ZIMBABWE
PSBI Implementation

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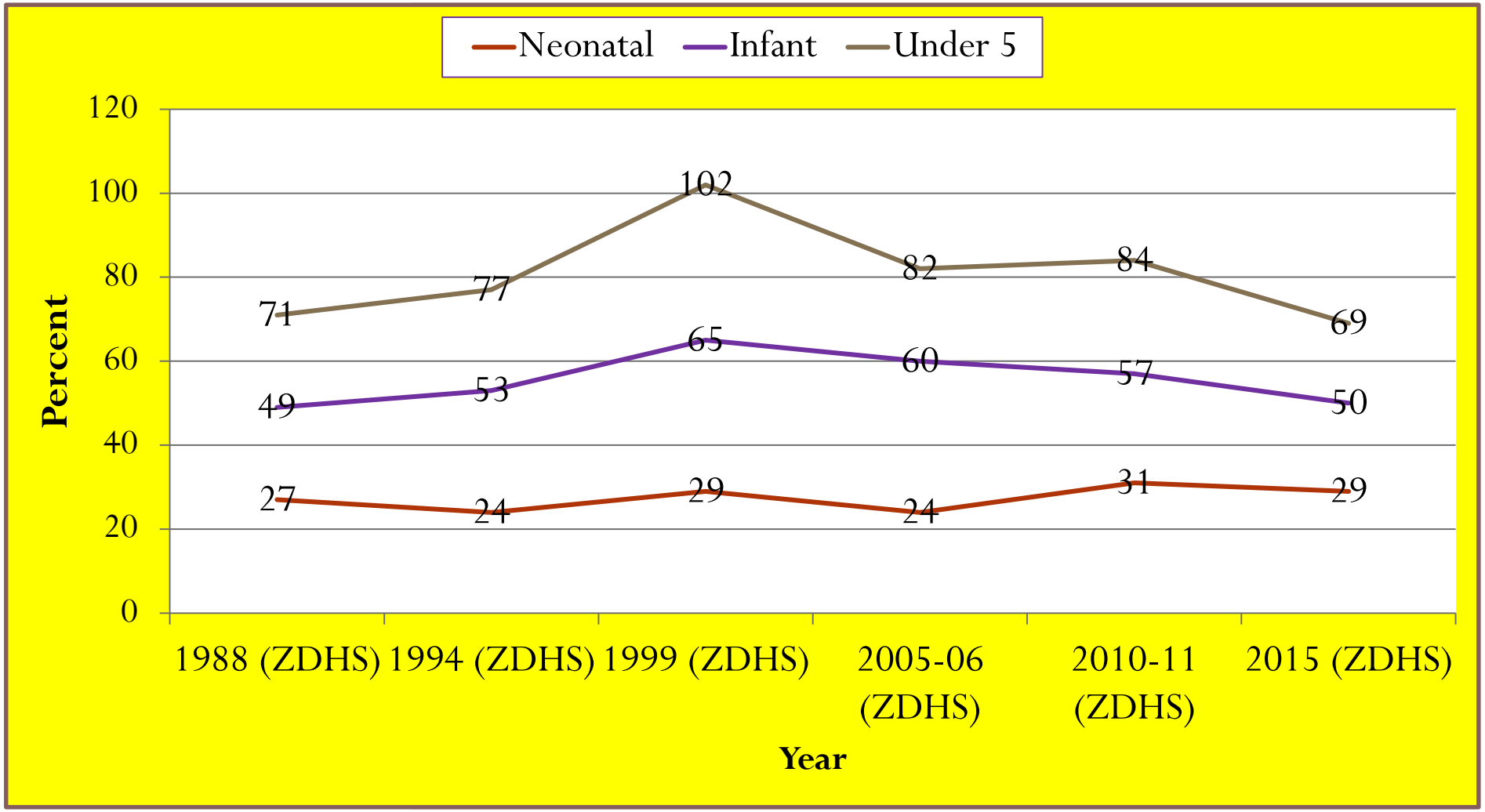
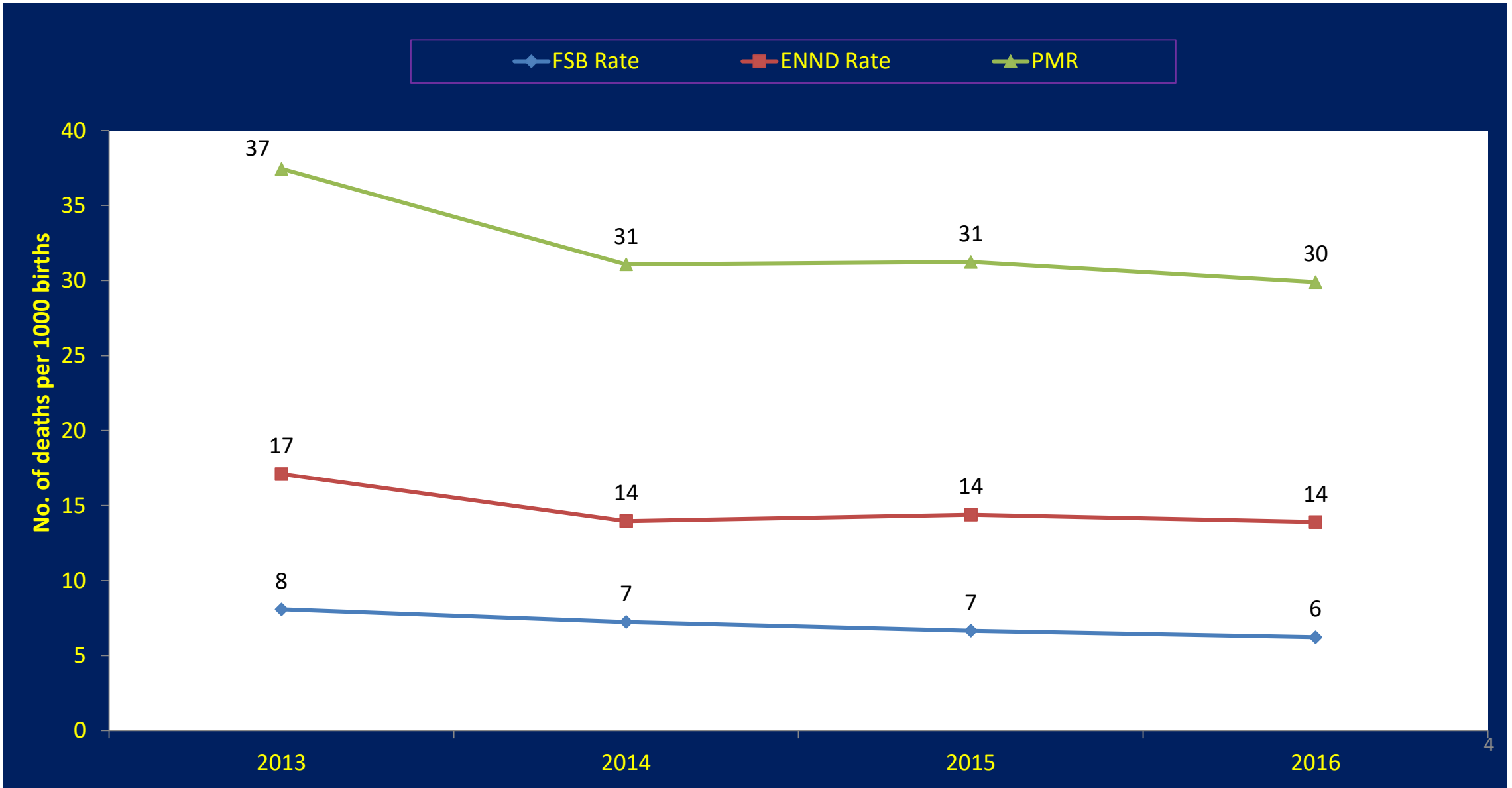
Total population	**13 061 239 (2012 Census)**
Number of districts	61
Average population per district	10549 – 329197 (2012 Census)
NMR	29 deaths/1000 live births (ZDHS 2015)
IMR	50 deaths / 1000 live births (ZDHS 2015)
SBA	78% (ZDHS 2015)
Proportion of home deliveries	20% (ZDHS 2015)
Mobile phone coverage	83% nationally (TheGlobalEconomy.com 2016)
Community resource persons	Religious leaders, Political leaders, Chiefs, Village Heads
Where sick newborns are treated	Primary and referral Government Health Facilities, Private health facilities, Religious and Traditional Healers
Average distance to nearest referral facility	10km – 70km

