

## ANNEX 1~9

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## Annex 1 Mission Schedule

DAY	DATE	ACTIVITIES
1	Jan 13 (Sat)	Ms. Nakatani's departure from Japan
2	Jan 14 (Sun)	Ms. Nakatani's arrival in Lusaka (SA 062, 12:10p.m.)
3	Jan 15 (Mon)	Information collection by Ms. Nakatani
-7	- Jan 19 (Thu)	<ul style="list-style-type: none"> <li>- visits to JICA office and project office</li> <li>- interview to JICA staff and project experts</li> <li>- collection of questionnaires to stakeholders (Government officials, health care providers, health volunteers)</li> <li>- visits to stakeholders (Ministry of Health, LDHMT, Health Centers)</li> <li>- interview to stakeholders (Government officials, health care providers, health volunteers, beneficiaries)</li> <li>- observation of project activities</li> <li>- documents review</li> </ul>
8	Jan 20 (Sat)-21 (Sun)	Documentation by Ms. Nakatani
9	Jan 22 (Mon)	Information collection by Ms. Nakatani Mr. Ishii, Prof. Umenai, Dr. Suganami, Mr. Takizawa and Ms. Komahashi's departure from Japan
10	Jan 23 (Tue)	Documentation by Ms. Nakatani Mr. Ishii, Prof. Umenai, Dr. Suganami, Mr. Takizawa and Ms. Komahashi's arrival to Lusaka (SA 064, 13:35p.m.) PM JICA Office, Project Office
11	Jan 24 (Wed)	<p><b>AM:</b> CC to LDHMT CC to Embassy of Japan</p> <p><b>PM:</b> Project Office (presentations from experts) CC to Ministry of Health</p>
12	Jan 25 (Thu)	<p><b>AM:</b> Field observation (George, including in-depth interview to health volunteers and community leaders)</p> <p><b>PM:</b> Field observation (One of newly targeted sites, including in-depth interview to health volunteers and community leaders)</p>
13	Jan 26 (Fri)	<p><b>AM:</b> Evaluation workshop - presentation of study findings from the evaluation team - comments/reactions from representatives from six sites</p> <p><b>PM:</b> Feedback of study results to LDHMT Drafting of evaluation report with LDHMT</p>
14	Jan 27 (Sat) - Jan 28 (Sun)	Documentation by the Evaluation Team
15	Jan 29 (Mon)	<p><b>AM:</b> Field Observation (Mtendere, Chipata)</p> <p><b>PM:</b> Documentation</p>
16	Jan 30 (Tue)	<p><b>AM:</b> Joint Coordination Committee (presentation of evaluation results) M/M signing</p> <p><b>PM:</b> Report to Embassy of Japan, Report to JICA Office</p>
17	Jan 31 (Wed)	Team members' departure from Zambia
18	Feb 1 (Thu)	Team members' arrival in Japan

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## Annex 2 List of Stakeholders Consulted by the Evaluation Mission

### <LDHMT>

1.	Dr. Bushimbwa Tambatamba	District Director of Health	Lusaka District Health Mgt Team
2.	Dr. Mbwili Muleya	Manager, Planning & Dev.	Lusaka District Health Mgt Team
3.	Dr. Mpundu Chikoya Makasa	Manager Planning & Dev.	Lusaka District Health Mgt Team
4.	Mr Phillip Mulenga	Environmental Health Expert	Lusaka District Health Mgt Team
5.	Mrs Mavis Kalumba	Senior H/Education Officer	LDHMT/Lusaka City Council
6.	Mr Meetwell Cheelo	Liaison Officer (Env. Health)	LDHMT/JICA
7.	Mrs Catherine Mukuka	Pediatrician	Lusaka District Health Mgt Team
8.	Mrs Mary Banda	MCH Coordinator	Lusaka District health Mgt Team
9.	Mrs Monde Imasiku	Liaison Officer (CBO Mgt/NHC)	LDHMT/JICA

### <Ministry of Health>

1.	Mr David Chimfwembe	Director, Planning & Dev.	Ministry of Health
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### <George Health Centre>

1.	Mrs Evelyn Chilufya	MCH In-Charge	George Health Centre
2.	Mrs Albertina Kapeshi	Nutritionist	George Health Centre
3.	Mrs. Tamara Mwamulowe	Env. Health Technologist	George Health Centre

### <Kanyama Health Centre>

1.	Ms Clevina Simutele	Env. Health Technologist	Kanyama Health Centre
2.	Ms Jean Kasengele	Nutritionist	Kanyama Health Centre
3.	Ms Nora Chileshe	Env. Health Officer	Kanyama Health Centre

### <Ng'ombe Health Centre>

1.	Mr Ignatius Bulongo	Clinical Officer	Ng'ombe Health Centre
2.	Mrs Prisca Sakala	Nutritionist	Ng'ombe Health Centre
3.		Env. Health Technologist	Ng'ombe Health Centre

### <Mtendere Health Centre>

1.	Mrs Media Chikwanda	Sr. In-Charge	Mtendere Health Centre
2.	Ms Matimba Chizongo	Env. Health Technologist	Mtendere Health Centre
3.	Mrs Susan Mumba	MCH Midwife	Mtendere Health Centre
4.	Ms Lillian S. Chiita	NP	Mtendere Health Centre
5.	Ms Ireen Shilupizhi	CHW	Mtendere Health Centre
6.	Mr Patrick Zulu	CHW	Mtendere Health Centre
7.	Mr Hector Mbewe	NP	Mtendere Health Centre
8.	Mr Ndimba C. Moonga	Treasurer	NHC Mtendere
9.	Ms Melina Zimba Sakala	Publicity Secretary	NHC Mtendere
10.	Mr Fousta Phiri	Chairman Zone	NHC Mtendere
11.	Mr Clement Nonde	Member	NHC Mtendere
12.	Mr Maximilian Ngoma	Chairperson	NHC Mtendere
13.	Ms Getrude Mwale	Chairperson	EHC Mtendere
14.	Mr Mathias Banda	Member	EHC Mtendere
15.	Mr Sunday Tembo	Secretary	EHC Mtendere
16.	Ms Anette Twambo	Member	EHC Mtendere

### <Chawama Health Centre>

1.	Mrs Evelyn Tembo	Sr. In. Charge	Chawama Health Centre
2.	Mrs Annie Chisanga	Env. Health Technologist	Chawama Health Centre
3.	Mr Ziwase Phiri	Treasurer	CHACOBAF
4.	Ms Justina Zulu	Committee Member	CHACOBAF
5.	Mr Elvis Chilekwa	Chairperson	CHACOBAF
6.	Ms Betty Moyo	Committee Member	CHACOBAF
7.	Mr Mwiinga Mweetwa	Secretary	CHACOBAF

**<Chipata Health Centre>**

1.	Ms Happy Chipulu	Sr. In Charge	Chipata Health Centre
2.	Mr Reuben Zulu	Env. Health Technologist	Chipata Health Centre
3.	Ms Roydah Zulu	Registered Midwife	Chipata Health Centre
4.	Ms Grace Daka	Enrolled Midwife	Chipata Health Centre
5.	Ms Mary Goma	Enrolled Midwife	Chipata Health Centre
6.	Mrs Christine M. Tembo	MCH Midwife	Chipata Health Centre
7.	Ms Edith Lusambo	Chairperson	NHC Chipata
8.	Mr Alfred G. Mizinga	V/Chairperson	NHC Chipata
9.	Mr Stephen Musonda	V/Secretary	NHC Chipata
10.	Ms Liness Nachilongo K.	V/Treasurer	NHC Chipata
11.	Mr John S. Banda	C/Person	NHC Chipata
12.	Mr Oswald Mbuza	Chairperson	EHC Chipata
13.	Ms Tanasho Moddy	V/Chairperson	EHC Chipata
14.	Mr Steward Ngoma	Publicity Secretary	EHC Chipata
15.	Ms Juliana Lilanda	Member	EHC Chipata
16.	Mr Kaunga Dabwitso	CHW	Chipata
17.	Ms Grace Kashoka	NP	Chipata
18.	Mr Simate Silishebo	NP	Chipata
19.	Ms Christine Banda	CHW	Chipata

**<Other Partner Institutions>**

1.	Ms Winnie Mweemba	CTC Coordinator	Valid International
2.	Dr. Virgil Hawkins	Country Representative	AMDA Zambia
3.	Dr. Lastone Chitembo	Performance Management Advisor	HSSP

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### Annex 3 Project Design Matrix

Name of the Project: **Lusaka District Primary Health Care Phase 2 Project** Duration: **5 years (July 2002 ~ July 2007)** **Ver. 4**

