

**South Africa
Health Thematic Report
January - December 2018**



The newborn care programme in South Africa (©UNICEF/South Africa 2018/Van der Velden)

Prepared by: UNICEF South Africa, March 2019

1. Table of Contents

1.TABLE OF CONTENTS.....	2
2.ABBREVIATIONS AND ACRONYMS	3
3.EXECUTIVE SUMMARY	4
4.STRATEGIC CONTEXT OF 2017	5
5.RESULTS IN THE OUTCOME AREA	7
6.FINANCIAL ANALYSIS	12
7.FUTURE WORK PLAN	12
8.EXPRESSION OF THANKS.....	14
9.ANNEXES: HUMAN INTEREST STORIES AND DONOR FEEDBACK FORM	14

2. Abbreviations and Acronyms

AEFI	Adverse Events Following Immunization
CPD	Country Programme Document
DHIS	District Health Information System
DHP	District Health Plan
EMTCT	Elimination of Mother - to - child Transmission of HIV
EPI	Expanded Programme on Immunization
EVM	Effective Vaccine Management
FAST	Facility Assessment and Support Tool
KMC	Kangaroo Mother Care
MNCH	Maternal, Neonatal and Child Health
MSSN	Management of Sick and Small Newborn
NDOH	National Department of Health
NGO	Non-Governmental organisation
PHC	Primary Health Care
PPIP	Perinatal Problem Identification Program
RMC	Respectful Maternity Care
SACSoWACH	South Africa Civil Society for Women's, Adolescent's and Children's Health
SDGs	Sustainable Development Goals
ULT	University of Limpopo Trust
UNICEF	United Nations Children's Fund
VPD	Vaccine Preventable Diseases
WHO	World Health Organization

3. Executive Summary

UNICEF South Africa Maternal and Child Health focus area over the Country Programme 2013 -2017 (extended to 2020) was under the broader umbrella Young Child Survival and Development programme component result which strategic focus was to support national efforts to improve access to and quality of proven high impact maternal, neonatal and child health and nutrition interventions including HIV and AIDS. There is a special focus on the most disadvantaged district and communities, seizing the opportunity provided by Government's renewed commitment to the primary health care (PHC) and decentralised approach. The specific strategic focus in the area of maternal, neonatal and child health was to reach at least 90 per cent of birth delivery health facility sites, and the linked primary health care clinics in selected districts provide a package of services intended for improving new-born and under five child health outcomes. This strategic focus aimed to contribute to the attainment of Goal 3 of the Sustainable Development Goals (SDGs).

For maternal, new-born and child health, UNICEF South Africa supported the government of South Africa in reducing neonatal and under five mortalities mainly in the area of (1) quality improvement in maternal and new-born care, postnatal care, (2) reaching more children with immunization, (3) advocacy for better Maternal, newborn and Child Health (MNCH) interventions, (4) health system strengthening including improving immunization supply chain management, (5) data quality improvement and (6) supporting district health planning. UNICEF South Africa supported advancing child health agenda through facilitating the organization of Child Priorities Conference and supporting non-governmental organization coalition, called 'SACSoWACH' in advocating for new-born, child, adolescent, mothers and women health. However, there are still significant gaps in new-born health as neonatal mortality rate has stagnated in the last decade, while remarkable progress has been made in reducing maternal and under five death rates in the same period. UNICEF South Africa will continue to prioritize new-born health in line with government of South Africa National Department of Health (NDOH) performance plan and also implement evidence-based interventions in MNCH with a focus on districts that are most at risk with high number of un-immunized children, high rate of low birth weight babies and high early neonatal mortality rate.

The new UNICEF South Africa Country Programme that will commence in April 2020 will harness the best practices and lessons learned from systems strengthening approaches, quality improvement initiatives and campaign-type interventions in advancing MNCH agenda and interventions for better child health outcome. UNICEF will achieve results through facilitating coordination, capacity building of relevant

actors to deliver high impact and quality services, evidence generation, strategic partnership and advocacy, social mobilisation and participation by engaging the civil society.

4. Strategic Context of 2018

South Africa has made substantial progress towards ensuring better health and survival of mothers and babies across the country, including a significant reduction of maternal and child deaths in the past decade. The under-five mortality rate declined from 43.3 per 1,000 live births in 2016 to 37 per 1,000 live births in 2017 (UN IGME 2018). Despite these achievements, in 2017 alone, an estimated 43,000 children under five died in South Africa, and of these, 13,000 were newborns. Newborn mortality rate has remained stubbornly stagnant over the last few years (12 per 1,000 live births (UN IGME 2018)), suggesting that the largest improvements in survival for children under five years of age occurred among children aged one to four years of age. Neonatal deaths now account for nearly 40 percent of overall deaths of children under the age of five in South Africa.

