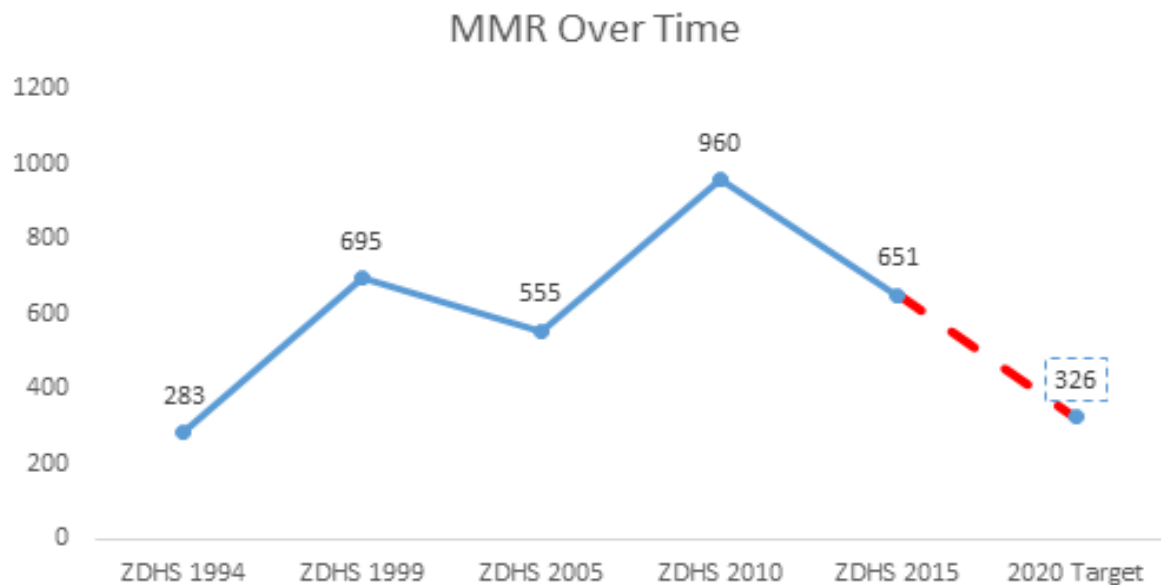


Maternal Health

ZDHS 2015 Key Findings

Maternal Mortality has Declined but is Still Unacceptably High

The 2015 MMR estimate confirms from other surveys (Census 2012 and MICS 2014). However, it is still far from the 2020 target established by the Ministry of Health and Child Care (MoHCC).

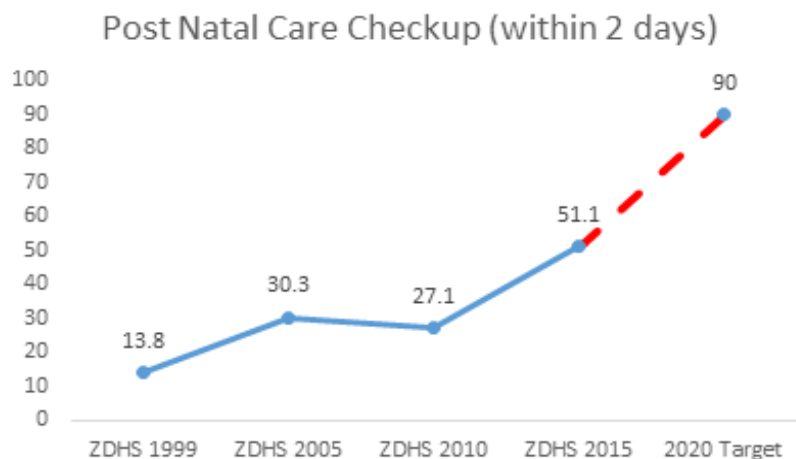
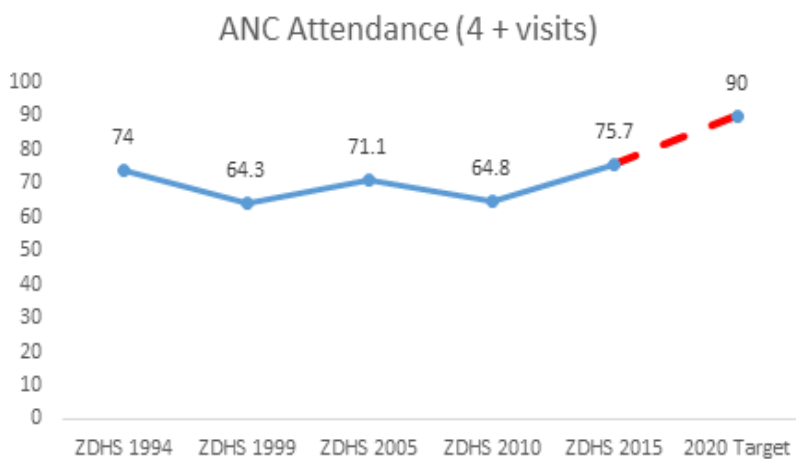
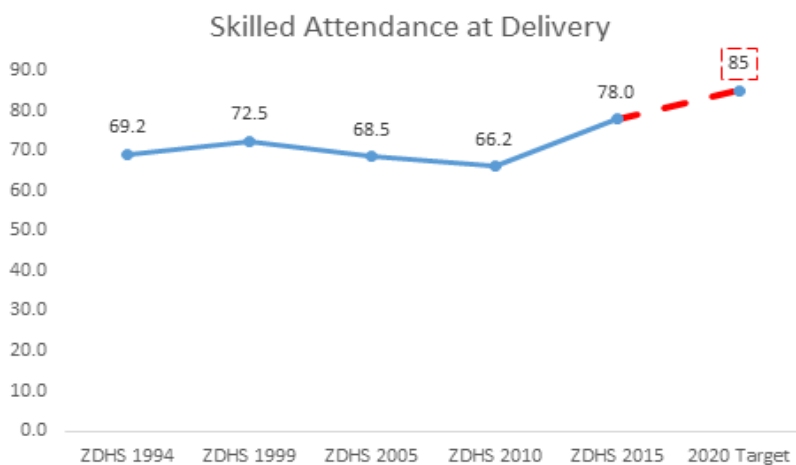


