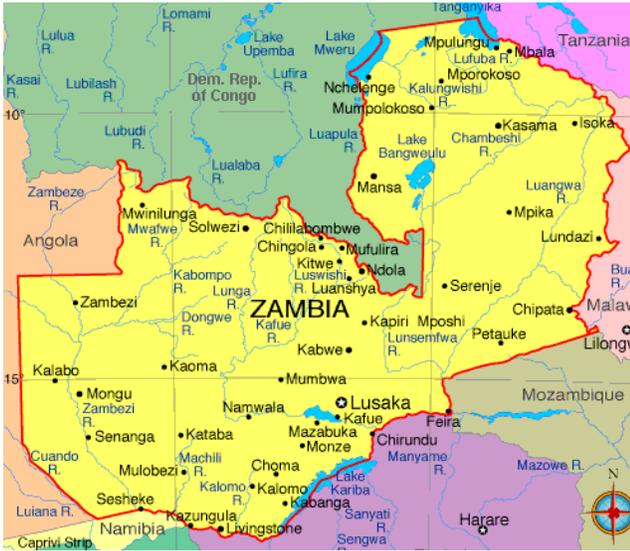


Country Summary: Zambia

Period: FY 2013, Quarters 1 and 2



Select Health and Demographic Data for Zambia

GDP per capita (USD)	US\$1,457
Total Population	13,046,508
Maternal Mortality Ratio (deaths/100,000 live births)	591
Any antenatal care from a skilled provider	93.7
Antenatal care, 4+ visits	60.3
Delivery with skilled birth attendant	46.5
Any postnatal care	48.0
Births less than 2.5 kg (low birth weight)	4.4
Neonatal mortality rate (deaths/1,000 live births)	34
Total Fertility Rate	6.2
Modern contraceptive prevalence rate	32.7
Unmet need for family planning	26.5

Sources: Zambia International Monetary Fund; Zambia 2010 Census of Population and Housing Preliminary Results; 2007 Demographic and Health Survey

Major Activities

- **Emergency Obstetric and Neonatal Care (EmONC)**
 - In-service trainings
 - On-site mentorship
 - Site strengthening
- **“Helping Babies Breathe” (HBB) neonatal resuscitation program**
 - Integration into national EmONC and ENC curriculums
 - In-service training
 - On-site mentorship
- **Postpartum Family Planning (PPFP) and Long-Acting Reversible Contraceptives (LARC)**
 - In-service trainings
 - On-site mentorship
 - Site strengthening
- **Postpartum Hemorrhage (PPH) Prevention, including Misoprostol**
 - Development of national in-service training packages for healthcare providers and community mobilizers
 - In-service trainings
 - On-site mentorship



Program Dates	October 1, 2012 – September 30, 2013
PY 5 Budget	\$1,808,067 (MCH)
Total Mission Funding to Date	\$2,881,000 (obligated)
Geographic Focus	Kalomo, Lundazi, Mansa and Nyimba districts

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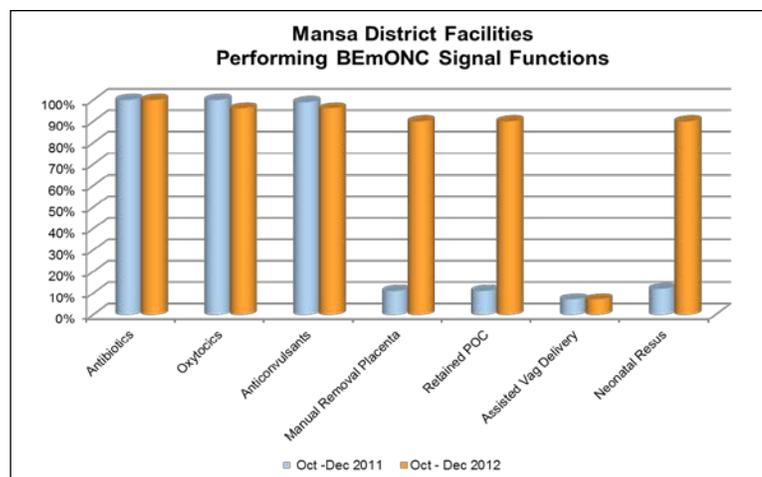
Program Year 5, Quarters 1/2: Achievement Highlights

Under the USG-led “Saving Mothers, Giving Life” (SMGL) endeavor MCHIP applies the **principles of country ownership and strategic coordination**, working in close partnership with Zambia’s Ministry of Health and other USG-implementing partners in the design and implementation of SMGL interventions, toward achievement of the following objective:

Objective 1. Increase the quality of labor/delivery and postpartum/postnatal care services in MOH facilities in SMGL target districts.

