Global Health Initiative Strategy Zambia

2011 -2015

United States Government Zambia Interagency Team
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Table of Contents

Table of Figures

Acronyms

ACT	Artemisinin Based Combination Therapy
ARV	Anti-Retroviral Drugs
BCC	Behavioral Change Communications
BEmONC	Basic Emergency Obstetric and Neonatal Care
BEST	Best Practices at Scale in the Home, Community, and Facilities
CBOH	Central Board of Health
CDC	Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CHW	Community Health Worker
c-IMCI	Community-based Integrated Management of Childhood Illnesses
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
DfID	Department for International Development (UK)
DOD	Department of Defense
EmONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program of Immunization
FANC	Focused antenatal care
FELTP	Field Epidemiology and Laboratory Training Program
f-IMCI	Facility-based Integrated Management of Childhood Illnesses
FP	Family Planning
GHI	Global Health Initiative
GRZ	Government of the Republic of Zambia
HCA	Health Care Assistant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
iCCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illnesses
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
IUD	Intrauterine Device
LAM	Lactational Amenorrhea
MCH	Maternal and Child Health
MCH	Maternal Newborn and Child Health
MOH	Ministry of Health
NASF	National HIV and AIDS Strategic Framework
ORS	Oral Rehydration Solution
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PMTCT	Prevention of Mother to Child Transmission (HIV)
RDT	Rapid Diagnostic Test
SMAG	Safe Motherhood Action Group
SNDP	Sixth National Development Plan
TBA	Traditional Birth Attendant
tTBA	Trained Traditional Birth Attendant
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water and Sanitation Hygiene and Education
WHO	World Health Organization
ZDHS	Zambian Demographic and Health Survey

1. Executive Summary – the Zambia Global Health Initiative Vision

The launch of President Obama's Global Health Initiative (GHI) in Zambia comes at a particularly propitious time as Zambians voted into office a new ruling party and President in September 2011. As early as four weeks into the new government's administration, led by President Sata, there have been notable efforts to address critical issues related to governance and transparency. USG views the next four years as an important time in Zambia's development as it establishes its footing as a lower middle income country while taking on additional country ownership coupled with the new government's recent efforts to stamp out corruption at all levels of the public sector. Building on a partnership between the Government of the Republic of Zambia (GRZ) and the Government of the United States (USG), the Global Health Initiative in Zambia represents an opportunity to contribute further to Zambia's development goals in health. The GHI vision is to improve the health of all Zambians and especially the health of the most vulnerable groups of women, girls, newborns, and children under-five years of age.

Under this vision, GHI will contribute to at least two of Zambia's Millennium Development Goals (MDGs) with possible "spillover" impact on other MDGs: a substantive reduction of deaths among children under-five years of age and reduced maternal mortality. The USG agencies will increase the availability, and use of quality comprehensive maternal, newborn and child health services by working in three closely aligned and interwoven focus areas:

1) Appropriate utilization of quality integrated services focused on maternal, newborn and child health
2) Strengthened human resources for quality health service delivery
3) Improved governance

The strategy describes how both governments have chosen mutually-agreed priority impact health interventions expected to harness and consolidate the strengths of individual USG agencies, while also significantly improving the health of Zambians.

It is important to note that in this document, the USG refers to all United States Government agencies that work in the realm of health (CDC, USAID, Peace Corps, the State Department and DoD).

Under GHI, there is a unique opportunity to leverage each USG agency's comparative advantage to support the new government's vision for the health sector which includes: a) health service financing, b) service provision, c) human resources, d) medicines and technology, e) health information systems, and f) organization and leadership.[1] GHI supports the Ministry of Health's (MOH) intent of moving toward sustained health and healthcare services, with increased program efficiencies, effectiveness, and mutual accountability. For the USG, this includes a reorientation to an integrated focus across programs to achieve a lasting systems impact. As such, USG-supported programs in HIV/AIDS, malaria, tuberculosis, nutrition, family planning and reproductive health (FP/RH), and maternal, newborn, and child health will be carefully aligned and leveraged across service delivery platforms. Integrated programs that work well will be taken to scale in targeted regions throughout Zambia. USG-supported programs will link into other sector activities and projects, such as agriculture/economic growth, education, and democracy and governance in a value-adding manner.

Interventions under GHI that address quality health services, health system strengthening, and healthy behaviors will benefit the lives and health of all Zambians, with a special focus given to the vulnerable populations of women and girls. The GRZ's National Gender Policy outlines its overall vision for addressing gender equity through "gender mainstreaming across the sectors and at all levels of socio-economic life.[2]" Under GHI, the USG will address gender issues through programming focused on changing harmful gender norms, decreasing the incidence of gender-based violence, and gender inequities.

[1] Zambia's elected governing party: Patriotic Front's Manifesto: 2011-2015.
[2] National Gender Policy, 20xx.

GHI is an opportunity to maximize program impact through strategic coordination. By capitalizing on synergies within USG-supported programming, GHI builds on the considerable resources and achievements of several of the USG's large global health programs. These programs include *The President's Emergency Plan for AIDS Relief* (PEPFAR), *The President's Malaria Initiative* (PMI), and the *Feed the Future Initiative*. In addition, the Governments of Zambia and the United States and other development partners will continue to leverage resources through established strong partnerships and will link with other USG sector activities and projects, such as agriculture/economic growth, education, and democracy and governance in a value-adding manner.

Achieving results under GHI is predicated upon a number of assumptions. These include: level or increased government and donor funding; funds disbursed as planned; and progress in health sector reform, including an expanded health workforce. Other issues might significantly impact the achievement of GHI and Government of Zambia's health goals. These include GRZ's overall budgetary allocation to health as the government moves toward reaching the Abuja Declaration's target of national health financing at 15% of total government funding, and general resource prioritization. Another issue is Zambia's current trajectory of population growth: if unchanged, the size of Zambia's population will undermine future gains in economic development and overwhelm the healthcare system. Despite these challenges, the USG team will work closely with a committed GRZ and other development partners to make progress in achieving sustained and improved health outcomes.

2. Zambia's Health Priorities and Global Health Initiative

2.1. Health and Healthcare of Zambians

Zambia is known for its peaceful people, incredible natural beauty, fertile soil, and vast mineral wealth. With an increase in copper prices and sound macroeconomic policies, Zambia's economy started rising in the late 1990s and has averaged five to six percent Gross Domestic Product (GDP) growth over the last decade. Impressive macro-level performance, however, belies the reality facing most Zambians. Zambia's Sixth National Development Plan (SNDP)[3] notes, "the economic growth experienced during the last decade has not translated into significant reductions in poverty and improved general living conditions of the majority of Zambians." Zambia has a population of just over 13 million and is growing at a rate of 2.8% per year. [4] The country has fallen in rank to 164 out of 182 countries in the United Nations Human Development Index, and is one of only three countries in the world to rank lower in 2010 than it did in 1970. This is particularly true for rural Zambians where 80% of the population lives in poverty, of which 63% live on less than $1.25 per day.

Health problems have a direct impact on productivity and human capital in Zambia. The World Bank notes that "improving quality and access to…health services is essential if the poor are to benefit from future growth of the non-farm economy." "Health is another important dimension of employability and its poor status in Zambia is a constraint to productive employment for many poor."[5] Zambia has long been distinguished by an ability to clearly state national health goals, its commitment to reaching Millennium Development Goals (MDGs), and strategic approaches to improving the health status of women and children that tend to attract both donor interest and support. Progress, however, has generally fallen short of expectations. Despite challenges with some MDGs, Zambia did attain the MDG 6 target for TB in 2007 and is on target to meet MDG 2 and 3 which focus on primary education and gender equality. Zambia likely will achieve specific MDG 6 HIV targets but HIV will continue to have an impact on Zambians, disproportionately on women.

The 2007 Zambia Demographic and Health Survey (ZDHS) shows that Zambia's infant and under-five child mortality rates have both declined significantly since 2002, yet they remain high at 70 and 119 deaths per 1,000 live births, respectively. Newborn mortality is a major component of under-five mortality; currently it is at 34 deaths per 1,000 live births, and increased from 23% of all under-five mortality in the 1990s to 29% in 2007. The maternal mortality ratio declined from 729 to 591 deaths per 100,000 live births between 2002 and 2007, still remaining above MDG target. More than 90% of Zambian women receive some antenatal care, yet only 47% of women deliver in health facilities and 46% have assistance of a skilled health provider. Remarkable disparities exist for rural women compounded by poverty: for example, 83% of urban women have deliveries assisted by a skilled birth attendant whereas rural women have 31%.[6] Family planning services reach only a third of sexually active couples. Fertility has actually increased since 2002, from 5.9 to 6.2 in 2007; rural fertility at 7.5 is among the world's highest. Modern contraceptive use is 33%; with pills and depo-provera injections the most commonly used methods. Method mix has been static for the past eight years, with limited acceptance of longer term methods. The 2007 ZDHS estimated that only

[3] For the GHI strategy development process, USG referenced current GRZ documents. USG will remain flexible if new priorities or policies emerge as a result of the changes within the Zambian government.
[4] Zambia Central Statistical Office, 2010 Census of Population and Housing Preliminary Report
[5] World Bank, *What are the Constraints to Inclusive Growth in Zambia?*
[6] ZDHS, 2007; All references ZDHS 2007 unless otherwise noted.

68% of children under five were fully immunized. High levels of stunting, reflecting chronic malnutrition, have not decreased since 1992 due to a complex array of factors including inefficient coordination across sectors, high levels of co-infections, and cultural norms affecting infant and young child feeding; more than 45% of Zambian children under five are stunted and over 20% of these children are severely stunted, with rates higher than average for Africa (42%). Exclusive breastfeeding of infants under six months increased from 40% in 2001 to 61% in 2007.

Despite significant declines in some sub-populations and geographic areas, Zambia's HIV epidemic has stabilized at high levels: 14.3% prevalence among adults and 16.6% among pregnant women.[7] Adult HIV/AIDS prevalence remains higher among women (16.1%) than men (12.3%) and higher in urban areas (19.7%) than rural areas (10.3%). Although HIV/AIDS incidence may have begun to stabilize, the absolute number of HIV/AIDS positive individuals may increase as the number of people on anti-retroviral (ARVs) increases, there are fewer HIV/AIDS related deaths, and the population continues growing. Classified as a malaria high-burden country, Zambia reported 3.2 million new cases of malaria with 4,500 deaths in 2009. Malaria accounts for 36% of hospitalizations and outpatient attendance nationwide.[8] A recent WHO impact assessment found that since 2007, deaths due to malaria have declined by 66%. Zambia has one of the world's highest incidence rates of tuberculosis (353/100,000 in 2010) and the seventh highest HIV/TB co-infection rate; up to 70% of all new TB patients are HIV/AIDS positive. TB cure rates are high at 86%.[9]

Table 1: Selected Reported Changes between the Zambia's Demographic Health Surveys

Indicator	**ZDHS 2002**	**ZDHS 2007**	**2013 Target**
Total Fertility Rate (births per woman) Urban Rural	5.9 4.3 6.9	6.2 4.3 7.5	
Contraceptive Prevalence Rate (percentage, women aged 15-49 years)	25.3%	32.7%	35% (NHSP)
Maternal Mortality Ratio (deaths per 100,000 live births)	729	591	162 (MDG)
Under-Five Mortality Rate (deaths per 1000 live births)	168	119	63 (MDG)
Neonatal Mortality Rate (deaths per 1000 live births)	37	34	
Child Stunting (percentage, children under 5 years of age)	53%	45%	
New Malaria Cases (cases per 1000 population)	377	358	121 (MDG)
Adult HIV Prevalence (percentage, adults aged 15-49 years)	15.6%	14.3%	

Health Care System Government run health facilities, which provide the majority of health care services in Zambia, operate at several levels: health posts and community outreach, health centers, and hospitals (level 1: district, level 2: provincial, and level 3: tertiary) .

Facility Type	MOH	Private	Mission	Total
Health Posts	202	11	5	218
Health Centers	1340	109	111	1560
Level 1 Hospitals	40	7	30	77
Level 2 Hospitals	14	2	7	23
Level 3 Hospitals	5	0	0	5
Total	1601	129	153	1883

(Source: 2011 JSI Master Health Facilities Database)

[7] ZDHS, 2007.
[8] Ministry of Health, National Malaria Control Action Plan for 2010.
[9] National TB Program Review 2010.

At the provincial and district levels, Provincial Health Offices serve as an extension of the MOH. District Health Management Teams (DHMTs) are commissioned by the MOH to provide services at the district level. The second- and third-level hospitals are referral or specialized hospitals; however due to resource constraints there are notable variations between what the levels are supposed to provide and what they actually do provide.

Within their districts, the DHMT provides overall planning, coordination, and monitoring of public-sector health activities -- and to a lesser degree similar private sector activities. Health posts are intended to cover 500-1000 households and all households should be within five kilometers of a health facility. Health centers, staffed by a clinical officer, nurse or environmental technicians serve a catchment area of 10,000 residents. Each district is expected to have a hospital, staffed by one or more physicians; however, currently 13 districts have no hospital. The mid-term review report of 2008 of the National Health Strategic Plan 2006-2010 noted that although physical access to health facilities has improved through construction and commissioning of health facilities around the country, only 69% of the population live within 8 kilometers of a health facility. The Ministry of Defense currently has a total of 70 health facilities throughout the country. [10]

The Churches Health Association of Zambia (CHAZ), parastatal organizations, private clinics, and traditional healers provide health care in addition to the MOH. CHAZ also supports health programs, pharmaceutical services, and institutional development activities, and leverages resources for the collective procurement of drugs and other health-related commodities for its member facilities. Private mining companies provide preventive and curative medical services for their workers and dependents, as well as to surrounding communities in some cases. Several of the larger mining companies, such as Konkola and Mopane Copper Mines, have been carrying out indoor residual spraying (IRS) for many years within and around their compounds.

For many years, limited human resources have complicated Zambia's efforts to provide most health services. Despite donor support for training and retention schemes, the MOH is only able to employ approximately 40% of the clinicians required to staff health facilities.[11] The reality today is that some rural health centers are often staffed by a single individual who has not had clinical training (e.g., the grounds keeper or an environmental health technician). Supervision is limited by lack of personnel at central and provincial levels, physical barriers such as poor roads, and lack of adequate transportation. The MOH is actively trying to recruit more personnel, yet it faces numerous constraints such as a high national wage bill, limited financial approval for new positions, and shortage of staff with the required training and experience.

