Saving children and mothers
South Africa’s progress in healthcare

The new democratic South Africa has made substantial progress in transforming its health sector. Primary healthcare has vastly expanded to more than 4,000 clinics across the country and government health services are free for children under the age of five and for pregnant and breastfeeding women. Remarkable progress has been made in rolling out antiretroviral (ARV) treatment. The country has the largest number of people enrolled on ARVs in the world – close to one million people in 2010. A national food fortification programme has also reduced the number of birth defects by more than a third.

The government spends about 11 per cent of its total budget on health – more than any other country in Southern Africa. New legislation has been passed to make the health system more equitable and accessible to all South Africans.

### The Statistics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Data</th>
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</thead>
<tbody>
<tr>
<td>Under-five mortality (2008)</td>
<td>62/1,000 live births</td>
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<tr>
<td>Maternal mortality (2005)</td>
<td>410/100,000 live births</td>
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<tr>
<td>Stunting in children (2005)</td>
<td>18%</td>
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<tr>
<td>HIV prevalence in pregnant women (2009)</td>
<td>29.4%</td>
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<tr>
<td>Children living with HIV (2009)</td>
<td>330,000</td>
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<tr>
<td>Women attending antenatal care (2008)</td>
<td>92%</td>
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<tr>
<td>Skilled attendant deliveries (2010)</td>
<td>91%</td>
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</tbody>
</table>
Preventable deaths

Despite this, child and maternal survival has stagnated over the past 10 years.

More than 200 children under the age of five die every day of mainly preventable causes. HIV/AIDS-related diseases are a major cause of death in young children, followed by pneumonia and acute diarrhoea. South Africa has also recently identified problems in the levels of coverage of routine childhood vaccinations.

Malnutrition is a major contributing factor to child death. One in four children is stunted and many are deficient in vitamins and minerals essential to preventing disease and disability. Given these current trends it is unlikely that South Africa will meet the 2015 Millennium Development Goal of reducing child mortality.

Babies and mothers

Of great concern are the high death rates of newborn babies and mothers. Almost 40 per cent of all under-five deaths occur in the first 28 days of life – the neonatal period. Around 20,000 babies are stillborn every year; many die during labour. The maternal mortality rate was last recorded at 410 per 100,000 in 2005.

These deaths happen in a context where a high proportion of women attend antenatal care and deliver babies in hospitals and maternity clinics with skilled attendants. It is clear that the quality of maternity and neonatal health services is inadequate and that many lives are needlessly lost.

HIV and AIDS: a major threat to children and women

South Africa has the highest global burden of HIV and AIDS – 17 per cent of the world’s population with the disease lives here. HIV prevalence in pregnant women attending antenatal care is very high and around 210,000 children are born to HIV-infected mothers each year. Close to half of all orphans in the country have lost their parents to HIV/AIDS-related diseases.
UNICEF child survival strategies

- Build partnerships to support child survival in South Africa and leverage national resources for high-impact healthcare programmes;
- Support research to provide evidence for health interventions;
- Pilot innovative child survival programmes in communities and demonstrate their effectiveness in saving lives;
- Support the scaling up of high-impact health services;
- Track progress towards national targets and goals for maternal and child health.
Prevention of mother-to-child transmission (PMTCT) of HIV is now almost universally available in the public health sector. Eighty-eight per cent of pregnant HIV-positive women received ARV medication to reduce the risk of transmitting HIV to their babies in 2009. Of the children living with HIV and AIDS who were eligible for ARV treatment, 54 per cent received it in 2009.

What UNICEF is doing

The Department of Health has launched a maternal, neonatal and child health and nutrition strategic plan for 2008–2013. The UNICEF Child Survival and Development Programme works within this framework to reduce the suffering of children and child deaths.

UNICEF estimates that close to 50,000 babies and young children could be saved every year through higher coverage of a few known high-impact healthcare interventions. The challenge is to ensure that these interventions reach the children and women who need them most.

Child, neonatal and maternal health

UNICEF supports a community-based maternal, neonatal and child health and nutrition programme in 18 priority districts across the country. The government has identified these as the most deprived in basic services, with the highest poverty and child and maternal death rates.

The programme will use community health workers as the main delivery strategy to improve family healthcare practices, increase health-seeking behaviour and help families and communities to manage mild cases of childhood illnesses.

