



## Year Three (FY 07) Workplan Narrative and Tables Report

(October 1st, 2006 to September 30th, 2007)

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## **Abbreviations/Acronyms**

AIDS	Acquired Immunodeficiency Syndrome
ADR/E	Adverse Drug Reaction/Event
BHCP	Basic Health Care Package
CARE	Cooperative for Assistance and Relief Everywhere
CCS	Clinical Care Specialist
CHN	Child Health and Nutrition
CHWk	Child Health Week
CIDRZ	Centre for Infectious Disease and Research in Zambia
COG	Clinical Officer General
CRS	Catholic Relief Services
CTC	Counselling Testing and Care
DHMT	District Health Management Team
EmOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunization
FP	Family Planning
GNC	General Nursing Council
HBC	Home Based Care
HCP	Health Communication Partnership
HRDC	Human Resource Development Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Programme
ICC	Interagency Coordinating Committee
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITNs	Impregnated Treated Nets
LTFP	Long Term Family Planning
M&E	Monitoring and Evaluation
MCZ	Medical Council of Zambia
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non Governmental Organization
NITCS	National In-Service Training Coordination System
NTGs	National Training Guidelines
NMCC	National Malaria Control Centre
PA	Performance Assessment
PAC	Post Abortion Care
PHO	Provincial Health Office
PMTCT	Prevention of Mother to Child Transmission
PRA	Pharmaceutical Regulatory Authority
RED	Reach Every District

RH	Reproductive Health
RHIS	Routine Health Information System
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey
ZPCT	Zambia Prevention Care and Treatment

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# 1 Introduction

This report gives a narrative of the Workplans by Technical Area. Annex 1 is the Monitoring and Evaluation Plan showing Core Indicators while Annex 2 shows the Workplans for Year 3 (October 1, 2006 to September 30, 2007) on which the narrative is based on. The following are the technical areas;

- (i) Child Health and Nutrition
  - Facility IMCI
  - Community IMCI
  - EPI Nutrition
  - Supplementation and General Nutrition
- (ii) Integrated Reproductive Health
  - Safe Motherhood and Family Planning
- (iii) Human Resource for Health
  - Planning and Management
  - Training (Pre and In-Service)
- (iv) Performance Improvement
- (v) HIV/AIDS Coordination/SWAP
- (vi) ARV Drugs
- (vii) Planning and Information Management; and
- (viii) Monitoring and Evaluation

## 2 Child Health and Nutrition

Infant and under five mortality remain high in Zambia. The country has an infant mortality rate and under-five mortality rate of 95 and 168/1000 respectively. The neonatal mortality rate is 37/1000 live births (ZDHS 2001/2). 40% of the infant deaths occur during the first month of life and one in six children will die before their 5<sup>th</sup> birthday. The Bellagio Child Survival series of papers, published in The Lancet of 2003, classified Zambia as a “Profile Four” country, where malaria and AIDS are leading causes of under-five deaths, along with pneumonia, diarrhea, neonatal disorders, and malnutrition. Pediatric AIDS is now among the first ten causes of mortality in the under fives as evidenced by a study in children admitted to University Teaching Hospital (UTH) in Lusaka that showed an HIV sero-prevalence of 25 percent. Another modeling study of the contribution of HIV to under-five mortality, estimated that AIDS causes 21 percent of the mortality in this age group in Zambia.

The Ministry of health (MOH) and its cooperating partners has focused its efforts to improve child health and nutrition (CHN) through the implementation of such strategies like integrated management of childhood illness (IMCI), which was introduced in 1996, and Expanded program on immunization (EPI) and various nutritional programs like micronutrient supplementation and food fortification. All these are part of Zambia's basic health care package (BHCP). They are relatively well-established but have critical weaknesses that limit coverage and quality.

## **2.1 Integrated Management of Childhood Illness (IMCI)**

In Zambia, the implementation of IMCI continues to expand, inspite of several impediments. National IMCI Training Manuals are being used in the 54 districts implementing the strategy. HSSP's TA has resulted in the inclusion of IMCI concerns in the Child Health Technical Working Group and the ICC.

## **2.2 Facility IMCI**

The goal in the new programme focus is to expand the coverage and improve the quality of key child health interventions. The overall objective for F-IMCI is to expand the number of F-IMCI delivering districts from 38 to 72 by 2010.

### **2.2.1 The Year 3 Target**

The targets for 2007 are to:

- Scale up the districts which are implementing F-IMCI from the current 54 to 62
- Train 144 health workers in IMCI case management.
- Provide focussed TA based on specific needs to a total of 21 districts (5 from the old IMCI implementing districts, 8 from the new IMCI implementing districts and 8 from the non IMCI implementing districts)

### **2.2.2 Background to Year 3 Targets**

The restructuring and new programme focus has equally resulted in a slight shift in the strategic approach to the F-IMCI component. The key USAID targets at the close of the programme is to have all the 72 districts implementing F-IMCI and to have 80% of HSSP trained health care providers managing fever according to IMCI guidelines. The programme also aims at training 400 health workers during its life time. HSSP will therefore not only provide support through TA but also considerable financial support.

HSSP will strive to work with in the existing health system at all levels: that is MOH, PHOs and selected targeted DHMTs and NGOs to strengthen the health systems for continuously assuring and ensuring the provision of value added health services through high performing health workers in the discharge of their professional duties. HSSP investments aim to strengthen systems at national and provincial levels that have the best prospects of supporting increased coverage and integration of health services. HSSP will

strive to advocate for integration in the planning, implementation, monitoring and evaluation of the child survival programmes.

In order to provide focussed support in the area of F-IMCI, HSSP will support 21 districts in Year 3. The targeted districts have been chosen based on;

- Hard to reach districts category C and D
- High U5MR > 200/1000 live births
- Very few numbers of IMCI trained health workers

The districts are categorised into non-IMCI implementing districts, new IMCI implementing districts and old IMCI implementing districts. The order of priority support in each of these districts will differ as shown in the table below:

<b>Non IMCI implementing district:</b>	<b>New IMCI implementing district:</b>	<b>Old IMCI implementing district:</b>
<ul style="list-style-type: none"> <li>• Re-orientation/sensitization</li> <li>• Training</li> <li>• Follow up after training</li> </ul>	<ul style="list-style-type: none"> <li>• PA/TSS</li> <li>• Capacity building for DHMT</li> </ul>	<ul style="list-style-type: none"> <li>• PA/TSS</li> <li>• Planning</li> <li>• Training</li> </ul>
Mkushi-C	Kapiri Mposhi-B	Solwezi-C
Serenje-C	Kabompo-D	Kaputa-D
Mufumbwe-D	Lukulu-D	Mongu-C
Chingola-A	Kaoma-C	Senanga-D
Kalulushi-A	Chavuma-D	Chongwe-C
Chilubi-D	Kasempa/Zambezi-D	
Kalabo-D	Nyimba-C	
Nakonde-C	Petauke-C	

Building PHO/DHMT capacities to support IMCI activities is crucial if the issues of both quality and coverage are to be realised. This is an area that is still very weak and to this effect, HSSP will support another IMCI abridged course for senior staff from the DHMTs and a few from the PHOs in Year 3. The main objective is to build capacity at these two levels especially to support the supervision of health workers in IMCI/child survival activities.

Conducting IMCI case management training still remains a challenge for most districts because of financial constraints. Although a few partners namely WHO, UNICEF, GTZ and HSSP have contributed towards the printing of the training materials, there is still need for continued advocacy for more funding towards strengthening the implementation of IMCI strategy. Through the ICC, a suggestion to use some GAVI funds for IMCI activities was tabled and agreed to in principle, and in addition, some of the Global funds are likely to be used for this area in the coming year.

Data management in the area of F-IMCI is another big challenge. During Year 3, the districts will be provided with a Checklist to help collect routine critical data which should assist them in the way they plan and conduct their business. The assistance from the Clinical Care Specialists will be crucial to get the information on a quarterly basis.

As IMCI contributes to the larger picture of reducing under-five mortality which includes neonatal mortality, support to MOH to ensure that new born issues are addressed will continue. HSSP is part of a team that has been constituted to come up with a New Born Health Position Paper for the country which will propose a cost-effective new born survival package for the country.

HSSP will also continue to work closely with NMCC to address management of fever in the context of IMCI and will continue the support in the management of paediatric HIV/AIDS in Year 3.

### **2.2.3 Strategic Approach**

With this background, the following strategies will be adopted in order to maximise impact:

- Strengthen capacities for IMCI planning and implementation at provincial and district levels through IMCI orientation visits and technical supportive supervision and training of key staff in supportive supervisory skills.
- Advocate for the planning and budgeting of Facility-IMCI implementation by districts through technical support during the planning sessions
- Work with MOH to strengthen the pre-service IMCI case management training through developing of standard guidelines for the training and training of tutors as IMCI trainers.
- Support MOH to mobilise resources for IMCI case management training materials
- Systematically and routinely identify provinces/districts that are lagging behind in Facility IMCI activities and offer focussed technical assistance.
- Work with MOH to Strengthen the monitoring and evaluation system for IMCI activities at all levels
- Work with other HSSP teams (e.g. Human resource, PI, Planning and Information Management) for synergies and effective use of resources in the scaling up of Facility IMCI.
- Work with MOH to address other issues linked to Facility IMCI that impact on child survival such as care of the sick new born and care at the first level referral facility through development of treatment protocols and training of health workers.

### **2.2.4 Challenges**

- Lack of a database to monitor and evaluate IMCI activities in the districts
- Competing priorities at Provincial and District levels resulting in inadequate planning and budgeting for IMCI implementation
- Financial constraints at the provincial and district levels to support IMCI activities

- Provincial and district human resource shortage, inadequate transport and communication and some geographical terrain which result in inadequate supportive supervision and referral
- Inadequate capacities at the provincial and district level to support IMCI activities
- The critical shortage of trained human resource to man all the health centres and ensure provision of quality health care to sick children
- The high attrition rate among the trained health worker staff at the health centres
- The slow in scaling up of pre-service IMCI implementation.

### **2.2.5 Implications**

To comprehensively implement facility IMCI and address issues of coverage and quality, data to monitor and evaluate IMCI activities as well as to identify the gaps is required. Since all the districts have been oriented, coordination between the PHOs and the DHMTs is critical to ensure that support is given to conduct district health worker training as well as provide supportive supervision for the trained health workers and ensure that the systems are strengthened to support effective implementation. This will mean ensuring an effective communication and referral system and making certain that tools such as scales and thermometers are available at each health centre. Some of the old IMCI implementing districts may need re-sensitization. It is also crucial that capacities are built at these levels to offer the necessary support. The pre-service training of health workers will also need to be scaled up to involve all the nursing institutions.

### **2.2.6 Critical Assumptions**

- That the human resource crisis at all the levels is addressed to some extent
- That the districts begin to use their data more effectively and prioritise IMCI activities.
- That the centre continues to mobilise resources to mitigate some of the costs attached to IMCI training such as that for training materials
- That capacity to supervise IMCI activities is built at both the provincial and district levels.
- That the PHOs and the DHMTs intensify their supportive supervision for IMCI
- That more finances are channelled to IMCI activities at all levels
- That there is more partner coordination and support for IMCI activities
- That there is a deliberate improvement in the political support for interventions such as IMCI which have a great impact for child survival

## **2.3 Community IMCI**

Since 2004 the implementation of C-IMCI is being implemented and coordinated in a national programme mode and currently working in collaboration with major partners like WHO, UNICEF USAID through HSSP, CARE International, World Vision and Plan International.

