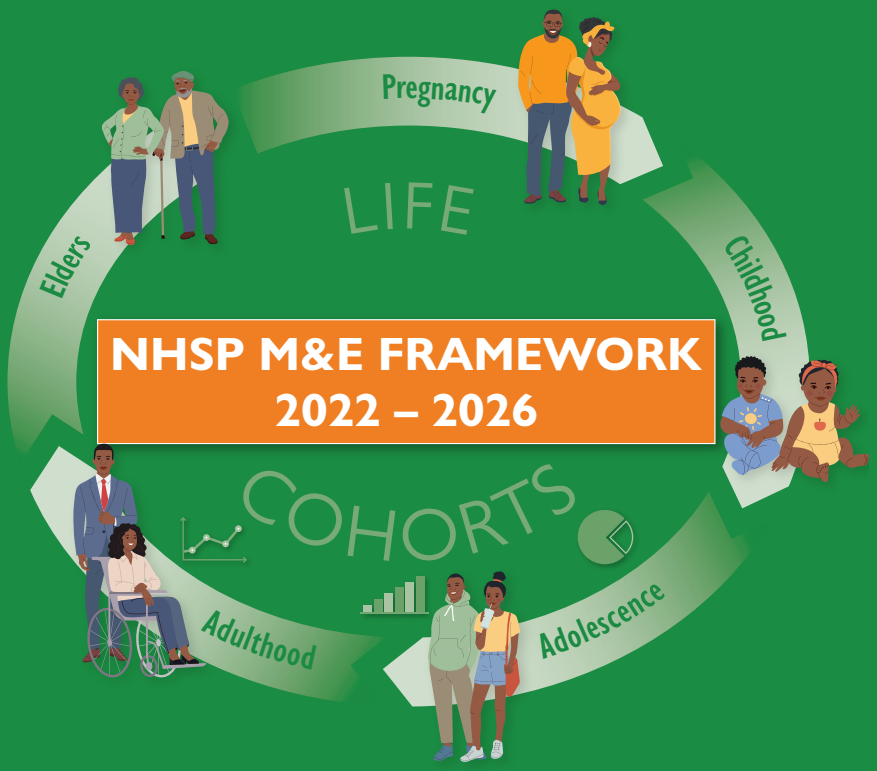
Republic of Zambia

MINISTRY OF HEALTH

Health Sector Monitoring and Evaluation Framework

NHSP 2022-2026



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Foreword

Zambia's aspiration is to become a prosperous middle-income country by 2030, as outlined in Vision 2030 and operationalised in the 8th National Development Plan 2022-2026. To contribute to this national vision, the Government of the Republic of Zambia, through the Ministry of Health, is pursuing Universal Health Coverage to promote health for improved productivity and livelihoods. To achieve this, an integrated approach to primary and community health care has been identified as the main vehicle.

To this end, the Ministry of Health, in collaboration with its stakeholders, has developed the National Health Strategic Plan for the period 2022-2026 (NHSP 2022-2026). This Monitoring and Evaluation Framework, therefore, complements this Plan and is meant to contribute to enhanced accountability, transparency, and efficiency in the provision of health services. It will also serve as a single platform against which the health sector will measure performance of the NHSP 2022-2026 and ultimately the objectives of the 8th National Development Plan. The NHSP 2022-2026 M&E Framework, therefore, binds all of us to one set of key performance indicators for tracking progress and measuring performance.

I, therefore, implore all implementers, supervisors, and policymakers at all levels to jointly stay focused on individual and collective contributions towards the attainment of the goal of Universal Health Coverage by 2030. This will only be possible, if we are continually reviewing our performance towards the targets, we have set for ourselves.

I have no doubt that collectively the NHSP 2022-2026 M&E Framework shall further contribute to reduced duplication, enhance synergy in data handling and encourage the culture of information utilisation for purposes of decision making at all levels, particularly at service delivery points.

Prof. Christopher Simoonga
Permanent Secretary – Administration
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Acknowledgements

This document will serve as a charter under which the Ministry of Health and its Partners will assess and jointly document progress in the implementation of the NHSP 2022-2026. Its development was as a result of a multi-stakeholder effort, with contributions from various levels of the health service delivery system.

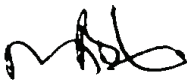
I deferentially note the steady policy guidance provided by the Honourable Minister of Health, Mrs. Syilvia T. Masebo, MP to ensure that the Plan is a true reflection of the New Dawn Government's expectations. Without her unwavering policy guidance, constantly emphasizing the need to focus towards achieving Universal Health Coverage, the design of this accompanying M&E Framework, would have been without a footing.

Without the fundamental work of the multidisciplinary team that translated the expectations of the 8th National Development Plan into the sectoral strategic framework (NHSP 2022-2026), the process of creating the M&E Framework would not have been possible. Therefore, I would like to express appreciation to all the colleagues recognized in the NHSP 2022-2026.

During the process of developing the Monitoring and Evaluation Framework, the Programme officers showed great patience, passion, and enthusiasm, in providing the much-needed information and facilitating the consensus-building process in reorganizing NHSP program interventions around common inputs and processes. I also extend my appreciation to all non-state actors, including our cooperating partners and non-governmental organisations, who have contributed the necessary investments in the national health sector, without which it would be impossible to measure health inputs or investments.

Special thanks are also extended to USAID and The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) for their financial support in the production of this document.

Last, but not least, I would like to extend my sincere gratitude to the Monitoring and Evaluation Team in the Ministry of Health and USAID Evidence for Health project team, who spearheaded the process of developing this important document.



Madrine Bbalo Mbuta (Mrs)

Director – Policy and Planning

Ministry of Health

Abbreviations and Acronyms

7NDP	Seventh National Development Plan
8NDP	Eighth National Development Plan
9NDP	Ninth National Development Plan
ACSM	Advocacy, Communication, and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
CAC	Comprehensive Abortion Care
CBR	Community-based Rehabilitation
CCDS	Clinical Care and Diagnostic Services
CDC	Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CHAZ	Churches Health Association of Zambia
cHMIS	Community Health Management Information System
CPs	Cooperating Partners
CSOs	Civil Society Organizations
DAPP	Development AID from People to People in Zambia
DHO	District Health Office
DNRPC	Department of National Registration, Passports and Citizenship
DOT	Directly Observed Treatment of Tuberculosis
DPs	Development Partners
DRRR	Donor Recruitment, Retention and Recall strategy
DR-TB	Drug Resistant Tuberculosis
DS TB	Drug Susceptible Tuberculosis
DSD	Direct Service Delivery Model
DST	Drug Susceptibility Testing
E4H	Evidence for Health (Project)c
ECD	Early Childhood Development
eIDSR	Electronic Integrated Diseases Surveillance and Response
eLMIS	Electronic Logistics Management Information System
EmONC	Emergency Obstetric and Neonatal Care
ENT	Ear, Nose and Throat
EQA	External Quality Assurance
FA	Facility Assessment
FBOs	Faith Based Organizations
FCDO	Foreign, Commonwealth and Development Office
FCTC	Framework Convention on Tobacco Control
FETP	Field Epidemiology Training Program
FNDP	Fifth National Development Plan
FP	Family Planning
GAVI	Global Alliance for Vaccines and Immunization
GF	Global Fund
GHO	Global Health Observatory
GMP	Growth Monitoring and Promotion
HACCP	Hazard Analysis and Critical Control Point
HCWs	Health Care Workers
HDU	High Dependent Units
HFC	Health Facility Census
HH	Household
HHFA	Harmonized Health Facility Assessment
HI & R	Health Information and Research
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCZ	Health Professions Council of Zambia
HPV	Human Papilloma Virus
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resource Information System
HRMA	Human Resource Management and Administration
HS	Household Survey
HTS	HIV Testing Services
ICD	International Classification of Diseases
IEC	Information, Education and Communication
IHR	International Health Regulations
IM	Impact
IMCI	Integrated Management of Childhood Illnesses
IMNCI	Integrated Management of Neonatal and Childhood Illness
IP	Input/ Process
IPC	Infection Prevention and Control
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
JHIPEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JICA	Japanese International Cooperation Agency
KMC	Kangaroo Mother Care
LB	Live Birth
LLIN	Long Lasting Insecticide Net
M&E	Monitoring and Evaluation
MAZ	Medical Association of Zambia

MFR	Master Facility Registry
MIS	Malaria Indicator Survey
MLGRD	Ministry of Local Government and Rural Development
MoFNP	Ministry of Finance and National Planning
MPS	Medicines, Products and Supplies
MTCs	Medicines and Therapeutics Committees
NAT	Nucleic Acid Testing
NCC	National Call Centre
NCDs	Non-Communicable Diseases
ND2	National Dataset 2
NFL	National Food Laboratory
NFNC	National Food and Nutrition Commission
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHCs	Neighborhood Health Committees
NHIMA	National Health Insurance Management Authority
NHRA	National Health Research Authority
NHSP	National Health Strategic Plan
NMCZ	Nursing and Midwifery Council of Zambia
NTDs	Neglected Tropical Diseases
OC	Outcome
OOP	Out of Pocket Payment
OP	Output
OWiD	Our World in Data
P&B	Planning and Budgeting
PBCR	Population Based Cancer Registry
PHC	Primary Health Care
PHR	Public Health and Research
PIMET	Physical Infrastructure Medical Equipment and Transport
PLHIV	People Living with HIV
PNC	Postnatal Care
PPPs	Public-Private Partnerships
PR	Programme Reports
PrEP	Pre-exposure Prophylaxis
QI	Quality Improvement
R/SNDP	Revised Sixth National Development Plan
RCCE	Risk Communication and Community Engagement
RMC	Respectful Maternity Care
RRTs	Rapid Response Teams
RTA	Road Traffic Accident
SAM	Severe Acute Malnutrition
SBCC	Social and Behavior Change Communication
SD	Strategic Direction
SDGs	Sustainable Development Goals
SFHI	San Francisco Heart Institute
SIDA	Swedish International Development Agency
SMART	Specific, Measurable, Achievable, Realistic and Time bound
SQA	Service Quality Assessment
SS	Supportive Supervision
STEPS	STEPwise Approach to NCD Risk Factor Surveillance
STIs	Sexually Transmitted Infections
SUN	Scale up Nutrition
SWAp	Sector Wide Approach
T&D	Training and Development
TAT	Turn-Around Time
TB	Tuberculosis
TDRC	Tropical Diseases Research Centre
TIs	Training Institutions
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	The United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNZA	The University of Zambia
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WDC	Ward Development Committee
WHO	World Health Organization
ZAMMSA	Zambia Medicines and Medical Supplies Agency
ZAMPHIA	Zambia Population Based HIV Impact Assessment
ZAMRA	Zambia Medicines Regulatory Authority
ZDHS	Zambia Demographic and Health Survey
ZNCR	Zambia National Cancer Registry
ZNPHI	Zambia National Public Health Institute
ZNTBSP	Zambia National Tuberculosis Strategic Plan
ZUNO	Zambia Union of Nurses Organisation

1 Introduction to the National Health Strategic Plan

1.1. Guiding Instruments in Formulation of the NHSP 2022-2026

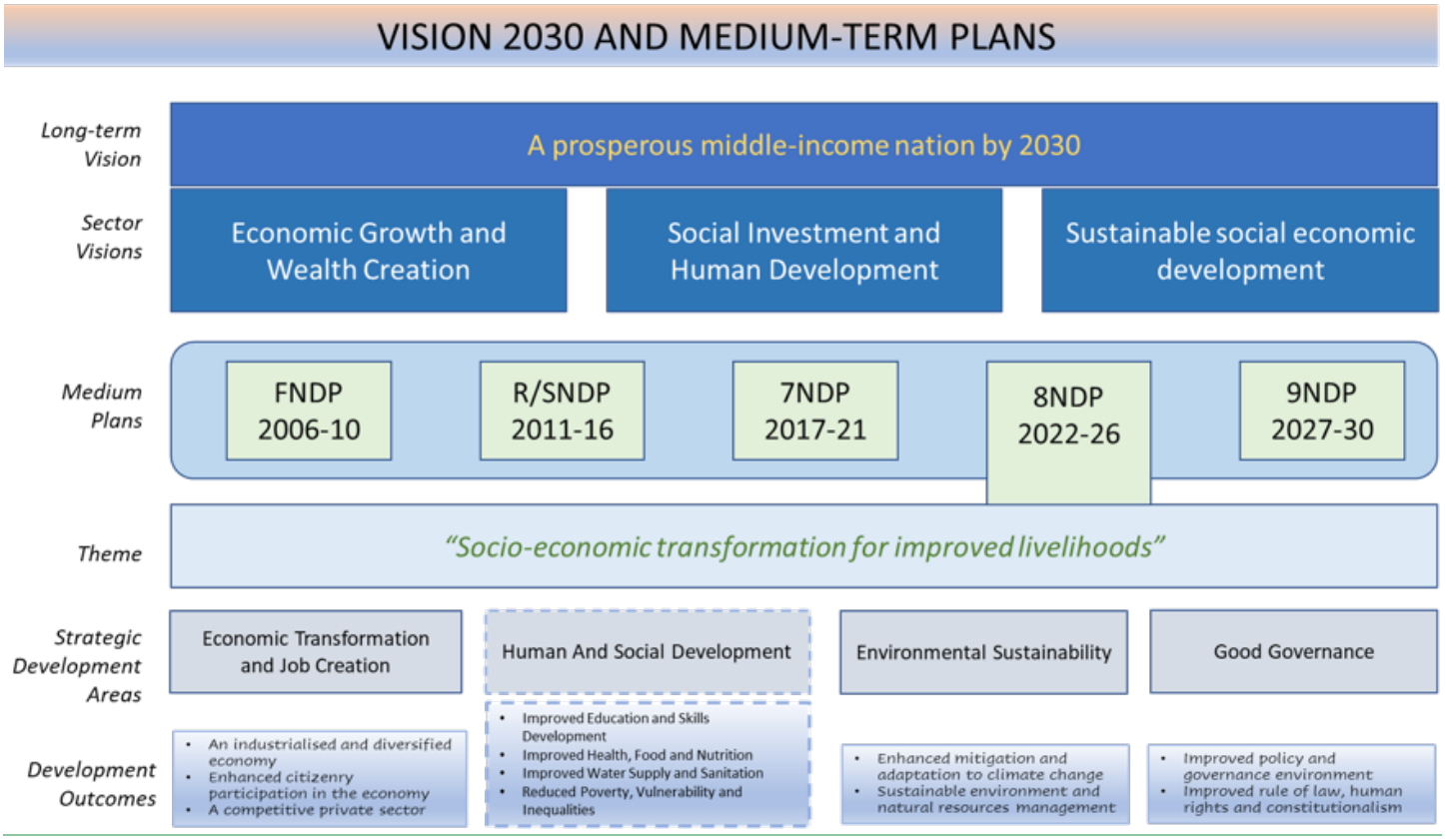
The 2022-2026 National Health Strategic Plan (NHSP 2022-2026) draws its mandate from the Eighth National Development Plan (8NDP), and the National Health Policy, while the 8NDP is a translation of long-term national aspirations and international obligations. At the international level, the 8NDP recognizes, among others, expectations of the Sustainable Development Goals (SDGs), while at the country level it responds to Vision 2030, demands of the national constitution, and the manifesto of the party in Government.

1.1.1. Zambia Vision 2030

Zambia's Vision 2030 is a national plan to make the country a prosperous and middle-income nation by the year 2030. This is based on the understanding that since independence, the country has been implementing medium-term plans, but these plans were not always designed around a shared long-term objective. In 2005, the government formulated socio-economic goals and objectives for 2030 and identified the challenges and obstacles that must be overcome to achieve the vision.

Vision 2030 implores governmental entities and related stakeholders to coordinate short- to medium- term plans around this vision to meet its goals and targets. As Figure 1-1 shows, implementation is expected to occur through five national development plans, starting with the Fifth National Development Plan (5NDP), which covered 2006-2010.

Figure 1-1: Vision 2030 and Medium-term Development Plans



The 2030 vision related to health is, "equitable access to quality health care for all." To achieve this, emphasis has been placed on strengthening health systems and services using the primary health care approach, to enhance the wellbeing of all Zambian, through:

Strengthening of public health programmes,

Expanding the capacity to increase access to quality health care,

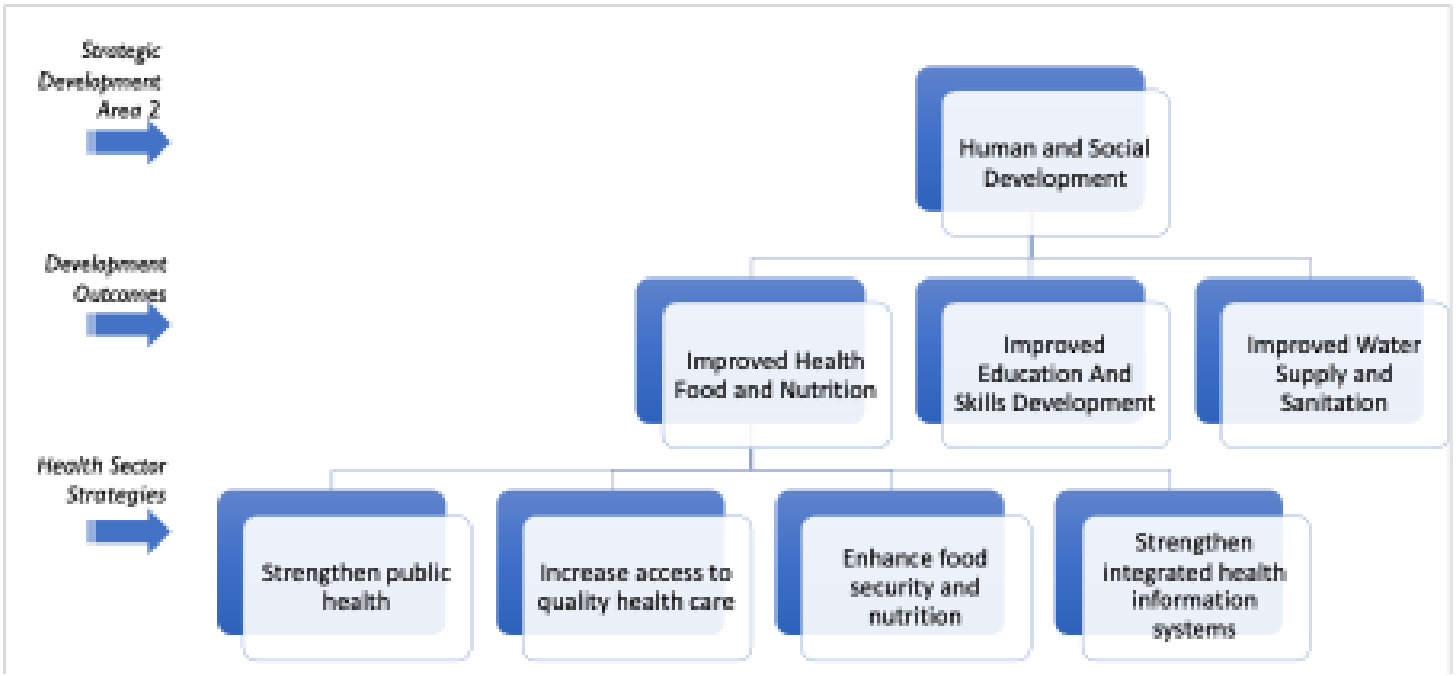
Enhanced food security and nutrition,

Accelerated human resource outputs, recruitment, and retention.

1.1.2. Eighth National Development Plan

8NDP is the fourth plan under Vision 2030 (Figure 1-1). 7NDP was built on the achievements and lessons learned during the implementation of the previous NDPs. It evolved from sector-based planning to an integrated (multi-sectoral) development approach.

Figure 1-2: The Place of the NHSP 2022-2026 in the 8NDP



The 8NDP has adopted the cluster approach with the theme, "Socio-Economic Transformation for Improved Livelihoods." It has four strategic development areas (Figure 1-1), one of which is the "Human and Social Development" area under which "Improved Health, Food and Nutrition" falls. Comparing Section 1.1.1 and Figure 12, the strategic focus for "Improved Health, Food and Nutrition" aligns with that of Vision 2030, as they both target to strengthen public health, increase access to health care, and enhance food security. Table 28, summaries this link.

1.1.3. The Sustainable Development Goals

In January 2016, the 17 SDGs of the 2030 Agenda for Sustainable Development came into effect. These goals call on United Nations (UN) member states to focus their efforts on ending all forms of poverty, tackling inequality and climate change and in doing so, ensuring that no one is left behind.

Although Goal 3 refers to direct actions that affect health, 51 of the 169 targets spread across 17 goals directly affect health and well-being. Therefore, despite Vision 2030 having been developed almost 10 years before the SDGs, the foundations (on which these two long-term plans were built) are the same: a coordinated multi-sectoral approach (social, economic, environmental, and political) to end poverty. The following 51 SDG targets have been identified to impact health.

Social targets: social protection (1.3); malnutrition (2.2); primary and secondary education (4.1); early childhood development (4.2); violence against all women and girls (5.2) and female genital mutilation (5.3).

Economic targets: Energy services (7.1); Economic growth (8.1); employment and decent work (8.5); Migrant workers (8.8); Infrastructure (9.1); ICT (9.c); Inclusion (10.2); Equality (10.4); Migration (10.7); Development assistance (10.c).

Environmental targets: drinking water (6.1); Sanitation and hygiene (6.2); Water quality (6.3); Housing (11.1); Transport systems (11.2); Human settlement (11.3); Disasters (11.5); Cities (11.6); Climate-related hazards (13.1); Climate change (13.2).

Political targets: Violence (16.1); Violence against and torture of children (16.2); Corruption and bribery (16.5); Institutions (16.6); Decision making (16.7); Birth registration (16.9); Domestic resources mobilisation (17.1); Knowledge sharing (17.6); National Plans (17.9); Policy space and leadership (17.5); Global partnership (17.16); Strategies of partnerships (17.17).

SG3 Targets: Universal health coverage (3.8); Maternal mortality (3.1); Child mortality (3.2); End epidemics of AIDS, TB, NTDs, etc. (3.3); Sexual and reproductive health (3.7); NCDs and mental health (3.4); Substance abuse (3.5); Injuries & RTA (3.6); Contamination (3.9); FCTC (3.a); Medicines (3.b); Financing, staff (3.c); Risk management (3.d).

2 The Conceptual Framework

As indicated in Section 1.1, NHSP 2022-2026 directly draws its mandate from the 8NDP and indirectly from Vision 2030 and the UN SDGs. This Monitoring and Evaluation Framework has been aligned to the 8NDP framework and the SDGs (specifically SDG3). To arrive at this, there was need to first identify the conceptual foundation that guided the development of the NHSP 2022-2026.

The NHSP is organised into two strategic directions (SD) thus: 1) Strengthen Health Service Delivery (to attain quality universal health coverage by 2030) and 2) Strengthen Integrated Health Support Systems (to facilitate attainment of the targets under SDG3 and UHC).

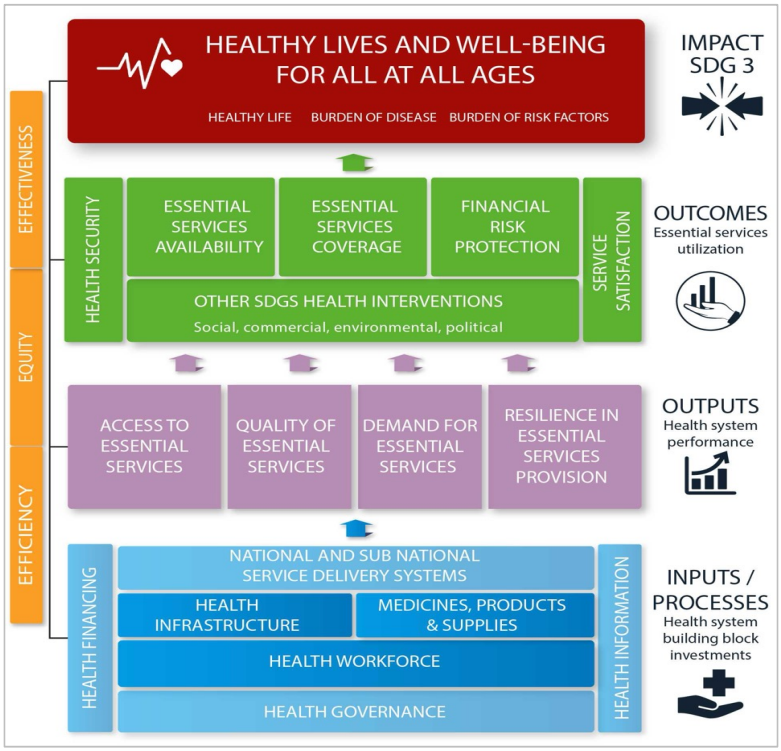
Reading from the two strategic directions, the NHSP, identifies itself with the SDG3 and specifically the Universal Health Coverage (UHC). The Plan therefore recognises UHC as the umbrella target within which the other SDG3 targets should be achieved and identifies Primary Health to be the main pillar of the health service delivery system.

2.1. The WHO (Africa Region) Framework of Actions for UHC

In line with strategic priorities of the region, in August 2017, the WHO Regional Committee for Africa adopted a strategy for the development of health systems for universal health coverage in the context of the SDGs. This 'Framework of Actions' was to guide member countries to link investments in health systems (such as SD #2 on the NHSP) with the results of health services. Figure 21, shows the recommended framework for aligning actions and results towards achieving UHC and contribute to "healthy lives and well-being for all at all ages."

The Framework (Figure 2-1) adheres to a traditional monitoring and evaluation logic by defining health investments (inputs/processes) that are necessary to ensure the performance of the health system (Outputs) to provide health and related services that everyone needs (Outcomes) to achieve the desired level of health for all people at all ages (Impact). For each of the four domains, WHO has proposed dimensions to guide for a balanced level of investment and standardised performance measures. At each of the result level, the framework also recommends that efficiency, equity, and effectiveness are considered.

Figure 2-1: Framework of Actions for UHC (Source: WHO, 2017)



The following sections provide a brief description of each of the domains.

2.2.1. INPUTS/PROCESSES – Health Systems Building Block Investments

This domain identifies health inputs in health systems strengthening. The WHO recommends that a well-functioning health system should be based on an integrated framework of seven areas (inputs) to ensure effective, and efficient provision of ***essential health services*** to all. The seven inputs can be grouped into two broad categories:

Physical Inputs: (1) Health Workforce; (2) Health Infrastructure; (3) Medicines, Products and Supplies.

Intangible processes: (4) the way systems are designed for service delivery; (5) health governance; (6) health information, innovation, and research and (7) health financing.

Note: These seven (7) investments areas are all interrelated and interlinked and *should not be addressed independently of each other*, to be able to produce a functional health care delivery system. Table 2-1 provides a summary description on each of the inputs and the areas of focus in measuring their performance.

