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USAID HEALTH ACCESS FOR ALL PROJECT

Quarterly Report

FY 2018 Quarter I – October 1 to December 31, 2017

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Contract Number: AID-611-17-000003.

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ACRONYMS LIST

A&E Firm	Architectural and Engineering Firm
ACE	Adult Centre of Excellence
ART	Antiretroviral Therapy
AMELP	Activity Monitoring, Evaluation, and Learning Plan
CDC	Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CIDRZ	Centre for Infectious Disease Research in Zambia
CO	Contracting Officer
COR	Contracting Officer's Representative
DQA	Data Quality Audit
EMMP	Environmental Mitigation and Monitoring Plan
FAM	Finance and Administration Manager
G2G	Government to government
GRZ	Government of the Republic of Zambia
HO	Home Office
ICASA	International Conference on AIDS and STIs in Africa
KP	Key Populations
M&E	Monitoring and Evaluation
PEPFAR	President's Emergency Plan for AIDS Relief
PFMRAF	Public Financial Management Risk Assessment Framework
PrEP	Pre-Exposure Prophylaxis
SOP	Standard Operating Procedures
SSG	SSG Advisors
STTA	Short-term Technical Assistance
ToT	Training of Trainers
USAID	U.S. Agency for International Development
USG	U.S. Government
UTH	University Training Hospital

I. PROGRAM OVERVIEW/SUMMARY

Program Name:	USAID Health Access for All Project
Activity Start Date and End Date:	September 25, 2017 – March 24, 2019
Name of Prime Implementing Partner:	SSG Advisors
Contract Number:	AID-611-C-17-00004
Name of Subcontractors/Sub awardees:	N/A
Major Counterpart Organizations	University Teaching Hospital- Adult Centre of Excellence
Geographic Coverage (cities and	Lusaka, Zambia
Reporting Period:	October 1, 2017 - December 31, 2017
Funding source/spigot: (if multiple sources, give percentage of each)	The United States Agency for International Development
Planned LOP (\$):	\$3,999,849
Mortgage (\$):	N/A
Obligations as of December 31, 2017	\$500,000
Does this activity have a costed work plan?	Yes
Average monthly expenditures (\$):	\$67,391
Accrued expenditures (\$):	\$224,327
Pipeline (\$):	\$450,158
Pipeline months:	January 1, 2018 – March 31, 2018

I.I Program Description/Introduction

Key Populations (KP) in Zambia have continued to face significant challenges in accessing appropriate and quality HIV prevention, care, and treatment services due to social stigma, discrimination, and even criminalization of some KP lifestyles. For the purpose of this Project, KP are defined as people who inject drugs, men who have sex with men, transgender persons, sex workers, and prisoners. The University Teaching Hospital (UTH) which is Zambia's premier public healthcare service provider, research center, and training institution, has committed to developing a clinic set aside to provide HIV/STI services to KP under its Adult Center of Excellence (ACE) unit, but requires support in the form of staffing, equipment, and facilities improvements.

The U.S. Agency for International Development (USAID), in line with its goals to improve access to and uptake in comprehensive HIV services to KP under the President's Emergency Plan for AIDS Relief (PEPFAR), wishes to support UTH through the **Health Access for All Project** in providing comprehensive HIV prevention, care and treatment services available and accessible to KP in Zambia. This 18-month **USAID Health Access for All Project** is committed to providing crucial capacity enhancement support to UTH to provide high-quality KP services by meeting its staffing, equipment, and facility refurbishment needs. The **USAID Health Access for All Project** is also supporting the sustainability of KP services by assisting UTH with understanding the requirements and procedures for qualifying for and managing a direct USAID award.

SSG Advisors (SSG), the prime contract manager and a proven USAID field implementation partner, has brought on board a combination of highly-qualified field staff, robust home office (HO) support, and targeted short-term technical assistance (STTA) to ensure success in this fast-paced program. SSG's approach prioritizes working closely with USAID and leverages UTH's existing technical expertise and resources to ensure program success. SSG continues to draw on its long experience working alongside host country institutions to develop a strong, collaborative relationship with UTH's leadership and clinical staff. SSG has begun rolling out several early "quick-win" activities to help UTH jump-start services and consolidate leadership buy-in regarding the value of a partnership with USAID.

