

**Zambia HIV/AIDS Prevention, Care and Treatment (ZPCT) Project
Cooperative Agreement No. 690-A-00-04-00319-00
Quarterly Report for September 16 – December 31, 2004
Submitted by Family Health International (FHI)
January 18, 2005**

I. EXECUTIVE SUMMARY

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH) and the Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing ART, by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (C&T) and clinical care services for people living with HIV/AIDS (PLHA), including antiretroviral treatment (ARV).

Key achievements for this reporting period include:

- Rapid project start-up initiated with recruitment and hiring of ZPCT staff, identification of office space and procurement of office equipment and furniture.
- ZPCT partners meeting held from October 20-27, 2004 to discuss the major objectives of the program and detail roles and responsibilities of the Project Management Team (PMT).
- Strong partnership established with CBoH/MOH, including the discussion and agreement of ZPCT major objectives and strategies and provincial sites for implementation.
- National level stakeholders meeting held on November 26, 2004 to introduce the ZPCT partnership to key GRZ, donor and partner stakeholders.
- Site preparation visits carried out in Northern and North Western Provinces in three districts from December 6-17, 2004. Targeted districts were selected in collaboration with the Provincial Health Directors.
- Draft monitoring and evaluation and 18-month work plans developed by the ZPCT partners and submitted to USAID. These plans will be finalized in the following quarter after the completion of all district site preparation visits.

II. INTRODUCTION

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH) and the Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing ART, by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (C&T) and clinical care services for people living with HIV/AIDS (PLHA), including antiretroviral treatment (ART) programs in all districts in these five provinces. The project collaborates with the PHOs and DHMTs to strengthen service delivery at public sector facilities and to strengthen networks for referral between these and other public sector health services and communities. The program also collaborates actively with other donor agencies and partner organizations to build on, rather than duplicate, ongoing HIV/AIDS projects.

The program has an overall national focus with interventions at national, provincial, district and community levels utilizing health clinics, hospitals and community service delivery programs. At the national level, the program will offer technical assistance and coordination to the Ministry of Health, CBoH, and the National AIDS Council (NAC), as requested. At the provincial level, the program supports the GRZ through technical assistance and coordination, and at the district level the ZPCT assists the DHMTs and selected health facilities to provide, improve, and expand HIV/AIDS services. The project also works with and in communities to create demand for services and strengthen linkages between facilities and communities.

The program has been created in a flexible manner so that GRZ requests can be accommodated as needs arise. Some technical support staff will likely be physically decentralized or may be asked to sit in the CBoH or other identified institutions with their GRZ counterparts. Furthermore, all activities and related monitoring and evaluation processes and indicators will meet USAID and Emergency Plan requirements, and will be compatible with established government health management information systems (HMIS).

III. OBJECTIVES

The specific objectives of the ZPCT Partnership are to:

- Increase access to and use of HIV counseling and testing (CT)
- Increase access to and use of interventions for preventing mother to child transmission (PMTCT)
- Increase access to and strengthen delivery of clinical care for HIV/AIDS, including diagnosis, prevention and management of OIs, and other HIV related conditions and symptoms

- Increase access to and strengthen delivery of ART services at the provincial and district levels

These objectives will be met within the framework of the GRZ plan for scale up of ART programs and in full partnership with the CBoH/MOH at all levels.

IV. ACTIVITIES AND ACCOMPLISHMENTS FOR THE QUARTER

The first quarter activities included a range of activities to initiate the project and provide a solid base for project implementation.

➤ *Project Start-up*

The ZPCT Cooperative Agreement between USAID/Zambia and Family Health International was signed by USAID's Regional Agreement Officer on September 16, 2004 and signed by Family Health International on October 8, 2004. FHI staff arrived in-country on October 12, 2004 to initiate the project. Start-up activities included identification of office space, recruitment and hiring of ZPCT staff, and procurement of required office equipment and furniture. In addition to assistance with these logistical issues, technical assistance for planning and initiation of project activities was also given

In order to support the project initiation process, FHI/Arlington, MSH, and IHAA provided support through the technical assistance visits included in the table below.