The health system also suffers from poor integration and coordination of health programs which end up competing for attention from health workers. The Ministry of Health's financial and accounting systems need to be strengthened to increase absorptive capacity of donor funds and commodities, and improve fiscal controls. The recent misappropriation of resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria highlights the fiscal management challenges facing the health sector.[12]

In addition to the previously mentioned supply side issues, demand side issues also exist that create barriers for a majority of Zambians-particularly those residing in rural areas and the poor. Two significant factors that determine if a patient will seek care at a health facility are transportation and waiting time. Often, traditional healers are more readily available and will provide services within a reasonable time. In these cases, patients prefer the services of a traditional healer over a health facility, even in instances when satisfaction of service delivery is greater at a health facility.[13] Cost is also closely linked to transportation

10 DOD is supporting HIV/AIDS services in 55 out of the 70 Zambia Defense Forces' health facilities.
11 National Health Strategic Plan 2011-15.
12 See Country Audit of Global Fund Grants to Zambia, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010.
13 Stekelenburg J, Jager BE, et al. Health care seeking behavior and utilization of traditional healers in Kalabo, Zambia. Health Policy: 2005 Jan; 71(1):67-81.

since patients will be deterred from seeking care at health facilities when transportation costs outweigh perceived need of services, thus delaying care. The ZDHS also highlights the importance of perceived quality of care and is evidenced by people's concern about the availability and quality of services (e.g., no drugs or no health provider available at the facility).[14]

It is clear that there are complex and deep-seated challenges that must be met if Zambia and its people are to move to sustainable, nationally owned and effective programs.

2.2. The Government of the Republic of Zambia's Response to Health

Zambia's long-term development strategy is articulated in its own "Vision 2030: A prosperous middle-income nation by 2030." To reach this vision, the Government of the Republic of Zambia (GRZ) has put into place a series of national development plans. The current Sixth National Development Plan (SNDP) was just released, encompassing 2011 through 2015. The SNDP has three overarching objectives: infrastructure development, rural development, and human development.

Human capital is a multi-dimensional concept that merges the knowledge, skills, and capabilities that people need for life and work. Human capital refers to education and health levels as they relate to economic productivity. The GRZ places considerable importance on human capital and its role as a prerequisite for Zambia's development under the SNDP. The new ruling party is likely to make significant changes to the way health services are delivered to Zambians. In September 2011, the GRZ established a new *Ministry of Community Development, Mother and Child Health* which will assume the responsibilities of decentralized MNCH activities and an increased emphasis on strengthening district level support. The drafted GRZ National Health Strategic Plan (NHSP) 2011-2015, further elaborates GRZ's health care vision, which promotes access, as close to the home as possible of high quality, cost-effective health services. The draft NHSP identifies child health, nutrition, reproductive health, HIV/AIDS, sexually transmitted infections, tuberculosis, and malaria as public health priorities. The NSHP ***mission*** statement is to: "Provide equitable access to cost effective, quality health services as close to the family as possible; its ***vision*** is to: have a "Nation of Healthy and Productive People"; its ***overall goal*** is to: improve the health status of people in Zambia through a primary health care approach, equity of access, affordability, cost-effectiveness, accountability, partnerships, decentralization and leadership.

Other National Plans and Strategies

Several other plans and strategies have been developed by the MOH which provide an enabling environment for strengthening health programs. USG support the MOH to shape and inform these strategies and ensure that they reflect evidence-based decisions. These plans and strategies include:

- *Patriotic Front Manifesto: 2011-2016*, a non-costed declaration by new Zambian government of key issues in education, health, agriculture, and local government with a focus on addressing inequities among vulnerable, poor, and rural populations.
- *The Sixth National Development Plan: 2011-2015*
- *National Health Strategic Plan: 2011-2015* (draft), which has the goal to improve the health status of the Zambian population in order to contribute to socioeconomic development in line with the millennium development goals
- *Human Resources for Health Strategic Plan 2011-2015* (draft)
- The *National Community Health Worker Strategy* 2010 addresses human resources crisis with the aim of repositioning and expanding the currently available community health worker cadre.
- *The Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality* (2007), emphasizing GRZ's priorities to achieve MDGs 4 & 5. Its specific objectives are to: (i) provide skilled attendance during pregnancy, childbirth, and the postnatal period, at all levels of the health care

14 ZDHS, 2007

delivery system, (ii) strengthen the capacity of Individuals, families, and communities to improve maternal, newborn and child health (MNCH).

- *National Child Health Policy* (NCHP), a framework for improving the health status of children in Zambia.
- *National Scale-Up Plan for PMTCT and Pediatric HIV 2011-2015*, which strives to achieve universal access to pediatric HIV prevention, care, treatment and support services for pregnant women and young children.
- *National AIDS Strategic Framework 2011-2015, which* guides HIV/AIDS and related programs
- *National Malaria Strategic Plan 2011-2015* (draft), a framework to scale up malaria-control interventions.
- *National TB Strategic Plan: 2011-2016*

In addition, plans to improve governance and management for health services include:

- *Governance Action Plan* 2009, that was developed by GRZ following allegations of misappropriations of donor funding and outlined steps to be taken to improve transparency and accountability of internal Ministry of Health processes
- *Ministry of Health Action Plan 2011* that includes stronger sections on governance, management and budgeting
- *Governance and Management Capacity Strengthening Plan* (in development) that will guide medium and long-term actions by the Ministry of Health

2.3. The United States Government's Health Program in Zambia

The Governments of the Republic of Zambia and the United States have collaborated on public health and health care service initiatives for many years. The USG's health program supports Zambia's National Health Strategic Plan to combat malaria and tuberculosis; improve maternal and child health; promote family planning and reproductive health; and, prevent HIV and provide care and treatment for those already infected with the virus. The USG promotes behavior change, greater measured demand for and access to quality health services, strengthens the health system, and procures key commodities. The USG works through partners that provide direct assistance to the public and private sectors throughout Zambia.

USG Health Budget by Agency
Millions in USD, FY 2011

CDC	$ 114.1
USAID	$ 241.2
Peace Corps*	$ 1.3
DoD*	$ 14.8
State*	$ 1.9
Total:	**$ 373. 3**

**Receive only PEPFAR Funds*

USG Funding for Health in Zambia
Millions in USD, FY 2011

PEPFAR	$ 306.6
TB	$ 3.3
PMI	$ 23.9
MCH	$ 18.9
FP/RH	$ 13.0
WASH	$ 4.6
Nutrition	$ 3.1
Other	$ 0.25
Total:	**$ 373.6**

HIV/AIDS and Tuberculosis (TB): In 2003, Zambia was one of the original 15 countries targeted for intensified support through the President's Emergency Plan for AIDS Relief (PEPFAR). The U.S. Government supports a comprehensive approach to the GRZ-led national response to HIV/AIDS, focusing on the initiation, improvement, and scale-up of prevention, testing and counseling, prevention of mother-to-child transmission, antiretroviral therapy (ART), male circumcision, management of opportunistic infections, palliative care, laboratory services, and logistics and supply chain management. In some form, USG is present in all of Zambia's 73 health districts. The USG is also an active member of the Global Fund's Country Coordinating Mechanism (CCM), Health Cooperating Partner's group, and HIV/AIDS Cooperating Partners group. As one of three leading donors supporting coordination of efforts across all cooperating partners (Troika), the USG contributes to higher level policy dialogue in the health, HIV, and education sectors. This leadership role also allows the USG to share best practices across

development partners and ensures that projects complement each other and avoid duplication of efforts. In addition to the major roles of USAID and CDC in PEPFAR, the Peace Corps deploys volunteers in rural and urban communities to reinforce HIV prevention and positive behaviors that mitigate the spread of HIV, and support life skills training of vulnerable populations . Through school health clubs and peer educators, Peace Corps reaches children and youth in and out of school with critical messages about abstinence, fidelity, teenage pregnancy prevention, life skills and sexual health, and expands the continuum of care from the facility to the community to mitigate the impact of HIV/AIDS. Likewise, the Department of Defense provides extensive support of HIV/AIDS prevention, counseling and testing, PMTCT, as well as treatment services for military population, their families and communities surrounding Bases in Zambia.

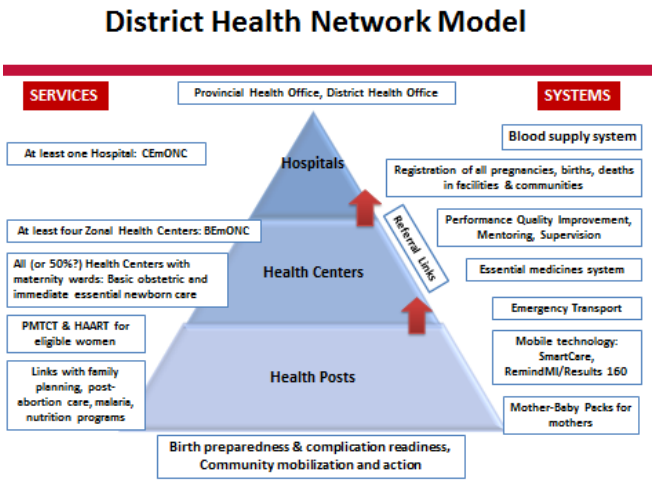
The U.S. Government supports Zambia in achieving TB control goals through financial and technical assistance, including participating in technical working groups that oversee the implementation of the National TB Strategic Plan of 2011-2016. Since up to 70% of Zambia's TB-infected individuals are also infected with HIV, all USG-supported activities targeted at TB control also contribute to HIV prevention and care efforts. As a result of integrations, TB facilities provide increased HIV services (such as testing and counseling for HIV and CD4 assays to determine eligibility for antiretroviral therapy), and HIV facilities provide more TB services (TB screening diagnosis and treatment). PEPFAR TB/HIV interventions cover nearly the entire country, while non-PEPFAR TB activities currently cover 5 Northern provinces.

Malaria: The President's Malaria Initiative (PMI) is a core component of President Obama's Global Health Initiative and Zambia is one of 19 focus countries supporting interventions covering virtually the entire country. In Zambia, USAID, CDC and Peace Corps work closely to implement PMI. The United States has assisted the Zambian Ministry of Health in its malaria control efforts since 2002. The National Malaria Control Program (NMCP) is finalizing the National Malaria Strategic Plan (NMSP) for 2011-2015 which aims to reduce the incidence of malaria by 75% of the 2010 baseline, to reduce malaria deaths to near zero, and to reduce all-causes of child mortality by 20%. The goal of PMI is to reduce malaria-related mortality by 70% in the original 15 countries by the end of 2015. Such a reduction will occur by achieving 85% coverage of the most vulnerable groups — children under five years of age and pregnant women — with the following proven malaria prevention and control interventions: 1) increase indoor residual spraying, 2) increase availability and use of insecticide treated bed nets (ITNs), 3) reach pregnant women with intermittent preventive treatment and 4) strengthen diagnosis and prompt treatment of malaria through purchase of rapid diagnostic test kits (RDTs) and artemisinin-based combination therapies (ACTs). During 2010, Zambia reported a slight increase in malaria cases in two of its 9 provinces. The cause of these increases is being investigated, but reduced ITN availability with a subsequent fall in net coverage may have played a role.

Maternal, Newborn, and Child Health: U.S. Government assistance supports a range of GRZ's interventions to improve maternal, newborn, and child health. Activities include improving access to skilled attendance at birth and emergency obstetric and newborn care, increasing immunization coverage, expanding access to child illness treatment through community-case management and facility-based integrated management of childhood illnesses, making clean drinking water available, and maintaining polio surveillance.[15] With a special focus on safe motherhood, the USG will work with the MOH to introduce an early postnatal assessment visit within 24 hours of delivery and to integrate newborn interventions in the national Integrated Management of Childhood Illnesses program. The USG will also support the MOH in the implementation of the new community health worker strategy to increase the number of community health workers available to deliver community-based services. The USG also works to strengthen community groups, including safe motherhood action groups, to promote early antenatal attendance, male involvement in MCH issues, and facility-based deliveries. At national, provincial, district, and community levels, U.S. assistance will build MOH capacity to plan, manage, supervise, implement, monitor, and evaluate delivery of

[15] Refer to Best Practices at Scale in Home, Community and Facilities (BEST Action Plan - 2011-2015) for detailed prioritized USG interventions to be implemented nationwide supporting family planning, maternal and child health, nutrition, essential medicines logistics improvement, mass media advocacy, clinical service delivery, and community based efforts.

MCH services. Interventions are currently located across the country, with an emphasis on four districts for the *Saving Mothers Giving Life* endeavor and the *Helping Babies Breathe* initiative where application of GHI principles across USG agencies will attempt to reduce the number of maternal and newborn deaths and improve health outcomes.[16] Zambia is the first country to launch *Saving Mothers Giving Life,* which aims to reduce maternal mortality by 50% in just one year in the four chosen districts (Lundazi and Nyimba Districts in Eastern Province, Mansa District in Luapula Province, Kalomo District in Southern Province).



Family Planning and Reproductive Health: Focusing on enabling couples to choose the number and timing of their children, U.S. assistance helps the MOH increase access to family planning/reproductive health (FP/RH) services and reduce unmet need by investing in service delivery, behavior change communication, policy analysis and a range of systems strengthening initiatives. The USG has continued to expand access to FP commodities since 1998. In 2010, the USG expanded access to FP commodities through a nationwide integrated social marketing approach, expanded service provision in health facilities through in-service training for 2,925 providers, counseled 6,000 clients, strengthened community-based distribution of selected FP/RH products through neighborhood health committees and faith-based groups at the community level, and supported the MOH, civil society, and private sector to implement a national FP media campaign. Currently, the USG purchases 60% of all FP commodities in Zambia, which are distributed to both public and private health providers.

Gender-based Violence: The U.S. Government has made significant strides in addressing gender-based violence in Zambia. A USG-supported Women's Justice and Empowerment Initiative established Coordinated Response Centers and community safe heavens, which provide restorative services, including medical treatment and collection of forensic evidence; psychosocial counseling; legal advice; referrals to safe shelter; as well as investigation and follow-up of court cases. In addition, the program focused on gender based violence prevention through community and national outreach to raise awareness, discuss root causes, understand consequences and identify possible solutions. The program used various approaches, including media campaigns, community conversations, male involvement, and engagement of traditional leaders and parliamentarians to advocate for gender based violence prevention and response. These interventions have mobilized support from over 4,200 traditional and other local leaders and reached nearly 6,000 survivors. Furthermore, the GRZ has demonstrated increased country ownership of interventions by taking over funding and management of six Coordinated Response Centers. In the implementation of GHI, USG will continue to strengthen systems to respond to gender based violence and engage men and community leaders as agents of change. The major focus of activities will be: a) integration of gender into all HIV prevention, care, and treatment programs; and 2) programming to address the five PEPFAR gender strategic areas: increasing gender equity in HIV/AIDS activities and services, including reproductive health; preventing and responding to GBV; engaging men and boys; increasing women's and girl's legal rights and protection; and increasing women's and girl's access to income and productive resources, including education.