Project Goal:

To increase the number of KP accessing health care services at UTH.

Objectives:

In order to achieve the project goal, the Project has identified the following three main objectives:

- i. Staffing of Healthcare providers at UTH;
- ii. Organizational Capacity Strengthening and UTH KP Health Care Capacity Development;
- iii. Facility refurbishments at UTH-ACE.

SSG's project team is led by Project Director Arnold Shatunka, an experienced USAID project manager and a Public Health and Capacity Building technical expert. He is supported by the Monitoring and Evaluation (M&E) Specialist, Mr. Collins Muntanga, a proven M&E and environmental compliance practitioner specializing in USAID public health programs, and the Finance and Administration Manager (FAM), Mrs. Charity Lombe Tembo. Together these staff constitute a robust SSG field unit that is working hand-in-hand with UTH's leadership and USAID to ensure an open, collaborative implementation team. SSG's HO is providing both remote and on-site/STTA support throughout project implementation – ensuring on-the-ground coverage during key program periods such as startup, project launch, procurement design, and closeout.

1.2 Summary of Results to Date

The USAID Health Access for All Project did not record any achievements on key performance indicators as the Project is yet to commence providing healthcare services to key populations at the University Teaching Hospital Adult Centre of Excellence as well as Clinic. This is owing to delay in the conclusion of Project start-up activities including the recruiting and deploying staff and procurement of medical supplies and equipment among others start-up challenges.

Further, SSG is still in the process of getting the AMELP along with indicators and proposed targets get reviewed and approved by USAID. SSG anticipates completing all start-up activities in Quarter 2 of FY 2018 and expects to report progress on approved indicators and targets at the end of Quarter 2 of FY 2018.

Standard Indicators	Baseline FY 2018	Annual Target	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Annual Performance Achieved to the End of Reporting Period (%)	On Target Y/N
Number of individuals who received HIV Testing Services (HTS) and received their test results, disaggregated by HIV result		3000	0	0	0	0	0	0
Number of individuals who have received (oral) antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection.		300	0	0	0	0	0	0
Number of adults and children currently receiving antiretroviral therapy (ART)		250	0	0	0	0	0	0
Number of adults and children newly enrolled on antiretroviral therapy (ART)		250	0	0	0	0	0	0
Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population		2000	0	0	0	0	0	0

Number of the priority populations reached with standardized HIV prevention intervention(s) that are evidence-based.		2000	0	0	0	0	0	0
The proportion of ART patients screened for TB in the semiannual reporting period who are receiving TB treatment.		100%	0	0	0	0	0	0
Number of PEPFAR-supported facility-based service delivery points supported by your organization that have an electronic medical record system		1	0	0	0	0	0	0
Number of health worker full-time equivalents who are working on any HIV-related activities i.e., prevention, treatment and other HIV support and are receiving any type of support from PEPFAR at facility and sites, community sites, and at the above-service delivery area level		30	0	0	0	0	0	0
Number of new health workers who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre		20	0	0	0	0	0	0
Number of health worker full-time equivalents who are working on any HIV-related activities i.e., prevention, treatment and other HIV support at PEPFAR-supported facility sites		30	0	0	0	0	0	0
Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months within the reporting period		50	0	0	0	0	0	0
Percentage of ART patients with a viral load result documented in the medical record and/or laboratory information systems (LIS) within the past 12 months with a suppressed viral load (<1000 copies/ml)		100%	0	0	0	0	0	0

Note: The Results Performance Column depicts level of achievement expressed as a percentage of Actual versus Planned.

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 Progress Narrative

Key milestones associated with the USAID Health Access for All Project include hiring and managing a staff payroll estimated at 07 full-time staff for placement in UTH's KP unit as site management and an operational team; international and local procurement of a range of specialized medical equipment and supplies for UTH; refurbishment of the new KP clinic space to meet international standards; and ultimately, UTH's successful qualification for a direct USAID Government-to-Government (G2G) award.

The process of recruiting the UTH-ACE full time staff has commenced with progressive consultations between SSG's Field Team and UTH. From an initial list of five staff members, SSG and UTH have mutually agreed on moving forward with four staff members, based on required qualifications and experience, to support KP services at the ACE transition. The field team has finalized its review of these four fulltime candidates and has prepared provisional offers (pending USAID review and approval). The field team is currently addressing some additional questions on behalf of UTH before preparing for submission to USAID for approval in the middle of Quarter 2 of FY 2018.