Technical Assistance	Trips Taken
Program Management Start-up Trips (partner meeting, recruitment, work plan development, site preparation/ assessment and other start-up)	<ol style="list-style-type: none"> 1. N Lamson, FHI (October 2004) 2. K Sklaw, FHI (Oct- November 2004) 3. P Sanjana, FHI (October 2004) 4. L Mann, IHAA (October 2004) 6. S Thomas, MSH (November 2004) 7. N Lamson, FHI (Nov-December 2004) 8. L. Mann, IHAA (November 2004) 9. P Sanjana, FHI (December 2004) 10. K Ruckstuhl, FHI (December 2004)
Program Management Support	<ol style="list-style-type: none"> 1. M Diebel, FHI (December 2004)
Technical Assistance: VCT/PMTCT (Work plan development, National Partners Meeting and Assessment)	<ol style="list-style-type: none"> 1. G Sangiwa, FHI (October 2004) 2. J Kayita, FHI (November 2004) 3. S McGill FHI (Nov-December 2004)
Technical Assistance: PMTCT (Assessment)	<ol style="list-style-type: none"> 1. J Mandala FHI (December 2004)
Technical Assistance: Clinical Care & ART (Assessment)	<ol style="list-style-type: none"> 1. L Stuart FHI (December 2004)

Technical Assistance	Trips Taken
Technical Assistance: M&E (Partners Meeting, Assessment, Development of M&E Plan)	<ol style="list-style-type: none"> 1. W Tun FHI (October 2004) 2. I Kabore FHI (October 2004) 3. W Tun FHI (December 2004)
IT Support	<ol style="list-style-type: none"> 1. A Aliyongo FHI (October 2004) 2. A Aliyongo FHI (Nov/December 2004)

Partner agreements were also developed between Family Health International (FHI) and each of the Project Management Team (PMT) organizations, International HIV/AIDS Alliance (IHAA) and Management Sciences for Health (MSH). In addition, subagreement development is ongoing with Expanded Church Response (ECR), Kara Counselling and Training Trust (KCTT), and International Youth Foundation (IYF). A rapid response fund agreement was established with the Churches Health Association of Zambia (CHAZ), preparatory to development of a subagreement.

➤ ***ZPCT Partners Meeting***

A five-day partners meeting was held October 20 - 27 in Lusaka. Representatives of the PMT, comprised of representatives from FHI, MSH and IHAA met for three days (October 20 – 22), to discuss the major objectives of the program and detail roles and responsibilities of the PMT. The preliminary work plan and monitoring and evaluation indicators were drafted by the group. The ZPCT associate partners joined the meeting on October 26-27. Representatives from CHAZ, the ECR, Kara Counselling, and the IYF participated in the meeting. Lisa Luchsinger, USAID/Zambia Senior HIV/AIDS Advisor, provided opening remarks for this portion of the meeting.

The PMT and associate partners discussed the skills, experience and capacities each organization bring to the program and defined specific roles and responsibilities related to each of the major program objectives (Attachment 1). The need for strong communication and coordination with other organizations and with the GRZ was emphasized, as was the responsibility to ensure that the ZPCT project fits within the needs and objectives of the government’s overall HIV/AIDS program.

During the course of the meeting, the PMT discussed data collection and reporting systems for the program. Given that the ZPCT data collection system needs to be compatible with the national health management information system (HMIS), the group dedicated time to discussion of the structure and functioning of the national system. A draft ZPCT indicator matrix was developed, including the flow of data collection and reporting. The ZPCT information system will be two-tiered with information collected at the health facility and community levels to create a comprehensive information system, including referrals and linkages between the various service delivery points. Details of the information system and indicator

matrix will be finalized in the following reporting period after the conclusion of the site preparation visits and discussions with the CBoH/MOH and representatives from the Health Systems Support Project (HSSP). The various M&E tools of all the partners will be reviewed and harmonized to ensure that compatible and complementary information is being collected across the program.

➤ ***Partnership with the CBoH/MOH***

USAID arranged meetings with CBoH officials to introduce the ZPCT Partnership. Barbara Hughes, Health and Population Officer, and Lisa Luchsinger, Senior HIV/AIDS Advisor, accompanied Ken Sklaw, FHI/Arlington, (representing ZPCT) to a meeting with Dr. Ben Chirwa, Director General, CBoH, on November 3, 2004. The major objectives and plans for the ZPCT were presented, and the five provinces proposed for project activities were discussed. Dr. V. Mtonga, Director of Clinical and Diagnostic Services, was identified as the primary CBoH contact for the project. A follow-up meeting was convened with Dr. Mtonga on November 10, and the project provinces confirmed: Central, Copperbelt, Luapula, Northern and North Western. At this meeting, Dr. Mtonga requested that the project work closely with Dr. Albert Mwango, ART Programme Coordinator.