The University Teaching Hospital (UTH) has two noteworthy gender based violence programs. The UTH One Stop Centre for Child Sexual Abuse, supported by the U.S. Government is a model gender based violence

[16] See Saving Mother's Lives Operational Plan, September 19, 2010, for rationale in working in selected sites as well as package of proposed interventions for four districts.

program within Africa. The overall goal of the program is to provide care and support to children who have been sexually abused and to offer post-exposure prophylaxis where eligible as well as sensitizing communities on child abuse and rights. Victims are supported by a multi-disciplinary team comprised of physicians, psychosocial counsellors, nurse counsellors, a police officer from the Victim Support Unit and a social worker all within the UTH facility.

The Zambia Children New Life Network (ZANELIC) is another program supported through the UTH. The program provides shelter and care for abused children. In addition, the program conducts awareness campaigns to improve gender knowledge and practices for the prevention of abuse against children and the promotion of children's rights among children in the shelter and foster families.

Water, Sanitation, and Hygiene (WASH): These funds support improved sustainable access to safe water, adequate sanitation facilities, and promote better hygiene practices in target schools and communities and represent a major intervention in infection prevention for illnesses of women and children.

Nutrition: Building on past investments, U.S. assistance in nutrition will expand the implementation of proven interventions to reduce mortality, morbidity, and food insecurity through individual prevention activities, population-based nutrition service delivery, and institutional capacity development. The USG will assist the MOH to develop and implement prevention activities that target women, children under two, and the very poor. These activities will include behavioral change communication (BCC) that supports facility and community-based efforts to increase the adoption of essential nutrition actions. The USG will also work with the MOH, UNICEF, and other partners/stakeholders to develop a coherent strategic approach to micronutrient supplementation beyond provision during biannual Child Health Weeks.

Health Systems Strengthening: The USG's support in health systems strengthening cuts across all of the identified World Health Organization key health system components. This support addresses intricate systems strengthening issues related to GHI service delivery goals and sustainability, including systems strengthening which must occur at the most decentralized district level (see figure for illustrative working model being used to implement GHI MNCH focus area). The USG provides assistance to address the critical human resources shortfall; strengthen supply chain logistics and diagnostic systems; strengthen governance and management; and improve monitoring and evaluation systems. The USG also plays an important role in the development of service delivery guidelines, standards, training curricula, and supervision systems.

3. GHI Objectives, Targets, Program Structure, and Implementation

3.1. Overarching Health Goals and Expected Impact

GHI in Zambia will directly support the GRZ's national health and development goals to reduce maternal, neonatal, and childhood deaths. Achieving the strategy's health goals assumes the combined success of three highly interdependent intermediate results (IRs) which are the foci of the GHI Strategy in Zambia: quality integrated services for MNCH, appropriate human resources for health, and improved governance. Particularly for the first Intermediate Result, the intensity of GHI activities will vary by district and can be conceptualized as concentric circles: at the core will be four districts receiving intensified USG support to saturate a district with maternal-newborn health interventions (see Intermediate Result 1 –"Saving Mothers Giving Life" Endeavor) and representing about 7% of the population; a larger circle of districts receiving less saturated USG support for MNCH but representing at least 20% of the population; and a periphery with little or no USG support per se but receiving GRZ and other donor support for MNCH. [17] Complementing district-

15 Percentages based upon district level total populations from 2010 Census. Core districts based upon "Saving Mothers Giving Life" districts and the 30% figure is based upon USAID ZISSP-supported districts, which also focus on MNCH implementation and health systems strengthening. In fact this

level action will be national and provincial technical assistance and advocacy to support district level implementation. The hypothesis is that improved efficiencies achieved through the other two GHI focus areas of appropriate human resources for health and improved governance will improve impact. These achievements are predicated upon integration, coordination, country-led planning, and learning through monitoring and evaluation. Program learning from the core districts will be applied as appropriate to other USG supported districts and nationally over the life of the GHI strategy to enhance impact on these targets:

Table 2: How GHI in Zambia Contributes to GRZ's and GHI Global Targets

Under-Five Mortality	
GRZ	Reduce all-cause under-five mortality to 63/1000 live births by 2015
GHI Global Outcome	Reduce under-five mortality rates by 35% across assisted countries by 2015. [Zambia: 77/1000 live births]
Maternal Mortality	
GRZ	Reduce maternal mortality to 162/100,000 live births by 2015
GHI Global Outcome	Reduce the maternal mortality rate by 30% across assisted countries by 2015. [Zambia: 414/100,000 live births]

3.2. Intermediate Results and Proposed Activities

IR 1: Increased Access to Quality Integrated Services with a Focus on Maternal, Newborn, and Child Health

The GRZ has made progress in improving health service delivery for women and children, yet utilization of key quality services such as family planning, PMTCT, skilled attendance at birth and emergency obstetric care remains low. Major challenges that impede access to utilization of services still exist such as vertical programming, poor management of illnesses, inadequate referral systems and public concern about the availability, costs, and quality of services (e.g., no drugs or no health provider available at the facility)[18].

High fertility and short birth intervals have a direct influence on maternal and child morbidity and mortality. The current Total Fertility Rate of 6.2 (ZDHS 2007) is one of the highest in the world contributing to the 2.8 % (Census 2010) annual population growth rate. At this rate, economic growth will be grossly affected as it puts tremendous strain on family income, productivity, social-economic and environmental services. Though enormous effort has been made by the USG in collaboration with the MOH and partners to improve access to high impact family planning and MNCH interventions through systems strengthening, service delivery and FP commodity security country wide, access to services in the rural areas still remains a huge challenge. There is a need for more focused scale up and saturation of comprehensive FP interventions to include the hard to reach areas for any significant impact to be achieved. Increased commitment and funding by the government for safe motherhood services for sustainability, a multi-sector approach to include other relevant ministries (i.e. finance and planning, education, community development, local government) policy change on task shifting to address the human resource challenges, community mobilization and involvement for ownership of programs and strengthening of youth reproductive health services to address the current gaps are critical areas that, when addressed, will have a significant impact on the reduction of the Total Fertility Rate under GHI.

To address these concerns, the USG and GRZ have set forth commitments mirrored in the MOH's Road Map Campaign to Accelerate the Reduction of Maternal and Neonatal Mortality (CARMA) to increase the integration of quality services to improve health service delivery, particularly in MNCH.[19] The USG will work

percentage will be higher because USG-supported FP/RH, HIV/AIDS and malaria activities, which may be more national in scope or contribute to health systems strengthening, will also impact maternal and under-five mortality.

18 ZDHS, 2007

19 NHSP 2011

with the GRZ to increase the appropriate utilization of integrated health services through improvements in delivery and newborn care, disease management, health referral practices, and targeted preventive and promote behavioral change communications activities. Efforts will build on the MNCH platform to accelerate and scale-up critical services such as PMTCT. Health programming integration will be done to take strategic advantage of missed opportunities when an individual or family accesses services at the health facility and community level, thus improving efficiencies and effectiveness. Relevant GRZ targets for this IR include:

GRZ MNCH goals/targets for 2015
• Reduce the under-five mortality rate from the current 119 deaths per 1000 live births to 63 deaths per 1000 live births • Reduce the maternal mortality ratio from the current 591 deaths per 100,000 live births to 159 deaths per 100,000 live births • Reduce the incidence of malaria to 75 cases per 1,000 population • Reduce stunting among children under two years of age from 45% to 35% • Increase modern contraceptive prevalence rate to 35 % by 2014

IR 1.1 Increased Access to Quality Prenatal, Delivery and Newborn Care

In Zambia, maternal and neonatal deaths have decreased over the years, but the rate of decline of maternal mortality has been slow. In the 2007 the ratio was estimated at 591 maternal deaths per 100,000 live births[20]; a significant decrease from 720 in 2002, but well above the MDG target. The neonatal mortality rate declined from 37 to 34 deaths per 1,000 live births between 2002 and 2007. However, the slower pace of decline in neonatal mortality compared to infant and child mortality led to a steadily increasing proportion of neonatal deaths among all mortality in children under five (22% in 2002 to 29% in 2007). The majority of these deaths occurred during labor and delivery, where the absence of skilled health professionals, lack of adequate health supplies and an inefficient referral system increased the risk of dying from complications.

Under GHI, *Saving Mothers Giving Life* and *Helping Babies Breathe* represent new approaches for USG agencies supporting MNCH programs in Zambia in several ways. First, USG agencies have agreed to work together in four target districts during the first year of implementation, with each agency bringing its comparative advantages to the endeavor coupled with support from key donors and international organizations such as UNICEF and DFID. Second, the USG team, working with MOH counterparts, has jointly identified a comprehensive program of critical interventions to be applied and integrated in these four districts during the initial year of implementation, thus moving away from a "project" approach to maternal and newborn mortality reduction during labor and delivery and the first 24 hours. Third, the USG agencies have agreed to work together as a team with the MOH District Health Management Team in the lead to coordinate program roll-out. Finally, the USG team has mobilized the majority of the resources required to saturate the four target districts with the full program of interventions and, working hand in hand with the MOH, to address the systemic issues underlying maternal and newborn mortality. The technical framework of *Saving Mothers Giving Life* emphasizes both maternal mortality reduction and newborn mortality reduction in the first 24 hours post-partum. Finally, GHI remains committed to GRZ maternal-newborn improvements in non-Saving Mothers Giving Life districts; nevertheless, USG support will be less saturated while still covering a broader array of MNCH interventions.

Proposed Activities

- Strengthen one-stop maternal and child health clinics, providing an integrated service delivery package with effective linkages to appropriate prevention, skilled care and treatment services.

20 ZDHS, 2007

- Strengthen the mother-child care continuum via integration of critical MNCH services in the context of the national MNCH platform (intra-partum interventions such as focused ANC, PMTCT, use of misoprostol to prevent post-partum hemorrhage, skilled attendance at birth, emergency obstetric and neonatal care, and immediate essential newborn care)

IR 1.2 Improved Prevention and Management of Under-Five Mortality Drivers

In Zambia, the top causes of morbidity among children under age five include malaria, pneumonia/sepsis, diarrhea, and poor nutrition - together accounting for 87% of all visits to health facilities. Reaching the MDGs for reducing child mortality will require an intensified focus on key effective, affordable interventions already in use by the MOH. This includes improving coverage as close to where the child lives so timely services can be delivered easily, generating community awareness for appropriate actions and demand for these services, and identifying performance gaps. Additionally, expansion of preventive interventions, particularly innovations that will impact these mortality drivers, such as new vaccines.

Proposed Activities

- Expand access to integrated case management of childhood illnesses (particularly treatment as indicated for malaria with ACT's, pneumonia with antibiotics, and diarrhea with ORS/zinc) at both facility and community levels (fIMCI, cIMCI, iCCM) by training and supervising health workers, CHWs and community volunteers.
- Improve immunization coverage through employing the Reach-Every-District strategy and providing technical assistance for the biannual Child Health Week.

IR 1.3 Improved Knowledge Towards Health Seeking Behaviors and Demand for those Services

The main determinants for health seeking behavior are perceived availability of health care, out-of-pocket costs, and quality of accessed health care. If consumers are not aware of the health services available within the health system, or their rights as a consumer within the system, they will continue to suffer preventable or treatable, illnesses. At the same time, alternative routes of care that may yield greater patient satisfaction or convenience may be chosen although the quality may be questionable such as use of traditional birth attendants. Furthermore, Zambian societies are traditional and many foster patterns of health seeking behaviors that delay or limit beneficial contact. The high rate of HIV in pregnant women makes early seeking of prenatal care even more important. Social barriers such as gender inequities, the stigma of HIV infection and cultural practices further complicate care seeking, particularly for women and children. Widespread poverty exacerbates low demand for health services, especially if patient must pay additional costs for transportation, user fees, and medical supplies.

To address these challenges, the USG will support outreach workers, including safe motherhood action groups, community health workers, and neighborhood health committees, to bring services to the local community and household level and promote community level interventions with the population that enable and encourage Zambians to understand their rights to better health, how to tackle illness, take preventive action and demand critical services. Through GHI, the USG's inputs to improving current knowledge of access to MNCH services and demand for these service will focus on; 1) increasing consumer knowledge and understanding of how to address key health conditions, 2) integrating BCC into the design of other GHI activities, and 3) mobilizing individuals and communities to take ownership of health activities. Particular attention will be paid to ensuring that gender issues are addressed when designing and implementing and evaluating BCC programs and that women and young girls are active participants in informing this process.

Proposed Activities

- Implement social and behavior change through a range of media and at different levels (i.e., individual, peer-to-peer, community and national mass communication) to increase awareness and educate families and communities on critical health care services and interventions (especially on safe motherhood, correct/consistent use of ITNs, contraceptives, clean water, and maternal and child nutrition).

IR 1.4 Strengthened System and Referral Linkages for Continuum of Care

An effective referral/counter referral system ensures a closer relationship between all levels of the health system and helps to provide a continuum of care for people seeking services closest to home. It also assists in making cost-effective use of primary health care services and hospitals. In Zambia, the contributing factors to maternal mortality include delay in deciding to seek medical assistance, lack of transport to travel to health facility and long waiting times at health facilities due to a severe shortage of health providers. Along with these factors, the lack of women's empowerment to make decisions about their situation is also a contributing factor to maternal mortality. As a result, the GRZ has committed itself to establishing a strong referral system for complicated cases, as in the case of obstetric emergencies.[21]

Through GHI, the USG will bolster the GRZ's NHSP and focus on improving the referral linkages of network providers, adherence to protocols by health service delivery staff and involvement of community actors in ensuring continuum of care between all levels of the health system.

Proposed Activities

- Strengthen referral linkages between health posts, health centers and hospitals to ensure access to basic emergency obstetric and newborn care (BEmONC), comprehensive emergency obstetric and newborn care (CEmONC) facilities, shelter for high-risk women, and transportation networks.

IR 2: Strengthened Human Resources for Quality Health Service Delivery

Health systems and services depend critically upon human resources, which are increasingly recognized as a key to scaling up health interventions in order to achieve Millennium Development Goals.[22] Strengthened human resources for health service delivery focus on improved availability, competence, appropriateness, responsiveness, and productivity of health care workers. Zambia's policy commitment to address the health worker crisis is expressed in its Human Resources for Health Strategic Plan, which has been costed and seeks to ensure an adequate and equitable distribution of an appropriately skilled and motivated health workforce through effective planning, increased health workforce production, improved health workforce productivity and stronger management and governance structures. USG will continue to play an important role in operationalizing several MOH Human Resources for Health strategies that include the following; 1) The 2008 Community Health Worker (CHW) National Strategy, 2) Performance Management Plan and the 3) Zambian Health Worker Retention Scheme. Community Health Workers in Zambia receive 6 weeks of training. The pivotal CHW strategy is anticipated to make significant differences in improving the health landscape, particularly for women, adolescent girls and children living in rural Zambia. This strategy also validates the critical work of community level workers by: 1) giving more "health provider" responsibility to CHWs by shifting tasks from health center staff, 2) providing remuneration (currently CHWs receive in-kind support such as bicycles, T-shirts, raincoats, umbrellas and training), 3) requiring certification after completion of a one-year training program officially recognized by the Health Professionals Council of Zambia, and 4) strengthening supervisory support. The new cadre of CHWs which is undergoing one year of training will be called Community Health Assistants. The USG currently supports the training of this new cadre and once

[21] Patriotic Front 2011-2016 Manifesto
[22] http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf Accessed September 30, 2011.

graduated will support health center staff to provide supervision. The USG also supports training of the current cadre of CHWs in integrated community case management of malaria, pneumonia and diarrhea. Supplies are provided to CHWs through their respective health centers.

