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Zambia

Health

Country Thematic Report

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Prepared by

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Noala Skinner
Country Representative
UNICEF Zambia
P.O. Box 33610, Lusaka, Republic of Zambia
TEL: (260) 211 374200
FAX: (260) 211 253389
Email: nskinner@unicef.org

Shadrack Omol
Deputy Representative
UNICEF Zambia
P.O. Box 33610, Lusaka, Republic of Zambia
TEL: (260) 211 374200
FAX: (260) 211 253389
Email: somol@unicef.org

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AFS	Adolescent Friendly Services
ANC	Ante-natal Clinic
ART	Anti-retroviral Therapy
CCEOP	Cold Chain Equipment Optimisation Platform
CHWs	Community Health Workers
DHIS	District Health Information System
DPT	Diphtheria, Pertussis and Tetanus
ECD	Early Childhood Development
ENC	Essential Newborn Care
EmONC	Emergency Obstetric and Newborn Care
GAVI	Global Alliance for Vaccines and Immunisation
JFR	Joint Reporting Form
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
iCCM	Integrated Community Case Management
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IPV	Inactivated Polio Vaccine
OCV	Oral Cholera Vaccine
MCDP	Most Critical Days Programme
MDGi	Millennium Development Goals Initiative
MMR	Maternal Mortality Ratio
MTCT	Mother-to-Child Transmission
MTEF	Medium-Term Expenditure Framework
NHC	Neighbourhood Health Committees
PHC	Primary Health Care
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund

SAM	Severe Acute Malnutrition
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey
7NDP	Zambia's Seventh National Development Plan

EXECUTIVE SUMMARY

Zambia is one of the most politically stable democracies in Africa, with an estimated population of 16.4 million in 2017, of which 58 per cent is rural and 42 per cent urban and out of the total population, 53 per cent or 8.6 million are children[1]. Zambia has made steady progress in reducing child and maternal mortality though the current rates are still too high for a stable lower-middle-income country. Under-five mortality reduced by at least 30 per cent between 2007 and 2014 and the Maternal Mortality Ratio (MMR) declined by about 33 per cent, from 598 to 398 deaths per 100,000 live births[2] during the same period but is still unacceptably high. The neonatal mortality rate also remains high at 24 deaths per 1,000 live births and has been almost stagnant in the last decade.

In 2018, UNICEF provided financial and technical support to the Government of the Republic of Zambia (GRZ) to develop an enabling policy and strategic environment aimed at strengthening the health system with a focus on primary health care and quality of care which are two of the three pillars of Universal Health Coverage (UHC). A primary health care level social accountability model was developed aimed at making services responsive to citizen needs. Evidence based programme planning was further enhanced through the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Health Facility and Malaria Indicator surveys, respectively and the Cholera Epidemiology study. UNICEF also supported actions to leverage and/or improve sectoral funding from domestic and external sources. For example, the Government has committed to increasing Nutrition Funding across line ministries up to a total of US$ 40 per child as a result of Zambia's first National Nutrition Summit supported both technically and financially by UNICEF.

During the year under reporting, the Ministry of Health was supported with capacity building of staff in various programme areas. In addition, essential drugs and supplies were procured while some health infrastructure was constructed, and requisite equipment installed. Demand creation activities through mass media and behavioral change communication were undertaken, and activity implementation monitored. Consequently, in 11 districts in Lusaka and Copperbelt Provinces, an increase to 48 per cent (91,658) in institutional deliveries as of September 2018, compared to 45 per cent (78,162) in 2015 has been recorded including as part of a long-term partnership including support from the European Union. A total of 40,819 children with pneumonia out of 474,972 estimated number of children in 28 districts in Central and Western provinces were treated for pneumonia. The Inactivated Polio Vaccine (IPV) was introduced reaching 34,375 children (61 per cent). As of September 2018, Zambia recorded Diphtheria, Pertussis and Tetanus (DPT3) coverage of 89 per cent, with 21 per cent districts (23/110) reporting DPT3 coverage of less than 80 per cent and Measles at 93 per cent.

An estimated 97 per cent of pregnant women who visited an Ante-natal Clinic (ANC) were tested for HIV and received their test results. Among those who tested positive, 90 per cent were initiated on Anti-retroviral Therapy (ART), as of end October 2018. The number of health facilities offering peadiatric ART increased from 39 per cent in 2014 to 67 per cent in 2018, resulting in the percentage of peadiatric patients (0 – 14 years) on treatment increasing from 41 per cent in 2016 to 64 per cent in 2018.

[1] Central Statistics Office, Population and Demographic Projections 2011 – 2035.
[2] Ministry of Health (2013). Zambia Demographic and Health Survey Report

During the year, two rounds of oral cholera vaccination were conducted and reached about 1.3 million people. Primary Health Care (PHC) services were provided to 10,592 people – among them 6,753 children vaccinated against measles.

