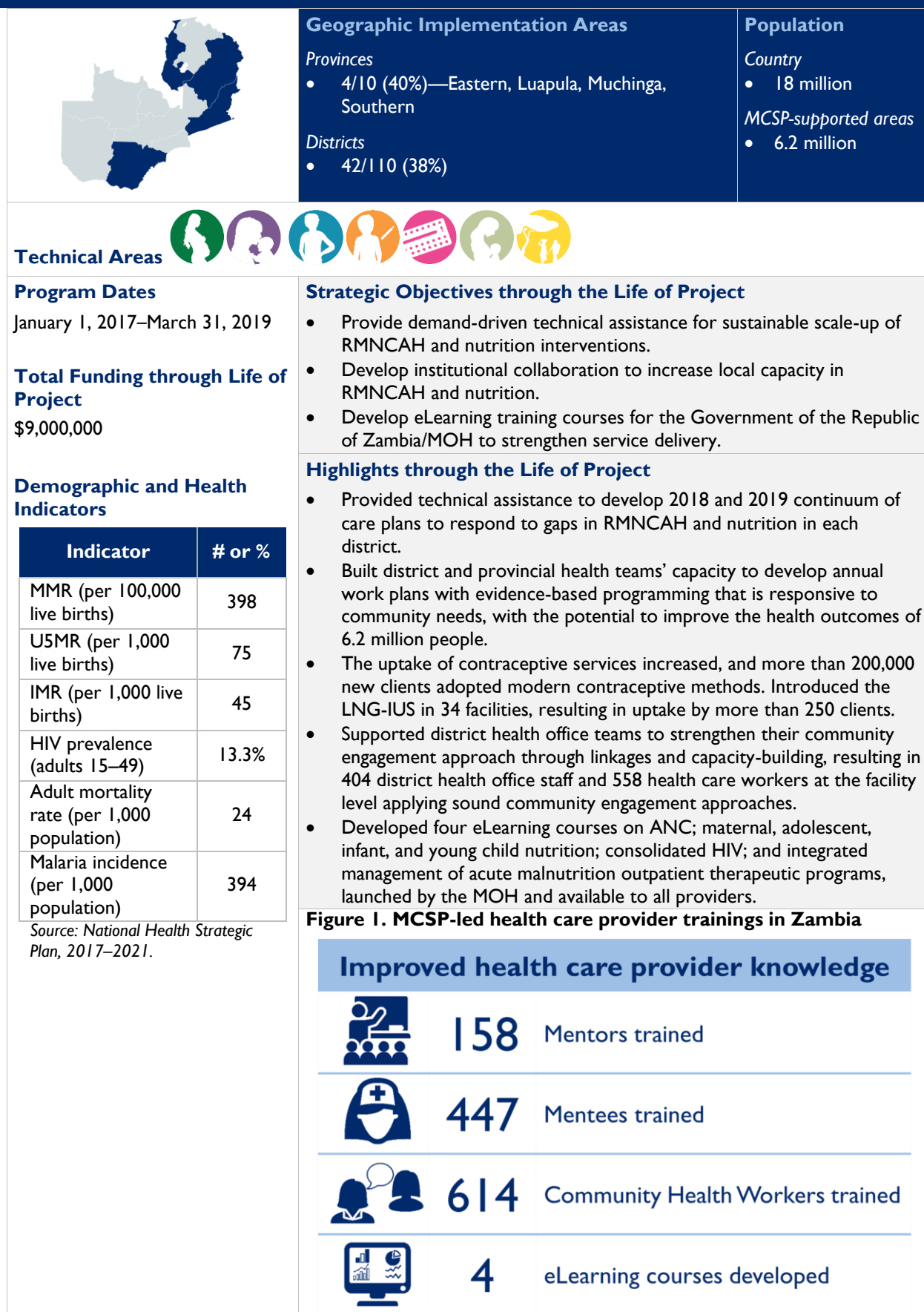


Zambia RMNCAH and Nutrition

EOP Summary & Results

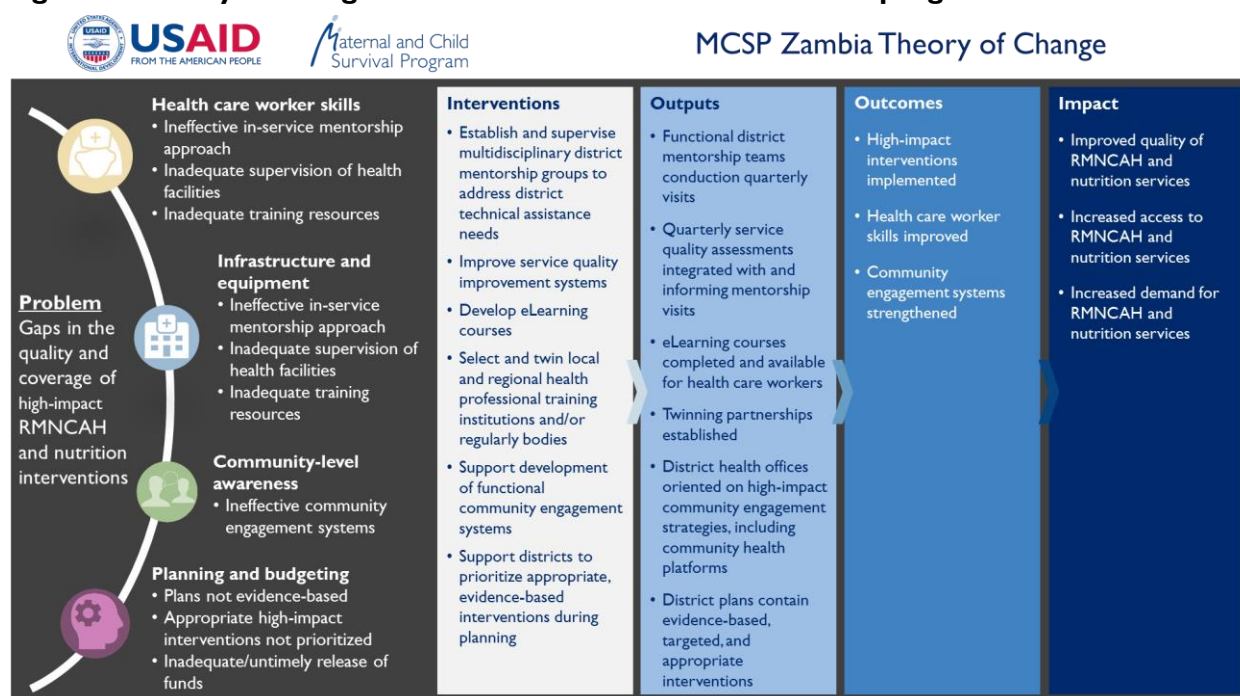


Zambia—Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition

Background

Although Zambia has seen improvements in MNH indicators over the past three decades—from 2001 to 2018, the MMR reduced from 729 to 252 per 100,000 live births, and from 1992 to 2018, infant mortality rate decreased from 107 to 42 per 1,000 live births—Zambia did not reach still is behind on reaching the Millennium Development Goal targets and has seen progress toward the Sustainable Development Goals stagnate in recent years. Neonatal mortality, which declined from 34 to 27 per 1,000 live births from 2007 to 2018, has stagnated at an unacceptably high rate and accounts for half of infant deaths. To further improve RMNCAH indicators, the Government of the Republic of Zambia developed a 5-year National Health Strategic Plan (2017–2021). The plan identifies the primary challenges to improvements in RMNCH outcomes, including inadequate quality assurance systems, community involvement, service delivery infrastructure, equipment, transport, communication facilities, and a low-skilled provider-to-population ratio. The plan also instituted the RMNCAH and nutrition continuum of care program, which is supported by partners including USAID and the Swedish International Development Cooperation Agency through a government-to-government grant. In 2017, USAID Zambia invited MCSP to provide technical assistance to RMNCAH and nutrition continuum of care through district health offices in four provinces (Eastern, Southern, Luapula, and Muchinga) to implement evidence-based, high-impact interventions under the RMNCAH and nutrition continuum of care program and the RMNCAH and nutrition district health office (see Figure 2 for MCSP’s theory of change in Zambia).