Cognizant of the need to strengthen the collaborative efforts among different stakeholders, maternal and child health groups and the need for a focused approach in addressing quality of care, a new framework was developed by the National Department of Health (NDoH). It envisioned an integrated sexual reproductive maternal and newborn health programme that includes training and mentoring health workers, strengthening referral and supply chain systems and developing an investment case for government-led scale-up.

Concerned with the overall immunization rate - according to the latest available UNICEF and WHO data, only 66 per cent of children under one years, receive all basic vaccinations, NDoH is spearheading a turnaround strategy to address the gaps in immunization programme and disease surveillance system performance.

Although under-five mortality rates continue to fall, many children fail to reach their potential. In line with the Sustainable Development Goals, a shift focus is needed to ensure that children not only survive but that they also thrive. Under the national Integrated ECD policy, the department of health is responsible for providing comprehensive package of ECD services for children 0-2 years (first 1,000 days), from pregnancy to two years.

Lastly, data quality and management information system have been a constant challenge in estimating true neonatal mortality rate and immunization coverage in South Africa. There are discrepancies between

reported coverage and WHO/ UNICEF estimates. For instance, the 2016 Demographic Health Survey report found a newborn mortality rate of 21 per 1,000 live births. Similarly, NDoH reported a national vaccination coverage of 84 per cent –18 per cent higher than the WHO/UNICEF estimate. Government has prioritized programme reviews and building data management capacity of subnational programme officials, for timely analysis of data for action. An unprecedented immunization coverage evaluation survey was planned by the Government of South Africa, which would provide detailed information on district performance as well as the reasons for not reaching eligible children. The report of the survey is expected to provide useful information for programme design and implementation for improvements.

UNICEF South Africa has over the years strengthened its position as the global voice for children and seen as a trusted convener by the government and its partners, in coordination, advocacy for newborn and child health, pioneering in health system strengthening at district and sub-district and setting an agenda that accelerates progress for children. UNICEF has played this role through evidence generation and knowledge sharing, guiding policy and strategy development responsive to the needs of children in South Africa.

UNICEF has worked with the national, provincial and district health departments, WHO, UNFPA and other UN and NGO partners, academia and professional institutions in alignment with the Sustainable Development goals. These strategic focus areas are well articulated in the current Country Programme document (CPD) as well as the annual work plans agreed by UNICEF and government of South Africa.

5. Results in the Outcome Area

The below table concisely illustrate focus area results planned and achieved in the MCH programme using all sources of funds including Thematic allocations. The relevant results assessment for each of the outcome indicators is outlined.

Outcome and Output Results	Indicator	Baseline	Target	Value	Key initiatives implemented in 2018	Analytical statement on strategic actions
		2017	2018	2018		
Output 1.1 At least 90 per cent of birth delivery (Health facility) sites and the linked feeder (PHC) clinics in selected districts provide and monitor a package for improving newborn and under five child health outcomes.	Percentage of children < 1 year that received DTP containing vaccine	82.3%	94.0%	77.0%	Support the development of the turnaround strategy; support the immunization supply chain improvement planning and implementation; support the development of the communication and demand creation strategy; and support an EPI coverage evaluation survey	NDOH jointly supported by UNICEF and WHO developed the national Expanded Programme on Immunization (EPI) turnaround strategy to strengthen the EPI and Acute Flaccid Paralysis Surveillance systems in the country. All 52 districts have developed EPI improvement plans to reach every child especially the nearly 400,000 infants who miss-out on the benefits of immunization. UNICEF provided technical support to the provincial in-depth data analysis, periodic provincial and district monitoring and quarterly provincial program reviews to monitor progress, address bottlenecks and share lessons learned and good practices. UNICEF also capacitated provincial cold chain and EPI managers in the Effective Vaccine Management which led to the development of supply chain improvement plans. An EPI coverage evaluation survey will be conducted in December 2018 and scheduled to be complete by March 2019. National team monitoring visits to poorest performing districts have been taking place since September and based on the quarterly reviews improvement in performance is seen in 6 provinces and these provinces in fact need additional TA support. The Eastern Cape advocacy meeting with the health department leadership team yielded commitment to increase funding, staff appointment and oversight to EPI and surveillance. SACO played a key role in planning for the meeting.

At the policy and strategic level:

UNICEF South Africa provided technical support to the development of the national guidelines and strategies in MNCH including Mother Baby Package, Effective Vaccine Management to strengthen immunization supply chain management, Expanded Programme on Immunisation (EPI) and Vaccine Preventable Diseases (VPD) surveillance system improvement to regain polio free status in the country.

