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TRIP REPORT

 **BASICS**

**ZCHP Planning Meeting
1-2 July 1996**

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ACRONYMS

AIMI	Africa Integrated Malaria Initiative
BASICS	Basis Support for Institutionalizing Child Survival
CA	Cooperating Agency
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
CMAZ	Church Medical Association of Zambia
CS	Child Survival
DDM	Data for Decision Making Project
EHP	Environmental Health Project
GOZ	Government of Zambia
HC	Health Center
HRIT	Health Reforms Implementation Team
IMCI	Integrated Management of Childhood Illness
JHU	Johns Hopkins University
JSI	John Snow, Inc.
LTTA	Long-term Technical Assistance
MOH	Ministry of Health
NGO	Non-governmental Organization
ODA	Overseas Development Agency (England)
OMNI	Opportunities for Micronutrients Initiatives
ORS	Oral Rehydration Solution
PSI	Population Services, Inc.
PHR	Partners in Health Reform
QAP	Quality Assurance project
RPM	Rational Pharmaceutical Management Project
STTA	Short-term Technical Assistance
USAID	United States Agency for International Development
ZCHP	Zambia Child Health Project

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I. INTRODUCTION

This report describes a technical meeting of U.S.-based, centrally-managed, USAID-funded project implementation agencies who play key roles in the Zambia Child Health Project (ZCHP). The BASICS project, implemented by Partnership for Child Health Care, Inc. is the coordinating agency which has placed full-time staff in Zambia. An additional set of seven to nine agencies are implementing partners through the BASICS delivery order or through direct arrangements with USAID/Zambia. BASICS convened, hosted, and provided facilitation support for this 2-day meeting which was designed to focus on technical issues, while acknowledging and tracking the administrative concerns of the group.

A draft design for the meeting was developed by BASICS and its Project Manager in consultation with USAID/Zambia, and refined based on interviews conducted by facilitator Judith Oki, partners, and the USAID Mission. The remainder of this section describes the purpose, outcomes, agenda, and participants; the following sections summarize key working agreements that resulted from the meeting.

The stated purpose of the meeting was “to further the development of the ZCHP work plan among the U.S.-based, centrally-managed cooperating agencies involved in the project.” Recognizing that the project had been designed in a highly participatory fashion, engaging all stakeholders in Zambia, care was taken to honor the spirit of that collaboration and the necessity of understanding and clarifying the technical issues among the USAID-funded cooperating agencies.

Intended outcomes for the meeting included

- A shared understanding of the current status of ZCHP objectives, bridging activities, and initial start up operations.
- A framework of technical strategies that will guide the development of the first integrated work plan.
- Priority activities for the major child health interventions, and possible sequencing for the first year of operations.
- Defined next steps in the planning process, culminating in the first Annual ZCHP Collaborative Meeting in the Fall.
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The intended outcomes were ambitious, and substantial progress was made in each area, with a series of subsequent meetings scheduled to further refine approaches.

The collaborating agencies and their USAID project managers were well represented as indicated in the participant listing that follows (* indicates full-time participants, all day, both days).

USAID

- * Steve Wiersma, USAID/Z/PHN
- * Paul Zeitz, USAID/G/PHN/HN/CS
- Al Bartlett, USAID/G/PHN/HN/CS
- Dennis Carroll, USAID/G/PHN/HN/EH
- Rochelle Thompson, G/PHN/FSPD
- * Suzanne McQueen, G/PHN/HSR

BASICS

- * Remi Sogunro
- Ron Waldman
- * Ken Heise
- * Bob Pond
- Pat Taylor
- * Karabi Bhattacharyya
- Rebecca Fields
- Marcia Griffiths
- * Abdi Kamal Ali Salah
- * Paultre Desrosiers
- * Rose Macauley

OMNI

- * Chad MacArthur
- Margaret McGunnigle

Quality Assurance Project (QAP)

- * Jolee Reinke
- * Dennis Zenger
- David Nichols

Environmental Health Project (EHP)

- * Andy Arata

MotherCare

Colleen Conroy

Zambia Family Planning Services Project (JSI)

- * Stephanie Silk

Data for Decision Making/CDC

- * Dan Martin

Partners in Health Reform (PHR)

Charlotte Leighton

* Kathy Krasovec

Johns Hopkins University (Subcontract to BASICS and QAP)

Gil Burnham

RPM

* Jean Pierre Sallet

PSI

* Brad Lucas
Barry Whittle

The schedule for the 2-day meeting is presented on the next page.