Based on the findings of the National Integrated Management of Neonatal and Childhood Illnesses Health Facility Survey 2018, the thematic funds amounting to US$ 10,050 under grant SC/18/9901, received in 2018, will be used to print the National IMNCI Strategic Plan 2019-2021. The process to develop the IMNCI Strategy is advanced and a near final draft is available and currently undergoing review by the Ministry of Health and partners. UNICEF provided technical support to the drafting of IMNCI strategy at a workshop held in February 2019

UNICEF Zambia would like to extend appreciation to the Spanish National Committee for the financial support to contribute towards reduction of child mortality and morbidity in Zambia. UNICEF Zambia also appreciates the partnership with Government at national, provincial and district levels for the leadership and guidance in 2018.

A. STRATEGIC CONTEXT OF 2018

Every child has the right to survive and thrive. Zambia's Seventh National Development Plan (7NDP) prioritizes health as a key investment to drive socio-economic development. The National Health Strategic Plan 2017-2021 gives the strategic framework for priority health interventions considering constraints on available resources. The Government's vision on health is UHC contingent on PHC, Quality of Care and Health Care Financing.

(i) Country trends in the situation of children vis-a-vis the outcome area:

Zambia has significantly reduced child and maternal mortality, however, the current rates are too high for a lower-middle-income country. Under-five mortality reduced by at least 30 per cent between 2007 and 2014 and the Maternal Mortality Ratio (MMR) declined by about 33 per cent, from 598 to 398 deaths per 100,000 live births during the same period. The neonatal mortality rate also remains high at 24 deaths per 1,000 live births[3] and has been almost stagnant in the last decade.

In Zambia, about 70 per cent of under-five deaths are due to preventable and treatable causes, such as pneumonia, diarrhoea, HIV and malaria and complications of pregnancy and child birth. Morbidity and mortality among women and children are much higher in rural under-developed areas and among the poor. Many child deaths arise from complications of pregnancy and child birth such as prematurity, birth asphyxia and sepsis. Among pregnant women, 96 per cent of women receive antenatal care at least once, however, only 56 per cent of these women receive the recommended four antenatal visits. Only 24 per cent start their antenatal visits in the first trimester of pregnancy. Ninety-five per cent of women in urban areas deliver in a health facility compared to 56 per cent in rural areas. Only 16 per cent of newborns in Zambia receive postnatal care within 48 hours of birth and 63 per cent of mothers receive postnatal care which contributes to the high neonatal mortality of 24 per 1,000 live births. Neonatal mortality rate is even higher at 34 per 1,000 live births among infants born to teenage mothers[4].

The Zambia Demographic Health Survey (ZDHS) 2013/14 found that only 68 per cent of children were fully immunized in Zambia. However, the Health Management Information System (HMIS) at the end of 2017, indicated high national immunization coverage with DPT3 at 94 per cent, and the WHO/UNICEF Joint Reporting form (JRF) indicates 84 per cent of the reporting 109 districts meet the national immunization target of 80 per cent coverage. While the number of un-immunized children has reduced from 118,700 in 2013 to 40,000 in 2017, major barriers and inequities still exist. Zambia has been certified polio free since 2005 and no polio case has been reported in the country since then.

Malaria is endemic across Zambia and a big public health problem and the country has committed to eliminate Malaria by 2021 and to-date significant strides have been made towards this goal. About 58 per cent of under-five children use insecticide-treated nets and indoor residual spraying of households is a priority intervention, as is the use of efficacious medicines to treat malaria[5]. Zambia uses the IMNCI approach to address morbidity among children. On average, 70 per cent of children with fever (a major symptom of malaria or other acute infections) seek treatment services from a health care provider. On average, 75 per cent

[3] Ministry of Health (2013). Zambia Demographic and Health Survey Report
[4] ibid
[5] Ministry of Health (2015). Malaria Indicator Survey Report

of children with diarrhoea received oral rehydration therapy or increased fluids. Children's access to IMNCI services is variable across the provinces, with the odds steeped against largely poor rural provinces. For example, only 33 per cent of children in Central province and 16 per cent in Western province are treated with an anti-malarial drug.

HIV/AIDS is another public health problem in Zambia and the country continues to respond to the epidemic. National intent to slow down and eliminate the HIV epidemic is obvious in the adoption of the 90:90:90 fast track goals[6] as espoused in the National AIDS Strategic Framework (2017-2021). The Zambia Population Based HIV Impact Assessment 2017, showed that 66 per cent of adults (aged 15-59) living with HIV are aware of their status, 89 per cent of those diagnosed are on ART, and 89 per cent of those on ART have attained viral suppression. A major challenge is to reduce Mother-to-Child Transmission (MTCT) rates which stand at 6.8 per cent at six weeks and 10 per cent at 24 months. The MTCT elimination target is set at less than 5 per cent[7]. Low rates of retention of mother-baby pairs in care, sero-conversion or new HIV infections in the breastfeeding period compound elimination of MTCT of HIV. On the other hand, Paediatric HIV treatment coverage stands at 64 per cent. A fragmented health services delivery model results in missed opportunities for tracking children living with HIV and linking them to care, treatment and support services. HIV prevalence among adolescents aged 15–19 years is 3.3 per cent for females and 1.6 per cent for males, however, rates double as adolescents' transition to adulthood, with a prevalence at ages 20-24 years of 9.6 per cent for females and 3.5 per cent for males[8]. Specific vulnerabilities among adolescents that need addressing to remedy the situation include: low risk perception, inadequate access to youth-friendly health services, and geographical and sociocultural barriers to sexual and reproductive health services. These are among the demand- and supply-side factors that affect HIV epidemic control in this group.