Target Area: **Lusaka District\*** Target Group: **Under 5 children in selected HC catchments** Date: **31 January 2006**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
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**Super Goal:**

Health Status improvement of under 5 children in Lusaka District is sustained through development of urban health and community value

**Overall Goal:**

Health status of under 5 children is improved through expansion of effective and sustainable community-based health activities in Lusaka District

- Political and social stability should be maintained

**Project Purpose:**

Health status of under 5 children is improved through establishment of effective and sustainable community-based health activities in selected Health Centre catchments

Data from LDHMT, HMIS

- 1) Incident rate of diarrhoea (non-bloody) of under 5 children becomes 682.2 to 218.2 (cases/1,000 pop)
- 2) Incident rate of diarrhoea (bloody) of under 5 children becomes 25.9 to 9.5 (cases/1,000 pop)
- 3) Incident rate of measles of under 5 children is decreased from 18.2 to 0.6 (cases/1,000 pop)
- 4) Prevalence of malnutrition of under 5 children becomes 72.4 to 24.0 (cases/1,000 pop)

- Environmental conditions in the compounds in Lusaka District are not worsened
- Donors funding should be maintained at an acceptable level

**Narrative Summary      Objectively Verifiable Indicators      Means of Verification      Important Assumptions**

<p><b>Outputs:</b></p> <p>1. Community-based child growth promotion (CBCGP) is enhanced</p>	<p>1) Percent of under 5 children who are below the lower growth line improve from 15% to 9.3%</p> <p>2) Improvement of the coverage of full immunization</p> <p>A) Coverage of fully immunised 12-23month children becomes 71.2% to 79%.</p> <p>B) Percent of children who complete full vaccination before 1 year old increases from 59 % to 79%.</p> <p>3) Frequency of weighing children aged between 0-24 months increases from 14.6 times to 19.2 times.</p> <p>4) Percent of mothers who introduced other food except breastfeeding after 6 months becomes 50% to 67%.</p> <p>5) Percent of caretakers who have adequate knowledge on prevention of malnutrition increases from 32% to 54%</p> <p>6) Percent of caretakers who have adequate knowledge on prevention of diarrhoea increases from 46% to 52%</p>	<p>1) Data from Health Centres</p> <p>2) Survey report</p> <p>3) Survey report</p> <p>4) Survey report</p> <p>5) Survey report</p> <p>6) Survey report</p>	<ul style="list-style-type: none"> <li>• Purchasing power of household income does not decrease significantly. (Economic status is not changed so much.)</li> <li>• Prevalence of HIV/ AIDS is not worsened so much.</li> </ul>
<p>2. Community-based environmental health activities are improved</p>	<p>1) Usage of safe water</p> <p>A) Percent of households that access to safe water increases from 86% to 91%</p> <p>B) Percent of households that make drinking water safe through boiling or chlorination increases from 72% to 84%</p> <p>C) Percent of households that keep water in a proper way for avoiding contamination increases from 47% to 65%</p> <p>2) Percent of households dispose garbage properly using rubbish pit, midden box becomes 63% to 73%.</p> <p>3) Percent of households washing hands in a recommended hand-washing method (with flowing water and soap) increases 14% to 41%</p> <p>4) Percent of households that use latrines becomes 87% to 92%</p>	<p>1) Survey report</p> <p>2) Survey report</p> <p>3) Survey report</p> <p>4) Survey report</p>	
<p>3. Community referral services for under 5 children are enhanced</p>	<p>1) Percent of caretakers who take children health facilities immediately after detecting their danger sings becomes 35% to 64%</p>	<p>1) Survey report</p>	

**Narrative Summary**      **Objectively Verifiable Indicators**      **Means of Verification**      **Important Assumptions**

- |  |  |   |  |
|--|--|---|--|
| <p>4. Planning and financing capacity of LDHMT and health centres in support for community-based health activities is strengthened</p> | <p>1) Prioritized Action Plan with budget for GMP+ and PHAST is annually produced by LDHMT from 2005</p> <p>2) LDHMT-funded GMP+ and PHAST activities of health centres</p> <p>A) Percent of LDHMT-funded GMP+ and PHAST activities against the number of planned GMP+ and PHAST activities by health centres increases from 31.0% to 38.8% at the end of 2006.</p> <p>B) Percent of the fund disbursed by LDHMT against the planned budget on GMP+ and PHAST activities of health centre increases from 27.1% to 32.5% at the end of 2006.</p> <p>3) Percent of planned GMP+ and PHAST activities implemented by health centres increases from 74.1% to 80.8% at the end of 2006.</p> | <p>1) Prioritized Action Plan</p> <p>2) Action Plans of LDHMT and targeting health centres; financial reports of LDHMT; and financial documents of LDHMT</p> <p>3) Action Plans of targeting health centres and income and expenditure report of health centres</p> |  |
| <p>5. Management capacity of CBOs to ensure sustainability of community-based health activities is strengthened</p>                    | <p>1) Percent of drop out of CHWs &amp; NPs reduces from 37.7 % (phase 1) to 19.2 %.</p> <p>2) Number of income generating activities that are supervised by community basket fund committee and making profit increases from 0 to 12.</p>   | <p>1) Registration of CBOs, CHW and NPs</p> <p>2) Report of community basket fund committee</p>   |  |





- 1.9 Share information and experience on GMP+ activities
  - 1.9.a Hold joint meeting for CHWs and NPs
  - 1.9.b Conduct field trips for CHWs and NPs within and out of Lusaka
  - 1.9.c Initiate coordination meeting with stakeholders & donors
- 2.1 Strengthen capacity of George Environmental Health Committee to ensure sustainability
- 2.2 Develop PHAST guidelines and training manual including visual aids
- 2.3 Conduct capacity building
  - 2.3.a Conduct TOT for and HC staff on PHAST approach
  - 2.3.b Hold PHAST workshop and identify priority needs on environmental health
  - 2.3.c Conduct orientation on the concept of PHAST approach for LDHMT staff
- 2.4 Support CBOs to plan and implement their action plans to address priority needs in line with child health
- 2.5 Conduct monitoring and evaluation following the guidelines
- 2.6 Develop and carry out IEC activities concerning environmental health and personal hygiene in communities
  - 2.6.a Develop and revise IEC materials on hygiene and sanitation practices at household level
  - 2.6.b Train CBOs on door to door health education
  - 2.6.c Conduct door to door health education
- 2.7 Support cholera control and prevention programme in the community
  - 2.7.a Form the task force and working groups on cholera prevention and control at level of District and conduct meetings
  - 2.7.b Develop and revise the guidelines on cholera prevention and control in Lusaka District
  - 2.7.c Conduct refresher training for HC staff
  - 2.7.d Hold cholera sensitization meetings with stakeholders at LDHMT and HC level
  - 2.7.e Train CHWs on cholera contact tracing
  - 2.7.f Conduct awareness campaign for cholera prevention
- 2.8 Hold annual workshop for water & sanitation with stakeholders

- 3.1 Develop and review effective system on child health community referral
  - 3.1.a Form the working group for the child health community referral
  - 3.1.b Develop and revise the guidelines on child health community referral
  - 3.1.c Orient HC staff for child health community referral system
  - 3.1.d Train CHWs for case identification and referral
  - 3.1.e Introduce first aid kit to CHWs
  - 3.1.f Conduct IEC activities to sensitise caretakers on general danger signs and community referral
- 3.2 Develop and revise effective operation system on nutrition clinic
  - 3.2.a Form the working group for nutrition clinic at the level of District
  - 3.2.b Develop the guidelines on nutrition clinic
  - 3.2.c Train HC staff in management of malnourished children
  - 3.2.d Train NPs in management of malnourished children
  - 3.2.e Conduct monitoring and evaluation for nutrition clinic
- 3.3 Establish health posts for community referral
  - 3.3.a Conduct feasibility study on health posts to serve as community referral points
  - 3.3.b Construct health posts based on the feasibility study
  - 3.3.c Pilot project of these health posts
  - 3.3.d Conduct monitoring and evaluation on the pilot project
  - 3.3.e Replicate facilities in other areas
- 4.1 Facilitate to formulate Lusaka District Health Strategic Plan
  - 4.1.a Form the task force and working groups
  - 4.1.b Facilitate to formulate Lusaka District Health Strategic Plan every three year
- 4.2 Facilitate to formulate Prioritized Action Plan
  - 4.2.a Form the working groups
  - 4.2.b Facilitate to formulate Prioritized Action Plan of six health centres every year
  - 4.2.c Facilitate to formulate Prioritized Action Plan of the District every year
  - 4.2.d Produce a manual for Prioritized Action Plan
  - 4.2.e Conduct monitoring and evaluation quarterly at all levels
  - 4.2.f Hold monitoring and evaluation meeting quarterly
- 4.3 Establish the health information sharing system
  - 4.3.a Produce Lusaka District Health Data Book of baseline information
  - 4.3.b Produce Lusaka District Health Data Bulletin annually
  - 4.3.c Hold a forum for health information sharing annually

