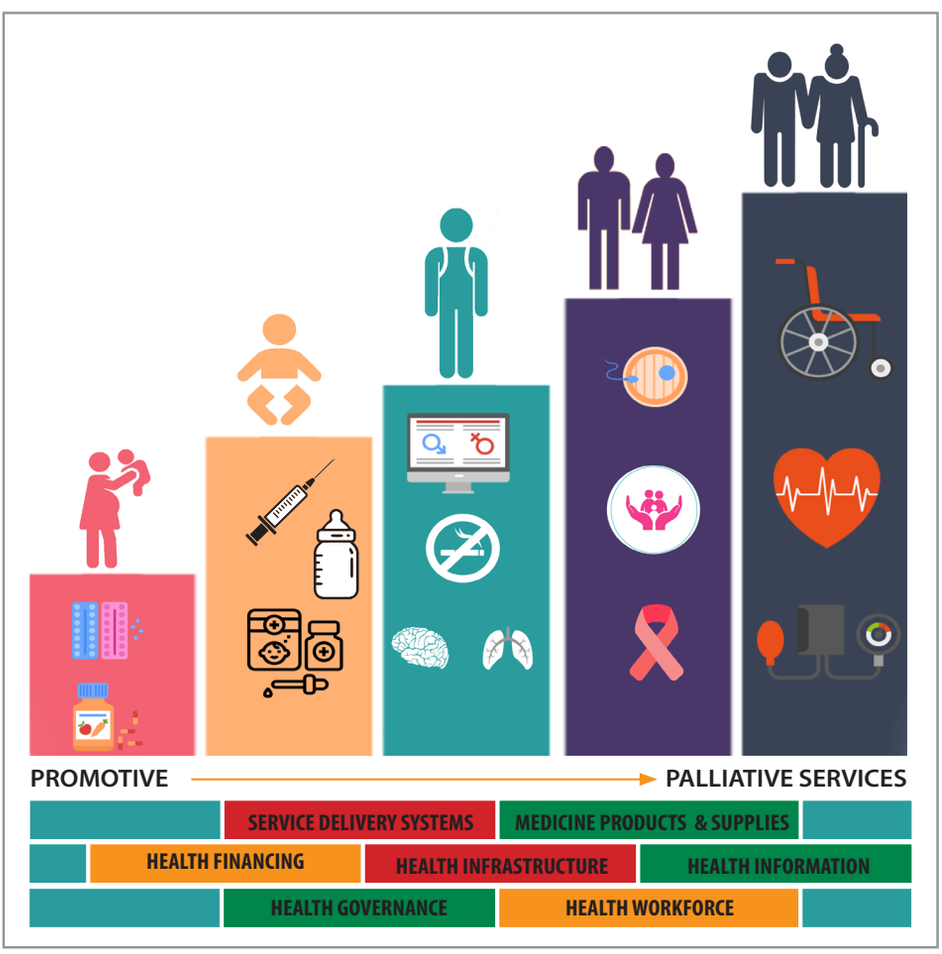
REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH



National Health Strategic Plan Monitoring and Evaluation Framework 2017-2021

Department of Monitoring and Evaluation
P. O. Box 30205
Lusaka
Zambia

1st Edition

May 2019

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The Director
Monitoring and Evaluation
Ministry of Health Headquarters
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Lusaka

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FOREWORD

Zambia's vision is to become a middle –income prosperous country by 2030 as espoused in our vision 2030 and the 7th national development plan 2017 – 2021. The Government of the Republic of Zambia through the Ministry of Health is pursuing universal health coverage through health systems strengthening using an integrated community and primary health care approach. To achieve this, it's imperative that all key pillars of our health care system are robust, resilient and responsive.

In response to the Seventh National Development Plan (7NDP) 2017-2021, as a guide to priority interventions for the period 2017-21, the Ministry of Health with its stakeholders developed the National Health Strategic Plan 2017- 2021 (NHSP 2017-2021). This Monitoring and Evaluation Framework document is therefore a companion to the NHSP 2017-2021 and aims at galvanising efforts towards a harmonised health sector Monitoring and Evaluation system for enhanced accountability, transparency, efficiency and effectiveness. The framework provides a platform to the health sector for measuring progress towards the NHSP 2017-2021 and ultimately the 7th national development plan goals.

To make it pertinent to local and international expectations, the M&E Framework is founded on the World Health Organisation health systems strengthening building blocks and how, mutually they spur the drive towards Universal Health Coverage "leaving no one behind". Universal Health Coverage demands an integrated approach to addressing health needs for all, hence the need for an integrated approach to accounting for progress and performance.

This NHSP monitoring and evaluation framework is a culmination of months of hard work which included retrofitting and aligning the NHSP 2017-2021 programme goals and objectives, to the UHC Framework. It will therefore enable implementers, supervisors and policy makers at all levels to jointly stay focussed on individual and collective contributions towards the attainment of the ultimate goal of **Universal Health Coverage**.

The monitoring and evaluation framework will facilitate tracking of investment in our health system so as to deliver quality health services across the continuum of care spanning promotive, preventive, curative, rehabilitative and palliative services, as close to the family settings as possible. The NHSP 2017-2021 M&E framework therefore binds all of us to one set of key performance indicators for tracking progress and measuring performance. This framework is further expected to reduce duplication, enhance synergy in data handling and spur the culture of information utilisation for decision making at all levels, particularly at service delivery points.

I am confident that collectively the NHSP 2017-2021 M&E Framework shall effectively guide us to achieve the health legacy goals and outcomes that we have set ourselves to achieve today, and in coming years.

Chitalu Chilufya, MP (Dr.)
MINISTER OF HEALTH

ACKNOWLEDGEMENTS

This M&E Framework is an aggregate effort of many players. Stakeholders from various levels contributed to the successful production of this first edition of the Monitoring and Evaluation Framework for the National Health Strategic Plan 2017-21, to be used as a charter within which the Ministry of Health and its Partners will jointly assess and document the progress in the implementation of the NHSP 2017-21.

I take note of the invariable contribution of The Honourable Minister of Health, Dr. Chitalu Chilufya, MP, for his consistency in the articulation of the linkages of the NHSP 2017-2021to the Vision 2030, the Sustainable Development Goals and how all these put the health of our people at the epicentre of our national development. Without his unwavering political will, in unswervingly bringing to the fore, the core investments (popularly known as Health System Building Blocks) needed for Zambia to reach a state where: "all individuals and communities received the health services they need without suffering financial hardship", this framework would not have had a foundation.

Without the foundational work of the multi-disciplinary team that translated the expectations of the Seventh National Development Plan into the Sector Strategic Framework and Plan for 2017-21, the development process for the M&E Framework would not have been possible. Thanks, therefore go to all colleagues, as acknowledged in the NHSP 2017-2021who contributed to this important base document.

During the process of developing the M&E Framework, programme officers exercised a lot of patience, passion and enthusiasm in providing the much-needed guidance and in easing the process of building consensus around the reorganisation of the NHSP Programme Interventions into shared inputs and processes. Similarly, gratitude goes to all non-state actors, including our cooperating partners and non-governmental organisations, who have contributed to the provision of the needed investment in health, without whom, the measuring of health inputs or investments would not have been possible.

I also wish to acknowledge the input of the technical team lead by the Director of Monitoring and Evaluation at the Ministry of Health – Mr Paul Chishimba. This included dedicated staff from various levels. Thanks go to the editorial team: Mrs. Winza Mwauluka, Mr. Trust Mufune, Mr. Boniface Mwanza, Mr. Peter Funsani, Mr. Mwango Mutale, Mr. Munsaka Siamwiza, Mr. David S. Mukube, Mr. Beron Nsonga, Mr. James Mtalimanja, Mr. Whiteson Mvula, Mr. Chimuka Sianyinda, Ms. Mwiche Siame and Mr. John Mutukwa. The Ministry also extends its gratitude to the Senior Health Information Officers from all 10 Provincial Health Offices.

Special thanks go to the Global Fund for providing financial support for the entire process and USAID Systems for Better Health and the Swedish International Development Cooperation Agency for printing copies of this document.

Finally, I would like to thank everyone else who contributed to the successful completion of this undertaking.

Dr Kennedy Malama
Permanent Secretary - Technical Services
Ministryof Health

ABBREVIATIONS AND ACRONYMS

ACRONYM	EXPANSION
ACM	Annual Consultative Meeting
AMREF	African Medical and Research Foundation
APAS	Annual Performance Appraisal System
BTS	Blood Transfusion and Safety
CDC	Centre for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CHAZ	Church Health Association of Zambia
CHW	Community Health Worker
CSO	Central Statistics Office
DAPP	Development Aid from people to people
DDCC	District Development Coordinating Committee
DFID	Department for International Development
DHIS2	District Health Information System 2
DIDS	District Indicator Dataset
DIM	District Integrated Meeting
DMMU	Disaster Management and Mitigation Unit
EDL	Essential Drug List
EH/FS/OH	Environmental Health, Food Safety and Occupational Health
HER	Electronic Health Records
ENT	Ear, Nose, and Throat
EPI	Expanded Programme on Immunisation
EPREI	Epidemic Preparedness and Response, and Emerging Issues
EU	European Union
FANC	Focused Antenatal Care
FNDP	Fifth National Development Plan
GAVI	Global Alliance for Vaccines and Immunisation
GF	Global Fund
GNC	General Nursing Council
GNHE	Global Network for Health Equity
GRZ	Government of the Republic of Zambia
HCF	Health Care Financing
HI	Health Infrastructure
HIV	Human Immuno Virus
HMIS	Health Management Information System
HPCZ	Health Professional Council of Zambia
HPESDEH	Health Promotion Environment and Social Determinants of Health
HRH	Human Resources for Health
HRMA	Human Resources and Administration
HWs	Health Workers
ICT	Information and Communications Technology
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illnesses
IPAS	Innovations for Poverty Action
ITNs	Insecticide Treated Mosquito Nets
JAR	Joint Annual Review
JICA	Japan International Cooperation Agency
JSI	John Snow Inc.
L&G	Leadership and Governance
M&E	Monitoring and Evaluation
MAZ	Medical Association of Zambia

ACRONYM	EXPANSION
MDGs	Millennium Development Goals
MedEq	Medical Equipment
MFR	Master Facility Registry
MIS	Management Information System
MoH	Ministry of Health
MOV	Means of Verification
MSL	Medical Stores Limited
NCDs	Non-communicable Diseases
NDCC	National Development Coordinating Committee
NFNC	National Food and Nutrition Commission of Zambia
NHA	National Health Accounts
NHIS	National Health Insurance Scheme
NHSP	National Health Strategic Plan
NIDS	National Indicator Dataset
NMS	Nursing and Midwifery Services
NTDs	Neglected Tropical Diseases
OHS	Oral Health Services
PA	Performance Assessment
PDCC	Provincial Development Coordinating Committee
PHC	Primary Health Care
PHS/DI	Public Health Surveillance and Disease Intelligence
PIM	Provincial Integrated Meeting
PLHIV	People Living with HIV
PMS	Pharmaceuticals and Medical Supplies
RMH	Reproductive and Maternal Health
R-SNDP	Revised Sixth National Development Plan
SADC	Southern Africa Development Cooperation
SARA	Service Availability and Readiness Assessment
SDGs	Sustainable Development Goals
SFHi	Society for Family Health
SIDA	Swedish International Development Aid
SNDP	Sixth National Development Plan
STEPS	WHO Stepwise approach to Surveillance
STI	Sexually Transmitted Infections
TB	Tuberculosis
TDRC	Tropical Diseases Research Centre
TSS	Technical Support Supervision
TWGs	Technical Working Groups
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNZA	The University of Zambia
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
VRS	Vital Registration System
WB	World Bank
WHO	World Health Organization
ZAMPHIA	Zambia Population HIV Impact Assessment
ZAMRA	Zambia Medicines Regulatory Authority
ZDHS	Zambia Demographic Health Surveys
ZNBTS	Zambia National Blood Transfusion Service
ZNCR	Zambia National Cancer Registry
ZNPHI	Zambia National Public Health Institute

EXECUTIVE SUMMARY

INTRODUCTION

The Monitoring and Evaluation (M&E) Framework recognises the aspirations prescribed in the NHSP 2017-21. These aspirations are sector-specific mechanisms culminating from international and national level instruments that provide guidance on priorities, specific interventions and strategic focus. At the international level, the NSHP recognises the expectations of the Sustainable Development Goals (SDGs) while at the country level it responds to the demands of the national Constitution, Vision 2030, the 7th National Development Plan (7NDP), the National Health Policy and the Minister's Legacy Goals. The NHSP 2017-2021M&E framework, therefore, binds all players to one set of indicators for tracking progress, measuring performance and in doing so, it is expected to reduce duplications in data handling and consequently spur the culture of information use at all levels health services delivery and management. The measurement performances in the M&E framework thus enables managers at all levels to jointly stay focussed on individual contributions towards the attainment of the ultimate goal of Universal Health Coverage.

DEVELOPMENT PROCESS FOR THE FRAMEWORK

To arrive at the M&E framework, the development process focused on key steps including: identifying the conceptual foundation that guided the development of the NHSP 2017-21; realigning (where necessary), planned investments and interventions in the NHSP to the identified conceptual framework; and allocating indicators to the appropriate results area on the framework, for each planned investment and intervention. These processes were consultative with managers and officers for all programmes represented in the NHSP 2017-21. The final step was the validation of the final draft by various programme managers.

DOMAINS OF ACTION

This M&E Framework is based on the World Health Organisation Africa Region (WHO AFRO) Framework for Universal Health Coverage. It adheres to the logical results approach by identifying the investments (*Inputs/ processes*) that are essential to guarantee the **performance of the health system** (*Outputs*) at the level sufficient enough to provide health and health-related services needed by all people (*Outcomes*) so as to reach the level and distribution of health and well-being for all, at any age (*Impact)*.

At each results level or logical domain (Inputs/processes, Outputs, Outcomes/Impact), specific dimensions have been proposed for adoption reliant upon the priorities of the 2017-21 health sector strategic direction. This also ensures that efficiency, equity and effectiveness are the driving forces at each of these results levels.

1) **Inputs/Process:** This NHSP M&E Framework recognises that a well-functioning health system is built on an integrated foundation of seven areas (inputs) on which the sector is expected to place its investment to enable it to deliver essential health services. These include the physical inputs (*Health Workforce, Health Infrastructure, Medical Products and Technologies*) and the intangible processes (*service delivery; health governance, health information and health financing*). The NHSP 2017-2021recognises that the seven (7) investment areas are all interrelated and interlinked. See Table 1 for a detailed description.

2) **Outputs:** The Framework identifies four core health system performance areas, that should arise from a balanced mixture of health investments and health processes. These are: Access to; quality of; demand for essential health services and resilience of essential health service provision. Essential health services under the NHSP span from promotive, preventive, curative, rehabilitative to palliative health services. Priority focus for 2017-21 is Reproductive, Maternal,

Child Health, Nutrition and Adolescent Health; Communicable Disease Control (*Malaria; HIV/AIDS; Sexually Transmitted Infections; TB; Viral Hepatitis; Neglected Tropical Diseases*); Non-communicable Diseases Prevention (*Mental health, alcohol and drug use, including tobacco; Environmental Health, Food Safety, and Occupational Health*); Neglected Tropical Diseases (*Lymphatic Filariasis, trachoma, soil-transmitted helminthiasis, schistosomiasis, leprosy*); and reduction of morbidities and mortalities from road traffic accidents. All total of 28 outputs indicators have been included on the framework.

For a detailed description of health system performance outputs, please see Figure 4 and Table 2

3) **Outcomes:** This domain focuses on the essential health services utilisation. The emphasis is on population-level coverage targets for the different health and health-related services important for populations – including the most vulnerable and marginalized groups at all ages. The domain not only places prominence on direct health actions (SDG3) but also the determinants of health spread across nearly 38 of 169 targets (besides the SDG3 targets). As shown in Table 3, health service utilisation is defined through six dimensions, namely: availability; coverage, financial risk protection; service satisfaction; health security and other non-SDG interventions. To ensure that **Health security** is a deliberate outcome of health investments and processes, this dimension has been given prominence at input (investment) level to ensure that dedicated resources (infrastructure; human resource; medicines, products and supplies; finances; information and research) are set aside for the primary purpose of ensuring health security. A total of 33 Outcome indicators have been included on the framework.

4) **Impact:** The impact domain focuses on healthy lives and well-being for all at all ages. Health interventions in collaboration with those from other non-health sectors are, in the short to medium term, expected to improve the longevity and quality of life for all. The longevity of life is measured through life expectancy and birth and at specific ages of interest. While wellbeing will be measured through the reduced burden of death and morbidity and risky lifestyles. The domain has 20 impact indicators.

   For a detailed description of "Healthy lives and well-being for all at all ages", please see Figure 4 and Table 5.

IMPLEMENTATION FRAMEWORK

Setting up functional structures and processes is critical for successful execution of the aspirations of the NHSP's in as far as the monitoring and evaluation activities are involved. This framework recognises the existing health care delivery system and the accompanying management structures. The framework, therefore, proposes no new structures but recognises the opportunities already existing at each of the levels.

The Zambia healthcare delivery system is defined at three (3) institutional levels of management namely district, province and national. Across this hierarchy, public service delivery occurs at five (5) institutional levels: health post, health centre, 1st level (district) hospitals, 2nd level (general) hospitals and 3rd level (tertiary) hospitals. Level 3 hospitals are managed through national administrative level, while the administration of level of 2 hospitals is done through provincial levels. This M&E framework will be executed following the same institutional hierarchy.

At each level, the framework defines coordination, monitoring and evaluation processes that should take place routinely and periodically and the outputs, thereof. This is on the understanding that this definition of monitoring and evaluation roles and responsibilities, will not only support the production of monitoring and evaluation products but greatly contribute to strengthening governance through improved Leadership, Accountability and Transparency. Undertaking the

production of the following reports will be enshrined into the management functions at each level of health services management and delivery thus: National (*Mid-Term Evaluations Of Strategic Plans; Annual Statistical Reporting; Annual Progress Reporting; Joint Annual Reviews; Quarterly Progress Reporting*), Provincial (*Annual Statistical Reports; Annual Progress Reports; Quarterly Progress Reports*), District (*Annual Progress Reports; Annual Statistical Bulletins; Quarterly Progress Reports*), while facilities will be undertaking monthly self-assessments (on selected tracer indicators), review performance of community interventions and produce quarterly progress reports.

For details on the monitoring and evaluation roles and responsibilities at each level, please turn to Figure 6 and the accompanying narrative.

Chapter 1: Introduction to the National Health Strategic Plan

1.1 Guiding Instruments in Formulation of the NHSP 2017-2021

The Zambia National Health Strategic Plan 2017-21 is a sector-specific instrument culminating from international and national level instruments that provide direction on priorities and frameworks within which these priorities can be achieved. At the international level, the NHSP recognises the expectations of the Sustainable Development Goals (SDGs) while at the country level it responds to the Vision 2030, the 7th National Development Plan (7NDP), the National Health Policy and the demands of the national constitution.

1.1.1 Zambia Vision 2030

The Zambia Vision 2030 is a national "dream" to transform Zambia into a prosperous middle-income nation by the year 2030. This was founded on the realisation that, despite the country having implemented a number of medium-term plans since independence, these plans where not designed on a common backbone of a long-term objective but rather as independent plans. In 2005 the Government set out social-economic goals and targets to be achieved by 2030 and an outline of challenges and obstacles that must be overcome in order to realize this aspiration

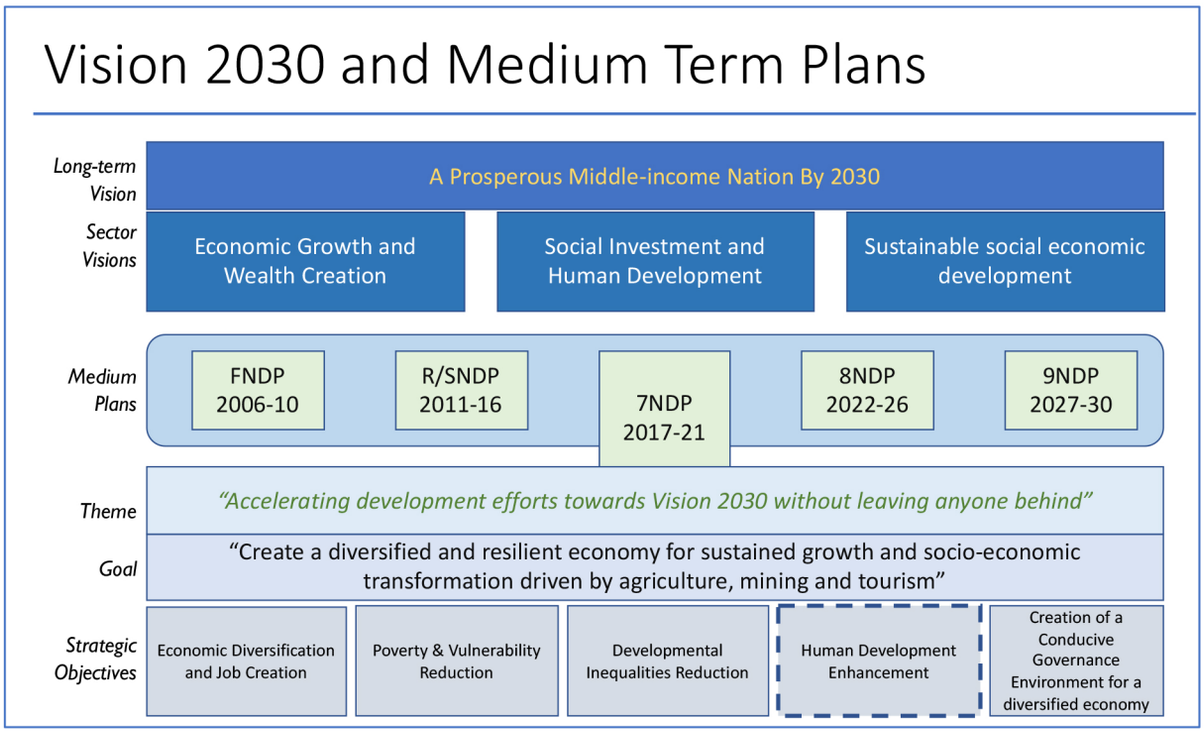

Figure 1: Vision 2030 and Medium-term Development Plans

The vision therefore implores government, and its stakeholders to coordinate their short to medium term plans around this vision in order to meet its goals and targets. As demonstrated in Figure 1, the operationalisation of the Vision was envisioned to be done through five national development plans starting with the Fifth National Development Plan, covering the period 2006-2010.

