

European Union and UNFPA partnership in Zimbabwe

UPDATE

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Maternity Waiting Homes (MWHs) and Related Services Programme

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REVITALISING MATERNITY WAITING HOMES AND RELATED SERVICES PROGRAMME

Promoting institutional delivery and skilled attendance at birth

PROGRAMME BACKGROUND

The maternal mortality ratio (MMR) for Zimbabwe is extremely high at 960 deaths per 100 000 live births (ZDHS 2010/11) translating to about 10 women dying every day of pregnancy related complications. This is three times higher than the global average of 287 deaths per 100 000 live births and almost double the average for Sub Saharan Africa which stands at 500 deaths per 100 000 live births.

Limited access to health facilities due to transport costs, long distance to health facilities and lack of transportation to health facilities are some of the major obstacles for women to access maternal health services. This is more so in rural areas where home births are three times more common (42%) than in urban areas (14%).

In 2012, the European Union under the MDG 5 Initiative granted UNFPA approximately US\$13 million to support the Ministry of Health and Child Welfare in its efforts to revitalise maternity waiting homes (MWH) with the aim of promoting institutional deliveries and skilled attendance at birth and ultimately contribute to the reduction of maternal mortality. The programme aims to (i) revitalise 105 health facility based MWHs; (ii) procure 63 ambulances for rural district hospitals, (iii) train 800 health workers in emergency obstetric and neonatal care; (iv) provide nutritional support to pregnant women staying at MWHs; and (v) carry out community awareness or sensitisation activities to promote institutional delivery and utilization of maternal health services.

What is a maternity waiting home?

A MWH is a facility, within easy reach of a hospital or health center where a pregnant woman can stay towards the end of pregnancy and await labour. Once labour starts, the woman is transferred to the health facility so that both labour and childbirth are assisted by a skilled birth attendant.

What is a Maternal Death ?

Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. (WHO, 1999)



MWH Programme Launch



Exchanging a handshake after signing of the cooperation agreement. From left: Dr. Basile Tambashe, UNFPA Representative ; Dr. Douglas Mombeshora, Deputy Minister of Health and Child Welfare; and Mr. Jorge Pereiro, Head of Section, Social Services, European Union .

On 1 February 2013, more than 700 people gathered at St. Michael's Mission Hospital in Mashonaland West Province, to witness the launch of the European Union (EU) funded Revitalisation of Maternity Waiting Homes and Related Services Programme (2012 to 2015). The programme which is to the tune of US\$13 million seeks to contribute towards the reduction of maternal mortality through improving access to skilled attendance at delivery. Currently, about 10 women die every day of pregnancy related complications in Zimbabwe.

The Deputy Minister of Health and Child Welfare, Dr. Douglas Mombeshora, in his key note address commended the support from the EU and partnership with UNFPA in working towards reducing maternal mortality in the country. He highlighted that the revitalisation of MWHs will go a long way in addressing transport challenges that most rural pregnant women face in trying to access maternal health services.

"Maternity waiting homes are a critical component for Zimbabwe's efforts to reduce maternal mortality as they bring pregnant women closer to health facilities", highlighted Dr. Basile Tambashe, the UNFPA Representative as he stressed the importance of the project in saving mothers' lives .

The EU Head of Section, Social Services, Mr. Jorge Pereiro urged communities to embrace the MWHs as a way of, "ensuring safe delivery in a safe environment". He highlighted that the EU will continue to support the Ministry of Health and Child Welfare in its vision of having the highest possible level of health and quality of life for all Zimbabweans.

Dr. Tambashe urged all partners to continue redoubling efforts towards reducing maternal mortality and called for successful implementation of the programme. "If we fail to meet our objectives we are failing each and every woman in Zimbabwe", he concluded.



Programme key components

Goal

To contribute to the national target of reducing the MMR to 174 deaths per 100,000 live births by 2015 through improving access to skilled attendance at delivery in particular by women with high risk pregnancies.

High risk pregnancies include:

- Teenage pregnancy, first pregnancy or old maternal age;
- History of complications in previous pregnancies;
- Pre-existing health conditions, such as high blood pressure, diabetes, and/or HIV;
- Multiples (Twins or more).

It is important to note that all women who stay far away from health facilities that offer comprehensive care (District, Provincial and Central Hospitals) are encouraged to stay at a MWH.

Key activities

- Renovation and refurbishment of 105 MWHs according to specific needs of each MWH.
- Procurement and distribution of 62 ambulances suited for rough terrain to strengthen referral services at district level (one ambulance for each district hospital).
- Procurement and distribution of commodities including food items for nutritional support to women staying at the MWHs.
- Training of 800 service providers in EmONC to strengthen their capacity to manage obstetric complications that are responsible for most maternal deaths.
- Community mobilization and awareness raising activities to create demand for maternal health services including MWHs.
- Monitoring and Evaluation of the programme to facilitate reporting and demonstration of results.

Launch in pictures : Key messages



“To all of you (Ministry of Health and Child Welfare, UNFPA, development partners, colleagues and civil society) I say thank you for your efforts in making our common fight against maternal and child mortality more effective. The fight is one we are determined to win”.

EU Head of Section, Social Services, Mr. Jorge Pereiro.



“In the spirit of CARMMA, the Campaign on the Accelerated Reduction of Maternal Mortality in Africa, I urge all partners to continue redoubling and intensifying efforts towards reducing maternal mortality”.

UNFPA Representative, Dr. Basile Tambahe



The launch was attended by government officials from various departments, community leaders including chiefs and religious leaders.



Local religious group entertaining the crowd.



Pregnant women dramatising some of the challenges they face in accessing maternal health services including religious and traditional beliefs. Their drama also highlighted the benefits of utilising a maternity waiting home.

Dr. Tamashe handing over baby packs to Dr. Mombeshora for distribution to pregnant women staying at the MWH. The baby packs contained a blanket, wrapper, nappies, pins, cotton wool, maternity pads, vaseline and methylated spirit. These are some of the critical items required by every woman after delivery.



“You have made such a big difference. I didn’t have methylated spirit, I didn’t have a baby blanket, and I didn’t have enough nappies. Thank you so much.”

Mrs. Milicent Mabeto, one of the mothers staying at St. Michael’s MWH, sharing her gratitude for the baby packs. 150,000 women like Millicent are expected to benefit directly from the project over the three year period alone.

For more information:
Visit: <http://countryoffice.unfpa.org/zimbabwe> or <https://www.facebook.com/UNFPA.Zimbabwe>

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