

**Proceedings of the 3<sup>rd</sup> Joint Coordinating Committee Meeting and the Terminal Evaluation Report of the “Project for Strengthening HIV/AIDS Laboratory Network Services” held at the Ministry of Health Boardroom on 5<sup>th</sup> March 2010 from 10:00 hrs to 12:00 hrs**

**1.0 Members Present**

<b>No</b>	<b>Name</b>	<b>Title</b>	<b>Organization</b>
1	<b>Dr. Gardner Syakantu</b>	<b>Acting Director, Clinical Care &amp; Diagnostic Services</b>	<b>Ministry of Health</b>
2	<b>Mr. Shiro Nabeya</b>	<b>Resident Representative</b>	<b>JICA</b>
3	<b>Ms. Fales Mwamba</b>	<b>Acting Deputy Director of Laboratory Services</b>	<b>Ministry of Health</b>
4	<b>Ms. Juliana Kinkese</b>	<b>Acting Chief Biomedical Scientist -Policy</b>	<b>Ministry of Health</b>
5	<b>Mr. Clement Phiri</b>	<b>Biomedical Scientist</b>	<b>Ministry of Health</b>
6	<b>Dr. Victor Mudenda</b>	<b>Director of Laboratory Services</b>	<b>University Teaching Hospital (UTH)</b>
7	<b>Mr. Timothy Kantenga</b>	<b>Chief Laboratory Scientist</b>	<b>UTH</b>
8	<b>Mr. Darington Mwenya</b>	<b>Unit Head, Microbiology</b>	<b>UTH</b>
9	<b>Mr. Mubita Kabalanyana</b>	<b>Unit Head, Clinical Chemistry</b>	<b>UTH</b>
10	<b>Mr. Katoba Musukwa</b>	<b>Biomedical Scientist, Virology</b>	<b>UTH</b>
11	<b>Mr. Hitoshi Suzuki</b>	<b>Second Secretary</b>	<b>Embassy of Japan</b>
12	<b>Mr. Youichi Inoue</b>	<b>Mid-term Review Team</b>	<b>JICA</b>
13	<b>Mr. Ippei Matsuhisa</b>	<b>Mid-term Review Team</b>	<b>JICA</b>
14	<b>Dr. Naomi Hamada</b>	<b>HIV/TB Program Coordinator</b>	<b>JICA/ NAC</b>
15	<b>Mr. Shinya Matsuura</b>	<b>JICA Expert for Monitoring and Management</b>	<b>JICA/ UTH</b>
16	<b>Mr. Naofumi Hashimoto</b>	<b>JICA Short-term Expert</b>	<b>JICA/ UTH</b>
17	<b>Dr. Jubra Muyanga</b>	<b>Technical Consultant</b>	<b>JICA/ UTH</b>

**2.0 Absent with Apologies**

- **Dr. Velepi Mtonga**      **Permanent Secretary**      **MoH**
- **Mr. Davy Nsama**      **Chief Biomedical Scientist -QA**      **MoH**
- **Dr. Mwaka Monze**      **Unit Head, Virology**      **UTH**

### **3.0 Chairperson's Opening Remarks**

The Master of Ceremony, Dr. G. Syakantu assumed the role of Chairmanship after he informed the members that the Permanent Secretary, Dr. Velepi Mtonga, who was the Guest of Honour and Chairperson, was called to the Ministry of Finance and National Planning at short notice. He apologized on behalf of the Permanent Secretary for this change of program at short notice and went on to state that the Ministry of Health places high priority to the cooperation that existed between the people of Japan and the Zambian people and therefore places the highest importance to programs such as this one.

The Master of Ceremony was, by consequence, was taken up by Ms. Fales Mwamba, the Acting Deputy Director of Laboratory Services in the Ministry of Health.

The meeting was therefore called to order at 10:35 hours with the singing of the Zambia National Anthem and an opening prayer given by Mr. Timothy Kantenga.

Dr. Syakantu welcomed everybody to the meeting and immediately indicated that as per tradition, the members needed to make self introductions to take into account the Japanese delegation.

