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In Zimbabwe, H4+ has been operating since 2011, with generous funding and support provided by the Swedish International Development Agency (SIDA) and the Department of Foreign Affairs, Trade and Development (DFATD) of the government of Canada. It is playing a catalytic role in supporting the government achieve MDGs 4, 5 and 6 by enhancing provision of quality Reproductive, Maternal, Neonatal, Child & Adolescent Health (RMNCH-A) services in six of the most remote & hard to reach districts in the country.

For more information visit:

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Ministry of Health and Child Care  
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Harare, Zimbabwe

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Norfolk Road  
Mt Pleasant, Harare, Zimbabwe.

Additional information is available at [everywomaneverychild.org/h4plus](http://everywomaneverychild.org/h4plus).



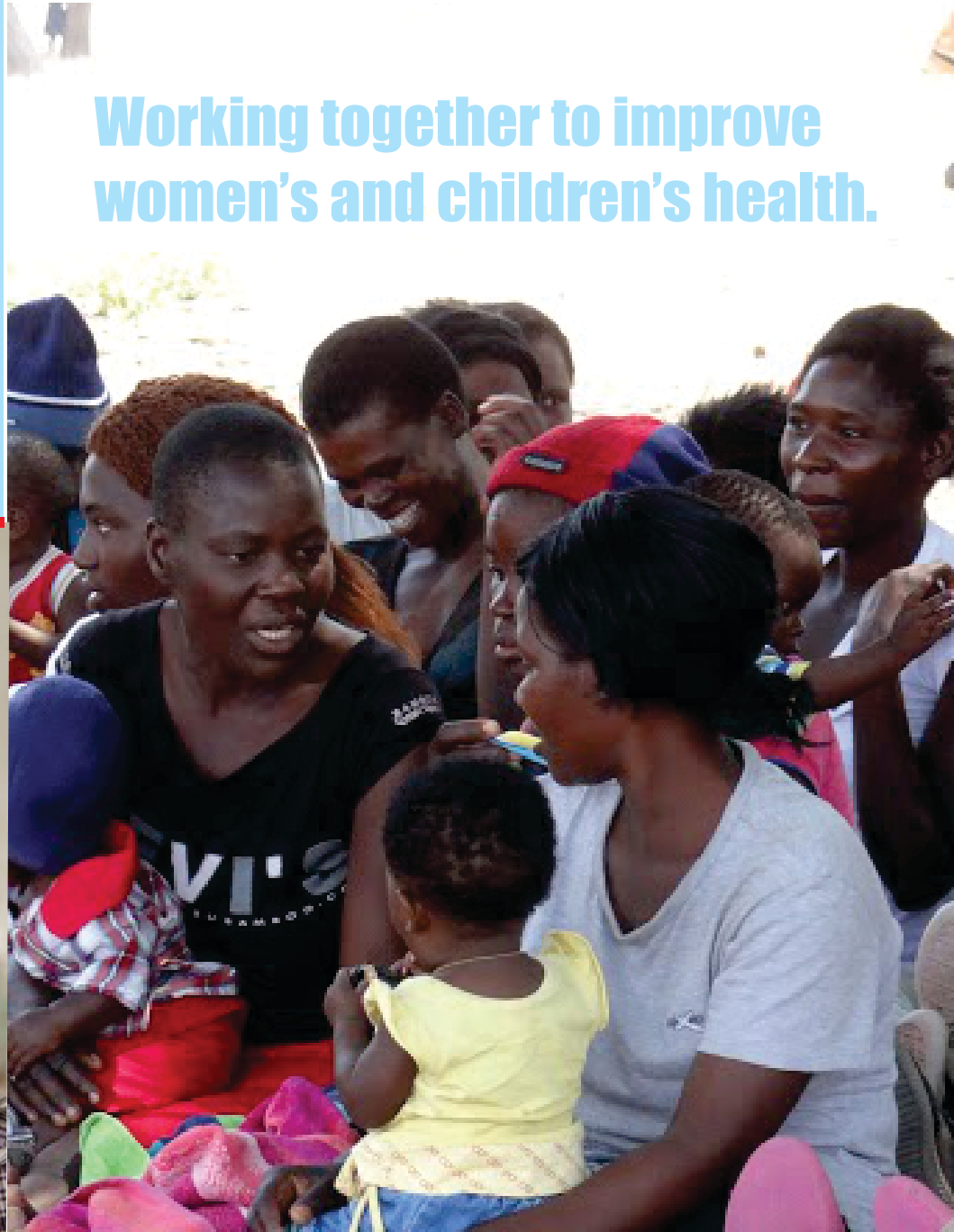
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# H4+ ZIMBABWE