- 4.4 Conduct financial analysis and resource allocation for LDHMT
  - 4.4.a Form the task force
  - 4.4.b Produce financial reports annually
  - 4.4.c Facilitate to allocate LDHMT budget to community-based health activities according to financial report
- 4.5 Improve operational efficiency through Continuous Quality Improvement
  - 4.5.a Organize 5S committee
  - 4.5.b Produce CQI manual
  - 4.5.c Conduct CQI training for LDHMT and health centres
  - 4.5.d Conduct 5S activities at all levels
  - 4.5.e Hold 5S award festival annually
- 5.1 Establish an effective mechanism to strengthen NHC activities
  - 5.1.a Compile operational guidelines to standardize NHC activities
  - 5.1.b Support election of NHC
  - 5.1.c Conduct NHC orientation and training in basic health care package
  - 5.1.d Hold CBOs joint meeting at health centre level
- 5.2 Establish community basket fund system
  - 5.2.a Form community basket fund committee at level of health centre and CBOs and hold regular meetings
  - 5.2.b Introduce and sustain income generating ventures
  - 5.2.c Conduct training for CBOs in management skills
  - 5.2.d Hold joint meetings in community basket fund



**Annex 5 List of Counterpart Trainees**

FY (JP)	No	Field of Training	Type	Name	Organisation/Institution (Current as of 2006, if moved)	Position (Current as of 2006, if moved)	Period	Training Institution
FY2002	1	Health Policy for Community Activities	Project	Dr. Mary Bwehya	CSCH (UTH)	Child Health Expert (paediatrician)	2003/2/21 - 2003/3/10	Niigata University
	2	Health Policy for Community Activities	Project	Dr. Makungu Kabaso	LDHMT	Clinical Officer	2003/2/21 - 2003/3/10	AMDA
FY2003	3	Counter-measure for improvement of MCH indices II	Group	Mrs. Sibeso Sezropo	Njombe HC	Sister-in-Charge	2003/4/28 - 2003/6/15	Agency for Cooperation in International Health
	4	Seminar for Health Policy Development	Group/Project	Mr. Fordson Nyirinda	CSOH (study leave to UK)	Environmental Health Expert (study leave to UK)	2004/1/25 - 2004/2/17	National Institute for Public Health, Niigata University
	5	Health Policy for Community Activities	Project	Dr. Mtwili Muleya	LDHMT	Manager Planning & Development	2004/2/15 - 2004/3/9	Niigata University, AMDA
	6	Community Health Services	Group	Mrs. Klevina Mizanda	Kanyama HC	Environmental Health Technologist	2004/3/22 - 2004/7/10	St. Mary's Hospital
	7	Nutrition and Diet Improvement for Women Leaders II	Group	Ms. Albertina Kapeshi	George HC	Nutritionist	2004/1/18 - 2005/2/2	Obihiro Otani Junior College
	8	Multimedia Production for Community Health	Project	Ms. Evelyn Tembo	George HC (Chawama HC)	MCH-In-Charge (Sister-in-Charge)	2004/11/17 - 2004/12/19	Okirawa International Centre
FY2004	9	Multimedia Production for Community Health	Project	Mr. Mavis Kalumba	LDHMT	Senior Education Officer	2004/11/17 - 2004/12/19	Okirawa International Centre
	10	Community Health Services	Project	Ms. Agness Stanzye	George HC (Kamwara HC)	Sister-in-Charge (Sister-in-Charge)	2005/2/6 - 2005/2/26	AMDA
	11	Community Health Services	Project	Ms. Happy Chipulu	Chipeta HC	Sister-in-Charge	2005/2/6 - 2005/2/26	AMDA
	12	Community Health Services	Project	Ms. Meata Chikwanda	Mtendere HC	Sister-in-Charge	2005/2/6 - 2005/2/26	AMDA
	13	Data Analysis for Community Health	Project	Mr. Meeswell Cheelo	LDHMT	Environmental Health Technologist	2005/2/6 - 2005/2/20	Niigata University, AMDA
	14	Community Health Services	Group	Ms. Alice Mariza	Kanyama HC	Sister-in-Charge	2005/3/21 - 2005/7/16	St. Mary's Hospital
	15	Health Administration	Project	Mr. Davis Chimfwembe	MOH	Director, Planning	2005/2/20 - 2005/3/5	Niigata University, International University of Health and Welfare, AMDA
	16	Community Health Administration	Project	Dr. Mprundu Chikoya	LDHMT	Manager Planning & Development	2005/4/2 - 2005/4/17	Niigata University, AMDA

FY (JP)	No	Field of Training	Type	Name	Organisation/Institution (Current as of 2006, if moved)	Position (Current as of 2006, if moved)	Period	Training Institution
FY2005	17	Nutrition and Diet Improvement for Women Leaders II	Group	Ms. Sakata Priska Musonda	N'gonbe HC	Nutritionist	2005/11/15 - 2006/1/29	Obhiro Olani Junior College
	18	Community Health Services	Project	Mr. Bulongo Ignatius	N'gonbe HC	Clinical Officer	2005/1/24 - 2005/12/18	AMDA
	19	Community Health Services	Project	Mr. Boriface Muzatani	Chipata HC	Clinical Officer	2005/1/24 - 2005/12/18	AMDA
FY2006	20	Community Health Services	Project	Mr. Khondwe Jonbo Peyer	George HC	Clinical Officer	2006/9/10 - 2006/10/4	Niigata University, AMDA
	21	Community Health Services	Project	Mr. Mulumbula Donald	Kanyama HC	Clinical Officer	2006/9/10 - 2006/10/4	Niigata University, AMDA

### Annex 6 List of Equipment Provided by the Japanese Side

FY (JP)	No	Item	Qty	Price (ZMK)	Manufacturer	Model	Date of Asset Entry	Location	Utilisation	Maintenance
FY2002	1	photocopier	1	K40,000,000	CANON	MF6330	2003/3/18	LDHMT / JICA-PHC Office	A	B
	2	application soft	1	K7,452,000	ESRI	Arctview 8.1	2003/3/13	LDHMT / JICA-PHC Office	C	A
	3	application soft	1	K13,225,000	ESRI	Spatial Analysis	2003/3/18	LDHMT / JICA-PHC Office	C	A
	4	GPS	2	K7,203,600	GARMIN	GPSMap 76S	2003/3/28	LDHMT / JICA-PHC Office	C	A
	5	baby hanging scale	30	K13,070,850	SALTER		2003/3/19	6 HCs	B	A/C
	6	adult weighing scale	30	K2,018,250	SALTER		2003/3/19	6 HCs	B	A/C
	7	syringe (2 ml)	60,000	K9,936,000			2003/3/19	6 HCs	D	D
	8	needles (23G)	60,000	K6,900,000			2003/3/19	6 HCs	D	D
	9	shelter tent	7	K12,600,000			2003/3/25	LDHMT / JICA-PHC Office	C	A
	10	bicycle	12	K4,800,000	HAMILTON	MTB	2003/3/22	6 HCs	A	A
FY2003	11	GIS data of Usaka District	1		PASCO		2003/7/25	LDHMT / JICA-PHC Office	C	A
	12	computer	1		TOSHIBA	Satellite 5200	2003/7/25	LDHMT / JICA-PHC Office	-	C
	13	electric hammer mill	8	K110,000,000	DROSTISKY	Erectite S6	2004/2/27	George Compound / JICA-PHC Office	A	A
	14	portable water testing kit	6	K137,052,000	WAGTECH	Potakti 1	2004/3/5	6 HCs	C	A
	15	computer	2	K22,118,200	COMPAQ	Evo D330	2004/3/19	LDHMT / JICA-PHC Office	A	A
	16	vehicle	1	K125,960,000	MTSUBISHI	Pajero 300DL	2004/3/22	LDHMT / JICA-PHC Office	A	A
	17	copy printer	1	K117,941,800	GESTNER	5450	2004/3/2	LDHMT / JICA-PHC Office	C	A
	18	examination table (for Health Post)	1	K911,800			2004/3/18	LDHMT / JICA-PHC Office	C	A
	19	shelf (for Health Post pharmacy)	1	K950,000			2004/3/22	LDHMT / JICA-PHC Office	C	A
	20	table (for Health Post)	2	K1,760,000			2004/3/18	LDHMT / JICA-PHC Office	C	A
	21	chair (for Health Post)	2	K970,000			2004/3/22	LDHMT / JICA-PHC Office	C	A
FY2004	22	computer	5	K43,675,000	HP	DX6100	2005/3/21	LDHMT / JICA-PHC Office / Surveillance Centre	A	A
	23	projector	1	K9,855,000	SONY	VPLCS6	2005/2/9	LDHMT / JICA-PHC Office	C	A
	24	vehicle	1	K144,680,200	TOYOTA	Land Cruiser 4.2	2005/3/30	LDHMT / JICA-PHC Office	A	A
	25	GPS	12	K49,820,000	GARMIN	GPSMap 76CS	2005/3/3	LDHMT / JICA-PHC Office	C	A
	26	application soft	2	K15,840,000	ESRI	Arctview 9	2005/1/31	LDHMT / JICA-PHC Office	C	A
	27	electric hammer mill	4	K58,212,000			2005/3/8	George HC, Ngombe HC, Kanyama HC, Mwanbere HC	A	A
	28	first aid kit	180	K22,140,000			2005/2/28	6 HCs	D	D
	29	CRS	20,000	K12,000,000			2005/2/14	6 HCs	D	D
FY2005	30	photocopier	1	K25,650,000	CANON	R2000	2005/7/11	LDHMT / JICA-PHC Office	A	A