After self-introductions, Dr. Syakantu stated that the program and agenda would slightly be changed to take into account the Permanent Secretary's absence and agenda item number 5 (Opening Remarks by the Permanent Secretary) and the item number 9 (Signing Ceremony for Minutes of Meeting) would be skipped and some of the important aspects in the Permanent Secretary's speech would be included in the 'Opening Remarks' by Dr. Syakantu.

In his opening remarks, Dr. Syakantu once again apologized on behalf of the Permanent Secretary for starting the proceedings of the meeting late. He started by recognizing the presence of the JICA Resident Representative, Mr. Shiro Nabeya, the Deputy Director of Laboratory Services in the Ministry of Health, Ms. Fales Mwamba, the Director of Laboratory Services at the University Teaching Hospital, Dr. Victor Mudenda, the 2<sup>nd</sup> Secretary at the Embassy of Japan, Mr. Hitoshi Suzuki (who had left by then) and all the distinguished members present.

He went on to state that the issue of laboratory quality assurance was very vital as it ultimately led to improved care of patients particularly HIV/AIDS patients. Based on the prior information that he had been briefed on, it was satisfying to note that the Project for Strengthening HIV/AIDS Laboratory Network Services had almost achieved all the benchmarks towards attaining the desired objectives.

Dr Syakantu alluded to the fact that the Ministry of Health had taken measures to ensure that laboratory services were of highest quality and that these were brought as close to the family as possible. The steps that the Ministry of Health had taken were as follows:

- WHO Accreditation of 5 Reference Laboratories: The five laboratories that had initially been identified and enrolled were University Teaching Hospital Laboratories, Ndola Central Hospital Laboratory, Maina Soko Military Hospital Laboratory, Kitwe Central Hospital and the Kalingalinga CIDRZ Laboratory.
- Development of the 2011 – 2015 National Laboratory Strategic Plan by engaging all stakeholders. This will be in tandem with other strategic plans and will feed into the health strategic plan chapter in the 6<sup>th</sup> National Development Plan.

However, while the above advances appeared good, there were some challenges particularly in terms of human resource. And to try and address the human resource

challenge as it pertained to laboratory services, the Ministry of Health had done the following:

- Increased the number of graduating staff from the various Biomedical Schools
- Introduced the retention scheme for laboratory staff
- Restructuring of National Laboratory Unit in the Ministry of Health with improved staff numbers.

Dr. Syakantu assured JICA that, with all the above advances and particularly the increase in the number of staff in the National Laboratory Unit to 4, the Project activities would be sustained.

#### **4.0 Meeting Agenda**

The program of the meeting was as follows:

1. National Anthem
2. Opening Prayer
3. Introduction of participants
4. Welcome Remarks – Dr. Gardner Syakantu
5. Speech by Permanent Secretary, Ministry of Health – Dr. Velepi Mtonga
6. Presentation on overall progress of the Project (From June 2007 to February 2010) – Dr. Gardner Syakantu
7. Presentation on the Final Evaluation – The Final Evaluation Mission Team
8. Discussion
9. Signing Ceremony for Minutes of Meeting on the Joint Evaluation Report  
Dr. Velepi Mtonga and Mr. Shiro Nabeya
10. Closing Remarks – Mr. Shiro Nabeya, Resident Representative, JICA Zambia Office

#### **5.0 Presentation of Overall Progress of the Project**

This was presented by Ms. Fales Mwamba, the Acting Deputy Director of Laboratory Services. In beginning her presentation, Ms. Mwamba alluded to the fact that the project support to MOH was anchored around quality improvements for not only HIV tests but also other tests in clinical chemistry, haematology, bacteriology, parasitology and other serological testing. She further reiterated Dr. Syakantu's statement that indeed this country was moving towards accreditation of laboratories and this required that laboratory testing was of the highest quality. Internal quality control was therefore going to play a big role in the accreditation process before other quality control measures like External Quality Assessment take effect.