A subsequent meeting was held with Dr. Mwango (November 16) at which plans were made for a National Stakeholders Meeting in Lusaka and for introduction and preparatory activities for the ZPCT in the provinces. These meetings began an effective collaboration with the project's primary contacts in the CBoH at the national level.

➤ ***Coordination with National Level Partners/Stakeholders***

A national stakeholders meeting was held on November 26, 2004. The meeting was opened by Dr. Ben Chirwa, the Director General of the CBoH, and co-chaired by Dr. V. Mtonga, CBoH and Nancy Lamson, ZPCT. Brief introductory remarks were made by Lisa Luchsinger, USAID, and Dr. Mtonga presented the ZPCT Partnership within the framework of the national plan for scale up of ART. Participants at the national stakeholders meeting included representatives from all of the ZPCT partners, USAID, Central Board of Health, other USAID-funded organizations, the University Teaching Hospital, and JICA. The purpose of the meeting was to introduce the project and its partners to major stakeholders and organizations involved in HIV/AIDS. The ZPCT presented the strategic approach of the project, including start-up implementation plans and the strategy for the first year of implementation. Participants were invited to provide input and comments on the first year plans of the project. The meeting created a foundation for continued collaboration and coordination with GRZ and other key stakeholders.

➤ ***Introduction of ZPCT to Provinces/Selection of Districts***

ZPCT team members worked with Dr. Mwangi, CBoH, to draft introductory letters and briefing materials to send to the Provincial Health Directors (PHDs) for each of the five provinces. Information on the proposed schedule for the visits was provided:

Nov 30 to Dec 3: Teams A and B to Copperbelt
December 6-10: Team A to Northern Province and Team B to Central Province
December 13-17: Team A to Luapula Province and Team B to North Western Province

The timeline for the site preparation visits was extremely ambitious, due to the need for expedited project start up and the impending rainy season. Delays in obtaining signatures from the CBoH delayed dissemination of the letters. In the end, the letters and briefing packages were hand-delivered to the PHDs on November 25. At the insistence of the PHDs, and with the facilitation of Dr. Mtonga, the schedule for the site preparation visit was revised to provide for more notice and communication with the provinces. The revised schedule, agreed upon, was:

Dec 6 – 10: Northern Province
Dec 13 – 17: North Western Province

Visits to the final three provinces were scheduled for after the Christmas holidays to be conducted simultaneously by two teams:

January 10 – 14: Team A to Central Province and
January 10 – 19: Team B to Luapula Province
January 17 – 21: Team A to Copperbelt Province
January 24 – 26: Team A to Kabompo District, North Western Province

The project plan specified that activities would be initiated in two districts in each province during the first phase of the project. The criteria for selection of districts were included in the materials sent to the PHDs. At the direction of the CBoH, the first district would be the provincial center in each province. Additionally, the PHD for each province was requested to select a second district taking into consideration criteria outlined:

- District population density
- Health indicators, including HIV/AIDS prevalence
- Underserved area
- Potential to achieve impact within a short time period
- Health facilities that meet or can meet national standards for provision of one or more of the HIV/AIDS services included in this program
- Adequate human resources, existing partners, and enabling environment for rapid scale-up

Prior to ZPCT team travel to the districts, selection of the second site was discussed with the PHD, and a district identified.

➤ *Site Preparation*

Site preparation visits were conducted in two provinces (Northern and North Western), visiting three districts (Kasama and Nakonde in Northern and Solwezi in North Western) from December 6-17, 2004. The team planned to visit Kabompo District in North Western Province, but was unable to due to logistical problems. This district will be added to the visits planned for January 2005.