Prevention of mother-to-child transmission of HIV

Pregnant women with HIV need to be treated and monitored close to home for greatest impact. UNICEF is therefore helping the Department of Health to bring prevention of mother-to-child transmission services to community-based health clinics. This is part of the national acceleration plan for preventing mother-to-child transmission, which aims for 95 per cent coverage in the 18 high-risk districts by 2011 and ultimate elimination of paediatric HIV.

Professional nurses working in local clinics are trained to screen HIV-positive pregnant women for ARV eligibility and start them on treatment. Outreach teams from experienced treatment centres supervise and monitor the work of the nurses to make sure that quality care is provided.

Paediatric HIV care and treatment

HIV-positive babies and children also need access to treatment and care at their doorstep. Putting children on life-saving ARV therapy means accurately diagnosing HIV. This is now possible by using a special method for HIV testing that involves collecting blood onto filter paper (Dried Blood Spot). This way, those who have HIV can be identified before they become sick or die. The aim is to test babies at their six-week immunisation visit, a strategy that promises to reach a large number of infants.

UNICEF is supporting the scale-up of early infant HIV diagnosis by building laboratory capacity at national and provincial hospitals and integrating early infant diagnosis into immunisation programmes. Nurses are trained to collect blood samples using the Dried Blood Spot method.

With the roll-out of early infant diagnosis, children with HIV will be diagnosed early and will be able to access life-saving treatment and care. The Department of Health, with UNICEF’s technical support, is supporting the down referral of children’s HIV services to community-based clinics in KwaZulu-Natal, North West and Limpopo, Mpumalanga and Eastern Cape provinces.

Nutrition

UNICEF’s approach to child nutrition in South Africa puts emphasis on improving infant and young child feeding practices. Poor feeding practices, such as breastfeeding for less than six months, can lead to disease and malnutrition, which greatly increases children’s risk of death.
UNICEF supports the Baby-Friendly Hospital Initiative in South Africa, an international certification programme for health facilities that promote breastfeeding. UNICEF also helps build national capacity to monitor regulations on the marketing of infant formula.

Micronutrient deficiencies are addressed through mass supplementation campaigns. A community programme is being established to help families improve infant and young child feeding practices and manage mild cases of child malnutrition. Severe cases of malnutrition are handled by health facilities where UNICEF provides training and support to monitoring outcomes.

**What UNICEF plans to achieve**

Two-thirds of child deaths can be prevented through the full implementation of high-impact public health services. Effective interventions, however, are not enough unless they reach the children and mothers who really need them. In 2011 and 2012, UNICEF will continue to work with the Department of Health and other partners to identify and scale-up high-impact health and nutrition services to:

- Reduce under-five mortality by 30 per cent;
- Get up to 90 per cent of eligible HIV-positive children on ARV treatment;
- Provide comprehensive prevention of mother-to-child transmission of HIV services to 80 per cent of pregnant HIV-infected women;
- Increase the practice of exclusive breastfeeding to at least 35 per cent of all mothers.
If you are interested in supporting the UNICEF Child Survival & Development programme, please contact:

The Fundraising Specialist
UNICEF South Africa Country Office
6th Floor, Metro Park Building
351 Schoeman Street
Pretoria, South Africa

Direct: +27 12 354 8249
Switchboard: +27 12 354 8201
www.unicef.org/southafrica
Children and AIDS

unite for children

UNICEF South Africa/Pirozzzi
Children and AIDS

The context

South Africa has an exceptionally severe epidemic of HIV and AIDS. One in six adults and children infected with HIV globally lives in South Africa. Close to half of the estimated three million orphans in the country have lost their parents to HIV/AIDS-related diseases.

AIDS is the leading cause of death in children and women. A third of all deaths of children under the age of five is caused by HIV/AIDS-related illnesses. Close to 30 per cent of pregnant women attending antenatal care are HIV-positive.

Most children acquire HIV from their mothers during pregnancy, birth or through breastfeeding, and, without care and treatment, most of these babies will die in the first two years of life. Many die at home before they have been properly diagnosed and treated.

South Africa has recently updated national policies to prevent mother-to-child transmission of HIV but implementing these is a challenge.

What UNICEF is doing

The Department of Health, UNICEF and other partners are working on a comprehensive approach to protecting children from HIV and prolonging their lives. This means providing a complete package of services in the community, linked to health clinics. The package includes HIV testing for pregnant women, antiretroviral drugs to reduce mother-to-child transmission, early diagnosis of HIV infection in babies, and early treatment, counselling and support for women and children who are infected.
What has been achieved?

Plans, systems and standards need to be in place to ensure the success of programmes that protect children from HIV and keep mothers alive. UNICEF helped the Department of Health to develop a national acceleration plan to bring prevention of mother-to-child HIV transmission services to the country’s 18 districts most affected by the AIDS pandemic.

