



Technical Brief

IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH OUTCOMES THROUGH CAPACITY SUPPORT TO COMMUNITY STRUCTURES

Prepared: 4th September 2021

Volume 1; Issue No. 9

Introduction

Maternal, neonatal and child health (MNCH) remains a public concern in Zambia. For instance, maternal mortality in Zambia is estimated at 183 deaths per 100,000 live births (Phiri et al., 2020). Equally, between 2014-2018, neonatal mortality rates increased from 24 to 27 deaths per 1,000 births.¹ Therefore, improving MNCH is one of the Sustainable Development Goals (SDGs) targets and one of the public health issues that Zambia's 7th National Development Plan

(7NDP) addresses. Realizing how crucial MNCH is to meeting SDG Goal 3.2² and the 4th pillar of the 7NDP,³ World Vision Zambia implemented Lela Umwana (*nurture your child*) Project. The project was implemented in Mungwi District of Northern Province from 2016 to 2019. The project's goal was to improve the health and nutrition status of 1,075 mothers and 3,385 children under five in Iyaya Ward of Bwacha in Mungwi District by 2019.

Technical Approaches

World Vision Zambia employed a three-core project model to achieve the goal of improving the nutrition and health status of mothers and children under the age of five:

Timed and Targeted Counselling (ttC): This family-inclusive behavioural change model targets pregnant women, caregivers, and parents of children up to 2 years of age through appropriately timed household visits. Using the ttC model, World Vision Zambia works with community health workers to support pregnant women during the antenatal and postnatal period, including monitoring the baby until the age of two with a range of health and nutrition messages. The ttC model is also used to create demand for health services among pregnant women and empower families to improve health outcomes and practices at the household level.

Positive Deviance Hearth (PD Hearth)⁴: World Vision Zambia works through community volunteers to provide skills to women on the preparation of nutrient-rich meals for under-five children, using locally available foods. PD hearth has three

¹<https://www.unicef.org/zambia/health#:~:text=However%2C%20in%20the%20period%202014,health%20of%20women%20and%20children.>

²By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality and under 5 mortality

³Enhancing human development" (programmes on maternal child health care and family planning promotion, and nutrition promotion)

⁴Positive Deviance/Hearth (PDH) is a behavior change program used to rehabilitate underweight and wasted children without medical complications; sustain their rehabilitation; and prevent future malnutrition. <https://www.wvi.org/nutrition/project-models/positive-deviancehearth>

interrelated goals:

- To reduce the prevalence of malnutrition among children under five years.
- To build local capacity to treat malnourished children and sustain the rehabilitation of children.
- To prevent future malnutrition among all children in the community.

The Lela Umwana project implemented the PD hearth through community caregivers of well-nourished children. Their activities were deliberately designed to ensure they met the goals of PD hearth.

Community Health Committees (COMMS): COMMS, commonly known as neighbourhood health committees (NHC), is a model World Vision Zambia adopted in which the committees are tasked with identification and prioritization of community health problems, collecting and reporting on community health-related data to the health facilities, and community resource mobilization. This approach increased the effectiveness and efficiency of handling MNCH problems at the community level. COMMS are effective because they are community-based non-partisan health management structures established by the Act of Parliament comprised of local residents in a defined catchment area and linked to their nearest health facility. Members of this structure are elected from the community through the guidance of the health facility staff and traditional leaders.

Key Outcomes of the ‘Lela Umwana’ Project

World Vision Zambia recorded many positive outcomes in MNCH while implementing the 'Lela Umwana Project'. At the end of the project, the evaluation study conducted in 2020 showed that expecting mothers attending antenatal clinics in the project area increased by 16.1%. Data also showed an increase in the number of births assisted by skilled health workers at 86.5%. These results are much higher than the national, rural and urban averages, which the Zambia Demographic Survey for 2015 estimated at 64 percent, 51.6 percent and 88.5 percent, respectively. Further, evidence from the evaluation study showed that the prevalence of underweight children reduced by 20.3% during the project cycle. In addition, lactating mothers who reported practicing exclusive breast feeding for their 0-16 months babies also increased by almost 30% during the project cycle.