1.1.2 Seventh National Development Plan

The Seventh National Development Plan (7NDP) is the third plan under the Vision 2030, after the Revised Sixth National Development Plan (R-SNDP) 2013-2016 (a revised version of the Sixth National Development Plan of 2011-2015) and the Fifth National Development Plan (SNDP) 2006–2010 (Figure 1). While the FNDP set the pace for improving economic infrastructure and investing in human development, the SNDP aimed to build on the gains of the FNDP. The 7NDP builds on the achievements and lessons learnt during the implementation of the previous NDPs. It departs from sectoral-based planning to an integrated (multi-sectoral) development approach under the theme "***Accelerating development efforts towards the Vision 2030 without leaving anyone behind***". The integrated approach recognises the multi-faceted and interlinked nature of sustainable development which calls for interventions to be tackled simultaneously through a coordinated approach to implementing development programmes.

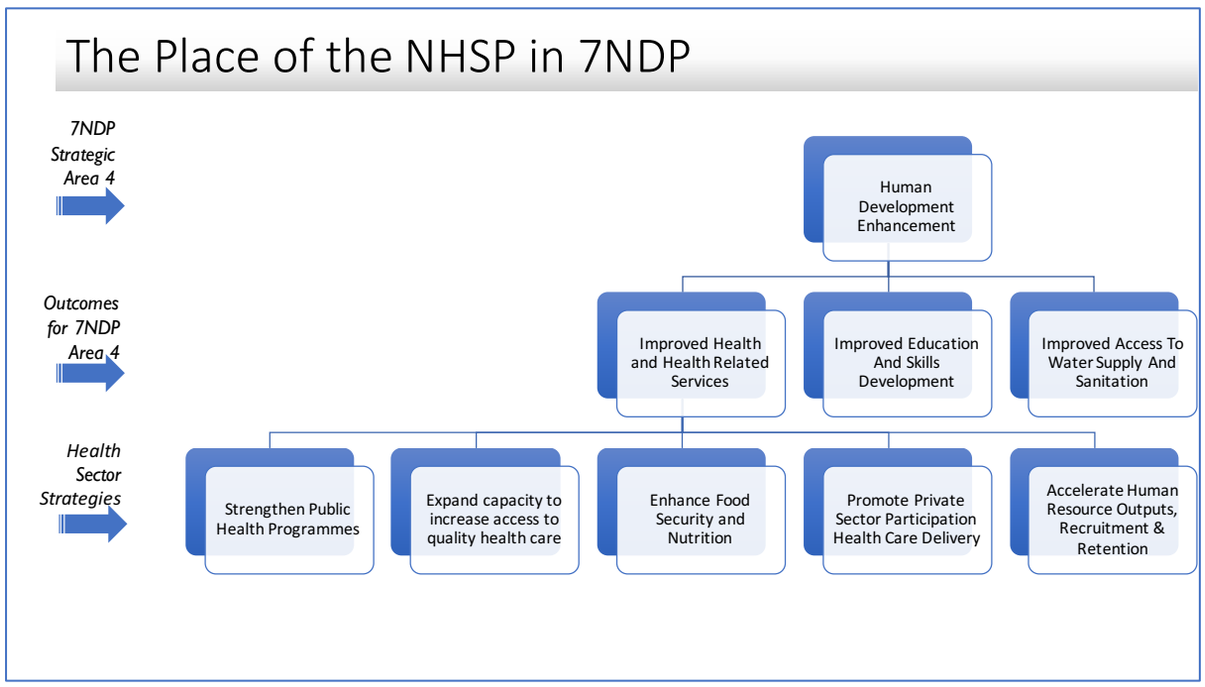

Figure 2: The Place of the NHSP 2017-2021in the 7NDP

Through the 7NDP, the Government is determined to transform Zambia into ***a nation of healthy and productive people***. This is on the understanding that a healthy workforce is critical for the successful attainment of Zambia's Vision 2030 objective. As shown in Figure 2, to improve human development, the health sector is expected to work jointly with other sectors such as education and skills development; food and nutrition; housing and settlements; water and sanitation; social protection and; arts and culture.

Specifically, for health, the vision by 2030 expects to provide "equitable access to quality health care for all". As a strategy to achieve this, emphasis has been placed on strengthening health systems and services using the primary health care approach, to enhance the wellbeing of all Zambian, with a focus on the following:

1) ***Strengthen public health programmes*** with a focus on prevention of disease through effective investment in Primary Health Care
2) ***Expanding the capacity to increase access to quality health care*** by improving the distribution of health facilities at all levels and to enhance the capacity of healthcare personnel and the supply of essential drugs and medical supplies.
3) ***Enhance food security and nutrition*** through the preventing of micronutrient deficiency, which is a major contributor to childhood morbidity and mortality. Priority programmes include

supplementary feeding and safe and nutritious food education programmes that ensure that people have access to the right nutrition for their daily needs

4) ***Promote private sector participation in health care delivery*** through the promotion of modalities such as Public-Private Partnerships (PPPs) in the health care delivery system with an emphasis on the provision of medical training and service provision.
5) ***Accelerate human resource outputs, recruitment and retention*** through human resource training and recruitment to start reversing the human resources for health crisis. The focus is on reducing the deficit and addressing the skills imbalances in the training outputs as a response to national priorities.

1.1.3 The Sustainable Development Goals

On 1 January 2016, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development — adopted by world leaders in September 2015 at a historic UN Summit — officially came into force. These goals implore all countries to contribute towards jointly directing their efforts to end all forms of poverty, fight inequalities and tackle climate change while ensuring that no one is left behind. The SDGs build on the success of the Millennium Development Goals (MDGs) and aim to go further to end all forms of poverty. All goals except for #14 and #17 directly apply to Zambia and the 7NDP. The rest of the goals, on which the NHSP 2017-2021 is based, has sufficiently catered for all of them.

Figure 3: Relationship of the SDG3 and other health-related SDGs (Adapted from "The State of Health in WHO Africa Region")

As demonstrated in Figure 3, whereas goal #3 relates to the direct actions that influence health, about 51 out of 169 targets spread across 17 goals have a direct influence on health and wellbeing. Therefore, it is evident that although the Vision 2030, was formulated nearly 10 years before SDGs, the foundation (on which both of these long-term plans were formulated) are the same: ending poverty through coordinated multisector approach.

Chapter 2: THE HEALTH SECTOR M&E FRAMEWORK 2017-21

2.1 BACKGROUND TO THE DEVELOPMENT OF THE M&E FRAMEWORK

As indicated in Chapter 1, the NHSP 2017-21 directly draws its mandate from the 7NDP and indirectly from the UN Sustainable Development Goals. The development of the Monitoring and Evaluation Framework therefore needed to be aligned with the existing framework the 7NDP and the SDGs (specifically SDG3). To arrive at developing the M&E Framework for the NHSP 2017-21, the following key steps were followed: identifying the conceptual foundation that guided the development of the NHSP 2017-21, realigning (where necessary), planned investments and intervention in the NHSP to the identified conceptual framework; allocating indicators for each planned investment and intervention to the appropriate results area on the framework.

2.1.1 Consensus on the Conceptual Framework

2.1.1.1 Context

Drawing from Section 1.1, the NHSP 2017-21, is an extension of the government-wide and global (*SDG3 – Health and well-being for all at ages*) expectations to improve the well-being of Zambians so as to contribute to increased productivity and socio-economic development. The Plan recognises Universal Health Coverage (UHC) as the umbrella target within which the other SDG3 targets should be achieved and identifies Primary Health to be the core service delivery system as encapsulated in the Plan's Preface:

> "*the National Health Strategic Plan 2017-2021 has a transformative agenda which focuses on building robust and resilient health systems. The plan focuses on delivering quality health services across the continuum of care which includes promotive, preventive, curative, rehabilitative and palliative care, provided as close to the family settings as possible. The attainment of the* ***universal health coverage*** *will be made possible through primary health care with a focus on community health"*

2.1.1.2 Universal Health Coverage and SDGs – The WHO (Afro) Framework of Action

The WHO Regional Office for Africa has defined the *Africa Health Transformation Programme 20152020: a vision for universal health coverage* as the strategic framework guiding WHO's contribution to the 2030 Agenda in the African Region. In line with the strategic priorities of the region, in August 2017[1], the WHO Regional Committee for Africa adopted a strategy for the development of health systems for universal health coverage in the context of the Sustainable Development Goals. This 'Framework of Actions' was to guide member countries to link investments in health systems with the results of health services.

The framework in Figure 4, adheres to the logical results approach by explaining the **investments** (*inputs/ processes*) essential to guarantee the **performance of the health system** (*Outputs*) to be able to provide the health and related services that all people need *(Outcomes)* so as to reach the level and distribution of health and well-being for all, at any age (*Impact)*. At each results level or logical domain (Inputs/processes, Outputs, Outcomes/Impact), specific dimensions have been proposed for adoption reliant on the priorities of each country' strategic direction and ensuring that **efficiency, equity** and **effectiveness** are the driving forces at each of these levels.

[1] Sixty-seventh session of the Regional Committee for Africa, Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017. Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region. AFR/RC67/10. Brazzaville: WHO Regional Office for Africa; (https://afro.who.int/sites/default/files/2017-12/UHC%20framework_eng_2017-11-27_small.pdf)

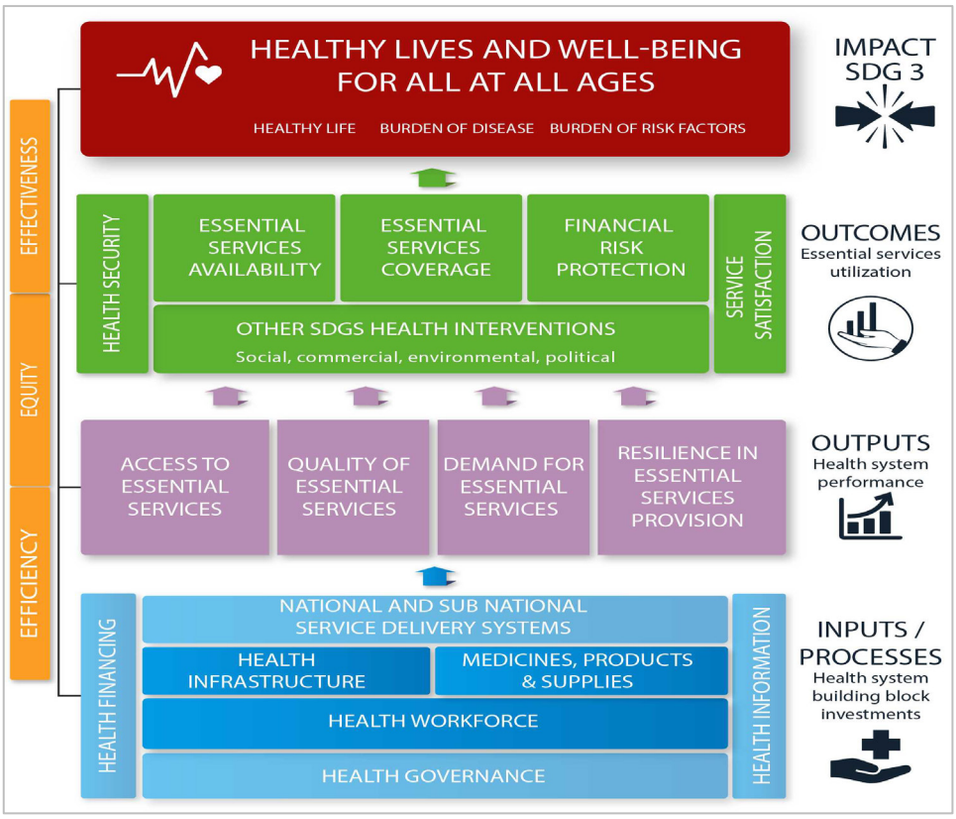

Figure 4: Framework of Actions for UHC (Source: WHO, 2017)

Below is a brief description of each of the domains:

[A] INPUTS/PROCESSES – Health Systems Building Block Investments

This domain focuses on the components of the health system that are necessary for delivering health services. WHO recommends that: A well-functioning health system is built on an integrated foundation of seven areas (inputs) on which the sector is expected to place its investment to enable it deliver essential health services:

- **Physical Inputs** that provide essential services needed: *(1) Health Workforce; (2) Health Infrastructure; (3) Medical Products and Technologies*.
- **Intangible processes** needed to support the use of the physical inputs. These include: *(4) the way systems are designed for service delivery; (5) health governance; (6) health information and; (7) health financing.*

The World Health Organisation further emphasises that the seven (7) investment areas are all interrelated and interlinked in order to produce a functional system and should not be addressed independently of each other. Using a computer system as analogue, **medical product, infrastructure** and the **workforce** represent the key "physical hardware" that are essential to a system. This "hardware" requires **governance** and **service delivery systems** ("software") for their actual transformation into outcomes. **Information** and **financing** mechanisms further facilitate these actions as depicted in Figure 4.

In Zambia, **Health Security** has been prioritised as an important component that requires deliberate investments in both physical inputs and intangible processes to guarantee "**Health Security**" as an outcome.

Table 1 provides a summary description of each of the input's dimension and focus areas for measuring their performance.

Table 1. Description of Health System Investments

Dimension	Description	Measures of achievement
Health Workforce	This represents all persons employed (currently or in future), primarily for health actions. Key action areas for investment include production, recruitment, deployment, management and motivation of staff that are needed for the provision of essential health service, covering: Technical; Management; Administrative and support workforce; and ancillary workers such as community workforce,	Availability of an adequate, qualified and fit-for-purpose (skilled) workforce, able (productivity) to provide the essential health and health-related services needed to attaining health and well-being.
Health Infrastructure	This encompasses physical infrastructure, equipment, transport and ICT requirements. Areas of action include coordinated planning, maintenance and use.	Measurements are around availability, functionality and readiness of the infrastructure to provide essential health services
Medical Products & technologies	These are health products that represent a wide variation of interventions provided as integral processes in the course of treatment and care. They comprise: medicines, including vaccines and other biologicals, medical devices, diagnostic and laboratory supplies, blood and other medical products of human origin, and traditional medicines.	Measures of performance are on readiness, expenditure, density of key staff, prescription patterns, availability of blood, stock management, regulation and control.
Service delivery System	These are actions needed to facilitate the efficient management of inputs for delivery of health services to users/clients. These actions include packaging of health services; service delivery organization and management; services supervision & assessments; service quality and safety and; equity of access. Investments are expected to cover the national level, province/district, facility levels. See Figure 5	Performance measurement areas include: availability of services charters; effective and functional referral system; service delivery standards; a functional supportive supervision process and person-centred services (as opposed to disease-centred)
Health governance	This covers a scope of actions across all dimensions providing policies, standards, regulations and guidance to direct the use of resources and the functioning of health systems. Areas of action include defining organization structures and systems; operational management and accountability; policy, regulation, standards and legal instruments and; partnerships and inter-sectoral engagements.	Performance measurement points include: stability of senior management teams at all levels; community partnership and engagement; use of data for decision making; coordination of planning and service provision with non-state actors; policies, strategies and plans
Health information	Health information encompasses all mechanisms for data generation and validation, analysis, dissemination and knowledge translation in relation to various sources of data: routine information system, vital statistics, research, surveys, surveillance, and census	Performance measure on this dimension is around the ability to generate, analysis, knowledge generation and translation for each of the key data sources
Health Financing	This covers the existence of an array of mechanisms for mobilizing, managing and using resources	Performance measures include the contribution of each source to health expenditure; management of funds and purchasing modalities

Adapted from the UHC Framework of Actions

Attaining the desired level of health system performance is dependent on the level, spread/impartiality and efficiency of investment in the seven areas.

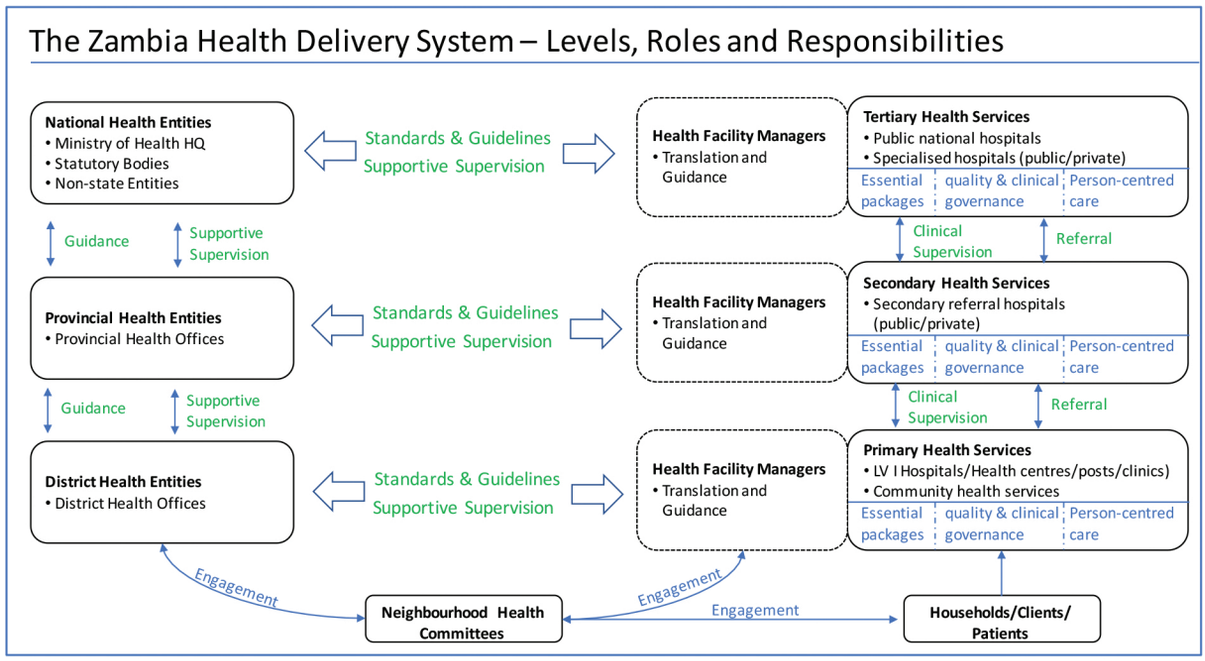

Figure 5: Zambia Health Care Delivery System

Figure 5, is a translation of existing service delivery structures and how they should optimally relate to each other in order to deliver health services. This presentation subsumes all service delivery substructures such as the community and household therein, fall under the district health system and their access to secondary and tertiary health services is through the primary health care (or district health) system. (See section 2.1.2 on how the NHSP 2017-2021aligns with the investment areas)

[B] OUTPUTS – Health System Performance

To ensure an integrated and holistic approach to health system investments, efficiency and effectiveness are integral to the delivery of health services. Figure 4 identifies four dimensions of health system performance as integrated outputs of the health system investments. The four dimensions are described in Table 2.

Table 2. Attributes of health system performance

Dimension	Description	Measures of achievement
Access to health and health related essential services	Removal of physical barriers faced by the population that hinder their use of services. This is primarily through taking available "hardware" needed to deliver services – health workforce, infrastructure and equipment, plus medicines and products – as close to the population as is feasible.	Health and health-related services are close to households and communities, allowing their utilization as and when needed
Quality of care during provision of essential health and health-related services	How well the services being provided are aligned to the legitimate needs of the clients. This includes the experiences during use of essential services, safety elements and effectiveness of provided interventions.	Health and health related services provision is designed in a manner to maximize possible benefits for the household and community
Effective demand for health and health-related essential services	Knowledge, attitudes and practices of households and communities that lead to their use of available essential health and health-related services.	Households and communities are utilizing available health and health-related services in a manner that maximises their health and well-being

Table 2. Attributes of health system performance

Dimension	Description	Measures of achievement
Resilience in provision of essential health and health-related services	This is an inbuilt capacity of the system to sustain provision of essential health and health-related services even when challenged by outbreaks, disasters, or other shocks	Households and communities continue to access health and health-related services even when the system is responding to shocks

Adapted from the UHC Framework of Actions

[C] OUTCOME - Essential health services utilisation

These are population level coverage targets for the different health and health-related services important for populations – including the most vulnerable and marginalized groups at all ages. This domain requires more than just the direct health actions (SDG3) but also the determinants of health spread across nearly 38 of 169 targets (besides the SDG3 targets). It has six dimensions as presented in Table 3.