Children's right to survive and thrive in Zambia is further compromised by a high burden of undernutrition, whereby, malnutrition underlies 50 per cent preventable causes of under-5 deaths. As estimated 40 per cent of under-five children are stunted (42 per cent in rural areas versus 36 per cent in urban areas).[9] Further, micronutrient deficiencies are common among children in Zambia - anaemia remains a severe and unchanging public health problem, the estimated prevalence was 60 per cent in 1998, 53 per cent in 2003, 49 per cent in 2009, 55 per cent in 2012, and 60 per cent in 2015. A recent national survey found a prevalence of 54 per cent of vitamin A deficiency[10]. The proportion of households consuming adequately iodized salt remains low at 53 per cent[11]. The Government has committed to reducing the prevalence of stunting among children under five by 50 per cent by 2025, through a multi-sectoral approach.

(ii) Changes observed within the past year (2017 vs 2018)

The country experienced a huge outbreak of Cholera in the 2018 and a commensurate multi-sectoral response was mounted. It was observed that the response diverted limited resources (human and financial) from regular programme areas. Moreover, the Ministry of Health

[6] 90 per cent of People Living with HIV (PLHIV) know their HIV status, 90 per cent of those diagnosed with HIV are initiated and sustained on HIV treatment, and 90 per cent of those on treatment achieve viral suppression.
[7] UNAIDS spectrum estimates 2018
[8] ZDHZ 2013/14
[9] Ibid
[10] National Food and Nutrition Commission. 2003. Zambia national micronutrient survey.
[11] National Food and Nutrition Commission. 2011. Iodine deficiency disorder impact survey

continued to be affected by frequent staff changes at both the central and sub-national levels, leading to delays in activity implementation, increased transactional costs of programmes, and delays in reporting on programmes. Ultimately this situation can be inimical to health systems strengthening.

(iii) Key challenges and changes in the country narrative, partnerships, resources

Alleged fiduciary mismanagement in some Government ministries has led to some cooperating partners (donors) freezing funding using government systems and impacting programmes. The GRZ-DFID-United Nation Joint RMNCAH&N and Social Accountability Programme, which had an estimated US$ 19 million funding level, has been significantly impacted. On the other hand, the Government effected austerity measures due to limited fiscal space, resulting in limited budget execution whereby spending entities, such as district health offices, received only 70 per cent of their annual operations grants.

(iv) UNICEF's strategic position to engage and address challenges and changes

UNICEF employed a mix of programme strategies in the year under review, such as institutional strengthening of national systems; social/behavioural change communication and community engagement; policy engagement; service delivery; south-south cooperation; planning and monitoring; advocacy and public engagement; public and private partnerships; working together with other UN agencies; innovation, data analysis; research and evaluation; and operational support to programme delivery.

(v) Specific challenges during the reporting period

The Ministry of Finance announced austerity measures due to a constrained fiscal space as a result of slow economic growth and increased debt repayments. This led to a noticeable slowing down of disbursements of funds approved in the 2018 national budget to spending sectors which affected the pace and scale of programme implementation. The full effect of this situation may only become apparent in 2019.

B. RESULTS IN THE OUTCOME AREA

The Zambia UNICEF Country Office Health outcome envisages that by *2021, children (including new-borns and adolescents) and pregnant women benefit from improved and equitable high-impact maternal, neonatal, child and adolescent health interventions and behaviours*. The outcome has four outputs areas as listed below:

i. By 2021, Government capacity on planning service delivery and monitoring enhanced for quality and equitable health services;
ii. By 2021, mothers and new-borns in selected districts have access to high impact interventions before, during pregnancy and after delivery for preventing preventable maternal and new-borns deaths;
iii. By 2021, district health teams in selected districts have enhanced capacity to design, plan, resource and implement community sensitive primary health care, for universal access for prevention and management of common childhood illnesses with focus on malaria, pneumonia and Diarrhoea; and
iv. By 2021, all districts in Zambia have their capacity increased to plan, resource and implement immunisation programme for increased coverage of DPT3 vaccination with focus on the hardest to reach and marginalised communities, by 2021.

The key results achieved under the Health outcome in 2018 are as follows:

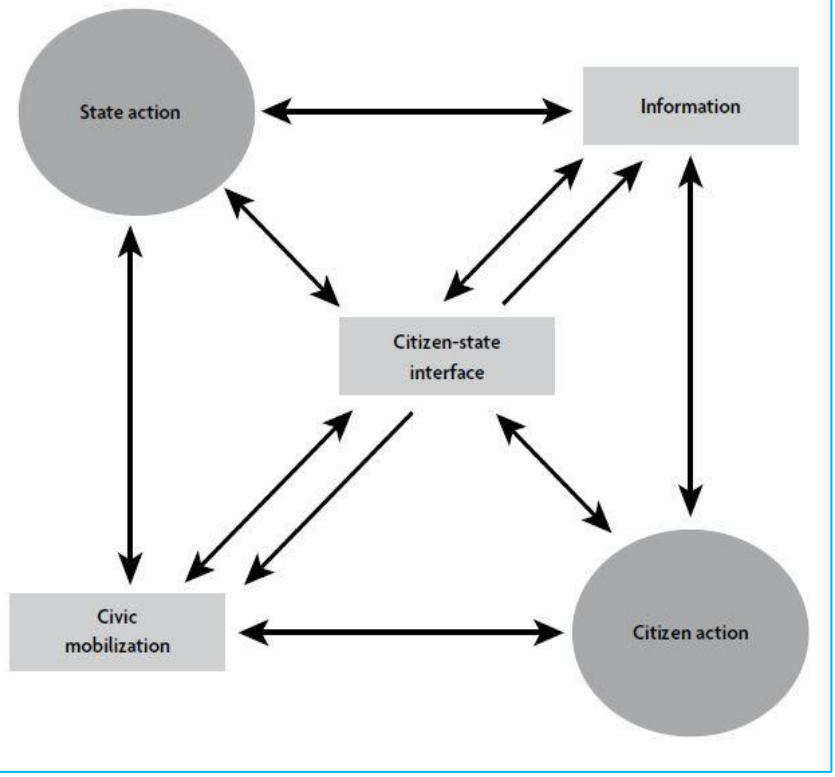
Output 1: By 2021, Government capacity on planning service delivery and monitoring enhanced for quality and equitable health services.

UNICEF provided financial and technical support to the Government to develop, finalise and launch key policy documents and guidelines. Among these were: the Community Health Strategy and operational guide for Neighbourhood Health Committees (NHCs). These documents are key to a strengthened community health system. Additionally, the National Maternal and Neonatal Services Referral Guidelines, the Post Natal Care (PNC) Home Visit Guidelines and the National Procurement and Supply Chain Strategy were developed, all aimed at ensuring a robust health system that can deliver quality services.

UNICEF also supported district level Medium-Term Expenditure Framework (MTEF**)** planning, reaching 100 per cent of the 39 target districts. Staff from 11 districts and the two provincial offices (Lusaka and Copperbelt) were trained on the District Health Information Systems (DHIS2) and data management. This has significantly improved reporting completeness, timeliness and quality.

The health sector was supported to develop a Social Accountability model at primary health care level through an open consultative approach in Central and Western provinces. Social accountability refers specifically to the relationship between those who manage and provide public services (also referred to as duty bearers) and citizens who use these services (referred to as right holders). Social accountability is a process in which informed citizens (right holders) hold governments (duty bearers) to account for delivering quality public services. The consultations informed the development of an implementation plan and accompanying theory of change (see figure 1). Further, UNICEF supported the Ministry of Health to organise national summits ("Indaba") where over 200 traditional and 500 religious leaders converged with the goal of strengthening the capacities of these key stakeholders to coordinate multi-sector approaches to health care delivery in their communities. These engagements were in-line with the strategy of building strong community health systems thus a responsive primary health care system that delivers quality services.

Figure 1: Five Elements of Social Accountability



Output 2: By 2021, mothers and new-borns in selected districts have access to high impact interventions before, during pregnancy and after delivery for preventing preventable maternal and new-borns deaths.

UNICEF supported Ministry of Health to build capacity of 63 facility health care workers on Emergency Obstetric and New-Born Care EmONC and Essential New-born Care (ENC). In addition, UNICEF supported implementation of EmONC activities, such as, ensuring each facility has two staff members trained, and this resulted in 100 per cent of the 52 targeted facilities in the 11 MDGi districts providing B-EmONC 24-hours every day. The staff trained in EmONC provided skilled attendance to 87,617 of the 91,658 institutional deliveries recorded in the 11 supported districts.

In response to the 2017 – 2018 cholera outbreak that resulted in 5,935 cases and 114 deaths nationwide, UNICEF supported the multi sectoral coordination of the emergency preparedness and response activities under the leadership of MoH. In this context, UNICEF supported the MoH to develop a multi-sectoral response plan. UNICEF also supported the provision of cholera kits as well as two rounds of the Oral Cholera Vaccine vaccination campaign (together with WHO), which reached 1.3 million people.

Since August 2017, Zambia has been receiving influx of refugees from Democratic Republic of Congo. During 2018, UNICEF, together with UNHCR and other partners, supported the construction of a health centre in the Mantapala Refugee Settlement, which enabled over 11,900 refugees[12] receive health care services. Additionally, 6,753 children (aged 6 months to 14 years) were vaccinated against measles. Screening for acute malnutrition was also provided for 3,558 children of which 291 children benefited from malnutrition management with 100 per cent cure rate. Moreover, 364 pregnant women received iron and folate supplements, and 3,558 children (aged 6 to 59 months) were reached with vitamin A supplementation. To enhance service delivery, UNICEF in collaboration with partners trained 18 health workers and 34 community-based volunteers to provide Infant and Young Child Feeding Counselling (IYCF) services and relevant care for severely malnourished children.

