

# Zimbabwe

Zimbabwe's economy, basic services and health system started to deteriorate in the 1990s, and the humanitarian situation remains critical. The lack of safe drinking water and adequate sanitation has led to cholera outbreaks and food shortages. Heavily hit by the HIV epidemic, the population growth rate is slow due to short life expectancy at birth. Use of contraceptive methods has risen, and HIV prevalence is starting to decline. However, maternal mortality has doubled since 1990, and more than half of all maternal deaths are linked to HIV. Maternal and newborn health is an essential component in Zimbabwe's health policy. In a context of the scarcity of resources, addressing staff shortages and increasing retention are among the key priorities. Midwifery is considered a specialty of nursing rather than an autonomous profession. Understaffing in midwifery schools affects the quality of the support and supervision available to students. Midwifery associations are advocating improvements in the work environment.

## ▶ COUNTRY INDICATORS\*

Total population (000); % urban	12,644; 38
Adolescent population (15-19 yrs) (000); % of total	1,656; 13
Number of women of reproductive age (age 15-49) (000); % of total	3,246; 26
Total fertility rate (children per woman)	3.4
Crude birth rate (per 1,000 population)	30
Births per year (000)	377
% of all births registered	74
Number of maternal deaths	3,000
Neonatal mortality rate (per 1,000 live births)	29
Stillbirth rate (per 1,000 births)	20
Number of pregnant women tested for HIV	175,223
Midwives are authorized to administer a core set of life-saving interventions	Partial
Density of midwives, nurses and doctors per 1,000 population	0.9
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	360
Gross secondary school enrolment (male; female) %	43; 39
Literacy rate (age 15 and over) (male; female) %	94; 89

## ▶ MDG INDICATORS

Maternal mortality ratio (per 100,000 live births)	790
Proportion of births attended by skilled health personnel (%)	80
Contraceptive prevalence rate (modern methods) (%)	60
Adolescent birth rate (births per 1,000 women age 15-19)	101
Antenatal care coverage (at least one visit; at least four visits) (%)	-; -
Unmet need for family planning (%)	13
Under-5 mortality rate (per 1,000 live births)	93

## ▶ MIDWIFERY WORKFORCE<sup>1</sup>

Midwives (including nurse-midwives) <sup>2</sup>	8,244
Other health professionals with some midwifery competencies <sup>3</sup>	-
General practitioners with some midwifery competencies	768
Obstetricians	16
Community health workers with some midwifery training	-
A live registry of licensed midwives exists	No

## ▶ MIDWIFERY EDUCATION

Midwifery education programmes (direct entry; combined; sequential)	No; No; Yes
Number of midwifery education institutions (total); number of private	17; 0
Duration of midwifery education programmes (in months)	12
Number of student admissions (first year)	247
Student admissions per total available student places (%)	-
Number of students enrolled in all years (2009)	300
Number of graduates (2009)	227
Midwifery education programmes are accredited	Yes

## ▶ REGULATION

Legislation exists recognizing midwifery as an autonomous profession	No
Midwives hold a protected title	No
A recognized definition of a professional midwife exists	Yes
A government body regulates midwifery practice	Yes
A licence is required to practise midwifery	Yes
Midwives are authorized to prescribe life-saving medications	Yes



### MIDWIFERY BAROMETER

Midwives per 1,000 live births	-	○
Birth complications per day; rural	<b>166; 103</b>	●
Lifetime risk of maternal death	<b>1 in 42</b>	●
Intrapartum stillbirth rate (per 1,000 births)	<b>9</b>	●
Neonatal mortality as % of under-5 mortality	<b>32</b>	●

#### ► PROFESSIONAL ASSOCIATIONS

A midwives association exists	Yes
Number of midwifery professionals represented by an association	-
Association(s) affiliated with ICM; ICN	Yes; No