Figure 2. Theory of change for MCSP’s RMNCAH and nutrition program in Zambia



Key Accomplishments

MCSP contributed to the Government of the Republic of Zambia-led continuum of care program’s goal and objectives by providing demand-driven technical assistance for sustainable scale-up of RMNCAH and nutrition interventions. MCSP also fostered institutional collaboration to increase local RMNCAH and nutrition capacity by working closely with the central MOH and USAID to develop a key partnership between the General Nursing Council of Zambia and the Nursing Council of Kenya to decentralize the General Nursing Council of Zambia’s continuing professional development program. Finally, MCSP, in

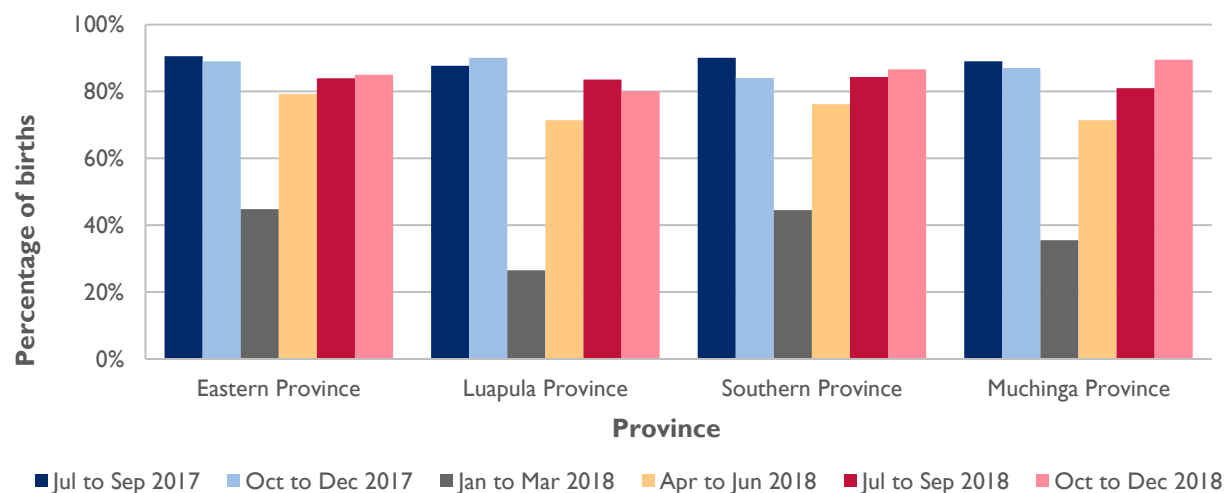
conjunction with the MOH, developed eLearning training courses to strengthen service delivery by enhancing knowledge and skills, better enabling providers to deliver high-quality RMNCAH and nutrition services.

Provided Demand-Driven Technical Assistance

MCSP provided technical assistance to the Government of the Republic of Zambia to build districts' capacity to plan and budget for RMNCAH and nutrition programs. MCSP's technical support improved evidence-based program planning in 42 districts across four provinces, with the potential to improve health outcomes for 6.2 million people. Continuum of care program districts are now better equipped to plan and budget for high-impact RMNCAH and nutrition activities that are responsive to community needs. MCSP initiated support to district health offices during 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, monitor and coordinate activity implementation, and identify areas requiring technical assistance based on each district's needs. Results of the demand-driven technical assistance include:

- **Adolescent health:** MCSP supported the implementation of the Zambia MOH Adolescent Health Strategy (2017–2021), including supporting provinces and districts to establish adolescent health TWGs in 16 districts and supporting a health care worker orientation on adolescent sexual and reproductive health. MCSP assisted 10 district health offices to integrate adolescent sexual and reproductive health into capacity-building activities conducted with more than 100 health care workers to promote high-impact interventions that align with the MOH's adolescent health strategy.
- **Child health and immunization:** MCSP strengthened the technical capacity of health care workers and mentors in case management and immunization service delivery by utilizing the WHO EPI-IMCI electronic course in supported districts. District mentors and health care workers used knowledge from the course to improve their care for sick children and reach more children with timely, lifesaving vaccines. MCSP also provided technical support to districts in the four coverage provinces on RED/REC microplanning and the use of the outreach post-matrix to increase immunization coverage, resulting in, for example, an increase in the percentage of fully immunized children from 79.5% in 2017 to 87% in 2018 in Muchinga Province.
- **Community engagement:** MCSP strengthened provincial and district MOH health systems' capacity to apply high-impact community engagement and demand creation strategies for improved RMNCAH and nutrition by linking government and community health systems. MCSP built the capacity of 293 district-level health care workers and 568 facility-level health care workers to improve community engagement abilities. MCSP also built community groups' (neighborhood health committees, faith-based groups, Safe Motherhood Action Groups, and traditional leadership) capacity to explore, plan, implement and monitor RMNCAH and nutrition preventive and promotional activities, including mobilizing human and financial resources, through collaboration with established government-mandated district health promotion teams. MCSP strengthened stakeholder involvement in community health in 24 out of 26 districts through collaboration with the district health promotion teams.
- **Maternal health:** To improve attendance at the first ANC visit within the first trimester, MCSP provided technical support to integrate ANC with other services during outreach activities. In addition, community-based volunteers and health care workers were mentored in how to generate demand for ANC services. The program increased the percentage of women attending at least four ANC visits from 18% in 2017 to 26% in 2018. More specifically, one province, Eastern Province, saw an increase in the percentage of pregnant women attending at least four ANC visits, from 47% in quarter 3 of 2017 to 62% in quarter 3 of 2018.
- **Nutrition:** MCSP provided technical assistance to districts and health providers to build capacity in providing maternal, adolescent, infant, and young child nutrition assessments and counseling, including strengthening integration of nutrition into ANC. This resulted in sustained high levels of early initiation of breastfeeding within 1 hour of birth across the four priority provinces (see Figure 3). The only exception to the high levels of early initiation of breastfeeding occurred from January to March 2018, when MCSP introduced new data collection tools, leading to a reporting disruption as documents were distributed to facilities and providers were oriented on the tools.

