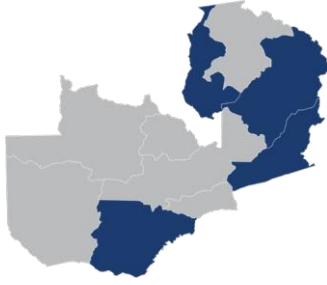


# Zambia PY4 Summary & Results



**Geographic Implementation Areas**

*Provinces*

- 4/10 (40%)—Eastern, Luapula, Muchinga, Southern

*Districts*

- 42/110 (40%)—14 in Eastern Province, 11 in Luapula Province, 9 in Muchinga Province, 13 in Southern Province

**Population**

*Zambia*


- 18 million

*MCSP-supported areas*

- 6,034,855

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**Technical Areas**



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**Program Dates**  
January 1, 2017–March 31, 2019

**Cumulative Spending through End of PY4**  
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**Demographic and Health Indicators**

Indicator	# or %
MMR (per 100,000 live births) <sup>[1]</sup>	398
U5MR (per 1,000 live births) <sup>[1]</sup>	75
IMR (per 1,000 live births) <sup>[1]</sup>	45
HIV prevalence (adults 15–49 years) <sup>[1]</sup>	13.3%
Adult mortality rate (per 1,000 population) <sup>[1]</sup>	24
Malaria incidence (per 1,000 population) <sup>[1]</sup>	394

Source: <sup>[1]</sup> National Health Strategic Plan (NHSP), 2017–2021.

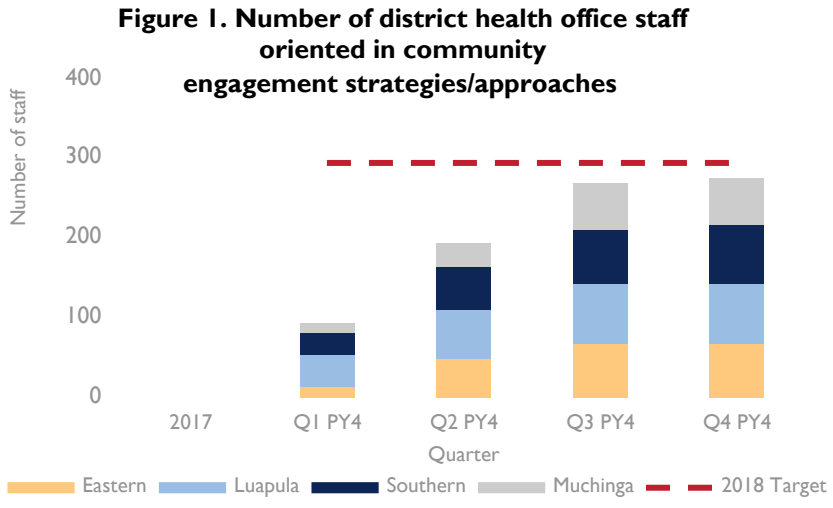
**Strategic Objectives**

- Provide demand-driven technical assistance for sustainable scale-up of RMNCAH&N interventions.
- Develop institutional collaboration to increase local capacity in RMNCAH&N.
- Develop eLearning training courses for the Government of the Republic of Zambia/MOH to strengthen service delivery.

**Key Accomplishment Highlights**

- Provided technical assistance during the review of 2018 Continuum of Care plans and during the development and review of 2019 Continuum of Care plans.
- Provided technical support to 34 health care facilities to introduce the levonorgestrel intrauterine system in the public health sector, resulting in more than 250 clients accessing this hormonal intrauterine device. Consequently, the uptake of contraceptive services has increased; more than 200,000 new clients have adopted modern contraceptive methods.
- Supported district health office teams in strengthening their approach to community engagement, resulting in 404 district health office staff and 558 health care workers at the health facility level being able to apply sound community engagement approaches in 43 districts in four provinces.

**Figure I. Number of district health office staff oriented in community engagement strategies/approaches**



Quarter	Eastern	Luapula	Southern	Muchinga	Total	2018 Target
2017	0	0	0	0	0	290
Q1 PY4	10	20	30	10	70	290
Q2 PY4	40	50	60	20	170	290
Q3 PY4	60	80	70	40	250	290
Q4 PY4	60	80	70	50	260	290

# Zambia Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition

## Key Accomplishments

MCSP provides technical assistance to the Government of Zambia to help it build the capacity of districts to better plan and budget for RMNCAH&N programs. MCSP's technical support has improved evidence-based program planning in 42 districts across four provinces, with the potential to improve the health outcomes of 6.2 million people. Districts and implementing partners of the multi-donor-funded Continuum of Care RMNCAH&N program are now better equipped to conduct annual work planning and budgeting for high-impact health activities that are responsive to community needs. The MOH's annual work planning process has been strengthened at all levels of the health system, ensuring the Government of Zambia's ability to plan, fund, and manage its continued progress toward its national health priorities.