Table 3. Attributes of Essential Health Services Utilisation

Dimension		Description	Measures of achievement
Universal Health Coverage	***Essential Services Availability*** *[by life cohorts]*	This covers the extent to which services defined in the essential health packages are available to all the five life cohorts: pregnancy and new-born; Childhood; adolescence; adulthood; elderly (See Table 4)	Performance measures are obtained from Key Informants on the availability of tracer services as outline in Table 4.
	Coverage of Essential Interventions *(promotive, preventive, curative rehabilitative and palliative)*	This looks at how well the potential beneficiaries are using the services. High levels of utilization imply improved results in terms of improved health and well-being, and vice versa. Essential health interventions need to be provided across all public health functions – health promotion, disease prevention, curative and rehabilitation/palliative to eligible cohorts	Performance measures are clustered around interventions in health promotion, communicable disease prevention and control, non-communicable disease control and prevention, and medical and rehabilitative services
	Financial Risk Protection *(from catastrophic health expenditures)*	Financial risk protection looks at the ability by the system to reduce the barriers to access health services due to financial constraints	Performance measures are centred around how much of the budget is allocated to health, payment for health services from the pocket, availability of social security funds
Service Satisfaction *(Responsive to population needs)*		This covers legitimate position of the population on their satisfaction with available essential services and whether these services in responsiveness to their needs;	Measurement points include dignity, autonomy (consent, alternative services, etc.), confidentiality, prompt attention, access to social support, quality of basic amenities and, choice of care providers.
Health Security *(Outbreak prevention, detection, response and recovery)*		Population is protected from preventable outbreaks, disasters and other health Emergencies Note: In Zambia, **investment** for realizing this outcome has been prioritized at INPUT level as is tracked as such.	Measurement points include the capacity to prevent, ability to detect health security threats on time, ability to prevent avoidable morbidity/mortality
Coverage of non-SDG3 health target *(Social, economic, environmental and political)*		Population is utilising key essential interventions in other SDGs that improve health	Measurement focuses on coverage based on health-related targets for the social, economic, environmental and politically-oriented non SDG3 targets

Adapted from the UHC Framework of Actions

Table 4. WHO Recommended Tracer Essential Health Services

Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5
Pregnancy and new-born	*Childhood*	*Adolescence*	*Adulthood*	*Elderly*
• Antenatal care services • Perinatal care services • Care for the new-born • Postnatal care services	• Childhood immunization • Child nutrition (under and over) • Integrated childhood services • Primary school health services • Promotion of childhood healthy lifestyles	• Adolescent sexual and reproductive health services • Adolescent/youth friendly health services • Secondary school health services • Harm reduction services for prevention of drug and alcohol use • Promotion of adolescent healthy lifestyles	• Screening for common communicable conditions • Screening for common non-communicable conditions and risk factors • Reproductive health services including family planning • Promotion of adulthood healthy lifestyles • Adult nutrition services • Clinical and rehabilitative health services	• Annual screening and medical exams • Elderly persons social support services • Clinical and rehabilitative services for the elderly

Source: Leave no one behind: Strengthening health system for UHC and the SDGs in Africa. Brazzaville: WHO Regional Office for Africa; 2017

[D] IMPACT – Healthy Lives and Well-being for all at all Ages

This is the SDG3 impact level with an ultimate focus on healthy lives and wellbeing for all at all ages. It is the ultimate objective that Zambia Health Sector and related sectors, like in all other African countries aspire for in the Universal Health Coverage drive. This domain focuses on three elements as shown in Table 6

Table 5. Healthy lives and well-being for all at all ages

Dimension	Description	Measures of achievement
Life expectancy	This looks at the life expectancy (at birth, or at special ages), and/or the healthy life expectancy (HALE) that discounts life expectancy for time spent unwell / with disease disabilities.	Reduction in the (general and healthy) life expectancy at birth and at specific ages of interest
Morbidity and mortality reduction	This looks at incidence, prevalence and mortality trends, overall (total mortality) for specific conditions (such as HIV, Malaria, NCDs, TB, etc.) and cohorts (infants & maternal, child, adolescent, adult, elderly).	Monitoring trends in the top causes of disease burden, mortality trends, incidence and prevalence of selected conditions of concern
Risk factor reduction	Ensuring a reduction in the incidence of key risk factors associated with current or future health threats, including behavioural, environmental and metabolic risk factors	Reduction in incidences of risk factors such as 1) physical inactivity, substance abuse and others; 2) noise and particle pollution; 3) high blood pressure, high blood sugar and other

Adapted from the UHC Framework of Actions

2.1.2 Aligning the NHSP Investment areas and Priority Health Services to the UHC Framework

IMPORTANT: At the time of WHO Afro, releasing the UHC Framework, the Zambia NHSP 2017-2021had already been launched, therefore in order to apply the UHC Framework, the NHSP needed be realigned.

2.1.2.1 NHSP Priority Services and Investment Areas

The NHSP has a total of 35 **programme-specific** sub-goals and 175 specific objectives in 18 broad areas in the order as presented in Table 6

Table 6: Summary of NHSP Priorities

Intervention area		Chapter/ Section on NHSP	Number of. Goals (subareas)	Objectives
1.	Primary Health Care and Community Health	4.1	1	10
2.	Reproductive, Maternal, Child and Adolescent Health (*Reproductive & Maternal; Child Health; Nutrition; Adolescent)*	4.2.1; 4.2.2; 4.2.3; 4.2.4	4	17
3.	Communicable Diseases (*Malaria; HIV/AIDS; Sexually Transmitted Infections; TB; Viral Hepatitis; Neglected Tropical Diseases)*	4.3.2; 4.3.3; 4.3.3; 4.3.5; 4.3.6; 4.3.7	6	19
4.	Public Health Surveillance and Disease Intelligence	4.4	1	5
5.	Epidemic preparedness and response and emerging issues	4.5	1	3
6.	Non-communicable diseases	4.6	1	10
7.	Hospital Services (*Availability and Access; Surgical, Obstetric and anaesthesia services; Eye Health Services; Paediatric services; Renal Health Services)*	4.7; 4.7.1; 4.7.2;4.7.3; 4.7.4	5	22
8.	Mental Health, Alcohol and Drug Use, Including Tobacco	Annex 1	1	6
9.	Oral Health Services	Annex 2	1	4
10.	Environmental Health, Food Safety, and Occupational Health	Annex 3	1	8
11.	Emergency and Mobile Health Services	4.8	1	2
12.	Diagnostic Services	4.9	1	6
13.	Imaging	4.10	1	8
14.	Blood Transfusion Services	4.11	1	8
15.	Ear, Nose and Throat	4.12	1	5
16.	Nursing and midwifery	4.13	1	8
17.	Pharmaceutical and Medical Supplies	4.14	1	6
18.	Integrated Health Support System *(Leadership and Governance; HRH; Health Care Financing; Health Information, Technology and Research; Infrastructure, Equipment and Transport)*	(5.1 & 5.6); 5.2; 5.3;5.4;5.5	6	28
Total			**35**	**175**

2.1.2.2 Mapping Between the UHC Framework Domain/Dimensions and the NHSP Priorities

On the basis of the outline in Table 6, below is the mapping structure for the contents of the NHSP with the Universal health coverage framework. The mapping is done for the two lower level logic framework domains: input/process (seven dimensions) and output (with a focus on the definition of the essential health services using SDG3 as a reference).

Table 7. Mapping Framework between the UHC and the NHSP 2017-2021priorities

UHC Framework		**Related Intervention/ Investment in the NHSP Priorities**			**Related Legacy Goal**
Results Domain	Dimension	Component	Sub components	Section	
Inputs/ Processes (Health System Building Block)	*Health Workforce*	HRH	Retention; Training & Development; and Recruitment	5.2	LG3 LG8
	Health Infrastructure	Infrastructure, Equipment and Transport	Physical health infrastructure; Medical equipment; Transport	5.5	LG7
		Health service delivery system	Diagnostic Service	4.9	
			Imaging	4.10	
	Medical Products & technologies	Pharmaceuticals and Medical Supplies		4.14	
		Blood transfusion		4.11	
	Service delivery system	Health service delivery system	Primary health care and community health	4.1	
			Hospital Services	4.7	
			Emergency and mobile services	4.8	
			Nursing and midwifery	4.13	
	Health governance	Leadership and Governance	Policies; partner participation and consensus; Regulatory functions; Transparency; Accountability; Responsiveness of	5.1	

Table 7. Mapping Framework between the UHC and the NHSP 2017-2021priorities

UHC Framework			**Related Intervention/ Investment in the NHSP Priorities**			**Related Legacy Goal**
Results Domain	Dimension		Component	Sub components	Section	
				institutions; Equity; Effectiveness and efficiency; Intelligence and information		
			Implementation, Monitoring and Evaluation	Legal, Policy and Regulatory Framework	5.6.1	
				Institutional Framework	5.6.2	
				Key Sector Partners	5.6.3	
				Planning, budgeting, and capacity building	5.6.4	
	Health information		Health Information Technology and Research		5.4	
	Health Financing		Health Care Financing		5.3	LG4
Outputs [Health System Performance]	Essential health services	*SDG3.1:* Reduce maternal mortality	Reproductive, Maternal, Child, and Adolescent Health and Nutrition	Reproductive and Maternal Health	4.2.1	LG1
				Adolescent Health	4.2.4	
		SDG3.2: End preventable new-born and child deaths	Reproductive, Maternal, Child, and Adolescent Health and Nutrition	Reproductive and Maternal Health	4.2.1	LG1
				Child Health	4.2.2	
				Nutrition	4.2.3	
		SDG3.3: End epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases	Malaria		4.3.2	LG2
			HIV/AIDS		4.3.3	LG6
			STIs		4.3.4	
			TB		4.3.5	LG10
			Viral Hepatitis		4.3.6	
			NTDs		4.3.7	
		SDG3.4: Reduce mortality from NCD and promote mental health	Non-communicable diseases		4.6	LG9
			Mental health, alcohol and drug use, including tobacco		Annex 1	LG5
			Environmental Health, Food Safety, and Occupational Health		Annex 2	
		SDG3.5: Strengthen prevention and treatment of substance abuse	Mental health, alcohol and drug use, including tobacco		Annex 1	LG5
			Environmental Health, Food Safety, and Occupational Health		Annex 2	
		SDG3.6: Half global deaths and injuries from road traffic accidents	Environmental Health, Food Safety, and Occupational Health		Annex 2	
		SDG3.7: Ensure universal access to sexual and reproductive health care	Reproductive, Maternal, Child, and Adolescent Health and Nutrition	Reproductive and Maternal Health	4.2.1	LG1
				Adolescent Health	4.2.4	LG1
		SDG3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination	Environmental Health, Food Safety, and Occupational Health		Annex 2	
		Local Priorities	Ear, Nose, and Throat (ENT) Services		4.12	
			Oral Health Services		Annex 3	
	Health Security & Resilience		Epidemic Preparedness and Response, and Emerging Issues		4.5	

As shown in Table 7, prioritises investment in all the standard investment areas for improved outcomes for selected promotive, preventive, curative and rehabilitative/palliative.

2.1.2.3 The UHC Framework, the NHSP and the Legacy Goals

Legacy Goals are an extension to selected goals and objectives that constitutional offices may choose from the existing overall plan as a tracer for measuring success during their tenure. In the last column of Table 7, an attempt has been made to demonstrate that the 10 Ministry of Health Legacy Goals are an integral part to the overall NHSP (hence UHC) but only emphasise critical interventions of the Plan. Drawing from Table 7, the 10 legacy goals are summarised in Table 8.

Table 8. Mapping of Legacy Goals to the NHSP 2017-2021and the SDG3

No.	Legacy Goal (Original wording)	Adjusted for NHSP Performance Monitoring		Related SDG Target
		No.	Goal	
1	Reduce maternal and child illnesses and deaths	1.1	Reduce maternal mortality ratio from 398 to 100 deaths per 100,000 live births by 2021	- Maternal mortality ratio (SDG3.1.1) - Proportion of births attended by skilled health personnel (SDG3.1.2)
		1.2	Reduce child mortality from 75 to 35 deaths per 100,000 live births by 2021	- Under-five mortality rate (SDG 3.2.1) - Neonatal mortality rate (SDG 3.2.2)
		1.3	Reduce the incidence of preventable childhood diseases[2]	None
2	Elimination of Malaria	2.1	Reduce malaria incidence from 336 cases per 1,000 populations per year in 2015 to less than 5 cases per 1,000 populations by 2021	Malaria incidence per 1,000 population (SDG3.3.3)
		2.2	Reduce malaria deaths from 15.2 deaths per 100,000 population per year in 2015 to less than 5 deaths per 100,000 populations by 2021	Malaria incidence per 1,000 population (SDG3.3.3)
3	Recruit 30,000 health care workers by 2021	3	Recruit a total of 30,000 health workers optimally distributed[3] according to cadre of staff	None
4	Implement the National Health Insurance Scheme and increase coverage from 4% to 100 percent	4.1	Develop a national framework in which a National Health Insurance can operate	None
		4.2	Increase the percentage of the population covered by health insurance from 4% to 100% by 2021	None
5	Address alcohol and substance abuse	5.1	Reduce the mean maximum number of standard drinks consumed on one occasion from 8.3 to less than 5 by 2021	Amount of alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol (SDG3.5.2)
		5.2	Increase the coverage of treatment interventions for alcohol and substance abuse from 1 to 10 centre by 2021	Percentage increases in sites to provide pharmacological, psychosocial and rehabilitation and aftercare services for substance use disorders (SDG3.5.1)
6	Achieve HIV epidemic control, reduce HIV New infection from 48,000 to less than 5,000	6	Reduce new HIV infections from 48,000 per annum in 2016 to less than 5,000 per annum by 2021	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SDG**3.3.1**)
7	Construction of 6 new specialised hospitals and 500 health facilities by 2021	7.1	Construct six (6) new specialised hospital by 2021	None
		7.2	Construct 500 new health centres by 2021	None

[2] *Focusing on those with interventions on the NHSP*
[3] *According to the Human Resources Plan*

Table 8. Mapping of Legacy Goals to the NHSP 2017-2021and the SDG3

No.	Legacy Goal (Original wording)	Adjusted for NHSP Performance Monitoring		Related SDG Target
		No.	Goal	
8	Training of 500 specialists by 2021	8	Produce a total of 500 specialists, covering all core speciality areas by 2021	None
9	Halt and reduce the incidence of non-communicable diseases	9	Reduce mortality rate attributable to non-communicable diseases[1]	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease [SDG3.4.1]
10	Reduce TB Incidence "Towards Elimination"	10	Reduce TB Incidence: "Towards Elimination"	Tuberculosis incidence per 100,000 population [SDG3.3.2]

As indicated in Table 8, an adjustment has been made to the original wording of the goals to make them as measurable and aligned to the SDG3 targets as possible.

2.2 LOGICAL FRAMEWORK FOR NHSP 2017-2021(*Using the UHC Approach*)

Using the mapping framework in Table 6, Table 7 and Table 8, Table 9 presents the NHSP objectives and strategies as measures of performance at various levels: health status of the population; utilisation of health services; health system performance; and health investments. Below is a description of each of the columns in Table 9.

- Domain/Dimension: See section 2.1.1.2 for a description of the WHO (Afro) Framework of action. There are four domains (Impact; Outcome; Outputs and Input/Processes). Each of these domains has a number of dimensions: Impact (1); Outcome (6); Output (4); and Input/Process (7).
- Attribute: An attribute is a subcategory under each dimension, where applicable.
- Code: Each indicator has been allocated are code for ease of reference and generating sub indicators on the NHSP Indicator Matrix (Table 10)
- Indicators: On this table, the indicators are of a summary nature as they form the foundation for (Table 10).
- Means of Verification: This refers to the official sources of data to verify that the indicator target has been met
- Assumptions: The assumptions describe the situations, events, conditions or decisions necessary for the success of the project, but which largely or totally escape the control of the project management.

Table 9: The NHSP Logical Framework

DOMAIN & DIMENSION	ATTRIBUTE	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
IMPACT Improved health status of people in Zambia in order to contribute to increased productivity and socio-economic development.	Life expectancy	IM1.1	Life expectancy at birth (male/female)	Census	All other players (sectors) responsive for SDG3-related goals would have implemented their goals towards "Healthy Lives and Well-being for All Zambians"
		IM1.2	Healthy life expectancy (HALE)	Census World Bank Report	
	Morbidity & mortality reduction	IM2.1	Mortality rates for specific life cohorts (maternal, stillbirth, neonatal, infant, child, adolescent, adult)	ZDHS	
		IM2.2	Cause-specific death rates (due to key conditions with interventions on NHSP, e.g. TB, AIDS, Malaria, vaccine-preventable, etc.)	HMIS	
		IM2.3	Cause-specific death rates from direct determinants of health (e.g. unsafe water, sanitation)	HMIS	
		IM2.4	Death rates due to RTA injuries	HMIS	
		IM2.5	Crude death rate due to the top 10 causes of death	HMIS	
		IM2.6	Morbidity burden contributed by the 10 top causes ill-health (%)	HMIS	
		IM2.7	Incidence rates for key conditions with interventions on NSHP, e.g. HIV, malaria, TB, NCD, hepatitis vaccine-preventable, suicide, etc.)	HMIS	
		IM2.8	New cases of IHR notifiable diseases	HMIS	
		IM2.9	Prevalence rates for key conditions with interventions on NSHP, e.g. HIV, malaria, TB, NCD, hepatitis, vaccine-preventable, suicide, etc.)	ZDHS/HMIS	
	Risk factor reduction	IM3.1	Fertility rate (total/adolescents)	Census/ZDHS	
		IM3.2	Incidence of low birth weight among new-born	HMIS	
		IM3.3	Malnutrition rates (stunting, wasting, obesity)	ZDHS/HMIS	
		IM3.4	Prevalence of overweight among children, adolescents and adults	ZDHS	
		IM3.5	Prevalence of anaemia in children and women of childbearing age	ZDHS/HMIS	
		IM3.6	Percentage of 11-17 years olds insufficiently active by sex	STEPS	
		IM3.7	Condom use at last sex with high-risk partner (male/female)	HMIS	
		IM3.8	Prevalence of smoking any tobacco product among persons aged >= 15 years by sex	STEPS	
		IM3.9	Headcount ratio of catastrophic health expenditure (%)	GNHE - UHC	

Table 9: The NHSP Logical Framework

DOMAIN & DIMENSION		ATTRIBUTE	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
OUTCOMES: Increased utilisation of cost effective, quality health services						
Universal Health Coverage	OUTCOME 1 Increased availability of essential health services	Overall	OC1.1	Coverage of essential[4] health services index	Survey	Sustained funding by cooperating partners for reproductive child and sexual health programmes A strengthened community participation in prevention of ill-health and promotion of good practices
		Pregnancy and new-born	OC1.2	Antenatal care coverage (by trimester of pregnancy)	ZDHS, HMIS	
			OC1.3	Supervised deliveries (%)	ZDHS, HMIS	
			OC1.4	1st PNC within 2 days of delivery (%)	ZDHS, HMIS	
			OC1.5	Women in sexual union with FP needs satisfied with modern methods (%)	ZDHS	
			OC1.6	Contraceptive prevalence rate	ZDHS	
			OC1.7	Immunization coverage rate, by vaccine	ZDHS, HMIS	
			OC1.8	Vitamin A supplementation coverage	ZDHS, HMIS	
			OC1.9	Care-seeking for symptoms of pneumonia	ZDHS, HMIS	
			OC1.10	Children with diarrhoea receiving oral rehydration solution (ORS and Zinc supplements)	ZDHS, HMIS	
			OC1.11	Deworming coverage	ZDHS, HMIS	
			OC1.12	Breastfeeding initiated within 1 hour of birth	HMIS	
			OC1.13	Exclusive breastfeeding rate (0-5 months)	ZDHS	
		Adolescence	OC1.14	Adolescent birth rate	ZDHS, HMIS	
			OC1.15	Coverage of adolescents receiving integrated adolescent services	MFR	
		Adulthood	OC1.16	Coverage of adults receiving integrated adult centred services	MFR	
		Elderly	OC1.17	Coverage of elderly receiving integrated elderly centred services	Survey	
	OUTCOME 2 Increased coverage of essential health services	Health promotion	OC2.1	Percentage of household members (all, mothers, children) reporting sleeping under a mosquito net the previous night	ZDHS, HMIS, MIS	Sustained funding by cooperating partners for reproductive child and sexual health programmes A strengthened community participation in prevention of ill-health and promotion of good practices
		Communicable diseases prevention	OC2.2	Percentage of people living with HIV who know their status (male/female)	HMIS, Spectrum	
			OC2.3	Antiretroviral therapy (ART) coverage (male/female)	HMIS; ZAMPHIA	
			OC2.4	Percentage of PLHIV who are virally suppressed (0-14, 15+, Total)	HMIS; ZAMPHIA	
			OC2.5	Percentage of children born of HIV positive mothers testing HIV negative at 18 months	HMIS	
			OC2.6	Indoor residual spraying (IRS) coverage	MIS	
			OC2.7	Number of TB notified cases (in '000)	HMIS	
			OC2.8	Total alcohol per capita (>15 years of age) consumption, in litres of pure alcohol.	ZDHS, STEPS	
			OC2.9	Cancer screening rates (cervical, prostate and breast)	HMIS, ZNCR	

[4] *As per the NHSP priorities*

Table 9: The NHSP Logical Framework

DOMAIN & DIMENSION	ATTRIBUTE	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Universal Health Coverage	Non-communicable disease control and prevention	OC2.10	Sufficient physical activity in adults (Also: adolescents)	STEPS	
		OC2.11	Coverage of services for severe mental health disorders	MFR	
		OC2.12	Treatment coverage for alcohol and drug dependence	MFR	
		OC2.13	Proportion of persons requiring palliative care receiving it	Survey	
	Medical and rehabilitative	OC2.14	Caesarean Section Rate	HMIS	
		OC2.15	Coverage of preventive chemotherapy for applicable NTDs (Trachoma, schistosomiasis, Lymphatic filariasis, trypanosomiasis)	MFR	
		OC2.16	Incidence of ENT per 1000 population	HMIS	
	Neglected Tropical Disease	OC2.17	Coverage of oral health services by level of care	MFR	
	Other NHSP priorities	OC2.18	Incidence of oral diseases	HMIS	Additional funding outside the national budget
		OC2.19	Coverage of eye services by level of care	MFR	
		OC2.20	Incidence of eye diseases	HMIS	
	OUTCOME 3 Improved levels of financial risk protection	OC3.1	% of the population with large household expenditures on health as a share of total household expenditure or income	Survey	Stable MoH leadership to oversee the implementation of NHIS
		OC3.2	% of population covered by health insurance	National Budget and NHA	
		OC3.3	Out-of-pocket expenditure per capita	NHA	
OUTCOME 4 Improved levels of appropriate health security	Prevent	OC4.1	International Health Regulations (IHR) core capacity index	IDRS Reports	Cooperation from other countries in the SADC and beyond
	Detect	OC4.2	Proportion of health security threats detected on time	IDSR Reports	
	Respond	OC4.3	Proportion of avoidable morbidity/mortality prevented	IDSR Reports and DMMU Reports	
OUTCOME 5 Improved client [legitimate] satisfaction with health services		OC5.1	Index[5] of clients satisfied with essential health care services	Survey	Improved community participation in health services planning
OUTCOME 6 Improved coverage of health-rated SDG targets.		OC6.1	Percent of households using safely-managed drinking-water sources	ZDHS and HMIS	Other line ministries and department will do their part
		OC6.2	Percent of households using safely managed sanitation services	ZDHS and HMIS	
		OC6.3	Air pollution level in urban settlements	ZDHS	

