Zambia Prevention, Care and Treatment Partnership II (ZPCT II)

Work Plan
January 1, 2012 – December 31, 2012

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Abbreviations

ADCH	Arthur Davison Children's Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASAZA	A Safer Zambia
ASW	Adherence Support Worker
CARE	CARE International
CBO	Community-based Organization
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control
CHAI	Clinton Health Access Initiative
CHAMP	Comprehensive HIV/AIDS Management Program
CHAZ	Churches Health Association of Zambia
CSH	Communications Support for Health Program
COMET	Community Empowerment through Self Reliance
COP	Chief of Party
CRS	Catholic Relief Services
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DHIO	District Health Information Officer
DHS	Demographic Health Survey
DMO	District Medical Office
EID	Early Infant Diagnosis
EQA	External Quality Assistance
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GDA	Global Development Alliance
GIS	Global Information System
GHI	Global Health Initiative
GNC	General Nursing Council
GPRS	General Packet Radio Service
GRZ	Government of the Republic of Zambia
HAART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
IEC	Information, Education and Communication

IPT	Intermittent Preventive Treatment (for malaria in pregnancy)
IQC	Internal Quality Control
IYCN	Infant and Young Child Nutrition
JICA	Japanese International Cooperation Agency
KCTT	Kara Counseling and Training Trust
LMIS	Laboratory Management Information System
M&E	Monitoring and Evaluation
MBP	Mother-Baby Packs
MC	Male Circumcision
MCH	Maternal Child Health
MCP	Multiple Concurrent Partners
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MSF	MEDECINS SANS FRONTIERES
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NPU	National Pharmacovigilance Unit
NZP+	Network of Zambian People Living with HIV/AIDS
OGAC	Office of the Global U.S. AIDS Coordinator
OI	Opportunistic Infection
OR	Operations Research
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
RH	Reproductive Health
SAWSO	The Salvation Army World Service Office
SCMS	Supply Chain Management System
SFH	Society for Family Health
SI	Social Impact
SIU	Strategic Information Unit
SLMTA	Strengthening Laboratory Management Toward Accreditation

SMS	Short Message System
SOP	Standard Operating Procedure
STAMPP	Strengthening TB, AIDS and Malaria Prevention Programs
STI	Sexually Transmitted Infection
STEPS OVC	Sustainability Through Economic Strengthening Prevention and Support for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations.
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
WHO	World Health Organization
ZISSP	Zambia Integrated Systems Strengthening Program
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPI	Zambia Led Prevention Initiative

I. Introduction

This document presents the work plan for the Zambia Prevention, Care and Treatment Partnership II (ZPCT II) for the period January - December 2012. ZPCT II is a five year (June 1, 2009 – May 31, 2014) Task Order (GHH-I-01-07-0043-00) between Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US $124,099,097.

Strengthen the Zambian National Health System: ZPCT II works with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system by maximizing five strategic cornerstones: access, equity, quality sustainability and systems strengthening in the delivery of comprehensive HIV/AIDS services.

ZPCT II works in direct partnership with the Ministry of Health (MOH) and the National HIV/AIDS/STI/TB Council (NAC) and aligns all program activities and inputs with Zambia's *National Health Strategic Plan 2006 – 2011.* The *Strategic Plan* envisions "equity of access to assured-quality, cost-effective and affordable health services as close to the family as possible." ZPCT II shares this GRZ vision in which all Zambians – regardless of location, gender, age, race, and social, economic, religious, cultural or political status – have equal access to HIV/AIDS services in the communities where they live. ZPCT II takes an integrated approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation of ZPCT II programming.

Scale up HIV/AIDS Services: In this work plan period, three new districts will be supported by ZPCT II. This will bring the number of supported districts to 44.[1] In 2012, ZPCT II will support 20 new facilities across 44 districts reaching a total of 370 MOH and CHAZ mission facilities.[2] ZPCT II will also support six additional private sector health facilities in 2012 bringing the total to 24. To ensure that the MOH has the capacity to scale up essential HIV/AIDS services, ZPCT II will continue to provide financial, technical, material and other support to the district medical offices (DMOs), health facilities and to the provincial medical offices (PMOs) including the new province called Muchinga province[3].

ZPCT II will increase the emphasis on quality of services in public, mission and private health facilities. Some progress has been made in institutionalizing Quality Assurance/Quality Improvement (QA/QI) processes in all HIV service areas and ensuring full integration into day to day operations at all levels. This is being expanded to include MC. The MOH is still considering adopting ZPCT II's QA/QI system for key HIV/AIDS services and we expect this process will move faster because MOH has hired a QA/QI specialist supported by EGPAF.

Sustainability: A sustainability strategy was built into the ZPCT II program from the start. All assistance has been and will continue to be provided in collaboration with the MOH within its existing structure and systems. New emphasis is put on increasing the Ministry's capacity to manage and maintain improved HIV/AIDS services at the provincial and district levels in close partnership with the PMOs and DMOs. ZPCT II's additional focus on strengthening key

[11] Please note that the GRZ has added two new districts (one in Northern, and one in North-Western). In addition, Chilubi Island will be added to the supported districts. ZPCT II is working in some facilities in the new district areas but does not yet have recipient agreements with the DMOs since they are not gazetted yet.

[2] GRZ has recently built two new district hospitals in Central Province (Kapiri Mposhi and Mumbwa). These are currently supported through ZPCT II, including the old hospitals that have now been transformed to urban health centres.

[3] The new government has declared the northern half of the former Northern Province as Muchinga Province. ZPCT II currently supports 6 districts in the new province

components of the health system such as laboratory and pharmacy support services will ensure sustained capacity to support HIV/AIDS services in Zambia. Across all technical areas, ZPCT II will train facility and community-based health care workers (HCWs) to strengthen their ability to provide quality HIV/AIDS services and to expand the availability of these critical services. All capacity building efforts targeting the PMOs and DMOs to manage HIV/AIDS programs will ultimately help with sustainability beyond partner/donor support. Partnerships with community and faith-based organizations (FBOs) will further expand the reach of comprehensive HIV/AIDS services. ZPCT II has a systematic plan to graduate districts that have attained a certain level of quality based on the QA/QI results from intensive technical support. This is being done in a phased manner so that all districts are graduated by the end of the overall project period. During this period, ZPCT II plans to graduate at least seven more districts, to bring to 26, the total number of districts that will be graduated by December 2012.

Gender: In close collaboration with the MOH and other partners, ZPCT II will integrate gender across the technical areas of the project. The technical strategy for integration of gender into ZPCT II programming is based on the gender-based drivers of the epidemic in Zambia and ZPCT II's contractual mandate to support the delivery of HIV/AIDS prevention, care and treatment services at facility and community level. ZPCT II will address the five PEPFAR crosscutting strategies; however, because of its clinical mandate it is better positioned to contribute significantly in relation to the first and second strategic crosscutting areas, namely: ***increasing equity in HIV/AIDS programs and services and reducing violence and coercion.*** ZPCT II will track gender indicators across all program areas (see ***Annex J*** for the list of gender indicators.)

Approaches will be aligned with the Global Health Initiative (GHI) Principles and Guidelines on Gender Equity and the Women & Girls Centered Approach. They will also build on existing frameworks and models for service delivery including the incorporation of gender into the current standard training packages for community cadres (see Objective One). In addition, ZPCT II is promoting male involvement in PMTCT by mobilizing communities and involving traditional leaders to improve health-seeking behaviors among men. ZPCT II will support facility and community based activities to improve detection and management of gender-based violence (GBV). Learning from the success in couple counseling in CT and PMTCT settings in Luapula Province, and other USAID funded best gender practices that involve men, ZPCT II will replicate this model in other provinces. The objective will be to increase the uptake of couple counseling and integration of MC messages into CT, MCH/PMTCT/FP services, a potential avenue to reach men,

Linkages between the facility and the community level and vice versa are essential as is the inclusion of services for survivors of GBV into the district referral networks, including PEP and counseling for rape. These efforts will go beyond health facilities and also target civil society partners to enable broader social action.

Engagement with Government and Partners: ZPCT II works in full partnership with the NAC and the MOH at the central, provincial and district levels. ZPCT II is currently represented on all major MOH/NAC technical working groups (TWGs) dealing with HIV issues including: prevention, CT, PMTCT/pediatric HIV, Adult ART, paediatric ART, MC, laboratory, commodity security, family planning, early infant diagnosis (EID), quantification/procurement, clinical care/ART, ART accreditation, palliative care, monitoring and evaluation (M&E) and tuberculosis (TB)/HIV. These groups bring together the entire range of stakeholders, including GRZ, USG entities, other donors and implementing partners to guide and support development and coordination of policies, plans and strategies to combat HIV/AIDS and related diseases. ZPCT II will coordinate closely with other USAID/Zambia programs including the Zambia Led Prevention Initiative (ZPI), the Zambia Integrated Systems Strengthening Program (ZISSP), and Communication Support for Health (CSH) Program, and the Community-Based Prevention Initiative for Orphans and Vulnerable Children, Youth and

Other Vulnerable Populations Program (STEPS-OVC), and JSI/ USAID Deliver/SCMS. ZPCT II also coordinates program support and technical assistance with UNICEF, the Clinton Health Access Initiative (CHAI) and supports the Community Empowerment through Self Reliance (COMET) private sector Global Development Alliance (GDA) like partner via collaboration with the Comprehensive HIV/AIDS Management Program (CHAMP).

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

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

For a full list of sub partners and roles and responsibilities see ***Annex C.***

Work Plan Presentation: The work plan is organized into six main sections covering program activities, program and financial management, strategic information, and reports and deliverables. The program activities are arranged by ZPCT II's five objectives and sub-objectives. This section provides a general description of the objective, the implementation strategy, critical issues and challenges, projected targets, coordination and activities. See the Gantt chart in ***Annex A*** for a detailed implementation plan by objectives. See ***Annex B*** for a detailed listing of short-term technical assistance and planned external travel in support of the detailed implementation plan.

II. Program Activities

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

A. Implementation Approach

Efforts to improve HIV/AIDS prevention care and treatment services can only occur in the context of a sound overall health system. ZPCT II will continue to strengthen the broader health sector by improving/upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity and gender sensitivity among health care workers,

and strengthening key support structures, including laboratory and pharmacy services and data management systems including ensuring disaggregation by sex. As HIV/AIDS is a chronic condition, ZPCT II will continue helping health facilities orient services toward long-term comprehensive patient management including screening for chronic conditions such as diabetes and hypertension, effective patient tracking and increased patient capacity for self-care. ZPCT II will work with both the health facilities and communities to provide a full range of complementary services essential to the well-being of those living with and affected by HIV/AIDS. This will include two way referrals for clients to access different services.

ZPCT II will continue strengthening the PEPFAR guided minimum package for prevention with positives (PwP) and will ensure the inclusion of PwP messaging in CT, ART, PMTCT and MC services. The project will concentrate its efforts in the first two PEPFAR strategic crosscutting areas; to promote gender equality and increase equity in HIV/AIDS programs and services and reducing violence and coercion.

During this work plan period, ZPCT II will provide programmatic, financial, and technical support to 370 MOH and CHAZ facilities in 44 districts in the five focal provinces through recipient agreements. See ***Annex D*** for a list of recipient agreements.

ZPCT II will support training activities for health care workers and community volunteers to strengthen CT, PMTCT, clinical care, ART and MC services. This includes selection of a training firm to support MC trainings on behalf of ZPCT II, and support post-training follow-up and on-site mentoring of trained facility staff and volunteers. ZPCT II will also continue supporting the final phase of MOH and GNC pilot program of task shifting on ART prescribing from doctors/clinical officers to nurses in designated districts. We are revising existing service provider training packages where necessary for facility and community based providers to include gender-sensitive approaches and best practices to promote positive gender attitudes and values for gender-sensitive service delivery within CT, PMTCT, CC/ART settings.

B. Critical Issues and Challenges

- **Human resource shortages:** Human resource shortages have been a persistent problem in the supported facilities. ZPCT II continues to support task shifting through training additional community volunteers to assist in the provision of HIV/AIDS services, and through the provision of limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services. However, the large number of needed community volunteers and their transport reimbursement costs are exceeding the budget for this activity and is an issue for sustainability. While all training programs include a module on M&E which includes a documentation component, the need for constant post-training mentoring to ensure consistent correct documentation is an ongoing issue as sometimes trained MOH staff are rotated to other facilities and replaced by non-trained staff. ZPCT II also supports the nurse prescriber program which trains nurses to prescribe ART drugs.
- **Inconsistent documentation of services including the new elements e.g. HIV re-testing:** Inconsistent documentation was noted to be a challenge in some of the ZPCT II supported facilities particularly in sites where there was staff turnover either due to transfers, deaths or resignations. ZPCT II provided on-site mentorship to new staff that were brought in and will continue to do so even during this work plan period.
- **Gender integration:** While male involvement is improving in PMTCT services, the increase has not been significant, particularly in urban areas. The project will work towards a more robust integration of gender into program activities at facility and community level. For instance evidence based male involvement guidelines will be adapted to the Zambian context and will include a community mobilization component for male referral to PMTC and CT services.

- **CD4 count machine breakdown:** Breakdown of CD4 machines experienced in some of the supported facilities impacts negatively on CD4 count access for HIV positive clients including pregnant women. Whenever these breakdowns were identified, ZPCT II liaised with the vendors and the MOH to ensure that the machines were repaired quickly. In this work plan year, ZPCT II will continue to liaise with vendors to ensure speedy repairs are done. In addition, ZPCT II will explore the placement of more FACSCount machines in the districts to allow for re-direction of the specimens to facilities with functional instruments to ensure continuity of service provision.
- **Shortage of dry blood spot (DBS) blood collection bundles:** Collection of DBS samples for HIV DNA Polymerase Chain Reaction (PCR) testing for HIV exposed babies continue to be negatively affected by shortages of DBS bundles. ZPCT II redistributes bundles in some of the facilities, and will continue to explore approaches to streamline the ordering system such as including DBS bundles in the national approved logistics system for other laboratory supplies to ensure that DBS sample collection continues with minimum interruptions.

C. Objective 1— Key Results for January 1, 2012 – December 31, 2012

- 370 MOH and mission health facilities providing CT in all clinical services with 718,999 clients receiving HIV counseling and test results. Of these, 20 are new sites while 350 are continuing sites.
- 24 private facilities providing CT and PMTCT services – six new sites this year.
- 359 MOH and mission facilities offering an integrated PMTCT package serving 205,398 pregnant women and providing antiretroviral prophylaxis to 21,276 HIV-positive clients. Of these sites 20 will be new this year.
- 135 MOH and mission facilities providing ART, initiating 37,487 new clients (2,893 of them children) and supporting 182,504 currently on ART including 12,805 children. 370 MOH and mission facilities providing basic health care to 268,986 HIV-positive clients, including 20,838 children.
- 50 MOH facilities offering MC as part of the MOH's comprehensive HIV/AIDS package. 14 of the new sites will be added in 2012

D. Coordination

All activities are done in close collaboration with the MOH at district, hospital and provincial level through recipient agreements as discussed above. In addition, program activities coordinate directly with other USG partners including ZISSP, JSI SCMS and USAID Deliver, CSH, JHPIEGO, Prism and Comet. In addition, the referral networks link closely with STEPS/OVC and ZPI. Other non USG partners include the Gates MC Consortium, MSF Spain in Northern Province and JICA in Central Province.

1.1: Expand Counseling and Testing Services

A. Implementation Approach

Recognizing that CT is the entry point for all other HIV/AIDS services, the GRZ adopted a policy to make routine CT available in all clinical service areas. During the January – December, 2012 work plan, ZPCT II will collaborate with DMOs and PMOs to support ongoing CT services through the activities highlighted below. During this work plan period, CT services will be initiated and strengthened in 20 more new facilities across the five supported provinces to reach a total of 370 sites. In addition, six more private health facilities will be added on to reach a total of 24 private sector sites that will be providing CT services by

December 2012.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section. The activities will be implemented in 370 facilities.

1.1 Counseling and Testing		**Life of Project Targets**	**Work Plan Targets Jan- Dec 2012**
1	Service outlets providing CT according to national or international standards	370	370
2	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	718,999* (513,601 CT and 205,398PMTCT)
3	Individuals trained in CT according to national or international standards	2,316	491

Note:* *The overall CT target is 718,999. With the NGI, CT includes both those counseled and tested under general CT (513,601) and also under PMTCT (205,398). The first number is the number of clients reached through CT services and the second number includes the number of women reached with CT through PMTCT as per the NGI.*

- **Training**: 491 HCWs and 607 community cadres will be trained in the different CT courses (a total of 55 courses across the five provinces) to support initiating and strengthening CT services in the facilities as well as the community followed by on-site post-training mentorship for all newly trained HCWs and community volunteers. Courses include basic CT, couples counseling, supervision counseling youth CT, child CT MC counseling as well as orientation on gender including extended counseling for discordant couples. While the focus for the basic courses will be for the new sites as well as covering attrition in the old sites, the refresher courses will be for those that were trained more than two years ago.
- **Strengthen HIV prevention activities**: This will include strengthening the implementation of PwP activities for those who test positive through training HCWs using the standardized PwP module in the CT training package as well as using the checklist. In addition to condom education and distribution, special emphasis will be made to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines.
- **Integrating of CT and FP services**: To strengthen this, ZPCT II will continue training of CT HCWs in FP counseling, and orienting community volunteers working in CT services on FP messages, as well as enhancing referrals to FP services where needed in the existing 362 facilities (350 public and 12 private), including the new sites. In addition, routine CT, using the 'opt out' approach, will be strengthened where FP services are being provided with emphasis on couple counseling. Finally we will reinforce repeat HIV testing in CT clients including risk reduction counseling both at facility and community level
- **Implement BCC strategies**, including a focus on health seeking behavior in relation to CT. The emphasis will be on the participation of traditional and other opinion leaders in promoting responsible male sexuality.
- **Referring HIV negative CT clients,** as appropriate to community-based risk reduction programs. Each referral will be recorded in the outgoing referral register and referral codes indicate what service was referred for.

- Ongoing support in the use of QA/QI tools for CT service provision through orientation and training of HCWs, integration of the QA/QI process into the provincial performance assessments and district-level capacity building in data management

- **Integration of gender** issues into CT and PMTCT trainings
- **Integration of CT into MC;** ZPCT II will continue to integrate CT into MC services by referring uncircumcised CT clients to MC services and ensure testing corners are set at MC sites. Negative gender norms will be addressed and women's ability to negotiate condom use as well as counseling to ensure abstinence from sex during the healing process.
- Strengthen the ongoing screening for gender based violence (GBV) within CT settings through improved screening and referral of GBV
- Revise and finalize the counseling training packages for service providers at the community and facility levels in order to make them youth friendly and include gender based topics such as prevention of GBV. Youths will be sensitized on their rights and the need to report GBV related issues to appropriate centers
- Facilitate the provision of mobile CT services for the two national events, i.e. VCT day and World AIDS Day. Strengthen couple-oriented CT in all the supported provinces using the best practice from Luapula Province which emphasizes participation by traditional and other opinion leaders in mobilizing men.
- Couples oriented CT training that addresses MC, multiple concurrent partnerships (MCP) and general health seeking behaviors among men will be replicated
- Implement youth-friendly CT through ongoing recruitment of young people already trained in basic CT as lay counselors, providing youth-centered training for CT providers and linking CT to existing facility youth-friendly corners where feasible. Continue providing ongoing technical assistance to all supported sites including monthly monitoring and evaluation of service statistics by both provincial office as well as Lusaka office
- Implement provider initiated opt-out testing with same-day results in new facilities and integrate CT into other clinical areas such as antenatal care (ANC), TB, STIs, pediatric care (with child-friendly space and services), MC and FP and also referring the HIV negative CT clients, as appropriate to community-based risk reduction and prevention services
- Evaluate the use of glucometers in the 20 pilot innovation sites to screen for diabetes in Central and Copperbelt provinces before rolling out to other provinces
- Strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, as part of the World Health Organization's (WHO) recommended intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes (i.e. continuing the pilot for diabetes screening in ten facilities (five in central province and the other five from Copperbelt Province).
- Hold semi-annual unit meeting
- Facilitate the dissemination of Medical Male Circumcision information to women and encourage couple counseling in MMC settings
- Print 1,000 gender-sensitive job aids and circulate in all new CT and PMTCT areas.

1.2: Expand Prevention of Mother-to-Child Transmission (PMTCT) Services:

A. Implementation Approach

PMTCT is an essential component of the GRZ's national ANC policy and service package. ZPCT II will support PMTCT in the existing 340 sites and further scale up services to 20 new facilities during this work plan period for a total of 360 sites. In addition, 24 private sector sites

will also be providing PMTCT services.

ZPCT II will provide ongoing comprehensive technical assistance to strengthen and expand PMTCT in the five program provinces (soon to be six with the addition of Muchinga province) in Zambia. PMTCT services will be strengthened and better integrated into the overall health system, as well as within the HIV/AIDS continuum of care. ZPCT II will accomplish this through continued enhancements to current approaches and activities, including outreach PMTCT, support to increase the number of positive pregnant women delivering in the health facilities through continued monitoring of bicycle ambulances from the communities to the facilities.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section.

1.2 Prevention of Mother-to-Child Transmission		**Life of Project Targets**	**Work plan Targets Jan-Dec 2012**
1. 1	Service outlets providing the minimum package of PMTCT services	359	359
2. 2	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	205,398
3. 3	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	21,276
4. 4	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1023

- Training of 1,023 HCWs and 350 community cadres in PMTCT (through 55 courses) to support initiation or strengthening of PMTCT services and mentorship of PMTCT providers to ensure provision of services using the opt out strategy
- Train ZPCT II and MOH staff on detection and management of GBV
- Incorporate gender issues in PMTCT trainings and technical support to community cadres, including youth counselors and TBAs
- Create testing corners in all new facilities and distribute gender-sensitive job aids.
- Strengthen implementation of the new WHO (2009) and Zambian (2011) PMTCT guidelines: Enhance ‘reflex’ CD4 screening as soon as HIV positive status is established; ensure that all HIV positive eligible pregnant women are initiated on HAART early; provision of combination ARV prophylaxis as a minimum (phasing out NVP) for those not eligible. This will be done through strengthening the sample referral system, and training more nurses in ART eligibility screening and nurse prescribers as feasible.
- Integrate PMTCT with HIV prevention, malaria, maternal, newborn and child health (MNCH), TB and FP services with emphasis on male involvement. This will be done through a) strengthening primary prevention and TB intensified case-finding activities through utilization of the chronic care checklist and sputum collection for those having symptoms suggestive of TB. b) building the capacity of health care workers involved in CT, ART and PMTCT to provide FP counseling and services, and c) emphasizing the importance of malaria prophylaxis interventions, such as treated bed nets and Intermittent Preventive Therapy (IPT) for pregnant women in ANC as part of PMTCT training and mentorship.

- Print, distribute and strengthen the use of updated job aids to the supported facilities and orient the PMTCT providers
- Strengthen implementation of PwP within PMTCT services for those who test positive through training using the standardized PwP module in the PMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients, referral to ART, consistent and correct condom use (including female condom where available) and other appropriate services as needed.
- Continue addressing the unmet need for FP among HIV positive women by providing on-site mentorship for PMTCT and ART providers and putting in place tracking and referral mechanisms to FP as part of the continuum of care
- Support gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms/schedules to accommodate couples.
- Replicate couples oriented CT training that addresses MC, multiple concurrent partnerships (MCP), general health seeking behaviors among men. Implement revised service provider training packages for facility and community based providers to include gender-sensitive approaches and best practices to promote positive gender norms for service delivery within PMTCT settings
- Continue following up of pregnant women who test negative and strengthen routine retesting after three months with accompanying risk reduction messaging. This will be done through the community volunteers who will provide reminders about retesting.
- Complete implementation of HIV retesting study to assess the value of repeat HIV testing prior to delivery in selected ZPCT II supported facilities while increasing male involvement and HIV+ peer mother support groups in selected sites.
- Mentor the TBAs (who already work as lay or PMTCT counselors in some districts) to promote PMTCT and delivery at health facilities by providing prevention education, adherence support and mother/baby follow-up at the community level and appropriate referrals to needed services across the continuum of care
- Continue expanding the role of PMTCT community counselors to include, establishing and supporting HIV positive mother support groups at the facility and in the communities; supporting facility staff and mobilizing pregnant women to access PMTCT services
- Provide supervision, guidance and support to communities on the use of bicycle or motorbike ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities and lobby for more bicycles to replace the broken ones and roll out to other facilities that do not have them
- Evaluate implementation of SMS technology to assess improvement in turnaround time for DBS results - strengthen mentorship for HCWs to ensure that consent forms for SMS technology are being administered on parents/caregivers. Scale up initiative if shown to be effective.
- Provide systematic mother/baby follow-up and tracking through maternal, newborn and child health (MNCH) clinics including initiation of co-trimoxazole administration for PCP prophylaxis, early infant diagnosis through DBS, sample collection for HIV DNA PCR testing, provision of extended NVP prophylaxis and infant feeding counseling (in collaboration with the Infant and Young Child Nutrition (IYCN) program
- Initiate transportation of DBS samples for early infant diagnosis EID and results to and from the ZPCT II supported polymerase chain reaction (PCR) lab at Arthur Davison Children's

Hospital (ADCH) in Ndola in all new facilities through the courier system

- Strengthen implementation of PMTCT SmartCare in selected health facilities across the five supported provinces
- Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use
- Strengthen male involvement in PMTCT by replicating and adapting effective models to the Zambian context
- Monitoring progress in model sites in CT/PMTCT and plan for exchange/study visits for learning purposes
- Continue supportive supervisory visits with national level PMTCT program staff to selected ZPCT II supported sites twice a year, as the MOH is available.
- Support national level PMTCT Technical Working Group meetings as needed to address ongoing challenges and disseminate best practices and lessons learned.
- Continue strengthening PMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services
- Revise and print gender-sensitive job aids following the 2010 new PMTCT guidelines

1.3: Expand Treatment Services and Basic Health Care and Support

A. Implementation Approach

Access to antiretroviral therapy and clinical care is essential to the survival of people living with HIV/AIDS (PLHAs). By the end of December 2012, ZPCT II will assist the MOH to scale up ART services in 135 facilities and basic HIV/AIDS care in 370 facilities, including two new ART sites. By December 2012, more than 182,504 Zambians (over 12,805of them children) are expected to receive free ARVs with ZPCT II support. In addition, 24 private sector sites will also be providing ART services and all 24 will provide clinical care services.

ZPCT II works with the MOH to support ART and clinical HIV/AIDS care including diagnosis, prevention and management of opportunistic infections (OIs) at existing ZPCT II sites and will scale up services to 24 new mainly private sector facilities by December 2012 reaching a total of 135 ART sites. ZPCT II will continue to use the outreach model for ART uptake and adherence by decentralizing services from hospitals to the health center level through traveling medical teams. Outreach ART sites will be upgraded to static sites where feasible, providing infrastructure refurbishment as needed and provision of adequate training and onsite mentoring to strengthen the capacity of HCWs to manage ART clients with minimum supervision.

In order to showcase quality clinical ART services, a second model site will be established in each province. The idea of the model sites is to create a facility with a high level of technical expertise for patient management in HIV care and other services. Staff will receive advanced training in HIV care and other technical areas as needed i.e. CT, PMTCT, OI management, ART, Pharmacy, laboratory practices and M/E. This will be over and above the standard training provided through the national training packages. Secondly these facilities will serve as learning sites for health care workers who have received basic training. They will be mentored by experienced health workers to provide quality HIV clinical care services. Visiting mentees to be supported with per-diem if from out of town and transport if from within the district. In addition, internet facilities for online education (telemedicine) programs and routine lectures

with higher level HIV specialists and regional trainings will be considered. Long term plans for access to viral load and resistance tests in the centers will be conducted.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section.