- MCHIP strengthens comprehensive emergency obstetric and neonatal care (CEmONC) at Mansa General Hospital:** Mansa General Hospital is the primary referral center in the MCHIP-supported SMGL district of Mansa. While significant gains in quality of basic EmONC services have been seen in the district’s health centers, the general hospital continued to struggle despite monthly on-site mentorship. As such, in Q2, MCHIP conducted a **CEmONC/Helping Babies Breathe (HBB) training for Mansa General Hospital**, working with nurses and midwives in the labor/delivery ward to strengthen key, basic skills and working with physicians on conduct of caesarian sections and blood transfusions. This training was immediately followed by a **three-week on site mentorship by a midwife-physician team chosen from among Zambia’s most adept national EmONC trainers**. This team paired with a midwife-physician mentor team from the hospital and, within days, had the staff proficiently conducting manual vacuum aspirations, caesarian sections and even inserting postpartum IUCDs during cesareans. The hospital’s mentor team continues to mentor their providers with support from the MCHIP team in Mansa.

- MCHIP continues to support EmONC district mentorship teams to conduct monthly visits to all facilities conducting deliveries:** In Y4, MCHIP trained 16 mentors – District Medical Office (DMO), Provincial Medical Office, and implementing partner staff – to conduct on-site mentorship in EmONC to the 28 target facilities in Mansa District. A strong leader in this program from the outset, **the Mansa**



DMO has taken responsibility for coordination of this program in the first half of Year 5, drafting the monthly mentorship schedule, organizing mentor teams and arranging transport. The results of this work have been remarkable: **Over 80% of facilities conducting all relevant EmONC functions minus assisted vaginal delivery; increase in the proportion of deliveries with a partograph from 0.06% to 52% (92% filled out correctly); 84% of women giving birth in target facilities receiving a uterotonic immediately following birth; 95% of women with PPH receiving care according to national standards and; decrease in overall case fatality rate from 4% to 2.3%.**

Objective 2. Build capacity of MOH facilities in Mansa District to increase uterotonic coverage through use of AMTSL and through distribution of misoprostol for home birth

- **MCHIP begins drafting Zambia’s national in-service curriculums for prevention of postpartum hemorrhage (PPH), including misoprostol:** In 2010, two pilots on the use of misoprostol to prevent PPH at home deliveries were completed in Zambia. In 2012/2013, MCHIP received funding to begin scaling up this intervention beyond the original 16 pilot districts. As a national in-service training package had yet to be developed, **MCHIP is currently developing two training packages – one for facility-based healthcare providers and one for community Safe Motherhood Action Group educators** – in order to ensure a standard curriculum utilizing a holistic approach to prevention and management of PPH will be utilized across the country, regardless of the implementing partner. These drafts will be piloted in Mansa District in Q3.

Objective 3. Expand the availability of quality postpartum family planning services in MOH facilities in Mansa District

- **MCHIP trains Mansa District mentors in postpartum family planning (PPFP) and long-acting reversible contraceptives (LARC):** In Y5, the Zambia program is rolling out PPFP and LARC to select target facilities in Mansa District. With technical assistance from MCHIP’s Senior MNH Advisor and a senior trainer from the Kenya office, **MCHIP trained 15 active district mentors in all LARC and postpartum methods, including the Jadelle implant, interval intrauterine contraceptive device (IUCD) and postpartum IUCD (PPICUD).** In the past, LARC training programs in Zambia have been challenged by a lack of available clientele for clinical practice and by a lack of ongoing support for providers when they return to their facilities. MCHIP is overcoming the former challenge by training at clinical sites where LARC and PPIUCD services have been previously established by other partners. MCHIP is addressing the latter challenge by **first training the district mentors to ensure they can integrate mentorship in family planning into their routine, monthly EmONC mentorship.** Training of providers will begin in Q3.

Priorities for Quarters 3/4

- Integrate HBB into the national EmONC and ENC in-service curriculums
- Conduct HBB trainings for additional providers in Kalomo, Lundazi and Nyimba districts
- Pilot the draft national curriculums for PPH prevention including misoprostol, training healthcare providers and community Safe Motherhood Action Groups (SMAGs) at seven health facilities in Mansa District
- Conduct two trainings in PPFP and LARC for service providers in Mansa District
- Continue to support DMO-led on-site monthly mentorship in Mansa District

Country: Zambia
Reporting Period: October 2011-March 2012