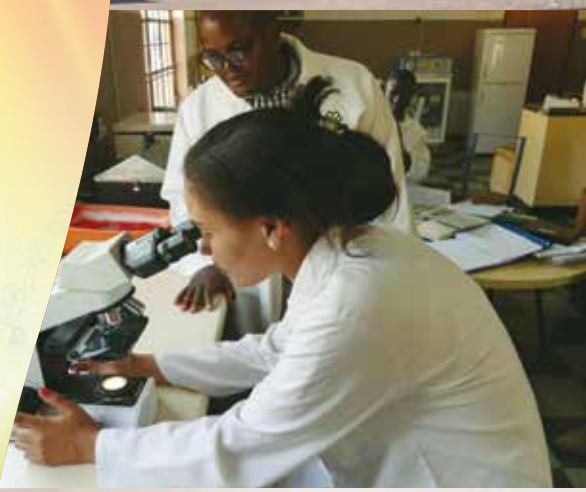
Churches Health Association of Zambia (CHAZ)

Serving to save lives



STRATEGIC PLAN 2017-2021

"He sent them to preach the Kingdom of God and heal the sick" Luke 9:2

Vision:

A Zambian society where all people are healthy to the glory of God.

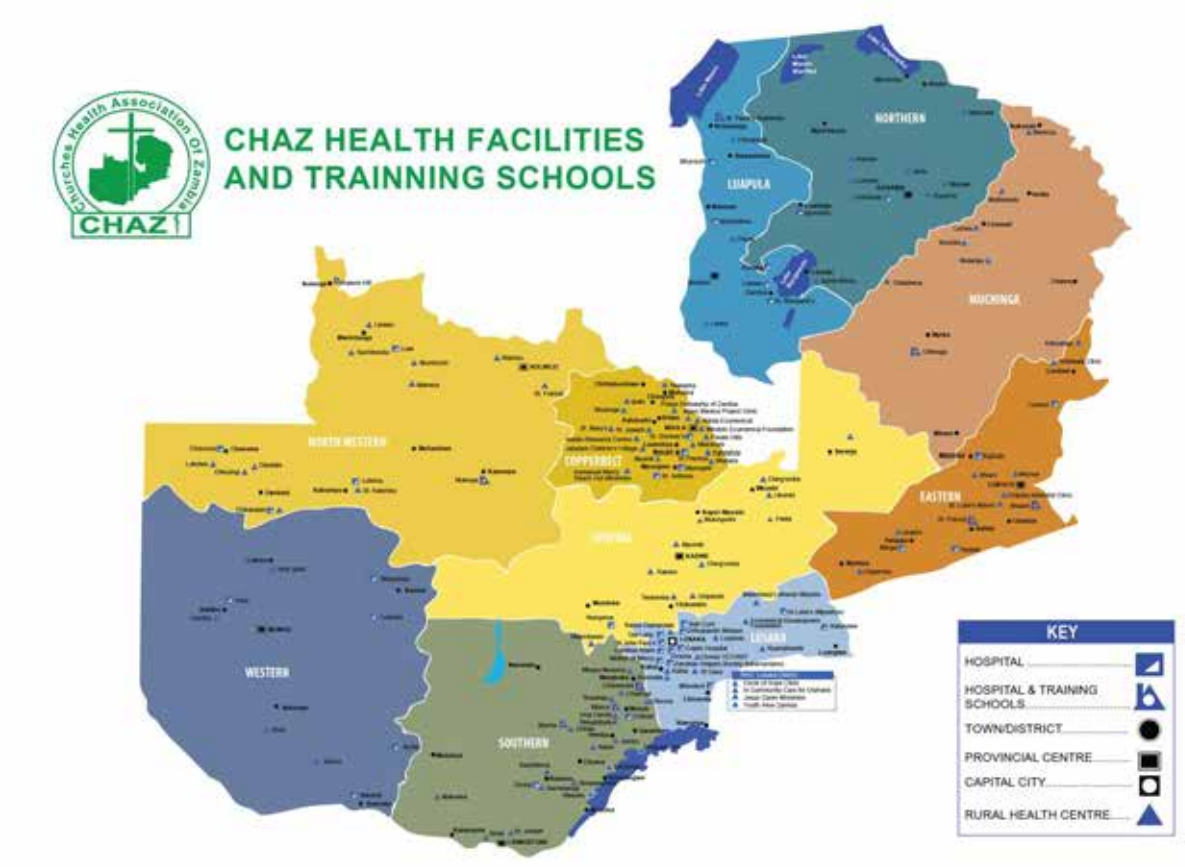
Mission:

Committed to serving all people, especially the poor and the underserved, with holistic, quality and sustainable health services that reflect Christian values.

Core Values:

Bear Christian witness; Service excellence; Innovation; Client centeredness; Partnership; Unity of purpose; and Transparency and Accountability.

Geographical Distribution of CHAZ Health Facilities and Training Schools



FOREWORD

The Churches Health Association of Zambia (CHAZ) remains a major player in the Zambian health sector, providing affordable, quality holistic health care services to the public, with particular focus on the most vulnerable in society. Our 157 health service delivery facilities are found in all the ten (10) provinces of Zambia, with more presence in rural hard-to-reach areas, where access to health care services is often a challenge.

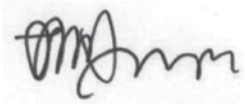
Over the past six (6) years, ended 2016, notwithstanding the many challenges that we experienced, we recorded significant progress in all the service delivery areas. It is worth noting here that this progress was made possible by the collective efforts and commitment of our team and our partners at different levels. In this respect, I wish to express sincere gratitude to all our key partners, particularly: the Government of the Republic of Zambia (GRZ), through the Ministry of Health (MoH); the local communities and civil society; the private sector; and our international Cooperating Partners, for the support rendered. Through the support of these partners, we have continued to receive the much-needed cooperation, financial and logistical support, towards implementation of our health programmes.

This strategic plan covers a period of five (5) years, from 2017 to 2021. It has been developed with the knowledge and understanding of our past performance, the current strategic position, and a clear projection of the operating environment that lies ahead. Through this plan, we aim to adequately strengthen our capacities and scale up all our services, in order to achieve our goals, and thereby significantly contribute to the attainment of the national health goals, as expressed in the National Health Strategic Plan 2017 to 2021 (NHSP 2017-2021).

During the course of implementing this strategic plan, we will be guided by our vision of *"A Zambian society where all people are healthy to the glory of God",* and shall ensure that all the services we provide conform to, and promote our Christian values, in line with the Christian calling, *"He sent them out to preach the Kingdom of God and heal the sick"* (Luke 9:2). To achieve this aim, we shall, at all levels, remain fully dedicated to our goals and objectives, and work closely with all our key stakeholders and partners, in a spirit of *"unity of purpose"*. In this respect, we will strengthen and expand partnerships at all the levels of our operations, in order to optimize their support and synergies.

It is my sincere hope and belief that the successful implementation of this strategic plan will bring about improved access to our services, and thereby increase our relevance to the communities we serve, and the Zambian people as a whole, to the glory of God. I therefore sincerely look forward to working together with all our stakeholders, for the benefit of the communities we serve and the people of Zambia.

God bless you.



Fr. Justin Matepa
BOARD CHAIRPERSON

ACKNOWLEDGEMENTS

I am pleased to note that the development of our new strategic plan, 2017 to 2021, has come to a successful conclusion. The process of developing this strategy was comprehensive and involved broad-based consultations with, and participation of all our key stakeholders. In this regard, on behalf of the Board, Management and Staff of the Churches Health Association of Zambia (CHAZ), and indeed on my own behalf, I wish to thank all of those who participated in the development of this strategy. Particular thanks go to the following:

- The members of the Representative Churches Forum (RCF), the General Council and the Board of Trustees, for their leadership during the development of this plan;
- The Government of the Republic of Zambia (GRZ), through the Ministry of Health (MoH), for providing the overall health sector strategic framework, as contained in the National Health Strategic Plan 2017 to 2021 (NHSP 2017-2021), and for the continued partnership and support;
- Our Cooperating Partners (CPs), for their continued financial support to our health programmes. It is also our sincere hope and expectation that they will continue to support us in the implementation of this new strategic plan;
- Management and staff of CHAZ at the Secretariat, Regional offices, and at the Church Health Institutions (CHIs), for their commitment to the development of this plan;
- The communities, community partners and private sector, for their participation and contributions, through the consultations conducted; and
- The consultants who supported this process at different stages, namely, Mr. Martin Kalungu - Banda, Mr. Sampa Kalungu and Mr. Alex Nondo Chikwese.

I thank you all and hope that you will continue to partner with us, and support the implementation of this strategic plan.

I wish you all the Lord's blessings.

Karen Sichinga (Mrs.)
EXECUTIVE DIRECTOR

TABLE OF CONTENTS

LIST OF FIGURES

ABBREVIATIONS AND ACRONYMS USED

AIDS	Acquired Immunodeficiency Syndrome
GC	Annual General Council
ART	Antiretroviral therapy
ARVs	Anti-Retrovirals
CBOs	Community Based Organisations
CDC	Centers for Disease Control and Prevention
CHAZ	Churches Health Association of Zambia
CHAZ-SP	CHAZ Strategic Plan
CHAZ-CBP	CHAZ Capacity Building Plan
CHIs	Church Health Institutions
c-IMCI	Community Integrated Management of Childhood Illnesses
CHW	Community Health Worker
CMF	Constituent Members' Forum
CPs	Cooperating Partners
CRS	Catholic Relief Services
CSO	Central Statistical Office
CSOs	Civil Society Organisations
C&T	Counselling and Testing
DCA	DanChurchAid
DHMT	District Health Management Team
DHIS	District Health Information System
DOT	Directly Observed Treatment
FBOs	Faith Based Organizations
FHI	Family Health International
f-IMCI	Facility Integrated Management of Childhood Illnesses
FMS	Financial Management Systems
GFATM	Global Fund to Fight AIDS, TB and Malaria
HC	Health Centre
HMIS	Health Management Information System
HIPC	Highly Indebted Poverty Countries
HIV	Human Immunodeficiency Virus
HP	Health Post
HR	Human Resource
HRG	Human Rights and Sex
ICTs	Information Communication Technologies
IGA	Income Generating Activity
IMCI	Integrated Management of Childhood Illnesses
JCTI	James Cairns Training Institution

JFA	Joint Financing Arrangement
LSIs	Large-Scale Implementers
LSR	Large-scale Sub-Recipient
MIS	Malaria Indicator Survey
M&E	Monitoring and Evaluation
MNCH	Maternal, Neonatal and Child Health
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NDP	National Development Plan
NHC	Neighbourhood Health Committee
NHSP	National Health Strategic Plan
OIG	Office of the Investigator General of the GFATM
VC	Vulnerable Children
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PGO	Provincial Grants Officer
PPO	Provincial Programme Office
PLWHA	People Living with HIV and AIDS
EMTCT	Prevention of Mother to Child Transmission (of HIV)
PR	Principle Recipient
QA	Quality Assurance
QC	Quality Control
RHC	Rural Health Centre
RN	Registered Nurse
RNE	The Royal Netherlands Embassy
SR	Sub-Recipients
SSR	Sub-Sub Recipient
STIs	Sexually Transmitted Infections
TB	Tuberculosis
WHO	World Health Organisation
ZDHS	Zambia Demographic and Health Surveys
ZSBS	Zambia Sexual Behaviour Survey

EXECUTIVE SUMMARY

Who we are

The Churches Health Association of Zambia (CHAZ) is a Christian interdenominational umbrella organization for Church Health Institutions (CHIs) and community health programmes in Zambia. We are committed to serving communities with holistic quality and sustainable health services, so that people live healthy lives to the Glory of God. Currently, we are the largest non-government health services provider in Zambia, with 157 affiliated CHIs, owned by 17 different Christian denominations. These facilities are located in all the 10 provinces of Zambia, with more presence in rural hard-to-reach areas.

This document presents the CHAZ Strategic Plan for the period from 2017 to 2021 (CHAZ-SP 2017-2021 or the plan). It has been developed through broad-based consultations with our key stakeholders. The plan is aligned to the National Health Strategic Plan 2017 to 2021 (NHSP 2017-2021), the national development framework, and the regional and global health strategic frameworks, particularly, the health-related Sustainable Development Goals (SDGs).

Strategic Focus

Vision: A Zambian society where all people are healthy to the glory of God.

Mission: Committed to serving all people, especially the poor and the underserved, with holistic, quality and sustainable health services that reflect Christian values.

Values: Bear Christian witness; Service excellence; Innovation; Client centeredness; Partnership; Unity of purpose; and Transparency and Accountability.

Priorities: Our strategic priories are aligned to the national health priorities, identified in the NHSP 2017-2021. These are provided in Annex 2.

Main Objectives:

1. To achieve health service excellence, by significantly improving the quality, efficiency and effectiveness of health service delivery at all levels by 2021.
2. To achieve high standards of organisational efficiency and effectiveness, by strengthening the CHAZ health support systems and capacities at all levels by 2021.
3. To achieve long-term sustainability of the CHAZ Secretariat operations and technical competence, as the umbrella national coordinating organisation for Church health services in Zambia, by increasing the levels and consistency of internally generated income by 2021.

Our Strategic Directions

We have identified three (3) mutually reinforcing strategic directions, through which we expect to achieve our vision and objectives for this strategic plan, and thereby significantly contribute to the attainment of the national health objectives and targets for this period. These strategic directions are:

Strategic Direction 1: Towards Health Service Excellence;
Strategic Direction 2: Strengthen health support systems, for optimal organisational efficiency and effectiveness; and
Strategic Direction 3: Towards long-term sustainability CHAZ Secretariat operations and technical competency.

Specific objectives, strategies and indicators have been developed for each of these strategic directions, which will guide implementation of this plan.

Strategic Direction 1: Towards health service excellence

Main Objective

To achieve health service excellence, by significantly improving the quality, efficiency and effectiveness of health services offered at all levels by 2021.

Specific Objectives

1. To ensure efficient and effective delivery of approved packages of standard healthcare services, based on the principles of Primary Health Care (PHC) and community health approach.
2. To significantly contribute to the attainment of the national goal of eliminating local malaria infection and disease by 2021, by scaling up implementation of high-impact malaria elimination interventions in the communities served by CHAZ, in line with the National Malaria Elimination Strategic Plan 2017-2021 (NME-SP 2017-2021).
3. To significantly contribute to the national goal of reducing the incidence of HIV and AIDS-related mortality by 75%, compared to 2013 (ZDHS), and mitigation of the socio-economic impact of AIDS, by implementing evidence-based high-impact promotive, preventive, curative and rehabilitative interventions, aligned to the National AIDS Strategic Framework (NASF) 2017-2021.
4. To significantly contribute to the attainment of the national goal of reducing the number of TB deaths in the population by 40% by 2021, compared with 2015, through strengthening and expansion of TB control services, in line with the National TB Control Strategic framework for the period, 2017-2021.

