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African Population and  
Health Research Center



Countdown to 2030  
Women's Children's & Adolescent's Health



# ZIMBABWE

## Analysis of Reproductive, Maternal, Newborn, Child and Adolescent Health Indicators for 2019-2024: Synthesis Report

# ANALYSIS

# REPORT

# 2025



Countdown to 2030 in Partnership with Ministry of Health-Kenya, Global Financing Facility, WHO, WAHO, UNICEF  
Country Annual Meeting (CAM), Nairobi, 16-20 June 2025

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## 1

## Health facility data quality assessment: numerators and denominators

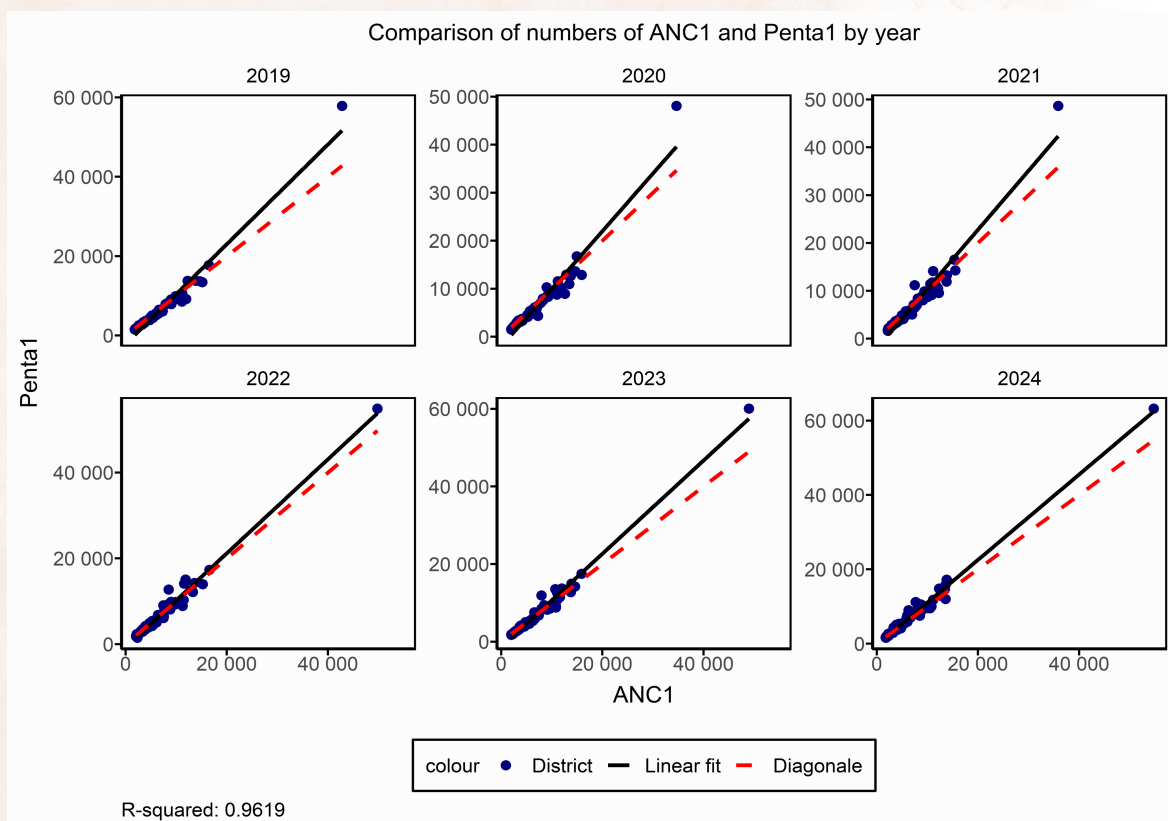
**NUMERATORS:** A k-factor of zero was used for data adjustment as the national reporting rate for 2024 was above 92%, with only Harare and Bulawayo provinces reporting just below the threshold. Therefore, in comparing the data before and after adjustments the numbers remain the same.

### Summary of reported health facility data quality, DHIS2, 2019-2024

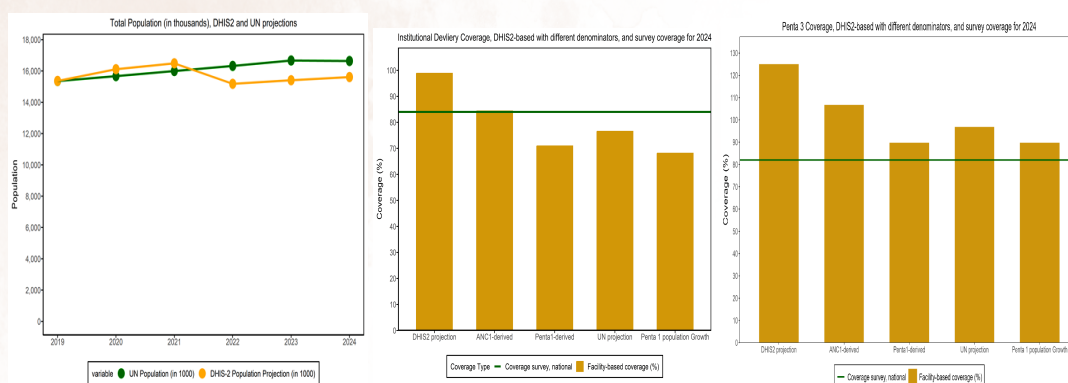
no	Data Quality Metrics	2019	2020	2021	2022	2023	2024
<b>type: 1. Completeness of monthly facility reporting (mean of ANC, delivery, immunization, OPD)</b>							
1a	% of expected monthly facility reports (national)	94	94	92	94	96	96
1b	% of districts with completeness of facility reporting $\geq 90$	88	89	79	91	94	94
1c	% of districts with no missing values for the 4 forms	89	87	88	89	89	93
<b>type: 2. Extreme outliers (mean of ANC, delivery, immunization, OPD)</b>							
2a	% of monthly values that are not extreme outliers (national)	99	98	99	97	99	91
2b	% of districts with no extreme outliers in the year	91	86	89	88	90	77
<b>type: 3. Consistency of annual reporting</b>							
3a	Ratio anc1/penta1	1.11	1.14	1.09	1.06	1.04	0.95
3b	Ratio penta1/penta3	1.06	1.07	1.07	1.04	1.02	1.00
3c	% district with anc1/penta1 in expected range	92	90	86	65	75	32
3d	% district with penta1/penta3 in expected range	94	97	90	81	73	56
4	<b>Annual data quality score</b>	93	92	89	86	88	74