New guidelines for preventing mother-to-child transmission were also released, which will make services more effective and to expand access. A new strategy to save the lives of babies born to HIV-positive mothers will be to test them at their six-week immunisation visit. If found to be HIV-positive, these children will be promptly started on treatment.

Training professional nurses in community-based health clinics to collect blood for infant HIV testing will be key. Outreach teams of doctors will supervise clinic-based antiretroviral medication and monitor progress.

The Department of Health is introducing a new preventative drug regime for breastfed babies exposed to HIV, which could also save thousands from becoming infected, while still allowing them to benefit from breastfeeding.

UNICEF is supporting the Department of Health to implement a model of long-term HIV care and treatment for women and children. By training nurses in community-based health clinics and using outreach teams from hospitals and antiretroviral therapy centres to provide supervision and mentoring, the model aims to bring services closer to home and capture greater numbers of eligible HIV-infected pregnant women and children.

By November 2009, the Health Information Evaluation and Research Cluster of the Department of Health reported that about 920,000 adults are receiving ART, and only 54 per cent of children estimated to be in need of ART are receiving ART. An estimated 29 per cent of exposed children are receiving cotrimoxazole. The PMTCT coverage was 88 per cent in 2009.
Going forward

South Africa has the ambitious plan of providing access to HIV prevention, treatment and care to all South Africans and virtual elimination of paediatric HIV. UNICEF makes sure that women and children are at the heart of the national HIV response. In 2010 and 2011, UNICEF is looking for funding to support:

- Nationwide roll-out of the new and more effective maternal and infant antiretroviral regime to prevent HIV infection in babies;
- Scale-up of early infant diagnosis of HIV within child health programmes;
- Strengthening primary healthcare clinics in order to provide HIV testing, treatment and care services for women and children;
- Integration of the prevention of mother-to-child transmission services and HIV treatment and care of children, with other child healthcare programmes.
- Greater attention to quality of services to ensure effective coverage and an HIV-free generation.
The context

South Africa is losing many mothers, babies and young children unnecessarily. Child mortality has increased since 1990, despite a national policy of free primary healthcare for pregnant women and children under the age of five.

Every year, 75,000 children do not make it to their fifth birthday. A significant number of women and children die during childbirth and 40 per cent of stillbirths happen during labour. Almost half of all newborn babies who die, do so during the first 24 hours of birth, and 75 per cent die in their first week of life. Malnutrition is high and contributes to 64 per cent of all deaths in children under the age of five.

This happens despite reports that show that most women in South Africa deliver in a health facility with a skilled attendant.

These needless child and maternal deaths also take place in a country that spends more on healthcare than any other country in Southern Africa. The alarming death statistics point to serious problems: the country’s maternity wards and neonatal care units are not providing the quality of care needed to ensure the survival of mothers and their babies, and communities are not being prepared and supported to make the right choices for mothers and babies.

What UNICEF is doing

For UNICEF, saving the lives of mothers, babies and young children means working on two fronts:

In health clinics and hospitals: A partnership between UNICEF and the Department of Health is helping to improve the quality of services in
In communities: UNICEF supports the delivery of high impact interventions in communities. Community health workers are used to promote care for mothers and children from pregnancy through to delivery and early childhood; and within a health system continuum from health facilities to communities and households.

What has been achieved?

In 2006, UNICEF teamed up with the National Department of Health, the Medical Research Council and the Maternal and Infant Health Care Strategies Research Unit, University of Pretoria, to pilot a model of improving basic antenatal care quality. This involved training nurses and doctors, providing equipment and working with communities.

The initiative proved to save lives: the death rate of newborn babies was reduced by 10 per cent. This model is now the basis of the quality improvement programme, which will be implemented in 18 districts with the highest mother and baby death rates.

The government, with the help of UNICEF’s technical expertise, spearheaded the community-based maternal, neonatal and child healthcare programme nationally. Piloting started in one district, and there are plans to scale this up to several other provinces. UNICEF provides focused support to the programme in the poorest provinces – Eastern Cape, Limpopo and KwaZulu-Natal.

UNICEF has also assisted the government in adopting and updating child health
programming to ensure infants and children do not die from AIDS.