Utilisation:  
 A: daily  
 B: twice/three times a week  
 C: used on requirement  
 D: used

Maintenance  
 A: good condition  
 B: out of order (repairable)  
 C: out of order (unrepairable)  
 D: used

## Annex 7 Operational Expenses Contributed by the Japanese Side

FY (JP) 2002 (from 15 July 2002 to 31 March 2003)

Applied Exchange Rate : 1JPY=36.20ZMK

Code	Description	ZMK	JPY
001	Project Administration	184,791,561.17	5,104,739
002	Baseline Survey	16,921,863.82	467,449
101	GMP+	110,171,604.00	3,043,414
102	Environmental Health	52,708,975.00	1,456,049
103	Capacity Development of LDHMT's Community Support	21,670,103.00	598,622
		386,263,906.99	10,670,273.67

FY (JP) 2003

Applied Exchange Rate : 1JPY=41.39ZMK

Code	Description	ZMK	JPY
001	Project Administration	302,385,065.56	7,305,751.77
002	Construction of Office/Conference Room	65,746,864.00	1,588,472.19
003	Socio-Economic/Demographic Survey for Community Activities	48,702,783.00	1,176,679.95
101	Training of GMP+ Volunteers	133,027,428.00	3,213,999.23
102	GMP+ and Monitoring & Evaluation	50,555,021.00	1,221,430.80
103	Growth Monitoring and Analysis of Under 2 Children	41,280,144.00	997,345.83
201	Production of PHAST Guideline and Promotion of PHAST Workshop	27,430,198.00	662,725.25
202	Community Participation for improvement of Environmental Health	119,697,172.00	2,891,934.57
203	Cholera Prevention Campaign	66,526,580.00	1,607,310.46
301	Community Referral	6,000,000.00	144,982.55
401	Capacity Development of LDHMT's Community Support	17,778,779.00	429,542.86
402	Managerial Capacity Development of Community-Based Organisations	31,872,740.00	770,058.95
403	Construction of Community Hall (N'gombe HC)	43,978,730.00	1,062,544.82
		954,981,504.56	23,072,759.23

FY (JP) 2004

Applied Exchange Rate : 1JPY=43.38ZMK

Code	Description	ZMK	JPY
001	Project Administration	482,031,903.00	11,111,846.54
002	Construction of Office/Conference Room	55,172,920.00	1,271,851.54
003	Mid-term Evaluation	39,396,098.00	908,162.70
004	Health Information Analysis of Under-2 Children	19,584,460.00	451,693.41
005	Training of GMP+ Volunteers	116,242,600.00	2,679,635.78
006	GMP+	41,323,610.00	952,595.90
007	Monitoring and Evaluation on GMP+	7,022,600.00	161,885.66
008	Environmental Health Activities Based on PHAST Approach	221,949,278.00	5,116,396.45
009	Cholera Prevention Campaign	63,459,337.00	1,462,870.84
010	Capacity Improvement of Child Health Case Management and Community Referral	52,994,360.00	1,221,631.17
011	Capacity Development of LDHMT's Community Support	16,057,500.00	370,159.06
012	Managerial Capacity Development of Community-Based Organisations	88,500,655.00	2,040,125.75
013	Production of IEC Materials	67,292,858.00	1,551,241.54
		1,271,038,179.00	29,300,096.33



FY (JP) 2005

Applied Exchange Rate : 1JPY=36.50ZMK

Code	Description	ZMK	JPY
001	Monitoring & Evaluation on GMP+	44,060,148.57	1,207,127.36
002	Activities for Promotion of GMP+	73,429,076.00	2,011,755.51
003	Environmental Health Activities based on PHAST Approach	122,655,705.30	3,360,430.28
004	Monitoring & Evaluation on PHAST	33,863,387.00	927,764.03
005	Training of GMP+ Volunteers at Community	105,843,288.00	2,899,815.56
006	Activity for Community Basket Fund Committees	81,648,746.16	2,236,961.95
007	Capacity Development of LDHMT's Community Support	40,774,482.00	1,117,109.10
008	Cholera Prevention Campaign	62,541,882.44	1,713,475.68
009	Construction of Fee Paying Toilet In Chipata	127,439,784.00	3,491,500.93
010	Preparation of International/Regional Symposium	51,545,809.50	1,412,213.96
011	Rental and Security Cost for PHC Office	166,523,644.19	4,562,291.62
012	Capacity Building of NHC	19,390,964.00	531,259.29
013	Capacity Improvement of Community Referral System and Nutrition Clinic	25,105,120.00	687,811.51
014	Project Administration	380,835,651.07	10,433,853.45
		1,335,657,648.23	36,593,360.23

FY (JP) 2006 (as of December 2006)

Applied Exchange Rate : 1JPY=26.58ZMK

Code	Description	ZMK	JPY
001	Activities for Promotion of GMP+	43,985,887.00	1,654,849.02
002	Monitoring & Evaluation on GMP+	21,792,250.00	819,873.97
003	Training of GMP+ Volunteers at Community	74,424,509.00	2,800,019.15
004	Institutionalisation of PHAST Approach	981,400.00	36,922.50
005	Monitoring & Evaluation on PHAST	13,076,510.00	491,968.02
006	Environmental Health Activities based on PHAST Approach	103,366,424.62	3,868,879.78
007	Cholera Prevention Campaign	31,651,081.00	1,190,785.59
008	Construction of Fee Paying Toilet In Kanyama	-	-
009	Capacity Improvement of Community Referral System and Nutrition Clinic	7,922,400.00	298,058.69
010	Capacity Development of LDHMT's Community Support	35,954,503.89	1,352,690.14
011	Capacity Building of NHC	47,695,386.32	1,794,408.82
012	Activity for Community Basket Fund Committees	192,672,137.07	7,248,763.62
013	Project Terminal Survey	23,193,291.00	872,584.31
014	Preparation of International/Regional Symposium	24,872,929.22	935,776.12
015	Rental and Security Cost for PHC Office	167,164,437.64	6,289,103.01
016	Project Administration	206,501,696.91	7,769,063.09
		995,254,843.67	37,443,748.82