Figure 3. Breastfeeding initiated within 1 hour of birth



Supported Districts in 2019 Continuum of Care Planning

The MOH's annual work planning process was strengthened at all levels of the health system, ensuring the Government of the Republic of Zambia's ability to plan, fund, and manage continued progress toward its national health priorities. MCSP provided technical assistance to districts to prioritize appropriate, targeted, evidence-based, high-impact RMNCAH and nutrition interventions during the 2019 continuum of care planning cycle. Through this support, MCSP enabled the districts to annually use participatory bottleneck analysis planning process to review and analyze key RMNCAH and nutrition indicator performance, determine root causes of poor coverage and quality, prioritize interventions, and recommend the most appropriate high-impact interventions to respond to the needs of each district.

Built Capacity to Use 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 trained 389 staff in 22 districts and 16 facilities on new HMIS reporting and register tools and on data use initiatives, such as use of facility dashboards, registers, and reporting tools to improve data quality. MCSP supported the introduction of RMNCH 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 mentored 86 district-level staff in the revised HMIS tools and disseminated and distributed these tools to 34 districts. This support improved the timeliness of DHIS2 data from 11% in the first quarter of 2018 to 74% in the last quarter of 2018 in the four provinces.

Improved Health Care Worker Knowledge

MCSP developed four eLearning courses on consolidated HIV care; ANC; maternal, adolescent, infant, and young child nutrition; and integrated management of acute malnutrition outpatient therapeutic programs. Based off of existing MOH in-service training packages and guidelines, content was reviewed and updated by subject matter experts and built around key learning objectives to establish learner core competencies. Subject matter experts, instructional designers, and eLearning designers collaborated on an iterative process of reviewing and finalizing content and eLearning package development. At the close of the program, MCSP handed the four courses over to the MOH, which will host, promote, and maintain them for use by all health care providers. The permanent secretary of technical services at the MOH launched the four eLearning courses on March 20, 2019, and released a letter encouraging all health care workers "to undertake these eLearning courses as part of their continuing professional development. ... eLearning will ensure providers learn at their own pace, time, place, and convenience, and most importantly, that they are not taken away from their patients/clients as compared to conventional group based training. ... We want to promote

innovative approaches to learning ... especially the use of technology, which is in support of the ministry's eHealth and Smart Zambia strategies."

Facilitated Institutional Collaboration

MCSP facilitated collaboration and capacity-building efforts between the General Nursing Council of Zambia and the Nursing Council of Kenya to support the General Nursing Council of Zambia's decentralization of continuing professional development in response to the MOH's request to build local technical and leadership capacity to improve RMNCAH and nutrition outcomes beyond the life of MCSP through relationships with regional institutions. The General Nursing Council of Zambia regulates nursing and midwifery practice in the country and, after an MCSP-supported self-assessment, indicated a need to strengthen decentralization of its continuing professional development program to bring licensing and mentorship closer to nurses and midwives across the country. MCSP identified the Nursing Council of Kenya, which recently successfully decentralized its services to the subnational level in Kenya as an appropriate regional institution to support the General Nursing Council of Zambia's effort. Through these efforts, MCSP facilitated the capacity-building efforts between the two institutions and ensured that the General Nursing Council of Zambia is able to support continued efforts for decentralization of continuing professional development past MCSP.