In 2005, the focus was to orient all Provinces and districts in the concept and Key Family Practices advocated in Community IMCI that make the greatest impact on child survival growth and development.

In 2006, HSSP's focus was to support MOH in advocating for resource mobilization and capacity building of the provincial and district trainers and supervisors for the six provinces. To date, 6 provinces and 55 districts have been oriented to the concept and Key Family Practices. The 55 districts are currently in the active process of training Community Health Workers who will provide the Six (6) Key Family Practices to communities.

The focus in 2007 will be to complete the capacity building of the provincial, district and community based volunteers in C-IMCI in order to provide the 6 Key Family Practices in respective communities. HSSP will also support innovations in improving the nutrition status of children as in Positive Deviance Hearth and to improve the survival rate of the new born infants at Community Level.

### **2.3.1 General Strategy**

HSSP will strive to work with in the existing health system at all levels: that is MoH, PHOs and selected targeted DHMTs and NGOs to strengthen the health systems for continuously assuring and ensuring the provision of value added health services through high performing health workers in the discharge of their professional duties. HSSP investments aim to strengthen systems at national and provincial levels that have the best prospects of supporting increased coverage and integration of health services. HSSP will also provide technical assistance in coordinating in achieving standardization of the implementation guidelines and monitoring of community level interventions.

HSSP will strive to advocate for integration in the planning, implementation and monitoring child health interventions at community level which will result in maximizing use of available resources.

### **2.3.2 Goals**

The goals in the new programme will include:

- Strengthen comprehensive IMCI district planning and implementation.
- Scale-up the implementation of health worker training and the priority six Key Family and Community Practices that are vital for optimal child survival, growth and development to all the 72 districts
- Support capacity building efforts among provincial and districts supervisors to support scale up C – IMCI.
- Conduct Technical Supportive Supervision with emphasis on skills observation in regards to Child Health and Nutrition.
- Provide technical assistance to MOH/PHO in the follow up, documentation and scale up of Hearth/Positive Deviance (H/PD), in collaboration with Save the Children.

In view of the scaling up process, the programme will continue to focus on strengthening pre-service IMCI training and the IMCI strategy component to improve Household and Community Practices (Community IMCI). The household and community component of IMCI is an integrated childcare approach that aims at improving Key Family and Community practices that are likely to have the greatest impact on child survival, growth and development. This strategy is also intended to reduce infant and under-5 Child Mortality attributed to poor access to health services; inadequate knowledge/practices by caregivers; and inappropriate management of the neonate and the sick children treated at home.

## **2.4 Expanded Programme on Immunisation (EPI)**

Under EPI, the goals include the following:

- To work with MOH/PHO to support low performing districts to attain 80% full immunization coverage for children under one year.
- Immunization services to be performed according to standards in light of safe injection and disposal practices.
- Work with targeted districts to attain 80% full immunization coverage in 48 districts

Immunization coverage in Zambia is higher than in most Sub-Saharan African countries, with 82% full immunization coverage among children under one year (MOH/HMIS). 36 districts attained 80% full immunization coverage of children under one year by the second quarter of 2006: 7 districts to go from the set target of 43 by end of 2006. With the introduction of the Reach Every District (RED) strategy in the country, the national target has been set at 80% of districts with 80% of full immunization coverage. The RED strategy scale up has progressed from ten to 36 districts. Strategies for achieving and sustaining this target and immunization have continued to be part of the bi-annual Child Health Weeks.

Zambia recognizes the importance of improving and sustaining high immunization coverage rates, and quality surveillance through out the country. In view of the Polio-Free Certification status, it has become even more critical to strengthen and sustain surveillance activities in all the districts.

The major focus for HSSP's technical assistance during the third year in EPI is to support the country with the implementation of the EPI/Multi-Year Plan (2006 – 2010), utilize proven strategies for the catch up and increasing immunization coverage from 36 districts to 48 districts by third quarter of 2007 support implementation of RED strategy, and support the implementation of the mass Measles campaign for all children under five.

### **2.4.1 Strategic Approach**

In order to attain 80% full immunization coverage among children under one year in 80% (60) districts by 2010, the following strategies will be used:

- Strengthening routine and outreach immunization services in the 15 Low Performing Districts through technical support supervision.
- Increasing community participation in reaching un-immunized children and defaulter tracing through the strengthening and expansion of RED strategy.
- Integration of other child health related activities to strengthen routine and catch up mini campaigns such as Child Health Week activities.
- Support the operationalization of electronic vaccine management tools in all the provinces to monitor vaccine use and wastage rates.
- To work with the UCI secretariat in strengthening their coordination and monitoring roles in EPI activities.
- Support MOH to implement the EPI multi-year plan (2006 – 2010) to guide the implementation of EPI activities.
- To support MOH in the implementation of accelerated disease control and elimination strategies to achieve polio-free status.
- Support the national mass measles campaign for June 2007.

#### **2.4.2 Challenges**

- Competing priorities coupled with inadequate human resource at District Level leading to inconsistent outreach services due to inadequate funding, resulting in failure to implement all planned immunization activities
- Critical human resource shortages, inadequate transport and geographical terrain which negatively affect the life span of vehicles resulting in poor access to communities and low utilization of services.
- Poor cold chain management and replacement of old equipment.

#### **2.4.3 Critical Assumptions**

- That MOH continues to explore and support innovations to recruit and retained skilled human resource.
- That the respective PHOs work with DHMTs to strive to deliberately re - distribute skilled staff evenly in all health facilities of the 15 priority low performing districts.
- That the present good partnership that exists for EPI to effectively form partnerships that will translate into the allocation of sufficient funding and TA needed for the effective use in the 15 low performing districts
- That there will be maintenance and replacement of cold chain equipment.
- That the Community Based Volunteers will be provided with appropriate drugs, and job aides.

### **2.5 Supplementation and General Nutrition**

The 5-year goals are: to attain 80% National Coverage of Vitamin A supplementation of children aged 6–59 months and to attain 80% national average of de-worming of children 12 – 59 months

### **2.5.1 The Year 3 Target**

Year 3 targets include:

- Vitamin A supplementation on children 6–59 months 76% national coverage (increase from 74 to 76%).
- De-worming national average of children aged 12 – 59 months of 70% (increase in 5%).

### **2.5.2 Background to the Year 3 Target**

Child Health Week (CHWk) has been adopted as a major strategy for the delivery of Vitamin A supplementation to children under the age of five. In the previous year, focus was placed on strengthening the service delivery through supportive visits to districts and Provincial Health Offices before and during Child Health Week. Ground work was also started to address the improvement of the quality of data collected through the Child Health Week.

The use of Child Health Week has proven to enhance Vitamin A supplementation coverage and other child health interventions such as de-worming, immunizations and re-treatment of ITNs that are key child survival services. HSSP has had the experience in building systems to institute Child Health Week as an extended outreach programme conducted twice-yearly. This support to government has been mainly technical and logistical assistance in the planning and monitoring of Child Health Week.

In strengthening the health services and systems to support Vitamin A Supplementation Programme, the mandate requires extra investment in time in ensuring systems such as monitoring, technical support supervision and guidelines are available as part of various documents and as stand alone. Simultaneously, the focus of the programme will shift from ensuring implementation has taken place to improving the performance of the low coverage districts whilst strengthening those that have maintained a high coverage. This is a critical area of focus as coverages of about 80% are required to be able to contribute to the Millennium Development Goal of reducing under five mortality.

To improve the coverage of de-worming, Child Health Week is used as a main vehicle. This is because de-worming is delivered through the same modality as Vitamin A. Integration of re-treatment of ITNs in the CHWk has continued to offer synergies in the area of addressing anaemia.

In the general nutrition support to government, HSSP continued to focus on the further development of the Nutrition Chapter of the National Development Plan, Food and Nutrition Monitoring and Evaluation Framework and the Minimum Package of Care for Nutrition in the Health Sector. Substantial input was also provided in the area of Infant and Young Child Feeding such as completing the draft operational strategy.

### **2.5.3 Strategic Approach**

In order to improve coverage of Vitamin A supplementation and strengthen integration of nutrition interventions, the strategic approaches to be used are:

- Improving the data management and analysis of existing information. Key activities will be working with HMIS and provincial Data Management Specialists
- Strengthening capacity building to improve programme management through the provision of focussed support to poor performing provinces districts and provision of job aids
- Support provinces in capacity building of districts in planning and implementing Child Health Week.
- Participation in Performance Assessments and Technical support supervision to strengthen integration of vitamin A supplementation and other nutrition programmes
- Providing support to national level activities that enhance coordination among stakeholders implementing nutrition interventions. Key areas of focus will be Child Health technical Committee and Community I-IMCI working group
- Strengthening the integration of nutrition in various programmes, through support of the completion of minimum package of care for nutrition in the health sector and development of a Nutrition Supervisory checklists
- Provision of TA to enhance anaemia prevention and treatment, Infant and Young Child Feeding (breastfeeding and complementary feeding) and community efforts to prevent malnutrition. Best practices documentation will be an area of focus.
- To improve postnatal supplementation efforts will be directed towards developing innovative strategies and improving data capturing systems.

### **2.5.4 Challenges**

- Building ownership of districts in planning and budgeting of CHWk has been a challenge as they still prefer external funding.
- Inadequate human resource and competing priorities at the various levels of implementation

### **2.5.5 Implications**

Sustained coverage of the Vitamin A supplementation will hinge on continued planning and allocation of resources by districts. There is need to continue advocating for the importance of CHWk.

### **2.5.6 Critical Assumptions**

- That partners continue to procure supplies for CHWk without which implementation would be impossible.
- The HMIS review process will continue and result in an opportunity to improve quality and institutionalisation of data management

### **3 Integrated Reproductive Health: Safe motherhood and Family Planning**

The goal in the new programme focus is to contribute to the national effort of reducing maternal morbidity and mortality. The following are the overall objectives for Safe motherhood and Family Planning:

- **Emergency Obstetric Care and Family Planning (EmOC/FP):** to have EmOC services established in 18 districts by the year 2010
- **Post Abortion Care and Family Planning (PAC/FP):** to have 60% of districts (43 districts) providing the service by the year 2010
- **Long Term Family Planning (LTFP):** to increase the accessibility and availability of long term family planning methods in 60% (43) districts by the year 2010

#### **3.1 Targets, Summary of Activities, and General Strategic Approach**

##### **3.1.1 EmOC/FP**

With respect to emergency obstetric care services, year one (1) and two (2) were devoted to planning for the establishment of the training sites. By year 2, Ndola Central and University Teaching Hospitals were assessed and strengthened in preparation for the two hospitals to be training sites for EmOC. In year 3, ten (10) trainers of trainers will be trained from Ndola and UTH in readiness for training of 60 health care providers from ten (10) districts following the assessment of the sites for suitability of provision of the services. A total of 150 copies of training manuals will be produced to support the process of teaching and learning. In order to ensure that providers are performing according to standards, a follow up support supervision will be provided six weeks following training. It is anticipated that six (6) more districts will be added in year 4, while another four (4) districts will be added in year 5 and lastly an additional two (2) districts will be added to bring the total to 18 districts. EmOC services will be used as a vehicle for promotion of family planning services. The 18 districts represent the hospitals that will provide comprehensive EmOC services while each comprehensive site will have a minimum of two (2) basic satellite sites that will offer basic EmOC services and this will be Health Centre Level services. Overall, 18 comprehensive and 36 basic EmOC sites will be provided for through the program by the end of the project.