Nearly one third of the deaths occurring among women 20-24 are maternal (31%)



Maternal Health Care

Maternal health care trends show progress since the 2010 ZDHS. Skilled Birth Attendance at delivery has never been this high and the country is on the right track to achieve the 2020 target of 90% of women undergoing four ANC visits.



There were significant improvements in post-natal care: Nearly twice as many women benefited from post-natal check-ups in the first two days after giving birth in 2015 compared with 2010 (27.1 to 51.1%).

Inequalities in Access to Maternal Health Care are Reducing but They are Still Wide in Skilled Birth Attendance

Thanks to efforts to reach out to the most vulnerable women and strengthen the health system countrywide inequalities in access to maternal health care have reduced, but **giving birth is still a different experience for women who live in urban or rural areas; who are rich or poor and are educated or not.**



99.9%



49.7%

Nearly all women with tertiary education give birth with a skilled provider, but only half of the non-educated have access to skilled birth attendance

Where to Invest More?

The findings of ZDHS 2015 preliminary results inform us on the priority areas that require more attention to allow the country to achieve the SDG 3: *Ensure healthy lives and promote well-being for all at all ages*;

1. Improve quality of care: The disconnect between the high “skilled” attendance at birth, high contraceptive usage rates but high maternal mortality points to poor quality of care as a major contributor to the high maternal mortality. Assessments conducted by the MoHCC and partners through the National Integrated Health Facility Assessment (2012) and Service Availability Readiness Assessment (2014) confirmed this. The implementation of an effective **Maternal Death Surveillance Response System (MDSR)** is one way of contributing to quality of care and improve maternal and perinatal death outcomes.

2. Strengthen integration of SRH/HIV and GBV services: Where resources are constrained, integration of services, together with community mobilisation is a cost-effective way to not only improve maternal health, but also to enable women to access a wide range of services and realise their reproductive rights.

3. Reduce inequality based on age, geographic location, wealth and education: Continue to reduce inequality to achieve universal health coverage and leave no-one behind. This includes focusing on rural, young and poor women and keeping girls in school and removing cultural, social and economic barriers for women to access quality RMNCH information and services and reducing child marriage and teenage fertility.

UNFPA Work on Maternal Health

With financial support from UKaid, EU, Irish Aid, Government of Sweden and CIDA, UNFPA contributed to improving maternal health in Zimbabwe through the following interventions in the last 4 years:

- 1. Built capacity of 900 health workers (nurses and doctors)** in Emergency Obstetric and Neonatal Care (EmONC).
- 2. Strengthened the clinical mentorship programme** for provision of RMNACH services in **3** provinces.
- 3. Improved commodity** security through provision of life saving maternal health drugs, equipment, and contraceptives .
- 4. Revitalized 119 Maternity Waiting Homes (MWHs)** and strengthened related RMNCH services.
- 5. Supported the MoHCC and ZNFPC to strengthen family planning services**, especially building capacity of health care providers for provision of long acting methods and contraceptives. About **1.3** million unintended pregnancies and **7000** maternal deaths have been averted.
- 6. Supported maternal death review meetings**, development and pilot of an electronic maternal and perinatal death database as an ongoing effort to strengthen the national maternal death surveillance and response system.



Appreciation goes to the following partners who have provided financial and technical support to the ZDHS:

