



# **Maternal and Child Health Integrated Program**

*Zambia*

**Quarterly Report**

Year 4, Quarter 1

*1 October – 31 December 2011*

## **Acronyms and abbreviations**

BEmONC	Basic Emergency Obstetric and Newborn Care
CDC	Centers for Disease Control and Prevention
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CIDRZ	Center for Infection Disease Research in Zambia
DHMT	District Health Management Team
DOD	Department of Defense
HBB	Helping Babies Breathe
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
POC	Products of Conception
SMGL	Saving Mothers Giving Life
USAID	United States Agency for International Development
USG	United States Government
ZISSP	Zambia Integrated Systems Strengthening Project
ZPCT II	Zambia Prevention, Care and Treatment II

## **Introduction**

The goal of USAID's Maternal and Child Health Integrated Program (MCHIP) is to assist in scaling up evidence-based, high-impact maternal, newborn and child health (MNCH) interventions to contribute to significant reductions in maternal and child mortality and progress toward Millennium Development Goals 4 and 5.

MCHIP is receiving its first year of funding in Zambia through a one-year United States government (USG)-led endeavor, "Saving Mothers Giving Life" (SMGL). This multi-partner initiative, supported by USAID, Centers for Disease Control and Prevention (CDC), and Department of Defense (DOD), in collaboration with the Zambia Ministry of Health (MOH), aims to reduce maternal mortality by 50% in four districts – Kalomo, Lundazi, Mansa and Nyimba – by October 2012.

Under this initiative, MCHIP is designated as the clinical implementing partner for Mansa District, wherein MCHIP is working to improve the delivery of high-impact maternal and newborn health services in 28 target facilities. In order to achieve this, MCHIP is working in close collaboration with other SMGL partners in Mansa District, including Zambia Prevention, Care and Treatment II (ZPCT II) and Zambia Integrated Systems Strengthening Program (ZISSP), as well as partners supporting the other three focus districts, primarily CDC-supported Boston University and Center for Infectious Disease Research in Zambia (CIDRZ). Through these partnerships MCHIP has worked to create similar technical approaches and to ensure that complementary interventions, such as HIV care and demand generation, are addressed.

## **Objective and Key Activities**

The objective for the first year of the MCHIP program in Zambia is to:

***Increase the quality of labor/delivery and postpartum/postnatal care services available at MOH facilities in SMGL target districts.***

MCHIP will accomplish this objective by complementing current Government of Zambia efforts in emergency obstetric and newborn care (EmONC) in close coordination with other implementing partners addressing maternal health. MCHIP will target interventions to the 28 MOH health facilities currently offering delivery services in Mansa District and will provide technical assistance in neonatal resuscitation to all four SMGL districts. Major activities will include:

- Roll-out of the "Helping Babies Breathe" (HBB) neonatal resuscitation program through HBB training of trainers for mentors in all four SMGL districts
- Training of skilled labor/delivery service providers in Mansa District through the national three-week in-service EmONC curriculum with an integrated module in HBB

- Technical assistance to partners supporting on-site HBB training in the additional three SMGL districts
- Intensive, on-site monthly mentorship in EmONC and HBB to all Mansa District target facilities, using clinical simulations, knowledge questionnaires and skills checklists
- Bi-weekly telephone follow-up to all Mansa District EmONC and HBB providers
- Procurement of BEmONC equipment to all 12 sites in Mansa District which are not scheduled to receive equipment from other donors

## **Accomplishments**

The first quarter of MCHIP's program in Zambia and of the SMGL initiative was primarily utilized to establish the MCHIP program in Zambia, refine the program strategy in-line with SMGL partner approaches and develop the tools for rapid roll-out of the main program activities in Quarter 2. The primary accomplishments of Year 4, Quarter 1 are detailed below:

- **Led development of clinical training, mentorship and quality improvement approaches and tools for the SMGL initiative**

With input from the MCHIP/HQ's Senior Maternal Health Advisor, MCHIP developed training, mentorship and quality improvement approaches and tools, using evidence-based practices currently in use by other MCHIP country programs and adapted to the special circumstances of the one-year SMGL initiative. In order to accommodate the large numbers of providers requiring training in basic EmONC (BEmONC), MCHIP engaged the SMGL partners, national EmONC coordinator and national EmONC trainers in a review of the current three-week in-service EmONC curriculum. From this course, a two-week basic EmONC course was developed. While the national EmONC coordinator and MOH later decided to remain with the current three-week approach, several best practices incorporated into the two-week model were identified, including: integration of didactic learning with clinical simulation, removal of comprehensive EmONC modules for basic EmONC providers, integration of HBB and introduction of an updated post-abortion care training manual. These best practices contributed to recommendations for improvements to the current national curriculum at an EmONC trainers review meeting in December 2011, and will be included in MCHIP-supported EmONC trainings in 2012. Additionally, MCHIP adapted mentorship and quality improvement tools for intensive on-site mentorship and supervision visits. These tools were shared with the other SMGL clinical partners and efforts have been made by MCHIP to develop standardized SMGL tools.

