ACCELERATING PROGRESS TOWARDS
MATERNAL, NEONATAL AND CHILD
MORBIDITY AND MORTALITY REDUCTION

The Millennium Development Goal Initiative (MDGi), Accelerating progress towards maternal, neonatal and child morbidity and mortality reduction in Zambia, is a programme of the Government of the Republic of Zambia, the European Union and the United Nations (the United Nations Children’s Fund (UNICEF) in collaboration with the United Nations Population Fund (UNFPA) and the World Health Organization (WHO)). It aims to increase the use of quality health and nutrition services among children, adolescents and women in 11 urban and rural districts in Lusaka and Copperbelt provinces, home to 30% of Zambia’s population.

> MDGi AIMS TO ACHIEVE FIVE EXPECTED RESULTS BETWEEN 2013 AND 2018

1. Improve the nutritional status of children and women.
2. Increase access to quality reproductive, maternal, newborn and child health services.
3. Strengthen community knowledge, behaviour and practices on health and nutrition.
5. Strengthen the health system through institutional capacity building and the health management information system (HMIS).

Geographical coverage: 11 districts (Ndola, Luanshya, Kitwe, Mufulira, Chingola and Masaiti in Copperbelt Province and Lusaka, Kafue, Chilanga, Chongwe and Rufunsa in Lusaka Province).
Timeline: 5 years (May 2013 – May 2018).
Direct beneficiaries: 4.1 million people, or 30% of Zambians, mainly women, children and adolescents.
Total funding amount: EURO 48.6 million.
In 2015, the MDGi programme completed an initial assessment of all targeted emergency obstetric and neonatal care centres in Lusaka and Copperbelt provinces. By the end of last year, construction work was ongoing in 19 health facilities (Refurbishment Phase 1) and the bidding process was being finalized for 29 additional facilities (Refurbishment Phase 2). Since then, the following progress has been achieved on this key MDGi result:

**Refurbishment Phase 1 (23 Health Facilities):**

By the end of March 2016, 10 facilities were 80-90% complete and will be finalized by the end of April 2016. Five facilities were 35-60% complete and are expected to be finalized by the end of May 2016. Construction of the final eight facilities has been delayed. The Government expects to complete the construction of six of the delayed facilities by 30 June 2016.

**Refurbishment Phase 2 (29 Health Facilities):**

The bidding process for 29 additional facilities has been finalized and the refurbishment work contracted. Construction of these facilities will begin in early May 2016 and is expected to be finalized by the end of October 2016. Since the end of 2015, the Government has been leading monthly refurbishment coordination meetings, with participation from UNICEF and the European Union, to reinforce the coordination and monitoring of the construction process. The Government appointed focal points at the central level to support site supervision and certification. In addition, UNICEF-contracted engineers are working closely with provincial and district infrastructure officers to monitor the refurbishment process. A construction management firm was hired in January 2016 to supervise and provide technical assistance to contractors under Refurbishment Phase 2.

**Table: Refurbishment of Health Facilities in Lusaka and Copperbelt Provinces**

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER OF FACILITIES</th>
<th>COMMENT</th>
<th>EXPECTED COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>2</td>
<td>Initial works completed; additional works approved</td>
<td>End of April 2016</td>
</tr>
<tr>
<td>80-90% complete</td>
<td>8</td>
<td>Steady progress; monitoring strengthened</td>
<td>End of April 2016</td>
</tr>
<tr>
<td>35-60% complete</td>
<td>5</td>
<td>Close monitoring (3 facilities) Delayed (2 facilities)</td>
<td>End of April 2016; Mid June 2016</td>
</tr>
<tr>
<td>Delayed</td>
<td>8</td>
<td>The Government resolved legal issues at two facilities in January 2016. Government to carry out work at six facilities</td>
<td>End of June 2016</td>
</tr>
</tbody>
</table>

© UNICEF/Zambia/2016/Maseko

A maternity wing at Kashitu Rural Centre in Masaiti District nears completion. Kashitu is one of 53 health facilities in Lusaka and Copperbelt provinces that are being refurbished and equipped under the European Union-funded MDGi programme.

© UNICEF/Zambia/2016/Maseko

Incubators used to support neonates are among the equipment that has been procured to over 50 health facilities in Zambia’s Copperbelt and Lusaka provinces.
**SUCCESS STORY: MOBILIZING YOUTH AND RESTARTING ADOLESCENT CLUBS**

The European Union-funded MDGi is improving the coverage and accessibility of adolescent and youth-friendly services in 11 targeted districts in Zambia. In the rural Kashitu area of Copperbelt Province, MDGi has helped the local health centre mobilize youth and restart the once moribund Kashitu Youth Group. Since December 2015, more than 30 school-going and out-of-school teens have joined the group and exchanged information on key issues affecting young people.