The purpose of the visits was to determine the readiness of potential health facilities to rapidly support VCT, PMTCT, and clinical services (including ART) for PLHA, as well as for communities to support facility-based HIV/AIDS related activities. The Central Board of Health, from the national to the district levels, was involved in the planning and carrying out of the visits. ZPCT deployed a team to each province composed of members representing partner organizations who were experienced and able to address key programmatic elements necessary to contribute to the strengthening and expansion of HIV/AIDS services:

- Counselling and testing (C&T)
- Prevention of mother to child transmission (PMTCT)
- Clinical care (including management of opportunistic infections and ART services)
- Pharmaceutical management
- Laboratory services
- Community mobilization
- Monitoring and Evaluation (M&E)

Initial meetings were held with the Provincial Health Director and DHMTs from the selected districts to introduce the ZPCT and plan for visits, including identifying facilities to be visited. Discussions at the provincial and district levels focused on a presentation of the general overview of the ZPCT project, the provincial strategic plans and district action plans. Relevant reports, studies and plans were collected from the provincial and district offices to inform ZPCT activities and to avoid duplication of activities with other organizations and initiatives, and to maximize collaboration.

At the health facility level the teams assessed the comprehensiveness and capacity of services offered and identified gaps and opportunities for project implementation. These visits went beyond assessing site readiness and mapped out strategies to build upon local opportunities and possible solutions to overcome identified gaps. Simultaneous to the health facility visits, ZPCT visited the surrounding community to discuss with community leaders and members HIV/AIDS efforts currently being undertaken by the community and to identify possible partners for project implementation, particularly to mobilize communities to enhance involvement in the

project. Key informants were critical to the development of draft implementation plans at the district and health facility/community levels, particularly in determining solutions best suited to the local environment and building on available resources. The table below lists the health facilities visited in each district.

Province	Districts	Health Facilities
Northern	Kasama	Kasama General Hospital Kasama Urban Health Center Location Urban Health Center Chilubula Mission Rural Health Center Lukupu Rural Health Center
	Nakonde	Chilolwa Rural Health Center Nakonde Rural Health Center Waitwika Rural Health Center Mwenzu Rural Health Center
North Western	Solwezi	Solwezi General Hospital Solwezi Urban Health Center St. Dorothy Rural Health Center Mapunga Rural Health Center
	Kabompo	<i>Visit delayed until January 2005</i>

At the end of each week, a feedback session was convened to provide a summary of the team's findings to the key informants from the DHMT, health facilities and communities. As part of these meetings recommendations from the teams, next steps and implementation plans were outlined and agreed upon.

Staff at health facilities identified the major constraints to site readiness as lack of trained staff, guidelines and protocols, ARVs, HIV test kits, quality laboratory services (including lack of quality assurance systems), and post-exposure therapy. The government's ARV fee structure was also cited as an issue since it is prohibitive for the poor. (Please see Attachment 2, Facility Overview chart, from the draft ZPCT site preparation report.) Following the site preparation visits, sub-agreements will be developed with the DHMTs for health facilities in the district and with community groups to initiate district-level implementation in the following quarter.

At the conclusion of the two December site visits, the ZPCT team prepared a draft assessment report. The draft report was submitted to USAID at a debriefing on December 20, 2004 at which key preliminary findings were discussed. A final report with overall analysis and recommendations for each district will be prepared in the following quarter, along with the site preparation report for the remaining districts.

➤ *Development of Monitoring and Evaluation Plan*

An overall ZPCT monitoring and evaluation plan is being drafted to respond simultaneously to program information needs, as well as those of USAID/Zambia, the

Presidential Emergency Plan and the GRZ's national HIV/AIDS program. During the partners meeting in October 2004 each PMT partner developed a detailed monitoring and evaluation (M&E) plan for its activities, specifying indicators, definitions, sources of data, frequency of data collection and proposed targets. This is also part of each subagreement developed with the associate partners. An overall ZPCT M&E plan will be developed based upon the individual plans and information collected during the site preparation visits. The ZPCT M&E plan will be finalized during the following reporting period.

➤ *Development of 18-Month Work Plan*

A draft 18-month work plan was developed during the October ZPCT partners meeting by FHI, MSH, and IHAA with input from the associate partners, and revised following the meeting. A preliminary draft work plan was submitted to the ZPCT USAID CTO on November 8, 2004. Following review and comment, it was agreed that a final work plan would be submitted after the site preparation assessment visits to the districts are completed and the agreements with implementing agencies in the districts are drafted.

V. CHALLENGES

The ZPCT Partnership has a great opportunity to work with the GRZ and make a positive contribution to the scale up of HIV/AIDS services in Zambia. The project also faces many challenges. These challenges will only be met through close collaboration with the CBoH, USAID, other donor agencies, and partner organizations.

Notable challenges exist in the following areas:

➤ *Human Resources*

Staff capacity and availability at all levels within the provinces are considerably below what is required, especially at the health center level.

➤ *Incentives for government staff*

Donor policies on payment of government staff and topping up of salaries differ. This could pose difficulties to the ZPCT Partnership when recruiting staff to be seconded to the MOH/CBoH and when introducing the project at the health facilities.

➤ *Availability of ARVs and commodities*

An uncertain supply of ARVs has contributed to waiting lists in areas visited. Test kit supply is also uneven.

- *Accessibility of ARVs*
The GRZ's cost sharing policy (40,000 Kwacha per month) is prohibitive to many; in addition many health facility staff, as well as their clients, are unaware of the exemption policy and criteria.
- *National Guidelines and Protocols*
Guidelines and protocols, where they do exist, are not widely distributed and available at the health facilities. In addition, quality assurance protocols and systems are lacking.

Strategies for responding to these challenges will be incorporated into the ZPCT work plan.

VI. PLANS FOR THE FOLLOWING QUARTER

Highlights from the plans for the next quarter are described below. In addition to the specific activities listed, the ZPCT Partnership will continue efforts to build a solid relationship with the CBoH and to collaborate with other partners in expanding and strengthening HIV/AIDS related services.

- *Complete assessments in provinces*
Site preparation visits to Central, Copperbelt and Luapula Provinces, as well as Kabompo District in North Western Province will take place early in the following reporting period.
- *Develop and execute subagreements*
A 'sub-agreement development' process will take place in the districts visited to initiate the project implementation phase at the district level. ZPCT technical and program specialists will be involved in the sub-agreement development process along with DHMT and health facility staff and community members. Subagreements currently under development with associate partners will also be executed.
- *Present site preparation assessment results*
Following finalization and production of the report of results from the assessments, the ZPCT, in collaboration with the CBoH, will present the findings of the assessment and implementation plans at a meeting of stakeholders (GRZ, donor agencies, collaborating partners, etc) to be held in Lusaka. Comments and feedback, and areas for collaboration in the provinces will be sought.
- *Initiate activities with implementing agencies in the provinces and districts*
Activities in the districts will be begun as soon as subagreements are finalized. Specific activities will depend on the readiness of each facility, but it is anticipated that considerable refurbishment, training, and technical assistance will be required.

- *Establish provincial offices*
During the next quarter, key provincial ZPCT staff will be recruited and hired and provincial offices will be established.
- *Finalize work plan and M & E plan*
Based on results of the site visits and subagreement development process, the ZPCT Partnership work plan will be finalized and submitted to USAID for approval.

The M&E plan will be finalized on the same schedule and submitted with the work plan. As part of the process for finalization of this plan a one-week meeting will be conducted with M&E staff from each of the partner organizations.

- *Conduct training assessment*
Information on current training materials, existing training programs and strategies will be gathered. A training plan for the ZPCT will be developed that includes accessing current training programs and identifies those areas where training will need to be developed. Strategies for on-the-job training and supportive supervision and mentoring will be used. As part of this assessment, existing national guidelines and protocols will also be identified.
- *Collaborate with CBoH and HSSP, on a Concensus Building Meeting on National Training Packages for HIV/AIDS, ART, CT, and PMTCT Services*
ZPCT will host a meeting on January 24 for all key players to review training materials and curricula presently in use. The purpose of the meeting is to agree on a training package to be used nationally in each of the key technical areas.

Attachment 1

Zambia Prevention, Care and Treatment Program Partners Meeting in Lusaka, Zambia October 20-22, 2004 and October 26-27, 2004