5. To assist reduce maternal mortality and the neonatal morbidity and mortality by three-quarters, through overcoming access and utilization barriers to Maternal, Neonatal and Child Health (MNCH) services, by providing Antenatal Care (ANC) health education, using motivational interviewing, Essential Newborn Care Family Package, and involving the community at the 6-8th level of the Arnstein ladder of community involvement.
6. To avert sexually transmitted infections, under-age pregnancies and early marriages among adolescents by locating prevention efforts at multiple levels of causation—from society, community, and peer levels to family, relational, and individual levels, including traditional counselling.
7. To contribute to the reduction of Under-five Mortality Rate (U5MR) from 75/1,000 live births (ZDHS, 2013-2014) to 56/1,000 live births by 2021, by scaling up coverage of immunisation services, strengthening Integrated Management of Childhood Illnesses (IMCI) at CHIs and community levels, and involving the community at the 6-8th level of the Arnstein ladder of community involvement, in order to reduce the five major child killers - malnutrition, malaria, ARI, diarrheal diseases, and HIV.
8. To contribute to the halting and reversing of the incidence and prevalence of Non-Communicable Diseases (NCDs) in Zambia, in line with the NHSP 2017-2021 objectives and targets.

Strategic Direction 2: Strengthen health support systems, for optimal organisational efficiency and effectiveness

Main Objective

To achieve optimal levels of organisational efficiency and effectiveness by strengthening CHAZ health support systems and capacities at all levels by 2021.

Specific Objectives

1. To achieve optimal staff availability of at least 90% of the authorised staff establishment for the CHAZ Secretariat, and 70% for the CHIs by 2021, through strengthening of CHAZ human resource recruitment and management, and advocacy for adequate placement and retention of public health workers at the CHIs.
2. To strengthen the provision, management and use of essential medical products, infrastructure, medical equipment, transport and logistics, for efficient and effective support to health service delivery.
3. To ensure the availability of quality and timely health information, and promote the use of Monitoring and Evaluation (M&E) data and research findings, for evidence-based decision-making.
4. To ensure optimum, timely and predictable financing, and the highest standards of transparency and accountability in the management and use of the financial resources at all levels.
5. To attain and maintain the highest standards of leadership, governance, transparency and accountability for the decisions, actions and resources at all levels, throughout the duration of this plan.

Strategic Direction 3: Towards long-term sustainability of the CHAZ Secretariat operations and technical competence

Main Objective

To achieve long-term sustainability of the CHAZ Secretariat operations and technical competence, as the umbrella national coordinating organisation for Church health services in Zambia, by scaling up its resilience, income generation and diversification of the resource base by 2021.

Specific Objectives

1. To scale up income generation of the CHAZ Secretariat, by increasing the efficiencies and capacities for internal generation of resources.
2. To enhance diversification and expansion of the sources of income for the CHAZ Secretariat.

Implementation Arrangements

The plan will be implemented within the policy, regulatory, institutional, planning, and M&E frameworks established at CHAZ and in the health sector in Zambia. Efforts will be made to periodically review and strengthen the internal implementation frameworks (policies, systems and structures), and to also advocate for improvements in the external policy and regulatory frameworks.

The plan will be implemented through the existing CHAZ planning framework, which is aligned to the national health sector planning framework, and includes the medium-term and annual planning cycles. Research, M&E and the use of evidence will be significantly strengthened, to ensure evidence-based decision-making at all levels. The expected results of this plan are provided in the Results Matrix, which forms part of this report. The total cost of implementing this strategic plan is estimated at US$ 367,372,941.

1 INTRODUCTION

1.1 Who we are

The Churches Health Association of Zambia (CHAZ) was formed in 1970 by Catholic and Protestant Christian Missionary health workers from 16 Church Mother Bodies. The main purpose of establishing CHAZ was to improve the overall organizational effectiveness of Church Health Institutions (CHIs) and faith-based Community-Based Organizations (CBOs) involved in health service delivery in Zambia. Currently, CHAZ has 157 CHIs - 36 Hospitals (11 of which have training schools), 89 Rural Health Centres (RHCs) and 32 CBOs. All these health facilities account for 40% of the total national health care and more than 50% of rural health care services. The majority of these health institutions are located in rural and hard-to-reach areas, and are in all the 10 administrative provinces of Zambia serving the poor and the underserved.

CHAZ and its member units work closely with the Government of the Republic of Zambia (GRZ) and within the National Health Policy and Strategic Framework. The collaboration between the Government and CHAZ is guided by a Memorandum of Understanding (MoU). Through this MoU, the Government has committed to paying salaries of health workers in church health facilities, providing at least 75% of the operational costs, and providing essential medicines for these facilities.

1.2 Context

At CHAZ, we have established a strong tradition of developing and implementing 5-year strategic plans, which provide the long-term strategic focus and framework for the organisation. The last strategic plan came to an end on 31st December 2016, which prompted the need to develop a new strategic plan for the next five years.

This document presents the CHAZ Strategic Plan 2017 to 2021 (CHAZ-SP 2017-2021 or the plan). It was developed through broad-based consultations with the main stakeholders and is aligned to the National Health Strategic Plan 2017 to 2021 (NHSP 2017-2021). The successful implementation of this plan is expected to significantly impact on the health status of the communities served and contribute to the attainment of the national health strategic objectives.

1.3 Critical Linkages

This strategic plan has strong linkages with: the Christian Church; the health sector strategic framework, including the National Health Policy, NHSP 2017-2021 and strategic frameworks for specific health programmes; the Seventh National Development Plan (7NDP), 2017 to 2021; and the Vision 2030 strategy. The plan is also linked to regional and international health strategic frameworks, including the Southern African Development Community (SADC) health policy, the Abuja and Maputo declarations on health, the Accra Agenda for Action, the International Health Partnerships (IHP), and the health-related Sustainable Development Goals (SDGs).

2 BACKGROUND

2.1 Country Profile

Demographic Overview

Zambia's population has rapidly grown, from 3.5 million in 1964 to 15.5 million in 2015 (CSO, LCMS 2015). The current population is almost evenly distributed among males (49%) and females (51%). According to the 2015 Living Conditions Monitoring Survey (2015 LCMS), approximately 42.9% are young persons, below the age of 15 years, 58.2% of the population reside in rural areas, while 41.8% reside in urban areas[1]. The country has high poverty and income inequality levels. Poverty incidence in 2015 was estimated at 54.4%, while extreme poverty was at 40.8%. Income inequality was estimated at a GINI Coefficient of 0.69, placing Zambia among the most unequal nations in the world. Both the high poverty levels and income inequality adversely affect the quality of life and the capacity of the affected populations to access quality health care. CHAZ focuses special attention on serving the poor and vulnerable, particularly in rural hard-to-reach areas.

Disease Burden

Zambia has a high disease burden. The 2015 Health Sector Mid-Term Review (MTR) report observed that Zambia's epidemiological profile is characterized by: **(1) high prevalence and impact of preventable and treatable communicable diseases**, particularly malaria, HIV and AIDS, sexually transmitted infections (STIs) and Tuberculosis (TB); **(2) a growing burden of non-communicable diseases (NCDs)**, including mental health disorders, cancer diseases, trauma, sickle cell anaemia, diabetes mellitus, hypertension and cardiovascular disorders (CVDs), chronic respiratory disorders, blindness, eye refractive defects, and oral health problems; and **(3) high maternal and child mortality levels**.

A review of the trends in the disease burden in Zambia, for the period from 2011 to 2015, indicates that malaria remains the leading cause of morbidity and mortality in the country. Further, with an HIV prevalence rate of 13.3% (CSO, ZDHS 2013-14), Zambia is among the countries that are most affected by the HIV epidemic in the world.

National Health Policy, Priorities and Strategies

The existing National Health Policy 2013 (NHP 2013) is committed to "ensuring equitable access to health care for all the people of Zambia, regardless of their geographical location, gender, age, race, social, economic, cultural or political status". The policy is being implemented through successive National Health Strategic Plans (NHSPs), which set out national health priorities and strategic focus for the respective planning periods. CHAZ strategic plans and operations are aligned to the national health strategic frameworks.

[1] Source: Zambia - 2015 Living Conditions Monitoring Survey Report, Central Statistical Office (CSO) 2016

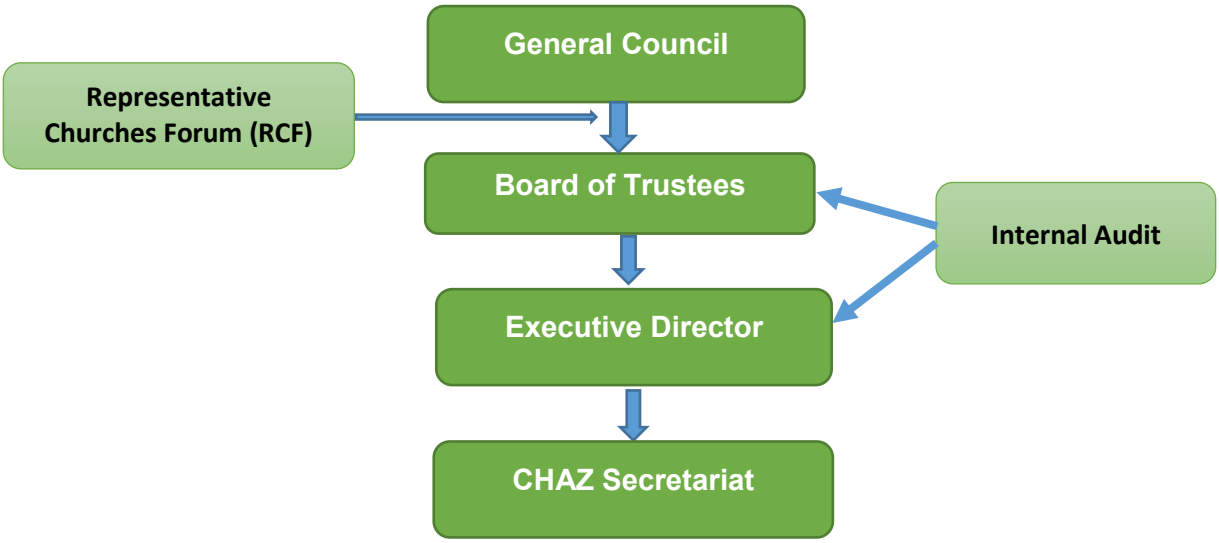
2.2 CHAZ Organisation and Management

CHAZ comprises the secretariat in Lusaka, regional programme offices (currently 4), and 157 affiliated Church Health Institutions (CHIs) at different levels. We are currently the largest non-governmental health service provider in Zambia, second only to the MoH, and with significant presence in the rural areas.

Governance Structure

CHAZ is a large and complex organization with a clearly defined and established governance structure, aimed at ensuring high standards of corporate governance, transparency and accountability. Our governance structure comprises: the General Council (GC or the Council); the Representative Churches Forum (RCF); the Board of Trustees and its Advisory Committees; the CHAZ Secretariat, headed by the Executive Director; and the Church Health Institutions (CHIs) and CBOs, which are the health service delivery facilities for the Church in the health sector. This structure is illustrated in Figure 1 below.

Figure 1: CHAZ Governance Structure



Strategic Partnerships

CHAZ has established strong and extensive partnerships with various institutions at different levels, including: the Government, through the MoH; Cooperating Partners (CPs); local communities and civil society; and the private sector. Through the MoU signed with MoH, all the CHIs under CHAZ have been integrated into the public health system, and operate on similar lines as public health facilities under MoH. Under this arrangement, CHIs are provided with public health workers, Government operational grants, essential medicines, other logistics and capacity building support.

Health Services

CHAZ health services are provided through standard packages of promotive, preventive and curative health services offered by CHIs at different levels, and also through specific health programmes, targeting diseases of public health concern and priority.

3 RATIONALE, METHODOLOGY AND APPROACH

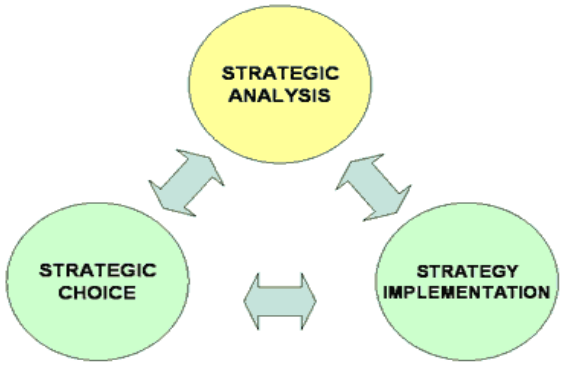
3.1 Rationale

CHAZ has established a long tradition of consistently developing and implementing five-year strategic plans, which provide appropriate strategic frameworks for delivering services to the people of Zambia. Implementation of the last strategic plan came to an end on 31st December 2016. This triggered the need to develop this new strategic plan, for the next five (5) years, from 2017 to 2021.

3.2 Methodology

The methodology used for developing this plan was guided by, and structured around the generic *"Basic model of the strategic management process"*, illustrated in Figure 2.

Figure 2: Basic Model of Strategic Management Process



Source: Exploration of Corporate Strategy, Fifth Edition, Gerry Johnson and Kevan Scholes

This model was tailored to the strategic planning needs of CHAZ, and supplemented with other appropriate planning models, tools and templates, which were either adopted or developed and used at the different stages of the strategic planning process. The tools used included the basic systems model, the value chain model, the World Health Organisation (WHO) Six Health Systems Building Blocks model, the PESTEL[2] Model, the SWOT Analysis[3] model, and other templates, specifically tailored to this assignment.

3.3 Process

The plan was developed through a broad-based consultative process, which provided for meaningful participation and contributions from the various key stakeholders to the process and content of the plan. This was achieved through: the desk review; consultative meetings; interviews and workshops with selected internal and external stakeholders; field visits to selected sample sites; stakeholders' review of the draft strategic plan; and presentations of the draft strategic plan to management, the Board and the Constituent Members Forum.

[2] PESTEL – A management tool used for analysing the Political, Economic, Socio-Cultural, Technological and Legal factors of the external environment of an entity.
[3] SWOT – A tool used for analysing the Strengths, Weaknesses, Opportunities and Threats of an entity.

4 STRATEGIC ANALYSIS

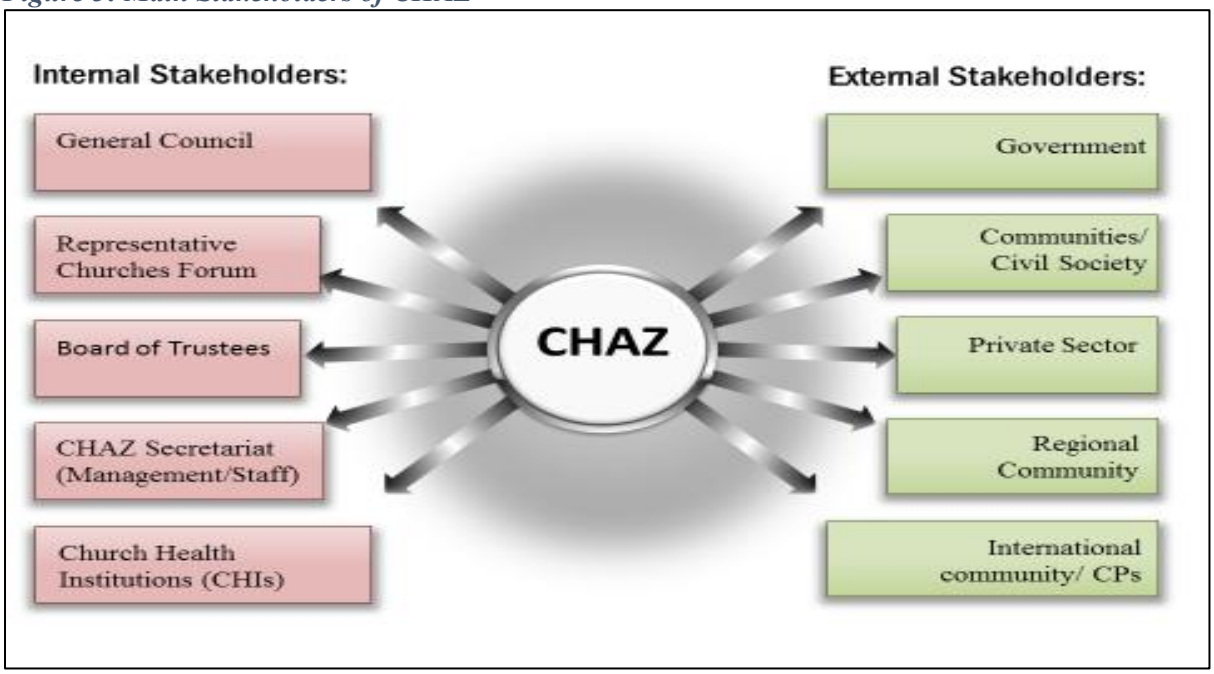
4.1 Overview

A comprehensive strategic analysis was carried out to review the capacities and past performance of CHAZ, and establish its strategic position. This included a review of stakeholders, and a review of the internal and external environments of CHAZ, which were then summarised into an analysis of the strengths, weaknesses, opportunities and threats (see Figure 4).

4.2 Stakeholder Analysis

CHAZ is a large and complex organization with diverse stakeholders, with varying interests and influences on is policies and performance. The main stakeholder categories and groups are presented in Figure 3 below.

Figure 3: Main Stakeholders of CHAZ

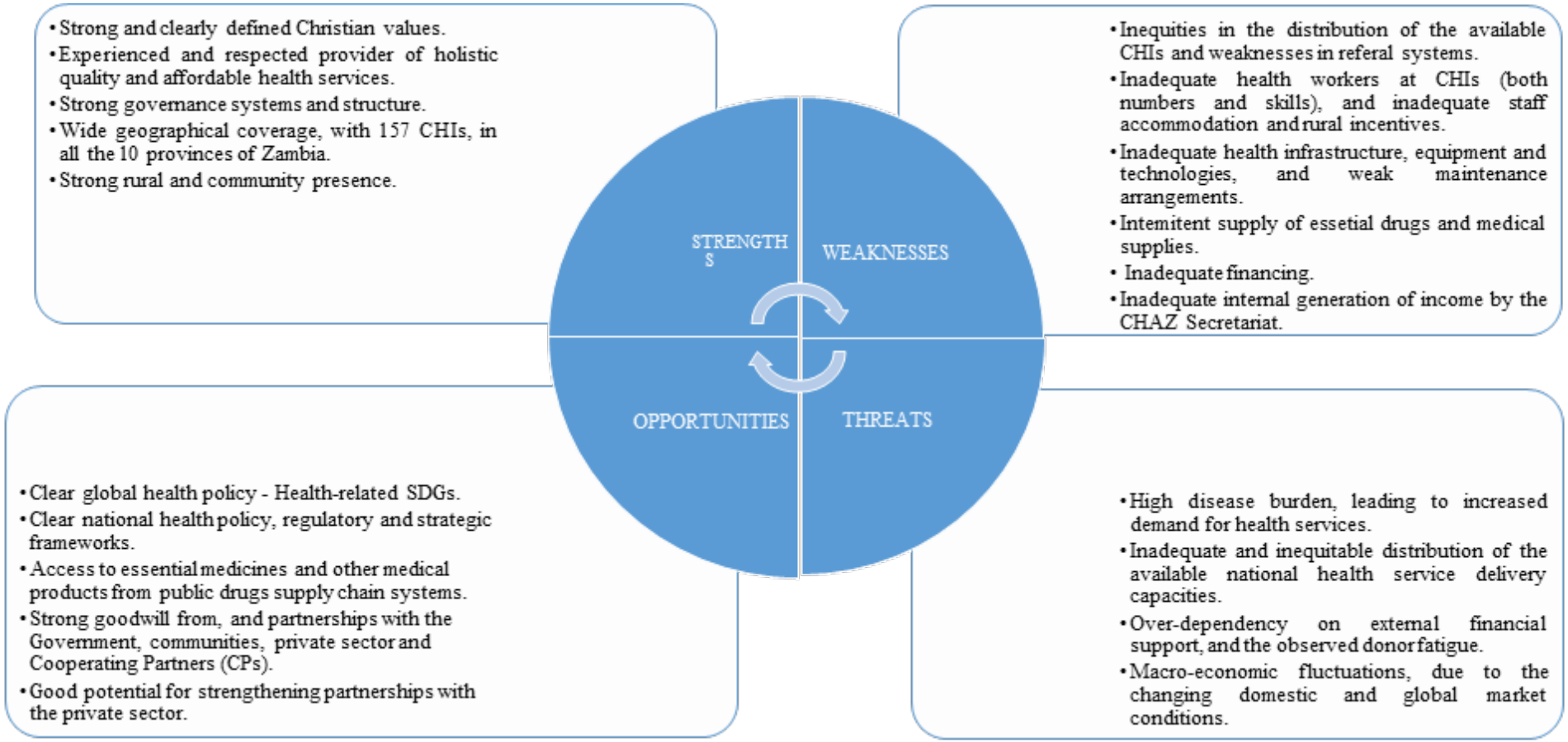


Internal stakeholders' main interests include: ensuring that CHAZ achieves its mandate and goals; good corporate governance, based on Christian Values; and ensuring an appropriate and competitive operating environment, though efficient and effective management.

External stakeholders' main interests include, seeing that CHAZ provides: accessible quality, efficient, effective and affordable health services; good corporate governance, based on Christian Values; transparency and accountability in all its dealings; effective partnerships and collaborations; and opportunities for stakeholder/community involvement.

4.3 Strengths, Weaknesses, Opportunities and Threats (SWOT)

Figure 4: Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis



4.4 Our Strategic Focus

Our strategic focus for this strategic plan are summarised below.

Vision: A Zambian society where all people are healthy to the glory of God.

Mission: Committed to serving all people, especially the poor and the underserved, with holistic, quality and sustainable health services that reflect Christian values.

Figure 5: Core Values:

Descriptions of these values are provided in Annex 1.

Main Objectives:

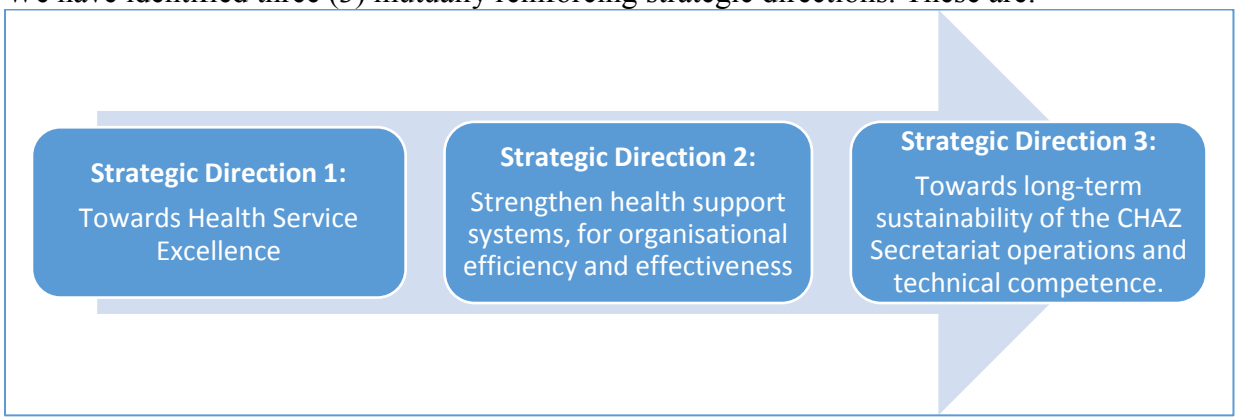
1. To achieve health service excellence, by significantly improving the quality, efficiency and effectiveness of health services offered at all levels by 2021.
2. To achieve optimal levels of organisational efficiency and effectiveness by strengthening CHAZ health support systems and capacities at all levels by 2021.
3. To achieve long-term sustainability of the CHAZ Secretariat operations and technical competence, as the umbrella national coordinating organisation for Church health services in Zambia, by scaling up its resilience, income generation and diversification of the resource base by 2021.

Strategic Priorities:

Our strategic priorities are aligned to national health priorities, as outlined in the NHP 2017-2021 (see Annex 2).

Strategic Directions

We have identified three (3) mutually reinforcing strategic directions. These are:



5 STRATEGIC DIRECTION 1: TOWARDS HEALTH SERVICE EXCELLENCE

5.1 Overview

During the course of implementing this plan, we will focus on strengthening and scaling up health service delivery by CHIs, in order to ensure quality, efficient, effective and affordable health services to the public, particularly to the most vulnerable[4] populations. In line with the NHSP 2017-2021, public health services will focus more on prevention, rather than treatment. Our focus and investments will therefore be directed towards strengthening of community health, health promotion and Social Behaviour Change Communication (SBCC).

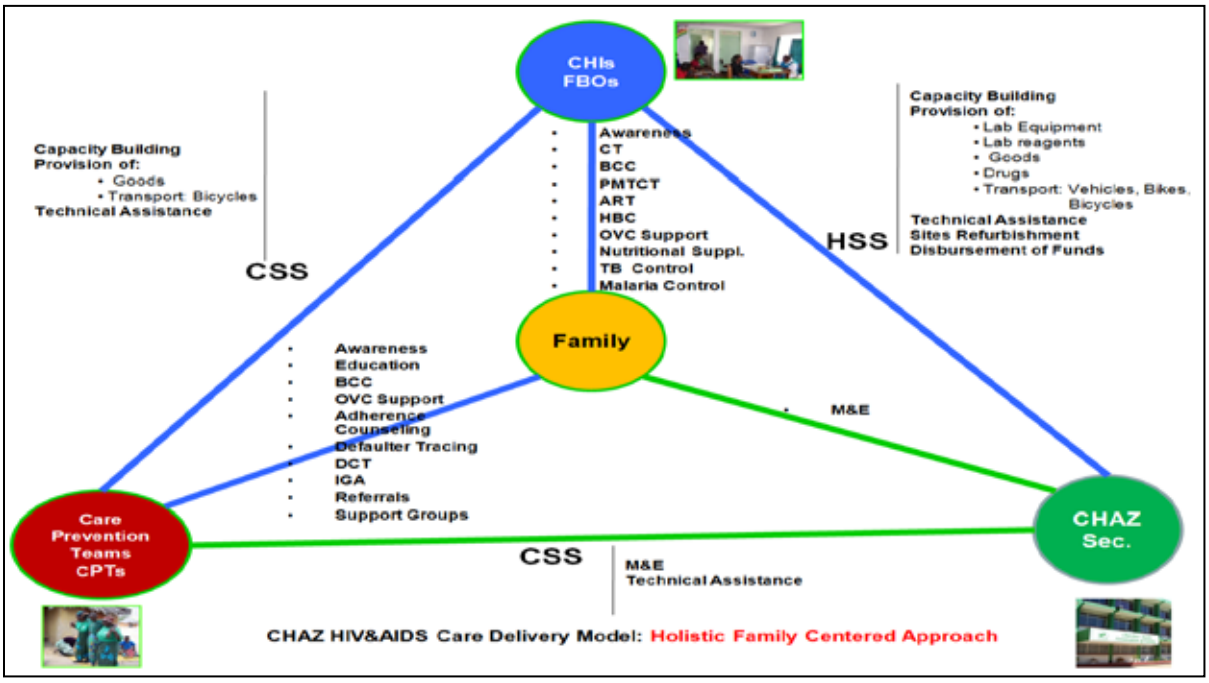
5.2 Strategic Objective

To achieve health service excellence, by significantly improving the quality, efficiency and effectiveness of health services offered at all levels by 2021.

5.3 Our General Approach

In order to comprehensively address the contemporary public health problems prevailing in the areas serviced by CHIs, all our health services will be guided by the CHAZ Healthcare Delivery Model – the "Holistic Family Centred Approach". This is illustrated in Figure 6.

Figure 6: CHAZ Healthcare Delivery Model – Holistic Family Centred Approach



[4] The vulnerable shall include the poor, rural populations, women, children, adolescents, the chronically ill, persons with disabilities and the aged.

5.4 Service Delivery Areas

The following will be the main health service delivery areas for this strategic plan:

1. Primary Healthcare (PHC);
2. HIV and AIDS Prevention, Treatment, Care and Mitigation;
3. Tuberculosis Control;
4. Malaria Elimination;
5. Integrated Sexual Reproductive Health (ISRH);
6. Newborn care, Child Health and Adolescent Health; and
7. Control of Non-Communicable Diseases (NCDs).

These health services will be delivered by CHIs at different levels and will be aligned to the NHSP 2017-2021 and to relevant programme-specific strategic frameworks. These are discussed below.

5.5 Primary Healthcare (PHC)

Overview

The NHSP 2017-21 places significant emphasizes on facilitation and creation of an environment that enables individuals and families to maintain and improve their own health. It aims at the development of Community Health, which includes supportive mechanisms for community participation in organization, coordination, and financing.

At CHAZ, we have observed that the current design and delivery of health promotion and education messages, both in the health facilities and in the community, through outreach services, is leaving out key influencers, decision makers, supporters, transmitters, and practitioners of health behaviours within the community. Harmful behaviours and practices have continued to be practiced in the communities served by CHIs, with adverse impact on communities' health. This is despite the health workers' and Community Based Volunteers' sensitization and education during health promotion and education activities[5]. In view of the foregoing, our PHC approach will include a strong and appropriately structured health promotion and education component.

In order to ensure a comprehensive and effective approach to health promotion and education, we have adopted the PRECEDE[6]-PROCEED[7] framework (see Figure 7), which aims at identifying the determinants of the outcomes of diseases of public health concern, and attempts to explain how the programmes affect their determinants and outcomes.

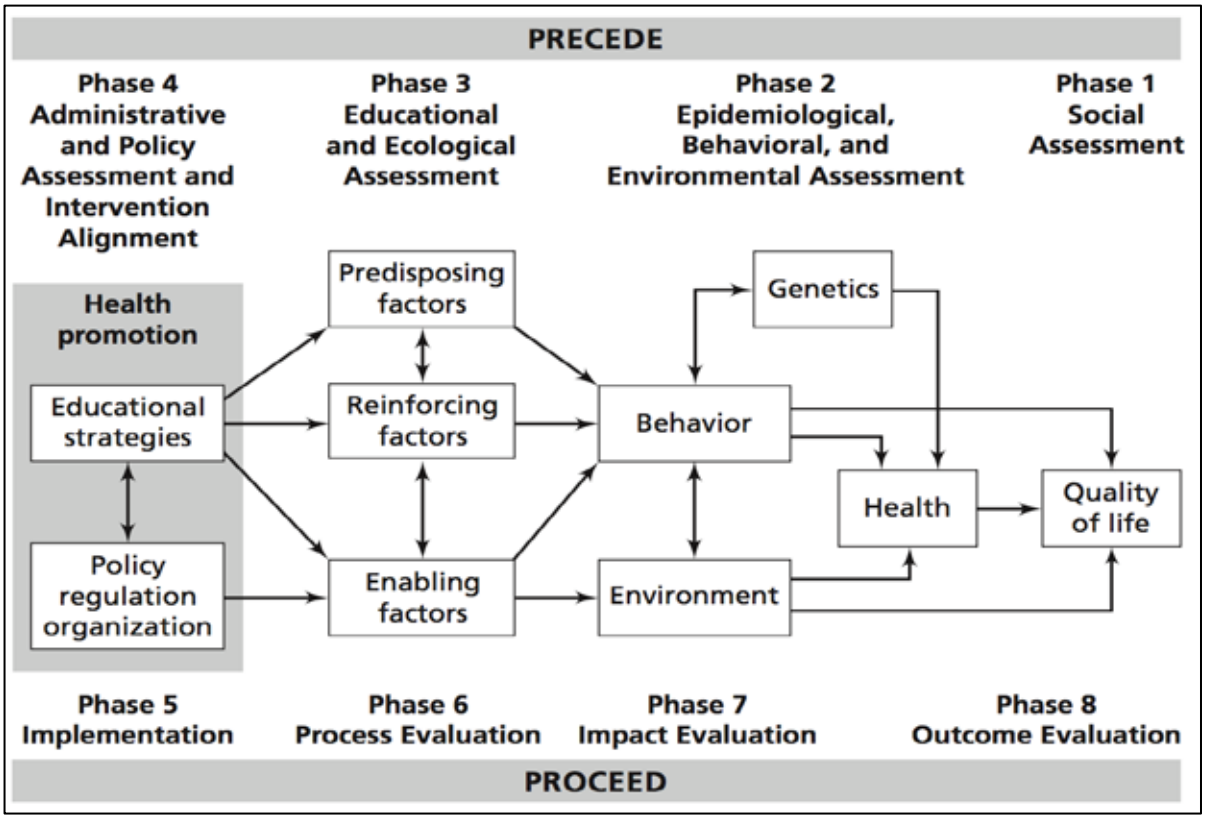
[5] Rahman et al, 2012: Neonatal Mortality: Incidence, Correlates and Improvement Strategies, Perinatal Mortality, Dr. Oliver Ezechi (Ed.), ISBN: 978-953-51-0659-3, In Tech, Available: http://www.intechopen.com/books/perinatal-mortality/neonatal-mortality.

[6] PRECEDE: **P**redisposing, **R**einforcing, and **E**nabling **C**onstructs in **E**ducational/**E**nvironmental **D**iagnosis and **E**valuation

[7] PROCEED (**P**olicy, **R**egulatory, and **O**rganizational **C**onstructs in **E**ducational and **E**nvironmental **D**evelopment)

Through this approach, we expect to link the causal assessment and the intervention planning and evaluation into one overarching planning framework. In this regard, we expect to achieve change in the targeted communities by enhancing their active participation in defining their own priority problems and goals and in developing and implementing solutions[8]. Using this planning process, this strategic plan prioritizes the targets in the various health interventions by choosing to address those factors that are most important and most changeable. The PECEDE – PROCEED Model is illustrated in Figure 7 below.

Figure 7: PRECEDE-PROCEED Planning Model[9]



Main Objectives

1. To ensure efficient and effective delivery of approved packages of standard healthcare services, based on the Basic Health Care Package (BHCP), Primary Health Care (PHC) principles and community health approach.

[8] Green, L. W., and Kreuter, M. W. (2005). *Health Promotion Planning: An Educational and Ecological Approach.* (4th ed.) New York: McGraw-Hill.

[9] Glanz, K. (2005). Section 5: Using Theory in Research and Pratice. In: Glanz, K., Rimer, B.K., Viswana, K. (eds). Health Behaviour and Health Education. Theory, Research, and Practice. 4th Edition. Jossey Bass, USA, p.410.

2. To lead community members from the current high-risk behaviours, causing disease and death, towards improved ones, through a path of least social, cultural, economic, and spiritual resistance to change.
3. To contribute to the health sector's preparedness and response to public health emergencies in the areas served by CHIs.
4.

Main Strategies

1. **Advocate for the formalisation of community health structures, in line with the National Decentralization Policy.**

   1.1 Advocate for inclusion of community health structures in the existing and emerging health sector legislation and regulatory frameworks, such as the Public Health Act and National Health Services Act.
   1.2 Advocate and participate in the implementation of the National Community Health Strategy.

2. **Strengthen health promotion and education in communities served by CHAZ.**

   2.1 Integrate health promotion, disease prevention and control in all facility and community-level programmes.
   2.2 Develop capacities of health promotion and SBCC providers.
   2.3 Adopt the Trans Theoretical Stages of Change Model and Motivational Interviewing approach in the delivery of health promotion and SBCC interventions.
   2.4 Promote gender-sensitive facility and community health services.
   2.5 Strengthen collaboration with strategic partners (Churches, traditional initiators, traditional leaders, CBOs, FBOs[10], CSOs[11], lines ministries, etc.) engaged in health promotion and SBCC programmes and interventions.

3. **Improve the capacity of CHIs to deliver quality PHC.**

   3.1 Align to the new MoH PHC package, focusing more on health promotion, disease prevention and basic health care.
   3.2 Strengthen the holistic family-centred health services approach in the delivery of CHAZ health services.
   3.3 Strengthen the referral and feedback systems between CHIs and communities.
   3.4 Advocate for appropriate skilled health personnel, equipment, essential medicines and supplies.

[10] FBO – Faith-based Organisations
[11] CSOs – Civil Society Organisations

4. **Strengthen the capacities of CHIs in preparedness and response to public health emergencies in the areas served by CHAZ.**

    4.1 Participate in preparing for, and responding to public health emergencies at central, facility and community levels.

5.6 Malaria Prevention and Control

Overview

Malaria remains the leading cause of public health concern in Zambia. Nationally, more than 16 million people are at risk of malaria in Zambia. In 2015, there were over 5 million malaria cases, of which over 98% were due to *P. falciparum.*[12] Though malaria remains endemic across all the 10 provinces, there is a wide variation in infection prevalence across provinces and districts. According to the Zambia 2015 National Malaria Indicator Survey, malaria prevalence in the most vulnerable age group (children under five years) varies from below 3% in urban districts (Lusaka) to over 30% in the most rural provinces. However, there has been a variable decline in malaria burden, with the annual inpatient malaria case fatality reducing by 52% and 65% respectively, since 2010[13].

The main challenges faced by the malaria prevention programme include: limitations in Long-Lasting Insecticide Treated Nets (LLINs) distribution strategy; vector resistance to insecticides; decline in resources to support Indoor Residual Spraying (IRS) scale up; inadequate reliance on malaria test results; limited access to facility-based care in hard-to-reach rural communities; and challenges in devising effective strategy to integrate community data into the Health Management Information System (HMIS).

The national goal is to eliminate malaria by 2021, and maintain malaria-free status and prevent reintroduction and importation of malaria into areas where the disease has been eliminated. The strategies proposed in this plan will be implemented in accordance with the national malaria elimination strategic framework for the period from 2017 to 2021, and the global Roll Back Malaria (RBM) initiative programme. These strategies will be implemented by all the CHIs, in partnership with MoH, the Malaria Partners and other community structures for malaria elimination. Funding will be from the Government and our Cooperating Partners.

Main Objective

To significantly contribute to the attainment of the national goal of eliminating local malaria infection and disease by 2021, by scaling up implementation of high-impact malaria elimination interventions in the communities served by CHAZ, in line with the National Malaria Elimination Strategic Plan 2017-2021 (NME-SP 2017-2021).

[12] Zambia 2015 National Malaria Indicator Survey, Ministry of Health Zambia, April 2016

[13] Zambia Health Management Information System, Ministry of Health Zambia, 2015

Specific Objectives

1. To increase the malaria-free health facility catchment areas (HFCAs) in the areas served by CHAZ to 100% by 2021.
2. To maintain malaria-free status and prevent reintroduction and importation of malaria into areas served by CHAZ where the disease has been eliminated.
3. To increase the implementation rate of the malaria interventions from 36% in 2015 to 95% by 2021.
4. To reduce malaria incidence in HFCAs served by CHAZ from 336 cases per 1,000 population in 2015 to less than 5 cases per 1,000 population by 2021.
5. To reduce malaria deaths in HFCAs served by CHAZ from 15.2 deaths per 100000 in 2015 to less than 5 deaths per 100000 population by 2021.

Main Strategies

1. **Strengthen technical and management capacities at facility and community levels, for effective malaria elimination.**

    1.1 Strengthen malaria elimination capacities at both facility (CHIs) and community levels, through training of health workers in malaria prevention and elimination.
    1.2 Scale up health promotion for malaria elimination, by strengthening Information, Education and Communication (IEC) and SBCC in CHIs and communities served.
    1.3 Participate in national planning and coordination for malaria prevention and elimination, under the leadership of the National Malaria Elimination Centre (NMEC).
    1.4 Strengthen collaboration with the National Malaria Elimination Programme (NMEP), community structures, civil society and the private sector in malaria prevention and elimination.

2. **Strengthen and scale up malaria vector control at all levels.**

    2.1 Ensure the availability and timely distribution of adequate quantities of quality-assured LLITNs, particularly to the most vulnerable populations, based on the malaria prevalence zones response strategies.
    2.1 Promote appropriate methods of using the LLITNs among the users/communities.
    2.4 Promote the expansion of the use of emerging innovative methods and tools for malaria prevention.
    2.4 Scale up malaria education in schools and communities, through the School health programme, community collaborations, and health promotion and education (IEC and SBCC).

3. **Strengthen and scale up Malaria Case Management (MCM), to reduce malaria case fatalities among the population, particularly among the most vulnerable.**

    3.1 Strengthen malaria diagnostic capacities at facilities (microscopy and Rapid Diagnostic Tests (RDTs)) and at community level (using RDTs).
    3.2 Scale up prompt malaria case management, in accordance with the national malaria treatment policy.
    3.3 Strengthen and scale up treatment of anaemia and malaria in children under the age of 5 years, through Antenatal Care (ANC) and child health week clinics.

4. **Strengthen and scale up control of Malaria in Pregnancy (MIP), to improve protection of pregnant mothers from malaria.**

    4.1 Increase access to Intermittent Presumptive Treatment (iPT) of malaria in pregnancy.
    4.2 Ensure timely and adequate distribution of LLITNs to pregnant mothers, and teaching them their correct use during ANC visits.
    4.3 Scale up routine testing for malaria, and prompt treatment, during ANC visits.

5.7 HIV and AIDS Prevention and Mitigation

Overview

Zambia is among the countries that are most affected by the HIV/AIDS epidemic in the world, with an HIV prevalence rate of 13.3% (ZDHS, 2013-2014). However, significant progress has been made at all levels, with proven packages of prevention, treatment, care and support services under implementation throughout the country, with the participation of all the key stakeholders, including the public sector, private sector, CHAZ, civil society, and the communities. These efforts have continued to receive significant policy, technical and financial support from the international community, including bilateral and multilateral Cooperating Partners (CPs) and international civil society organisations. These efforts are guided by the National HIV/AIDS Strategic Framework for the period from 2017 to 2021.

During the course of implementing this plan, efforts will be directed at strengthening the technical capacities, and expanding coverage of the CHAZ HIV and AIDS Prevention, treatment, care and mitigation services. Significant efforts will also be directed towards strengthening and expanding partnerships and provision of the required support services, in order to ensure efficient and effective performance of this programme, at all levels.

Main Objective

To significantly contribute to the national goal of reducing the incidence of HIV and AIDS-related mortality by 75%, compared to 2013 (ZDHS), and mitigation of the socio-economic impact of AIDS, by implementing evidence-based high-impact promotive, preventive, curative and rehabilitative interventions, aligned to the National AIDS Strategic Framework (NASF) 2017-2021.

Specific Objectives

1. To ensure that 90% of People Living with HIV (PLHIV) in communities served by CHAZ know their HIV status, 90% of people diagnosed with HIV are enrolled on Antiretroviral Treatment (ART), and 90% of PLHIV receiving ART achieve viral suppression by 2021.
2. Avert 80,000 new infections in areas served by CHAZ by 2021.
3. Avert 43,000 AIDS related deaths in areas served by CHAZ by 2021.
4. Reduce stigma and discrimination associated with HIV and AIDS in communities served by CHAZ by 2021.

Main Strategies

1. Strengthen capacities of CHIs and their surrounding communities, for efficient and effective response to HIV and AIDS.

1.1 Strengthen technical knowledge and skills on the HIV and AIDS epidemic and interventions at CHIs and in communities, for better understanding of, and effective response, by scaling up IEC and SBCC.
1.2 Improve access to HIV and AIDS services at both facility and community levels, by promoting community response and participation, through Community ART Groups.
1.3 Strengthen collaboration with Youth Friendly Corners (YFC), in order to increase access to HIV and AIDS prevention, care and treatment by the adolescents and youths.
1.4 Ensure access to, and utilisation of HIV and AIDS services by the most at risk population groups.
1.5 Strengthen systems for coordination with other players, including MoH, private sector, the communities and civil society.

2. Strengthen and scale up HIV prevention, in order to reduce the transmission of HIV in the communities served by CHIs, particularly among the most at risk populations, including the new-born, adolescents and youths, women and mobile populations.

2.1 Strengthen HIV prevention, by scaling up SBCC, school health and community health programmes.
2.2 Scale up Counselling and Testing (C&T) services at facility and community levels, and increase access to these services by promoting innovative approaches, including self-testing, couple C&T and provider initiated C&T.
2.3 Ensure that all PLWHA are tested for TB co-infection.
2.4 Scale up coverage and access to quality Elimination of Mother to Child Transmission (eMTCT) services.
2.5 Scale up coverage of Voluntary Medical Male Circumcision (VMMC) services at all levels.

3. **Increase access to HIV and AIDS treatment, care and support at all levels.**

   3.1 Scale up access to free quality ART services, in accordance with the national treatment guidelines.
   3.2 Scale up access to community-based ART and adherence support to treatment.
   3.2 Scale up support to vulnerable children, to mitigate the socio-economic impact of HIV and AIDS on these categories of school going children.

5.8 Tuberculosis Control

Overview

Tuberculosis (TB) control interventions will focus at scaling up interventions for prevention, treatment and mitigation of the impact of TB in the communities served by CHAZ. The CHAZ TB Control Programme is aligned to the National TB and Leprosy Control Strategic Plan 2017 to 2021 and the Global End TB Strategy. The programme is supported by the Government/MoH and by Cooperating Partners (CPs). The strategies and activities proposed in this strategic plan will be carried out by CHIs at different levels, and through collaborations with the public health sector, the private sector, and the Neighbourhood Health Committees (NHCs), CBOs, FBIs and other community structures involved in TB control.

Main Objective

To significantly contribute to the attainment of the national goal of reducing the number of TB deaths in the population by 40% by 2021, compared with 2015, through strengthening and expansion of TB control services, in line with the National TB Control Strategic framework for the period, 2017-2021.

Specific Objectives

1. To increase the number of notified cases of new TB episodes by 60% by 2021, from the 2015 levels, in line with the national target.
2. To increase TB treatment success rate from 87% in 2015 to 90% in the areas served by CHAZ by 2021.
3. To increase the treatment success rate for Multi-Drug Resistant TB (MDR-TB) to 80% in the areas served by CHAZ by 2021.
4. To achieve 100% testing of notified TB patients for HIV co-infection in the areas served by CHAZ by 2021.
5. To commence 100% of TB-HIV patients on ART in the areas served by CHAZ by 2021.
6. To enhance capacities for TB control at facility and community levels.

Main Strategies

1. **Strengthen capacities for TB control at facility and community levels.**

   1.1 Strengthen capacities for TB control at facility (CHIs) and community levels, through targeted training, improvement of facilities and health promotion (IEC and SBCC).
   1.2 Strengthen community collaborations, by increasing support to community health partners (TB Partners), NHCs, YFCs and other community partners.
   1.3 Strengthen collaboration and coordination with the National TB/Leprosy Control Programme (NTP) and other key stakeholders, through active participation in planning and Technical Working Group (TWG) meetings for TB control at district, provincial and national levels.

2. **Strengthen and scale up TB prevention.**

   2.1 Scale up IEC and SBCC on TB, to educate and sensitise the public and communities on TB prevention, treatment and care at community and public levels.
   2.2 Scale up TB awareness and education in schools and communities, through the School health programme, community structures and health promotion.

3. **Strengthen and scale up TB treatment and support, by ensuring timely detection and prompt treatment of TB cases.**

   3.1 Scale up TB diagnosis, by strengthening TB testing at CHI laboratories and collaboration with the National TB Reference Laboratories.
   3.2 Strengthen and scale up treatment, through expansion of TB DOTS and DOTS Plus programmes in all CHIs, as the treatment of choice.
   3.3 Scale up TB-HIV collaborative activities in all CHIs.
   3.4 Combat Multi-drug Resistant TB (MDR-TB) and other challenges in special settings and populations (e.g. prisons, workplaces, mines).
   3.5 Strengthen TB referral systems and collaborations with public and private health facilities providing TB control services at different levels.
   3.6 Strengthen community participation in TB control, and in providing care and support to TB patients.

5.9 Integrated Sexual and Reproductive Health

Overview

The CHAZ Integrated Sexual and Reproductive (ISRH) Programme is aligned to the national IRH programme, under MoH. Currently, this programme is supported through a combination of Government grants and commodity support to CHIs, and financial support from the Safe Motherhood 360+ Programme (SM360+). The programme also piggybacks on other donor-funded programmes, such as the HIV/AIDS, eMTCT and the malaria control programmes.

During the duration of this plan, the focus will be on improving the quality of health for the mother-baby pair, by significantly strengthening maternal and newborn health services at CHIs and in the surrounding communities, in line with the National IRH Strategy.

Main Objective

1. To assist reduce maternal mortality and neonatal morbidity and mortality by three-quarters, through overcoming access and utilization barriers to MNCH services, by providing ANC health education, using motivational interviewing, Essential Newborn Care Family Package, and involving the community at the 6-8th level of the Arnstein ladder of community involvement.
2. To avert sexually transmitted infections, under-age pregnancies and early marriages among adolescents by locating prevention efforts at multiple levels of causation—from society, community, and peer levels to family, relational, and individual levels, including traditional counselling.

Specific Objectives

1. To increase institutional deliveries in communities served by CHAZ, by 8%, from 67% in 2016 to 75% by 2021, in line with the national target.
2. To improve the quality of care for mothers and the newborn in the areas served by CHAZ by 2021.
3. To help adolescents (girls and boys) living in extremely poor households access secondary education and meet their basic needs by 2021.
4. To initiate/strengthen the implementation and delivery of in and out of school Comprehensive Sexuality Education (CSE) by 2021.
5. To facilitate adolescents' access to quality youth friendly SRH/HIV/STI services by 2021.

Main Strategies

1. **Strengthen and scale up maternal health services, to reduce maternal morbidity and mortality.**

    1.1 Strengthen community structures to economically empower the community, and increase demand and utilization of educational services.
    1.2 Reduce access barriers to safe motherhood services.
    1.3 Increase access to Emergency Obstetrics and New-born Care (EmONC) in all CHIs and communities served by CHAZ.
    1.4 Strengthen linkages and integration of ISRH services into eMTCT and Malaria in Pregnancy (MIP) programmes.
    1.5 Promote continuum of care from Safe Motherhood Action Groups (SMAGs) at community level to CHIs, through provision of appropriate training, tools, logistics, incentives, and a functioning referral system.

2. **Strengthen and expand adolescent and young people's health services, to increase the availability of, and access to, adolescent health services.**

    2.1 Strengthen community structures to mobilize the community, increase demand and utilization of adolescent SRH services.
    2.2 Develop, scale up, and sustain family-centred parental SRH intervention programmes.
    2.3 Develop, scale up, and sustain Church-centred SRH intervention programmes.
    2.4 Establish youth-friendly "one-stop shops" that integrate services for HIV and AIDS/TB, ART, SRH, and adolescents' services.
    2.5 Strengthen and expand health education and promotion, including SBCC, to promote healthy life styles and community health, and prevent diseases among the adolescents and young people.
    2.6 Support adolescents from impoverished families to access school and meet their educational needs.
    2.7 Strengthen the CHAZ school and out of school programmes, which target adolescents and youths with specific health promotion and education services.
    2.8 Strengthening the community referral systems.

3. **Strengthen planning, coordination and partnerships, for increased synergies for maternal and newborn health.**

    3.1 Strengthen health promotion and education on screening, treatment and care for cervical, breast and prostate cancers.
    3.2 Strengthen participation in the sector TWG on maternal and adolescent reproductive health.

5.10 Child Health, Immunization and Nutrition Programme

Overview

During the course of this strategic plan, we will continue to strengthen and scale up child health, immunisation and nutrition services, in line with the national objectives, priorities and targets. The focus will be on improving the quality of health for children below the age of five (5) years, by significantly strengthening and expanding coverage of the Expanded Programme on Immunisation (EPI), the Integrated Management of Childhood Illnesses (IMCI) programme, and nutrition promotion and support services. The programme will mainly be supported from the Government grants to CHIs and support from the SM360+ Programme.

Main Objective

To contribute to the reduction of Under-five Mortality Rate (U5MR) from 75/1,000 live births (ZDHS, 2013-2014) to 56/1,000 live births by 2021, by scaling up coverage of immunisation services, strengthening IMCI at CHIs and community levels, and involving the community at the 6-8th level of the Arnstein ladder of community involvement, in order to reduce the five major child killers - malnutrition, malaria, ARI, diarrheal diseases, and HIV.

Specific Objectives

1. To increase the under-5 service utilization by 75% by 2021.
2. To increase the coverage and impact of the immunisation and IMCI at facility and community levels.
3. To strengthen health services integration.

Main Strategies

1. Strengthen community structures to mobilize the community, to increase demand and utilization of under 5 services.
2. Strengthen and expand coverage of the EPI programme in all CHIs.
3. Increase community access to child survival and community case management services, through scaling up of facility-based IMCI (f-IMCI) and community-based IMCI (c-IMCI) services.
4. Improve care for the severely sick children in all CHIs, in accordance with national guidelines.
5. Strengthen care for the new-born in all CHIs and surrounding communities, in accordance with national guidelines.
6. Promote Community mobilization and participation at levels and the 6-8th level on the Arnstein ladder
7. Strengthening IEC and SBCC services in support of child health services.

5.11 Control of Non-Communicable Diseases (NCDs)

Overview

Over the past decade, Zambia has experienced a rapid increase in the burden of Non-Communicable Diseases (NCDs), with significant consequences on public health. Despite the fact that they are preventable, NCDs, mainly cardiovascular diseases, diabetes type 2, chronic respiratory diseases, cancer conditions, injuries and disabilities, are a growing public health problem in Zambia. The increase in the prevalence of NCDs is explained by multiple factors, such as the population's adoption of unhealthy lifestyles, an increasing aging population and the metabolic side effects resulting from life-long ART.

National response to NCDs has been hampered by several factors, including: the lack of reliable and comprehensive data on NCDs and their causal factors; and inadequate standards and guidelines for managing NCDs. However, over the past 6 years, notable progress has been made, including the extension and strengthening of the Cancer Diseases Hospital in Lusaka, the piloting of the HPV vaccine for the prevention of cervical cancer, and the development of the Mental Health and Tobacco Products Control Bills.

The NCDs programmes being implemented in the CHIs is in line with the national strategies, but has been hampered by various challenges, including: lack of a national NCD communication strategy; inadequate guidelines and protocols for the diagnosis and management of commonest NCDs; inadequate capacity in the community-based volunteers and health workers, in the prevention and management of NCDs; and inadequate funding, diagnostic capacities, and supplies.

The NHSP 2017-2021 has recognized NCDs as a major health problem and thus included them among the national health priorities. CHAZ will aim at making a significant contribution to the national efforts towards halting and reversing the incidence and prevalence of NCDs, by implementing and scaling up nationally recommended packages of high-impact interventions at facility and community levels.

Main Objective

To contribute to the halting and reversing of the incidence and prevalence of NCDs in Zambia, in line with the NHSP 2017-2021 objectives and targets.

Specific Objectives

1. To contribute to the reduction of the incidence and prevalence of NCDs in the areas served by CHAZ, in line with national targets.
2. To contribute to the prevention of NCDs in the areas served by CHAZ, by scaling up health promotion and SBCC on NCDs at both facility and community levels.
3. To contribute to the reduction of mortalities due to NCDs, by strengthening early diagnosis and treatment in the areas served by CHAZ.

Main Strategies

1. **Strengthen prevention of NCDs.**

   1.1 Promote community awareness and knowledge on NCDs, by scaling up health promotion and education at facility and community levels, using appropriate and effective IEC and SBCC.
   1.2 Promote healthy lifestyles and eating behaviours, in order to reduce the incidence and prevalence of lifestyle induced NCDs.
   1.3 Promote and support operational research in NCDs, for evidence-based interventions.

2. **Strengthen and increase access to NCDs' early diagnosis (screening/testing), treatment and referral systems.**

   2.1 Promote demand for early diagnosis/detection of NCDs, by enhancing access to NCDs diagnosis, at CHIs and community levels.
   2.2 Expand coverage of, and increase access to quality NCDs management/treatment.
   2.3 Strengthen collaborations and referral systems for NCDs management/treatment.
   2.4 Strengthen NCDs strategic partnerships, for synergies.

3. **Strengthen care and support to people suffering from chronic NCDs.**

   3.1 Strengthen and expand access to rehabilitative care to the chronically ill, suffering from NCDs.
   4.2 Strengthen community support to the chronically ill, suffering from NCDs.

6 STRATEGIC DIRECTION 2: SUPPORT SYSTEMS STRENGTHENING

6.1 Overview

Strategic Direction 2 (SD-2) focuses at strengthening the support systems, to facilitate efficient and effective organisational and logistical support to the core health services. These support systems are aligned to the health system building blocks model, and include:

1. Health workforce/human resource for health;
2. Health products, infrastructure, equipment and logistics;
3. Health information;
4. Health Care Financing; and
5. Health leadership and governance.