Table 2-1. Description of Health System Investments

Dimension	Description	Measures of achievement
Health Workforce	This represents all persons employed (currently or in future), primarily for health actions. Focus areas include production, recruitment, deployment, management, and motivation of staff required for the provision of essential health services. Health workforce categories include technical; management; administrative and support workforce; and ancillary workers such as community workforce.	Availability of an adequate, qualified and fit-for-purpose (skilled) workforce, able (productivity) to provide essential health and health-related services needed to attaining health and well-being.
Health Infrastructure	This encompasses physical infrastructure, equipment, transport, and ICT requirements. Areas of action include coordinated planning, maintenance, and use.	Measurements are around availability, functionality, and readiness of the infrastructure to provide essential health services
Medical Products & Supplies	These are health products that represent a wide variation of interventions provided as integral processes in the course of treatment and care. They comprise medicines, including vaccines and other biologicals, medical devices, diagnostic and laboratory supplies, blood and other medical products of human origin, and traditional medicines.	Measures of performance are on readiness, expenditure, density of key staff, prescription patterns, availability of blood, stock management, regulation, and control.
Service Delivery System	These are actions needed to facilitate the efficient management of inputs for delivery of health services to users/clients. These actions include packaging of health services; service delivery organization and management; services supervision & assessments; service quality and safety; and equity of access. Investments are expected to cover the national level, province/district, facility levels. See Figure 22	Performance measurement areas include availability of services charters; effective and functional referral system; service delivery standards; a functional supportive supervision process and person-centered services (as opposed to disease-centered)
Health Governance	This covers a scope of actions across all dimensions providing policies, standards, regulations, and guidance to direct the use of resources and the functioning of health systems. Areas of action include defining organization structures and systems; operational management and accountability; policy, regulation, standards and legal instruments and partnerships and inter-sectoral engagements.	Performance measurement points include stability of senior management teams at all levels; community partnership and engagement; use of data for decision making; coordination of planning and service provision with non-state actors; policies, strategies and plans

Dimension	Description	Measures of achievement
Health Information	Health information encompasses all mechanisms for data generation and validation, analysis, dissemination, and knowledge translation in relation to various sources of data: routine information system, vital statistics, research, surveys, surveillance, and census	Performance measures on this dimension are around the ability to generate, analyze, knowledge generation and translation for each of the key data sources.
Health Financing	This covers the existence of an array of mechanisms for mobilizing, managing, and using resources	Performance measures include the contribution of each source to health expenditure; management of funds and purchasing modalities
Adapted from the UHC Framework of Actions		

Note: Achieving the desired level of health system performance depends on the scale, coverage/equality, and efficiency of investments in the seven areas listed in the table.

Figure 2-2: Zambia Health Care Delivery System

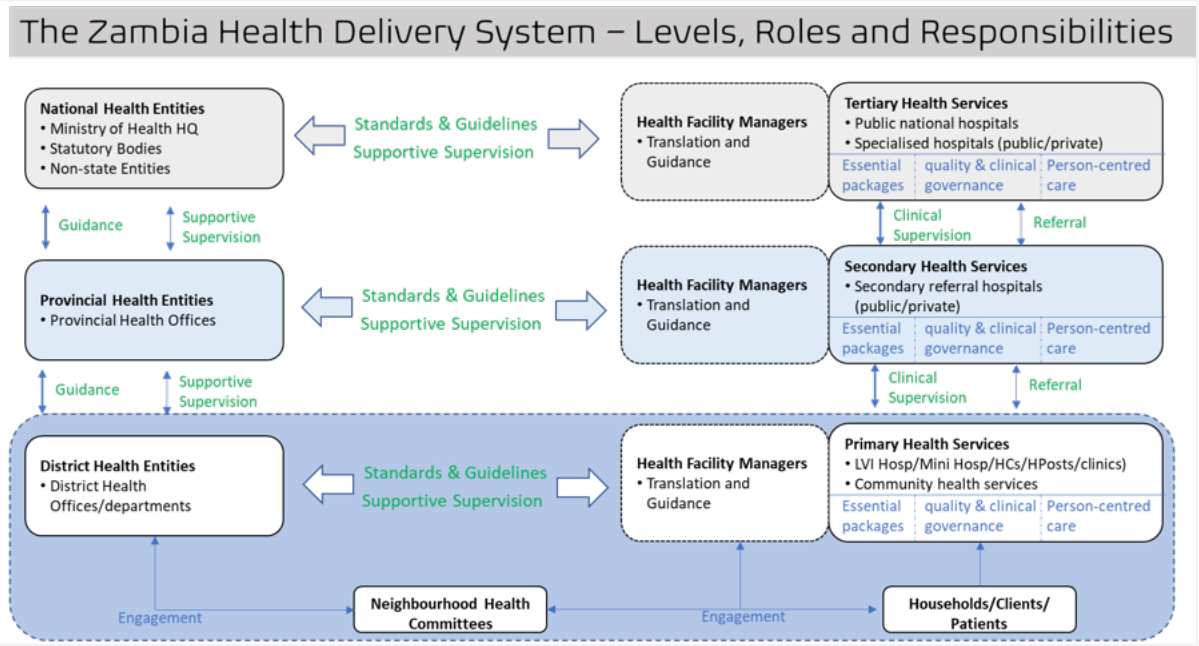


Figure 2-2, represents existing service delivery structures and how they should optimally relate to each other to deliver health services

Standards and Guidelines: National health entities are responsible for developing standards, guidelines, and national targets, and disseminate to the next level of health service delivery – Provincial entities and tertiary health services. These levels are expected to translate these standards and guidelines to deliver essential health services and meet set targets.

Supportive Supervision: This is a continuous process of helping staff to improve their work performance through self-assessments, peer reviews, and onsite support. It helps in ensuring that standards and guidelines are well understood and implemented as expected, to the extent possible. The framework for undertaking supportive supervision must be in place, well-disseminated, and in use.

Clinical Supervision: This is a formal process for professional support, reflection and learning so as to contribute to improved performance of health providers (collectively or individually). System for this process must be in place, well disseminated and in use.

Referral: This covers the existence of a system for sending patients to another physician/health provider for ongoing management of a specific problem. This assumes that physical inputs, necessary to manage problems for which the referral is done are already defined and in place.

Note: This figure subsumes all service delivery substructures such as the community and household therein, are under the district health system and their access to secondary and tertiary health services is through the primary health care (or district health) system. During much of the implementation of this framework, this function will

be under the local authority, and therefore, there may be modifications to Figure 2-2, as appropriate.

2.2.2. OUTPUTS – Health System Performance

To ensure an integrated and holistic approach to health system investments, efficiency and effectiveness are integral to the delivery of health services. Figure 2-1 identifies four dimensions of health system performance, as integrated outputs of the interaction of the health system investments [inputs]. The four dimensions are described in Table 2-2.

Table 2-2. Attributes of Health System Performance

Dimension	Description	Measures of achievement
Access to health and health-related essential services	Removal of physical barriers faced by the population that hinder their use of services. This is primarily through taking available "hardware" needed to deliver services – health workforce, infrastructure, and equipment, plus medicines and products – as close to the population as is feasible.	The extent to which health and health-related services are close to households and communities, allowing their utilization as and when needed
Effective demand for health and health-related essential services	Knowledge, attitudes and practices of households and communities that lead to their use of available essential health and health-related services.	Households and communities are utilizing available health and health-related services in a manner that maximises their health and well-being
Quality of care during provision of essential health and health-related services	How well the services being provided are aligned to the legitimate needs of the clients. This includes the experiences during use of essential services, safety elements and effectiveness of provided interventions.	Health and health related services provision is designed in a manner to maximize possible benefits for the household and community
Resilience in provision of essential health and health-related services	This is an inbuilt capacity of the system to sustain provision of essential health and health-related services even when challenged by outbreaks, disasters, or other shocks	Households and communities continue to access health and health-related services even when the system is responding to shocks
Adapted from the UHC Framework of Actions		

2.2.3. OUTCOME – Essential Health Services utilization

These are population level coverage targets for the different health and health-related services important for populations – including the most vulnerable and marginalized groups at all ages. This domain requires more than just the direct health actions (SDG3) but also the determinants of health spread across nearly 38 of 169 targets (besides the SDG3 targets). It has six dimensions, three of which make up the Universal Health Coverage, as presented in Table 2-3.

Table 2-3. Attributes of Essential Health Services Utilisation

Dimension		Description	Measures of achievement
Universal Health Coverage	Essential Services Availability (by life cohorts)	This covers the extent to which services defined in the essential health packages are available to all the five life cohorts: pregnancy and new-born; Childhood; adolescence; adulthood; elderly (See Table 24)	Performance measures can be obtained through facility assessments, and from Key Informants on the availability of tracer services as outline in Table 24.
	Coverage of Essential Interventions (Promotive, preventive, curative rehabilitative and palliative)	This looks at how well the potential beneficiaries are using the services. High levels of utilization imply improved results in terms of improved health and well-being, and vice versa. Essential health interventions need to be provided across all public health functions – health promotion, disease prevention, curative, and rehabilitation/ palliative to eligible cohorts	Performance measures are clustered around interventions in health promotion, communicable disease prevention and control, non-communicable disease control and prevention, and medical and rehabilitative services
	Financial Risk Protection (From catastrophic health expenditures)	Financial risk protection looks at the ability by the system to reduce the barriers to access health services due to financial constraints	Performance measures are centered around how much of the budget is allocated to health, payment for health services from the pocket, availability of social security funds
Service Satisfaction (Responsive to population needs)	This covers legitimate position of the population on their satisfaction with available essential services and whether these services in responsiveness to their needs;	Measurement points include dignity, autonomy (consent, alternative services, etc.), confidentiality, prompt attention, access to social support, quality of basic amenities and choice of care providers.	
Health Security (Outbreak prevention, detection, response, and recovery)	Population is protected from preventable outbreaks, disasters, and other health emergencies.	Measurement points include the capacity to prevent, ability to detect health security threats on time, ability to prevent avoidable morbidity/mortality	
Coverage of non-SDG3 health target (Social, economic, environmental, and political)	Other SDG health interventions include those shown in Section 1.1.3.	Measurement focuses on coverage based on health-related targets for the social, economic, environmental, and politically oriented non SDG3 targets	
Adapted from the UHC Framework of Actions			

Table 2-4. WHO Recommended Tracer Essential Health Services

Life Cohort		Essential Health Service
1	**Pregnancy and new-born**	• Antenatal care services • Perinatal care services • Care for the new-born • Postnatal care services

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

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

2.2.4. IMPACT – Healthy Lives and Well-being for All, at All Ages

This is the SDG3 impact level with an ultimate focus on healthy lives and wellbeing for all at all ages. Like in all other African countries, this is the ultimate objective that the Zambia Health Sector and related sectors aspire for in the Universal Health Coverage drive. This domain focuses on three elements as shown in Table 2-5.

Table 2-5. Healthy lives and well-being for all at all ages

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

2.2. How the NHSP programme description aligns with the UHC framework

The NHSP has two strategic directions. Strategic Direction #1 (Health services delivery) covers interventions for promotive, preventive, curative, rehabilitative and palliative services), while Strategic Direction #2 (Health system support) covers strategies for health investments (as defined in Section 2.1.1). The NHSP has a total of 30 *programme-specific goals*, 147 specific objectives and 561 strategies, spread across 27 intervention areas in the order as presented in Table 2-6.

Table 2-6: Summary of NHSP Priorities

Intervention area	Chapter/ Section on NHSP	Number of...		
		Goals	Objectives	Strategies
Strategic Direction # 1				
Health Promotion and Education	5.1.1.2	1	4	16
Community Health	5.1.1.3	1	4	15
Reproductive and Maternal Health	5.1.1.4.1	1	10	71
Neonatal, Child Health and Development	5.1.1.4.2	2	8	42
Adolescent Health	5.1.1.4.3	1	3	8
Nutrition	5.1.1.4.4	1	8	8
Malaria	5.1.1.5.1	1	2	3
HIV/Aids	5.1.1.5.2	1	11	29
Tuberculosis and Leprosy	5.1.1.5.3	1	4	17
Viral Hepatitis	5.1.1.5.4	1	2	5
NCDs (General)	5.1.1.6.1	1	3	14
Mental Health	5.1.1.6.2	1	4	14
Cancer	5.1.1.6.3	1	5	16
Neglected Tropical Diseases	5.1.1.7.1	1	2	3
Environmental Health	5.1.1.7.2	1	8	16
Public Health Security	5.1.1.7.3	1	3	19
Social Determinants of Health	5.1.1.7.4	1	3	13
Clinical Care Services (Including Blood Transfusion Services)	5.1.2	2	22	79
Diagnostic Services	5.1.3	1	6	30
Rehabilitative Services	5.1.4	1	3	12
Nursing and Midwifery	5.1.5	1	2	22
Strategic Direction # 2				
Health Workforce	5.2.1	1	4	11
Essential Medicines and Medical Supplies	5.2.2	1	10	29
Physical Infrastructure, Medical Equipment and Transport	5.2.3	1	5	15
Health Information, Research, and Innovation	5.2.4	2	2	15
Health Care Financing	5.2.5	1	4	15
Leadership and Governance	5.2.6	1	5	24
Total		7	30	109

2.2.1. Mapping Between the UHC Framework Domain/Dimensions and the NHSP Priorities

On the basis of the outline in Table 2-6, and the UHC Framework described in Section 2.1, below is the mapping structure for the contents of the NHSP 2022-2026 with the Universal Health Coverage Framework of Actions. Strategic Direction #2 has been mapped with inputs/processes on the Framework (investment areas), while with the SDG3 targets have been aligned with the respective interventions (Strategic Direction #1) on the NHSP, that are expected to influence those targets.

Table 2-7. Mapping Framework Between the UHC and the NHSP 2022-2026 Priorities

UHC Framework			Related Intervention/ Investment in the NHSP Priorities	
Results Domain		Dimension	Component	Section
Inputs/ Processes (Health System Investment Areas)		Health Workforce	Health Workforce	5.2.1.2
		Medicines, Products & Supplies	Essential Medicines and Medical Supplies	5.2.2.2
			Blood Transfusion Services	5.1.2.3
		Health Infrastructure	Physical Infrastructure, Medical Equipment and Transport	5.2.3.2
				5.1.3.2
		Service Delivery System	Primary Health Care	5.1.1
			Hospital services	5.1.2.2
		Health Governance	Leadership and Governance	5.2.6.2
		Health Information	Health Information, research, and innovation	5.2.4.2
		Health Financing	Health Care Financing	5.2.5.2
SDG3 Targets	Performance Targets	SDG3.1: Reduce maternal mortality	Reproductive, Maternal	5.1.1.4.1
			Adolescent	5.1.1.4.3
			Health and Nutrition	5.1.1.4.4
		SDG3.2: End preventable new-born and child deaths	Reproductive & Maternal	5.1.1.4.3
			Neonatal and Child Health	5.1.2.2
			Nutrition	5.1.2.4
		SDG3.3: End epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases	Communicable Diseases	5.1.1.5
			Environmental Health, Food Safety and Occupational Health	5.1.1.7.2
		SDG3.4: Reduce mortality from NCD and promote mental health	Non-communicable diseases	5.1.1.6.2
				5.1.1.6.3
		SDG3.5: Strengthen prevention and treatment of substance abuse	Adolescent health	5.1.1.4.3
		SDG3.6: Half global deaths and injuries from road traffic accidents	Non-communicable diseases (General)	5.1.1.6.1
		SDG3.7: Ensure universal access to sexual and reproductive health care	Reproductive, Maternal	5.1.1.4.1
			Adolescent	5.1.1.4.3
		SDG3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination	Environmental Health, Food Safety and Occupational Health	5.1.1.7.2

UHC Framework			Related Intervention/ Investment in the NHSP Priorities	
Results Domain		Dimension	Component	Section
SDG3 Targets (continued)	Implementation Targets	3.A: Strengthen the implementation of the WHO FCTC in all countries	- - -	- - -
		3.B: Support research and development of vaccines and medicines for the communicable and noncommunicable diseases	- - -	- - -
		3.C: Substantially increase health financing and the recruitment, development, training, and retention of the health workforce	Health Workforce	5.2.1
		3.D: Strengthen the capacity…., for early warning, risk reduction and management of national and global health risks	Public health security	5.1.1.7.3

As Table 2-7 shows, the NHSP 2022-2026 has deliberately prioritized investment in nearly all standard areas of the UHC Framework covering promotive, preventive, curative and rehabilitative/palliative services for improved outcomes.

2.3. The NHSP, 8NDP and the UHC Framework

While the UHC Framework has been selected as the default framework for monitoring and evaluating the NHSP, as stated in Section 1.1.2, the Plan directly draws its mandate from the 8NDP. To align reporting into the 8NDP structure using the UHC Framework, Table 2-8 maps the 8NDP SDA#2 DO#2 to the NHSP and the UHC Framework.

Table 2-8: Mapping Table of the NHSP2022-2026 to the 8NDP

8NDP		Associated Goal (s) and Objective(s) on the NHSP 2022-2026	
SDA #2, DO#2 (Improved Health, Food and Nutrition) Strategies/Programmes		Goal ID	Objective ID
1. Strengthen public health			
a)	Disease prevention and control	6	6.1 thru 6.2
		8	8.1
		9	9.1 thru 9.8
		10	10.1 thru 10.4
		11	11.1 thru 11.2
		12	12.1
		14	14.1 thru 14.5
		15	15.1 to 15.2
		1	1.1 thru 1.6
		18	18.1 to 18.3
b)	Health education and promotion	1	1.1 thru 1.5

8NDP		Associated Goal (s) and Objective(s) on the NHSP 2022-2026	
SDA #2, DO#2 (Improved Health, Food and Nutrition) Strategies/Programmes		Goal ID	Objective ID
c)	Maternal healthcare	3	3.1 thru 3.5
d)	Child survival (and) development	4	4.1 thru 4.5
		5	5.1 thru 5.3
e)	Family planning	3	3.7 thru 3.11
f)	Epidemic preparedness and control	See 1h	--
g)	Mental health and substance abuse management	13	13.1 thru 13.4
h)	Health security and surveillance	17	17.1 thru 17.3
2. Increase access to quality health care			
a)	Infrastructure development	18	18.4
		25	25.1 thru 25.4
b)	Medicines and medical supply chain management	19	19.1
		24	24.1 thru 24.7
c)	Equipment and transport procurement and maintenance	17	17.3
		20	20.1 thru 20.5
d)	Health insurance	27	27.1 to 27.2
e)	Mobile health services	19	19.8
f)	Specialised health services	18	18.10
		21	21.1 thru 21.3
g)	Human resource development	23	23.1 thru 23.1
h)	Integrated health care financing	27	27.1 thru 27.4
3. Enhance food security and nutrition			
a)	Scale-up nutrition	7	7.1
b)	Scale-up supplementary school feeding	7	These are multisectoral interventions under the accountability of NFNC
c)	Nutrition institutional governance strengthening	7	
d)	Sustainable food systems promotion	7	
e)	Supplementation and micro-nutrients fortification	7	
f)	Research and development	7	
g)	Institutional feeding	7	
4 Strengthen Integrated Health Information Systems			
a)	Integrated health care financing	Refer to section 2	
b)	Health information management system integration	7	7.7
		17	17.1
		26	26.1 thru 26.3
c)	Civil registration and vital statistics automation	Spear-headed by DNRPC	

3 The Monitoring and Evaluation Framework

3.1. Goals, Objectives, and Indicators

As Table 2-6 shows, the NHSP has 561 strategies, 147 objectives, and 30 goals. This information was used to develop Table 33 on page 56. Below is the description of each of the columns on this table.

Goals and objectives: These are stated as they appear in the NHSP. Both have been coded for ease of cross-reference in this document and for future reporting.

Indicators: These are derived measures based on the submitted goals, objectives, and strategies on the NHSP. To prepare these indicators for alignment with the UHC Framework, they were allocated a result level. This served as input into the M&E master table (Table 3-1 on 15).

NHSP, SDG and 8NDP Indicator Reference: This information is meant to support reporting into the SDGs and the 8NDP for those indicators required on these different reporting platforms.

Note: Not all indicators on Table 3-3, are part of Table 3-1; Table 3-3 has been included in this document to help respective programme managers identify indicators (on the M&E master table) that are associated with their goals. This table also serves as a reference for critical indicators that must be included on programme-specific documents.

3.2. Strategies and Health Investments Areas

While Table 2-7 clearly maps health investments to corresponding sections on the NHSP, Table 3-2 on Page 28, regroups related interventions across the NHSP sections into respective investments areas. This was necessitated by:

- Some strategies that were planned for under some intervention areas from strategic direction (SD) #1 on the NHSP, were also broadly planned for under SD #2. Therefore, to the extent possible all such strategies were either moved to the respective investment area and/or deduplicated. Examples include:
    - Strategies on capacity-building planned for under more than one programme area yet targeting the same health worker cadre
    - Procurement of equipment such as computers and transport planned for by multiple programmes

This reorganisation will facilitate measurement of aggregate performance of say human resources for health (HRH), as all strategies addressing human resource have been pooled under the HRH input/processes. Table 3-2 summarises this alignment. Below is the description of each column on this table:

- **ID:** This is a unique identifier for each intervention. This was generated by first grouping all interventions by health investment area, deduplicate (in cases where multiple programmes planned for the same thing), and sort by source objectives before allocating a code.
- **NHSP Strategies:** This is a collated list of similar strategies grouped under the appropriate health investment area. To maintain integrity between this document and the main Plan, the exact wording in the Plan has been retained, with minor corrections to typographic errors.
- **Objective ID:** These are the same ID generated on Table 3-3
- **Responsible Directorate:** This is the department that submitted this intervention on the Plan and hence responsible for its implementation. To support system approach, this department is expected to work through the "anchor" department. Below are some examples:
    - The department of Clinical Care and Diagnostic Services (CCDS) plans to "build capacity of eye health personnel in cataract surgery." To do so, the department will be expected to work with Department/Unit responsible for HR development.
    - The Health Promotion team submitted that they plan to "Improve provision of portable laboratories and consumables." This, however, falls under the jurisdiction of another department. To do, activities under the team responsible for Health.
- **Implementing partners:** This column provides information on the confirmed and prospective partners (outside the Ministry of Health) that are expected to contribute to achieving this strategy.
- **Planning year of implementation:** This column provides information on the start and end year for implementing the strategy. This will be used for
    - Guiding lower level implementing units on priority strategies for that year

- Reviewing the implementation status of the NHSP and consequently how that affects the NHSP outputs.

3.3. Indicators and Targets

Using the framework in Figure 21, the mapping in Table 27, selected indicators from Table 33 have been reorganised and synthesised onto of Table 31. Below is the description of each of the descriptors of this Table.

- **Result level:** According to Figure 21, there are four domains for some of these with nested dimensions and subdimensions to provide further categorisation. For details, review Table 21 through to Table 25.
- **Indicator code:** This has been generated within this table for ease-of-reference and identification. A code has been prefixed to an indicator counter based on a hierarchical structure as follows.
  - IM = Impact
  - OC = Outcome
  - OP = Output
  - IP = Input/Process
- **Indicator Name:** These are short names to the indicators outlined in Table 33. Some indicators on this table are a combination of multiple indicators from those on of Table 33.
- **NHSP Goal/Objective:** This provides a basis for linking indicator names on Table 33, and subsequently the NHSP – the Plan.
- **Baseline:** This has three parts:
  - Data: the most recent known value before the start of the NHSP, that is, before the year 2022. In SMART-defined objectives, this value is part of the objective: "from 'value' in 2018 to 'new value', in 2026.
  - Year: Year in which the indicator value was released or published.
  - Source: This can either be a publication or an official database.
- **Target:** The final target is usually the 'new value' in the objective. Values between the baseline and the target are mathematically computed based on some assumptions such as performance history.
- **Data Source:** This is a data system to be used for generating the performance values to compare with the set targets for each year.
- **Reporting frequency:** This indicates how often each indicator will be reported on to various stakeholders.
  - Indicators that have reporting intervals that are shorter than a year, will also be reported on at the end of each year.
  - Quarterly targets will be generated at the beginning of each new year, taking into account performance of the preceding year by using quarterly averages of differences between the current performance and the next target.