Organization/Institution	Position	Name	2002												2003												2004												2005												2006												2007																																																																																			
			7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12																																																																														
Chavunda HC	Sister in charge	Ms. Sheila Murego																																																																																																																																																
	Sister in charge	Ms. Evelyn Tembo																																																																																																																																																
	Clinical Officer	Mr. Phasoo Njovu																																																																																																																																																
	Clinical Officer	Mr. Palesa Eumba																																																																																																																																																
	Clinical Officer	Mr. Timothy Muthi																																																																																																																																																
	Mother and Child Health in charge	Ms. Anna Mwape																																																																																																																																																
	Enrolled Nurse	Ms. Magaga Kasiri																																																																																																																																																
	Nutritionist	Ms. Sijabo Sharon																																																																																																																																																
	Environmental Health Technologist	Ms. Pre-ona Kadida																																																																																																																																																
	Environmental Health Technologist	Mr. Joseph Yowela																																																																																																																																																
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	Environmental Health Technologist	Ms. Mildred Kanyege																																																																																																																																																
Environmental Health Technologist	Ms. Anna Chiranga																																																																																																																																																	
Mwenzi HC	Sister in charge	Ms. Maria Chikwanda																																																																																																																																																
	Clinical Officer	Ms. Rachel Zizi																																																																																																																																																
	Clinical Officer	Mr. Simukoko Gashoni																																																																																																																																																
	Mother and Child Health in charge	Ms. Susan Numba																																																																																																																																																
	Mother and Child Health in charge	Ms. Freda Kundu																																																																																																																																																
	Registered Midwife	Ms. Mesodi Pwauze																																																																																																																																																
	Enrolled Nurse	Ms. Beatrice Pumbawe																																																																																																																																																
	Nutritionist	Ms. Sandra Chirwa																																																																																																																																																
	Nutritionist	Mr. Ephraim Mambwe																																																																																																																																																
	Environmental Health Technologist	Mr. Willard Abonya																																																																																																																																																
	Environmental Health Technologist	Ms. Melinda Chizengo																																																																																																																																																
	Chipata HC	Sister in charge	Ms. Rebecca Munkonda																																																																																																																																															
Sister in charge		Ms. Happy Chipulu																																																																																																																																																
Clinical Officer		Mr. Muzantani Bonfiso																																																																																																																																																
Mother and Child Health in charge		Ms. Christine Tembo																																																																																																																																																
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Multidisciplinary		Ms. Chansu Tembo																																																																																																																																																
Environmental Health Technologist		Ms. Jean Mafaa																																																																																																																																																
Environmental Health Technologist		Mr. Paulson Zulu																																																																																																																																																

## Annex 9 Achievement of Activities

Activities as per PDM Version 4	Achievements																																																								
<b>Output 1 : Community-based child growth promotion (CBCGP) is enhanced</b>																																																									
1.1 Develop GMP+ package at the level of the District	<ul style="list-style-type: none"> <li>■ Child Health Task Force for Community-based Child Growth promotion was formed in 2003 and since then has been organizing quarterly meetings with the participation from a wide range of partners (central government officials, NGOs). This has acted as a forum to share information and coordinate activities on child health matters at the operational level.</li> <li>■ A Technical Working Group under the Task Force completed the Operational Guideline on Growth Monitoring Programme Plus (GMP+), Nutrition Promoters' Manual, and Training Guide for Nutrition Promoters in 2003. The Guideline was revised in 2006.</li> </ul>																																																								
1.2 Conduct capacity building	<ul style="list-style-type: none"> <li>■ A general GMP+ orientation session was organized with the LDHMT and Health Centres in 2002.</li> <li>■ Subsequently 4 annual training sessions on "Community Health Services" were implemented where a total of 55 Health Centre staff were trained as trainers for CHWs and NPs. These trainees were also assigned as community health coordinators (CHC) who are responsible for coordination, guidance, and supervision of community based activities.</li> <li>■ A total of 242 CHWs and 252 NPs were trained by the CHCs in the six Project targeted Health Centres.</li> </ul> <table border="1" data-bbox="571 994 1337 1335"> <thead> <tr> <th>Health Centre</th> <th>Phase I CHWs</th> <th>Phase II CHWs</th> <th>TOTAL CHWs</th> <th>Phase I NPs</th> <th>Phase II NPs</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>George</td> <td>52</td> <td>26</td> <td>78</td> <td>25</td> <td>52</td> <td>77</td> </tr> <tr> <td>Chawama</td> <td>25</td> <td>47</td> <td>72</td> <td>25</td> <td>48</td> <td>73</td> </tr> <tr> <td>Chipata</td> <td>25</td> <td>50</td> <td>75</td> <td>0</td> <td>26</td> <td>26</td> </tr> <tr> <td>Kanyama</td> <td>25</td> <td>46</td> <td>71</td> <td>25</td> <td>52</td> <td>77</td> </tr> <tr> <td>Ng'ombe</td> <td>26</td> <td>25</td> <td>51</td> <td>0</td> <td>47</td> <td>47</td> </tr> <tr> <td>Mtendere</td> <td>24</td> <td>48</td> <td>72</td> <td>24</td> <td>27</td> <td>51</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>177</b></td> <td><b>242</b></td> <td><b>419</b></td> <td><b>99</b></td> <td><b>252</b></td> <td><b>351</b></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>■ Monthly GMP+ monitoring meetings have been organized at each of the Health Centres to report and share information among the CHWs, NPs and Health Centre staff.</li> <li>■ Monthly refresher training sessions were held for the CHWs and NPs from September 2002 through March 2006. From April 2006, these training sessions have been organized on a quarterly basis.</li> </ul>	Health Centre	Phase I CHWs	Phase II CHWs	TOTAL CHWs	Phase I NPs	Phase II NPs	TOTAL	George	52	26	78	25	52	77	Chawama	25	47	72	25	48	73	Chipata	25	50	75	0	26	26	Kanyama	25	46	71	25	52	77	Ng'ombe	26	25	51	0	47	47	Mtendere	24	48	72	24	27	51	<b>TOTAL</b>	<b>177</b>	<b>242</b>	<b>419</b>	<b>99</b>	<b>252</b>	<b>351</b>
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Activities as per PDM Version 4	Achievements
1.3 Implement under 2 registration	<ul style="list-style-type: none"> <li>■ Through the registration of under 2 children, the Project intended to provide the CHWs and NPs a system to keep track of the children in respective zones and to facilitate follow up visits in case of defaulters. Between 2002 and 2004, the Project conducted household surveys in George, Ng'ombe, Chawama and Kanyama catchment areas to enumerate all under 2 children. However the registration system was not well utilized by the CHWs and NPs for a variety of reasons.</li> <li>■ The Project with the CHCs reviewed the registration system and simplified the procedures. A new guideline was formed and, additionally under 2 children were enumerated in Ng'ombe, Mtendere and George in 2006. In conjunction, a full census was conducted for George (Project target zones).</li> </ul>
1.4. Conduct GMP+ and follow-up activities	<ul style="list-style-type: none"> <li>■ Regular GMP+ sessions are being organized on a monthly basis at each of the 78 points in the 6 Health Centre catchment areas. Aside from weighing of children, services such as health education, nutrition counselling, soya beans promotion, community referral, immunization, family planning, and micronutrients supplementation, deworming are being provided.</li> </ul>
1.5. Conduct home visit to follow up GMP+ defaulters and under weight children	<ul style="list-style-type: none"> <li>■ In cases of some defaulters of GMP+ sessions, CHWs and NPs conduct home visits to provide counseling and encourage attendance. The frequency of these visits depend on the Health Centres and the availability of the CHWs and NPs.</li> </ul>
1.6. Promote GMP+ to the community	<ul style="list-style-type: none"> <li>■ Community sensitization on GMP+ sessions are conducted regularly, usually during the day before and on the actual day of the sessions.</li> <li>■ To promote GMP+ and sensitize the community on child health, Healthy Baby Competitions were organized in each of the Health Centre catchment areas during 2004 and 2005. Soya bean Recipe Competition was also held in each of the Health Centre catchment areas and subsequently at the Lusaka District level in 2005.</li> <li>■ Various IEC materials (leaflets, T-shirts, posters) were developed to promote GMP+ activities and soya bean recipes among the caretakers.</li> <li>■ Soya bean promotion is conducted at the regular basis at GMP+ site and Nutrition Clinic. Also combined with one of the National Food and Nutrition Committee (NFNC), NPs supported by the Project taught soya recipes for caretakers.</li> <li>■ Necessary equipment and supplies for GMP+ (scales, bags for the scales, cabinets, etc.) were procured by the Health Centres with the funding from the Project.</li> </ul>
1.7. Establish monitoring and evaluation system for GMP+ activities	<ul style="list-style-type: none"> <li>■ The Project introduced the Performance Assessment for Improvement (PAI), which is a quarterly monitoring session of the GMP+, conducted jointly by the DHO and the Health Centre staff. A team is usually formed with 1 DHO and 2 Health Centre staff from other Health Centre catchment areas to monitor the GMP+ sessions and supervise when necessary.</li> <li>■ At the field level, Activity Report Format was introduced to be jointly recorded by the CHC and community volunteers for each of the GMP+ sessions. The results of these reports are then reviewed and discussed at the monthly meetings held at respective Health Centre catchment areas.</li> </ul>
1.8 Promote child health key behaviours through	<ul style="list-style-type: none"> <li>■ IEC flipcharts to instruct CHWs and NPs on the GMP+ sessions were developed. In addition an educational video for caretakers to detect danger signs of children was developed. Utilizing these IEC materials, orientations</li> </ul>

