



Community Systems for Child Health in Rural Zambia

PROJECT DATES

October 2009 – September 2014

PROJECT BUDGET

USAID contribution: \$1,750,000

Save the Children contribution: \$583,275

LOCATION

Lufwanyama District,
Copperbelt Province, Zambia

CONTEXT

Lufwanyama District's rural location and shortage of government health facilities meant low access for health services and failures to seek medical attention at the onset of warning signs. In 2010, only 36 percent of women who gave birth in the district delivered with skilled birth attendants; only one in four newborns (27 percent) received a postnatal care visit within 2 days after birth. Moreover, only 11 percent of children with suspected malaria received an effective antimalarial within 24 hours of the onset of fever, and no children under 5 years received zinc to treat diarrhea. LINCHPIN supported Zambian government policy to improve utilization of newborn and child health services by bringing healthcare as close to the family as possible. (Data source: Project baseline survey)



Lufwanyama District by Rarelibra, adapted by Himalayan Explorer (via Wikimedia Commons)

BENEFICIARY POPULATION

Total population in the project area: 85,033

18,537 women of reproductive age (15–49 years)

15,136 children under 5 (0–59 months)

PROJECT AT A GLANCE

	Maternal	Newborn	Child
Household	✓	✓	✓
Community	✓	✓	✓
Facility	✓	✓	✓
District	✓	✓	✓
National	✓	✓	✓

Project Approach

The Lufwanyama Neonatal and Child Health (LINCHPIN) project targeted newborn and child health by strengthening the network of community-based providers in a rural district of Zambia, including volunteer community health workers (CHWs) and traditional birth attendants (TBAs) engaged in new roles. LINCHPIN also built the capacity of an established community-based structure, the Neighborhood Health Committee, to improve quality of and demand for maternal, newborn, and child health services.

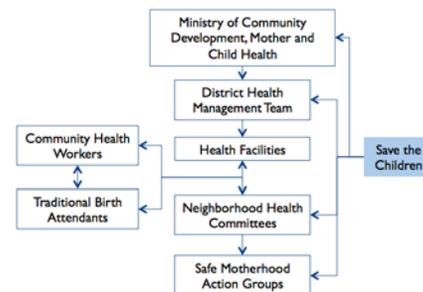
The project focused on improving case management of pneumonia, malaria, and diarrheal diseases and promoted the use of essential newborn and postnatal care. To do this required improving the skills and coordination of TBAs, CHWs, safe motherhood action groups, and neighborhood health committees. The central project innovation was the teaming of TBAs and CHWs to work together and create a more seamless transition from care for the mother and newborn, provided by the TBA during pregnancy and the postnatal period, to integrated community case management (iCCM), which is provided by the CHWs starting when the infant reaches 2 months of age.

DESIRED OUTCOME	MAIN ACTIVITIES AND SELECTED OUTPUTS
Increase quality of newborn and child health services through iCCM	<ul style="list-style-type: none"> ✓ 102 CHWs trained in iCCM ✓ Bicycles and supplies provided for CHWs
Improve community-based care	<ul style="list-style-type: none"> ✓ Training materials for newborn health and essential newborn care developed ✓ 111 TBAs trained in community-based newborn care
Enhance the enabling environment for newborn and child health interventions through community mobilization	<ul style="list-style-type: none"> ✓ 118 neighborhood health committees trained in community action planning ✓ 87 safe motherhood action groups established and implementing action plans ✓ CHW/TBA teaming model and training materials developed ✓ 47 CHW/TBA teams trained

Partnerships

LINCHPIN operated through Ministry of Community Development, Mother and Child Health structures, with the goal of incorporating activities into routine programming for the longer term. Save the Children worked with national policymakers and the Lufwanyama District Health

Management Team to develop intervention strategies and training materials and provide ongoing support and supervision to CHWs and TBAs, including facilitating the innovative CHW/TBA teaming approach. Neighborhood health committees were highly engaged to support the CHW/TBA teaming approach. The committees were trained in community mobilization using the Community Action Cycle, and safe motherhood action groups were coached in social and behavior change messaging for newborn and child health.



