs. These results are shared with the DMOs in order to encourage them to place appropriate staff at affected facilities. The laboratory services QA/QI tools are currently under consideration for adoption by the MoH as the national pharmacy tools along with the QA/QI tools developed by ZPCT II.
- Equipment and reagents: As an ongoing activity, ZPCT II actively follows up on the status of laboratory equipment in its supported sites. Equipment functionality is essential in the provision of uninterrupted quality services. 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*.
- Accreditation of laboratories: In line with WHO-AFRO requirements laboratory accreditation activities have commenced. During the quarter, four national focal persons were trained as trainers in SLMTA, including one ZPCT II staff and have since rolled out the first round of training to laboratory managers. Two SLMTA trainings were conducted this quarter at which 37 participants were trained. These were drawn from all the nine provinces and the training was supported by CDC and the American Association for Public Health Laboratories (APHL). However, five facilities have been earmarked for the first round of accreditation, namely the University Teaching Hospital (UTH), Maina Soko Military Hospital, The Centre for Infectious Disease Research in Zambia (CIDRZ) Central Laboratory, Ndola Central and Kitwe Central Hospitals. The Kitwe and Ndola Central Hospitals are ZPCT II supported sites and will receive support towards the laboratory accreditation.

To build capacity of ZPCT II laboratory technical officers providing technical assistance to these two sites, two staff were trained in the SLMTA trainings this quarter. This was done to prepare them for improvement projects earmarked for Kitwe and Ndola Central Hospital laboratories which ZPCT II supports. Specific improvement projects have been identified and will constitute the initial assignments for corrective action in getting these laboratories to WHO accreditation status.

Pharmacy Services

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: ZPCT II provided technical support to 74 ART sites on the use of the updated 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 this quarter, ZPCT II continued to participate in the pilot exercise to test the SmartCare integrated ARTServ dispensing tool. Seven sites including three ZPCT II supported sites (Liteta, Kabwe Mine and Kabwe General Hospitals) participated in the pilot. ZPCT II took part in assessing the seven pilot facilities and a detailed report will be availed by USAID Deliver next quarter. In addition, a TOT for SmartCare with a focus on the dispensing and logistics module was held in Siavonga in support of this activity during this quarter. Five ZPCT II staff participated in the training and will be required to provide support to ZPCT II supported facilities once the roll-out of the system commences. Two trainings have been scheduled thereafter to train staff from the districts. This exercise is being done in collaboration with the CDC and JSI.

- Commodity management: Technical assistance visits continue to strengthen commodity management systems in facilities offering ART services. Guidance continues to be provided on improving stores

management including 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 continued to be 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. Last quarter, the logistics system for essential drugs and supplies which was designed by SCMS was piloted in 24 districts nationwide. During this quarter, an evaluation was conducted in all 252 facilities and a report is yet to be submitted by USAID/Deliver project. It is anticipated that a re-design of the system will follow to address outcomes from the evaluation, and then with plans for national roll-out will be put in action.

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

- Good pharmacy practice: Routine technical assistance visits continued to be conducted during 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 continues to collaborate with the pharmacovigilance unit of the pharmaceutical regulatory authority (PRA) to ensure that the pharmacovigilance program is implemented in its support sites. Last quarter, at the request of the PRA, ZPCT II printed additional copies of the registers and IEC materials, in support of the program. Final guidance is still awaited from the PRA on recipient facilities of these materials. Once this is provided, ZPCT II will support the distribution of the materials and orientation of facility staff in ZPCT II supported facilities.
- Data management and supply chain: Technical assistance continued to address non submission of returns and data which contribute to shortages of critical supplies and stock-outs. The concept of the report and requisition (R&R) continues to be emphasized at the facilities. During this quarter, few facilities encountered problems in accessing selected supplies as in the last quarter. ZPCT II continued to explore innovative ways to address these problems and to put measures in place to ensure that affected facilities do not continue to experience these stock-outs which adversely affect service delivery.
- RUTF program: As an ongoing activity, ZPCT II continued to coordinate the MOH/CHAI collaboration 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. Records are maintained well, enrollment criteria are being followed and monthly reports are submitted to MOH and CHAI. ZPCT II continued to collaborate with MOH and other stakeholders to address issues around ensuring uninterrupted supplies of the commodity to the facilities. During the quarter, MSL continued to distribute the Plumpy Nut. Seven of the ten ZPCT II supported sites implementing the program received RUTF this quarter. During this quarter, 1,199 children were enrolled on the programme, making the cumulative figure of children benefitting from nutrition supplementation to 5,148. The benefits of nutrition supplementation continue to be noted in their therapeutic outcomes as seen in the records of children graduating from this program. In view of the newly released WHO recommendations for PMTCT, infant feeding, and ART, the finalization of the new revised RUTF registers and guidelines remains to be on hold pending completion of the integrated management of acute malnutrition (IMAM) guidelines. Progress on the Integrated Management of Acute Malnutrition/Community Management of Malnutrition guidelines as of the 4th of March TWG meeting: VALID Zambia, with the support from UNICEF edited the guidelines. The document has since been submitted to MoH for approval. Two weeks was given to MoH to finalize the document in readiness for printing. The TWG has also been tasked to develop an advocacy paper on inclusion of RUTF in the national supply chain.

Guidelines and SOPs: ZPCT II distributed and promoted the use of the Zambia ART pharmacy SOPs to the facilities and provided technical assistance to ensure that services were provided according to the guidelines and SOPs. During this quarter, ZPCT II hosted two meetings to support this activity. The first was held early in the quarter at which consensus was reached to

outline the process for review and the second was held later in the quarter at which the actual review process of the document was carried out. A final review of the proposed changes and consolidation of all inputs from the team is currently underway and after a meeting scheduled for early next quarter, a final draft will be compiled for submission to the MOH for approval. 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. Implementation of the tools plays a key role in monitoring the quality and sustainability of services, as well as building capacity within health facilities and DHOs. These results continue to be shared with the DHOs in order to encourage them to place appropriate staff at affected facilities. The pharmacy services QA/QI tools are currently under consideration for adoption by the MOH as the national pharmacy tools along with the QA/QI tools developed by ZPCT II.

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

Trainings

During this quarter, facility and community-based health workers from ZPCT II health facilities attended courses in basic CT (40 HCWs and 39 lay counselors), CT refresher (33 HCWs), child counseling (29 HCWs and 58 lay counselors), couple counseling (20 HCWs and 40 lay counselors), CT supervision (24 HCWs and 11 lay counselors), and youth CT (16 HCWs and 99 lay counselors). In addition, 330 health care workers were trained in PMTCT, 125 lay counselors in PMTCT, and 176 HCWs underwent refresher training in PMTCT.

ZPCT II also trained 51 HCWs in ART/OI from Copperbelt Province. In addition, 53 HCWs from Central and Luapula provinces were trained in ART/OIs refresher, while, 70 HCWs were trained in paediatric ART from Luapula, North-western and Copperbelt Provinces. 24 HCWs were trained in ART/OI through in-house training at Arthur Davison Children's Hospital (ADCH) in Ndola. During this reporting period, 71 HCWs were trained in MC (male circumcision) from Luapula, North-western, Central and Northern provinces. A one-day module on monitoring and evaluation was included in the CT, PMTCT and ART/OI courses; 585 HCWs participated in this one day orientation.

There were 95 HCWs were trained in family planning through four trainings from Copperbelt, Northern and North Western Provinces. In an effort to strengthen the capacity of HCWs in collection, storage and transportation of dry blood spot, ZPCT II trained 20 HCWs from Northern and North Western Provinces. ZPCT II also trained 79 HCWs in commodity management and 53 HCWs in equipment use and maintenance in the supported facilities.

In addition, 90 health care workers were trained in adherence counseling, and 116 community cadres were trained in adherence support work from Central, Northern, North Western and Copperbelt Provinces.

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

2.3: Engage community/faith-based groups

During this reporting period, ZPCT II completed distribution of 80 Zambulances to communities in catchment areas with ZPCT II supported facilities. Twenty will be distributed next quarter. The Zambulances will be used by communities as transportation for expectant mothers to the nearest delivery centers. This is part of PMTCT strategy to promote and encourage deliveries at the health facilities.

Mobile CT:

This quarter, ZPCT II collaborated with health facility staff and community groups to encourage community members to access HIV/AIDS services during Women's and Youth Days by conducting mobile CT in various locations of ZPCT II supported facilities. A total of 2,210 adults and 44 children

were counseled and tested. All the clients received their results on the same day, and those testing positive (148 adults and 0 children) were referred for CD4 testing and further care.

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

Community-based Health Workers

ZPCT II continues to provide support for 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, ZPCT II has a total number of 1,201 community-based health worker volunteers (441 lay counselors, 322 PMTCT counselors, and 438 adherence support workers) deployed and active in the five provinces. Each community-based volunteer is provided K150,000 per month as transport reimbursement.

CARE Zambia is reviewing the mechanism of making payments to the volunteers simpler as it is being transitioned from FHI to CARE Zambia management under ZPCT II. Alternatives such as an automated mechanism are being considered.

During this reporting period, 80 lay counselors (51 males and 29 females) were trained in youth CT, 12 lay counselors (5 males and 7 females) already trained in basic CT were trained in CT supervision, and 93 adherence support workers (49 males and 44 females) were trained in adherence counseling.

Referral Networks

ZPCT II continued to collaborate with the PMOs, DMOs, District Aids Task Force (DATFs), and other partners in all the five provinces to establish and strengthen district wide referral networks where they are non-existent. During the reporting period, 11 districts conducted referral network meetings. Currently, ZPCT II has 32 fully functional referral networks, with seven other at different stages. This quarter, the development of new mapping guidelines was done and it is expected that in the coming quarter mapping in the remaining seven districts will be completed. The purpose of the referral networks is to increase access of comprehensive HIV care and support services and to facilitate the systematic and formal linking of HIV/AIDS related services to ensure that clients access available services.

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*

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

This quarter, a gender consultant was hired and worked with ZPCT II to conduct a gender assessment in the context of HIV/AIDS. Next quarter ZPCT II will develop a gender strategy which it will use to mainstream gender activities into all program areas of its work. The strategy will be shared with Ministry of Health and other key stakeholders.

