

Maternal, Newborn, and Child Health



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Background

In Zambia, 591 maternal deaths occur per 100,000 live births while the infant, neonatal and under-five mortality rates are at 70, 34, and 119 per 1,000 live births, respectively. These mortality rates are unacceptably high. The major causes of child mortality are malaria, respiratory infections, diarrhoea, malnutrition, and anaemia. HIV and AIDS is increasingly contributing to morbidity and mortality in children. Malnutrition has been on the increase, attributed to the worsening poverty levels and increase in food insecurity, as well as suboptimal infant and young child feeding practices. According to available statistics, 70 percent of the population are food insecure and 45 percent of children are stunted. Fifteen percent of children are underweight and five percent wasted. These rates are among the highest in the region. There is also a general critical deficiency of micro-nutrients (iodine, iron, and Vitamin A), among both children and expecting mothers.

Issue

In Zambia, only 47 percent of births are attended by a skilled health worker at health institutions. Home delivery is high (53 percent). Communities in rural areas have limited access to health care. It is currently, estimated that in urban areas approximately 99 percent of households are within 5 kilometres of a health facility, compared to 50 percent in rural areas. Further, socio-cultural factors compound families' health care seeking behaviour such that many children are taken late to health facilities and pregnancy is not given special care. Knowledge about post natal care is low. Knowledge and practice on infant and young child feeding practices are low. Infectious but preventable diseases contribute significantly to child deaths and illnesses, including malaria, respiratory infections, and diarrhoeal diseases. All these factors have contributed to Zambia's high maternal, newborn, and childhood death indicators.

Action

The Government of the Republic of Zambia (GRZ) is committed to the promotion of maternal and child health. To promote access and utilization, it has abolished user fees for all maternal and child health services. To support the equitable provision of these services, UNICEF works towards the realization of an enabling policy and programme environment which will particularly reach out to the most disadvantaged and those most in need. UNICEF funds programmes and interventions aimed at improving the care available to mothers and children, particularly supporting the delivery of cost effective, evidence-based, high impact interventions at various service delivery levels. Further, technical assistance is provided to the GRZ to increase the capacity of facility health workers and community-based agents to provide maternal and

child health services. UNICEF, working with its cooperating partners, supports mass health intervention strategies to maximize coverage and effectiveness.

Child Health Weeks: UNICEF supports the Ministry of Health to conduct routine biannual child health weeks. These national immunization campaigns provide access to millions of mothers and children to immunizations, micronutrient supplementation (Vitamin A), malaria prevention (distribution of free or low-cost insecticide-treated bed nets), and growth monitoring and promotion. HIV counselling and testing, coupled with provision of antiretroviral treatment, is also supported by UNICEF.

Integrated Community Case Management of Childhood Illnesses (ICCM): Zambia, with the support of UNICEF and other partners, has introduced integrated community case management of pneumonia, malaria, diarrhoea, and malnutrition in 23 selected districts. To date, over 1,209 community health workers have been trained. The intention is to scale-up to all districts across the country.

Support to Safe motherhood and Newborn Health: UNICEF supports the GRZ to promote safe motherhood and newborn health. Support has been provided to the Ministry of Health through the procurement and distribution of 6,000 ante natal cards in all 72 districts; while health workers in six provinces (Western, Southern, Eastern, North Western, Luapula and Northern) were mentored on safe motherhood. District teams were trained on emergency obstetric and newborn care (EmONC) and Safe Motherhood Action Groups were established, trained, and provided with basic supplies. The Ministry of Health and its partners, including UNICEF, are planning to conduct a vigorous campaign to intensify already existing efforts and strategies to prevent maternal deaths within the framework of the Campaign for Accelerated Reduction of Maternal Mortality in Zambia

Impact

The highly equitable and efficient biannual child health week reach over 2.1 million children with high impact interventions such as Vitamin A, deworming, nutrition screening, and early infant HIV testing. Zambia retains its polio free status and remains alert for possible importation from neighbouring countries. The post measles campaign survey (in 2010) showed 86 percent coverage for measles vaccination and 99 percent for Vitamin A supplementation. The use of effective and efficacious anti-malarials among under-5 children remains low, although the Malaria Indicator Survey 2010 showed a 50 percent increase from 12 percent in 2008 to 26 percent in 2010. At present, and through various partners working in integrated reproductive health, a cumulative 53 districts (74 percent of all districts) have the capacity to provide emergency obstetric and newborn care (EmONC) services.

Districts with community Safe Motherhood Action Groups (SMAGs) increased from 26 (39 percent) in 2009 to 43 districts (60 percent) in 2010.

UNICEF's Country Programme 2011-15

UNICEF's country programme 2011-2015 will continue to support the GRZ's commitment to reduce maternal and child mortality. Maternal and child health is under the Programme Result: "Children, mothers, and pregnant women benefit from high impact interventions contributing to the attainment of MDG targets for child and maternal survival and development." The results will contribute to Millennium Development Goals 4, 5, and 6 and are part of the Health, Water & Sanitation, and HIV/AIDS programmes of the GRZ's Sixth National Development Plan. Under the United Nations Development Assistance Framework, the MNCH programme will work towards achieving Outcome 1 ("New HIV infections are reduced by 50 percent by 2015, while scaling up treatment, care and support and") and Outcome 3: "Vulnerable people living in Zambia have improved quality of life and well being by 2015."

UNICEF Zambia's Maternal, Newborn, and Child Health Programme 2011-15: Expected Results:

The Ministry of Health and the National Food and Nutrition Commission formulate updated policies, strategies, and guidelines for demand generation and equitable access to nutrition, maternal, newborn, child health and paediatric HIV prevention, care, treatment and support services, by 2015;

All health facilities in target districts have capacity to provide community based health care, by 2015;

80 percent of families and communities in target districts adopt key family practices and promote male involvement for nutrition, maternal, newborn, child survival as well as paediatric HIV prevention, care, treatment and support, by 2015;

Health facilities in target districts provide high impact interventions and quality clinical services for maternal, newborn and child survival, by 2015.

Source: [UNICEF](#)