The USG team will work with the GRZ to improve human resources for health service delivery through the preparation of the health workforce, enhanced worker performance, and development of institutional capacity to plan, manage, and administer health care service delivery. Efforts will also build on partnerships and investments that contribute to national health workforce goals, such as the USG's Nursing Education Partnership Initiative and the Medical Education Partnership Initiative. New activities implemented through the GHI strategy that seek to strengthen human resources for health will increase the number of available personnel, increase the skill levels of those personnel; and increase the resources available to women and girls. The USG will work with the GRZ to reach the targets and goals set by the GRZ (Human Resource Health Strategic Plan). Relevant GRZ targets for this IR include:

GRZ Human Resources for Health goals/targets for 2015
• Reduce the population/doctor ratio from the current 17,589 to 10,000 • Reduce the population/nurse ratio from the current 1,864 to 700 • To increase number of Community Health Assistants from 318 to 5214

IR2.1 Better Prepared Workforce

It has been estimated that countries with fewer than 23 physicians, nurses and midwives per 10,000 population generally fail to achieve adequate coverage rates for selected primary health-care interventions, as prioritized by the MDGs.[23] In Zambia, the MOH estimates a ratio of 0.93 clinical health workers to 1,000 people, with 40% of MOH facilities operating with less than the required clinical staff.[24] In the past, there have been some significant achievements which can be expanded upon. From 2005 to 2009, the total number of staff in the health sector increased from 23,176 in 2005 to 29,533 in 2009 (the recommended level is 51,414).[25] Nonetheless, profound inequities persist between rural and urban settings. The underlying hypothesis for strengthening human resources is that the health status of the Zambians will not improve unless overall health education improves and health personnel are skilled, delivering both preventive and curative services, particularly at first points of contact with the Zambian health system.

Through GHI, the USG's main inputs to a better prepared workforce will focus on pre-service education, such as curriculum development in epidemiology through CDC's support to a Center of Excellence, infrastructure development through DoD's Defense School of Sciences, and increased opportunities for training through USAID efforts, with the primary objective of increasing the number of health care workers and improving quality of pre-service education. Peace Corps Health Volunteers each work with and help train local Zambian counterparts that provide important health education and mentorship in their communities specifically on HIV/AIDS and malaria prevention and treatment. They also help train CHWs in safe motherhood practices.

The new administration's recently introduced Manifesto (2011-2016) outlines several key priorities that will be addressed by IR 2.1, including: 1) promoting continued professional development and in-service training as an integral part of skills upgrading and life-long career development of staff, and 2) rehabilitation and expansion of existing health training institutions to increase the number of graduates.

[23] http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf Accessed September 30, 2011.
24 National Health Strategic Plan (2011-2015)
25 National Health Strategic Plan (2011-2015)

Proposed Activities

- Enhance capacity of pre-service training institutions to increase intake of students and improve the quality of training through refurbishment of five key training institutions across the country, ensuring that health care providers have the skills and capacity to deliver quality health care.
- Support adaptation of local pre-service training materials with inclusion of state of the art information and accepted global standards for health workers at the provincial, district, and community levels.

IR 2.2 Enhanced Worker Performance

In-service clinical skill training remains weak and due to the lack of personnel with specific training in administration, human resource management, and supply chain systems, existing clinical staff struggle to perform these additional duties. Attention will be paid to supporting GRZ's Community Health Worker program as well as implementing and expanding management and leadership training for public health professionals. These cadres can help reduce the administrative and time burdens of those providing clinical services as well as ensure more efficient and effective delivery of services. Through GHI, the USG will focus on training the cadres that contribute most directly to improving emergency maternal and neonatal services, including nurse-midwives, clinical officers, and medical licentiates. USG is also assisting the MOH to roll out the Performance Management Plan that is designed to introduce a work planning culture for individual staff, identify capacity needs of employees, and build the staff capacity based on the needs identified.

Proposed Activities

- Enhance capacity of in-service training institutions to ensure that existing health care providers, particularly nurse-midwives, clinical officers, and medical licentiates, have the skills and capacity to deliver quality health care with an emphasis on basic EmONC training.
- Support GRZ's efforts to implement a CHW program, emphasizing task shifting of treatment, care and support services from facility based health care workers to CHWs.

IR 2.3 Improved institutional capacity to plan, manage, and administer human resources for health

Imbalance in the supply, deployment and composition of human resources for health, can lead to inequities in the effective provision of health services, and is an issue of social and political concern in many countries.[26] In Zambia, it is difficult to obtain long-term commitments from health care providers to work in areas with rudimentary living conditions, poor access to quality schools or shopping facilities, no connection to the electricity grid, or limited clean water and sanitation facilities. As a result, health workers prefer assignments in urban areas where the density of staff is more than double that in rural areas. Approximately half of rural health centers are staffed by a single medically trained provider. Furthermore, although the MOH and donors have trained many community volunteers, only 19% of CHWs and 10% of trained traditional birth attendants are in active service.[27]

Proposed Activities

- Improve deployment and retention of health workers to underserved districts by supporting the Zambian Health Worker Retention Scheme to strengthen overall staff forecasting and increase non-financial incentives for remote areas, including orientation, work climate improvements, accommodation, performance management, and employee morale.
- Strengthen the MoH's capacity to ensure that the Human Resource Planning Unit obtains electronic access to human resource-relevant data on MoH staff from the Public Management Establishment Control database used to manage public sector payroll.

[26] http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf Accessed September 30, 2011.
[27] Draft Human Resources for Health Strategic Plan (2011-15)

IR 3: Improved Governance in the Health Sector

An accountable and transparent government is the foundation for growth and prosperity. To date, significant governance issues affect the functioning of Zambia's public health sector, including chronic underfunding, lack of accountability and transparency, and lack of management skills at all levels.[28] The objective of the third GHI focus area is to foster an environment in which the Zambian Government provides quality services in a transparent manner, and Zambian citizens expect high standards of government performance and hold under-performing officials accountable. An enabling governance environment will reduce waste and channel public resources and energies toward productive purposes, thus improving health outcomes for women and children.

Women in Zambia suffer poor health outcomes disproportionately, and for the most part, are voiceless in the development of policies and services that affect them. Cultural norms that result in higher rates of girls' illiteracy and that support male control of household decisions constitute important barriers to women's participation in all levels of society. Under GHI, USG and GRZ will ensure that gender considerations are taken into account when current and future health sector policies are being shaped and formulated.

The launch of GHI comes at an auspicious time, as a new government espouses an important agenda to root out sources of corruption throughout the government and private sector. More specifically, the GRZ acknowledges the need to improve governance in the health sector as evidenced in the NHSP which outlines the following key strategies for "implementing an efficient and effective decentralized system of governance to ensure high standards of transparency and accountability at all levels of the health sector":

- Strengthen leadership, management and governance systems and structure, to enhance transparency and accountability at all levels, including the community level;
- Implement the national decentralization policy to strengthen capacities at provincial and district levels in planning and management of health services; and
- Strengthen sector collaboration mechanisms to strengthen streamlining activities.

Under the rubric of the GHI, the USG will strengthen governance in the health sector by identifying and addressing key opportunities for innovative approaches that will directly contribute to these strategies. Through a joint action plan approach, the USG along with GRZ and cooperating partners will direct attention to building streamlined sustainable systems of accountability and management, as called for in the GRZ's Governance Action Plan of 2009; strengthening M&E systems to better inform accountability; and continuing support for harmonization activities. For this IR, relevant GRZ targets will be supplemented by global governance measures as noted below:

IR 3.1 GRZ Targets for Increased Accountability and Leadership in Health Programming
Percentage of citizens perceiving corruption (tracked by Transparency International)
Governance Policy Index -comprising of 10 rules-based indicators that cover health policies & health system aspects. (Source: Monitoring the Building Blocks of HSS, 2010)
Overall annual Country Policy and Institutional Assessment (provides composite measure of governance across all sectors)
IR 3.2 Strengthened Management and Financing Capacity
Proportion of Government budget allocated for health increased to 15%
Percentage of recommendations raised in the Auditor General's report acted upon by MoH increased
Percentage of recurrent budget that is funded annually increased
Percentage of district level funds that reach district level health facilities increased
Stock-out rates of essential drugs in health facilities decreased

[28] USG Country Development Cooperation Strategy (2011)

IR 3.3 Enhanced Systems of Monitoring and Evaluation
Implementation of data quality audits increased
HMIS reports on service delivery published and disseminated annually
IR 3.4 Strengthened Coordination and Alignment of Donor Programs with and within GRZ (Ownership)
Inter-sectorial collaboration – Coordinating with other donors to advocate for increased proportion of budget for health (from baseline of 13% to 15% by 2015) per Abuja goals.
# of coordinating working groups chaired by GRZ representative

IR 3.1 Increased Accountability and Leadership in Health Programming

Effective leadership and management are essential to scaling up the quantity and quality of health services and to improving the health of the Zambian population. According to WHO, "Good leadership and management are about providing direction to, and gaining commitment from, partners and staff, facilitating change and achieving better health services through efficient, creative and responsible deployment of people and other resources." [29] Competent leaders will set the strategic vision and mobilize efforts towards its realization. The underlying hypothesis is that if strong leadership advocates for a culture of accountability in health programming then greater improvements in health will be achieved. A culture of accountability in health programming entails taking responsibility, at all levels of the system, for providing quality health service delivery to clients.

An additional, but essential facet of leadership is the active participation of civil society. The role of civic society is to hold government accountable for the provision and delivery of health services. The USG, through its health programs will improve the interface between the health system and the community by promoting health seeking behaviors, increasing use of health "data" by communities to reinforce government accountability, and increasing health advocacy efforts. The underlying hypothesis is that citizens and civil society who are aware of their health rights and responsibilities to equitable, timely, safe, and effective services within both the public and private sectors will ultimately be better equipped to hold institutions accountable.

Proposed Activities:

- Rollout of the Broadreach Institute for Training and Education and Management and Leadership Academy program and other management capacity building programs;
- Measure health worker performance (identifying low and high performers) at all levels and develop a system of remediation for identified performance gaps.

IR 3.2 Strengthened Management and Financing Capacity

Raising revenues, pooling resources, budgeting and purchasing of services are important aspects of health system governance. Specifically, governance in health financing can be assessed by monitoring overall levels of health spending, equity in raising revenues and allocating budgets, and efficiency in ensuring that spending reaches health facilities and the poor. In order for health financing to be successful, there needs to a strong management capacity to successfully carry out all the financing activities. In essence, poor management practices negatively affect government health spending and therefore, funding does not reach health facilities to cover salaries and supplies, compromising the quality of health service delivery.

[29] http://www.who.int/management/general/overall/Strengthening%20Management%20in%20Low-Income%20Countries.pdf. Accessed October 1, 2011.

The GRZ began the decentralization process in the 1990's, but has not been able to adequately transfer management and fiduciary responsibilities to sub-national administration levels to adequately address the needs of the population. A quick analysis of HIV/AIDS resources shows that the bulk of technical and financial resources are utilized at the central level and that the decentralized response does not get adequate support.[30] Within the public health sector, critical health needs are often prioritized in strategic plans but not addressed through implementation and management to reach local levels. As a result, commodity stock-outs are frequent and widespread, human resources are not strategically deployed; and funding does not reliably reach district and facility levels.[31] The district health offices have limited management and financial capacity due to the centralized nature of MoH management systems.

The gravity of the GRZ's systematic financial management problems became evident in 2009 when allegations of over $8 million in financial irregularities of Global Fund resources were confirmed.[32] This event was the catalyst for the Governance Action Plan which outlines the GRZ's responsibility for meeting an array of immediate, mid-term and long term actions to strengthen confidence in the government's financial management system. As a result of these challenges, the GRZ repaid the $8 million in question, placed the responsible individuals on forced administrative leave (most have not been terminated), and is currently one of eleven government ministries implementing an Integrated Finance Management Information System, a sophisticated financial management tool that establishes several levels of internal fiscal control. Another key action taken was the development of the Governance and Management Capacity Strengthening Plan that will be "used by all stakeholders (including GRZ and Cooperating Partners) to respond to audit recommendations and to strengthen systems, structures, and managerial and governance capacity in Zambia's health sector".

Proposed Activities:

- Through annual PEPFAR Partnership Framework Implementation Plan (PFIP) negotiations and other forums, advocate for increased GRZ financial commitment to health programs by increasing health sector share of the National budget to 15% of the overall GRZ budget;
- Build the capacity of provincial and district bodies to plan for and manage MOH/NAC and other funding including PEPFAR funding of HIV/AIDS programs and Maternal and Child Health funding;

IR 3.3 Enhanced Systems of Monitoring and Evaluation

Monitoring and evaluation serves to drive accountability and transparency, inform decision making about project design and management, and provide lessons learned for future work. Parallel to project level monitoring and evaluation is decentralized monitoring and evaluation of workers and facilities which must be linked to overall M&E. Collectively, these efforts strengthen governance for achieving results. When done in a participatory manner, the process can be invaluable to building trust across diverse stakeholder groups, incorporating local knowledge and preferences, improving program outcomes, triangulating findings, and institutionalizing local engagement and ownership.

The USG will enhance systems of monitoring and evaluation in Zambia to provide health leaders with the information needed to improve health system performance, inform development, fine-tune management strategies, and make meaningful forecasts.

Proposed Activities:

- Build capacity of University of Zambia to develop curriculum and train staff in Monitoring and Evaluation (University of Zambia Monitoring and Evaluation Center of Excellence);

[30] 2011 Issues Paper for HIV and AIDS Cooperating Partners
31 CDCS, BEST, Saving Mother's Lives
32 Terms of Reference, Governance and Management Capacity Strengthening Plan

- Support GRZ efforts to strengthen data analysis and interpretation skills at the provincial, district and community levels to better use data for decision making;
- Strengthen current health management information systems (HMIS) so that they are well integrated, sustainable, locally owned, and used at multiple levels of the health system for monitoring, performance measurement and forecasting/planning;

IR 3.4 Strengthened Coordination and Alignment of Donor Programs with and within GRZ

The 2005 Paris Declaration on Aid Effectiveness established coordination, or harmonization, as a key element for making development assistance more efficient and effective. In the absence of a consistent and central aid coordination function, host countries can suffer the burden of redundancy, policy incoherence, inefficient use of resources, and unnecessary administrative burdens. The USG, GRZ and cooperating partners have identified the need to strengthen coordination and align programs to avoid these burdens. The Joint Assistance Strategy for Zambia and other Sector Wide Assistance Program arrangements reflect action and commitment on behalf of GRZ and donors to work towards meeting harmonization goals.