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 developed the capacity building strategy working document which was submitted to MoH and is still awaiting review.

This quarter, the capacity building team conducted a pilot management capacity building assessment in the Northern Province targeting the Provincial Medical Office, six District Medical Offices in Kasama, Mpika, Mporokoso, Chinsali, Nakonde and Isoka. The team also conducted assessments at select three ZPCT II-supported health centers; Location Urban Health Center (Kasama), Mpepo Rural Health Center (Mpika) Kasoka Health Centre and proposed Kalunga Rural Health Centre (Isoka).

During the assessments the team familiarized itself with the operations of the PMO, DMOs and health centers. A guide questionnaire was used to carry out capacity building interviews and discussions with key

personnel. The assessment findings will be used for verification of profiling information for PMOs, DMOs and health centers, developing interventions and targeted trainings and the subsequent modification of the organization capacity assessment tool.

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

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

ZPCT II conducted initial rapid assessments in ten privately owned health facilities in the Copperbelt and North Western provinces and identified six for potential partnering with ZPCT II. Six MOUs are being developed and will be signed next quarter. Implementation of identified technical support will also commence next quarter.

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 continued to provide technical support towards service integration with other partners. During this quarter, ZPCT II signed MOUs with Ndola Diocese (RAPIDS) and Mpatamatu Home Based Care for ART community outreach. The MOUs incorporate support by Ndola DMO, Kitwe DMO and Luanshya DMO who provide outreach clinical staff, drugs and laboratory services in health facilities under the DMOs

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

Monitoring and Evaluation (M&E)

The ZPCT II Strategic Information (SI) unit provided technical support to MoH aimed at strengthening systems for M&E of HIV/AIDS programs including capacity building in data audits, data collection/reporting and SmartCare data quality assessments at supported sites. Through the use of a data quality reporting tool (DQR), the SI team assisted supported sites to make updates and/or make corrections on clinical care data already entered into the SmartCare system which was found to be incomplete or wrongly captured. Further, SI unit staff worked with SmartCare programmers to check the validity of selected indicators on the customized ZPCT II summary reports panel. This task was completed and an upgrade has since been sent to the field offices for installation.

ZPCT II SI staff conducted a data audit in 40% of the supported sites covering the period October, 2009 to February, 2010. The audit was conducted in conjunction with the MoH district health information officers and data management specialists as part of ZPCT II's capacity building activities. In addition, two new ZPCT II SI unit staff were also oriented on how to conduct the ZPCT II M&E data audits by their senior counterparts.

During this period, the SI unit in collaboration with ART/clinical care unit developed draft male circumcision data collection tools to be used for collecting male circumcision (MC) data. Further, the unit finalized and deployed guidelines and data collection forms which included new generation PEPFAR indicators to field offices. The SI team also worked on a set of indicators for new ZPCT II program elements which will be operationalized in the field in the next quarter.

Summary M&E Activities in the Quarter:

- USAID data quality audit: During this reporting period, the USG SI team conducted a data quality audit in seven of the ZPCT II supported sites. Five of the sites where the data audit was done were in the Copperbelt Province while the other two were from Northern Province. The audit was successfully conducted and the M&E unit is already working on the identified gaps to enhance the ZPCT II M&E system.

- SmartCare: During this quarter, out of the 116 ZPCT II supported ART sites that independently report results, 96 have SmartCare running, 53 have since sent databases to Lusaka office for merging and 20 are determined to be ready to start using the system for reporting.
- Short Message System (SMS) technology: During this quarter, ZPCT II collaborated with CHAI/MoH in setting up the SMS printers at pilot sites in Copperbelt, Central and Northern Provinces. The system is so far working well
- Next generation PEPFAR indicators: ZPCT II rolled out these indicators to the field for commencement of data collection. In addition, ZPCT II is also working at finalizing the indicators for the new program elements whose data collection tools are due to be sent to the field in the next quarter.
- Data Audit: between 15-27 March, SI unit conducted a data audit for a number of selected sites covering about 40% of the ZPCT II supported sites.

Quality Assurance and Quality Improvement (QA/QI)

ZPCT II continues to participate in Ministry of Health (MoH) national level quality improvement (QI) activities. This quarter, technical support was provided to the Medical Council of Zambia (MCZ) ART-site Accreditation Program as an implementing partner. ZPCT II participated in two national level committees namely the ART-Accreditation Expert Panel Committee and the ART Accreditation Consultative Committee alongside other partners. Technical support and collaboration with MoH was also provided under the national Male Circumcision (MC) QA/QI and Training Sub-Committee of which ZPCT II remains an active member.

The SI Unit (QA/QI) has been steering the development of a concept paper based on the positive results of the ZPCT QA/QI tools and prepared for MoH to develop one standardized national HIV QA/QI Tool. The concept paper was finalized by ZPCT this quarter and submitted to MoH for action.

ZPCT II also compiled into one working document the draft updated QA/QI tools, district graduation criteria and procedures manual incorporating new program elements. It is now pending final review by technical units being a cross cutting document incorporating all technical areas.

The SI unit (QA/QI) provided technical support to the technical unit in Lusaka towards developing comprehensive packages for quality chronic HIV care, and PwP alongside ART/Clinical Care, CT/PMTCT and Laboratory/ Pharmacy technical units.

Administration of QA/QI Tools

QA/QI tools are used to assess quality gaps between actual services provided in health facilities and national standards. They also provide a basis for developing QI initiatives at all levels (facility, district, province, national) focusing on problems identified.

ART/clinical care tools: ART provider and facility checklists (ART QA/QI Tools) were administered in 74 ART sites. ZPCT II provided facility staff with support in developing action plans to target quality problems identified.

Challenges persist towards providing quality ART services and HIV care. This quarter, gaps identified were facility providers inconsistently assessing critical immunological (CD4), liver function (ALT, AST) and kidney functions (Creatinine tests) of patients particularly at baseline. Multiple reasons were given for this including unavailability of tests due to stock-out of reagents, laboratory equipment breakdown and inefficiencies in the functioning of the sample referral system. In addition, growing numbers of patients enrolled into care has begun to put a strain on the limited capacity of existing CD4 machines available to run regular six monthly immunological monitoring tests outlined in the national ART guidelines. Priority tends to be given to patients initiating ART as a result such that long term ART patients do not have routine immunological monitoring. Providers and HCW continue to be mentored by ZPCT II technical officers on standard operating procedures and protocols for HIV and ART patient management. Facility HCW are also supported in planning and conducting regular ART clinical case review meetings where this activity was not being conducted. Other quality problems identified were lack of pharmaco-vigilance registers in ART sites. Ongoing TA to both the clinical staff as well as the lab staff will be provided to address the specific issues and monitoring progress through the QA/QI tools

There continues to be a lack of QA/QI committees in several facilities. These committees are key in driving QA/QI activities, utilizing QA/QI tool results for decision making, and pursuing remedial actions for problems identified through the QA/QI tools. ZPCT II staff continue to provide technical assistance, orientation and updates to MoH staff in supported facilities, DMOs and PMOs on operationalizing the QA/QI system.

PMTCT/CT: CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection QA tools were administered in 193 supported facilities to assess the quality of CT/PMTCT services provided. These QA tools assess adherence to national CT/PMTCT guidelines, protocols, staff capacity, service organization, patient record management and commodity management.

Several difficulties in providing quality CT and PMTCT services were outlined. Some facilities experienced stock outs of HIV test kits due to erratic supply available from MoH central stores, poor facility staff capacity in logistics management including poor ordering practices. Remedial actions planned are mentoring and training HCW on logistics management in affected facilities. Facilities with no CD4 machine on site were unable to routinely collect blood from HIV positive pregnant women at the same time that they were provided their HIV result. Reasons included limitations in the number of CD4 samples allocated per facility within the sample referral system and poor transport logistics for samples to be ferried. Facilities were unable to consistently conduct HIV-test quality control (QC) activity to re-test 10% of all samples. Constraints included poor transport logistics to ferry QC samples and unavailability of HCW to draw required blood samples from clients seen by lay-counselors. Peer-to-peer QC was encouraged and HCW mentored with discussions on how each facility could carry out the QC activity. Regular monthly counselor supervision and monthly meetings were not consistently conducted at several facilities. Reasons included shortage of counselor supervisors, staff transfers, long distances between facilities with transport constraints preventing MoH supervisors from sustaining this activity. Trainings for counselor supervisors are planned to increase the critical mass.

Laboratory infrastructure: Laboratory QA tool was administered in 47 facility laboratories. Areas assessed included availability and use of standard operating procedures and guidelines, laboratory safety and space, record management, equipment and quality control, and the sample referral system.

Several challenges emerged in providing quality laboratory services. Stock out of laboratory reagents for chemistry tests such as Creatinine and liver function tests and breakdown of laboratory equipment were experienced. This disrupted ability for patient laboratory investigations to be conducted during the ART clinics as well as immunological (CD4) assessment for CT and PMTCT clients testing HIV positive. Other problems outlined were lack of accident occurrence reporting books in some facility laboratories for which ZPCT staff planned to provide stationary and hard cover books for HCW to use. Several laboratories still had no functional EQAS/ IQC systems and reporting in place. Technical staff continued to mentor and update HCW on EQAS/ IQC activities and assist in rolling-out the MoH EQAS system. A few laboratories still required first aid boxes and fire fighting equipment. HCW were advised to make provisional first aid boxes and fire safety tools e.g. sand boxes, while arrangements were being made to procure them.

Pharmacy: Pharmacy QA tool was administered in 55 health facility pharmacies. This included- pharmacy bulk store tool, dispensing and medication tool, and pharmacy records tool. Areas assessed were adequacy of space, security, pharmacy and bulk store organization, dispensing practices, stocks and commodity practices and supplies.

A number of challenges were identified this quarter. Inadequate space for ART in several sites due to growing patient numbers and demand was noted. District and Provincial health offices would be approached to plan how sites could be expanded and room created. Drug utilization studies and regular physical stock counts were not routinely being conducted. HCW mentorship was planned to address these areas. Unavailability of reference documents, adverse drug reaction forms and break-down of pharmacy computers preventing electronic filing of ART records was reported in some sites. Remedial actions planned are to support the relevant boards to provide these materials, and repairs on computers to enable electronic record keeping to continue. Air conditioners in a few pharmacies were non functional and required servicing.