During the course of this plan, CHAZ will aim at strengthening these systems, in order to ensure organisational efficiency and effectiveness, for improved delivery of health services.

6.2 Strategic Objective

To strengthen the CHAZ support systems and capacities, in order to achieve organisational effectiveness.

6.3 Health Workforce / Human Resource for Health

Overview

There are staffing and skills gaps at CHAZ Secretariat, as well as at CHIs. The community skills placement has also suffered from a slow pace of introducing the Community Health Assistants (CHAs) on the Government payroll. Furthermore, the capacity building policy and implementation for CHIs is incoherent, with CHIs receiving different trainings and orientations.

The efforts in this area will focus at ensuring adequate and appropriate staffing at all levels, improved management of the available staff, and staff training and capacity-building, at the CHAZ Secretariat and Regional/Provincial Offices. We will also focus on scaling up advocacy for improvements in the posting and transfers of public health workers to CHIs, provision of staff accommodation, strengthening staff motivation and retention, and on training and capacity building for staff at the CHIs.

Main Objective

To achieve optimal staff availability of at least 90% of the authorised staff establishment for the CHAZ Secretariat, and at least 70% for the CHIs by 2021, through strengthening of CHAZ human resource recruitment and management, and advocacy for adequate placement and retention of public health workers at the CHIs.

Specific Objectives

1. To attain and maintain optimal staffing (numbers and skills mix) at the CHAZ Secretariat and provincial offices, of at least 90% of the authorised staff establishment by 2021.
2. To achieve staff availability of at least 70% of the approved establishments by 2021 in all CHIs, by advocating for improved posting and retention of public health workers by MoH.
3. To ensure efficient and effective management and retention of staff of the available staff.
4. To achieve optimal availability (numbers and skill mix) of community health volunteers, through a coherent and sustainable community volunteer recruitment, capacity building and retention by 2021.
5. To improve staff knowledge and skills, relevant for performing their mandates, by scaling up staff training and development at all levels.

Main Strategies

1. Strengthen the CHAZ Secretariat human resource capacity.

1.1 Carryout periodical staffing needs-assessments, and reviews and strengthening of the staff establishment.
1.2 Periodically review and update the CHAZ staff conditions of service and human resource management manual.
1.3 Strengthen staff recruitment and succession planning.
1.4 Review and strengthen staff performance management systems, to improve efficiencies in the utilisation of available staff.
1.5 Develop and promote appropriate organisational culture, based on CHAZ values.

2. Advocate for optimum staffing levels, and improved staff management for CHIs.

2.1 Keep an updated database on CHIs staffing establishment, positions filled and gaps.
2.2 Advocate for adequate allocation of public health workers (numbers and skills-mix) by MOH to CHIs, and review of the procedures for postings and transfers, so as to involve CHAZ.
2.3 Advocate for strengthening and consistent use of the GRZ performance assessment system at CHIs.
2.4 Advocate for and support staff training and capacity building for CHI staff, to supplement Government efforts.
2.6 Advocate for, and support improvement in staff incentives and retention for rural health workers.

6.4 Medical Products, Infrastructure, Equipment and Transport

Overview

Efforts will be directed at further strengthening of the systems and capacities for ensuring the availability of adequate and quality medicines, and other medical supplies, as well as ensuring the availability of appropriate infrastructure, equipment and logistical support to the health service delivery system.

Main Objective

To strengthen the provision, management and use of essential medical products, infrastructure, medical equipment, transport and logistics, for efficient and effective support to health service delivery.

Medicines and Medical Supplies

Overview

Over the past six years, CHAZ has performed well in the area of supply and management of medicines and other commodities for HIV/AIDS and malaria control. However, there are still challenges, particularly concerning inadequate linkages/integration of software systems for inventory management and reporting within CHIs, and between these facilities and the CHAZ central level. This weakness adversely affects forecasting, and eventually leads to stock outs of essential medicines and other health products.

Planning and management of medical supplies is also undermined by the slow uptake and implementation of treatment guidelines by CHIs. Furthermore, CHIs traditionally supplement their stocks of medicines and supplies received from the Government/Medical Stores Limited (MSL) and CHAZ, with donations from abroad. However, this source of support is under threat, due to the new Government regulation, which requires all importers/recipients of medicines to pay substantial import processing fees to the Zambia Medicines Regulatory Authority (ZAMRA).

This strategic plan focuses at addressing these and other challenges related to the supply and distribution of medicines and other medical products, in order to ensure optimal performance of this function.

Specific Objective

To ensure timely and consistent availability of adequate, quality-assured medicines and other medical supplies, and reduce stock-outs of essential medicines to below 5%, by strengthening the CHAZ supply chain and logistics management systems, and ensuring effective collaboration with the MoH/MSL supply chain system.

Proposed Strategies

1. Periodically review and strengthen the CHAZ supply chain management system, and the Quality Assurance (QA) System at the CHAZ warehouse.
2. Increase CHAZ capacity in forecasting and quantification, procurement, storage and distribution of pharmaceuticals and other health products – double the 2016 storage capacity by 2021; and treble the CHAZ distribution hubs by 2021.
3. Develop and implement standard guidelines for pharmaceutical and laboratory supply chain management.
4. Strengthen systems, processes and technologies – Focused on deployment of an electronic logistics management information system
5. Train staff in health supply chain management and the use of Information Communication Technologies (ICTs).
6. Ensure that all CHIs adopt the AIM[14] approach to pharmaceutical, laboratory and health product management and use.
7. Strengthen processes, technologies and tools – focused on deployment of electronic logistics management information system (eLMIS) at CHIs and Medical Stores Limited (MSL) hubs, to improve visibility and distribution of essential medicines. Also focus on developing and equipping CHI laboratories towards accreditation under ISO 15189.
8. Strengthen technical supervision of CHIs storage and usage of essential medicines.

Medical Infrastructure, Equipment and Transport

The problem of aged equipment is also exacerbated by the lack of preventive maintenance. In addition to these challenges, at central level, the CHAZ Secretariat suffers from the unsuitable location and inadequate office space, and lacks funding to construct new offices in a more accessible place.

Overview

The health infrastructure, medical equipment and transport in Zambia are challenged by a number of factors, including inadequacy, inequitable distribution, and lack of appropriate maintenance and repairs. There is therefore a general need to scale up rehabilitation, expansion of capacities, construction of new facilities and building capacities in repairs and maintenance. CHIs lag behind Government health facilities in terms of modernisation and equipment of their health facilities, laboratory, theatres, x-ray units and other critical areas. The available health infrastructure, including in-patient and out-patient wards, mothers' waiting shelters, laboratory and other critical health infrastructure, do not match the increasing demand for health services, and therefore require appropriate attention.

[14] CHAZ has developed a successful M&E protocol focusing on key health product management areas. CHIs monitor various aspects of supply management and implement interventions for improvement with support from CHAZ. The strategy has seen sustained improvement, exceeding 20% during the period, 2014-2016.

This strategic plan focuses at addressing the current challenges faced by CHAZ in the areas of infrastructure, equipment, transport and other logistics, to meet the required standards of support to health service delivery.

Specific Objectives

1. To ensure availability of adequate, appropriate and quality health infrastructure, through strengthening and expansion, effective distribution and maintenance.
2. To ensure the availability of adequate, appropriate and quality medical equipment, through effective procurement, distribution and maintenance.
3. To mainstream and scale up the use of modern technologies in health programming and operations.
4. To improve the availability of appropriate transport for distribution of medical inputs, support to referral systems and health service delivery logistics.

Main Strategies

1. Develop and implement an infrastructure and equipment improvement plan.
2. Conduct periodical inventories of infrastructure, equipment and transport, in order to review the needs, status and gaps.
3. Strengthen preventive maintenance and repairs of existing infrastructure, equipment and transport at all levels.
4. Develop the required infrastructure (including health facilities, diagnostic facilities, mothers' waiting shelters, staff houses and storage facilities) and procure the required equipment, based on the needs assessments, through mobilisation of funding from CPs and lobbying for Government/MoH support to health systems strengthening at CHIs.
5. Ensure access to reliable electricity supply - Install solar systems at CHIs, which are off the national grid, and as backup power sources of energy, where the facilities are connected to the national grid.
6. Facilitate provision of clean and safe water at all the CHIs.
7. Procure and distribute appropriate motor vehicles for operations/referrals, distribution of pharmaceuticals, supervision and M&E support visits.
8. Provide adequate and appropriate ICTs to the Secretariat, CHAZ Regional Offices, CHIs and LSRs, in order to improve the use of ICTs in CHAZ programming and operations.
9. Strengthen systems for maintenance of infrastructure, equipment and transport.

6.5 Health Information

Overview

At national level, notwithstanding the various challenges, significant developments and progress has been made, towards strengthening of health information systems. In this regard, the Government/MoH has developed and disseminated an eHealth strategy, upgraded and expanded the scope of the District Health Information System 2 (DHIS-2), rolled out the community module of the SmartCard system, making it possible to register births and deaths, established provincial cancer registries, and established a health research registry. All the CHIs operate under the public health system, and are required to report into the public sector health information systems, and authorised to access and use data/reports from these systems.

CHAZ has established its own health information system, and Monitoring and Evaluation system. Whilst significant progress has been made in this area, CHAZ has continued to experience some challenges, including: lack of a comprehensive integrated documentation and reporting systems; inadequate ICT equipment; internet connectivity challenges at some rural CHIs; late submission of scheduled reports by some CHIs and other supported health facilities; and lack of a framework for health systems research and communication.

The focus of this strategic plan is on strengthening the health management information systems, including strengthening of capacities for capturing, processing, dissemination and use of health information, to ensure evidence-based decision-making.

Main Objective

To ensure the availability of quality and timely health information, and promote the use of M&E and research findings, for evidence-based decision-making.

Specific Objectives

1. To ensure the availability of relevant, accurate and timely information for evidence-based decision-making, by strengthening the CHAZ information systems, and access to national Health Management Information Systems (HMIS).
2. To ensure efficient and effective tracking of performance against the established objectives and targets, by strengthening the monitoring and evaluation system.
3. To improve the use of evidence in policy and decision making, by strengthening operational research capacities, and promoting the dissemination and use of M&E and research findings, as the basis for management decision.

Main Strategies

1. **Strengthen the CHAZ health information systems, to support the generation of relevant, timely and accurate data and information for management decision.**

    1.1 Periodically review and strengthen the CHAZ health information system.
    1.2 Review and strengthen ICT infrastructure and networks – Procure and distribute computers and other ICT equipment to CHAZ Secretariat, Provincial Offices, CHIs and SRs, based on the needs assessment.
    1.3 Strengthen integration of internal health information systems, with the CHAZ Secretariat playing the role of the backbone, with all the CHIs electronically connected to the system.
    1.4 Strengthen linkages/integration between the CHAZ system and the public health management information systems, particularly the DHIS-2.
    1.5 Train staff in the use and maintenance of modern ICT hardware and software, and the systems established within CHAZ.

2. **Strengthen the monitoring and evaluation system, for efficient and effective tracking of performance against the established objectives and targets.**

    2.1 Periodically review and strengthen the CHAZ M&E system.
    2.2 Facilitate broader access to, and use of the M&E database by Programme Staff.
    2.3 Train Programme and M&E staff in the use of the M&E system.
    2.4 Train CHIs and LSRs staff in narrative report writing.
    2.5 Harmonise the CHAZ M&E indicators with the health sector HMIS/DHIS.
    2.6 Strengthen and ensure consistency in reporting of performance results, by introducing a standardised results template of indicators and targets, which should be consistently updated and included as an annex to the CHAZ monthly, quarterly and annual progress reports.

3. **Scale up operational research in relevant areas of performance, and promote the use of research findings for evidence-based decision-making.**

    3.1 Strengthen institutional arrangements for research and development, by establishing the Research and Development Department at CHAZ, and the CHAZ University.
    3.2 Develop and implement an action plan for research and development, outlining the priorities, targets and implementation plan.
    3.3 Maintain a budget line for operational research, to support at least 2 research projects per year.
    3.4 Establish and strengthen research collaborations with academia and research institutions.
    3.5 Actively participate in the National Health Research Forum.

6.6 Health Care Financing

Overview

CHAZ is currently over-dependent on external funding. The main sources of this support are: the Government, through direct support to CHIs, in form of provision of public health workers, grants, medicines and other medical supplies, and logistics; international Cooperating Partners (CPs), through the provision of grants to combat specific health challenges, with CHAZ playing the role of Principal Recipient (PR) and sub-granting to CHIs and other implementers; and other well-wishers, with donations in kind. Other sources would include the CHAZ income generating activities and contributions from Church mother bodies and friends of CHAZ. Internal generations of income, and support from the Church mother-bodies is very limited and inadequate.

The focus of this plan is directed at improving the financing levels and financial management standards and capacities, in order to ensure adequate, timely, consistent and predictable funding. Further focus is aimed at ensuring high standards of transparency, compliance, risk management and accountability, and efficient use of the available resources, in order to meet the standards of accountability required by the financiers.

Main Objective

To ensure optimum, timely and predictable financing, and the highest standards of transparency and accountability in the management and use of the financial resources, at all levels.

Main Objectives

1. To strengthen financing and financial management, in order to ensure highest standards of financial accountability at all levels.
2. To strengthen grant management systems and procedures, to ensure efficient and effective management of grant funds, and compliance with the grant and sub-granting agreements, in order to ensure continued support from CPs.

Main Strategies

Finance and Administration

Strengthen financing and financial management system capacities, in order to improve funding levels and ensure high standards of accountability:

1. Periodically review and update the CHAZ Accounting Procedures Manual.
2. Review and redesign the SunSystem Accounting Package, to integrate financial and grants management.
3. Standardise the electronic financial management systems at the CHIs, and link them to the central level system.

4. Review the disbursement systems and mechanisms, and improve communication and timeliness of disbursements to CHIs/SRs and feedback.
5. Ensure quality and timely financial reporting and clean audits.