Output 3: By 2021, district health teams in selected districts have enhanced capacity to design, plan, resource and implement community sensitive primary health care, for universal access for prevention and management of common childhood illnesses with focus on malaria, pneumonia and Diarrhoea

In 2018, the Ministry of Health was supported to conduct the national IMNCI health facility survey to inform the development of the national IMNCI Strategy 2019-2023. The survey's preliminary results found positive performance in some priority IMCI indicators, whereby, 67 per cent of health workers checked children for three danger signs. Among children needing an antibiotic or oral rehydration salts, 83 per cent and 68 per cent, respectively, prescribed these lifesaving medications correctly. Based on the findings of the IMNCI health facility survey, a IMNCI Strategic Plan is being developed and the thematic funds will be used to support Government in printing the new IMNCI strategic plan in 2019. Further, 20 Community Health Workers (CHWs) were trained in Integrated Community Case Management (ICCM) with UNICEF support, this brings the cumulative number of CHWs trained since 2016 to 1,167[13]. A total of 40,819 children out of 474,972 estimated number of children in 28 districts in Central and Western provinces were treated for pneumonia[14]. Despite challenges in managing the health sector procurement and supply chain system, no stock out of Oral Rehydration Salt (ORS) were documented at national level.

Output 4: By 2021, all districts in Zambia have their capacity increased to plan, resource and implement immunisation programme for increased coverage of DPT3 vaccination with focus on the hardest to reach and marginalised communities, by 2021.

UNICEF facilitated the procurement of traditional vaccines to forestall a national level vaccine stock-out. Technical support was given to draft, validate and submit the New Vaccine Support Renewal to GAVI. The Inactivated Polio Vaccine (IPV) was introduced reaching 34,375 children (61 per cent). As of September 2018, Zambia recorded DPT3 coverage of 89 per cent, with 21 per cent districts (23/110) reporting DPT3 coverage of less than 80 per cent and Measles at 93 per cent[15]. UNICEF, with funds from Gavi, supported an Equity Assessment

[12] These refugees were initially hosted in Kenani Transit Centre in Nchelenge District and subsequently moved to Mantapala Refugee Settlement. UNICEF also supported hygiene promotion interventions in Kenani Transit Centre.

[13] Ministry of Health (2018). GRZ-DFID-UN Joint RMNCA&N Programme Report

[14] Ministry of Health (2018). HMIS Data

[15] ibid

and leveraged about $11.5 million under the Gavi Cold Chain Equipment Optimization Platform (CCEOP) support.

Results Assessment Framework

The thematic funds are under the Child Health output of the Health outcome. The output level results for 2018 have been alluded to in the section above (see table 1 below) and demonstrate that, UNICEF in partnership with Government and others, are on track to achieve outcome results planned in the Country Programme for the period 2016-2021.

Table 1 Status of Indicators for the Child Health Output *(By 2021, district health teams in selected districts have enhanced capacity to design, plan, resource and implement community sensitive primary health care, for universal access for prevention and management of common childhood illnesses with focus on malaria, pneumonia and Diarrhoea).*

Output indicators	Indicators	Baseline		Target		Data source	Indicator status update as of 31st December 2018
		Year	Value	Year	Value		
	% of Community Health Workers (CHWs) trained to implement integrated community case management (% of actually trained against the planned).	2015	572 (39.6%)	2018	60% (Cumulative)	Programme Reports	50% of cumulative target (20/202 in of CBVs trained in iCCM in 2018 under the UNJP on RMNCAH&N specifically in Central Province). Target not reached due to funding constraint with DFID.
	National Malaria Strategic Plan 2016-2020 is available	2015	Not Available	2018	Available	Programme Reports	Met: Available – Achieved in 2017
	Number of stock outs of ORS at the national level	2014	0	2018	0	Programme Reports	On track: 0 Months
	National iCCM strategic plan developed and implemented.	2017	Not available	2018	Available	Programme Reports	The National ICCM strategic plan has been developed with ongoing implementation.

C. FINANCIAL ANALYSIS

The Health and HIV and AIDS section in UNICEF Zambia is facing a funding challenge. In 2018, the planned amount funding was US$ 10,057,939 out of which US$ 6,165,114 only was funded, leaving a funding gap of US$ 3,892,824.

Using the Strategic Plan Analysis Cube in Insight, this section highlights revenue, funding gaps and expenses within the sector for which Thematic Funds have been received.

Table 1: Planned budget by Output areas in US$ (Outcome area: Health, Year = 2018)

Programme Structure	Funding Type	Planned Budget
01-01 By 2021, government capacity on planning service delivery and monitoring enhanced for quality and equitable health services	RR	80,000
	ORR	1,000,000
01-02 By 2021, mothers and newborns in selected districts have access to high impact interventions before, during pregnancy and after delivery for preventing preventable maternal and newborns deaths	RR	60,000
	ORR	3,000,000
01-03 By 2021, district health teams in selected districts have enhanced capacity to design, plan, resource and implement community sensitive primary health care, for universal access for prevention and management of common childhood illnesses with focus on malaria, pneumonia and Diarrhoea	RR	100,000
	ORR	4,150,000
01-05 HEALTH PROGRAM SUPPORT	RR	568,000
	ORR	1,099,939
Total		10,057,939

Notes: RR: Regular Resources, ORR: Other Resources Regular

Table 2: Country-level Thematic contributions to thematic pool received in 2018

Donor	Grant Number	Contribution Amount	Programmable Amount
SPANISH COMMITTEE FOR UNICEF	SC1899010008	10,552.00	10,552.00
Grand Total		10,552.00	10,552.00