1.3 Treatment Services and Basic Health Care and Support		**Life of Project Targets**	**Work plan Targets Jan-Dec 2012**
1	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	370
2	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	268,986
3	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	20,838
4	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	763
5	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	370
6	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	6,051
7	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	763
8	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,152
9	Service outlets providing ART	130	135
10	Individuals newly initiating on ART during the reporting period	115,250	37,487
11	Pediatrics newly initiating on ART during the reporting period	11,250	2,893
12	Individuals receiving ART at the end of the period	146,000	182,504
13	Pediatrics receiving ART at the end of the period	11,700	12,805
14	Health workers trained to deliver ART services according to national or international standards*	3,120	763

* The 763 to be trained in ART and TB services is distributed as follows: Full ART/OI -250 staff, ART/OI Refresher -200 staff, ART/OI In-house -100 staff, Paediatric ART -225 staff

  - Additional trainings are: HIV nurse practitioner trainings (40 nurses)
  - orientation for community mobilization unit staff on adherence support with emphasis on equal access to services for male and female

- Training of Trainers (10) on updated (with gender module) ASW manual
- 55 community volunteers will be trained using updated (with a gender module to promote positive gender norms) ASW manual
- Print and disseminate job aids, updated guidelines and protocols
- Strengthen provision of comprehensive ART/clinical care services for children and their parents under one roof through replication the ADCH family-centered ART clinic model in

each province through facilitating arrangement of facility clinic schedules to accommodate 'the family' upon explaining the advantages and after orienting both HCWs and management

- Support and strengthen adolescent HIV clinics in high volume sites – support for adolescent support group meetings to foster disclosure, adherence, risk reduction and provision of adolescent focused IEC materials at these sites (ADH, Kitwe and Ndola Central Hospitals). At least two newer facilities supporting this activity will be considered.
- Scale up pediatric ART by initiating services in new sites and strengthening continuing sites in the implementation of the new WHO guidelines recommending ART for all confirmed HIV infected children under age two, regardless of CD4 status, through ongoing mentoring of health staff and monitoring of uptake of pediatric ART services
- Integrate HIV/AIDS and TB services to address the high rate of co-infection with the two diseases through a) intensified case finding through increased screening of HIV positive clients for TB using the chronic care checklist and sputum collection for those with symptoms suggestive of TB and linking those diagnosed with TB to the health facility TB corners, b) scale up of CT for TB clients including through mobile CT clinics, c) routine CD4 testing for TB patients who test HIV-positive at TB clinics, d) improved ART referral for TB patients, e) increased patient and health care worker education on HIV/TB co-infection, including education on TB infection control measures in ART sites, and f) improved surveillance of TB at ART clinics using the National TB Program's reporting and recording tools that include TB suspect registers. To support TB screening, x-ray boxes will be provided where x-ray facilities exist.
- Collaborate with TB Care in strengthening TB diagnosis, infection control, ICF in the intersectional facilities under support as well as strengthen TB community diagnosis through community volunteers.
- As part of strengthening the management of HIV/AIDS as a chronic condition, the focus will continue to be the screening for diabetes mellitus, hypertension and tuberculosis (TB). Nutritional assessment and counseling through the use of the body mass index (BMI) will also be done in the ART clinics. An evaluation of the pilot will be completed during this period,
- Strengthen QA/QI processes in all sites through the use of revised QA/QI tools for ART/clinical care in MOH operations at all levels through orientation and training, integration into provincial performance assessments of facilities, and district-level capacity building in data management. In addition, ensuring that facility QA committee meetings are taking place
- Use existing tools, such as the SmartCare ART patient-tracking system, to support QA/QI at the clinical level by flagging early warning signs of treatment failure, missed visits and drug refills, as well as other information to improve patient care and retention.
- As part of chronic HIV care, provide comprehensive prevention for positives interventions including support for facility- and community-based condom education and distribution, STI and TB screening, provision of FP services and promotion of healthy living practices. Additionally, as part of chronic HIV care, patients are screened for GBV and, if appropriate, referred to support services
- Improve the assessment of health and nutritional status of PLHA by collaborating with a) the Office of the U.S. Global AIDS Coordinator (OGAC) and the U.S. Mission to Zambia to develop a food and nutrition strategy and technical approach. PATH has submitted a proposal on the ZAMNAC project. ZPCT II expects to be sub on the capacity building component. USAID/Zambia has asked ZPCT II to support one district on Nutritional Assessment and Counseling Support activities with PLHA.

- The MOH, Clinton Health Access Initiative (CHAI) and others to continue supporting pilot approaches to providing therapeutic foods and "food by prescription" for children and adult HIV/AIDS clients. In addition ZPCT II has started supporting the screening of BMI, a measure of nutritional status by weight and height to rule out obesity and underweight problems as part of chronic HIV care. The clients who are found to be under nourished or obese after BMI assessment will be referred for appropriate nutritional counseling.
- Using the lessons learned from the evaluation of the WEB2SMS in the pilot sites, scale-up and adapt this intervention strategy on retaining patients in care.
- ZPCT II will continue supporting all facilities to initiate or strengthen PEP. To support this activity, ZPCT II will roll out the PEP register to non-ART sites, together with supporting or meeting minimum identified standards for a PEP site that has been set. This will be in line with MOH national guidelines to strengthen HIV prevention at all levels.
- Continue collaboration with the MOH, statutory bodies such as the Health Professions Council of Zambia, and General Nursing Council, and professional organizations on the HIV nurse practitioners' course (tasking shifting to nurses)
- Initiate an additional five ART model sites and strengthen the established five ART model sites across the five provinces through training as well as mentoring staff to provide services for complicated cases, adverse drug reaction monitoring and management, and monitoring and management of treatment failures (including viral load testing)
- Increase HCWs awareness and capacity to diagnose and manage treatment failure as per the recommendations in the revised 2010 national ART guidelines as well as by creating access to viral load and drug resistance testing where feasible.
- Support participation in the annual ART update seminar for selected ZPCT II staff as well MOH staff from our supported facilities

1.4: Scale up Male Circumcision Services

A. Implementation Approach

ZPCT II will continue to initiate and scale up MC services and standardize quality adult MC services at selected MOH facilities as part of its support for comprehensive HIV/AIDS services. CT will be used as a major entry point**.** By December 2011, 37 MC sites were operational and an additional 14 sites will be established by December 2012 for a total of 51 MC sites**.** In addition some of the private sector sites are being assisted to establish a MC program.

By engaging PMOs/DMOs and other key stakeholders in the assessment and planning, leaders at all levels will have a vested interest in the success of MC to reduce HIV in Zambia. ZPCT II will design the MC services as part of the surgical services being provided within the facility but linked to other HIV services.

ZPCT II is collaborating with the other USG funded and Gates Foundation Consortium partners of Society for Family Health (SFH), Marie Stopes and JHPIEGO to coordinate the scale up of MC services within the five provinces and will work as part of the MOH MC Technical Working Group. Even more effective coordination/harmonisation within the national MC programme is warranted.

B. Key Targets and Activities

The targets in the chart below are accomplished through the specific activities listed in this section.

1.4 Male Circumcision		Life of Project Targets	Work Plan Targets Jan –Dec 2012
1.	Service outlets providing MC services	50	50
2.	Individuals trained to provide MC services	260	68
3.	Number of males circumcised as part of the minimum package of MC for HIV prevention services	NA	6,459

- Work with MOH and other stakeholders to ensure safe, voluntary and affordable male circumcision services with the relevant monitoring and evaluation systems required to evaluate program effectiveness
- Collaborate with other partners to ensure the availability of appropriate surgical equipment and supplies to enable uninterrupted provision of services including the procurement of MC kits as needed
- Work in collaboration with the UTH MC unit and other partners to conduct provincial trainings of HCWs from selected facilities to carry out MC services in all five provinces
- Provide on-site mentorship and supportive supervision to newly trained HCWs in collaboration with the FHI360 technical officers responsible for MC activities
- Work in collaboration with MOH and Health Professions Council of Zambia (HPCZ) to support the preparation of MC sites for accreditation
- Strengthen the support for early detection, management and documentation of adverse events in MC
- Procurement of MC related commodities as needed
- Support MOH ART and MC accreditation processes at national, district and health facility levels
- MC advocacy, education through activities of community based groups in communities and referrals made to MC services as needed as well as promote MC through sensitization and training of opinion leaders/ community leaders as advocates of change of male norms and attitudes towards sexuality
- Conduct mobile MC and outreach referral to health facilities for services

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

A. Implementation Approach

The ZPCT II interacts with a broad network of partners and stakeholders to provide a sound HIV/AIDS service package that strengthens the health system and supports the priorities of the MOH and NAC. Central to strengthening the health system for the effective delivery of HIV/AIDS services are strong laboratory and pharmacy support services and networks; building the capacity of facility and community-based health workers; and engaging community and faith-based groups.

In December 2010 ZPCT II supported 112 public sector labs and five private labs. To ensure the quality of laboratory and pharmacy services and the sustainable transfer of skills and

capacity, ZPCT II will provide ongoing mentoring and supportive supervision for all laboratory and pharmacy staff in related project sites. In line with good pharmacy practice ZPCT II will ensure that standards are set for promotion of good health, supply of medicines and medical supplies of suitable quality and provision of comprehensive pharmaceutical care. The program will also continue to support extensive monitoring and evaluation to track accomplishments and to identify gaps in programming. The data will also be used to inform program management and future planning and implementation. To ensure overall laboratory quality the program will continue to support external quality assessment programs which will assume either proficiency testing on-site evaluations or blinded re-checking and will further strengthen internal quality control practices and implementation of other quality system essentials, like SOP's, and appropriate equipment use procedures.

Capacity building to address human resource weaknesses in Zambia's national health system, including a chronic shortage of experienced health care workers, has been a major component of ZPCT II. The program has provided training and mentoring to support rapid scale up of HIV/AIDS services in MOH facilities, and developed innovative ways to fill gaps and improve service delivery by utilizing community volunteers and specialized data entry clerks.

Although ZPCT II is primarily a facility-based program, it also provides financial and technical assistance to Zambian community-based organizations (CBOs) and Faith Based Organizations (FBOs) for activities that support improved delivery of comprehensive HIV/AIDS services and generate demand for those services. ZPCT II has worked with DMOs, district AIDS task forces (DATFs), health facilities and community organizations to establish 44 district-level referral networks that coordinate a wide range of services and service providers to meet the multi-dimensional needs of PLHA.

ZPCT II will conduct the following training activities in support of this objective:

- Conduct trainings in ART commodity management for 87 HCWs, and train 125 HCWs in equipment use and maintenance by respective vendors.
- In collaboration with CT/PMTCT unit, train 60 counselors in all facilities in quality rapid HIV testing, using guidelines from the MOH and CDC

In addition, the following activities will be conducted:

- Continue to provide mobile MC and mobile CT services in rural and urban areas to promote access to these services
- Increase utilization of MC services through community mobilization and promotion around static MC sites.
- Coordinate the collaboration of health facilities, lay cadres and CBOs/FBOs in an expanded promotion and provision of MC services in urban and remote areas for HIV prevention.
- Integrate GBV screening in mobile CT and services as well as in during counseling in static sites.

B. Critical Issues and Challenges

- **CD4 sample referral and laboratory equipment maintenance:** Sample referral and equipment maintenance pose challenges in project districts. This includes lack of adequate motorbike riders, frequent motorbike breakdown, equipment breakdown and a shortage of reagents. Routine preventive maintenance of equipment is also a problem. ZPCT II is working to ensure timely access to CD4 testing. ZPCT II is also working with facilities to improve forecasting for reagents. The project is also tracking equipment service schedules to ensure schedules are followed and responses to call-outs for repairs are timely.

It is hoped that in the future, subject to USAID approval and with further guidance from MOH, ZPCT II may be able to place point-of-care CD4 machines in selected pilot sites to alleviate some of the need for specimen referral.

- **Laboratory infrastructure:** Ensuring an optimum working environment in the laboratories continues to be a challenge. There is often inadequate space and where space is available, the condition of the electrical fixtures is inadequate. ZPCT II works to improve working areas to facilitate standard workflow processes and also improve storage facilities to enhance good storage practices in laboratories at health centers/ hospitals. This includes identifying space for refurbishment/renovation of rooms and providing essential standard equipment to enable laboratories carry out critical diagnostic and tests required for ART, HIV clinical care, MC support services, PMTCT, and CT services. This is all done in line with the guidelines set out by the MOH for laboratory infrastructure development and the standardized equipment list according to level of care of the health facility/hospital. In addition, ZPCT II will work with MSL and the SCMS project as issues with commodity distribution and stock outs are identified.
- **Commodity stock outs:** Inconsistencies in the transport systems at Medical Stores Limited (MSL) combined with delays in orders from the districts continue to pose challenges for timely delivery and availability of commodities. This includes shortages of DBS blood collection bundles, PCR test kits, commodities such as selected reagents for chemistry analysis, control materials for CD4 testing for the FACSCalibur, and selected ARV drug formulations where challenges are faced in the implementation of the new revised ordering system for the kits. ZPCT II will follow up centrally with the MOH and at the district and facility levels to provide technical assistance and mentoring in the implementation of the new ordering system.
- **Internal quality control:** Significant emphasis is placed on supporting internal quality control (IQC) practices including the use of the IQC forms. A major upcoming focus is to ensure that data are entered, supervisor and manager review is indicated and all corrective actions documented. This weakness has been identified across facilities nationwide. ZPCT II will provide focused priority support to Ndola and Kitwe Central Hospitals as they have been earmarked for the first round of accreditation.

C. Objective 2—Key Results for January 1, 2012 – December 31, 2012

- 138 public sector laboratories are providing clinical laboratory tests (new labs this work plan year).
- 370 facilities providing essential pharmacy/dispensing services
- Training provided to health care workers and community volunteers in CT, PMTCT, ART, OI care and laboratory and pharmacy services according to national and international standards
    - Training provided to 135 pharmacy and laboratory staff in ART commodity management
    - Training provided to 125 laboratory staff in equipment use and maintenance by different vendors
- 44 referral networks coordinating services between facilities and communities to provide a seamless continuum of care reaching the household level
- Training provided to community volunteers in CT, PMTCT, and ART, according to national and international standards
- Referrals from ZPCT II sites to gender related services such as legal advice, and counseling for GBV provided.

D. Coordination

During this work plan period, ZPCT II will support 370 facilities to provide essential pharmacy and dispensing services and 138 public sector facilities to provide clinical laboratory services. Coordination with the MOH at the central, provincial and district levels is central to this important work. Recipient agreements, as discussed under Objective 1 above, will include this support. A key partner under Objective 2 is the Arthur Davison Children's Hospital (ADCH) DNA/PCR laboratory where ZPCT II is a partner in increasing access to EID of HIV. The laboratory serves as a referral center for the five provinces working with ZPCT II. The project is also working with the Zambian Expedited Mail Service to express mail DBS samples from health facilities to the ADCH DNA/PCR laboratory. To further strengthen EID, ZPCT II is collaborating with UNICEF, the MOH and CHAI to implement a pilot using the SMS technology to send HIV DNA PCR results to facilities. In addition, ZPCT II will continue to provide support to the MOH in conjunction with the Supply Chain Management Systems (SCMS) for the implementation of the national approved logistics systems for ARVs including PEP, PMTCT drugs (for PMTCT-only sites), HIV test kits, laboratory commodities and essential drugs. This is to ensure an uninterrupted supply of commodities in the facilities for continued service delivery in support of CT, PMTCT, ART, PEP, clinical care and MC services under Objective 1.

ZPCT II will continue to work with DMOs, DATFs, health facilities and community organizations to establish 44 district-level referral networks that coordinate a wide range of services and service providers to meet the multi-dimensional needs of PLHA. ZPCT II will provide one large grant to the Salvation Army to implement activities in Central and Copperbelt Provinces. Three to four smaller grants will be given to CBOs in Northern, Luapula and North-Western Provinces to implement community based HIV/AIDS interventions focusing on CT, MC, PMTCT, and gender based violence, other Sexual Reproductive Health issues, and making referrals to health facilities.

ZPCT II will continue to collaborate with MOH, JSI/Deliver and other partners on quantification, forecasting, information systems implementation and management of commodities essential for provision of services for the CT, PMTCT, ART, PEP, Palliative care, MC and TB programs. This includes participation in workshops, trainings and meetings to ensure the ZPCT II supported sites' needs are included in the national plans. In addition, collaboration with MOH, CDC and other stakeholders on the implementation of the national laboratory quality assurance systems will continue.

2.1: Strengthen Laboratory and Pharmacy Support Services and Networks

A. Implementation Approach

Laboratory and pharmacy services are essential to the delivery of quality HIV/AIDS services. In line with MOH plans to initiate accreditation for laboratories in keeping with WHO-AFRO requirements, ZPCT II will provide focused support in areas that have been identified for improvement. Accreditation activities have progressed well in the two ZPCT II supported sites identified to participate in the first round of accreditation activities—Ndola Central Hospital and Kitwe Central Hospital. ZPCT II will continue to support the activities at those sites, and in the new sites that have been identified to participate in the next round of accreditation activities - Arthur Davison Children's Hospital, Solwezi General Hospital, Kabwe General Hospital and Mansa General Hospital. Trained ZPCT II technical staff will provide focused technical assistance in line with WHO-AFRO Accreditation requirements at these facilities to augment the accreditation process. ZPCT II provincial laboratory staff and facility laboratory staff will receive further training in good clinical laboratory practices and it is expected that ZPCT II laboratory staff will receive updated training annually.

ZPCT II will also support the finalization and printing of the manual on the *Rational Use of Laboratory Tests*. Activities include co-sponsoring a workshop to do a final review of the draft document, printing of the manuals, and dissemination of the manuals, including orientation of facility staff in their use. This document will provide clinicians and other users of laboratory services with guidance on how to optimize the services offered by routine medical laboratories and will also provide test menus and the clinical value of results and the interpretation of results.

ZPCT II will continue to assist supported laboratories and pharmacies through improvements in infrastructure and diagnostic capacity, as well as expand lab and pharmacy services to selected new sites in connection with the further scale up of CT, PMTCT, ART, clinical care and MC services under Objective 1. Services will also be strengthened through enhancements to current approaches and activities. Further, ZPCT II will support 138 laboratories in 2012.

ZPCT II will support training and capacity building for 1) Lab personnel in theories of HIV virology and immunology; 2) HIV diagnosis and monitoring 3) Equipment use and maintenance;4) Good clinical laboratory practices(GCLP) and quality assurance (QA); 5) Pharmacy personnel in dispensing practices, medication use and adherence counseling, adverse drug reaction monitoring and reporting, and rational drug use concepts; 6) logistics and information management, including forecasting, quantifying, ordering and storing ARVs, opportunistic infection (OI) drugs, HIV test kits and other commodities procured through the MOH central supplier; and 7) Training and mentoring for pharmacy personnel in the use of the ARV dispensing tool and the SmartCare integrated stock control module database in ART pharmacies.

B. Key Targets and Activities

The table below outlines the targets supported by the bulleted activities.

2.1 Laboratory Support		**Life of Project Targets**	**Workplan Targets Jan-Dec 2012**
1	Number of testing facilities (Laboratories) with capacity to perform clinical laboratory tests	111	138
2	Individuals trained in the provision of laboratory-related activities	375	87
3	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	1,388,251

- Strengthen and scale-up the external quality assessment programs supervised by the national reference laboratory in collaboration with the MOH, CDC and other partners. This will be done through assisting with the distribution of panels collection of results, ensuring documentation is in place, preliminary investigation reports and following up to provide focused technical assistance to sites that need help and onsite re-training and mentoring on implementation of EQA systems
- Provide focused support for Strengthening Laboratory Management Toward Accreditation (SLMTA) and improvement projects through regular technical assistance to facilities to assess and monitor progress in line with what has been identified as areas of improvement. In addition, support will include refurbishments as well as joint site visits with MOH/CDC staff who are taking a lead with this activity
- Provide focused support in strengthening Laboratory Quality Assurance systems across all quality system essentials to all laboratories by ensuring availability and use of MOH quality manuals, availability and use of site specific lab SOPs, availability and use of

reagent monitoring logs and temperature logs, monitoring consistent availability and use of IQC /EQA materials, monitoring of test performance trends (Levy Jennings charts) using MOH standardized IQC forms. Ensuring periodic preventive maintenance for vital lab equipment is implemented and documented, providing onsite hands on training on equipment competency assessments of laboratory personnel, review of facilities and safety, information management, implementation of occurrence management activities and overall process control and process improvement. The strengthening of laboratory Quality Assurance systems in all ZPCTII supported laboratories will apply SLMTA check list according to level of health service provision to ensure standardization of quality is in line with MOH

- Support the MOH directive to increase capacity to administer and manage Tenofovir-based regimens by ensuring that supplies are constantly available and appropriate dispensing practices are followed. Commodity management skills will be strengthened through trainings and mentorship as outlined in the training section
- Strengthen health worker adherence to the rational drug use and reporting system that monitors adverse drug reactions, in collaboration with the National Pharmacovigilance Unit (NPU) through facilitating availability of registers, training/orientation of staff in appropriate procedures for monitoring and reporting. ZPCT II will support the National Pharmacovigilance program by printing the necessary materials upon request from the Pharmaceutical Regulatory Authority (PRA) and assisting with their distribution to ZPCT II supported sites
- Support to strengthen the Drugs and Therapeutics Committee at facility and central level through facilitation of formation of committees and regular meetings as part of clinical meetings routinely held in health facilities
- Strengthen ZPCT II supported facilities linkage to MOH at central level in support of the supply and distribution of medicines and other healthcare products
- Ensure promotion and strengthening of quality pharmacy services in the private sector including access to ARV drugs from the public sector fostering the desired continuum of care for all clients. This will be done through training and mentorship in commodity management and good dispensing practices
- Participate in the ongoing MOH process with support from SCMS and CDC, to roll-out the SmartCare integrated stock control module (the MOH approved three pharmacy-related information systems – SmartCare, ARTServ Dispensing tool and the logistics management system) in ZPCT II supported sites. In addition participate in the development of Lab information system.
- Facilitate at the SmartCare essentials trainings convened by MOH in support of the stock control module
- Scale up and support use of the computerized ARTServ Dispensing Tool, SmartCare integrated stock control module and the Laboratory Management Information System (LMIS) including the provision of computers
- Improve drug management systems within pharmacies and ensure provision of drug information to patients using standard reference guidelines including job aids, dosing wheels and other IEC materials provided to HCWs
- Orient staff in the use of updated treatment protocols, revised guidelines and Standard Operating Procedures (SOPs)
- Print, disseminate and orient HCWs in the revised ART Pharmacy SOPs

- Participate in the finalization and printing of revised ART Commodity Management Training materials
- Through training and mentorship, support and strengthen roll out and implementation of post exposure prophylaxis (PEP) program - ensuring constant availability of efficacious ARV drugs, provision of medication use counseling and inventory control systems at all PEP corners in both ART and non-ART facilities in order to increase accessibility to the service.
- Promote through training and mentorship, usage of Fixed Dose Combinations (FDCs) in pediatric clients by advocating for the reduced use of ARV liquid formulations in line with MOH treatment protocols and thus ensuring adequate stocks at all times and ongoing mentoring of facility staff
- Promote through training and mentorship, the use of adult FDCs in an effort to improve adherence to treatment and reduce the risk of the emergence of drug resistance as well as to simplify ARV storage and distribution logistics.
- Ensure an uninterrupted supply of MC commodities by strengthening ZPCT II supported facilities linkage to the national supply chain system
- Assist pharmacy staff to correctly interpret laboratory test profiles such as glucose and insulin levels, LFTs and RFTs in patient files as an aspect of good dispensing and pharmaceutical practice
- Implementation of the model site mentorship program
- Set aside funds for procurement of limited reagent supplies for critical tests and MC consumables and instruments, as needed
- ZPCT II staff will continue to mentor facility staff and facilitate at MOH trainings in support for roll out and implementation of the national logistics systems for ARVs, PMTCT drugs, essential drugs and supplies, HIV test kits, and ART laboratory reagents and supplies
- Facilitate process towards development of a Laboratory information system with MOH and JSI by improving the existing lab MIS and adapting the currently piloted manual lab information systems, provision of essential laboratory and pharmacy equipment and related accessories, and support for equipment maintenance and repair (including procurement of spare parts and working with vendors to decrease downtime)
- Identify additional CD4 machines to be procured as needed
- Collaborate with the MOH on the introduction of point-of-care (POC) CD4 equipment to expand access to the service in PMTCT sites without labs or where specimen referral is a challenge. Procurement of equipment is subject to MOH approval after local evaluation.
- In a phased approach, replace the manual Humalzyer chemistry analyzers with fully automated technology that are being introduced by the MOH.
- Support use of ZPCT II developed QA/QI tools for laboratory and pharmacy services in MOH operations at all levels through orientation and training, integration into provincial performance assessments of facilities, and district-level capacity building in data management
- Support implementation and improvement of the specimen referral and transport system for CD4 and other monitoring tests and further expand the specimen referral system for other diseases such as TB and STIs through the provision of motorbikes and fuel as well as provision of technical assistance in operationalizing the system

- Provision of motorcycles and appropriate packaging to facilitate transfer of blood samples to and results from upgraded centralized labs to make state-of-the art lab services available to patients in all clinics and health centers, regardless of location
- Support implementation and improvement of the courier system for sending DBS to the PCR lab at ADCH
- Support targeted infrastructure refurbishment to improve work and storage space and conditions
- Provide training for rapid HIV testing and supervision for CT testing corners to improve the quality of HIV testing
- Provide supportive supervision to health care workers in ZPCT II facilities to implement the CDC-funded CD4 UKNEQAS external quality assessment (EQA) program and HIV EQA proficiency testing program and EQA for chemistry and hematology
- Collaborate with the MOH to improve access to viral load and drug resistance testing for complicated cases and conduct operational research (OR) on drug resistance and viral load testing. This will include procurement of viral load equipment.
- Support capacity building activities in specialized good clinical laboratory practice areas such as process improvement, documents and records, facilities and safety, process control, information management, purchasing and inventory, occurrence management, commodity management, information management and assessment.
- To ensure the quality of laboratory and pharmacy services and the sustainable transfer of skills and capacity, ZPCT II will provide training, ongoing mentoring and supportive supervision for all laboratory and pharmacy staff in related project sites. The program will also continue to support extensive monitoring and evaluation to track accomplishments and to identify gaps in programming. The data will also be used to inform program management and future planning and implementation
- Select training firms and individual trainers to conduct trainings on behalf of ZPCT II. In addition, liaison with the selected training firms and individual training consultants in the implementation of assigned trainings across the different technical areas will be done
- Provide training to 135 pharmacy and laboratory staff in ART commodity management and 125 laboratory staff in equipment use and maintenance by different vendor

2.2: Develop the Capacity of Facility and Community-based Health Care Workers

A. Implementation Approach

ZPCT II will provide trainings and mentoring to support rapid scale up of HIV/AIDS services in the ZPCT II supported MOH facilities. ZPCT II will develop innovative ways to fill human resource gaps in the supported facilities and improve service delivery by utilizing community volunteers and specialized data entry clerks.