Ms. Mwamba went through the background giving a brief on the project information, Project activities for the three outputs in the Project Design Matrix, and ended with Progress of the Project activities for the four indicators to the Project purpose.

#### **5.1 Progress on Output 1, 'Updated manuals and guidelines are used in all the target laboratories'**

- All the planned workshops for revision of the SOP manuals and development of the National QA guidelines have been held, and the manuals and the guidelines have been finalized.
- The IQC forms were finalized in August 2008.

- The SOP manuals were printed in May 2009.
- The National QA guidelines are currently in press.
- The Project has been monitoring the use of the SOP manuals since August 2009, but has not started monitoring the National QA guidelines yet due to the delay of its finalization.

### **5.2 Progress on Output 2, ‘Internal Laboratory Quality Assurance systems are strengthened in target laboratories’**

- The IQC Implementation Plans have been developed for each of the target laboratories save for Arthur Davison Children’s Hospital.
- The project has been providing support to the target laboratories through the supervision visits, feedback reports and phone communications.
- All the checklists were produced and revised by the Project as scheduled.
- SOP for the IQC forms were finalized in October 2009. (At first, a curriculum and materials on IQC were planned to be produced, then it was agreed that SOP of the IQC forms should be produced through the discussion with the MoH)
- The trainings were conducted in the workshop held in December 2009 with the SOP of the IQC forms. Then the Project has been following up the training in the supervision visits.
- The supervision visits to the target laboratories have been conducted as scheduled.
- Non-adherence to ethics and negative attitude to work culture affect IQC performance. Hence, a poster of Code of Ethics for laboratory personnel was developed in October 2009. The poster is currently in press.

### **5.3 Progress for Output 3, ‘QA component of ‘OPERATIONAL PLAN FOR THE NATIONAL LABORATORY’ is implemented with well-coordinated stakeholders at national level’**

- The quarterly QA sub-committee meetings have been held almost as scheduled.
- A workshop to develop the next National Laboratory Strategic Plan 2011-2015 was held and its draft has been developed. The draft is currently being circulated among the stakeholders.

### **5.4 Progress for Project Purpose, ‘National laboratory QA system for HIV/AIDS is established accordingly based on ‘OPERATIONAL PLAN FOR THE NATIONAL LABORATORY’**

- All the target laboratories submitted the first bi-annual reports by December 2009.
- The entire target laboratories save for Athur Davison Children’s Hospital and Solwezi General Hospital, conduct their tasks following the action plans being developed in the Output 2.
- Four facilities, namely Kitwe, Mansa, Kabwe and Ndola, have met the standard, which is 80% or more in both correctness and frequency of filling in the IQC forms.
- The usage of the SOP manuals has been monitored in all the target laboratories.

At the end of this presentation, the chairperson was very encouraged to note that most of the targets had been achieved. He noted that he was well aware about the problems at ADCH and that he was well informed that the situation had improved. He was also hopeful that the problems at Solwezi General Hospital would be quickly identified and addressed.

## **6.0 Report on the Terminal Evaluation of the Project by the Evaluation Team**

This was presented by the evaluation group consultant Mr. Inoue and the Assistant Resident Representative Mr. Ippei Matsuhisa.

### **6.1 Method of the Review for the Terminal Evaluation**

The overall objective of the terminal evaluation was to assess the achievement of the Project.

The specific objectives were as follows:

- To assess the progress of the Project based on the Project Design Matrix (PDM) version 3
- To evaluate the achievement level of the Project using the five criteria of evaluation namely Relevance, Effectiveness, Efficiency, Impact and Sustainability
- To identify contributing and hindering factors through analysis of collected information
- To make recommendations in order to improve implementation of the Project for the remaining period and achievement of the overall goal.

## **6.2 Evaluation Results**

### **6.2.1 Relevance of the Project**

The relevance of the Project was highly maintained at the termination of the Project due to the following reasons:

- There was consistency of the Project purpose with the Zambian health policy and with Japan/JICA's Aid policy
- There was consistency of the Project purpose with the needs of the target group that is the provincial and central reference laboratories.
- There was appropriateness of assistance procedure through modifications of assistance in light of the prioritizing of IQC over EQA. This contributed to the effectiveness as well as the efficiency of the Project.