#### Interpretations

- An increase in the number of districts meeting the 90% reporting threshold across all service indicates gradual improvement in reporting rates over the years, with Harare and Bulawayo metropolitan provinces reporting just below the threshold.
- The percentage of districts with no extreme outliers declined between 2019 and 2024.
- The overall annual data quality score declined between 2019 and 2024 signaling the need for greater investments in the HMIS.



**DENOMINATORS:** Service coverage is defined as the population who received the service divided by the population who need the services. We tested four denominator options using institutional delivery and Penta3 immunization coverages.

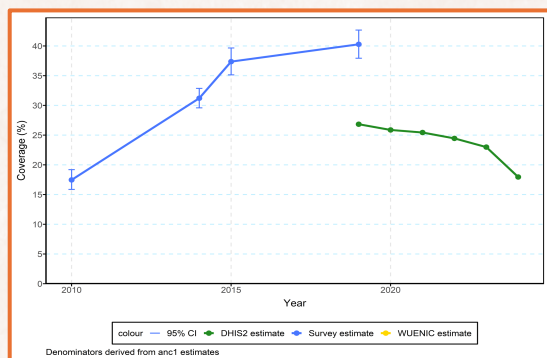


### Interpretations

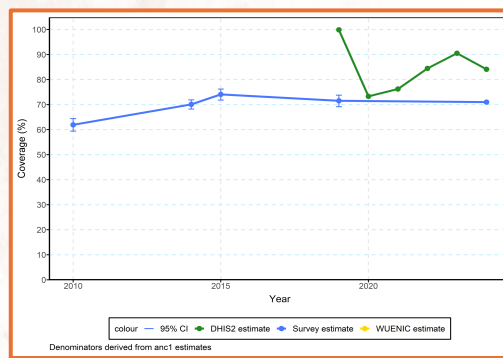
- DHS2 livebirths were consistent over time, though notably below the UN estimates in recent years.
- Penta1 derived was selected as the best vaccination denominator and ANC1 derived was selected for maternal indicators as the coverage is closest to the ZDHS coverage.

### Antenatal care coverage trends

#### ANC early visit, first trimester pregnancy



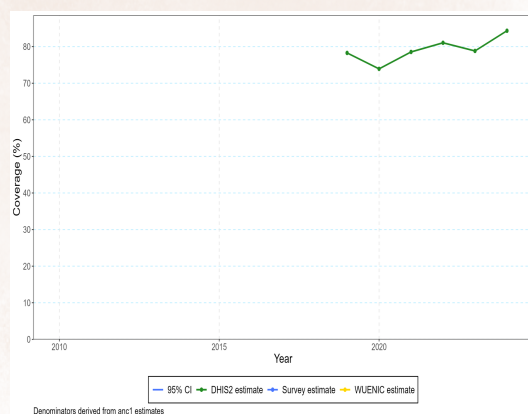
#### Coverage trends for ANC4



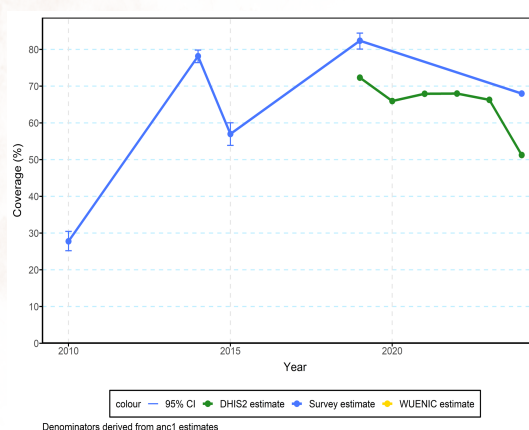
ANC early visit in the first trimester coverage for DHIS2 was lower than survey data with a contrasting trajectory, and comparable for ANC4 Coverage, despite the change of data collection tool in 2024.

### Institutional delivery

#### Institutional deliveries



#### PNC in 48hrs



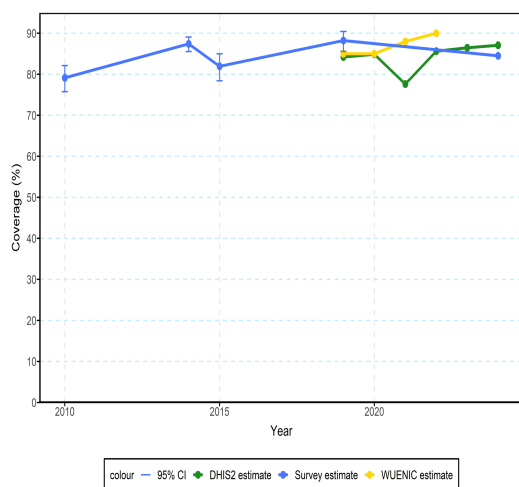
#### Interpretations

- There is high institutional delivery coverage with a gradual positive trend.
- Coverage of PNC at 48hrs was comparable for survey and facility data, showing a downward trend with most facilities discharging mothers early due to limited bed space.