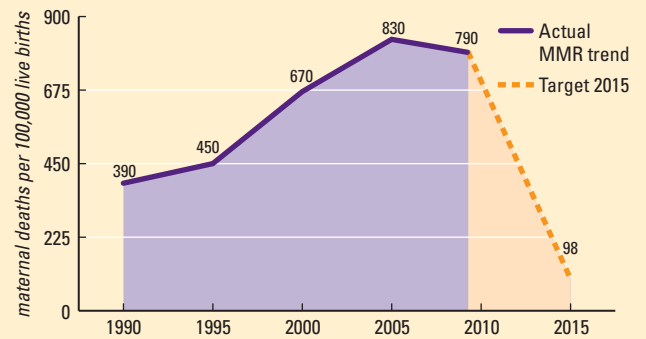
#### ► POLICIES

A national maternal and newborn health plan exists that includes the midwifery workforce	No
The plan is costed	Yes
The national health workforce plan specifically addresses midwifery	Yes
Compulsory notification of maternal deaths	Yes
Systematic maternal death audits and reviews	Yes
Confidential enquiry for maternal deaths	Yes
Compulsory registration of all births	Yes
All maternal and newborn health services are free (public sector)	--

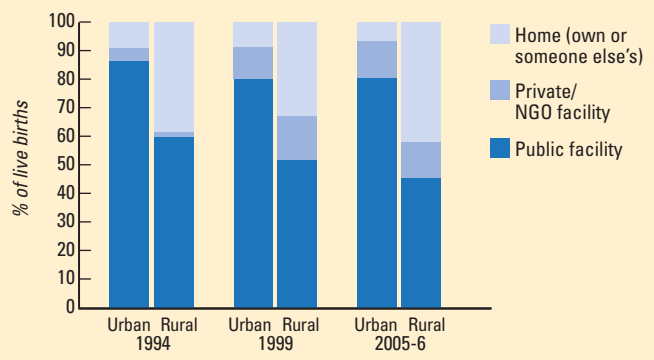
#### ► SERVICES

Number of facilities providing essential childbirth care	Unavailable
Number of Basic Emergency Obstetric and Newborn Care (EmONC) facilities	Unavailable
Number of Comprehensive EmONC facilities	<b>64</b>
Facilities per 1,000 births	-

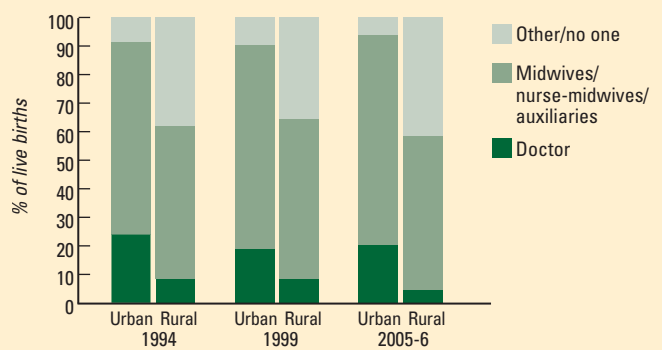
### Trends in maternal mortality: 1990–2015



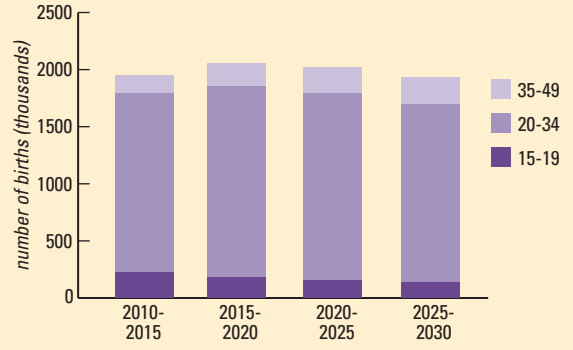
### Where women give birth: urban vs. rural



### Who attends births: urban vs. rural



### Projected number of births, by age of mother



**Explanatory notes:** \*Annex 2 provides a complete list of source data. All data sources are from 2008 unless otherwise stated. Where country respondents stated that data were not available, the term 'Unavailable' is used. In all other instances, '-' is used to denote a nil response or data that requires further verification. 1. 2008 estimates based on country data returns and the WHO Global Atlas of the Health Workforce. 2. Includes midwives, nurse-midwives and nurses with midwifery competencies. These figures do not necessarily reflect the number of practising midwives or the ICM definition of a midwife. 3. Auxiliary midwives and auxiliary nurse-midwives.