Adhering to GHI principles on collaboration and coordination, the USG plays an important part in country-led efforts (whether begun in particular sectors, thematic areas, or individual projects) to streamline donor procedures and practices. The GHI presents an opportunity for the USG to align its assistance with the National Health Strategic Plan, HIV/AIDS Strategic Framework, National Malaria Strategic Plan, National Human Resources for Health Plan, and the Zambian National Development Plan. By aligning with these Zambian-owned sector development plans, the USG complements Zambia's objectives for improving the health of women and children.

Proposed Activities:

- Enhance engagement of the donor community for leveraging resources and strategic advocacy to the GRZ to increase budgetary allocation for health sector
- Ensure donor collaboration meeting minutes/reports available to the public within 2 weeks of each Cooperating Partners meeting.

3.3. Approaches in Zambia that Demonstrate GHI Principles

Women and Girl Centered Approach

Under GHI, the USG will assist GRZ in operationalizing the gender considerations outlined in the GRZ's NHSP 2011 – 2015 and also the National Gender Policy. The USG will address gender equity as an integral part of its support for health prevention, care and treatment. Priorities include engaging women's partners in PMTCT, advocating against harmful social/gender norms, screening and counseling for Gender Based Violence, improved medical and legal examination processes and linkage to the justice system, and assessing and identifying gender norms that support risky behaviors. Programming will target community mobilization and community-based activities such as birth preparedness and complication readiness, expand family centered care and treatment, and increase male involvement in HIV prevention programs. Methods to increase access to information, education, and communication that address the unique needs of women and men include national campaigns, business and life skills training for girls and women, male and female distribution, and behavior change programs for men. The USG will continue to promote economic empowerment of women and girls, linking them to micro-finance initiatives and education, as well as addressing the prevention of school drop-out by promoting girl's education and delayed sexual debut. The USG will also promote policy and legislation, and the active participation of women on the protection of women's and children's rights as they relate to health, economic empowerment, and protection from gender based violence.

USG will ensure that the following recommendations formulated from a 2011 gender analysis[33] are followed with regards to designing, implementing and evaluating GHI activities:

- A more comprehensive understanding of, and programmatic response to, the often critical socio-economic and cultural factors that impede women's access to health care. These may include women's heavier workload, their lack of independent income, the need to obtain male permission to attend health facilities, the unwillingness of families of invest in women's health, and cultural norms that vary by ethnic group. Studies need to be commissioned and recommendations made to address these issues where they impede access and behavior change.
- Women (and children) should be seen as agents of change and not only as beneficiaries. To this end, they should be involved in planning and designing health care.
- Men need to be involved in their own right in interventions that address male health care issues. Men also need to be involved in interventions targeting women and child care to ensure the behavioral change needed for these interventions to succeed occurs.
- Gender-based violence is a critical issue that impinges upon the ability of USG to attain its objectives in all sectors and service delivery programs should take this into account when designing programs to increase uptake of health care seeking behaviors.

Strategic Coordination and Integration

In order to have a significant and sustained impact on national level health indicators, greater country ownership and leveraging of programmatic resources is critical. It is only by a concerted effort on the part of the GRZ, donors, and financial institutions that improvements in health will occur. The USG will assist the GRZ in increasing efforts to coordinate and leverage resources across partners, and strengthening the continuum of care and support offered to Zambians from a community to health facility level. The USG is currently serving as the lead Cooperating Partner in both the HIV/AIDS and Health Sectors, in addition to leadership roles in other sectors and representation on the Global Fund Country Coordinating Mechanism. These provide for an opportunity for strategic coordination with USG leadership.

Engaging with and leveraging Global Fund resources is a priority in Zambia, yet USG's ability to coordinate have been negatively affected by the funds misappropriations and consequent cessation of program disbursements over the past two years. The Country Coordinating Mechanism has overseen the transfer of five grants (two for HIV, two for malaria and one for TB) from the MOH to the United Nations Development Program (UNDP). UNDP is fast-tracking commodity procurement, particularly ARVs, to address critical needs. Core-funded USG assistance to the Country Coordination Mechanism played an instrumental role in developing improved oversight procedures and materials, as well as in finalizing the GRZ's response to the Global Fund audit report. USG and other cooperating partners in Zambia have identified support to address recommendations that arose from the final Global Fund audit report. Currently, health sector donors are working with the MOH to develop a prioritized governance and capacity management strengthening plan addressing major recommendations from all recent health sector audits and responses (target date December 2011).

Leverage Key Multilateral Organizations, Global Health Partnerships and Private Sector Engagement

The USG will expand opportunities for private sector engagement to leverage private sector interest, particularly in ensuring a healthy workforce and community. For example, through PEPFAR, the USG supports a number of ongoing activities with the Zambian private sector, including public-private partnership (PPP) activities with Zambia's largest industrial and service sectors, such as working in the tourism sector, as well as cooperation with the mining and agriculture sectors through ongoing HIV prevention, care, and

33 Zambia CDCS Gender Analysis: Prepared by Dr. Cathy Farnworth and Mr. Vincent Akamandisa
June 2011

treatment activities in six provinces. Additional activities include a PPP focused on laboratory training with Becton-Dickenson; a PPP with the Merck Foundation' Broadreach program for management and leadership program involving both HIV and non-HIV funding; a PPP with national cellular providers in support of health communications; the "Helping Babies Breathe" Global Developmental Alliance which provides newborn resuscitation training; proposed Public Private Partnerships for cervical cancer prevention, detection and early treatment linked to the Pink Ribbon Red Ribbon Initiative; and activities with a number of local banks with international ties. Through PEPFAR, a full-time PPP advisor is also being hired.

The donor community in Zambia is highly complex, where regular coordination efforts are necessary to avoid program duplication and to make sure that each donor is maximizing their comparative advantage. The Sixth National Development Plan includes a Division of Labor (DOL) matrix for all sectors, including Health and HIV. While this DOL allows for each donor to concentrate on sectors where they have available funds and expertise, there is still overlap within each sector (including Health and HIV), which allows for there to be joint efforts to solve some very difficult challenges.

There are currently six bilateral donors (Ireland, UK, US, Canada, Sweden, Denmark [set to phase out 2012/13]) supporting the health and HIV/AIDS sectors in Zambia, with multilateral support from the European Union and the World Bank.

The Swedish government through the Swedish International Development Cooperation Agency (SIDA) and the Netherlands both provide direct funding to the GRZ, with a significant interest in human resources for health (HRH). Like the U.S. Government, the Japanese government provides project funding, but with an emphasis on capital investment (transport, health facility equipment census, laboratory support). They also have a small HIV treatment program in two districts. The Canadian International Development Agency (CIDA) contributes primarily through direct funding to the GRZ, with significant interest in HRH, procurement systems, and HIV discordant couples counseling. The European Union lends general budget support, with interests in the GRZ's Health Management Information System (HMIS), monitoring and evaluation (M&E), and essential medicines.

The United Nations is active in the health sector through the World Health Organization, UNICEF, UNAIDS and UNFPA. They all offer technical assistance to the GRZ in various areas, such as malaria, water/sanitation, HIV/AIDS, TB, and family planning. UNICEF also funds projects for child health and PMTCT, while UNFPA provides family planning commodities.

Other major donors include the Bill and Melinda Gates Foundation, through the Malaria Control and Evaluation Partnership in Africa, a nine-year project (started in 2004) intended to demonstrate the impact of full implementation of malaria control interventions and establish a proven, flexible model for national malaria control scale-up. They also offer support for male circumcision, biomedical research studies in HIV prevention and neonatal health and also health system strengthening and immunizations (through GAVI). The Doris Duke Foundation BHOMA project ($15 million over 5 years) seeks to improve maternal, neonatal and child health; and the European Union and the United Kingdom's Department for International Development (DfID) health projects aim to improve maternal and child health. Moreover, the World Bank designated Zambia as a Malaria Booster Project Country and provided $20 million for malaria control and prevention between 2006 and 2010. In 2009, the World Bank agreed to fund the Community Malaria Booster Response for two years. This program funds community BCC efforts that focus on malaria. In 2010, the World Bank and National Malaria Control Center announced a $30 million loan to Zambia for malaria interventions. In addition to their focus on malaria, the World Bank supports supply chain management for essential medicines through the Essential Medicines Logistics Improvement Project, a results-based financing pilot and an HIV Public Expenditure Tracking Survey (PETS).

DfID has made a contribution of £7 million to USAID for the procurement of malaria commodities during the calendar years 2010 and 2011; these resources complement existing interventions and will be administered by PMI. Likewise, they also provide support for equipment for basic emergency obstetric and newborn care in 18 districts with additional support from the World Bank.

Country Ownership and Investment in Country-led Plans

Recognizing the pressing social needs, the GRZ is implementing its own strategies and systems to achieve tangible progress in providing primary health care services. The GHI strategy is aligned with and supports the goals and targets set forth by the GRZ in national plans. Furthermore, the three focus areas of the GHI strategy were identified by the GRZ as its own national priorities. The activities outlined throughout the GHI strategy aim to make progress towards meeting the desired goals and targets declared by the GRZ. For example, the GRZ's Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality (2007), emphasizing GRZ's priorities to achieve MDGs 4 & 5. Its specific objectives are to: (i) provide skilled attendance during pregnancy, childbirth, and the postnatal period, at all levels of the health care delivery system, (ii) strengthen the capacity of Individuals, families, and communities to improve maternal, newborn and child health. Current and future activities undertaken by the USG to improve human resources for health and governance are designed to have a direct impact on these GRZ health outcomes. Refer to the *GHI Matrix* for additional information on how the GHI focus areas align with national priorities.

Health System Strengthening

Two GHI focus areas emphasize health systems strengthening by addressing human resource capacity and improving governance of the health sector. Other activities will also focus on service delivery with a specific emphasis on MNCH. The USG will also support programs to strengthen laboratory systems, procurement and supply chain/logistics, quality improvement, and improve financial management systems.

Improve Metrics, Monitoring and Evaluation

The USG is improving metrics, monitoring and evaluation. The national electronic health record system (SmartCare) serves both for continuity of care to improve quality of health services and is linked to the HMIS and logistics management systems but, in contrast to HMIS, allows disaggregation of these data for better monitoring and evaluation of health services. Epidemiology for Data Users and other training is designed to build capacity for local data use at facility, district and provincial levels. Also, the USG is considering new mechanisms to enhance multi-sector evaluations across all technical areas, including agriculture, democracy and governance, education, health and HIV/AIDS. Priority evaluation questions in the coming years include the differential effect of geographically co-locating health programs active in nutrition with agriculture programs working on the productivity and diversity side of the nutrition equation; whether neonatal mortality impacts are sustained as a small scale research program benefitting from intense supervision broadens to one implemented by the more constrained regular health system; the effect of available commodities on provider job satisfaction and health facility utilization; improved measurement of maternal deaths and the impact of HIV prevention, treatment, and control on maternal mortality and total fertility rates; and performance measures and improvement at a district level.

Research and Innovation

The USG will support data driven decision making and place an emphasis on research and innovation. For example, training and supervision of community volunteers (including trained TBAs and CHWs) will build on the success and lessons learned from the USAID-funded Lufwanyama Neonatal Survival Project that demonstrated a total reduction of about 18 deaths per 1000 live births among TBAs who were trained in essential newborn care and resuscitation and the NIH-funded Global Network for Women and Children's' Health Research in Chongwe and Kafue Districts.

GHI Indicators and Targets:

GHI/Zambia will tailor cross cutting indicators developed by headquarters to track progress in applying GHI principles articulated in the strategy. However, GHI/Zambia will continue to align with and support the GRZ's national health indicators with intensified effort to strengthen national monitoring and evaluation systems. Buttressing the improving health management information system, national surveys will be the primary tools for collecting data on impact-level indicators: Demographic and Health Survey, Malaria Indicator Survey, health facility survey, and others. The 2012 Zambia Demographic and Health Survey Plus (ZDHS+) will collect population-based data in 2012 and will serve as the primary mid-term information, including neonatal, under- five, and maternal mortality levels. Planned for late 2012, a health facility survey will provide information about the functioning of the health system. Where there are gaps, the USG will utilize implementing partner service statistics and data collected in electronic patient management systems to monitor progress on the building blocks of the results framework.

Currently, the M&E systems for tracking and evaluating health systems strengthening activities including HRH, leadership and governance are not adequate. USG Zambia will work closely with USG headquarters and the GRZ to identify and operationalize innovative indicators to monitor and evaluate our efforts under GHI. In addition to the often used quantitative indicators, important qualitative indicators and composite indices will be identified to broaden the scope and type of information collected and in particular monitor the quality of programs.

Progress will be measured against targets to demonstrate improvements in health outcomes. The targets for the indicators are based on GRZ set targets identified in the Zambia National Health Strategic Plan[34] and Road Map for Accelerating the Attainment of the Millennium Development Goals Related to MNCH[35] and contribution to GHI global targets. Baseline data will be informed by the ZDHS and subsequent ZDHS's will serve as the source of data for comparison purposes to measure the impact of GHI on a range of morbidity and mortality outcomes following implementation. It is anticipated that GHI will have the greatest contribution in 6 of the 7 GHI target areas, excluding neglected tropical diseases.

Program Performance and Independent Evaluations:
GHI/Zambia will conduct independent performance and impact evaluations to measure performance outcomes/impacts; examine the efficacy of new products and processes; and test development hypotheses. Data will be disaggregated by sex, age, geographic region to assess whether program strategies are reaching the core priority groups – women, adolescent girls, children and the poor. Programs will collect qualitative data to show whether women-centered approaches are on track and improve gender equality and health outcomes. Data triangulation between surveys and surveillance data will be corroborated with health management information systems and human resource information systems to document gaps and improvements in sustainable systems. For governance strengthening activities, the USG will use already existing data sources like World Bank's Country Policy and Institutional Assessment Index and other innovative indicators to monitor and evaluate performance such as the perception of corruption that is tracked by the government and Transparency International. The information will be used to identify inputs for formulating the Learning Agenda, complement the BEST Action Plan[36] and relevant USG operational plans, and scale up successful interventions to accelerate health outcomes under GHI.

Results from continuous monitoring will be widely shared with relevant stakeholders as a feedback channel to improve program planning and enhance efficiency and effectiveness in achievement of results.

Mid-term Assessment: All bilateral programs with a time frame of at least four years will be subject to mid-term management and performance assessments by a third party external to the program. Information will be used to refine program strategies and lend lessons to new programs.

[34] National Health Strategic Plan 2011-2015 (Note: has not been finalized due to change in government)
[35] July 2011
36 USAID BEST Action Plan 2011-2015: "Best practices at Scale in the Home, Community, and Facilities for Family Planning, Nutrition and MNCH.

