

# Jhpiego in Zimbabwe

## Quick Facts

**Estimated total population:<sup>1</sup>**

14.7 million

**Maternal mortality ratio:<sup>2</sup>**

960/100,000 live births

**Infant mortality rate:<sup>2</sup>**

57/1,000 live births

**Under-five mortality rate:<sup>2</sup>**

84/1,000 live births

**Total fertility rate:<sup>2</sup>**

3.8

**Contraceptive prevalence:<sup>1</sup>**

57% (modern methods)

59% (all methods)

**HIV prevalence:<sup>3</sup>**

14.3%

**Births with skilled provider:<sup>2</sup>**

65%

**Sources:**

<sup>1</sup> Population Reference Bureau  
2014 *World Population Data  
Sheet*;

<sup>2</sup> Zimbabwe *Demographic and  
Health Survey 2010–11*;

<sup>3</sup> UNAIDS 2010 *Report on the  
Global AIDS Epidemic*.

## Background

Due in part to fragile economic and political conditions, Zimbabwe is currently experiencing an upward trend in maternal, newborn and child mortality rates, and an overall decline in life expectancy at birth. A 2009 assessment of primary health care in Zimbabwe found that less than half of households (46%) have access to a village health worker in their wards.

With funding from the U.S. Agency for International Development (USAID), Jhpiego began working in Zimbabwe in the 1980s, initially assisting the faculty of the University of Zimbabwe's department of obstetrics and gynecology to develop and implement a reproductive health training program. From 1995 to 1998, Jhpiego collaborated with the University of Zimbabwe to implement a research study on cervical cancer prevention, the results of which were subsequently published in *The Lancet*.<sup>1</sup> Study findings supported the use of visual inspection with acetic acid (VIA), a simple, low-cost procedure that consists of swabbing the cervix with vinegar and viewing the cervix with a light source to visually detect precancerous lesions. Also in the 1990s, under the USAID-funded Training in Reproductive Health Project, Jhpiego worked with: 1) the Zimbabwe National Family Planning Council (ZNFPC) to develop a self-paced, on-the-job training program for IUD insertion and removal; 2) the Zimbabwean Ministry of Health and Child Welfare (MOHCW) and ZNFPC to update and disseminate national family planning (FP) service delivery guidelines, as well as update pre-service nursing/midwifery curricula; and 3) the Mpilo School of Midwifery in Bulawayo to pilot test the ModCAL<sup>®</sup> (Modified Computer-Assisted Learning) approach for training midwives.

After a decade-long hiatus, Jhpiego began working again in Zimbabwe in 2010 under the USAID-funded Maternal and Child Health Integrated Program (MCHIP), with John Snow, Inc., (JSI) as the lead implementing partner and Save the Children as a partner. MCHIP's work in Zimbabwe contributes to improved maternal, newborn and child health (MNCH) outcomes by helping to rebuild the capacity of the public health system to deliver high-impact interventions at the national level as well as at provincial and district hospital, rural health center and community levels.

<sup>1</sup> University of Zimbabwe/Jhpiego Cervical Cancer Project. 1999. Visual inspection with acetic acid for cervical-cancer screening: test qualities in a primary-care setting. *The Lancet* 353(9156): 869–873.



## Current Program Highlights

In 2010, MCHIP began working hand in hand with the MOHCW and its national and international partners to achieve the following objectives:

- Support the MOHCW to formulate national health policies, strategies and programs that increase the population's access to affordable, evidence-based, high-impact MNCH/FP interventions;
- Improve the quality of maternal and newborn health (MNH) services at health facilities in “learning sites” and support national-level scale-up plans;
- Improve the coverage and quality of high-impact MNCH/FP interventions provided by primary care nurses in rural health centers and by village health workers in communities;
- Increase routine immunization coverage, focusing on districts with large numbers of unimmunized children, and successfully obtain and introduce pneumococcal vaccine and rotavirus vaccine; and
- Improve the quality, availability and timely use of health information for internal and external decision-making and learning.