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 Gouvernement du Canada
 Government of Canada
 Sida  
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY



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Working together to improve  
women's and children's health.

## What is H4+?

H4+ is a joint effort by the United Nations agencies UNFPA, UNAIDS, UNICEF, UN Women, WHO and the World Bank to improve the health of women and children. H4+ came into existence following a call of the UN Secretary General's Global Strategy on Women's and Children's Health; Every Woman, Every Child. H4+ harnesses the collective strength of each partner's strengths and capacities to accelerate progress towards achieving MDG 4 (reduce child mortality), MDG 5 (improve maternal health) and the child component of MDG 6 (combat HIV/AIDS, malaria and other diseases), by 2015.





## Why H4+?

The health system in Zimbabwe has faced numerous challenges during the 2000's. All six WHO health system pillars; human resources for health, health financing, health information, health systems delivery, medical commodities and technologies, and leadership and governance had been affected adversely due to years of chronic underfunding in the national health care system, massive skills flight, outdated hospital equipment and stock out of essential medicines.

This was reflected in the prevailing poor reproductive maternal neonatal child and adolescent health (RMNCH-A) indicators of the time, particularly maternal mortality and child mortality were extremely high at 960 deaths per 100 000 live births and 85 deaths per 1000 live births respectively (table below) .

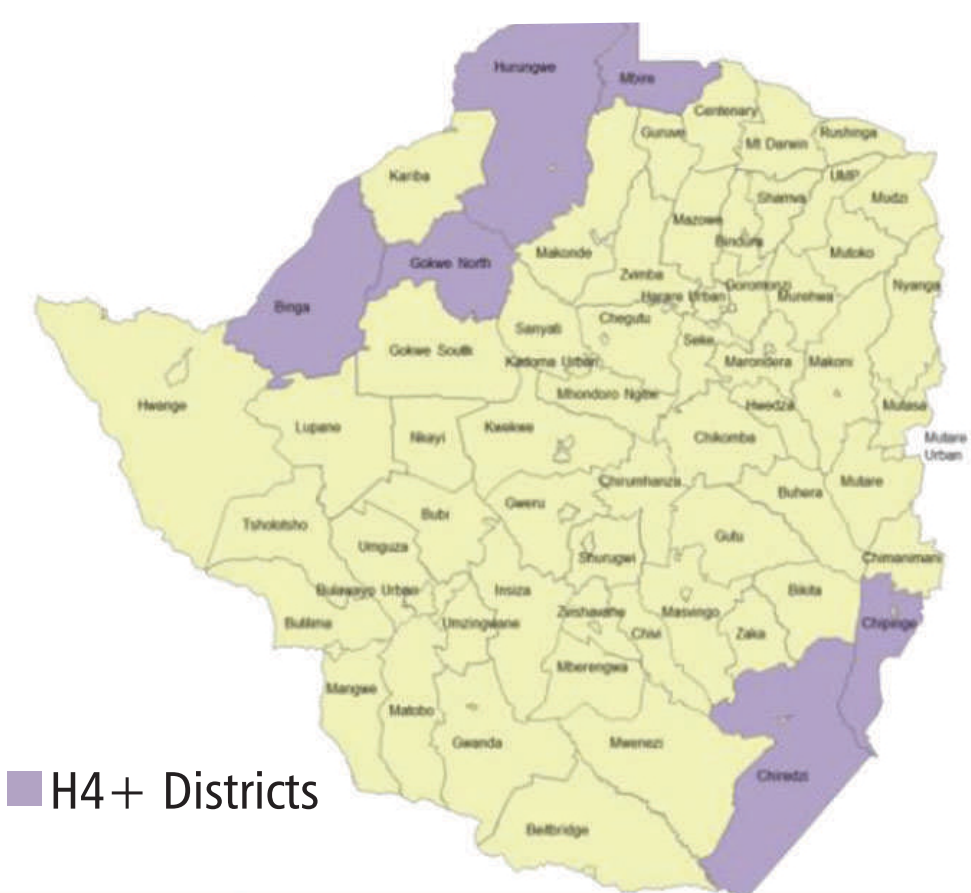
RMNCH-A Indicators: Then & Now		
Year	2010/11 (ZDHS 2010 - 11)	2013/14 (MICS 2014)
Maternal Mortality Ratio: deaths per 100,000 live births	960	614
Under-5 Mortality Ratio: deaths per 1000 live births	85	75
Skilled Attendance at Birth	66%	80%
Institutional Delivery	65%	80%
Post-natal Check-up within 2 days of delivery	27%	77%
Exclusive breast feeding in first six months of life	31%	41%
Unmet need for Family Planning	13%	10%
Contraceptive Prevalence Rate (modern methods)	57%	66%
HIV Prevalence	15%	14%
Anti-Retro Viral Therapy coverage for HIV for adults	69%	77%
Anti-Retro Viral Therapy coverage for HIV for children	46%	41%
Prevention of Mother to Child Transmission	55%	82%
Adolescent (15 -19) Fertility per 1000 women	115	120