International and local procurements of specialized medical equipment and supplies have also been commenced by the SSG field team with HO support. UTH has submitted the list of desired procurements which has been reviewed by the project partnership team and classified into 03 procurement categories:

1. **Green Purchases** constitute "Quick Win" procurements consisting of urgent and critical equipment and supplies for the UTH-ACE service provision operations. These items need not be imported, but can be sourced locally. The process of procuring these items has commenced with solicitation for quotations from vendors in Zambia. This deliverable is on course, as SSG has submitted to USAID for approval the first round of procurement, consisting of essential office equipment and supplies.
2. **Yellow Purchases** constitute second-tier purchases pending completed refurbishments at UTH-ACE and Clinic 3 and confirmation of location, space, and storage at the selected clinic. It is expected that the UTH-SSG team will move forward with procurement of yellow purchases in Quarter 2 of FY 2018.
3. **Red Purchases** constitute purchases that will be determined pending confirmation of necessary specifications. Some red purchases will require cross-border shipping, which will lengthen the procurement arrival date. It is expected that the UTH-SSG team will begin procuring items on the red purchases list mid-way through Quarter 2 of FY 2018.

The refurbishment process for UTH-ACE and Clinic 3 are also on course. The UTH Engineering Department supported the site evaluation by developing an initial scope of work (SOW) for the refurbishment process. SSG has reviewed this SOW, and submitted an updated version back to UTH for their final approval, removing all references to construction-related activities. After receiving confirmation from UTH, SSG plans for finalization and approval by the beginning of the Quarter 2 of FY 2018.

The implementation of planned activities for the reporting period was progressive given the fact

that the period of 1st October 2017 to 31st December 2017 consisted of a start-up phase whereby SSG set up office in Zambia, developed operational systems, and built relationships with UTH staff. In addition to establishing the SSG office, SSG achieved additional administrative and operational achievements including, onboarding the three key personnel for project activities, finalizing SSG's in-country Human Resources manual for in-country staff, establishing a project bank account to allow for streamlined financial management, and setting-up management systems for the forthcoming UTH procurements, like an Inventory Tracking System for equipment and supplies. Moreover, SSG successfully submitted the required start-up workplan and Year 1 workplan to USAID. Since all requisite operational and management systems are now in place, the implementation of project activities in Quarter 2 of FY2018 is expected to increase significantly.

2.2 Implementation Status

During the reporting period, SSG initiated the implementation of the USAID Health Access for All Project, as evidenced by the following achievements:

2.2.1 Task 1: Staffing of Healthcare Providers

SSG received the proposed list of both fulltime and part-time staff for optimal operation of the UTH-ACE in terms of increasing access and quality of healthcare services to Key Population. Regarding fulltime staff, UTH proposed a list of five critical staff that need to be recruited immediately while providing SSG with the UTH Standard Operating Procedures on engagement and remuneration of part-time staff who are already UTH fulltime staff. Out of the five fulltime UTH proposed, SSG has approved four and expressed reservation on one staff who acquired insufficient qualifications and experience, UTH has agreed to propose another candidate for the rejected one. In the meantime, SSG is finalizing with UTH HR requirements for the four candidates and will extend temporary offers, contingent upon USAID approval, thereafter. Give this process flow, SSG plans to submit UTH staffing names for USAID approval at the beginning of Quarter 2 of FY 2018.

Sub-Task 1.1: Recruitment of Health Care Providers

Among the key parameters by which success of the USAID Health Access for All Project will be measured is the number of healthcare providers employed by this Activity at UTH. SSG has made progress towards this recruitment effort during the reporting period, as follows:

- a) UTH provided SSG with a proposed list of staff, both from UTH and others who will be transitioning from the Centre for Infectious Disease Research in Zambia (CIDRZ) to the USAID Health Access for All Project;
- b) SSG reviewed resumes of this proposed list of staff and prepared provisional offers (pending USAID review and approval). Currently, SSG is addressing some additional HR questions with UTH, before submitting the names of the preferred staff to USAID for approval;
- c) SSG is in discussion with UTH management as well as USAID Zambia to agree on an engagement methodology for part-time staff that will serve KP at ACE.