##### **3.1.2 PAC/FP**

As regards to PAC, ten (10) districts are already offering the services. In year three (3), 15 districts will be prepared to provide the service. The activities to be carried out will include the assessment of the 2 provincial training sites and there after the assessment of health facilities and these will be strengthened. A total of 10 managers will be oriented, 20 health providers will be oriented to contraceptive technology updates and infection

prevention. A two (2) weeks standardization of MVA courses will be given to health care providers from the 10 districts. Six weeks after training, providers will be followed up. There will be an attempt to have PAC and LTFP services provided in the 18 sites where EmOC services will be provided. PAC services will be introduced to another 11 districts in year 4 and 4 districts in year 5 while only 3 districts will be added in the last year to get a total of 43 districts providing PAC by the end of the project.

### **3.1.3 LTFP**

So far, a total of 13 districts are providing the service (Jadelle and IUDs). In year 3, an additional 19 districts is planned for to provide the services. In order to achieve the intended year 3 target, 140 health care providers will be trained coming from 44 health facilities in 4 provinces. Provincial training sites will be strengthened and assessments done in the 44 facilities before embarking on training. Each training session will take 5 days and more time will be spent on Jadelle and at the same time promoting the use of Depo-Provera. In the same vein, promotion of FP amongst the adolescents will be done through the orientation of 60 health care providers to Youth Friendly Health services provision in order to increase the uptake of modern FP among the adolescents.

Post training technical support will be conducted to about 40% of the trained providers while the remaining 60% will be followed up by the CCSs in the respective provinces.

## **3.2 Cross Cutting Activities**

In order to promote the up take of EmOC/ PAC and FP services, the aspect of improving awareness and community mobilization has been planned for. Meetings will be held to review the existing IEC materials and identification of the materials needed. 2,000 copies of IEC materials on FP/EmOC and PAC will be printed. HCP and other key partners will be fully engaged and will provide some expertise and other resources. The dissemination of the Safe Motherhood and FP guidelines is critical to the provision of standard RH services and therefore, HSSP will play a leading role in this aspect.

The Unit has also planned for participation in the 2007 launch and review of the District and Hospital Action Planning in order to ensure that priority RH areas are well articulated in these plans. The unit will conduct quarterly data collection and analysis of service statistics as part of constant monitoring and evaluation of results of RH services in the districts where HSSP efforts are concentrated. In order to promote partnerships and collaboration in the various functional areas of RH, the unit will participate and provide leadership in PAC/EmOC/ FP and Safe Motherhood Technical Working Group meetings.

## **4 Human Resource for Health**

This section covers Human Resource for Health which includes Planning & Management and the Training components

### **4.1 Planning and Management**

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

#### **4.1.1 General Strategy**

The first two years of HSSP's implementation had focussed on developing HRH system tools to strengthen HR Management and Planning. In light of the tools being developed, HSSP will now provide technical assistance to MOH to implement these tools. The year 3 work plan will focus on the following approaches:

- Support MOH/DHMTS in developing & implementation of retention policy/programs to support the provision of HIV/AIDS.
- Provide support to districts to ensure implementation of retention schemes in 54 C&D districts
- Monitor deployment and staff-client ratios in all 72 districts

#### **4.1.2 Summary of Activities**

The third year focus will be towards implementation of the various HRH plans, guidelines and curricula. The development phase of most HRH systems tools are expected to be completed by the first quarter of year 3. HSSP will therefore continue to provide technical assistance to the Ministry of Health to execute strategies that will attempt to resolve the effects of the current HRH crisis and Financing the HRH agenda. The emphasis on the use of National Alliances to coordinate and mobilise HRH resources will be emphasised since there is no one single donor that can sponsor the agenda. The MoH and the Government at large have shown commitment to continue addressing the consequences of the HRH crisis by providing the platform for various stakeholders to meet and reach consensus on the strategies to be employed.

HSSP will support the MoH to scale up the Retention Schemes to other critical cadres which will result in rational deployment and reduction in attrition rates especially in C &D districts. Technical support will also be given to MoH in order ensure that the urban areas do not take the consequences of the retention strategies. HSSP has provided leadership in the development; implementation and monitoring of the 5 year HRH plan. It is against this background that HSSP will provide guided technical assistance to implement strategies that will result in greater benefits for the underprivileged rural

populations. With the MOU finalized, HSSP will fully implement all the retention schemes including the one for tutors.

Following the finalization of guidelines for planning and incentive scheme management in the previous year, HSSP will support the MoH to build capacity to monitor utilization of these guidelines by training five central level and 18 provincial staff. During the first phase of this activity, it is expected that 28% of remote C&D districts will plan and implement incentive schemes using these guidelines. The implementation of retention entails that staff-client ratios would improve in the C&D districts. HSSP will therefore provide technical assistance to carry out a baseline study on the prevailing staff client ratios in all 72 districts. In addition, HSSP will continue providing continued quarterly updates on staff client ratios in the 54 C&D districts.

Retention Schemes: HSSP and the MoH have developed a Memorandum of Understanding (MOU) that provides the terms and conditions for the implementation of the retention schemes supported by HSSP. During year 2, MOH in collaboration with other stakeholders revised the hardship allowances and merged the education allowance within the hardship allowance. The allowances increased and they are currently at \$805 for Physicians, \$480 for other health workers and 640 for Tutors. The changes were presented to USAID and they have since been approved. Therefore, HSSP will implement all the retention schemes in year 3. The changes also had an effect on the targets of health workers to be supported by the various retention schemes. The new targets are: 23 medical officers, 22 Nurses, 22 Clinical Officers, 9 Pharmacy Staff, 10 Lab Technicians and 56 Nurse Tutors. This scheme will result in maintaining quality ART services for 10,000 patients in the most remote districts. The Routine Health Information System (RHIS) through the HMIS will continue to track the assignment of physicians funded through this mechanism and monitor increases in the number of patients receiving ART services in their districts.

#### **4.1.3 Assumptions**

Full implementation of Retention Schemes and a resultant improvement in daily staff-client ratios will depend on:

- MoH maintaining the current terms and conditions of the retention scheme.
- Low attrition of staff recruited on the HSSP supported retention schemes.

## **4.2 Training (Pre and In-Service)**

The overall goal is to have graduates from health training institutions trained in skills to provide ART, PMTCT, CTC services. The overall objective for Human Resource Pre and In-service Training is to strengthen Human Resource capacity to provide ART, PMTCT and CTC services.

### **4.2.1 General Strategy**

- Work with MoH to disseminate the NITCS plan through PHOs to the District Human Resources Development Committees (HRDCs)
- Support PHOs and districts to plan for in-service training for HIV/AIDS and other priority health services
- Work with Statutory Boards and training institutions to integrate HIV/AIDS and related teaching modules into pre and in-service programs
- Support UNZA, School of Medicine, General Nursing Council (GNC) and Chainama College review curricula for Medical Doctors, Nurses and Clinical Officers respectively, to incorporate HIV/AIDS and other priority health services
- Work with MOH, Statutory Boards and other stakeholders in developing training materials/teaching guides
- Support orientation of teachers/tutors on revised curricula

### **4.2.2 Summary of Activities**

The Human Resource for Health crisis Zambia is facing requires urgent attention. This calls for a comprehensive approach in the improvement of health worker performance in order to improve and sustain delivery of quality health services. The critical component of the HSSP approach to strengthening health systems is the focus on the strengthening of Pre and In-service training institutions and their associated clinical training sites. Planning for service delivery personnel needs a coordinated approach and the achievements made so far are part and parcel of HSSP's overall approach to addressing human resources for health challenges.

HSSP will also continue collaborating with statutory bodies and training institutions to implement the revised curricula so that the graduates can have the skills to deliver HIV/AIDS services and other critical services. In addition, it is very critical that the training provided to staff is standardised across the public and private health sectors.

In year 3, therefore HSSP will continue working with MOH, Statutory Boards and Training Institutions through:

- Support revision of COG curriculum-development of teaching and learning materials.
- Support train COG finalist students in management of HIV/AIDS with support from other stakeholders to ensure that all COG graduates have the necessary skills as they enter the health system.

- Support revision of the School of Medicine (MB.ChB) curriculum
- Support revision of the RN and EN curricula.
- Provide TA to MOH to build capacities of HRDCs in utilization of the NITCS and NTGs.
- Provide TA to HRDCs to operationalize NITCS and NTGs

#### **4.2.3 Assumptions**

Full implementation of the coordination will depend on:

- MoH assigning actual bodies to the proposed training unit to be based in the ministry of health HR department.
- Lessening of commitment of other National In service training NITCS technical working group (TWG) members who have full time jobs in their organizations.
- Accuracy of data and information at the Central Level.
- Availability of time and funds. Currently, all curricular for the critical cadres need to be revised, this will require more funding and time.

## **5 Performance Improvement**

The overall goal is to improve quality of Case Management Observation/Record Review during supervisory visits. The overall objective is to have 60% of districts conducting case management observation/record review in at least 80% of supervision visits by 2010

### **5.1 General Strategy**

The main focus for this work plan will be the review of tools for performance assessment and rolling out of accreditation of private ART sites. HSSP and other stakeholders will provide technical assistance to the MoH in integration of HIV/AIDS into the current Performance Assessment tools. In order to assess the current status a desk review will be conducted to analyse the documentation on quality of case management observation during supervisory visits. HSSP will support the monitoring of performance assessment as well as provide technical and financial support for supportive supervision aimed at improving case management.

HSSP will also continue to provide support to the MoH and Medical Council of Zambia in implementation of the ART accreditation system. This activity will be achieved through finalisation of policy documents and guidelines for accreditation as well as capacity building of surveyors to implement the rolling out of private and public institutions. It is expected that at least 21 private ART sites will be accredited as a result of this activity.

## **5.2 Summary of Activities**

- Review of documentation on quality of case management observation during supervision
- Review of existing PA tools for health facilities to include HIV services
- Work with MOH in monitoring of PA/TSS implementation.
- Work with MOH in strengthening supervisory services that focus on case management and quality improvement.
- Support MOH/MCZ in accreditation of ART delivery sites.
- Train 30 MOH/MCZ surveyors (two Clinical Care Specialists per province, five Human Resource Development Specialists at National Level and five staff from the MCZ) in ART protocols, procedures and information systems.

## **5.3 Assumptions**

The successful implementation of the above activities will mainly depend on the following:

- Commitment by MOH and MCZ staff in providing leadership.
- Availability of global funds for implementation of activities for accreditation.

# **6 HIV/AIDS Coordination/SWAP**

The goal is to strengthen the provision of HIV/AIDS services in districts. The overall objective is to have 60 % of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010.

## **6.1 Year 3 Annual Target**

In Year 3, the target is to have 30% of districts with at least one facility offering a minimum package of HIV/AIDS services.

## **6.2 Specific Objectives**

- Strengthen program management and coordination for health sector HIV/AIDS coordination
- Contribute to the integration of HIV/AIDS into SWAP
- Strengthen coordination of HIV/AIDS activities within HSSP

### **6.3 General Strategy**

In year three, HIV/AIDS Coordination and integration of HIV services into the SWAP will be achieved through continued collaboration with all directorates in the Ministry of Health (MOH) as well as partners implementing various HIV activities in the health sector, primarily the USG Partners (JHPIEGO, ZPCT, CRS, and CIDRZ). HSSP will also work with the Provincial Health Offices to ensure that provision of HIV services in districts is strengthened. The project will also utilize the Short Term Technical Assistance (STTA) both internal and external for selected activities.