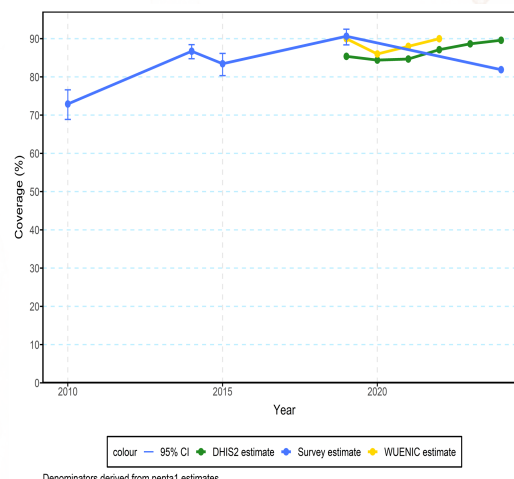
## Immunization : Penta 3, Measles 1

### Measles 1



Denominators derived from penta1 estimates

### Pentavalent 3<sup>rd</sup> dose



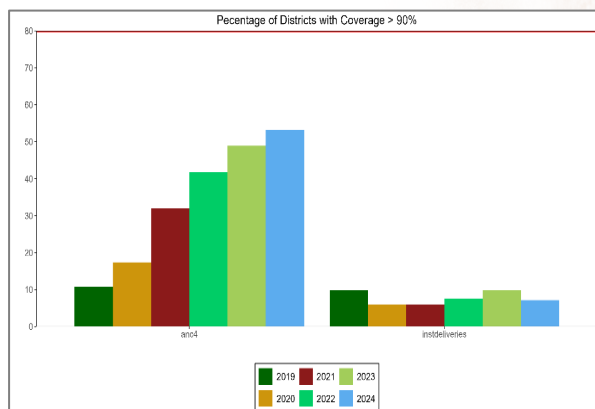
Denominators derived from penta1 estimates

### Interpretations

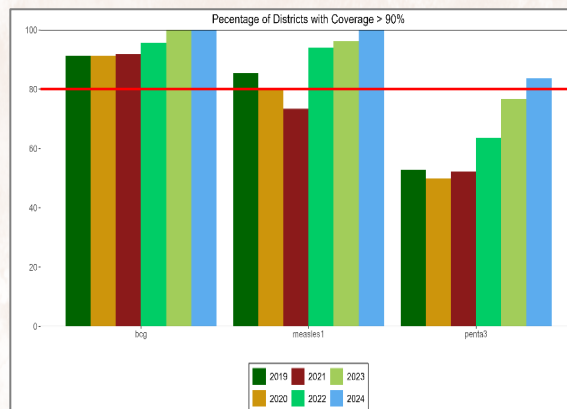
- The levels and trends for vaccination indicators are plausible, the country is yet to reach its 95% target.
- There is good consistency between the facility and UN (WUENIC) estimates, but not with survey data.

## Percent of districts achieving high coverage targets

### Maternal indicators



### Child health indicators

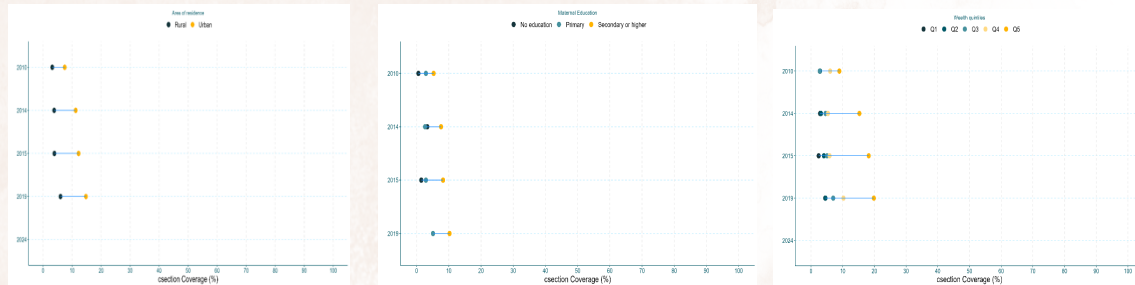


### Interpretations

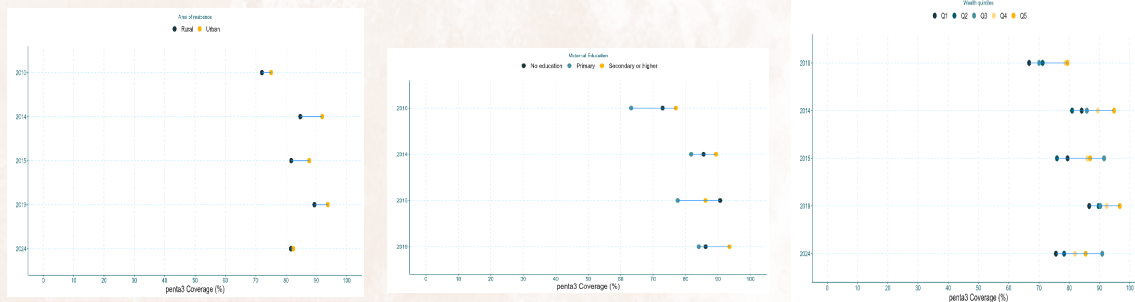
- Notable progress in antenatal care service utilization, however, facility delivery has remained constant
- Consistent progress has been made in improving immunization coverage with Penta3 target coverage being reached in 2024.