- **Contributed to Mansa District Detailed Implementation Plan**

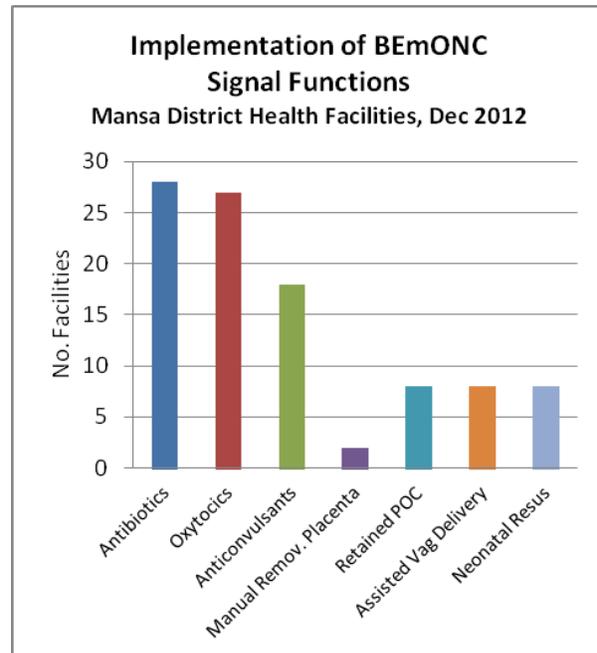
In December 2011, MCHIP attended a meeting in Mansa to develop a Mansa District Detailed Implementation Plan. Under leadership of the Mansa district health management

team (DHMT), MCHIP worked with other USG and UN implementing partners to contextualize SMGL activities in regard to ongoing clinical, community and infrastructure activities in the district and to consider a coordinated approach to implementation of maternal health interventions. MCHIP will further promote and support continued, quarterly district partner meetings to ensure the complementarity of and collaboration between partner programs.

- Conducted site assessment of MOH facilities in Mansa District**

In collaboration with the Mansa DHMT, ZPCT II and ZISSP, MCHIP led the conduct of baseline site assessments at all MOH health facilities in the district. Over a two-week period, teams assessed each facility using the standardized SMGL Facility Assessment Tool developed jointly by the clinical implementing partners.

Preliminary analysis of data from this assessment reveals significant gaps in the provision of basic EmONC services, but also significant opportunities for the impact of the MCHIP program. Of particular note is the finding that only one out of 28 facilities is currently conducting all seven key BEmONC signal functions<sup>1</sup>. The results of this assessment will inform the MCHIP training, mentorship and site support plans to be implemented in Year 4, Quarter 2. (see appendix I for a summary of select data)



### Way Forward

With the MCHIP and SMGL program approaches established and the initial facility site assessments conducted, MCHIP foresees a rapid roll-out of activities in Year 4, Quarter 2. Working closely with the national EmONC coordinator and EmONC Technical Working Group, MCHIP has scheduled all three of the integrated EmONC/HBB in-service trainings (from February to April 2012) required to reach the remaining untrained providers in the district. These trainings are intended to rapidly improve the skills of providers and maximize the

<sup>1</sup> Key BEmONC functions include: administration of antibiotics, oxytocics, and anticonvulsants, manual removal of the placenta, removal of retained products of conception (POC), assisted vaginal delivery and neonatal resuscitation.

benefits obtained from on-site mentorship and quality improvement activities which will commence in March 2012. In Q2, MCHIP will also conduct an HBB training of trainers for mentorship teams in all four SMGL focus districts, and will provide technical support for on-site training in HBB. In all activities, MCHIP will continue to work closely with the other SMGL partners and will directly coordinate facility-based activities with ZPCT II and ZISSP staff in Mansa District.