In this work plan period, ZPCT II will continue to collaborate with the MOH to train more health care workers and community volunteers in various relevant HIV/AIDS technical areas including CT, PMTCT, ART/ OI, care and laboratory and pharmacy services. ZPCT II will continue to supplement human resources, through task shifting, at current and new sites while also increasing the capacity of district and provincial MOH officials to manage, supervise and mentor facility-level employees, discussed under Objective 3. ZPCT II will also continue the focus on training and supporting community-based HIV/AIDS workers.

During this work plan period, ZPCT II will continue providing performance-based technical

training, including refresher training and training of trainers using an engendered curriculum, to health care workers(as outlined in Objective 1) and community volunteers using standardized MOH approved materials with a multidisciplinary team approach. Where feasible, on-site training at health facilities will be conducted to reduce costs and minimize the impact on clinic operations. The program will also strengthen training and mentorship to emphasize prevention in all areas, managing HIV/AIDS as a chronic illness, ensuring client-centered approaches and safe working environments in health facilities (including adequate sterilization and waste disposal). A full list of planned training activities is described in ***Annex M.***

Volunteer management will be strengthened with a focus on performance and efficient use of resources. The newly introduced rule of volunteers working two days at the health facilities and one day in the community for mobilization will be continued. Further, the new criteria of basing volunteer training and placement on client load based need estimation will be strengthened.

B. Key Targets and Activities

The table below outlines the targets supported by the bulleted activities.

2.2 Capacity Building for Community Volunteers		**Life of Project Targets**	**Work plan Targets (Jan–Dec 2012)**
1.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	607
2.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	350
3.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	145

- Lead the planning and coordination of all ZPCT II supported engendered trainings at national, provincial and district levels with MOH and other partners
- Provide training logistics support and records management to all technical units and provincial offices
- Selection of training firms and individual trainers to assist in engendered training during ZPCT II trainings. In addition, liaison with the selected training firms and individual training consultants in the implementation of assigned trainings across the different technical areas
- Support the finalization and printing of revised ART Commodity Management Training materials
- Participate in engendered training of HCWs and lay cadres in CT, CT supervision, youth CT PMTCT, ART, adherence counseling and lab courses, as needed
- Support post-training follow-up and on-site mentoring of trained facility staff and volunteers
- Continue to train and certify health care workers as counselor supervisors at the district and facility levels and expand supervisory training to experienced lay counselors
- Participation in updating of all training packages (beginning with training packages for community volunteers) with gender issues as needed and training/orientation of service providers in the revised packages

- Orient trainers on new gender-based training and counseling materials and ensure they transfer knowledge to community volunteers during relevant trainings
- Support implementation of HIV nurse practitioner program by MOH and GNC as part of the pilot program of task shifting on ART prescribing from doctors/clinical officers to nurses
- Conduct TOT/clinical skills trainings in HIV/AIDS for ZPCT II staff as needed
- Conduct orientation for community mobilization unit staff on adherence support workers manuals
- Continue to make technical support visits to all the provinces to ensure that training documentation is properly filed
- Expand the use of lay cadres in all technical areas including CT, PMTCT and ART that will emphasize on equal access to services for males and females.
- Continue to reinforce training through on-site mentoring of facility staff and volunteers
- Train trainers on new gender-based training and counseling materials and ensure they transfer knowledge to community volunteers including youth counselors, and TBAs during relevant trainings

2.3: Engage Community/Faith-Based Groups

A. Implementation Approach

To help achieve its objectives, ZPCT II seeks to partner with Local CBOs/FBOs by providing them with Fixed Obligation Grants (FOG). The purpose of these grants is to promote local demand for prevention, care and treatment services. Grant recipients are responsible for the implementation of ZPCT II's community activities and strengthening community involvement through existing structures to create awareness of HIV/AIDS and prevention methods including the promotion of positive gender norms, as well as increase demand for services (both facility and community based).

The grants are intended to support targeted community level outreach and mobilization activities to promote demand and access of comprehensives HIV/AIDS services such as; Male Circumcision, STI &TB treatment, PMTCT,ART and promote usage of prevention, care and treatment services among vulnerable and marginalized groups particularly youths and women. They are also intended to support targeted capacity building and technical assistance to CBOs/FBOs involved in community level outreach and mobilization activities or referral network support activities. The maximum grant size for small CBO/FBOs is USD10, 000 per grant. The Salvation Army which will be funded under these grants will have a bigger grant as they have an established institutional capacity and are a partner under the ZPCT II proposal. The period of performance for each grant will be 12 months.

ZPCT II will also increase community leadership on HIV/AIDS, strengthen community-level prevention through targeted interventions for both HIV-positive and HIV-negative individuals, and increase supportive supervision for community volunteers. Thus ZPCT II will provide training to NZP+, and community leaders to equip them for their role as partners in creating demand for HIV prevention, care and treatment services. These partners will also be involved as facilitators in conducting focus group discussions in the communities on topics such as prevention for positives, treatment literacy, HIV/AIDS and gender and social norms, and stigma. Community volunteers such as CT lay counselors, and ASWs will participate in community outreach, as an addition to their facility based role. They will also collaborate and coordinate with a broad range of CBOs such as Neighborhood Health Committees and HIV

positive mothers groups etc., to build a community level HIV/AIDS prevention, care and treatment continuum. See ***Annex H*** for a full listing of the community life of project targets and achievements to date.

B. Key Activities

- Promote traditional and community leadership to mobilize community demand for and utilization of CT to support implementation of mobile CT activities in peri-urban and remote areas in conjunction with health facility staff
- Support implementation of mobile CT activities during National VCT day and World AIDS Day in peri-urban and remote areas in conjunction with health facility staff
- Build on ongoing community mobilization efforts to continue to create demand for and links to services such as TB, PMTCT, MC and ART
- Mentor and provide ongoing supervision and support for volunteers working in the community, such as ASWs, youth CT counselors and PMTCT motivators.
- Continue to utilize ASWs to assist in following up patients, identified through defaulter's list, in the community who have defaulted on ART while addressing gender-based barriers
- Identify local CBOs/FBOs to receive capacity-building assistance and sub-grants to strengthen service provision
- Stimulate demand for HIV/AIDS prevention and care services through outreach activities in hard-to-reach areas by working with CBOs/FBOs and other community programs
- Support anti-stigma activities including training for community leaders, PLHA, and others
- Develop the capacity of community groups (through training and sub-grants) to plan, develop and implement positive prevention interventions as well as prevention activities targeting HIV negative individuals, including MC education, risk-reduction counseling, promotion of positive gender norms and condom promotion
- Support organization and build capacity of PLHA support groups (e.g., through NZP+) including training their membership to promote positive prevention and healthy living practices
- Promote systematic condom use and condom distribution in community prevention events and mobile CT outreach with emphasis on male involvement and couple counseling
- Integrate screening for TB in CT mobile activities to include sputum collection and referral of symptomatic patients
- Ensure that recruitment for community volunteers is gender balanced
- Reorient PMTCT volunteers for an enhanced focus on promoting TB treatment and pediatric ART services, and evaluate effectiveness of this re-orientation.
- Continuously up-date the data base for GBV related service providers through community mapping in order to strengthen referral for GBV.
- Revise training packages for PLHA and community leaders to include gender based topics
- Facilitate and monitor the integration of gender into scopes of work and program implementation for Fixed Obligation Grants recipients
- Promote positive images of manhood through edutainment and theatre

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

A. Implementation Approach

Building the capacity of the provincial and district health office is essential for assuring sustainability of programs post ZPCT II. In order to operationalize and implement this approach, there is the need to develop a coherent strategy to address the different elements of this approach including gender equity and gender equality. Across the program, ZPCT II works in harmony with the MOH at the provincial and district levels and is committed to strengthening the Ministry's internal capacity to plan, manage and monitor HIV/AIDS services and activities. A priority of the MOH is the integration of HIV/AIDS services with other health care services. ZPCT II works within the MOH structures to make this a reality. Through training and hands-on mentorship of health care providers in supported facilities, ZPCT II has increased HIV/AIDS service integration with malaria, TB, STI, GBV and pediatric care. The project is also actively supporting the integration of HIV with FP/RH and other MNCH services.

A priority of the ZPCT II program is to strengthen the capacity of the PMOs and DMOs to carry out essential management functions, and to assess and strengthen the functionality of current management systems in support of a sustainable MOH management structure. Based upon a participatory approach to design and implementation, in consultation with the MOH, ZPCT II will conduct assessments of current management and planning functions at the PMO and DMO levels, and emphasize both standardized and tailored management training approaches based on assessment findings. ZPCT II is working closely with other USG projects, such as ZISSP, to ensure coordination and to maximize use of USG funds towards this activity.

Within Objective 3, ZPCT II is working to address gender related drivers of the HIV/AIDS epidemic in Zambia. ZPCT II has developed a gender strategy to address gaps in equal access to health services in Zambia, which are evident in the limited advocacy for women's rights among political, social, customary and religious leaders; health care provider insensitivity to gender issues; the limited service provision for GBV, including sexual harassment at work place; health care, legal services, psycho-social counseling; the general absence of youth friendly services, particularly for adolescent girls; and the design of many HIV/AIDS and RH services that hinder male access and use. ZPCT II will work in partnership with the GRZ and the private sector to address the gender-based gaps in access to health services and related HIV/AIDS vulnerabilities. The gender indicators are outlined fully in ***Annex J.***

Also within Objective 3, ZPCT II is supporting the MOH to implement an M&E system that monitors performance in achieving rapid scale-up of services, while also responding to the information needs of the GRZ, PEPFAR, USAID/Zambia and the NAC. Information is collected from the GRZ's HMIS as well as QA/QI tools. This information supplements HMIS data by measuring service quality according to MOH SOPs, guidelines and identifying areas that need to be strengthened. This activity is done in collaboration with all relevant partners.

B. Critical Issues and Challenges

- Limited facility capacity to actualize integration of health services primarily due to staff shortages, space limitations and weak supply chain management systems. ZPCT II is working with the MOH to build the capacity of HCWs and is actively recruiting and training community-based lay cadres to expand needed services into communities. To strengthen facilities, ZPCT II partners with SCMS and MSL to strengthen supply chain management at the facility level.

- The capacity building strategy is centered on MOH program ownership and the need to develop a tailored capacity building program that reflects the MOH priorities as they pertain to PMO and DMO systems strengthening. As such, ZPCT II has sought the MOH endorsement and approvals of the implementation of the capacity building program activities. This is yet to be fully granted. This slow turn-around time on the part of the MOH has continued to cause significant delays in kick starting major components of the program.
- Gender inequality is identified as one of the drivers of the HIV epidemic globally and in Zambia. During this work plan period and throughout the LOP, ZPCT II will address many of the barriers to equitable access to care and will link with partners working in counseling and case management for survivors of GBV.

C. Objective 3 — Key Results for January 1, 2012 – December 31, 2012

- Graduate six districts from intensive assistance once they meet MOH approved minimum quality and performance criteria in technical service delivery areas (CT, PMTCT, ART, clinical care, laboratory and pharmacy services) and management of commodities, data and human resources
- Increase the integration of gender focus into key technical strategies, service delivery, and community mobilization activities.
- Initiate discussions with MOH to integrate gender issues into national training packages for all relevant technical areas
- Increase the capacity of PMOs and 44 DMOs in critical systems management functions, such as human resource, planning, financial management and governance, including the utilization of a Code of Ethics, which includes a policy to prevent sexual harassment in the public service.

D. Coordination

The success of Objective 3 requires full participation and input from the MOH in Lusaka, and the provinces (PMOs) and districts (DMOs), if their capacity to perform technical and program management functions is to improve. ZPCT II will continue to work with the MOH in setting the policy framework in which capacity building activities will be implemented to ensure sustainability. In this work plan period, ZPCT II will continue to engage other co-operating partners such as ZISSP, EGPAF, CARE International Zambia and CHAI coordinate capacity building efforts and avoid duplicating efforts. We will report on the quantity and quality of our interactions with MOH and monitor trends in effective engagement.

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

A. Implementation Approach

Current MOH policy calls for routine CT in all clinical areas. PMTCT services are provided within the national ANC service package. Through training and hands-on mentorship of health care providers in these supported facilities, ZPCT II has increased HIV/AIDS service integration with TB, STI and pediatric care. ZPCT II will continue to collaborate with the MOH to integrate services with FP/RH and malaria, as well as other areas as outlined in Objective 1.

In addition, ZPCT II will work with provincial and district health officials to continue to identify and implement new opportunities for integration, including training for ZPCT II technical staff to support facilities in the delivery of integrated services, as well as training for DMO managers to increase their capacity to provide supportive supervision on service

integration to their own staff and facilities. For example, ZPCT II emphasizes skills building in early diagnosis, prevention, and treatment of malaria during PMTCT training sessions for HCWs. PMOs and DMOs will be supported to expand service integration to facilities not supported by ZPCT II using the UNICEF model that provides technical assistance to the district rather than at the facility level.

B. Key Activities

- Training technical staff at PMO and DMO level to support facilities in the delivery of integrated services
- Train managers to increase their capacity to provide technical assistance and supportive supervision on service integration to their own staff and facilities
- Support PMOs and DMOs to expand service integration to facilities not supported by ZPCT II using the UNICEF model that provides technical assistance to the district rather than at the facility level

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

A. Implementation Approach

ZPCT II will continue to use the gender strategy to guide the integration of gender across all ZPCT II program activities. The gender strategy details appropriate approaches and activities. The technical strategy is based on PEPFAR cross cutting issues such as increasing equity in HIV/AIDS programs and services, reducing violence and coercion, addressing male norms and behaviors and on the gender-based drivers of the epidemic in Zambia and ZPCT II's contractual mandate to support the delivery of HIV/AIDS prevention, care, and treatment services at facility and community level.

Approaches are based upon four main pillars: the expansion of training curricula for HIV-related service provision at health facilities and at the community level; training of service providers on expanded gender sensitivity; facility-based changes to facilitate equitable access for women, men, and adolescents; and community mobilization to address stereotypes and create awareness of social and gender determinants of behavior that encourages HIV transmission.

Each approach builds on existing frameworks and models for service delivery including the incorporation of gender into the current nationally approved standard training packages for health care providers. Linkages from the facility to the community level and vice versa are essential. ZPCT II will support inclusion of services (such as rape management) for survivors of GBV into the district referral networks. Building the capacity of provincial and district medical officers and service providers to identify and respond to gender issues related to HIV/AIDS prevention, care and treatment and hindrances to health seeking behaviors is central to this strategy. These efforts will also target communities, volunteers, and private sector partners to enable broader social action.

The schedule of activities outlined in the ZPCT II Gender Strategy will be integrated into ZPCT II supported facilities during this 2012 work plan period. Targeted technical support will be provided to the PMO and DMO's office to ensure sustained capacity to integrate gender into programming and service delivery.

B. Key Activities

The activities listed below support this list of indicators. A full list of gender indicators is outlined in ***Annex J.***

Illustrative Gender Indicators	**Life of Project Targets**	**Work plan Targets Jan–Dec 2012**
Number of couples counseled for HIV at ZPCT II participating health facility	NA	135,000
Number of clients screened for GBV using the chronic care check list in ART sites	NA	15,000

A selected list of key gender activities is presented below. Comprehensive listing of gender activities are found under each corresponding ZPCT II sub-objectives within this work plan. As gender is a cross-cutting focus of ZPCT II, some key activities may be represented under multiple objectives.

- Review and, where necessary, revise existing service provider training packages, facility and community based to integrate gender aspects in service delivery.
- Conduct a training of trainers (TOT) for PMO and ZPCT II staff in screening and management of GBV
- Develop key gender messages in order to transform negative gender norms
- Produce a gender module to be included in the PMTCT/CT and ASW training manuals
- Produce Guidelines for Male Involvement to guide utilization of best practices for male involvement in PMTCT & CT services
- Develop checklists and/or engender the Standard Operational Procedures (SOP) for gender integration into QA/QI.
- ZPCT II will work through the National Gender Monitoring and Evaluation TWGs within Gender In Development Divisions (GIDD) to facilitate implementation of a harmonized approach to gender integration.
- Enhance facility-based services to improve male access to HIV and other FP services.
- Collect and report sex-disaggregated data within ZPCT II M&E. QA/QI systems will provide useful feedback on service effectiveness for couples
- Integrate elements of the ZPCT II gender strategy into existing community mobilization activities in order to address gender-related socio-cultural drivers of risk behaviors
- Implement and strengthen couple CT and disseminate information on discordancy in couples to prevent GBV
- Implement couple CT training that addresses MC, multiple concurrent partnerships (MCP) and general health seeking behaviors among men
- Support implementation of male friendly approaches such as reorganizing client flow as needed in antenatal/PMTCT rooms/schedules to accommodate partners
- Engender the capacity building manuals (human resources, planning, governance) to include gender-sensitive approaches

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

A. Implementation Approach

ZPCT II is supporting the MOH to implement an M&E system that monitors performance in achieving rapid scale-up of services, while also responding to the information needs of the GRZ, PEPFAR, USAID/Zambia and the NAC. Information is collected from the GRZ's HMIS as well as QA/QI tools. This information supplements HMIS data by measuring service quality according to MOH SOPs and guidelines and identifying areas that need to be strengthened. ZPCT II aims to expand and strengthen existing MOH performance benchmarks for PMOs and DMOs to reach beyond meeting the required GRZ set of minimum standards of operation, but to achieve even higher levels of quality and efficiency. ZPCT II aims to integrate these MOH-endorsed benchmarks as the foundation of a standardized toolkit to ensure all capacity building efforts are based on the enhanced performance benchmarks.

Data collection quality has improved significantly with ZPCT II support, which has included training the district health information officers (DHIOs) and hiring of data entry clerks where needed, especially for ART sites, provision and maintenance of computers, regular data audits and training for health care workers and district health information staff. ZPCT II will continue to build MOH capacity at all levels to collect, compile, interpret and report data, as well as to expand its use as a tool for improving HIV/AIDS service delivery.

Given the emphasis and mandate to adopt a more holistic approach to ZPCT II project sustainability, the project has proposed a set of management capacity building indicators for PMO and DMOs to be included in the ZPCT II post-graduation strategy. The post-graduation strategy places great emphasis on MOH ownership and leadership in the management and monitoring of quality at the health facility. The management indicators, which will be an extension of the ZPCT II QA/QI unit, will support MOH HQ in monitoring those management indicators, including gender indicators, critical to the effective management and coordination of health (HIV/AIDS) services and activities at district and health facility level.

The four management indicators are as follows:

- Human Resource: the number of graduated districts that have up-to-date personnel retention database,
- Performance Assessments: percentage of health service delivery gaps identified during the MOH Performance Assessments that are resolved through technical support
- Financial Management (funds disbursement to health facilities): Percentage of health facilities in a district that receive GRZ grant money as appropriated in the District Action Plan and Yellow book from the DMO,
- Action Plan reviews: the number of times action plans are reviewed and revised in each implementing year.

B. Key Activities

- ZPCT II and DMOs will hold quarterly meetings with health facility staff to discuss the previous quarter's activities and share data to identify potential problem areas in service delivery and develop solutions
- Facilitate quarterly provincial level data review meetings to review district data
- Support provincial data management specialists' participation in ZPCT II data audits and district quarterly reviews
- Train DHIOs to interpret and use QA/QI information in M&E

- Develop mechanisms to include HMIS data collected at the community level in national statistics ensuring gender disaggregation.
- Hold annual provincial meetings to review project performance
- Support operational research and analysis with the MOH to increase the use of evidence-based responses to challenges in the field
- Pilot the management capacity building indicators in two districts in Central Province and revise as needed,
- Orient both program and SI Units in the provinces on physical collection and recording of management capacity building the indicators
- Implement the management capacity building indicators in 47 districts of the five provinces supported by ZPCT II.
- Submit report on indicators quarterly to ZPCT II Lusaka office
- Support quarterly provincial level data reviews of management capacity building Indicators at PMO level,
- Hold annual reviews with respective PMOs to assess performance, based on management capacity building indicators

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

A. Implementation Approach

ZPCT II will continue to focus on strengthening the enabling environment for management capacity building in PMOs and DMOs. ZPCT II will continue to collaborate and hold consultative meetings with MOH central in the design and implementation of ZPCT II PMO and DMO capacity building program in a participatory and transparent approach.

During 2011, the capacity building team, using the Organizational Capacity Assessment results, developed a capacity building technical assistance plan that detailed the types of trainings, mentorships and other aids that would be needed to support the MOH in PMO and DMO management systems strengthening. Four types of trainings were conducted namely, governance, planning, financial management and human resource management. The TA plan shows gaps and proposed interventions to close the gaps. These interventions are evidence based with results visible and measurable against the baseline established during assessments. Furthermore, ZPCT II will supplement trainings with additional capacity building initiatives such as job aids, workflow analyses, management checklists and how-to manuals as laid out in the TA plan. This approach reduces staff absences from the work stations to attend trainings while presenting a more comprehensive approach to supporting the MOH in strengthening the roles of managers. Additionally, ZPCT II will take Training the Trainers (ToT) and mentorship approach with MOH staff so that the MOH can implement these trainings in all DMOs. This will further promote MOH leadership and ownership of the capacity building program as well as contribute to its sustainability.

ZPCT II will implement the management trainings with the support of two MOH endorsed training institutions, National Institute for Public Administration (NIPA) and In-service Training Trust (ISTT). While NIPA and ISTT will deliver the trainings, the ZPCT II capacity building team, working in close collaboration with the MOH, guides and monitors the training institutions to ensure that training materials and training delivery methods are responsive to systems gaps identified during assessments.

ZPCT II will continue to collaborate with ZISSP for a harmonized approach to MOH capacity building programs and to leverage resources and avoid duplication. The ZISSP program

includes capacity building of MOH central and 27 districts of which 16 have ZPCT II presence.

B. Key Activities

- In consultation with MOH central, ZPCT II capacity building team will update the MOH human resource manual to make it more gender sensitive. This will include; integrating gender in the training for MOH staff to enhance the gender integration skills,
- ZPCT II will develop gender modules, tools and checklists to guide gender integration at both program and service delivery levels as well as an engendered Code of Ethics, which aims to prevent, address and report sexual harassment.
- In collaboration with MOH, ZPCT II will carry out 9 tailored trainings in Financial Management, Human Resources and Governance capacity areas in five PMOs and 43 DMOs. This will be followed by on-site mentorships conducted by PMOs in their respective provinces for the DMOs. Implementation of this activity began in the fourth quarter of 2011 and will carry on throughout 2012

Standardized Trainings

The following standardized trainings will be uniform across all provinces and will be designed to support MOH in ensuring uniformity in systems application. ZPCT II will work with MOH in conducting the following trainings:

- **1 training in HR management :** In consultation with MOH Directorate of human resources and administration, ZPCT will develop engendered job aids and job manuals to help staff in the interpreting of key HR policies and guidelines. ZPCT II will also conduct refresher trainings for PMO staff
- **1 training in Financial Management:** ZPCT II will coordinate refresher courses in funds disbursements and reporting requirements in collaboration with MOH accounts unit. In addition, ZPCT II will conduct trainings in finance for non-finance staff.
- **5 trainings in Governance:** In 2012, ZPCT II will support MOH in the dissemination of job descriptions and PMO and DMO organo-grams in consultation with MOH. ZPCT II will provide focused trainings in leadership skills, as well as support MOH in the coordination and management of various stakeholders at provincial and district level.
- **2 trainings in planning:** In collaboration with MOH planning unit, ZPCT II will coordinate trainings in results based action planning, including strengthening of planning tools such as Activity Based Budgeting and Logical Framework Analysis

3 Capacity Building for PMOs and DMOs		**Life of Project Targets**	**Workplan Targets Jan–Dec 2012**
1.	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47

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

A. Implementation Approach

The private sector plays an important and growing role in increasing access to quality health

care in Zambia. ZPCT II will support a total of 24 private sector sites including the six new sites added in this work plan year. There are a variety of privately owned and run health facilities including those run by church organizations and private companies. It is important that these facilities are supported to provide quality HIV/AIDS services following national guidelines and standards.

B. Critical Issues and Challenges

- Limited facility capacity to deliver quality HIV/AIDS services including lack of appropriate laboratory equipment needed for baseline investigations and patient monitoring. HIV/AIDS is a relatively new area, particularly for the smaller and poorly resourced private sector health facilities. To ensure effective management of HIV/AIDS by these facilities, ZPCT II is working to strengthen and formalize linkages between these private sector facilities and the public health sector facilities supported by ZPCT II.
- Limited or lack of monitoring by district and provincial health authorities of practices in these facilities is a cause for concern, particularly for a complex and dynamic public health problem such as HIV/AIDS. The fact that these facilities are not monitored as part of the regular MOH performance assessments or provided with regular technical support raises the real possibility of compromises on the quality of services going unchecked with deadly consequences for clients/patients.
- Non-compliance with national MOH standards of service provision. ZPCT II is working with the facilities to train staff, provide job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage. ZPCT II is working with the facilities to ensure formalization of linkages to the MOH commodity supply chain for ARVs and networking for specimen referral for laboratory samples as well as strengthening data management. ZPCT II is also working to help the facilities attain and maintain Health Professions Council of Zambia ART accreditation.

C. Objective 4 — Key Result for January 1, 2012 – December 31, 2012

- Public-private partnerships for HIV/AIDS service delivery established in target provinces through implementation of tested technical approaches from the public sector
- 24 private sector health facilities supported by ZPCT II

D. Coordination

The USG currently supports delivery of HIV/AIDS service in private health facilities through public-private partnerships with eight mining and agribusiness companies. Using Global Development Alliance (GDA) like arrangements, USAID/Zambia has supported the scale-up of HIV/AIDS services in the companies' hospitals and clinics to benefit not only workers and their families, but also members of surrounding communities. ZPCT II seeks to expand public-private partnerships to further strengthen Zambia's delivery of HIV/AIDS services.

E. Key Activities

Facilitate the process of providing technical assistance to private sector facilities in support of MOH and National AIDS Council (NAC) priorities through the following:

- Identify additional private health facilities to support, including ensuring their inclusion in district-based referral networks to increase access to comprehensive care and support services
- Extend support to another six private health facilities for the provision of HIV care and treatment services (CT, PMTCT, ART and MC where feasible).

- Train health care workers in CT, PMTCT, FP, ART, MC, pharmaceutical services management and necessary laboratory based trainings in private sector facilities where appropriate
- Provide on-site post training mentorship and monitoring to ensure MOH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage
- Link the facilities to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies
- Facilitate establishment and formalization of specimen referral for laboratory samples with MoH facilities.
- Provide mentorship in data collection using MOH data collection tools in line with the "MOH three ones principle" on monitoring and evaluation
- Provide FHI owned computers and software for electronic data collection where not available, with the understanding that the facilities will identify a data entry clerk to update client records as required
- Support facilities towards the required Health Professions Council of Zambia (HPCZ) ART accreditation, if not already accredited; ZPCT II will monitor and provide support to maintain such accreditation where it exists.

4 Public-Private Partnerships		**Life of Project Targets**	**Work plan Targets Jan -Dec 2012**
1.	Private health facilities providing HIV/AIDS services	30	24

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

A. Implementation Approach

Collaboration and cooperation with the GRZ and a wide range of other partners are essential features of ZPCT II work. ZPCT II will continue to ensure that Zambia's HIV/AIDS services are fully integrated and non-duplicative. Many of these areas and activities are discussed under Objectives 1 – 4.