[5] *Dignity, Autonomy, Confidentiality, Prompt attention, Access to social support, Quality of basic amenities; and choice of care providers.*

Table 9: The NHSP Logical Framework

DOMAIN & DIMENSION	ATTRIBUTE	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
OUTPUTS: Improved Health System Performance					
OUTPUT 1	Increased equitable and efficient access to essential health services	OP1.1	Outpatient utilisation per capita	HMIS	Funding for planned PHC infrastructure, HR and essential supplies will be funded according to plan
		OP1.2	Proportion of population living within 5km of a health facility	HFC[6]	
		OP1.3	% of health facilities with functional Adolescent health spaces	Programme Reports	
		OP1.4	# of facilities with functional comprehensive essential obstetric care per 500 000 population	HMIS	
OUTPUT 2	Improved quality of essential health services	OP2.1	Service specific availability and readiness (routine and emergency)	SARA	Essential health services would have been packaged for each level of care (through the health service act) and translated into services charter
		OP2.2	Post-operative wound infection rates (%)	HMIS	
		OP2.3	Perioperative mortality rate	Survey	
		OP2.4	ART retention rate at 24 months	HMIS	
		OP2.5	TB treatment success rate	HMIS	
		OP2.6	Obstetric and gynaecological admissions owing to abortion	HMIS	
		OP2.7	Percentage of institutional deliveries supervised by unskilled staff		
		OP2.8	Institutional maternal mortality rate per 1000 live births	HMIS	
		OP2.9	Proportion of maternal deaths audited	MoH Reports	
		OP2.10	Proportion of Children dying within 24 hours of admission	HMIS	
		OP2.11	Proportion of children assessed for developmental milestones	HMIS	
		OP2.12	Percentage of babies not breathing at birth who are resuscitated	HMIS	
		OP2.13	Proportion of New-borns with possible serious bacterial infection who receive appropriate antibiotic therapy	HMIS	
		OP2.14	# of food samples in compliance against number of food samples tested	EH Reports	
OUTPUT 3	Increased demand for essential health services	OP3.1	% change in number of children referred from community to the health facility	HMIS	The Health Services Act would have been passed that will mandate communities in promoting health and prevent ill-health
		OP3.2	% change in number of pregnant women referred from community to the health facility	HMIS	
		OP3.3	% change in the number of children with up-to-date vaccination schedule.	HMIS	
		OP3.4	% change in the number pregnant women up-to-date with antenatal care visits.	HMIS	
OUTPUT 4	A resilient health system for essential health service provision	OP4.1	Health system resilience index (average score of resilience variables: awareness, diversity, versatility and mobilization)	Survey, assessment reports	The Zambia National Public Health Institute will be tuned into a statutory board and be
		OP4.2	Awareness score as an attribute of resilience	Survey, assessment reports	
		OP4.3	Diversity score as an attribute of resilience	Survey, assessment reports	

[6] *Health Facility Census*

Table 9: The NHSP Logical Framework

DOMAIN & DIMENSION	ATTRIBUTE	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
		OP4.4	Mobilisation score as an attribute of resilience	Survey, assessment reports	budget for in the 2020 budget
		OP4.5	Versatility score as an attribute of resilience	Survey, assessment reports	
INPUTS/PROCESSES: Investment in the Health Systems Building Block					
Input/Process 1 Improved availability, distribution and management of human resource for health		IP1.1	Proportion of approved posts filled by skilled personnel (Doctors, Medical licentiates, Clinical Officers, Nurses, Others[7]) by the 6 levels of care[8]	Staff Returns/ Staff Establishment report	There will be no disruptions to academic calendars of training institutions Treasury authority will be granted and open for all positions on the H/F establishment
		IP1.2	% of health facilities with at least 80% of professional staff on establishment filled (by the 6 levels of care)	Staff Establishment Report/ Staff returns	
		IP1.3	Health worker density (distribution by professional cadre and region)	TI Index registers/ GNC and HPCZ Reports	
		IP1.4	HWs trained annually as % of total professional workforce gap	Staff returns	
		IP1.5	Proportion of health workers recruited annually as % of the workforce gap	Staff Returns/Staff Establishment Report	
Input/Process 2 Improved variety, quality and functionality of health infrastructure		IP2.1	Health facility density (by type and distribution) per 100,000 population	HMIS	Release of funding from treasury will be consistent
		IP2.2	Hospital bed density and distribution (inpatient, maternity, infant, isolation)	HMIS	
		IP2.3	Proportion of facilities meeting safety and preparedness standards	PA Reports	
		IP2.4	Downtime of basic equipment for more than 30 days	Infrastructure Operational Plan	
		IP2.5	Availability of basic equipment for general health provision by level	Quarterly reports	
		IP2.6	Proportion of facilities with basic amenities (water, electricity etc.)	Health facility survey	
		IP2.7	Proportion of laboratory facilities conducting quality control testing	Health facility survey	
		IP2.8	Percentage of health facilities with appropriate equipment to conduct nursing and midwifery procedures	Health facility survey	
Input/Process 3 Improved availability of and access to medical products and technologies		IP3.1	Essential medicine readiness	Health facility survey	A drug fund to ensure consistent funding is established by the end of 2019
		IP3.2	Proportion of health products meeting national quality standards	Health facility survey	
		IP3.3	% of health products on EDL available at service delivery points	Health facility survey	
		IP3.4	% of health facilities reporting no stock out of tracer health products	HMIS	
		IP3.5	Average number of medicines prescribed per patient contact in public health facilities	HMIS/Smartcare record review	
		IP3.6	Percentage of essential medicines prescribed in outpatient public health facilities	HMIS/Smartcare record review	
		IP3.7	Percentage of medicines prescribed in outpatients facilities by international non-propriety names	HMIS/Smartcare record review	

[7] *Only those with formal training and directly provide services to patients*
[8] *Health Posts, Rural Health Centres, Urban Health Centres, Level 1 Hospitals, Level 2 Hospitals, Level 3 Hospitals*

Table 9: The NHSP Logical Framework

DOMAIN & DIMENSION	ATTRIBUTE	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
		IP3.8	Percentage of patients in outpatient public health facilities receiving antibiotics	HMIS	
		IP3.9	Percentage of adequately labelled medicines in outpatient public health facilities	Health facility survey	
		IP3.10	Diagnostics readiness	Health facility survey	
		IP3.11	Proportion of pharmaceutical expenditure of the total health expenditure	NHA	
		IP3.12	Blood donation rate per 1,000 persons	ZNBTS Records	
		IP3.13	Availability score of a mechanism for monitoring adverse drug reactions	Health facility survey	
Input/Process 4 Improved performance of health service delivery systems		IP4.1	Proportion of service units with fully functional referral services	PA reports	The Health Services Act to replace the 1995 Health Services Act will be enacted within 2019
		IP4.2	Proportion of service units complying with service standards	PA reports	
		IP4.3	Proportion of service units (labs, facilities, etc) fully accredited for services	HPCZ accreditation reports	
		IP4.4	Functional supportive supervision and mentoring system	PA and Mentorship reports	
		IP4.5	Fully functional management structure (national, subnational, facility)	Meeting Minutes (ACM, PIMM, DIMM)	
		IP4.6	Proportion of facilities providing full complement of essential health services (by level, ownership, type)	MFR	
		IP4.7	Proportion of health facilities with service charters defining services offered and patient rights and obligation	PA Reports	
		IP4.8	Yearly change in the number of patients referred out of the country for specialist treatment	Record review	
Input/Process 5 Enhanced health governance system		IP5.1	Proportion of service (HP, HC & Hospital) and management (province, district) units with functional governance structures for implementing, coordinating and monitoring the NHSP 2017-21.	Progress Reports and Minutes	There will be no drastic changes in the existing governance structures before the end of 2021
		IP5.2	Proportion of service units with planning and reporting tools relevant to each level of care (policies, strategy, operational plans, M&E framework)	PA Reports	
		IP5.3	Presence of functional coordination and partnership mechanism from community to national level	Minutes of Meetings (JAR, MoUs Engagement Plans, NDCC, PDCC, DDCC	
		IP5.4	Proportion of management staff with required skills and knowledge for their functions	APAS/Job descriptions	
		IP5.5	Appropriate steward stability to implement policies	Mid-term review	
Input/Process 6 A sustainable and equitable health care financing mechanism		IP6.1	OOP Health expenditure as % of current expenditure on health	HFPZ	Government contribution to health will increase, relative to other sources of funding
		IP6.2	Total current expenditure on health (% of gross domestic product)	HFPZ	
		IP6.3	Government expenditure on health as % of total current expenditure	HFPZ	
		IP6.4	Externally sourced funding (% of current expenditure on health)	HFPZ	
		IP6.5	Total capital expenditure on health (% current + capital expenditure on health)	NHA	

Table 9: The NHSP Logical Framework

DOMAIN & DIMENSION	ATTRIBUTE	CODE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Input/Process 7 Improved health information system and research		IP7.1	Coverage of birth and death registration	VRS	All key position needed for data management at all levels will be financed by the treasury and that internet penetration will expand for rural districts to improve data completeness and timeliness
		IP7.2	Existence of a functional Integrated data repository	HMIS	
		IP7.3	Proportion of hospitals using correct ICD coding	HMIS/Smartcard	
		IP7.4	Coverage of IDSR surveillance systems	HMIS	
		IP7.5	Presence of comprehensive country health database for the past 5 years	HMIS	
		IP7.6	Completeness levels of facility reporting	HMIS	
		IP7.7	Data accuracy levels of facility reporting	HMIS	
		IP7.8	Proportion of eligible health facilities with functional EHR (by level of care)	HMIS Report	
		IP7.9	Proportion of national budget allocated for health research	Health sector budget	
		IP7.9	Proportion of sector budget allocated for M&E (include specific program work plans)	Health sector budget	
		IP7.10	Proportion of M&E positions currently (according to service delivery or management level)	HR	

2.3 Indicator Matrix – Monitoring and Evaluation Framework

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
IMPACT Life Expectancy	IM1.1	**Life expectancy at birth**										
	1.1.1	Male	49.2	2010	Census	51.8	52.2	52.6	52.9	53.3	Census	5 years
	1.1.2	Female	53.4	2010	Census	56.3	56.8	57.2	57.6	58.1	Census	5 years
	IM1.2	Healthy life expectancy (HALE)	53.7	2015	World Bank	TBA					World Bank	5 years
IMPACT Morbidity & Mortality Reduction	IM2.1	**Mortality rates by life cohorts**										
	2.1.2	Maternal Mortality (/100,000 LB)	398	2013/14	ZDHS	350	250	200	150	100	ZDHS/HMIS	5 years
	2.1.3	Stillbirth (/1,000 LB)	13	2013/14	ZDHS	12	10	8	6	4	ZDHS/HMIS	5 years
	2.1.4	Neonatal (/1,000 LB)	24	2013/14	ZDHS	20	18	16	14	12	ZDHS/HMIS	5 years
	2.1.5	Infant (1,000 LB)	45	2013/14	ZDHS	40	30	25	20	15	ZDHS/HMIS	5 years
	2.1.6	Under 5 (/1,000 LB)	75	2013/14	ZDHS	40	59	51	43	35	ZDHS/HMIS	5 years
	2.1.7	Adolescent[9] (/1,000 population)	3.2	2013/14	ZDHS	3.1	3.0	2.9	2.8	2.7	ZDHS/HMIS	5 years
	2.1.8	Adult (/1,000 population)	8.4	2013/14	ZDHS	8.2	8.1	8.0	7.9	7.8	ZDHS/HMIS	5 years
	2.1.9	Suicide mortality rate per 100,000	6.1	2016	WHO GHO	6.0	5.8	5.6	5.4	5.2	Modelling	Annually
	IM2.2	**Cause-specific death rates**										
	2.2.1	Malaria (/100,000)	27	2016	HMIS	19	17	15	13	11	HMIS	Annually
	2.2.2	HIV/AIDS (/100,000)	126	2016	HMIS	120	110	100	90	80	HMIS	Annually
	2.2.3	Tuberculosis (/100,000)	48	2016	HMIS	120	115	110	100	90	HMIS	Annually
	2.2.4	Diarrhoea (/100,000)	32	2016	HMIS	28	22	18	16	12	HMIS	Annually
	2.2.5	Pneumonia (/100,000)	57	2016	HMIS	39.6	32.2	24.8	17.4	10	HMIS	Annually
	2.2.6	Severe Acute Malnutrition (/100,000)	109	2016	HMIS	93	79	67	57	48	HMIS	Annually
	2.2.7	Death due to NCD >30 & >= 70 years [10]	17.9	2017	WHO GHO	16	15	14	13	12	HMIS	Annually
	IM2.3	CSDR from direct determinants of health [11]	34.9	2016	WHO	30	28	26	24	22	HMIS	Annually
	IM2.4	Death rates due RTA injuries (/100,000)	19	2017	IHME	17	15	13	11	9	HMIS	Annually
	IM2.5	CDR due to the top 10 causes of death	--	--	HMIS	TBA	TBA	TBA	TBA	TBA	HMIS	Annually
	IM2.6	Morbidity burden contributed by the 10 top causes ill-health (%)	--	--	HMIS	TBA	TBA	TBA	TBA	TBA	HMIS	Annually
	IM2.7	**Incidence rates (*/K population*)**										
	2.7.1	Malaria (/1,000)	139	2016	HMIS	325	168	101	15	0	HMIS	Annually

[9] *Covers 15-24 only*
[10] *Probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory (%)*
[11] *Mortality rates attributed to exposure to unsafe WASH services per 100,000 pop)*

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
	2.7.2	HIV/AIDS per 1,000	2.7	2016	ZAMPHIA	0.7	0.6	0.5	0.5	0.4	Modelling	Annually
	2.7.3	STI cases per 100,000)	--	--	--	TBA	TBA	TBA	TBA	TBA	STI Study	Annually
	2.7.4	Tuberculosis cases per 100,000	376	2016	WHO	350	340	335	330	325	HMIS	Annually
	2.7.5	NCD (%) by type of Cancer (/100,000)	--	--	IHME	30	22	21	20	17	HMIS	Annually
	2.7.6	Cervical Cancer (Incidence/100,000)	--	--	IHME	11.4	11.0	10.5	10.0	9.5	HMIS	Annually
	2.7.7	Breast Cancer (Incidence/100,000)	--	--	IHME	6.8	6.0	5.8	5.5	5.0	HMIS	Annually
	2.7.8	Prostate Cancer (Incidence/100,000)	--	--	IHME	4.0	3.8	3.6	3.3	2.9	HMIS	Annually
	IM2.8	New cases of IHR notifiable diseases	--	--	--	TBA	TBA	TBA	TBA	TBA	ZNPHI	Annually
	IM2.9	**Prevalence rates**										
	2.9.1	Malaria	--	2018	MIS	10.0	9.0	6.0	4.0	<2.0	MIS	Bi-annual
	2.9.2	HIV	12.3	2016	ZAMPHIA	11.0	10.0	9.0	9.5	9.0	ZDHS	5 Years
IMPACT Risk Factor Reduction	IM3.1	**Fertility rates (per 1,000 women)**										
	3.1.1	Adolescents	141	2014	ZDHS	131	121	110	100	90	Census/ZDHS	5 Years
	3.1.2	Adults	152	2014	ZDHS	142	132	121	111	97	Census/ZDHS	5 Years
	IM3.2	Incidence of low birth weight (%)	9.7	2016	HMIS	8.8	7.8	6.9	5.9	5.0	HMIS	Annually
	IM3.3	**Malnutrition rates (%)**										
	3.3.1	Stunting	40	2013/14	ZDHS	34.8	29.6	24.4	19.2	14.0	ZDHS	5 Years
	3.3.2	Wasting	6	2013/14	ZDHS	5.0	4.0	3.0	2.0	1.0	ZDHS	5 Years
	3.3.3	Underweight	15	2013/14	ZDHS	12.4	9.8	7.2	4.6	2.0	ZDHS	5 Years
	3.3.4	Overweight	1.0	2013/14	ZDHS	0.82	0.64	0.46	0.28	0.1	ZDHS	5 Years
	IM3.4	**Prevalence of overweight (%)**	9	2013/14	ZDHS		7			4	ZDHS	5 Years
	--	Children (same as IM3.3.4)	1	2013/14	ZDHS	0.82	0.64	0.46	0.28	0.1	ZDHS	5 Years
	3.4.1	Adolescents	--	2017	STEPs	18	16	14	12	11	ZDHS	5 Years
	3.4.2	Adults	--	2017	STEPs	24	22	21	19	17	ZDHS	5 Years
	IM3.5	Prevalence of anaemia										
	3.5.1	Children <5 Years	6	2015	MIS	5.5	5	4	3	2	MIS	2 Years
	3.5.2	Pregnant Women	47	2013/14	ZDHS	40.8	34.6	28.4	22.2	16	HMIS	Annual
	IM3.6	Percentage of 11-17 years olds insufficiently active by sex	----	----	----	TBA	TBA	TBA	TBA	TBA	STEPS	2 Years
	IM3.7	Condom use at last sex with high-risk partner (%)										
	3.7.1	Male	27.4	2013/14	ZDHS	40	50	60	70	80	ZDHS	5 Years
	3.7.2	Female	29.7	2013/14	ZDHS	40	50	60	70	80	ZDHS	5 Years
	IM3.8	Prevalence of smoking any tobacco product among persons aged >= 15 years (%)										
	3.8.1	Male	--	--	STEPS	24.0	21	18	15	12	STEPS/ZDHS	2/5 Years
	3.8.2	Female	--	--	STEPS	2.0	3	3	2	1	STEPS/ZDHS	2/5 Years
	IM3.9	Headcount ratio of catastrophic health expenditure (%)	10.8	2010	GNHE - UHC	10.8	5.0	2.3	1.4	0.9	Survey	5 Years

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
OUTCOME 1 Increased Availability of Essential Health Services	OC1.1	Coverage of essential[12] health services index	56	2017	SURVEY	60	65	70	75	80	Survey	2/5 Years
	OC1.2	First Antenatal care coverage (%)	95.7	2013/14	ZDHS	96	97	98	99	100	HMIS	Annually
	1.2.1	1st Antenatal visits before 14 weeks (%)	24.4	2013/14	ZDHS	35	45	55	65	75	HMIS	Annually
	(a)	Adolescents *(<20 years)*	--	--	--	96	97	98	99	100	HMIS	Annually
	(b)	Adults (20+ years)	--	--	--	35	45	55	65	75	HMIS	Annually
	1.2.2	Total 1st antenatal visits (14+ weeks)	71.3	2013/14	ZDHS	61	52	43	34	25	HMIS	Annually
	(a)	Adolescents	--	--	--	61	52	43	34	25	HMIS	Annually
	(b)	Adults	--	--	--	61	52	43	34	25	HMIS	Annually
	1.2.3	4+ antenatal visits before delivery	55.5	2013/14	ZDHS	60	65	70	75	80	HMIS	Annually
	(a)	Adolescents	--	--	--	60	65	70	75	80	HMIS	Annually
	(b)	Adults	--	--	--	60	65	70	75	80	HMIS	Annually
	OC1.3	Supervised deliveries (%)	64.2	2013/14	ZDHS	71	79	86	93	100	HMIS	Annually
	1.3.1	Adolescents	70.1	2013/14	ZDHS	77	84	92	99	100	HMIS	Annually
	1.3.2	Adults	54.8	2013/14	ZDHS	62	69	76	83	100	HMIS	Annually
	OC1.4	1st PNC with 2 days of delivery (%)	63.5	2013/14	ZDHS	69	74	79	85	90	HMIS	Annually
	1.4.1	Adolescents	63.9	2013/14	ZDHS	69	75	80	85	90	HMIS	Annually
	1.4.2	Adults	60.6	2013/14	ZDHS	66	71	77	82	90	HMIS	Annually
	OC1.5	Women in sexual union with FP needs satisfied with modern methods (%)	63.8	2013/14	ZDHS	70	76	83	89	95	HMIS	Annually
	1.5.1	Adolescents	57.2	2013/14	ZDHS	63	70	76	82	95	HMIS	Annually
	1.5.2	Adults	62.7	2013/14	ZDHS	69	75	81	88	95	HMIS	Annually
	OC1.6	Contraceptive prevalence rate (% modern)	32.5	2013/14	ZDHS	44	56	67	79	90	HMIS	Annually
	1.6.1	Adolescents	10.2	2013/14	ZDHS	26	38	49	61	90	HMIS	HMIS
	1.6.2	Adults	37.3	2013/14	ZDHS	53	65	76	88	90	HMIS	HMIS
	OC1.7	Fully immunised coverage (%)	68.3	2013/14	ZDHS	74	79	85	90	96	HMS	Annually
	OC1.8	Vitamin A supplementation coverage children aged 6-59months	80.0	2013/14	HMIS	82	84	86	88	90	ZDHS, HMIS	Annually
	OC1.9	Appropriate care-seeking for symptoms of pneumonia	71.9	2013/14	ZDHS	77	82	86	91	96	ZDHS	Annually
	OC1.10	Children with diarrhoea receiving oral rehydration solution (ORS and Zinc supplements)	70.0	2013/14	ZDHS	74	79	84	88	90	ZDHS, PRR[13]	Annually