The “Lela Umwana” Project also focused on contributing to

the reduction of fever among children under five. Data showed a 17.1 points reduction in the proportion of children aged 0 – 59 months with fever/malaria from 61.1% in 2016 to 44% in 2020.

These results are also more significant than the national average of 16%, as shown in the Zambia Demographic Health Survey (CSO, 2018). The fever reduction is attributed to a number of interventions implemented during the project's life cycle that included: integrated community cases management (ICCM), Training for Community Based Volunteers through World Vision Zambia who provides malaria treatment at the household level. The work of the District Health Office and the malaria task force (MATF) ensured that people were using the insecticide-treated nets correctly.

sustainability is the availability of structures to implement MNCH activities at the community level. The most notable structures are the Neighbourhood Health Committees (NHCs). Neighbourhood Health Committees are not just available at the community level, but they also have capacity in MNCH issues to support the project. Further, to enhance sustainability, the project team worked with government line ministries such as the Ministry of Health - who are the primary partner in implementing the project.

Most importantly, the project and the Ministry of Health trained several Community-Based Volunteers linked to the health facilities for continued supervision and support. The partners, especially the Ministry of Health and Agriculture, also provided technical support and ensured that project

Limitations and Challenges

Despite the positive outcomes scored in the project, challenges still exist. Here we highlight one significant challenge faced:

- Community-Based Volunteers in the programme are sometimes frustrated or demotivated to work long hours without incentives, especially that other sister organizations are increasingly supporting the volunteers financially and materially.

Opportunities

The 'Lela Umwana' Project presents opportunities to explore further and leverage to ensure sustainability and scale up of the programme. One of the opportunities for the project's

deliverables were accomplished. Furthermore, they offered backstopping measures, primarily when the project implemented activities on prevention, curative and nutrition. In addition, the government partners helped with the training of community health workers in Positive Health Deviance and Infant, Young Child Feeding, and ttC. Thus, there are opportunities to work with government line ministries to provide such capacity building initiatives and backstopping measures in projects such as this one in the future.

The increased call for men to be actively involved in MNCH is gradually yielding results. Therefore, MNCH interventions have an opportunity to increase the involvement of men and contribute towards interventions that enhance men's participation.

In addition, the location where World Vision Zambia implemented this intervention lacks enough health facilities and MNCH services. Therefore, there is an opportunity to increase access to MNCH services and contribute towards SDG 3 and the fourth pillar of the 7NDP by constructing more facilities and improving MNCH equipment in the existing facilities.

Our Call for Action

Based on the outcomes and indeed the opportunities and challenges experienced in this project, several recommendations for different players in the provision of MNCH have been proposed:

Policy Makers

- There is a need to speed up the development of the Community Based Volunteer policy to guide the involvement and how best to provide incentives to CBV in nonprofit organizations' activities.

Partners

- Partnership in programmes that increase awareness of the importance of exclusive breastfeeding is essential and

recommended to increase the number of exclusively breastfed children.

Programme Implementers

- Sustain or involve partners in monitoring the volunteers trained by the project in many models such as ttC and PD Hearth to ensure fidelity and quality of service provision.
- Develop a robust strategy involving different stakeholders to ensure the sustainability and scaling up of project interventions.
- The programme should enhance activities aimed at increasing the involvement of men in MNCH.

References and Resources

Phiri ML, Chasaya M, Ngomah MA. A Retrospective Analysis of Maternal Deaths in Zambia (2019-2020). Health Press Zambia Bull. 2020; 4(3); pp 10-15

UNICEF Zambia Country Programme Document (CPD) 2016-2021

World Vision Zambia Lela Umwana Evaluation Report (2020).

Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. Zambia Demographic and Health Survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, Ministry of



World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

For further information please contact:

Malelo Ilukena
Technical Programme Manager
for Health
Malelo_Ilukena@wvi.org

Carol Mweemba
Associate Director – Advocacy, Reports
and Campaigns
Carol_Mweemba@wvi.org