4 Monitoring and Evaluation Framework Tables

Main Tables

Table 3-1: The NHSP Performance Indicator Schedule

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
IMPACT Life Expectancy	IM1.1	Life expectancy at birth	General[1]	61.2	2021	UN WPP	61.5	61.8	62.0	62.3	62.6	Census	10 years
IMPACT Morbidity & Mortality Reduction	IM2.1	Mortality rates by life cohorts											
	2.1.2	Maternal Mortality (/100,000 LB)	Goal 3	252	2018	ZDHS	176	157	138	119	100	ZDHS	5 years
	2.1.3	Stillbirth (/1,000 LB)	Obj 3.5	12	2018	ZDHS	12	10	8	6	4	ZDHS	5 years
	2.1.4	Neonatal (/1,000 LB)[2]	Goal 4	27	2018	ZDHS	20	18	16	14	12	ZDHS	5 years
	2.1.5	Infant (1,000 LB)	Goal 4 & 5	42	2018	ZDHS	40	30	25	20	15	ZDHS	5 years
	2.1.6	Under 5 (/1,000 LB)	Goal 5	61	2018	ZDHS	43	39	34	30	25	ZDHS	5 years
	2.1.7	Adolescent[3] (/1,000 population)	Obj 6.1	1.75	2018	ZDHS	3.1	3.0	2.9	2.8	2.7	ZDHS	5 years
	2.1.8	Adult (/1,000 population)	General	5.11	2018	ZDHS	8.2	8.1	8.0	7.9	7.8	ZDHS	5 years
	IM2.2	Cause-specific death rates											
	2.2.1	DiarrhoeaDiarrhea (/100,000)	Goal 5	61.50	2019	OwiD[4]	51.6	41.7	31.8	21.9	12	OwiD	Annually
	2.2.2	Pneumonia (/100,000)	Goal 5	90.04	2019	OwiD	74.0	58.0	42.0	26.0	10	OwiD	Annually
	2.2.3	Malaria (/100,000)	Obj 8.2	29.79	2019	OwiD	26.0	22.3	18.5	14.8	11	OwiD	Annually

1 No specific goal or objective
2 Prematurity Asphyxia and Sepsis
3 Covers 15-24 only.
4 OurWorldinData

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
IMPACT Morbidity & Mortality Reduction (continued)	2.2.4	SAM[5] (/100,000)	Obj 7.2	17.69	2019	OwiD	14.4	11.0	7.7	4.3	1.0	OwiD	Annually
	2.2.5	HIV/AIDS (/100,000)	Obj 9.4	129.6	2019	OwiD	119.7	109.8	99.8	89.9	80	OwiD	Annually
	2.2.6	Tuberculosis (/100,000)	Obj 10.3	81	2019	NHSP	73	65	57	49	40	OwiD	Annually
	2.2.7	NCD >30 & >= 70 years[6]	Obj 12.2	24.5	2019	SDGIN-DEX	16	15	14	13	12	HMIS, SDGIN-DEX	Annually
	2.2.8	Suicide mortality rate per 100,000[7]	Obj 13.3	14.43	2019	WHO GHO[8]	10	9	7	6	4.14	WHO GHO	Annually
	2.2.9	RTA (/100,000)	Obj 12.1	13.1	2019	OwiD	12.3	11.5	10.6	9.8	9	OwiD	Annually
	IM2.3	Incidence rates (/K population)											
	2.3.1	Morbidity burden contributed by the 10 top causes of ill-health	General	87.8	2021	HMIS	80.2	72.7	65.1	57.6	50	HMIS	Annually
	2.3.2	Incidence of Immunisable childhood illnesses[9]	Obj 5.2	27.8	2021	HMIS	25.2	22.7	20.1	17.6	15	HMIS	Quarterly[10]
	2.3.3	Admission rate (%) for SAM[11]	Obj 7.2	78	2021	HMIS	74.4	70.8	67.2	63.6	60	HMIS	Quarterly
	2.3.4	Malaria (/1,000)	Goal 8	464.8	2021	HMIS	306	275.4	247.9	223.1	200.8	HMIS	Annually
	2.3.5	HIV/AIDS per 1,000	Goal 9	0.31	2022	ZAMPHIA	0.3	0.2	0.2	0.2	0.1	ZAMPHIA/ Spectrum Estimates/ ZDHS	5 Years/Annually
	2.3.6	Sexually transmitted infections	Obj 9.11	15.7	2021	HMIS	14.6	13.4	12.3	11.1	10.0	HMIS	Quarterly
	2.3.7	Tuberculosis per 100,000	Goal 10	319	2021	Global TB Report	289	259	229	199	169	Global TB report	Annually
	2.3.8	Incidence of NCDs[12]	Obj 12.1	0.28	2021	HMIS	0.23	0.19	0.14	0.10	0.05	HMIS	Annually

5 Severe Acute Malnutrition
6 Age-standardized death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30–70 years
7 Includes mental health patients
8 World Health Organisation Global Health Observatory.
9 Tuberculosis (TB), Poliomyelitis (Polio), Diphtheria Pertussis or Whooping Cough, Tetanus, Hemophilus influenzae type b disease, Hepatitis B, Meningitis, Pneumonia (due to streptococcal bacteria), Pneumococcal Disease, Rota virus gastro enteritis (Diarrhea due to Rota virus), Measles and Rubella
10 All quarterly reported indicators will also be reported on annually
11 Severe acute malnutrition
12 Hypertension, Diabetes, Epilepsy and Mental Health

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
IMPACT Morbidity & Mortality Reduction (continued)	2.3.10	Notifiable diseases (confirmed) per 1,000 population	Obj 17.2	234.7	2021	HMIS	227.36	220.02	212.68	205.34	198	HMIS	Annually
	2.3.11	Oral diseases	Obj 19.13	27.9	2016	HMIS	27.8	25.8	23.9	21.9	20	HMIS	Annually
	2.3.12	Ear, Nose and Throat	Obj 19.12	4.28	2021	HMIS	3.82	3.37	2.91	2.46	2	HMIS	Annually
	2.3.14	Percentage of mental disorders caused by alcohol	Obj 12.1	0.07	2021	HMIS	0.05	0.02	0.01	0.01	0.01	HMIS	Quarterly
	IM2.4	Prevalence rates											
	2.4.1	Malaria[13]	Obj 8.1	29	2019	MIS	--	--	21	--	--	MIS	Annually
	2.4.2	HIV (all ages)	Obj 9.1	9.9	2021	ZAMPHIA	11.0	10.0	9.0	9.5	9.0	ZAMPHIA/ Spectrum Estimates/ ZDHS	5 Years/Annually
	2.4.3	HEI Infected outcome at 24 months	Obj 9.7	0.59	2021	HMIS	0.0	0.0	0.0	0.0	0.0	HMIS/ Spectrum Estimates	Quarterly/Annually
	2.4.4	Prevalence of Anemia											
	(a)	Children <5 Years	Obj 3.6	58	2018	ZDHS	55.0	52.0	49.0	46.0	43.0	ZDHS	Annually
	(b)	Pregnant Women	Obj 3.6	31	2018	ZDHS	28.6	26.2	23.8	21.4	19.0	ZDHS	Annually
IMPACT Risk Factor Reduction	IM3.1	Fertility rates (per 1,000 women)	Obj 3.7	163	2018	ZDHS	146.8	130.6	114.4	98.2	82.0	ZDHS	5 Years
	3.1.1	Adolescents (15-19)	Obj 3.7	135	2018	ZDHS	131	121	110	100	90	ZDHS	5 Years
	3.1.2	Adults (15-49)	Obj 3.7	163	2018	ZDHS	146.8	130.6	114.4	98.2	82.0	ZDHS	5 Years
	IM3.2	Incidence of low birth weight (%)	Obj 7.4	9	2018	ZDHS	7.6	6.2	4.8	3.4	2.0	ZDHS	Annually
	IM3.3	Malnutrition rates (%) in children											
	3.3.1	Stunting	Obj 7.4	35	2018	ZDHS	31.0	30.0	29.0	28.0	27.0	ZDHS	Annually
	3.3.2	Wasting	Obj 7.4	4	2018	ZDHS	2.4	2.0	1.6	1.2	0.8	ZDHS	Annually
	3.3.3	Underweight	Obj 7.4	12	2018	ZDHS	9.6	9.0	8.4	7.8	7.2	ZDHS	Annually
	3.3.4	Overweight	Obj 7.4	5	2018	ZDHS	4.2	4.0	3.8	3.6	3.4	ZDHS	Annually

13 Parasites read by microscopy

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
IMPACT Risk Factor Reduction (continued)	IM3.4	Prevalence of over-weight (%)	Obj 7.4										Annually
	3.4.1	Children (same as IM3.3.4)	Obj 7.4	5	2018	ZDHS	4.2	4.0	3.8	3.6	3.4	ZDHS	5 Years
	3.4.2	Adolescents	Obj 7.4	---	---	STEPs	TBD	TBD	TBD	TBD	TBD	ZDHS	5 Years
	3.4.3	Adults (All ages)	Obj 7.4	24.2	2017	STEPs	22.8	21.3	19.9	18.4	17	ZDHS	5 Years
	IM3.14	Prevalence of smoking any tobacco product among persons aged >= 15 years (%)											
	3.14.1	Male	Obj 12.1	23.0	2017	STEPS	20.8	18.6	16.4	14.2	12	STEPS	2 Years
	3.14.2	Female	Obj 12.1	2.0	2017	STEPS	1.8	1.6	1.4	1.2	1.0	STEPS	2 Years
	IM3.15	Insufficient physical activity[14] (%)										STEPS	2 Years
	3.15.1	Adolescents	Obj 12.1	----	----	----	TBD	TBD	TBD	TBD	TBD	STEPS	5 Years
	3.15.2	Adults	Obj 12.1	10.4	2017	STEPS	8.5	6.6	4.8	2.9	1.0	STEPS	5 Years
OUTCOME 1 Essential Health Services Availability	**Overall**												
	OC1.1	Coverage of essential[15] health services index	Goal 2	30	2020	WHO GMR[2]	40	50	60	70	80	WHO GMR	5 Years
	Cohort 1: Pregnancy and new-born (in %)												
	OC1.2	First antenatal care coverage											
	(a)	1St antenatal visit 1st trimester	Obj 3.1	32.6	2021	HMIS	38	44	49	55	60	HMIS	Quarterly
	(b)	8 antenatal visits before delivery[16]	Obj 3.1	---	---	HMIS	40	60	70	80	90	HMIS	Quarterly
	(c)	Average number of ante-natal visits	Obj 3.1	3.3	2021	HMIS	4	5	6	7	8	HMIS	Quarterly

14 Percentage with insufficient physical activity; defined as < 150 minutes of moderate-intensity activity per week, or equivalent
15 As per the NHSP priorities
16 Routine data collection only started in 2023, hence no baseline.

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
OUTCOME 1 Essential Health Services Availability (Continued)	(d)	1st antenatal women provided with five basic services	Obj 3.6	60	2021	HMIS	66	72	78	84	90	HMIS	Quarterly
	OC1.3	Institution deliveries	Obj 3.5	73	2021	HMIS	76	80	83	87	100	HMIS	Quarterly
	OC1.4	Supervised deliveries	Obj 3.5	80	2018	ZDHS	84	88	92	96	100	ZDHS	Quarterly
	OC1.5	Institutional deliveries supervised by skilled staff	Obj 3.5	94	2021	HMIS	95	96	98	99	100	HMIS	Quarterly
	OC1.6	Caesarean section rate	Obj 19.1	8.7	2021	HMIS	9	9	10	10	10.2	HMIS	Quarterly
	OC1.7	Initiation on breast milk within 1 hour of birth.	Obj 7.1	86.5	2021	HMIS	87	88	90	92	95	HMIS	Quarterly
	OC1.8	1st PNC within 48 hours (mother)	Obj 3.2	53.3	2021	HMIS	57	62	66	70	74	HMIS	Quarterly
	OC1.9	1st PNC within 48 hours (infant)	Obj 4.1	53.3	2021	HMIS	57	62	66	70	74	HMIS	Quarterly
	Cohort 2: Childhood												
	OC1.9	Child immunisation											
	1.9.1	Fully immunised coverage <1-year	Obj 5.1	83.7	2021	HMIS	86	88	90	93	95	HMIS	Quarterly
	1.9.2	Fully immunised coverage <2-year	Obj 5.1	63	2021	HMIS	69	76	82	89	95	HMS	Quarterly
	OC1.10	Vitamin A supplementation (6–59 months)	Obj 7.3	73	2021	ZDHS	76	80	83	87	90	ZDHS	Quarterly
	OC1.11	Deworming coverage women and children with a recent birth	Obj 7.3	64	2021	ZDHS	69	74	80	85	90	ZDHS	Quarterly
	OC1.12	Proportion of children under 5 provided with ITNs	Obj 8.1	122.5	2021	MIS	100	100	100	100	100	MIS	Quarterly
	OC1.13	Percentage of mothers receiving iron and folic supplements	Obj 7.3	49.2	2021	HMIS	57	66	74	82	90	HMIS	Quarterly
	OC1.14	Under 5 per capita attendances	Obj 2.2	4.6	2021	HMIS	12	12	12	12	12	HMIS	Quarterly

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
OUTCOME 1 Essential Health Services Availability (Continued)	OC1.15	Coverage of weight and height taken	Obj 7.4	51.8	2021	HMIS	55	70	80	85	90	HMIS	Quarterly
	OC1.16	Proportion of children assessed for develop-mental milestones	Obj 7.4	---	2021	HMIS	40	60	80	85	90	HMIS	Quarterly
	Cohort 3: Adolescence												
	OC1.14	Index of availability of es-sential adolescent health services	Obj 6.1	60	2021	PR	68	76	84	92	100	PR	Annually
	OC1.15	Coverage of adolescents receiving integrated adolescent services	Obj 6.3	---	---	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually
	OC1.16	HPV1 coverage	Obj 14.1	76	2021	HMIS	80	85	90	93	95	HMIS	Annually
	OC1.17	Percentage of health facilities with function-al Adolescent health spaces	Obj 6.1	24	2016	PR	31	39	46	53	60	PR	Annually
	Cohort 4: Adulthood												
	Cohort 5: Elderly												
	OC1.18	Coverage of the elderly receiving integrated el-derly centered services	Goal 19	---	---	HS[17]	ZBD	ZBD	ZBD	ZBD	ZBD	HS	3 Years
	OC1.19	Number of 2nd and 3rd level facilities providing elderly-friendly services.	Goal 19	---	---	PR[18]	ZBD	ZBD	ZBD	ZBD	ZBD	PR	Annually

17 Household Survey
18 Programme Reports

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
OUTCOME 2 Essential Health Services Coverage	**Health Promotion**												
	OC2.1	Acceptance rate for family planning among naïve clients	Obj 3.7	20.1	2021	HMIS	26	32	38	44	50	HMIS	Quarterly
	OC2.2	Women of childbearing age currently using a modern family planning method	Obj 3.7	50	2018	ZDHS	58	59	61	63	65	ZDHS	Quarterly/ 5 Years
	OC2.3	Food Manufacturers and Processors implement-ing HACCP and prereq-uisite programs	Obj 16.1	5	2021	NHSP	7	9	11	13	15	NHSP	Annually
	OC2.4	Households using safely managed sanitation (%)	Obj 16.2	54	2018	ZDHS	59	64	70	75	80	ZDHS	Annually
	OC2.5	Population using safely managed drinking-water services	Obj 16.2	72	2018	ZDHS	74	75	77	78	80	ZDHS	Annually
	OC2.6	Annual mean concentra-tion <PM2.5 [ug/m3] in urban areas	Obj 16.2	23.8	2016	WHO	22.0	20.3	18.5	16.8	15.0	WHO	Annually
	OC2.7	Port entries with es-tablished port health services	Obj 16.5	57	2016	MFR	65.6	74.2	82.8	91.4	100	MFR	Annually
	OC2.8	Healthcare facilities im-plementing mitigation and adaptation mea-sures to climate change.	Obj 16.6	55	2020	NHSP	60	65	70	75	80	NHSP	Annually
	Communicable Disease Prevention												
	OC2.9	TB notification rate	Obj 10.1	228	2021	ZNTBSP[19]	263	258	256	258	249	ZNTBSP	Bi-Annually
	OC2.10	TB case detection rate (DS TB)	Obj 10.1	68	2020	NHSP	83	87	89	89	90	NHSP	Bi-annually
	OC2.11	Percentage of individual using LLIN											

19 Zambia National Tuberculosis Strategic Plan.

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
OUTCOME 2 Essential Health Services Coverage (continued)	2.11.1	Children	Obj 8.1	122.5	2021	MIS	100	100	100	100	100	MIS	Quarterly
	2.11.2	Pregnant women	Obj 8.1	39.5	2021	MIS	100	100	100	100	100	MIS	Quarterly
	OC2.12	Percentage of eligible households reached with IRS	Obj 8.2	39	2021	MIS	--	--	14[20]	--	100	MIS	Annually
	OC2.13	Percentage of people living with HIV who know their status	Obj 9.1	87	2021	ZAMPHIA	95	95	95	95	95	NAOMI Estimates	Annually
	2.13.1	Children	Obj 9.1	71	2021	NAOMI Estimates	95	95	95	95	95	ZAMPHIA/ NAOMI Estimates	5 years/Annually
	2.13.2	Males (15-59)	Obj 9.1	86.6	2021	ZAMPHIA	95	95	95	95	95	ZAMPHIA/ NAOMI Estimates	5 years/Annually
	2.13.3	Females (15-49)	Obj 9.1	89.9	2021	ZAMPHIA	95	95	95	95	95	ZAMPHIA/ NAOMI Estimates	5 years/Annually
	OC2.14	Antiretroviral therapy coverage (%)	Obj 9.3	98	2021	ZAMPHIA	98	98	98	98	98	Spectrum/ DHIS2/ZAMPHIA	5 Years
	2.14.1	Children	Obj 9.2;9.3	72	2021	Spectrum	95	95	95	95	95	Spectrum/ DHIS2	Quarterly
	2.14.2	Males (15-59)	Obj 9.3	98.1	2021	Spectrum/ ZAMPHIA	95	95	95	95	95	Spectrum/ ZAMPHIA	Quarterly/5 Years
	2.14.3	Females (15-49)	Obj 9.3	98.0	2021	Spectrum/ ZAMPHIA	95	95	95	95	95	Spectrum/ ZAMPHIA	Quarterly/5 Years
	OC2.15	HIV age positive mothers on anti-retroviral therapy (ART)	Obj 9.7	88	2021	HMIS	95	95	95	95	95	HMIS	Quarterly
	OC2.16	ART retention rate at 12 months (%)	Obj 9.3	75	2016	HMIS	76	78	80	82	85	SMARTCARE	Quarterly

20 The Programme require that they correct their target from the strategic plan

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
	OC2.17	Proportion of priority and key populations young people above 19 years and sex workers, at a high risk of acquiring HIV, provided with PreP	Obj 9.10	62.7	2021	HMIS	69	76	83	90	96.2	HMIS	Quarterly
	OC2.18	VMMC Coverage	Obj 9.9	87	2021	HMIS	89	90	92	93	95	HMIS	Quarterly
	OC2.19	Coverage of preventable chemotherapy for NTDs											
	2.19.1	Lymphatic Filariasis	Obj 15.2	100	2020	PR	100	100	100	100	100	PR	Annually
	2.19.2	Trachoma	Obj 15.2	100	2020	PR	100	100	100	100	100	PR	Annually
	2.19.3	Schistosomiasis/Bilharzia	Obj 15.2	100	2020	PR	100	100	100	100	100	PR	Annually
OUTCOME 2 Essential Health Services Coverage (continued)	**Non-Communicable Disease Control & Prevention**												
	OC2.21	Discharge-admission ratio for mental health patients (in '00s)	Obj 13.2	---	---	HMIS	TBD	TBD	TBD	TBD	TBD	HMIS	Annually
	OC2.22	Cancer screening rates (/000 pop)											
	2.22.1	Breast	Obj 14.3	---	---	ZNCR[21]	TBD	TBD	TBD	TBD	TBD	ZNCR	Quarterly
	2.22.2	Cervical	Obj 14.3	18.1	2021	HMIS	27	37	46	56	65	HMIS	Quarterly
	2.22.3	Prostate	Obj 14.3	---	---	ZNCR	TBD	TBD	TBD	TBD	TBD	ZNCR	Quarterly
	OC2.23	Early cancer detection rate at level 1 and 2 hospitals	Obj 14.1	---	---	NHSP	TBD	TBD	TBD	TBD	50	NHSP	Annually
	2.23.1	Children	Obj 14.1	---	---	NHSP	TBD	TBD	TBD	TBD	50	NHSP	Annually
	2.23.2	Adults	Obj 14.1	---	---	NHSP	TBD	TBD	TBD	TBD	50	NHSP	Annually
	OC2.24	Percentage of the population under surveillance by a PBCR	Obj 14.3	14	2021	ZNPHI	18	22	26	30	34	ZNPHI	Annually

21 Zambia National Cancer Registry

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
OUTCOME 2 Essential Health Services Coverage (continued)	**Curative, Rehabilitative and Palliative Care**												
	OC2.29	Health centrecenter utilisation	Obj 2.2	1.2	2021	HMIS	1.8	2.3	2.9	3.4	4	HMIS	Annually
	OC2.30	Coverage of interven-tions for alcohol and drug-dependence reha-bilitation	Obj 13.3	----	----	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually
	OC2.31	Coverage of oral health services by level of care	Obj 19.13	----	----	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually
	OC2.32	Proportion of patients requiring rehabilitation care and receiving it	Obj 22.3	----	----	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually
	OC2.33	Coverage of palliative care services	Obj 19.15	----	----	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually
OUTCOME – 3 Financial risk protection	OC3.1	Proportion of the population with large[22] household expenditures on health as a share of HH income	Obj 28.2	0.02	2015	WHO GHO	TBD	TBD	TBD	TBD	TBD	WHO GHO	Annually
OUTCOME – 4 Health security	**Prevent**												
	OC4.1	IHR Capacity and health emergency prepared-ness	Goal 19	0.92	2015	WHO GHO	0.94	0.96	0.98	0.99	1.0	WHO GHO	Annually
	Detect												
	OC4.2	Proportion of health security threats detected on time (%)	Obj 17.2	75	2021	ZNPHI	80	85	90	95	100	ZNPHI	Annually
	OC4.3	Proportion of districts submitting at least 80 percent of weekly facility reports (ND2)	Obj 17.2	83.6	2021	ZNPHI	100	100	100	100	100	ZNPHI	Weekly[23]
	Respond												

22 Above 25% of household budget.
23 Also reported monthly and quarterly

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
OUTCOME – 4 Health security (continued)	OC4.4	Proportion of avoidable morbidity/mortality prevented	Obj 17.2	---	---	ZNPHI	TBD	TBD	TBD	TBD	TBD	ZNPHI	Annually
	OC4.5	Proportion of health threats investigated as a proportion of all threats reported	Obj 17.2	100	2021	ZNPHI	100	100	100	100	100	ZNPHI	Quarterly
OUTCOME 5 Client Satisfaction	OC5.1	Index of clients satisfied with essential health care services	Obj 19.17	0.47	2015	WHO GHO	0.50	0.52	0.55	0.57	0.6	WHO GHO	Annually
OUTCOME 6 Social determinants	OC6.1	Proportion of annual health plans that identify health determinants for key programme areas.	Obj 18.2	---	---	Planning Reports	TBD	TBD	TBD	TBD	TBD	Planning Reports	Annually
OUTPUT 1 Equitable and efficient access	OP1.1	Outpatient service utilisation	Obj 2.2	4.2	2016	HMIS	4.0	3.5	3.0	2.5	2.0	HMIS	Annually
	OP1.2	Proportion of the population within 5km of a health facility	Obj 26.2	78.6	2016	HFC	79	79	79	79	79.6	HFC	Annually
OUTPUT 2 Quality of Care	OP2.1	Service availability and readiness index	Goal 6	71.2	2017	WHO GHO	71	71	71	71	716	WHO GHO	Annually
	2.1.1	Routine	Goal 6	---	---	WHO GHO	TBD	TBD	TBD	TBD	TBD	WHO GHO	Annually
	2.1.1	Emergency	Goal 6	---	---	WHO GHO	TBD	TBD	TBD	TBD	TBD	WHO GHO	Annually
	OP2.2	Percentage of PLHIV who are virally suppressed	Obj 9.4	91	2021	ZAMPHIA	96	97	97	98	98	DHIS2/ SMARTCARE/ LIS-DISA/ ZAMPHIA	Quarterly
	2.2.1	Children 0-14	Obj 9.4	84.8	2022	Spectrum/ DHIS2/ LIS-DHIS2	84.8	87.3	89.7	92.2	95	DHIS2/ SMARTCARE/ LIS-DISA/ ZAMPHIA	Quarterly/5 Years

Result Level	Indicator			NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name			Data	Year	Source	2022	2023	2024	2025	2026		
OUTPUT 2 Quality of Care (continued)	2.2.2	Adults	15-24	Obj 9.4	87.6	2022	DHIS2/ LIS-DHIS2	87.6	89.5	91.3	93.2	95	DHIS2/ SMARTCARE/ LIS-DISA/ ZAMPHIA	Quarterly/5 Years
			25+	Obj 9.4	94.9	2022	Spec-trum/ DHIS2/ LIS-DHIS2	94.9	95.9	96.8	97.8	95	DHIS2/ SMARTCARE/ LIS-DISA/ ZAMPHIA	Quarterly/5 Years
	OP2.3	TB treatment success rate		Obj 10.2	90	2021	ZNTBSP	90	92	93	94	95	ZNTBSP	Annually
	2.3.1	Drug sensitive TB		Obj 10.2	89	2021	ZNTBSP	91	92	93	94	95	ZNTBSP	Bi-Annually
	2.3.2	Drug resistant TB		Obj 10.3	78	2021	ZNTBSP	80	82	84	84	86	ZNTBSP	Bi-Annually
	OP2.4	Lymphatic Filariasis treatment success rate (%).		Obj 15.2	100	2021	PR	100	100	100	100	100	PR	Annually
	OP2.5	Schistosomiasis treat-ment success rate (%).		Obj 15.2	0	2021	PR	0	55	75	85	100	PR	Annually
	OP2.6	Trachoma treatment success rate (%).		Obj 15.2	100	2021	PR	100	100	100	100	100	PR	Annually
	OP2.7	Post-operative wound infection rates		Obj 19.1	100	2021	HMIS	90	80	70	60	50	HMIS	Annually
	OP2.8	Perioperative mortality rate		Obj 19.1	2.4	2017	Facility survey	<1	<1	<1	<1	<1	Facility Sur-vey	Annually
	OP2.9	Average inpatient waiting time for elective surgeries		Obj 19.1	---	---	Facility Survey	TBD	TBD	TBD	TBD	TBD	Facility Sur-vey	Annually
	OP2.10	Referral within 48 hrs. in pediatrics with compli-cations		Obj 19.6	---	---	FA	TBD	TBD	TBD	TBD	TBD	FA	Annually
	OP2.11	Cure rate for SAM in children under 5		Obj 7.2	78	2021	HMIS	80	80	80	80	80	HMIS	Quarterly
	OP2.12	Deaths within 48 hrs. per 1000 admissions		Obj 19.10	11.2	2016	HMIS	9.6	7.9	6.3	4.6	3.0	HMIS	Quarterly
	OP2.13	Average turnaround time (TAT) of samples		Obj 21.4	---	---	Laborato-ry Report	TBD	TBD	TBD	TBD	TBD	Laboratory Report	Annually
	OP2.14	Annual student pass rate		Obj 23.1	---	---	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
OUTPUT 3 Demand of health services	OP3.1	Proportion of clients reporting to a facility following a referral	Obi 2.2	---	---	FA[24]	TBD	TBD	TBD	TBD	TBD	FA	Bi-Annually
	3.1.1	Children	Obi 2.2	---	---	FA	TBD	TBD	TBD	TBD	TBD	FA	Bi-Annually
	3.1.2	Pregnant mothers	Obj 2.2	---	---	FA	TBD	TBD	TBD	TBD	TBD	FA	Bi-Annually
OUTPUT 4 Health system resilience	OP4.1	Health system resilience index	Obj 29.1	0.30	2017	WHO GHO	0.36	0.42	0.48	0.54	0.60	WHO GHO	Annually
	4.1.1	Awareness	Obj 29.1	0.23	2017	WHO GHO	0.30	0.38	0.45	0.53	0.60	WHO GHO	Annually
	4.1.2	Diversity	Obj 29.1	0.40	2017	WHO GHO	0.44	0.48	0.52	0.56	0.60	WHO GHO	Annually
	4.1.3	Versatility	Obj 29.1	0.37	2017	WHO GHO	0.42	0.46	0.51	0.55	0.60	WHO GHO	Annually
	4.1.4	Mobilisation	Obj 29.1	0.63	2017	WHO GHO	0.66	0.70	0.73	0.77	0.80	WHO GHO	Annually
INPUT/ PROCESS 1 Health Workforce	IP1.1	Health worker density[25]	Obj 24.1	0.12	2016	WHO AFRO	0.23	0.35	0.47	0.58	0.70	WHO AFRO	Annually
	IP1.2	Proportion of approved posts filled by skilled personnel	Obj 24.1	54	2022	Facility Census	54.0	65.5	77.0	88.5	100	Facility Census	Annually
	IP1.3	Health workforce[26] as a percentage of the overall workforce requirements	Obj 24.1	52	2021	HRIS (ESTABLISHMENT)	TBD	TBD	TBD	TBD	TBD	HRIS (ESTABLISHMENT)	Annually
	IP1.4	Proportion of health facilities with at least 80% of professional staff on establishment filled	Obj 24.1	43	2021	NHSP	44	45	46	47	48	NHSP	Annually
	IP1.5	Number of advanced FETP/ 200,000 population	Obj 17.2	42	2021	ZNPHI	57	77	89	105	116	ZNPHI	Annually
	IP1.6	Distribution of daily ENT patient load to provider	Obj 19.12	---	---	FA	TBD	TBD	TBD	TBD	TBD	FA	Annually
	IP1.7	Ratio of clients in palliative care to nursing staff trained in palliative nursing	Obj 19.15	---	---	FA	TBD	TBD	TBD	TBD	TBD	FA	Annually

24 Facility Assessment
25 Distribution by professional cadre and region
26 Active and inactive

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
INPUT/ PROCESS 1 Health Workforce (continued)	IP1.8	Ratio of learners to instructors	Obj 23.1	10	2021	HRIS	10	10	10	10	10	HRIS	Annually
	IP1.9	Ratio of students/learners to critical teaching/ job aids/materials	Obj 23.1	---	---	Training Reports	TBD	TBD	TBD	TBD	TBD	Training Reports	Annually
	IP1.10	Proportion of health facilities sampled with at least 60 percent of health workers trained in IMNCI	Obj 5.2	----	2021	PR	≥60	≥60	≥60	≥60	≥60	PR	Bi-Annually
INPUT/ PROCESS 2 Health Infrastructure	IP2.1	Percentage of required portable laboratories that are functional	Obj 16.4	45	2021	PR	46	46	47	47	47.5	PR	Annually
	IP2.2	Proportion of laboratory facilities conducting quality control testing	Obj 17.3	17	2016	NHSP	29.6	42.2	54.8	67.4	80	NHSP	Annually
	IP2.3	Number of hospitals with appropriate ICT infrastructure for telemedicine	Obj 19.5	---	---	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually
	IP2.4	Number of hospitals utilizing telemedicine for management and treatment of patients	Obj 19.5	5	2021	PR	6	7	8	9	10	PR	Annually
	IP2.5	Proportion of hospitals with online information centres for patients	Obj 19.5	---	---	PR	TBD	TBD	TBD	TBD	TBD	PR	Annually
	IP2.6	Four new nuclear medicine facilities established in three provinces.	Obj 21.6	1	2021	NHSP	0	1	1	1	1	NHSP	Annually
	IP2.7	Proportion of provincial blood centres with the capacity for Apheresis procedures	Obj 20.3	10	2021	Blood Bank	10	10	20	30	40	Blood Bank	Annually
	IP2.8	Existence of a functional testing facility for individual Donor-nucleic acid testing (NAT)	Obj 20.3	0	2021	Blood Bank	0	0	1	1	1	Blood Bank	Annually