**Going forward**

The South African government singled out maternal and neonatal healthcare as a priority in the maternal, neonatal and child health and nutrition strategic plan for 2008-2013. This gives UNICEF and its partners a major opportunity to assist the country in improving quality and coverage of essential services. UNICEF is looking to fund the following activities in 2011 and 2012:

- A national quality assessment of the country’s 600 maternity and neonatal care units;
- Developing quality systems for maternity and neonatal care units;
- Undertaking quality improvement programmes in 18 priority districts to make maternity and neonatal units mother and baby-friendly;
- Enhancing the capacity of community health workers and primary care workers in practising essential maternal and newborn services;
- Tracking the coverage of healthcare services proven to reduce mother, baby and child deaths;
- Developing provincial plans to leverage the government’s own resources for maternal, newborn and child health services;
- Reviewing policy and practice on maternity stay for the mother-baby pair in health facility delivery units, with a view to reducing maternal and neonatal deaths;
- Supporting the national Department of Health to review the Expanded Programme on Immunisation (EPI) implementation of the Reach Every District (RED) strategy.
child survival & development programme

Nutrition

unite for children

UNICEF South Africa/Schambruker
Nutrition

The context

Malnutrition is a major underlying cause of death in 64 per cent of children under the age of five in South Africa. One in five children is stunted and many are deficient in the vitamins and minerals vital to good health and optimal development.

South Africa is making efforts to fight malnutrition. Key vitamins and minerals have been added to wheat flour, maize flour and retail sugar in accordance with mandatory regulations that came into effect in October 2003. Salt for human consumption is also iodised. Birth defects have dropped by more than a third as a result of folic acid fortification.

The role of Vitamin A in preventing and managing childhood illnesses such as measles and pneumonia is critical, but this important intervention only reaches 25 per cent of children older than 12 months. More needs to be done in this important area of child survival.

One of South Africa’s greatest challenges is to encourage women to breastfeed exclusively for six months from birth. A mere 25 per cent of infants less than six months old are exclusively breastfed, according to the HSRC, 2010 report. Of greater concern is that 53 per cent of children under six months were mixed-fed. Many mothers and caregivers introduce babies to food of poor nutritional value and questionable safety. These poor infant feeding practices contribute greatly to the high levels of malnutrition, diarrhoea and poor growth and can increase the risk of HIV transmission. HIV/AIDS-related illnesses are the second leading cause of death in young children.
What UNICEF is doing

Combating child malnutrition means taking action on several fronts. UNICEF is supporting the Department of Health to improve infant and young child feeding practices; to manage cases of malnutrition better in communities and health facilities; and to facilitate linkages with nutritional rehabilitation programmes and other key child health services. Priority is given to five of South Africa’s 18 poorest districts where child and maternal death rates are highest.

What has been achieved?

In September 2009, the first Child Health Week was launched in South Africa. Child Health Week is a twice-a-year mass campaign aimed at improving child survival. With the support of partners such as UNICEF, the event supplements the health sector’s work with a free package of high-impact nutrition and health interventions, including Vitamin A supplementation, growth assessment and de-worming for children under the age of five.

Exclusive breastfeeding, as the best way to nourish babies, is gaining momentum in South Africa. The Baby Friendly Hospital Initiative declared more than 40 per cent of the country’s 545 maternity facilities as ‘baby friendly’ in 2009. This global programme, which is certified by the World Health Organisation and UNICEF, encourages and recognises hospitals and birthing centres that support women to breastfeed their babies.

UNICEF also participated actively in updating the national policy and guidelines on infant and young child feeding, which will set standards for community-based child nutrition programmes. National regulations on the marketing of infant foods are being finalised to protect mothers from unscrupulous advertising of baby formula. One hundred and fifty nurses and doctors have been trained to manage malnutrition.
**Going forward**

The South African government singled out maternal and neonatal healthcare as a priority in the maternal, neonatal and child health and nutrition strategic plan for 2008-2013. Effective and mostly low-cost interventions exist to reduce child malnutrition and its devastating effects on human development. UNICEF is planning a number of such activities in 2011 and 2012, and welcomes funding to carry them out:

- An assessment of children’s nutritional status and infant feeding practices in five priority districts;
- Development of a nutritional status tracking system to be used in identified sentinel sites in priority districts;
- A community information campaign to improve infant and young child feeding practices, with particular focus on breastfeeding promotion;
- A training programme for community health workers to provide home-based infant feeding counselling and support to mothers and other caregivers;
- Community-level management of severe and acute malnutrition and linkages with HIV and ECD services;
- Implementation of national regulations on the marketing of breastmilk substitutes;
- Continued support to outreach activities on high impact interventions such as Vitamin A supplementation and deworming.