ZPCT II supports collaboration and cooperation at all levels of implementation, from national to community levels. ZPCT II emphasizes prevention across all areas of programming in CT, PMTCT, clinical care, and MC. This is done by including and promoting key prevention messages with every client interaction, such as appropriate condom use and ensuring their availability. Prevention messages, tailored according to the sero status of the client, are incorporated into services for all clients.

Through referral systems that are both internal and external to facilities, ZPCT II ensures a functional continuum of care for clients in both public and private facilities. For example, ZPCT II works to ensure that clients testing positive in CT services are referred not only for assessment at the ART clinic, but are also screened and referred for TB, FP, MC, home based care or other community support groups and services including GBV as necessary.

Monitoring and evaluation activities cut across the continuum of all ZPCT II supported facilities and community activities. For example, data is collected to monitor entry points into

care and any referrals made for each client, allowing for evaluation of the referral system. Through monthly reports, analysis, and data review meetings, ZPCT II is able to identify challenges and successes. This feedback loop allows ZPCT II staff along with the provincial, district, and facility level managers and health providers to strategize and prioritize technical assistance focus areas. This integrated M&E system allows for a continuous feedback loop whereby data from all levels of prevention, clinical care, and community services inform decision making and program implementation.

ZPCT II works to ensure that all activities from the community, facility, district, and provincial levels are incorporated into broader MOH action plans to ensure a well-coordinated national approach.

B. Critical Issues and Challenges

- Weak coordination between USG partners at national, provincial, district, facility and community level.
- Limited number of staff at PMO, DMO, facility level leads to projects competing for the attention of these few staff which can be disruptive to program activities.
- The lack of standardization of allowances by projects creates loyalty problems (some members of the MC consortium paying K90,000 for lunch and transport while ZPCT II only pays K40,000 as a transport refund).
- Lack of harmonization of monitoring and evaluation and reporting systems between projects means that the potential for duplication is likely.
- Community based organizations (CBOs), including the Neighborhood Health Committees (NHCs), have limited financial and organizational capacity to plan and implement effective prevention interventions. The health centers in the catchment areas in which CBOs/NHCs operate, are stretched to capacity to be able to support these groups to initiate and sustain community level prevention interventions and activities.
- Facility based services are not sufficient to ensure comprehensive and ongoing prevention, care and support for negative and positive clients when they are back in their communities. Evidence in many communities shows that there are not enough, nor well coordinated community based services needed to ensure a prevention and care and support continuum. Current referral networks do not provide for an effective and efficient continuum of prevention, care, and support services in many districts.

C. Objective 5 — Key Results for January 1, 2012 – December 31, 2012

- 39 district referral networks fully functional and roll out the networks to the remaining five district referral networks in the five provinces
- ZPCT II activities incorporated into all PMO and DMO action plans annually
- ZPCT II participating in all technical working groups with the MOH, NAC and other partners
- ZPCT II programmes conforming to National and PEFAR requirements for integration of gender in HIV/AIDS programmes. Key prevention interventions and activities jointly planned and implemented by key USG partners and MoH at all levels , including national, district and community level
- Ensure that clients at public and private facilities have access to a holistic range of integrated health care services through robust referral mechanisms
- Functional collaboration and coordination between ZPCT II and other partners including UNICEF, JICA, MSF, the MC consortium (SFH, Marie Stopes, and JHPIEGO)
- Devise a plan for enhanced coordination in MC activities in ZPCT II

D. Coordination

At the national level, ZPCT II supports collaboration via active membership in technical working groups and by hosting or supporting annual technical meeting(s). At the provincial level, ZPCT II facilitates annual technical meetings to encourage sharing of knowledge and best practices. ZPCT II works to ensure that all activities at the district level are integrated and incorporated into DMO annual action plans. Referral networks at the community level are central to ZPCT II's efforts towards a well-coordinated approach to service delivery.

ZPCT II will continue to play an active role in the MOH's HIV/AIDS related Technical Working Groups (TWGs).[4] These bring together the entire range of stakeholders, GRZ, USG entities, other donors and implementing partners to guide and support development and coordination of policies, plans and strategies to combat HIV/AIDS and related diseases. Through the TWGs, ZPCT II helps to develop and review guidelines, training packages, SOPs and technical updates across all technical areas. ZPCT II will continue to participate in other stakeholder groups such as the NAC's Treatment, Care and Support Theme Group and the DNA PCR Stakeholders Committee.

ZPCT II coordinates with the MOH through routine data review meetings at the provincial level. Key stakeholders gather to analyze and review trends in the data at the provincial level and determine the key factors influencing those trends. Plans for technical assistance to districts and facilities are then determined in coordination with PMO staff.

ZPCT II will continue to look for opportunities for collaboration to avoid duplication of effort, optimize resources and expand the range of supported services in innovative ways, especially at the community level. District based referral networks will be strengthened and expanded. During this work plan period, ZPCT II will initiate letters of collaboration with partners, both USG and non USG to ensure clear communication. ZPCT II will continue to coordinate with the Japanese International Cooperation Agency (JICA) and MEDECINS SANS FRONTIERS (MSF) in Mumbwa and Luwingu districts, where JICA and MSF, respectively, provide assistance to health facilities. ZPCT II will collaborate with the Society for Family Health (SFH) led consortium on MC (see Section 1.4). ZPCT II will continue to collaborate with UNICEF and provide support in PMTCT and pediatric ART in Luapula Province.

ZPCT II will continue to link USG and non-USG community programs to clinical services via the referral networks. These will include the USAID funded ZPI, CSH, and STEPS-OVC. Lastly, though ZPCT II does not provide direct services to orphans and vulnerable children (OVC), other than through the provision of treatment for HIV positive children, identified OVC will be referred to community programs for assistance through existing district referral networks.

ZPCT II will play an active role in bringing stakeholders together to share technical information and lessons learned. ZPCT pioneered the first national ARV Update Seminar in 2006 in partnership with the MOH, which continues under ZPCT II. Collaborating partners such as CIDRZ and CRS AIDS Relief have taken turns to host this seminar. ZCPT II may need to host the program in 2012 if CRS AIDS Relief is unable. The annual seminar brings together a wide range of stakeholders and providers to review progress made in ART provision in Zambia, share best practices and lessons learned, develop solutions to challenges and map future directions. ZPCT II initiates a provincial-level update to share knowledge and best

[4] TWG subjects are prevention/STI, CT, PMTCT/pediatric HIV, laboratory, commodity security, early infant diagnosis, quantification/procurement, clinical care/ART, ART accreditation, palliative care, M&E and TB/HIV.

practices with provincial/district-level stakeholders and providers, and continues to participate in the district planning process so that all ART activities are integrated into district action plans.

E. Key Activities

- ZPCT II is providing technical support to ensure functional district referral networks in all 44 districts through support of district referral meetings. The objective is to increase access to comprehensive HIV care and support services and to facilitate the systematic and formal linking of HIV/AIDS related services to ensure that clients access available services at any given time, at the health facility and community level.
- Implement standardized referral network mechanisms, referral tools and procedures through monitoring and facilitating regular referral network meetings in all 44 districts.
- Implementation of standardized mechanisms for client feedback, referral tracking, feedback and problem-solving on HIV/AIDS services and effective referrals to ensure client-centered care.
- ZPCT II will support fuel and maintenance of 100 motorbikes to support the sample referral system which contributes to improving inter facility referral of CD4 and other samples, thus ensuring an efficient and effective continuum of care for clients.
- Participate in the district and provincial level planning process so that all HIV/AIDS activities are integrated into community, facility, district and provincial action plans
- Implement collaborative agreements with JICA, MSF, Ndola Catholic Diocese, ZPCI and other partners where appropriate, to ensure continued leveraging of other partner resources towards improving and expanding prevention, treatment, care and support services at facility and community level. ZPCT II will implement ART outreach in peri urban areas and ART outreach through the Ndola Catholic Diocese community home based care program in Kitwe and Ndola district.
- ZPCT II will provide Fixed Obligation Grants to 10 CBOs and build their capacity to plan, and implement gender sensitive HIV prevention, treatment, care and support activities
- Implement a program of support for identifying and referring orphans and vulnerable children (OVC) to community programs for assistance through existing district referral networks
- Joint planning, implementation and monitoring of prevention services at community and facility level with USG and non-USG partners, including the MC consortium (Society for Family Health (SFH), Marie Stopes, JHPIEGO), ZPI, ZISSP, and CHAZ.
- Participating in Gender National Steering Committee and Gender M&E committee

III. Strategic Information (M&E and QA/QI)

A. Implementation Approach

Technical assistance during the work plan year will focus on data collection, data management and reporting in all program areas. Capacity building in the generation and reporting on the New Generation PEPFAR indicators (NGI) and ZPCT II's new program elements will be continued. The SI unit will ensure that support for the continued and uninterrupted flow of

information from ZPCT II supported sites (health facilities, district, and province) to the national level is sustained. The SI unit will also provide technical support to all partners in M&E activities to ensure accurate and reliable data for program implementation is collected in a timely manner.

Working in close collaboration with the procurement unit, the SI unit will facilitate the procurement and distribution of necessary computer equipment and accessories for both new and existing sites (for SmartCare in clinical care and PMTCT as well as other electronic information systems).

The unit will work closely with other technical units in building capacity and providing technical support to facility, district and provincial medical office MoH staff in quality improvement of HIV services. ZPCT II will work with MOH, Health Professional Council of Zambia (HPCZ), private sector and partners at all levels to develop and harmonize national QA/QI standards, methods and tools to ensure the highest possible quality of HIV health services, and integration into the general health care system. Finally, the SI unit will work with technical and program staff, along with MOH, to generate program knowledge using available ZPCT II data.

Quality Assurance and Quality Improvement (QA/QI)

Through the technical team, ZPCT II will continue to build capacity of HCWs and provide technical support towards new and old program elements to ensure quality services are attained in all supported sites. The primary goal is to improve the quality of life of people living with HIV by providing the best possible quality of HIV services, and reducing HIV transmission.

The QA/QI system will be routinely implemented by all ZPCT II technical units (ART/ clinical care, MC, PMTCT/ CT, Laboratory/ Pharmacy and M&E) in order to:

- Ensure health care workers provide HIV health services consistent with MOH national standards and guidelines for the treatment and prevention of HIV, its related opportunistic infections and chronic non-communicable diseases associated with prolonged HIV infection
- Measure the level at which actual HIV services provided within ZPCT II supported facilities are consistent with the set national guidelines and standard operating procedures for HIV prevention, care and treatment as an evidence base for improving the quality of HIV services, and alignment with the GHI Principles and Guidelines on Gender Equity and the Women & Girls Centered Approach.
- Develop and document optimum strategies to facilitate good HIV service quality and increased uptake of these services
- Build MOH capacity to ensure all ZPCT II supported sites sustain high quality HIV services through the district graduation and sustainability strategy
- Collaborate with MOH and private sector sites to ensure optimum patient level outcomes through monitoring quality of patient level care, beyond program level parameters
- Facilitate accreditation status for ZPCT II sites through the relevant HPCZ/ MOH Accreditation programs (ART site accreditation, MC site Accreditation)

Through technical collaboration with MOH, HPCZ and partners in various technical working groups and quality–related committees, ZPCT II will continue to support institutionalization of QA/QI in health care. ZPCT II is also committed to applying quality improvement strategies for program implementation through lessons learned and evidence generated through operations research.

Facility and District Sustainability Strategy

As part of its sustainability plans, ZPCT II is committed to building MOH capacity to ensure that health facilities continue delivering good quality services in the absence of external technical support. This process has been implemented through a district graduation and sustainability strategy that builds on the good quality of services gained through the QA/QI system. The graduation strategy aims to transition supervision and technical assistance of health facilities that have attained a consistently high level of technical quality from ZPCT II to GRZ support without compromising service delivery or quality. ZPCT II technical strategies and QA/QI tools serve as the basis to assess service quality in health facilities. Districts eligible for graduation must have facilities which maintain and sustain acceptable standards for a period of three to six months across all technical areas namely CT, PMTCT, clinical care, ART and pharmacy/laboratory before they can be graduated. Once graduated, post-graduation management plans developed jointly by ZPCT II and district medical/ provincial medical offices provide a roadmap for continued quality monitoring within graduated districts, with district medical offices taking the lead in driving the quality improvement and maintenance process.

Performance Monitoring

Service statistics will be collected and compiled on a monthly basis from all supported sites (MOH and private-sector health facilities) based on PEPFAR/MOH/NAC indicators. The data collection system is based on and supports the official MOH HMIS, in line with the "Three Ones" principle (one national coordinating authority, one strategic framework, one M&E system). Primary gender disaggregated data is collected at the facility level using GRZ-approved tools and is used to generate monthly service delivery reports for all technical areas. Reports provide immediate feedback on performance and are used to review progress and improve service delivery in quarterly feedback meetings with the partners. This process builds partners' capacity to 1) utilize data for decision-making, 2) measure progress toward reaching targets, and 3) use the findings of the QA/QI system (discussed below) to improve quality of care according to national standards. ZPCT II will work with the private sector to introduce MOH approved tools and provide technical support to ensure data is reported into both the HMIS and project M&E system. The QA/QI system will also be introduced and strengthened in the private sector sites.

Evaluation

In order to establish program outcomes and impacts, comparisons of project data baselines, combined with other data sources, will be undertaken. Baseline data for required indicators, including gender indicators, are collected from service statistics and other sources at the end of the ZPCT program will be utilized. ZPCT II will also conduct ongoing program evaluations including operational research with the MOH and other partners as appropriate.

B. Critical Issues and Challenges

- Delays from the SmartCare software development team in responding to ZPCT II queries have caused corresponding delays in using SmartCare as a reporting tool in the 98 sites running the software. The software is updated, however, on a daily basis alongside the paper-based ARTIS system.
- Some New Generation Indicators continue to pose major challenges as registers and reporting tools separate from the national HMIS need to be created for their collection. The use of these registers and tools will take time away from already overburdened health care work force in supported sites.

- At the national level, the continued absence of a national MOH QA/QI strategic plan, functional national QA/QI system and standardized QA/QI data collection tools have slowed the impetus of MOH health workers at peripheral levels of the health system to gain ownership of the QA/QI system implemented under ZPCT II.

C: ZPCT II Project (January 1 – December 31, 2012 Work plan Targets)

Objective	Indicators	Project Targets (LOP)	Year Three Targets (Jan – Dec 2012)
1.1 Counseling and Testing (Projections from ZPCT service statistics)			
1.	Service outlets providing CT according to national or international standards	370	370
2.	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	718,999
3.	Individuals trained in CT according to national or international standards	2,316	491
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)			
4.	Service outlets providing the minimum package of PMTCT services	359	359
5.	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	205,398
6.	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	21,276
7.	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1023
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)			
8.	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	370
9.	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	268,986
10.	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	20,838
11.	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	763
12.	Service outlets providing ART	130	131
13.	Individuals newly initiating on ART during the reporting period	115,250	37,487
14.	Pediatrics newly initiating on ART during the reporting period	11,250	2,893
15.	Individuals receiving ART at the end of the period	146,000	182,504
16.	Pediatrics receiving ART at the end of the period	11,700	12,805
17.	Health workers trained to deliver ART services according to national or international standards	3,120	763
TB/HIV			
18.	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	370
19.	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	6,051
20.	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	763
21.	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,152
1.4 Male Circumcision (ZPCT II projections)			
22.	Service outlets providing MC services	50	50
23.	Individuals trained to provide MC services	260	68
24.	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	6,459

Objective	Indicators	Project Targets (LOP)	Year Three Targets (Jan – Dec 2012)
2.1 Laboratory Support (Projections from ZPCT service statistics)			
25.	Number of testing facilities (Laboratories) with capacity to perform clinical laboratory tests	111	138
26.	Individuals trained in the provision of laboratory-related activities	375	87
27.	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	1,388,251
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)			
28.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	491
29.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	350
30.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	145
3 Capacity Building for PMOs and DMOs (ZPCT II projections)			
31.	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47
4 Public-Private Partnerships (ZPCT II projections)			
32.	Private health facilities providing HIV/AIDS services	30	24
Gender			
33.	Number of pregnant women receiving PMTCT services with partner	N/A	N/A

D. Coordination

ZPCT II collaborates with the MOH to strengthen the QA/QI system across all technical program areas. The program also coordinates with CDC for technical assistance regarding the development, update and implementation of SmartCare. The specialized SmartCare pharmacy-dispensing module was developed in close collaboration with JSI and the CDC software developers. The pharmacy-dispensing module has been rolled.

E. Key Activities

Monitoring and Evaluation

- Compile and submit monthly, quarterly, semi-annual and annual data reports as part of program performance monitoring
- Conduct a semi-annual (March and September 2012) data audit in all provinces to ensure reliability of data reported and set up a system to amend reports, when needed
- Continue to provide data and guidance for quarterly feedback meetings with the PMOs and DMOs
- Provide technical support to private sector health facilities in collection, reporting and management
- Conduct data analysis by technical area for documentation of results and problem solving

- Conduct statistical trend analysis for program feedback and target monitoring/setting
- Provide input into the documentation and dissemination/publication of ZPCT II achievements in the specific program areas
- Provide technical support for the MC and chronic health care checklist databases
- Update QA/QI database to reflect projected changes as a result of new data elements in ZPCT II and new guidelines in PMTCT and ART
- Update and maintain PCR Lab Database, training database and M&E database
- Update the comprehensive Data Quality and Validation guide
- Update and maintain a Geographic Information Systems database
- Develop a web reporting application to develop monthly and quarterly reports on demand by provincial M&E technical staff; this will enable ad hoc reports to be generated from the field depending on the information required
- Provide intensive support (i.e. training, distribution of the required computer equipment and accessories, and on-site post-training) to SmartCare PMTCT pilot sites across the five provinces
- Provide necessary technical support for the PCR lab database management and data processing to enable the efficient flow of results back to health facilities
- Conduct, as necessary, SmartCare trainings for clinical care staff including DECs in new sites as part of orientation
- Procure SmartCare forms for ZPCT II supported health facilities
- Procure other SmartCare consumables such as CDs Flash Drives, etc. for all ZPCT II supported ART and PMTCT sites
- Monitor the SmartCare system for reliability in conjunction with CDC/MOH and other partners
- Update the ARV dispensing tool or SmartCare dispensing software in all ART sites
- Recruit additional data entry clerks for ZPCT II-supported health facilities as needed
- Provide intensive capacity building for DECs and other HCWs for SmartCare such as data entry and quality assurance and control (QA/QC), including SmartCare database completeness following SmartCare commissioning
- Conduct bi-annual SmartCare field supervisory visits with MOH SmartCare staff to ZPCT II-supported sites
- Conduct bi-annual Data Management field supervisory visits with HMIS staff to ZPCT II-supported sites
- Ensure proper SmartCare setup in facilities with multiple installations (i.e. ART and PMTCT SmartCare)
- Engage the SmartCare software development team to revise the reports in the system to match the Next Generation Indicators reporting requirements
- Complete the commissioning of SmartCare sites to enable the use of the system for reporting to USAID, PEPFAR and MOH
- Conduct semi-annual trainings for technical updates for DECs in each province (Provincial Office activity)
- Conduct M&E training for new DHIOs and DHIOs from new ZPCT II supported districts and ZPCT II M&E staff

QA/QI System

- Collaborate with MOH at all levels (central, provincial, district and facility) to institutionalize QA/QI activities including integration into MOH performance assessments programs
- Provide technical support to MOH quality improvement-related committees and technical working groups to develop and roll-out standardized MOH QI initiatives and national accreditation systems
- Scale up QA/QI capacity building activities for MOH staff through use of QA/QI orientation package, training materials and technical support. This will help MOH staff to increase uptake and systematic use of QA/QI tools, job aids, standard operating procedures (SOPs) and related materials by themselves
- Update QI tools and materials in line with updates in national ART, CT, PMTCT, Laboratory, Pharmacy, Health Management Information Systems standards, guidelines and SOPs
- Implement a structured process of selection and prioritization of facility based QA/QI improvement support needs
- Analyze, document and disseminate QA/QI data collected to determine progress toward evidence based benchmarks for improving the quality of HIV health services offered
- Conduct ZPCT II QA/QI technical staff to conduct annual QA/QI Data Audits in provincial ZPCT II offices and selected ZPCT II supported facilities to ensure quality of the prescribed QA/QI processes with room for process improvement
- Strengthen feedback and evaluation mechanisms into the QA/QI process to ensure that goals are accomplished and concurrent with standard outcomes
- Collaborate with DMOs and facility management to develop and implement Post-Graduation Management Plans to ensure MOH ownership of QA/QI activities and good quality HIV services are maintained within graduated districts
- Liaise with ZPCT II technical staff to document and disseminate QA/QI best practices, lessons learnt and operational research for program improvement
- Conduct periodic evaluation of program elements and quality outcomes for program improvement
- Conduct regular client exit surveys to assess client satisfaction with quality of HIV services provided in ZPCT II supported sites
- Implement steps outlined in the QA/QI and graduation procedure manual for use by ZPCT II and the districts for monitoring performance of ZPCT II supported sites in both graduated and non-graduated districts
- Establish a ZPCT II QA/QI database for all technical areas to facilitate analysis of QI data collected

Operations Research

As part of the process of improving service delivery across all sites, the SI unit undertakes operations research activities in collaboration with other units. These evaluations provide scientific evidence of the benefits of good practices or piloted strategies, which are then expanded or strengthened to other areas of service delivery or sites. Proposed operations research questions to be answered during 2012 are listed below.

- Evaluation of the re-testing in CT and PMTCT sites from routine data
- Assessment of the extent of FP/CT/PMTCT integration
- Evaluation study of patients on 2nd line ART
- Trend analysis of quality of HIV services in graduated districts
- Evaluation of Chronic HIV care checklist results
- Outcome of patients on TDF/FTC regimens (MOH pilot study)
- Client Satisfaction Exit Interview
- Analysis of patient outcomes and factors in SmartCare database
- Evaluation of patient retention in ART program
- Costing study
- Women who seroconvert during pregnancy
    - Gender related operational research would require further discussion to select among the following topics: Does integration of GBV services improve quality of care from the client's perspective?
    - What are the barriers to men's participation from their perspective?
    - What would make PMTCT services more appealing to men?
    - What do women want from male involvement?
    - What *positive deviant* long term discordant couples do to successfully protect themselves long term.
    - Does introduction of MC leads to disinhibition and risky behavior for men?
    - Do men experience greater depression when diagnosed? What kind of support networks do men draw on when they are diagnosed?
    - Do men living with HIV/AIDS respond positively to male care and support volunteers?

Technical Area and Support

Technical Area	Activities
CT/PMTCT	▪ Implement the use of SmartCare in ANC/CT/PMTCT at selected sites followed by a widespread roll-out of the software ▪ Maintain accuracy of records ▪ Timely record updates ▪ In collaboration with Pharmacy/Lab unit, ensure the timely running of commodity management systems for the testing corners in the facilities and strengthen systems for accountability of commodities ▪ Conduct, as appropriate comprehensive training in use of appropriate data collection tools at new ZPCT II sites ▪ Provide intensive technical support in appropriate data collection methods for new Generation PEPFAR and ZPCT II new program elements indicators

ART/Clinical Care	▪ Train and mentor appropriate facility staff to correctly enter data into the SmartCare system ▪ Build capacity in the provincial M&E officers, data management specialists and District Health Information Officers on QA/QC for electronic information systems such as SmartCare ▪ Train and mentor facility staff to correctly fill in the SmartCare forms in collaboration with the Clinical Care unit in both existing and new sites ▪ Schedule visits to check on the SmartCare deployment progress in new sites while strengthening the running of the system in existing sites. ▪ Provide intensive technical support in appropriate data collection methods for new Generation PEPFAR and ZPCT II new program elements indicators
Laboratory	▪ Train and mentor facility staff to correctly fill in the PCR lab forms at the referring health facilities, in collaboration with the Pharmacy/Lab and CT/PMTCT units ▪ Build capacity in the provincial M&E officers, data management specialists and District Health Information Officers on QA/QC for the PCR information system (referral forms and database) ▪ Train and mentor facility staff to correctly enter the data into applicable electronic databases or paper-based information system for the efficient management of the logistics system ▪ Train and mentor facility staff to correctly document the laboratory samples ▪ Train and mentor facility staff to correctly document the PCR samples during transport and processing ▪ Train lab staff to document and report back to health facilities on why samples have been rejected (if any) by the PCR lab

IV. Program and Financial Management

ZPCT II has a well-functioning management structure in the Lusaka office and the five provincial field offices, as well as good working relationships with the Ministry of Health (MoH) and other partners. Collaboration with the MoH is governed by Memoranda of Understanding (MOU) at the national and provincial levels and recipient agreements (RAs) with provinces, districts and hospital boards. In addition, there are sub contracts with other local and international partners. CARE and MSH have a field presence in all the five provinces, and have placed their staff within the ZPCT II management structures to ensure the smooth operation of the project.

A. Program Management

ZPCT II has six offices with the central office in Lusaka and one field office in each of the five ZPCT II supported provinces. The ZPCT II program is managed by the Chief of Party (COP), a Deputy COP/Director of Programs, Director of Technical Support, a Director of Finance and Administration and a Senior Monitoring & Evaluation Advisor. This senior team of Directors is supported at provincial level by five Provincial Program Managers, five Provincial Technical Advisors, five Senior Program Officers and five Senior Provincial Finance and Administrative Officers and an extended senior management staff in the Lusaka office. The COP meets weekly with the Directors and meets with the extended senior management team monthly to supervise and manage the overall program. See ***Annex K*** for the current ZPCT II organizational chart.

In 2012 ZPCT II will be providing programmatic, financial and technical support to 370 MoH and CHAZ Mission facilities across 42 districts of the six provinces through the recipient agreement mechanism. One additional province, named Muchinga, has been gazetted with the splitting into two of the former Northern Province. Muchinga Province has six districts currently supported by ZPCT II. A Memorandum of Understanding will be developed with Muchinga Province to formalize the relationship in order to continue supporting the six

districts. In addition to this, 24 private sector facilities will also be supported with technical assistance and mentoring. Each quarter, provincial offices develop quarterly work plans and travel plans which detail the focus and number of technical assistance visits to ZPCT II supported facilities. In addition, the work plan is supported by a budget which finances the technical support visits, as well as activities including renovations, procurement of furniture, stationary and related activities in the recipient agreements.

The recipient agreements with the PMOs and DMOs are designed to provide mutually agreed upon assistance without directly granting funds to the districts or any government institution. Hence, FHI360 manages the funds allocated to the respective provincial medical offices and district medical offices. In 2012, ZPCT II will manage a total of 58 recipient agreements with PMOs, DMOs and UTH. In addition, subcontracts with KARA, CHAZ, Cardno Emerging Markets, Social Impact and CARE International Zambia will be implemented. In addition, within the 58 recipient agreements, ZPCT II will continue to manage eleven recipient agreements with the general hospitals.

ZPCT II expects to support 50 new renovations in 2012 across all the five provinces. ZPCT II will apply environmentally sound design to limit and mitigate the impact that the refurbishments might have on the immediate and surrounding environment. This is required by the Environmental Protection and Pollution Control Act CAP 204 of the Laws of Zambia and Regulation 216 of the USG. This will be done through pre-refurbishment Environmental Site Assessments and post refurbishment sites assessments.

In order to be responsive and be able to provide timely program management support to the provincial offices, Lusaka office will monitor program implementation and provide program management support through innovative technology such as Skype and teleconferencing. Use of this technology will also be extended to program reporting by the provincial offices. The Lusaka Technical Unit will provide technical oversight on the roll out technical strategies and provide regular technical backstop to the provincial technical.