ZCHP Cooperating Agencies Meeting Schedule
1-2 July 1996

MONDAY

- 8:30 Start Up: Intros, Objectives, Agenda
- 9:30 ZCHP: Results Framework
- 10:00 Updates: Health Reform, Organizations,
USAID Funding, Operations/Setting Up
- 12:15 Summary: Issues/Challenges In
Implementation
- 12:30 Planning Process Overview (working
Lunch)
- 1:15 Major CH Interventions: Lessons learned
from bridging; key activities for Zambia;
scale; levels.
- 4:00 Summary: Agreement, Outstanding Issues
- 5:30 End of Day

TUESDAY

- 8:30 Improving Performance of Health
Facilities: -approaches (BASICS,
QAP, DDM/CDC)
- lessons learned
- application to ZCHP
- * presentations
 - * discussion
 - * summarize agreements, outstanding
issues
- 12:00 Community Partnership:
- presentations
(Working lunch)
-discussion
- summarize
- 2:30 Break
- 2:45 Private/Public Mix: brainstorm
criteria, process
- 4:15 Summarize
- 4:30 Conclusions/Next Step
- 5:30 End of Day

II. MEETING RESULTS

A. Proposed Norms

The group was asked to develop a set of working norms that would contribute to a successful meeting. The norms included

- speak as professionals in technical area, less from organizational representation
- acknowledge strengths and limitations of the various approaches/views that are presented and held
- articulate differences/disagreements clearly
- seek common ground: what is "core"
- focus on the technical; keep track of additional issues to be addressed

For the most part, the group adhered to these norms. There were a few times when it became necessary to speak from an organizational or project perspective in order to fully describe work undertaken, commitments that predated ZCHP and/or specific discrete activities, e.g., RPM. Additionally, between projects/approaches, different terms are used to describe similar intentions and potentially similar approaches, e.g., QAP and IMCI. Care was and will continue to be taken to clarify the terms, their meaning, similarities and differences.

B. Updates

The meeting was an excellent opportunity to get all the players on board with the current status of the project. Several inputs contributed to this updating: bridging activities that were shared during the introductory session; an overview of USAID/Zambia's revised results framework for the project; and a report by the Resident Advisor on stakeholder relationships, GOZ/MOH progress in health reform and the more mundane issues related to setting up, staffing and housing a new project operation. The bridging activities are listed here; the results framework and Resident Advisor's presentation were distributed as separate handouts.

BRIDGING ACTIVITIES

Individual projects undertook key activities needed to bridge the gap between the completion of the Zambia Child Health Project design and the execution of the contracting mechanisms for its overall implementation and management. This meeting represented an opportunity for the U.S.-based CAs to take a broad view of the activities that had been undertaken during the bridging period. Brief reports were provided by BASICS, OMNI, QAP, EHP, JHU and RPM. The work that had been undertaken by the Partnership for Health Reform Project was not directly a bridging activity and was discussed during the session on private sector strategies. The key activities that were presented

BASICS

- * Strategy for community partnership
- * Develop national training strategy
- * Launching IMCI course
- * Developed MOH/IMCI advisory group
- * Policy review: vitamin A supplementation, immunization, malaria drug development
- * Review district action plans

OMNI

- * NFNC (National Food and Nutrition Commission) planning
- * Two trips

QAP

- * Helped HRIT/QA Unit with problem solving approach
- * Put together series of monitoring and training events, Southern Province
- * Strategy for nationwide QA

EHP

- * Prepared environmental assessment for the project
- * Project design.
- * Phase I and II testing malaria drug
- * Anticipate third stage
- * Urban malaria assessments
- * Needs assessments for malaria in Africa
- * Kitwe — malaria; private sector and community partnership

JHU

- * Assessing health worker performance
- * Assessing how it changes after IMCI training
- * How to institutionalize QA

RPM

- * Reconnaissance visit
- * Attended national drug policy workshop

C. Implementation Challenges

The updates taken as a whole raised a series of implementation challenges that will need to be attended to throughout the next phases of planning.