[12] *As per the NHSP priorities*
[13] *Patient record reviews*

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
	OC1.11	Deworming coverage women with a recent birth (%)	64	2013/14	ZDHS	71	78	86	93	100	HMIS	Annually
	OC1.12	Breastfeeding initiated within 1 hour of birth	65.8	2013/14	ZDHS	73	79	86	93	100	ZDHS/HMIS	Annually
	OC1.13	Exclusive breast-feeding rate (0-5 months)	72.5	2013/14	ZDHS	74.4	75.8	77.2	78.6	80	ZDHS	5 Years
	OC1.14	Adolescent birth rate (15-19) per 1000	141	2013/14	ZDHS	137.0	133.0	129.0	125.0	121	ZDHS, HMIS	Annually
	OC1.15	Coverage of adolescents receiving integrated adolescent services	--	----	----	60	70	80	85	90	Household Survey	3 Years
	OC1.16	Coverage of elderly receiving integrated elderly centred services	--	----	----	30.0	40.0	50.0	60.0	70.0	Household Survey	3 Years
OUTCOME 2 Increased Coverage of Essential Health Services	OC2.1	Percentage of household population who slept under an LLIN the previous night	55.0	2015	MIS	64.0	73.0	82.0	91.0	100	MIS	3 Years
	2.1.1	Children	59	2015	MIS	67.2	75.4	83.6	91.8	100	MIS	3 Years
	2.1.1	Pregnant women	58.2	2015	MIS	66.6	74.9	83.3	91.6	100	MIS	3 Years
	OC2.2	Percentage of people living with HIV who know their status	66.1	2016	ZAMPHIA	70.9	75.7	80.4	85.2	90	Spectrum, ZAMPHIA	Annually
	2.2.1	Males	62.3	2016	ZAMPHIA	67.8	73.4	78.9	84.5	90	Spectrum, ZAMPHIA	Annually
	2.2.2	Females	68.4	2016	ZAMPHIA	72.7	77.0	81.4	85.7	90	Spectrum, ZAMPHIA	Annually
	OC2.3	Antiretroviral therapy (ART) coverage	85.1	2016	ZAMPHIA	86.1	87.1	88.0	89.0	90	Spectrum, ZAMPHIA	Annually
	2.3.1	Males	86.2	2016	ZAMPHIA	87.0	87.7	88.5	89.2	90	Spectrum, ZAMPHIA	Annually
	2.3.2	Females	84.4	2016	ZAMPHIA	85.5	86.6	87.8	88.9	90	Spectrum, ZAMPHIA	Annually
	OC2.4	Percentage of PLHIV who are virally suppressed	89.2	2016	ZAMPHIA	89.4	89.5	89.7	89.8	90	Spectrum, ZAMPHIA	Annually
	2.4.1	Males	87.7	2016	ZAMPHIA	88.2	88.6	89.1	89.5	90	Spectrum, ZAMPHIA	Annually
	2.4.2	Females	90.1	2016	ZAMPHIA	90.1	90.1	90.0	90.0	90	Spectrum, ZAMPHIA	Annually
	OC2.5	Percentage of children born of HIV positive mothers testing HIV positive within by 18 months	5.0	2016	HMIS	4.2	3.4	2.6	1.8	1.0	HMIS	Annually
	OC2.6	Percentage of households reached with IRS in the past 12 months	29	2015	MIS	43.2	57.4	71.6	85.8	100	MIS	3 Years
	OC2.7	Number of TB notified cases (in '000)	36.7	2016	HMIS	41.2	45.6	50.1	54.5	59	HMIS	Annually
	OC2.8	Total alcohol per capita (>15 years of age) consumption, in litres of pure alcohol.	4.8	2016	WHO GHO	3.7	3.2	2.7	2.2	1.7	WHO GHO	Annually

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
	OC2.9	Cancer screening rates (/000 population at risk)										
	2.9.1	Cervical	----	----	----	44.0	53.0	62.0	71.0	80	HMIS	Annually
	2.9.2	Breast	----	----	----	54.0	63.0	72.0	81.0	90	HMIS	Annually
	2.9.3	Prostate	----	----	----	12.4	21.8	31.2	40.6	50	HMIS	Annually
	OC2.10	Sufficient physical activity[14] (%)									STEPS	2 Years
	2.10.1	Adolescents	----	----	----	----	----	----	----	----		Annually
	2.10.2	Adults	----	----	----	10.4	17.8	25.2	32.6	40	STEPS	Annually
	OC2.11	% of districts providing services for severe mental health disorders	4	2010	WHO GHO	2	4	6	8	10	Master facility listing	Annually
	OC2.12	Number of districts providing rehabilitation services for alcohol and drug dependence	0	2016	Admin records	1	3	5	7	9	MFR	Annually
	OC2.13	Proportion of persons requiring palliative care receiving it	----	----	----	TBA	TBA	TBA	TBA	TBA	Survey	3 Years
	OC2.14	Caesarean section rate	5.0	2015	HMIS	6.0	7.0	8.0	9.0	10	HMIS	Annually
	OC2.15	Coverage of preventive chemotherapy for applicable NTDs	92.6	2015	WHO GHO	94.2	95.2	96.9	98.8	100	HMIS	Annually
	OC2.16	Incidence of ENT per 1000 population	3.9	2016	HMIS	3.5	3.0	2.5	2.0	1.5	HMIS	Annually
	OC2.17	Coverage of oral health services by level of care	----	----	----	TBA	TBA	TBA	TBA	TBA	HMIS	Annually
	OC2.18	Incidence of oral diseases (/1000)	27.9	2016	HMIS	27.8	25.8	23.9	21.9	20	HMIS	Annually
	OC2.19	Coverage of eye services	----	----	----	TBA	TBA	TBA	TBA	TBA	HMIS	Annually
	OC2.20	Incidence of eye diseases (/1000)	24.0	2016	HMIS	22.2	20.4	18.6	16.8	15	HMIS	Annually
OUTCOME 3 Improved levels of financial risk protection	OC3.1	% of the population with large (10%) household expenditure on as a share of total expenditure	0.3	2010	WHO GHO	0.0	0.0	0.0	0.0	0.0	NHA	Annually
	OC3.2	% of population covered by health insurance	4	2016	7NDP	35	50	75	90	100	NHSP	Annually
	OC3.3	Out-of-pocket expenditure per capita[15]	12.6	2016	7NDP	11.2	10.6	9.4	8.5	7.0	NHA	Annually

[14] Percentage with insufficient physical activity; defined as < 150 minutes of moderate-intensity activity per week, or equivalent
[15] Out-of-pocket payment for health (% of current expenditure on health)

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
OUTCOME 4 Improved levels of appropriate health security	OC4.1	International Health Regulations (IHR) core capacity index	0.92	2015	WHO GHO	.94	.96	.98	.99	1.0	WHO GHO	Annually
	OC4.2	Proportion of health security threats detected on time (%)	52.1	2015	WHO GHO	61.7	71.3	80.8	90.4	100.0	IDSR Reports	Annually
	OC4.3	Proportion of avoidable morbidity/mortality prevented (%)	44.3	2015	WHO GHO	47.4	50.6	53.7	56.9	60.0	IDSR Reports and DMMU Reports	Annually
OUTCOME 5 Improved client satisfaction with health services	OC5.1	Index[16] of clients satisfied with essential health care services	0.47	2015	WHO GHO	0.50	0.52	0.55	0.57	0.6	Survey – WHO GHO	Bi- annually
	5.1.1	Dignity	0.2	2015	WHO GHO	0.36	0.52	0.68	0.84	1.0	Survey – WHO GHO	Annually
	5.1.2	Autonomy	0.33	2015	WHO GHO	0.46	0.60	0.73	0.87	1.0	Survey – WHO GHO	Annually
	5.1.3	Confidentiality	0.72	2015	WHO GHO	0.78	0.83	0.89	0.94	1.0	Survey – WHO GHO	Annually
	5.1.4	Prompt Attention	0.33	2015	WHO GHO	0.46	0.60	0.73	0.87	1.0	Survey – WHO GHO	Annually
	5.1.5	Access to social support	1.00	2015	WHO GHO	1.00	1.00	1.00	1.00	1.0	Survey – WHO GHO	Annually
	5.1.6	Quality of Basic Amenities	0.13	2015	WHO GHO	0.30	0.48	0.65	0.83	1.0	Survey – WHO GHO	Annually
	5.1.7	Choice of care provider	0.17	2015	WHO GHO	0.34	0.50	0.67	0.83	1.0	Survey – WHO GHO	Annually
OUTCOME 6 Improved levels of appropriate health security	OC6.1	Percent of Households using safely managed sanitation (%)	32	2013/14	7NDP	32	35	40	45	50	MWSEP	5 Years
	OC6.2	Population using safely managed drinking-water services	49	2011	7NDP	29.5	36	42.5	49.0	55.0	MWSEP	Annually
	OC6.3	Annual mean concentration of particulate matter of less than 2.5 microns of diameter (PM2.5) [ug/m3] in urban areas	23.8	2016	WHO	22.0	20.3	18.5	16.8	15.0	MWSEP	Annually

[16] *Dignity, Autonomy, Confidentiality, Prompt attention, Access to social support, Quality of basic amenities; and choice of care providers.*

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
OUTPUT 1 Increased equitable and efficient access to essential health services[17]	OP1.1	Outpatient service utilisation[18]	4.2	2016	HMIS	4.0	3.5	3.0	2.5	2.0	HMIS	Annually
	OP1.2	Proportion of population living within 5km of a health facility (%)	78.6	2016	HFC[19]	80	85	90	95	100	Health Facility Census	Annually
	OP1.3	% of health facilities with functional Adolescent health spaces	24	2016	Programme Reports	31	39	46	53	60	MFL	Annually
	OP1.4	Percentage of the population aged 15-19 with comprehensive correct knowledge of HIV/AIDS	39.5	2013/14	ZDHS	50	60	70	8	90	ZDHS	Annually
	OP1.5	# of facilities with functional comprehensive essential obstetric care per 500 000 population	----	----	----	TBA	TBA	TBA	TBA	TBA	MFL	Annually
OUTPUT 2 Improved quality of essential health services	OP2.1	Service specific availability and readiness score for all life cohorts	0.47	2016	SARA	0.52	0.56	0.61	0.65	0.70	SARA	2 Yearly
	OP2.2	Post-operative wound infection rates	----	----	----	<1	<1	<1	<1	<1	HMIS	Annually
	OP2.3	Perioperative mortality rate	2.4	2017	Facility Survey	<1	<1	<1	<1	<1	Survey	Annually
	OP2.4	ART retention rate at 12 months (%)	75	2016	HMIS	76	78	80	82	85	HMIS	Annually
	OP2.5	TB treatment success rate (%)	85	2015	HMIS	87	88	89	90	90	HMIS	Annually
	OP2.6	Obstetric and gynaecological admissions owing to abortion	----		HMIS	TBA	TBA	TBA	TBA	TBA	HMIS	Annually
	OP2.7	Percentage of institutional deliveries supervised by unskilled staff	11.8	2016	HMIS	9.4	7.1	4.7	2.4	0.0	HMIS	Annually
	OP2.8	Institutional maternal mortality rate per 100,000 live births	110	2016	HMIS	89.0	68.0	47.0	26.0	5.0	HMIS	Annually
	OP2.9	Proportion of maternal deaths audited	----	----	----	100	100	100	100	100	HMIS	Annually
	OP2.10	Deaths within 48 hrs per 1000 admissions	11.2	2016	HMIS	9.6	7.9	6.3	4.6	3.0	HMIS	Annually
	OP2.11	Proportion of children assessed for developmental milestones	----	----	----	TBA	TBA	TBA	TBA	TBA	HMIS – Record Reviews	Annually
	OP2.12	Percentage of babies not breathing at birth who are resuscitated	----	----	----	TBA	TBA	TBA	TBA	TBA	HMIS	Annually
	OP2.13	Proportion of New-borns with possible serious bacterial infection	----	----	----	TBA	TBA	TBA	TBA	TBA	HMIS – Record Reviews	Annually

[17] *For additional indicators of access to essential health services refer to IP1.3; IP2.1 and IP3.4*
[18] *Number of 1st OPD attendances in hospitals as a proportion of attendances at health centres/posts*
[19] *Health Facility Census*

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
		who receive appropriate antibiotic therapy										
OUTPUT 3 Increased demand for essential health services	OP3.1	% change in number of children referred from community to the health facility	----	----	----	20	40	60	80	100.0	HMIS	Annually
	OP3.2	% change in number of pregnant women referred from community to the health facility	----	----	----	20	40	60	80	100.0	HMIS	Annually
	OP3.3	% change in the number of children with up-to-date vaccination schedule.	----	----	----	20	40	60	80	100.0	HMIS	Annually
	OP3.4	% change in the number pregnant women up-to-date with antenatal care visits.	----	----	----	20	40	60	80	100.0	HMIS	Annually
OUTPUT 4 A resilient health system for essential health service provision	OP4.1	Health system resilience[20] index (overall)	0.30	2017	WHO GHO[21]	0.36	0.42	0.48	0.54	0.60	Survey	Annually
	OP4.2	Awareness score as an attribute of resilience	0.23	2017	WHO GHO	0.30	0.38	0.45	0.53	0.60	Survey	Annually
	OP4.3	Diversity score as an attribute of resilience	0.40	2017	WHO GHO	0.44	0.48	0.52	0.56	0.60	Survey	Annually
	OP4.4	Versatility score as an attribute of resilience	0.37	2017	WHO GHO	0.42	0.46	0.51	0.55	0.60	Survey	Annually
	OP4.5	Mobilisation score as an attribute of resilience	0.63	2017	WHO GHO	0.66	0.70	0.73	0.77	0.80	Survey	Annually
INPUT/PROCESS 1 Improved availability, distribution and management of HRH	IP1.1	Proportion of approved posts filled by skilled personnel (Doctors, Medical licentiates, Clinical Officers, Nurses, specialised nurses, Others[22] by the 6 levels of care[23]	69.2	2016	HRIS	71.4	73.5	75.7	77.8	80.0	HRIS	Annually
	IP1.2	% of health facilities with at least 80% of professional staff on establishment filled (by the 6 levels of care)	73.0	2016	HRIS	80	85	90	95	100	HRIS	Annually
	IP1.3	Health worker density (distribution by professional cadre and region)	0.12	2016	WHO AFRO	0.23	0.35	0.47	0.58	0.70	HRIS	Annually

[20] *Average score of resilience variables: awareness, diversity, versatility and mobilization*
[21] *WHO Global Health Observatory*
[22] *Only those with formal training and directly provide services to patients*
[23] *Health Posts, Rural Health Centres, Urban Health Centres, Level 1 Hospitals, Level 2 Hospitals, Level 3 Hospitals*

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
	IP1.4	HWs trained annually as % of total professional workforce gap	----	----	----	TBA	TBA	TBA	TBA	TBA	HRIS/Training Databases	Annually
	IP1.5	Proportion of health workers recruited annually as % of the professional workforce gap	----	----	----	TBA	TBA	TBA	TBA	TBA	HRIS/Training Databases	Annually
INPUT/PROCESS 2 Improved variety, quality and functionality of health infrastructure	IP2.1	Health facility density (by type and distribution) per 100,000 population	4.3	2016	NHFC	8.1	11.8	15.5	19.3	23	HMIS	Annually
	IP2.2	Hospital bed density and distribution (inpatient, maternity, infant, isolation)	20	2015	WHO AFRO	18.0	16.0	14.0	12.0	10	HMIS	Annually
	IP2.3	Proportion of facilities meeting safety and preparedness standards	38	2015	Quarterly Administrative Report	48.4	58.8	69.2	79.6	90	MFL	Annually
	IP2.4	Proportion of port entry with established port health services	57	2016	MFR	65.6	74.2	82.8	91.4	100	MFR	Annually
	IP2.5	Downtime of basic equipment for more than 30 days	----	----	Quarterly Report	TBA	TBA	TBA	TBA	TBA	Quarterly Report	Annually
	IP2.6	Availability of basic equipment for general health provision by level	42	2015	SARA	43.6	45.2	46.8	48.4	50	Quarterly Report MFR	Annually
	IP2.7	Percentage of facilities with basic amenities[24]	71	2015	SARA	66.8	62.6	58.4	54.2	50	Quarterly Report MFR	Annually
	IP2.8	Proportion of laboratory facilities conducting quality control testing	17	2016	NHSP	29.6	42.2	54.8	67.4	80	MoH Reports	Annually
	IP2.9	Percentage of health facilities with appropriate equipment to conduct nursing and midwifery procedures	----	----	----	44.0	58.0	72.0	86.0	100	MFL	Annually
INPUT/PROCESS 3 Improved availability of and access to medical products and technologies	IP3.1	Essential medicine readiness	71.2	2015	WHO AFRO	77.0	82.7	88.5	94.2	100	WHO GHO	Annually
	IP3.2	Proportion of health products meeting national quality standards	----	----	----	20.0	40.0	60.0	80.0	100	ZAMRA	Annually
	IP3.3	% of health products on EDL available at service delivery points	----	----	----	20.0	40.0	60.0	80.0	100	eLMIS	Annually
	IP3.4	% of health facilities reporting no stock out of tracer health products	----	----	----	20.0	40.0	60.0	80.0	100	eLMIS	Annually
	IP3.5	Average number of medicines prescribed per patient contact in public health facilities	2.7	2015	WHO AFRO	3.0	3.2	3.5	3.7	4	WHO GHO	Annually
	IP3.6	Percentage of essential medicines prescribed in outpatient public	98	2015	WHO AFRO	92.4	86.8	81.2	75.6	70	eLMIS	Annually

[24] *Improved water, power source, consultation room, sanitation facilities, communication equipment, computer with internet, emergence transport*

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
		health facilities										
	IP3.7	Percentage of medicines prescribed in outpatients facilities by international non-propriety names	41	2015	WHO AFRO	48.8	56.6	64.4	72.2	80	eLMIS	Annually
	IP3.8	Percentage of patients in outpatient public health facilities receiving antibiotics	55	2015	WHO AFRO	58.0	61.0	64.0	67.0	70	eLMIS	Annually
	IP3.9	Percentage of adequately labelled medicines in outpatient public health facilities	29	2015	WHO AFRO	43.2	57.4	71.6	85.8	100	eLMIS	Annually
	IP3.10	Diagnostics readiness	66	2015	WHO AFRO	72.8	79.6	86.4	93.2	100	Survey	Annually
	IP3.11	Proportion of pharmaceutical expenditure of the total health expenditure	3	2015	WHO AFRO	3.4	3.8	4.2	4.6	5	Financial records	Annually
	IP3.12	Blood donation rate per 1,000 persons	7.8	2015	WHO AFRO	9.2	10.7	12.1	13.6	15	ZNBTS Database	Annually
	IP3.13	Availability score of a mechanism for monitoring adverse drug reactions	0.0			0.1	0.3	0.4	0.6	0.7	ZAMRA	Annually
INPUT/PROCESS 4 Improved performance of health service delivery systems	IP4.1	Proportion of service units with fully functional referral services	----	----	----	TBA	TBA	TBA	TBA	TBA	Facility Assessment	Annually
	IP4.2	Proportion of service units complying with service standards	----	----	----	TBA	TBA	TBA	TBA	TBA	Facility Assessment	Annually
	IP4.3	Proportion of service units (labs, facilities, etc) fully accredited for services	----	----	----	TBA	TBA	TBA	TBA	TBA	Facility Assessment	Annually
	IP4.4	Functional supportive supervision and mentoring system	----	----	----	TBA	TBA	TBA	TBA	TBA	Facility Assessment	Annually
	IP4.5	Existence of a fully functional management structure (national, subnational, facility)	----	----	----	TBA	TBA	TBA	TBA	TBA	Facility Assessment	Annually
	IP4.6	Proportion of facilities providing full complement of essential health services by life cohorts	----	----	----	TBA	TBA	TBA	TBA	TBA	Facility Assessment	Annually
	IP4.7	Proportion of health facilities with service charters defining services offered and patient rights and obligation	----	----	----	TBA	TBA	TBA	TBA	TBA	Facility Assessment	2 Yearly
	IP4.8	Yearly change in the number of patients referred out of the country for specialist treatment	140	2016	Admin Record	128	116	140	128	80	Admin records	Annually

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
INPUT/PROCESS 5 **Enhanced health governance system**	IP5.1	Percentage of districts with at least 50% functional neighbourhood health committees (NHCs)	30	----	Administrative Reports	44.0	58.0	72.0	86.0	100	Administrative Reports	Annually
	IP5.2	Proportion of service units with functional governance structures	TBA	----	Administrative Reports	----	----	100	100	100	Administrative Reports	Annually
	IP5.3	Proportion of service units with planning and reporting tools relevant to each level of care (policies, strategy, operational plans, M&E framework)	TBA	----	Administrative Reports	----	----	100	100	100	Administrative Reports	Annually
	IP5.4	Proportion of service units with presence of Functional coordination and partnership mechanism from the community to national level	----	----	----	TBA	TBA	TBA	TBA	TBA	Administrative Reports	Annually
	IP5.5	Proportion of management staff with required skills and knowledge for their functions	----	----	----	----	----	100	100	100	Administrative Reports	Annually
	IP5.6	Proportion of service units with appropriate steward stability to implement policies	----	----	----	----	----	80	80	90	Administrative Reports	Annually
INPUT/PROCESS 6 A sustainable and equitable health financing mechanism	IP6.1	OOP Health expenditure as % of current expenditure on health	28	2013	HFPZ	22.8	17.6	12.4	7.2	2	NHA	Annually
	IP6.2	Total current expenditure on health (% of gross domestic product)	5.0	2013	HFPZ	7.0	9.0	11.0	13.0	15	NHA	Annually
	IP6.3	Government expenditure on health as % of total current expenditure	13	2013	HFPZ	13.4	13.8	14.2	14.6	15	NHA	Annually
	IP6.4	Externally sourced funding (% of current expenditure on health)	34.2	2013	HFPZ	43.4	52.5	61.7	70.8	80	NHA	Annually
	IP6.5	Total capital expenditure on health (% current + capital expenditure on health)	8		NHA	8.8	9.6	10.4	11.2	12	NHA	Annually
INPUT/PROCESS 7 Improved health information system and research	IP7.1	Coverage of birth and death registration	14	2014	ZDHS	17.2	20.4	23.6	26.8	30	DNRPC Reports	Annually
	IP7.2	Existence of a functional Integrated data repository	----	----	----	N	N	Y	Y	Y	Assessments	Mid and End term
	IP7.3	Proportion of hospitals using correct ICD coding	----	----	----	5	20	40	60	80	HMIS	Annually
	IP7.4	Coverage of IDSR surveillance systems	25	2016	NHSP	40.0	55.0	70.0	85.0	100	ZNPHI	Annually
	IP7.5	Presence of comprehensive country health database for the past 5 years	N	2016	HMIS	N	N	N	Y	Y	HMIS	Annually

Table 10: The NHSP Indicator Matrix

Result Level	Indicator		Baseline			Target					Data Source	Reporting Frequency
	Code	Name	Data	Year	Source	2017	2018	2019	2020	2021		
	IP7.6	Completeness levels of facility reporting	80	2016	HMIS	82.0	84.0	86.0	88.0	90	HMIS	Annually
	IP7.7	Data accuracy levels of facility reporting	50	2016	HMIS	52.0	54.0	56.0	58.0	60	HMIS	Annually
	IP7.8	Proportion of health facilities with functional EHR (by level of care)	20.0	2016	NHSP	26.0	32.0	38.0	44.0	50	MFL	Annually
	IP7.9	Proportion of national budget allocated for health research	0.15	2016	Yellow Book	2.1	4.1	6.1	8.0	10	Yellow Book	Annually
	IP7.9	Proportion of sector budget allocated for M&E (include specific program work plans)	10	2016	Yellow Book	11.0	12.0	13.0	14.0	15	Yellow Book	Annually
	IP7.10	Proportion of M&E positions currently (according service delivery or management level)	53	2016	HRIS	62.4	71.8	81.2	90.6	100	HRIS	Annually

2.4 Alignment of The NHSP (2017-2021) Strategies and the Logic Framework Inputs & Processes

While Table 7 clearly maps health investments with the individual sections of the NHSP 2017-21, these investments were also planned for under respective programme areas. For example, despite Human Resources for Health having a dedicated section on the Plan, individual programmes also have strategies to resolve HRH issues in those programmes. To get the aggregate performance of HRH, all strategies addressing human resource have been pooled under the HRH input/processes. Table 11 presents summarises this alignment. This means that responsible heads will be required to report on activities implemented in relation to the individual strategies in the NHSP (See Annex 1A). For ease of reference activities from the NHSP have been coded and these codes will have to be referenced in all activity implementation progress reports.

