

MUNDUBI RURAL HEALTH CENTRE

Staff from the Mundubi Rural Health Centre in one of the study districts

PROJECT BRIEF

A Study of Community Management of Pneumonia in Zambia

This study aims to provide valuable evidence on the rational use of antibiotics at the level of both the community health worker and the caregiver. It also intends to give an indication of the extent to which integrated community case management contributes to the control of pneumonia or alternatively the spread of resistance.

Project Outline

Pneumonia accounts for approximately one fifth of all childhood deaths and kills more children than any other illness globally. With an estimated 1.8 million child deaths per year attributable to pneumonia, its prevention and control is a global priority essential to achieving Millenium Development Goal 4: to reduce child mortality by two thirds by the year 2015. The World Health Organisation and UNICEF estimate that through implementation of a number of key interventions, 67 percent of childhood pneumonia deaths could be averted by 2015.

Community-level interventions have an important contribution to make through ensuring the availability, uptake and appropriate use of services. One such intervention is the integrated community

case management (ICCM) strategy for malaria, pneumonia, diarrhoea and newborn health, which is currently being rolled out across sub-Saharan Africa. The overall aim is to support and strengthen community based case management of malaria, pneumonia and diarrhoea by providing training, job aids and supervision to community health workers, communication for behavioural change to caregivers and the wider community, as well as free diagnostics and treatment to children under five years old.

Although interventions such as ICCM have great potential to reduce the burden of pneumonia, especially in hard to reach populations, the threat posed by increasing levels of antibiotic resistance remains an underlying concern. Community health

Country/Countries

Zambia

Donor/Donors

Department for International Development / UKaid

Length of project and Start/end dates

January 2012 – June 2013

Partners

Nuffield Centre for International Health and Development, University of Leeds

workers could offer a valuable opportunity to improve the rational use of antibiotics and control the spread of resistance in resource-poor settings. However, evidence on the rational use of antibiotics by community health workers and caregivers at the community level is limited.

Through COMDIS-HSD, a UKaid funded research programme consortium, Malaria Consortium is exploring this issue in Zambia to inform action to combat resistance while continuing to provide community-level treatment for a major cause of childhood mortality. The project has been built upon the organisation's existing ICCM project in Kawambwa and Samfya Districts of Luapula Province, which is funded by the Canadian International Development Agency.

The cross-sectional study has three main components:

- » Observation of community health worker consultations to determine if CHWs correctly identify, test and

prescribe for suspected pneumonia patients.

- » Follow-up of all caregivers whose children were prescribed antibiotics during the observation period to determine adherence.
- » Focus group discussions and key informant interviews with CHWs and caregivers to determine influences on rational prescribing and the behaviours and attitudes of the community.

Project Objectives

To understand the factors at work within a community that influence the care, rational prescription and use of antibiotics for the management of pneumonia at community level.

This project supports efforts to deliver:

- ✓ Control of childhood illnesses
- ✓ Avoidance of drug resistance
- ✓ Capacity building / human resource development
- ✓ Behaviour change communications
- ✓ Policy change / advocacy



A CHW in Luapula Province attends to a sick child

Malaria Consortium

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malaria consortium
 disease control, better health