- Coordinate with other donors, not stepping on each other.
- Changes coming out of malaria & drug policy meetings for the region.
- Identifying partners for training: who will do this in country hospitals, schools, decentralized.
- How to build capacity for monitoring and evaluation.
- Degree of control/influence logistics support that BASICS has over other CAs.
- How that will be negotiated?
- Willingness of CAS to work on issues beyond scope; to coordinate in an integrated fashion: where's the incentive?
- How CAs acknowledge, appreciate, use the coordinating role of BASICS.
- Sustainability/capacity building in light of current status of skills/human resources in Zambia.
- How to address institutional capacity issues.
- Implementing for sustainability: bridging activities, LTTA, STTA.
- What are the implications of USAID's approach? Large project, complex, TA dependent; how to do this/manage in ways that are more in line with what they want to accomplish.
- Getting into district action plans.

These challenges include project approach and strategy, stakeholder relationships, and inter-organizational coordination. Meeting these challenges will be a key element of subsequent meetings, and the collaborative meeting in the Fall.

D. Proposed Activities in Child Health Interventions

The meeting next looked at how standard child health interventions would be used to accomplish the objectives of the project. These interventions are intended to support objectives in the BASICS delivery order and USAID/Zambia's results framework. Specifically, these activities are intended to support the following

BASICS Delivery Order

Objective 2: "Improved Pre-service and in-service training of health center staff"

Objective 3: "Strengthening of MOH central, regional and district technical capacity in applied research, policy, technical guidance, planning and implementation"

Objective 4: "Strengthening the HMIS at community, HC, district, and national levels"

USAID/Z Results Framework

Intermediate Result 3.1: Improved quality of promotive, preventive and curative CS strategies

3.1.1: Improved technical capacity of district, provincial and central MOH

3.1.1.1: Improved flow and use of data at all levels

3.1.1.2: Improved case management by health care workers

IMCI: KEY ACTIVITIES

IMCI is a comprehensive approach that integrates training, quality improvement, policy, programming, planning and implementation, and monitoring and evaluation.

- In-service training, 2-week course for program managers, supervisors and public/private sector health workers.
- Site analysis to open a second training site.
- Promote inclusion of IMCI in pre-service training.
- Develop course for less literate health workers.
- Training of Zambian facilitators.
- Training center development.
- Identify community perspectives on quality and barriers to access.
- Study current practices of household management of childhood illness (treatment-seeking practices).
- Explore community management of drug funds.
- Review experiences/successes with neighborhood committees.
- Test models of community health center partnerships around a package of essential services.
- Develop quality standards.
- Develop/support implementation planning for a new malaria drug policy.
- Pilot test new policy.
- Chloroquine efficacy research.
- Study tours of malaria drug policy, essential drugs.
- Document and analyze cost recovery experiences in Zambia.
- Cost analysis for decisions on various vertical programs.
- Training in drug supply management and rational drug use for districts (province-wide); financial management, needs estimate, costing, and monitoring prescriptions.
- Develop software programs.
- Monitoring delivery of vitamin A supplement & iron; contraceptives.
- Work at policy level to ensure consistency in policy and practices, including dissemination of policy.
- Develop guidelines for district-level planning.
- Evaluate compliance of public/private sectors.
- Develop standards for what's reported.

NUTRITION

These ideas summarize the potential as viewed by the nutrition staff of the BASICS project and its collaborators at OMNI. An outstanding challenge is how to identify and work with the appropriate GOZ entity.

Ideas

- district staff included in formative research and subsequent implementation.
- develop guidelines for district planning in nutrition.
- LME training; time to move on to using *Zambian* trainers/resources.

IMMUNIZATION

- sustainability of program (develop indicators).
- look at where they're delivered.
- policy level activities.