The three ZPCT II units (Finance, Program and Technical) will hold one annual review meeting with the provincial teams and conduct regular field visits for overall program monitoring. Where feasible this interaction will be through Skype, teleconferencing and or quarterly visits to the provincial offices. Program and finance staff will participate in the regional meetings on finance, contracts and grants, program monitoring and leadership where deemed necessary and funds permitting. Program and finance staff will also participate in FHI regional meetings on finance, program monitoring and leadership where deemed necessary and funds permitting. See ***Annex C*** for a list of partners, roles and responsibilities and reporting structures.

Short term technical assistance

In this work plan period, ZPCT II will receive short technical assistance. In addition, ZPCT II staff will travel for meetings, trainings, workshops and conferences related to technical areas, program management, leadership and finance, both regionally and internationally. Where needed, local technical assistance will be hired to augment the operations research and evaluation activities.

The key international short term technical assistance travel for this project is as follows:

- Finance review support from South Africa by the FHI Regional F&A Advisor
- Technical support for capacity building in the detection and management of Gender Based Violence, revision of gender indicators, design of and delivery of GBV services within health services and integration of gender strategy, from Social Impact
- Robert Yoder and Violet Nketani to support mini evaluation of capacity building efforts in Zambia, organizational capacity building technical assistance and GDA assessments, local staff training and assistance with key technical assignments

- Lisa Dulli to support ZPCT II Operations Research efforts
- John Bratt to provide support with the costing study to determine the per unit of service delivered cost of HIV services
- COP to travel to the Global Leadership Meeting in the United States of America
- Four trips to one international/regional conference (TBD)
- Technical visits from Arlington for laboratory, pharmacy and project support from MSH

Program Monitoring

Overall program monitoring of ZPCT II has taken into account the complex program design of the program with its wider scope and scale, which includes expansion of CT, PMTCT, clinical care/ART, MC, and pharmacy and laboratory services in new facilities. Ministry of Health is involved in monitoring program implementation through quarterly program reviews, data reviews, joint program monitoring visits and through PMO Performance Assessments.

Two sources of information exist for program monitoring: 1) routine monitoring of records of service provision in ZPCT II supported health facilities using the program's M&E system; and 2) program-specific information on all aspects of program inputs and outputs including; costs, quantities, and quality of inputs, processes, and outputs. PEPFAR indicators have been added to the routine monitoring of service provision in health facilities. The program's monitoring plan and tools for capturing program specific information have been refined and standardized in order to improve coordination, implementation and tracking of all program inputs and outputs across the five provinces.

Levels of program monitoring:

Program monitoring is currently done at both the Lusaka and the provincial levels through ongoing routine information gathering on program inputs and outputs using program monitoring tools:

At the **Lusaka level**, program performance will be monitored through:

- Quarterly review meetings with Ministry of Health in Lusaka and sharing of quarterly report
- review of provincial monthly program reports for overall program performance and follow up of issues
- review of provincial service statistics
- review of compliance to Environmental Mitigation Plan
- review of recipient agreement implementation focusing on key RA outputs including refurbishments, trainings, clinical meetings, procurement, transport reimbursements, functionality of laboratory equipment, motorbikes, air conditioners, access to fuel for motorbikes
- review of RA expenditure
- review by Lusaka technical units of provincial QA/QI quarterly reports
- monthly co-ordination meetings in Lusaka office between finance, technical and program units
- field verification of program monitoring through quarterly visits to field offices by Program, Technical and Finance and Administration

- quarterly update and review of annual work plan deliverables

At the **provincial level** program performance will be monitored through:

- quarterly program and data review meetings with PMOs and DMOs
- sharing of ZPCT II quarterly report and M&E report with PMOs
- joint program monitoring visits with PMO and ZPCT II participation in PMO Performance Assessments
- regular review of trip reports and field visit support forms (signed off by the Technical Advisor and Provincial Program Manager)
- monthly collection and review of service statistics and documentation of program implementation issues and follow up action (evidenced in the trip reports and field visit forms)
- monthly review of provincial program reports
- review of provincial QA/QI quarterly reports and documentation of program implementation issues and actions
- monthly and/or quarterly review and update of program tracking tools
- monthly review and documentation of activities undertaken towards ensuring compliance with the approved ZPCT II Environment Mitigation and Monitoring Plan
- biannual facility end user checks
- quarterly provincial budget pipeline reviews through joint analysis with finance unit
- monthly recipient agreement expenditure tracking through RMFRs

Critical Issues and Challenges

- Measuring impact of capacity building interventions with the PMO and DMOs within two and half years is a critical issue that needs attention by partners Cardno
- Sustainability for key project components (training, Data Entry Clerks, sample referral, PCR laboratory, laboratory equipment functionality) is a critical issue that needs to be addressed with Ministry of Health
- Limited space for expansion of physical infrastructure is constraining meaningful and needed renovations for improved service delivery from being undertaken at most health facilities. Congestion is becoming a common occurrence in a number of facilities, a development that does not auger well for cross infection control and the general quality of service provision.

Key activities

- Expand to 20 new sites to fulfill the ZPCT II LOP target of 370
- Implement 58 amended recipient agreements comprising 43 DMOs, 5 PMOs, 11 hospitals and UTH.
- Implement six subcontracts (Kara Counseling Training Trust, CHAZ, UTH, Cardno, CARE International Zambia, Social Impact)
- Amendment MOUs for private sector facilities and develop MOUs for new private sector facilities
- Amendment of MOUs for the five provincial medical offices
- Develop MOU for Muchinga province and new RAs for the six districts in the province
- Support appropriate NAC/MOH activities
- Sustainability/2013 work plan meeting with MoH and key partners on the project

Environmental Mitigation

Implementation Approach

ZPCT II works with the Ministry of Health (MoH) through the provincial medical offices and district medical offices to strengthen and expand HIV/AIDS clinical services.

Specifically, ZPCT II will support infrastructure improvements in 50 government public hospitals, clinics and laboratories in the five provinces. In addition, the project will also support program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision services) in 370 facilities. ZPCT II anticipates that project activities will continue to increase the amount of medical waste including needles, syringes and other contaminated materials, as well as waste from renovations. ZPCT II will use the USAID approved ZPCT II Environmental Mitigation and Monitoring Plan as a guide for monitoring environmental impact of ZPCT II program activities and the management of health care waste in health facilities.

ZPCT II also has a mandate and obligation to apply environmentally sound designs to limit and mitigate the impact that renovations and expanded clinical services are having on the immediate and surrounding environment. ZPCT II will use the environmental site description form to determine and document before commencement of renovations, the environmental issues at each site and will provide on-going monitoring according to this pre-renovation assessment.

ZPCT II, through its provincial offices will also provide on-going monitoring based on current practices at each supported health facility. ZPCT II will use the approved ZPCT II Environmental Mitigation and Monitoring Plan as a guide.

ZPCT II will also ensure HCWs are knowledgeable about the legal requirements to manage health care waste and that facility staff practice this consistently. To this end, ZPCT II will acquire, distribute and orient Environmental Health Technician (EHTs) the following key documents from the Environmental Council of Zambia:

- Environmental Council of Zambia: Minimum Specifications for Health Care Waste Incineration
- Environmental Council of Zambia: Technical Guidelines on Sound Management of Health Care Waste

Critical Issues and Challenges

- ZPCT II mandate does not include funding to construct or purchase infrastructure (e.g. incinerators) for medical waste management and disposal. However refurbishments and improvements to existing incinerators and fencing off of disposal sites can and will be carried out in 2012.
- Policy not clear about how to handle additional or necessary renovations required to handle medical liquid waste, from laboratories, palpation and counselling and testing rooms, such as septic tanks and soak-always which are considered construction and as such cannot be carried out.

Key Activities

- Pre-renovation Environmental Site Assessment and documentation using the environmental site description form, and sign off by Environmental Health Technician at facility or DMO level. This ensures compliance before renovations begin.
- Documentation of all renovations and related activities at the provincial level to ensure filing of evidence of compliance with the mitigation plan.
- Distribution of key ECZ documents to facilities and orientation facility staff in the documents to reinforce the mitigation plan on the legal regal requirement to comply with environmental regulations and laws.

- Monitoring of the management and medical waste disposal within the service areas (counseling rooms, labor wards, laboratory, and pharmacy) and the immediate and surrounding facility area, by ZPCT II technical and program staff during regularly scheduled technical assistance visits.
- Review of trip report by Technical Advisor and Provincial Program Manager, to verify implementation of the Environmental and Mitigation plan and sign off by the PPM.
- Review of trip reports by Lusaka office to verify compliance to the Environmental and Mitigation plan.
- Provide any other support that is within the mandate of ZPCT II as required by Attachment J.2 of the Task Order.
- Carry out assessments to refurbish whatever existing incinerators and fence off burning pits from scavengers, and provide basic incinerators fabricated from used steel drums as recommended by Environmental Council of Zambia in its 'Technical Guidelines on the Sound Management of Health Care Waste' handbook.

Key Personnel Changes

No key personnel changes are anticipated in 2012.

B. Finance and Administration

ZPCT II will continue working on long term strategies for financial management that incorporate internal and external audits. The incorporation of audits is meant to enhance accountability and transparency in ZPCT II operations. ZPCT II will conduct on site quarterly financial reviews at the respective provincial and sub recipient offices. FHI360/Zambia will continue to explore options meant to enhance cost control and efficiency. FHI360 will schedule external audits of the local partners namely CHAZ and KARA during this work plan period. In addition FHI360 HQ will schedule the annual statutory audit of the FHI360 Zambia operations.

The ZPCT II finance staff will participate in the regional USAID rules and regulation training meetings. Furthermore, FHI360 ZPCT II staff will attend the annual FHI360 finance regional workshop. FHI360 will support local continuous professional development training for finance staff during this work plan period. FHI360 will also enroll new finance and administration staff in the USG online cost principles training. In addition, finance and administration staff will participate in regional leadership trainings. FHI360 will conduct finance and administration capacity building training for the sub-contractors finance personnel. The ZPCT II finance team will conduct financial orientations and trainings to program and partner staff on subcontracts and sub-grants management. Semi-annual meetings will be conducted for the Lusaka and provincial finance and administrative staff to review finance operations. ZPCT II anticipates facilitating exchange visits across the different FHI360 field offices.

The planned trips for this 2012 work plan year are outlined in ***Annex B***.

C. Information Technology (IT)

- To effectively register and track ZPCT II assets ZPCT II will complete the rollout of the inventory management system to all ZPCT II offices in 2012. The data entry of assets is almost complete in Lusaka. The system will be used for tracking all ZPCT II assets
- Procurement of staff computers is an ongoing IT activity and in 2012 we expect to procure 25 laptops and 11 desktops for ZPCT II staff in the six ZPCT II Offices.
- The IT team will continue tracking IT equipment and maintaining a current inventory for the ZPCT II supported health facilities. From this ongoing inventory process, we have determined that 20 computers and 40 printers will become obsolete and too expensive to maintain due to age. These computers will be charged to the respective recipient

agreements. We also intend to carry out upgrades to computers which we will identify as being in reasonably good condition and only requiring upgrades.

- ZPCT II will dispose of obsolete equipment following laid down disposal procedures. Equipment has already been identified and a list compiled. In 2012 we expect to receive guidelines from USAID on the disposal process. FHI360 has already approved the disposal of the identified equipment.
- Field travel to supported health facilities for routine IT tasks such as maintenance and repairs of equipment will continue. IT staff in the provincial offices will continue providing support to health facilities through travel and skills transfer to DECs
- ZPCT II will continue to carry out routine maintenance of desktop, laptop and printer equipment and routine maintenance on the local area networks in the ZPCT II offices
- Geotab software upgrades will be installed to improve the management of the ZPCT II fleet. The IT team working with Finance and Administration will perform upgrades of the Geotab software to the latest version. The new version will improve reporting and generate newer reports that are not available in the old software. For this to work well some IT and finance and admin staff will be trained.
- To ensure that the ZPCT II IT environment remains current, IT will carry out Operating System upgrades to all computers to Microsoft Windows 7 from XP at ZPCT offices and health facilities.
- ZPCT II IT will document all infrastructure changes in 2011 to ensure that the IT documentation is up-to-date
- ZPCT II intends to procure two Power Over Ethernet Switches, to replace one that was faulty and to cater for the expanded number of staff in the Lusaka office
- In 2011, ZPCT II streamlined and improved the running of the SMS client reminder/callback system to reduce loss to follow up. In 2012, ZPCT II will compile the results from the pilot and perform data analysis and dissemination of the pilot findings. ZPCT II will continue providing in house training to ZPCT II staff to ensure staff computer skills are updated for productivity and efficiency
- In collaboration with JSI and MoH, ZPCT II will complete the roll out of the integrated SmartCare in the remaining targeted health facilities in 2012
- Staff Training. In 2012, four IT Staff will attend technical trainings in Microsoft, Cisco and Vsat technologies as part of continuous professional development.

D. Procurement

Procurement for the 2012 work plan includes procurement through the recipient agreements and some direct procurement. Costs outlined below are estimates and could change at the time of procurement. In addition, through the recipient agreement (RA) process, additional items may be identified throughout the year and will be added through the RA amendment process.

During the 2012 work plan period, ZPCT II will procure additional desktop and laptop computers for new staff and to replace old and obsolete computer equipment and other IT equipment in order to sustain and improve the current information technology infrastructure at the Lusaka office and in the five provincial offices.

In the ZPCT II task order, USAID has pre-approved the procurement of 48 FACSCount machines. The FACSCount machines are used at ART supported sites to determine the CD4 levels of patients before the commencement of anti-retroviral treatment (ART). ZPCT II has so far procured 20 FACSCount machines and plans to buy five more FACSCount machines during this work plan period in order to continue improving healthcare service delivery in the MoH health facilities. In addition, ZPCT II will procure refrigerators, air conditioners, generic medical supplies and other medical equipment like microscopes, centrifuges, hemocues, autoclaves, blood mixers, RPR shakers, Sysmex Poch, electronic balances, and suction machines. Apart from the aforementioned equipment ZPCT II plans to procure ten ABX Pentra 200 Chemistry Analyzers and one Abbott Real time HIV Test equipment, which cost above $5,000, for the supported sites.

Procurement for some equipment that is not budgeted under the recipient agreement is as follows:

Description of Equipment	Unit	Cost USD*
Office Furniture	25	15,700
Office Desktop Computers	11	13,200
Office Laptops	25	54,000
IT Switches	2	6,000
FacsCount Machines	5	147,500
Total		**236,400**

* Cost is subject to change at the time of procurement.

ZPCT II procurement plan will aid and set the procurement framework for the current work plan period in order to ensure effective programmatic implementation. The plan will serve as a guide for managing procurement throughout 2012 work plan period and will be updated as acquisition needs change. The plan will also identify and define the equipment to be procured and decision criteria. The importance of coordinating procurement activities, establishing firm procurement deliverables and metrics in measuring procurement activities will also be included. In addition, the plan will also outline how the procurement process will be managed from solicitation planning, solicitation, source selection, expediting up to the distribution of equipment to the health facilities. Procurement plans may change over the course of the year through recipient agreement amendments.

E. Human Resources

Recruitment of ZPCT II staff

Over the past year, ZPCT II has been confronted with a high staff turnover rate. Recruitment activities have been on-going to replace these positions. Some of the vacancies are hard-to-fill positions, particularly medical officers.

The high staff turnover rate has necessitated the need to revisit the recruitment strategy in order to make the current process more efficient in addressing the challenge. Several approaches will be pursued in the coming year. Some of these will include the use of recruitment agencies to create a database or pool of talent from which future prospective candidates can be sourced, head-hunting, and development of human resource recruitment website that will be a useful tool for prospective applicants to submit their profiles in response to vacancy listings that will be posted on the FHI360 Zambia website.

Training and development

A comprehensive training plan was developed in the previous year. However, due to financial constraints, only a select few staff were sponsored for different training programs. The human resource office will continue to pursue training and development activities in the next year to address capacity building needs across the organization. The annual performance appraisal

process completed in October 2011 will be used to inform training plans for the next work plan period.

Staff members that undergo training will be used as resources to share learning acquired across the organization.

Employee Engagement

The human resource office developed tools in the past year aimed at enhancing employee engagement for increased staff motivation and retention. Areas will include staff recognition through award systems, employee wellness programs and employee surveys. In addition, newsletters will be produced on a monthly basis for increased communication and information sharing on human resource related issues.

Team building activities

In 2012, the human resource office in liaison with the respective directorates will review job descriptions for select ZPCT II positions. This review is necessitated by changes that have occurred in roles and responsibilities of staff. In addition, there are plans in the future to re-distribute job activities in some of the positions in ways that will enhance functionality across the program.

V. Reports and Deliverables

The terms of this Task Order between USAID and FHI describe the reporting requirements and deliverables as follows:

Annual Work Plan

This document represents ZPCT II's fourth work plan and covers the period January 1, 2012 to December 31, 2012. This work plan aligns to the MoH annual calendar work plan year. The annual work plan will detail the work to be accomplished during the upcoming year. The work plan may be revised on an occasional basis, as needed, to reflect the changes on the ground and with the concurrence of the COTR.

All work plans will include the estimated funding requirements necessary to meet program objectives within the Task Order for the period of program implementation. USAID will respond to the work plan within five calendar days.

Performance Management Plan

FHI submitted the life of project (LOP) Performance Management Plan to USAID. The plan includes project performance indicators and detailed information about each including: data sources, frequency and schedule of data collection, and organizations and individuals responsible for data collection and verification. In addition, the plan outlines how these data are analyzed and used by the project in order to continuously improve the program.

Quarterly Progress and Financial Reports

The Task Order states that Quarterly Financial and Progress Reports shall be submitted no later than one month after the end of the quarter. Partners will be asked to submit their reports 15 days before the due date so that their inputs can be incorporated into the quarterly reports submitted by FHI. The scope and format of the quarterly reports is determined in consultation with the COTR. In response to this, ZPCT II submits quarterly program and financial reports every quarter within thirty days after the end of each quarter. These reports outline progress made in achieving results as well as program challenges.

In addition, FHI will submit the SF-1034 financial report on a monthly basis after the end of each month.

PEPFAR Semi-Annual and Annual Progress Reports

ZPCT II will submit the semi-annual PEPFAR country operational plan (COP) by April 30 and December 1, 2012 and annual progress reports for each calendar year (by October 30th) throughout the life of this project. The COP will also be submitted as required by PEPFAR,

Other Deliverables

FHI conducted required environmental assessments during the first two quarters of year one and is using the Environmental Mitigation Plan and Marking and Branding Plan that were submitted to USAID in August 2009 and approved in November 2009. The Environmental Plan for 2012 is outlined above. The Marking and Branding plan will be adhered to.

FHI is using the sustainability plan that was submitted to plan activities to ensure activities continue after the project ends. Additionally, FHI submitted a grants manual for the sub-granting process during the first quarter of year one which was approved in August 2010.

VI. LIST OF ANNEXES

Annex A: ZPCT II Partnership 12 Months Work-Plan Budget

		CT	PMTCT	MC	HTXS	HBHC	PDXS	PDCS	TB	LAB	TOTAL
I.	**Salaries & Wages**	**480 732**	**667 609**	**80 171**	**453 923**	**160 334**	**186 884**	**106 712**	**293 845**	**240 246**	**2 670 456**
II.	**Fringe Benefits**	**537 383**	**746 280**	**89 618**	**507 411**	**179 229**	**208 907**	**119 287**	**328 472**	**268 555**	**2 985 142**
III.	**Consultants**	**6 540**	**9 000**	**1 080**	**6 100**	**2 160**	**2 520**	**1 440**	**3 960**	**3 240**	**36 040**
IV.	**Travel & Transportation**	**159 863**	**230 032**	**28 164**	**156 656**	**56 153**	**64 662**	**37 123**	**101 429**	**83 492**	**917 575**
V.	**Procurement / Medical Supplies**	**367 556**	**66 050**	**7 926**	**44 914**	**15 852**	**18 494**	**10 568**	**29 062**	**23 778**	**584 200**
VI.	**Sub-Contracts/Recipient Agreements**										
	MSH	271 208	264 409	31 729	179 798	63 458	74 035	42 305	126 916	457 050	1 510 910
	CARE	285 039	617 584	15 835	269 203	95 013	110 848	31 671	31 671	126 684	1 583 548
	EMG	100 447	139 509	16 741	94 866	33 482	39 063	22 322	66 965	44 643	558 037
	SI	17 878	24 830	2 980	16 885	5 959	6 952	3 973	11 919	7 946	99 322
	Salvation Army	7 647	10 622	1 275	7 223	2 549	2 974	1 699	5 098	3 399	42 486
	Churches Health Association of Zambia	27 000	37 500	4 500	25 500	9 000	10 500	6 000	18 000	12 000	150 000
	Kara Counselling & Training Trust	230 559	4 705	-	-	-	-	-	-	-	235 264
	MoH Health Facility Recipient Agreements	684 000	1 026 000	38 000	646 000	228 000	266 000	152 000	456 000	304 000	3 800 000
		1 623 778	**2 125 159**	**111 060**	**1 239 475**	**437 462**	**510 372**	**259 970**	**716 569**	**955 722**	**7 979 568**
VII.	**Other Direct Costs**	**679 642**	**897 040**	**109 881**	**622 266**	**220 884**	**256 310**	**146 695**	**394 357**	**330 755**	**3 657 831**
VIII.	**G & A**	**550 579**	**753 885**	**90 334**	**515 734**	**182 741**	**212 420**	**121 454**	**331 787**	**273 109**	**3 032 043**
	Fixed Fee	**220 304**	**274 753**	**25 912**	**177 324**	**62 741**	**73 028**	**40 162**	**109 974**	**108 945**	**1 093 143**
IX.	**TOTAL**	**4 626 378**	**5 769 808**	**544 146**	**3 723 805**	**1 317 555**	**1 533 598**	**843 412**	**2 309 455**	**2 287 842**	**22 955 998**

Annex B: ZPCT II Work Plan Activity Implementation Gantt Chart
January 1, 2012 – December 31, 2012

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Ongoing Core Activities														
Plan and implement quarterly/bi-annual stakeholder meetings with USAID, MOH and sub partners	All teams; ZPCT II Management	**NIL**												
Participate in the MOH Technical Working Groups (CT/ PMTCT ; CC/ART; MC; Lab/Pharm; M&E/QA/QI)	Technical	**NIL**												
Coordinate training plans at national, provincial and district levels with MOH to ensure training activities are budgeted for by the districts	Technical, Training, Provincial Offices	**NIL**	X		X		X	X			X		X	
Facilitate dissemination of latest national guidelines and SOPs	Technical, Provincial Offices	**NIL**			X	X			X	X			X	
One training for ZPCT II staff in detection and management of GBV	Program and technical unit heads	**NIL**		X										
Collaborate in developing and rolling out a standardized national HIV services QA/QI strategy and system	Technical, QA/QI	**NIL**		X	X		X				X		X	
Support district referral network meetings, development of tools, Fixed Obligation Grants and mobile counseling and testing, training of 49 volunteers and post training follow, and financial support (transport refunds) to 1,240 volunteers	CARE	**$1,010,910**	X	X	X	X	X	X	X	X	X	X	X	**X**
Support staff salaries	MHS	**$1,083,548**	X	X	X	X	X	X	X	X	X	X	X	**X**
Support consultancy services for 9 capacity building trainings	EMG	**$558,037**		X		X		X		X		X		
Support consultant to conduct one training for ZPCT II staff in the detection, management of GBV and adaptation of gender modules and tools	Social Impact	**$99,322**		X						X				
Provide quarterly joint technical assistance and monitoring visits and support for genset fuel, DEC salaries, to CHAZ sites in Northern, Luapula and North Western provinces	CHAZ	**$150,000**			X			X			X			**X**
Support a total of 12 basic, couple and supervision counseling trainings in all five provinces	KARA Counseling Training Trust	**$235,000**			X			X			X			

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Provide one grant to Salvation Army to train 100 faith based leaders in Faith based facilitation skills in HIV/AIDS, and behavioral change communication, and conduct outreach and referrals for CT, PMTCT and MC	Salvation Army	**$42,000**						X	X	X	X	X		
Implement technical, financial and programmatic support to 370 MoH health facilities through 61 Recipient Agreements (RAs) in five provinces. This includes trainings, renovations, laboratory and basic medical equipment, support to DECs, and other related areas of support.	Technical, Programs, Provincial Offices	**RA budget $3,800,000**	X	X	X	X	X	X	X	X	X	X	X	
Through regularly scheduled travel, provide comprehensive technical assistance (TA) and mentoring to 370 health facilities in all technical areas (CT/PMTCT, CC/ART, MC, Lab/Pharm, HMIS, M&E)	Technical	**Local Travel $575,366**	X	X	X	X	X	X	X	X	X	X	X	
International and regional travel	All units	**Regional Travel $159,530**			X			X	X			X	X	
Provide ongoing refresher engendered training and technical updates to MOH staff at all sites in relevant technical areas	Technical	**RA Budget**		X	X		X		X		X		X	
Conduct TOT/clinical skills engendered trainings in HIV/AIDS.	Training	**$20,000**												
Ensure uninterrupted supply of HIV test kits, drugs, lab reagents and other essential commodities for all ZPCT II supported facilities	CT/PMTCT, Lab/Pharm CC/ART, Procurement	**NIL**	X	X	X	X	X	X	X	X	X	X	X	
Support specimen referral systems for DBS, CD4 and other tests	Lab/Pharm, CC/ART, CT/PMTCT	**$178,000**	X	X	X	X	X	X	X	X	X	X	X	
Collaborate with MOH, JSI/Deliver/SCMS, CIRDZ, CRS, AIDS Relief, CDC and other sub partners on issues related to quantification, forecasting, procurement and security of reagents and HIV related commodities	ZPCT II Management, Technical	**NIL**	X	X	X	X	X	X	X	X	X	X	X	
Implement model sites strategy across the five provinces in ART and PMTCT	CC/ART	**$125,000**		X		X		X		X		X	X	
Technical support visits to monitor and supervise community and monitor referral networks	CT/PMTCT, CC/ART, Community; Provincial	**$24,000**	X	X	X	X	X	X	X	X	X	X	X	

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
	Offices													
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC														
1.1 Expand counseling and testing (CT) services		**$4,626,378**												
Conduct monthly, comprehensive technical assistance (TA) visits to 20 new and 350 old facilities across five provinces to support expansion and provision of quality, gender sensitive CT services and integration into STI, TB, In-Patient, OPD, HBC, child health ANC,FP, and PEP services, using MoH standards/guidelines	CT	**Budgeted under local travel above**	X	X	X	X	X	X	X	X	X	X	X	
Conduct 10 Mobile CT episodes implemented on National VCT day and world AIDS day across five provinces	Community, CT/PMTCT	$16,000						**X**						**X**
Conduct 28 trainings in CT	CT/PMTCT, Training, Provincial Offices	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
Conduct 35 trainings for community volunteers in CT	CT/PMTCT, Community	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
Conduct five MC counseling trainings for ZPCT II CT/PMTCT officers and health providers in conjunction with MOH and other sub partners.	CT/PMTCT	**RA Budget**		X	X	X		X						
Two trainings for HCWs in youth-friendly CT (five days)	CT/PMTCT, Training, Community	**RA Budget**			X						X			
Conduct 5 trainings in counseling supervision for HCWs in five provinces	Training, CT/PMTCT	**RA Budget**		X		X		X		X		X		
1.2 Expand prevention of mother-to-child transmission (PMTCT) services		**$5,769,808**												
Conduct monthly, comprehensive technical assistance (TA) visits to 359 facilities across five provinces to support expansion and provision of quality, gender sensitive PMTCT services, follow up care (Post Natal counseling, infant feeding counseling,	PMTCT	**Budgeted under local travel above**		X	X	X	X	X	X	X	X	X	X	