Recommendations for the Future

MCSP worked closely with the MOH and continuum of care partners to build districts' capacity to plan for and implement high-impact RMNCAH and nutrition interventions. MCSP's provision of demand-driven technical assistance ensured self-reliance and an ability to provide quality services following the program. To sustain gains made to date, MCSP recommends:

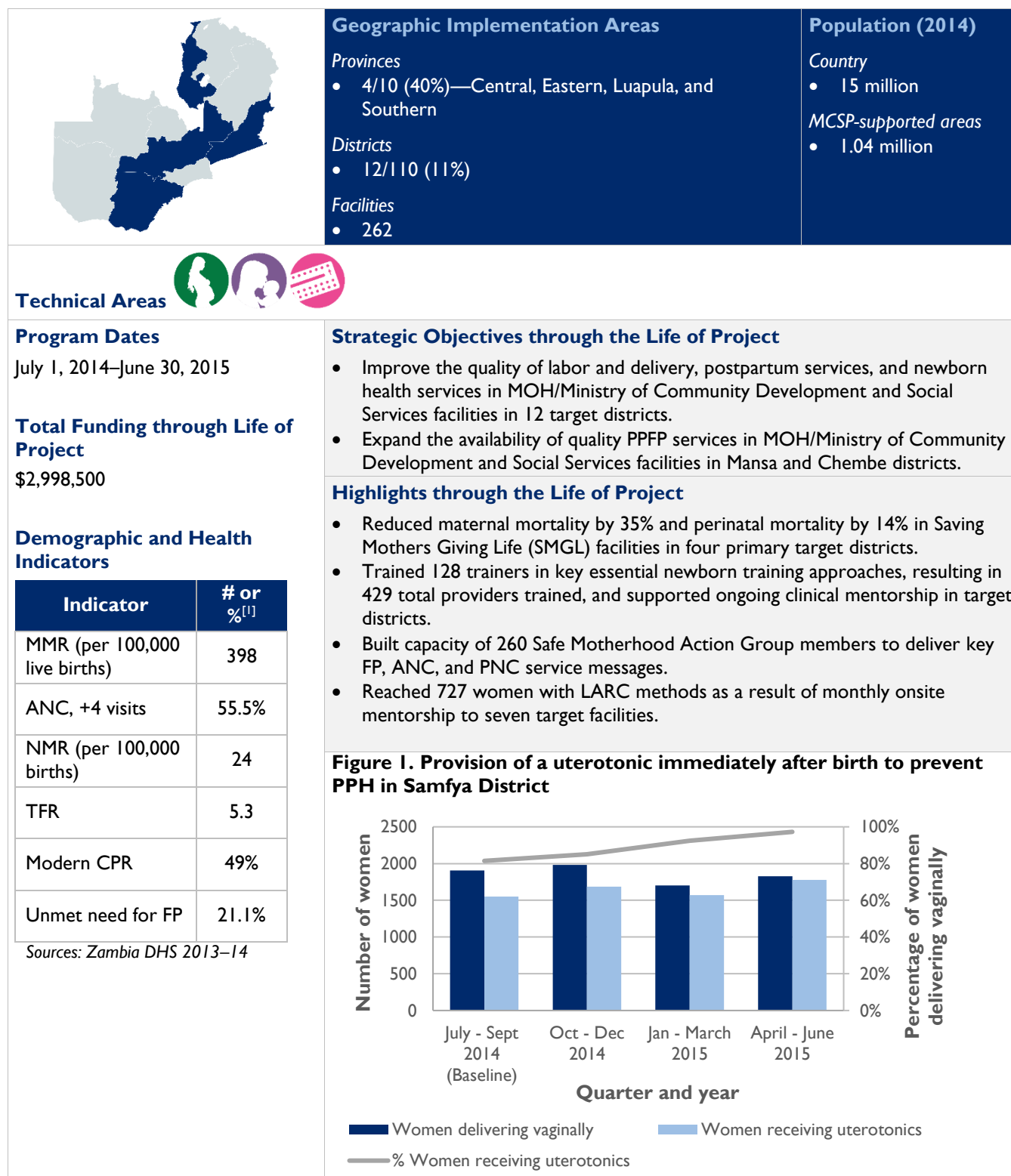
- **Conduct orientations for district and facility personnel on any future demand-driven technical assistance programs modeled after MCSP before implementation.** This will help to ensure clarity on the technical assistance role.
- **Share work plans and budgets between technical assistance partners and the national-level MOH.** This will allow for better alignment with national plans and streamline resource allocation and distribution.
- **Share reports and ensure consistent engagement between technical assistance partners and national-level counterparts to review performance and agree on areas that require national-level support.**
- **Embed technical assistance partners at the district health office.** This will effectively improve participation in all meetings, identification of gaps and solutions, and timely support to districts and facilities. This will also increase collaboration among technical assistance partners and district and facility staff, and promote district staff ownership of activities.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Number of pregnant women who received an ANC visit in the first trimester	83,641, 26% (target: 70,795, 25%; target exceeded)
Number of pregnant women who attended four or more ANC visits	151,374, 47% (target: 135,849, 42%; target exceeded)
Number of women who received a PNC visit within 6 days of birth	127,435, 41% (target: 183,254, 55%; 70% achieved)
Number of children ages 12–23 months who are fully immunized	148,374, 32% (target: 166,357, 36%; 89% achieved)