### **6.4 Summary of Activities**

HSSP will therefore;

- Support the analysis and documentation of provision of key HIV services (ART, PMTCT, CTC, HBC, HIV/TB) in districts
- Support development of a coordination mechanism for HIV services including referral system procedures for delivery of these services
- Participate in the district action planning for HIV services as well as contribute to improved quality and implementation of these services through Performance Assessment and Technical Support Supervision in districts
- Work with MOH to facilitate finalization of the Basic Health Care Package (BHCP)
- Support development and review of proposals to the Global Fund
- Work with MOH to conduct the National Health Accounts (NHA) HIV sub-analysis
- Support development of a sustainability framework for HIV/AIDS service provision

### **6.5 Assumptions**

- Commitment by MOH in providing leadership and ensuring ownership of achieved results
- Collaboration by various partners called upon to contribute to the development of HIV coordination systems and procedures

## **7 ARV Drugs**

The goal is to strengthen the systems for ARV drug resistance monitoring and pharmacovigilance. The overall objective is to have 60% ART sites reporting ARV drug resistance and Adverse Drug Reaction/Event (ADR/E)

### **7.1 Specific Objective**

Support PRA/MOH to strengthen the implementation of ADR/E reporting and ARV drug resistance monitoring

## **7.2 General Strategy**

HSSP has supported the establishment of the Pharmacovigilance unit within the Pharmaceutical Regulatory Authority (PRA) which was launched by the Ministry of Health in June 2006. Guidelines, protocols and reporting forms for implementation of pharmacovigilance and ARV drug resistance monitoring framework have been developed.

## **7.3 Summary of Activities**

In year 3 HSSP will work with PRA to:

- Build capacity of their staff in data management and provide logistical support to the pharmacovigilance unit
- Conduct trainings in pharmacovigilance for private sector, Pharmaceutical Society of Zambia and other professional bodies
- Provide support supervision in pharmacovigilance to provinces and
- Finalize development of the ARV drug resistance monitoring implementation plan

## **7.4 Assumptions**

The complete implementation of the above stated activities will depend on the commitment and time by the PRA who will provide the leadership and act as a focal point office. This technical area will be completely dropped at the end of year three.

# **8 Planning and Information Management**

The goal is to strengthen Systems for Health Information and Action Planning with Emphasis on HIV/AIDS. The overall objective is to have 100% of Districts and Hospitals use RHIS to Plan for and Manage HIV/AIDS Services by 2010.

## **8.1 General Strategy**

One of the major weaknesses in the management of district health services has been the inadequate utilization of locally generated information in the identification of problems, prioritization, monitoring and evaluation. In order for districts and hospitals to achieve this, certain key requirements must be put in place. Firstly, good quality data for all key intervention areas must be readily available; secondly, managers and health workers should have basic skills needed to analyze and interpret data and thirdly, protocols and standards to guide districts and hospitals in the decision-making process should be readily available.

## **8.2 Focus for Year 3**

In the Year 3 workplan, therefore, focus shall be on:-

### **8.2.1 Data quality and availability**

This will be done through ensuring that data on HIV/AIDS services that are not currently being reported by facilities are made available for decision-making at all administrative levels. This will be done by finalizing the revision of the existing PMTCT/VCT data collection tools so as to standardize all tools across the country; complete the upgrading of the HMIS database so that PMTCT/VCT, ART and TB data can be reported electronically by districts as part of the mainstream HMIS.

### **8.2.2 Data-backed decision making**

For over a decade now, districts and hospitals have been using the routine health information data as their primary source of information for planning. This however, has not been without difficulty. There still remain areas that require urgent attention in order to realize the full benefits of a decentralized planning system. HSSP will, therefore, support the production of a reference guide that will assist in resolving problems currently faced by districts. Some of these problems include: target setting, priority-setting, and management of population-based indicators, among others.

### **8.2.3 Making the planning process efficient**

The last review of the planning process was conducted in 2000. Under the current work plan, HSSP will provide support to MoH in the commencement of the process towards revising the current planning approach to meet the current emerging challenges. This process is expected to conclude in the next work plan (2007/2008)

## **8.3 Summary of Activities**

In this work plan, support to the MoH in the area of planning and Information Management shall go to; enhancing use of information at all levels; finalize the integration of HIV-related data into the routine health information System (RHIS); upgrade the HMIS database to include PMTCT, VCT, ART and TB; and strengthen the annual planning system and process for districts and hospitals.

## **8.4 Assumptions**

The success of these activities depends on a number of factors. Some of the activities under strategic information require that we partner with other agencies in their implementation. It is not clear yet how much financial resources they will be bringing to the table. Secondly, the rolling out of PMTCT/VCT data collection and reporting system will require that ZPCT and CIRDZ can quickly adopt these materials and use them as a basis for their training in districts facilities supported by them.

## **8.5 Challenges**

- The planning and reporting demands are high due to duo funding sources and schedules.
- Systematic analysis relying on different sets of data is key to enable conduction on comparative analysis.

## **8.6 Implications**

- Technical staff has to consciously allocate time for project planning, review and reporting activities, over and above implementation of activities.
- Staff should be supported to increase appreciation of M&E in order for them to provide quality data and reports.
- Specialized skills i.e. computer will be needed in order to improve on the quality of work plans, reports, and other documentation

## **8.7 Critical Assumptions**

- MOH continues to place research as a priority area for effective implementation of the strategic plan
- MOH research budget line is increased

## **9 Clinical Care Specialists – HIV/AIDS**

### **The Year 5 Goal**

- To improve the quality of and access to cost effective HIV/AIDS interventions

### **Year 2 Targets**

- To contribute to attainment of the national target of having 110,000 patients on ART by December 2007

### **9.1 Background**

Zambia has an acute shortage of health care personnel which severely constrains the provision of the ART services. As a way of mitigating the human resource crisis and increasing access to HIV/AIDS services, HSSP will provide support to the MOH's program through the Provincial Health Office (PHO) Clinical Care Specialists (CCS).

### **9.2 Strategic Approach**

HSSP will provide ongoing support to the second provincial CCS placed in each of the nine PHOs. These Clinical Care Specialists will continue to play a pivotal role in ART coordination and quality improvement. They will provide technical backstopping and supervision to junior medical doctors implementing ART activities in their respective provinces. The CCSs will continue to support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities. The nine CCSs will continue to serve as the primary conduit for coordination and quality assurance efforts at the Provincial Level, thus, assisting Zambia to attain its national ART targets.

### **9.3 Challenges**

- The CCSs are expected to perform other equally important assignments at the PHO, such as those under Integrated Reproductive Health, Child Health, and Malaria

### **9.4 Implications**

- The CCSs have to consciously allocate most of their time to HIV/AIDS but also contribute a lesser extent to other Public Health areas

### **9.5 Critical Assumptions**

- CCSs will be accorded the expected support

## **10 Monitoring and Evaluation**

### **The Year 5 Goal**

- Planning, monitoring, evaluation, and timely reporting of project implementation

### **Year 2 Targets**

- Establish a functional monitoring and reporting system

### **10.1 Background**

HSSP monitoring and evaluation is conducted using routine data especially from health information and management system (HMIS). In addition, other data especially for evaluation will be derived from the, Zambia Demographic Health Survey, Sexual Behavior Survey, and other research like the JICA Health Facility Census.

The team has developed indicators to measure progress at the district and facility levels wherever possible. This approach reflects the basic framework of the Zambian public health system centered on the district as the core unit for managing health services in the public sector. It also reflects the main level at which impact of this Program will be evident for operation of MCH and RH and HIV/AIDS services and systems.

The proposed indicators will be measured three times during the life of the program: at baseline, mid-term (approximately Year 3), and end of project. Routine monitoring and review is conducted on quarterly basis to assess progress towards reaching targets in a given year. Quarterly reports will be developed to track progress based on the year plan.

### **10.2 Strategic Approach**

A monitoring system will be developed to track progress towards achieving targets and results. A data base is being developed to track project implementation. Monitoring will be conducted through regular submission of project implementation information using given tools; and through scheduled project review meetings. The approach to monitoring will be an integrated one where all technical teams will participate in collaboration with partners. The M&E team will play a coordinating role.

The results will be measured through evaluating program impact by way of conducting the baseline assessment to lay benchmarks, and midterm review and end of program evaluation.

Analysis and review of secondary data will further strengthen program tracking with complementarities from primary data collection and analysis through issue based research, sentinel surveillance and case studies.

### **10.3 Challenges**

- The planning and reporting demands are high due to duo funding sources and schedules.
- Systematic analysis relying on different sets of data is key to enable conduction on comparative analysis.

### **10.4 Implications**

- The technical staff has to consciously allocate time for project planning, review and reporting activities, over and above implementation of activities.
- Staff should be supported to increase appreciation of M&E in order for them to provide quality data and reports.
- Specialized skills i.e. computer will be needed in order to improve on the quality of work plans, reports, and other documentation

### **10.5 Critical Assumptions**

- MOH continues to place research as a priority area for effective implementation of the strategic plan
- MOH research budget line is increased

## ANNEX 1: MONITORING AND EVALUATION PLAN

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/07	Yr4 2007/08	Yr5 2008/09	2010		
<b>Result 1: Improved access to high quality CH and RH services</b>											
<b>Child Health and Nutrition</b>											
<b>C-IMCI</b>	Finalization of C-IMCI Strategic Plan; ToT at PHO; Guidelines and Training Materials Consolidation for remainder of programme	Number of districts with at least one health worker trained in C-IMCI	23 (WHO Situational Analysis 2003)	40	50	57	65	72	72	PHO/DHMT training reports	Availability and improved human resource levels and retention of health workers trained in C-IMCI
<b>C-IMCI</b>		% of districts offering 6 Key Family Practices	0%	0%	63%	70%	76%	80%	80%	CBA reports or minutes from Neighbourhood Health Committee Meetings	

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/07	Yr4 2007/08	Yr5 2008/09	2010		
<b>F-IMCI/ Malaria</b>	Guidelines development; training of trainers ;TSS; advocate for improved communication and referral mechanism; Provide TA to district IMCI on the job training	% of children under 5 with fever seen by HSSP trained Health Care providers managed according to IMCI guidelines	0%	50%	55%	65%	75%	80%	80%	IMCI health facility surveys, IMCI supervisory visits	Improvement of the human resource crisis; Implementation of the IMCI strategic plan; Improved Clinical IMCI capacity in planning and budgeting by the DHMTs; PA tools having the skills observation component; Sustained PHO technical supportive supervision.
<b>F-IMCI/ Malaria</b>	Guidelines development; training of trainers; TSS; advocate for improved communication and referral mechanism; Provide TA to district IMCI on the job training.	% of HSSP-trained health care providers managing fever among children under 5 according to IMCI guidelines.	50% (2001 IMCI Facility Survey)	55%	60%	70%	80%	90%	90%	IMCI health facility surveys, IMCI supervisory visits	Improvement of the human resource crisis; Implementation of the IMCI strategic plan; Improved Clinical IMCI capacity in planning and budgeting by the DHMTs; PA tools having the skills observation component; Sustained PHO technical supportive supervision.