Research and Learning Agenda:

One challenge facing USG is to better align existing research investments and better coordinate multiple research activities currently taking place in Zambia. The GHI mid-term assessment will be conducted in 2013, at the same time the GRZ will be conducting the midterm review of the health sector strategic plan, the Human Resources for Health strategic plan and HIV/AIDS strategic plan. Data from the ZDHS 2012 and Sector Project Assistant Agreement 2012 will provide information for a mid-term assessment of the GHI. In line with GHI Principles, all USG agencies will disseminate and share their findings and ensure that future research contributes to the GHI/GRZ Learning Agenda and GRZ priorities. GHI/GRZ will design a Learning Agenda that tests innovative program and policy interventions for scale up, and conduct research to refine program strategies linked to the three intermediate results. The Saving Mothers Giving Life endeavor will be the platform on which the USG will base the research and learning agenda. Research topics will be determined annually through a consultative process to foster country capacity, commitment and leadership. Funding for the Research and Learning Agenda will come from existing funds used for SMGL and funds already allocated in contracts and cooperative agreements.

The Research Learning Agenda will address:

Intermediate Result 1 – Appropriate Utilization of Quality Integrated Services with Focus on Maternal, Newborn, and Child Health

- What health seeking behaviors are potentially making a difference in motivating women to seek early ANC visits and deliver at health facilities?
- Is the new Community Health Assistant program making a difference in ensuring that women access timely ANC visits, deliver at health facilities and access post-partum services?
- What does it take to strengthen a health district network?
- What elements of a district health system are the most important ones to strengthen in order to reduce maternal and neonatal mortality?
- Is a comprehensive district strengthening approach more effective in improving maternal and neonatal health outcomes than scaling up a few high impact interventions?
- What is the cost of implementing such an approach?
- What are the challenges and facilitating factors to providing services within 24 hours of labor and delivery?
- How do we measure the impact of the integration of services in a meaningful way (e.g. improved efficiencies)?
- Are there unintended positive or negative health impacts due to service integration?
- What factors influence improvements in health referral systems and linkages?
- To what extent does integration of services result in improvements in the health referral system?

Research findings will be widely disseminated and critiqued within Zambia and when relevant globally. Policy analysis of implementation research, situational analysis, and synthesis of information on what works and what doesn't will be undertaken and communication strategies will be used to effectively reach different audiences to advance the learning agenda. Learning agenda results will be shared with target groups that include policy makers, program managers, researchers, media, journalists, leaders of influence, and other beneficiaries.

4. GHI Management, Coordination, and Communications in Zambia

GHI/GRZ Interagency Team has an opportunity to enhance the effectiveness of USG programming, planning, and evaluation across all agencies. The components of this strategy have been developed by the GHI/GRZ

team. Once this strategy is approved, each agency will take responsibility for its respective leadership areas as identified in the GHI Guidance and ensure that an inclusive process is followed for planning and implementing programmatic priorities. The agencies together will be responsible for collecting and reporting on all results.

The Ambassador and Mission Director will provide overall management and policy guidance. The Health Office Team Leader from USAID, designated as a planning lead, will utilize expanded Country Team Meetings with the Ambassador, Agency Heads (CDC, DoD, Peace Corps, and USAID) and the PEPFAR Coordinator and Embassy Section Heads to report on the progress of GHI/GRZ team and hold periodic planning and coordination meetings with GHI implementing agencies. GHI/GRZ team will closely coordinate with the existing Embassy mechanisms such as bi-weekly technical working group meetings, as well as periodic digital video conferencing and telephone calls with Washington to strengthen USG interagency reporting, coordination and monitoring of activities. Currently, USG agencies hold monthly reviews with all their implementing partners in health and six month reviews with the GRZ. Similar approaches take place with key stakeholders in the health sector and across other Presidential Initiatives to ensure greater collaboration to accelerate achievements on expected outcomes from GHI and GRZ. The GHI also offers an opportunity for USG to participate in MOH lead meetings of the Joint Technical Team, technical working groups, and Quarterly Health Sector Advisory Group meetings. Another key mechanism for streamlining collaboration among development agencies is the Troika and the USG is a prominent contributing member for Health, HIV/AIDS, and Education sectors.

The Embassy's Public Affairs Office will support GHI public outreach efforts and its policy reform agenda which also advances USG foreign policy objectives for health in Zambia. In addition to standard press office activities, joint events will be organized with Public Affairs to train journalists on health advocacy and promote GRZ accountability; increase outreach to media contacts reporting on GHI initiatives and outcomes; and use social media resources such as Facebook and Twitter to raise awareness and elicit public buy-in.

5. Linking High-Level Goals to Programs

USAID's Operational Plans (OP), PEPFAR's Country Operational Plan (COP), and the PMI's Malaria Operational Plan (MOP) were all instituted to support foreign assistance reform objectives, including improving the strategic alignment of our foreign assistance programs with policy priorities, increasing interagency coordination, and strengthening transparency and accountability in the use of funds. The eight GHI goal areas (i.e. HIV/AIDS, Malaria, TB, MNCH, etc.) are included in the OP and results are disaggregated by gender. The COP proposes new fiscal year HIV/AIDS programs and targets, while PMI focuses on malaria. All these plans encompass GHI principles particularly focusing on Women, Girls, and Gender Equality; country ownership; health systems strengthening; the need for strong partnerships; and strategic coordination and integration. Each initiative has its specific indicators that are reported annually to Congress. At the country level all these initiatives work in concert to build the GHI.

It is expected that the above initiatives will each contribute to the reduction of maternal and child morbidity and mortality. What is certain is that with every health component, the USG will ensure alignment across agencies through strong interagency collaboration and seek to harmonize contracting mechanisms to optimize greater efficiencies in the future. The end result will be the improved health of the Zambian people.

Indicator		Source
Population	**13,046,508**	2010 Population and Housing census
GDP per capita (constant 2000 US$)	$1,253	World Bank, 2010
Government budget for health	$274 million	2010: MOH
Life expectancy at birth, total (years)	52	BUCEN – IDB- 2010
Fertility rate, total (births per woman)	6.2	2007 DHS
Annual population growth rate	2.8	2010 Population and Housing census
Modern contraceptive prevalence (of women ages 15-49)	32.7%	2007 DHS
Unmet need for family planning, currently married women	26.5%	2007 DHS
Births attended by skilled health personnel	46.5%	2007 DHS
Mortality rate, infant (per 1,000 live births)	70	2007 DHS
Mortality rate, under-five (per 1,000 live births)	119	2007 DHS
Maternal mortality ratio (per 100,000 live births)	591	2007 DHS
Pregnant women who received 1+ antenatal care visits	93.7%	2007 DHS
Pregnant women who received 4+ antenatal care visits	71.6%	2007 DHS
Fully vaccinated by 12 months of age, children age 12-23 months	67.6%	2007 DHS
Households with at least one insecticide treated net (ITN)	70.4%	Malaria Indicator Survey 2010
Pregnant women who slept under an ITN the previous night	45.9%	National Malaria Indicator Survey 2010
Children under-five sleeping under an insecticide treated bed net (ITN / long-lasting insecticide net)	49.9%	National Malaria Indicator Survey 2010
Children under-five with diarrhea received oral rehydration	66.8%	2007 DHS
TB incidence (all forms; new cases per year)	433	2009 WHO
Malaria mortality rate (per 100,000 population)	37	MOH HMIS
HIV prevalence (of population aged 15-49)	14.2%	2007 DHS
Men aged 15-49 who report having been circumcised	12.6%	2009 Zambia Sexual Behavioral survey
Number of people living with HIV (PLHIV)	980,000	UNAIDS, 2008
Number of HIV-infected people receiving anti-retroviral therapy (ART)	381,000	MOH Quarter 1 report
Number of pregnant women counseled and tested for HIV and received test results during antenatal care visit	69,650	MOH Quarter 1 report
Population using improved drinking water sources	60%	2008 WHO
Population using improved sanitation	49%	2008 WHO
Physician density (per 10,000 population)	0.55	2006 WHO
Nursing and midwifery personnel density (per 10,000 pop.)	7.1	2006 WHO
Hospital beds (per 10,000 population)	19	2008 WHO

	Proposed GHI Indictors
1.1 MNCH	-Number of HIV positive pregnant women who received antiretrovirals to reduce the risk of mother to child transmission (baseline available from MOH through Smart Care) -% complicated pregnancies in targeted areas treated in a functioning EmONC facility (Baseline: 42% and target is: 56% -BEST Results Framework – 27 ZISSP Districts). -% deliveries in targeted areas attended by a nurse, midwife or physician: (Baseline is: 47% and target is: 49% - BEST Results Framework – 27 ZISSP Districts) -Number of births attended by a skilled health care worker (similar to above) -% of post-natal visits in targeted areas that occur within two days (Baseline is: 39% and target is: 44% - BEST Results Framework – 27 ZISSP Districts) -Percentage of health centers providing long acting and/or permanent family planning methods (in 27 targeted districts) – (Note: these data will be collected through the ZISSP, which is currently finalizing its baseline data) - Number of births that occur in health facilities in a specified period - Number of deaths during pregnancy or within 42 days of the end of pregnancy
1.2 Child Health	- % of children under 5 that take ORT and/or Recommended Home Fluids (RHF) for diarrhea (baseline: 66.8%; 2007 DHS) - % women exclusively breastfeeding 0-5 months: (Baseline: 61% and target is: 78% in targeted areas (BEST Results Framework – 27 ZISSP Districts) -% of stunting for children under 5 (Target is a decrease from 45% to 40%) -Malaria prevalence in children under five (Baseline is: 16% and target is: 8%) (CDCS Indicator) - % of children with malaria receiving antimalarial at community level (Target: 20% to 30% in targeted areas (BEST Results Framework – 27 ZISSP Districts)
1.3 Health Seeking behavior and demand	-% children under five who slept under an ITN the previous night (baseline is 28.5%; 2007 DHS) -% of women completing 3 ANC visits in targeted areas that include urine test: 19% to 66%. (BEST Results Framework) - Modern contraceptive prevalence rate (Target: 32.7% to 40%) - % of women & men aged 15-49 who received an HIV test in the last 6 months and who know their results (Baseline: 23.4% in 2009 ZSBS)
1.4 Referrals and Linkages	-Percentage of facilities with emergency transportation systems (Note: MOH will conduct a Health Facility Survey in early 2012, which will provide a baseline for this measurement) -% of health facilities filled with adequately trained health workers (Doctors, Nurses, Clinical Officers, etc.) (Baseline is 60%: from draft HRHSP 2011-2015)
2.1 Better Prepared Workforce	-Ratio of Physicians per 10,000 people (Baseline: .55/10,000 in 2006) -Number of midwifery and nursing personnel (Baseline: 8369 in 2006 – WHO)
2.2 Enhanced Worker Performance	-Percentage of health service providers at primary health-care facilities who received personal supervision in the past six months increased (Note: MOH will conduct a Health Facility Survey in 2012, which will provide a baseline for this measurement)

2.3 Strengthen Institutional Capacity to Manage and Plan HRH	TBD – Percentage of vacant posts filled.
3.1 Accountability and leadership	- Corruption Perception Index (Baseline: Zambia ranked 91 in 2011 as tracked by Transparency International) -Overall annual Country Policy and Institutional Assessment (Note: baseline 3.2 average 2006-2009)
3.2 Management	- % of Government budget allocated for health (Baseline: 11.9% to target:15% - baseline taken from HRHSP 2005-2010) - Percentage of recommendations raised in the Auditor General's report acted upon by MOH[37] - Stock-out rates of essential drugs in health facilities (Baseline: TBD)
3.3 M & E	- HMIS reports on service delivery published and disseminated annually (Baseline: 1st report is in draft form, but is expected to be released in late 2011)
3.4 Coordination and Alignment of donor programs with GRZ.	-% of health related Technical Working Groups (TWGs) that meet quarterly -Consistent review by donors of health related national strategies

37 This indicator mirrors Indicator 4 in the Performance Assessment Framework 2008 – 2010 between Poverty Reduction Budget Support Cooperating Partners, 12 January 2009. 85% is the average across all ministries for responding to Office of the Auditor General recommendations, for this Partnership Framework, this indicator is specific to Ministry of Health recommendations.

Annex 1: USG Priorities and Programs

The United States Government in Zambia has extensive experience in interagency coordination in the realm of health. While much of the coordination framework in Zambia was created by PEPFAR and PMI, the Global Health Initiative strategic planning process has provided the opportunity to better articulate the close planning and coordination efforts by each USG agency working in health. This process will also allow for each USG agency to capitalize on its respective comparative advantages in health, which will contribute to the GHI goal in Zambia of improving the health of all Zambians, and especially the health of the most vulnerable groups of women, girls, newborns, and children under the age of five.

The GHI in Zambia will contribute to three of Zambia's Millennium Development Goals (MDGs): Goal 4, which is the substantive reduction of deaths among children under five years of age and Goal 5, which is reduced maternal mortality by 2015 and Goal 6, combat HIV/AIDS, Malaria and other diseases.

All USG plans and programs are developed in conjunction with the GRZ and align with GRZ health priorities. Coordination between USG agencies to support the GRZ in attaining these goals is strong, and will continue.

Maternal and Child Health: USAID/Zambia, which receives more than 60% of the USG health resources, implements seven projects focusing on maternal and child health, which include activities such as:

- System strengthening to improve service delivery
- Training and supervising Safe Motherhood Action Groups (SMAGs) to expand focused antenatal care
- IEC/BCC activities to encourage safe motherhood and neonatal and child health
- Expanding the use of Misoprostol, procuring commodities
- Service delivery in antenatal care
- Basic emergency obstetric care
- Essential newborn care and resuscitation
- Equipment procurement Increase access to and demand for skilled birth attendance and institutional delivery
- Improve quality of skilled birth attendance and institutional delivery
- Strengthen health systems to provide quality institutional services for normal and complicated deliveries.

CDC contributes substantially to maternal, newborn, and child health through nine different funding mechanisms that support:

- A maternal health demonstration pilot
- The collection of baseline data
- A full enumeration of maternal and child deaths
- Qualitative household surveys and facility assessments
- Service delivery in antenatal care
- Basic emergency obstetric care
- Essential newborn care and resuscitation
- Equipment procurement
- Increased blood supply
- ABO type and cross matching
- Training in clinical usage of blood
- Improved provincial coordination in MCH

Peace Corps also receives some MCH funding from USAID in order to support volunteers in rural areas to:

- Promote the use of and demonstrate the correct use of insecticide treated nets (ITNs) to prevent malaria in pregnancy,
- To enhance the capacity of Community Health Workers (CHWs) to conduct health education on safe motherhood.

These services are fully aligned with the Global Health Initiative principles, supporting integration, women and girls centered approaches, system strengthening, and sustainability and country ownership.