MALARIA

- focus on the private sector, community, and NGOs by design.
- get *Zambians* focussed on an approach, other than chemicals, collect data, and conduct a feasibility study that analyzes options.
- assess bednet program sites.

E. Proposed Activities to Improve Performance of Health Facilities

This is the area in which the integration of approaches, tools and opportunities provided by IMCI, QAP and DDM are perhaps the most complex to work out. Each project has a role to play in several objectives; each agency has established approaches, tools, partnerships and histories in Zambia. The activities of these players are also intended to foster objectives 2,3 and 4 from the BASICS delivery order, and USAID/Zambia's intermediate results 3.1.1, as stated in Section D above.

SUMMARY OF AGREEMENTS FOLLOWING DISCUSSION OF BASICS, QAP, AND DDM ACTIVITIES AND PLANS IN THESE AREAS

- importance of improving performance at health facility.
- can develop set of activities for health facilities and supervisory level, i.e., district.
- priority is district and below.
- there is a role for central level.
- there is a role for national standards.
- QA unit has key role in developing QA process and ZCHP wants to support this.

- IMCI's work in defining standards and providing follow up to training needs to be linked with QA.
- facility-based assessments would use QA persons (committee, QA linkage facilitators, coaches, etc.).

An agreement was made to convene a smaller technical meeting of QAP, DDM and BASICS to look at

- components of common plan for the U.S. based CAs.
- DDM's additional work.
- how to integrate specific technical interventions into this overall plan.

F. Community Partnership

This is a key element of health reform in Zambia. It represents both an approach and a result and is described as the first objective of the BASICS delivery order and as an explicit result in the USAID/Zambia results framework.

BASICS Plan, Objective 1: "Health center and community partnerships supported form improved child health."

USAID/Zambia Results Framework

Intermediate Result 3.1.3: Improved access to child survival services

Intermediate Result 3.1.3.1: Formation of community-health center partnerships

This session yielded several agreements/operating principles to guide the work of the project in this area. Among the interim agreements/ conclusions

- Why community partnership?
 - empower communities
 - increase utilization
 - increase access
 - change household management of illness
 - change behavior
- Content of package for community partnership.
 - tools for assessment
 - illustrative activities
- What mechanisms?
 - neighborhood community—able to reach out to other places
 - fund districts through planning process

- NGO small grants: districts/NGOs.
- How to work with the government to organize?
 - engage HRIT input to criteria, selection
 - currently negotiating with GRZ on small grants program

A meeting was scheduled to prepare a package of ideas for the Resident Advisor to take back to Zambia for inclusion in the district health planning process beginning in August. The package would include

- Current proposed geographic focus of project.
- Mechanisms/tools for getting community input.
- What will it take to use the tools?; resources available?
- Illustrative activities, i.e., potential interventions best suited to the community level in the areas of diarrhea, bednets, nutrition, etc.
- Things that groups/committees can do.....bednets?
- Things that CHW/specialists can do.

G. Private Sector Partnerships

Expanding private sector participation in health care is a key element of health reform in Zambia. This session focused on current activities of agencies represented at the meeting, roles for the private sector in the child health interventions described earlier, and broader opportunities to move the government's agenda forward.

BASICS Objective 5: "Strengthening the public/private sector partnership for child health" and USAID/Zambia's Intermediate Result 3.1.3.2: "Greater participation of the private sector: focus on this area."

Current Activities

PSI/PROSALUD/URC

- conducting a feasibility study of franchising primary health care in Zambia (ODA funding; early USAID support).

RPM

- feasibility of privatizing medical storage.

OMNI

- commercial sector: food fortification for micronutrients.
- pharmaceutical sectors: formulation package, interfacing with distribution; community.

ZCCM/MALARIA

- provides bednets to employees.
- ZCCM has requested QA assistance from MOH.
- CMAZ.

PROPOSED PRIVATE SECTOR ACTIVITIES

- Franchising.
- Food Fortification (convening a multi sectoral national round table).
- Computerization of medical stores.
- Private pharmaceutical manufacturing, quality control.
- Training retail pharmacists.
- Malaria.
- Develop a strategy for private/public partnership.
- Costs of training.
- Private Sector Affairs Unit (Task Force).
- Support forum for private/public dialogue; e.g., regulation.
- Bednet activities (unsure about commercial distribution).
- Social marketing: ORS.

