



Innovative Approaches to Maternal Healthcare Delivery in Zimbabwe: A Decentralised Care Model

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Published: 14 March 2023 | **Received:** 08 December 2022 | **Accepted:** 21 February 2023

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DOI: [10.5281/zenodo.18530533](https://doi.org/10.5281/zenodo.18530533)

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Abstract

Maternal mortality remains a significant public health challenge in sub-Saharan Africa, with access to skilled care a critical barrier. In Zimbabwe, centralised healthcare models have often failed to provide equitable access, particularly in rural and remote communities. This study evaluated the implementation and initial outcomes of a decentralised maternal healthcare model in one province of Zimbabwe. Its primary objective was to assess the model's impact on key maternal health service utilisation indicators. A mixed-methods, observational study was conducted. Quantitative service utilisation data were collected from routine health facility records across three districts. Qualitative data were gathered through focus group discussions with community health workers and semi-structured interviews with healthcare providers to explore their experiences and perceptions. Quantitative analysis indicated an increase in the proportion of facility-based deliveries in intervention areas, from an estimated baseline to a higher proportion post-implementation. Qualitative findings highlighted improved community trust and a perceived reduction in logistical and financial barriers to care as key facilitators of this change. The decentralised care model shows potential for improving access to maternal health services in Zimbabwe by bringing care closer to communities. It appears to address critical barriers related to distance and cost. Further scaled-up implementation with robust monitoring is advised. Policymakers should consider integrating core components of this model, particularly the enhanced role of community health workers, into national maternal health strategies. Sustainable financing mechanisms for decentralised units require attention. Maternal health, healthcare delivery, decentralisation, community health workers, Zimbabwe, sub-Saharan Africa This research provides original empirical evidence on a locally adapted decentralised care model, contributing to the literature on health systems innovation in low-resource settings.

Keywords: *maternal mortality, sub-Saharan Africa, healthcare delivery, decentralised care, task-shifting, community-based interventions*



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