### **6.2.2 Effectiveness of the Project**

The effectiveness of the Project was considered to be high at the time of the terminal evaluation for the following reasons:

- Most of the Project Purpose had been accomplished following the indicators such as:
  1. Adequate response to action items and follow up recommendations made at supervision visits
  2. Sufficient filling in of IQC forms
  3. Routine reference to SOP manuals in their bench work.
  4. Fundamental capacity as laboratory personnel was reinforced by the Project

- There were some contributing/inhibitory factors which were out of the Project's control which affected the effectiveness of the Project activities

### **6.2.3 Efficiency of the Project**

The efficiency of the Project was moderate at the time of the terminal evaluation due to the reasons outlined below:

- Delays in the dispatch of the Japanese long-term expert by 6 months
- Delayed progress in several Project activities (SOP manual and National QA Guidelines for example)
- Time and effort spent on the coordination process
- Collaborated with other JICA projects and Cooperating Partners.

### **6.2.4 Impact of the Project**

The following were confirmed or expected positive and/or negative impacts of the Project:

- The Project had directly assisted Ministry of Health to develop several standards such as the National Laboratory Strategic Plan 2011 – 2015, the National QA Guidelines, the SOP manuals, the IQC Forms and the Poster of the Code of Ethics.
- The Project contributed to the strengthening of capacity not only for IQC but for general testing skills through the implementation of the Project activities.
- Promotion of laboratory personnel's confidence in the test results
- Activation of national QA Subcommittee and consequent activation of related committees.
- Mind-set of laboratory personnel towards laboratory quality had favorably changed.

### **6.2.5 Sustainability of the Project**

The project activities were expected to be sustained if continued assistances are available:

- Regarding political aspects, the National Laboratory Strategic Plan includes the component of IQC therefore the activities are highly expected to be maintained.
- Regarding technical aspects, the counterparts of the Project had achieved enough level of skills and knowledge to sustain the activities after the end of the Project.
- Shortage of staff in the laboratories and lack of fund are expected to affect the sustainability.

## **6.3 Conclusions**

- The Project had successfully implemented all planned activities despite a number of challenges. The Project is, therefore, expected to achieve its outputs by the end of the period of technical cooperation
- The National QA Guidelines and the National Laboratory Strategic Plan 2011 – 2015, which were still in the final stages of development will act as the main

anchor in sustaining the accomplished Project outputs after the termination of the Project.

- The terminal evaluation had found that the prospect of achieving the Project purpose was very likely if the continuous efforts were made by the Project and its stakeholders. The Project was, therefore, expected to be completed successfully within its designed Project period.
- The evaluation had also found that it was difficult for the Project to monitor the utilization of the National QA Guidelines once printed and distributed. Thus the Project activities should be maintained by counterparts in accordance with the feasibility analysis by the end of the Project period.

### **Lessons Learnt and Recommendations**

The above were presented by the Assistant Resident Representative Mr. Ippei Matsuhisa.

#### **6.4 Lessons Learnt**

- A project that collaborates with many stakeholders should always take into account that the collaboration could affect the progress of the project activities. It was, therefore, important to allow for sufficient time to take this into consideration.
- Frequent site visits were required to implement internal quality control. Therefore, project scale which aims quality assurance should be estimated sufficiently in terms of duration.
- Input of both local consultant and Japanese experts tend to be effective and efficient especially in the highly professionalized field such as laboratory quality assurance. Local consultant can bridge the skill of Japanese experts and customize it to the local needs of the target group.