### *Support to Districts for 2019 Continuum of Care Planning*

MCSP provided technical assistance to districts to prioritize appropriate, targeted, evidence-based, high-impact RMNCAH&N interventions during the 2019 Continuum of Care planning cycle. Before planning, MCSP supported the districts in reviewing and analyzing performance across key RMNCAH&N indicators to determine root causes of poor coverage and quality within RMNCAH&N services and to prioritize interventions and improve approaches to address those root causes. MCSP worked closely with all districts in the four supported provinces, using a participatory bottleneck analysis planning process, to make recommendations for the most appropriate high-impact interventions that respond to the needs of each district, based on their performance and informed by MOH tools like service quality assessments and dashboards, mentorship dashboards, and district scorecards.

### *Demand-Driven Technical Assistance and Implementation of 2018 District Continuum of Care Plans*

MCSP conducted monthly visits to districts and attended provincial integrated management meetings to identify gaps, make recommendations, and monitor and coordinate activity implementation to improve MNCH outcomes. These meetings provided an opportunity for MCSP to identify areas requiring technical assistance that would be context-specific and responsive to each district's needs. MCSP provided technical support through multiple avenues, including provincial and district integrated meetings, maternal and perinatal death surveillance and response meetings, planning meetings, and other opportunities as they arose.

### *Quality Assessment and Improvement*

MCSP conducted service quality assessments to inform improvements to the quality of RMNCAH&N in the supported districts. During these assessments, MCSP saw an opportunity to strengthen the capacity of districts teams to use MOH quality assurance tools, mentorship and service quality assessment tools, and dashboards. Use of these tools has strengthened districts' and facilities' capacity to recognize areas that need strengthening, identify solutions, and inform planning. In the provincial meetings, MCSP shared how certain districts had used service quality assessment for planning a response to poorly performing indicators. Districts that had not incorporated this type of assessment in their plans then requested orientation by MCSP.

MCSP oriented district and provincial staff on updated global and national clinical guidelines—for example, the 2016 WHO ANC recommendations and the national maternal and neonatal referral guidelines—to ensure that districts were providing services according to the most recent global standards. MCSP also facilitated the development of QI projects in child health and immunization in three districts and supported district health office teams in providing ongoing clinical and QI mentorship to strengthen provider skills in providing high-quality RMNCAH&N services.

## *Data for Decision-Making*

MCSP conducted monthly data reviews to identify gaps in the quality, completeness, and accuracy of DHIS2 data and supported 12 districts in conducting data quality assessments. MCSP built the capacity of 22 districts and 16 facilities in using new HMIS reporting and register tools, training 389 staff on data use initiatives like use of facility dashboards and registers and use of reporting tools to improve the quality of data captured. MCSP supported the introduction of MNCH community registers to help facilities plan, execute, and monitor community engagement activities and supported consistent use of maternal death audit forms to inform technical assistance and mentorship needs. MCSP used HMIS data and a bottleneck analysis to select high-impact interventions to include in the 2019 Continuum of Care plans.

## *MOH Leadership and Coordination*

This year, MCSP supported the provinces by advocating for key RMNCAH&N commodities and supplies—including job aids, registers and partographs/client records, delivery kits, scales and growth monitoring equipment, resuscitation equipment, and essential medicines—in all facilities. MCSP also organized and/or strengthened provincial-level TWGs—for adolescent, safe motherhood, and health promotion—to support coordination and best practice sharing, and participated in national-level TWGs on community health, IMCI, and EPI. The provincial-level TWGs are a strong coordination mechanism for the districts. MCSP also supported the formation of 24 district health promotion teams and engaged traditional leaders in strengthening the coordination of health promotion and social behavior change activities.