SSG is working towards the goal of completing the recruitment of healthcare providers at UTH by the end of the second quarter of FY 2018.

2.2.2 Task 2: Organizational Capacity Strengthening

In order to increase the number of KPs that UTH is able to link to comprehensive HIV services, SSG has made progress towards the implementation and completion of the following tasks:

Sub-Task 2.1: Equipment Procurement

During the reporting period, SSG made progress related to equipment procurement as follows:

- a) SSG developed a preliminary equipment schedule, in coordination with UTH, denoting the priorities pertaining to office supplies and medical equipment procurement. The list is demarcated by “quick win” items to be procured locally with short lead time, items that are pending completed refurbishments at ACE and Clinic 3, and items that require considerable time to source, procure and deliver.
- b) SSG has concluded the solicitation of quotations for the office equipment quick wins, and has submitted USAID approval to purchase this office equipment.
- c) SSG prepared a request for quotations (RFQ) for medical supplies quick win items and expects to conclude the bid analysis shortly. Thereafter, SSG will request USAID approval to procure and deliver said medical supplies to UTH.
- d) SSG is working with UTH to obtain specifications for medical equipment that may need to be imported to facilitate the quotation solicitation process.

Sub Task 2.2: UTH Capacity Strengthening

SSG identified the opportunity for 02 UTH KP to participate in the **International Conference on AIDS and STIs in Africa (ICASA) 2017** conference, which took place in Abidjan, Côte d'Ivoire from the 4th to the 9th of December 2017. This conference presented a unique opportunity to highlight the diverse nature of the African region's HIV epidemic and the unique response to it. In addition, it was a prime platform for knowledge exchange as it convened over 10,000 delegates from nearly 150 countries, to learn from one another's expertise, and develop innovative strategies for advancing collective efforts to stop and prevent HIV. Dr. Mundia and Sr. Joyce Mwanangombe – both proposed as core UTH KP Training of Trainers (ToT) team members – attended the conference on behalf of UTH and have since produced a trip report including recommendations for improvement of KP health care services at UTH based on learnings stemming from their participation. This trip report highlighted key improvements including:

- Improving retention methods for priority populations at UTH by training health care workers on medical ethics and human rights to ensure equitable comprehensive care is provided to all individuals accessing health services at UTH.
- Improving communication skills and messaging to key populations by strengthening media (radio and newspaper) sensitization to broaden knowledge on health services at UTH and its benefits in the community.
- Facilitating more research studies on the efficacy of PrEP (Oral Pre-exposure Prophylaxis) in Zambia as an additional prevention choice for key populations who are at a substantial risk of HIV infection.

Activities relating to UTH financial and operational capacity development are scheduled for the second Quarter of FY 2018.

2.2.1 Task 3: Facility Refurbishment

In order to increase access to and privacy of comprehensive HIV services for KP at the UTH ACE, the USAID Health Access for All Activity is tasked to undertake minor facility improvements. During the reporting period, SSG undertook the following activities in support of this task:

- a) Conducted two site visits at the UTH ACE and Clinic 3 to understand the scope of necessary facility improvements;
- b) Worked with UTH's Engineering Department to draft a bill of quantities (BOQ) and estimated costs associated with required materials for facility improvements;
- c) The SSG Field Team shared a re-drafted SOW with UTH on the forthcoming facilities refurbishments. SSG is waiting for feedback from UTH before finalizing and sharing with USAID. Upon USAID approval, SSG will solicit bids from prospective contractors.

SSG is on course to complete the contractor bidding processes, and to commence facility improvements for UTH ACE and Clinic 3 by end of the second Quarter of FY 2018.

