Health

REDUCING THE NUMBER OF DEATHS IN PREGNANCY AND CHILDBIRTH IN ZIMBABWE

Renovation of Maternity Waiting Homes and improvement of obstetric and neonatal care to increase better pregnancy outcomes

“The use of Maternity Waiting Homes has gone down over the years. The lack of comfort and the cost of paying for their own food at the Homes meant that women were coming in and then disappearing after a couple of days. Transport also posed a big problem – in the past, we’ve often only had one ambulance to cover all of a hospital’s needs including maternity-related calls. Sometimes an ambulance would have to go 200km to collect one person. Still, women are coming back to the Homes and basic conditions are improving.”

Dr Admire Kuretu, Maternal & Child Health Officer, Mashonaland East Province

CONTEXT

Maternity Waiting Homes – facilities next to a hospital where pregnant women can live towards the end of their pregnancy while waiting to give birth – have been in existence in Zimbabwe since the 1980s. According to Zimbabwe’s Demographic and Health Survey 2010/11, however, the country’s maternal mortality ratio currently stands at 960 deaths per 100,000 live births, which is three times higher than the global average of 287 deaths per 100,000 live births. Factors which have contributed to this unacceptable ratio of women dying in childbirth or of a pregnancy-related complication have been limited access to Maternal Waiting Homes due to transport costs, lack of transport to reach health centres and lack of skilled personnel in attendance at delivery. These problems, which are particularly acute in rural areas, arose in the 2000s as

FACTS AND FIGURES

Revitalising Maternity Waiting Homes and Related Services

EuropeAid financing

€9.9 million

Partner

Ministry of Health and Child Welfare, Zimbabwe

Implemented by

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Health

Case study - Reducing the number of deaths in pregnancy and childbirth in Zimbabwe

the country’s economy went into decline, leaving the country’s underfunded and understaffed healthcare system, including Maternity Waiting Homes, able to offer limited services only.

OBJECTIVES

- Contribute to the reduction of the maternal mortality ratio to 174 deaths per 100,000 live births by 2015.

- Procure and distribute 63 ambulances – one per health district – to strengthen referral services at district level. Renovation of 105 Maternity Waiting Homes to raise the quality of care and accommodation provided by them.

- Train 800 health workers in emergency obstetrics and neonatal care to ensure skilled attendance at delivery and raise community awareness of the benefits of institutional delivery and use of Maternity Waiting Homes.

IMPACT

- 63 ambulances bought and distributed – one per health district.

- Assessment of selected Maternity Waiting Homes’ refurbishment needs underway.

TESTIMONIES

“When the women arrive here, we screen them to decide whether to accept them. We mostly house women who are pregnant for the first time or have had problems in the past during pregnancy. We monitor them every day and every Monday, they are given a full examination, including a foetal screening. We also give them information on breastfeeding, family planning, HIV testing and prevention of mother to child transmission of HIV/AIDS. The women stay alone here as a team in the Maternity Waiting Home and when one of them goes into labour, they accompany them to the labour ward. Women experience a lot of freedom in this Waiting Home – often they have a sad face when we tell them they have to return home.” Ms Evelyne Nyamakope, Sister-in-Charge, Maternity Waiting Home, Mutoko District Hospital, Mashonaland East Province

Sphiwe Chitiyo, 18, resident at the Mutoko Maternity Waiting Home and expecting her first child that week. “My community care-giver encouraged me to come and deliver here. The village where I live is about a 30-minute walk away. This place is good, but there aren’t enough beds. I’ve made friends here – they call me ‘Sabhuku’ [lit. Kraal head – or, community leader]. After the baby is born, I’d like to go back to school. But I’m looking forward to having the baby. I got married last year and the family will help me raise him – I already know it’s going to be a boy.”