PEPFAR and PMI

The USG in Zambia also receives funding for two additional presidential initiatives that support MDG 6 – PEPFAR and PMI. The USG recently signed a Partnership Framework with the GRZ, which aligns both USG and GRZ efforts to combat HIV/AIDS behind a shared set of goals:

1. Prevention
2. Treatment, Care and Support
3. Mitigation of Socio-economic Impact
4. System Strengthening
5. Coordination and Management

USAID, CDC, DoD, and Peace Corps all fund activities that support the goals mentioned above and include:

- Abstinence/Be Faithful
- PMTCT
- Other Prevention
- Blood Safety
- Male Circumcision
- Care and Support
- Pediatric Care and Support
- HIV/TB
- OVC
- Adult HIV Treatment
- Pediatric HIV Treatment
- ARV Drugs
- Laboratory Infrastructure
- Strategic Information
- System Strengthening
- Management & Staffing

As a PMI focus country, the USAID supports a holistic integrated program for malaria prevention and control. This includes bed net procurement and distribution, diagnosis and treatment of cases of malaria, prevention of malaria in pregnancy, indoor residual spraying, surveillance, research and laboratory strengthening. CDC provides technical assistance regarding surveillance and Peace Corps Volunteers provide training for communities on the effects of malaria, how to prevent it, and how to treat it and training on the importance of pregnant women and under-five children sleeping under an insecticide treated net, every night.

Tuberculosis

The USG supports Zambia in achieving TB control goals through financial and technical assistance, including participating in technical working groups that oversee the implementation of the National TB Strategic Plan of 2011-2016.

Since up to 70% of Zambia's TB-infected individuals are also infected with HIV, all USG-supported activities targeted at TB control also contribute to HIV prevention and care efforts. As a result of this collaborative effort, TB facilities provide increased HIV services (such as testing and counseling for HIV and CD4 assays to determine eligibility for antiretroviral therapy), and HIV facilities provide more TB services (TB diagnosis and treatment). These joint efforts contribute significantly to limiting the spread and the impact of HIV and TB. USAID Zambia supports the majority of TB activities through one project called TB Care.

Nutrition

USAID/Zambia supports two projects that focus on nutrition. The activities include IEC/BCC, capacity building, and national media campaigns on essential nutrition actions. USAID also supports a project managed in the Economic Growth/Agriculture office that promotes crop diversification and nutrition education to help rural Zambian farmers better diversify their diets. USAID also supports Peace Corps Volunteers to:

- Give nutrition lessons and organize health education Days to community members
- Facilitate the establishment of vegetable gardens for primary school to supplement school feeding program & household Permagardening
- Promote food preservation and other food security activities for good nutrition all year round
- Facilitate chicken & goat raising projects to improve nutrition
- Help Zambians gain financial access to nutritional foods

Family Planning

USAID supports most of the family planning projects in Zambia. Some of the activities include:

- community based distribution of family planning commodities,
- communications in family planning,
- data management,
- family planning small project assistance (SPA) to the Peace Corps,
- promotion and distribution of oral and long term methods,
- expanding method mix through fertility awareness methods such as standard days method (cycle beads),
- procurement of contraceptive commodities,
- continued support and scale-up of the essential medicines logistics system,
- training in family planning counseling and long term methods,
- increase access to financing for private providers by providing technical assistance to financial institutions and private providers to stimulate growth in health sector lending.

The SPA grants to Peace Corps allow current volunteers to:

- Conduct condom demonstrations with women who attend family planning clinics
- Promote male involvement in family planning
- Work with local clinic staff to develop strategies for promoting family planning among the reproductive age group and increase access to these services
- Conduct life skills and sexual and reproductive health talks in schools
- Train out of school girls about abstinence and life skills for teenage pregnancy prevention

- Establish school health clubs and peer educators to reach and train out of school youth on life skills and sexual health

Preparedness and response to Avian and Pandemic Influenza and Other Epidemics

CDC also supports projects aiming to support Zambia's response to Avian and Pandemic Influenza and other Pandemics. Activities include:

- Preparedness and Communication
- Surveillance and Detection
- Response and Containment
- Detect new influenza strains
- Determine characteristics of influenza and other viral respiratory diseases
- Characterize and monitor trends in illnesses and deaths attributable to severe acute respiratory infections.

Annex 2: Global Health Initiative Matrix

Zambia Global Health Initiative Matrix					
Zambia GHI Intermediate Result	**Relevant Key National Priorities & Initiatives**	**Key Priority Actions & Activities Likely to Have Largest Impact**	**GHI Zambia Baseline Information & Five Year Targets *(where possible data will be disaggregated by sex)***	**GHI Goals (all focus areas will contribute to these health outcomes)**	**Key GHI Principles**
IR 1: Increased Access to Quality Integrated Services with Focuses on Maternal, Newborn, and Child Health					
IR 1.1 Increased Access to Quality prenatal, delivery, and newborn care	Government of Zambia's National Health Strategic Plan (NHSP: 2011-1015) Targets to be reached by 2015. -Reduce under-five mortality from 119 deaths per live births to 63 deaths per live births; -Reduce the maternal mortality ratio from 729 per 100,000 live births in 2002 to 162 -Increase the percentage of deliveries assisted by skilled health personnel from 45% to	-Strengthen one-stop maternal and child health clinics, providing an integrated service delivery package with effective linkages to appropriate prevention, skilled are and treatment services. -Strengthen the mother-child care continuum via integration of critical MNCH services in the context of the national MNCH platform (intra-partum interventions such as focused ANC, PMTCT, skilled attendance at birth, use of misoprostol to prevent post-partum hemorrhage, emergency obstetric and newborn care, and immediate essential newborn care)	Number of HIV positive pregnant women who received antiretroviral drugs to reduce the risk of mother to child transmission (baseline TBD, as it's available from the MOH through SmartCare) % complicated pregnancies in targeted areas treated in quality EmONC facility (Baseline: 42%	Child Health GHI goal: Reduce under-five mortality rates by 35%across assisted countries Maternal Health GHI goal: Reduce maternal mortality by 30% across assisted countries Family Planning and Reproductive Health GHI goal: Prevent 54 million	Prioritize comprehensive integrated services and BEmONC in districts' annual comprehensive planning and budgeting activities to promote sustainability of program Increase impact through strategic coordination and integration between USG

Zambia Global Health Initiative Matrix					
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	65%. -Halt & begin to reduce the spread of HIV/AIDS and sexually transmitted infections by increasing access to quality interventions		and target is: 56% in 27 districts – BEST Results Framework) % deliveries in targeted areas attended by a nurse, midwife or physician (Baseline is: 44% in 27 districts – BEST Results Framework) % of post-natal visits in targeted areas that occur within two days (Baseline: 39% and target is: 44% in 27 districts – BEST Results Framework)	unintended pregnancies HIV/AIDS GHI goals: Prevent 12 million new infections; Provide support for 5 million orphans and vulnerable children; Provide direct support for 4 million on treatment and care Nutrition Reduce child under-nutrition by 30% Malaria: Halve the burden of malaria for 450	and PEPFAR partners to incorporate MNCH, FP/RH, malaria, and nutrition interventions into the current supervision and mentorship activities Reproductive and child health services are delivered in an integrated model Interventions will be evaluated and disseminated to promote learning and accountability

Zambia Global Health Initiative Matrix					
Zambia GHI Intermediate Result	**Relevant Key National Priorities & Initiatives**	**Key Priority Actions & Activities Likely to Have Largest Impact**	**GHI Zambia Baseline Information & Five Year Targets *(where possible data will be disaggregated by sex)***	**GHI Goals (all focus areas will contribute to these health outcomes)**	**Key GHI Principles**
			-% of health centers providing long acting and/or permanent family planning methods (Note: these data will be collected by ZISSP in late 2011 and will cover 27 districts)	million people Tuberculosis: Contribute to the treatment of 2.6 million new cases of TB and a 50% reduction in TB deaths and disease burden	Prioritizing women's right to health by focusing on improved child and maternal health Strategic coordination with other partners Interventions will be evaluated and disseminated to promote learning and accountability
IR 1.2 Improved Prevention and Management of Children Under-5 Mortality Drivers	National Malaria Strategic Program (NMSP) for 2011-2015: The vision of the new Plan is to achieve progress towards a "malaria free Zambia" through equity of access to quality-assured, cost-effective malaria prevention and control interventions close to the household. The NMSP's goals are: 1) reduce malaria incidence by 75% of	-Expand access to integrated case management of childhood illness (particularly treatment as indicated for malaria with ACT's, pneumonia with antibiotics, and diarrhea with ORS/zinc)at both facility and community levels (fIMCI, cIMCI, iCCM) by training and supervising health workers, CHWs and community volunteers. -Improve immunization coverage through employing the Reach-Every-District strategy and providing technical assistance for the biannual Child Health Week	-% of children under 5 that take ORT and/or recommended home fluids for diarrhea (Baseline: 66.8% - DHS 2007) -% of stunting for children under 5 (Baseline is 45% and Target is: 40%)		

Zambia Global Health Initiative Matrix					
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	the 2010 baseline; 2) reduce malaria deaths to near zero and reduce all-cause child mortality by 20%; and, 3) establish and maintain five "malaria-free zones" in Zambia. *Nutrition:* - Scale up and sustain high impact nutrition interventions and malnutrition programs -By 2015 stunting among children under two years of age will have been reduced from 45% to 35%.		- % of women exclusively breastfeeding 0-5 months (Baseline: 61% and Target is: 78% - BEST Results Framework) -Malaria prevalence in children under 5 (Baseline: 16% and target is 8% - CDCS Indicator) -% of children with malaria receiving antimalarial at the community level (Baseline: 20% and Target is 30% in 27 districts – BEST Results Framework)		
IR 1.3	NSHP:	-Implement social and behavior	-% children who		

Zambia Global Health Initiative Matrix					
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Improved Knowledge Toward Health Seeking Behaviors and Demand for Those Services.	HIV/AIDS - Expanded access to HIV/AIDS prevention services including male circumcision services; condom distribution, sexually transmitted infection control, PMTCT and provision of safe blood -Continued expansion of ART services for both adults and children and in both rural and urban areas. FP: -Increase number of women accessing modern methods of Family planning MNCH -Expansion of the EMONC program to increase the number of	change through a range of mediums and at different levels (i.e., individual, peer to peer, community and national mass communication) to increase awareness and educate families and communities on critical health care services and interventions (especially on safe motherhood, correct/consistent use of ITNs, contraceptives, clean water, and maternal and child nutrition).	slept under and ITN the previous night (Baseline: 28.5%, 2007 DHS, and target is 75%)) % of women with 3 ANC visits in targeted areas that include urine test (Baseline 19% and target: 66%) - Modern contraceptive prevalence rate (Baseline: 32.7% and target is 40%) - % of women & men aged 15-49 who received an HIV test in the last 6 months and who know their		

Zambia Global Health Initiative Matrix					
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	pregnant women with complications accessing the services -Expansion of the Focused antenatal care program Malaria: Strengthen BCC for malaria prevention and treatment and the importance of establishing a robust surveillance, monitoring and evaluation framework.		results (23.4% in 2009 ZSBS)		
IR 1.4 Strengthened System and Referral Linkages for Continuum of Care	NSHP: MOH will strengthen continuum of care by strengthening and improving quality of service provision in secondary and tertiary hospitals. Roadmap for	-Strengthen referral linkages between health posts, health centers and hospitals to ensure access to basic emergency obstetric and newborn care (BEmONC), and comprehensive emergency obstetric and newborn care (CEmONC) facilities, housing for high-risk women and transportation networks	-Percentage of facilities with emergency transportation systems (Note: the MOH will conduct a Health Facility Survey in 2012, which will provide a baseline		

Zambia Global Health Initiative Matrix					
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	Accelerating MDG goals for MCH (MOH: 2007) -Strengthen the referral system and promoting the household to hospital continuum of care: This includes a functional referral system that effectively links all the different providers and levels of care in order to ensure timely and appropriate management of maternal, neonatal and child complications and illnesses.		for this measurement) -% of health facilities filled with adequately trained health workers (Baseline: 60% - Draft Human Resources for Health Strategic Plan 2011 – 2015)		
Partners: DfID, World Bank, Clinton Health Access Initiative, SIDA, JICA, CIDA, UNICEF, UNFPA, Global Fund, GAVI, Center for Infectious Disease Research/Absolute Return for Kids, & Merck					

Zambia Global Health Initiative Matrix					
Zambia GHI Intermediate Result	**Relevant Key National Priorities & Initiatives**	**Key Priority Actions & Activities Likely to Have Largest Impact**	**GHI Zambia Baseline Information & Five Year Targets *(where possible data will be disaggregated by sex)***	**GHI Goals (all focus areas will contribute to these health outcomes)**	**Key GHI Principles**
2.1 Better Prepared Workforce	Ministry of Health, Human Resources for Health Strategic Plan (2011-2015): 1. Scaling up of the recruitment and improvement of distribution and retention. -Develop and implement an appropriate in-service training plan to improve skills for existing staff. -Increase numbers of doctors to provide specialized services in hospitals. -Expand the health workers staff retention scheme. -Strengthen human resource management in order to improve efficiency and	Technical working group at the national and provincial levels to support policy formulation. -Support the new CHW training program by: 1) developing pre-service training instructors for the CHW cadre, 2) ensure training of CHW supervisors, and 3) provide direct funding to the MOH to implement the CHW program. -Support the training of nurses and lab technicians at the Ministry of Defense's training institutions. -Support the training of medical personnel on gender issues, so they can be sensitive to their patients in a holistic way and provide better services.	- Ratio of physicians per 10,000 people (Baseline: .55/10,000 in 2006 – WHO) -Number of midwifery and nursing personnel (Baseline: 8369 in 2006 – WHO)	Child Health GHI goal: Reduce under-five mortality rates by 35% across assisted countries MDG 4 goal: 20% reduction in all-cause Reduce child under-nutrition by 30% Malaria: Halve the burden of malaria for 450 million people Tuberculosis Contribute to the treatment of 2.6	All human resources for health will be conducted by leveraging partner engagement with the GRZ and other development partners in a multi-donor funded Health Workforce Initiative -Country ownership: MOH leads the Health Workforce Initiative and all other health systems strengthening activities in the

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	effectiveness in utilization of existing staff -Implement an appropriate staff performance management and performance-based incentive systems -Implement plan for the production of workers based on numbers and skills-mix. -Scale up recruitment and retention of teaching staff at training institutions. <u>MOH Targets (by 2015):</u> -Reduce the population/doctor ratio from the current 17,589 to 10,000 -Reduce the population/nurse ratio from the current 1,864 to 700			million new cases of TB and a 50% reduction in TB deaths and disease burden	country -Sustainability and health systems strengthening through expanded workforce, productivity, and training quality and capacity -Sustainability through health systems strengthening of national data systems -Leveraging engagement with the development partners in a multi-donor funded M&E Initiative -Strategic coordination of

