Zambia
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Background
- Zambia has achieved reductions in maternal, neonatal and child mortality rates overall and among disadvantaged regions and socio-economic groups, but current levels are still unacceptably.
- Monitoring existing inequalities is essential for achieving meaningful progress and for creating an equity-oriented health sector.
- Assessing how changes in the health policy and programme environment as well as the wider context have contributed to progress, or lack of progress, in Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N) indicators and child survival is also critical for determining whether actions in the health sector are successful in reducing inequalities and promoting equity.

Aim:
- The aim of the Zambia Countdown collaboration is to enhance the evidence on where, for whom, and how improvements in RMNCAH+N have been achieved, which can support Zambia’s national pursuit of equitable health improvements that leave no woman or child behind

Summary results
Tracking improvements in child mortality and RMNCH coverage using an equity-based approach

Under-five mortality
Zambia experienced a major decline in under-five mortality from 2001-2018, declining from 168 to 61 per 1,000 live births between 2001 and 2018 Zambia Demographic Health Survey (ZDHS), at a pace of nearly 6% per year, much faster than the average for sub-Saharan Africa.

While the gap between the poorest and richest closed, absolute income levels and gaps did not improve much between these groups. This suggests that economic improvements alone did not play an important role in reducing USMR.

RMNCH Coverage
Between 2001 and 2018 ZDHS, Zambia’s Composite Coverage Index (CCI) improved from 62% to 76% respectively, with an average annual rate of change (AARC) of 1.2% per year.

Wealth quintile gaps in CCI
From 2001/2 to 2018, the CCI gap between the poorest and richest went from 35 percentage points to 8 points.

Health policy and systems analysis
- We analysed how health policies and systems improvements occurred over time in ways that may have contributed to equitable improvements in RMNCH using policy document review and health systems data analysis on financing, human resources and infrastructure.

Health policy and systems changes to improve equity in RMNCH in Zambia since 2000:
- Policy commitment to improving equity in access to RMNCH services, with an expanding range of interventions across the continuum of care over time
- Needs-based financing and decentralized health planning at subnational levels
- Multisectoral action and horizontal programming among government and development partners to address multiple causes of child mortality
- Efforts to expand health infrastructure and human resources in remote or rural areas
- Strengthened role of community health volunteers and groups in RMNCH service delivery
COVID-19 impact on RMNCH services

- The analysis focused on tracking changes in service utilization for the whole period March to December 2020 for seven services using routine health facility data (HMIS).
- All seven RMNCH services, expect the third pentavalent vaccine dose, had lower than expected utilization in 2020 based on the levels and trends of previous years (2017-2019).

Small decreases were observed for ANC4 and BCG at 2% and 3% respectively. The largest increase was observed for family planning and cesarean-section services at 15%.

Quality of Maternal and Newborn Health Services in unplanned settlements of Lusaka City, Zambia

Main Objective
To assess quality of maternal and newborn health services available to urban poor women living in unplanned settlements, and to understand women’s experience of maternity care.

Challenges to Prenatal care
Cost of ANC card, discrimination and stigma of women without spouses, scheduled working hours; Long waiting hours

NS: “They first of all attend to those who came with their husbands, even if I came earlier than them, they would not attend to me first, I don’t know why they do that.”

Satisfaction and challenges
HCWs not satisfied with equipment’s, supplies, shortages. Mothers buy disinfectants and gloves.

R14: “We advise these mothers to be buying for themselves, or communicate with relatives.”

Communication and outputs

Results uptake - Data use

Learnings
- Capacity building – analytical and knowledge translation experience fostered through the collaboration
- Aligning research and policy priorities, emphasis on data demand generation
- Data use - even with archived data, crucial to make full use in order to respond to key questions
- Collaborations within country – efficient and minimal duplication of efforts
- International research network of Countdown to 2030 helps to share approaches and findings regionally and globally.