## Equity by wealth, education, rural-urban residence (from surveys)

### Caesarean sections



### Pentavalent 3<sup>rd</sup> dose

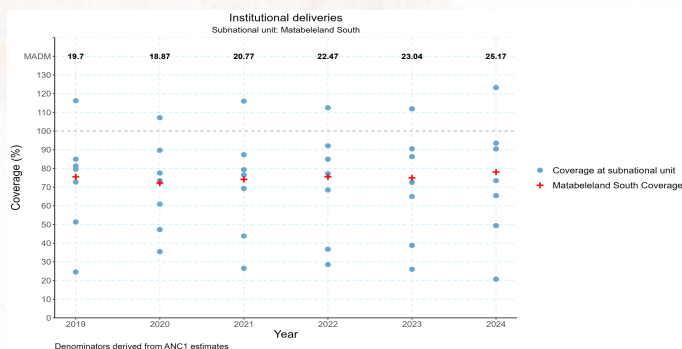


### Interpretations

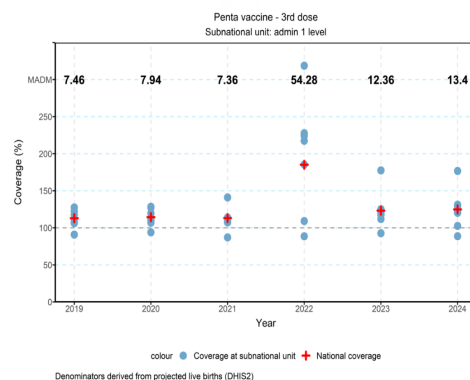
- Bottom inequality patterns are evident over time for access to caesarean sections when considering wealth quintiles and maternal education. Coverage of caesarean section was consistently lower in rural areas as well over time.
- Vaccination service access disparity gaps have fluctuated over time with children whose mothers who have at least primary level of education continue to access vaccination services the least while those based on place of residence were nearly eliminated with the near convergence of coverage witnessed in the latest survey.

## Geographical inequalities: Health facility data

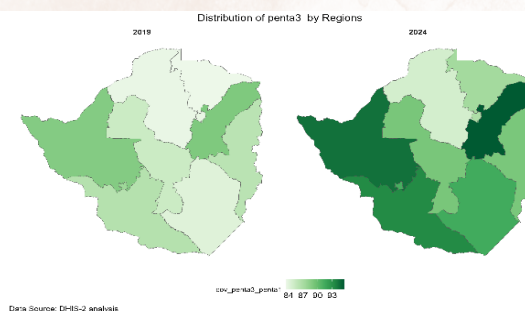
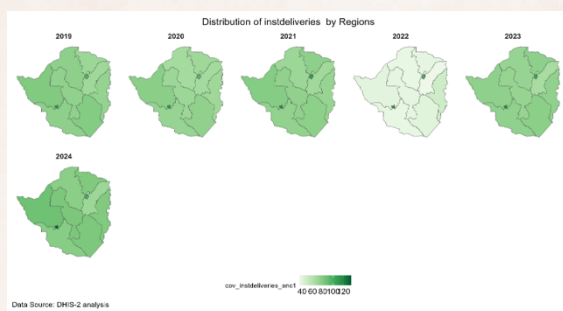
### Institutional deliveries



### Pentavalent 3<sup>rd</sup> dose







### Interpretations

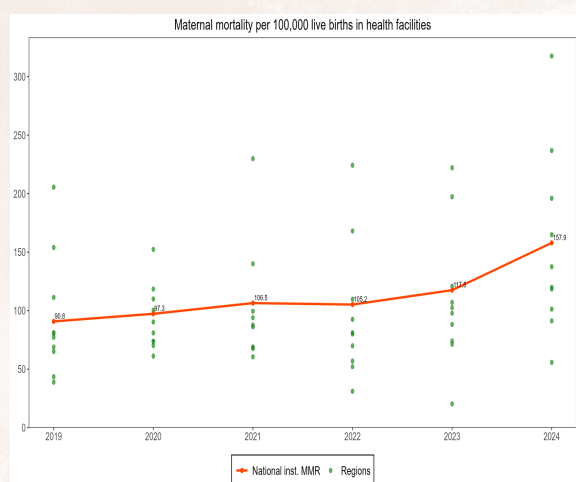
- Both maternal and child service utilization indicators improved in 2024 back to pre-COVID coverages
- Denominator challenges for maternal and immunization indicators persist (over 100% coverage in some districts)
- Despite the marked improvement in institutional deliveries coverage, subnational disparities have increased with the highest being in Mat South (provincial MADM 25.17) in 2024.