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
community follow-up and support, mother-infant tracking) and linkages with ART and FP, using MoH standards/guidelines														
Conduct 14 trainings for PMTCT community counselors to support HIV positive mother support groups and promote facility-based deliveries for all pregnant women	Community, CT/PMTCT	**RA Budget**		X	X	X		X		X		X		
Conduct 41 trainings in PMTCT across the five provinces	CT/PMTCT, Training	**RA Budget**		X	X	X	X	X	X	X	X			
Create at least 40 testing corners in the 20 new facilities within MNCH and promote same-day testing and results using the "opt out" strategy.	CT/PMTCT	**RA Budget**		X		X		X						
Conduct 80 PMTCT mobile outreach episodes in Northern and Luapula provinces across 10 sites	CT/PMTCT, Community	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
Work with MoH to revise training packages for service providers at the community and facility levels to incorporate gender-based topics including GBV.	CT/PMTC, Training	**NIL**			X									
1.3 Expand treatment services and basic health care and support		**$**												
Conduct monthly, comprehensive technical assistance (TA) visits to 135 ART and selected PMTCT/CT facilities across five provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB,C&T,ANC/MCH, and Youth Friendly Services, using MoH standards/guidelines	CC/ART	**Budgeted under local travel above**	X	X	X	X	X	X	X	X	X	X	X	
Conduct 31 trainings for HCW(389) in ART/OI and ART/OI refresher courses (public and private), pediatric ART (public and private) including the effective screening, diagnosis and early referral for TB management of HIV infected patients	CC/ART	**RA Budget**		X	X	X	X	X	X	X	X	X	X	
Conduct 6 trainings for 80 lay cadres in adherence counseling,	CC/ART, Community	**RA**		X		X		X		X		X	X	

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
including follow up care, adherence support and contact tracing of TB-HIV co-infection		**Budget**												
Conduct one trainer of trainer for updated (with gender module) ASW manual		**RA Budget**			X									
Conduct one annual national ART Update Seminar	Technical unit	**$20,000**											X	
Implement ART outreach in collaboration with Ndola Catholic Diocese in Kitwe and Ndola	Programs, Community, CC/ART	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
Implement model sites strategy and upgrade at least one more ART/clinical care site in each province to model sites so that there are two sites/province to manage complicated cases, adverse drug reaction monitoring and management and treatment failures	Program, CC/ART	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
Support training of 15 nurses through implementation of HIV nurse practitioner program by MOH and GNC as the final phase of the pilot program of task shifting on ART prescribing from doctors/clinical officers to nurses	CC/ART	**RA Budget**			X				X				X	
Strengthen support for 15 HIV Nurse Practitioners already trained through continued on site mentorship, provision of job aids and CMEs	CC/ART	**RA Budget**	X	X	X	X	X	X	X	X	X	X		
1.4 Scale up male circumcision (MC) services		**$544,14 6**												
Conduct monthly, comprehensive technical assistance (TA) visits to 50 facilities across five provinces to support expansion and provision of quality MC services, and integration with CT services, using MoH standards/guidelines	CC/ART	**Budgeted under local travel above**		X	X	X	X	X	X	X	X	X	X	
Conduct 6 trainings in male circumcision for MOH HCWs from supported sites providing MC.	CC/ART, MC, CT/PMTCT, Training, UTH, Community	**RA Budget**		X		X		X	X	X		X		
Support post-training follow up and on-site mentoring of trained facility staff by UTH in all five provinces	Technical, Training	**$12,000**			X			X					X	
Objective 2: Increase the involvement and participation of sub partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC														
		$2,287,842												

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
2.1. Strengthen laboratory and pharmacy support services and networks														
Conduct monthly, comprehensive technical assistance (TA) visits to 370 facilities across five provinces to support expansion and provision of quality laboratory and pharmaceutical services, using MoH standards/guidelines	Lab/Pharm, Training, Provincial Offices	**Budgeted under local travel above**	X	X	X	X	X	X	X	X	X	X		
Conduct 8 trainings in laboratory related services (87)	Lab/Pharm, Training, Provincial Offices	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
One meeting to finalize process of review and MOH approval of ART pharmacy SOPs (no cost)	Lab/Pharm	**NIL**			X									
Print revised pharmacy SOPs	Lab/Pharm, Procurement	**NIL**			X	X								
Participate in MOH meetings to update and maintain the integrated smart care stock control module	Lab/Pharm, SI (M&E)	**NIL**			X			X			X		X	
Two meetings to support the implementation and roll-out of the National ARVs logistics system and the National PMTCT Drug Logistics System in ZPCT II supported sites	Lab/Pharm, CT/PMTCT, CC/ART, Training	**NIL**			X					X				
Print ADR registers and other IEC materials on behalf of PRA	Lab/Pharm, CC/ART	**$30,000**				X	X							
Support servicing of the DNA Polymerase Chain Reaction (PCR) laboratory equipment at Arthur Davison Children's Hospital	Lab/Pharm	**$6,000**			X			X					X	
Support the courier system for DBS across the five provinces		**$9,500**	X	X	X	X	X	X	X	X	X	X	X	
Support the implementation of referral systems for CD4, chemistry and haematology and further expand the specimen referral system for other diseases such as TB and STIs, including provision of motorcycles across all five provinces.	Lab/Pharm, CT/PMTCT	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
Conduct two trainings in quality rapid HIV testing in guidance with the MOH and CDC for all the five provinces	Lab/Pharm, CT/PMTCT	**$34,000**			X				X					
Participate in local and regional sub partners capacity building workshops in good clinical laboratory practices (see travel annex in work plan) –Budgeted for under international travel above.	Lab/Pharm, Training	**Regional Travel line**			X									
Participate in local and regional Management Information Systems (MIS) capacity building workshops	Lab/Pharm, Training	**Regional Travel line**					X							
Attend two quantification meetings organized by JSI for HIV	Lab/Pharm	**NIL**			X								X	

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
test kits and laboratory commodities.														
	Lab/Pharm													
Provide support for Strengthening Laboratory Management Toward Accreditation (SLMTA) through two week mentorship visits with MOH/CDC	Lab/Pharm	**$13,000**		X							X			
Procure one Abbot Real Time HIV test equipment		**$188,500**				X								
Support equipment maintenance and repair		**RA Budget**			X				X				X	
Procure ten ABX pentra 200 Chemistry Analyzers	Lab/Pharm	**$300,000**				X								
Procure 40 Point of Care CD4 Analysers(PIMA)		**$320,000**				**X**								
2.2 Develop the capacity of facility and community based health care workers														
Conduct monthly, comprehensive technical assistance (TA) visits to 370 facilities across five provinces to provide post training mentorship to health care workers and community volunteers	All technical units including CARE	**Budgeted under local travel above**	X	X	X	X	X	X	X	X	X	X	X	
Conduct 114 trainings for health care workers in the CT, PMTCT, CC/ART/OI, laboratory and pharmacy and MC as indicated above	Community	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
Conduct 55 trainings for community volunteers in CT, PMTCT and adherence counseling	Community	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	
2.3 Engage community/faith based groups														
Implement FOGs with 5 community based organizations	Community	**Sub partners**		X	X	X	X	X	X	X	X	X	X	
Identify 5 local CBOs to receive capacity-building assistance and sub-grants to implement gender sensitive HIV/AIDS prevention and care services at community level	Community	**Sub partners**		X	X									

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
One capacity building training for 5 community groups	Community	**Sub partners**			X									
Develop capacity of NZP+ to plan, implement, monitor GIPA, with a focus on formation of PLHA support groups	Community	**Sub partners**	X	X	X	X	X	X	X	X	X	X	X	
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions														
3.1 Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services		**$**												
Conduct 42, one-day orientation meetings for DMO managers and technical staff on integration of HIV/AIDS and other health services (malaria, MNCH)	Technical, Programs	**RA Budget**		X	X	X		X	X	X		X	X	
Conduct 16, one-day quarterly review meetings with DMOs and PMOs to evaluate the extent of integration of HIV/AIDS services with other health services	Technical, Programs	**RA Budget**	X		X		X		X		X		X	
3.2 Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness		**$**												
Conduct one training in the detection, screening and management of GBV for ZPCT II, DMO and PMO staff	Program	**$21,875**			X									
Roll out Chronic HIV Care Checklist in all 370 facilities to improve screening for GBV within PMTCT, CT and clinical care and ART settings	Program	**RA Budget**		X	X	X	X	X	X	X	X	X	X	
Conduct 5 couple counseling trainings for HCWs	Program and CT/PMTCT units	**RA Budget**		X	X		X		X		X			
Adapt gender module as an add-on to current service provider training packages in CT and PMTCT to make service delivery gender sensitive	Technical, Programs	**RA Budget**		X	X									
Conduct one 2 day training of trainers (TOT) session for ZPCT	CC/ART	**Sub**			X									

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
II staff to introduce the updated ASW manual, which integrates revisions that address gender dimensions of treatment		**partners**												
Adapt and print guidelines for male involvement to guide adoption of best practices within PMTCT and CT services	Technical, Programs	**$ 15,000**			X	X								
Hold advocacy meetings to lobby for revision of the PMTCT, CT and ART training packages and participate in NAC TWGs meetings to lobby for inclusion of gender based protocols and norms for service delivery within PMTCT, CT and ART settings	CT/PMTCT units	**NIL**			X				X			X		
3.3 Increase the problem solving capabilities to PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs		**$**												
ZPCT II and DMOs will hold 16, one-day quarterly meetings with health facility staff to discuss the previous quarter's activities and share data to identify potential problem areas in service delivery and develop solutions	Provincial Offices	**RA Budget**		X		X		X		X		X		
Hold 16, one-day quarterly provincial (PMO) data review meetings to review district data	Technical, Provincial Offices	**RA Budget**		X		X		X		X		X	X	
Support PMO data management specialists' participation in ZPCT II data audits and district quarterly reviews	Programs, SI	**RA Budget**			X						X			
Place data entry clerks at the district level to support implementation of the QA/QI system	SI	**NIL**			X		X							
Hold annual provincial meetings to review ZPCT II performance	SI and program units	**NIL**										X		
Support operational research and analysis with the MOH to increase the use of evidence-based responses to challenges in the field	SI	**TBD**	X	X	X	X	X	X	X	X	X	X	X	X
		$												

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
3.4 Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities														
Conduct technical assistance visits to monitor implementation of mentorship programme and monitor progress on capacity building indicators	Program unit/Capacity Building Team	**Budgeted under local travel above**			X			X			X			
Conduct 9 Trainings (Governance, HR, Financial Management and Planning in all the 5 ZPCT II supported provinces.	Program unit/Capacity Building Team	**$119,400**		X	X		X		X				X	X
Facilitate and support DMO Financial Management and Human Resource mentorships to District finance staff in 44 districts	Program unit/Capacity Building Team	**$20,000**			X			X			X			X
Develop gender modules, tools and checklists to guide gender integration at both Program and service delivery levels.	Program unit/Capacity Building Team	**Nil**		X	X									
Pilot implementation of the Management Capacity Building indicators in two districts in Central Province and revise as needed and implement Capacity Building management Indicators in 44 ZPCT II DMOs	Program unit/Capacity Building Team	**Nil**	X	X	X	X	X	X	X	X	X	X	X	X
Objective 4: Build and manage public-private sub partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities														
Conduct technical assistance visits (as part of TA visits described above) to 24 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MoH National Logistics and M&E Systems.	Technical	**Budgeted under local travel above**	X	X	X	X	X	X	X	X	X	X	X	X
Conduct training for health care workers in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services as part of the trainings described above	Training, Technical	**RA Budget**		X		X		X		X		X		X
Providing on-site post training mentorship to ensure MOH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures	Technical	**RA Budget**	X		X		X		X		X			X

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
(SOPs) and regular technical assistance on their usage														
Facilitating the process of linking the clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	Lab/Pharm	**NIL**			X	X								
Formalize linkage of facilities to district specimen referral system	Lab/Pharm	**NIL**		X	X	X								
Mentorship in data collection using MOH data collection tools in line with the "MOH three ones principle" on monitoring and evaluation, as part of TA visits described above	SI	**NIL**	X	X	X	X	X	X	X	X	X	X	X	
ZPCT II will work with 24 private facilities to achieve the Health Professions Council of Zambia (HPCZ) ART accreditation and monitor and provide support to maintain accreditation as part of TA visits described above	CC/ART	**NIL**		X	X	X	X	X	X	X	X	X	X	
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG sub partners														
Support 176 district referral meetings in 44 districts in the five provinces	CARE	**$15,000**			X			X			X			X
Printing of directory of services, referral and feedback slips/forms	CARE	**CARE budget**				X	X							
Provide fuel and maintenance support for sample referral system as contribution to strengthening district referral network	Program	**RA Budget**			X			X			X			X
Participate in monthly/quarterly (as scheduled) meetings with Zambia Prevention Initiative (ZPI) to coordinate the planning, implementation and monitoring of community level prevention activities in Copperbelt, North Western, Central and Luapula provinces	Program	**NIL**	X		X		X		X		X		X	
Participate in MoH district and provincial level planning	Program	**NIL**						X						
Participate in regular provincial meetings with local non-USG partners (PMO, DMO, Provincial AIDS Task Force, District	Program	**NIL**			X			X			X			X

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
AIDS Task Force and USG partners, including MC consortium) to jointly plan, implement and monitor prevention and other interventions														
Participate in Gender National Steering Committee and National Gender M&E committee	Program	**NIL**			X			X			X			X
Strategic Information (Monitoring and Evaluation)														
Monitoring and Evaluation														
Compile and submit monthly, quarterly, semi-annual and annual data reports to USAID, as part of regular TA	SI (M&E)	**NIL**	X	X	X	X	X	X	X	X	X	X	X	X
Conduct two data audits to monitor and evaluate service statistics	SI	**$13,680**		X						X				
Collaborate with MOH and sub partners to implement and support SmartCare in ART sites and to conduct bi-annual SmartCare field supervisory visits	SI (M&E)		X					X						
Procure SmartCare forms and other consumables	SI (M&E)	**$135,000**			X					X				
Conduct semi-annual trainings for technical updates with DECs in each province	SI (M&E)	**$25,000**			X				X					
Strategic Information (QA/QI)														
Conduct client exit surveys	SI (QA/QI)						X							
Operational Research To Enhance Quality Of HIV Services		**TBD**												
Assess quality of new program areas	SI (QA/QI)	**TBD**												X
Conduct trend analysis of QA/QI data for supported and graduated sites	SI (QA/QI)	**TBD**						X	X					
Conduct validity study on health facility self-administration of QA/QI tools	SI (QA/QI)	**TBD**						X	X					
Evaluation study of patients on 2nd line ART	SI, Technical	**TBD**									X			

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Evaluation of the re-testing in CT and PMTCT sites from routine data	SI, Technical	**TBD**						X						
Assessment of the extent of FP/CT/PMTCT integration	SI, Technical	**TBD**												X
Evaluation of the mother-baby pack implementation for PMTCT	SI, Technical	**TBD**										X		
Evaluation of chronic HIV care checklist results	SI, Technical	**TBD**					X							
Outcome of patients on TDF/FTC regimens (MOH pilot study)	SI, Technical	**TBD**												X
HIV re-testing in pregnancy	SI, Technical	**TBD**											X	X
Client satisfaction exit interview analysis	SI, Technical	**TBD**									X			
Analysis of patient outcomes and factors in SmartCare database	SI, Technical	**TBD**									X			
Evaluation of patient retention in ART programs	SI, Technical	**TBD**												X
Costing study	SI, Technical	**TBD**												X
Gender related Operational Research will be determined in close consultation with stakeholders	SI, Technical	**TBD**							X					
Program Management														
Program implementation														
Implement support to 370 MoH facilities in five provinces through the MOH RAs	Program unit	**RA Budget**	X	X	X	X	X	X	X	X	X	X	X	X
Conduct program support visits to 370 facilities	Program unit	**Budgeted under local travel above**												
Program Monitoring														

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Quarterly provincial budget pipeline reviews through joint analysis with finance unit	Program and finance unit	**NIL**			X			X			X			
Monthly recipient agreement expenditure tracking through SFRs	Program and finance unit	**NIL**	X	X	X	X	X	X	X	X	X	X	X	X
Two biannual meetings to review annual work plan deliverables	Program, technical and finance units	**$4,500**					X						X	
Program reporting														
Submit 12 monthly provincial program reports (including service statistics) to Lusaka office	Program, SI	**NIL**	X	X	X	X	X	X	X	X	X	X	X	X
Submit 4 QA/QI quarterly provincial reports to Lusaka	Program, SI	**NIL**			X			X			X			X
Submit 4 quarterly reports to USAID	Program, Finance, Technical	**NIL**			X			X			X			X
Information Technology		**$**												
Purchase 34 computers for ZPCT II staff	IT, Procurement	**$60,000**			X									
Purchase 2 Network Switches	IT, Procurement	**$6,000**			X									
Purchase 46 computers for ZPCT II supported health facilities	IT, Procurement, Program	**RA**		X	X									
Train 6 IT and seven administration staff in Geotab	IT, Finance and Admin	**NIL**	X	X	X									
IT maintenance for local area networks and IT equipment for ZPCT II offices	IT	**$9,000**	X	X	X	X	X	X	X	X	X	X	X	X
Operating system upgrades all computers to Microsoft Windows 7 from XP at ZPCT offices and health facilities **(FHI360 has procured** the software and licenses for new operating system and new offices 2010 productivity suite)	IT	**NIL**	X	X	X									
Train 5 IT staff in Microsoft and cisco technologies	IT	**$10,000**					X							
Human Resources		**$**												
Recruitment of outstanding positions	Human Resources	**$5,700**	X	X	X	X	X	X	X	X	X	X	X	X
Training and Development of ZPCT staff various areas (leadership, project management, total quality management, knowledge management, research)	Human Resources	**$25,000**			X		X		X			X		
Enhancing Employee Retention (.e.g. team building exercises,	Human Resources	**$10,000**	X	X	X	X	X	X	X	X	X	X	X	X

Activity	Responsible Unit	Cost US $	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
motivation strategies such as exchange visits)														
USAID Reports/Deliverables														
Submit quarterly program and financial report	Program, Finance	No cost			X			X			X			X
Submit semi-annual and annual reports	SI (M&E), Technical	No cost			X						X			X
Submit 2013 annual work plan and budget	Program, technical and finance	No cost												X

Annex C: Short Term Technical Assistance and External Travel
(January 1, 2012 – December 31, 2012)

Purpose	Number of Trips	Type of Trip I= Int'l R=Regional	Tentative Dates
FHI TA and ZPCT II Staff			
	1	R (from Ghana)	TBD
Kellock Hazemba, Regional Finance and Administration Advisor from Pretoria to provide technical assistance to ZPCT II program	2	R (from SA)	Twice a year
One FHI global strategic information workshop	2	I	TBD
One FHI QA/QI training workshop	1	R	TBD
TA for costing study from NC to review the costing data and inform USAID on costs for services	2	I (from US)	TBD
One FHI technical staff to attend training in SQL Server and C# programming	1	R (SA)	TBD
Four technical staff to attend regional trainings (MOH staff and gender trainings included)	4	R	TBD
4 technical staff to attend FHI Care and Treatment meetings (ART and PMTCT)	5	R	TBD
2 program staff to attend regional program management meeting	2	R	TBD
3 finance/admin and HR staff to attend leadership meetings/trainings in the region	3	R	TBD
COP to attend FHI Global Leadership Meeting in the US	1	I/R	TBD
HR to attend international workshop on updates in global HR practices			TBD
Gender Specialist to attend International conference on child Sexual abuse in Ghana	1	R	12-14 Jan 2012
CARE Zambia			
AIDS conference	2	R	TBD
CARDNO			
TA from Project Manager for local staff training and assist with key technical assignments (Violet Ketani))	1	I	Mar-May
Organizational capacity building technical assistance and GDA assessments (Dr. Richard Yoder)	2	I	Jan-Feb and Aug-Sept.
Cardno HQ training on project management, capacity building tools to be applied to the project (Dr. Richard Nsakanya))	1	I	TBD
Social Impact			
Gender consultant from SI for technical assistance to ZPCT II	2	I	February and July 2012

Purpose	Number of Trips	Type of Trip I= Int'l R=Regional	Tentative Dates
MSH			
One person to attend the Procurement and supply management of HIV/AIDS medicines and supplies training (Mercy Jere-Moonga)	1	R (TBA)	TBA
One staff to attend Drug and Therapeutics Committee training (Gladys Kunka Musokolwe)	1	R (TBA)	TBA
One staff to attend training in SQL Server (Royd Shisholeka) 3wks	1	R (SA)	TBA
One staff to attend Good Clinical Laboratory Practices training in Kampala Uganda (Mabvuto Phiri)	1	R (Uganda)	TBA
One staff to attend the International Conference on Improving Use of Medicines (ICIUM)	1	R	TBD
One person to attend the PCR EID & Viral Load training provided by ACILT in Johannesburg, SA (Mangani Phiri)		R (SA)	June 3 – 8, 2012
Two TA visits from Arlington (Laboratory) *(cost will be co-shared by MSH)*	2	I (from US)	January; May
One TA visit from Arlington (Pharmacy) *(cost will be co-shared by MSH)*	1	I (from US)	May
One TA visit by John Pollock, Project Support Leader for annual project support visit and to attend the pharmacy and laboratory unit review meeting and the partner's work plan meeting	1	I (from US)	TBD
One TA visit from Cambridge by the fin/ops officer *(cost will be co-shared by MSH*)	1	I (from US)	TBA

Annex D: Partners, Roles and Responsibilities and Reporting Structures

Partner	Roles and Responsibilities	Reporting Structure
FHI – Prime	Provide overall program, technical and financial leadership be responsible for all program indicators and M&E system; liaise with USAID as agreed with the Contracting Officer's Technical Representative, manage relationships with the MOH, NAC, private and all project partners; coordinate with other USG partners to ensure uniformity of activities across the country; and provide oversight and guidance to all partners in the consortium. FHI is the lead implementer with the MOH in scaling up HIV/AIDS services in the five provinces. The FHI team will be co-located with the rest of the ZPCT II partners to ensure coordination, ease of management and smooth implementation. FHI will also host a review of the program with the MOH, NAC, USAID and partners to ensure program results are in line with MOH and NAC goals.	FHI headquarters (HQ) will provide financial, contractual and technical oversight. The HQ team also will manage contractual negotiations for the international partners. The Chief of Party (COP) and Deputy COP will manage USAID, USG, MOH, international and direct local partner relationships.
International Partners		
Management Sciences for Health (MSH)	MSH, under the direction of the FHI Technical Director, will continue providing laboratory and pharmacy support in as specified in the current work plan objectives.	The MSH lead is Gail Bryan, Senior Advisor/Pharmaceutical Management. She is repots to the FHI Technical Director for all pharmacy and laboratory activities. In addition, she represents MSH at budget and contractual negotiations in Zambia.
CARE	Under the direction of the FHI Director of Programs, CARE leads activities to mobilize communities to access HIV/AIDS services, as well as enhance existing referral networks and develop new ones to achieve full coverage. CARE also manages ASWs and lay counselors. CARE will further start managing grants under a contract in the current work plan by working with CBOs and FBOs to build capacity to coordinate volunteers and deliver community-level services.	CARE's Assistant Country Director - Regional Operations, Kathleen O'Brien, will coordinate with the COP on program, contract, staff and budget issues. The CARE team, led by the ZPCT II Community Program Manager, reports to the Director of Programs.
Emerging Markets Group (EMG)	The EMG team works with the COP, the Finance and Program Directors, and the Provincial Managers to increase the capacity of PHOs and DHOs to manage ZPCT II program activities.	EMG's local employees report to the FHI Director of Programs. All financial reporting, contractual and budget issues are coordinated by the COP and FHI/HQ team.
Social Impact (SI)	The SI will continue providing STTA from their HQ, working with the MOH and other partners in Zambia to finalize the gender strategy to be implemented by partners at all levels of the program.	SI will coordinate trips and activities with the COP and Deputy COP.

Partner	Roles and Responsibilities	Reporting Structure
The Salvation Army World Service Office (SAWSO)	SAWSO will provide STTA to their local TSA affiliate to continue building their capacity in community mobilization and prevention activities.	The COP will manage SAWSO in collaboration with the Program Director and the CARE team.
International Partners		
Churches Health Association of Zambia (CHAZ)	CHAZ will continue working with ZPCT II through mutually identified church-run facilities in providing strategic services to enhance MOH service delivery goals.	CHAZ is managed by the Director of Programs with technical oversight by the technical team.
Kara Counseling and Training Trust (KCTT)	KCTT will continue to train CT supervisors under ZPCT II through contracts with FHI.	The program team will manage KCTT in consultation with the technical team.
Network of Zambian People Living with HIV / AIDS (NZP+)	In the current work plan period, NZP+ will work as part of the CARE local consortium to increase demand for services, mobilize communities and, where appropriate, identity candidates as ASW volunteers. As their capacity increases, they will take on the training program for ASWs.	CARE will manage this partner.
The Salvation Army Zambia (TSA/Zambia)	The local branch of TSA will work as part of the CARE local consortium to increase demand for services and mobilize communities.	CARE will manage this partner.
Other CBOs/ FBOs	CARE will identify CBOs/FBOs to receive sub-grants to mobilize communities, participate in the referral networks and, where appropriate, provide purchase orders to local groups.	CARE will manage these partners.
University Teaching Hospital (UTH)	The UTH Male Circumcision unit will assist ZPCT II to scale up MC in facilities in the five provinces.	UTH will be managed by the Technical Director.
Comprehensive HIV / AIDS Management Program (CHAMP)	FHI will provide technical assistance to the CHAMP GDA program's HIV/AIDS clinical services.	CHAMP will be managed by the technical unit with COP support.