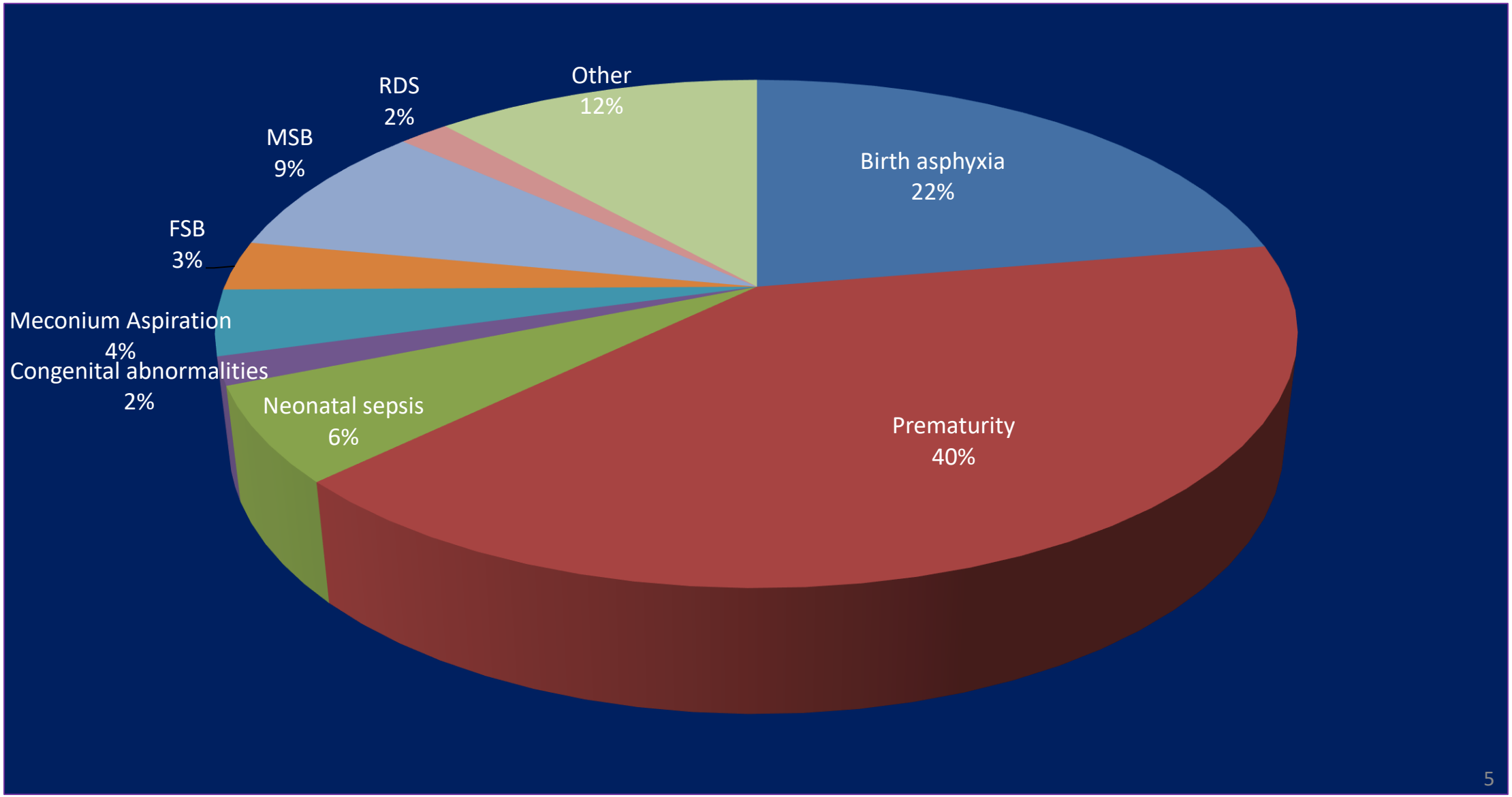
Neonatal, Infant and Under 5 Mortality



Fresh still birth rate, ENND rate and Perinatal mortality rate in Zimbabwe, HMIS 2013 -2016



Causes of perinatal deaths in Zimbabwe, HMIS 2016 (N= 3427)



Background to PSBI CoP implementation

- IMNCI implemented in (almost) all Primary Health Care centre
  - 98% of PHC facilities have at least 1 PCN or RGN and these are the front line HCWs
  - Referring SYI with PSBI to secondary health facilities
- Most of the equipment and drugs are available at PHC
  - Procurements through Central Medical Stores but facilities can also procure through the Results Based Financing Initiative
- Lay CHWs do post natal visits
  - essentially to support post natal care and facilitate referral if need be
- CHWs offer community management of malaria, diarrhoea, and malnutrition but not antibiotics for pneumonia.