Types of activities represented above

- Operationalizing: task force, private/public dialogue, strategy.
- Provision of goods/services.
- Social marketing.

Types of activities most appropriate to year one

- Develop a strategy for private/public partnership.
- Private Sector Affairs Unit (Task Force).
- Support forum for private/public dialogue; e.g., regulation.

While individual CAs will continue to pursue appropriate private sector cooperation both within their individual scopes of work and within the context of ZCHP, PHR will focus on a work plan for the more strategic, structural activities that were agreed upon as appropriate for year one.

H. Proposed Geographic Focus

Individual groups have undertaken activities in a variety of provinces. The group developed a set of geographic areas where various approaches and activities look promising.

IMCI - Lusaka/Copperbelt

DDM - Western/Copperbelt

QAP - Western/Copperbelt; Southern Central Lusaka

AIMI - Southern/Western/Eastern IMCI

III. OUTSTANDING ISSUES

A "parking lot" was opened to track issues that were raised in the course of the meetings and not fully resolved. The items on the lot are described here.

A. Key Players/Contacts

Individual cooperating agencies have established relationships that have been built independently of the ZCHP activities. The listing here may include and/or supplement the primary and ongoing relationships between USAID's implementation team and GRZ/MOH Reform and Program Units.

QAP and its counterparts are influenced by

- DCB—donor funded with line functions.
- FAMS—local structure.
- UNICEF.

RPM

- Department of Pharmacy Services.
- HRIT.

LOCAL OFFICIALS/DISTRICT LEVEL

DHMT

- District Medical Officer.
- Health Information Officer.

DONORS

- WHO, DUTCH (DGIS), DANIDA, ODA, JICA, SIDA, GTZ, CIDA

NGOs

- International and local

PRIVATE — ZCCM (also QA Committee)

B. Concerns Regarding GRZ/MOH

- unsettled political atmosphere.
- evolving implementation structure: Central Board.
- demolition of central MOH/Program Department.
- over dependence on donor resources.
- lack of program leadership.
- lack of program evaluation.
- drug supply.
- lack of skilled manpower.

C. Issues on Hold

- How to get FPS/Other TA to strengthen community participation.
- PHR: At what levels will it work? What interventions?
- How do things like RPM, PHR fit into overall framework?
- Reflect/use more cross-cutting activities that are not in specific categories (IMCI, nutrition, environmental health, etc.).

IV. NEXT STEPS

A. Key Steps in Zambia Process

District health planning process begins in August

- Center works with province.
- Province works with district.
- District works with community/neighborhood teams.

September 10-14: USAID/GRZ/CAS/NGOs bilateral planning.

October 14: Collaborative meeting (above with donors).

B. Specific Actions Between Now and August

- Notes from this meeting organized by logframe objectives; Judith Oki to Ken Heise (7/5/96).

July Events

- 11 - 12 BASICS, DDM, QA regarding improving performance of health workers/facilities
(notes to all pax)
BASICS, OMNI, EHP meet regarding community partnerships (notes to all pax)

17 COB CAs submit revised year one work plan to Paul Zeitz (activities and budget).
18 - 19 Paul Zeitz and BASICS work to collate.
 Submitted to BASICS/Zambia.

August Events

BASICS/Zambia to discuss plan with the MOH and integrate into the ongoing district planning process.

V. **OBSERVATIONS AND SUGGESTIONS**

ZCHP's implementation model will continue to be exciting and challenging. The group has made progress toward a common understanding of USAID/Zambia's results framework for the project, and USAID's commitment to the participation of Zambian-based stakeholders in the development, implementation and monitoring of the project. The challenges that face the implementation group are relational rather than technical. It will be important to continue ensuring adequate dialog, good will, a results focus, and appropriate use of the strengths of each agency in the Zambia context.

The implementation model itself is probably worth some monitoring, in terms of synergy, efficiency, and effectiveness from a results perspective and from the perspective of the Zambian government, which is itself embarking on new ways to deliver technical services and health care.