## Annex 1

### Mansa Health Facility Site Assessment Results, December 2011

#	Health Facility Name	Facility Type	Infrastructure					Skilled Clinicians in Labor Ward									BEmONC Signal Functions							Deliveries (prev 12 mo.)
			Electricity	Water	Radio	Cell Service	DFID Equip	Med Officer	Med Licentiate	Clinical Officer	Reg Nurse	Enrolled Nurse	Reg Midwife	Enrolled Midwife	Certified Midwife	EmONC Trained	Antibiotics	Oxytocics	Anticonvulsants	Manual Removal Placenta	Retained POC	Assisted Vag Delivery	Neonatal Resus	
1	Mansa General	GH	Y	Y	N	Y	Y	2	1	—	—	10	6	—	—	4	Y	Y	Y	Y	Y	Y	Y	2,070
2	Chembe Stage II	RHC	Y	Y	N	Y	Y	—	—	1	3	—	—	—	2	1	Y	Y	Y	N	N	Y	Y	246
3	Chipete	RHC	N	Y	Y	N	Y	—	—	—	□	1	—	—	—	—	Y	Y	N	N	N	N	N	71
4	Chisembe	RHC	N	Y	N	Y	Y	—	—	—	—	1	—	—	—	—	Y	Y	N	N	N	N	N	32
5	Chisunka	RHC	Y	Y	N	Y	Y	—	—	—	—	1	—	—	—	—	Y	Y	Y	N	N	N	N	140
6	Fimpulu	RHC	N	Y	N	Y	Y	—	—	—	—	1	—	1	—	1	Y	Y	N	N	Y	N	N	110
7	Kabunda	RHC	Y	Y	Y	Y	Y	—	—	—	—	—	—	1	—	—	Y	Y	N	N	N	Y	Y	113
8	Kalaba	RHC	Y	Y	N	Y	N	—	—	—	—	—	—	2	—	1	Y	Y	Y	Y	Y	Y	N	231
9	Kalyongo	RHC	N	Y	Y	N	Y	—	—	—	—	1	—	—	—	—	Y	Y	Y	N	N	N	N	141
10	Kansenga	RHC	Y	Y	N	Y	N	—	—	—	—	1	—	—	—	—	Y	Y	Y	N	N	N	N	30
11	Kasoma-Lwela	RHC	N	Y	N	Y	N	—	—	—	—	1	—	—	—	—	Y	N	N	N	N	N	N	61
12	Katangwe	RHC	N	Y	N	Y	Y	—	—	—	—	1	—	—	—	—	Y	Y	Y	N	N	N	N	11
13	Kundamfumu	RHC	N	Y	N	Y	Y	—	—	—	—	1	—	—	—	1	Y	Y	Y	N	N	Y	N	178

14	Lubende	RHC	Y	Y	N	Y	N	—	—	1	1	1	—	—	—	—	Y	Y	N	N	N	N	N	114
15	Mabumba	RHC	Y	Y	Y	Y	Y	—	—	1	—	2	—	—	—	—	Y	Y	Y	N	N	N	Y	186
16	Mano	RHC	N	Y	N	Y	N	—	—	—	—	1	—	1	—	—	Y	Y	Y	N	N	N	N	45
17	Mantumbusa	RHC	Y	Y	Y	Y	N	—	—	—	—	1	—	1	—	—	Y	Y	Y	N	N	N	N	49
18	Matanda	RHC	N	Y	Y	N	Y	—	—	—	—	1	—	—	—	1	Y	Y	Y	N	Y	N	Y	148
19	Mibenge	RHC	Y	Y	N	Y	Y	—	—	—	—	1	—	—	—	1	Y	Y	Y	N	N	N	N	141
20	Moloshi	RHC	N	Y	N	Y	N	—	—	—	—	—	—	—	—	—	Y	Y	N	N	Y	N	N	68
21	Mutiti	RHC	Y	N	N	Y	Y	—	—	—	—	1	—	—	—	1	Y	Y	N	N	N	N	N	100
22	Muwang'uni	RHC	Y	Y	Y	Y	N	—	—	—	1	1	—	—	—	—	Y	Y	Y	N	N	N	N	168
23	Ndoba	RHC	Y	Y	N	Y	N	—	—	—	—	—	—	1	—	1	Y	Y	Y	N	Y	N	Y	184
24	Nsonga	RHC	N	N	Y	Y	Y	—	—	—	—	1	—	—	—	1	Y	Y	Y	N	N	Y	N	65
25	Paul Mambilima	RHC	N	Y	Y	Y	N	—	—	—	—	—	—	1	—	1	Y	Y	N	N	N	N	N	90
26	Senama Stage II	UHC	Y	Y	N	Y	Y	—	—	—	1	—	1	2	2	1	Y	Y	N	N	Y	Y	Y	645
27	ZNS Luamfumu	RHC	Y	Y	N	Y	N	—	—	—	—	—	—	—	—	1	Y	Y	Y	N	N	N	N	113
28	Lukola	RHC	Y	N	N	Y	N	—	—	1	—	1	—	—	—	—	Y	Y	Y	N	Y	Y	Y	83
	<b>Total</b>		<b>18</b>	<b>27</b>	<b>9</b>	<b>27</b>	<b>16</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>30</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>16</b>	<b>28</b>	<b>27</b>	<b>18</b>	<b>2</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>5,633</b>