Scope of implementation

Mainly National/Central level activities

- Dissemination of the African Neonatal Sepsis Trial (AFRINEST) and Simplified Antibiotic Therapy Trial (SATT) study results to PAZ and CSTWG
- Endorsement of guidelines and selection of treatment regimen
- Review and update newborn/child health guidelines to include PSBI
  - IMNCI chart booklet adapted to include PSBI
- Agreement on geographical scope
  - 3 provinces selected - Matabeleland North, Midlands and Manicaland
  - Based on readiness to start, availability of a critical mass of IMNCI trained health workers, geographic representation)
- Review of the newborn health package (medicines, commodities and equipment) at all levels of the health system
  - Review of VHMAS checklist to ensure comprehensiveness of available equipment and medicines for PSBI

Primary health care level

Management when referral or admission in the ward is not feasible

- Two classifications
  1. fast breathing only, with onset after day 6 of life
  2. clinically severe illness, which includes critical illness.
- Antibiotic regimen
  - fast breathing only onset after 7 days of life (i.e. 7-59days); oral amoxicillin only
  - clinical severe infection; 2 day gentamicin and 7 day amoxicillin, with review on day 4 and 8.
  - patients not able to swallow (unconscious, not feeding at all, persistent vomiting); im ampicillin and gentamicin pending referral.

Referral

- Use only the term **referral not possible**, and avoid the term referral not accepted, lest the family faces negative attitudes from staff.
- The health worker must document why referral not possible e.g. flooded river, bridge collapsed, road impassable.
- Best efforts must be made to facilitate referral including counselling of parents who do not want hospitalization, and if possible communication with referral center made.
- On review families must still be encouraged to seek referral.

Referral

Community to Health centre

- Self referral
- Facilitated referral by CHW
  - Accompanying care givers to facility where distances are short
  - Phone call to facility to request ambulance services
  - Link to available community referral services e.g. vehicle hire

Health Centre to Referral Hospital

- Self referral
- Facilitated referral by facility HW
  - Phone call to facility to request ambulance services
  - Link to available community referral services e.g. vehicle hire

Community or household level

Planned PSBI activities

- Integrate PSBI messages into existing RMNCAHN communication channels
- Engagement of communities to facilitate referral: VHW, traditional leadership structures, community based organizations, IEC material, media
- Country piloting use of Bempu neonatal hypothermia monitoring bracelet
  - Opportunity to improve caregiver awareness on danger signs and improve referral
  - infants will be monitored through mHealth as a means of reducing lost to follow-up and this presents an opportunity to use mHealth for M&E for PSBI

Stakeholder collaboration

- Child Survival Technical Working Group (CSTWG) at national level
  - MoHCC Departments
  - UN Partners
  - NGOs/Bilaterals
  - Academia
- *Community Working Group on Health*
  - *network of civic/community based organisations that aim to collectively enhance community participation in health*
- Provincial/District Health Executives
  - PMD/PNO
  - DMO/DNO
  - PMNCHO and Reproductive Health Officers
  - Sisters in charge
- Continuing Medical Education
  - Paediatric Association of Zimbabwe meetings
  - Zimbabwe Medical Association meetings
  - Zimbabwe College of Primary Care Physicians meetings

Health systems strengthening

- Review of the newborn health package (medicines, commodities and equipment) at all levels of the health system
- Review of Vital Medicines Availability and Health Services (VHMAS) checklist to ensure comprehensiveness of available equipment and medicines for PSBI

Challenges

- Loss of critical personnel
  - Both MoHCC in Regional Planning meeting have moved on
- Magnitude of the problem not yet quantified
  - Still to review data on how many sick young infants are seen nationally
- Still to conduct a feasibility assessment on implementation of PSBI
  - Insight into VHW/Facility HW capacities
  - Insight into other health systems issues e.g. availability of medicines and supplies

Lessons learned

Refers mainly to national/central level implementation. No subnational implementation lessons as yet

- Repeated advocacy is essential for adoption of recommendations
  - Dissemination of AFRINEST and SATT study results done since ?2014
- Management of PSBI should be swiftly integrated into routine child care
  - While this seems obvious, because its separate discussion, it tends to be seen as a stand alone programme

Thank you