COMMUNITY SYSTEMS FOR CHILD HEALTH IN RURAL ZAMBIA

A Promising and Locally Accepted Model

Teaming is an effective and locally accepted model for ensuring continuity between care the TBA provides during pregnancy and the postnatal period to iCCM the CHW provides for children from 2 months of age. To further test the model's promise for scale-up, Save the Children has secured private funding to replicate the approach in a neighboring district. In the longer term, it will be important to address CHWs' varied geographic distribution and high attrition rate to ensure adequate reach for community-based services.

Key Findings

The project evaluation used data from knowledge, practice, and coverage surveys carried out with caregivers of children under 2 years at baseline (2010; n=465) and endline (2014; n=544), as well as site visits to health centers, in-depth stakeholder interviews, and reviews of community registers, reports, and other materials.

- iCCM Services and Coverage.** The project worked through existing systems (e.g., for CHW selection) and in collaboration with district-level personnel to engage community-based providers. This approach led to improved treatment of childhood illness and improved coverage for maternal and newborn care (Figures 1 and 2). Data suggest that CHWs and TBAs are able to assess, treat, and refer women, newborns, and children; make home visits and re-stocking visits; and use registers appropriately.
- Participatory Planning.** Neighborhood health committees implemented community action plans using participatory methods, including improving emergency transport and health facility functioning, conducting health education, and supporting CHWs and TBAs. Strong community mobilization and reinforced capacity are reported to have increased demand for newborn and child health services.

- Innovative Partnerships.** Operations research suggests that CHW/TBA teaming is associated with increased use of high-impact services and practices. Teams are accepted by communities, and the approach shows promise for scale-up.

Lessons Learned

- Steps toward Sustainability.** Although district capacity to finance and sustain project activities (e.g., joint supervision, CHW/TBA training, and data collection) is limited at present, Save the Children has received three years of private funding to consolidate project successes and address gaps by replicating the approach in a neighboring district.
- Quality Monitoring.** CHWs and TBAs improved coverage and service usage with LINCHPIN support, but data is lacking on quality of care, including at first-level and referral facilities. The project did support the district with routine CHW and TBA supervision. Regular review of quality of clinical care by district supervisors would be an ideal approach, given sufficient resources to do so.
- Supply Chain.** Availability of essential medicines is an ongoing national and district-level challenge. Despite reported improvements during the project, stock-outs are common, notably for zinc and oral rehydration solution. Continued attention is needed from ministries and national and international partners so CHWs have adequate supplies.

Contact for More Information

Save the Children | savethechildren.org
 501 King's Highway East, Fairfield, CT 06880
 203-221-4000 | kwaltensperger@savechildren.org

Figure 1. iCCM for Children in Lufwanyama

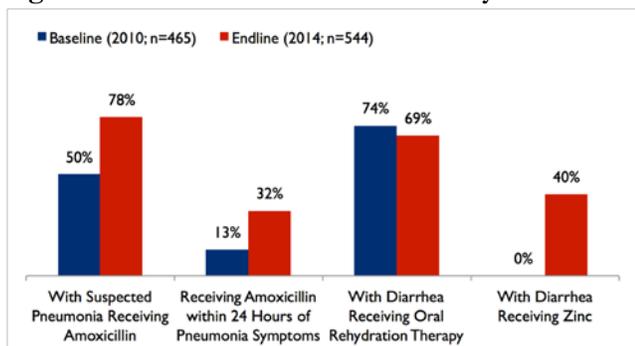
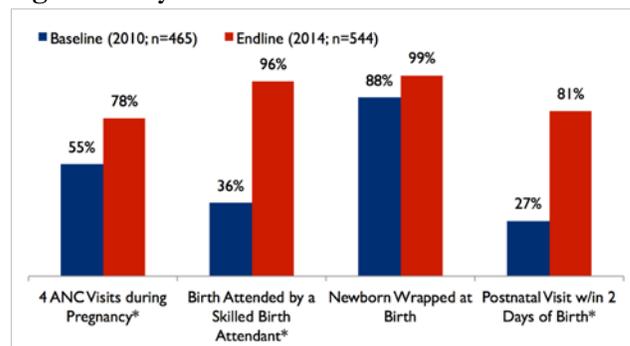


Figure 2. Key Maternal and Infant Services



* indicates statistical significance at $p < 0.05$

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