Note: Besides the above thematic funds, Health Programme also had funds rolled over from 2017 to the year 2018 in Grant SC149903

Table 3: 2018 Expenditures in the thematic sector by results area

Organizational Targets	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All programme Accounts
21-01 Maternal and newborn health	20,771.48	1,640,852.70	134,988.15	1,796,612.33
21-02 Immunization	-	1,107,174.23	61,725.52	1,168,899.75
21-03 Child Health	228,476.52	3,942,541.89	902,027.82	5,073,046.23
Grand Total	249,248.00	6,690,568.82	1,098,741.49	8,038,558.31

Table 4: Thematic expenses by results area

Specific Intervention Code	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Grand Total
21-03 Child Health	-	41,712.83	-	41,712.83
SC189901	-	-	-	-
SC149902	-	41,712.83	-	41,712.83
Grand Total		41,712.83	-	41,712.83

Note: The thematic funding ($10,000) received under SC189901 was not spent in 2018 because it was earmarked for printing the IMNCI Strategic Plan which was not ready. The Strategic Plan will be printed in 2019. The expenditure was from the roll over funds from 2017.

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Code	Expense
21-01-01 Community and home based maternal and new born care	3,197.94
21-01-02 Facility based maternal and new born care (including emergency obstetric and new born care, quality improvement)	581,692.34
21-01-03 MNTE supplementary immunization activities	265.94
21-01-05 Maternal and new born care policy advocacy, evidence generation, national / subnational capacity development	65,450.51
21-01-99 Technical assistance - Maternal and new born health	1,088,646.93
21-02-05 Immunization operations	1,104,728.93
21-02-99 Technical assistance - Immunization (excluding Polio technical assistance)	2,936.70
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	50,688.18
21-03-09 HSS - Community Health System	73,215.22
21-03-10 HSS - Health systems procurement and supplies management	19,682.57
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	1,463,258.24
21-03-16 HSS - Management Information Systems	1,001,697.35
21-03-18 Public health emergencies, including disease outbreaks	234,421.41
21-03-98 Technical assistance - HSS	1,855,773.75
Grand Total	**7,545,656.01**

Table 6: Planned budget and Available Resources by Output areas in US$ (Outcome area: Health, Year = 2018)

Programme Structure	Funding Type	Planned Budget	Funded Budget	Shortfall
01-01 By 2021, government capacity on planning service delivery and monitoring enhanced for quality and equitable health services	RR	80,000	149,021	(69,021)
	ORR	1,000,000	2,943,457	(1,943,457)
01-02 By 2021, mothers and new-borns in selected districts have access to high impact interventions before, during pregnancy and after delivery for preventing preventable maternal and new-borns deaths	RR	60,000	48,605	11,395
	ORR	3,000,000	121,131	2,878,869
01-03 By 2021, district health teams in selected districts have enhanced capacity to design, plan, resource and implement community sensitive primary health care, for universal access for prevention and management of common childhood illnesses with focus on malaria, pneumonia and Diarrhoea	RR	100,000	71,305	28,695
	ORR	4,150,000	957,902	3,192,098
01-05 HEALTH PROGRAM SUPPORT	RR	568,000	516,713	51,287
	ORR	1,099,939	1,356,980	(257,041)
Total		10,057,939	6,165,114	3,892,825

D. FUTURE WORKPLAN

Based on the findings of the National IMNCI Health Facility Survey, the thematic funds under grant SC/18/9901, received in 2018 will be used to print the National IMNCI Strategic Plan 2019-2021. The process to develop the IMNCI Strategy is advanced and a near final draft is available and currently undergoing review by the Ministry of Health and partners. UNICEF provided technical support to the drafting of IMNCI strategy at a workshop held in February 2019.