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
INPUT/ PROCESS 2 Health Infrastructure (Continued)	IP2.9	Existence of a National Centre for tissue/HLA typing and Human Genetic Analysis and Paternity testing	Obj 20.3	0	2021	Blood Bank	0	0	0	1	0	Blood Bank	Annually
	IP2.10	Number of health colleges and training institutions											
	2.10.1	Constructed	Obj 23.1	---	---	IR	TBD	TBD	TBD	TBD	TBD	IR	Annually
	2.10.2	Rehabilitated[27]	Obj 23.1	38	2021	HHFA	TBD	TBD	TBD	TBD	TBD	HHFA	Annually
	IP2.11	Proportion of training institutions utilized as practicum sites for students' placements	Obj 23.2	---	---	T&D Reports[28]	TBD	TBD	TBD	TBD	TBD	T&D Reports	Annually
	IP2.12	Number of planned ZAMMSA HUBS constructed and in use.	Obj 25.2	0	2021	ZAMMSA	0	0	1	1	1	ZAMMSA	Annually
	2.12.1	Constructed	Obj 25.2	0	2021	ZAMMSA	0	1	1	1	1	ZAMMSA	Annually
	2.12.2	Maintained	Obj 25.2	0	2021	ZAMMSA	0	2	2	2	2	ZAMMSA	Annually
	IP2.13	Hospital bed density and distribution	Obj 26.1	20	2015	WHO AFRO	18.0	16.0	14.0	12.0	10	WHO AFRO	Annually
	2.13.1	Inpatient	Obj 26.1	22.88	2021	HHFA	TBD	TBD	TBD	TBD	TBD	HHFA	Annually
	2.13.2	maternity	Obj 26.1	11.69	2021	HHFA	TBD	TBD	TBD	TBD	TBD	HHFA	Annually
	2.13.3	Infant	Obj 26.1	---	---	---	TBD	TBD	TBD	TBD	TBD	HHFA	Annually
	2.13.4	Isolation (%)	Obj 26.1	19	2021	HHFA	TBD	TBD	TBD	TBD	TBD	HHFA	Annually
	IP2.14	Availability of basic equipment for general health provision by level											
	2.14.1	1st Level	Obj 26.1	33	2021	IR[29]	33	49	59	72	85	IR	Annually
	2.14.2	2nd Level	Obj 26.1	33	2021	IR	33	49	59	72	85	IR	Annually
	2.14.3	3rd Level	Obj 26.1	33	2021	IR	33	49	59	72	85	IR	Annually
	IP2.15	Percentage of functional ambulances – runners	Obj 26.1										

27 Electrical, Water, Sanitation or Ventilation Systems, Incinerator and Generator.
28 Training and Development Reports
29 Infrastructure Reports

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
INPUT/ PROCESS 2 Health Infrastructure (Continued)	2.15.1	Health centrecenter	Obj 26.1	65	2021	IR	70	75	80	85	90	IR	Annually
	2.15.2	Hospitals (All levels)	Obj 26.1	54	2021	IR	60	70	80	85	90	IR	Annually
	IP2.16	Proportion of facilities with recommended waste management facilities	Obj 26.3	99	2021	HHFA	100	100	100	100	100	HHFA	Annually
	IP2.17	Proportion of facilities meeting WASH and hygiene standard	Obj 16.2	45	2021	PR	60	70	80	90	100	PR	Annually
	IP2.18	Proportion of Health Centres and Health Posts with functional maternity wings	Obj 26.1	36	2021	IR	39	42	44	47	50	IR	Annually
INPUT/ PROCESS 3 Medicines, Products and Supplies	IP3.1	Average number of medicines prescribed per patient contact in public health facilities	Goal 25	2.7	2015	WHO AFRO	TBD	TBD	TBD	TBD	TBD	WHO AFRO	Annually
	IP3.2	Percentage of the time psychotic drugs were in stock	Obj 13.2	---	---	eLMIS	TBD	TBD	TBD	TBD	TBD	eLMIS	Bi-Annually
	IP3.3	Essential medicine readiness	Obj 19.17	43	2017	WHO AFRO	48	49	50	51	52	WHO AFRO	Annually
	IP3.4	Blood donation rate per 1,000 persons	Obj 20.1	7.8	2015	WHO AFRO	9.2	10.7	12.1	13.6	15	WHO AFRO	Annually
	IP3.5	Average lead time between prescribing and actual blood transfusion	Obj 20.1	---	---	Survey	TBD	TBD	TBD	TBD	TBD	Survey	Annually
	IP3.6	Diagnostics readiness	Obj 21.2	66	2015	WHO AFRO	72.8	79.6	86.4	93.2	100	WHO AFRO	Annually
	IP3.7	Proportion of Provinces with a scaled-up decentralization of the regulatory framework	Obj 25.1	60	2021	NHSP	70	80	90	100	100	NHSP	Annually
	IP3.8	Proportion of health facilities reporting no stock out of tracer health products	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually
	3.8.1	BCG	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually
	3.8.2	OPV3	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
INPUT/ PROCESS 3 Medicines, Products and Supplies (continued)	3.8.3	DPT3	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually
	3.8.4	Measles	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually
	3.8.5	ARVs	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually
	3.8.6	Anti-Tuberculosis	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually
	3.8.7	Anti-Malaria	Obj 25.2	100	2021	eLMIS	100	100	100	100	100	eLMIS	Bi-Annually
	3.8.8	Other essential medical supplies	Obj 25.2	40	2021	eLMIS	50	60	70	80	90	eLMIS	Bi-Annually
	IP3.9	Percentage of patients in outpatient public health facilities receiving antibiotics	Obj 25.2	55	2015	WHO AFRO	58	61	64	67	70	WHO AFRO	Annually
	IP3.10	Availability score of a mechanism for monitoring adverse drug reactions	Obj 25.5	0	2021	eLMIS	1	1	1	1	1	eLMIS	Annually
	IP3.11	Existence of system to monitor stock movements to health facilities.	Obj 25.9	0	2021	eLMIS	1	1	1	1	1	eLMIS	Bi-Annually
INPUT/ PROCESS 4 Service delivery systems	IP4.1	Number of patients referred out of the country for specialist treatment	Obj 19.9	---	---	AR[30]	TBD	TBD	TBD	TBD	TBD	AR	Annually
	IP4.2	Proportion of health facilities providing services according to the package of care	Multiple[31]	---	---	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	IP4.3	Number of service units fully accredited for services provided	Goal 19	---	---	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	4.3.1	Health centres/Posts	Goal 19	---	---	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	4.3.2	Hospital – Level 1	Goal 19	---	---	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	4.3.3	Hospital – Level 2	Goal 19	---	---	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	4.3.4	Hospital – Level 3	Goal 19	---	---	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	4.3.5	Hospital – Specialised	Goal 19	---	---	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	4.3.6	Laboratory	Obj 19.17	6	2021	NHSP	8.8	11.6	14.4	17.2	20	NHSP	Annually

30 Administrative Reports
31 Summarizes multiple indicators from the master mapping table in the annex

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
INPUT/ PROCESS 4 Service delivery systems (continued)	IP4.4	Number of functional specialized health facilities	Obj 24.3	1	2021	FA	0	0	1	1	1	FA	Annually
	IP4.5	Proportion of service units complying with service standards	Obj 19.17	----	----	FA	TBD	TBD	TBD	TBD	TBD	FA	Annually
	IP4.6	Proportion of service units with fully functional referral services	Obj 19.17	30	2021	HHFA	TBD	TBD	TBD	TBD	TBD	FA	Annually
	IP4.7	Proportion of institutions provided with supportive supervision and mentoring system	Obj 19.17	----	----	FA	TBD	TBD	TBD	TBD	TBD	FA	Bi-Annually
	IP4.8	Proportion of health facilities with service charters	Obj 19.17	----	----	FA	TBD	TBD	TBD	TBD	TBD	FA	Annually
	IP4.9	Percentage of districts providing mobile health services	Obj 19.8	----	----	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	IP4.10	Percentage of districts with at least 50% functional neighborhood health committees (NHCs)	Obj 2.2	30	----	PR	44.0	58.0	72.0	86.0	100	PR	Annually
INPUT/ PROCESS 5 Health governance	IP5.1	Zero Incidence of verified losses of medical supplies.	Obj 25.10	----	----	eLMIS	TBD	TBD	TBD	TBD	TBD	eLMIS	Annually
	IP5.2	Proportion of health policies and legislations that are up-to-date	Obj 29.1	----	----	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	IP5.3	Proportion of senior staff in the same position and place at least two years during the NHSP period	Obj 29.1	----	----	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	IP5.4	Percentage of health institutions without audit queries in the final report	Obj 29.5	----	----	Finance Reports	TBD	TBD	TBD	TBD	TBD	Finance Reports	Annually

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
INPUT/ PROCESS 5 Health governance (continued)	IP5.5	Existence of a revised and signed Blood Transfusion, Tissue, and Transplant Act.	Obj 20.5	0	2021	PR	1	1	1	1	1	PR	Annually
INPUT/ PROCESS 6 Health Information	IP6.1	HMIS report completeness rate	Obj 27.1	83	2021	HMIS	100	100	100	100	100	HMIS	Quarterly
	IP6.2	Proportion of facilities with functional electronic health care system (SMARTCARE, eLMIS and DISA)											
	6.2.1	Health posts and health centres	Obj 27.1	40	2021	8NDP	50	65	80	90	100	8NDP	Annually
	6.2.3	Hospitals (1st, 2nd and 3rd level)	Obj 27.1	65	2021	8NDP	70	80	90	95	100	8NDP	Annually
	IP6.3	Proportion of institutions using NAVISION											
	6.3.1	Provinces	Obj 27.1	100	2021	8NDP	100	100	100	100	100	8NDP	Annually
	6.3.2	Districts	Obj 27.1	91	2021	8NDP	93	95	97	98	100	8NDP	Annually
	6.3.3	Hospitals (1st, 2nd and 3rd level)	Obj 27.1	62	2021	8NDP	65	80	85	95	100	8NDP	Annually
	IP6.4	Transmission rate of medical and information (according to standard)	Obj 27.1	----	----	AR	TBD	TBD	TBD	TBD	TBD	AR	Annually
	IP6.5	Proportion of facilities using correct ICD coding	Obj 27.1	----	----	HMIS	5	20	40	60	80	HMIS	Annually
	IP6.6	Coverage of birth and death registration	Obj 27.1	14	2018	ZDHS	16	17	17	18	18.32	ZDHS	5 years
	IP6.7	Proportion of health facilities using an integrated information system	Obj 27.1	----	----	FA	TBD	TBD	TBD	TBD	TBD	FA	Annually
	IP6.8	Proportion of HC/HP with a functional community health information system	Obj 27.1	----	----	FA	TBD	TBD	TBD	TBD	TBD	FA	Annually
	IP6.9	Proportion of research studies disseminated	Obj 27.2	15	2021	NHRA	25	35	45	55	50	NHRA	Annually

Result Level	Indicator		NHSP Goal/ Objective	Baseline			Target					Data Source	Reporting Frequency
	Code	Name		Data	Year	Source	2022	2023	2024	2025	2026		
INPUT/ PROCESS 7 Health finance	IP7.1	Health sector budget as a proportion of the overall government budget	Obj 28.3	8	2021	NHA	8	8	8	9	9	NHA	Annually
	IP7.2	Percentage of items on the essential PHC package, included on the NHIS	Obj 2.3	----	----	---	TBD	TBD	TBD	TBD	TBD	NHIA	Annually
	IP7.3	OOP Health expenditure as % of current expenditure on health	Obj 28.3	28	2013	HFPZ	22.8	17.6	12.4	7.2	2	NHA	Annually
	IP7.4	Percentage of the population covered by health insurance	Obj 28.3	43	2021	NHIA	54	66	77	89	100	NHIA	Annually
	IP7.5	OOP expenditure per capita	Obj 28.3	8.8	2020	GHO WHO	9	9	9	9	9	GHO WHO	Annually

Table 3-2: Aligned Strategies to Investment Areas

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
Investment Area 1: Improved availability, distribution, and management of human resource for health									
1.01	Capacity building for ANC	3.1	PHR	USAID, WHO, GF, UNFPA, UNAIDS		X	X	X	X
1.02	Skills acquisition, supervision, and mentorship	3.1	PHR	USAID, WHO, GF, UNFPA, UNAIDS	X	X	X	X	X
1.03	Strengthen Capacity for PNC	3.2	PHR	USAID, WHO, GF, UNFPA, UNAIDS		X	X	X	
1.04	Capacity building of health providers in EmONC.	3.3	PHR	USAID, WHO, DAPP, UNICEF, Amref, IPAS, WB, SFHI, UNFPA	X	X	X	X	X
1.05	Capacity strengthening for Comprehensive Abortion Care (CAC)	3.4	PHR	USAID, WHO, UNFPA	X	X	X	X	X
1.06	Strengthen capacity for skilled delivery by Scaling up and institutionalising Respectful Maternity Care (RMC).	3.5	PHR	USAID, WHO, UNFPA	X	X	X	X	X
1.07	Strengthen capacity of health care providers.	3.6	PHR	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
1.08	Capacity Strengthening for FP service delivery.	3.9	PHR	WHO, DAPP, UNICEF, Amref, IPAS, WB, SFHI, UNFPA	X	X	X	X	X
1.09	Strengthen quality and quantity of healthcare workforce looking after neonatal at different levels of care including in the community	4.5	PHR	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO	X	X	X	X	X
1.10	Enhance capacity of healthcare workers in IMNCI.	5.2	PHR	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO	X	X	X	X	X
1.11	Increase capacity of health care service providers in provision of ECD interventions.	5.3	PHR	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO	X	X	X	X	X
1.12	Scale up pre-service and in-service adolescent health training of health workers and peer educators.	6.1	PHR32	GF, UNFPA, WHO,		X	X	X	
1.13	Enhancing capacity building for health care providers at primary health care level to adequately foster integration of mental health at community level.	12.3	HP	WHO	X	X	X	X	X
1.14	Strengthen capacity development of health care providers for cervical screening and treatment.	14.1	HP33	WHO	X	X	X	X	X
1.15	Strengthen the training of core cancer care personnel	14.5	HP	WHO		X	X	X	X
1.16	Create a cancer human resource (HR) register.	14.5	HP	WHO		X			
1.17	Capacity building for Food establishments in HACCP.	16.1	HP	World vision, WB, GF, SUN, CHAZ, WHO	X	X	X	X	X
1.18	Enhance workplace health programmes (both primary preventive care and occupational health).	1.1	HP	WHO	X	X	X	X	X
1.19	Enhance the capacities and capabilities of rapid response teams (RRTs) at all levels.	17.2	ZNPHI34	WHO, CDC, TDRC	X	X	X	X	X
1.20	Improve availability of surgeons in all provinces.	19.1	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X

32 Public Health and Research
33 Health Promotions
34 Zambia National Public Health Institute

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
1.21	Build capacity of eye health personnel in cataract surgery.	19.1	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, Sight Savers	X	X	X	X	X
1.22	Improve availability of obstetricians in all provinces	19.2	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, UNFPA, WHO	X	X	X	X	X
1.23	Build capacity of staff in quality control and improvement.	19.2	CCDS	CHAI, GF, WB, USAID, WHO, FCDO	X	X	X	X	X
1.24	Build capacity for clinicians in clinical management.	19.2	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X
1.25	Build capacity of Clinicians in use of telemedicine.	19.4	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X
1.26	Build capacity in provision of pediatric health services by level of care.	19.5	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X
1.27	Build capacity of staff in emergency care.	19.9	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.28	Improve availability of staff appropriate for each level of care.	20.1	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.29	Improve availability of laboratory staff appropriate for each level of care.	20.2	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.30	Build capacity of laboratory staff in laboratory quality control and improvement.	20.2	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.31	Strengthen capacity of laboratory staff in sample biosafety and biosecurity.	20.2	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.32	Establish positions in provinces for quality assurance staff to oversee the EQA activities.	20.3	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.33	Build capacity for laboratory staff in EQA panel preparation.	20.3	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.34	Implement quality improvement trainings and mentorship program for laboratories targeted for accreditation.	20.4	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO	X	X	X	X	X
1.35	Building capacity in HR at all levels of care.	21.1	CCDS	WHO. GF, WB		X	X	X	X
1.36	Build capacity of staff in provision of technologically advanced rehabilitation services.	21.3	CCDS	WHO. GF, WB			X	X	X
1.37	Develop and review existing curricula to respond to current and emerging health needs some of which are Nephrology Nursing, Cardiac Nursing and Vascular Nursing.	22.1	N&M35	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	

35 Nurses and Midwifery

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
1.38	Expand clinical practicum sites for students' placements across all provinces.	22.1	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.39	Strengthen students' clinical experience.	22.1	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.40	Regulate student's enrolment numbers.	22.1	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.41	Enhance clinical mentorship.	22.1	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.42	Establish a criterion for direct Bachelor of Science degree graduates to teach in training institutions (TIs).	22.1	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	
1.43	Strengthen communication between TIs and Clinical sites in relation to coordination of students' clinical placements.	22.2	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.44	Strengthen provision of learning and training materials and library services.	22.2	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.45	Enhance capacity of nurses and midwives on usage of all medical equipment to facilitate patient care.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.46	Enhance professionalism in nursing and midwifery services.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.47	Strengthen participation in inter-professional and nursing and midwifery clinical rounds to improve knowledge.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
1.48	Strengthen capacity of nurses, and midwives in respectful maternity care.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.49	Strengthen mentorship for qualified nurses.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
1.50	Scale up recruitment of health workers, to reach optimum levels, in accordance with the approved staff establishment and treasury authority.	23.1	HRMA	CDC, WB, GF	X	X	X	X	
1.51	Strengthen the system for needs- and priority-based staff posting for health workers.	23.1	HRMA36	CDC, WB, GF	X	X			
1.52	Strengthen retention mechanisms for health and teaching staff in health facilities and training institutions.	23.2	HRMA	CHAI, GF, WB, USAID, SIDA, FCDO		X	X		
1.53	Strengthen specialized training of the HCWs.	23.3	HRMA	CHAI, GF, WB, USAID, SIDA, FCDO		X	X	X	X
1.54	Strengthen continued professional development for various health cadres.	23.3	HRMA	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X
1.55	Enhance capacity building, coaching and mentorship in health infrastructure planning.	25.2	PIMET37	JICA, WB	X	X	X	X	X
1.56	Improve capacity to manage HIS data.	26.1	M&E38	E4H, CHAI, GF, USAID, CDC, WHO	X	X	X	X	X
1.57	Build the capacity of personnel, from those involved in oxygen production to those involved in delivery to patients.	24.7	CCDS	GF, WB		X	X	X	X
1.58	Build capacity of local authorities in P&B for primary health services	28.4	P&B	FCDO, WB, GF, USAID, WHO, CDC		X	X	X	X
1.59	Build capacity in leadership and governance in the local authorities to implement PHC services.	28.4	P&B39	FCDO, WB, GF, USAID, WHO, CDC		X	X	X	X

36 Human Resource Management & Administration
37 Physical infrastructure Medical Equipment and Transport
38 Monitoring and Evaluation
39 Planning and Budgeting

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
Investment Area 2: Improved variety, quality, and functionality of health infrastructure, equipment, and transport									
2.01	Create space for provision of essential new-born care/advanced neonatal resuscitation in all delivery centres including for Kangaroo Mother Care (KMC)	4.2	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS			X	X	
2.02	Increase availability of cold chain equipment for vaccine storage.	5.1	PHR	UNICEF, WHO, GAVI, USAID, WB, SIDA, FCDO			X	X	X
2.03	Create space for ECD service provision.	5.3	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS			X	X	
2.04	Enhance the use of appropriate equipment and technology for detention of cancers.	14.2	HP	WHO, JICA, UNFPA, GF, WB	X	X	X	X	X
2.05	Support the healthcare facilities with IPC/ WASH infrastructure and logistics.	16.2	HP	Water Aid, WHO, JICA, WB	X	X	X	X	X
2.06	Improve provision of primary waste and final waste disposal facilities.	16.3	HP	Water Aid, WHO, JICA, WB	X	X	X	X	X
2.07	Improve provision of portable laboratories and consumables.	16.4	HP	UNICEF, WHO, WATER AID, WORLD VISION, WB			X	X	X
2.08	Strengthen the capacity of Points of Entry.	16.5	HP	WB, GF, WHO	X	X	X	X	X
2.09	Establish National Public Health Laboratory System.	17.3	ZNPHI	WHO, CDC, TDRC		X	X		
2.10	Establish and maintain a bio-bank for patho-gens and materials relating to public health.	17.3	ZNPHI	GF, WB, WHO, TDRC			X	X	X
2.11	Set up High Dependent Units (HDU) and Triage to manage critical maternal cases.	19.2	CCDS	GF, WB, ZAMMSA, JICA	X	X	X	X	X
2.12	Set up operating theatres for caesarean sec-tions in all high delivery facilities.	19.2	CCDS	WB, GF, WHO, UNFPA, UNICEF, Amref, DAPP, SFHI, Marie stope, IPAS	X	X	X	X	X
2.13	Improve availability of Obs and Gyn equip-ment and supplies.	19.2	CCDS	WB, GF, WHO, UNFPA, UNICEF, Amref, DAPP, SFHI, Marie stope, IPAS		X	X	X	X
2.14	Establish trauma centres in accident hot spots.	19.3	CCDS	WHO, GF, WB, USAID	X	X	X	X	X
2.15	Establish an innovation Centre for telemed-icine	19.4	CCDS	WHO, GF, WB, USAID		X	X	X	X
2.16	Improve availability of equipment for tele-medicine in all hospitals.	19.4	CCDS	WHO, GF, WB, USAID		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
2.17	Scale up number of districts providing mobile health facilities.	19.7	CCDS	WHO, GF, WB, USAID	X	X	X	X	X
2.18	Increase the number of adequately equipped and functional mobile health units,	19.7	CCDS	WHO, GF, WB, USAID	X	X	X	X	X
2.19	To improve access to aero-medical and other air transport services.	19.8	CCDS	WHO, GF, WB, USAID	X	X	X	X	X
2.20	Establish dedicated space for emergency health services.	19.9	CCDS	WHO, GF, WB, USAID	X	X	X	X	X
2.21	Construct the national emergency communication centre.	19.9	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO					X
2.22	Operationalize the national emergency communication centre.	19.9	CCDS	CHAI, GF, WB, USAID, SIDA, FCDO, WHO					X
2.23	Establish and equip eye clinic department.	19.10	CCDS	Sight Savers, WHO	X	X	X	X	X
2.24	Set up a National Call Centre (NCC), as part of marketing tool under DRRR.	20.1	CCDS	WHO		X	X	X	X
2.25	Expand capacity for automated blood processing and testing at all provincial blood centres.	20.1	CCDS	CDC, WB, WHO			X	X	X
2.26	Establish the National Apheresis, Tissue Transplantation, and Human Genetics Centre at the Lusaka Provincial Blood Centre.	20.1	CCDS	CDC, WB, WHO		X	X	X	X
2.27	Expand capacities for cold chain for storage and transportation of blood components/ products under prescribed cold chain conditions.	20.1	CCDS	CDC, WB, WHO, UNICEF		X	X	X	X
2.28	Introduce automated blood grouping equipment at all provincial centres.	20.1	CCDS	CDC, WB, WHO	X	X	X	X	X
2.29	Improve availability of laboratory equipment and supplies.	20.2	CCDS	JICA, GF, SIDA, WB, WHO		X	X	X	X
2.30	Establish local laboratory to prepare panels for panel testing.	20.3	CCDS	JICA, GF, SIDA, WB, WHO	X	X	X	X	X
2.31	Improve availability of laboratory equipment, sample packages and supplies.	20.5	CCDS	JICA, GF, SIDA, WB, WHO		X	X	X	X
2.32	Improve the provision of infrastructure for rehabilitation services.	21.1	CCDS	WHO		X	X	X	X
2.33	Improve transport logistics to support community-based rehabilitation (CBR) programsmes.	21.2	CCDS	WHO		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
2.34	Strengthen the provision of assistive products.	21.3	CCDS	WHO		X	X	X	X
2.35	Develop a priority list for assistive devices to support provision of services.	21.3	CCDS	WHO		X	X	X	X
2.36	Improve the procurement of products and components/materials for manufacture of assistive devices.	21.3	CCDS	WHO	X	X	X	X	X
2.37	Strengthen availability of basic and specialised medical equipment to facilitate provision of nursing and midwifery care and training.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
2.38	Strengthen provision of teaching aids/job aids, transport, equipment, and learning materials.	23.3	HRMA	GF, CHAI, WB, USAID, SIDA, FCDO		X	X	X	X
2.39	Complete stalled projects and the remaining and incomplete phases of districts hospitals countrywide.	25.1	PIMET	WB, JICA, USAID, UNFPA	X	X	X		
2.40	Construct new health facilities and other health associated infrastructure.	25.1	PIMET	WB, JICA, USAID, UNFPA				X	X
2.41	Expand Upgrade and Modernise Hospitals and health-associated infrastructure.	25.1	PIMET	WB, JICA, USAID, UNFPA				X	X
2.42	Establish Biomedical regional/local workshops.	25.1	PIMET	WB, JICA, USAID, UNFPA			X		
2.43	Rehabilitate and Maintain Health infrastructure essential Medical Equipment at all levels of service.	25.1	PIMET	WB, JICA, USAID, UNFPA	X	X	X	X	X
2.44	Strengthen project planning for patient-centered health infrastructure and medical equipment.	25.2	PIMET	WB, JICA, USAID, UNFPA		X	X	X	
2.45	Improve provision of electricity/renewable energy, water, and health waste disposal infrastructure.	25.3	PIMET	WB, JICA, USAID, UNFPA	X	X	X	X	
Investment Area 3: Improved availability of and access to medicines, products, and supplies									
3.01	Strengthen last mile distribution of Reproductive Health (RH) commodities.	3.1	PHR	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ	X	X	X	X	X
3.02	Strengthen provincial and technical support supervision for supply chain.	3.6	PHR	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ	X	X	X	X	X
3.03	Make available the basic equipment, drugs and commodities for provision of neonatal services.	4.4	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
3.04	Ensure availability of equipment, drugs and other commodities required for service provision.	5.2	PHR	UNICEF, WHO, GAVI, USAID, WB, SIDA, FCDO	X	X	X	X	X
3.05	Prioritize the delivery of comprehensive and integrated adolescent-responsive health services at all levels of service delivery (prioritize allocation of physical space/room and commodities).	6.1	PHR	WHO, JICA, UNFPA, GF, WB		X	X	X	
3.06	Accelerate access to Drug Susceptibility Testing (DST) through. decentralization of DST.	10.3	PHR	GF, WHO, GAVI, USAID, WB, SIDA, FCDO		X	X	X	X
3.07	Strengthen the availability, distribution and use of cost-effective psychotropic medicines.	12.3	HP	WHO, GAVI, USAID, WB, SIDA, FCDO	X	X	X	X	X
3.08	Strengthen the availability, distribution and use of cost-effective epileptic medicines.	12.5	HP	WHO, GAVI, USAID, WB, SIDA, FCDO	X	X	X	X	X
3.09	Strengthen laboratory diagnostic capacity with an up-to-date lab supply of commodities for outbreak investigation and detection of major diseases.	17.3	ZNPHI	WHO, GAVI, USAID, WB, SIDA, FCDO	X	X	X	X	X
3.10	Improve availability of infrastructure and cataract consumables.	19.1	CCDS	GF, WB, ZAMMSA, JICA	X	X	X	X	X
3.11	Improve availability of Essential OBs and Gyn drugs, equipment and surgical supplies.	19.2	CCDS	WHO, GAVI, USAID, WBS IDA, FCDO		X	X	X	X
3.12	Ensure availability of medical supplies and consumables for mobile health services.	19.7	CCDS	ZAMRA, ZAMMISA, JSI, CHAI, DISCOVER HEALTH, HPCZ		X	X	X	X
3.13	Ensure uninterrupted supply of essential blood transfusion commodities, reagents and consumables.	20.1	CCDS	CDC, WB, WHO		X	X	X	X
3.14	Improve the procurement of equipment and supplies for service provision.	21.1	CCDS	WHO		X	X	X	X
3.15	Strengthen the functionality of skills and computer laboratories.	22.1	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
3.16	Facilitate the availability of the Health Centre and Level 1 Hospital kits.	24.2	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO		X	X	X	X
3.17	Strengthen regional cooperation and partnerships in the area of health supply chain and pharmaceutical regulatory framework.	24.2	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
3.18	Establish new or/and relaunch local pharmaceutical manufacturing industries.	24.3	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO	X	X	X	X	X
3.19	Ensure availability of locally produced essential medicines within the capacities and in conformity with quality and safety standards.	24.3	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO	X	X	X	X	X
3.20	Strengthen pharmacovigilance activities and rational medicine use by monitoring adherence to treatment guidelines.	24.4	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO	X	X	X	X	X
3.21	Strengthen Medicines and Therapeutic Committees (MTCs) in all districts and hospitals.	24.4	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO	X	X	X	X	X
3.22	Ensure a well-functioning and coordinated antimicrobial stewardship program.	24.5	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO	X	X	X	X	X
3.23	Strengthen medical oxygen bulk supply and oxygen reticulation in 60% of all hospitals.	24.7	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ, WHO	X	X	X	X	X
Investment Area 4: Improved performance of health service delivery systems									
4.001	Strengthen demand creation initiatives for PHC.	2.3	PHR	WHO					
4.002	Strengthen community mobilisation for maternal and reproductive health.	3.1	PHR	WHO	X	X	X	X	X
4.003	Strengthen normative guidance for ANC service delivery.	3.1	PHR	WHO, UNFPA, UNICEF, CHAI, WB	X	X	X	X	X
4.004	Strengthen normative guidance on PNC service delivery.	3.2	PHR	WHO, UNFPA, UNICEF, CHAI, WB, JHIPEGO	X	X	X	X	X
4.005	Strengthen supervision of integrated reproductive and maternal health services.	3.2	PHR	WHO, UNFPA, UNICEF, CHAI, WB, JHIPEGO	X	X	X	X	X
4.006	Strengthen leadership and management at service delivery point.	3.3	PHR	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
4.007	Develop communication tools on reproductive health services for the differently abled people.	3.4	PHR	WB, UNZA, WHO, USAID, SIDA			X		
4.008	Strengthen integrated people-cantered health service delivery.	3.5	PHR	WHO, UNFPA, UNICEF, CHAI, WB, JHIPEGO	X	X	X	X	X
4.009	Integration of service delivery.	3.6	PHR	WHO, UNFPA, UNICEF, CHAI, WB, JHIPEGO	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
4.010	Promotion of inclusion of the marginalised and vulnerable population.	3.7	PHR	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
4.011	Raise awareness to create demand for Family Planning (FP).	3.8	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	X
4.012	Strengthen MPDSR processes at national and subnational levels.	3.9	PHR	WHO, UNFPA, UNICEF, CHAI,WB, JHIPEGO	X	X	X	X	X
4.013	Ensure availability of family planning options in all facilities providing family planning services.	3.10	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	X
4.014	Strengthen postnatal service delivery.	4.1	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	X
4.015	Increase community sensitisation on benefits of early ANC attendance, hospital delivery and postnatal care attendance.	4.3	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	X
4.016	Strengthen referral systems from lower to higher service delivery institutions.	4.5	PHR	WHO, SIDA, WB, USAID, FCDO, GAVI, UNICEF	X	X	X	X	X
4.017	Strengthen provision of outreach services for immunisation services.	5.1	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	X
4.018	Create space for IMNCI service provision.	5.2	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS			X	X	X
4.019	Improve referral systems.	5.2	PHR	WHO, SIDA, WB, USAID, FCDO, GAVI, UNICEF	X	X	X	X	X
4.020	Strengthen and scale up outreach programmes to schools, tertiary institutions, boarding facilities, refugee camps, correctional facilities and communities.	6.2	PHR	GF, WB, UNFPA, UNZA, MAZ, JHIPEGO, USAID, FCDO		X	X	X	
4.021	Increase demand and utilisation of relevant health services through peer education, outreach and multimedia platforms.	6.3	PHR	GF, WB, UNFPA, UNZA, MAZ, Jhpiego, USAID, FCDO, GNC	X	X	X	X	
4.022	Design and implement targeted innovative Social and Behaviour Change Communication (SBCC) platforms40	6.3	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	