Activities as per PDM Version 4	Achievements																																																
IEC activities	<p>were conducted among the volunteers; for them to subsequently use these tools to disseminate knowledge to the caretakers.</p> <ul style="list-style-type: none"> <li>■ Training sessions targeting community volunteers on the production of IEC materials and on community drama were implemented in 2004, 2005 and 2006.</li> <li>■ Project activities were introduced in the weekly JICA radio programme in 2005.</li> <li>■ Newsletters on Project activities have been issued on-demand basis since 2004, especially when urgent issues are raised such as awareness of measles and cholera.</li> </ul>																																																
1.9 Share information and experience on GMP+ activities	<ul style="list-style-type: none"> <li>■ 20 CBO Joint Meetings have been organized so far on a quarterly basis, where representatives of NHC, CHW, NP, EHC, Coordinators from the target Health Centre catchment areas gather together to share information and lessons learned from the community based activities.</li> <li>■ The first Stakeholder Meeting on Child Health was held in March 2004. Since then 2 annual meetings have been organized (June 2005, 2006) with the participation of MoH, donors and other partner organizations. Information was shared on the progress of various Child Health related programmes.</li> </ul>																																																
<b>Output 2: Community-based environmental health activities are improved</b>																																																	
2.1 Strengthen capacity of George Environmental Health Committee to ensure sustainability	<ul style="list-style-type: none"> <li>■ To ensure the continuity of some of the environmental health related activities implemented in George from Phase I, the Project conducted some follow-up workshops to update the plans for the Environmental Health Committee and some additional training on VIP latrines.</li> </ul>																																																
2.2 Develop PHAST guidelines and training manual including visual aids	<ul style="list-style-type: none"> <li>■ A Taskforce was formed initially in January 2003 to formulate PHAST Tool Manual, PHAST Field Manual, and PHAST Guideline on Monitoring and Evaluation. The PHAST Tool Manual is going through its second revision. The Project is adding tools and materials that may be applicable in rural areas as well as in the urban areas.</li> <li>■ In 2005, PHAST Informative Tool Manual and Informative Tool Kits with visual tools to be utilized during community sensitization activities were developed.</li> </ul>																																																
2.3 Conduct capacity building	<ul style="list-style-type: none"> <li>■ Altogether 24 PHAST facilitators were trained as trainers for PHAST related activities in the six Health Centre catchment areas. During the second facilitator's training in 2006, staff from 4 other non-Project Health Centres attended: (Bauleni, Kamwala, Prison and Railway)</li> <li>■ A total of 316 participants participated in the PHAST workshops and identified priority needs on environmental health. These participants are implementing the planned activities as Environmental Health Committee members.</li> </ul> <table border="1" data-bbox="584 1585 1286 1886"> <thead> <tr> <th>Health Centre</th> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>George</td> <td></td> <td></td> <td>28</td> <td></td> <td>28</td> </tr> <tr> <td>Chawama</td> <td></td> <td>30</td> <td></td> <td>25</td> <td>55</td> </tr> <tr> <td>Chipata</td> <td></td> <td></td> <td>30</td> <td>30</td> <td>60</td> </tr> <tr> <td>Kanyama</td> <td></td> <td>30</td> <td></td> <td>30</td> <td>60</td> </tr> <tr> <td>Ng'ombe</td> <td>34</td> <td></td> <td>24</td> <td></td> <td>60</td> </tr> <tr> <td>Mtendere</td> <td></td> <td>30</td> <td></td> <td>23</td> <td>53</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>34</b></td> <td><b>90</b></td> <td><b>84</b></td> <td><b>108</b></td> <td><b>316</b></td> </tr> </tbody> </table>	Health Centre	2003	2004	2005	2006	TOTAL	George			28		28	Chawama		30		25	55	Chipata			30	30	60	Kanyama		30		30	60	Ng'ombe	34		24		60	Mtendere		30		23	53	<b>TOTAL</b>	<b>34</b>	<b>90</b>	<b>84</b>	<b>108</b>	<b>316</b>
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Activities as per PDM Version 4	Achievements														
	<ul style="list-style-type: none"> <li>■ Environmental Health Monthly Refresher Training has been organized at respective Health Centres since November 2005.</li> </ul>														
<p>2.4 Support CBOs to plan and implement their action plans to address priority needs in line with child health</p>	<ul style="list-style-type: none"> <li>■ Based on the plan of priority activities identified during PHAST workshop, EHC members in the six Health Centre catchment areas implemented activities for the improvement of the environmental health as follows: <table border="1" data-bbox="571 477 1313 943"> <thead> <tr> <th data-bbox="571 477 751 510">Health Centre</th> <th data-bbox="751 477 1313 510">Achievements</th> </tr> </thead> <tbody> <tr> <td data-bbox="571 510 751 589">George</td> <td data-bbox="751 510 1313 589">5 VIP Toilets, Health education (public places), Vector control, VIP inspection</td> </tr> <tr> <td data-bbox="571 589 751 667">Chawama</td> <td data-bbox="751 589 1313 667">10 VIP Toilets (1 under construction), 300 m drainage, Vector control, VIP inspection</td> </tr> <tr> <td data-bbox="571 667 751 745">Chipata</td> <td data-bbox="751 667 1313 745">20 VIP Toilets (1 under construction), 150 m drainage, Vector control, VIP inspection</td> </tr> <tr> <td data-bbox="571 745 751 824">Kanyama</td> <td data-bbox="751 745 1313 824">18 VIP Toilets, Vector control, VIP inspection, Solid Waste Management</td> </tr> <tr> <td data-bbox="571 824 751 902">Ng'ombe</td> <td data-bbox="751 824 1313 902">11 VIP Toilets, 400 m drainage, Solid Waste Management, Vector control, VIP inspection</td> </tr> <tr> <td data-bbox="571 902 751 943">Mtendere</td> <td data-bbox="751 902 1313 943">10 VIP Toilets, 300 m drainage, Solid Waste Management, Vector control, VIP inspection</td> </tr> </tbody> </table> <p data-bbox="515 949 1364 1010"><i>Note: EHCs stopped implementing Solid Waste Management activities in 2005 with the change in policy at the Lusaka District Council. Now, more private sector collection is being promoted.</i></p> </li> <li>■ In addition to the PHAST workshops, Technical Training for Environmental Health activities was provided in five Health Centre catchment areas for VIP toilet, drainage and vector control activities. In George, monitoring and evaluation training for the ongoing environmental activities was implemented.</li> </ul>	Health Centre	Achievements	George	5 VIP Toilets, Health education (public places), Vector control, VIP inspection	Chawama	10 VIP Toilets (1 under construction), 300 m drainage, Vector control, VIP inspection	Chipata	20 VIP Toilets (1 under construction), 150 m drainage, Vector control, VIP inspection	Kanyama	18 VIP Toilets, Vector control, VIP inspection, Solid Waste Management	Ng'ombe	11 VIP Toilets, 400 m drainage, Solid Waste Management, Vector control, VIP inspection	Mtendere	10 VIP Toilets, 300 m drainage, Solid Waste Management, Vector control, VIP inspection
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<p>2.5 Conduct monitoring and evaluation following the guidelines</p>	<ul style="list-style-type: none"> <li>■ Monthly monitoring meeting have been organized since April 2004 at the District level, where all of the Environmental Health Technicians are invited to share progress, exchange views, and solve issues regarding their environmental health activities. Monthly reporting forms were also introduced to be submitted to LDHMT for monitoring purposes.</li> <li>■ Annual planning workshop was organized in 6 Health Centre catchment areas since 2003. Annual action plans for EHCs was formulated based on the evaluation from the previous year.</li> </ul>														
<p>2.6 Develop and carry out IEC activities concerning environmental health and personal hygiene in communities</p>	<ul style="list-style-type: none"> <li>■ For environmental health activities, IEC materials (T-shirts, posters, leaflets, etc.) on hygiene and sanitation practices and some specifically focusing on cholera prevention were developed. The Project also provided learning materials to be utilized by community volunteers while conducting door-to-door health education activities.</li> <li>■ Training for the door-to-door health education was provided to the EHC members. Subsequently, concentrating during the rainy season, the members conducted door-to-door community sensitization. The number of households covered by this activity for 2004 and 2005 is shown below:</li> </ul>														