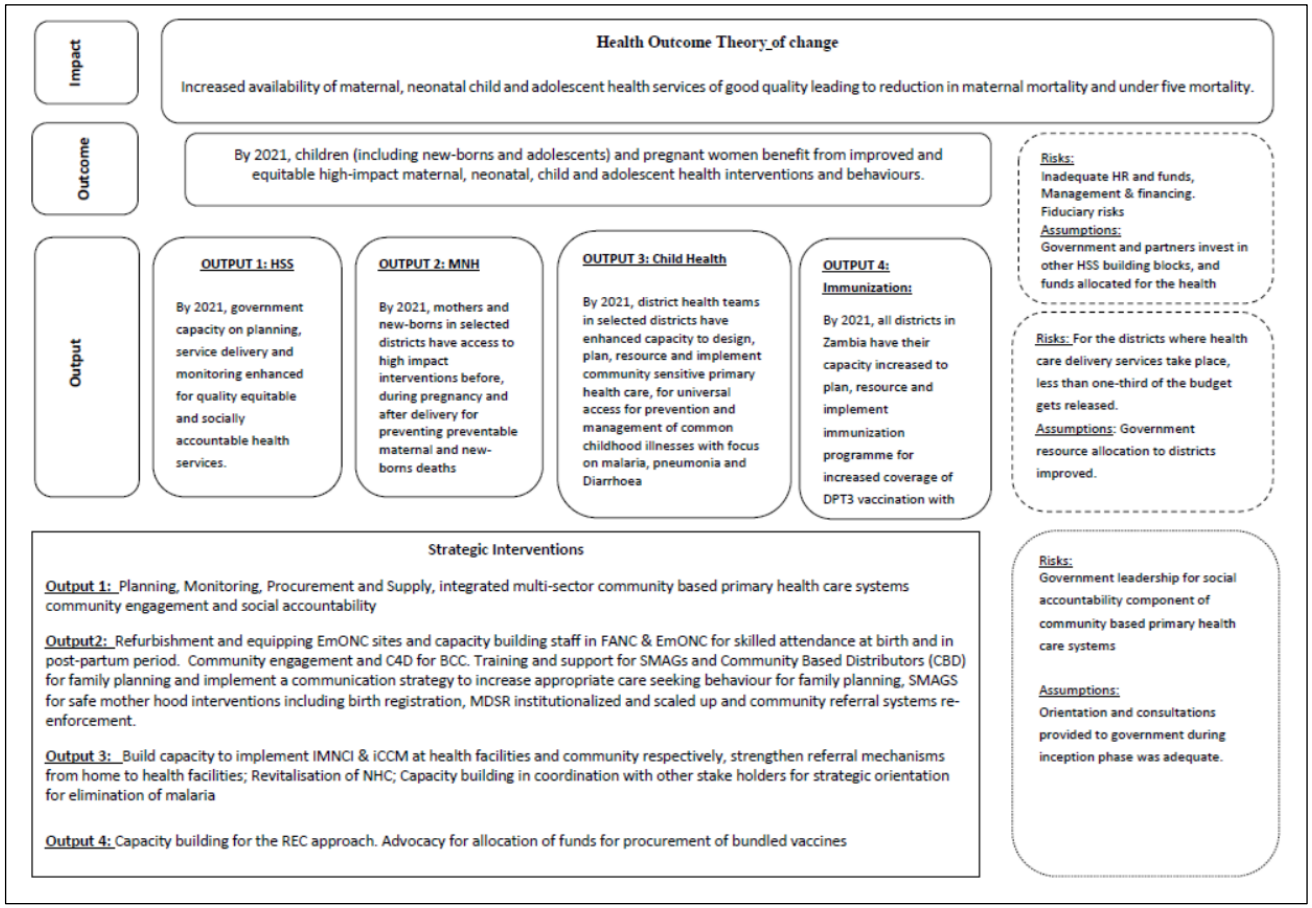
E. EXPRESSION OF THANKS

UNICEF Zambia would like to extend appreciation to the Spanish National Committee for the financial support to contribute towards reduction of child mortality and morbidity in Zambia. UNICEF Zambia also appreciates the partnership with Government at national, provincial and district levels for the leadership and guidance in 2018.

F. ANNEXES

Annex 1: Theory of Change for Health

Zambia's developmental vision is for a Nation of Healthy and Productive People. The national health strategic plan (NHSP) focuses attaining universal health coverage (UHC) through building a robust and resilient health system that is well financed and built on a backbone of primary health care and thus deliver quality health services across the continuum of care. Health is determined by many other social and economic factors such as education, housing agriculture, water sanitation. Consequently, the NHSP emphasises multi sector approach to health through the health in all policies approach. Community platforms created through the decentralization process at district and ward levels will foster the multi sector approach thus ensure the child is the focus for Government and partners' interventions. Interventions such as for nutrition, adolescents and early childhood development (ECD) are targeted for integrated delivery under the child friendly communities



approach. Community health systems will be supported to function in a socially accountability manner thus responsive to citizen needs. UNICEF's 2016-2021 Health programme envisions supporting all the six-building block of the health system thus a functional national health services delivery system. The UNICEF programme aims to strengthen the health system thus make it resilient to shocks such as outbreaks and natural disasters hence contribute to reducing maternal and under five mortality in Zambia. With the stewardship of the government, UNICEF will support the implementation of National Health strategic plan focussing on four output areas: Health System Strengthening; Maternal and newborn Health; Child Health and Immunization. Under each output, support will be given at national level for the design, revision and/or updating of policies and strategies. Additionally, support to capacity building at national, provincial, district and community levels for implementation of key interventions for women and children. The forgoing assumes that in addition to UNICEF support, government and other stake holders will contribute finances and technical support to build a strong health system that will deliver high impact interventions across the life cycle.

Annex 2: Human Interest Stories

Fleeing violence in Congo, malnourished children receive help in Zambia

by Ruth Ansah Ayisi, Communications Consultant, UNICEF Zambia

Seven-month-old Kaniki, although frail, sucks keenly at a packet of peanut-based paste. He is one of more than 200 Congolese children at Kenani transit refugee centre in the north of Zambia being treated for severe acute malnutrition with ready-to-use therapeutic food paste provided by UNICEF.

Agnes Kallinga feeding Kaniki (Photo: R. Ayisi/UNICEF)

"Before, Kaniki wouldn't eat, but now he is beginning to thrive," said nutritionist Grace Mwasile from UNICEF implementing partner World Vision. "Although he is still in the red zone for severe acute malnutrition, he is gaining weight."

