

USAID/Zimbabwe Maternal, Newborn and Child Health

Currently, Zimbabwe experiences one of the highest maternal mortality rates in the region (960 per 100,000), with six women dying each day of pregnancy related complications. Three quarters of these deaths are preventable, with the most common causes being postpartum hemorrhage, infection, pregnancy related hypertension, and malaria. Zimbabwe's Ministry of Health and Child Care estimated that forty five percent of women who died of pregnancy-related complications were HIV positive. About one in 11 children die before their fifth birthday and 60 percent of these deaths occur within the first year of life. Pneumonia, diarrhea, and HIV are the most common causes of under-five mortality, all of which are preventable. Zimbabwe also suffers from increasingly high rates of chronic malnutrition, with one in three children chronically stunted.

In 2009, USAID/Zimbabwe expanded its health portfolio to reduce maternal, newborn and child illness and mortality. USAID-supported activities improve the quality of maternal and newborn health services provided by provincial and district hospitals, rural health centers, and within communities through the revitalization of Zimbabwe's Village Health Worker program. Due to limited funding, USAID works only in Manicaland Province for field-based activities, but supports policy development, guidelines, and new vaccine introduction at the national level.

At the core of the project is a focus on a quality assurance and improvement approach centered around training health workers on evidence based, life-saving interventions such as providing basic and emergency obstetric care, increasing newborn respiration, and using innovative low-cost approaches for the care of pre-term infants. This project is expected to increase routine immunization coverage in Manicaland province through training of health workers. A focus of the program is to use lessons learned and best practices to influence scale up of effective implementation strategies.

USAID support is in line with the health priorities set in the Government of Zimbabwe's National Health Strategic Plan for 2009-2013 and contributes to national plans to achieve Zimbabwe's health-related Millennium Development Goals. Project activities also complement the efforts of other international development partners.

Since USAID began implementing maternal, newborn and child survival activities, there have been improvements in the quality of care provided by facilities. USAID support also helped to improve management of preterm newborns through establishment of eight Kangaroo Mother Care units. In USAID-supported sites in Manicaland, the newborn mortality rate has declined from 63 (per 1000 births) in 2011 to 31 by the end of 2013, a reduction of 50 percent. Coverage of routine vaccines in Manicaland province has improved with USG support increasing to 96 percent in 2013.