

In January and February 2020, THET and LSTM conducted country-centred scoping assessments in each country in order to consult with key stakeholders and identify and validate national health system priorities that could be supported through Health Partnership (HP) activities funded by UKPHS. These consultations also aimed to ensure that HP activities are developed in line with national needs and capacities and contribute to the countries' efforts to achieve Universal Health Coverage (UHC).

DESK REVIEW

The LSTM team, in collaboration with THET, conducted a rapid review of the available secondary data before the country visits to produce an overview of the country context and the health system, including key health systems issues, gaps and priorities. Documents reviewed included health sector policies and plans, UHC plans, quality policy and strategy, human resources for health (HRH) policy and strategy, country demographic and health surveys, available relevant Health Management Information Systems (HMIS) data, and key reports/ analyses (including World Bank data, Political Economy Analyses and DFID bilateral business cases and reports). The desk review findings and identified national priorities were summarised in a PowerPoint presentation to be shared, discussed and validated with individuals during the scoping trip.

SCOPING VISIT

Following the desk review, THET/LSTM visited each country to identify health system strengths, weaknesses and gaps, to understand the political economy, to determine health systems strengthening (HSS) areas, and then identify which health system component could be addressed by a UKPHS-funded project. The team carried out in-depth interviews and key informant interviews with: policy-makers, including representatives from the Ministry of Health and other strategic sectors and line ministries; in-country DFID teams; professional bodies and associations, including nursing; training institutions; and development/funding partners and UN agencies.

Preliminary findings from these interviews were presented to a larger group of stakeholders, with validation of the national HSS issues, gaps and priorities across the six WHO building blocks (including Gender Equality and Social Inclusion issues). The group conducted an exploration and assessment of the potential of the HP model to address identified HSS priorities, including its feasibility, relevance, coherence/fit, equity, efficiency, sustainability, etc. This was followed by a consensus-building exercise on potential interventions that could be implemented through HPs that would address these priorities and support the countries' progress towards UHC, mapping against the UKPHS programme outcome.

The team then developed a simple theory of change based on these priorities and what types of activities had been suggested, and debriefed senior officials at the Ministry of Health with an overview of the outputs and outcomes of the visit, and the priorities identified and validated by stakeholders.

Overleaf is a summary of the key findings from the scoping assessment along with the conclusions and priorities that emerged from the stakeholder workshop. Applicants will be expected to develop proposals based on a selection of the indicative activities, outputs and outcomes suggested in the accompanying theory of change, although THET will consider other interventions if they broadly fit within the priority categories outlined.

GLOSSARY OF ACRONYMS

- ANC - Anti natal care
- CHW - Community Health Worker
- CHEW - Community Health Extension Worker
- CPD - Continuing professional development
- DHO - District Health Office
- GBV - Gender-based violence
- GESI - Gender equality and social inclusion
- HF - Health facility
- MDT - Multi-disciplinary teams
- MNH - Maternal and newborn care
- MNCH - Maternal, newborn and child health
- MoE - Ministry of Education
- MoH - Ministry of Health
- MPDSR - Maternal Perinatal Death Surveillance and Response
- NCD - Non-communicable diseases
- NDP - National Development Plan
- N/M - Nursing and Midwifery
- OT - Occupational Therapist
- PHC - Primary Health Care
- PNC - Post natal care
- QA - Quality Assurance
- QI - Quality Improvement
- VHT - Village Health Team

OVERVIEW OF FINDINGS:

Zambia has seen significant improvements in the health sector in recent years due to government leadership and assistance from bilateral donors. This has included: the employment of 42,000 additional health care providers (in 2016 alone), the building of 275 health posts and 36 district hospitals; the upgrading of the District Health Information Systems (DHIS) 2 and deployment of Smart Care electronic records in six hospitals. Furthermore, the government is progressing plans to devolve authority to provincial and district level sites and introduce a social health insurance scheme. Access to and coverage of HIV, TB and Malaria services has increased and improvements have been made with maternal, neonatal and child mortality. Multi- and bi-lateral funders and implementing NGOs make a valuable contribution to the strengthening of the health system, totaling US\$ 475.4m in 2020. To avoid duplication, many multi- and bi-lateral funders and implementing NGOs have decided to support specific provinces, and progress is being made to coordinate with and between partners in the health sector. The UK's DFID is focusing efforts in Central and Western provinces where access to health care services lag behind those in other provinces.

Despite recent improvements, a number of challenges remain. Maternal and neonatal mortality remains a major concern and the President of Zambia has now declared it a public health emergency and called for heightened interventions. Teenage pregnancy, and maternal death among this age group, are high. Although Zambia is making concerted efforts to address the burden of HIV, TB and Malaria, more still needs to be done. Non-communicable diseases are increasing and malnutrition still remains a public health concern.

The Government of the Republic of Zambia has planned to further increase the training, recruitment and deployment of specialists, medical doctors, nurses and midwives as well as other allied medical staff in the coming years. However, the deployment and distribution of health workers remains a challenge. Although access to and quality of care has improved, Zambia attains only 29% on the Global Health Care Access and Quality index. Populations in rural areas are disproportionately affected by poor access to health services and this is further hampered by perceptions of the quality of the facility-based services they receive.