Kaniki's aunt, Agnes Kallinga, explains that Kaniki's mother was her older sister. "My sister was killed one morning, while she was farming." Agnes winces, pain written on her face. Kaniki is one of six newly orphaned children. Agnes, who has four children of her, weaned her youngest, 2-year-old Chipungo, so she could exclusively breastfeed Kaniki, who was just 2-months-old at the time of his mother's death.

Nutritionist Mwasile is excited by the way the newly arrived Congolese refugee community – numbering over 15,000 – is looking out for signs of malnutrition. "Most mothers are bringing their children on their own; they are not even being referred. The mothers say that they want their children assessed, we are getting more children each day, and once they start on the programme, very few default."

She works in a small tent along with Congolese refugee volunteers. She measures Kaniki's upper arm circumference, height and weight, to guide her in deciding how many sachets of ready-to-use-therapeutic food should be given for the week before he comes for his next appointment. Mwasile also checks for any signs of other illnesses.

Kaniki was sickly from birth back home in the Democratic Republic of Congo, explains his aunt, but things became even more difficult when the violence worsened forcing them to flee. "We left the

morning his mother was killed," says Agnes. "We only took the clothes we were wearing." They trekked with their children through the bush for one week, Agnes carrying Kaniki and her husband carrying her two-year-old Chipungo, until they reached the Zambian border. "We didn't even take food, we just asked people for food on the way and drank water from streams," says Agnes.

Her story is similar to that of many of those who have streamed over the border into Zambia's Nchelenge district in the last few months.

The main nutritional challenge, says Mwasile, is assisting the severely acute malnourished children who develop complications and need to be hospitalized outside the camp. "The mothers don't want to go to hospital as they often have other children to look after, and the mothers weren't getting food at the hospital." Tragically, in January, three mothers took their children from the hospital while they were under treatment for malnutrition, and the children died at home. Measures have now been taken to provide food at the hospital and enhance the support the other children receive back at the camp.

Beyond severe acute malnutrition, more than 250 children were treated in February for moderate malnourishment, receiving a high-energy protein supplement consisting of soya beans, sugar, maize and oil which the mothers or caregivers make into a porridge back in their tents.

Mwasile says she is seeing remarkable progress, particularly for the children suffering from severe acute malnutrition. "We tell them that the paste is medicine for this child only. We are seeing good results and the mothers are so happy when they see their children get better."

UNICEF Zambia nutrition specialist, Ruth Siyandi, explains, "This peanut-based ready-to-use therapeutic food saves lives. It is highly effective and allows severely malnourished children to be treated as outpatients, providing that no other underlying complications exists and that they are regularly monitored."

Already Agnes looks relieved by Kaniki's progress. After breastfeeding Kaniki, she places him on her back and he sleeps soundly, snug under a cloth. Asked what she dreams for the future, Agnes does not hesitate: "I want my children to go to school." Agnes has never been to school, nor have any of her children. She pauses for a moment and adds, "And I don't want to die before my children are grown up."

Accelerating progress towards maternal, neonatal and child mortality reduction in Zambia

Sister-in-charge, Tamara Michelo attributes the zero neonatal deaths at Mpatamatu Section 26 Health centre to MDGi

"Before the refurbishment, the maternity ward was so dilapidated, and we lacked a lot of things; we had no oxygen cylinder, no resuscitation table and the ward was just falling apart. Now thanks to the Ministry of Health, the European Union, the UN, and MDGi, we have a very nice building, lots of new equipment and enhanced skills. We now come to work filled with joy and zeal. We hardly have any neonatal deaths because we are able to manage cases with our EmONC (emergency obstetric and newborn care) training and new equipment, even babies with asphyxia are managed right here. This transformation inspires us and gives us the zeal to want to do even more. Community volunteers are also playing an important part in our ability to deliver quality healthcare. We have at least 19,000 people in the catchment area who come to this facility and volunteers are doing a great job and making our workload more manageable" – Tamara Silweya Michelo, Sister-in-Charge at Mpatamatu Section 26 Health Centre, Luanshya, Copperbelt Province.

The Millennium Development Goal initiative (MDGi) programme aims at accelerating the reduction of maternal, neonatal and child mortality in Zambia. The programme is implemented by the Ministry of Health with technical support from UNICEF and the United Nations Population Agency (UNFPA). In the provinces of Lusaka and Copperbelt, 52 health facilities have been supported with refurbishment or construction of maternal and child health wings as part of increasing availability of a continuum of maternal, neonatal and child health services.

Annex 3: Donor Report Feedback Form

In acknowledgement of the contribution or your organization and in order to fulfil our reporting obligations, we continually strive to ensure that our donor reports are of a standard that assures you that funds are being used effectively and in the best interest of the child. Hence, we are interested in your feedback and seek your input towards improving our performance. Please take time to let us know how satisfied you are with the report you have received by completing the accompanying donor report feedback form.

Please use the link below to provide feedback. https://www.surveymonkey.com/r/YJHKJLW

Name of Report: Thematic Report – Health, Zambia
Reference no: SC/18/9901

Contact Name: Noala Skinner - Representative

Email: nskinner@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while

0 indicates “complete dissatisfaction”.

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

2. To what extent did the fund utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

3. What suggestions do you have for future reports?

4. Any other comments you would like to share with us?