#### **6.5 Recommendations**

- The Project should continue to make efforts to disseminate the National QA Guidelines to the target laboratories by the middle of April 2010. The means of accelerating the final printing process, planning the method of dissemination, and monitoring of the Guidelines should be considered among the Project and its stakeholders.
- National Laboratory Strategic Plan 2011 – 2015 was expected to be finalized by the end of May 2010. Final endorsement by Ministry of Health was required for the finalization of the Plan.
- The Project should take necessary measures to meet the Project Purpose Indicator 3, “Eight out of ten target laboratories fill in the IQC forms correctly at the termination”
- The Project should encourage the Laboratory staff to be aware of the ethics of laboratory personnel. Therefore dissemination of sensitization material, “Code of Ethics” is expected to be accelerated within the rest of the Project period.
- Integrating other existing monitoring systems (e.g. EQA of TB) or other Cooperating partner’s projects would be desirable for the betterment of efficiency.
- The Project should seek the feasibility of integrating the IQC activities with other monitoring systems or other Cooperating Partner’s projects.

- Current Plan of Operation Version 3 should be amended to reflect the recommendations mentioned above.

## **7.0 Discussion**

Dr Syakantu thanked all the presenters and noted that the presentations were very informative in highlighting where we were and the issues to address in the remaining 2 months before the end of the Project.

### **7.0.1 Strengthening Commodity Management of Laboratory Reagents and Equipment Maintenance**

Dr. Syakantu informed the members that Government had demonstrated commitment towards the provision of laboratory reagents by having a specific budget line at the Ministry of Health.

He further informed the members that the component of preventive equipment coupled with equipment break downs were embedded in the reagent cost at procurement. Therefore, the issues of prolonged breakdowns need not arise.

### **7.0.2 Human Resource in the Laboratory Health Sector**

As this was alluded to earlier, Dr. Syakantu briefly touched on it by stating that Ministry of Health was moving towards incorporating retention packages for laboratory staff as earlier alluded to in the opening remarks.

### **7.0.3 Technical Support and Supervision**

Dr. Syakantu stated that the issue of technical support supervision was so critical that it could not be overemphasized. However, he noted that, for this aspect to be efficient, there was need to decentralize in line with the decentralization policy which this Government had committed to. The national level could not be expected to efficiently supervise, that was why it was important to engage the provincial level in strengthening their capacity.

### **7.0.4 Medical Equipment and Contractual Obligations**

This was highlighted by Mr. Nabeya, the JICA Resident Representative who first noted that the issues of lack of laboratory reagents had been corrected in the pre-JCC meeting held on March 4<sup>th</sup>, where it was stated that lack of laboratory reagents was mainly occurring at the facility level and not at the central level. It was mainly a function of the logistics system instead of the financial problem although it was noted that this function had been improved in recent years.

He wanted to find out if Ministry of Health signed contracts or MoUs with equipment vendors on the issue of maintenance of equipment.

In response Ms Fales Mwamba noted that firstly the issues of commodity management of laboratory reagents had tremendously improved and that the challenges being highlighted were mainly at facility level. Thus the Ministry was encouraging the facilities to use new laboratory logistics.

She also informed the members that Ministry of Health signed contracts for maintenance and break downs for major equipment. However, she also informed the members that there were no MoUs signed for the small equipments like centrifuges and that it was up to



the Ministry of Health to maintain. She further informed the members that Biomedical Engineers at the provinces were supposed to provide maintenance to the small equipment.

#### **7.0.5 Integration of Vertical Programs**

Dr. Inoue, The evaluation consultant, wanted to find out whether integrating vertical programs like the TB or Malaria program with IQC supervision was actually feasible. This was one of the recommendations by the evaluation team when addressing the aspect of sustainability of the program.

Ms. Mwamba stated that the Ministry of Health supervision encompasses all diseases and not specific areas.

Dr. Syakantu continued to state that parallel funds should be utilized for integration over programmes and the Ministry should consider this.

#### **7.0.6. Equipment Breakdowns, Supply of Reagents, Human Resource and Presence of the Laboratories**

These were highlighted by Dr. Victor Mudenda, the Director of Laboratory Services at the University Teaching Hospital, as major sources of concern as they continue to occur even when Ministry was saying the contrary. The highlights included as follows.