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/07	Yr4 2007/08	Yr5 2008/09	2010		
<b>EPI</b>	Capacity building of MOHR/PHO/selected districts; Scale up of Reach Every District Strategy; Supplementation/catch up campaign	Number of districts with at least 80 % of children fully immunized by age 1	36 (RHIS 2004)	34 (RHIS 2005)	36	48	58	60	60	RHIS	Human resource crisis improves; continued partner support to drugs and supplies; EPI/FSP operational; Continued good political will
<b>Vitamin A Supplementation</b>	Revise child health week guideline guidelines and disseminate through PHOs; Support NFNC conduct desk review of CHW reports to identify low performing districts; In collaboration with PHOs, work with low covering performing DHMTs in supervision	% of children aged between 6 to 59 months receiving Vitamin A supplementation in the last 1 Year	66%	67%	74%	76%	80%	85%	85%	NFNC CHW District Reports	CHW being included in the DHMT plans and budgets; Continued good political will; Sustained supplies and logistics; Targeted supervision during CHW. Good social mobilisation for CHW; Continued community participation during CHW

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/ 07	Yr4 2007/08	Yr5 2008/09	2010		
<b>Malaria: Indoor Residual Spraying (IRS)</b>											
<b>IRS</b>		% of Districts implementing IRS	N/A	0%	0%	0%	21%	76%	100%	NMCC	
<b>IRS</b>		% of targeted housing units sprayed	N/A	0%	0%	0%	60%	75%	80%	NMCC	
<b>Reproductive Health</b>											
<b>Safe Mother Hood/PAC</b>	Train facility-based health practitioners (physicians, nurses, midwives) in PAC.	Number of districts with at least 1 functioning PAC site/center	0	4	10	25	36	40	43	HSSP records, HRIS, DHMT records	Districts/hospitals budget for the trainings; CBoH/Partners purchases PAC supplies (MVA Kits); staff attrition minimised.

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/ 07	Yr4 2007/08	Yr5 2008/09	2010		
<b>Safe Mother Hood/PAC</b>		Number of districts with at least 2 providers trained in PAC, working in facilities providing PAC	0	0	40	60	65	72	72	Facility records	Districts/hospitals budget for the trainings; CBoH/Partners purchases PAC supplies (MVA Kits); staff attrition minimised.
<b>Safe Motherhood/EM OC</b>	Needs assessment Training of EmOC trainers; train facility-based health practitioners	Number of districts with at least 1 functioning EmOC site/ Center	0	0	0	6	12	16	18	Needs assessment, HSSP records	RH stakeholders remain committed to making resources available for instruments and supplies
<b>Safe Motherhood/EM OC</b>		Number of districts with at least 2 providers trained in EmOC, working in facilities providing EmOC	0	0	0	6	12	16	18	HSSP Facility Survey, HSSP records	

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/ 07	Yr4 2007/08	Yr5 2008/09	2010		
<b>Safe Motherhood/ EMOC</b>	Improve IPT uptake through focused ANC activities	% of pregnant women that have received 3 doses of IPT (by their third trimester) in accordance with national guidelines	1.4% (2001/2 ZDHS) 75% (HSSP Baseline)	10%	20%	40%	45%	50%	50%	HSSP Facility Survey	Patients are compliant supplies are uninterrupted
<b>Family Planning</b>	Train trainers in long term contraceptive methods	Number of health care providers trained in Long-Term FP methods (i.e. implant and IUDs)	0	0	20	85	90	100	100	HSSP records	Staff attrition minimised by the government. Availability of Jadelle assured.

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/07	Yr4 2007/08	Yr5 2008/09	2010		
<b>Result 2: Increased capacity of all levels of the health system and statutory bodies to achieve HR and systems objectives for HIV</b>											
<b>Human Resources for Health</b>											
<b>Health Worker Retention</b>	Recruit and support physicians, monitor turnover of physicians.	% of physicians retained in C & D district hospitals under the HSSP rural retention scheme	0%	0%	100%	96%	92%	88%	85%	HSSP Records	No attrition due to mortality.
<b>Health Worker Retention</b>		% of C&D districts demonstrating improved Daily Staff-Client Contact Ratio	N/A	57%	60%	65%	70%	80%	80%	RHIS	HSSP is one of many contributors to this indicator.
<b>Rural Retention Scheme</b>	Recruit, retain and support rural physicians.	Number of individuals <i>Ever received ART</i> in C&D districts in which HSSP has posted a physician [EP 7.4]	N/A	0	0	6,555	6,655	6,755	6,855	HMIS, HSSP Records	Targets reflect decrease from 35 to 23 physicians, a result of the increase in salary top-up. Assumes 285 patients receiving ART in first year per physician.

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/07	Yr4 2007/08	Yr5 2008/09	2010		
<b>Pre-service Training</b>	Support revision of curricula for COG, SOM, and Nurses to incorporate HIV/AIDS and other priority services.	Number of training institutions utilizing revised curriculum incorporating HIV/AIDS and other priority services [EP 12.2]	0	0	0	1	18	20	23	Training institution Records	Availability of funding
<b>Performance Improvement</b>											
<b>HIV/AIDS Treatment: Accreditation</b>	Develop, implement & monitor an accreditation system for health workers working in ART, PMTCT or CTC	% of private providers (e.g. Physicians, Nurses, Mid Wives) certified to deliver ART Services [Retained]	0%	0%	0%	70%	90%	100%	100%	MCZ Records	
<b>HIV/AIDS Treatment: Accreditation</b>	Develop, implement & monitor an accreditation system for health workers working in ART, PMTCT or CTC	Number of private sites accredited by MCZ to deliver PMTCT, CTC, or ART Services	0	0	0	21	27	30	30	MCZ Records	

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/07	Yr4 2007/08	Yr5 2008/09	2010		
<b>Performance Assessment/ Technical Support Supervision</b>	Review Contracts to incorporate management indicators, & Reviewer's checklists to meet MTEF requirements. Develop integrated checklist for monitoring quality of care	% of districts conducting case management/ record review in at least 80% of supervision visits	9% (HSSP Baseline)	13%	18%	32%	46%	51%	60%	PA/TSS Reports	HSSP is one of many contributors to this indicator.
<b>HIV/AIDS Coordination</b>											
<b>HIV/AIDS Coordination</b>		% of districts with at least one facility offering the Minimum Package of HIV/AIDS services	0	0	31%	42%	50%	60%	60%	HSSP CCSs and PHOs (Using survey instrument)	HSSP is one of many contributors to this indicator.
<b>RHIS* and Planning</b>											
<b>RHIS</b>	Development, Training and roll out expanded RHIS	% of districts reporting HIV-related services through the RHIS	0%	0%	30%	60%	70%	80%	90%	RHIS	Private providers report HIV related services to DHMT.

Technical Area	HSSP Core Activities	Indicator	Baseline	Targets/Milestones					End of Project	Source of Information	Critical Assumptions
				Yr1 2004/05	Yr2 2005/06	Yr3 2006/07	Yr4 2007/08	Yr5 2008/09	2010		
<b>RHIS</b>		% of districts demonstrating appropriate use of data in planning for HIV/AIDS services by end of 2010	0%	0%	30%	60%	80%	90%	90%	RHIS	
<b>Planning for HIV/AIDS Services</b>		% of districts using HIV/AIDS Planning Guidelines in the development of their Action Plans	0%	0%	0%	50%	90%	100%	100%	DHMT action plans	
<b>Planning for HIV/AIDS Services</b>	Integrate HIV/AIDS guidelines in all 7 planning Handbooks, integrate monitoring indicators for HIV/AIDS in current health boards Contracts & Reviewer's checklists	% of districts reporting progress on action plans	0%	0%	0%	25%	50%	100%	100%	DHMT action plans, HSSP Reports	No major changes introduced in the planning process
* Routine Health Information System (RHIS) which is part of the Health Management Information System (HMIS) has been used as opposed to HMIS											

**ANNEX 2: WORKPLANS FOR YEAR 3 (OCTOBER 2006 - SEPTEMBER 2007) BY TECHNICAL AREA**
**Technical Area:** Child Health - Nutrition

**Responsible person(s):** Ruth Siyandi

**Goal:** To improve quality and increase coverage of key childhood interventions

**Overall Objective:** To improve the national coverage of vitamin A supplementation coverage in all districts to above 80%

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>To improve data management in of Vitamin A supplementation programme</b>	<i>Strengthen Data Management of Vitamin A Supplementation Programme</i>					
	Conduct data quality audit on Vitamin A supplementation programme in four selected districts in 3 provinces	x	x		x	22,874
	Consultative meeting with Provincial Data Management specialists on how to improve in data management for Vitamin A supplementation programme	x	x		x	15,047
	Strengthen the two-way feedback mechanisms for Child Health Week information from Health Centre to National Level	x	x	x	x	611
	STTA to examine existing data and utilization of routine Vitamin A supplementation data and generate recommendations of feasibility of tracking children dosed bi-annually		x			7,956
<b>To build capacity of districts in effective management of Vitamin A programme</b>	<i>Capacity Building of districts to effectively manage Vitamin A Supplementation Programme</i>					
	Finalisation and Printing of CHWk Orientation Manuals	x	x			19,234
	Support 8 district orientations		x	x		23,188
	Support 6 provinces to conduct CHWk review/orientation meetings	x	x	x	x	14,175
	Conduct supportive supervision and monitoring during implementation of CHWk in 8 poor performing districts during CHWI	x		x		38,170
	Participate in stakeholder meeting to advocate for continued investment in Child Health Week as a key strategy for delivering Vitamin A supplements to children below 5 years	x	x	x	x	
	Monitor and support planning, budgeting and ordering of Vitamin A capsules and deworming	x	x	x	x	
<b>To strengthen integration of planning of Vitamin A and deworming and other nutrition interventions in routine PA and TSS</b>	<i>Strengthening integration of Vitamin A supplementation and other nutrition interventions</i>					
	Participate in 4 provincial technical support supervision and performance assessment to integrate nutrition interventions	x	x	x	x	12,450
	Support development of nutrition supervisory checklists and documentation of case studies of best practices in Infant and Young Child feeding and Community based growth monitoring		x	x		13,997
	STTA to document situation analysis of ananemia prevention and treatment at Community Level	x	x	x	x	4,519
	Participate in nutrition partnership meetings and workshops to strengthen integration of nutrition interventions	x	x	x	x	4,519
<b>To support expansion of Vitamin A supplementation coverage in Postnatal Women</b>	<i>Support expansion of Vitamin A supplementation coverage in Postnatal Women</i>					
	Support implementation of RED strategy in scale up in 8 districts to integrate Vitamin A supplementation		x	x	x	13,570
	Participate in meetings to advocate for integration of Vitamin A postnatal supplementation into safemotherhood and HMIS activities	x	x	x	x	
	Conduct supportive visits to 3 pilot districts to document best practices in increasing postnatal supplementation of Vitamin A		x	x	x	4,997
<b>Professional development in Micronutrients Control Programme Management</b>	To attend micronutrients global forum in Turkey April 2007			x		4,340
<b>COMPONENT TOTAL</b>						<b>199,647</b>