MCHIP has been working in Zimbabwe at the national level and in Manicaland Province, implementing activities in district hospitals, rural health centers and communities. In the initial stages of the program, two “learning site” districts (Mutare and Chimanimani) were selected in Manicaland Province. In these two districts, MCHIP focused on improving the coverage and quality of care and other public health interventions with the Provincial Health Office and District Health Executives. It also supported the use of Jhpiego's quality improvement approach, Standards-Based Management and Recognition (SBM-R<sup>®</sup>),<sup>2</sup> at 17 health facilities, with a technical focus on antenatal care (ANC), labor and delivery, basic emergency obstetric and newborn care, essential newborn care (including infection prevention), health promotion, MNH human resources management, MNH infrastructure, MNH commodities, MNH laboratories and management of MNH services.

Building on achievements of MCHIP in its initial stages, in 2014 Jhpiego was awarded the MCHIP Zimbabwe Associate Award. The goal was to increase access to high-quality MNCH services and strengthen health services in Zimbabwe by continuing to support the MOHCW and contributing to the scale-up and rollout of evidence-based, high-impact interventions from just two learning sites in Mutare and Chimanimani to all seven districts in Manicaland Province. These achievements will, in turn, reduce MNCH morbidity and mortality and malnutrition, and support progress toward the attainment of Millennium Development Goals 4 and 5. The objectives of the MCHIP Associate Award are to:

- Strengthen the capacity of the MOHCW at national level to formulate evidence-based national health policies, strategies and programs to enhance scale-up of high-impact MNCH interventions;

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<sup>2</sup> SBM-R is a structured, four-step, continuous performance and quality improvement process wherein: 1) performance standards are set, 2) gaps in performance are measured, 3) plans are implemented to cover the gaps, and 4) participating institutions are rewarded for attaining preset standards of quality in MNH.

- Strengthen the capacity of the MOHCW at provincial and district levels to improve the quality of integrated MNCH services at health facilities and in the community to support national-level scale-up plans; and
- Strengthen the capacity of civil society organizations to implement MNCH activities and manage U.S. Government funding.

## Key Accomplishments

- MCHIP successfully introduced the SBM-R approach and worked with national, provincial and district stakeholders to conduct SBM-R baseline assessments and develop site-specific action plans in 36 high-volume district hospitals and rural health centers in seven districts of Manicaland. This intervention has led to improvements in adherence to performance and quality of care standards for all facilities covered.
- According to data from these 36 sites, for the period of January through December 2014, 22,204 pregnant women received at least four ANC visits. In this same period of time, a total of 29,853 deliveries occurred with a skilled birth attendant, and the percentage of these women who received a potentially lifesaving uterotonic during the third stage of labor immediately after birth was 93%. In addition, 1,211 out of 1,366 (88.7%) of babies not breathing at birth were successfully resuscitated at these sites.
- MCHIP supported the provincial and districts teams to adopt the competency-based training approach by: 1) training 84 trainers on MNCH (including post-training follow-up and supportive supervision); 2) conducting post-training follow-up visits; and 3) improving capacity of tutors and training institutions for competency-based training in MNH. In addition, more than 2,700 health care workers have been trained in technical areas such as rotavirus vaccine introduction, malaria case management, infant and young child feeding, Integrated Management of Neonatal and Childhood Illness and the Baby-Friendly Hospital Initiative.
- MCHIP supported the MOHCW at the national level to develop the Kangaroo Mother Care (KMC) training package. Also, MCHIP supported the training of KMC trainers, as well as provincial- and district-level newborn health initiatives targeting low birth weight babies. KMC registers developed and distributed with MCHIP support are now being used nationally. There are currently eight functional KMC units supported by MCHIP.



Mother with healthy baby returning for checkup at hospital in Chimanimani district, Zimbabwe.

## Partners and Donors

In addition to working hand in hand with the MOHCW, MCHIP/Zimbabwe is collaborating with the other USAID-funded programs in Zimbabwe, including the Elizabeth Glaser Pediatric AIDS Foundation, PSI, the International Rescue Committee, USAID/DELIVER, Supply Chain Management System and Children First, as well as multilateral and bilateral partners such as the World Health Organization, United Nations Children's Fund, United Nations Population Fund, UK Department for International Development, European Union, World Bank and others.

## References

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