## 4

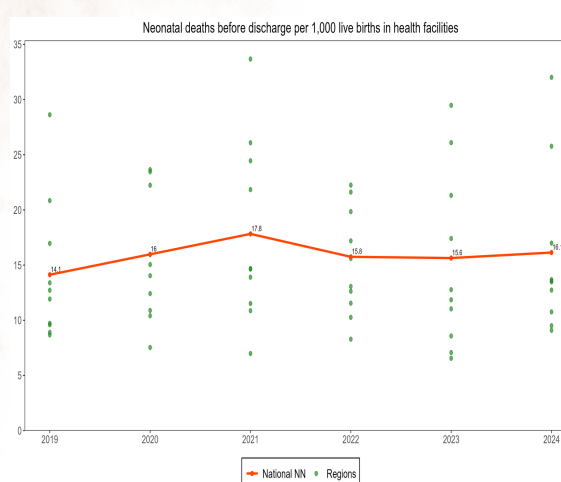
## Institutional mortality

### National Trends in Institutional Mortality Trends (iMMR, iSBR, iNMR)

#### iMMR



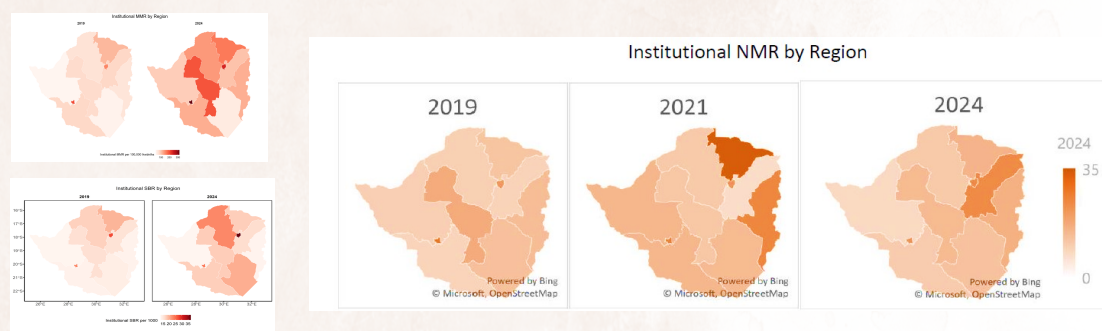
#### iSBR



### Interpretations

- Institutional maternal mortality continues to rise against an overall country decline in the 2024 ZDHS survey reported maternal mortality as there is a convergence due to more women delivering in health facilities.
- Neonatal deaths before discharge remain high with widening disparities across the provinces.

## Subnational Variation – Institutional Maternal and Newborn Mortality by Province Level

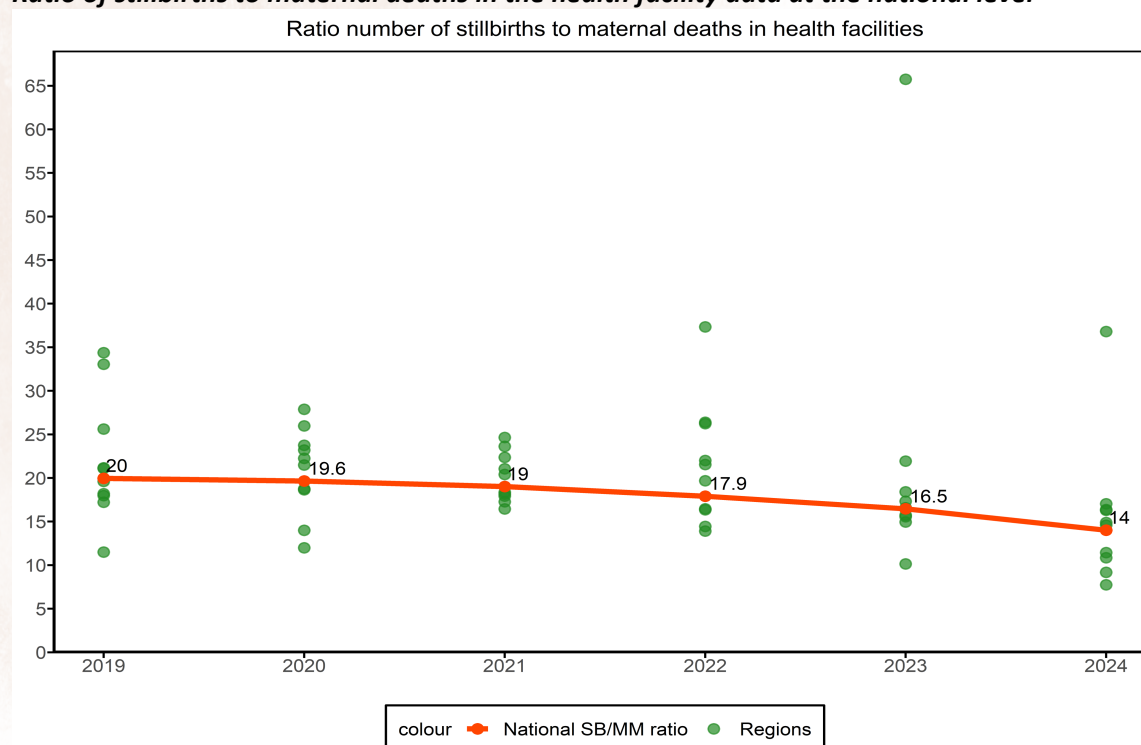


### Interpretations

- Harare (capital city) and Bulawayo provinces report the highest institutional maternal, stillbirth and neonatal mortality, as they house the country's main referral centres
- Among the remaining provinces, Midlands has the highest maternal mortality, Mashonaland West the highest stillbirth rate and Mashonaland Central the highest neonatal mortality rate.