**Technical Area:** Child Health - Facility IMCI  
**Responsible person(s):** Nanthalile Mugala  
**Goal:** To expand the coverage and improve the quality of key child health interventions  
**Overall Objective :** To expand the number of facility IMCI delivering districts from 38 to 72 by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>To strengthen focussed TA in F-IMCI through improved data management</b>	<i>Study to determine factors that influence the number of health workers that a district trains in F-IMCI</i>					
	Enter existing data collected from the district profiles/review of action plans( in year two) into Epi Info 6	x				188
	Analyse the data using EPI INFO Statistical Package		x			1,836
	Half a day meeting to disseminate the results to stakeholders		x			664
	<i>Collect critical information on district F-IMCI Activities</i>					
	Develop a checklist for collecting quarterly critical information on district F-IMCI activities	x				
<b>To strengthen district IMCI implementation</b>	<i>District Planning and Budgeting for IMCI Implementation</i>					
	Provide TA to PHO/DHMT in the planning and budgeting of F-IMCI with a focus on the selected 5 old and 8 non IMCI implementing districts			x	x	1,134
	<i>FIMCI Case Management Training</i>					
	Provide TA to 4 district planned F- IMCI/fever case management trainings (each training will have 24 participants drawn from 2 to 3 districts) which are non or old IMCI implementing districts	x	x	x	x	140,856
	Provide TA to MOH on the revision of the existing tools used to follow up health workers after training in IMCI Case Management.					1,339
	Provide TA to 8 PHO/ DHMTs to conduct post training follow up visits (4-6 weeks after training) for the IMCI trained health workers	x	x	x	x	24,156
	Contribute towards the printing of F-IMCI training materials		x			6,250
	Leverage malaria, HIV/AIDs and GAVI funds to support district training and printing of F-IMCI materials	x	x	x	x	
	<i>Capacity Building</i>					
	Provide TA/financial support to MOH in conducting the 4th national abridged course for physicians and senior health workers			x		22,942
	Train 8 district managers in 8 new IMCI implementing districts to conduct IMCI/child survival related TSS using the on-job approach		x		x	22,556
	Provide TA to PHO to conduct two Provincial IMCI TOT			x	x	
	Support MOH to conduct a national training in emergency, triage and treatment of children with severe illness such as severe malaria				x	
	Attend and provide technical input on childhood management of fever in the context of IMCI in the NMCC case management working group.	x	x	x	x	
<i>Monitoring and Evaluation</i>						
Support MOH to conduct the 2nd IMCI/Child health review meeting			x		1,134	
<b>To contribute to national implementation of new initiatives in child health</b>	<i>Strengthen integration of newborn health into maternal and child health programmes</i>					
	Support MOH to conduct a series of meetings in preparation for the launch of the maternal new born and child health partnership	x	x	x		
	Provide TA to MOH in integrating the new born in the Road Map for Accelerating the attainment of the MDGs related to Maternal and Newborn health	x	x	x		
	Provide TA to MOH in the write up of a New born Health -Position paper for Zambia	x				
	<i>Strengthen the care of the child in relation to HIV/AIDS</i>					
Provide TA to MOH in the adaptation of the IMCI complimentary course on HIV/AIDS to the Zambian context		x				
Support out of town National Level activities	x	x	x	x	689	
<b>To strengthen IMCI pre-service training</b>	<i>Standardise IMCI Pre-Service Training</i>					
	Conduct a one day meeting (with 30 participants) to review IMCI pre-service implementation status		x			1,250
<b>To enhance professional development in relation to IMCI</b>	<i>Information sharing at Regional Level</i>					
	Attend regional IMCI Focal Point Person Meeting			x		2,648
<b>COMPONENT TOTAL</b>						<b>227,642</b>

**Technical Area:** Child Health - Community IMCI/EPI  
**Responsible person(s):** Mary Kaoma  
**Goal:** To expand coverage and improve quality of key child health interventions  
**Overall Objective:** 80% of districts (60 districts) offering 6 Key Family Practices by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>To strengthen the information basis for scaling up C-IMCI activities</b>	<i>Support Quarterly Coordination meetings to review and share experiences in implementation of C-IMCI activities</i>					
	Update existing information by district on C-IMCI trained staff, CHWs and other CBVs and services provided		x		x	
	Support two meetings to harmonize community level household registers, planning, monitoring/supervisory tools, and reporting forms.		x	x		3,094
	Develop check list for collecting information on districts implementing 6 KFPs.		x	x		
	Support PHO to collect reports on CBA activities from all DHMTs.			x	x	
	Support 4 quarterly meetings to review and share progress in C- IMCI implementation and expansion.	x	x	x	x	1,688
<b>Provide Technical Assistance to PHO to support expansion of C- IMCI in targeted districts to offer 6 Key Family Practices</b>	<i>Support PHO in capacity building of supervisors and CHWs to support implementation of C- IMCI in targeted districts.</i>					
	Support 6 targeted visits to 15 selected districts to provide focused micro-planning process, PA and TSS in EPI/RED strategy, CHWk and C- IMCI.	x	x	x	x	
	Support annual provincial/district launching of planning and action plan review process		x	x	x	800
<b>To increase number of districts offering 6 Key Family Practices at community</b>	<i>Capacity Building of district supervisors and CHWs to offer 6 Key Family Practices.</i>					
	Support 3 TOT (52 trainers) to support CHW training for North/western, C/Belt and Lusaka provinces.	x	x			13,944
	Support training of 200 CHWs in selected districts to improve case mgt at household	x	x	x	x	94,506
<b>To improve Child Health Nutrition through Positive Deviance A</b>	<i>Support implementation of Positive Deviance Hearth activities.</i>					
	Support PHO to conduct one TSS to monitor and provide TA for Positive Deviance activities in Lukulu district.	x				4,359
	Support one Meeting to document and disseminate results of P/D Health and develop the plan for scale up.	x				1,516
	Support one training of 15 district supervisors/3 NGOs to support scale up of P/D health		x			9,609
	Support one training of 20 CBAs to support Positive Deviance activities		x	x	x	9,381
	To monitor implementation of P/D in Lukulu and new P/D sites with PHO.		x			4,047
	Support purchase of essential package of equipment to support implementation of P/D.		x			4,938
	STTA for SAVE the Children in monitoring and documentation of PD/Hearth					11,500
	Support two meetings to integrate new emerging issues on mgt of Neonates at community level in current training materials.					244
<b>Conduct Annual Review meeting to review and share Best Practices in promoting Child Health at Community Level</b>	<i>Support Annual meeting to share Best Practices at Community Level</i>					3,288
	Formation of a committee to coordinate documentation of Best Practices	x				
	One Meeting to reach consensus on criteria for Best Practice innovations	x				
	Support PHO to identify community level innovations and document Best Practice		x			
	Selection of community level documentation		x			
	TSS to provide TA in Documentation of innovations.		x	x	x	
	Support annual meeting to share Best Practices in child care at community level.		x			7,047
	Support purchase of weighing scales and allocation of CHW drug kits to support					Nil
<b>Support National level work and Partnerships</b>	<i>Supporting MOH in resource mobilization to scale up CHN interventions (RED strategy plus)</i>					
	Support revision of EPI Guidelines		x	x		
	Support to organization of Measles Campaign		x	x		
	Participate in stakeholder meetings to enhance coordination (Child Health, NMCC, Case Management, & Safe Motherhood)	x	x	x	x	
<b>COMPONENT TOTAL</b>						<b>169,961</b>

Responsible person(s): Mary Kaoma

Goal: To expand coverage and improve quality of key child health interventions.

Overall Objective: 80% Full immunization coverage of children under one year in 60 districts by 2010.

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>To strengthen the information basis for scaling up RED strategy activities</b>	<i>Support Quarterly Coordination meetings to review and share experiences in implementation of RED strategy activities.</i>					
	Update existing information by district on the RED strategy implementation, scale up an coverage rates.		x		x	
	Support two meetings to harmonize community level household registers, planning, monitoring/supervisory tools, and reporting forms.		x	x		3,094
	Update check list for collecting information on districts implementing RED strategy activities.		x	x		
	Support PHO to collect reports on immunization coverage rates on quarterly basis.	x	x	x	x	
	Support 4 quarterly meetings to review and share progress in RED strategy implementation and expansion.	x	x	x	x	1,688
<b>Immunization services provided according to standards</b>	<i>Support MOH in capacity building of H/Ws in providing safe immunization services.</i>					12,157
	Provide TA to harmonize national Infection Prevention guidelines and EPI Injection safety guidelines.		x	x		
	Provide support to compile required documentation to mobilize funds for review process			x		
	Provide TA during series of meetings to revise EPI Vaccination Manual		x	x		
	Print and disseminate revised EPI Guidelines.			x	x	
<b>To support implementation of the planned measles campaign in all districts</b>	<i>Support capacity building efforts to conduct a measles mass campaign</i>					1,044
	Support process of reviewing, updating orientation materials and prepre logistics for the campaign		x	x		
	Support orientation meetings to conduct the campaign		x	x		
	Support monitoring process of measles campaign activities		x	x		
<b>Support scale up of RED strategy in targeted districts from 36 to 72 districts</b>	<i>Support scale up of RED strategy activities to improve Immunization Coverage</i>					24,281
	TA to PHO to conduct visits to support microplanning process at community level in selected districts.	x				
	Conduct TSS for selected 15 low performing districts.	x	x	x	x	
	Visits to support implementation of RED strategy activities and documentation of Best Practices.	x	x	x	x	
<b>Support PHO to conduct TSS in targeted low performing districts to improve immunization coverage</b>	<i>Support quarterly TSS to low performing districts</i>					
	Select low performing district for more focused TSS.	x				
	Facilitate visits to improve planning for CHW activities.	x	x	x	x	838
	Support PHO in quarterly collection of HMIS data on number of districts attaining 80% full immunization coverage for children under one year.	x	x	x	x	
<b>Support Annual review meeting for EPI and other child health activities</b>	<i>Provide support for the preparation of annual review meeting.</i>					
	Visits to support PHO and selected districts for documentation of progress and innovations.	x	x	x	x	
	Support preparation of required documentation for the annual review meeting.		x	x	x	
	Conduct Annual Review meeting to review and share "Best Practices" on child health activities at Community Level				x	2,500
<b>To improve personal skills in the management and use of district service delivery data</b>	<i>Support two officers to attend APHA meeting in Boston, USA</i>					10,000
	Air Ticket to Boston - USA (Return)	x				2,500
	Meals and Incidental	x				1167
	Lodging	x				850
<b>Support to National level Issues and Partnerships</b>	<i>To strengthen Health Systems capacities to improve the delivery of child health activities.</i>					
	Participate in meeting to review developed draft proposals for GAVI phase two and Health System Strengthening.	x				Nil
	Support visits to monitor impact of Health Systems Strengthening.		x	x	x	Nil
	Participate in stake holder meetings to enhance coordination (Child Health, NMCC, Cas Management, Safe Motherhood					Nil
<b>COMPONENT TOTAL</b>						<b>60,119</b>