40 Such as social media, radio, TV, Information, Education and Communication (IEC) materials and campaigns with adolescents to promote the use of preventative health services.

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
4.023	Strengthen Infant and Young child feeding programmes at all levels, including policy/ legislation formulation and enforcement of supportive measures.	7.1	PHR	WHO, SIDA, WB, USAID, FCDO, GAVI, UNICEF		X	X	X	
4.024	Strengthen integrated management of Acute Malnutrition at all levels of care.	7.2	PHR	WHO, SIDA, WB, USAID, FCDO, GAVI, UNICEF		X	X	X	
4.025	Strengthen Micronutrient Intake and Supplementation among Mothers adolescents and young Children.	7.3	PHR	WHO, SIDA, WB, USAID, FCDO, GAVI, UNICEF		X	X	X	
4.026	Strengthen nutrition therapy services in management of illnesses and conditions.	7.5	PHR	WHO, SIDA, WB, USAID, FCDO, GAVI, UNICEF		X	X	X	
4.027	Strengthen Nutrition education, counselling services and information dissemination through multimedia SBCC.	7.6	PHR	WHO, SIDA, WB, USAID, FCDO, GAVI, UNICEF		X	X	X	
4.028	Implement High impact interventions; vector control (IRS, LLINS, LSM), facility and community-based case management, SBC and enhanced Surveillance at all levels	8.1	National Malaria Centre	GF, PMI, PAMO		X	X	X	X
4.029	Strengthen universal HIV testing at all points of health service delivery and in the community.	9.1	PHR	USAID, CDC, GF, UNAIDS		X	X	X	X
4.03	Strengthen Retention Through Direct Service Delivery (DSD) Model.	9.2	PHR	USAID, CDC, GF, UNAIDS		X	X	X	
4.031	Strengthen Community Follow ups.	9.3	PHR	USAID, CDC, GF, UNAIDS		X	X	X	
4.032	Promote Early Infant Diagnosis and Pediatric HIV testing to all levels of care.	9.4	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.033	Scaling up of Index Testing; Index Partner testing/ partner notification.	9.5	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.034	Peer/social network testing for key pops and hard to reach- men, hotspots, at home and safe spaces.	9.5	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.035	Workplace HTS and self-testing.	9.5	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.036	To reinforce protective sexual behaviours by addressing knowledge, attitudes, skills and social norms using a combination of strategic approaches and methods.	9.6	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.037	Expand existing capacity to provide comprehensive VMMC services by introducing innovative and sustainable service delivery methods.	9.7	PHR	USAID, CDC, GF, UNAIDS		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
4.038	Eliminate missed opportunities for VMMC by facilitating the integration of MC services into other health programmes at all levels of care.	9.7	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.039	Increase access to combination HIV prevention interventions.	9.8	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.04	Promote equity in comprehensive combination HIV prevention services.	9.8	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.041	Increase awareness creation in the general population and protect key populations including mobile, migrant and internally displaced populations at risk of STIs.	9.9	PHR	USAID, CDC, GF, UNAIDS	X	X	X	X	X
4.042	Increase awareness creation in the general population and protect key populations including mobile, migrant and internally displaced populations at risk of viral hepatitis.	9.9	PHR	WHO, UNAIDS	X	X	X	X	X
4.043	Introduce and scale up program quality and efficiency for increasing TB case detection in health facilities.	10.1	PHR	GF, USAID, WB, WHO		X	X	X	X
4.044	Implement systematic and routine contact investigations for all TB cases.	10.1	PHR	GF, USAID, WB, WHO		X	X		
4.045	Strengthen TB services for high-risk groups.	10.1	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.046	Implement intensified case finding approaches.	10.1	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.047	Strengthen TB services at community level.	10.1	PHR	GF, USAID, WB, WHO					
4.048	Enhance patient follow ups/Scale up treatment support/DOT.	10.2	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.049	Strengthen management of TB patients.	10.2	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.05	Promote nutrition support.	10.2	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.051	Ensure appropriate TB treatment for all detected patients.	10.2	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.052	Enhance early case detection.	10.3	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.053	Expand and strengthen capacity for treatment of DR-TB.	10.3	PHR	GF, USAID, WB, WHO		X	X	X	X
4.054	Improve the social welfare of drug resistant TB patients.	10.3	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.055	Enhance provision of single dose rifampicin.	10.4	PHR	GF, USAID, WB, WHO	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
4.056	Enhance community case finding in leprosy hot spots.	10.4	PHR	GF, USAID, WB, WHO	X	X	X	X	X
4.057	Strengthen leprosy index of suspicion and diagnostic capacity among health care workers.	10.4	PHR	WHO, GF, WB, USAID	X	X	X	X	X
4.058	Scale up prevention, testing and treatment of viral hepatitis and improve access.	11.2	PHR	WHO, UNAIDS	X	X	X	X	X
4.059	Strengthen viral hepatitis surveillance at all levels.	11.2	PHR	WHO, UNAIDS	X	X	X	X	X
4.06	Increase capacities of health facilities and care providers in testing and treatment of viral hepatitis.	11.2	PHR	WHO, UNAIDS	X	X	X	X	X
4.061	Strengthen capacity for prevention and control of NCDs risk factors at all levels.	12.1	HP	WHO	X	X	X	X	X
4.062	Enhance collaboration with traditional health practitioners, the religious leaders and service users on epilepsy.	12.2	HP	WHO		X	X	X	X
4.063	Ensure Functioning programmes of multi-sectoral mental HP and prevention.	12..2	HP	WHO		X	X	X	X
4.064	Enhance collaboration with traditional health practitioners, religious leaders and mental health services users on mental health delivery.	12.2	HP	WHO		X	X	X	X
4.065	Increase health facilities providing mental health services in the provinces.	12.3	HP	WHO		X	X	X	X
4.066	Scale-up the provision of mental health services at all levels of care.	12.3	HP	WHO	X	X	X	X	X
4.067	Establish and strengthen capacity of mental health services for referral and rehabilitation, integrated at all the levels of care.	12.4	HP	WHO	X	X	X	X	X
4.068	Improve Screening of eligible women with HPV DNA testing and triage with VAT.	14.1	HP	WHO	X	X	X	X	X
4.069	Ensure treatment of women found with either pre-cancer and/or invasive cancer increase.	14.1	HP	WHO	X	X	X	X	X
4.07	Strengthen capacity of health care system for early detection of Cervical Cancers.	14.1	HP	WHO	X	X	X	X	X
4.071	Decentralize the population-based cancer registration of the National Cancer Registry to Ndola and Livingstone	14.3	HP	WHO			X	X	

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
4.072	Strengthen multi-sectoral response for cancers.	14.3	HP	WHO	X	X	X	X	X
4.073	Strengthen early detection of breast cancers.	14.4	HP	WHO	X	X	X	X	X
4.074	Enhance early diagnosis of prostate cancer	14.4	HP	WHO	X	X	X	X	X
4.075	Scale-up early diagnosis for childhood cancer in all districts to improve survival of children with cancer.	14.4	HP	WHO	X	X	X	X	X
4.076	Scale up HPV vaccination to all eligible girls.	14.5	HP	WHO	X	X	X	X	X
4.077	Ensure community awareness, and proper diagnosis and management of NTDs in health facilities.	15.1	HP	WHO, Sight Savers, FCDO	X	X	X	X	X
4.078	Strengthen water quality monitoring and control.	16.4	HP	Water Aid, WB	X	X	X	X	
4.079	Strengthen implementation of mitigation and adaptation measures to climate change in healthcare facilities.	16.6	HP	WB, GF, WHO	X	X	X	X	X
4.08	Enhance promotion of healthy lifestyles.	1.1	HP	WHO	X	X	X	X	X
4.081	Scale up health promoting school and other congregate settings.	1.1	HP	WHO	X	X	X	X	X
4.082	Enhance HP for people with disabilities (deaf, blind and other physical disabilities).	1.1	HP	WHO	X	X	X	X	X
4.083	Strengthen risk communication and community engagement (RCCE) to maximise information reach and minimise exposure to health risks.	1.1	HP	WHO	X	X	X	X	X
4.084	Scale up SBC programmes.	1.1	HP	Water Aid, WB, World Vision, GF, SUN, CHAZ, WHO	X	X	X	X	X
4.085	Enhance social marketing of health services.	1.1	HP	WHO	X	X	X	X	X
4.086	Strengthen mechanisms for detection and management of cross boarder health threats.	17.1	ZNPHI	GF, WB, WHO, TDRC	X	X	X	X	X
4.087	Strengthen community engagement in screening, prevention, detection, and response to public health threats.	17.1	ZNPHI	GF, WB, WHO, TDRC	X	X	X	X	X
4.088	Support the implementation of the National Multisectoral Cholera Elimination Program.	17.2	ZNPHI	GF, WB, WHO, TDRC	X	X	X	X	X
4.089	Establish and enhance capacities for specialized testing.	17.3	ZNPHI	GF, WB, WHO, TDRC	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
4.09	Build capacity at all levels in quality management system, laboratory biosafety and biosecurity, and other competencies.	17.3	ZNPHI	WHO, CDC, TDRC, GF, WB, USAID	X	X	X	X	X
4.091	Ensure availability of surgical equipment and consumables.	19.1	CCDS	GF, WB, ZAMMSA		X	X	X	X
4.092	Strengthen referral system for pediatric patients referred within 48 hours of admission.	19.2	CCDS	WHO, WB, SIDA, USAID, FCDO, GAVI, UNICEF		X	X	X	X
4.093	Strengthen Pediatrics' triage system.	19.2	CCDS	WHO, WB, SIDA, USAID, FCDO, GAVI, UNICEF		X	X	X	X
4.094	Improve availability of OB and GYN services	19.2	CCDS	WB, GF, WHO, UNFPA, UNICEF, Amref, DAPP, SFHI, Marie Stopes, IPAS		X	X	X	X
4.095	Improve patient flows and overall service delivery in Surgery.	19.3	CCDS	WHO, WB, SIDA, USAID, FCDO, GAVI		X	X	X	X
4.096	Establish a mobile tele medicine unit.	19.4	CCDS	WHO, GF, WB, USAID			X	X	X
4.097	Enhance specialist outreaches in all provincial hospitals and general hospitals.	19.8	CCDS	WHO, WB, SIDA, USAID, FCDO, GAVI, UNICEF		X	X	X	X
4.098	Strengthen and expand blood donor retention schemes, using the Donor Recruitment, Retention and Recall strategy (DRRR), to expand the pool of repeat blood donors.	20.1	CCDS	CDC, WB, WHO	X	X	X	X	X
4.099	Strengthen quality in the provision of blood transfusion services.	20.1	CCDS	CDC, WB, WHO		X	X	X	X
4.1	Introduce Individual Donor-Nucleic Acid Testing (ID-NAT).	20.1	CCDS	CDC, WB, WHO	X	X	X	X	X
4.101	Strengthen capacity for blood collection both at the provincial blood centres and community outreach activities.	20.1	CCDS	CDC, WB	X	X	X	X	X
4.102	Improve availability of imaging equipment and supplies.	20.1	CCDS	JICA, GF, SIDA, WB, WHO		X	X	X	X
4.103	Operationalize National Quality Assurance laboratory network.	20.3	CCDS	CDC, WHO, TDRC	X	X	X	X	X
4.104	Improve and standardize internal quality control to targeted laboratories.	20.4	CCDS	CDC, WHO, TDRC	X	X	X	X	X
4.105	Strengthen sample courier system in all the provinces	20.5	CCDS	CDC, WHO, TDRC	X	X	X	X	X
4.106	Expand services to Primary Health Care (PHC) and the communities, to improve service delivery and accessibility.	21.1	CCDS	WHO		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
4.107	Expand prosthetics/orthotics, occupational, speech and language therapy to second and first level hospitals	21.1	CCDS	WHO		X	X	X	X
4.108	Strengthen mentorship and technical support supervision.	21.1	CCDS	WHO. GF, WB		X	X	X	X
4.109	Strengthen emergency preparedness and response in clinical settings.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	X
4.11	Strengthen the network of service delivery	25.1	PIMET	JICA, WB, GF, FCDO		X	X		
4.111	Enhance patient-centered care/Optimisation of quality of care.	10..2	PHR	GF, USAID, WB, WHO		X	X	X	X
4.112	Build capacity at all levels of care for imaging supplies, assessment, quantification, procurement and management.	20.1	CCDS	JICA, GF, SIDA, WB, WHO	X	X	X	X	X
Investment Area 5: Enhanced health governance system									
5.01	Establish PHC Advisory Councils at national, provincial and district levels.	2.1	P&B	WB, GF			X		
5.02	Develop a National Community Health Strategic Framework 2022-2026.	2.1	PHR	CHAI, GF, WB	X	X			
5.03	Develop a National PHC Strategic Framework 2022-2026.	2.1	PHR	CHAI, GF, WB, WHO, USAID, SIDA	X	X			
5.04	Develop and periodically review and update National PHC guidelines.	2.1	PHR	CHAI, GF, WB, WHO, USAID, SIDA		X		X	
5.05	Strengthen policy and regulatory framework for PHC implementation.	2.2	PHR	CHAI, GF, WB, WHO, USAID, SIDA		X			
5.06	Strengthen community participation in health policy formulation and decision making in health care.	2.2	PHR	CHAI, GF, WB, WHO, USAID, SIDA			X		
5.07	Strengthen the structures and functions of health facility and community health management committee's (NHCs).	2.2	PHR	GF, WB, CHAI	X	X	x	x	
5.08	Establish an anti-corruption, transparency and accountability strategy and framework for the health sector, in collaboration with relevant stakeholders.	2.2	PHR	WB, UNZA, WHO, USAID, SIDA			X		
5.09	Strengthen linkage between health facilities and communities	2.3	PHR	WB, UNZA, WHO, USAID, SIDA	X	x	x	x	

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
5.10	Develop and implement a communication strategy for maternal and reproductive health.	3.1	PHR	WB, UNZA, WHO, USAID, SIDA			X		
5.11	Strengthen communication between communities and the health care system.	3.1	PHR	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
5.12	Enhance advocacy for revision of the Termination of Pregnancy (ToP) Act of 1972.	3.4	PHR	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
5.13	Enhance advocacy for full implementation of SRHR Protocols (e.g. Maputo Protocol).	3.4	PHR	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
5.14	Strengthen implementation of the guidelines for continuation of essential services amid Covid-19 pandemic.	3.9	PHR	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
5.15	Strengthen and institutionalise SQA and QI interventions.	3.11	PHR	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
5.16	Advocate for cultural and value shifts through changes in social norms and behaviours41	6.3	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS	X	X	X	X	
5.17	Scale-up advocacy, communication, and social mobilization (ACSM) on the prevention and control of NCDs (including commemoration of World NCD Days).	12.1	HP	WHO	X	X	X	X	X
5.18	Strengthen policy and legislative environment conducive to healthy living.	12.1	HP	WHO	X	X	X	X	X
5.19	Strengthen multisectoral capacity for prevention and control of NCD.	12.1	HP	WHO	X	X	X	X	X
5.20	Ensure existence of a national policy/plan for mental health that is in line with international and regional human rights instruments.	12.2	HP	WHO	X	X	X	X	X
5.21	Scale-up ACSM (including commemoration of World Mental Health and Suicide Prevention Days).	12.2	HP	WHO	X	X	X	X	X
5.22	Strengthen the legislation for mental health care.	12.2	HP	WHO	X	X	X		
5.23	Scale-up ACSM to reduce negative perceptions about those suffering from epilepsy (including commemoration of World Epilepsy Day).	13.4	HP	WHO	X	X	X	X	

41 Such as risky sexual behaviors, Sexual and Gender-Based Violence (SGBV), child marriage, alcohol, drugs and other harmful substances, etc. using the Adaptive Leadership Methodology.