Note: A lot of abbreviation have been used on this table, refer to the section on Abbreviations and Acronyms.

Table 11: Alignment of Strategies with Investment Areas

	Strategies/Activities	Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
					2017	2018	2019	2020	2021
Input/Process 1: Improved availability, distribution and management of human resource for health									
1.01	Strengthen capacity for blood collection through expansion of staffing and procurement of blood collection vehicles.	CCDS	BTS	CDC, World Bank	X	X	X	X	X
1.02	Restructure and scale up the deployment of supply chain specialist personnel and clinical and public health pharmacists, aligning them with the needs assessment plans for public health the essential health care package and supply chain strategy at all levels	Clinical Care and Diagnostic Services (CCDS)	Pharmaceutical Services (PMS)	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
1.03	Strengthen the capacity of adaptation to climate change	HPESDEH[1]	EH/FS/OH	Water aid, World vision, World Bank, Global Fund, SUN, CHAZ				X	X
1.04	Scale up the production of appropriately skilled health workers by prioritizing NCDs in the curricula for training of all health workers in health training institutions at different levels	HPESDEH	NCD	WHO	X	X	X	X	X
1.05	Scale up recruitment of health workers to reach optimum levels in accordance with the approved staff establishment	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.06	Introduction of relevant health cadres to support the implementation of Primary Health Care (PHC)	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.07	Increase numbers of specialist doctors and other health workers to provide specialized services in order to strengthen the referral system	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID		X	X	X	X
1.08	Develop and implement appropriate mechanisms for more equitable distribution of health workers, including improved targeting and regulation of staff posting	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.09	Review and strengthen a system for needs and priority-based staff posting of health workers	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID		X	X	X	X
1.10	Review the existing establishment to respond to the required health needs	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.11	Implement the HR reforms/decentralization and efficiently manage HR cases (enhance employee motivation by ensuring quick responses in HR cases/appointments and promotions committees)	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID		X	X	X	X

[1] *Health Promotion environment and social Determinants/ Environmental Health*

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
1.12	Develop and implement an appropriate in-service training plan to improve skills levels for existing staff.	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.13	Expand capacities at health training facilities and increase training outputs in line with the National Training Operating Plans 2017-2021.	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.14	Collaborate with the Ministry Of General Education and other stakeholders toward increasing the intakes for health workers in public and private institutions	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
1.15	Strengthen the management of internship programmes for health workers	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.16	Scale up the recruitment and retention of teaching staff at health training institutions	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.17	Strengthen continued professional development for various cadres	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.18	Mentorship and supportive supervision	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.19	Introduction of new training programmes to support the implementation of primary health care	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.20	Enhance provision of teaching aids/job aids, transport, equipment, and learning materials	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID	X	X	X	X	X
1.21	Build capacity nationwide by providing mentorship and training and sponsoring research projects	NPHI	PHS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X
1.22	Increase and strengthen capacity for nutrition workforce for effective service delivery	HRMA/ Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC		X	X	X	X
1.23	Establish positions for clinical nutritionists and dieticians for provision of nutrition care services in health facilities	HRMA/ Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC		X	X	X	X
1.24	Establish and sustain the human resources to implement IHR core capacity and domestic resource mobilization strategy requirements; formulate a public health workforce strategy	NPHI/HRMA	EPREI	MoH, WHO, CDC, TDRC	X	X	X	X	X
1.25	Support development of the epidemiology and surveillance workforce at the district and provincial levels through a field epidemiology training programme	National Public Health Institute (NPHI)	PHS/DI	MoH, WHO, CDC	X	X	X	X	X
1.26	Conduct incident management system training for public health emergency operations centre staff	NPHI	Epidemic preparedness and	MoH, WHO, CDC, TDRC, SBH		X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
			response and emerging issues (EPREI)						
1.27	Develop and review existing curricula in order to respond to current and emerging health needs	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
1.28	Provisional of technical training for maintenance engineers and technologists to have well-trained in-house personnel	Physical Planning and Medical Technologies (PPMT)	MedEq	JICA	X	X	X	X	X
1.29	Provide user with proper use and care of the equipment for continuity in health care service delivery.	PPMT	MedEq	JICA	X	X	X	X	X
1.30	Enhance capacities of health workers in the delivery of FANC services	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, Systems for Better Health (SBH), AMREF, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
1.31	Support professional development opportunities for clinical nutritionists and dieticians	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
1.32	Include the control of NTDs in the curricula for health care professionals	Public Health	NTD	WHO, Sight Savers, SCI, LPSTM, DFID			X	X	X
1.33	Strengthen skills and capacities of health workers in the prevention, management, and care for NCDs, both at the health facility and community levels	Public Health	NCD	WHO	X	X	X	X	X
1.34	Provide training and mentorship in cancer management	Public Health	NCD	WHO	X	X	X	X	X
1.35	Strengthen health care provider skills (pre and in-service) for delivery of quality EmONC services with a focus on mentorship systems	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
1.36	Strengthen knowledge management for RMNCAH (policies, guidelines, research)	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
1.37	Increase awareness of health care providers in screening high- risk populations	HPESDEH	Hepatitis	WHO, UNAIDS	X	X	X	X	X
1.38	Expand and strengthen the capacity for treatment of MDR	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
1.39	Build regional capacity to carry out public health lab functions and strengthen the lab quality management system	NPHI	PHS/DI	MoH, WHO, CDC	X	X	X	X	X
1.40	Facilitate technical skills development of community health workers	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
1.41	Scale up the recruitment and retention of community-based volunteers	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
1.42	Scale up standardized capacity building for health promotion and education at district, facility, and community levels	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
1.43	Strengthen PHC facilities with appropriate staff, equipment and supplies, and essential medicines and commodities	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
1.44	Create health literacy in the population	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
1..45	Build capacities for health promotion and community health	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
1.46	Enhance curriculum of all health cadres by promoting health promotion, diseases prevention, and rehabilitative services	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
Input/Process 2: Improved variety, quality and functionality of health infrastructure									
2.01	Set up the National Apheresis Tissue Transplantation, and Human Genetics Centre at the Lusaka Provincial Blood Centre.	CCDS	BTS	CDC, World Bank	X	X	X	X	X
2.02	Strengthen capacity for blood collection through procurement of blood collection vehicles	CCDS	BTS	CDC, World Bank	X	X	X	X	X
2.03	Identify first-, second-, third-, and fourth-level hospitals in the country where ENT units will be developed	Clinical care and Diagnostics Services	ENT	Sound Seekers	X	X	X	X	X
2.04	Improve storage capacity for service delivery points and MSL central warehouse within the period of the NHSP	Clinical care and Diagnostics Services	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
2.05	Establish fully functional regional medical stores on the Copperbelt to cover for the northern half of the country and the construction of provincial hubs in Chipata, Choma, Mongu, Mansa, and Mpika and of mini-hubs in Livingstone and Kabompo	Clinical care and Diagnostics Services	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
2.06	Procure PORTALABS for selected districts	HPESDEH	EH/FS/OH	UNICEF, WHO, Water aid, World vision, World Bank	X	X	X	X	X
2.07	Establish a National Public Health Laboratory	NPHI	PHS/DI	MoH, WHO, CDC, TDRC			X	X	X
2.08	Advocate for the provision of adequate and appropriate infrastructure and equipment	Nursing & Midwifery Services/PPMT	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
2.09	Enhance comprehensive infrastructure for quality service delivery (delivery facilities, Outreach Posts)	PPMT	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
2.10	Provide appropriate shelters to facilitate delivery of a minimum package of high-impact nutrition interventions at facility and community zones	PPMT	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
2.11	Strengthen TB diagnostic capacity through expanding and enhancing the laboratory network	PPMT	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
2.12	Strengthen the infrastructure, medical equipment, and technologies for the prevention and management of NCDs in health facilities and communities	PPMT	NCD	WHO		X	X	X	X
2.13	Strengthen diagnostic capacities at all levels of care	PPMT	NCD	WHO		X	X	X	X
2.14	Upgrade Cancer Diseases Hospital with advanced diagnostic and treatment equipment	PPMT	NCD	WHO		X	X	X	X
2.15	Procure dental equipment and develop maintenance plans at district and referral levels to ensure their operational functions including functioning disinfection and sterilization procedures use of disposable needles and other required measures.	PPMT	OHS	Colgate, Kano Health Solutions		X	X	X	X
2.16	Increase access by constructing new health facilities and expand outreach services.	PPMT	OHS	Colgate, Kano Health Solutions				X	X
2.17	Equip identified centres with ENT diagnostic sets and ENT equipment	PPMT	ENT	Sound Seekers				X	X
2.18	Modernisation of tertiary hospitals (second and third-level, and specialist hospitals)	PPMT	HI	JICA	X	X	X	X	X
2.19	Creation of new facilities in all districts	PPMT	HI	JICA			X	X	X
2.20	Upgrading some of the facilities to higher levels (zonal health centres and district hospitals)	PPMT	HI	JICA	X	X	X	X	X
2.21	Strengthen maintenance and rehabilitation of infrastructure, equipment, and transport at all levels	PPMT	HI	JICA		X	X	X	X
2.22	Procurement of medical equipment using the GRZ fund	PPMT	MedEq	JICA	X	X	X	X	X
2.23	Provisional of medical equipment to facilities by getting donated medical equipment from CPs	PPMT	MedEq	JICA	X	X	X	X	X
2.24	Procurement of service contract for the high-end equipment	PPMT	MedEq	JICA	X	X	X	X	X
2.25	Implement an effective planned preventive maintenance plan for equipment at all levels	PPMT	MedEq	JICA	X	X	X	X	X
2.26	Implementation of equipment replacement plan	PPMT	MedEq	JICA			X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
	for high end hi-tech equipment								
2.27	Procurement and provision of test equipment for medical equipment	PPMT	MedEq	JICA			X	X	X
2.28	Open up new spaces to roll out comprehensive sexuality education	Public Health	HIV/STIs	USAID, WHO, Global Fund	X	X	X	X	X
2.28	Develop an infrastructure development plan to support community health	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
2.29	Strengthen maintenance and rehabilitation of infrastructure and equipment	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
Input/Process 3: Improved availability of and access to medical products and technologies									
3.01	Improve supply chain management practices for child health programmes	Public Health	Child health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
3.02	Improve nutrition supply chain management	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
3.03	Improve vaccine delivery and implementation systems to facilitate preventive and reactive vaccination against epidemic- prone diseases	NPHI	EPREI	MoH, WHO, UNICEF	X	X	X	X	X
3.04	Scale up implementation of electronic LMIS to all service delivery points	Clinical Care and Diagnostic Services (CCDS)	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
3.05	Institute use of analytics to harness pipeline, warehouse management system, and service delivery point LMIS to monitor and predict key supply chain events and risks	CCDS	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
3.06	Improve supply chain management for laboratory consumables	Clinical Care & Diagnostic services	HIV/AIDS	USAID, Global Fund,	X	X	X	X	X
3.07	Ensure an uninterrupted supply of STI drugs and commodities	Clinical Care & Diagnostic services	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
3.08	Increase the availability of essential drugs, vaccines, and immunization supplies including cold chain equipment	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
3.09	Improve nutrition supply chain management and availability of supplies and commodities	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
3.10	Create donor retention schemes to expand the pool of repeat donors	CCDS	BTS	CDC, World Bank	X	X	X	X	X
3.11	Expand capacity for blood products production in all provinces	CCDS	BTS	CDC, World Bank		X	X	X	X
3.12	Third-party delivery of essential medicines to achieve last mile distribution and increase private sector participation	Clinical Care & Diagnostic Services	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
3.13	Strengthen pharmacovigilance activities and promote rational medicine use	Clinical Care & Diagnostic Services	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
3.14	Strengthen quantification and increased procurement of essential drugs and diagnostic supplies for NCDs	CCSD/ Health Promotion	NCD	WHO	X	X	X	X	X
3.15	Strengthen the integration of health promotion and disease prevention, control, and surveillance in all community-level programmes	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
3.16	Scale up the recruitment and retention of community-based volunteers	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
Input/Process 4: Improved performance of health service delivery systems									
4.001	Prepare ZNBTS and apply for step-wise AfSBT accreditation	CCDS	BTS	CDC, World Bank	X	X	X	X	X
4.002	Implementation and scaling up of test and start	Clinical Care & Diagnostic Services	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.003	Early diagnosis and treatment of opportunistic infections	Clinical Care & Diagnostic Services	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.004	Intensify identification and ART initiation for HIV positive children	Clinical Care& Diagnostic Services	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.005	Use of point of care machines	Clinical Care & Diagnostic Services	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.006	Intensify HIV screening in presumptive and confirmed TB patients and offer quality patient-centred HIV care for HIV-infected TB patients	Clinical Care & Diagnostic Services	HIV/TB	USAID, Global Fund, World Bank, WHO		X	X	X	X
4.007	Improve capacity for laboratory diagnosis of STIs at the provincial and district hospital levels to complement syndromic management	Clinical Care & Diagnostic Services	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.008	Improve standards of STI care and reporting in private practice by entrenching syndromic management	Clinical Care & Diagnostic Services	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.009	Strengthen the cancer awareness strategies in the national communication strategy	Clinical Care & Diagnostic Services	NCD	WHO, MOH Directorate of Health Promotion	X	X	X	X	X
4.010	Early diagnosis and treatment of STIs	Clinical Care & Diagnostic Services	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.011	Introduce and implement sensitive TB diagnostic algorithm and roll- out of rapid TB diagnostic tools (Xpert MTB/RIF; loop-mediated isothermal amplification [TB-LAMP])	Clinical Care & Diagnostic services	TB	USAID, Global Fund, World Bank, WHO		X	X	X	X
4.012	Develop a national public health laboratory system and network	NPHI	PS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
4.013	Strengthen supply chain systems for RMNCAH commodities and equipment	Clinical Care & Diagnostic Services	RMNCAH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.014	Strengthen integration of oral health into all relevant policies and public health programmes, including policies related to NCDs	Clinical Care, Public Health and Health Promotion	NCD	MoH		X	X	X	X
4.015	Eliminate vertical transmission of HIV	Clinical Care/Public Health	HIV/AIDS	USAID, Global Fund, WHO	X	X	X	X	X
4.016	Strengthen systems and processes for evidence-based planning and budget execution, including profiling	Health Care Financing	Planning and Budgeting	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
4.017	Promote healthy living strategies	Health Promotion	NCD	WHO, MOH Directorate of Health Promotion		X	X	X	X
4.018	Strengthen the platform for health promotion, and develop a communication strategy and tools for timely and accurate dissemination of information	NPHI	PHSDI	MoH, WHO, CDC, TDRC		X	X	X	X
4.019	Strengthen sector participation and involvement in all health-related matters under the Health in All Policies (HiAP)	HPESDEH	EH/FS/OH	Water aid, World vision, World Bank, Global Fund, SUN, CHAZ		X	X	X	X
4.020	Enhance the MDSR process by strengthening systems for accountabilities of health workers and the health system in response to maternal deaths	Public Health/Monitoring and Evaluation	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.021	Carry out surveillance data quality assessments	NPHI	PHSDI	MoH, WHO, CDC	X	X	X	X	X
4.022	Support analysis of existing data and biobank	NPHI	PHSDI	MoH, WHO, CDC			X	X	X
4.023	Establish a national repository for public health research	NPHI	PHSDI	MoH, WHO, CDC, TDRC	X	X	X	X	X
4.024	Expand use of emerging tools and strategies, such as spatial repellents and baited traps	National Malaria Elimination Centre	Malaria	USAID, Global Fund,	X	X	X	X	X
4.025	Undertake MDA	National Malaria Elimination Centre	Malaria	USAID, Global Fund,	X				
4.026	Enhance focal drug administration	National Malaria Elimination Centre	Malaria	USAID, Global Fund,	X	X	X	X	X
4.027	Strengthen diagnosis, treatment, integrated community case management	National Malaria Elimination Centre	Malaria	USAID, Global Fund,	X	X	X	X	X
4.028	Enhance surveillance, monitoring, and evaluation systems	NMEC	Malaria	Global Fund, PMI, PAMO	X	X	X	X	X
4.029	Develop an incident management system and maintain multi- sectoral response and recovery capacity	NPHI	EPREI	MoH, WHO, CDC, TDRC, SBH	X	X	X	X	X
4.030	Conduct public health emergency operations table top exercises	NPHI	EPREI	MoH, WHO, CDC, TDRC, SBH	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
4.031	Strengthen partnerships with both public and private actors in health emergencies	NPHI	EPREI	MoH, WHO, CDC, TDRC, SBH	X	X	X	X	X
4.032	Strengthen provision of quality maternal, neonatal, child, and adolescent health services at all levels of health care	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
4.032	Strengthen provision of quality RMH services	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
4.033	Strengthen provision of essential and emergency obstetrics and gynaecology services	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
4.034	Strengthen adolescent health services at all levels of care	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
4.035	Scale up family planning services with a focus on community-based distribution, long-acting reversible contraceptives (LARC), and post-partum family planning; and with particular focus on underserved areas	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.036	Develop coordinated procurement planning based on accurate information from nationally agreed upon methodologies of forecasting and quantification	CCDS	PHS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
4.037	Strengthen management and maintenance of medical equipment	PPMT	Medeq	JICA	X	X	X	X	X
4.038	Integration of human resource, equipment, and infrastructure planning	PPMT	HI	JICA	X	X	X	X	X
4.039	Scale up integrated management of SGBV survivors in the health sector	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.040	Scale up EmONC coverage according to national standards	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.041	Strengthen monitoring of the EmONC programme at all levels	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.041	Strengthen respectful maternity care	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.042	Strengthen postnatal services (six hours, 48 hours, six days, and six weeks) including domiciliary visits by midwives and community health workers (CHWs)	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.043	Strengthen institutional capacity for fistula management	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.044	Strengthen knowledge management for RMNCAH (policies, guidelines, research)	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
4.045	Implement Quality Management System at all levels of RMNCAH services (quality assurance [QA]/quality improvement [QI])	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.046	Institutionalize approaches for equity analysis for monitoring RMNCAHN service coverage at district level as a tool to guide programme delivery planning	Public Health	RMH	MoH, WHO, SBH, Amref	X	X	X	X	X
4.047	Strengthen male involvement in sexual and reproductive health services	Public Health	RMH	SIDA, USAID, WB, CHAI, UNFPA, WHO	X	X	X	X	X
4.048	Increase immunization coverage through routine, child health days and outreach services; care for the sick child; and emergency triage assessment and treatment.	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.049	Integrate and strengthen outreach services particularly for hard-to- reach areas	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.050	Expand, strengthen, and enforce the use of all components of IMCI strategy	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.051	Scale up integrated community case management, IMCI, iCCM, Care for Early Child Development, ETAT, ENC, and RED/C interventions	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.052	Strengthen community involvement in maternal new-born and child health (MNCH) and nutrition services	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.053	Increase availability, access, and utilization of quality new-born and perinatal health care at all levels	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.054	Strengthen promotion of breastfeeding (early initiation and exclusive breastfeeding)	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.055	Scale up infant and young child feeding services, including promotion of breastfeeding and complementary feeding after six months up to two years.	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.056	Strengthen provision of an updated package of high-impact nutrition-direct interventions, such as maternal, infant adolescent, and young child nutrition; integrated management of acute malnutrition (IMAM); Growth Monitoring Programme (GMP); micronutrient deficiency control; nutrition in HIV; and clinical nutrition and dietetic	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
4.057	Strengthen SBCC for effective adoption and	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
	practice of good nutrition								
4.058	Optimize timely initiation, repeat testing in ANC and post-natal care, compliance with infant prophylaxis	Public Health	HIV/AIDS	USAID, WHO, Global Fund	X	X	X	X	X
4.059	Increase knowledge in the general population and protect key populations at risk of viral hepatitis	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.060	Increase awareness of health care providers in screening high- risk populations	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.061	Reduce stigma and discrimination associated with hepatitis	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.062	Stop mother-to-child transmission of hepatitis B	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.063	Prevent health care-related transmission of hepatitis B and C	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.064	Reduce the number of people susceptible to hepatitis infection	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.065	Decrease hepatitis C virus (HCV) incidence among injection drug users	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.066	Increase the proportion of people diagnosed with viral hepatitis	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.067	Ensure adequate follow-up of and management of people diagnosed with viral hepatitis	Public Health	Hepatitis	WHO, UNAIDS	X	X	X	X	X
4.068	Targeted behaviour change communication including comprehensive condom programming	Public Health	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.069	Enhance provision of post-exposure prophylaxis and pre-exposure prophylaxis for priority populations	Public Health	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.070	Encourage and promote universal HIV testing and counselling	Public Health	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.071	Targeted provider-initiated HIV testing and counselling across services such as EPI, ANC, VMMC, family planning (FP), in-patient, out-patient, TB, STI	Public Health	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.072	Enhanced follow-up and adherence counselling	Public Health	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.073	Ensure treatment algorithms remain reliable and valid	Public Health	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.074	Open up new spaces to roll out comprehensive sexuality education	Public Health	HIV/AIDS	USAID, WHO, Global Fund	X	X	X	X	X
4.075	Reduce the burden of TB in people living with HIV (PLHIV) and people at high risk of HIV infection	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
4.076	Formulate health (sanitation and hygiene) promotion programmes that are aimed at preventing and reducing NTDs	Public Health	NTD	WHO, Sight Savers, LPSTM, SCI	X	X	X	X	X
4.077	Implement treatment guidelines and protocols for all CM NTDs in line with WHO	Public Health	NTD	WHO	X	X	X	X	X
4.078	Improve STI management at the community level	Public Health	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.079	Improve STI services for special and most at-risk populations	Public Health	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.080	Strengthen TB services for high-risk groups and vulnerable populations	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.081	Ensure appropriate TB treatment for all detected patients	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.082	Implement early TB case detection, treatment of latent TB infection, and treatment among key affected populations (persons living with HIV, children, prisoners, miners, diabetics)	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.083	Expand and strengthen the capacity for treatment of MDR	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.084	Scale up MDR TB management to all the provinces and districts, and introduce MDR-TB shorter regimen	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.085	Scale up MC services including neonatal circumcision	Public Health	HIV/AIDS	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.086	Strengthen and promote active screening for NCDs at all levels, including within health facilities, schools, and communities, so as to generate demand for such services	Health Promotion	NCD	WHO			X	X	X
4.087	Introduce new screening techniques and surveillance for NCDs	Health Promotion	NCD	WHO			X	X	X
4.090	Scale up early diagnosis of NCDs at primary, secondary, and tertiary levels	Health Promotion	NCD	WHO			X	X	X
4.091	Strengthen case management of NCDs	Clinical Care & Diagnostic Services/ Health Promotion	cNCD	WHO	X	X	X	X	X
4.092	systems and services for people suffering from NCDs at all levels of care, including community and household levels	Health Promotion	NCD	WHO			X	X	X
4.093	Implement an HPV vaccination programme	Health Promotion	NCD	WHO			X	X	X
4.094	Strengthen knowledge management for RMNCAH (policies, guidelines, research)	Public Health	RMH	SIDA, USAID, WB, CHAI, UNFPA, WHO	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
4.095	Strengthen the service package for FANC	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.096	Strengthen TB infection control in health services dealing with PLHIV	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.097	Achieve greater integration of STI services in other health delivery services	Public Health	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.098	Strengthen referral services at all levels particularly from community to facility level	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
4.099	Strengthen the referral system, including scaling up of maternity waiting shelters	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.100	Improve micronutrient supplementation in pre-pregnancy by integrating with family planning and other sexual and reproductive health (SRH) services	Public Health	RMH	SIDA, USAID, WB, CHAI, UNFPA	X	X	X	X	X
4.101	Support the development and implementation of a comprehensive SBCC strategy for sexual and reproductive health services	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.102	Enhance surveillance of NTDs and improve management so that all cases are promptly treated	Public Health	NTD	WHO	X	X	X	X	X
4.103	Develop a national multi-sectoral NCD Action Plan, with full participation of non-health ministries and non-state actors	Health Promotion	NCD	WHO			X	X	X
4.104	Sustain the elimination status of leprosy in Zambia through enhanced surveillance	Public Health	TB	WHO	X	X	X	X	X
4.105	Strengthen STI surveillance at all levels	Public Health	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.106	Improve case detection though expanding case finding to all clinical settings and using data from the National TB Prevalence Survey	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.107	Improve and reinforce TB services in high TB burden spot areas	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.108	Improve active contact investigation of MDR TB patients	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.109	Improve and strengthen M&E for MDR TB including operational research	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
4.110	Scale up health promotion and education on the risk factors and prevention of NCDs, at all levels, using a multi-sectoral approach	Health Promotion	NCD	WHO			X	X	X
4.111	Scale up health promotion on healthy diets among the population, including exclusive breastfeeding	Health Promotion	NCD	WHO		X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
4.112	In collaboration with the EPI and other relevant stakeholders, establish regional vaccine stockpiles	NPHI	EPREI	MoH, WHO, UNICEF	X	X	X	X	X
4.113	Strengthen community (church, Safe Motherhood Action Groups [SMAGs], traditional counsellors, Community- Based Distributors [CBDs], and ward councillors) engagement that focusses on improving ANC attendance in the first trimester	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.114	Realign the structures of the SMAGs	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
4.115	Scale up promotion and support of physical activity among the population, including in schools, workplaces, and communities	Health Promotion	NCD	WHO	X	X	X	X	X
4.116	Implement and scale up cervical cancer screening services	Health promotion	NCD	WHO	X	X	X	X	X
4.117	Scale up MDA campaigns for preventive chemotherapy for amenable	Health promotion	NCD	WHO	X	X	X	X	X
4.118	Conduct assessments and mapping of lab capacity in the country to carry out public health functions	NPHI	PS/DI	MoH, WHO, CDC	X	X	X	X	X
4.119	Build regional capacity to carry out public health lab functions and strengthen the lab quality management system	NPHI	PS/DI	MoH, WHO, CDC	X	X	X	X	X
4.120	Conduct a national anti-microbial resistance (AMR) situation analysis and develop a national action plan for AMR	NPHI	PS/DI	MoH, WHO, CDC	X	X	X	X	X
4.121	Increase investments in preparedness through joint external evaluations of the IHR core capacities, risk analysis, and mapping	NPHI	PS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X
4.122	Develop and implement a multi-hazard and multi-sectoral national public health emergency preparedness and response plan	NPHI	EPREI	MoH, WHO, CDC, TDRC	X	X	X	X	X
4.123	Develop a national multi-hazard emergency risk communication plan	NPHI	EPREI	MoH, WHO, CDC, TDRC	X	X	X	X	X
4.124	Develop systems for ensuring access to quality essential antibiotics, and regulating and promoting the rational use of antibiotics in humans and animals	NPHI	EPREI	MoH, WHO, CDC, TDRC	X	X	X	X	X
4.125	Enhance implementation of the three Is and TB/HIV collaborative services	Public Health/Clinical Care	TB/HIV	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.126	Integrate STI into cervical cancer and MC	Public Health/Clinical Care	STI	USAID, WHO, Global Fund, UNAIDS	X	X	X	X	X
4.127	Revive the use of NHC/HCC guidelines in	Public Health	Community	Global Fund, World Bank	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
	community health		Health						
4.128	Create an enabling environment for the participation of traditional, civic, political, and faith-based organisations, media, and academia in executing an all-inclusive gender-sensitive community health system	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
4.129	Revise the PHC package to focus on health promotion, disease prevention, basic health care, and multi-sector collaboration for community health	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
4.130	Advocate for holistic health services	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
4.131	Reorient the current health service delivery model towards health promotion and disease prevention	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
Input/Process 5: Enhanced health governance system									
5.01	Finalize the blood transfusion bill	CCDS	BTS	CDC, World Bank			X	X	X
5.02	Strengthen legislation/regulation that supports prevention and control of oral diseases	Clinical Care and Diagnostic Services	OHS	MoH			X	X	X
5.03	Engage stakeholders and seek guidance from relevant regulatory bodies	Clinical Care and Diagnostic Services	ENT	Sound Seekers			X	X	X
5.04	Strengthen mechanisms for enforcing regulations to ensure compliance to the set standards for manufacture, exportation and importation, distribution, sale, and use of medicines and allied substances	Clinical Care and Diagnostic Services	PMS/ZAMRA	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
5.05	Develop and implement a new MOU with CPs and CSOs.	Planning and Policy	HFC	All CPs				X	X
5.06	Implementation of the IHP+ principles in the MOU as the basis for mutual accountability and predictability of financing to the Government rather than other channels	Health Care Financing	HCF	WB, UNZA, WHO, USAID, SIDA				X	X
5.07	Oversight over decentralization of PHC funding modalities	Planning and Policy	HCF	WB, UNZA, WHO, USAID, SIDA				X	X
5.08	Strengthen fiduciary responsibility and ensure timely financial reporting and audits	Finance	HCF	WB, UNZA, WHO, USAID, SIDA, EU	X	X	X	X	X
5.09	Commemorate cancer-related national events	Health Promotion	NCD	WHO, MOH Directorate of Health Promotion			X	X	X
5.10	Strengthen the Health Press–Zambia capacity to inform policy makers, public health practitioners, and the general public on health matters to include surveillance data, outbreak investigation	NPHI	PHS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
	reports, medical reviews, policy briefs, and morbidity and mortality data								
5.11	Develop and reinforce the technical and managerial capacities at central and sub-national levels	Public Health	HIV/TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
5.12	Develop a mechanism to influence an increase in the allocation of net recruitment budget allocation (e.g., buy-in, concept notes, involvement, MOGE)	Human Resource and Administration	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
5.13	Enhance the implementation of performance management package and the performance appraisal system.	Human Resource and Administration	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
5.14	Strengthen multi-sectoral collaboration with Government line ministries, faith-based institutions, the private sector, and CPs	Policy and planning	HRH	CHAZ and all CP				X	X
5.15	Develop a clear career pathway for CHAs and strengthen the curriculum to scale up health promotion interventions at community level	Human Resource and Administration	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
5.16	Review/ develop and enforcement of standard operations procedures (SOPs)	Human Resource and Administration	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
5.17	Develop and implement a national policy that addresses recruitment, placement, retention, and progression of specific cadres	Human Resource and Administration	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
5.18	Strengthen leadership for enforcing existing legislation and Regulations	Ministerial/ Office of PS	L&G	WHO	X	X	X	X	X
5.19	Prepare and provide policy briefs to MOH, and disseminate data for usage through a regular epidemiological bulletin	NPHI	PHS/DI	MoH, WHO, CDC		X	X	X	X
5.20	Review nursing protocols every two years to contribute to improvement of nursing services	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X				
5.21	Develop a new National Training Operational Plan in order to give clear direction to the development of nursing and midwifery education in Zambia by 2021	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego		X			
5.22	Hold two validation meetings on the Nurses and Midwives Repeal Bill	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego		X	X	X	X
5.23	Hold provincial dissemination meetings on the Nurses and Midwives Act	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
5.24	Strengthen corporate governance and management systems for nurses and midwives	Nursing & Midwifery Services	NMS	ZUNO, MAZ, GNC, World Bank, UNFPA, Child Fund, UNZA, SIDA, Save the Children, Jhipego	X	X	X	X	X
5.25	Promote private sector participation and PPPs.	PPMT	HI	JICA	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
5.26	Strengthen multi-sectoral collaboration for improved RMNCAH services including SGBV and menopausal services	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
5.27	Enhance capacity building in oversight functions	Public Health	RMH	MoH, World Bank (ZHSIP), WHO, SBH, UNFPA				X	X
5.28	Enhance service delivery capacity through implementation of health cooperatives	Public Health	RMH	SIDA, USAID, WB, CHAI, UNFPA, WHO	X	X	X	X	X
5.29	Introduce health worker cooperatives	Public Health	RMH	SIDA, USAID, WB, CHAI, UNFPA, WHO	X	X	X	X	X
5.30	Strengthen inter-sectoral coordination in the provision of child health services at all levels	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
5.31	Empower communities to improve community new-born and child health care practices and support continuum of care, and engage them on benefits of immunizations to create demand	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
5.32	Strengthen community partnerships	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
5.33	Strengthen mechanisms for multi-sectoral collaboration and coordination at all levels including national, district, and sub-district levels	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
5.34	Integrate in the Nutrition Act to support clinical nutrition and dietetics in health facilities	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
5.35	Incorporate clinical nutrition and dietetics in the food and nutrition policy	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
5.36	Develop protocols for nutrition care services for health facilities	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
5.37	Strengthen coordination between stakeholders involved in NTD control and elimination	Public Health	NTD	WHO	X	X	X	X	X
5.38	Improve Social Welfare for MDR TB patients	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
5.39	Strengthen TB/HIV collaboration at all levels	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
5.40	Strengthen coordination between the NTP and collaborating partners	Public Health	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
5.41	Assess health cluster performance every six months against the protocols of the United Nations Inter-Agency Standing Committee's transformative agenda, using the cluster performance monitoring too, and take remedial measures where necessary	NPHI	PHS/DI	MoH, WHO, SBH, Amref	X	X	X	X	X
5.42	Strengthen legislation/regulation that supports prevention and control of NCDs	Health Promotion	NCD	WHO				X	X
5.43	Strengthen policies/legislation targeted at mental health, alcohol, tobacco use, and healthy diets	Health Promotion	NCD	WHO				X	X
5.44	Encourage public-private partnerships and other	Health Promotion	NCD	WHO				X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
	stakeholders in improving access to and affordability of medicines for NCDs								
5.45	Establish a national NCD coordinating committee (or equivalent) with membership by all ministries	Health Promotion	NCD	WHO				X	X
5.46	Develop a national multi-sectoral NCD Action Plan, with full participation of non-health ministries and non-state actors	Health Promotion	NCD	WHO				X	X
5.47	Support the development and implementation of social and behaviour change communications (SBCC) interventions for women of reproductive age, men, elderly people, and marginalized populations	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
5.48	Strengthen the School Health and Nutrition Programme	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
5.49	Strengthen integration of nutrition in other key health sector interventions, such as maternal and adolescent health, HIV care, TB, IMCI, and NCDs	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC			X	X	X
5.50	Develop national palliative care policy	Health promotion	NCD	WHO				X	X
5.51	Formulate national legislation and policies to prioritize disaster risk management, health security, and international health regulation (IHR)	ZNPHI	EPREI	MoH, WHO, CDC, TDRC	X	X	X	X	X
5.52	Enhance communication at all levels	ZNPHI	PHS/DI	CDC, USAID, WHO, SADC	X	X	X	X	X
5.53	Facilitate the inclusion of community health structures in existing and emerging regulatory frameworks such as the Public Health Act and National Health Services Act	Public Health	Community Health	Global Fund, World Bank	X	X	X		
5.54	Develop and implement community health strategy implementation framework	Public Health	Community Health	Global Fund, World Bank	X	X	X		
5.55	Establish national, district, and community support structures	Public Health	Community Health	Global Fund, World Bank	X	X	X		
5.56	Strengthen multi-sectoral collaboration, community linkages, and coordination in line with the decentralization policy to address Social Determinants of Health and within the Health in All Policies framework	Public Health	Community Health	Global Fund, World Bank	X	X	X		
5.57	Design and implement standardized management including incentive schemes for community based volunteers	Public Health	Community Health	Global Fund, World Bank	X	X	X		
5.58	Strengthen community participation in planning, coordination, implementation, monitoring, and evaluation at the facility and community levels	Public Health	Community Health	Global Fund, World Bank	X	X	X		

