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# MCH PROGRAM DESCRIPTION

## Zambia



### Overall MCH and health sector situation

With a population of approximately 12 million, Zambia ranked 165 out of 177 countries on the 2005 United Nations Human Development Index. Zambia, a low-income country in southern Africa (GDP per capita is \$336), has serious health issues to address, with a high HIV prevalence rate of 14.3 percent among adults, 96 percent of the population at risk for malaria, and stubbornly high rates of child malnutrition. However, Zambia does receive significant U.S. government funding from PEPFAR and PMI. Zambia faces many of the same health systems challenges as its sub-Saharan Africa and low-income peers.

Life expectancy is low at 38 years, compared with 49 years for sub-Saharan Africa and 53 for other low-income countries. U5MR has decreased substantially over the past 5 years. The 2007 DHS estimates that U5MR was 119 per 1,000 live births during the 5-year period before the survey compared to 168 per 1,000 in 2001–2002. Maternal mortality was 729 per 100,000 in 2001–2002. Fertility is high at 6.2, and modern method contraceptive prevalence, at

32.7 percent in 2007, was relatively higher than the sub-Saharan Africa average of 23.4 percent. A major gap confronting all aspects of the health program area is fundamental human capacity constraints that hinder service delivery within the Zambian health system. USAID activities in all program elements are designed to address this constraint.

### MCH interventions at the Mission level

USAID's MCH activities in Zambia include support for birth preparedness, emergency obstetric and neonatal care, IMCI at community and facility levels, micronutrient supplementation, maternal and young child nutrition, household-level water purification, and strengthened essential medicines logistics systems. These activities are implemented across the nation. The Zambia MCH portfolio is undergoing a strategic review in preparation for new procurements and some change is expected.

### Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USAID supports capacity building and training of MOH staff and strengthening service delivery and logistics systems at the primary health care level. The program includes a BCC component, strategic information management, policy development, and dissemination across all program elements. A new integrated follow-on social marketing activity using FY 2008 funds will include a component to increase access to maternal child health commodities such as POU water disinfectants, as well as increase access to HIV services and family planning commodities.

### Specific actions supported as part of the MCH approach

USAID's support in MCH strengthens decentralized health systems and quality of care. The portfolio includes an ongoing nonproject assistance grant to the Ministry of Finance and National Planning to fund MCH interventions in all 72 districts. Technical assistance to develop MCH policies and systems and BCC are part of the program.

### **The USAID program's geographic focus**

The USAID/Zambia MCH program is focused at different levels, depending on the intervention. Community-level BCC activities are focused in 22 districts across the nine provinces that contain approximately 30 percent of Zambia's population. Social marketing, IMCI, micronutrient supplementation, policy and systems development, and logistics systems improvements are implemented nationwide.

### **The Mission program's relationship to the country's health sector and development plans and strategies**

The Government of Zambia has in place a National Health Strategic Plan (NHSP) for 2006–2011 as well as multiple health system programs and activities. USAID works closely with MOH and adheres to the NHSP. Every year, MOH leads a national planning process in collaboration with all donors and provinces and district health offices to ensure that activities implemented at all levels are identified and costed. USAID partners take part in this annual exercise.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

*USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)*

Zambia receives significant funding from PEPFAR and PMI. The USG complements the National Malaria Strategic Plan (NMSP) by supporting activities to deliver proven, cost-effective interventions that focus on children under 5 and pregnant women.

ANC services incorporate both HIV/AIDS and malaria services. Both PMI and PEPFAR have provided technical support, training, and supplies to improve the quality and uptake of ANC services. Specifically, PMI supports IPTp, procurement and distribution of bed nets to pregnant women through the malaria in pregnancy program, and improved detection and case management of malaria in infants and young children. PEPFAR supports improvement of ANC for PMTCT as well as infant follow-up, early HIV/AIDS diagnosis, and linkages to care and treatment.

The PMI/PEPFAR teams work closely together to establish other areas of programmatic synergy. USAID is applying its experience with ARVs and HIV test kits to malaria-related commodities and essential drugs. In terms of monitoring and evaluation, the Smart Card is a PEPFAR-supported activity that has the potential to create a national medical record for patients with HIV/AIDS. A malaria module is being developed that will hopefully be in place in 2009 and make patient-level data available for monitoring and evaluation purposes. Future areas for collaboration that may be explored include supply chain strengthening, FANC, monitoring and evaluation, and diagnostics.

#### *Investments and initiatives of other donors and international organizations*

The government prefers support in the form of pooled funding or sector budget support provided to the Ministry of Finance and National Planning that is then passed on to MOH. Relatively few donors, such as the USG, World Bank, Global Fund, and JICA, provide substantial financial resources outside the pooled funding mechanisms. Major pooling contributors include the Netherlands, EU, UK, Sweden, and Canada. Across program elements, WHO provides technical assistance, while the other UN agencies such as UNICEF or UNFPA provide technical assistance and/or commodities in their program element areas. Two foundations provide important support: the Gates Foundation for monitoring and evaluation of malaria activities, and the Clinton Foundation for the procurement of pediatric ARVs. The Clinton Foundation is also moving into support for human resources for health.

Regardless of funding mechanisms, the Zambian health sector has a highly orchestrated and robust donor collaboration process. More than 15 technical working groups exist in the health sector donor division of labor, complemented by six theme groups in HIV/AIDS. Donor, MOH, and implementing partner representatives participate in all groups. All donors have pledged to support MOH's strategic plans. Through the working group meetings, these strategies are developed and donor contributions are discussed, coordinated, and leveraged. The malaria supply chain intervention discussed above is a joint activity, in collaboration with the World Bank.

### **Planned results for the Mission's MCH investments over the next 5 years**

USAID's maternal and child health goals are in line with the Government of Zambia's national goals to reduce mortality by 25 percent and 20 percent, respectively.

<b>MCH COUNTRY SUMMARY: ZAMBIA</b>	<b>VALUE</b>
<b>MCH FY08 BUDGET</b>	7,435,000 USD
<b>Country Impact Measures</b>	
Number of births annually*	450,000
Number of under-5 deaths annually	54,000
Neonatal mortality rate (per 1,000 live births)	37
Infant mortality rate (per 1,000 live births)****	74
Under-5 mortality rate (per 1,000 live births)****	119
Maternal mortality ratio (per 100,000 live births)	729
Percent of children underweight (moderate/severe)	30%
<b>Birth Preparedness and Maternity Services</b>	
Percent of women with at least one antenatal care (ANC) visit	94%
Percent of women with at least four antenatal care (ANC) visits	71%
Percent of women with a skilled attendant at birth	43%
Percent of women receiving postpartum visit within 3 days of birth***	12%
<b>Newborn Care and Treatment</b>	
Percent of newborns whose mothers initiate immediate breastfeeding	51%
<b>Immunization</b>	
Percent of children fully immunized at 1 year of age	57%
Percent of DPT3 coverage	80%
Percent of measles coverage	84%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>	
Percent of mothers receiving iron-folate	71%
Percent of children receiving adequate age-appropriate feeding	87%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	67%
Percent of children under 6 months exclusively breastfed	40%
<b>Treatment of Child Illness</b>	
Percent of children with diarrhea treated with ORT	67%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	69%
<b>Water, Sanitation, and Hygiene</b>	
Percent of population with access to improved water source**	58%
Percent of population with access to improved sanitation**	52%
<p>* Census International Database  ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report  *** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. The value reported is the percent of women receiving postpartum visit within 2 days of delivery.  **** Preliminary Demographic and Health Survey 2007  (Unless otherwise noted, the data source is the 2001-02 Demographic and Health Survey.)</p>	