I. Project Management Team

PMT Roles and Responsibilities

FHI	International HIV/AIDS Alliance	MSH
VCT		
<ul style="list-style-type: none"> ▪ QA/QC for counselling and testing ▪ Strengthening existing services <ul style="list-style-type: none"> ➢ Training of HCW except lab ▪ Broaden entry points to VCT through STI, TB, outpatient services ▪ Participating in technical working group ▪ Strengthening counselor support groups at site level 	<ul style="list-style-type: none"> ▪ Revive and coordinate VCT partnership ▪ Advocacy at national level ▪ Promote male access to VCT and couple counselling ▪ Lay counsellors training ▪ Mobile VCT clinics ▪ Train youth counsellors for youth friendly corners/services ▪ Establish & strengthen post test clubs ▪ Community mobilisation & service promotion ▪ Participating in technical working group 	<ul style="list-style-type: none"> ▪ Commodities management ▪ HMIS focusing on VCT at site ▪ Training in commodity management and HMIS. ▪ Training lab related issues ▪ QA & QC for testing
PMTCT		
<ul style="list-style-type: none"> ▪ Strengthen PMTCT services at facilities ▪ Nevirapine for mothers/babies ▪ Family planning ▪ Follow up of mother and baby ▪ Referral to other services w/in health clinic and community ▪ Promote family centred approach ▪ Counselling (including couples) at health facility level 	<ul style="list-style-type: none"> ▪ Establish Parent to parent/mother to mother to be support group – as part of NGO/CBO grant ▪ Same as VCT above 	<ul style="list-style-type: none"> ▪ Same as VCT above
ARV Services		
<ul style="list-style-type: none"> ▪ HMIS for clinical management ▪ Creating centres of excellence ▪ Develop COE <ul style="list-style-type: none"> ➢ Identify mentor district ➢ Clinical consultation networks ➢ Strengthen QA system ➢ Clinical consultation within the province and site & referral network. ➢ Site renovation 	<ul style="list-style-type: none"> ▪ Community education ▪ Service promotion & referral ▪ Adherence support (buddy system) *linked with commodity availability and management ▪ Promote gender equity. ▪ Advocacy for food security ▪ Train PLHA as treatment support workers to work within health facilities 	<ul style="list-style-type: none"> ▪ Strengthen inventory management systems, logistics, commodities, forecasting and drug security ▪ Laboratory – QA and QC ▪ Adapt lab and pharmacy SOPs ▪ Training lab and pharmacy
Basic Health Care & Support		
<ul style="list-style-type: none"> ▪ Clinical care & OI management ▪ Pain management ▪ Nutritional counselling ▪ Prophylaxis for victims sexual abuse ▪ Referral to other services w/in health clinic and community 	<ul style="list-style-type: none"> ▪ Psychosocial support (create linkages with RAPIDS) ▪ Establish support & referral teams ▪ Legal support 	<ul style="list-style-type: none"> ▪ Lab & pharmacy management ▪ Promotion of use of service

II. Associate Partners Overview and Roles

International Youth Foundation

- ❖ Has been active in Zambia working through four partner organisations; YMCA, Red Cross, Girl Guides and YWCA targeting youth below the age of 26.
- ❖ IYF will work through its 4 partner organisations to strengthen tracing and follow-up systems among youth.
- ❖ Community mobilisation and outreach for youth to increase access to VCT, ART and PMTCT.

Kara Counselling & Training Trust

- ❖ The organisation's focus has been to increase access and use of VCT services in 6 sites in Lusaka province and one site in Central province (Kabwe).
- ❖ Kara identified roles on the PCT project as that of:
 - Training lay counsellors and youth peer counsellors
 - Quality assurance and control for counselling and testing by providing counselling supervision and facilitating development of National VCT guidelines and counselling code of ethics.
 - Strengthening of existing counselling and testing through capacity building
 - Advocacy at national level on counselling and testing related issues.
 - Promotion and implementation of mobile and counselling and testing activities
 - Strengthening counsellor support groups through meetings, stress management sessions and exchange visits.
 - Promote family centred approach by training counsellors in family centred approaches of counselling and provision family counselling.

CHAZ

- ❖ CHAZ will work with the PCT project through member mission hospitals by implementing and strengthening counselling and testing, PMTCT, ARV and basics health care and support services in five provinces.

Expanded Church Response (ECR)

- ❖ Faith based organisation working through affiliated church mother bodies.
- ❖ ECR will work through its church member organisations:
 - Increase involvement of the church and FBOs in community mobilisation for HIV and AIDS activities and services.
 - Build capacity of youth church leaders
 - Strengthen counsellor support groups.
 - Establish mother-to-child support groups in the church and its community.

University of North Carolina

- ❖ UNC will work with PCT project to strengthen research and training on identified areas.