Annex E: List of Recipient Agreements/Subcontracts/MOUs January 1 – December 31, 2012

Province	Institution/Organisation	Type of Agreement	Period Budget USD $
Government of the Republic of Zambia (GRZ)			
Lusaka	Ministry of Health	MOU	N/A
Central	Central PMO	MOU	N/A
Copperbelt	Copperbelt PMO	MOU	N/A
Luapula	Luapula PMO	MOU	N/A
Northern	Northern PMO	MOU	N/A
North Western	North Western PMO	MOU	N/A
Provincial Medical Offices (PMO)			
Central	Central PMO	Recipient Agreement	531,995
Copperbelt	Copperbelt PMO	Recipient Agreement	827,740
Luapula	Luapula PMO	Recipient Agreement	516,462
Northern	Northern PMO	Recipient Agreement	588,935
North Western	North Western PMO	Recipient Agreement	509,959
District Health Offices (DMO)			
Central	Chibombo DMO	Recipient Agreement	159,844
	Kabwe DMO	Recipient Agreement	146,094
	Kapiri Mposhi DMO	Recipient Agreement	108,453
	Mkushi DMO	Recipient Agreement	138,648
	Serenje DMO	Recipient Agreement	93,973
	Mumbwa DMO	Recipient Agreement	53,764
Copperbelt	Chililabombwe DMO	Recipient Agreement	47,885
	Chingola DMO	Recipient Agreement	121,262
	Kalulushi DMO	Recipient Agreement	111,433
	Kitwe DMO	Recipient Agreement	215,971
	Luanshya DMO	Recipient Agreement	59,619
	Lufwanyama DMO	Recipient Agreement	34,796
	Masaiti DMO	Recipient Agreement	15,639
	Mpongwe DMO	Recipient Agreement	10,854
	Mufulira DMO	Recipient Agreement	68,375
	Ndola DMO	Recipient Agreement	300,039
Luapula	Chieng1 DMO	Recipient Agreement	60,905
	Kawambwa DMO	Recipient Agreement	131,676
	Mansa DMO	Recipient Agreement	160,966
	Milenge DMO	Recipient Agreement	18,486
	Mwense DMO	Recipient Agreement	105,729
	Nchelenge DMO	Recipient Agreement	106,535
	Samfya DMO	Recipient Agreement	50,914
Northern	**Chilubi DMO***	**Recipient Agreement**	**53,865**
	Chinsali DMO	Recipient Agreement	84,298
	Isoka DMO	Recipient Agreement	58,343
	Kasama DMO	Recipient Agreement	80,681
	Kaputa DMO	Recipient Agreement	81,242
	Luwingu DMO	Recipient Agreement	31,334
	Mafinga DMO*	**Recipient Agreement**	**32,529**
	Mbala DMO	Recipient Agreement	93,894
	Mpika DMO	Recipient Agreement	144,964
	Mpulungu DMO	Recipient Agreement	64,640
	Mporokoso DMO	Recipient Agreement	19,573

Province	Institution/Organisation	Type of Agreement	Period Budget USD $
	Nakonde DMO	Recipient Agreement	122,211
	Mungwi DMO	Recipient Agreement	65,738
North Western	Chavuma DMO	Recipient Agreement	44,726
	Ikelenge DMO*	**Recipient Agreement**	**68,719**
	Kabompo DMO	Recipient Agreement	74,328
	Kasempa DMO	Recipient Agreement	88,840
	Mufumbwe DMO	Recipient Agreement	26,273
	Mwinilunga DMO	Recipient Agreement	70,162
	Solwezi DMO	Recipient Agreement	156,200
	Zambezi DMO	Recipient Agreement	87,538
Hospitals			
Lusaka	University Teaching Hospital	Recipient Agreement	106,720
Central	Kabwe General	Recipient Agreement	53,617
Copperbelt	Nchanga North	Recipient Agreement	34,496
	Kitwe Central Hospital	Recipient Agreement	39,936
	Roan General Hospital	Recipient Agreement	32,896
	Ronald Ross	Recipient Agreement	48,000
	Arthur Davison Hospital	Recipient Agreement	44,768
	Ndola Central Hospital	Recipient Agreement	50,063
Luapula	Mansa General Hospital	Recipient Agreement	50,869
Northern	Kasama General Hospital	Recipient Agreement	55,833
	Mbala General Hospital	Recipient Agreement	42,620
North Western	Solwezi General Hospital	Recipient Agreement	81,877
Partners			
Lusaka	Management Sciences for Health	Subcontract	1,510,910
	CARE International	Subcontract	1,583,548
	Emerging Markets Group	Task Order	558,037
	Salvation Army	Task Order	42,486
	Social Impact	Task Order	99,322
	CHAZ	Subcontract	150,000
	Kara Counseling and Training Trust	Subcontract	235,264
Ndola	Ndola Catholic Diocese	MOU	N/A

* **New District Medical Office**

Annex F: List of ZPCT II Supported Facilities, Sites and Services

Central province

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

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Serenje	25. Serenje DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	26. Chitambo Hospital	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	27. Chibale RHC	Rural		◆	◆	◆		◆	
	28. Muchinka RHC	Rural		◆	◆	◆		◆	
	29. Kabundi RHC	Rural		◆	◆	◆		◆	
	30. Chalilo RHC	Rural		◆	◆	◆		◆	
	31. Mpelembe RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	32. Mulilima RHC	Rural		◆	◆	◆		◆	
	33. Gibson RHC	Rural		◆	◆	◆			
	34. Nchimishi RHC	Rural		◆	◆	◆			
	35. Kabamba RHC	Rural		◆	◆	◆			
Chibombo	36. Liteta DH	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	37. Chikobo RHC	Rural		◆	◆	◆		◆	
	38. Mwachisompola Demo Zone	Rural	◆[1]	◆	◆	◆	◆[3]		
	39. Chibombo RHC	Rural		◆	◆	◆		◆	
	40. Chisamba RHC	Rural	◆[1]	◆	◆	◆	◆[3]		
	41. Mungule RHC	Rural		◆	◆	◆		◆	
	42. Muswishi RHC	Rural		◆	◆	◆		◆	
	43. Chitanda RHC	Rural		◆	◆	◆			⦿
	44. Malambanyama RHC	Rural		◆	◆	◆		◆	
	45. Chipeso RHC	Rural		◆	◆	◆		◆	
	46. Kayosha RHC	Rural	◆[2]	◆	◆	◆		◆	
	47. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	48. Malombe RHC	Rural		◆	◆	◆		◆	
	49. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	50. Shimukuni RHC	Rural		◆	◆	◆		◆	
	51. Kapiri Mposhi DH*	Urban	◆[2]	◆	◆	◆	◆[3]		
	52. Kapiri Mposhi UHC*	Urban	◆[2]	◆	◆	◆	◆[3]		
	53. Mukonchi RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	54. Chibwe RHC	Rural		◆	◆	◆		◆	
	55. Lusemfwa RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Kapiri Mposhi	56. Kampumba RHC	Rural	◆[1]	◆	◆	◆		◆	
	57. Mulungushi RHC	Rural		◆	◆	◆		◆	
	58. Chawama UHC	Rural		◆	◆	◆		◆	
	59. Kawama HC	Urban		◆	◆	◆		◆	
	60. Tazara UHC	Rural		◆	◆	◆		◆	
	61. Ndeke UHC	Rural		◆	◆	◆		◆	
	62. Nkole RHC	Rural	◆[1]	◆	◆	◆		◆	
	63. Chankomo RHC	Rural		◆	◆	◆		◆	
	64. Luanshimba RHC	Rural		◆	◆	◆		◆	
	65. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	66. Chipepo RHC	Rural		◆	◆	◆		◆	
	67. Waya RHC	Rural	◆[1]	◆	◆	◆		◆	
	68. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	69. Mumbwa DH*	Urban			◆	◆	◆[3]		⦿[1]
	70. Mumbwa UHC*	Urban							
	71. Myooye RHC	Rural		◆	◆	◆			
	72. Lutale RHC	Rural		◆	◆	◆			
	73. Mukulaikwa RHC	Rural		◆	◆	◆			
	74. Nambala RHC	Rural							
Totals			**24**	**67**	**68**	**68**	**24**	**44**	**9**

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

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

*Old hospitals transformed to urban clinic status. New hospitals will start reporting data before December 2011

Copperbelt Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Ndola	1. Ndola Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	2. Arthur Davison Hospital	Urban	◆2		◆	◆	◆3		
	3. Lubuto HC	Urban	◆1	◆	◆	◆	◆3		
	4. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆1	◆	◆	◆	◆3		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	
	12. Kansenshi Prison Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆1	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆1	◆	◆	◆	◆3		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban							
Chingola	20. Nchanga N. GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	21. Chiwempala HC	Urban	◆1	◆	◆	◆	◆3		
	22. Kabundi East Clinic	Urban	◆1	◆	◆	◆	◆3		
	23. Chawama HC	Urban	◆2	◆	◆	◆	◆	◆	
	24. Clinic 1 HC	Urban	◆1	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆1	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	
Kitwe	28. Kitwe Central Hospital	Urban	◆2	◆	◆	◆	◆3		

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

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC	Rural		◆	◆	◆		◆	
	65. Chibolya UHC	Urban		◆	◆	◆		◆	
Kalulushi	66. Kalulushi GRZ Clinic	Urban	◆[2]	◆	◆	◆	◆[3]		
	67. Chambeshi HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆[1]	◆	◆	◆		◆	
	69. Chati RHC	Rural		◆	◆	◆			
	70. Ichimpe Clinic	Rural		◆	◆	◆			
Chililabombwe	71. Kakoso District HC	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	72. Lubengele UC	Urban	◆[1]	◆	◆	◆		◆	
Lufwanyama	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆[1]	◆	◆	◆		◆	
	75. Shimukunami RHC	Rural	◆[1]	◆	◆	◆	◆[3]		
Mpongwe	76. Kayenda RHC	Rural		◆	◆	◆	◆	◆	
	77. Mikata RHC	Rural		◆	◆	◆		◆	
	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
Masaiti	79. Kashitu RHC	Rural		◆	◆	◆		◆	
	80. Jelemani RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
Totals			**42**	**78**	**80**	**80**	**42**	**58**	**5**

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

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

Luapula Province

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

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	29. Luamfumu RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	40. Lukola RHC	Rural							
	41. Lubende RHC	Rural							
	42. Mulumbi RHC	Rural		◆	◆	◆		◆	
Milenge	43. Milenge East 7 RHC	Rural	◆[2]	◆	◆	◆	◆		
	44. Kapalala RHC	Rural		◆	◆	◆			
	45. Mambilima HC (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	46. Mwense Stage II HC	Rural	◆[1]	◆	◆	◆	◆[3]		
	47. Chibondo RHC	Rural			◆	◆		◆	
	48. Chipili RHC	Rural		◆	◆	◆		◆	
	49. Chisheta RHC	Rural		◆	◆	◆		◆	
	50. Kalundu RHC	Rural			◆	◆			
	51. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	52. Kapamba RHC	Rural		◆	◆	◆		◆	
	53. Kashiba RHC	Rural		◆	◆	◆		◆	
Mwense	54. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	55. Kawama RHC	Rural		◆	◆	◆		◆	
	56. Lubunda RHC	Rural		◆	◆	◆		◆	
	57. Lukwesa RHC	Rural	◆[2]	◆	◆	◆		◆	
	58. Luminu RHC	Rural			◆	◆		◆	
	59. Lupososhi RHC	Rural			◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	60. Mubende RHC	Rural		◆	◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mununshi RHC	Rural		◆	◆	◆		◆	
	63. Mupeta RHC	Rural			◆	◆		◆	
	64. Musangu RHC	Rural	◆2	◆	◆	◆	◆3	◆	
	65. Mutipula RHC	Rural			◆	◆			
	66. Mwenda RHC	Rural	◆2	◆	◆	◆	◆3		
Nchelenge	67. Nchelenge RHC	Rural	◆2	◆	◆	◆		◆	
	68. Kashikishi RHC	Rural	◆2	◆	◆	◆	◆3		
	69. Chabilikila RHC	Rural	◆2	◆	◆	◆		◆	
	70. Kabuta RHC	Rural	◆2	◆	◆	◆		◆	
	71. Kafutuma RHC	Rural	◆2	◆	◆	◆		◆	
	72. Kambwali RHC	Rural	◆2	◆	◆	◆		◆	
	73. Kanyembo RHC	Rural	◆2	◆	◆	◆		◆	
	74. Chisenga RHC	Rural	◆1	◆	◆	◆		◆	
	75. Kilwa RHC	Rural	◆1	◆	◆	◆		◆	
	76. St. Paul's Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
Samfya	77. Lubwe Mission Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	78. Samfya Stage 2 Clinic	Rural	◆1	◆	◆	◆	◆3		⦿1
	79. Kasanka RHC	Rural	◆1	◆	◆	◆		◆	
	80. Shikamushile RHC	Rural		◆	◆	◆	◆3		
	81. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	82. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			**30**	**74**	**80**	**80**	**20**	**56**	**4**

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

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

Northern Province

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

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	28. Mpika TAZARA	Rural	◆[2]	◆	◆	◆		◆	
	29. Muwele RHC	Rural		◆	◆	◆			
	30. Lukulu RHC	Rural		◆	◆	◆			
	31. ZCA Clinic	Rural		◆	◆	◆			
	32. Chikakala RHC	Rural		◆	◆	◆			
Chinsali	33. Chinsali DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	34. Chinsali HC	Urban		◆	◆	◆		◆	
	35. Matumbo RHC	Rural		◆	◆	◆		◆	
	36. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	37. Lubwa RHC	Rural		◆	◆	◆	◆		
	38. Mundu RHC	Rural		◆	◆	◆			
Mbala	39. Mbala GH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	40. Mbala UHC	Urban		◆	◆	◆		◆	
	41. Tulemane UHC	Urban	◆[1]	◆	◆	◆	◆	◆	
	42. Senga Hills RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	43. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	44. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	45. Mpande RHC	Rural		◆	◆	◆			
	46. Mwamba RHC	Rural		◆	◆	◆			
	47. Nondo RHC	Rural		◆	◆	◆			
	48. Nsokolo RHC	Rural		◆	◆	◆			
	49. Kawimbe RHC	Rural							
Mpulungu	50. Mpulungu HC	Urban	◆[1]	◆	◆	◆	◆[3]		⦿
	51. Isoko RHC	Rural		◆	◆	◆			
	52. Vyamba RHC	Rural							
	53. Chinakila RHC	Rural							
Isoka	54. Isoka DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	55. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	56. Muyombe	Rural	◆[1]	◆	◆	◆	◆	◆	
	57. Kalungu RHC	Rural	◆[2]	◆	◆	◆		◆	
	58. Kampumbu RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	59. Kafwimbi RHC	Rural		◆	◆	◆			
	60. Thendere RHC	Rural		◆	◆	◆			
Mporokoso	61. Mporokoso DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	62. Mporokoso UHC	Urban	◆[1]	◆	◆	◆	◆	◆	
Luwingu	63. Luwingu DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	64. Namukolo Clinic	Urban		◆	◆	◆		◆	
Kaputa	65. Kaputa RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	66. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	67. Kampinda RHC								
	68. Kalaba RHC								
Mungwi	69. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	70. Malole RHC	Rural		◆	◆	◆		◆	
	71. Nseluka RHC	Rural	◆[2]	◆	◆	◆		◆	
	72. Chimba RHC	Rural		◆	◆	◆		◆	
	73. Kapolyo RHC	Rural		◆	◆	◆		◆	
	74. Mungwi RHC (CHAZ)	Rural	◆[2]	◆	◆	◆	◆		
	75. Makasa RHC	Rural							
Chilubi Island	76. Chaba RHC	Rural							
	77. Chilubi Island RHC	Rural							
	78. Matipa RHC	Rural							
Totals			**25**	**69**	**69**	**69**	**26**	**39**	**8**

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

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

North-Western Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Solwezi	1. Solwezi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Solwezi GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC								
	13. Lumwana East RHC								
	14. Maheba A RHC								
Kabompo	15. Kabompo DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	16. St. Kalemba (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	17. Mumbeji RHC	Rural		◆	◆	◆		◆	
	18. Kasamba RHC	Rural		◆	◆	◆		◆	
	19. Kabulamema RHC	Rural		◆	◆	◆			
	20. Dyambombola RHC	Rural		◆	◆	◆			
	21. Kayombo RHC	Rural		◆	◆	◆			
Zambezi	22. Zambezi DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿
	23. Zambezi UHC	Urban			◆	◆		◆	
	24. Mize HC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	25. Chitokoloki (CHAZ)	Urban	◆1	◆	◆	◆	◆3		
	26. Mukandakunda RHC	Rural		◆	◆	◆			
	27. Nyakulenga RHC	Rural		◆	◆	◆			
	28. Chilenga RHC	Rural		◆	◆	◆			
	29. Kucheka RHC	Rural		◆	◆	◆			
	30. Mpidi RHC	Rural		◆	◆	◆			
Mwinilunga	31. Mwinilunga DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	32. Kanyihampa HC	Rural		◆	◆	◆		◆	
	33. Luwi (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	34. Lwawu RHC	Rural		◆	◆	◆			
	35. Nyangombe RHC	Rural		◆	◆	◆			
	36. Sailunga RHC	Rural		◆	◆	◆			
	37. Katyola RHC	Rural		◆	◆	◆			
	38. Chiwoma RHC	Rural		◆	◆	◆			
	39. Lumwana West RHC	Rural		◆	◆	◆			
	40. Kanyama RHC	Rural		◆	◆	◆			
Ikelenge	41. Ikelenge RHC	Rural		◆	◆	◆		◆	
	42. Kafweku RHC								
Mufumbwe	43. Mufumbwe DH	Rural	◆1	◆	◆	◆	◆3		⦿1
	44. Matushi RHC	Rural		◆	◆	◆		◆	
	45. Kashima RHC	Rural		◆	◆	◆			
	46. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
Chavuma	47. Chiyeke RHC	Rural	◆1	◆	◆	◆	◆3		
	48. Chivombo RHC	Rural		◆	◆	◆		◆	
	49. Chiingi RHC	Rural		◆	◆	◆		◆	
	50. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	51. Nyatanda RHC	Rural		◆	◆	◆			
Kasempa	52. Kasempa UC	Urban	◆[1]	◆	◆	◆	◆[3]		
	53. Nselauke RHC	Rural		◆	◆	◆		◆	
	54. Kankolonkolo RHC	Rural		◆	◆	◆			
	55. Lunga RHC	Rural		◆	◆	◆			
	56. Dengwe RHC	Rural		◆	◆	◆			
	57. Kamakechi RHC	Rural		◆	◆	◆			
Totals			**12**	**52**	**53**	**53**	**14**	**20**	**4**

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

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

Annex G: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban							
Mkushi	4. Tusekelemo Medical Centre	Urban		◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban							
	9. Dr Bhatt's	Urban							
	10. ZESCO	Urban							
Kitwe	11. Company Clinic	Urban	◆	◆	◆	◆	◆[3]		
	12. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	13. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	14. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	15. SOS Medical Centre	Urban	◆		◆	◆	◆[3]		
Luapula Province									
	16. ZESCO								
North-Western Province									

Solwezi	17. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		◆
	18. Solwezi Medical Centre	Urban							

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

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

Annex H: ZPCT II Life Project Targets and Achievements (1 August 2009 to 31 September 2011)

Objective	Indicators	Life of project (LOP)		2011 Workplan	
		Target (Aug 09 – May 14)	Achievements (Aug 09 – Sep 11)	Target (Jan 11 – Dec 11)	Achievements (Jan 11– Sep 11)
1.1 Counseling and Testing (Projections from ZPCT service statistics)					
	Service outlets providing CT according to national or international standards	370	362	349	362
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000[5]	895,507	415,000	377,309
	Individuals trained in CT according to national or international standards	2,316	1198	438	372
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)					
	Service outlets providing the minimum package of PMTCT services	359	350	318	350
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	398,137	140,000	158,675
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	47,128	15,000	16,719
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2683	968	712
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)					
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	362	349	362
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	211,636	170,000	204,067
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	16,745	13,617	16,218
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1424	505	449
	Service outlets providing ART	130	140	132*	140
	Individuals newly initiating on ART during the reporting period	115,250	66,092	24,000	23,583
	Pediatrics newly initiating on ART during the reporting period	11,250	5,100	1,922	1,739

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

Objective	Indicators	Life of project (LOP)		2011 Workplan	
		Target (Aug 09 – May 14)	Achievements (Aug 09 – Sep 11)	Target (Jan 11 – Dec 11)	Achievements (Jan 11– Sep 11)
	Individuals receiving ART at the end of the period	146,000	141,851	104,200	141,851
	Pediatrics receiving ART at the end of the period	11,700	9,766	7,502	9,766
	Health workers trained to deliver ART services according to national or international standards	3,120	1424	505	449
TB/HIV					
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	362	349	362
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	12,112	4,200	4,341
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1424	505	449
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	10,577	6,146	3,068
1.4 Male Circumcision (ZPCT II projections)					
	Service outlets providing MC services	50	30	37	30
	Individuals trained to provide MC services	260	214	85	78
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	7,143	1,000	4,879
2.1 Laboratory Support (Projections from ZPCT II service statistics)					
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	104	103	104
	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	-	-	117	138
	Individuals trained in the provision of laboratory-related activities	375	595	200	173
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	2,686,304	762,600	1,071,952
2.2 Capacity Building for Community Volunteers (Projections from ZPCT II service statistics)					

Objective	Indicators	Life of project (LOP)		2011 Workplan	
		Target (Aug 09 – May 14)	Achievements (Aug 09 – Sep 11)	Target (Jan 11 – Dec 11)	Achievements (Jan 11– Sep 11)
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	1196	440	376
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	735	250	238
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	480	110	50
3 Capacity Building for PMOs and DMOs (ZPCT II projections)					
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	-	47	-
4 Public-Private Partnerships (ZPCT II projections)					
	Private health facilities providing HIV/AIDS services	30	12	18	12
Gender					
	Number of pregnant women receiving PMTCT services with partner	N/A	109,310	N/A	49,572

Annex I: ZPCT II Community Targets (Jan 1, 2012 – Dec 31, 2012)

Objective	Indicators	Definition	LOP Target	Achievements (Oct 10 – Sept 11)	Work plan Target (Jan – Dec 2012)
1.1 Expand Counseling and Testing (CT) services					
	Number of mobile CT outreach episodes conducted	Mobile outreach episodes conducted at community level every month	150	40	35
	Number of individuals referred for CT	Persons reached with messages on CT and referred from the community to CT centers for accessing CT services	25,000	24,564	5,000
	Number of individuals referred for CT and reaching the facility	Persons recorded at CT centers as clients referred from the communities	25,000	15,204	5,000
	Number of individuals trained in volunteer Supervision	Community members trained to supervise fellow lay cadres	171	62	45
	Number of individuals trained to provide youth counseling services	Community volunteers trained to provide CT services	850	214	25
1.2 Expand prevention of mother-to-child transmission (PMTCT) services					
	Number of TBAs trained in promoting demand for PMTCT	TBAs who undergo the 6-day initial course	462	114	0
	Number of individuals referred for PMTCT	Persons referred from the community to PMTCT centers for accessing PMTCT services	3,000	7,570	700
	Number of individuals referred for PMTCT and reaching the facility	Persons recorded at PMTCT centers as clients referred from the communities	3,000	2,194	700
1.3 Expand treatment services and basic health care and support					
	Number of mobile MC outreach activities conducted	Mobile outreach activities conducted on MC in the community	90	14	35
	Number of people referred for MC	People reached with MC messages and referred to health facilities for MC	5,000	1.891	1,000
	Number of people referred for MC and reaching the facility	People referred for MC who reach the facility	5,000	1,161	1,000
2.2 Engage community/faith-based groups					
	Number of C/FBO representatives trained in management & coordination	Participants representing C/FBOs who undergo a 5-day training in management, coordination and governance	495	47	0

Objective	Indicators	Definition	LOP Target	Achievements (Oct 10 – Sept 11)	Work plan Target (Jan – Dec 2012)
	Number of districts undertaking a community mapping of HIV/AIDS services	CARE targeted districts where a community mapping exercise will be conducted and what HIV/AIDS services are being implemented, duration of these services and who is providing these services	15	7	0
	Number of youth groups representative trained in skills for developing and implementing targeted HIV/AIDS activities	Youth group representatives completing a 3 day training in developing and implementing HIV/AIDS activities	210	0	0
	Number of NZP+ members trained in key HIV prevention, care, and prevention skills	NZP+ participants undertaking a tailored capacity building training that will enhance their ability to organize and coordinate PLHA support groups to implement community services	625	0	125
	Number of community group representatives (C/FBO) trained in prevention for negatives activities	Community group representatives who undergo a 3-day training to plan, develop and implement prevention activities targeting HIV negative people	630	0	0
	Number of focus group discussions for sensitization of community leaders sensitized on male norms and male involvement in sexual and reproductive health	Opinion leaders to be reached through sensitization meetings to advocate for change in male norms and behaviors	158	0	333
	Number of community leaders trained in advocacy for effective change at community level	Opinion leader to be trained in advocacy skills for change in male norms and behaviors	375	25	3996
	Number of focus group Discussions (FGDs) conducted on treatment literacy	FGDs for people testing positive for HIV and to improve treatment seeking behavior and treatment literacy	200	0	0
	Number of focus group discussions conducted on prevention for the positives	FGDs for people testing positive to ensure that prevention for those testing positive is also promoted	165	0	0
	Number of focus group Discussions conducted on	FGDs with opinion leaders to help promote and plan for	158	2	0

Objective	Indicators	Definition	LOP Target	Achievements (Oct 10 – Sept 11)	Work plan Target (Jan – Dec 2012)
	stigma and discrimination	anti-stigma activities			
	Number of additional Adherence Support Workers (ASW) trained	Additional ASWs trained in new sites over a period of 10 days	300	135	25

Annex J: ZPCT II Gender Indicators

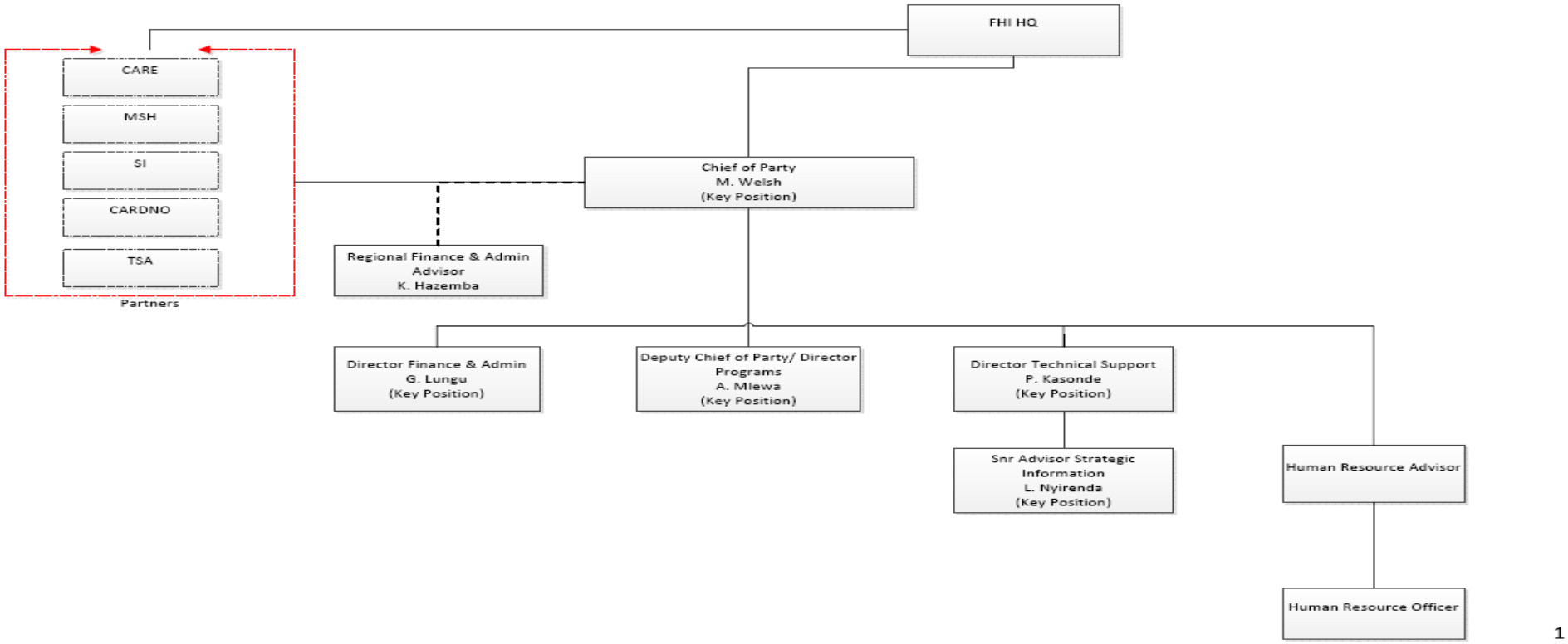
Objective	Monitoring Indicator
Objective 1: Integrate gender into existing service provider training packages —facility and community based—for Prevention of Mother to Child Transmission (PMTCT), Counseling and Testing (CT), Treatment (Tx) and Male Circumcision (MC)	# of training manuals revised or produced including gender-sensitive approaches and addressing the gender driving factors in Zambia
Objective 1: **Activity 1** Enhance facility-based services to improve male access to HIV and other RH services	# of male partners who received HIV counseling and testing and received their test result in a PMTCT site # of couples who received HIV counseling and testing and received their test results in a CT site supported by ZPCT II # of couples counseled on FP and accepting a contraceptive method
Objective 1: **Activity 2** Enhance facility-based ART services to include GBV screening	# of clients screened for GBV in CT, PMTCT, ART and Clinical care setting using the engendered CHC checklist # of GBV survivors treaded for their injures # of survivors of rape provided with PEP disaggregated by sex # of GBV survivors provided with Emergency Contraception
Objective 1: **Activity 3** Design and support youth friendly services for adolescent females and males	# of males/ females under 18 seeking HIV counseling and testing services
Objective 2:	# of influential leaders trained to promote positive gender norms and address GBV