For a list of technical products developed by MCSP related to this country, please click [here](#).

Zambia Saving Mothers Giving Life

EOP Summary & Results



Zambia—Saving Mothers Giving Life

Background

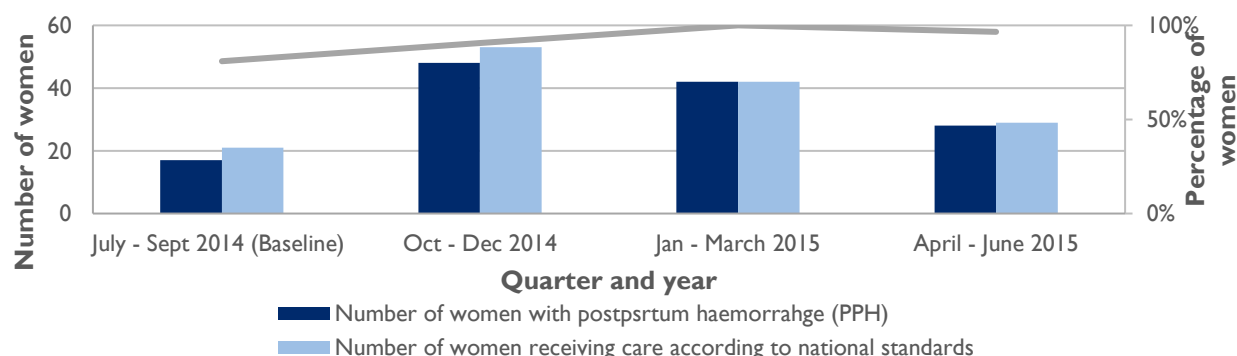
Zambia made significant progress in reducing its MMR from 729 to 398 per 100,000 live births between 2001 and 2014. However, in 2014, there was still much to be done to achieve Zambia’s Millennium Development Goal target of 162 per 100,000 by 2015. In 2014, the infant mortality ratio of 45 per 1,000 was also higher than the Millennium Development Goal target of 35 per 1,000. The Zambia MOH and Ministry of Community Development and Social Services identified increasing access to skilled delivery services as a key strategy in decreasing maternal and neonatal mortality. Under MCHIP, the SMGL endeavor made concentrated demand creation and health facility improvement investments to improve maternal survival from 2011 to June 2014. In July 2014, USAID awarded 1 year of funding to MCSP to continue [SMGL](#) programs, with the expansion to one additional EmONC focus district.

Key Accomplishments

Enhanced Provider Capacity to Deliver Quality EmONC and ENC Services

MCSP trained 128 national trainers on three key ENC approaches—HBB, Essential Care for Every Baby, and KMC—to facilitate integration into all EmONC trainings in Zambia. As a result, an additional 83 providers were trained, and 429 received mentorship. Since in-service training alone is insufficient to improve service delivery, MCSP worked alongside district health offices to provide continued support for EmONC and ENC clinical mentorship programs, with 100% of target facilities receiving at least quarterly supervision and mentorship. At a cost of less than USD 3,000 a month, MCSP and the provincial and district community medical offices were able to provide onsite clinical support to every health facility in the districts. This is a significantly lower cost than the USD 70,000 needed to train 20 health care providers in a 3-week, offsite EmONC training. The increase in quality of care that the mentorship program provided was evident in the increase in women receiving uterotonic immediately after birth (Figure 1) and PPH cases being treated according to national standards (Figure 2).

