Maternal, newborn & Child Health

Situation: what is at stake & why it matters

Zimbabwe's healthcare system faces severe challenges due to years of economic decline, resulting in critical shortages of medical supplies, underfunded infrastructure, and an overburdened workforce. In 2024, only 27% of the allocated health budget was disbursed, limiting healthcare service delivery.

Despite 85% of births being attended by skilled personnel (ZDHS 2024), maternal mortality remains alarmingly high, increasing from 107 deaths per 100,000 live births (2002) to 119 in 2024. Infant mortality has also worsened, reaching 56 deaths per 1,000 live births (2023-24 ZDHS), while neonatal mortality in the 2023-2024 ZDHS was the highest ever measured, at 37 deaths per 1,000 live births. The healthcare crisis is exacerbated by outbreaks of cholera, polio, measles, and malaria, as well as low antiretroviral treatment (ART) coverage for children (59% vs. 96% for adults).

Without urgent intervention, these challenges will lead to increasing mortality rates, widening health inequities, and setbacks in Zimbabwe's public health progress.

UNICEF's response

UNICEF is addressing maternal, newborn, and child health (MNCH) gaps through an integrated community outreach model, bringing essential services - antenatal/postnatal care, immunization, HIV testing, and chronic disease management - to remote areas. In 2024, this model reached 1.8 million people in underserved regions.

Our high-impact intervention package prioritizes maternal and child survival by enhancing:

- Maternal health: Emergency obstetric care, antenatal and postnatal services.
- Newborn care: Essential care for every baby, treatment of sick newborns.
- Child health: Immunization, Integrated Management of Childhood Illness (IMNCI), and emergency triage for critically ill children.
- Health system strengthening: Training healthcare workers, upgrading facilities, and securing life-saving medical supplies.

Empowering women in Manganyani with essential health checks. Accessible care, closer to home.

Impact

UNICEF-supported programs have significantly improved health indicators:

- Institutional skilled birth attendance: 85% (ZDHS 2024).
- Expanded immunization coverage, reducing the percentage of unvaccinated children from 21% (2005) to 8% (2024).
- Multisectoral response to outbreaks, effectively controlling cholera and Mpox.
- Targeted support for deprived provinces, benefiting nearly 47% of Zimbabwe's population.

Specific gaps & needs

Despite progress, funding gaps persist, particularly in the most underserved regions. The Health Resilient Fund (HRF), a critical donor-funded initiative, will end in 2025 - leaving a significant shortfall.
Urgent needs include:

- Strengthening maternal and newborn care.
- Scaling up integrated outreach services to remote areas.
- Improving access to essential vaccines in provinces with declining coverage.
- Bolstering health infrastructure and human resources to improve service delivery.

Call to action (How you can help)

Based on the analysis of performance indicators across different sections, the top four most deprived provinces in terms of indicator performance are Manicaland, Mashonaland West, Mashonaland Central, and Midlands, listed in order of deprivation. These most deprived provinces have about 47% of the total population of the country.

Your support can directly impact Zimbabwe's most vulnerable populations:

- $10.5M is what we need to provide full healthcare support for Manicaland, the most deprived province.
- $20.3M is what we need to provide full healthcare support to 2 Provinces: Manicaland & Mashonaland West.
- $36.8M is what we need to provide full healthcare support to all four priority provinces, reaching nearly half the country's population.

In the current uncertain global landscape, prioritization is key. Based on the above needs, for an amount of between $100,000 and $1 million, our priorities are defined as follows:

- Geographical priority: the province of Manicaland, with one health district (to be defined);
- Programmatic priority: improving the quality of neonatal care, in particular:
  - Setting up and running neonatal units.
  - Capacity building of health workers trough the mentorship;
  - Key MNCH equipment purchase and maintenance;
  - Construction and rehabilitation of neonatal care units;
  - Solarisation of neonatal units

Beyond funding, we seek partnerships for:

- Technical assistance to enhance health service delivery.
- Supply chain strengthening for essential medicines and vaccines.
- Policy advocacy to sustain government commitments to health financing.

Investing in Zimbabwe's healthcare system will save lives, reduce health disparities, and create a resilient foundation for future generations. Join us in this critical mission!

9 Downie Avenue Belgravia, Harare, Zimbabwe
Zeinab Adam Deputy Representative, Programmes
zeadam@unicef.org
Alexandra Makaroff Partnerships Specialist
amakaroff@unicef.org
@UNICEFZIMBABWE www.unicef.org/zimbabwe