“The club has helped me learn a lot about sex education, HIV and AIDS and teenage pregnancies,” says 18-year-old Elias Mapenzi, the Kashitu Youth Group leader. “I teach other youths in schools and in my community so that they know how to handle themselves when faced with peer pressure.” Youth group members also work in partnership with local primary schools to complement comprehensive sex education curriculum. Using theatre and drama, members help pupils understand puberty, HIV and the dangers of early marriage and pregnancy.

**KEY RESULTS FOR WOMEN AND CHILDREN AND EMERGING LESSONS**

**IMMUNIZATION COVERAGE BY PROVINCE**

Trends in the percentage of children aged 0-11 months who are fully immunized in MDGi districts in Lusaka and Copperbelt provinces, 2014-2015 [Source: HMIS/DHIS2]

- Expanded Programme on Immunization utilization pattern (fully immunized children) in Lusaka Province has increased substantially since 2014, but has remained generally consistent in Copperbelt Province.
- MDGi interventions: Outreach focusing on child health.

**POST-NATAL CARE SERVICE UTILIZATION BY PROVINCE**


- A slow increment is evident in Lusaka Province from the third quarter of 2015 onwards.
- MDGi interventions: Increased community education and mobilization through the safe motherhood action group activities.

**SEVERAL FACTORS HAVE CONTRIBUTED TO PERFORMANCE OF INDICATORS TRACKED THROUGH THE HMIS:**

- In most cases, data reported in the HMIS/DHIS2 is incomplete and this affects the results tracked by the system. The HMIS strengthening contract initiated in April 2016 by MDG is expected to address issues regarding data quality and completeness among others and this will improve the reliability of results.
- Specific interventions such as ‘Mama Kits’ were initially only placed in delivery facilities with excessively rigorous criteria, which restricted improvements to a limited number of facilities. Lessons from this exercise have informed changes in the guidelines on the use of Mama Kits.
Zambia

Sixty-year-old Jessy Tembo is one of more than 30 community volunteers who were recently trained through MDGi to promote health-seeking behaviour among pregnant women in Ndola district. A member of the Neighbourhood Health Committee, Tembo spends time with local mothers, gently urging them to avoid closely spaced pregnancies and seek out antenatal care.

“After receiving training from MDGi, I am able to notice danger signs in pregnant women and encourage them to go to the clinic,” says Tembo. “As a Neighbourhood Health Committee member, I also encourage pregnant women to register early at the antenatal clinic so that they can receive care and avoid pregnancy complications. What makes me happy is to see an improvement in the lives of children.”

The role of volunteers such as Tembo is to break down misconceptions about public health, help families see the benefits of reproductive health care and encourage behaviour change. With MDGi’s support, the Ministry of Health is already seeing positive impacts on child and maternal mortality.

“Ivwananji Makasa, the Sister-in-Charge at Kashitu Rural Health Centre in Copperbelt Province, said: “The training of safe motherhood action groups has contributed to an increase in the number of pregnant women having their first ANC visit.” With the completion of the new MDGi-funded maternity ward, we expect the number of deliveries to go up.”

> WHAT ARE THE NEXT STEPS?

Activities planned for the second quarter of 2016 include:

- Continue to refurbish health facilities, including water, sanitation and hygiene-related works, and complete construction at selected facilities.
- Provide on-site skills development for quality service delivery in reproductive, maternal, newborn, child health and nutrition through enhanced comprehensive mentorship.
- Continue and expand coverage of support for equipment, nutrition commodities/supplies and job aids to health facilities in targeted districts.
- Strengthen the capacity of community health workers in various reproductive, maternal, newborn, child health and nutrition skill areas.
- Support the revitalization of neighbourhood health committees to render them fully operational.
- Support the airing of radio programmes on reproductive, maternal, newborn, child health and nutrition and provide technical assistance to MDGi-supported radio listener groups.
- Increase the capacity of districts to deliver adolescent sexual and reproductive health services and strengthen the linkages between health facilities, health posts, communities and adolescents.
- Provide mentorship support to trained teachers and peer counsellors on comprehensive sex education for in-school and out-of-school adolescents.
- Continue to strengthen the Mid-Term Expenditure Framework planning process by revising guidelines and planning tools.
- Continue to strengthen quarterly integrated programme performance data review meetings at all levels.
- Implement the HMIS strengthening activities, particularly the functionality of District Health Information System version 2.0, district score cards and skills transfer at all levels for generating and using quality health data.

> SUCCESS STORY: UNITING COMMUNITIES AND PUBLIC HEALTH CARE

With the completion of the new MDGi-funded maternity ward, we expect the number of deliveries to go up,” said Ivwananji Makasa, the Sister-in-Charge at Kashitu Rural Health Centre in Copperbelt Province.

© Ministry of Health/Zambia

For more information, contact: Dr. Caroline Phiri, Director, Mother and Child Health, Ministry of Health, drcarolp@yahoo.com.
Dr. Paul Ngwakum, Chief, Health and Nutrition, UNICEF Zambia, pngwakum@unicef.org.