Figure 2. PPH cases treated according to national standards in Mansa District



Increased the Government of the Republic of Zambia’s Capacity to Support EmONC and ENC Service Delivery

MCSP supported mentorship, implementation, clinical updates, and maternal death surveillance meetings in Luapula Province, building capacity and gradual ownership of EmONC and ENC service delivery by the provincial medical office. Using its own funds, the MOH scaled up mentorship by introducing the approach in two districts in addition to the four targeted by MCSP. Mentors from the provincial and district health offices led the rollout of these services to other districts. Though implementation was not as intensive in these districts as it was in MCSP’s due to government funding constraints, the approach proved to be cost-effective, scalable, and sustainable. MCSP, in collaboration with the MOH, also developed a sense of community among the providers and mentors in Luapula Province. This led to the development of peer-to-peer mentorship activities and hybrid, localized online mentorship approaches through the expanded use of WhatsApp to increase mentorship support to providers in various health facilities. These activities occurred outside the scheduled mentorship schedule of MCSP. They were an initiative of government mentors trained under MCHIP and MCSP and the health care providers within the facilities in Luapula.

Improved Availability of PFP Services in Mansa and Chembe Districts

Under MCHIP, a TOT in LARCs resulted in improved uptake of the Jadelle implant (from zero to 552 women at eight facilities), but uptake of interval and postpartum IUDs remained low. Under MCSP, support continued for FP services, leading the project to initiate 727 women on LARC methods, including Jadelle and postpartum IUDs. MCSP provided monthly onsite mentorship to ensure that service providers' competence and confidence in insertion and removal of interval and postpartum IUDs was maintained so they could continue to be offered as part of the contraceptive method mix. As a result, couple years of protection for postpartum IUDs in MCSP FP target facilities increased from zero at baseline to 3,010.

Contributed to a Reduction in Maternal Mortality in Four Target Districts

MCSP helped substantially improve health outcomes in the four target districts through collaboration with the MOH, SMGL, and other partners; enhancement of providers' and the government's capacity to deliver EmONC and ENC; and improvements to voluntary PFP services. This included a 34% reduction in obstetric hemorrhage and a 78% decrease in obstructed labor/uterine rupture. By the end of SMGL phase I in Zambia, a CDC-led audit demonstrated that the program had achieved a 35% reduction in maternal mortality and a 14% decrease in perinatal mortality in SMGL facilities in the four districts.

Recommendations for the Future

- **Utilize mentorship to sustain gains made through training and site strengthening.** MCSP found mentorship to be a low-cost, high-impact intervention that can cost-effectively build upon and sustain benefits of higher cost interventions, such as training and site strengthening. MCSP recommends that the MOH continue to scale up and expand its mentorship in other districts. With strong leadership from provincial and district community medical offices, mentorship has the potential to be the most cost-effective intervention to scale up and sustain quality clinical EmONC and FP services.
- **Build on effective practices to improve collaboration among and project ownership of the government, health care providers, and other local stakeholders.** By engaging a more interactive, yet cost-effective and high-impact model of mentorship, MCSP built a sense of community among health care providers and mentors. This led to strong program ownership among providers and government as the lead coordinating arm. Additionally, SMGL learned that investments in government to coordinate and lead implementation leads to cost-effective, successful, and sustainable programs. MCSP recommends that future programs maintain such strong collaboration to build capacity in government to lead and support the process of implementing activities to ensure sustainability and self-reliance.
- **Focus resources in specific geographical regions to utilize resources more efficiently and with tangible project results.** Intensive investment in limited geographic/administrative areas can produce quick and potentially sustainable results. MCSP recommends that efforts and resources are focused on limited geographical areas to yield better results, as opposed to spreading interventions thinly.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement ¹
Number of health care providers who completed EmONC in-service training	188
Met need for EmONC services	25.3%
Percentage of facilities where at least one long-term FP method is always available	92.9%
Percentage of facilities with active Safe Motherhood Action Groups	91%

¹ No targets were set at the start of this program.

For a list of technical products developed by MCSP related to this country, please click [here](#).