Activities as per PDM Version 4	Achievements			
		<b>Health Centre</b>	<b>2004</b>	<b>2005</b>
		George	9,991	5,759
		Chawama	8,828	15,100
		Chipata	6,310	7,140
		Kanyama	14,360	11,956
		Ng'ombe	8,784	9,486
		Mtendere	7,385	4,160
2.7 Support cholera control and prevention programme in the community	<ul style="list-style-type: none"> <li>■ A Steering Committee on Cholera Prevention and Control was formed in 2004, consisting of representatives from MOH, Lusaka City Council, LDHMT and Health Centres. The Steering Committee members approved the <i>Lusaka District Operational Guideline for Cholera Prevention and Control</i> which was drafted from the inputs from several thematic Working Groups mainly EPPC/RRT, Case Management, Prevention and Control, Logistics, Data Management.</li> <li>■ The Project supported the establishment of the Cholera Surveillance Centre, and developed a surveillance system based on the epidemic analysis utilizing GIS. Spatial epidemiology with application of GIS of the cholera outbreak contributed to the analysis of attributing factors and presented demonstrative pictures of the transmission and distribution of the cholera cases.</li> <li>■ Training for cholera contact tracing has been organized annually since 2003 targeting EHC members and other CBO members. Whenever a cholera case is identified, a team of trained volunteers is sent to the household to provide information and to take preventive measures for further spread of the disease through liming of toilets and disinfection of premises</li> <li>■ Cholera awareness campaign was organized in the six Health Centre catchment areas during the rainy seasons. Sensitization was intensively conducted with drama performance, quizzes and songs.</li> </ul>			
2.8 Hold annual workshop for water & sanitation with stakeholders	<ul style="list-style-type: none"> <li>■ The first annual Stakeholders' Meeting was held in January 2004 to share information on the Project's progress and discuss other matters related to environmental health. Participants from the Ministry of Health, CBoH, Lusaka Provincial Health Office, Lusaka City council and representatives from other Districts participated in the meeting. The Project organized two more Stakeholders' Meeting in November 2004 and March 2006.</li> </ul>			
<b>Output 3: Community referral services for under 5 children are enhanced</b>				
3.1 Develop and review effective system on child health community referral	<ul style="list-style-type: none"> <li>■ Community Referral Working Group was formed. This group has been responsible for the development of the referral forms and guidelines on child health community referral.</li> <li>■ The working group developed the guideline on child health community referral and oriented Health Centre staff, including those who are not regularly associated with the Project on the procedures of community referral system.</li> <li>■ CHWs were also trained for case identification and referral. First Aid Kits were distributed to the CHWs who continued to be active in GMP+ activities to be utilized in the case identification. NPs were also trained for referrals especially for malnourished children.</li> <li>■ IEC materials were developed (i.e. video on danger signs) to sensitize the caretakers on the various conditions in which their children may require</li> </ul>			



Activities as per PDM Version 4	Achievements
	medical attention.
3.2 Develop and revise effective operation system on nutrition clinic	<ul style="list-style-type: none"> <li>■ In Nutrition Clinics are now operating on a regular basis, and children with mild to severe malnutrition without complications are being referred from the communities or from other departments within the Health Centres. Malnourished children discharged from the University Teaching Hospital are also followed up at the clinics.</li> <li>■ The Project set up a working group for the nutrition clinic at the District level and coordinated with external partners such as Valid International and Child Advocacy International in standardizing the procedures in operating the Clinics.</li> <li>■ Based on the Guidelines, NPs and CHWs were trained on the management of the malnourished children and the operation system of the nutrition clinic.</li> </ul>
3.3 Establish health posts for community referral	<ul style="list-style-type: none"> <li>■ Community Health Post was constructed in the Kanyama District and was inaugurated in May 2005. The post is now providing both curative and preventive services in an area where it would be difficult to access the Health Centre. The Project is currently monitoring the effect of the establishment of such Health Post, but has no other plans to expand to other regions.</li> </ul>
<b>Output 4: Planning and financing capacity of LDHMT and health centres in support for community-based health activities is strengthened</b>	
4.1 Facilitate to formulate Lusaka District Health Strategic Plan	<ul style="list-style-type: none"> <li>■ Lusaka District Health Strategic Plan 2004-2006 was completed in 2004. This medium-term plan is the first of its kind at the District level, and it aims to provide a strategic framework with which all Lusaka District and Health Centres' Action Plans could align.</li> <li>■ Health Strategic Plan for 2007-2011 is currently in the process of development by a working group.</li> </ul>
4.2 Facilitate to formulate Prioritized Action Plan	<ul style="list-style-type: none"> <li>■ PAPs were formulated not only by the 6 Health Centers of the Project target area (for 2005, 2006, 2007) but also by 19 other Health Centres (for 2006 and 2007) PAP 2007 for LDHMT is being finalized for LDHMT.</li> <li>■ Manual for PAP was developed in 2005 and was revised in 2006. Since 2005, orientation on PAP was given for all 25 Health Centres under the LDHMT jurisdiction.</li> <li>■ Quarterly monitoring sheet was developed for the Health Centres to keep track of the implementation status of the PAP. PAP monitoring meetings were organized twice in both 2005 and 2006.</li> <li>■ Orientation on typing of Health Centre Action Plan in 2006 was given to all Health Centres.</li> </ul>
4.3 Establish the health information sharing system	<ul style="list-style-type: none"> <li>■ A Forum was organized in 2005 to discuss about information sharing. Lusaka District Health Data Book 1998-2004 and the Lusaka District Health Data Bulletin 2005 were compiled. Both publications aimed to promote "evidence based planning" in LDHMT. .</li> <li>■ Monthly Information Bulletin has been distributed to each of the Health Centres since January 2005.</li> </ul>
4.4 Conduct financial analysis and resource allocation for LDHMT	<ul style="list-style-type: none"> <li>■ The Project established the Financial Working Group in 2005 to conduct a comprehensive analysis (Annual Financial Reports) of the resource outlay made available to the LDHMT.</li> <li>■ Capacity development needs were identified especially in financial management and reporting. Several training programs to address these areas</li> </ul>

Activities as per PDM Version 4	Achievements
	<p>were conducted at both the District and the Health Centres levels (FAMS orientation for LDHMT and sisters-in-charge, FAMS/HMIS orientation for cashier and clerks and cashier training for Health Centres, etc.).</p> <ul style="list-style-type: none"> <li>■ Revisions were made on the Income and Expenditure Report from the Health Centres. General Ledger Card for Grants and other income was developed.</li> </ul>
4.5 Improve operational efficiency through Continuous Quality Improvement	<ul style="list-style-type: none"> <li>■ Manual for Continuous Quality Improvement was produced. Initial training on 5S was conducted in 2004. 5S Committees, promoting 'continuous quality improvement' were established in all six of the Project target Health Centres. Although with some exceptions, these committees appear to be active and have contributed to the improvement of the working environment within the Health Centres.</li> <li>■ Several rounds of re-orientations on the 5S were implemented to mainstream 5S in the Health Centres including other 19 Health Centres.</li> <li>■ Monitoring of activities has been done through monthly 5S focal persons meeting.</li> <li>■ Various campaigns for 5S were organized (Big Clean UP Days, Annual 5S Award, Monthly Departmental 5S Award within Health Centres, etc.)</li> <li>■ Income generating activities were introduced to promote 5S activities such as procurement of cleaning materials.</li> </ul>
<b>Output 5: Management capacity of CBOs to ensure sustainability of community-based health activities is strengthened</b>	
5.1 Establish an effective mechanism to strengthen NHC activities	<ul style="list-style-type: none"> <li>■ In 2005, Working Group for the Formulation of the Neighborhood Health Committee (NHC) was established to formulate the Operational Guideline for NHC Activities, which aimed to standardize NHC related activities and responsibilities in the Lusaka District. The Guidelines were revised in 2006.</li> <li>■ Support was provided in the election of the NHC members in George, Mtendere, Ng'ombe and Chipata, through community sensitization. After the members were elected, the Project provided a two-day orientation workshop and a one-day basic training in basic health care services.</li> <li>■ In George, Chipata, Chawama, and Kanyama catchment areas, CBO Joint Coordination Meetings are now being held under the leadership of NHC for enhanced coordination at the community level.</li> <li>■ The first Annual General Meeting for all NHCs in the Lusaka District was held in 2006.</li> </ul>
5.2 Establish community basket fund system	<ul style="list-style-type: none"> <li>■ The CBOs in all of the six catchment areas have now organized among themselves the Community Basket Fund Committee, each responsible for the operational and financial management of the income generation ventures. The Committee consists of representation from the NHC, CHWs, NPs and EHC members. The committee members received management training, and are enhancing their capacities through the actual implementation.</li> <li>■ To date, 7 ventures have been launched and 6 are currently making profit (Koshu Toilet in George, Chawama, Chipata Hammer mill operations in Ng'ombe, Kanyama, Mtendere) Among the 6 that are making profit, the Koshu Toilet in George and the Hammer Mill operations in Ng'ombe are able to distribute incentives to the community volunteers. The Hammer Mill operations in Chipata just began in January 2007. 1 more venture is scheduled to begin by the end of the Project period.</li> </ul>