Grants Management

Strengthen grant management capacities, in order to provide for efficient and effective management of grant funds, in compliance with the grant agreements with the CPs and sub-granting agreements with the SRs:

1. Strengthen coordination of the process of sourcing grants from the CPs.
2. Periodically review and update the grants management systems/manual, in order to conform to generally accepted accounting standards and accountability frameworks, and meet the standards of accountability and reporting required by the financiers, i.e. Government and CPs.
3. Strengthen the process for selection of SRs, to ensure high standards of transparency and accountability in the management and reporting on grant funds disbursed by CHAZ.
4. Improve on the disbursement of grant funds to SRs, and ensure effectiveness, timeliness, taking into account performance and fulfilment of reporting obligations.
5. Scale up technical support and supervision, to strengthen financial management systems and internal controls at SRs/SSRs, with specific attention to individual situations (capacity challenges), based on the SR selection assessments.
6. Periodically review and enhance internal financial management and controls at CHIs/SRs level.
7. Train staff at CHIs/SRs in basic book-keeping, accounting, planning, budgeting, budgetary control, integrated electronic accounting packages, and financial reporting.
8. Enhance and streamline systems and procedures, to ensure timely submission of financial reports by SRs.
9. Strengthen decentralisation of Secretariat services by increasing regional/provincial presence by gradually opening additional offices in the remaining regions/provinces.

6.7 Leadership and Governance

Overview

CHAZ is a large and complex organisation with diverse stakeholders and interests, and a clearly defined governance structure. The structure has been complicated by the multiplicity of owners of the CHIs, who now stand at 17 different Christian denominations, and the diversity of the key partners, their respective interests and nature of partnerships, which significantly impact on the governance of CHAZ and the CHIs. However, we have established clear governance systems and capacities, and strong partnerships at all levels, all of which are aimed at ensuring high standards of transparency and accountability at all levels.

The partnership with the Government is the most comprehensive one, and is guided by an MoU, under which, all the CHIs have been integrated into the public health system. They operate as public health facilities under the MoH, and receive Government support in form of deployment of public health workers, operational grants, supply of medicines and other medical supplies, training and capacity building, and other logistical support. We have also established strong partnerships with the communities, and with international CPs, who have continued to provide significant grants, for implementation of specific health programmes.

During the course of implementing this plan, significant efforts will be directed towards strengthening leadership and governance systems and structures for CHAZ, in order to achieve the highest standards of corporate governance, transparency and accountability, and inspire trust and confidence from all the stakeholders, both internal and external.

Main Objective

To attain the highest standards of corporate leadership, governance, transparency and accountability for the decisions, actions and resources, at all levels, throughout the duration of this plan.

Specific Objectives

1. To strengthen governance systems and structures, for more efficient and effective coordination and performance.
2. To strengthen advocacy, for improved visibility and impact.
3. To strengthen partnerships with the Government, communities, private sector and CPs, to increase their support to CHAZ programmes.
4. To ensure high standards of transparency and accountability, for efficient and effective management of available capacities and resources.

Main Strategies

1. **Governance: Strengthen policy, planning, organisation and management systems and structures, in order to ensure effective coordination and performance of the CHAZ Secretariat.**

    1.1 Periodically review and update the CHAZ Constitution and Bye-laws, to further strengthen the CHAZ leadership and governance framework.
    1.2 Review and update the organisational and management structures of CHAZ, to improve coordination and management.
    1.3 Establish a Research & Development Department (R&DD), in order to strengthen and entrench the generation and use of evidence in policy and management decision, and programming.
    1.4 Strengthen planning and budgeting systems.
    1.5 Adequately distribute and disseminate the CHAZ-SP 2017-2021, in order to ensure its appropriate use and impact.

2. **Advocacy: Strengthen advocacy with MOH, CPs and other partners, in order to provide for improved visibility of CHAZ and its affiliates, and promote dialogue.**

   2.1 Review and update the Advocacy Strategy.
   2.2 Advocate for MoH equitable allocation of resources to CHIs.
   2.3 Advocate for MoH to introduce the Social Health Insurance Scheme (SHI) and community health financing schemes.
   2.3 Advocate for the upgrading of selected CHIs that meet the criteria.
   2.4 Develop budget tracking system for central and community resource tracking.
   2.5 Strengthen communication and visibility of CHAZ programmes and activities.

3. **Partnerships: Strengthen partnerships with key stakeholders, in order to increase their support to CHAZ programmes.**

   3.1 Consistently monitor the flow and utilisation of donor funds, in order to ensure high standards of transparency and accountability.
   3.2 Enhance stakeholders' involvement and participation in the governance of CHAZ health services at all levels.
   3.3 Strengthen joint partner reviews.
   3.4 Promote dialogue and strengthen communication with partners and other stakeholders.

4. **Accountability: Strengthen systems and structures for ensuring transparency and accountability in the management of resources and in dealing with all stakeholders and clients.**

   4.1 Strengthen monitoring of compliance with laid down systems, including financial procedures, grant terms and conditions, as prescribed.
   4.2 Strengthen M&E systems and improve on feedback.
   4.2 Strengthen internal audit.
   4.3 Ensure consistent and timely external audits for the Secretariat.

7 STRATEGIC DIRECTION 3: TOWARDS LONG-TERM SUSTAINABILITY OF THE CHAZ SECRETARIAT

7.1 Overview

The CHAZ Secretariat was established to meet the need for coordination of Church health facilities in Zambia, with the following objectives:

1. Advocacy and representation;
2. Administration and logistical support;
3. Technical support; and
4. Resource mobilisation.

Since its establishment in 1970, CHAZ has since grown into a large and complex organisation, with additional objectives of supply chain management and grant making. Long-term sustainability of this structure is therefore of paramount importance, for continued growth and impact of the Church health services in Zambia, that reflect Christian values and ensure that people are healthy to the glory of God. However, currently, the organisation is considered to be over-dependent on the external financial support from the international CPs, supporting its health programmes. The financial contributions from the Church and internal generations of income are inadequate to support its operations. This constitutes a major threat to the long-term sustainability of the CHAZ Secretariat, especially that there is observed donor fatigue.

This strategic direction focuses at strengthening and scaling up the CHAZ capacities for internal generation of resources, to ensure long-term technical and financial sustainability of the CHAZ Secretariat, as the apex institution for the Church health services in Zambia, in order for it to continue performing its mandate.

7.2 Strategic Objective

To increase the resilience, and attain long-term sustainability of CHAZ as the technical wing of the Church health services and the coordinating umbrella organization for church related hospitals and community faith-based organisation, by scaling up and diversifying resource base.

7.3 Specific Objectives

1. To scale up income generation for the CHAZ Secretariat, by increasing the efficiencies and capacities for internal generation of resources.
2. To enhance diversification and expansion of the sources of income for the CHAZ Secretariat.

7.4 Main Strategies

1. Develop and implement the CHAZ sustainability strategy.
2. Promote innovative resource mobilization initiatives.
3. Strengthen capacities for scaling up diversification of internal generation of resources.
4. Strengthen outsourcing of the CHAZ warehouse space to third parties on commercial terms. Expand the scope and capacity of and strengthen its commercial programmes.
5. Reorganize the James Cains Training Institute (JCTI) functions and integrate it into the proposed Chaz University, which will operate on commercial terms.
6. Establish and strengthen income generating strategic partnerships with the corporate world and other organisations. Participate in platforms presenting opportunities for programme collaborations and financing.
7. Train and strengthen capacity of staff in income generation planning and management.
8. Promote operational research and consultancy for generation of evidence-based decision making and income.

8 IMPLEMENTATION FRAMEWORK

8.1 Overview

The successful implementation of this strategic plan is expected to significantly contribute to the improvement of the health status of the communities we serve, lead to improved sustainability of our services, and significantly contribute to the attainment of the national health goals. The plan will be implemented within the existing policy, regulatory, institutional, and monitoring and evaluation frameworks, established at CHAZ, and for the public health sector in Zambia. However, appropriate reviews and advocacy for strengthening of these frameworks will be conducted, as provided for in this plan.

8.2 Policy, Regulatory and Planning Framework

The plan will be implemented within the policy, regulatory and planning frameworks existing at CHAZ, and at sector, national and international levels, as follows:

- **CHAZ level:** implementation of the plan will be guided by the CHAZ internal policies and guidelines, including: the CHAZ Constitution; operational guidelines/manuals; administrative, financial and grant management systems and procedures; and directives from management, the Board and/or the General Council.

- **Sector and national levels:** the plan will be implemented within the established policy, regulatory and strategic frameworks for the health sector in Zambia, including: the MoU signed between CHAZ and the MoH; the NHSP 2017-2021 and health programme specific strategic frameworks; sector technical guidelines; and health-related Laws and regulations, governing various aspects of the health sector.

- **Regional and international levels:** the plan will be implemented within the context of the international health policies and strategic frameworks, including: the health-related SDGs; the SADC and AU health policies; and the provisions of the grant contracts signed between CHAZ and the individual CPs, providing financial and technical support to CHAZ. Successful implementation of this plan is strongly based on the assumption that the CPs will continue to support the CHAZ health programmes.

During the course of implementing this plan, periodical reviews and improvements to internal policies and guidelines will be conducted. CHAZ will also actively advocate for further strengthening of the health sector policy and regulatory framework, and for improved terms and conditions of the MoU with the MoH, and in the grant contracts with the CPs.

In order to ensure systematic implementation of this plan, CHAZ will take necessary steps to ensure that this strategic plan is adequately distributed and disseminated, and forms the basis for medium-term and annual action planning for the Secretariat and CHIs. In this respect, efforts will be made to integrate the use of this plan in the Medium-term Expenditure Framework (MTEF) and annual action planning processes for the CHAZ Secretariat and CHIs.

8.3 Institutional Framework

The plan will be implemented through the existing institutional framework, which includes the CHAZ Secretariat, CHIs, Sub-Recipients (SRs) of grants, and partnerships with the communities, MOH, international CPs and the private sector. The responsibilities for implementation of this plan will be shared as follows:

- **CHAZ Secretariat:** will be responsible for ensuring adequate distribution and dissemination of this plan to all the relevant stakeholders and the general public. It will also be responsible for overall leadership and coordination of implementation of the plan, including advocacy and resource mobilisation. The Secretariat will also be responsible for strengthening partnerships with all the key stakeholders, including the communities, MOH, CSOs, private sector and the Cooperating Partners.

- **CHIs/SRs/SSRs:** will be responsible for actual delivery of health services, within their respective mandates and terms of funding, and for ensuring timely feedback to the Secretariat. They will also be responsible for strengthening partnerships at facility and community levels.

- **MOH/Government:** will be responsible for providing overall sector policy and strategic leadership, and supporting CHIs with the required health workers, financial, technical and logistical support, in line with the provisions of the MoU signed with CHAZ. The Ministry/Government also provides the legal and regulatory framework for the health sector.

8.4 Monitoring and Evaluation Framework

Implementation of the plan will be tracked through the existing M&E Systems, as follows:

- **Monitoring:** Implementation and performance of the plan will be monitored through the existing monitoring system, which includes: routine data capturing, recording and analysis; supervisory visits; technical and financial audits; and systematic monthly, quarterly and annual reporting for both internal and external reporting. A comprehensive CHAZ health information system has been established, to support this course. CHIs are also covered by, and have access to the health sector HMIS, managed by the MoH.
- **Evaluation:** The plan will be evaluated twice, which will include: a mid-term review, to be carried out by an independent consultant, and an End of Term evaluation, which could either be conducted separately, or as part of the process of developing the next strategic plan. Research capabilities will be strengthened by establishing the M&E and Research Department at the Secretariat.
- **Performance indicators and targets:** The monitoring and evaluation of the implementation of this plan will be based on the results and costing matrices, which form part of this plan. Monitoring of indicators and performance against the targets will be strengthened by introducing a results template/matrix, as an annex to the CHAZ monthly, quarterly and annual progress reports.

9 ANNEXES

1.	Definition of CHAZ Core Values
2.	National Health Priorities
3.	CHAZ Results Matrix, 2017 - 2021
4.	CHAZ-SP 2017-2021: Estimated Cost of Implementation

CHAZ Pharmaceuticals Warehouse

ANNEX 1 – DEFINITION OF THE CHAZ CORE VALUES

Our Core Values

We are committed to seven (7) core values, which represent and define our desired standards of health service delivery and engagement with our stakeholders. These core values include:

1. ***Bear Christian witness:*** We commit ourselves to reflecting the values of the Christian faith and calling, in all aspects of our work.

2. ***Service excellence:*** We remain resolved to providing exceptionally high standards of health services to our clients, with superior quality, efficiency and effectiveness.

3. ***Client centeredness:*** All our work shall aim at addressing our clients' needs, with appropriate services that respect gender equality and human rights of each client, centred on Christian values.

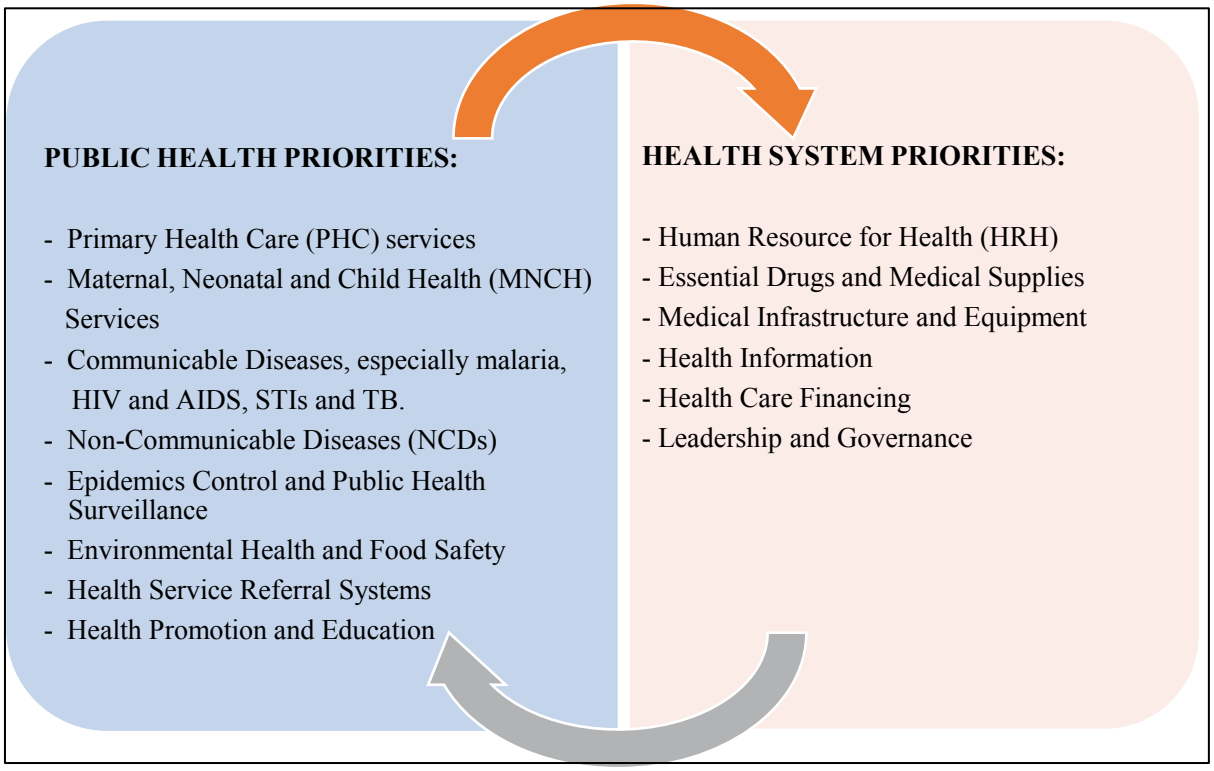
4. ***Innovation:*** We shall actively promote and support innovative approaches, which add value to our work and contribute towards more efficient and effective attainment of our vision.