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					M&E Investments -Promote learning and a learning agenda on MNH -Accelerate results through research and innovation including data for decision making as an integral component of programming -Increased programmatic and fiscal accountability will strengthen the ability to use host country systems and improve country ownership -Strengthening decentralization

Zambia Global Health Initiative Matrix					
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					and its success is related to accountability for provision of quality services and for the funds provided for that purpose will strengthen health systems -Accelerating the expansion of pre-paid insurance for essential maternal and child services will help to achieve a woman/girl centered approach -USG work integrated with DFID, UNICEF and other donors will leverage partner engagement

Zambia Global Health Initiative Matrix					
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IR 2.2 Enhanced Worker Performance	Ministry of Health, Human Resources for Health Strategic Plan (2011-2015): -Develop and implement appropriate mechanisms for more equitable distribution of health workers, including improved targeting and regulation of staff posting -Strengthen training of staff-Collaborate with the Ministry of Education towards increasing the intake of medical students at the University of Zambia. -Finalize and implement the CHW strategy -Provide appropriate and	- Enhance capacity of in-service training institutions to ensure that existing health care providers, particularly nurse-midwives, clinical officers, and medical licentiates, have the skills and capacity to deliver quality health care with an emphasis on basic EmONC training. -Support GRZ's efforts to implement a CHW program, emphasizing task shifting of treatment, care and support services from facility based health care workers to CHWs.	-% of health service providers at primary health care facilities who received personal supervision in the past six months (Note: MOH will conduct a Health Facility Survey in 2012, which will provide a baseline for this measurement)		

Zambia Global Health Initiative Matrix					
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	coordinated training to CHW in order to mitigate shortages of health workers MOH targets: -Number of health centers with at least one qualified Health worker increased from 50% in 2010 to 100% in 2015 -Healthcare worker productivity increased by 10% -High level CH "oversight" body (CH TWG) in place to monitor implementation of CHW strategy through regular quarterly meetings Community-HMIS				

Zambia Global Health Initiative Matrix					
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	developed and piloted in 9 districts (one in each province) in line with GF funding				

Zambia Global Health Initiative Matrix					
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IR 2.3 Improved Institutional Capacity to Plan, Manage and Administer Human Resources for Health	-Expand capacities at health training facilities and increase training outputs, based on the projected HRH needs. -The performance management package focused on addressing absenteeism, duplicative training programing, extensive sick leave, lateness and tardiness. -Scale up retention schemes for all cadres including nurses and clinical officers and doctors.	-Improve deployment and retention of health workers to underserved districts by supporting the Zambian Health Worker Retention Scheme to strengthen overall staff forecasting and increase non-financial incentives for remote areas, including orientation, work climate improvements, accommodation, performance management, and employee morale. -Strengthen the MoH's capacity to ensure that the Human Resource Planning Unit obtains electronic access to human resource-relevant data on MoH staff from the Public Management Establishment -Control database used to manage public sector payroll.	TBD		
Key Partners: MOH, DfID, World Bank, Clinton Health Access Initiative, SIDA, JICA, CIDA, UNICEF. UNFPA, Global Fund, GAVI, WHO. Merck Foundation, and Center for Infectious Disease Research					

Zambia Global Health Initiative Matrix					
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IR 3.1 Increased Accountability and Leadership in Health Programming	***NHSP:*** To implement an efficient and effective decentralized system of governance, ensuring high standards of transparency and accountability. -Strengthening the overall legal and policy framework for health: -Develop BHCPs for secondary and tertiary level hospitals -Periodically review and update the various pieces of health policies and legislation. -Implement the National Decentralization Policy -Strengthen sector collaboration mechanisms: Review and update the MOU with sector partners and civil society; incorporate IHP+ principles into the MOU; further	-Rollout of the Broadreach Institute for Training and Management and Leadership Academy program and other management capacity building programs. -Measure health worker performance (identifying low and high performers) at all levels and develop a system of remediation for identified performance gaps.	- Corruption Perception Index (Baseline: Zambia ranked 91 in 2011 as tracked by Transparency International) - Governance Policy Index - comprising of 10 rules-based indicators that cover health policies & health system aspects (Source: Monitoring the Building Blocks of HSS, 2010) http://www.who.int/healthinfo/systems/monitoring/en/index.html -Overall annual		Inculcates a women/girl-centered approach through improved healthy behaviors and supportive social norms, including gender equity, male involvement, and reduction of gender-based violence A strengthen legal and regulatory framework to promote and enforce gender equity increases sustainability URT-led initiatives and oversight

Zambia Global Health Initiative Matrix					
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	strengthen the Joint Annual Reviews. -Strengthen leadership, management and governanc systems and structures, to enhance transparency and accountability at all levels, in accordance with the jointly agreed governance action plan and the recently conducted systems audits. 5. Strengthen transparency, accountability & access to information at all levels.		Country Policy and Institutional Assessment (provides composite measure of governance across all sectors) Baseline: 3.2 average 2006-2009 (1=low and 6=high)		ensure country ownership and strategic coordination among multi-sectorial stakeholders A thorough integration of programs addressing healthy behaviors and supportive social norms with quality integrated services and health systems strengthening strengthens and leverages other health efforts Sustainability is
IR 3.2 Strengthened Management & Financing Capacity	See NHSP priorities under 3.1	-Through annual PEPFAR Partnership Framework Implementation Plan (PFIP) negotiations and other forums, advocate for increased GRZ financial commitment to health programs by increasing health sector share of the National	- % of GRZ budget allocated for health (Baseline: 11.9% in 2005 and Target is 15% to align with the Abuja target) -Percentage of		

Zambia Global Health Initiative Matrix					
Zambia GHI Intermediate Result	**Relevant Key National Priorities & Initiatives**	**Key Priority Actions & Activities Likely to Have Largest Impact**	**GHI Zambia Baseline Information & Five Year Targets *(where possible data will be disaggregated by sex)***	**GHI Goals (all focus areas will contribute to these health outcomes)**	**Key GHI Principles**
		budget to 15% of the overall GRZ budget -Build the capacity of provincial and district bodies to plan for and manage MOH/NAC and other funding;	recommendations raised in the Auditor General's report acted upon by MOH increased[38] -Stock out rates of essential drugs in health facilities (Baseline: TBD)		enhanced through strengthening the requisite capacity of public, private, and civil society stakeholder to implement state-of-the-art SBCC, as well as the capacity of regional and district health stakeholders to coordinate and oversee health and SBCC activities in their communities A strengthened public sector M&E
IR 3.3 Enhanced Systems of Monitoring and Evaluation	See NHSP priorities under 3.1	-Build capacity of University of Zambia to develop curriculum and train staff in Monitoring and Evaluation (University of Zambia Monitoring and Evaluation Center of Excellence) -Support GRZ efforts to strengthen data analysis and interpretation skills at the provincial, district and community levels to better use	- HMIS reports on service delivery published and disseminated annually (Baseline: 1st report is in draft form, but is expected to be released in late 2011)		

38 This indicator mirrors Indicator 4 in the Performance Assessment Framework 2008 – 2010 between Poverty Reduction Budget Support Cooperating Partners, 12 January 2009. 85% is the average across all ministries for responding to Office of the Auditor General recommendations, for this Partnership Framework, this indicator is specific to Ministry of Health recommendations.

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		data for decision making. -Strengthen current health management information systems (HMIS) so that they are well integrated, sustainable, locally owned, and used at multiple levels of the health system for monitoring performance measurement and forecasting/planning.			system that incorporates BSCC promotes learning and accountability A renewed focus on developing evidence-driven SBCC that incorporates formative research **accelerates results through research and innovation**
IR 3.4 Strengthened Coordination and Alignment of Donor Programs with and within GRZ	See NHSP priorities under 3.1	-Enhance engagement of the donor community for leveraging and coordination.	-% of health related Technical Working Groups that meet quarterly -Consistent review by donors of health related national strategies		
Partners: MOH, WHO, Abt Associates, the American College of Nurse Midwives, Banyan Global, Broad Reach Institute for Training and Education (BRITE), Johns Hopkins University Center for Communication Programs, Liverpool School of Tropical Medicine, and the Planned Parenthood Association of Zambia.					

Annex 3: Global Health Initiative Results Framework

Zambia Global Health Initiative Results Framework

Health Goal: Improved Health Status for All Zambians

Expected Impact: Reduced Maternal Mortality and Under-Five Mortality

Critical Assumptions

- GRZ remains committed to its own national health strategic plans, including their Joint Governance Action Plan, as well as their pledges of increased budget support for health and the health workforce
- Through 2015, USG funding remains at least level (PEPFAR, PMI, Feed the Future, and other health programs)
- The support from critical partners, including the Global Fund and other donors, is well-coordinated, accountable and disbursed as planned from the National to District Levels.
- Non-USG Investments in Zambia's health workforce, materials, supplies, and commodities continue and are prioritized

IR 1 Appropriate Utilization of Quality Integrated Services with Focus on MNCH	IR 2 Strengthened Human Resources for Quality Health Service Delivery	IR 3 Strengthened Governance in the Health Sector
IR 1.1 Increased Access to Prenatal, Maternal/Delivery and Newborn Care	IR 2.1 Better Prepared Workforce	IR 3.1Increased Accountability and Leadership in Health Programming
IR 1.2 Improved Prevention and Management of Children Under-Five Mortality Drivers	IR 2.2 Enhanced Worker Performance	IR 3.2 Strengthened Management and Ability to Manage Resources Effectively
IR 1.3 Improved Knowledge Toward Health Seeking Behaviors and Demand for those Services	IR 2.3 Strengthened Institutional Capacity to Plan, Manage, and Administer Human Resources for Health	IR 3.3 Enhanced Monitoring and Evaluation Systems and Processes
IR 1.4 Strengthened Referral Systems and Linkages for Continuum of Care		IR 3.4 Strengthened Coordination and Alignment of Donor Programs with GRZ Priorities and Programs

USG/Zambia will strengthen integration between USG-funded programs in HIV/AIDS, malaria, maternal, newborn, & child health, nutrition, TB, family planning & reproductive health using GHI as a framework for action

GHI contributes to the Government of the Republic of Zambia Millennium Development Goals 4 & 5:
By 2015: Reduce Under-Five Mortality to 64 per 1,000 ♦ Reduce Maternal Mortality to 162 per 100,000

Zambia GHI Results Framework

IR 1 Appropriate Utilization of Quality Integrated Services with Focus on MNCH

IR 1.1 Increased Access to Quality Prenatal, Delivery and Newborn Care

ACTIVITIES

- Strengthen one-stop maternal and child health clinics, providing and integrated service delivery package with effective linkages to appropriate prevention, skilled care and treatment services
- Strengthen the mother-child care continuum via integration of critical MNCH services in the context of the national MNCH platform (intra-partum interventions such as focused ANC, PMTCT, use of misoprostol, and immediate essential newborn care)
- Expand focused ANC to include PMI suite of interventions

IR 1.2 Improved Prevention and Management of Children Under-Five Mortality Drivers

ACTIVITIES

- Expand access to integrated case management of childhood illness (particularly treatment as indicated for malaria with ACT's, pneumonia with antibiotics, and diarrhea with ORS/Zinc) at both facility and community levels (fIMCI, cIMCI, iCCM) by training and supervising health workers, (Community Health Agents) and community volunteers.
- Improve immunization coverage through employing the Reach-Every-District strategy and technical assistance for biannual Child Health Week

IR 1.3 Improved Knowledge Toward Health Seeking Behaviors and Demand for those Services

ACTIVITIES

- Implement social and behavior change through a range of mediums and at different levels (i.e., individual, peer-to-peer, community and national mass communication) to increase awareness and educate families and communities on critical health care services and interventions (especially on safe motherhood, correct/consistent use of ITNs, contraceptives, clean water, and maternal and child nutrition).

IR 1.4 Strengthened System and Referral Linkages for Continuum of Care

ACTIVITIES

- Strengthen referral linkage between health posts, health centers and hospitals to ensure access to basic emergency obstetric and newborn care (BEmONC), and comprehensive emergency obstetric and newborn care (CEmONC) facilities, housing for high-risk women, and transportation networks.
-

Zambia GHI Results Framework

IR 2 Strengthened Human Resources for Quality Health Service Delivery

IR 2.1 Better Prepared Workforce

ACTIVITIES

- Enhance capacity of pre-service training institutions to increase intake of students and improve the quality of training through refurbishment of five key training institutions across the country, ensuring that health care providers have the skills and capacity to deliver quality health care
- Support adaptation of local pre-service training materials with inclusion of state of the art information and accepted global standards for health workers at the provincial, district, and community levels.

IR 2.2 Enhanced Worker Performance

ACTIVITIES

- Enhance capacity of in-service training institutions to ensure that existing health care providers have the skills and capacity to deliver quality health care (with a special emphasis on provision of basic EmONC)
- Support the GRZ's efforts to implement their CHW program; emphasizing task shifting of treatment, care and support services from facility based health care workers to CHWs.

IR 2.3 Improved development of institutional capacity to plan, manage and administer human resources for health

ACTIVITIES

- Improve deployment and retention of health workers to underserved districts by supporting the Zambian Health Worker Retention Scheme to strengthen overall staff forecasting and increase non-financial incentives for remote areas, including orientation, work climate improvements, accommodation, performance management, and employee morale.
- Strengthen the MoH's capacity to ensure that the Human Resource Planning Unit obtains electronic access to human resource-relevant data on MoH staff from the Public Management Establishment Control database used to manage public sector payroll.

Zambia GHI Results Framework

IR 3 Improved Governance in the Health Sector

IR 3.1 Increased Accountability and Leadership in Health Programming

ACTIVITIES

Rollout of the Broadreach Institute for Training and Education and Management and Leadership Academy program

IR 3.2 Strengthened Management and Financing Capacity

ACTIVITIES

- Build the capacity of provincial and district bodies to plan for and manage MOH/NAC and other funding including PEPFAR funding of HIV/AIDS programs;
- Through annual PEPFAR Partnership Framework Implementation Plan (PFIP) negotiations and other forums, advocate for increased GRZ financial commitment to health programs by increasing health sector share of the National budget to 15% of the overall GRZ budget;

IR 3.3 Enhanced systems of Monitoring and Evaluation

ACTIVITIES

- Build capacity of UNZA to develop curriculum and train staff in M&E (UNZA M&E Center of Excellence)
- Support GRZ efforts to strengthen data analysis and interpretation skills at the provincial, district and community levels to better use data for decision making; Strengthen current health management information systems (HMIS and HRIS) so that they are well integrated, sustainable, and locally owned

IR 3.4 Strengthened coordination and alignment with Donor Programs and within GRZ

ACTIVITIES

- Enhance engagement of the donor community for leveraging resources and strategic advocacy to the GRZ to increase budgetary allocation for health sector
- Ensure donor collaboration meeting minutes/reports available to the public within 2 weeks of each Cooperating Partners meeting.