## List of Project Productions

### 1. Guidelines and Manuals

Y	M	Item	Description	Form
2003	3	Operational guideline on GMP+ in Lusaka District	guideline of implementing of GMP+ for HC staff and CBO members	A4 sized 33 pages
2003	3	Nutrition Promoters Manual	activity manual for Nutrition Promoters	A4 sized 77 pages
2003	3	Guide for training of Nutrition Promoters	trainer's guide for training of Nutrition Promoters	A4 sized 80 pages
2003	3	Nutrition Counseling Cards	practical guide for Nutrition Promoters to conduct counselling with community population	A4 sized 12 pieces
2003	5	PHAST Part1: Tool manual	practical guide of PHAST tools with sample visual aids	A4 size 119 pages
2003	5	PHAST Part2: Field Tool	workshop kit of visual aids for PHAST workshop	A4 sized 255 pieces
2003	5	Guideline for Monitoring and evaluation on PHAST	guideline for monitoring and evaluation on community environmental health activities based on PHAST approach, describing with logical frameworks	A4 sized 33 pages
2003	12	Cholera outbreak control measures at community level	briefing of cholera prevention and counter measure for outbreak for community	A4 sized 5 pages
2004	2	The operational guidelines on IMCI community referral system extended from GMP+	guideline for CHWs to carry out community referral	A4 sized 19 pages
2004	4	Lusaka District Health Strategic Plan 2004-2006	3 year strategic plan for Lusaka District for 2004-2006	A4 sized 84 pages
2004	6	PHAST Part1: Tool manual (revised version)	practical guide of PHAST tools with sample visual aids	A4 sized 119 pages
2004	6	PHAST Part2: Field Tool Kits	workshop kit of visual aids for PHAST workshop	A4 sized 248 pages
2004	8	Manual for Continuous Quality Improvement	manual for implementing of CQI activities	A4 sized 20 pages
2004	11	Step by step guide for cholera prevention and control (revised version)	step guide for cholera prevention and control	A4 sized 9 pages
2004	11	Guideline on drainage construction in Peri-urban setting	guideline for CBOs to learn and train how to construct drainage	A4 sized 9 pages
2005	2	Prioritized Action Plan 2005	action plan by each HC based on Strategic Plan of the district, including budget and targets	
2005	2	Lusaka District Operational Guideline for Cholera Prevention and Control	guideline describing approaches and activities for cholera prevention and control	
2005	2	The operational guidelines on Child Health Community Referral (revised version)	guideline describing purposes, strategies and approaches for effective community referral	
2005	3	Manual for Prioritized Action Plan	practical manual for HCs to prepare Prioritised Action Plan	A4 sized 29 pages
2005	6	Lusaka District Health Data Book 1998-2004	information on health data in Lusaka District	A4 sized 167 pages
2005	10	PHAST Informative Tool Manual	practical guide of PHAST tools with sample visual aids	A4 sized 36 pages
2005	10	PHAST Informative Tool Kit	visual tool sets for sensitization	A4 sized 97 pages
2006	1	Guideline for Activities of NHCs, Lusaka District (Version 1)	operational guideline for NHC activities	A4 sized 37 pages
2006	5	Prioritized Action Plan 2006	Prioritized action plan by 6 HC	A4

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Y	M	Item	Description	Form
2006	7	Health Data Bulletin 2005	Collection of Health and Socioeconomic Data in Lusaka District in 2005	A4 sized 77 pages
2006	8	Operational guideline on GMP+ in Lusaka District (revised)	guideline of implementing of GMP+ for HC staff and CBO members	A4
2006	8	Nutrition Promoters Manual (revised)	activity manual for Nutrition Promoters	A4
2006	8	Guide for training of Nutrition Promoters (revised)	trainer's guide for training of Nutrition Promoters	A4
2006	10	Guideline for Activities of NHCs, Lusaka District (Version 2)	Guideline for activities of NHC	A4 sized 32 pages
2006	12	Annual Financial Report 2005	Collection of LDHMT financial data and analysis in 2005	A4
2006	1-12	Monthly Information Bulletin	Monthly information issued by LDHMT with monthly schedule	A4

### 2. Presentation/Thesis

Y	M	Item	Description	Form
2004	10	19th Japan Association for International Health	Mrs. IGARASHI Kumiko	Presentation
2004	10	19th Japan Association for International Health	Mr. SASAKI Satoshi	Presentation
2004	10	19th Japan Association for International Health	Dr. MARUYAMA Seishin	Presentation
2004	11	30th WEDC International Conference in Laos	Mr. SASAKI Satoshi	Presentation
2005	10	20th Japan Association for International Health	Mr. SASAKI Satoshi	Presentation
2005	11	31st WEDC International Conference in Uganda	Mr. Fordson Nyrenda, Mr. Philip Mulenga	Presentation
2006	11	32nd WEDC International Conference in Sri Lanka	Mr. SASAKI Satoshi	Presentation

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#### 3. IEC Materials

Y	M	Item	Description	Form
2003	8	Soya beans recipe	recipe to be used for soya beans promotion by Nutrition Promoters	book
2003	8	Marketing for Soya Beans	guide for Nutrition Promoters to sell soya beans	book
2003	9	Kick out Cholera before it kicks you	T-shirts illuminating cholera prevention used for school health activities	T-shirts
2003	10	Uniform for CHWs/NPs	Uniform for CHWs/NPs to wear in their activities	apron
2003	10	Uniform for HC staff	Uniform for HC staff to wear in their daily activities and services	apron
2003	10	GMP+	T-shirts illuminating GMP+	T-shirts
2003	11	Sanitation for all	T-shirts illuminating washing hands, used for Sanitation Week in the district	T-shirts
2003	12	Kick out Cholera before it kicks you	poster illustrating prevention of cholera	poster
2003	12	Kick out Cholera before it kicks you	leaflet describing causes, prevention and care of cholera	leaflet
2003	12	Door to door Health Education material	learning materials for community volunteers to conduct door-to-door health education activities	book
2003	12	Cholera, Cholera, Cholera	song embedding messages for drinking safe water, using clean toilets and nutritious food for cholera prevention	song
2004	4	GMP+Chipimo Chawana	poster illustrating participation in GMP+	poster
2004	8	Stamp for Environmental Health Committee	Stamp for Environmental Health Committee to acknowledge cash transactions	stamp
2004	8	Users card for VIP latrine	Users card for VIP latrine	card
2004	9	GMP+ in the community /Take your children for GMP+ every month	leaflet describing GMP+ activities	leaflet
2004	9	Eat soya beans!	T-shirt illuminating soya beans	T-shirts
2004	11	GMP+ for Health Baby	T-shirt illuminating GMP+	T-shirts
2004	11	Have you treated home water	T-shirt illuminating treated water at home	T-shirts
2004	12	Kick out Cholera before it kicks you (revised version)	poster illustrating prevention of cholera	poster
2004	12	Kick out Cholera before it kicks you (revised version)	leaflet describing causes, prevention and care of cholera	leaflet
2005	2	Continuous Quality Improvement (5S)	Introducing and implementing of '5S'	poster
2005	3	PHC news letter	news letter whose topic is on cholera awareness campaign	news letter
2005	4	PHC news letter	news letter whose topic is on cholera prevention activities	news letter
2005	5	PHC news letter	news letter whose topic is on growth monitoring programme plus	news letter

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2005	6	PHC news letter	news letter whose topic is on performance assessment for improvement	news letter
2005	8	PHC news letter	news letter whose topic is on complementary feed on breast feeding week	news letter
2005	10	GMP+ for Health Baby	T-shirt illuminating GMP+	T-shirts
2005	11	Best Department on 5S	show the best department on 5S activities	poster
2005	11	Kick out Cholera	T-shirt illuminating cholera sensitization and prevention	T-shirts
2005	11	Kick out Cholera before it kicks you (revised version)	leaflet for cholera sensitization and prevention	leaflet
2005	12	Kick out Cholera before it kicks you	poster illustrating prevention of cholera	poster
2005	12	My baby is so HEALTHY because I take time for GROWTH MONITORING every month.	2006 calender illustrating GMP+ (mother and healthy child)	calender
2006	1	Danger Signs	Educational video for caretakers to detect danger signs of children	Video
2006	3	IEC Flipchart	IEC materials to instruct GMP+ activities	A3/A4 size
2006	3	Safe Water and Sanitation for All	T-shirt to sensitize the awareness of safe water and sanitation	T-shirts
2006	9	Uniform for CHWs/NPs	Uniform for CHWs/NPs to wear in their activities	apron
2006	11	Raincoat for Contact Tracing Activities	Raincoats provided for volunteers conducting Contact Tracing	Raincoat
2006	12	"Community Participation" our the Key to improved Health!	2007 calender illustrating the activities of volunteers	calender

