Health Partners International in Zambia

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Background: Health Partners International (HPI) has carried out health systems strengthening and community development across the developing world for over 20 years. As a UK-based organisation led by 22 Partners from 13 countries (over half of Partners are from Sub-Saharan Africa and a fifth are from UK), we promote and practice multi-cultural, multi-disciplinary partnership approaches.

HPI took a partnership approach in our Mobilising Access to Maternal Health Services in Zambia (MAMaZ) and MORE MAMaZ programmes.

Both addressed maternal and newborn health (MNH) and health services access. The MAMaZ programme (DFID 2010–13) piloted an approach to demand creation and improving access to MNH services, centred around strengthening and broadening the focus of the national Safe Motherhood Action Group (SMAG) initiative. Our MORE MAMaZ programme (Comic Relief, 2014–16) scaled this successful approach within existing districts and to new ones.

Aim: To describe and share the ways in which HPI has adopted a partnership approach in Zambia.

Methods: MAMaZ and MORE MAMaZ's approach to partnership development focused on a number of different levels:

Partnerships at many levels

NATIONAL LEVEL:

National programme teams worked closely with Ministry of Health/ Ministry of Community Development, Mother and Child Health to scale up the demand-side approach. Ministry staff were involved in key aspects of the programme, including design, monitoring, review and surveys.

To encourage the adoption of good practice, the programme advised on revisions to the National SMAG Training Manual.

To build support for evidence-based programming, the MORE MAMaZ Programme Director participated in the National Safe Motherhood Technical Working Group, which provides space for development partners working in this area to communicate and share lessons learned.

PROVINCIAL LEVEL:

Provincial focal persons were involved in training of trainers activities.

'Demonstration district' approach was used to scale up in one province.



Comic Relief visit to MORE MAMaZ

DISTRICT LEVEL:

MAMaZ and MORE MAMaZ District Programme Officers were embedded within the District Health Management Teams, creating opportunities for exchange of ideas and experience, particularly in relation to:

- Identifying and supporting the least-supported women and girls.

SMAG training and monitoring.

- Use of data and evidence.

Collaborating at district level with other development partners who were supporting government initiatives.

ORGANISATIONAL LEVEL:

HPI partnered with three implementing partners:

Transaid contributed expertise on the community emergency transport element and was the fund manager for MORE MAMaZ;

Development Data is a regional organisation that led on the data monitoring and evaluation components; and Disacare is a local Zambian organisation that manufactured the bicycle ambulances.

The activities in Eastern Province were jointly implemented with Peace Corps volunteers, funded through the Saving Mothers Giving Life initiative.

FACILITY LEVEL:

Facility staff were trained to oversee the community monitoring system and use the data.

Staff were supported to improve facility linkages with communities, involving Community Health Assistants where present.

Staff were trained on understanding the social factors that limit access to health services by vulnerable groups and adjusting their behaviour to ensure a more caring approach.

COMMUNITY LEVEL:

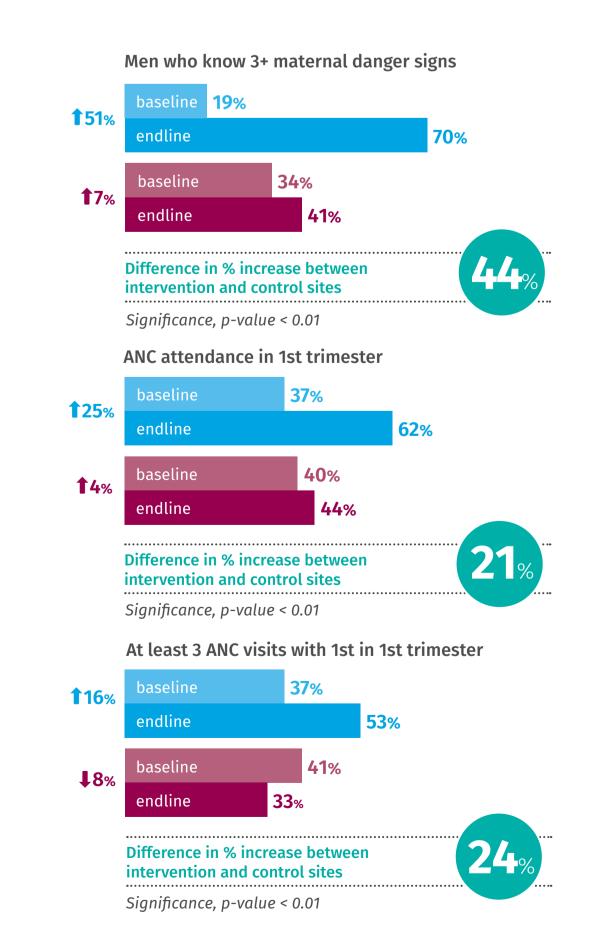
Community health volunteers were given training and support, including for the operation of emergency transport systems (e.g. oxen and bicycle-drawn community ambulances).