2.3 Implementation Challenges

The reporting period presented a number of project implementation challenges, including the following:

- i. **Delayed recruitment of SSG staff:**
The recruitment of the SSG Field Office FAM took longer than expected to complete due to unforeseen circumstances. SSG is pleased to have welcomed the new FAM, Mrs. Charity Lombe, onto the team in January 2018
- ii. **Delayed UTH feedback on project inputs:**
UTH ACE feedback and information inputs on critical decisions tended to delay resulting in time-loss and protracted processes. Typical reference cases were the delays in responding to meeting requests, and delays in submitting names of proposed staff for recruitment as full-time staff and submission of preferred equipment specifications and vendors for proposed procurements. These communication challenges and slow responsiveness significantly strained project outputs. In Quarter 2 of FY 2018, SSG plans to clarify expectations with UTH and ensure that these delays do not continue.
- iii. **Delayed refurbishment SOW:**
The development of the planned refurbishment SOW was delayed due to the slow pace at which UTH's Engineering Department undertook the inspection and submission of the indicative SOW and BOQ.
- iv. **Delayed finalization of the medical equipment and supplies list:**
The finalization of the UTH ACE medical equipment and supplies list was protracted due to UTH staff commitments and other unforeseen engagements such as the National 11th Annual HIV Technical Conference held between 12th and 14th December 2017.
- v. **Late recruitment of an SSG FAM:**
Delays in the recruitment of a field office FAM delayed critical start-up processes such as opening of SSG's field office bank account.

2.4 Activity Monitoring, Evaluation and Learning Plan Update

As required under Section F.5 of the Activity Contract, SSG drafted and submitted the USAID Health Access for All Project Activity Monitoring, Evaluation and Learning Plan (AMELP) to USAID Zambia for review and approval. SSG has received feedback from USAID with a corrected template and additional suggestions to incorporate into the AMELP.

SSG has also engaged other U.S. Government (USG) implementing partners supporting KP activities at UTH to develop a mechanism for sharing performance indicators and other program outcomes to ensure collaboration and cooperation among partners. SSG is spearheading collaboration of the M&E technical staff of all USG and other partners supporting KP activities by organizing a regular meeting with all partners to clarify any issues that may arise and share project outputs and outcomes. SSG will keep USAID informed on this coordinated effort.

In addition, UTH proposed a candidate for the site level M&E position (Data Associate) to SSG for consideration and possible employment. However, after consideration of the candidate's qualifications and credentials, SSG decided not to approve the candidate for employment. SSG is consulting with UTH to identify a more suitable candidate, with the goal of employing the Data Associate by the end of Quarter 2 of FY 2018.

3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

During the reporting period, SSG engaged UTH and USAID Zambia in identifying and strategizing how to address and integrate the following cross-cutting issues through implementation of the USAID Health Access for All Project:

3.1 Gender Equality and Female Empowerment

SSG is working with UTH to ensure that personnel and professional medical staff being considered for engagement on the USAID Health Access for All Project equally represent qualified male and female professionals without discrimination.

3.2 Sustainability Mechanisms

Leveraging a combination of highly qualified field staff, robust HO support, targeted STTA and significant experience implementing USAID projects, SSG will continue to work closely with UTH's existing technical expertise and resources to ensure program success, impact and sustainability.

During the reporting period, SSG engaged UTH HIV/AIDS (UTH-HAP) Program management and ACE representatives in particular through consultative planning meetings and information sharing sessions in order to establish a collaborative and trusting rapport. SSG continues to roll out several early "quick-win" activities to help UTH jump-start services and consolidate leadership buy-in regarding the value of a partnership with USAID. The anticipated buy-in is expected to enable sustainable KP services provision beyond the life of the project.

SSG will continue to strengthen the sustainability of UTH-ACE KP services by assisting UTH in understanding the requirements and procedures for qualifying for and managing a direct USAID award.

3.3 Environmental Compliance

During the reporting period, SSG worked with the USAID's COR and USAID Mission Environmental Officer to commence and progress towards finalizing the Activity Environmental Management and Mitigation Plan (EMMP). The project is on course in terms of finalizing the EMMP before the end of Quarter 2 of FY 2018.

3.4 Policy and Governance Support

SSG assisted UTH-ACE to identify appropriate support in developing Standard Operating Procedures (SOPs) for the KP clinic service delivery. Through targeted engagement, UTH selected ANOVA in South Africa to lead SOP development and ToT capacity strengthening. Once developed and implemented, the SOPs and ToT package will inform KP service provision policy improvement.