ATTACHEMENT 2

FACILITY OVERVIEW (NORTHERN PROVINCE)

Name of Facility	Location	Profile	Services available	Comments
Kasama General Hospital	Kasama District	<ul style="list-style-type: none"> • 2nd level hospital for Northern province • 347 beds • 47% bed occupancy rate • Catchments population 200,000 • Has nursing school (Registered Nurses) 	<ul style="list-style-type: none"> • All 2nd level clinical care services • ART • VCT, • Laboratory • Pharmacy 	<ul style="list-style-type: none"> • Needs more staff training in comprehensive HIV/AIDS management • Preventive therapy • Dissemination of guidelines and protocols • Strengthening of ART clinic • Initiate PMTCT
Kasama Urban HC	Kasama District	<ul style="list-style-type: none"> • Hospital affiliated health centre • Serves about 200 clients per day 	<ul style="list-style-type: none"> • General clinic • TB diagnostic centre • MCH (without labour & delivery) • VCT • Laboratory • Pharmacy 	<ul style="list-style-type: none"> • Train more health workers in HIV/AIDS management (ART, OIs, VCT, PMTCT) • Training in IP • Improve on HIV children care • Initiate preventive therapy • Introduce support group, social support for orphans and PLHA • Dissemination of guidelines and protocols • Initiate PMTCT
Location Urban HC	Kasama District	<ul style="list-style-type: none"> • Within Kasama • 20 Beds for Admission • Serves about 90 clients per day 	<ul style="list-style-type: none"> • General clinic • TB diagnostic centre • MCH • Youth friendly services • Laboratory • Pharmacy 	<ul style="list-style-type: none"> • Train more health workers in HIV/AIDS management (ART, OIs, VCT, PMTCT) • Training in IP • Initiate VCT • Supply HIV test kits • Initiate PMTCT • Improve on HIV children care • Initiate preventive therapy • Make guidelines available + Dissemination • Water basin required for examination room
Chilubula Mission RHC	Kasama District	<ul style="list-style-type: none"> • Mission Rural Health Centre • 35 KM from Kasama town centre • Catchment population 12,860 • Referral center for 9 health posts 	<ul style="list-style-type: none"> • General clinic care • TB diagnostic centre • MCH • VCT • PMTCT • ART Monitoring • Laboratory 	<ul style="list-style-type: none"> • Train more health workers on HIV primary care, OI management, ARV monitoring, PEP • Initiate OI prophylaxis • Training in universal precautions • Strengthen VCT and mobile VCT • Strengthen PMTCT

Name of Facility	Location	Profile	Services available	Comments
		<ul style="list-style-type: none"> 75 beds for admission 	<ul style="list-style-type: none"> Pharmacy Home Based Care 	<ul style="list-style-type: none"> Upgrade HMIS: data clerk needed Improve HIV pediatric care Increase nutritional supplementation
Lukupu Rural HC	Kasama District	<ul style="list-style-type: none"> Rural HC 10 KM from Kasama Town centre Catchments population 11,000 40 beds for admission 	<ul style="list-style-type: none"> General clinic care TB diagnostic centre MCH VC HBC Laboratory & Pharmacy 	<ul style="list-style-type: none"> Train more health workers in HIV/AIDS management (ART, OIs, VCT, PMTCT) Training in universal precautions Strengthen VCT (test kits required) PMTCT start up Improve on HIV children care Initiate preventive therapy Make guidelines available + Dissemination Improve consistence in recording of VC information
Chilolwa Rural HC	Nakonde District	<ul style="list-style-type: none"> Rural HC 37 KM from Nakonde Catchment's population 12,777 (35 Villages) 8 beds Serves about 80 clients per day 2 nurses only 	<ul style="list-style-type: none"> General clinical care TB treatment only (DOTS) MCH Dispensary 	<ul style="list-style-type: none"> Need to increase number of health workers Training in VCT Space for VCT required Training in universal precautions Initiate HIV testing (Rapid test kits required) Start PMTCT ART follow up Improve on HIV children care Initiate preventive therapy Availability and dissemination of guidelines & protocols