## Data Quality Metrics

### Ratio of stillbirths to maternal deaths in the health facility data at the national level



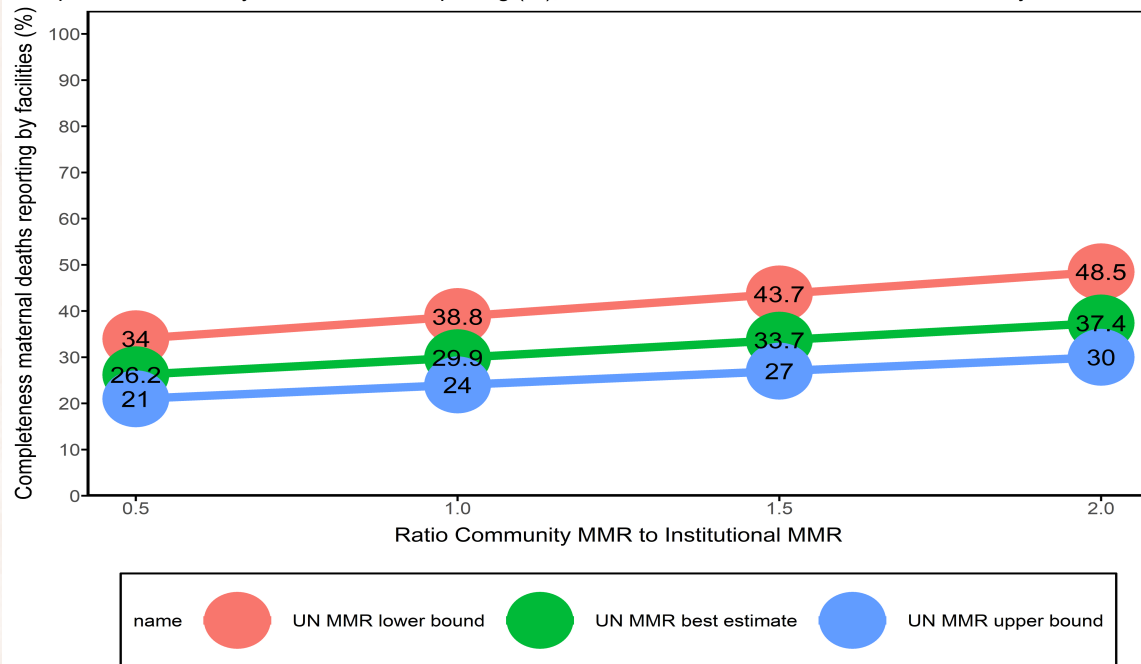
### Interpretations

- The institutional stillbirth-to-maternal-death ratio is declining moderately but remains unacceptably higher than the target of a maximum of five.
- Disparities remain very high, ranging between 5 and 35 in 2024, with the values over 25 suggesting poor quality of care in some institutions.



## Estimated completeness of facility maternal death and stillbirth reporting

Completeness of facility maternal death reporting (%), based on UN MMR estimates and community to institution:



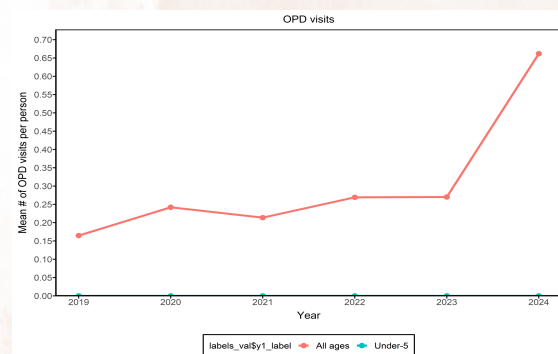
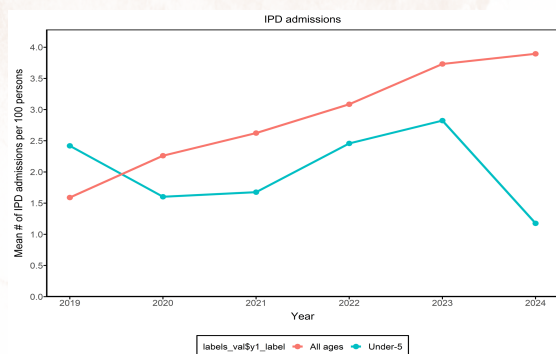
## 5

## Curative health service utilization for sick children

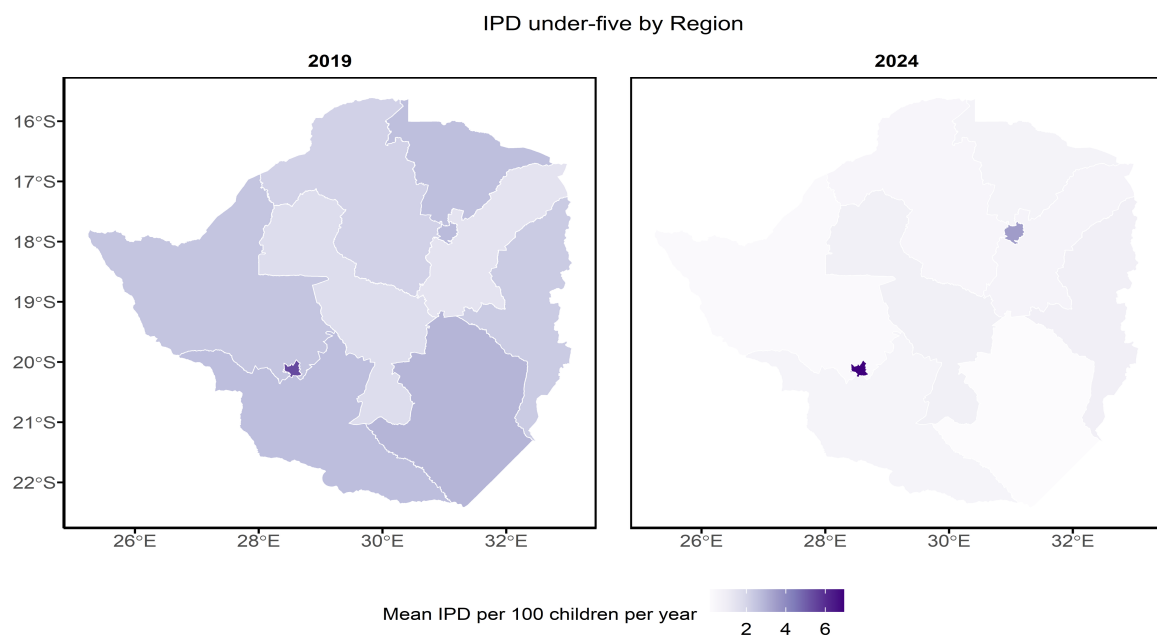
### Outpatient and inpatient service utilization