Monitoring and Evaluation (M&E): The M&E QA tool assesses record keeping and information management in supported facilities. This QA tool was administered in 163 facilities.

Challenges faced in achieving good record keeping and data management were unavailability of lockable cabinets in a few sites because of patient number increases, including need for further record storage facilities; need for new client registers (CT) in sites where old registers had been completely filled. ZPCT staff and data entry clerks continue to provide technical support to HCWs in accurate record management.

District Graduation and Sustainability Plan

Kabwe and Mwinilunga districts in Central and North Western provinces respectively have been earmarked for graduation by May 2010. They have been receiving focused technical support to ensure they meet criteria for district graduation.

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

KEY ISSUES AND CHALLENGES

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

Staff shortages have persisted in some of the supported facilities and continued to hamper service provision. However, ZPCT II continued to provide limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services as well as training more community cadres in PMTCT. ZPCT II continues to train and orient new health facility staff in the technical strategies and activities in order to maintain/sustain the achievements in provision of HIV/AIDS services. The trained community cadres are supplementing the efforts of HCWs in providing services in CT, PMTCT, adherence counseling.

➤ **CD4 sample referral and laboratory maintenance**

During the reporting period, this continues to be a challenge in some provincial districts due to the following reasons:

- As in the last quarter, lack of motorbike riders continued in districts such as Chingola and Mufulira Districts in the Copperbelt, and Muyombe in Northern Province. ZPCT II continues to lobby the DMOs to ensure that more motorbike riders are trained.
- In some provinces the allocated fuel for use in motorbikes appears insufficient to facilitate sample referral for a month because of the long distances being covered in rural areas. This is being reviewed by ZPCT II with a view to adjusting upward the current allocation.
- Delays in the delivery of motorbikes has also affected implementation of the sample referral system especially in new sites. The motorbikes which were donated by UNICEF had to go through a process of clearing, registration and licensing before being dispatched. The new motorbikes will be distributed to the provinces in the next quarter.
- Several CD4 count machines at various health facilities were reported to have broken down during this quarter while some facilities had reagent stock outs. This negatively affected delivery of quality HIV care and ART services. While most of the equipment breakdowns are quickly resolved (see Annex C for details), in order to address the reagent stock-outs, facilities have been encouraged to communicate with the laboratory commodities focal person at MSL for verification of stock status because conflicting reports are being received. With the increase in clients enrolled into care and ART services, there is need to match this with timely access to CD4 testing. ZPCT II received ten additional FacsCount machines and these will be placed in selected ART sites with laboratory capacity during next quarter. In addition ZPCT II continues to provide mentoring on forecasting and quantification to ensure uninterrupted supplies of reagents.
- Routine preventive maintenance of diagnostic equipment is an issue and is still not being done consistently even with MoH vendor contracts in place. This results in frequent equipment breakdowns thereby interrupting laboratory testing in the facilities. The department of laboratory services at the MoH continues to pursue concrete written service contracts with vendors Biogroup and The Scientific Group and to follow up with Becton Dickinson on the

running of their signed contract. In addition, ZPCT II continues collaboration with the vendors/suppliers (Biogroup, BD and Scientific Group, SG) to ensure service schedules are adhered to and responses to call-outs for repairs are timely.

➤ **Early infant diagnosis**

- Despite the efforts made by ZPCT II to redistribute DBS kits from low use facilities with excess stocks, the stock levels of DBS bundles are insufficient in some supported facilities. ZPCT II continued to work in collaboration with the DMOs and laboratory coordinators to facilitate ordering of DBS bundles from MSL.
- The quality of DBS specimens received at the laboratory continued to improve.

➤ **Commodity stock outs**

- Few facilities experienced stock outs of HIV test kits this quarter. Supply Chain Management Systems conducted mop up training for laboratory personnel not trained during this quarter. A general improvement in the supply of test kits was noted. However, where stock-outs were experienced, service delivery was affected negatively. ZPCT II staff continued working closely with facility staff and conducted onsite training in logistics management in order to provide staff with skills in forecasting and ordering of commodities to avoid stock outs.
- Inconsistencies in the transport system at MSL combined with delays in orders from the districts continued to pose challenges for timely delivery and availability of commodities. In order to address these issues, facility staff are encouraged to advise the Lusaka office on order status and possibly send a copy of the order to facilitate follow-up with MSL. In addition, in order to ensure uninterrupted supply of commodities and uninterrupted service delivery, ZPCT II continued to actively participate in national level forecasting and quantification activities.

➤ **Inadequate space for child CT**

- Some of the supported facilities do not have additional that could be used for child CT services. ZPCT II is engaging the DMOs and management at affected facilities explore other alternatives to accommodate child CT services, such as co-sharing of rooms between facility services.

➤ **Poor male involvement**

- Although some of the supported facilities have recorded improvements in male involvement in PMTCT services, it has remained low in some of the supported facilities, especially the urban settings. In an effort to strengthen male involvement, ZPCT II is working in collaboration with community partners to sensitize the communities on male involvement. PMTCT service providers also continue to promote and strengthen male involvement in PMTCT services by involving the neighborhood health committees (NHC) traditional and other community leaders.

➤ **Male circumcision services**

- There have been a number of challenges in the implementation of services including inadequate equipment (MC sets) and consumables such as lignocaine and appropriate sutures not being available from Medical Stores Limited (MSL). This has slowed demand creation activities because of the fear facilities will not be able to provide the service. ZPCT II is working to resolve this.

➤ **Accreditation of ART sites**

- ART sites that did not attain accreditation faced challenges in the following domains, including; guidelines, standard operating procedures and QA systems, laboratory capacity, human resource and continuing professional development, pharmaceuticals and logistics management systems. ZPCT II is working out measures to address the gaps in the respective domains to ensure that the sites due for re-assessments are accredited during the planned next round of the exercise. In addressing these challenges, ZPCT II distributed printed copies of all the required mandatory documents (i.e. guidelines) to all ART sites.

➤ **Monitoring and evaluation**

- ZPCT II staff have continued to report instances where some clinicians are not completing SmartCare forms. The reason most cited is that they are too busy to spend more time completing

the forms rather than attending too many clients. To resolve this, ZPCT II M&E and clinical care staff continue to train/orient and mentor health personnel in SmartCare use.

➤ **Quality assurance and quality improvement**

- Delays in the MOH’s schedule to finalize quality improvement reference materials for health care workers (HCW) and managers has resulted in a slow impetus towards institutionalization of QA/QI activities within the health system. This presents a challenge in ensuring HCW adequately conduct QA/QI tasks outlined. Upcoming revisions of national MoH ART guidelines in line with newly released WHO recommendations in November 2009 are still pending. This means that finalization of updated QA/QI ART tools can only be completed once the national MoH guidelines have been finalized.

V. TRAVEL/TDY FOR THIS QUARTER (January-March 2010)

During this quarter, there were regional/international travels for ZPCT II staff as follows:

- ZPCT II technical staff (Mushota Kabaso and Patrick Katayamoyo) attended the FHI ART cohort analysis planning meeting in Nairobi, Kenya, in March 2010
- Three ZPCT II IT staff attended an advanced Vsat installation training conducted in Nairobi, Kenya from March 8 –11, 2010. The staff are Mutale Moyo, Chilufya Musosha, and Akamunwa Musole

Technical support was provided as follows:

- Kwasi Torpey, FHI Regional Technical Advisor provided technical support to the ZPCT II technical team
- Maryce Ramsey, SI consultant provided technical support to ZPCT II for the gender assessment and strategy development, in January 2010
- Justin Mandala, FHI PMTCT Senior Technical Advisor provided technical support to ZPCT II, in February 2010

DELIVERABLES FOR THIS QUARTER (January-March 2010)

- SF1034 (Invoice)
- Quarterly financial report for Jan-March 2010

VI. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (April-June, 2010)

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

ZPCT II plans to roll out the signing of the MOUs with each of the five Provincial Medical Offices next quarter.

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

VII. TRAVEL /TDY for this quarter (Jan-March 2010) and next quarter (April-June, 2010)

Travel this Quarter (Jan-March 2010)	Plans for Next Quarter (April- May 2010)
<ul style="list-style-type: none"> ▪ ZPCT II technical staff (Mushota Kabaso and Patrick Katayamoyo) attended the FHI ART cohort analysis planning meeting in Nairobi, Kenya, in March 2010 ▪ Three ZPCT II IT staff attended an advanced Vsat installation training conducted in Nairobi, Kenya 	<ul style="list-style-type: none"> ▪ Andrew Kumwenda will travel to Tanzania for a "Testing and Counseling for PMTCT" meeting ▪ Two staff to attend the HIV INTEREST meeting in Mozambique ▪ Six program and finance staff will attend the

<p>from March 8 – 11, 2010. The staff are Mutale Moyo, Chilufya Musosha, and Akamunwa Musole</p> <ul style="list-style-type: none"> ▪ Kwasi Torpey, FHI Regional Technical Advisor, traveled to provide technical support to the ZPCT II technical team ▪ Maryce Ramsey, SI consultant traveled to provide technical support to ZPCT II for the gender assessment and strategy development, in January 2010 ▪ Justin Mandala, FHI PMTCT Senior Technical Advisor traveled to provide technical support to ZPCT II, in February 2010 	<p>Operations Support/International Program Management Training in Nairobi</p> <ul style="list-style-type: none"> ▪ Deputy COP and dependent on R&R to the US, in May
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VIII. ANNEXES

Annex A: 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 A: ZPCT II Project Achievements 1 August 2009 to 31 March 2010

Objective	Indicator	Life of project (LOP)		Workplan		Quarterly Achievements Jan 10-Mar 10
		Targets	Achievements Aug 09 – Mar 10	Targets Aug 09-May 10	Achievements Aug 09-Mar 10	
<i>1.1 Counseling and Testing (Projections from ZPCT service statistics)</i>						
	Service outlets providing CT according to national or international standards	370	271	271	271	271
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000 ³	312,183	118,333	312,183	129,583
	Individuals trained in CT according to national or international standards	2,316	318	520	318	162
<i>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</i>						
	Service outlets providing the minimum package of PMTCT services	359	262	262	262	262
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	103,261	94,167	103,261	41,456
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	14,146	11,214	14,146	5,260
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	839	1,150	839	506
<i>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</i>						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	271	271	271