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation		
5.59	Strengthen comprehensive e-learning institutions, school health and nutrition, and comprehensive sexual health education programmes	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.60	Promote inter-sectoral collaboration (including private-public collaboration) at the community level	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.61	Develop a framework for the delineation of the roles and functions as well as standard operating procedures to support community health and technical skills at each level	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.62	Revitalize the referral and feedback systems between health facilities and communities	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.63	Develop guidelines for community health adaptation in public health emergency situation including climate change and related disasters	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.64	Establish and sustain health-related emergency and disaster management and response systems at the community level	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.65	Develop a framework of innovations for enhancing gender-sensitive community health systems and service delivery models	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.66	Roll out community health system innovations throughout the country	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.67	Create a platform for multi-sectoral collaboration	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.68	Build capacity for the MOH to assume leadership for Health in All Policies (HiAP)	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.69	Collaborate with key stakeholders to implement (HiAP)	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.70	Engage community, civic, civil society organizations, and public and private care providers in promoting health	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.71	Advocate for health-promoting work environments	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.72	Enhance health-promoting schools	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.73	Advocate for policies that promote health	Public Health	Community Health	Global Fund, World Bank	X	X	X
5.74	Advocate for healthy city and community concept	Public Health	Community Health	Global Fund, World Bank	X	X	X
Input/Process 6: A sustainable and equitable health financing system							

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
6.01	Finalize and implement the Health Sector Financing Strategy	Health Care Financing	HCF	WB, UNZA, WHO, USAID, SIDA				X	X
6.02	Establishment of the Social Health Insurance scheme	Health Care Financing	HCF	WB, UNZA, WHO, USAID, SIDA			X	X	X
6.03	Promotion of private sector participation (Public-Private Partnerships-PPPs)	Health Care Financing	HCF	WB, UNZA, WHO, USAID, SIDA			X	X	X
6.04	Introduction of other innovative financing mechanisms, i.e., fuel subsidies	Health Care Financing	HCF	WB, UNZA, WHO, USAID, SIDA			X	X	X
6.05	Develop financial projection of human resource costs with different scenarios to guide resource allocation	Health Care Financing	HCF	WB, UNZA, WHO, USAID, SIDA				X	X
6.06	Develop and implement evidence-based Resource Allocation Formula (RAF) for statutory boards	Health Care Financing	Planning and Budgeting	WB, UNZA, WHO, USAID, SIDA			X	X	X
6.07	Increase external funding through direct sector budget support and strengthen partnerships with Cooperating Partners and civil society	Health Care Financing	Policy and planning	WB, UNZA, WHO, USAID, SIDA				X	X
6.08	Update and implement evidence-based Resource Allocation Formula (RAF) for second- and third-level facilities and training institution.	Health Care Financing	Planning and Budgeting	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
6.09	Increase funding for nutrition care services in health facilities	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC		X	X	X	X
6.10	Strengthen advocacy for resource mobilization for NTD control programmes	Public Health	NTD	WHO	X	X	X	X	X
6.11	Ensure equitable resource allocation considering demographics/geography, disease burden, and gender	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
6.12	Develop mechanisms for ensuring that 10% of DHO is reserved for community health activities	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
6.13	Introduce community financing schemes	Public Health	Community Health	Global Fund, World Bank	X	X	X	X	X
Input/Process 7: Improved health information system and research									
7.01	Ensure quality services through technical support and supervision	Clinical Care & Diagnostic Services/PI	TB	WHO, USAID	X	X	X	X	X
7.02	Develop a national public health laboratory system and network	NPHI	PHS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X
7.03	Provide technical input on the national public health research agenda	NPHI	PHS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
7.04	Integrating systematic collection of oral health data into existing health information systems (HMIS) and into ongoing NCD survey tools (STEPS, DHS, NCD Country Capacity Surveys, GSHS, etc.).	Clinical Care & Diagnostic Services/M&E	OHS	Colgate, Kano Health Solutions	X				
7.05	Ensuring participation and empowerment of the community and civil society in planning, implementation and monitoring of appropriate programmes related to the promotion of oral health, prevention of oral health diseases and provision of oral health care	Clinical Care & Diagnostic Services	OHS	MoH			X	X	X
7.06	Establish baseline statistics of ENT diseases in Zambia	Clinical Care & Diagnostic Services	ENT	Sound Seekers			X	X	X
7.07	Update and refine evidence-based resource allocation formula (RAF) at district level totake into account epidemiological, geographic, demographic, socioeconomic, and intra-district factors	Health Care Financing	HCF	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
7.08	Evaluate and explore the results-based financing initiatives, including assessing financial sustainability	Planning and Budgeting/ Monitoring & Evaluation	HCF	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
7.09	Strengthen systems and processes for evidence-based planning and budget execution, including profiling	Planning and Budgeting	HCF	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
7.10	Strengthen the system that links budget, disbursement, and expenditure to performance in order to inform planning	Planning and Budgeting	HCF	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
7.11	Carry out a skills gap analysis and based on its findings develop a comprehensive human resources plan	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
7.12	Transform the HRIS into a reliable HR information system to enhance HR planning and sound decision-making (updated, web-based, HRIS)	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID		X	X	X	X
7.13	Develop and implement an appropriate plan for production of health workers based on projected HRH needs (at all levels), both in numbers and skills-mix in line with the HRH Strategic Plan 2017-2021	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID		X	X	X	X
7.14	Promote operational research	HRMA	HRH	GF, CHAI, WB, USAID, SIDA, DFID				X	X
7.15	Enhance the MDSR process by strengthening systems for accountabilities of health workers and the health system in response to maternal deaths	Public Health	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
7.16	Strengthen the HMIS component that deals with MDSR (data collection, data management and data use, and improving oversight) in the utilization of data in informed decision making	Public Health/M&E	RMH	MoH, UNFP, UNICEF, WHO, World Bank, SBH, Amref, SFHi, DAPP, IPAS, Marie Stopes	X	X	X	X	X
7.17	Conduct high-quality public health research and programme evaluations	NPHI/ National research Authority	PHS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X
7.18	Develop an electronic IDSR component on the District Health Information System (DHIS2) platform that will ensure timely and accurate generation of health information for surveillance systems	NPHI/ Monitoring & Evaluation	PHS/DI	MoH, WHO, CDC, TDRC		X	X	X	X
7.19	Roll out the Blood Safety Information System (BSIS)	Blood Bank/ Monitoring & Evaluation	BTS	CDC, World Bank		X	X	X	X
7.20	Develop reliable and secure ICT systems to enhance data security	Blood Bank/ Monitoring & Evaluation	BTS	CDC, World Bank		X	X	X	X
7.21	Develop and implement M&E tools for supply chain management	CCDS/ Monitoring & Evaluation	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ			X	X	X
7.22	Establish a national repository for public health research	NPHI	PHS/DI	MoH, WHO, CDC, TDRC	X	X	X	X	X
7.23	Enhance surveillance, monitoring, and evaluation systems	NMEC/ Monitoring & Evaluation	Malaria	Global Fund, PMI, PAMO	X	X	X	X	X
7.24	Develop mechanisms for monitoring AMR	NPHI	EPREI	MoH, WHO, CDC, TDRC	X	X	X	X	X
7.25	Develop and implement operational frameworks for zoonotic diseases, emerging and re-emerging infectious diseases, and environmental risk factors using the 'One Health approach'.	NPHI	EPREI	MoH, WHO, CDC, TDRC	X	X	X	X	X
7.26	Create a public health emergency operation centre with standard operating procedures and trained staff	NPHI	EPREI	MoH, WHO, CDC	X	X	X	X	X
7.27	Develop an information system for tracking and assessing outbreaks and emergencies	NPHI	EPREI	MoH, WHO, CDC, TDRC, SBH	X	X	X	X	X
7.28	Ensure adequate reporting on implementation of the International Health Regulations (2005)	NPHI	PHS/DI	CDC, USAID, WHO, SADC	X	X	X	X	X
7.29	Build capacity at all levels, and monitor and supervise surveillance sites	NPHI	PHS/DI	CDC, USAID, WHO, SADC	X	X	X	X	X
7.30	Develop an electronic IDSR component on the District Health Information System (DHIS2) platform that will ensure timely and accurate generation of health information for surveillance system	NPHI	PHS/DI	CDC, USAID, WHO, SADC	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
7.31	Develop coordinated procurement planning based on accurate information from nationally agreed upon methodologies of forecasting and quantification	Clinical Care & Diagnostic services	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
7.32	Scale up implementation of electronic LMIS to all service delivery points	Clinical Care & Diagnostic services	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ	X	X	X	X	X
7.33	Institute use of analytics to harness pipeline, warehouse management system, and service delivery point LMIS to monitor and predict key supply chain events and risks	Clinical Care & Diagnostic services	PMS	ZMRA, Chemonics JSI, AIDSFree, SAFE JSI, CHAZ, CHAI, Discover Health JSI, MSL, HPCZ		X	X	X	X
7.34	Review, update the Capital Investment Plan	PPMT	HI	JICA			X	X	X
7.35	Create an electronic medical equipment database	PPMT	HI	JICA			X	X	X
7.36	Integration of human resource, equipment, and infrastructure planning	PPMT	HI	JICA			X	X	X
7.37	Review, update, and implement the equipment investment plan integrating health facilities and training schools to ensure access to appropriate technology	PPMT	HI	JICA			X	X	X
7.38	Study and revise the designs of health facilities, at different levels, to address current concerns, e.g. appropriateness of basic services at each level of care	PPMT	HI	JICA	X	X	X	X	X
7.39	Maintain an updated database for infrastructure equipment and transport	PPMT	HI	JICA			X	X	X
7.40	Strengthen data quality management with particular emphasis at lower levels	Public Health/PI	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
7.41	Support research and development of innovations and technologies for new-born, child health, and nutrition interventions	Public Health	Child Health	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF	X	X	X	X	X
7.42	Support research and development of innovations and technologies that enhance implementation of child health and nutrition interventions	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
7.43	Strengthen M&E of nutrition interventions for decision making	Public Health/M&E	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
7.44	Strengthen nutrition operational research, data management analysis, and utilization	Public Health/M&E	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
7.45	Support research and development of innovations in nutrition therapy	Public Health	Nutrition	WHO, SIDA, WB, USAID, DFID, GAVI, UNICEF, NFNC	X	X	X	X	X
7.46	Estimate the national burden of viral hepatitis	Public Health/M&E	Hepatitis	WHO, UNAIDS	X	X	X	X	X