#### Introduction of new tool July 2024

- A new tool was introduced in July 2024 causing a sharp increase in OPD visits compared to previous years. Analysis for Under 5 children could not be conducted since the data was not disaggregated
- In-patient mortality (case fatality rates) is an indicator of quality of care with consistency on years before 2024 indicating good data quality.



## Regional/provincial service utilization



### Interpretations

- Harare and Bulawayo have the highest admissions and are metropolitan provinces that house the central hospitals with major pediatric units.

## Zimbabwe Countdown to 2030 Country Activities Flagship Operational/Implementation Research Training



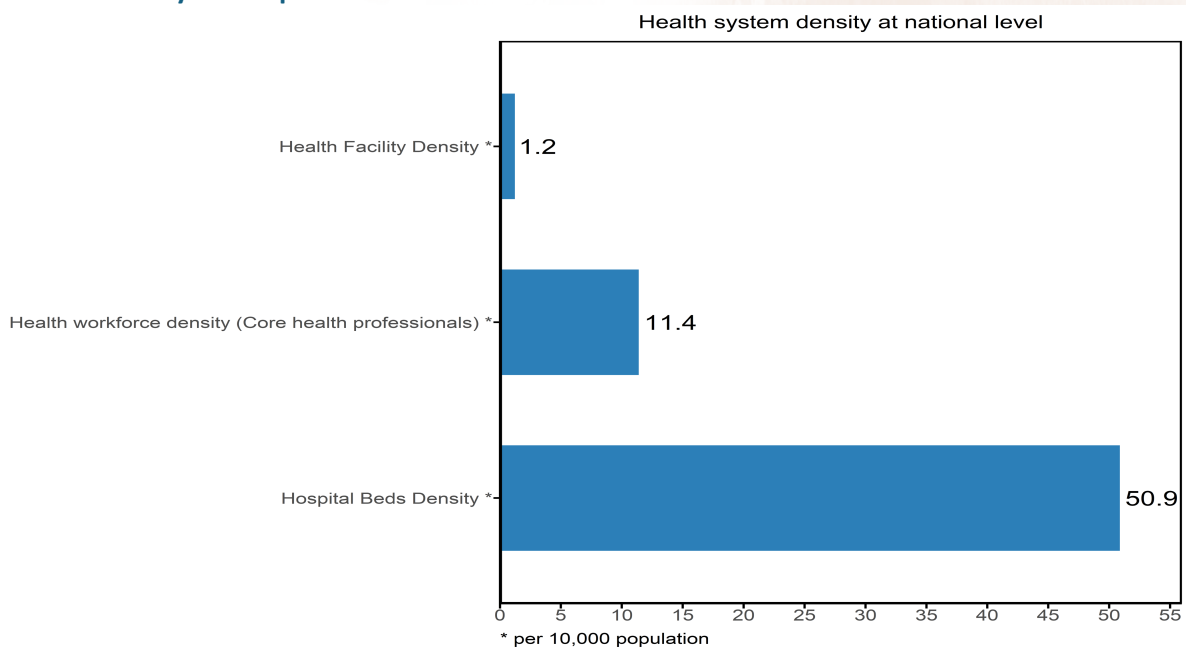
### Data Quality Review For RMNCAH+N



Empowering Ministry of Health and Child Care cadres to generate and apply evidence through operational and implementation research. A key step toward strengthening data-driven decision-making and improving RMNCAH outcomes at the subnational level.



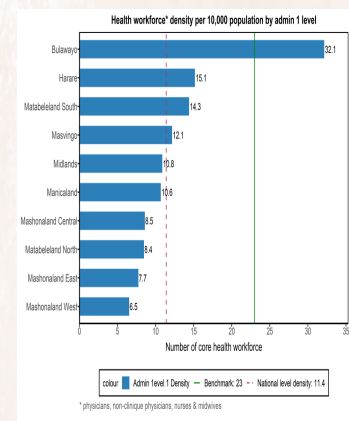
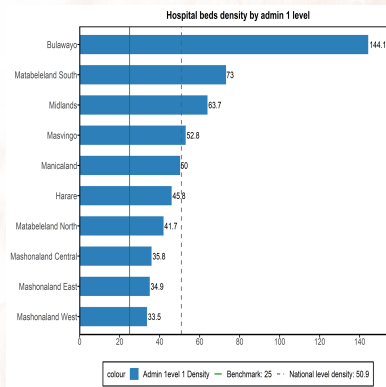
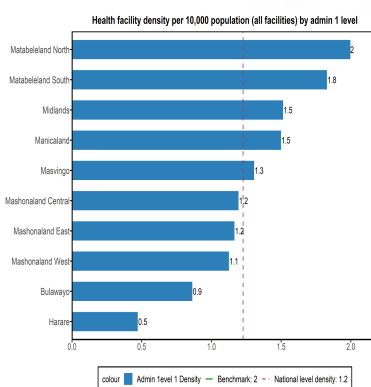
## Health system inputs



