South Africa is as an upper middle-income country with the largest economy on the continent and approximately 56 million inhabitants, 30 per cent of who are under the age of 15. It has a rights-based constitution, excellent laws and policies and in the last few decades has made significant progress in fulfilling the rights of the child. Yet, the country is also challenged by wide socio-economic and gender inequalities, high unemployment and pervasive violence. Nearly two thirds of children live below the poverty line and one third experience violence during their childhood. Huge variations and inequities exist in terms of availability and quality of critical social services such as health. Certain population groups, residents of rural areas and urban informal settlements, and a number of communities and districts are at a severe disadvantage. While there have been a number of positive trends in recent years, other key indicators continue to lag behind.

**WHAT HAVE WE ACHIEVED?**

In spite of this challenging context, South Africa has made great strides towards ensuring better health and survival of mothers and children across the country. By ensuring all “the basics” - sound national policies based on the evidence; increased investment; and better coverage and quality monitoring of key maternal and child-survival interventions - substantial progress has been achieved. Under-five mortality has dropped by more than 50 per cent since 2002 and new HIV infections among newborns and children have decreased by more than 80 per cent since 2008.

The country’s impressive scale-up of prevention of mother to child transmission of HIV (PMTCT) services, has not only led to dramatically improved health outcomes for mothers and babies, but it has also provided valuable lessons as to “what works” when it comes to fast tracking action for concrete results.
WHERE ARE WE LAGGING BEHIND AND WHY?

And yet, in spite of this success, much work remains to be done. South Africa did not meet the child mortality target for the Millennium Development Goals in 2015, and stunting remains higher than in many poorer countries on the continent. At the same time, childhood obesity is of growing concern and also indicative of poor nutrition and inappropriate feeding practices. Absolute numbers of new HIV infections in children remains high (nearly 6,000 per year) and adolescent girls are between three to eight times more likely to be infected with HIV than their male peers.

National level statistics mask huge geographical disparities, both between and within provinces and districts across the country. Inequities and inefficiencies in the functioning of the health system, as well as insufficient knowledge and demand for services among communities, mean that millions of the country’s most disadvantaged and vulnerable children continue to be left behind.

WHERE DO WE NEED TO GO? THE LAST MILE – REACHING EVERY CHILD

South Africa has committed to realising universal health coverage for all South Africans through the National Health Insurance (NHI), a health financing system that is designed to pool funds to provide access to quality, affordable health services based on individual health needs and irrespective of a patient’s socio-economic status. UNICEF supports this objective by putting the spotlight on children. To ensure no child is left behind requires the country to address the unfinished agenda health and nutrition for mothers, babies and children, and ensure quality services reach those who are most in need.

The “last mile” indicates the distance between where we are today, and where we aim to go for any given health indicator. For PMTCT South Africa is nearly there, while for breastfeeding and ART coverage for adolescents there is still a long way to go. And yet, even for PMTCT, achieving the last mile will require tremendous resources since it is those who are being left behind who are the hardest to reach, due to geographical location, lack of awareness, and cultural and community norms.

A NEED FOR “BUSINESS UNUSUAL”

Focusing on “the basics” has taken South Africa far, and the country is well placed to replicate successes and build on what has worked. Yet in order to achieve the “last mile” and ensure all children in the country both survive, and thrive, South Africa also needs to adopt innovative approaches and embark on “business unusual”. This is especially critical in view of the need to ensure the most efficient and effective use of resources.
A strong public health system is critical, but linkages to the community and respect for culture and context are equally important. Furthermore, the health and nutrition of children is influenced by numerous factors that go beyond the health system. Poverty, living conditions, education, access to water and sanitation facilities, and exposure to violence or abuse all influence whether a child is able to grow up healthy and fulfill his or her potential. This points to the need for an integrated, multisectoral approach.

**Breastfeeding Campaign – Questions rather than answers**

While breastfeeding rates in South Africa have increased in recent years, significant challenges remain. Evidence shows that even if new mothers are aware of the benefits of exclusive breastfeeding, the lack of support from families, communities and workplaces often hinders them from adopting the practice. The recently launched campaign uses questions to promote discussion among the public and help people to know and understand their role in supporting mothers to give their children the best possible start in life.

**HHAPI-NeSS - Ensuring newborns survive and thrive**

Evidence shows that approximately 30% of the under-five mortality rate is due to infant deaths in the first 28 days. Prematurity, asphyxia and infection remain the top three final causes of newborn deaths. The national HHAPI-NeSS strategy coordinates action across government departments, bringing together health facilities, schools, social workers, caregivers and communities.

Coverage, quality and equity of service provision must be promoted during the entire lifecycle of the child: from the first thousand days (conception to 2 years) to early childhood and adolescence.

**TURNING TRENDS INTO OPPORTUNITIES**

UNICEF therefore helps the South African Government and partners to build on positive trends in key programme areas such as PMTCT, and use them as opportunities to drive improvements in other areas such as nutrition and WASH.

Once the foundation is strengthened for a given programme, new approaches need to be used to leverage what is working, and top it up by using the same processes, learnings, tools and systems in other areas that are weak and lagging behind.

**A STRATEGIC APPROACH**

UNICEF’s collaboration with Government and partners is guided by four key strategies, which are adapted to the needs and context and applied during the entire life cycle of the child.

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MAKING A DIFFERENCE

UNICEF’s ultimate aim is to protect and fulfill the rights of all children and ensure they can achieve their full potential. The successes of approaches such as 3 Feet and SLOT have shown a real impact, and behind each statistic and number, a baby has been saved, and a child’s opportunity for a healthy and successful future has been improved.

HOW CAN YOU HELP?

The National Development Plan and Sustainable Development Goal 3 outline clear targets related to the health and nutrition of children. South Africa still has a long way to go and will only achieve these through collective effort by all sectors of society. Partnering with UNICEF in the areas of health and nutrition represents a tremendous opportunity to support the well-being of children who will ultimately determine the country’s future. Through new and unique partnerships with Government, the private sector, bilateral donors and civil society, UNICEF builds on the knowledge, expertise and innovation of each to ensure the most effective and efficient use of combined resources. By uniting with UNICEF, you gain a credible and respected partner who can support government to deliver a comprehensive and results focused strategy that makes a real difference in the lives of children.

CONTACT US

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Kalafong Hospital is dramatically improving neo-natal and maternal care and survival. Mothers like eighteen year old college student Veronica Maphelela who gave birth to twins at 34 weeks are supported to exclusively breastfeed, adopt kangaroo mother care and ensure their babies survive and thrive.