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

	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ⁴	560,000	143,680	90,000	143,680	141,452
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,823	10,000	10,823	10,636
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	391	600	391	198
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	271	271	271
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	3,328	2,667	3,328	1,220
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	391	600	391	198
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	3,799	4,683	3,799	1,337
	Service outlets providing ART	130	116	121	116	116
	Individuals newly initiating on ART during the reporting period	115,250	20,095	19,167	20,095	7,826
	Pediatrics newly initiating on ART during the reporting period	11,250	1,713	1,667	1,713	706
	Individuals receiving ART at the end of the period	146,000	102,164	79,732	102,164	102,164
	Pediatrics receiving ART at the end of the period	11,700	7,199	5,726	7,199	7,199
	Health workers trained to deliver ART services according to national or international standards	3,120	391	600	391	198
1.4 Male Circumcision (ZPCT II projections)						
	Service outlets providing MC services	50	15	16	15	15
	Individuals trained to provide MC services	260	104	100	104	71
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	213	N/A	213	213
2.1 Laboratory Support (Projections from ZPCT service statistics)						

⁴Individuals 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 respective reporting period. The number therefore for this indicator for an Oct -March period will be more than that for a Jan - Mar period because the 6 month period has the added sum of the non-ART sites' data for the months Oct – Dec as per guidance above

	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	84	96	84	84
	Individuals trained in the provision of laboratory-related activities	375	114	80	114	81
	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	702,110	635,500	702,110	285,290
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)						
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	393	506	393	247
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	175	285	175	125
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	141	120	141	116
3 Capacity Building for PHOs and DHOs (ZPCT II projections)						
	Local organizations (PHOs and DHOs) provided with technical assistance for HIV-related institutional capacity building	47		-		
4 Public-Private Partnerships (ZPCT II projections)						
	Private health facilities providing HIV/AIDS services	30		6		

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	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆		◆	
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	8. Chowa HC	Urban		◆	◆	◆		◆	
	9. Railway Surgery HC	Urban		◆	◆	◆		◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆		◆	
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆		◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆ ¹	◆	◆	◆		◆	
	19. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
<i>Serenje</i>	22. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	23. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	24. Chibale RHC	Rural		◆	◆	◆		◆	
	25. Muchinka RHC	Rural		◆	◆	◆		◆	
	26. Kabundi RHC	Rural		◆	◆	◆		◆	
	27. Chalilo RHC	Rural		◆	◆	◆			
	28. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆			
	29. Mulilima RHC	Rural		◆	◆	◆			
<i>Chibombo</i>	30. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	31. Chikobo RHC	Rural		◆	◆	◆		◆	
	32. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆	◆	
	33. Chibombo RHC	Rural		◆	◆	◆		◆	
	34. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	35. Mungule RHC	Rural		◆	◆	◆		◆	
	36. Muswishi RHC	Rural		◆	◆	◆		◆	
	37. Chitanda RHC	Rural		◆	◆	◆		◆	
<i>Kapiri</i>	38. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆		
	39. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆		⊙
	40. Chibwe RHC	Rural		◆	◆	◆			
	41. Lusemfwa RHC	Rural		◆	◆	◆			
	42. Kampumba RHC	Rural	◆ ¹	◆	◆	◆			
	43. Mulungushi RHC	Rural		◆	◆	◆			
	44. Chawama UHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Mposhi</i>	45. Kawama HC	Urban		◆	◆	◆			
	46. Tazara UHC	Rural		◆	◆	◆			
	47. Ndeke UHC	Rural		◆	◆	◆			
	48. Nkole RHC	Rural	◆ ¹	◆	◆	◆			
	49. Chankomo RHC	Rural		◆	◆	◆			
	50. Luansimba RHC	Rural		◆	◆	◆			
	51. Mulungushi University HC	Rural		◆	◆	◆			
	52. Chipeco RHC	Rural		◆	◆	◆			
	53. Waya RHC	Rural	◆ ¹	◆	◆	◆			
	54. Chilumba RHC	Rural		◆	◆	◆			
Totals			23	54	54	54	15	29	6

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

◆ ZPCT II existing services (18 urban & 36 rural facilities)	1 = ART Outreach Site (15)
⊙ MC sites	2 = ART Static Site (8)
⊙ ¹ 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	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	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	◆ ¹	◆	◆	◆		◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. Kavu Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	16. New Masala Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	17. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	18. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	19. Twapia Clinic	Urban	◆ ¹	◆	◆	◆		◆	
<i>Chingola</i>	20. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	21. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	23. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	
	24. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆		
	25. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	26. Kasombe Clinic	Urban		◆	◆	◆			
	27. Mutenda HC	Rural		◆	◆	◆			
<i>Kitwe</i>	28. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	29. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	32. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆		◆	
	34. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆		◆	
	42. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆			
	45. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	47. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
	49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆			
Luanshya	50. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	51. Roan GH	Urban	◆ ²	◆	◆	◆	◆	◆	
	52. Mikomfwa HC	Urban		◆	◆	◆		◆	
	53. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
Mufulira	54. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	55. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	56. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	57. Kansunswa HC	Rural		◆	◆	◆		◆	
	58. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	59. Mokambo Clinic	Rural		◆	◆	◆		◆	
Kalulushi	60. Suburb Clinic	Urban		◆	◆	◆			
	61. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	62. Chambishi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
Chililabombwe	63. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆			
	64. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		
Lufwanyama	65. Lubengele UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	66. Mushingashi RHC	Rural		◆	◆	◆		◆	
	67. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
Mpongwe	68. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	69. Kayenda RHC	Rural		◆	◆	◆			
	70. Mikata RHC	Rural		◆	◆	◆			
Masaiti	71. Ipumba RHC	Rural		◆	◆	◆			
	72. Kashitu RHC	Rural		◆	◆	◆			
	73. Jelemanu RHC	Rural		◆	◆	◆			
	74. Masaiti Boma RHC	Rural		◆	◆	◆			
Totals			42	72	74	74	29	49	

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

◆ ZPCT II existing services (61 urban & 13 rural facilities)	1 = ART Outreach Site (29)
◎ MC sites	2 = ART Static Site (13)
◎ ¹ 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	◆ ²	◆	◆	◆	◆ ³	◆	
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆		◆	
	3. Chipungu RHC	Rural		◆	◆	◆			
<i>Kawambwa</i>	4. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	5. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	6. Kawambwa HC	Rural		◆	◆	◆		◆	
	7. Mushota RHC	Rural		◆	◆	◆		◆	
	8. Munkanta RHC	Rural	◆ ¹	◆	◆	◆			
<i>Mansa</i>	9. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	10. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Central Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	12. Matanda RHC	Rural		◆	◆	◆		◆	
	13. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	14. Buntungwa RHC	Urban		◆	◆	◆		◆	
	15. Chipete RHC	Rural		◆	◆	◆			
	16. Chisembe RHC	Rural		◆	◆	◆			
	17. Chisunka RHC	Rural		◆	◆	◆			
	18. Fimpulu RHC	Rural		◆	◆	◆			
	19. Kabunda RHC	Rural		◆	◆	◆		◆	
	20. Kalaba RHC	Rural		◆	◆	◆		◆	
	21. Kalyongo RHC	Rural		◆	◆	◆			
	22. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	23. Katangwe RHC	Rural		◆	◆	◆		◆	
	24. Kunda Mfumu RHC	Rural		◆	◆	◆			
	25. Luamfumu RHC	Rural		◆	◆	◆		◆	
	26. Mabumba RHC	Rural		◆	◆	◆		◆	
	27. Mano RHC	Rural		◆	◆	◆		◆	
	28. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	29. Mibenge RHC	Rural		◆	◆	◆		◆	
	30. Moloshi RHC	Rural		◆	◆	◆		◆	
	31. Mutiti RHC	Rural		◆	◆	◆			
	32. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	33. Ndoba RHC	Rural		◆	◆	◆		◆	
	34. Nsonga RHC	Rural		◆	◆	◆		◆	
	35. Paul Mambilima RHC	Rural		◆	◆	◆			
	<i>Milenge</i>	36. Mulumbi RHC	Rural		◆	◆	◆		
37. Milenge East 7 RHC		Rural		◆	◆	◆			
38. Kapalala RHC		Rural		◆	◆	◆			
<i>Mwense</i>	39. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³	◆	
	40. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Chibondo RHC	Rural			◆	◆		◆	
	42. Chipili RHC	Rural		◆	◆	◆		◆	
	43. Chisheta RHC	Rural		◆	◆	◆		◆	
	44. Kalundu RHC	Rural			◆	◆		◆	
	45. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	46. Kapamba RHC	Rural		◆	◆	◆		◆	
	47. Kashiba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	48. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	49. Kawama RHC	Rural		◆	◆	◆		◆	
	50. Lubunda RHC	Rural		◆	◆	◆		◆	
	51. Lukwesa RHC	Rural		◆	◆	◆		◆	
	52. Luminu RHC	Rural			◆	◆			
	53. Lupososhi RHC	Rural			◆	◆			
	54. Mubende RHC	Rural		◆	◆	◆			
	55. Mukonshi RHC	Rural		◆	◆	◆			
	56. Mununshi RHC	Rural			◆	◆		◆	
	57. Mupeta RHC	Rural			◆	◆		◆	
	58. Musangu RHC	Rural	◆ ²	◆	◆	◆		◆	
	59. Mutipula RHC	Rural			◆	◆		◆	
60. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆	◆		
<i>Nchelenge</i>	61. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	62. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	63. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	64. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	
	65. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	66. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	67. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	69. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Samfya</i>	71. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	72. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆	◆	
	73. Kasanka RHC	Rural	◆ ¹	◆	◆	◆			
Totals			26	66	73	73	14	41	2