4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT

During the reporting period, SSG actively engaged UTH in the USAID Health Access for All Project activity start-up and planning phases. SSG continues to engage UTH through the ACE as critical partners in their own capacity development through various levels of USAID Zambia support. As a government institution, UTH is expected to develop its capacity to receive G2G funding from the USG after receiving support through the 18-month Health Access for All Project. As such, the targeted conversations and activities being implemented with UTH are critical to the sustainability of KP health services in Zambia. SSG and UTH-ACE have initiated weekly consultative meetings in order to review progress made and plan for subsequent activities.

5. MANAGEMENT AND ADMINISTRATIVE ISSUES

A number of management and administrative issues influenced how planned project activities were implemented. Among the notable issues are the following:

- i. **Delayed feedback from UTH on critical project information inputs:**
Due to a heavy workload and competing obligations, participating UTH staff were sometimes delayed in providing information, particularly related to full-time project site staff recruitment, finalization of procurement lists and completion of an indicative SOW for refurbishment of UTH-ACE and Clinic 3, resulting in delays to these activities.

6. LESSONS LEARNED

During the reporting period, SSG learned a number of valuable lessons related to systems development and relationship management, such as:

- i. Government of the Republic of Zambia (GRZ) systems strengthening requires strong communications and clear delineations of roles, responsibilities, and timelines. UTH management staff have multiple responsibilities and commitments that compete with those of the Project, which has created delays in meeting deadlines. SSG has effectively managed to access required support from UTH by mutually agreeing on communication processes and scheduled meetings.

- ii. Managing expectations is important in GRZ systems capacity strengthening in order to ensure sustainable partnership buy-in. As this is the first time USAID Zambia has worked with UTH, many systems and expectations are new and therefore require clear communications and management. SSG has successfully managed UTH expectations to date by conducting regular meetings and clearly explaining the role of SSG and the Health Access for All Project during the life of project.

7. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

Quarter 2 of FY 2018 has various key project activities set for implementation. The following are the key planned activities and events;

Task 1: Staffing of Health Care Providers:

- Complete recruitment and hiring process
- Facilitate planning of on-boarding training of UTH KP health staff
- Support UTH in payroll management for KP clinic health workers

Task 2: Organizational Capacity Strengthening

- Procurement and delivery of medical equipment and supplies, specifically under the green and yellow procurement categories, for UTH-ACE KP clinic
- Develop medical equipment procurement schedule, and equipment maintenance plan and schedule with UTH and submit to USAID for approval
- ANOVA ToT Capacity Development and Study Tour
- Capacity Building training of UTH KP health staff
- Capacity building training and support to KP service staff
- M&E and EMP capacity training for UTH implementing staff
- Facilitate the development of KP SOP and ToT Manual
- Identify KP services training needs and develop and implement a KP training plan.

Task 3: Facilities Refurbishment

- Conduct a rapid facilities refurbishment assessment of the ACE, with selected bidder, in collaboration with UTH
- Develop a facilities refurbishment plan for the ACE, with selected bidder, in collaboration with UTH
- Identify refurbishment vendor/contractor and implementing refurbishments
- Monitor performance of contractors.
- Transfer of all KP staff to fully equipped and refurbished KP clinic space
- Develop Environmental Mitigation and Monitoring Plan

8. WHAT DOES USAID NOT KNOW THAT IT NEEDS TO?

SSG has kept USAID Zambia informed of the progress and happenings in the implementation of the USAID Health Access for All project through weekly updates and periodic meetings with the USAID

Zambia mission team. USAID Zambia is therefore very well informed of the status of the project, anticipated challenges and proposed solutions to current and anticipated challenges.

**9. HOW IMPLEMENTING PARTNER HAS ADDRESSED A/COR COMMENTS
FROM THE LAST QUARTERLY OR SEMI-ANNUAL REPORT**

Not applicable for this reporting period.

ANNEX A: PROGRESS SUMMARY

The USAID Health Access for All project did not record any achievements on key performance indicators as the Project is yet to commence providing healthcare services to key populations at the UTH ACE as well as Clinic. This is owing to delay in the conclusion of project start-up activities including the recruiting and deploying staff and procurement of medical supplies and equipment among others start-up challenges.

Further, SSG is still in the process of getting the AMELP along with indicators and proposed targets approved by USAID. SSG anticipates completing all start-up activities in Quarter 2 of FY 2018 and expects to report progress on approved indicators and targets at the end of Quarter 2 of FY 2018.