

# MATERNAL NEWBORN AND CHILD HEALTH

## KEY MDGi ACHIEVEMENTS FROM 2013 TO 2019 INCLUDE:

### MATERNAL MORTALITY REDUCED

The direct obstetric case fatality rate in health facilities supported by the MDGi programme reduced from 15 per cent to 0 per cent.



### MORE BIRTHS CONDUCTED BY MIDWIVES

The proportion of mothers of infants 0-5 months attended during delivery by skilled health personnel increased from 81 per cent in Lusaka Province to 93 per cent. In Copperbelt, there was an increase from 91 per cent to 96 per cent.



### MORE PREGNANT WOMEN ATTENDING ANTENATAL CLASSES

The proportion of mothers of infants 0-5 months who were attended at least once during their last pregnancy by skilled personnel where the five "signal functions"\* were performed increased from 30 per cent to 80 per cent in Lusaka Province. In Copperbelt Province, there was an increase from 38 per cent to 80 per cent.



### FEWER BABIES DYING AT BIRTH

The intra-partum and very early neonatal death rate in MDGi implementation facilities was reduced from 8 per cent to 1 per cent. This is linked to the improved quality of care in EmONC facilities and optimized referral practices.



### TRAINED HEALTH WORKERS

Proportion of health care providers trained in key child survival interventions (Integrated Management of Childhood Illnesses) rose from 12 to 83 per cent.



\* The five signal functions for antenatal classes are i) blood pressure measured, ii) urine sample given, iii) blood sample given, iv) mother weighed, v) mother assessed/examined.



**“The European Union has done a tremendous thing here. It has left a legacy that will last.”**

Mercy Mukunda,  
 former Senior Nursing Officer, Buchi Clinic

## THE MILLENNIUM DEVELOPMENT GOAL INITIATIVE

Accelerating the Reduction of Maternal, Neonatal and Child Mortality



The European Union supported Millennium Development Goal initiative (MDGi) aimed to accelerate the reduction of maternal, neonatal and child mortality in Zambia. The 2013-2019 programme was backed by an investment of Euro 49.5 million (582 million kwacha). It was implemented by the Ministry of Health with technical support from UNICEF and the United Nations Population Agency (UNFPA). The programme covered Ndola, Luanshya, Kitwe, Mufulira, Chingola and Masaiti districts on the Copperbelt Province, while in Lusaka Province it includes Lusaka, Kafue, Chilanga, Chongwe, and Rufunsa districts.



# VOICES



## **LYNETTE PHIRI, 24, INTERVIEWED AT GEORGE HEALTH CENTRE, AFTER DELIVERING A 3.8 KG BABY GIRL, HER THIRD CHILD.**

*"I started to have pains yesterday during the afternoon and came to the clinic at 8 pm. I came by taxi with my sister and my husband. We were received so well. It was like arriving home! The nurse checked my vital signs and I was given a bed. I delivered at 10.30 pm. the delivery was straightforward, without complications.*

*"I had my first child while I was living in Western Province. I had my second child here, in George Centre, in 2017, and it was a difficult birth.*

*"Conditions were very different then. The women who were about to deliver were mixed together with the mothers who had already had their babies. We watched each other deliver – there was no privacy at all. And we all had to share the same toilets. The conditions were much worse than they are now."*

## **RUTH MUWAWO, STUDENT NURSE FROM KITWE COLLEGE OF NURSING AND MIDWIFERY, AT BUCHI CLINIC**

*"This is the cleanest clinic I have seen. The staff nurses are very polite. This is the best. The hospitality, how the patients are handled by the midwives. Staff nurses talk to the clients, they open up to them. The nurses listen to them. They treat them properly."*

## **SAMSON MANJERE, 50, MIDWIFE, BUCHI CLINIC**

*"Today we conducted four deliveries before we finished our shift at 1 pm. Some days, in the morning shift you can deliver eight or ten mothers. Buchi is very busy, it's one of the busiest clinics.*

*"I've worked here for ten years so I remember clearly the conditions of the old clinic. It was small and we had challenges because of space. The delivery room had a capacity of only four beds. We combined ante and postnatal units in one. Everything was congested.*

*"The mother who was expecting, you put her on one bed, and the one who was delivering you put on the next bed. Sometimes, the mothers who had delivered you put on the bed, and the ones who were expecting, we just put them on the floor.*

*"And there were times when you had a lot of deliveries. If there were more than four at the same time, you had to deliver the others on the floor.*

*"The ward was small. This one is big, very spacious. The post-natals are on their own and the antenatals are on their own. And there are other beds that are reserved for emergency cases. In those days there was no bed for emergencies. If an emergency came, we would remove another mother and give the emergency case the bed.*

*"The extra space means the ablution blocks are separate – before they had to use the same toilets and facilities. That raised the risk of cross infection. So we are very glad for the construction.*

*"Even the working conditions are better – there's more space. It has made a big difference to our morale. We feel boosted. Staff who come from other clinics they envy us. Some of them want to come and work here because of the environment."*