Name of Facility	Location	Profile	Services Available	Comments
Nakonde Rural HC	Nakonde District	<ul style="list-style-type: none"> • Within Border town of Nakonde • Serves about 100 clients per day • Catchments population • 20 beds 	<ul style="list-style-type: none"> • General clinical care • TB diagnostic centre • MCH • VCT • HBC • Laboratory & Pharmacy 	<ul style="list-style-type: none"> • Requires training in comprehensive HIV/AIDS management (ART, PMTCT, VCT) • ART start up • PMTCT start up • Universal precautions training • Refurbishing of examination rooms
Waitwika RHC	Nakonde District	<ul style="list-style-type: none"> • Rural HC • 28 Km from Nakonde town • Catchment population: 11,498 • 14 beds • 2 nurses only 	<ul style="list-style-type: none"> • General clinical care • MCH • VC • HBC • TB treatment • Dispensary 	<ul style="list-style-type: none"> • Train in HIV primary care, OI management, ART monitoring, PEP • Universal precautions training • VCT start-up • Refurbish 2 consultation rooms • Provide reliable means of transportation (repair/upgrade motorbike)
Mwenzu RHC	Nakonde District	<ul style="list-style-type: none"> • Rural HC • 8 Km from Nakonde town • Catchment population: 17,900 • Referral center for 12 health posts • 44 beds • Serves over 50 clients per day (average: 7,970 daily contacts/quarter) • 4 nurses only 	<ul style="list-style-type: none"> • General clinical care • MCH • VC • TB treatment (DOTS) • Dispensary • HBC 	<ul style="list-style-type: none"> • Increase number of health workers • Train in HIV primary care, OI management, ART monitoring, PEP • Universal precautions training • VCT start-up • Refurbish 2 consultation rooms • Initiate PMTCT

FACILITY OVERVIEW (NORTH WESTERN PROVINCE)

Name of Facility	Location	Profile	Services Available	Comments
Solwezi General Hospital	Solwezi District	<ul style="list-style-type: none"> • 2nd level referral hospital for North-western province • Catchments population 600,000 • 350 beds • 32% Bed occupancy rate • Has nursing school (enrolled nurses) 	<ul style="list-style-type: none"> • All 2nd level clinical care services • ART • VCT, PMTCT (just started) • Laboratory • Pharmacy 	<ul style="list-style-type: none"> • More training in ART, PMTCT, VCT • Strengthen ART clinic • Strengthen PMTCT • VCT • Training in UP • Preventive therapy including PEP • Improve childhood HIV care
Solwezi Urban HC	Solwezi District	<ul style="list-style-type: none"> • Within Solwezi Urban • Catchments population 20,000 • Sees about 3,900 new OPD cases per month • 4 beds for observation (up to 48hrs) 	<ul style="list-style-type: none"> • General clinic • TB diagnostic centre • MCH (without labour & delivery) • Youth friendly services • VCT, • Laboratory • Pharmacy 	<ul style="list-style-type: none"> • Training in comprehensive HIV care • Complete maternity ward • Strengthen VCT • Start PMTCT • Training in UP
St. Dorothy RHC	Solwezi District	<ul style="list-style-type: none"> • Rural HC • Catchment population: 15,120 • 16 beds • Average of 40 clients per day 	<ul style="list-style-type: none"> • General clinic • MCH • Youth Friendly services • VCT • Laboratory (not functional) • Dispensary 	<ul style="list-style-type: none"> • Train in HIV primary care. OI management, ARV monitoring, PEP • Universal precautions training • Strengthen VCT • Start PMTCT • Renovate counseling room for auditory and visual privacy • Provide means of transportation (e.g., motorbike) • Water well runs dry; install pump for bore hole • Install incinerator
Mapunga RHC	Solwezi District	<ul style="list-style-type: none"> • Rural HC • 165 Km from Solwezi town • Catchment population: 15,000 	<ul style="list-style-type: none"> • General clinic • MCH • Plan to begin VCT: 1 trained counselor on site 	<ul style="list-style-type: none"> • Train in HIV primary care, OI management, ARV monitoring, PEP • Universal precautions training • Provide current version of

Name of Facility	Location	Profile	Services Available	Comments
		<ul style="list-style-type: none"> • 6 beds 	<ul style="list-style-type: none"> • Laboratory • Dispensary • HBC (started 12/04) 	<p>Standard Treatment Guidelines</p> <ul style="list-style-type: none"> • Refurbish room for male inpatient beds • VCT start-up • PMTCT start-up • Provide reliable communication (radio broken X 1 month) • Provide means of transportation (e.g., motorbike)