## Interpretations

- The country's health facility density does not meet the minimum benchmark, save for Bulawayo
- Only one province has a health workforce density that surpasses the WHO benchmark of 44.5 per 10,000 population to achieve universal health coverage
- Unfortunately the low retention rate weakens the country's progress in reducing maternal and child mortality with high-skilled birth attendants and other skilled providers

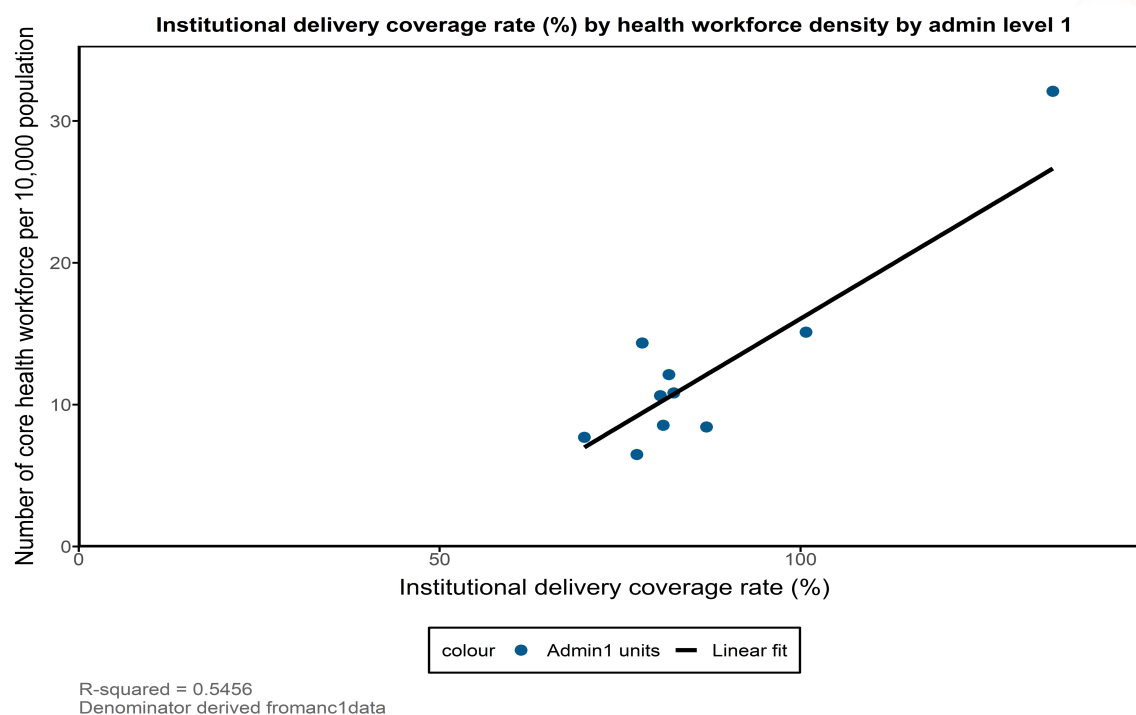
## Health system inputs by province



## Investment and strengthening of subnational health systems

- Harare & Bulawayo have the lowest facility density, leading to overburdened central hospitals.
- **Matabeleland South & Bulawayo** show **high workforce density** (due to low population), but **retention challenges** persist.
- Mashonaland West has the least hospital bed capacity, health workforce and has low health facility density per population
- Need to strengthen referral systems & invest in infrastructure to improve access.

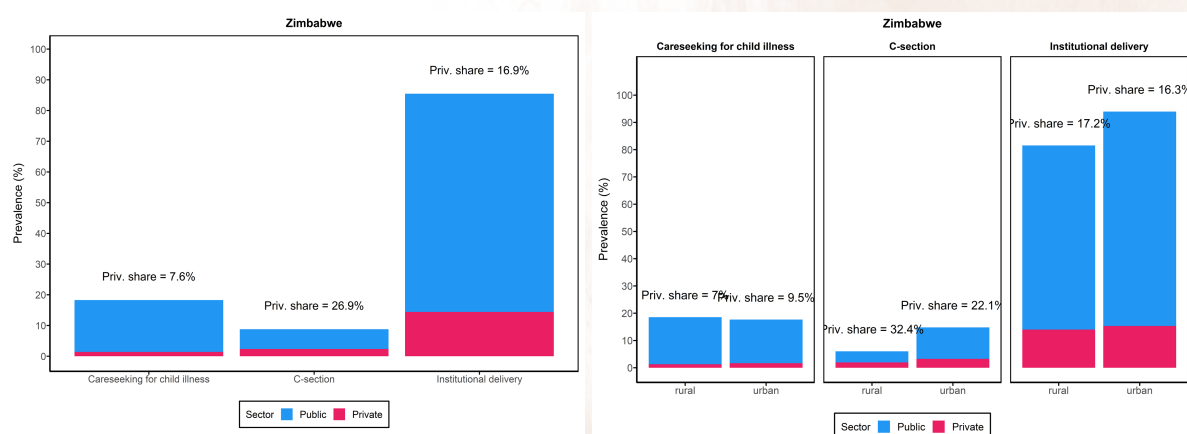
## Health system outputs by inputs at the subnational level county



### Interpretations

- Higher health workforce is moderately associated with better institutional deliveries
- The outlier province proposes data quality issues with an ID coverage of over 100%.

## Private sector and RMNCAH service



### Interpretations

- Rural gaps in public surgical capacity may push demand to private providers Caesarean Sections: 26.9% (Rural: 32.4% | Urban: 22.1%)
- Reported private sector utilization is relatively low overall
- A study was conducted to determine the private sector readiness to report through the MoHCC HMIS.