**Technical Area:** IRH - Safe Motherhood and Family Planning  
**Responsible person(s):** Francis Chanda/Bernard Kasawa  
**Goal:** To contribute to the national effort of reducing maternal morbidity and mortality  
**Overall Objectives:** 1 EmOC/FP: To have EmOC/FP services established in 18 districts by 2010  
2 PAC/FP: To have 60% of districts (43 districts) providing PAC/FP by 2010  
3 LTFP: To increase accessibility and availability of longterm FP methods in 60% (43 ) districts by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Build capacity and establish EmOC/FP services in 6 Districts</b>	<i>Train 10 EmOC/FP trainers, 5 from UTH and another 5 from Ndola Central hospital</i>					
	Conduct 1 six days EmOC technical update and revision exercise for 10 candidate EmOC trainers	x				
	Conduct 1 five days clinical training skills course for the 10 EmOC trainers	x				31,426
	Print 150 final copies of EmOC training package	x				30,000
	<i>Strengthen selected EmOC/FP sites in 6 districts</i>					Nil
	Conduct 6 four days site assessments	x	x			14,991
	Conduct 6 four days strengthening visits to address identified gaps	x	x	x		14,991
	<i>Train 60 health care providers in EmOC/FP</i>					Nil
	Conduct 6 two weeks EmOC training for 60 Health care providers from the 10 districts.		x	x	x	179,282
	<i>Provide 6 supportive follow up visits six weeks after training</i>					Nil
Conduct 6 four day follow up visits to all sites six weeks after training			x	x	11,991	
<b>Facilitate the scale up of PAC/FP services to 10 districts</b>	<i>Assessment and preparation of the training sites and potential facilities</i>					Nil
	Conduct a one day assessment of the remaining two provincial training site to determine readiness for PAC training	x				Nil
	Conduct 6 one day facility assessments for PAC services	x	x			5,278
	Strengthen the 6 facilities based on assessment findings		x			Nil
	Conduct 1 two days orientation workshops for 30 managers		x	x	x	20,733
	<i>Train 20 health providers in PAC</i>					Nil
	Conduct 1 five day Family planning Knowledge update/infection prevention workshops for 20 Health providers from the 10 districts	x				28,040
	Conduct 2 two weeks MVA standardisation courses for health providers from the 10 districts		x	x		60,606
	<i>Provide supportive supervision six weeks after training</i>					Nil
	Conduct 10 one day supportive follow up visits after training		x	x		17,581
<b>Facilitate the training of 140 health care providers in the provision of Long Term Family Planning services from 44 Health Facilities in 19 districts in 4 provinces</b>	Visit 4 provincial training sites to assess the suitability of training sites (Prepare training site )	x	x	x		6,881
	Hold a 4 days workshop on standardised FP manual for provincial FP trainers		x			15,425
	Hold a 2 day dissemination meeting of safemotherhood and FP guidelines for provincial and district staff	x				14,844
	Conduct 1day site assessments of 44 health facilities in 19 districts covering 4 provinces (Assess suitability for provision of LTFP methods )	x	x	x		9,441
	Conduct 9 5 day LTFP training courses for 140 health care workers, 3 drawn from each facility		x	x	x	160,578
	Carry out post training technical support supervision to 40% of the facilities trained in LTFP. The other 60% will be visited by the Provincial CCS			x	x	5,963
<b>Improve awareness and mobilize the community to utilize FP/PAC/EmOC services in 10 newly trained districts</b>	<i>Collaborate with HCP and other stakeholders in the development of IEC materials on FP/PAC/EmOC</i>					Nil
	Hold 4 one day meetings to review the existing IEC materials on FP/EmOC/PAC	x				3,672
	Hold a 2 day meeting to develop an orientation package for community based workers based on key information on FP/PAC/EmOC	x				Nil
	Hold a 3 days meeting to finalize editing of the orientation package and IEC materials	x				2,712
	Printing of 2000 copies of IEC materials for distribution to 72 districts	x				18,750
	<i>Orientation of community based workers to incorporate key information on FP/PAC/EmOC services in their activities</i>					3,672
	Support community sensitization activities on FP/PAC/EmOC by community based workers		x	x	x	Nil
	Increase the uptake of modern FP methods by adolescents through promotion of YFHS					Nil

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Improve awareness and mobilize the community to utilize FP/PAC/EmOC services in 10 newly trained districts</b>	Conduct site assessments in 10 districts in 4 provinces - Assess for availability and provision of comprehensive YFHS	x	x	x		3,200
	Hold a 4 days orientation program for 60 health care providers in adolescent pregnancy prevention (Family Planning)	x	x	x		39,122
	Conduct technical support supervision to 40% of health facilities providing modern FP for adolescents		x	x	x	7,656
<b>Establish a system for FP/EmOC/PAC programme and service improvement through quarterly analysis of collated data and service statistics</b>	<i>Collaborate with the PHOs, CCS and service providers in collecting data and service statistics every quarter</i>	x	x	x	x	Nil
	Conduct Quarterly analysis of the collected data and service statistics to determine weaknesses in services, the outcome of services and progress made	x	x	x	x	Nil
	<i>Share results of the analysis and recommendations</i>					Nil
	as feed back to all facilities, their respective districts and PHOs through reports every quarter	x	x	x	x	Nil
	Hold a 1 day orientation meeting for 18 Provincial health staff on the use of comprehensive safe motherhood supervisory tools		x			5,586
	as feed back to faciities in 4 provinces during the provincial reproductive health meetings		x	x	x	Nil
	as part of the M&E process at the HSSP quarterly review meetings	x	x	x	x	Nil
	with the respective FP/EMOC/PAC task groups every quarter as input in strategizing for	x	x	x	x	Nil
<i>Provide TA in the luanch and review of District Action Plans</i>			x	X	Nil	
<b>Participate in activities at national level that forster partnership, promote advocacy, coordination and resource mobilization for FP/PACand EmOC programs</b>	<i>Support the PAC task force to coordinate nationwide PAC activities</i>					Nil
	Call for and Hold quarterly meetings	x	x	x	x	Nil
	Provide TA in the National PAC strategy	x	x	x	x	Nil
	<i>Participate in the National safemotherhood task group meetings</i>					Nil
	Attend the quarterly SMH task group meetings	x	x	x	x	Nil
	Provide TA and leadership in the SMH areas of EmOC and PAC	x	x	x	x	Nil
	<i>Provide leadership to the EmOC tecnical working group</i>					Nil
	Support holding of FP TWG Meetings	x	x	x	x	Nil
	Support and Hold monthly EmOC TWG meetings	x	x	x	x	Nil
	Provide TA and coordination for the scale up of EmOC services	x	x	x	x	Nil
Leverage resources through the working group	x	x	x	x	Nil	
<b>COMPONENT TOTAL</b>						<b>712,421</b>

**Technical Area:** Performance Improvement  
**Responsible person(s):** Lastone Chitembo  
**Goal:** Improve quality of case management observation/record review during supervisory visits.  
**Overall Objective:** 60% of districts conducting case management observation/record review in at least 80% of supervision visits by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Analysis and documentation of quality of supervision</b>	<i>Review of documentation on quality of case management observation during supervision</i>					
	Work with MOH to analyse Baseline Survey Reports for quality of Case Management during supervision	x				
	Disseminate findings and prioritize intervention districts	x				
<b>Review the Performance Assessment and Technical Support Supervision tools to improve Case Management Observation/Record Review</b>	<i>Review of existing PA and TSS tools for health facilities to include HIV services</i>					
	Collect submissions for review of PA/TSS tools from all provinces	x				
	Hold workshop to review PA/TSS tools	x				12,747
	Work with MOH in dissemination of PA/TSS tools to PHD/CCSs		x			
	Participate in 1 Provincial PA to conduct assessment of the revised tools		x			4,684
<b>Monitoring implementation</b>	<i>Support MOH to strengthen supervisory services that focus on case management and quality improvement</i>					
	Provide TA to 6 selected districts in provision of Technical Supportive Supervision (that focus on case management) of hospital and health centre levels.		x	x	x	39,141
	Work with MOH in monitoring of Performance Assessment		x	x	x	4,684
	Participate in MOH PHDs Quarterly meetings to share experiences in Performance Assessment.		x	x	x	
	Participate in District Action Planning	x			x	1,391
<b>Support MOH/MCZ in accreditation of ART delivery sites</b>	<i>Roll out accreditation system to 21 Private ART sites</i>					
	Participate in finalization of guidelines for accreditation process	x	x			
	Work with MCZ to disseminate the accreditation plan to PHOs and Districts.		x	x		
	Work with Medical Council of Zambia (MCZ) to conduct training course for 30 surveyors/inspectors to undertake accreditation		x			20,330
	Work with MCZ to accredit 21 Private ART institutions			x	x	14,709
<b>Capacity Building and Study Tour focussed on Standards Development</b>	<i>Participate in International Workshops</i>					
	Participate in International Workshops focussing on Performance Improvement	x	x	x		4,361
<b>COMPONENT TOTAL</b>						<b>82,654</b>

**Technical Area:** Human Resource - Pre & In- service Training  
**Responsible person(s):** Lastina T. Lwatula  
**Goal:** To strengthen Human Resource capacity to provide ART, PMTCT and CTC services  
**Overall Objective:** 100% of graduates from COG, SOM and Nurse Training Schools trained to provide ART, PMTCT, CTC services by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Ensure all graduate doctors, Nurses and Clinical Officer General are trained in providing HIV/AIDS services</b>	<i>Support Chainama College to train 120 3rd-Year Clinical Officer General (COG) students in provision of HIV/AIDS services</i>					994
	Resource mobilization for training of COG graduates in provision of HIV/AIDS services	x	x	x	x	
	Work with Chainama College in training of COG graduates in provision of HIV/AIDS services		x		x	
	Conduct follow up assessment of graduates trained in provision of HIV/AIDS services	x	x	x	x	
<b>Ensure revision of curricula for Clinical Officer General (COG), School of Medicine Medical Doctors (SOM) and Nurses to incorporate HIV/AIDS and other priority health services</b>	<i>Support MoH and Chainama College to review COG Curriculum</i>					21,121
	Development of Teaching & Learning materials for COG curriculum - Procedure Manual	x				
	Development of Teaching and Learning materials for COG curriculum - Students Activity Guide		x			
	Devt of Teaching and Learning materials for COG curriculum - Evaluation Manual		x			
	Printing of 200 copies of COG Curriculum		x			
	<i>Support UNZA to review SOM Curriculum</i>					
	Curriculum Review-Sensitization Seminar for School of Medicine	x				
	Coordinate sourcing for funds for SOM curriculum review	x	x			
	Printing of SOM curriculum master document				x	
	<i>Support GNC to review curriculum</i>					15,637
Consensus meeting with stakeholders for incorporation of HIV/AIDS into Nurses curriculum		x				
Hold five day workshop to review curriculum for Nurses programs (RN and EN)			x			
Printing of revised curricula				x		
<b>Support PHOs and districts to plan for inservice training for HIV/AIDS and other priority health services</b>	<i>Provide TA to MOH to build capacities of HRDCs in utilization of the NITCS plan and use of NTGs</i>					32,808
	Support MOH orient MCZ and GNC in the use of NITCS and NTGs	x				
	Support PHOs orient District HRDCs in the use of NITCS and NTGs					
	Participate in Semi Annual Provincial PA and TSS	x	x	x	x	
	Support standardization of training package:	x	x	x	x	
<b>COMPONENT TOTAL</b>						<b>70,560</b>

**Technical Area:** Human Resource - Planning & Management  
**Responsible person(s):** Hilary Mwale  
**Goal:** Human Resource capacity strengthening  
**Overall Objective:** To improve/ maintain the staff-client ratio in at least 80% of C&D districts by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Support MOH/ DHMTS in developing &amp; implementation of retention policy/ programs to support the provision of HIV/AIDS.</b>	<i>Support MOH to develop and implement deployment and retention standards and procedures (guidelines)</i>					8,167
	Hold a TWG meeting to review and finalize the draft deployment and retention guidelines	x				
	Work with MoH to develop HR action plans for Resource Mobilization	x	x	x	x	
	Work with MoH to design and implement Retention Schemes	x	x			
	Work with MoH to evaluate retention policies concepts and strategies				x	
<b>Provide support to districts to ensure implementation of retention schemes in 54 C&amp;D districts</b>	<i>Support districts to plan and implement retention schemes</i>					31,742
	Participate in provincial and district plan meetings	x			x	
	Support HR TWG hold quarterly meetings to review (monitor) staff retention targets in C&D districts	x	x	x	x	
	Document quarterly reports on the retention performance in C&D districts	x	x	x	x	
<b>Monitor deployment and staff-client ratios in all 72 districts</b>	<i>Support MOH to monitor deployment numbers and Staff-Client ratios</i>					4,797
	Develop a Baseline study for staff client ratios in A, B, C & D districts	x				
	Develop a datbase for monitoring staff deployment and staff-client ratios	x				
	Produce quarterly reports on staff deployment numbers and ratic	x	x	x	x	
<b>Finalize and disseminate HIV/AIDS HR Planning Guidelines</b>	<i>Print and disseminate the HIV/AIDS HR Planning Guidelines</i>	x				13,953
	Revise and send document to printers	x				
	Hold a dissemination meeting for HIV/AIDS HR Planning Guidelines	x				
<b>COMPONENT TOTAL</b>						<b>58,659</b>