5. ***Unity of purpose:*** We shall strive to act in unity to achieve our common vision, aimed at establishing a society where all people are healthy and uphold Christian values.

6. ***Partnership:*** We are committed to the spirit of partnership, sharing information, wisdom, ideas and experiences, and working together with different individuals, communities and organisations, as a means for attaining synergies and growth.

7. ***Transparency and Accountability:*** We are committed to prudent stewardship of our internal resources and the people we serve, through high standards of transparency, accountability and corporate governance.

ANNEX 2 – THE NATIONAL HEALTH PRIORITIES, 2017 - 2021



Source of data: National Health Strategic Plan, 2017-2021, Ministry of Health

ANNEX 3 – CHAZ RESULTS MATRIX, 2017 – 2021

#	Indicators	Baseline (2016)	2017	2018	2019	2020	2021	Source of Data
1.	**MALARIA PREVENTION AND CONTROL**							
1.1	I-2.1: Confirmed Malaria Cases (Microscopy or RDT): Rate per 1000 population	304	200	152	91	46	0	HMIS
1.2	I-3.1 (M): Inpatient malaria deaths per year: Rate per 100000 population per year	11.0	10.0	8.5	7.2	3.0	0	HMIS
1.3	VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	1,523,800	N/A	N/A	N/A	1,609,028	N/A	CHAZ HMIS
1.4	CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	90%	94%	94%	97%	100%	100%	CHAZ HMIS
1.5	CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community	95%	100%	100%	100%	100%	100%	CHAZ HMIS
1.6	CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	100%	100%	100%	100%	100%	100%	CHAZ HMIS
1.7	CM-3a: Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment at public sector health facilities	94%	100%	100%	100%	100%	100%	CHAZ HMIS
1.8	O-1c: Proportion of pregnant women who slept under an insecticidal treated net the previous night							
1.9	M&E-2: Proportion of facility reports received over the reports expected during the reporting period	88%	93%	93%	94%	95%	96%	CHAZ HMIS

#	Indicators	Baseline (2016)	2017	2018	2019	2020	2021	Source of Data
2.	**HIV/AIDS PREVENTION AND CONTROL**							
2.1	HTS-1: Number of people who were tested for HIV and received their results during the reporting period	120,011		258,616	279,033	307,633	310,500	CHAZ HMIS
2.2	GP-5: Number of medical male circumcisions performed according to national standards	32,637		36,908	37,277	35,343	32,500	CHAZ HMIS
2.3	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	54%	54%	80%	84%	90%	90%	CHAZ HMIS
2.4	PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	77%	90%	90%	90%	90%	90%	CHAZ HMIS
2.5	PMTCT-3.1: Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	70%	70%	70%	75%	78%	80%	HMIS
2.6	YP-2: Percentage of adolescent girls and young women (AGYW) reached with HIV prevention programs- defined package of services	91.7%	92%	100%	100%	100%	100%	CHAZ HMIS
2.7	YP-O-3: Number of adolescents (girls and boys) and young women and men who were tested for HIV and received their results during the reporting period	-	-	77,585	83,662	92,291	93,500	CHAZ HMIS
3.	**TUBERCULOSIS (TB) PREVENTION AND CONTROL**							
3.1	TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	1,476	-	4563	5240	5917	4563	CHAZ HMIS
3.2	TB/HIV-4.1: Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	45%	45%	65%	65%	75%	85%	HMIS
3.3	TB/HIV-5: Percentage of registered new and relapse TB patients with documented HIV status	97%	97%	100%	100%	100%	100%	CHAZ HMIS

#	Indicators	Baseline (2016)	2017	2018	2019	2020	2021	Source of Data
4.	**MATERNAL AND NEONATAL HEALTH**							
4.1	Maternal Mortality Ratio (per 100000 live births) decreased by at least 35%	330	342	314	286	259	195	HMIS, ZDHS
4.2	Newborn Mortality Rate (per 1000 live births) decreased by at least 35%	40	39	36	33	29	22	HMIS, ZDHS
4.3	% of women delivering in health facility	77% (58,592)	76%	79%	82%	85%	87%	Health facility delivery registers (HFDRs), District HMIS, ZDHS
4.4	% Deliveries assisted by skilled personnel	54%	64%	70%	75%	80%	85%	HMIS, ZDHS
4.5	% of communities where pregnant women have access to a functional transportation system or scheme for emergency referral	29% (988)	42%	48%	54%	85%	90%	Program reports, health facility assessments
4.6	% of facilities affiliated with active SMAGS	67% (255)	90%	95%	100%	100%	100%	Program reports, health facility assessments
4.7	% of health facilities with health care workers trained in EmONC	30% (11/36)	74%	80%	85%	91%	95%	Program reports/TIMS
4.8	% of designated basic and comprehensive EmONC facilities performing all signal functions	9%	25%	30%	35%	40%	45%	HFDRs, District HMIS
4.9	% of community and facility based maternal deaths verified by verbal autopsy by cause	13.0% (11/84)	27.2%	32.8%	38.0%	44.0%	50.0%	HFDRs, District HMIS
4.10	Proportion of facilities offering an integrated MNCH/HIV/FP package of services	62% (237)	55%	62%	65%	67%	70%	Program Reports, HFDRs, District HMIS
4.11	Pregnant women tested for HIV and receiving results	53% (72,371 / 136,076)	100%	100%	100%	100%	100%	Program Report, HFDRs, District HMIS
4.12	% of HIV positive women receiving ART treatment	80% (2,005/ 2,501)	100%	100%	100%	100%	100%	Program Report, HFDRs, District HMIS
4.13	% of infants born to HIV Positive women who received an HIV test within 2 months of birth	100% (1,652 / 1,652)	100%	100%	100%	100%	100%	Program Report, HFDRs, District HMIS

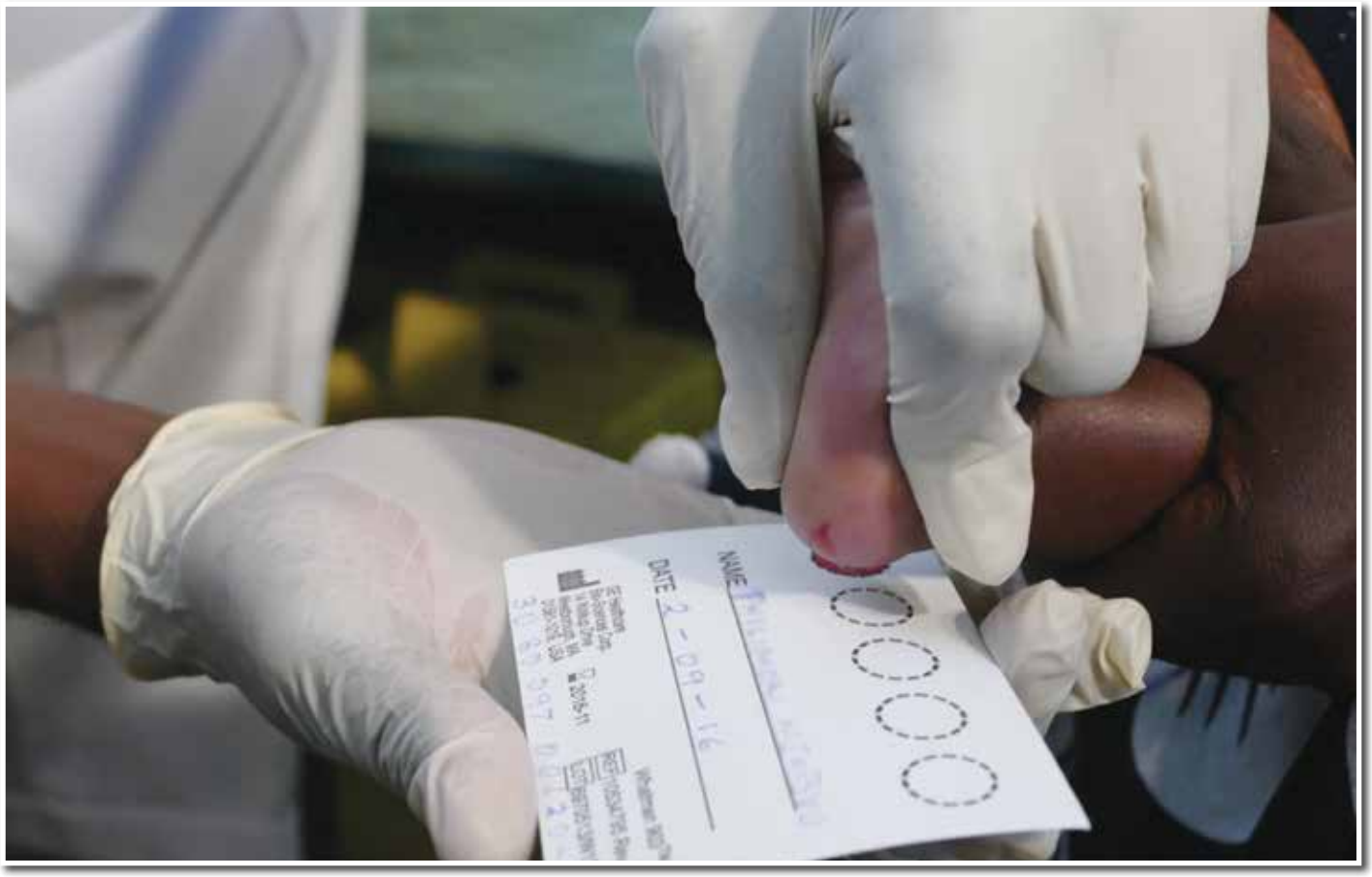
#	Indicators	Baseline (2016)	2017	2018	2019	2020	2021	Source of Data
5.	**CHILD HEALTH (NATIONAL LEVEL)**							
5.1	Under-five mortality rate (per 1000 live births)	75		67			35	ZDHS
5.2	Infant mortality rate (per 1000 live births)	45		30			15	ZDHS
5.3	Percentage of fully immunised children under one year	85%	86%	87%	88%	90%	96%	HMIS
5.4	Percentage of Children Under Five years who are underweight	15%		10%			2%	ZDHS
5.5	Percentage of Children Under Five years with Stunting	40%		20%			14%	HMIS, ZDHS
6.	**NON-COMMUNICABLE DISEASES (NCDs)-NATIONAL LEVEL**							
6.1	Cancer Incidence by Type per 100,000 Population	58.0	56.3	55.0	54.0	53.0	52.3	HMIS
6.2	Knowledge level in population regarding health lifestyle (%)	10%	10%	15%	20%	25%	30%	ZDHS, CHAZ Surveys
6.3	Percentage of Facilities Trained and Mentored in Cancer Management	14%	18%	25%	30%	45%	52%	HMIS

ANNEX 4: CHAZ-SP 2017-2021: ESTIMATED COST OF IMPLEMENTATION

Estimated Cost of Implementing the Strategic Plan **US $**

#	DESCRIPTION	2017	2018	2019	2020	2021	Total	% of Total
1	**HIV and AIDS**	**17,561,005**	**16,976,464**	**16,106,069**	**5,487,625**	**15,278,818**	**71,409,981**	**19.44%**
1.1	Prevention programs for general population	1,370,253	1,540,621	1,187,383	480,988	1,386,559	**5,965,804**	**1.62%**
1.2	Prevention programs for other vulnerable populations	-	245,227	235,686	-	220,704	**701,617**	**0.19%**
1.3	Prevention programs for adolescents and youth, in and out of school	3,550,046	2,473,680	2,276,361	2,154,377	2,226,312	**12,680,776**	**3.45%**
1.4	PMTCT	2,718,555	397,005	128,021	158,804	357,304	**3,759,688**	**1.02%**
1.5	Treatment, care and support	11,292,405	13,860,552	13,466,000	3,174,444	12,474,497	**54,267,899**	**14.77%**
2	**TB Care and Prevention**	**158,737**	**220,801**	**85,800**	**71,861**	**198,721**	**735,919**	**0.20%**
2.1	Prevention and Case Management	48,973	91,925	28,075	20,390	82,732	**272,096**	**0.07%**
2.2	TB/HIV	54,882	37,464	-	-	33,718	**126,063**	**0.03%**
2.3	MDR-TB	-	26,974	28,862	25,735	24,277	**105,848**	**0.03%**
3	**Malaria Elimination**	**6,766,254**	**10,166,673**	**2,329,469**	**2,259,488**	**9,150,006**	**30,671,890**	**8.35%**
3.1	Vector control	1,131,908	1,411,319	52,874	746,395	1,270,187	**4,612,683**	**1.26%**
3.2	Case management	4,502,438	7,344,035	2,223,722	766,699	6,609,632	**21,446,525**	**5.84%**

#	DESCRIPTION	2017	2018	2019	2020	2021	Total	%
3	Integrated Sexual Reproductive Health	-	1,428,010	1,690,575	1,044,569	1,285,209	5,448,363	1.48%
4	Child Health, Immunisation and Nutrition	1,084,484	1,053,379	873,153	548,984	1,051,443	4,611,444	1.26%
5	Health and Community Systems Strengthening	8,330,897	4,376,545	2,412,210	1,307,067	3,938,891	20,365,610	5.54%
6	Programme Management	8,139,043	9,046,689	8,944,891	8,844,450	7,365,088	42,340,161	11.53%
	GRAND TOTAL	91,860,273	90,482,466	71,302,829	32,966,684	80,760,690	367,372,941	100%


NAME
DATE 2-09-16

Churches Health Association of Zambia
Plot No. 9306 Ben Bella Road
P.O. Box 34511
Lusaka
Tel: +260 211 237328 / 229702
Fax: +260 211 223297
Email: ed@chaz.org.zm