## *Improvement of Health Care Worker Knowledge and Skills*

MCSP developed the course content for four eLearning courses—ANC, integrated HIV, integrated management of acute malnutrition, and maternal, infant, and young child nutrition—and will hand over the course to the MOH for rollout and dissemination. MCSP also rolled out an electronic training on IMCI/EPI for 141 health workers in the four provinces; 56 have already completed the course, of which 17 are general mentors. To strengthen health information and services for young people, MCSP provided technical assistance to 10 district health offices, which resulted in capacity-building of more than 100 health care workers who then trained additional health care workers in adolescent health. Other training completed this year included:

- Mentorship training for district health office staff, which led to the establishment of 23 multidisciplinary district mentorship teams and mentoring of 287 health care workers
- Training of 16 clinical nutrition mentors who are now part of the district mentorship teams
- Training on FP/long-acting reversible contraceptives at 20 study sites for the levonorgestrel intrauterine system

## *Adolescent Health*

MCSP provided technical assistance in adolescent health programming in four target provinces through orientations and mentorship activities to strengthen districts' abilities to include high-impact health interventions in their annual plans. As a result, 16 districts set up adolescent health TWGs as a coordination mechanism for adolescent health programming. MCSP assisted 10 district health offices with integrating adolescent sexual and reproductive health into capacity-building activities they conducted with more than 100 health care workers, to promote high-impact interventions that align with the MOH's adolescent health strategy. These include increasing awareness and utilization of available health services to promote healthy living, ensuring the availability of adolescent health services in all districts, and strengthening the leadership and governance of an adolescent-responsive health system.

## Improvement of Community Engagement Approaches for Increased Access to Services

MCSP supported district health office teams in strengthening their approach to community engagement by facilitating the formation, revitalization, and strengthening of provincial, district, and community engagement structures for improved RMNCAH&N services and accountability. A total of 404 health care workers at the district level and 558 health care workers at the facility level (in all 43 districts in four provinces) were trained to apply sound community engagement approaches. The training included orientation on neighborhood health committee revitalization processes, quality assurance tools such as QI, community health mentorship and service quality assessment, and interpretation of maternal and child health data to inform the implementation of appropriate community-level interventions. This orientation was done through group meetings at district health offices and facilities, participation in key meetings, such as provincial integrated management meetings and district data review meetings, and maternal and perinatal death surveillance and response across all the four target provinces. The orientations have improved facilities' capacity to plan, execute, and monitor community engagement/social behavior change activities as observed in the 2019 Continuum of Care plans. Compared to the 2018 plans, the 2019 plans now have stronger interventions for community engagement, including profiling and revitalizing community-based volunteer structures along the continuum of care, better engagement of key community gatekeepers in MNCH programs, and stronger stakeholder involvement in community health in 23 districts where MCSP facilitated the formation of district health promotion teams.

### Institutional Collaboration

MCSP facilitated collaboration and capacity building efforts between General Nursing Council of Zambia and Nursing Council of Kenya to support the General Nursing Council's plan to decentralize continuing professional development, and supported the General Nursing Council's self-assessment to areas of support needed from Nursing Council of Kenya.

### Way Forward

In PY5, MCSP will work closely with Continuum of Care partners to ensure that the 2019 district Continuum of Care plans are approved and implemented successfully. Once the plans are approved, MCSP will work closely with districts to schedule and prepare to implement the high-impact interventions in the 2019 plans when funds are disbursed. Looking toward closeout in the middle of PY5, MCSP will ensure documentation and dissemination of the learning related to implementation of the technical assistance model to inform future programs. An assessment of the acceptability, level of influence, and results of this technical assistance model—one that supports an existing government-to-government mechanism—will be completed, and the key learning from this study will be shared at project closeout. Finally, MCSP will focus on a successful transition of program activities to the MOH for the sustainability of interventions and approaches.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number of pregnant women who received an ANC visit in the first trimester	66,460 (target: 70,795, 94% achieved)
Number of pregnant women who attended four or more ANC visits	115,834 (target: 135,849, 85% achieved)
Number of women who received a postnatal care visit within 6 days of birth	152,317 (target: 183,254, 83% achieved)
Number of children 12–23 months who are fully immunized	104,867 (target: 166,357, 63% achieved)
Couple-years of protection in MCSP-supported provinces	404,847 (target: 667,174, 61% achieved)

<b>Selected Performance Indicators for PY4</b>	
<b>MCSP Global or Country PMP Indicators</b>	<b>Achievement</b>
Number of districts with plans reflecting evidence-based, targeted RMNCAH&N priorities	42 (target: 42, 100% achieved)
Number of mentors trained on mentorship skills	152 (target: 200, 76% achieved)
Number of health care workers trained/mentored on data use initiatives	389 (target: 400, 97% achieved)
Number of districts with active adolescent health TWGs	29 (target: 34, 85% achieved)
Number of eLearning courses developed	4 (target: 4, 100% achieved)
Number of district health office staff oriented in community engagement strategies/approaches	274 (target: 294, 93% achieved)
Number of district health offices with district health promotion team representatives, which include private-sector and civil society organization partners	24 (target: 26, 92% achieved)