Technical Area: HIV Coordination

Responsible person(s): Elijah Sinyinza

Goal: Strengthen the provision of HIV/AIDS services in districts

Overall Objective: 60% (43) of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Strengthen program management and coordination for Health Sector HIV/AIDS services</b>	<i>Analysis and documentation of district provision of key HIV/AIDS services (ART, PMTCT, CTC, HBC) in districts</i>					
	Conduct an assessment of the provision of key HIV/AIDS services in districts	x				2,930
	Development of a coordination mechanism for HIV/AIDS services (ART, PMTCT, CTC, HBC)		x	x		
	Work with key stakeholders to develop a coordination mechanism (tool/guide) for HIV services (ART, PMTCT, CTC, HBC)		x	x		688
	Develop a guide/responsibilities for coordinating HIV/AIDS services (ART, PMTCT, CTC) at District Level		x			
	Support development of referral system procedures for delivery of HIV/AIDS services			x	x	4,531
	Participate in the district action planning for HIV/AIDS services	x			x	4,831
Participate in PA/TSS in two selected provinces	x	x	x	x	6,194	
<b>HIV/AIDS integrated into SWAP</b>	<i>Support MOH to integrate HIV/AIDS services into SWAP</i>					
	Update ART partners database annually	x				563
	Work with MOH to disseminate the BHCP at Central Level		x			15,278
	Work with MOH to develop and review proposals to global fund and other HIV/AIDS initiatives	x	x	x	x	
	Work with MOH to conduct NHA HIV sub-analysis		x	x	x	36,605
Develop a sustainability framework for HIV/AIDS service provision (ART, PMTCT, CTC, HBC)		x	x	x	11,016	
<b>HSSP HIV Coordination</b>	<i>Consolidate CCS field reports</i>	x	x	x	x	
<b>COMPONENT TOTAL</b>						<b>82,636</b>

Responsible person(s): Elijah Sinyinza

Goal: Strengthen the provision of HIV/AIDS services in districts

Overall Objective: 60% (43) of districts with at least one facility offering a minimum package of HIV/AIDS services by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Support PRA/MOH to strengthen the implementation of ADR/E reporting and ARV drug resistance monitoring</b>	<i>Analysis and documentation of district provision of key HIV/AIDS services (ART, PMTCT, CTC, HBC) in districts</i>					
	Train two PRA staff in data management					8,097
	Work with PRA to conduct Technical Support Supervision to nine provinces			x		10,450
	Procure 2 desktop computers, 2 printers and 1 projector for the Pharmacovigilance Unit		x		x	14,063
	Conduct three trainings in pharmcovigilance (25 participants per training) for private sector, Pharmaceutical Society of Zambia, ZMA, Nurses Association of Zambia	x				7,031
	<i>Provide assistance to develop operational systems for monitoring ARV drug resistance</i>					17,031
	Finalize development of the ARV drug resistance monitoring implementation plan	x				
Work with PRA to determine roles and responsibilities for drug resistance reporting		x				
<b>COMPONENT TOTAL</b>						<b>56,672</b>

**Technical Area:** Planning and Information Management  
**Responsible person:** Paul Chishimba/Emily Moonze  
**Goal:** Strengthening Systems for Health Information and Action Planning, with Emphasis on HIV/AIDS.  
**Overall Objective:** 100 % districts and hospitals use RHIS to plan for and manage HIV/AIDS services by 2010

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>90% of districts demonstrating appropriate use of data in planning for HIV/AIDS Services</b>	<i>Enhance use of Information at all levels of care</i>					
	Finalise drafting the RHIS Reference Guide		x	x		7,581
	Print the RHIS Reference Guide				x	
	Disseminate the Reference Guide to the Managers				x	10,706
<b>72 district use revised planning guidelines and tools to plan for HIV/AIDS by 2010</b>	<i>Finalise the integration of HIV-related data into the RHIS</i>					
	Finalise PMTCT/VCT and TB training materials	x	x			5,878
	Printing of PMTCT/VCT data and training tools		x			16,191
	Train 21 core trainers in the use of the materials			x		8,075
	<i>Upgrade the HMIS database from 2.5c to 3.0</i>					
	Reprogramme the HMIS database to include HIV	x	x			5,508
	Field test beta version on the copperbelt province		x	x		5,644
	Finalise database revision			x		
	Redeployment of the new database system				x	11,841
	<i>Revise Current Planning Process</i>					
	Solicit for input on areas of focus	x				
	Compile a working document to govern the revision	x				
	Hold consensus meeting for new planning process		x			5,836
	<i>Revise Current Planning Guidelines</i>					
	Develop a prototype structure for the new guidelines		x			1,172
Circulate the prototype structure to PHOs for comments		x				
Consolidate stakeholder's inputs		x	x			
<b>72 districts and 9 PHOs report progress on action plans by 2010</b>	<i>Develop an M &amp; E mechanism Monitoring Action Plans</i>					
	Develop a tool for analysis of quality of plans	x				
	Conduct a desk review on the 2006 action plans	x				469
	Support PHOs planning meetings with districts			x	x	3,553
<b>COMPONENT TOTAL</b>						<b>82,454</b>

**Technical Area:** CCSs - HIV/AIDS  
**Reponsible Person(s):** Clinical Care Specialists  
**Goal:** To improve the quality of and access to cost effective HIV/AIDS interventions  
**Overall Objective:** To reduce the spread of HIV/AIDS and improve the quality and access to cost effective interventions  
**Target:** To contribute to attainment of the national target of having 110,000 patients on ART by December 2007

Specific Objectives	Activities	Time Frame				Budget US\$
		Q1	Q2	Q3	Q4	
<b>To coordinate ART services (PMTCT/CTC/TB/ART/HBC) in the Province</b>	<i>Coordination of ART Services</i>					36,000
	Provide technical support to all ART sites in the Province	x	x	x	x	
	Facilitate the coordination of ART Coordinating Committees	x	x	x	x	
	Develop a data base (list) of partners in ART service provision and review it annually	x			x	
	Coordinate district planning for priority health areas including HIV/AIDS services			x	x	
<b>To provide technical backstopping and supervision to junior medical doctors implementing ART activities in the Province</b>	<i>Provision of TA to Junior Medical Doctors</i>					32,400
	Strengthen health workers' skills through Performance Assessment in districts	x	x	x	x	
	Conduct on-site TA to ART sites in the Province	x	x	x	x	
	Conduct quality assurance assessment of ART sites	x	x	x	x	
	Conduct regular technical support supervision to improve quality of clinical services	x		x		
<b>To support district hospitals and clinical HIV/AIDS programs and strengthen referral and continuity of care among health facilities</b>	<i>Supporting District Hospitals and Clinical HIV/AIDS Programs</i>					39,600
	Facilitate the provision of ART and other HIV/AIDS logistics	x	x	x	x	
	Participate in the Planning Review of District & Hospital Action Plans				x	
	Facilitate HIV/AIDS case observations and record reviews	x	x	x	x	
<b>To work with the existing Clinical Care Specialists to coordinate the scale up of ART in hospitals and health centers</b>	<i>Scaling up of ART Services</i>					45,000
	Assist the districts to identify, assess, and open up new ART, CTC, & PMTCT sites	x	x	x	x	
	Facilitate integration of HIV and TB in health facilities	x	x	x	x	
<b>To serve as Provincial ART Trainers</b>	<i>Building Capacity</i>					18,000
	Facilitate training of health workers in ART, CTC, PMTCT, STI, and opportunistic infections	x	x	x	x	
	Participate in training of health care providers in pharmacovigilance	x	x	x	x	
<b>To monitor and supervise Private Sector ART Provision</b>	<i>Working with the Private sector in the provision of ART</i>					9,000
	Facilitate site assessment and certification of private ART sites	x	x	x	x	
	Facilitate orientation of health workers to the use of ART adherence protocols	x	x	x	x	
<b>COMPONENT TOTAL</b>						<b>180,000</b>

**Technical Area:** Monitoring and Evaluation  
**Responsible Person(s):** Lizzie Peme-Tigere/Patrick Chewa  
**Goal:** Establish and maintain a system for tracking and evaluating program performance  
**Overall Objective:** To develop Tools and Procedures for Planning and Monitoring and ensure that Management and Technical Staff are routinely updated

Specific Objectives	Activities	Time Frame (Year 3)				Budget US\$
		Q1	Q2	Q3	Q4	
<b>Review workplans and coordinate program performance monitoring</b>	<i>Coordinate the review of work plans</i>					
	Coordinate the quarterly and annual review of work plans	x	x	x	x	35,625
	Consolidate workplans	x	x	x	x	Nil
	Submit annual plans to USAID	x	x	x	x	Nil
	<i>Consolidate reports on program indicators</i>					
	Coordinate development of quarterly reports	x	x	x	x	Nil
	Consolidate quarterly reports and submit to USAID	x	x	x	x	Nil
	Consolidate Annual Report and submit to USAID				x	1,047
	Consolidate PEPFAR Reports and submit to USAID	x		x		2,094
	Coordinate the development of success stories	x	x	x	x	10,294
Harmonize CCSs' reports with other HSSP reports	x	x	x	x	Nil	
Harmonize IRS' reports with other HSSP reports	x	x	x	x	Nil	
<b>Revise the Program M&amp;E Plan</b>	<i>Revise the M&amp;E Framework</i>					Nil
	Coordinate development of the M&E framework	x				
	Consolidate M&E framework	x				
	Coordinate development of program indicators	x				
	Consolidate and define the indicators	x				
	Revise Methodology for reporting on these indicators	x				
	<i>Revise Formats and Procedures for M&amp;E</i>					Nil
	Revise reporting formats for:					
	Bi-weekly meetings	x				
	Team meetings	x				
	Quarterly and Annual reporting/Reports	x				
	Case studies	x				
	Success stories	x				
	Training follow ups	x				
	Workshops	x				
Trips/Events	x					
General documentation	x					
Revise procedures for quarterly, annual reporting, research, and program information	x					
<b>Coordinate Program Updates</b>	<i>Coordinate Program Updates</i>					
	Coordinate the identification and analysis of indicators based on program interest	x	x	x	x	Nil
	Coordinate the writing of reports on the given indicators	x	x	x	x	
<b>Conduct program performance evaluations</b>	<i>Develop a Baseline Report for the Revised Program</i>					Nil
	Review the existing baseline report to identify gaps	x				
	Collect and analyze the missing information	x				
	Write a revised baseline report	x				
	<i>Carry out a Mid-Term Evaluation</i>					67,950
Develop a Mid-Term evaluation plan				x		
<b>Build capacity</b>	<i>Staff Training in M&amp;E</i>					
	Improve analytical and documentation skills - Short term training				x	11,390
	<i>District Support</i>					
	Strengthening Data Analysis for Program Planning and Monitoring and building capacity in 4					16,600
	- Prepare concept for GIS approach	x				
	- Orientation to the System	x				
	- Data Collection for 4 Districts	x	x	x	x	
	- District updates and system support	x	x	x	x	
- Trial runs and presentations	x	x		x		
- Fine-tuning of the system		x	x	x		
<b>COMPONENT TOTAL</b>						<b>145,000</b>