Objective	Monitoring Indicator
Activity 1: Community mobilization and referral: - Mobilizing agents of socialization in Zambia to address norms in the fight for HIV/AIDS prevention - Strengthen partnerships for delivery of HIV-related services and stimulate discussions around social determinants and harmful social norms	# of individuals referred from HIV health facility based services to social support services (legal, shelter, psychosocial, income generation) disaggregated by sex # of individuals referred by community mobilization implementing agencies to HIV services (disaggregated by service and sex)
Objective 2: **Activity 2:** Train health care providers—facility and community based—in gender sensitive approaches to service delivery in PMTCT, CT, Tx and MC	# of HCW and CBV trained on engendered training packages, disaggregated per Tech Programmatic Area (PMTCT, CT, Clinical Care & ART, Capacity Building and GBV) disaggregated by sex
Objective 3: Build the capacity of PMOs and DMOs to understand gender issues in HIV/AIDS and service delivery and to effectively plan, manage and institutionalize gender sensitive services	# of PMOs/ DMOs trained with the use of gender-sensitive Capacity Building training packages # or Capacity Building Manuals engendered PMO/DMO supervisory checklists contain gender sensitive indicators

Annex K: ZPCT II Organizational Charts

29 November 2011

ZPCT II Organogram: Management



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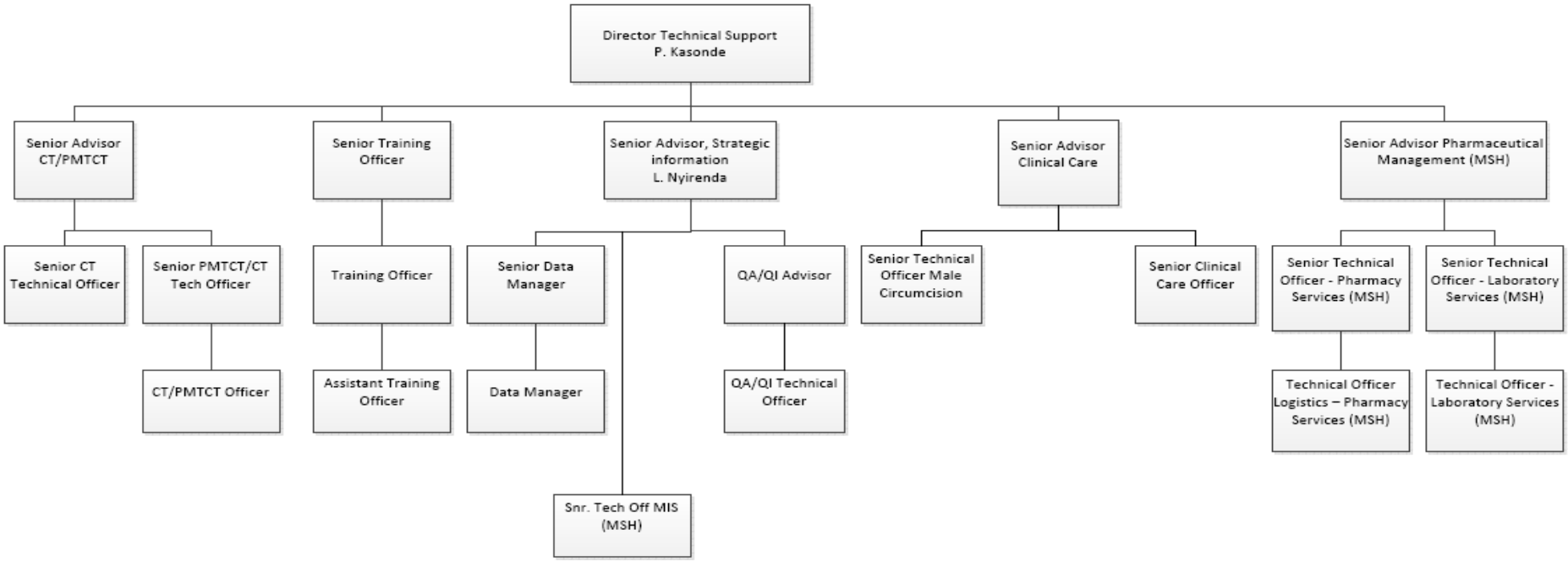
ZPCT II Organogram: Lusaka Technical



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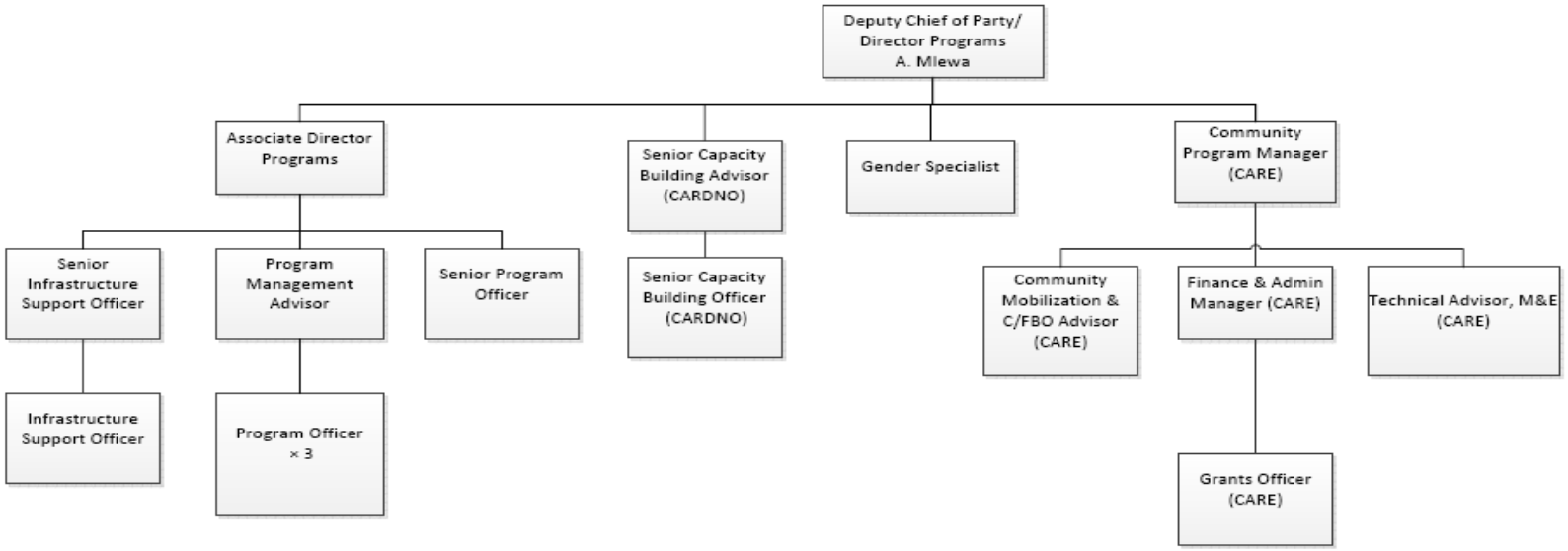
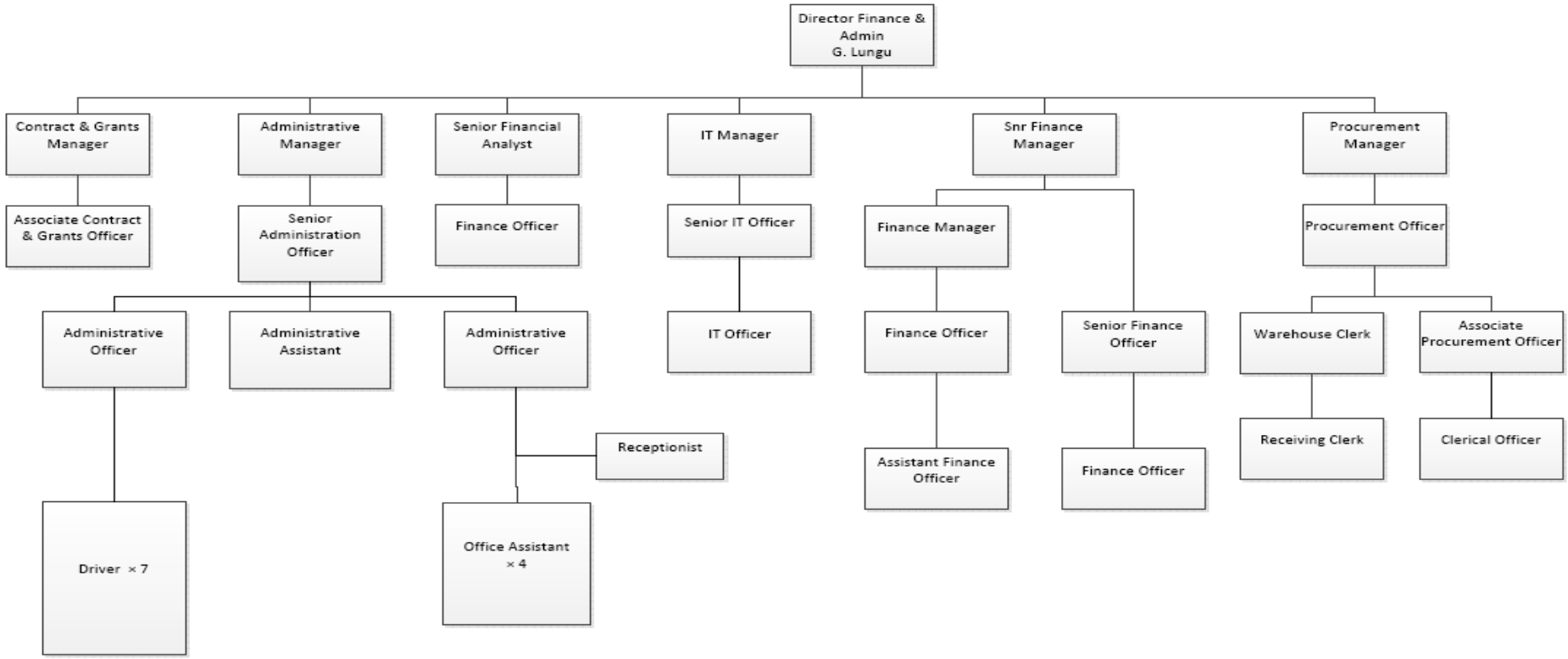
ZPCT II Organogram: Lusaka Programs

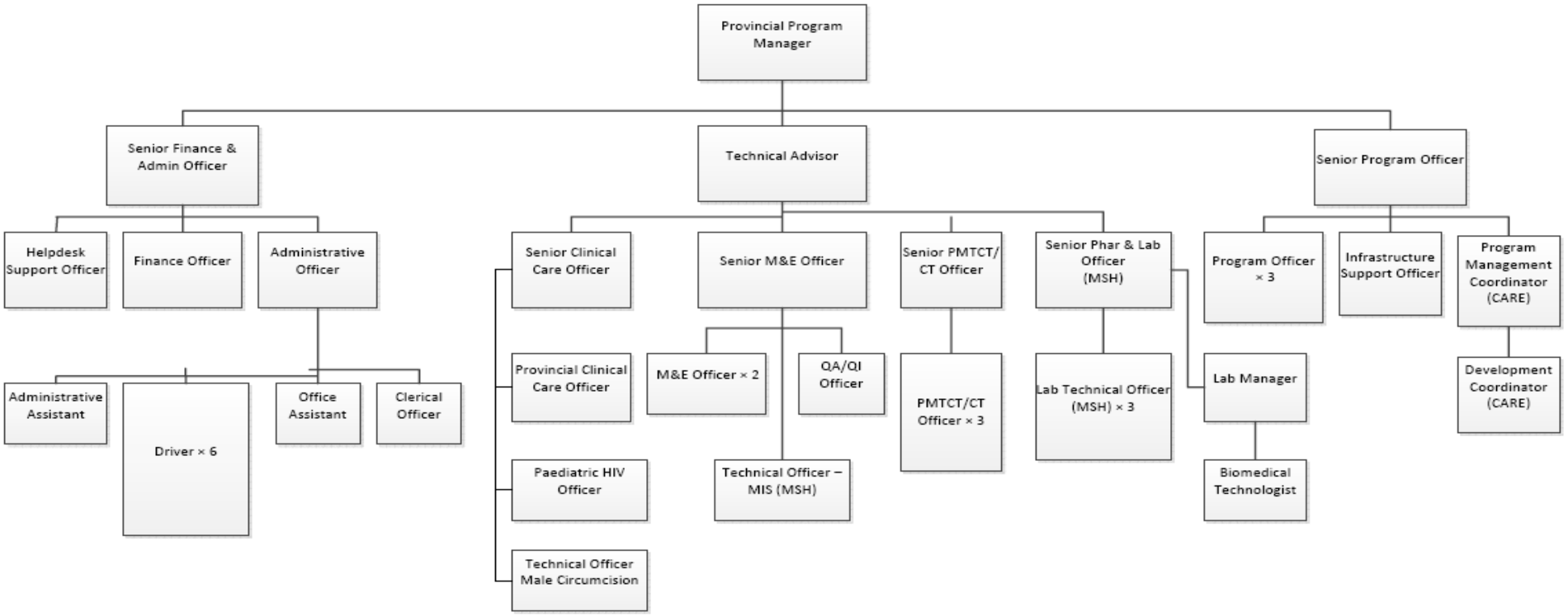


29 November 2011

ZPCT II Organogram: Lusaka Finance & Administration



ZPCT II Organogram: Copperbelt Province



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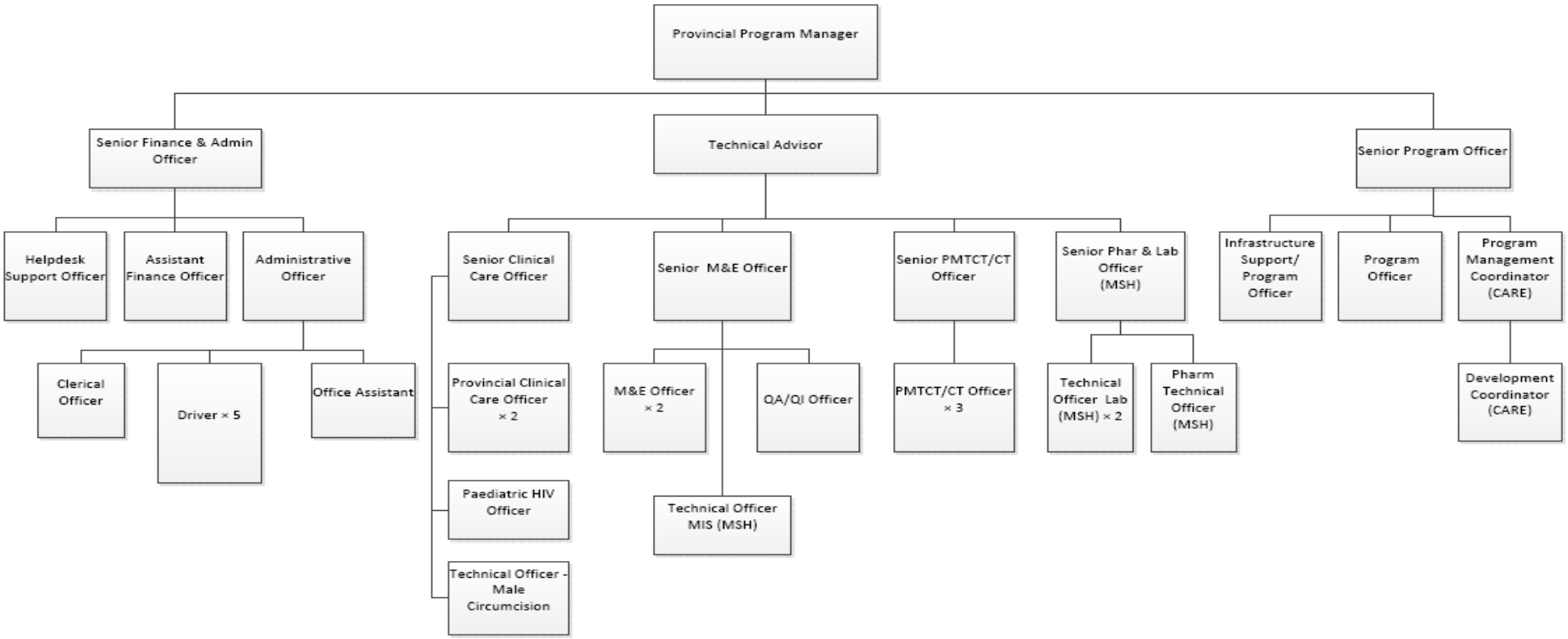
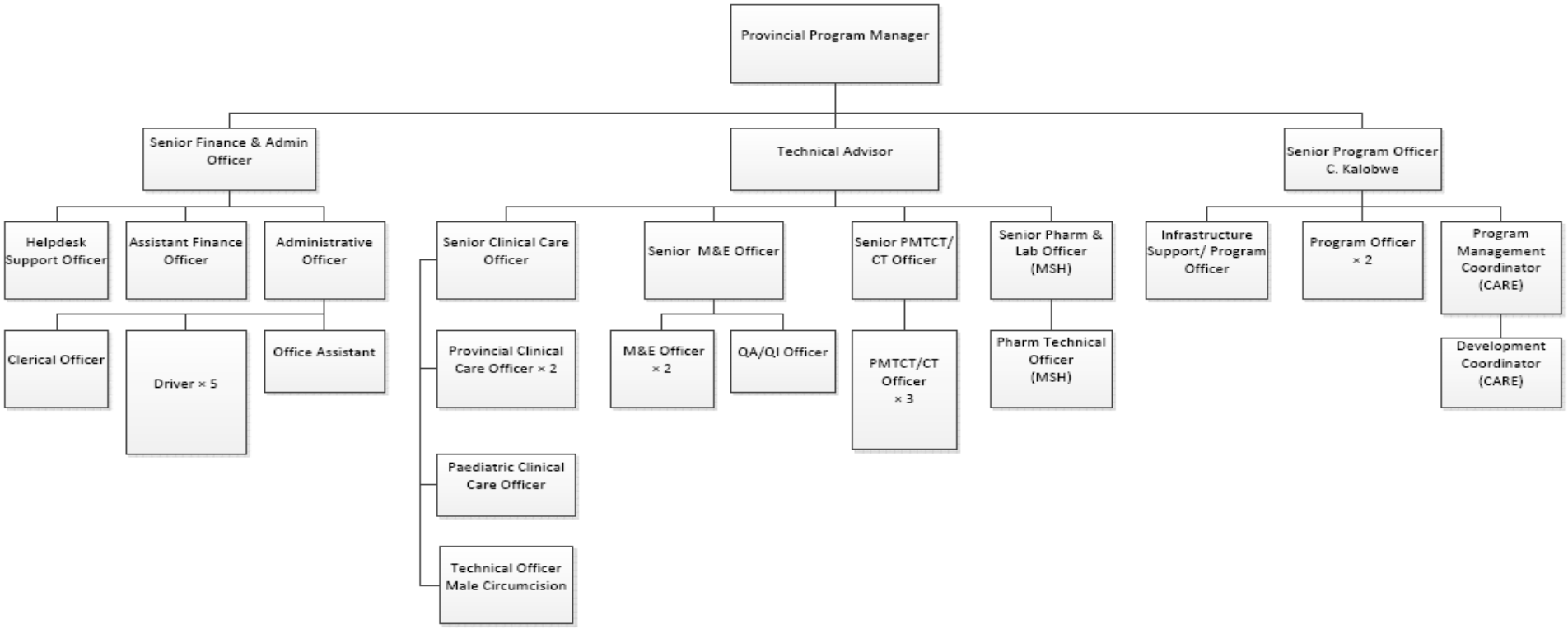
ZPCT II Organogram: Northern Province

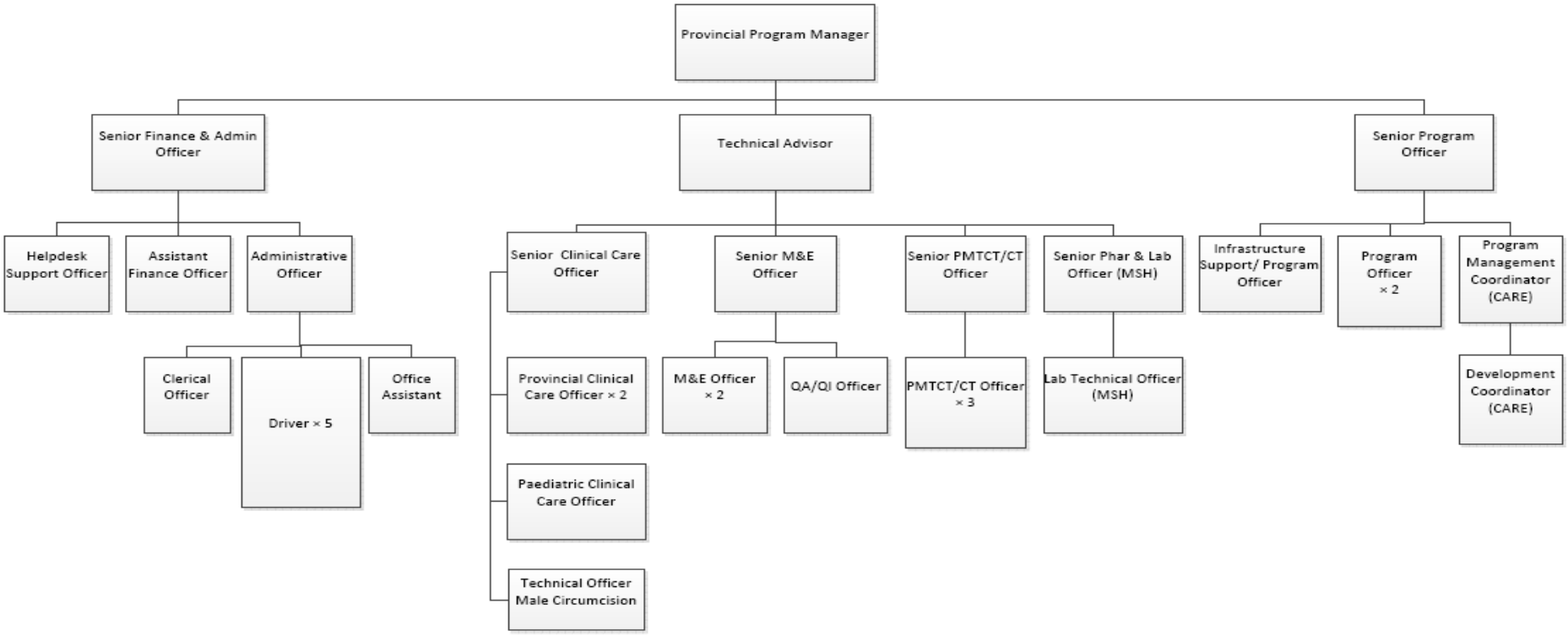


ZPCT II Organogram: Luapula Province



29 November 2011

ZPCT II Organogram: Central Province



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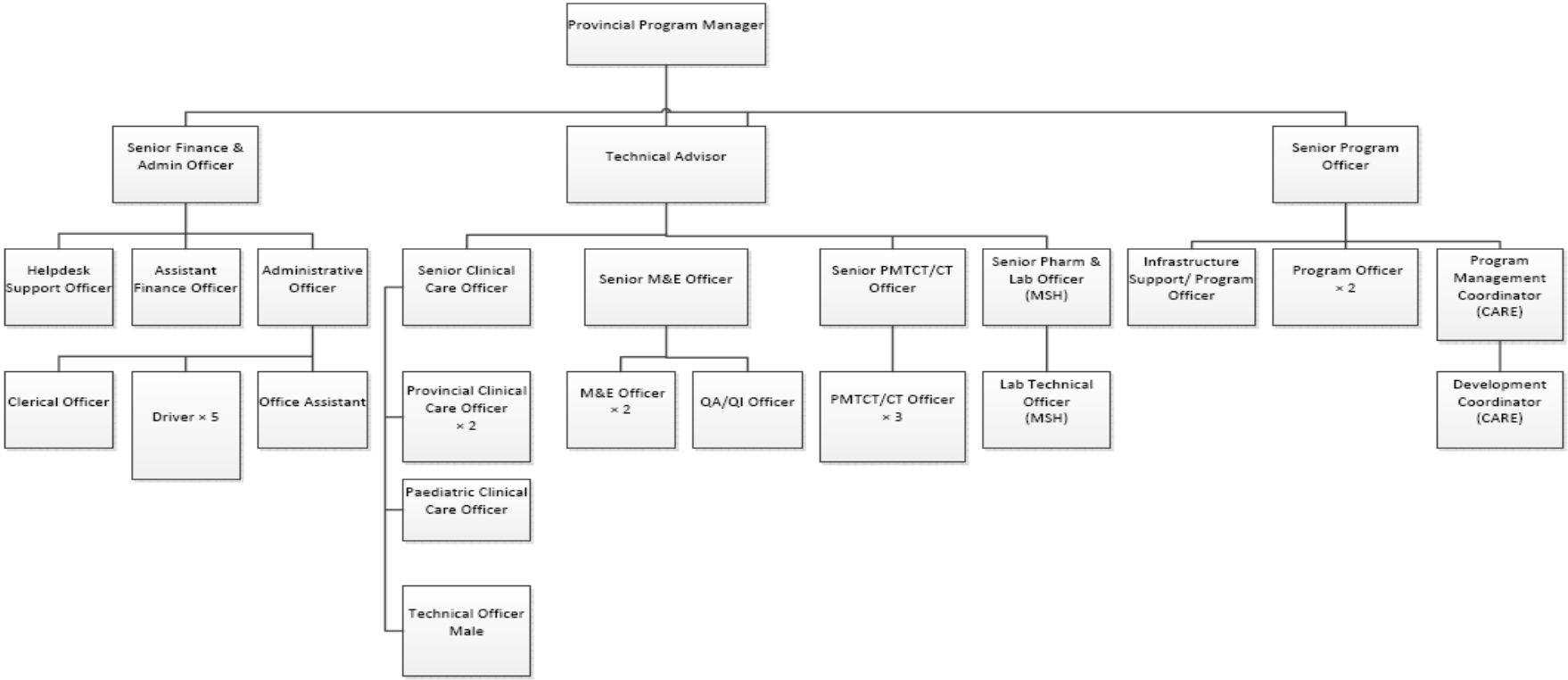
ZPCT II Organogram: Northwestern Province



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