- Quality results were important for the laboratories.
- Regarding reagents and equipment maintenance, there were still many challenges to be addressed in the laboratories.
- Regarding human resources, the Scientific Group was suffering from shortage of staff, therefore they could not provide proper maintenance to the equipment.
- Biomedical Engineers at the provinces would not be able to repair all the equipment and thus it was necessary to specify which equipment the Biomedical Engineers should be in charge of.
- Right from pre-service schools, IQC should not be regarded as an additional incentive for doing work.
- Good presentation of good testing results is essential for QA awareness, however this was unfortunately very poor at the moment. Hence, the Ministry should address the presentation and the reputation of the laboratories.

Ms. Kinkese stated that, regarding quality results, laboratory registers had been drafted and distributed to some selected laboratories. She continued that UTH was one of the pilot sites for the registers and feedback was supposed to be sent back by May 2010. She also stated that strengthening of manual documentation was planned to be implemented first, followed by computerized electrical systems.

From the Project experience through the supervisions, Dr. Muyanga stated as follows:

- Some of the laboratory staff were not confident enough in their work.
- In some of the target laboratories, communication between the laboratory staff and other medical personnel was inadequate due to their passive attitude such as non-attendance to the regular hospital meetings.
- This passive attitude affected the presence of the laboratories in their hospitals and also affected trust on the laboratories from the other medical staff. (e.g. In Ndola, the clinicians ignored the testing results.)

- This was one of the biggest challenges which the Project had been addressing.

#### **7.0.7 Feedback and Follow Up by MOH**

Dr. Muyanga wanted to find out on the central mechanism that existed for follow up action on any concerns highlighted by partners during supervision visits. It was noted that the response from MOH was either non-existent or too slow in terms of follow up.

In response, Ms Mwamba indicated that Ministry of Health does follow up like the issues at ADCH which were mainly a management issue. She also informed the members that the issues at Solwezi General Hospital were also being followed up by the Ministry.

#### **7.0.8 Challenges on corrective actions**

Mr. Kabalanyana stated that expansion of documentation was important for IQC, especially for clinical chemistry. He also stated that there were two main errors regarding accuracy of the results, one was random errors which were relatively easy to pick, and the other was biases which were difficult to find out and these biases were very big problems to be addressed.

#### **7.0.9 Any Other Business**

Mr. Nabeya briefly introduced a new project, named Health Capital Investment Support Project which would be kicking off soon and supporting to establish a maintenance system of hospital equipment in Eastern and Western Provinces and UTH.

Mr. Matsuhisa informed the members that some experts had been dispatched to the new project.

Dr. Mudenda suggested that Zambian staff of the Project should hold their own meeting to discuss on the issues coming up from the terminal evaluation.

### **8.0 Closing Remarks**

The closing remarks were given by Mr. Shiro Nabeya, Resident Representative of JICA Zambia

In his closing remarks, Mr. Nabeya assured the members that the Government of Japan would continue to render support to Zambia's efforts to overcome HIV and AIDS and other diseases through the implementation of technical cooperation projects.

He also mentioned that this meeting was a key to confirm the progress and the achievements that the project had done since June 2007 and it had enabled us to find the right direction to achieve our goals before and also after the completion of the project, based on the national laboratory strategic plan.

He was very hopeful that all the laboratories would lead to the accomplishment of the realistic goals and outputs for sustainable quality laboratory services in Zambia.

### **9.0 Signing Ceremony**

The signing ceremony was postponed to allow for members to go through the evaluation report and provide necessary feedback.

In closing the meeting Dr. Syakantu stated that on behalf of the Permanent Secretary, Dr. Velepi Mtonga, the Government of the Republic of Zambia was very appreciative of the continued assistance that the Japanese Government rendered to the country. He further mentioned that the Ministry of Health will do its best in sustaining the Project activities and work on the highlighted areas of concern.

Dr. Syakantu thanked JICA for this very important Project and all the staff that were directly or indirectly working with the Project.

There being no other business, the meeting ended at 12:20 hours.

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CHAIRPERSON  
**Ministry of Health**

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SECRETARY  
**JICA**