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
5.24	Draft and enact the Cancer Control Act to establish the National Cancer Institute of Zambia and Zambia National Cancer Registry by law.	14.3	HP	WHO			X		
5.25	Strengthen multi-sectoral collaboration in NTDs prevention and control interventions.	15.2	HP	WHO, Sight Savers, FCDO		X	X	X	X
5.26	Strengthen food safety by incorporating HACCP in the Food Safety regulations.	16.1	HP	WB, WHO, GF		X	X	X	X
5.27	Strengthen compliance to WASH/IPC in healthcare facilities.	16.2	HP	Water Aid, WB, World Vision, GF, SUN, CHAZ, WHO		X	X	X	X
5.28	Strengthen compliance to healthcare waste management guidelines.	16.3	HP	WB, World Vision, GF, CHAZ, WHO		X	X	X	X
5.29	Scale up advocacy programmes at all levels including Indaba, and coordination and execution of health events (commemorations of health days).	1.2	HP	WHO	X	X	X	X	X
5.30	Convene high level engagement meetings with policy makers, Civic, traditional and Religious Leaders on various issues of health concern.	1.2	HP	WHO	X	X	X		
5.31	Support policy formation to prevent disease and promote health.	1.2	HP	WHO	X	X	X	X	X
5.32	Strengthen social mobilisation for actions at all levels, including mass campaigns to increase uptake of health services.	1.3	HP	WHO	X	X	X	X	X
5.33	Strengthen capacity of communities to promote healthy lifestyles.	1.3	HP	WHO	X	X	X	X	X
5.34	Enhance demand creation for health services and health seeking behaviour.	1.3	HP	WHO	X	X	X	X	X
5.35	Enhance capacity to empower Health Care Providers, Teachers, Learners and Community with knowledge and skill in HP.	1.4	HP	WHO	X	X	X	X	X
5.36	Strengthen coordination among stakeholders in different settings.	1.4	HP	WHO	X	X	X	X	X
5.37	Strengthen collaboration with health-related sectors,	1.4	HP	WHO	X	X	X	X	X
5.38	Innovations for sustainability.	1.4	HP	WHO	X	X	X	X	X
5.39	Strengthen the HP coordination mechanism through TWGs.	1.4	HP	WHO	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
5.40	Enhance the implementation of the Performance Management Package (PMP).	1.4	HRMA	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X
5.41	Coordinate national efforts in the fight against the threat of AMR.	17.1	ZNPHI	WHO, CDC, SADC	X	X	X	X	X
5.42	Support implementation of the International Health Regulations (IHR) through the National Focal Point (NFP) and established technical working groups (TWGs).	17.2	ZNPHI	WHO, CDC, SADC	X	X	X	X	X
5.43	Strengthen coordination at national, provincial and district levels through support towards policy level structures.	17.2	ZNPHI	WHO, WB, GF	X	X	X	X	X
5.44	Ensure development and implementation of strategic documents	17.2	ZNPHI	WHO, CDC, SADC	X	X	X	X	X
5.45	Strengthen adherence to protocols and standards.	19.2	CCDS	GF, CHAI, SIDA ,WHO, FCDO, GAVI, UNICEF		X	X	X	X
5.46	Strengthen adherence to protocols and standards and Referral Guidelines.	19.2	CCDS	GF, CHAI, SIDA, WHO, FCDO, GAVI, UNICEF			X	X	
5.47	Strengthen adherence to surgical guidelines and protocols.	19.3	CCDS	GF, CHAI, SIDA, WHO, FCDO, GAVI, UNICEF					X
5.48	Enact the Ambulance Services Act.	19.9	CCDS	WHO		X	X	X	X
5.49	Strengthen institutional and regulatory capacity.	20.1	CCDS	CDC, WB, WHO			X	X	
5.50	Scale up certification program to the laboratories earmarked for accreditation.	20.4	CCDS	CDC, WB, WHO		X	X	X	X
5.51	Support implementation of a legal framework for Biosafety and Biosecurity.	20.5	CCDS	CDC, WB, WHO		X	X	X	X
5.52	Support implementation of the Laboratory Diagnostics Regulatory Authority.	20.5	CCDS	CDC, WB, WHO	X	X	X	X	X
5.53	Develop a National Rehabilitation Plan to strengthen governance.	21.2	CCDS	CDC, WB, WHO		X	X	X	X
5.54	Strengthen clinical nursing and midwifery audits at all levels of care.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO	X	X	X	X	X
5.55	Review N&M protocols every five years to contribute to improvement of nursing and midwifery services.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO					X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
5.56	Develop guidelines on the amenities required at a health facility to facilitate efficient nursing and midwifery service delivery.	22.3	N&M	ZUNO, MAZ, NMCZ, WB, UNFPA, Child Fund, SIDA, UNZA, Save the Children, JHIPEGO		X	X	X	
5.57	Ensure compliance to the set standards for manufacture, exportation and importation, distribution, sale, and use of medicines and allied substances.	24.1	CCDS	GF, WB, WHO, ZAMRA, SAFE, JSI, CHAZ, CHAI, DISCOVER HEALTH, ZAMMISA, HPCZ		X	X	X	X
5.58	Strengthen mechanisms for enforcing regulations.	24.1	CCDS	ZAMRA, ZAMMISA, JSI, CHAI, DISCOVER HEALTH, HPCZ		X	X	X	X
5.59	Strengthen collaboration with other line Ministries and Partners.	25.4	PIMET	JICA, GF, FCDO, CHAI, WB, UNFPA					
5.60	Improve effective HIS Leadership, Governance, Legislation and Policy.	26.1	M&E	WHO, E4H, GF, CHAI, USAID, CDC		X	X	X	X
5.61	Strengthen regulatory, coordination, and ethical standards in health research.	26.3	National Health Research Authority	WHO, E4H, GF, CHAI, USAID, CDC		X	X	X	X
5.62	Strengthen partnerships with CPs and civil society.	27.1	P&B	USAID, CDC, GF, UNAIDS, FCDO, WHO, UNFPA, UNICEF, CHAZ		X	X	X	X
5.63	Strengthen health financing systems governance, audits, transparency, and accountability at all levels.	27.4	Internal Audits	WHO, WB, GF, UNZA, SIDA, USAID	X	X			
5.64	Review and update the National Health Policy of 2012, as the overarching policy for the health sector.	28.1	Health Policy	USAID, CDC, GF, UNAIDS, FCDO, WHO, UNFPA, UNICEF		X	X	X	X
5.65	Facilitate provision and enactment of appropriate legislation.	28.1	Health Policy	WHO		X	X	X	X
5.66	Enhance the level of compliance with government policies, laws, contracts, and procedures.	28.1	Health Policy	WHO		X	X	X	X
5.67	Implement accountable, efficient, and transparent management systems at all levels of the health sector.	28.1	Internal Audits	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.68	Enhance Corporate Governance Systems in the procurement process	28.1	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.69	Operationalise the health sector devolution plan for all primary health care services at district level.	28.1	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.70	Strengthen the SWAp structure mechanisms.	28.2	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
5.71	Improve coordination of health sector stakeholders (Private, public, CSOs, NGOs FBOs and DPs).	28.2	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.72	Improve inter-sector/Multisectoral coordination and integration.	28.2	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.73	Strengthen the overall management of health facilities (finance, human resource, logistics assets).	28.3	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.74	Develop mechanisms to mainstream gender in the MOH.	28.3	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.75	Develop measures to mainstream anti-corruption within the health systems, including a strategy and framework for anti-corruption, transparency, and accountability in the health sector.	28.4	HRMA	WB, UNZA, WHO, USAID, SIDA			X		
5.76	Strengthen the district capacity through DHO and NHC to ensure improved coordination and accountability for decentralisedde-centralized services.	28.4	P&B	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.77	Update an inventory list of assets for the health sector.	28.5	HRMA	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.78	Strengthen compliance in line with the Public Finance Act.	28.5	Internal Audits	WB, UNZA, WHO, USAID, SIDA		X	X	X	X
5.79	Strengthen Project management systems.	25.4	PIMET	JICA, WB, GF, FCDO		X	X	X	X
5.80	Strengthen compliance in line with the Public Procurement Act and other pieces of legislation.	28.5	Procurement	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
5.81	Strengthen collaboration with other agencies and stakeholders on procurement.	28.5	Procurement	WB, UNZA, WHO, USAID, SIDA	X	X	X	X	X
Investment Area 6: A sustainable and equitable health financing system									
6.01	Strengthen innovative resource mobilisation mechanisms.	2.4	PHR	WHO, WB, GF, UNZA, SIDA, USAID	x	x	x	x	x
6.02	Advocating to include PHC services in the benefit package for the National Health Insurance Scheme	2.4	PHR	WHO, WB, GF, UNZA, SIDA, USAID		x			
6.03	Increase budgetary allocation to the drug supply budget line and timely disbursement of funds.	24.2	CCDS	WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
6.04	Lobby for increase of government funding to the health sector to reach the Abuja declaration target of 15% of the national budget.	27.1	P&B	MoFNP, WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.05	Strengthen resource mobilization in the health sector, towards attainment of Universal Health Coverage (UHC).	27.1	P&B	MoFNP, MLSS, NHIMA, WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.06	Strengthen private sector participation, public-private partnerships (PPPs).	27.1	P&B	WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.07	Increase external funding through direct sector budget support.	27.1	P&B	MoFNP, WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.08	Strengthen the Social Health Insurance Scheme, to increase its contribution to health care financing.	27.2	P&B	MoFNP, MLSS, NHIMA, WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.09	Strengthen pooling mechanisms for health care financing.	27.2	P&B	MoFNP, MLSS, NHIMA, WHO, WB, GF, UNZA, SIDA, USAID		X		X	X
6.10	Strengthen the mechanisms of incorporating CP budgets into the overall sector budget at various levels.	27.2	P&B	MoFNP, MLGRD, WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.11	Strengthen evidence-based resource allocation at all levels.	27.3	P&B	MoFNP, MLHRD, WHO, WB, GF, UNZA, SIDA, USAID		X			X
6.12	Strengthen systems and processes for evidence-based planning and budget execution, including profiling.	27.3	P&B	WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.13	Strengthen the system that links budget, disbursement, and expenditure to performance.	27.4	Finance	WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
6.14	Institutionalize the system for NHAs at all levels.	27.4	P&B	MoFNP, NHIMA, MLGRD, WHO, WB, GF, UNZA, SIDA, USAID			X		X
6.15	Strengthen the Results Based Financing mechanism.	27.4	P&B	WHO, WB, GF, UNZA, SIDA, USAID			X		X
6.16	Enhance transparency and allocation of funding modalities.	28.3	P&B	MoFNP, MLGRD, WHO, WB, GF, UNZA, SIDA, USAID	X	X	X	X	X
6.17	Strengthen compliance on financial controls on all transactions.	28.5	Finance	WHO, WB, GF, UNZA, SIDA, USAID		X	X	X	X
Investment Area 7: Improved health information system and research									
7.01	Leverage on appropriate technology for information IEC.	2.3	PHR	E4H, CHAI, GF, WB, WHO, USAID		X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
7.02	Strengthen compatibility and integration of different level health information systems (cHMIS, DHMIS, HMIS, eLMIS etc.).	2.5	PHR	CHAI, GF, WB, WHO, USAID	X	X	X	X	X
7.03	Strengthen PHC reporting systems and integrate in the Community Health Management Information System (cHMIS).	2.5	PHR	CHAI, GF, WB, WHO, USAID	X	X	X	X	X
7.04	Strengthen PHC on DHMIS to provide quality data including event-based reports.	2.5	PHR	CHAI, GF, WB, WHO, USAID	X	X	X	X	X
7.05	Scale up use of digitised cHMIS.	2.5	PHR	CHAI, GF, WB, WHO, USAID		X	X	X	X
7.06	Ensure availability of tools for ECD service provision.	5.3	PHR	UNFPA, UNICEF, WHO, WB, Amref, CHAI, DAPP, MARIE STOPES, IPAS		X	X	X	X
7.07	Strengthen child growth monitoring and promotion through capacity building and improved data management.	7.4	PHR	UNICEF, WHO, SUN, NFNC		X	X	X	
7.08	Ensure nutrition information system is strengthened to inform decisions at all levels.	7.7	PHR	UNICEF, WHO, SUN, NFNC		X	X	X	
7.09	To strengthen the Zambia National Cancer Registry capacity for surveillance and monitoring of cancers.	14.3	HP	WHO	X	X	X	X	X
7.10	Strengthen conducting research to inform behavioural change interventions.	1.5	HP/M&E	WHO			X	X	X
7.11	Supply all facilities with the required paper-based and electronic tools to facilitate prompt reporting and transmission of data.	17.1	M&E	E4H, CHAI, GF, WB, WHO, USAID	X	X	X	X	X
7.12	Upgrade and reinforce the surveillance system for public health threats (epidemic-prone diseases, zoonotic, AMR, water-borne and water related diseases and other public health concerns).	17.1	ZNPHI	E4H, CHAI, GF, WB, WHO, USAID		X	X	X	X
7.13	Strengthen event-based, facility-based, routine, sentinel, and community-based surveillance.	17.1	ZNPHI	E4H, CHAI, GF, WB, WHO, USAID	X	X	X	X	X
7.14	Establish an interoperable, interconnected, real-time reporting system by strengthening the eIDSR platform to improve timeliness, completeness, and data quality.	17.1	ZNPHI	E4H, CHAI, GF, WB, WHO, USAID				X	
7.15	Conduct surveys to inform the surveillance system	17.1	ZNPHI	E4H, CHAI, GF, WB, WHO, USAID	X	X	X	X	X

ID	NHSP Strategies	Objective ID	Initiating Directorate	Implementing Partners	2022	2023	2024	2025	2026
7.16	Strengthen analysis and use of surveillance data at national, provincial, district and facility levels.	17.1	ZNPHI	E4H, CHAI, GF, WB, WHO, USAID	X	X	X	X	X
7.17	Create programmes focusing on Quality Improvement/Quality Assurance that track health outcomes.	19.3	CCDS	WHO, UNFPA, UNICEF, WB	X	X	X	X	X
7.18	Strengthen the blood safety information system.	20.1	CCDS	WHO, WB, CDC	X	X	X	X	X
7.19	Assess and update the register for imaging services being provided by each level.	20.1	CCDS	JICA, GF, SIDA, WB, WHO	X	X	X	X	X
7.20	Assess and update the register for Laboratory services being provided by each level.	20.2	CCDS	JICA, GF, SIDA, WB, WHO	X	X	X	X	X
7.21	Scale up an electronic information system to all the 24 sites.	20.4	CCDS	JICA, GF, SIDA, WB, WHO	X	X	X	X	X
7.22	Establish digital results return systems in targeted laboratory sites.	20.5	CCDS	JICA, GF, SIDA, WB, WHO	X	X	X	X	X
7.23	Strengthen implementation of the Human Resource Information System (HRIS), to support HR planning, training and decision making.	23.2	HRMA	CHAI, GF, WB, USAID, SIDA, FCDO	X	X	X	X	X
7.24	Strengthen research programs relevant to pharmaceutical and medical supplies.	24.6	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ		X	X	X	X
7.25	Create medicines research database.	24.6	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ			X	X	X
7.26	Strengthen research in key medical oxygen system priority areas and scale up research activity to all Level 1 facilities.	24.7	CCDS	ZAMRA, ZAMMSA, JSI, DISCOVER HEALTH, HPCZ		X	X	X	X
7.27	Improve electronic HIS performance and interoperability.	26.1	ICT	E4H, CHAI, WHO, USAID, UNICEF, GF		X	X	X	X
7.28	Scaling up number of facilities using digital health technologies to generate information.	26.1	ICT	E4H, GF, WHO		X	X	X	X
7.29	Integrate data use as an integral component of health services management and organizational rules.	26.2	M&E	E4H, CHAI, WHO, USAID, UNICEF, GF		X	X	X	X
7.30	Ensure horizontal team approach to data use and reporting at all levels.	26.2	M&E	E4H, CHAI, WHO, USAID, UNICEF, GF		X	X	X	X
7.31	Institutionalize inter-program data use and coordination meetings at all levels.	26.2	M&E	E4H, CHAI, WHO, USAID, UNICEF, GF		X	X	X	X

5 Supplementary Tables

Mapping Structure for Goals, Objectives, and Indicators

Table 3-3: Mapping Sheet for Goals, Objectives, and Indicators

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
Goal 1 To empower individuals, families, households and communities with knowledge and skill to realize the highest level of health and well-being[42]							
	Obj. 1.1 To increase social and behavioural change communication (SBC) at all levels of care.	Proportion of respondents with correct knowledge aimed at influencing [selected] good health practices.	Outcome	Social determinants	√[43]	--[44]	--
	Obj. 1.2 To increase advocacy among policy leaders at all levels.	Proportion of policy makers with knowledge of existing policies and doing something to implement them	Outcome	Social determinants	√	--	--
	Obj. 1.3 To standardize health promotion and communication.	Proportion of implementing sites disseminating the correct content of messages using correct channels/ platforms	Input	Service delivery	√	--	--
	Obj. 1.4 To foster formative Research to inform behavioural change interventions.	Proportion of districts developing research proposals to inform behavioural change interventions.	Input	Information	√	D2.S4.I6[45]	SDG3.11[46]
Goal 2 To contribute to the attainment of Universal Health Coverage (UHC) by 2030 through provision of comprehensive essential PHC services to all Zambians.							
	Obj. 2.1 To create an enabling environment for implementation of PHC in Zambia.	Existence of an approved and up-to-date National Community Health Strategic Framework.	Input	Governance	√	--	--
		Existence of an approved and up-to-date National Public Health Strategic Framework.	Input	Governance	√	--	--
		Proportion of provinces and districts with functional Primary Health Care Councils	Input	Governance	√	--	--

42 See risk reduction and demand creation indicators across various goals. These include treatment seeking behavior, safer sex practices, insufficient activity, smoking, increased demand for health services (e.g., reduction in unmet need for family planning, early prenatal and postnatal care etc.).
43 The indicator is not part of the main NHSP indicator performance schedule matrix but is included in the NHSP programme for tracking.
44 The indicator is not part of the 8NDP Implementation Plan and the SDGs
45 Development Outcome number 2, Strategy number 4, and Indicator number 6 of the 8NDP Implementation Plan
46 Sustainable Development Goal number 3 Target number 11

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj 2.1 To create an enabling environment for implementation of PHC in Zambia. (continued)	Outpatient service utilisation[47]	Outcome	Access	√	D2.S2.I13	--
		Percentage of clients referred from the community who reported to a health facility for additional care	Output	Access	√	--	--
		Percentage of districts with at least 50% functional neighborhood health committees (NHCs)	Output	Governance	√	--	--
		% change in number of children referred from community to the health facility	Outcome	Access	√	--	--
		% change in number of pregnant women referred from community to the health facility	Outcome	Access	√	--	--
	Obj. 2.2 To mobilize and invest adequate resources in Primary Health Care services.	Percentage of items on the essential PHC package, included on the National Health Insurance Scheme	Input	Governance	√	--	SDG3.8.2[48]
	Obj. 2.3 To strengthen the Community Health Management Information System (cHMIS) towards increasing utilisation of PHC and community health data for decision making and policy direction[49].	Refer to Goal 27	--	--	√	--	--
Goal 3 To Reduce Maternal Mortality [Ratio] from 278/ 100 000 in 2021 to less than 100/100, 000 live births by 202650							
	Obj. 3.1 To increase the proportion of pregnant women attending the first Antenatal Care (ANC) within the first trimester from 33% in 2021 to 60% by 2026.	Percentage of pregnant women aged 15-49 making the first visit for antenatal care services by timing, age category (Adult/ adolescents/ teenagers) and attending health provider	Outcome	Demand	OC1.2(a)	D2.S1.I7	SDG3.1.1
		% change in the number of pregnant women up to date with antenatal care visits.	Output	Demand	√	--	SDG3.1.1
	Obj. 3.2 To increase the proportion of women attending postnatal care within 48 hrs. of delivery from 51% in 2021 to 60% by 2026.	Percentage of postpartum mothers who have a postnatal contact with a health provider within 48 hours of delivery by age	Outcome	Demand	OC1.8	--	SDG3.1.1
	Obj. 3.3 To increase the proportion of health facilities with functional Neonatal Care (EmONC), both Basic and Comprehensive, from 65% in 2021 to 100% by 2026.	Proportion of designated health facilities with functional EmONC (disaggregated by Basic & Comprehensive)	Input	Infrastructure	√	--	SDG3.1.1

47 Number of 1st OPD attendances in hospitals as a proportion of attendances at health centers/posts
48 Sustainable Development Goal number 3 Target number 8 Indicator number 2
49 Moved to Goal 27
50 Phrased as Maternal Mortality Ratio in the main indicator table (Table 2.1).

Goal / Objective		Indicators		Result Level		Indicator References		
				Domain	Dimension	NHSP	8NDP	SDG
	Obj. 3.4 To reduce the proportion of pregnant women with complications of abortion from 5% in 2021 to 3% by 2026	Proportion of pregnant women reporting with complications of abortion		Impact	Morbidity & mortality	√	--	SDG3.1.1
	Obj. 3.5 To increase the proportion of deliveries attended by skilled personnel from 69% in 2021 to 80% by 2026	Proportion of pregnant women delivering in health facilities		Outcome	Demand	OC1.3	--	SDG3.1.1
		Proportion of pregnant women delivering under the supervision of a skilled health personnel.		Output	Quality	OC1.5	--	SDG3.1.2
		Percentage of deliveries with completed partographs.		Output	Quality	√	--	SDG3.1.1
		Stillbirth (/1,000 LB)		Impact	Morbidity & mortality	IM2.1.3	--	SDG3.1.1
	Obj. 3.6 To increase the proportion of pregnant women screened for syphilis at first antenatal visit from 44% in 2021 to 90% in 2026.	Proportion of women provided with five basic antenatal services[51] at first antenatal visit		Output	Quality	√	D2.S1.I9	SDG3.1.1
		Prevalence of Anemia	Children <5 Years	Impact	Risk Reduction	IM2.4.5(a)	--	SDG3.1.1
			Pregnant Women	Impact	Risk Reduction	IM2.4.5(b)	--	SDG3.1.1
	Obj. 3.7 To increase the proportion of married women accessing modern contraceptives from 48% in 2018 to 70% by 2026.	Ratio of family planning restarts to every 100 new family planning acceptors		Outcome	Coverage	OC2.1	--	SDG3.7
		Acceptance rate for family planning among naïve clients		Outcome	Coverage	√	D2.S1.I22	SDG3.7
		Discontinuation rate in every 100 new acceptors		Outcome	Coverage	√	--	SDG3.7
		Contraceptive Prevalence Rate (segregated by Marital status and method type (Modern/Any method))[52]		Outcome	Coverage	OC2.2	--	SDG3.7
		Fertility rates (per 1,000 women)	Adolescents	Impact	Risk Reduction	IM3.1.1	--	SDG3.7.2
			Adults	Impact	Risk Reduction	IM3.1.2	--	SDG3.7
		Adolescent birth rate (15-19) per 1000		Impact	Risk Reduction	√	--	SDG3.7.2
		Condom use at last sex with high-risk partner (%)	Male	Impact	Risk Reduction	√	--	SDG3.7
			Female	Impact	Risk Reduction	√	--	SDG3.7
	Obj. 3.8 To increase proportion of married women using any method of Family Planning (FP) from 50% to 60% 2026	Shares indicators with Obj 3.7. See Note 51		Outcome	Coverage	OC2.2	--	SDG3.7
	Obj. 3.9 To increase the proportion of the sexually active unmarried women (15-49) using modern contraceptives from 43% in 2018 to 60% in 2026	Shares indicators with Obj 3.7. See Note 51		Outcome	Coverage	OC2.2	--	SDG3.7

51 Includes anemia screening, HIV testing (if unknown HIV+ status), syphilis screening, ITN provision and IPT1 provision.
52 This indicator is shared with Obj 3.8

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 3.10 To increase the Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods from 68.5% in 2018 to 80% 2026.	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	Outcome	coverage	OC2.2	--	SDG3.7.1
Goal 4 To reduce neonatal mortality rate from 27/1000 [in 2018] to 12/1000 live births by 2026[53]							
	Obj. 4.1 To increase proportion of newly born infants receiving postnatal care within 48 hrs. from 51% in 2021 to 80% by 2026	Proportion of livebirths receiving a postnatal check-up from a health provider within 48 hours of birth	Outcome	Quality	OC1.9	--	SDG3.2.2
	Obj. 4.2 To reduce the incidence of neonatal deaths due to prematurity from 35/1000 (2018) to 19/1000 live births by 2026	Number of hospitals providing in-hospital care for small and sick newborns[54]	Output	Access	√	--	SDG3.2.2
		Incidence of neonatal deaths due to prematurity per 1000 live births	Impact	Morbidity & mortality	IM 2.1.4	--	SDG3.2.2
	Obj. 4.3 To reduce the incidence of neonatal deaths due to birth asphyxia from 42/1000 in 2018 to 30/1000 live births by 2026	Incidence of neonatal deaths due to birth asphyxia per 1000 live births	Impact	Morbidity & mortality	IM 2.1.4	--	SDG3.2.2
	Obj. 4.4 To reduce the incidence of neonatal deaths due to infection from 14/1000 in 2018 to 5/1000 by 2026	Incidence of neonatal deaths due to sepsis per 1000 live births	Impact	Morbidity & mortality	IM 2.1.4	--	SDG3.2.2
	Obj. 4.5 To increase the number of hospitals providing quality in-hospital care for small and sick newborns from 4 in 2021 to 20 in 2026	Number of hospitals providing quality in-hospital care for small and sick newborns	Output	Quality	√	--	SDG3.2.2
Goal 5 To reduce under-five mortality [rate] from 61/1000 live births to 25/1000 live births by 2026[55]							
	Obj. 5.1 To increase fully immunized coverage for children under the age one years, from 88% in 2021 to 95% in 2026.	Percentage of <1-year-old children fully immunized	Outcome	Coverage	OC1.9.1	D2.S1.I16	SDG3.2.1
		Percentage of <2-year-old children fully immunized	Outcome	Coverage	OC1.9.2	D2.S1.I16	SDG3.2.1
		% change in the number of children with up-to-date vaccination schedule	Output	Demand	OC1.9	--	SDG3.2.1

53 Phrased as Neonatal Mortality Rate in the main indicator table (Table 2.1).
54 Caters for Obj 4.5
55 Phrased as Under five Mortality Rate in the main indicator table (Table 2.1).

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 5.2 To increase the number of health facilities with at least 60% staff trained in MNCI from 45% in 2018 to at least 80% in 2026.	Proportion of health facilities with child health services' providers trained in MNCI	Input	HRH	IP1.10	--	SDG3.2.1, SDG3.12
		Incidence of preventable childhood illnesses[56]	Impact	Morbidity & mortality	IM2.3.2	--	SDG3.2.1
		Percentage of children aged 6–59 months who received two age-appropriate doses of vitamin A in the 12 months before the survey.	Outcome	Coverage	OC1.10	--	SDG3.2.1
		Percentage of children under 5 years of age with suspected pneumonia taken to a health facility	Outcome	Coverage	IM2.2.2	--	SDG3.2.1
	Obj. 5.3 To increase implementation of Early Childhood Development (ECD) services to cover at least 50% of all service provision sites by 2026	Proportion of sites implementing ECD services according to set targets	Input	Service Delivery	√	--	SDG3.2.1
Goal 6 To improve the health status of Adolescents in Zambia							
	Obj. 6.1 To increase the proportion of districts with capacity to provide a minimum adolescent health service platform from 60% in 2021 to 100% of the districts by 2026.	Index of availability of essential adolescent health services	Outcome	Availability	OC1.14	--	--
		% of health facilities with functional Adolescent health spaces	Output	Infrastructure	OC1.17	--	--
		Adolescent Mortality (/1,000 population)	Impact	Morbidity & mortality	IM2.1.7	--	--
	Obj. 6.2 To increase adolescents' awareness and utilization of the available health services from 60% in 2021 to 100% of the districts by 2026	Incidence of conditions targeted for control through adolescent health interventions (2022-2026)	Impact	Morbidity & mortality	√	--	--
		Index of coverage of adolescent health services	Outcome	Coverage	OC1.14	--	--
	Obj. 6.3 To increase accessibility of adolescent health services by young people with special needs.	Percentage of health facilities with functional Adolescent health spaces.	Input	Multiple[57]	OC1.17	--	--
		Coverage of adolescents receiving integrated adolescent services	Outcome	Coverage	OC1.15	--	--
Goal 7 To improve the nutritional status of Zambian population particularly for children, adolescents, and women in childbearing age in line with the Global Nutrition Targets 2030							
	Obj. 7.1 To improve Infant and young child feeding programmes at all levels of care	Breastfeeding initiated within 1 hour of birth (%)	Outcome	Coverage	OC1.7	D2.S1.I18	SDG3.2.2
		Proportion of children who are exclusively fed (breast milk or formula) from 0 to 5 months	Outcome	Coverage	√	--	SDG3.2.1
		Proportion of infants 12-23 months, who were still breastfed at 12 months	Outcome	Coverage	√	--	SDG3.2.1

56 Focusing on Malaria, STIs, Tuberculosis and Cancers for the general population and Pneumonia, Malaria, Diarrhea and Acute Malnutrition in children.
57 At a minimum, includes human resource, infrastructure, and equipment

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj 7.2 To improve Infant and young child feeding programmes at all levels of care (continued)	Minimum dietary diversity 6-23 months	Outcome	Coverage	√	--	SDG3.2.1
		Percentage of children fed according to various IYCF practices.	Outcome	Coverage	√	--	SDG3.2.1
	Obj. 7.2 To improve integrated management of Acute Malnutrition at all levels of care	Admission rate (%) for severe acute child malnutrition for those aged 6-59 months.	Impact	Morbidity & mortality	√	--	SDG3.2.1
		Death rate (%) due to severe acute malnutrition in children 6-59 months.	Impact	Morbidity & mortality	√	--	SDG3.2.1
	Obj. 7.3 To improve micronutrient intake and supplementation among mothers, adolescents, and young children.	Percentage of children aged 6-23 months who consumed foods rich in Vitamin A	Outcome	Coverage	√	--	SDG3.2.1
		Percentage of mothers and children receiving deworming tablets	Outcome	Coverage	OC1.11	--	SDG3.2.1
		Percentage of mothers receiving iron supplements	Outcome	Coverage	OC1.13	D2.S1.I10	SDG3.2.1
	Obj. 7.4 To Improve child growth monitoring and promotion	Percentage of children (0-59 months) who were Stunted	Impact	Risk reduction	IM3.3.1	--	SDG3.2.1
		Percentage of children (0-59 months) who were Wasted	Impact	Risk reduction	IM3.3.2	--	SDG3.2.1
		Percentage of children (0-59 months) who were Underweight[58]	Impact	Risk reduction	IM3.3.3	D2.S1.I14	SDG3.2.1
		Percentage of children (0-59 months) who were Overweight	Impact	Risk reduction	IM3.3.4	--	SDG3.2.1
		Proportion of children assessed for developmental milestones	Output	Quality	OC1.16	D2.S1.I15	SDG3.2.1
	Obj. 7.5 To improve nutrition therapy and dietetics services	Proportion of facilities providing nutritional therapy	Input	Infrastructure	√	--	--
		Ratio of targeted inhabitants per one clinical nutritionist	Input	HRH	√	--	--
	Obj. 7.6 To improve nutrition, education, and counselling services and SBCC.	Percentage of clients receiving counselling on diet related conditions	Output	Demand	√	--	--
	Obj. 7.7 To improve nutrition data capture and utilization[59]	See footnote on Obj 7.7	Impact	Risk reduction	√	--	--

58 Includes Low birth weight
59 Analyzed under Goal 27:

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 7.8 To improve Micronutrient Intake and Supplementation among Mothers, adolescents and young Children[60]	See footnote on Obj 7.8	Outcome	Coverage	√	--	--
Goal 8 To reduce malaria infection, diseases, and death in Zambia by 2026							
	Obj. 8.1 To reduce malaria incidence from 340 cases per 1000 population in 2021 to 201 cases per 1,000 population by 2026	Incidence of Malaria cases per 1000 population	Impact	Morbidity & mortality	IM 2.3.4	--	SDG3.3.3
		Malaria Prevalence Rate	Impact	Morbidity & mortality	√	--	SDG3.3
		Proportion of households with at least one insecticide treated net (ITN)	Outcome	Availability	√	--	SDG3.3
		Proportion of children under five who slept under an ITN the night before the survey (%).	Outcome	Coverage	OC1.12	D2.S1.I20	SDG3.3
		Proportion of pregnant women aged 15-49 who slept under an ITN the night before the survey	Outcome	Coverage	√	--	SDG3.3
		Proportion of households at risk of malaria that is protected by IRS during a specified period	Outcome	Availability	OC2.12	--	SDG3.3
	Obj. 8.2 Reduce malaria deaths from 8 deaths per 100,000 population in 2021 to 4.7 deaths per 100,000 population by 2026	Malaria Mortality (/100,000)	Impact	Morbidity & mortality	IM 2.2.3	--	SDG3.3
Goal 9 To reduce new HIV incidence from 28,000 in 2021 to 15,000 by 2026.							
	Obj. 9.1 To increase the percentage of people living with HIV who know their HIV status from 89% in 2021 to 95% in 2026.	Prevalence of HIV	Impact	Morbidity & mortality	IM 2.3.5	--	SDG3.3
		Percentage of people living with HIV who know their HIV status	Outcome	Coverage	OC2.13	--	SDG3.3
	Obj. 9.2 To increase the percentage of the HIV children who receive lifelong ART from 72% In 2021 to 90% in 2026.	Percentage of children living with HIV receiving lifelong ART	Outcome	Coverage	OC2.13.1	--	SDG3.3
	Obj. 9.3 To maintain the coverage of ART for those living with HIV at above 95% through 2026.	Percentage of people (both adults and children) living with HIV receiving lifelong ART	Outcome	Coverage	OC2.14	--	SDG3.3
		Retention on ART at 12 months after initiation	Outcome	Coverage	OC2.16	--	SDG3.3