CONCLUSIONS AND PRIORITIES FOR UKPHS

Based on a detailed analysis of the key priorities, a review of current gaps in support, and an assessment of where the Health Partnership model could add most value, the stakeholders consulted agreed that the overall selected focus of the UKPHS programme in Zambia should be:

QUALITY SERVICE DELIVERY FOR MATERNAL AND NEWBORN CARE THROUGH STRENGTHENED HEALTH SYSTEMS AT PRIMARY HEALTH CARE LEVELS IN PRIORITY PROVINCESⁱ

The selection of this focus area was based on a number of factors:

- Maternal and neonatal mortality remains high and have been declared a national emergency.
- Quality of care at health facility (HF) level is a key contributor to poor outcomes for women and babies – hence this programme will focus on improvement in services at HF level.
- The number and distribution of midwives at the HF level is insufficient and many deliveries are performed by nurses and clinical officers, without appropriate training. Capacity development of non-midwife health workers involved in deliveries is therefore a key priority. As well as capacity development and mentorship, this may require the development and/or strengthening of curricula for this purpose, which should cover: conducting safe normal deliveries and neonatal care, early identification of complications, and need for referral and taking appropriate preventive measures before referral (as well as adolescent sensitive/friendly services).
- Women with complications are not always referred in a timely fashion. Therefore, improving the capacity of the HF staff and management to recognize when and how to refer will be important.
- Women, particularly poorer women, are not adequately accessing health care, partly due to distance, but also due to their confidence in the quality of services at the health facility level. Improving the quality of the services and the awareness of the value of attending the services, will be key to improving the use and uptake of the services.
- Access to services is not even in all provinces.

Based on this rationale and an analysis of the contributing factors, in order to ensure this SELECTED FOCUS AREA is effectively addressed we are seeking partnerships that contribute to one or more of the priorities as detailed in the indicative activities, outputs and outcomes as below.

ⁱ Priority will be given to partnerships addressing the key priorities in Western and Central Provinces, and in particular those focusing on priority districts (Western – Senanga, Lukulu and Sikongo (Lewanika General Hospital – to be used for mentoring, technical support and also referrals) Central – Luano, Mukushi and Ngabwe districts, and Kabwe (Central hospital – to be used for mentoring, technical support and also referrals). Projects working in Lusaka and Copperbelt Provinces will also be considered.

ZAMBIA PRIORITIES | INITIAL THEORY OF CHANGE

Human Resources for Health

- Review/ Strengthen/ Develop competency-based curricula for maternal and newborn care for the non-midwife health worker
- Competency based capacity development & mentorship for multi-disciplinary team involved in MNH at PHC level

- Improved curricula in use for non-midwife health workers
- No. of ToT and mentors trained
- No. of PHC health workers trained in MNH services
- No. of mentorship visits conducted

- Improved:
- Performance of health workers involved with MNH at PHC
 - MNH services at PHCs
 - Patient satisfaction with MNH services
 - Quality/ timeliness of referral

Health Information Systems

- Improve the gathering & use of data for decision making at PHC, district and provincial levels
- Strengthen medical records
- Strengthen conduct and use of research/evidence for decision-making
- Embedding digital platforms where this aligns with and compliments MoH

- Number of:
- Data collectors at PHC level trained in data collection
 - Managers at PHC, district and provincial level trained in use of data for decision making
 - New information management tools developed and embedded

- Evidence-based decision making and planning, particularly related to MNH at PHC, district and provincial levels

Leadership & Governance

Strengthen leadership and governance (planning/ oversight/accountability framework etc) – at PHC, district and provincial levels

- Number of PHC, district and provincial managers benefitting from leadership and governance capacity development

- Harmonized guidelines and standards in place to support quality MNH
- Improved planning, monitoring and oversight of MNH services at all levels

Service Delivery - Quality Improvement

- Strengthen use of national QI processes at the PHC level (in collaboration with the national directorate for QI/QA)
- Ensure facilities can provide a basic set of supplies/ equipment (e.g. suction machine, Ambu Bag, heater, oxygen)

- Number of PHC facilities with QI processes in place
- Number of QI initiatives undertaken as per Qi plans
- Linkages between PHC QI leads and QI/QA directorate at MOH

- Evidence of improvements in quality of MNH services for all populations, including underserved
- PHC team implementing QI recommendations
- Improved client satisfaction with quality of MNH services

Health Promotion & Education

- Strengthen linkages between the PHC and the community
- Stimulate community demand and health seeking behaviour for services (including ANC, PNC, childbirth, newborn and child care, PHC and Nutrition)

- Number of:
- Community based promoters and educators trained
 - Community outreach visits/ activities
 - Communities reached, including those most underserved

- Improved health seeking behaviour
- Increased demand for ANC, PNC, HF deliveries
- Improved utilization and take up of MNC services at the PHC, including those most underserved

Quality service delivery for maternal and newborn care through strengthened health systems at primary health care levels.

Indicative Activities

Indicative Outputs

Indicative Outcomes

Potential Impact

Reduced maternal and perinatal morbidity and mortality rate at target PHC health facilities and in surrounding communities.