## H4+ Objectives

The objectives of H4+ are to deliver equitable RMNCH-A services along the continuum of care to improve service delivery of: Emergency Obstetric Neonatal Care (EmONC), Prevention of Mother to Child, Transmission of HIV (PMTCT), Postnatal Care (PNC), Newborn and Child Care, Adolescent Sexual and Reproductive Health (ASRH) services along with improving the quality of data and increasing community engagement.

## Where is H4+?

H4 + chose to focus on six hard to reach districts in six different provinces of the country based on their poor health indicators, representing 11% of the total population. The districts are; **Chipinge** (300,792) in Manicaland, **Gokwe North** (244,976) in Midlands, **Hurungwe** (324,675) in Mashonaland West, **Mbire** (81,908) in Mashonaland Central, **Chiredzi** (276,842) in Masvingo and **Binga** (138,074) in Matebeleland.



## Implementing H4+

Aligned with National RMNCH-A priorities, H4+ is implemented through the Family Health Department of the Ministry of Health and Child Care (MOHCC). UNFPA coordinates the efforts of all UN agencies and is the link between the agencies, their implementing partners and the government. True to its catalytic nature, organised around nine outputs, H4+ supports strategic RMNCH-A interventions at policy and national level, while supporting the most challenging districts in the country in improving their RMNCH-A service delivery.

H4+ has strengthened RMNCH-A programme delivery in Zimbabwe through capacity building, undertaking needs-based refurbishments, procuring and distributing essential RMNCH-A commodities, facilitating skills retention and improving data quality for programming.

## What H4+ has Achieved So Far?

H4+ has contributed to the improvement of maternal, child and adolescent health in Zimbabwe including improvements in key PMTCT indicators. Specifically, it has:

- Strengthened the capacity of 48 health facilities in the six districts to offer EmONC services
- Trained 341 Health workers on Basic Emergency Obstetric and Neonatal Care (BEmONC), 371 on Infant and Young Child Feeding (IYCF) and Growth Monitoring; 632 on Integrated Management of Neonatal and Childhood Illness (IMNCI); and 589 on Paediatric ART / Option B+



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- Reached 5,542 new adolescent girls with sexual and reproductive health services including contraceptives
- Established 121 community groups and reached 114, 316 people with information on RMNCH-A

## What's next for H4+?

Carrying forward the second generation of the Every Woman, Every Child movement that now also includes 'Every Adolescent', H4+ will continue its work on the unfinished agenda of maternal health and child health, also prioritized within Goal 3: Good Health and Well-Being of the Sustainable Development Goals 2030.



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