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

◆ ZPCT II existing services (4 urban & 69 rural facilities)	1 = ART Outreach Site (8)
◎ MC sites	2 = ART Static Site (18)
◎ ¹ 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	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban		◆	◆	◆		◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆		◆	
	6. Lukashya RHC	Rural		◆	◆	◆			
	7. Misengo RHC	Rural							
	8. Chiongo RHC	Rural		◆	◆	◆			
	9. Chisanga RHC	Rural		◆	◆	◆			
	10. Mulenga RHC	Rural		◆	◆	◆			
	11. Musa RHC	Rural		◆	◆	◆			
<i>Nakonde</i>	12. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	13. Chilolwa RHC	Rural		◆	◆	◆		◆	
	14. Waitwika RHC	Rural		◆	◆	◆		◆	
	15. Mwenzo RHC	Rural		◆	◆	◆		◆	
	16. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆			
	17. Chozi RHC	Rural		◆	◆	◆			
<i>Mpika</i>	18. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	19. Mpika HC	Urban		◆	◆	◆		◆	
	20. Mpepo RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	21. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	22. Chinsali HC	Urban		◆	◆	◆		◆	
<i>Mbala</i>	23. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	24. Mbala UHC	Urban		◆	◆	◆		◆	
	25. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	26. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆			
<i>Mpulungu</i>	27. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Isoka</i>	28. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	29. Isoka UHC	Urban		◆	◆	◆			
	30. Muyombe	Rural	◆ ¹	◆	◆	◆	◆		
<i>Mporokoso</i>	31. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	32. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆			
<i>Luwingu</i>	33. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆		⊙ ¹
	34. Namukolo Clinic	Urban		◆	◆	◆			
<i>Kaputa</i>	35. Kaputa RHC	Rural	◆ ²	◆	◆	◆			
	36. Nsumbu RHC	Rural		◆	◆	◆			
Totals			18	35	35	35	13	11	6

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

◆ ZPCT II existing services (17 urban & 19 rural facilities)	1 = ART Outreach Site (6)
⊙ MC sites	2 = ART Static Site (11)
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

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	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Meheba D RHC	Rural		◆	◆	◆		◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapigimpanga HC	Rural		◆	◆	◆			
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆			
	11. Lwamala RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	12. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	13. St. Kalembe (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆	◆	
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	16. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	17. Zambezi UHC	Urban			◆	◆		◆	
	18. Mize HC	Rural		◆	◆	◆		◆	
	19. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
<i>Mwinilunga</i>	20. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	21. Kanyihampa HC	Rural		◆	◆	◆		◆	
	22. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆		
	23. Ikelenge RHC	Rural		◆	◆	◆			
	24. Lwawu RHC	Rural		◆	◆	◆			
<i>Mufumbwe</i>	25. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		
	26. Matushi RHC	Rural		◆	◆	◆			
	27. Kashima RHC	Rural		◆	◆	◆			
	28. Mufumbwe Clinic	Rural		◆	◆	◆	◆		
<i>Chavuma</i>	29. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆		◆	
	30. Chivombo RHC	Rural		◆	◆	◆	◆		
	31. Chiingi RHC	Rural		◆	◆	◆			
	32. Lukolwe RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	33. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	34. Nselauke RHC	Rural		◆	◆	◆			
Totals			12	33	34	34	13	12	2

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

◆ ZPCT II existing services (8 urban & 26 rural facilities)	1 = ART Outreach Site (7)
⊙ MC sites	2 = ART Static Site (5)
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

ANNEX C: ZPCT II ART Sites (As of March 31, 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	Mkushi District Hospital
	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. Chambishi Govt Clinic		Outreach	
		33. Chilubuma		Outreach	
		34. Kalulushi Govt Clinic	Static		
	Kitwe	35. Buchi Main		Outreach	
		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. Zamtan		Outreach	
		48. ZNS		Outreach	

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Copperbelt	Luanshya	49. Mpatamatu Clinic		Outreach	
		50. Roan Antelope Hospital	Static		
		51. Thomson Hospital	Static		
	Lufwanyama	52. Lumpuma		Outreach	
		53. Shimukunami		Outreach	
	Mufulira	54. Kamuchanga District Hospital	Static		
		55. Ronald Ross General Hospital	Static		
	Ndola	56. Arthur Davison Hospital	Static		
		57. Chipokota Mayamba		Outreach	
		58. Kansenshi Prison		Outreach	
		59. Kavu		Outreach	
		60. Kaniki		Outreach	
		61. Lubuto		Outreach	
		62. Mahatma Gandhi		Outreach	
		63. New Masala		Outreach	
64. Ndola Central Hospital		Static			
65. Twapia			Outreach		
Luapula	Chiengwe	66. Kabole RHC	Static		
		67. Puta RHC	Static		
	Kawambwa	68. Kawambwa District Hospital	Static		
		69. Mbereshi Mission Hospital	Static		
		70. Munkanta RHC		Outreach	
	Mansa	71. Central Clinic	Static		
		72. Chembe RHC	Static		
		73. Mansa General Hospital	Static		
		74. Senama		Outreach	
	Mwense	75. Mambilima		Outreach	
		76. Musangu	Static		
		77. Mwense		Outreach	
		78. Mwenda	Static		
	Nchelenge	79. Chabilikila	Static		
		80. Chisenga Island		Outreach	
		81. Kabuta	Static		
		82. Kafutuma	Static		
		83. Kambwali	Static		
84. Kanyembo		Static			
85. Kashikishi		Static			
86. Kilwa Island			Outreach		
87. Nchelenge HC		Static			
88. St. Paul's Hospital		Static			
Samfya	89. Kasanka RHC		Outreach		
	90. Lubwe Mission Hospital	Static			
	91. Samfya Stage II		Outreach		
Northern	Chinsali	92. Chinsali District Hospital	Static		
		93. Isoka District Hospital	Static		
	Isoka	94. Muyombe		Outreach	
	Kaputa	95. Kaputa	Static		
	Kasama	96. Chilubula	Static		
		97. Kasama General Hospital	Static		
		98. Location		Outreach	
99. Lukupa RHC		Static			

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)	
	Luwingu	100. Luwingu Hospital	Static			
	Mbala	101. Mbala Hospital	Static			
		102. Tulemane			Outreach	
		103. Senga Hill			Outreach	
	Mpika	104. Mpika DH	Static			
	Mporokoso	105. Mporokoso District Hospital	Static			
		106. Mporokoso UHC			Outreach	Mporokoso DH
	Mpulungu	107. Mpulungu HC			Outreach	
	Nakonde	108. Nakonde HC	Static			
109. Nthatumbila				Outreach		
North-Western	Chavuma	110. Chiyeke	Static			
	Kabompo	111. Kabompo District Hospital	Static			
		112. St Kalemba			Outreach	Kabompo DH
	Kasempa	113. Kasempa			Outreach	
	Mufumbwe	114. Mufumbwe Hospital			Outreach	
	Mwinilunga	115. Mwinilunga District Hospital	Static			
		116. Luwi Mission			Outreach	
	Solwezi	117. Solwezi General Hospital	Static			
		118. Solwezi Urban			Outreach	
		119. St. Dorothy			Outreach	Solwezi Urban Clinic
	Zambezi	120. Chitokoloki Mission Hospital			Outreach	
121. Zambezi District Hospital		Static				

- ART services available in 36 of the 39 supported districts
- 121ART sites of which 116 report independently and five report under bigger facilities
- 55 are static and 66 are outreach sites

ANNEX D: ZPCT II Graduated Districts (As of March 31, 2010)

Province	District	Health Facility
Central	1. Mkushi	Chalata
		Chibefwe
		Chikupili
		Masansa
		Mkushi District Hospital
		Nshinso
Copperbelt	2. Kalulushi	Chambishi Govt Clinic
		Chilubuma
		Kalulushi Govt Clinic
	3. Luanshya	Mikomfwa
		Mpatamatu Clinic
		Roan Antelope Hospital
Luapula	4. Samfya	Thomson Hospital
		Kasanka RHC
		Lubwe Mission Hospital
Northern	5. Chinsali	Samfya Stage II
		Chinsali District Hospital
	6. Kasama	Chinsali UHC
		Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
		Lukashya
		Lukupu RHC
		Misengo
	7. Mpika	Mulenga
		Musa
		Mpepo RHC
		Mpika DH
	8. Nakonde	Mpika UHC
		Chilolwa RHC
		Chizi
		Mwanzo
		Nakonde HC
		Ntatumbila
Waitwika		
Kasamba RHC		
North-Western	9. Kabompo	Kabompo District Hospital
		Mumbeji RHC
		St Kalembe
	10. Mufumbwe	Kashima RHC
		Matushi RHC
		Mufumbwe Clinic
		Mufumbwe District Hospital

ANNEX E: List of ZPCT II Signed Recipient Agreements/Subcontracts/MoUs for Year One