Table 11: Alignment of Strategies with Investment Areas

Strategies/Activities		Responsible Directorate	Programme Area	Partners	Planned Period of Implementation				
7.47	Monitor trends of viral hepatitis	Public Health /M&E	Hepatitis	WHO, UNAIDS	X	X	X	X	X
7.48	Produce data capturing tools for NTDs to be incorporated in the existing HMIS	Public Health /M&E	NTD	WHO, Sight Savers, DFID		X	X	X	X
7.49	Implement the STEP wise approach to surveillance (STEPS) survey to better understand the current situation and allow for prioritization of interventions, including innovative screening and surveillance protocols	Health Promotion	NCD	WHO	X				
7.50	Develop and distribute information education and communication (IEC) materials for the various cancers	Health Promotion	NCD	WHO		X	X	X	X
7.51	Improve and strengthen M&E for MDR TB including operational research	Public Health/M&E	TB	USAID, Global Fund, World Bank, WHO	X	X	X	X	X
7.52	Strengthen community-based HMIS, and link to all the levels of the health delivery system	Public Health	Community Health	Global Fund, World Bank		X	X	X	X
7.53	Develop/enhance skills for utilizing community-based HMIS data for decision making	Public Health	Community Health	Global Fund, World Bank		X	X	X	X

Chapter 3: The institutionalisation of the NHSP 2017-2021Monitoring and Evaluation

As shown in Figure 5, the Zambia public healthcare delivery system is defined on three (3) levels of management namely: district, province and national. Across this hierarchy, service delivery occurs at five (5) levels - health post, health centre, 1st level hospitals, 2nd level hospitals and 3rd level hospitals. Level 3 hospitals are supervised by the national administrative level, and level 2 health facilities are managed through the provincial level, while level 1 is an integral extension of the district health management. Drawing on the existing management and service delivery structure, this M&E framework will be executed as shown in Figure 6.

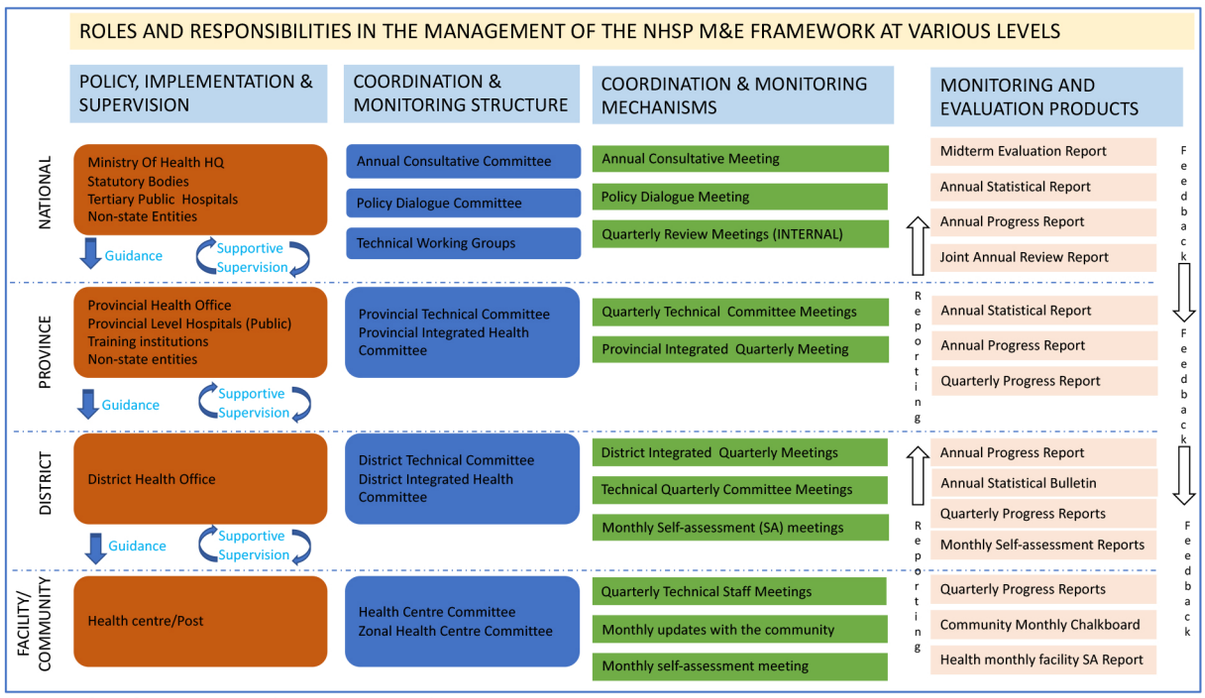

Figure 6: M&E Framework Execution Roles

3.1 Policy, Implementation and Supervision

In the context of health policy formulation, implementation and supervision, four administrative levels have specific mandates assigned to them for effective discharging of health service planning, monitoring and reporting. The national level formulates policy, standards and guidelines, and undertakes lower level supervision (primarily to provincial health offices and national hospitals) to ensure effective implementation of policies, strategies and standards. Each subsequent lower administrative organ is expected to provide guidance (in interpreting national policies, standards and guidelines) and supportive supervision to respective subordinate levels.

3.2 Coordination and Monitoring Arrangements

The Ministry of health recognizes the importance of partnership in the development of a resilient health system. The health sector has embraced Sector Wide Approach (SWAp) mechanisms in the coordination and maximization of donor support. Regular meetings and other coordination mechanisms are employed to make sure that partners participate as stakeholders in the effective delivery of healthcare. The Annual Consultative Meeting (ACM), Policy dialogue meetings and Technical Working Groups (TWGs) are key instruments used to achieve this goal at national level. Moreover, a Memorandum of Understanding (MoU) provides that overarching framework for partner support to the implementation of the National Health Strategic Plan.

- Annual Consultative Meeting (ACM): This forum targets the Minister responsible for Health to engage with the Ambassadors, High Commissioners, Heads of Missions and the United Nations (UN) family supporting the health sector National Health Strategic Plan. Key participants to the meeting also include other line ministries, heads of bilateral and multilateral development cooperation support, and civil society. The meeting is meant to enhance collaboration and coordination among health sector partners. Outcomes of these meeting include pledges for budget support and high-level agreements. The forum also provides a platform for a renewed commitment towards meeting the aspirations of the National Health Strategic Plan. The ACM is held once a year, usually at the end of the year.

- Policy Meetings: The aim of policy meetings is to monitor progress made on key result areas of the NHSP. The contents of the policy meetings are primarily derived from, selected key performance indicators (from the M&E Framework), discussion and resolutions from the various Technical Working Groups (TWGs) and other sector coordination meetings.

- Technical Working Groups: Every health system building block has at least one Technical Working Group (TWG) and various task forces/and subcommittees. TWGs draw membership from the ministry of health (and other line ministries and departments), statutory bodies and implementing partners. The TWGs monitor and advise on the development and implementation of the annual action plans and report to the policy meetings through their respective secretariat/directorate in the Ministry of Health. Whenever there is a matter that needs attention from the TWG task forces and sub-committees can be constituted in accordance with the Terms of Reference of the TWG. Issues not resolved in the TWG meeting are forwarded to the policy meeting for further review.

3.3 Monitoring and Evaluation Products

Monitoring and evaluations processes at each level have been identified with a given set of products. These will be achieved through the utilisation of existing structures and coordination mechanism. Below is a description of monitoring and evaluations products this framework will track:

3.3.1 Community Monthly Chalkboard

As new structures for community health evolve, the designated team leader for community health in a given catchment, will hold monthly meetings with opinion leaders to communicate key public health events arising from the community health teams' interactions or service provision during the month. A simplified performance framework, with indicators of public health priorities, will be introduced to provide guidance and this will be update yearly. Guidance on how to use interpret community indicators will be released as part of the package for the Data Handling

3.3.2 Self-Assessment Reports

Performance monitoring frameworks specific to each level of care will be introduced at Health post, Health centre, zonal health centre, hospitals (by service area/ department) and district. Data generated from the HMIS will be reviewed monthly and each of these levels of care will be expected to undertake self-assessments against set targets, complete performance improvement templates and plans if targets are not met. At the district level, this will provide input in the preparation of quarterly review reports. The schedule of indicators to be reported on will be released every year. Instructions on how to complete this will be included in the Data Management Procedures Manuals for the various level and guidance on the interpretation of indicators will be published in the Indicators Definitions Manual. Self-assessment tables will be aligned to the "M&E Form 1B".

3.3.3 Quarterly Review/progress Reports

These are information sharing sessions where each unit is expected to report progress on the implementation of annual plans and performance of selected indicators. Action plans are revised by means of the recommendations made during quarterly reviews. As such, successive meetings must utilise previous meeting's resolutions as a basis for discussion. Quarterly review reports are a culmination of monthly reports.

At the national, provincial and district levels, the M&E Form 1A (in Annex 1A) will be completed at the end of each month. This will be done by respective programmes or departments. To complete this form, programmes or directorates will use the information in Table 11. Below is a description of each field on the form:

- Reporting level/Reporting Name: "Reporting level" refers to either national, provincial or district. "Reporting Name" is the name of the reporting level: province or district. National level shall retain "national" for both name and level.

- Directorate/Unit: This is the Directorate or Unit reporting on its activities. Within each directorate, units can prepare individual progress reports for internal use in the Directorate. However, it is expected that only one merged table will be submitted. Using the national level as an example, the Directorate of Public Health will be expected to submit to the Office of the Permanent Secretary (through the Directorate of Monitoring and Evaluation) a merged report that covers all the Units under the Directorate. Individual units' reports will be used for intra-directorate ONLY. At the District level, a reporting unit shall be equated the respective programme areas as outline in the cost framework tables of district plan, for example, Integrated Reproductive and Sexual Health or HIV/AIDS/STI.

- Period: At the end of each month, each programme will submit this report: at the national level to the Office of the Permanent Secretary (through the Directorate of M&E); at the Provincial Office to the Office of the Provincial Director of Health (through the Principal Planner) and; at the District level to the Office of the District Director of Health (through the Senior Planner):

  ⇨ First submission will be by the first Friday of every month – this will be the "Date of initial submission".
  ⇨ Reports will be tabled and discussed in Senior Management at various levels, within two weeks of the close of the month. The date the report will be discussed shall be recorded under "date discussed".
  ⇨ If any updates to the reports are initiated during these meetings, changes shall be made and the final submission not later than the third Friday from the end of the reporting month and the date of this submission shall be recorded under "Date of final submission".
  ⇨ The Directorate of M&E (national level), the Principal Planner (provincial level) and the senior planner (district level) will merge all programme-specific reports by sorting them according to the NHSP investment areas.

  Note: This process will be repeated every month, and at the end of the third month in that quarter, each directorate/programme would have produced a quarterly report from which national, provincial and district offices **quarterly progress reports** would in turn be produced.

  - NHSP Investments: Arising from Figure 4, Table 1 identifies seven (7) health system investment areas and attempts to provide the context within which they should be understood under the NHSP 2017-2021. Further, Table 11 summarises all the NHSP 2017-2021 under each of the respective health investment area (or health system building block). The grid below lists the ID and Name of these investment areas:

ID	Name
IP1	Improved availability, distribution and management of human resource for health
IP2	Improved variety, quality and functionality of health infrastructure
IP3	Improved availability of and access to medical products and technologies
IP4	Improved performance of health service delivery systems
IP5	Enhanced leadership and governance
IP6	A sustainable and equitable health financing system
IP7	Improved health information system and research

- Strategic Intervention: This is a deduplicated complete list of the strategies on the NHSP 2017-2021that have been reorganised according to investment areas as presented in Table 11 with their respective IDs. Use Table 11 to populate these columns.
- Closing Month/Year: This is the month and year when the implementation of this strategy is/was planned to be concluded. This information is in Table 11.
- Linked Activities on the Annual Plan: The linking of annual activities to the NHSP 2017-2021strategies MUST beginning with annual planning. Each activity selected for annual implementation should be linked to a related strategy on the NHSP 2017-2021. *Instructions on how to do this can be found in the 2019 Technical Updates or subsequent revisions on the Planning Handbooks.*
- Programme Summary Report: In bullet form, the implementation status of each activity will be recorded here.

3.3.4 Annual Progress Report

This report applies to the national, province and district levels. It is an administrative report, that picks on selected output indicators from the annual statistical reports/bulletins and key implementation highlights from quarterly progress reports. It differs from the Annual Statistical Report, in that it focuses more on discussing the process in implementing the NHSP than the M&E outputs. The Annual Progress Report shall be generated from the quarterly review/progress reports. An outline of this report will be released separately as part of the Procedure for Data Management.

3.3.5 Annual Statistical Bulletin

The bulletin applies to the district level only. It is a summary of performance (on selected key performance indicators) in charts, simple tables and maps. The presentation of the data should be simple enough as the targeted audience shall be the general public in the catchment area. At the end of the year, each district will produce this report indicating how each facility (under them) performed on preselected set of indicators. These bulletins will be sent to all facilities. Individual facilities will in turn pin this report, in strategic areas of the facility for public view. Besides pinning these reports for public view, each facility will be expected to develop a package of messages based on the performance for communication to their clients during health talks. *The outline of the bulletin will be circulated at the beginning of each reporting period.*

3.3.6 Annual Statistical Report

This report provides a detailed descriptive analysis of statistical data from various sources. It applies to the national and provincial levels. At the national level, the primary unit of analysis will be provinces and hospitals at the national level that provide specialised services, while at the provincial level, the unit is district. However, both the national and provincial reports may choose to isolate and discuss lower level units, below the primary one, if a unique observation is made. The primary source of data for this report is the routine HMIS and administrative records, including those from training institutions and statutory bodies. An outline for this Report shall be updated annually.

3.3.7 Joint Annual Reviews

Every year (except the year for the mid-term review and final evaluation) a Joint Annual Review will be undertaken that includes stakeholders namely, cooperating partners and other non-state actors, to review progress made in selected indicators of interest. The reviews are guided by particular themes of interest and will be premised on the evidence of performance in the HMIS.

3.3.8 Mid-term Review of the NHSP

Mid way into the implementation of the 5-year National Health Strategic Plan, a national review of the plan will be undertaken to assess progress made towards goals, document success and identify areas for modification. Data on implementation progress will be gathered from a representative sample of implementing entities, covering all key areas of the M&E Framework with a focus on INPUTS, OUTPUTS and OUTCOMES. Some dimensions in the outcome domain may not be included in the review but shall be left to the end line (final) evaluation.

ANNEXES

National Health Strategic Plan Monitoring and Evaluation Framework
Monthly/Quarterly Progress Reporting Form

M&E FORM 1A

Reporting Level: Reporting Unit Name:
Directorate/Unit:
Period: Date of initial submission: Date discussed: Date of final submission:

Plan for this Period						
NHSP Investments Area		**Strategic Interventions** (*from the NHSP 2017-2021*)		**Closing Month/ Year**	**Linked Activities on the Annual Plan**	**Programme Summary Report**
ID	**Name**	**ID**	**Name**			
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National Health Strategic Plan Monitoring Evaluation Framework
National Level Annual Performance Reporting Form

M&E FORM 1B

Reporting Level: **Reporting Unit Name:**
Directorate/Unit:
Month/Quarter: **Date Submitted/Uploaded:**

Table 1

Health System Performance Area		Health System Performance Indicators		Performance		Description of Performance
ID	Name	ID	Name	Target	Achieved	
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M&E FORM 1B

National Health Strategic Plan Monitoring Evaluation Framework
National Level Annual Performance Reporting Template

Reporting Level:
Directorate/Unit:
Month/Quarter:

Reporting Unit Name:

Date Submitted/Uploaded:

Table 2

Health System Performance Area		Health Service Utilisation Indicators		Performance		Description of Performance
ID	Name	ID	Name	Target	Achieved	
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List of People Consulted on the M&E Framework

1.	Ms. Kakulubelwa C. Mulalelo	Permanent Secretary - Administration
2.	Prof. Elywn Chomba	Permanent Secretary - Training and Development
3.	Mr. Fredrick Mwila	Director - Human Resources Management & Administration
4.	Dr. Jelita Chinyonga	Director - Performance Improvement
5.	Dr. Lonia Mwape	Director - Nursing Services
6.	Mr. Kalangu D. Mumba	Director - Finance
7.	Dr. Andrew Silumesi	Director - Public Health
8.	Dr. Anita Kaluba	Director - Health Care Financing
9.	Dr. Rosemary R. Mwanza	Director - Quality Assurance
10.	Dr. Chrispine Sichone	Director - Policy and Planning
11.	Dr. Abel N. Kabalo	Director - Health Promotion, Environment and Social Determinants
12.	Dr. Mpuma Kamanga	Director - Special Duties
13.	Dr. Angel Mwiche	Assistant Director - Reproductive Health
14.	Dr. Mwenya Kasonde	Assistant Director - Global Health
15.	Mr. Dennis Siampwizi	Assistant Director - Human Resources Management
16.	Mrs. Evelyn Muleya	Assistant Director -Training and Development
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21.	Dr. Patricia Bobo Mupeta	Assistant Director - Child Health Nutrition
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31.	Mr. Mwane Jonathan	SHPO
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34.	Mr. Vicheal Silavwe	Chief IMCI Officer
35.	Mr. Wamunyima Lubinda	C-CD/NTD Officer
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50.	Mrs. Mwiinga Tolosi	Chief Nursing Officer
51.	Mr. Augustine Seyuba	Communication and Public Relations Adviser
52.	Ms. Virginia Simushi	Principal Information, Communication and Technology Officer
53.	Mr. Sam Phiri	Principal Information, Communication and Technology Officer
54.	Mr. Owen Muhwende	Senior Internal Auditor
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