60 Same as Obj 7.3. Its intervention analyzed thereunder.

Goal / Objective	Indicators	Result Level		Indicator References		
		Domain	Dimension	NHSP	8NDP	SDG
Obj. 9.4 To increase the percentage of the people living with HIV on ART with suppressed viral from 96% in 2021 to 98% in 2026.	Percentage of people (both adults and children) living with HIV and on ART who have suppressed viral loads	Outcome	Coverage	OP2.2	--	SDG3.3
	HIV/AIDS related Mortality (/100,000)	Impact	Morbidity & mortality	IM 2.2.5	--	SDG3.3
Obj. 9.5 To scale up the advanced HIV disease package of care to 95% of all eligible population by 2026.	Percentage of eligible population receiving advanced HIV disease package of care.	Outcome	Coverage	√	--	SDG3.3
Obj. 9.6 To Integrate NCD services in ART services to 60% of all people on ART by 2026.	Percentage of ART sites screening RoC with Advance HIV Disease	Output	Access	√	--	SDG3.3
	Proportion of clients on ART screened for NCDs according to guidelines[61]	Outcome	Coverage	√	--	SDG3.3
Obj. 9.7 To reduce MTCT rate from 8% in 2012 to 5% in 2026[62]	Percentage of children born of HIV positive mothers who were classified as infected at 24 months (at the end of the birth cohort	Impact	Morbidity & mortality	√	--	SDG3.3
	Percentage of HIV-positive pregnant and breast-feeding women provided with ART to reduce the risk of mother-to-child transmission during pregnancy and breastfeeding	Outcome	Demand	√	--	SDG3.3
Obj. 9.8 To promote comprehensive HIV knowledge in adolescents and young people from 39% in 2021 to 95% by 2026.	Percentage of adolescents and youths with comprehensive knowledge of HIV transmission	Impact	Risk reduction	√	--	SDG3.3
Obj. 9.9 To increase coverage of Voluntary Medical Male Circumcision (VMMC) within the age groups 15-49 years (Specifically 15-29 years) to 95% by 2026.	Percentage of uncircumcised males with negative HIV test results	Impact	Risk reduction	√	--	SDG3.3
	Voluntary Medical Male Circumcision (VMMC) Coverage	Impact	Morbidity & mortality	OC2.18	D2.S1.I1	SDG3.3
Obj. 9.10 To increase the uptake of PrEP in priority and key populations from 110,000 in 2021 to 220,000 annually by 2026. Awareness of STIs.	Proportion of priority and key populations young people above 19 years and sex workers, at a high risk of acquiring HIV, provided with PreP	Outcome	Coverage	OC2.17	--	SDG3.3
Obj. 9.11 To raise awareness of STIs	Percent of males and females who reported an STI in the past 12 months (segregated by "All ages", "15-19", and "20-24"	Impact	Morbidity & mortality	IM 2.3.6	--	SDG3.3
	STI per 100,000)	Impact	Morbidity & mortality	√	--	SDG3.3

61 Includes Cervical, Breast and Prostate Cancer

62 The main Plan expands this objective with the following information: "To reduce case rate of pediatric new HIV infections to 50 cases per 100,000 live births"

Goal / Objective	Indicators		Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
Goal 10 To reduce Tuberculosis incidence from 319/100,000 in 2020 to 169/100,000 population by 2026[63]							
Obj. 10.1 To increase case detection from 68% in 2020 to 86% by end of 2026	Tuberculosis Notification Rate		Outcome	Coverage	OC2.9	D2.S1.I2	SDG3.3
	TB case detection rate (drug sensitive TB)		Output	Access	OC2.10	--	SDG3.3
Obj. 10.2 Increase the treatment success rate for drug sensitive TB from 90% in 2020 to at least 95% in 2026	TB treatment success rate (drug sensitive TB)		Output	Quality	OP2.3.1	--	SDG3.3
Obj. 10.3 Increase the treatment success rate for Drug Resistant (DR) TB from 78% in 2021 to 85% in 2026.	TB treatment success rate (drug resistant TB)		Output	Quality	OP2.3.2	--	SDG3.3
	Tuberculosis Mortality (/100,000)		Impact	Morbidity & mortality	IM 2.3.7	--	SDG3.3
Obj. 10.4 Reduce the proportion of grade 2 disability of Leprosy from the 70% in 2020 to 10% by 2026	Proportion of new Leprosy patients with grade 2 disability		Impact	Morbidity & mortality	√	--	SDG3.3
Goal 11 To reduce Hepatitis B Incidence to less than 1.8/100,000 population by 2026[64]							
Obj. 11.1 To raise awareness of Hepatitis B (including other viral hepatitis infections A, C, D and E).	Percentage of the population with correct information on how to prevent Hepatitis B		Outcome	Coverage	√	--	SDG3.3
Obj. 11.2 To increase access to comprehensive Hepatitis B control services (including other viral hepatitis infections A, C, D, and E) at all levels.	Percentage of the population with symptoms of Hepatitis B who sought for treatment.		Output	Access	√	--	SDG3.3
Goal 12 To reduce morbidity and mortality due to NCDs and to promote mental health and well-being by 2026.							
Obj. 12.1 To reduce the incidence and prevalence of NCDs through enhanced health promotion.	Prevalence of smoking any tobacco product among persons aged >= 15 years (%)	Male	Impact	Morbidity & mortality	IM3.14.1	--	SDG3.10.1
		Female	Impact	Morbidity & mortality	IM3.14.2	--	SDG3.10.1
	Insufficient physical activity[65] (%)	Adolescents	Impact	Morbidity & mortality	IM3.15.1	--	SDG3.3
		Adults	Impact	Morbidity & mortality	IM3.15.2	--	SDG3.3
	Incidence of Hypertension /1,000 Population		Impact	Morbidity & mortality	IM 2.3.8	--	SDG3.3
	Incidence of Diabetes/1,000 Population		Impact	Morbidity & mortality	IM 2.3.8	--	SDG3.3

63 "Tuberculosis Incidence Rate" in the main table (Table 2.1)
64 "Incidence Rate of Hepatitis B" in the main table (Table 2.1)
65 Percentage with insufficient physical activity; defined as < 150 minutes of moderate-intensity activity per week, or equivalent

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj 12.1 To reduce the incidence and prevalence of NCDs through enhanced health promotion. (continued)	Incidence of Epilepsy	Impact	Morbidity & mortality	IM 2.3.8	--	SDG3.3
		Death rates due RTA injuries (/100,000)	Impact	Morbidity & mortality	√	--	SDG3.6.1
	Obj. 12.2 To reduce disability and mortality through early detection and management of NCDs at primary health care level.	Proportion of new diagnosis (selected NCDs) made during the early[66] stage of the condition	Output	Demand	√	--	SDG3.3
		Death due to NCD >30 & >= 70 years	Impact	Morbidity & mortality	IM 2.2.7	--	SDG3.3
	Obj. 12.3 To provide evidence for programming and policy making on NCDs prevention and control.	See Obj 27.1	√	--	SDG3.3		
Goal 13 To mitigate the disease burden arising from mental health through the use of comprehensive promotional, preventive, curative and rehabilitative services.							
	Obj. 13.1 To increase promotion of mental health care and preventive services to all people including vulnerable[67] populations.	Existence of a national policy/plan for mental health that is in line with international and regional human rights instruments	Input	Governance	√	--	SDG3.5.1
		Existence of a funded multisectoral national programme on mental health promotion and prevention	Input	Governance	√	--	SDG3.5.1
		Proportion of hospitals (levels 1 to 3) with functional mental health units	Input	Multiple	√	--	SDG3.5.1
		Year-on-year changes in the number of new patients diagnosed with problems of substance abuse	Impact	Risk reduction	√	--	SDG3.5.2
		Total alcohol per capita (>15 years of age) consumption, in liters of pure alcohol.	Outcome	Coverage	√	--	SDG3.5.2
	Obj. 13.2 To improve curative services of mental health care to all people including vulnerable populations.	Number of mental patients discharged from curative care for every 100 new patients enrolled per annum	Outcome	Quality	OC2.21	--	SDG3.5.1
		Percentage of the time psychotic drugs were in stock	Output	Access	IP3.2	--	SDG3.5.1
	Obj. 13.3 To improve rehabilitative services of mental health care to all people including vulnerable populations.	Number of mental health patients discharged from rehabilitation for every 100 new patients enrolled per annum	Impact	Morbidity & mortality	OC2.21	--	SDG3.5.1
		Number of patients relapsing on drug abuse for every 100 new patient per annum	Impact	Morbidity & mortality	√	--	SDG3.5.2
		Suicide rates among mental health patients	Impact	Morbidity & mortality	√	--	SDG3.4.2
		Suicide mortality rate per 100,000 population	Impact	Morbidity & mortality	IM 2.2.8	--	SDG3.4.2

66 Dependent on the condition in question.
67 Children, women, the aged migrants and refugees

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 13.4 To increase the provision of epilepsy health care to all patients	Percentage of designated health facilities providing services for Epilepsy.	Input	Infrastructure	√	--	--
		Average number of seizures 12 months after starting treatment.	Impact	Morbidity & mortality	√	--	--
Goal 14 To increase survival rates for cancer patients[68].							
	Obj. 14.1 To reduce premature mortality in adult cancer patients by 30 percent	Proportion of women aged 25-55 years who report having been screened[69] for cervical cancer at recommended time interval.	Outcome	Coverage	OC2.22.2	D2.S1.I17	SDG3.4.1
		Early cancer detection rate in adults at level 1 and 2 hospitals	Outcome	Coverage	OC2.23	--	SDG3.4.1
		Mortality rates in cervical/prostate cancer patients	Impact	Morbidity & mortality	IM 2.2.7	--	SDG3.4.1
		Proportion of sites providing adult cancer elimination services	Output	Access	√	--	SDG3.4.1
		Proportion of health facilities with recommended requisites to provide adult cancer services[70]	Input	Multiple	√	--	SDG3.4.1
	Obj. 14.2 To improve childhood cancer survival by 60 percent	Early cancer detection rate in children at level 1 and 2 hospitals	Outcome	Coverage	OC2.23	--	SDG3.4.1
		Childhood cancer mortality rates (probability of surviving)	Impact	Morbidity & mortality	√	--	SDG3.4.1
		Proportion of facilities with recommended requisites to provide childhood cancer services	Input	Infrastructure	√	--	SDG3.4.1
	Obj. 14.3 To increase the percentage of the population under surveillance by a PBCR[71] from 14% to 20% by the end of 2026	Percentage of the population under surveillance by a PBCR	Outcome	Coverage	OC2.24	--	SDG3.4
		Cervical Cancer (Incidence/100,000	Impact	Morbidity & mortality	IM 2.2.7	D2.S1.I4	SDG3.4
		Breast Cancer (Incidence/100,000)	Impact	Morbidity & mortality	IM 2.2.7	D2.S1.I3	SDG3.4
		Prostate Cancer (Incidence/100,000)	Impact	Morbidity & mortality	IM 2.2.7	--	SDG3.4
Goal 15 To eliminate and control Neglected Tropical Diseases.							

68 Note: Original objectives #14.1; 14.2; 14.3 and 14.5 from the NHSP were demoted to strategy level while the goal was split up into two objectives and rephrase as shown
69 Using any of the following methods: visual Inspection with acetic acid/vinegar (VIA), pap smear, human papilloma virus (HPV) test.
70 This is a merger of Obj 14.2 and Obj 14.5 on the NHSP
71 Population-based cancer registry

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 15.1 To raise awareness on trachoma, Schistosomiasis, STH and Lymphatic Filariasis.	Proportion of the population with correct knowledge to prevent trachoma, Schistosomiasis, STH and Lymphatic Filariasis.	Impact	Morbidity & mortality	√	--	SDG3.3
	Obj. 15.2 To diagnose and manage NTDs in health facilities.	Coverage of preventable chemotherapy for NTDs	Outcome	Coverage	OC2.19	--	SDG3.3
		Lymphatic Filariasis treatment success rate (%).	Output	Quality	OP2.4	--	SDG3.3
		Trachoma treatment success rate (%).	Output	Quality	OP2.6	--	SDG3.3
Goal 16 To reduce the incidence of environmentally related diseases through promotion of Environmental Health Services at all levels of care[72]							
	Obj. 16.1 To increase the percentage of food establishments implementing HACCP and prerequisite programs (GMP, GHP) from 5% in 2020 to 15% by 2026.	Percentage of food manufacturers and processors implementing HACCP and prerequisite programs.	Outcome	Coverage	OC2.3	--	SDG3.9
	Obj. 16.2 To increase the proportion of healthcare facilities complying to WASH/IPC standards from 45% in 2020 to 70 % by 2026.	Proportion of healthcare facilities complying to WASH/IPC standards	Output	Quality	IP2.17	D2.S1.I11	SDG3.9
		Percent of Households using safely managed sanitation (%)	Outcome	Coverage	OC2.4	--	SDG3.9
		Population using safely managed drinking-water services (Population using improved drinking-water sources (%))	Outcome	Coverage	OC2.5	--	SDG3.9
		Annual mean concentration of particulate matter of less than 2.5 microns of diameter (PM2.5) [ug/m3] in urban areas	Outcome	Coverage	OC2.6	--	SDG3.9
	Obj. 16.3 To increase the percentage of healthcare facilities complying to HCW Management guidelines from 40 % in 2019 to 70% by 2026.	Percentage of healthcare facilities complying to HCWM guidelines	Output	Quality	IP2.16	--	SDG3.9
	Obj. 16.4 To increase the number of functional portable laboratories and consumables from 45 in 2021 to 60 by 2026.	Percentage of required portable laboratories that are functional	Output	Access	IP2.1	--	SDG3.9
	Obj. 16.5 To increase disease surveillance and inspections of premises at Point of Entry from 14 points in 2021 to 24 by 2026.	Proportion of designated Points of Entry with port health services established.	Input	Infrastructure	√	--	SDG3.9

72 Incidence rates for conditions related to environmental management

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 16.6 To increase the percentage of health care facilities implementing mitigation and adaptation measures to climate change from 55% in 2020 to 80% by 2026	Percentage of healthcare facilities implementing mitigation and adaptation measures to climate change	Outcome	Coverage	OC2.8	--	SDG3.9
	Obj. 16.7 To establish the National Food Laboratory (NFL) HQ as a reference Laboratory and Excellence by 2026.	Existence of a National Food Reference Laboratory	Input	Infrastructure	IP2.2	--	SDG3.9
	Obj. 16.8 To establish 20 laboratory hubs around the country by 2026	Percentage of provinces with at least a Laboratory Hub for food testing.	Input	Infrastructure	IP2.12	--	SDG3.9
Goal 17 To safeguard national public health security by preventing and controlling infectious and non-infectious public health threats in Zambia by the year 2026.							
	Obj. 17.1 To strengthen and equip the national surveillance system to generate timely, high-quality data about all nationally notifiable and priority diseases	Proportion of health facilities using up to date reporting platforms.	Input	HI & R	√	--	SDG3.10
	Obj. 17.2 To enhance the public health security of the country by being "Ready to Respond and Recover" from all public health events of concern.	Proportion of districts meeting minimum standards to prevent and respond to health risks	Input	Service delivery	√	D2.S1.I23	SDG3.10
		Proportion of Advanced FETP per 200,000 population	Output	Access	IP1.5	D2.S1.I24	SDG3.10
		Incidence rate (notifiable diseases)	Impact	Morbidity & mortality	IM 2.3.10	--	SDG3.10
		Case fatality rate (notifiable disease)	Impact	Morbidity & mortality	--	--	SDG3.10
	Obj. 17.3 To establish a dedicated national public health reference laboratory to anchor a network of public health laboratories and institutions and strengthening the capacity of existing clinical laboratories.	Existence of dedicated national public health reference laboratory	Input	Infrastructure	√	--	SDG3.10
		Proportion of laboratory facilities conducting quality control testing	Outcome	availability	√	--	SDG3.10
Goal 18 To increase the proportion of Districts implementing the whole of society and whole of Government approach on actions that address social determinants of health from the current 5% to 30% by 2026							
	Obj. 18.1 To increase the proportion of institutions with a shared vision for prioritization of determinants of health from 10 to 20 by 2026	Existence of annual progress reports (health component) on the implementation of the revised National Health in All Policy Strategic Plan	Input	Governance	√	--	--
	Obj. 18.2 To increase institutional capacities and mechanisms for Districts to address social determinants of health and equity of access from 10% to 50% in 2026.	Proportion of health institutions (Health Care, Management and training Units) with annual plans that identify social determinants for key programme areas.	Input	Governance	OC6.1	--	--

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 18.3 To attain 50% of districts with mechanisms for monitoring and reporting determinants of health by 2026.	Existence of a framework for coordinating, joint monitoring and reporting social determinants both at national and sub-national level.	Input	Governance	√	--	--
Goal 19 To improve clinical health outcomes (management of conditions and treatment outcomes) by 2026							
	Obj. 19.1 To increase the proportion of hospitals providing surgical services appropriate for the level of care from 2 in 2021 to 6 by 2026.	Average inpatient waiting time for elective surgeries	Output	Quality	OP2.9	--	--
		Proportion of hospitals with capacity to provide[i] surgical services appropriate for the level of care	Input	MPS[73]	√	--	--
		Percentage of health workers trained in Surgery and Anesthesia among non-specialised health workforce.	Input	HRH	√	--	SDG3.12
		Caesarean section rate	Outcome	Coverage	OC1.6	--	SDG3.1
		Proportion of procedures performed in an operating room /100,000 target population (for common conditions appropriate for that level)	Outcome	Coverage	√	--	--
		Post-operative wound infection rates	Output	Quality	OP2.7	--	--
		Perioperative mortality rate	Impact	Morbidity & mortality	OP2.8	--	--
		Postoperative sepsis as a percentage of all surgeries (out and in patient)	Outcome	Morbidity & mortality	√	--	--
		Number of hospitals providing surgical services according to the level of care	Input	Multiple	√	--	--
	Obj. 19.2 To increase the number of hospitals with capacity to provide Emergency Obstetrical and Neonatal Care (EmONC) from 60 % in 2021 to 80% by 2026.	Proportion of provinces with a health facility capable of performing obstetric Fistula repair.	Input	Infrastructure	√	--	SDG3.1
		Proportion of inpatient admissions in females (15-49 years) due to obstetric and gynecological complications that were abortion-related[74].	Impact	Morbidity & mortality	√	--	SDG3.1
	Obj. 19.3 To reduce the rate of reoperations, post elective surgery by half in 2026[75].	Rate of readmission due to surgical site infections	Output	Quality	√	--	--

73 Medicines, Products, and Supplies.
74 Except for planned termination of pregnancy
75 Rephrased from "..... from 100% in 2021 to 50% by 2026".

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 19.4 To increase access to quality and timely anesthetic and critical care services by 2026.	Proportion of hospitals with capacity to provide anesthetic and critical care services appropriate for the level of care	Input	Infrastructure	√	--	--
		Proportion of surgical operations that were delayed due to the absence of anesthetic and critical care services	Output	Access	√	--	--
		Proportion of the establishment for anesthetics that were filled.	Input	HRH	√	--	SDG3.12
	Obj. 19.5 To increase the number of hospitals utilizing telemedicine for management and treatment of patients from 5 hospitals in 2021 to 10 provincial hospitals by 2026	Proportion of hospitals with appropriate ICT infrastructure (tele-radiology, tele-pathology, tele-dermatology, teleconsultation, tele-monitoring, tele-surgery, and tele-ophthalmology) to support implementation of telemedicine	Outcome	Availability	IP2.3	--	--
		Percentage of hospitals utilizing telemedicine for management and treatment of patients	Outcome	Coverage	IP2.4	--	--
		Transmission rate of medical data and information (through text, sound, and images) per stipulated period (Weekly, Quarterly and Annual)	Output	Quality	IP6.4	--	--
		Proportion of hospitals with online information centres for patients	Outcome	Coverage	IP2.5	--	--
	Obj. 19.6 To expand access to pediatric health services appropriate for the level of care to all health facilities by 2026.	Proportion of hospitals with capacity to provide pediatric services appropriate for the level of care	Input	Service Delivery	√	--	SDG3.2
		Proportion of institutions covered by at least one nationwide quality assurance programme	Output	Quality	√	--	--
		Proportion of pediatric patients referred to the next level within 48 hrs. after detection of complications	Output	Quality	√	--	SDG3.2
	Obj. 19.7 To expand access to obstetrics and gynecology services appropriate for the level of care to all health care facilities by 2026.	Proportion of hospitals with capacity to provide obstetrics and gynecology service[76] appropriate for the level of care.	Input	Service Delivery	√	--	SDG3.1
	Obj. 19.8 To provide mobile health services to all areas which are under served by 2026.	Percentage of districts providing mobile health services	Input	Service Delivery	IP4.9	--	--
	Obj. 19.9 To expand access by provision of outreach services to hard-to-reach rural districts through aero-medical services.	Proportion of specialist outreach visits conducted	Input	Service Delivery	√	--	--
		Percentage of patients evacuated per annum	Output	Access	√	--	--

76 Women health services, pregnancy care, surgical procedures, and specialty care

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 19.10 To expand access to emergency health units by 2026.	Proportion of hospitals (level 1-3) meeting minimum requirements for emergency health units	Input	Service Delivery	√	--	--
		Proportion of districts with capacity to handle emergencies.	Input	Service Delivery	√	--	--
		Deaths within 48 hrs. per 1000 admissions	Impact	Morbidity & mortality	OP2.12	--	--
	Obj. 19.11 Expand access to comprehensive quality eye health services to cover all 116 district hospitals by 2026.	Proportion of health facilities with capacity to provide eye services appropriate for the level of care	Input	Service Delivery	√	--	--
		Number of hospitals providing specialized eye services	Input	Service Delivery	√	--	--
		Proportion of districts offering comprehensive eye services	Input	Service Delivery	√	--	--
		Annual cataract surgical rate per 1,000,000 population	Outcome	Coverage	√	--	--
	Obj. 19.12 To provide comprehensive Ear, Nose and Throat (ENT) services in an equitable manner.	Incidence of ENTs	Impact	Morbidity & mortality	IM 2.3.12	--	--
		Distribution of daily ENT patient contacts per 1 clinical officer/medical officer for each level of care	Output	Access	√	--	--
		Proportion of designated health facilities providing comprehensive ENT services at the appropriate level of care	Output	Access	√	--	--
	Obj. 19.13 To reduce cases of dental carries and periodontal diseases from 80% in 2023 to 70% by 2026.	Incidence of Dental Carries	Impact	Morbidity & mortality	√	--	--
		Incidence of Periodontal disease	Impact	Morbidity & mortality	√	--	--
		Coverage of oral health services by level of care	Outcome	Coverage	OC2.31	--	--
		Incidence of oral diseases (/1000)	Impact	Morbidity & mortality	IM 2.3.11	--	--
	Obj. 19.14 To strengthen and scale up the treatment, rehabilitation, care, and support for people suffering from Cardiac conditions.	Proportion of level 1,2 and 3 hospitals with capacity to manage cardiac conditions according to the level of care.	Output	Access	√	--	SDG3.4
	Obj. 19.15 To increase access to quality Palliative Care services in the country.	Proportion of hospitals with capacity to provide Palliative care services appropriate for the level of care	Output	Multiple	√	--	SDG3.4
		Ratio of clients in Palliative care to nursing staff trained in Palliative Nursing.	Output	Access	√	--	SDG3.12

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 19.16 To provide equitable access to cost effective, quality Orthopedic healthcare services as close to the family as possible.	Proportion of hospitals with capacity to provide Orthopedic healthcare services appropriate for the level of care	Output	Multiple	√	--	--
		Proportion of 1st attendances seeking orthopedic health care services who paid for the service from their pockets[77]	Output	Access	√	--	--
	Obj. 19.17 To institutionalize Quality Assurance and Quality Improvement (QAQI) in all the interventions across all programmes by 2026.	Proportion of health facilities with Service Charters	Input	Service delivery	IP4.8	--	--
		Existence of an effective and functional referral system	Input	Service delivery	√	--	--
		Proportion of service units complying with service standards	Output	Quality	IP4.5	--	--
		Proportion of service units (labs, facilities, etc.) fully accredited for services	Output	Quality	IP4.3	--	--
		Existence of person-centred health services	Input	Service delivery	√	--	--
		Existence of a functional supportive supervision system	Input	Service delivery	IP4.7	--	--
		Existence of essential packages for each level of care	Input	Service delivery	√	--	--
		Existence of up to date clinical and programme guidelines	Input	Service delivery	√	--	--
		Proportion of institutions covered by at least one nationwide QAQI supervision in a year.	Input	Governance	√	--	--
		Proportion of clients reporting satisfaction[78] with available essential health services	Outcome	Service satisfaction	√	--	--
Goal 20 To secure and provide adequate supplies of safe blood and blood products for all patients in Zambia.							
	Obj. 20.1 To increase the annual blood collection from 110,000 units in 2021 to 360,000 units and ensure availability of safe blood and blood products in all health facilities by 2026.	Blood donation rate per 1,000 persons	Outcome	Availability	IP3.4	--	SDG3.8
	Obj. 20.2 To improve on availability and accessibility of safe blood and blood components in all health facilities by 2026	Average lead time between prescribing and actual blood transfusion	Outcome	Coverage	IP3.5	--	SDG3.8

77 Includes any payment for either consultations, diagnostics, supplies or medicines even if any of these were free or covered by any insurance scheme.
78 Dignity, autonomy, confidentiality, prompt attention, access to social support, basic amenities, and health care providers.

Goal / Objective	Indicators	Result Level		Indicator References		
		Domain	Dimension	NHSP	8NDP	SDG
Obj. 20.3 To expand capacities for apheresis procedures to meet the national needs for Plasma and cellular therapies by 2026.	Proportion of provincial blood centres with the capacity for Apheresis procedures	Output	Multiple	IP2.7	--	SDG3.8
	Existence of a functional testing facility for individual Donor-nucleic acid testing (NAT)	Output	Access	IP2.8	--	SDG3.8
Obj. 20.4 To set up National centre for tissue/HLA typing and Human Genetic Analysis and Paternity testing by 2026.	Existence of a National Centre for tissue/HLA typing and Human Genetic Analysis and Paternity testing	Output	Access	IP2.9	--	SDG3.8
Obj. 20.5 To strengthen institutional and Regulatory Framework by 2026.	Existence of a revised and signed Blood Transfusion, Tissue and Transplant Act.	Input	Governance	IP5.5	--	SDG3.8
Goal 21 To provide quality, accurate, timely, cost effective and appropriate diagnostic services at all levels of care by 2026.						
Obj. 21.1 To increase the proportion of hospitals providing imaging services appropriate for the level of care by 2026.	Percentage of health facilities with capacity[79] to provide imaging services according to standard, for that level of care	Input	MPS[80]	√	--	SDG3.8
Obj. 21.2 To increase the proportion of hospitals providing laboratory services appropriate for the level of care by 2026.	Proportion of health facilities with capacity to provide laboratory services appropriate for that level of care	Input	MPS	IP 4.3.6	--	SDG3.8
	Diagnostics readiness	Input	MPS	IP3.6	--	SDG3.8
Obj. 21.3 To scale up implementation of Quality Management Systems (QMS) by increasing the number of accredited laboratories from 6 in 2021 to 20 in 2026 and certify 13 laboratories by 2026.	Proportion of facilities adhering to quality assurance guidelines	Output	Quality	√	--	SDG3.8
Obj. 21.4 To reduce the turnaround time (TAT) of samples being referred to higher level facilities from 5 days on average to 2 days by 2026.	Proportion of laboratories meeting certification standards	Output	Quality	√	--	SDG3.8
	Average turnaround time (TAT) of samples being referred to higher level facilities	Output	Quality	OP2.13	--	SDG3.8
Obj. 21.5 To strengthen human resource for medical laboratory to support quality clinical, public health and research laboratory services by 2026.	See indicator on approved positions filled under Obj 24.1	Output	Quality	√	--	SDG3.8
Obj. 21.6 To increase the number of facilities providing nuclear medicine services from 1 centrecenter in 2021 to 4 centres by 2026.	Existing facility for nuclear medicine appropriately equipped	Input	Infrastructure	√	--	SDG3.8
	Four new nuclear medicine facilities established in three provinces.	Input	Infrastructure	√	--	SDG3.8
Goal 22 To ensure efficient and effective rehabilitative services at all levels of care, to contribute to improved health outcomes.						