Recipient Agreements/Subcontracts			
Province/District/Hospitals	Award Period	Amount Awarded	Obligated Amount to Date
Central			
1. Central PHO	September 1, 2009 – May 31, 2010	\$771,510	\$771,510
2. Chibombo DHO	August 1, 2009 – May 31, 2010	\$60,418	\$60,418
3. Kabwe DHO	August 1, 2009 – May 31, 2010	\$83,570	\$83,570
4. Kabwe GH	August 1, 2009 – May 31, 2010	\$57,612	\$57,612
5. Kapiri Mposhi DHO*	August 1, 2009 – May 31, 2010	\$347,990	\$347,990
6. Mkushi DHO	August 1, 2009 – May 31, 2010	\$39,062	\$39,062
7. Serenje DHO	August 1, 2009 – May 31, 2010	\$113,780	\$113,780
Copperbelt			
8. Arthur Davison CH	August 1, 2009 – May 31, 2010	\$100,344	\$100,344
9. Chililabombwe DHO	August 1, 2009 – May 31, 2010	\$42,822	\$42,822
10. Chingola DHO	August 1, 2009 – May 31, 2010	\$120,456	\$120,456
11. Copperbelt PHO	September 1, 2009 – May 31, 2010	\$966,634	\$966,634
12. Kalulushi DHO	August 1, 2009 – May 31, 2010	\$36,717	\$36,717
13. Kitwe Central Hospital	August 1, 2009 – May 31, 2010	\$31,047	\$31,047
14. Kitwe DHO	August 1, 2009 – May 31, 2010	\$213,983	\$213,983
15. Luanshya DHO	August 1, 2009 – May 31, 2010	\$50,535	\$50,535
16. Lufwanyama DHO	August 1, 2009 – May 31, 2010	\$14,589	\$14,589
17. Masaiti DHO*	August 1, 2009 – May 31, 2010	\$72,202	\$72,202
18. Mpatamatu HBC**	September 1, 2009 – May 31, 2010	\$0	\$0
19. Mpongwe DHO*	August 1, 2009 – May 31, 2010	\$49,107	\$49,107
20. Mufulira DHO	August 1, 2009 – May 31, 2010	\$65,345	\$65,345
21. Nchanga North	August 1, 2009 – May 31, 2010	\$12,659	\$12,659
22. Ndola Catholic Diocese**	September 1, 2009 – May 31, 2010	\$0	\$0
23. Ndola Central Hospital	August 1, 2009 – May 31, 2010	\$19,243	\$19,243
24. Ndola DHO	August 1, 2009 – May 31, 2010	\$158,114	\$158,114
25. Roan GH	August 1, 2009 – May 31, 2010	\$21,838	\$21,838
26. Ronald Ross	August 1, 2009 – May 31, 2010	\$41,542	\$41,542
Luapula			
27. Chienge DHO	August 1, 2009 – May 31, 2010	\$98,495	\$98,495
28. Kawambwa DHO	August 1, 2009 – May 31, 2010	\$83,829	\$83,829
29. Luapula PHO	September 1, 2009 – May 31, 2010	\$579,846	\$579,846
30. Mansa DHO	August 1, 2009 – May 31, 2010	\$102,693	\$102,693
31. Mansa GH	August 1, 2009 – May 31, 2010	\$80,225	\$80,225
32. Milenge DHO	August 1, 2009 – May 31, 2010	\$56,528	\$56,528
33. Mwense DHO	August 1, 2009 – May 31, 2010	\$64,829	\$64,829
34. Nchelenge DHO	August 1, 2009 – May 31, 2010	\$95,924	\$95,924
35. Samfya DHO	August 1, 2009 – May 31, 2010	\$57,831	\$57,831
Northern			
36. Chinsali DHO	August 1, 2009 – May 31, 2010	\$9,761	\$9,761
37. Isoka DHO	August 1, 2009 – May 31, 2010	\$35,507	\$35,507
38. Kasama DHO	August 1, 2009 – May 31, 2010	\$147,898	\$147,898
39. Kasama GH	August 1, 2009 – May 31, 2010	\$57,612	\$57,612
40. Kaputa DHO*	August 1, 2009 – May 31, 2010	\$65,594	\$65,594
41. Luwingu DHO	September 1, 2009 – May 31, 2010	\$16,728	\$16,728
42. Mbala DHO	August 1, 2009 – May 31, 2010	\$39,807	\$39,807
43. Mbala GH	August 1, 2009 – May 31, 2010	\$54,486	\$54,486
44. Mpika DHO	September 1, 2009 – May 31, 2010	\$13,544	\$13,544
45. Mpulungu DHO	August 1, 2009 – May 31, 2010	\$9,445	\$9,445
46. Mporokoso DHO	August 1, 2009 – May 31, 2010	\$35,094	\$35,094
47. Nakonde DHO	August 1, 2009 – May 31, 2010	\$85,122	\$85,122
48. Northern PHO	September 1, 2009 – May 31, 2010	\$552,199	\$552,199
North-Western			
49. Chavuma DHO	September 1, 2009 – May 31, 2010	\$194,070	\$194,070

50. Kabompo DHO	August 1, 2009 – May 31, 2010	\$22,683	\$22,683
51. Kasempa DHO	August 1, 2009 – May 31, 2010	\$22,847	\$22,847
52. Mufumbwe DHO	August 1, 2009 – May 31, 2010	\$133,047	\$133,047
53. Mwinilunga DHO	August 1, 2009 – May 31, 2010	\$19,662	\$19,662
54. North-Western PHO	September 1, 2009 – May 31, 2010	\$445,987	\$445,987
55. Solwezi DHO	August 1, 2009 – May 31, 2010	\$153,312	\$153,312
56. Solwezi GH	August 1, 2009 – May 31, 2010	\$54,250	\$54,250
57. Zambezi DHO	September 1, 2009 – May 31, 2010	\$11,541	\$11,541
Lusaka			
58. University Teaching Hospital	September 1, 2009 – May 31, 2010	\$61,055	\$61,055
59. Management Science for Health	June 1, 2009 – May 31, 2010	\$9,589,414	\$1442,345
60. CARE International	June 1, 2009 – May 31, 2010	\$12,434,993	\$906,480
61. Emerging Markets Group	June 1, 2009 – May 31, 2010	\$1,653,120	\$151,621
62. Social Impact	June 1, 2009 – May 31, 2010	\$351,464	\$74,880
63. Salvation Army	June 1, 2009 – May 31, 2010	\$211,976	\$13,543
64. Churches Health Association of Zambia	August 1, 2009 – May 31, 2010	\$227,418	\$227,418
65. KARA Counseling and Training Trust	September 1, 2009 – May 31, 2010	\$387,329	\$387,329

* New District Health Offices

** Memorandum of Understanding (MoU)

ANNEX F: ZPCT II Training Courses and Numbers Trained (January-March 2010)

Training Course	Training Dates	Province	Number Trained
Basic CT HCWs	Feb 8 - 20, 2010	Central	20
	Feb 15 - 27, 2010	Northern	20
		Total	40
Basic CT Lay	Jan 11 - 23, 2010	North-Western	19
		Luapula	20
		Total	39
Basic CT HCWs Refresher	Jan 31 - 23, 2010	North-Western	13
	Feb 22 - 27, 2010	Northern	20
		Total	33
Basic Child CT HCWs	March 8 - 13, 2010	North-Western	15
	March 15 -20, 2010	Copperbelt	14
		Total	29
Basic Child CT Lay	Jan 17 - 24, 2010	Northern	13
	Feb 8-13,2010	North-Western	15
	March 8- 13,2010	Luapula	15
	March 22- 27,2010	Copperbelt	15
		Total	58
Couple CT HCWs	Feb 22 – 27 , 2010	Central	20
		Total	20
Couple CT Lay	Jan 25 - 30, 2009	Central	20
	Feb 8 - 13, 2009	Luapula	20
		Total	40
CT Supervision HCWs	Feb. 1-13, 2010	Central	12
	Feb.1-5 March, 2010	Copperbelt	12
		Total	24
CT Supervision Lay	Jan 18- 30, 2010	Copperbelt	11
		Total	11
Youth CT HCWs	Jan 18- 23, 2010	Luapula	8
	March 15-19,2010	North-Western	8
		Total	16
Youth CT Lay	Jan 25 -29, 2010	Northern	20
	Feb 15-19,2010	Luapula	20
	Feb 15-19,2010	Copperbelt	20
	March 15-19,2010	Central	19
	March 22-27,2010	Copperbelt	20
		Total	99
PMTCT HCWs	Jan 11 -17, 2010	North-Western	26
	Jan 11 -17, 2010	Northern	25
	Jan 11 -17, 2010	Copperbelt	25
	Jan 25 -30, 2010	Central	25
	Jan 25 -30, 2010	Luapula	27
	Feb 8-13,2010	Copperbelt	25
	Feb 8-13,2010	North-Western	24
	Feb 8-13,2010	Northern	26
	Feb 8-13,2010	Central	25
	Feb 15- 220,2010	Central	25
	Feb 15- 220,2010	Copperbelt	25
	Feb 15- 220,2010	Luapula	27
	March 22-27,2010	Copperbelt	25
		Total	330
PMTCT Lay	Jan 18-23, 2010	Northern	25
	Feb 7-13,2010	Copperbelt	25
	Feb 15-20,2010	North-Western	25
	Feb 22-27,2010	Central	25
	Feb 22-27,2010	Copperbelt	25
		Total	125
PMTCT Refresher HCWs	Jan 17-24,2010	Central	25
	March 8-13, 2010	Central	25

	March 8-13, 2010	Copperbelt	27
	March 15-20, 2010	Copperbelt	25
	March 15-20, 2010	Luapula	24
	March 15-20, 2010	Central	25
	March 22-27, 2010	Central	25
		Total	176
ART/OIs	Jan 18 - 29, 2010	Copperbelt	25
	Feb 15 - 27, 2010	Copperbelt	26
		Total	51
ART/OIs (In-house)	March 15 - 20, 2010	Copperbelt	24
		Total	24
ART/OIs Refresher	Feb 22 - 27, 2010	Luapula	28
	March 15 - 20, 2010	Central	25
		Total	53
ART/OIs Paediatrics	Jan 18 - 22, 2010	Luapula	22
	Feb 8 - 12, 2010	Copperbelt	28
	March 15 - 19, 2010	North-Western	20
		Total	70
Male Circumcision	Jan 11 - 16,2010	Luapula	10
	Jan 11 - 16,2010	North-Western	14
	Jan 25 - 30,2010	Central	12
	Jan 25 - 30,2010	Northern	10
	8 Feb - 13,2010	Central	12
	8 Feb - 13,2010	Northern	13
		Total	71
Adherence Counseling HCWs	Jan 14-15,2010	Northern	15
	Jan 18-19,2010	Central	18
	Jan 20-21,2010	North-Western	17
	March21-22,2010	Copperbelt	20
	March 21-22,2010	Copperbelt	20
		Total	90
Adherence Support Workers	Jan 17 - 28, 2010	Northern	25
	Feb 1 - 12,2010	Copperbelt	25
	Feb 15 - 25,2010	North-Western	18
	Feb 15 - 25,2010	Central	23
	Feb 15 - 27, 2010	Copperbelt	25
		Total	116
Dry Blood Spot (DBS) Collection	Jan 7 -7, 2010	Northern	5
	Jan 25 -25, 2010	North-Western	9
	Jan 29 -29,, 2010	North-Western	6
		Total	20
Family Planning	Jan 25 - 30, 2010	Copperbelt	25
	Feb 8 -12, 2010	Northern	25
	Feb 22-26,2010	Copperbelt	24
	Feb 22-26,2010	North-Western	21
		Total	95
Equipment Use and Maintenance	Jan 18 - 22, 2010	Northern	13
	March 1-6,2010	Central	4
		Copperbelt	10
		Luapula	6
		North-Western	4
		Northern	7
	March 8-12,2010	Luapula	9
		Total	53
ART Commodity Management A for Lab and Pharmacy	Jan 11- 15, 2010	Central	19
		Luapula	4
		North-Western	1
		Northern	2
	Feb 22-26,2010	Central	10
		Copperbelt	16
		Total	52