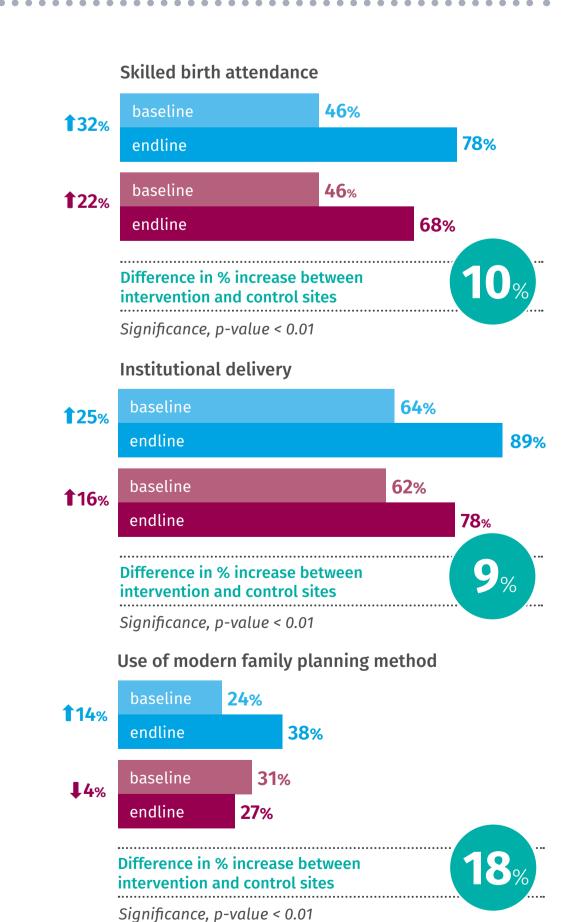
Communities were supported to operate a community monitoring system which collated MNH data to inform decision making at community, facility, district and national levels.

Strengthening links between SMAGs (community volunteers) and Neighbourhood Health Committees so that all available resources are coordinated and used synergistically.

Results: The MAMAZ/MORE MAMaZ approach involved a range of partnerships, including those at the interface between demand-side and supply-side. It has led to impressive results in relation to maternal and newborn health indicators, and in women's and girls' empowerment.

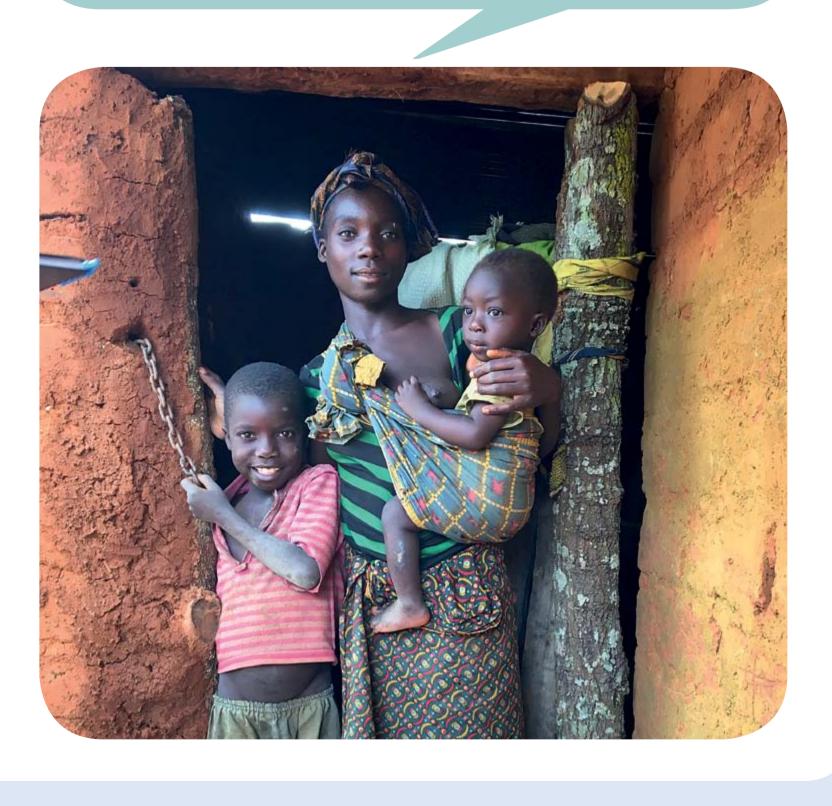
MORE MAMaZ key results:





In the past, men would spend most of the time drinking. Men were the decision-makers. There were problems because decisions were not being made. Now a woman says to a man, 'get up and take the child to the health facility' or 'I need to go to the health facility.' Now women have more confidence to tell men what to do.

FEMALE SMAG, MONGU



Conclusion: In our experience, a partnership approach is vital for embedding effective ways for supporting demand-side interventions. Its success is evidenced in the positive results of MAMaZ and MORE MAMaZ and it enables us to move beyond pure, vertical health approaches to impact on the wider social determinants of health, in line with the vision of the Sustainable Development Goals. Such a multilayered partnership approach should be integral to many programmes and interventions and indeed HPI was recently asked to carry out nutrition-related work in Zambia on this basis. We look forward to partnering with many others in the future.

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