79 Includes availability of human resource, equipment (including servicing plans), space, supplies at the time of assessment
80 Medicines, Supplies and Products

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 22.1 To increase the number of hospitals providing comprehensive rehabilitation services from 4 to 15.	Number of hospitals providing comprehensive rehabilitation services	Output	Access	√	--	SDG3.8
	Obj. 22.2 To scale up the implementation of community-based rehabilitation (CBR) services from 6 districts to 24.	Number of districts providing community-based rehabilitation services	Output	Access	√	--	SDG3.8
	Obj. 22.3 To increase the number of hospitals providing specialized, high-intensity rehabilitation services from 0 to 4 hospitals	Number of hospitals providing specialised high-intensive rehabilitation services	Output	Access	√	--	SDG3.8
Goal 23 To improve the quality of nursing and midwifery education and practice standards at all levels of care and training by 2026.							
	Obj. 23.1 To produce an educated, competent, compassionate, and motivated nursing and midwifery workforce.	Number of health colleges and training institutions constructed and rehabilitated.	Input	Infrastructure	√	--	SDG3.12
		Annual student pass rate	Output	Quality	√	--	SDG3.12
		Ratio of learners to instructors	Output	Access	√	--	SDG3.12
		Ratio of students/learners to (selected) critical teaching/job aids/materials	Output	Access	√	--	SDG3.12
	Obj. 23.2 To provide safe, acceptable, equitable and timely nursing and Midwifery services to clients at all levels of care.	Proportion of training institutions utilized as practicum sites for students' placements	Output	Access	√	--	SDG3.12
		Percentage of health facilities with appropriate equipment to conduct nursing and midwifery procedures	Input	Infrastructure	√	--	SDG3.12
Goal 24 To increase availability of skilled, motivated, equitably distributed health workforce and effective support services, to contribute to the effective delivery of health services							
	Obj. 24.1 To increase the health workforce from 48% of the establishment in 2021 to 70% by 2026.	Proportion of approved posts filled by skilled personnel (Doctors, Medical licentiates, Clinical Officers, Nurses, Others) by the 6 levels of care	Input	HRH[81]	IP1.2	--	SDG3.12
		Health Workforce (Active and Inactive) as a percentage of the overall workforce requirements	Input	HRH	IP1.3	--	SDG3.12
		Proportion of HF with at least 80% of professional positions on the establishment filled	Input	HRH	IP1.4	D2.S2.I9	SDG3.12
		Health worker density (distribution by professional cadre and region) per 100,000 population	Input	HRH	IP1.1	--	SDG3.12.1
		Average waiting time to recruitment for unemployed graduates	Input	Governance	√	--	SDG3.12
		Absorption rate for graduates	Input	HRH	√	--	SDG3.12

81 Human Resources for Health

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 24.2 To improve performance of health workers at all levels.	Proportion of staff appraised annually	Input	Governance	√	--	SDG3.12
	Obj. 24.3 To increase the number of specialized trainings from 500 in 2021 to 700 specialists by 2026.	Proportion of graduates from specialised training	Output	Access	√	--	SDG3.12
	Obj. 24.4 To provide adequate appropriate utility transport for efficient logistical support[82]	See footnote 81			√	--	SDG3.12
Goal 25 To secure adequate, quality, efficacious, safe, and affordable essential medicines, and medical supplies through an efficient and effective supply chain system.							
	Obj. 25.1 To scale up decentralization of the regulatory framework from 6 (60%) in 2021 to 10 (100%) provinces by 2026.	Percentage of institutions with functional medicines and therapeutical committees	Output	Quality	√	--	SDG3.8.1
		Proportion of facilities with a scaled-up decentralization of the regulatory framework	Input	Infrastructure	IP3.7	--	SDG3.8.1
	Obj. 25.2 To improve availability of essential medicines and medical supplies in all health facilities, from 40% in 2021 to 90% by 2026.	Proportion of health facilities reporting no stock out of tracer health products	Input	MPS	√	--	SDG3.8.1
		Percentage of patients in outpatient public health facilities receiving antibiotics	Input	Access	IP3.8	--	SDG3.5.1
		Proportion of pharmaceutical expenditure of the total health expenditure	Input	MPS	√	--	SDG3.12
		Number of planned ZAMMSA HUBS constructed and in use.	Input	Infrastructure	IP2.12	D2.S2.I1	SDG3.8
	Obj. 25.3 To increase local pharmaceutical manufacturing from 5 to more than 10 industries by 2026.	Number of local additional pharmaceutical manufacturing industries	Input	MPS	√	--	SDG3.8
	Obj. 25.4 To improve pharmaceutical care at all levels from 40% of facilities to more than 80% by 2026.	Proportion of storage facilities meeting approved ZAMRA pharmaceutical standards	Input	MPS	√	--	SDG3.8
	Obj. 25.5 To promote antimicrobial stewardship.	Proportion of Traditional Medicine research conducted	Input	HI & R[83]	IP6.9	D2.S4.I6	SDG3.11
		Percentage of adequately labelled medicines in outpatient public health facilities	Output	Quality/ MPS	√		SDG3.8
		Availability score of a mechanism for monitoring adverse drug reactions	Output	Quality/MPS	IP3.10	--	SDG3.8
	Obj. 25.6 To promote regular supply chain management and traditional medicines research and development	Proportion of national and sub-national supply chain management research and development conducted	Input	HI & R	IP6.9	D2.S4.I16	SDG3.11

82 Provided for under Obj 26.5
83 Health Information and Research

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 25.7 To establish medical oxygen supply systems in 60% of public hospitals in Zambia.	Proportion of public health hospitals with functional medical oxygen supply systems	Input	Infrastructure	√	--	SDG3.8
	Obj. 25.8 To increase District and health facility storage capacities	Proportion of health facilities/Institutions/Hubs with storage capacity for medical supplies that meet the required capacity for that level	Input	Infrastructure	√	--	SDG3.8
	Obj. 25.9 To improve national pharmaceuticals, supply chain coordination	Existence of capacity to monitor stock movements and levels from the national storage to health facilities.	Output	Quality	IP3.11	--	SDG3.8
	Obj. 25.10 To improve security of pharmaceutical in the public health supply chain	Zero Incidence of verified losses of medical supplies either through pilfering or storage negligence.	Output	Quality	√	--	SDG3.8
Goal 26 To increase availability and access to health infrastructure by 2026.							
	Obj. 26.1 To complete and equip all the unfinished health facilities in 2021 by 2026	Health facility density (by type, location, and province)/10,000 population	Output	Access	IP2.13	--	--
		Hospital bed density and distribution (inpatient, maternity, infant, isolation)	Outcome	Availability	IP2.13	--	--
		Proportion of health facilities with minimum recommended medical equipment for treatment and diagnosis for that level of care	Input	MPS	IP2.14	--	--
		Availability of basic equipment for general health provision by level	Input	MPS	IP2.14	--	--
		Downtime of basic equipment for more than 30 days	Outcome	Availability	√	--	--
	Obj. 26.2 To construct new health facilities in areas where equity was not considered by 2026.	Proportion of the population within 5km of a primary health care facility	Output	Access	OP1.2	--	--
	Obj. 26.3 To improve the availability of Utilities and health waste management infrastructure at health facilities by 2026.	Proportion of facilities with recommended waste management facilities	Output	Quality	IP2.16	--	SDG3.9
	Obj. 26.4 To ensure efficient and effective project implementation and Management by 2026	Proportion of projects (by category) on course	Input	Governance	√	--	--
	Obj. 26.5 To improve availability of well-maintained fleet to ensure mobility for service delivery.	Percentage of functional transport by type out of recommended numbers	Input	Infrastructure	√	--	--
		Percentage of functional transport by type out of existing (including non-runners) fleet.	Input	Infrastructure	√	--	--

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
Goal 27 **a) To improve health information systems, governance structures through the use of Digital Health Technologies,to generate reliable and timely information to aid decision-making and** **b) To strengthen National Health Research Systems through improved resource mobilization and research governance to improve generation of research evidence for evidence-based policies and decisions.**							
	Obj. 27.1 To strengthen integrated health information systems.	Coverage of birth and death registration	Outcome	Coverage	IP6.6	--	--
		Proportion of hospitals using correct ICD coding	Outcome	Coverage	IP6.5	--	--
		Proportion of health facilities using an integrated information system that combines data systems for health process, inputs, and outputs.	Input	HI & R	IP6.7	--	--
		Proportion of HC/HP with a functional community health information system that integrates all community approaches and links with the facility-based health information system[84]	Input	HI & R	IP6.8	--	--
		HIS and its support systems (e.g., ICT) articulated in the health policy covering the NHSP2022-2026 period	Input	Governance	√	--	--
		Extent to which functions covering HIS, ICT and research are performed by appropriate staff at various levels.	Input	HI & R	√	--	--
		Existence of a comprehensive piece of legislation to govern data handling processes	Input	HI & R	IP5.2	--	--
		Proportion of facilities with digital results return systems	Output	Quality	√	--	--
	Obj. 27.2 To strengthen the national health [information management and] research.	Level of implementation of the Bamako investment declaration in Health Research	Input	HI & R	IP6.9	--	SDG3.11.2
		Proportion of study results leading policy	Input	HI & R	IP6.9	--	SDG3.11
		Existence of the Policy and Regulatory Framework for national health [information management and] research	Input	HI & R	IP3.7	--	SDG3.11
Goal 28 To attain adequate, sustainable, and predictable financing through existing and new sources for improved health outcomes by 2026							
	Obj. 28.1 To increase funding to the health sector by mobilizing adequate and sustainable financial resources.	Externally sourced funding as a % of current expenditure on health)	Input	Health care financing	√	--	SDG3.12

84 See Objective 1.5

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 28.2 To ensure efficient and effective pooling of health resources, to promote equity and minimize the risks of catastrophic health expenditure by the households.	Total current expenditure on health (% of gross domestic product) [Also: total capital expenditure on health as % of current + capital expenditure on health]	Input	Health care financing	√	D2.S4.I1	SDG3.12
	Obj. 28.3 To ensure effectiveness, efficiency, and equity in resource allocation and utilization.	Headcount ratio of catastrophic health expenditure (%)	Input	Health care financing	OC3.1	--	SDG3.12
		Government expenditure on health as a percentage of total current expenditure	Input	Health care financing	IP7.1	--	SDG3.12
		Out of Pocket Health expenditure as percentage of current expenditure on health	Outcome	Financial risk protection	IP7.3	--	SDG3.12
	Obj. 28.4 To ensure transparency and accountability in resource utilization.	Existence of an up-to-date national health accounts (NHA) report	Input	Health care financing	√	--	SDG3.12
		Mandatory reports on public finances released on time	Input	Governance	√	--	SDG3.12
Goal 29 To ensure a well-functioning health sector to respond to the health needs of the Zambian People by 2026.							
	Obj. 29.1 To make available relevant policies and legislation for effect and effective governance and management of the health sector by 2026.	Sufficiency, appropriateness, and relevance of existing health policies and legislations.	Input	Governance	√	--	SDG3.12
		Appropriateness and relevance of existing coordination mechanisms	Input	Governance	√	--	SDG3.12
		Proportion of service units with appropriate steward stability to implement policies[85]	Input	Governance	√	--	SDG3.12
		Health system resilience[86] index (overall)	Output	Resilience	OP4.1	--	SDG3.13
		Awareness score as an attribute of resilience	Output	Resilience	OP4.1.1	--	SDG3.13
		Diversity score as an attribute of resilience	Output	Resilience	OP4.1.2	--	SDG3.13
		Versatility score as an attribute of resilience	Output	Resilience	OP4.1.3	--	SDG3.13
		Mobilisation score as an attribute of resilience	Output	Resilience	OP4.1.4	--	SDG3.13
	Obj. 29.2 To strengthen stakeholder coordination through SWAp Mechanisms by 2026.	Average number of action points resolved per expected number of SWAp stakeholder meetings in a year	Input	Governance	√	--	--
	Obj. 29.3 To strengthen equity mechanisms in the health sector by 2026.	Proportion of eligible staff trained in management systems (IFMIS, Navision, HRIS, Budget Management Module) in each province	Input	Governance	√	--	SDG3.12

85 The extent to which senior staff are maintained in the same position and place for at least two years during the NHSP period
86 Average score of resilience variables: awareness, diversity, versatility, and mobilization

Goal / Objective		Indicators	Result Level		Indicator References		
			Domain	Dimension	NHSP	8NDP	SDG
	Obj. 29.4 To implement accountable, efficient, and transparent management systems at all levels of the health sector.	Proportion of Ward Development Committees (WDC) with data-backed health issues represented in their plans.	Input	Governance	√	--	--
	Obj. 29.5 To enhance the level of compliance with government policies, laws, contracts, and procedures.	Percentage of health institutions without audit queries in the final report	Input	Governance	IP5.4	--	--
		Turnaround time for the procurement approval process.	Input	Governance	√	--	--
		Proportion of procuring entities using the e-GP System	Input	Governance	√	--	--

6 The Institutionalization of NHSP 2022-2026 Monitoring and Evaluation

As shown in Figure 2-2, the Zambian public health system is divided into three management and five service delivery levels. Management levels are District, Provincial and National, while service delivery levels are health posts, health centres, level 1 hospitals, level 2 hospitals, and level 3 hospitals. Level 3 hospitals are managed through the national office, those at level 2 by the provincial level, while level 1, health centres, health posts (and community health extensions), are part of the district health system. It is on the basis of this management structure that the NHSP monitoring, and evaluation tasks will be implemented as shown in Figure 4-1.

As regards processes for health policy formulation, implementation, and supervision, the four concentration levels have been allocated specific mandates.

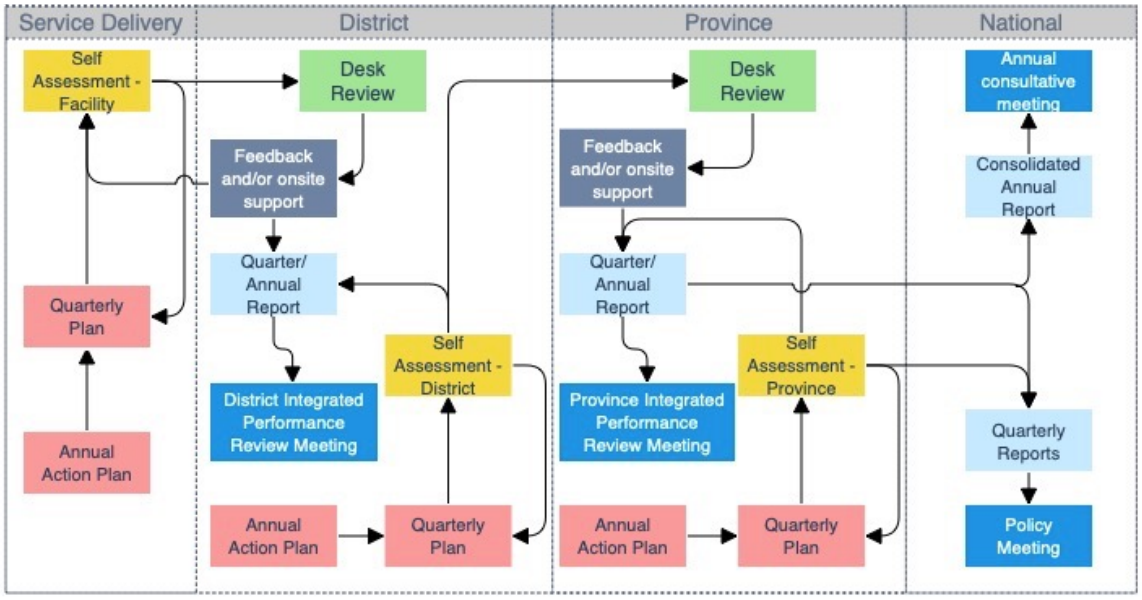
The national level formulates policies, standards, and guidelines. This level also exercises downstream supervision (mainly to -provincial health offices and national hospitals), to ensure effective implementation of policies, strategies, and standards.

Each successive lower-level health entity is expected to provide guidance (interpretation of national policies, standards, and guidelines) and offer oversight to the appropriate level under its authority.

6.1. The Role of Supportive Supervision

The supportive supervision (SS) process is elaborated in the document: "Integrated Guidelines for Improved Health System Performance (in Health Facilities, Health Management Units, and Training Institutions) and summarised [in Figure 41] below in the accompanying text.

Figure 4-1: Monitoring Processes for the NHSP 2022-2026



The SS process forms the backbone on which monitoring of the NHSP is anchored as summarised in Figure 4-1. This is a cycle, that involves with the situation analysis (Assessment), Problem Identification (through Analyses) and Actions to alter course.

Planning: At the start of each year, from facilities (with their communities) through to the national level are expected to plan for health service delivery and management. This is done by interpreting the existing NHSP priorities, reviewing performance from past and existing implementation periods, and considering emerging priorities.

Monitoring: At designated intervals, each concentration unit, undertakes self-assessment by reviewing performance of the most-recent past period, identifies underperforming areas, and provides a corrective course of action. A package of outputs from this

process are shared with the immediate higher level for review and, this forms a basis for choosing the type of supportive supervision to provide to that level. This package also provides insights into the aggregate performance, respectively at district and provincial level.

Onsite support: These guidelines recommend that onsite support be reserved for institutions that urgently require physical presence of supervisors. However, they also recommend that every institution should be visited at least once in a given year.

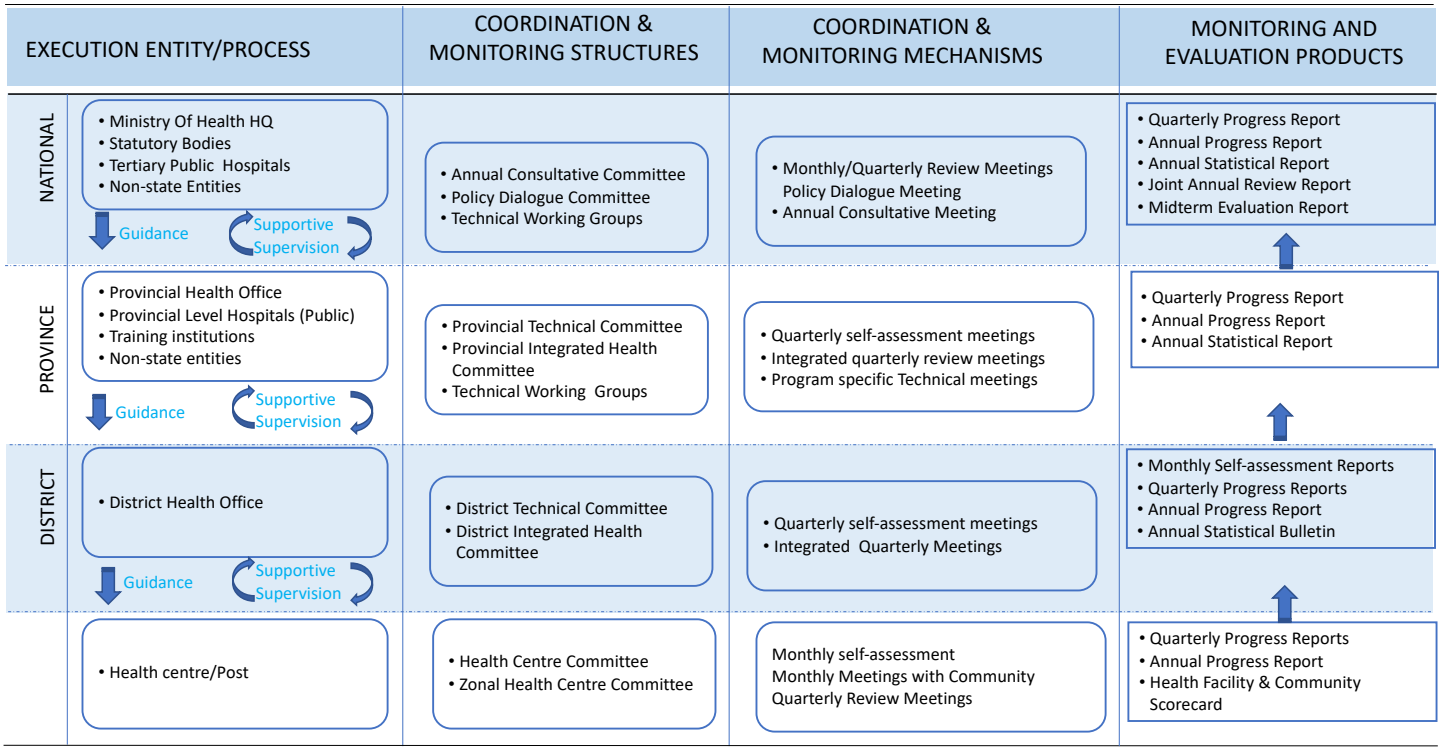
6.2. Coordination and Monitoring Arrangements

The Ministry of Health recognizes the importance of partnership in the development of a resilient health system. The health sector has embraced Sector Wide Approach (SWAp) mechanisms in the coordination and maximization of donor support. Regular meetings and other coordination mechanisms will be employed to ensure that partners participate as stakeholders in the effective delivery of healthcare. At various levels, this coordination will include indirect players in health, such as community and other opinion leaders and, other government departments. For details see Chapter 6 of the main NHSP.

6.3. Monitoring and Evaluation Products

Monitoring and evaluations processes at each level have been identified with a given set of products. These will be achieved through the utilisation of existing structures and coordination mechanism. Figure 41 summarises routine processes for monitoring performance of the NHSP at different levels of the health delivery system

Figure 4-2: Monitoring and Evaluation Roles and Outputs



Below is a description of monitoring and evaluations products, structures and mechanisms [from this Framework]:

- **Mid-term Review of the NHSP:** Mid way into the implementation of the 5-year National Health Strategic Plan, a national review of the plan will be undertaken to assess progress made towards goals, document success and identify areas for modification. Data on implementation progress will be gathered from a representative sample of implementing entities, covering all key areas of the M&E Framework with a focus on INPUTS, OUTPUTS and OUTCOMES. Some dimensions in the outcome domain may not be included in the review but are left to the end line (final) evaluation.
- **Joint Annual Reviews:** Every year (except the year for the mid-term review and final evaluation) a Joint Annual Review will be undertaken that includes stakeholders namely, cooperating partners and other non-state actors, to review progress made in

selected indicators of interest. The reviews are guided by particular themes of interest and will be premised on the evidence of performance in the HMIS.

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

- **Annual [Progress] Report:** This report applies to the national, province and district levels. It is an administrative report, that picks on selected output indicators from the annual statistical report and bulletins, and quarterly progress reports. It differs from the Annual Statistical Report, in that it focuses more on discussing processes in implementing the NHSP than the M&E outputs. This is a statutory requirement for spending agencies.

- **Annual Statistical Bulletin:** The bulletin applies to the district level only. It is a summary of performance (on selected key performance indicators) in charts, simple tables, and maps. The presentation of the data should be simple enough as the targeted audience shall be the general public in the catchment.

    - At the end of the year, each district will produce this report indicating how each facility (under them) performed on preselected set of indicators. These reports will be sent to all facilities.
    - Individual facilities will in turn pin these reports, in strategic areas of the facility for public view.
    - Besides pinning these reports for public view, each facility will be expected to develop a package of messages based on the performance for communication to their clients during health talks.

- **Quarterly Review Reports:** These are information sharing products, in which each unit is expected to report progress on the implementation of annual plans and performance of selected indicators. Action plans are revised by means of the recommendations made during quarterly reviews – this is a Self-Assessment package under SS Framework

- Self-Assessment Reports: Performance monitoring frameworks specific to each level of care have been introduced at Health post, Health centrecenter, zonal health centrecenter, hospitals (by service area/ department) and district. Data generated from the HMIS will be reviewed monthly and each of these levels of care will be expected to undertake self-assessments against set targets, complete performance improvement templates share with the next level every quarter. See SS Guidelines for details.

- **Community Score:** As new structures for community health evolve, the designated team leader for community health in a given catchment, will hold monthly meetings with opinion leaders to communicate key public health events arising from the community health teams' interactions or service provision during the month. A simplified performance framework, with indicators of public health priorities, has been introduced to provide guidance.

Reporting Templates

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

M&E FORM 1A

Name of Institution:

Programme Area:

Month/Quarter:

Date Submitted:

		Plan for this Period			
NHSP Investments		Strategic Interventions (from the NHSP)		Closing Month/ Year	Programme Summary Report
ID	Name	ID	Name		

		Plan for this Period				
NHSP Investments		Strategic Interventions (from the NHSP)		Closing Month/ Year		Programme Summary Report
ID	Name	ID	Name			

INSTRUCTIONS FOR COMPLETING M&E FORM 1A

Table Key

NHSP Investments

ID	Name
IP1	Health Workforce
IP2	Health infrastructure
IP3	Medicines, health products and supplies
IP4	Service delivery [systems] models
IP5	Health governance
IP6	Health information, innovation, and research
IP7	Health financing

Strategic Interventions

ID	Name

- Use Table 3.2 from the NHSP2017-21 M&E Framework to get the code for the strategic activities implemented during the reporting period.

Table completion events

1) At the end of each month, each programme will submit this report to the office responsible for M&E. This process will be repeated every month, and at the end of the third month in the quarter, each programme would have produced a quarterly report

2) The M&E team will collate all the monthly programme reports (completed in (1)) above and sort them according to investment areas to produce a report for that month. This process will be repeated every month, and at the end of the third month in the quarter, a quarterly report would have been produced and an annual report at the end of the year.

National Health Strategic Plan
Monitoring Evaluation Framework
Quarterly Performance Reporting Form

M&E FORM 1B

Name of institution:

Programme Area:

Quarter:

Date Submitted:

Table 1

Result		Key Performance Indicators		Performance		Programme Summary Report
ID	Name	Code	Indicator Name	Target	Achieved	

Results

ID	Name
OP1	Access
OP2	Quality
OP3	Demand
OP4	Resilience
OC1	Health services availability
OC2	Health services coverage
OC3	Financial risk protection
OC4	appropriate health security
OC5	Improved client satisfaction with health services
OC6	Improved levels of appropriate health security

Key Performance Indicators

ID	Name
Code	This is the indicator code from Table 3.1 on the M&E framework document
Name	This is the indicator name from Table 3.1 on the M&E framework document
Target	This is from Table 3.1. Supplementary targets for the quarter shall be supplied separately from this document
Achieved	This is the output as per the data source indicated in the last column of Table 3.1

Programme Summary Report

This is where a short narration will be placed to explain the achieved performance against the target