ART Commodity Management B for Lab and Pharmacy	March 22-24,2010	Central	11
		Luapula	16
		Total	27

ANNEX G: Meetings and Workshops this Quarter (January - March 2010)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT	<p>January 14, 2010 UNICEF Luapula MNCH/PMTCT integration initiative meeting: The meeting was organized and hosted by UNICEF and was a follow up to previous similar meetings. During this meeting, the baseline analysis survey results for this initiative were presented. The objective of the analysis was to look at the current status of the MNCH/PMTCT service provision in Kawambwa, Nchelenge and Mansa districts</p>
	<p>January 14 – 15, 2010 PMTCT/Paediatric stakeholders meeting organized by NAC and held at Anina’s lodge in Lusaka. Among other things, the meeting discussed the interventions for paediatric HIV care and had representatives from the Copperbelt and Luapula Provinces.</p>
	<p>February 12, 2010 PMTCT/Paediatric HIV TWG meeting held at Ministry of Health boardroom. The members met to look at writing up an addendum to the national PMTCT guidelines that incorporates some of the WHO November, 2009 recommendations on the use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. The meeting also critically relooked at the WHO recommendations and considered what could be the most cost effective option for Zambia.</p>
	<p>February 25, 2010 Family Planning TWG meeting held at MOH: The purpose of this meeting was for the TWG members to discuss and review Family Planning activities for 2010. The focus was on improving the quality of service delivery in facilities, districts and provinces not performing well.</p>
	<p>March 4, 2010 EID sub committee meeting: The meeting was held at CHAI to get an update on progress on the SMS technology pilot, review the DBS courier services in the country, discuss the EID status and targets for 2010.</p>
	<p>March 15, 2010 PMTCT/Paediatric HIV sub committee TWG meeting: The meeting was held at UNICEF and was a follow up to an earlier meeting on the development of the addendum to the national PMTCT guidelines following the WHO rapid advice on PMTCT released in November 2009. The meeting’s focus was to discuss exhaustively option A of the guidelines.</p>
	<p>March 25, 2010 Dissemination meeting for the results of the use of child health register and new inclusion on the under five card. The meeting was held at Cresta Golf hotel, Lusaka. The objectives of the meeting were:</p> <ul style="list-style-type: none"> - To disseminate findings on the use of the integrated community register and receive feedback on the use of the register after an assessment was conducted in Kaoma district in order to gain more insight into the added value of the register. - To reach consensus on aligning the under five facility and community register to the revised under five register. - To reach consensus on the way forward on the use and production of facility and community register.
CT	<p>February 23, 2010 ZPCT II participated in the National VCT day preparatory meeting at NAC</p>
MC	<p>February 22 – 25, 2010 MC National TWG curriculum development meeting; ZPCT II in collaboration with cooperating partners participated in the MOH adaptation and adoption of the Male Circumcision Training Manual held in Chibombo district, central province.</p>
ART/CC	<p>January 19, 2010 HIV disease burden assessment meeting: ZPCTII hosted and participated in this meeting which was called to review the implications of the WHO rapid advice released in November, 2009. The meeting looked at the consequences of WHO recommendations in program management of HIV in the context of number of people to be put on treatment based on the threshold 350 CD4 count and the attendant logistics, costs and human resource implications. Partners submitted their current enrolment numbers and challenges. The full picture will be reviewed further after adaptation of the national guidelines next quarter..</p>
	<p>February 9, 2010 TB-HIV collaboration: ZPCT II is participating in the process of development of TB Intensified Care Finding (ICF) guidelines. This meeting took place at CDC offices. Other key stakeholders are MoH, CDC, JICA/JATA, CIDRZ, and ZAMBART. During this meeting, it was resolved that</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>once developed, the TB ICF guidelines will be incorporated into existing HIV-ART guidelines, CT guidelines, ST guidelines etc. The TB screening section on HIV/ART SmartCare forms will need to be revised accordingly. The ICF guidelines to be developed will be generic and be adapted accordingly i.e. depending on service area (ART, CT, PMTCT) and cadre of health workers (HCWs or community lay workers) using the tools.</p> <p>March 16, 2010 <i>NAC Treatment, Care and Support Theme Group, 2010 1st Quarter Consultative Meeting; the meeting took place at Maina Soko Military Hospital and was chaired by ZPCT II. Discussion points:</i></p> <ul style="list-style-type: none"> • <u>Progress on the drafting of the HIV/AIDS chapter in the Sixth National Development plan(SNDP) and the 2010 – 2014 National AIDS Strategic Framework (NASF)</u> • <u>SmartCare Implementation with Maina Soko Military Hospital</u> • <u>MoH and Partners Implementation and progress on the Lab QA program</u> • <u>SMS technology to facilitate turn around time for DBS/PCR HIV test results for EID.</u> • <u>Revision of Paediatric ART guidelines</u> • <u>Finalization of Adult OI training package</u> • <u>Revision of Adult ART guidelines</u> <p><u>Progress on profiling of and clinical trials on Alternative Medicines (for HIV in Zambia)</u></p> <p>March 18, 2010 <i>Medical Council of Zambia (MCZ) – 8th expert panel committee meeting: ZPCT participated in this meeting which was called to review accreditation assessment reports from Central, Northern and Northwestern Provinces. A total of 10 more sites were accredited. Re-assessment will be conducted in sites that did not meet the accreditation criteria at least 6 months from the last one. MCZ is also planning compliance monitoring visits to sites which were accredited earlier to ensure they maintain standards.</i></p> <p>March 22 – 26, 2010 FHI Global Care and Treatment Leadership Meeting: ZPCT participated in this meeting organized by Family Health International (FHI). The focus was on the review FHI HIV programs, data systems on electronic medical records, chronic HIV care and long term clinical complications for cohorts on ART in various countries and potential research questions.</p>
Laboratory	<p>January 7-9, 2010 <i>Laboratory All Partners' Quality Assurance Annual Meeting: ZPCT II attended this meeting which was held at Protea Safari Lodge in Chisamba. The meeting was convened by MOH and all laboratory implementing partners attended. Up for review were the national EQA programs, new OQC documentation, logistics support from SCMS and the general performance of labs at all levels of health care.</i></p> <p>January 20-22 2010 <i>Annual Laboratory Commodities Quantification Workshop: ZPCT II attended the annual laboratory commodities quantification workshop convened by MoH, held at Ibis Gardens in Chisamba. JSI's SCMS project facilitated the workshop and stakeholders worked together to conduct a five year forecast and quantification for laboratory commodities. Review meetings will be held quarter to assess trends.</i></p> <p>February 01-12, 2010 <i>Training of Trainers for the WHO-AFRO Accreditation of Laboratories: One ZPCT II staff was invited by MOH to attend the TOT which was held in Johannesburg, South Africa. This training was designed to equip four national trainers with skills and knowledge on the process for accreditation of laboratories by WHO standards. The trainers will be expected to train laboratory managers/supervisors in MOH facilities who will provide leadership for improvement projects towards attaining laboratory accreditation.</i></p> <p>February 22, 2010 <i>Update Meeting with Laboratory Services Specialists, MOH: ZPCT II met with the Deputy Director, Laboratory Services, and other laboratory specialists at the MOH to discuss issues around the possibility of adopting the PIMA point of care CD4 analyzer for use in ZPCT II supported sites. In addition, the process for laboratory accreditation by WHO standards was also discussed. Guidance on the way forward on how to proceed with the process of having the PIMA evaluated locally was provided and ZPCT II will make follow ups with the vendor on this activity.</i></p> <p>February 23, 2010 <i>Meeting with Accreditation National Trainers: ZPCT II attended this meeting at CDC to prepare the training schedule and training materials for the first round of the Strengthening Laboratory Management Toward Accreditation (SLMTA) training set for 22 March 2010 for Copperbelt Managers.</i></p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>March 03, 2010 <i>Laboratory Partners' Technical Working Group:</i> This meeting was held at the JICA offices and several partners were in attendance. The major item on the agenda was the approval of two platforms for clinical chemistry i.e. the C111 and Pentra 200. It was proposed that both platforms will be adopted after pricing per test is verified. Adopting only one platform was discouraged in order not to allow one partner enjoy monopoly and also to prevent burdening one vendor with heavy demand for repairs and training. once the final approvals are done, this new instrument will replace the Humalyser 2000 for chemistry analysis in MOH facilities.</p> <p>March 11, 2010 <i>Meeting with African Technology/Hemocue;</i> The meeting was requested by Africa technologies to meet with the laboratory team as a way of introducing the new glucose meter called the Hemocue Glucose 201 pocket size lab quality. The instrument is similar to the Hemocue HB meter and was shown to be more robust for routine checking of blood glucose. The instrument is marketed locally by the same company that ZPCT II has procured the haemoglobinometers for its supported facilities from..</p> <p>March 15, 2010 <i>The Cell DYN Launch:</i> The launch of the Cell DYN Emerald System hematology analyzer was held at the Taj Pamodzi Hotel by ABBOT in collaboration with Sterelin Zambia. The launch was aimed at introducing the equipment to the Zambian Market. In attendance was also Ministry of health lab services, AIDS Relief, CDC, JICA, UTH virology laboratory and UTH Blood bank .</p> <p>March 22 – April 04, 2010 <i>Strengthening Laboratory Management Toward Accreditation (SLMTA) Training of laboratory managers and supervisors:</i> ZPCT II facilitated at the first training held in Ndola. The first modules of accreditation training were delivered at which forty participants in all attended. The training focused on improving quality in laboratories in preparation for WHO accreditation. Three focus areas have been identified and improvement projects will be supported by ZPCT II for Ndola Central Hospital and Kitwe Central Hospital.</p>
Pharmacy	<p>January 6, 2010 <i>Paediatric ART Meeting:</i> ZPCT II attended this meeting held at CHAI offices to review the first line regimen for paediatric ART in view of toxicities experienced with Stavudine-based regimens. The meeting also discussed the availability of FDC paediatric drugs that have been introduced in Zambia and are available at MSL. Attendees were advised to ensure that appropriate stocks were ordered for use in their programs.</p> <p>January 7, 2010 <i>Review of National ART Pharmacy Standard Operating Procedures Meeting:</i> ZPCT II hosted this meeting, convened by MOH to discuss the review of the ART Pharmacy SOPs. The review committee was constituted and the terms of reference drawn up for the committee. The review process was agreed upon and a follow up meeting at which the full review committee would be present was scheduled for March.</p> <p>January 20, 2010 <i>Reproductive Health Commodity Security (RHCS) secretariat meeting:</i> ZPCT II attended this meeting hosted by MOH with support from USAID Deliver project and UNFPA, held at JSI offices. The main purpose of the meeting was to review the roadmap for RHCS strategy development process. Follow-up issues include the development of the RHCS secretariat draft TORs and the development of the RHCS strategy road map</p> <p>February 5, 2010 <i>Reproductive Health Commodity Security (RHCS) dissemination meeting:</i> ZPCT II attended this meeting hosted by MOH with support from USAID Deliver project and UNFPA, held at JSI offices. The main purpose of the meeting was to publicize the findings of the assessment that was carried out by a consultant who was looking at reproductive health (RH) services in Zambia.</p> <p>March 2 – 4, 2010 <i>Review of National ART Pharmacy Standard Operating Procedures Meeting:</i> ZPCT II hosted this meeting, convened by MOH to finally review the ART Pharmacy SOPs at Fringilla Lodge in Chisamba. A draft copy of the SOPs was prepared and is yet to be submitted to MOH for review and approval after which ZPCT II will support the printing and dissemination of the revised documents.</p> <p>March 9, 2010 <i>ARV Quantification and Forecasting meeting:</i> ZPCT II attended this meeting hosted by MOH with support from USAID Deliver project held at JSI offices. This was an annual review meeting to look at the quantification and forecasting for the previous year and estimate for the year.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>March 10, 2010 <i>Orientation on rationale for and use of paediatric fixed-dose combinations (FDCs) in Antiretroviral Therapy:</i> New guidelines on the dispensation of FDCs in paediatric ART were introduced and the drugs were issued out to facilities as startup by MOH.</p>
	<p>March 22 – 24, 2010 <i>National OI STI Quantification & Forecasting Workshop:</i> ZPCT II attended this meeting hosted by MOH with support from USAID Deliver project held at Protea Safari Lodge in Chisamba. This was the first annual quantification meeting for drugs for OI's and STI's with a specific focus on the HIV population. A five year quantification and forecast was done and regular review meetings are planned for the future.</p>
	<p>March 22 – 31, 2010 <i>Training Of Trainers for SmartCare:</i> MoH through the support of JSI and partners rolled out SmartCare with the Stock Control Module nationally. This required extensive training of health workers especially pharmacy and dispensing staff in the use of this version of SmartCare for Stock Control and dispensing. The objectives of the TOT were to further improve training skills of SmartCare trainers, to train new trainers to deliver competency based SmartCare training, and to build a pool of trainers to better manage capacity building and skills transfer to health workers in the use of electronic health systems</p>

ANNEX H: Mobile CT Data January-March 2010

District	Males Counseled and Tested			Females Counseled and Tested			Children Counseled 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>
Mansa	37	2	5.4%	14	2	14.8%	0	0	0%
Kawambwa	35	0	0%	22	0	0	0	0	0%
Chienge	142	0	0%	78	0	0	0	0	0%
Kabwe	354	33	9.3%	92	16	17.3%	10	0	0%
Chibombo	238	28	11.7%	140	14	10%	0	0	0%
Kasama	514	20	3.9%	283	30	10.6%	10	0	0%
Solwezi	97	2	2%	164	3	1.8%	24	0	0%
Grand Total	1,417	85	5.9%	793	65	8.1%	44	0	0%

ANNEX I: Status of Laboratory Equipment (January – March, 2010)

Item	Facility	Instrument	Condition	Action	Current Status
CD4	Mpika District Hospital	FacsCount	Non-functional; Mother-board needed replacement	Vendor is working on replacing the faulty part.	Pending repairs
	Luwingu District Hospital	FacsCount	Non functional blocked probe	ZPCT II technical staff provided troubleshooting on site; vendor provided guidance remotely.	Functional and in use.
	Mporokoso DH Hospital	FacsCount	Non functional	Vendor assessed instrument. Needs Replacement of parts	Non functional Pending repairs
	Mkushi District Hospital	FacsCount	Non functional minor user related equipment fault.	Vendor repaired instrument	Functional and in use
Chemistry Analyzer	Mahatma Gandhi MC	Humalyser 2000	Printer mechanism faulty. Halogen lamp needs replacement.	Vendor assessed instrument. Replacement parts have been ordered by ZPCT II.	Repairs pending receipt of parts.
	Ngungu	Humalyser 2000	Printer mechanism faulty. Pump PCB for flow cell needs replacement.	Vendor assessed instrument. Replacement parts have been ordered by ZPCT II..	Repairs pending receipt of parts.
	Kasama General Hospital	Cobas Integra	Non functional Bent sample probe	Vendor replaced the bent probe	Functional and in use
Haematology Analyzer	Mansa General Hospital	ABX Pentra 80	Printer not functional as cartridges not easily available locally.	Printer replaced with more regular laser jet printer with easy access to cartridges locally. Vendor provided more comprehensive onsite training for users.	Functional and in use..
	Mwachisompola Health Demonstration Zone	Sysmex pocH 100i	Minor fault Abnormally high results.	Vendor repaired instrument.	Functional and in use
	Mahatma Gandhi MC	Sysmex pocH 100i	Fault due to high volumes of samples. Instrument is over-worked.	Vendor transported instrument to workshop in Lusaka for repairs as they could not be done on site. DHO approved move.	Pending repairs. ZPCT procured higher throughput instrument to be installed next quarter.
	Mahatma Gandhi MC	ABX Micros 60	Equipment procured and delivered on site Pending installation.	Vendor notified	Pending installation
	Kawama Clinic	Sysmex pocH 100i	Faulty probe.	Vendor notified. Vendor attempted to repair the equipment but it is still non-functional.	Still exploring the actual cause of the problem. Pending repairs.
	Nakonde RHC	Sysmex pocH 100i	Non-functional due to crystallization in tubes.	Vendor transported instrument to workshop in Lusaka for repairs as they could not be done on site. DHO approved move. However, upon returning to the site, the instrument was damaged in an RTA.	Exploring replacement possibilities.
	Kabwe General hospital	ABX Micros 60	Non functional equipment unable to analyze samples giving XXX on results.	Vendor assessed instrument, the photometer is damaged and needs replacement.	Pending repairs.
			ABX Micros 60	Instrument giving	ZPCT II technical staff

	Kabompo District Hospital		abnormal platelet and hemoglobin results	provided troubleshooting on site.	
	Mbala General Hospital	ABX Micros 60	Nonfunctional .Old instrument with frequent breakdowns.	Vendor assessed instrument. Needs Replacement	Pending repairs. ZPCT to consider procuring high throughput instrument to replace the old.
	Chiwempala Clinic in Chingola	ABX Micros 60	Functional	Vendor provided on site training to Staff at the clinic	Full equipment operations will start once facility staff order reagents from MSL.

ANNEX J: Activities Planned for the Next Quarter (April – June, 2010)

Objectives	Planned Activities	2010		
		Apr	May	Jun
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	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 old sites and initiate in 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
	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	
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
	Initiate implementation of new technical activities including Prevention With Positives	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Implementation of enhanced TB/HIV collaboration activities	X	X	X
	Continue working with facility and DHMT 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
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	X	X	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
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	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 tests	X	X	X
	Train HCWs in equipment use and maintenance, and ART commodity management	X	X	X
	Strengthen CD4 sample referral in supported 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
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	X	X	X
	Monitor and strengthen the implementation of the CD4 testing EQA program .	X	X	X
	Hold quarterly unit review meeting for all unit staff		X	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities		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
Objective 3: 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
Objective 4: 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
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.				
	No activities planned			
M&E and QA/QI				
	Conduct field orientation for new SI/M&E staff	X	X	X

	Conduct semi annual data audit		x	x
	Conduct orientation for new ZPCT II staff in QA/QI	x	x	x
	Conduct DEC QA/QI orientations in two provinces	x	x	x
	Update QA/QI procedure manual	x	x	x
	Update graduation and sustainability strategy	x	x	x
Program Management				
Program	Complete program management systems for ZPCT II including monitoring plan and tools for Lusaka and the provinces		x	
	ZPCT II partners meeting		x	
	Recipient Agreement development workshop for year two			
	Ammend sub partner contracts for year two	x	x	
	Sing MOUs with the five Provincial Medical Offices	x		
	Development of tender documents and signing of contracts for new renovations in the remaining provinces		x	x
	Development of the ZPCT II Gender strategy	x		
	Develop year two work plan and submit to USAID	x		
	Refurbishment of the mission health facilities, including; Lubwe, Mambilima, and St. Kalemba		x	x
	Procurement of equipment and furniture for CHAZ staff and the mission heath facilities	x	x	x
Recruitment of data entry clerks at St. Kalemba and Lubwe		x		
Finance	FHI finance team will conduct financial reviews of FHI provincial offices and sub partners.		x	x
	In addition the Finance team will be rolling out the revised USAID VAT guidelines.		x	x
	Four finance staff will attend the Operations Support/International Program Management Training in Nairobi		x	
HR	Complete the hiring for remaining vacancies	x	x	x
	Staff orientations for new staff	x	x	
	Develop generic training programs for each ZPCT II position and stage training on a quarterly basis	x	x	x
	Team building activities for all ZPCT staff by location	x	x	x