UNICEF supported the development of The Mother Baby Package, which is a guideline for nurses to provide a set of essential health care interventions for mothers and babies when visiting clinics during pregnancy and postnatal care period till two years. It is aimed to remind nurses not to miss key pregnancy and age appropriate services on nutrition, growth monitoring, HIV testing and treatment, vaccination, WASH and hygiene messages and ensuring mother-baby pair for follow up visits. The Mother Baby Package manual is being field tested in the first quarter of 2019 with a nationwide roll-out thereafter, for which funding has been secured by the NDoH.

Another key aspect of the work done by UNICEF in 2018 was supporting the capacity building of provincial pharmacists, cold chain managers and EPI managers in the Effective Vaccine Management (EVM) assessment to ensure uninterrupted supply of potent vaccines are available at all level of supply chain. As the immunization coverage is directly linked to the availability of vaccines, the programme should ensure that an appropriate vaccine forecast, procurement, logistics and storage, cold chain functioning are in place. The capacity building enabled the provincial teams to prepare an EVM improvement plan at central, provincial, regional, districts and clinic levels. The training was facilitated by UNICEF Regional Cold Chain Specialist from UNICEF East and Southern Africa Regional Office. In addition, WHO and UNICEF supported NDoH in organizing quarterly EPI reviews to closely monitor the provinces and districts immunization coverage rate and progress, implementation status against the improvement plans including micro-planning, capacity building, supervision, filling up vacant post and vaccine stock. An increase of 6.3 percent point in DPT3 coverage was observed in 2018 from 2017.

UNICEF also funded as well as supported the Child Priorities Conference, an annual event, and influenced the design of agenda and topics that mattered most to child health. Child health professionals, clinicians, public health practitioners joined the two and half day forum to critically discuss issues relevant to contemporary South African paediatrics and child health and well-being and identify both enablers and key barriers and obstacles to successful priority child health intervention delivery. This year's topics included quality delivery of primary health care services to children, community outreach to children and advocacy for child health.

UNICEF also supported and led Maternal, Neonatal, Child, Adolescent, Women's health and Nutrition (MNCAWHN) Think Tank to leverage the country's MNCAWHN expertise to advise NDoH on how to improve quality of MNCAWHN care and outcomes.

A portion of the flexible Thematic Funds were used to support the UNICEF technical team (salaries and travel) to assist government and partners to achieve important results at policy and strategic level.

At the decentralised level

UNICEF South Africa partnered with the University of Limpopo Trust in generating evidence to reduce new-born care during 2014-2016, which resulted in endorsing of the new-born care framework 'HHAPI-NeSS' and Facility Assessment and Support Tool (FAST) by the NDoH and subsequently led to the development of provincial newborn care improvement plans in all provinces of the country. HHAPI-NeSS is an acronym which stands for **H**Health System, **H**uman Resources, **A**sphyxia prevention, **P**rematurity prevention and care, **I**nfection prevention and care, **N**eonatal survival **S**trategy, **S**ocial and community engagement.

The most recent triennial report on Saving Babies 2014-2016 showed that the reduction of perinatal deaths was mainly due to reduction of stillbirths and no significant reduction in early new-born deaths. To further tackle the unfinished business, UNICEF South Africa continued its partnership with the University of Limpopo Trust to improve quality of care during antenatal care period, delivery and postnatal care. The following interventions were implemented:

- Respectful Maternity Care (RMC) and birth companionship in one district hospital and feeder clinics in Mopani District in Limpopo: the onsite-mentoring uses an appreciative approach which entails praising staff for implementing principles of RMC such as smiling, greeting clients, permitting birth companions into the facility;
- Antenatal education classes provided at PHC facilities;
- Training and capacity building for improved management of new-born care: training on Perinatal Problem Identification Program (PPIP) to conduct perinatal audits for perinatal care analysis essential for programme planning, implementation and monitoring.
- On-site mentorship to improve kangaroo mother care (KMC) in Limpopo and Eastern Cape: the two modules of the Facility Assessment and Support Tool (FAST) tool – infrastructure of KMC units, quality of care in KMC in hospitals are being used to assess and ensuring compliance with KMC policies and guidelines in priority hospitals.

At the community level

In 2018, UNICEF South Africa extended its support to the SACSoWACH coalition (South Africa Civil Society for Women's, Adolescent's and children's Health) to advocate for and promote the health of newborns, children, adolescents, women and mothers. Through advocacy effort, SACSoWACH lobbied for establishing agreement on the Early Childhood Development (ECD) responsibilities of the health sector, agreement on the need for adopting a systems approach and building and strengthening the health systems to support optimal early development as contemplated by the ECD Policy. In nutrition, focus for 2018 has been advocacy for breastfeeding support in the workplace. In the build up to World Breastfeeding Week, SACSoWACH published articles on breastfeeding and contributed to the technical content in 'Side by Side' booklet - breastfeeding support in the workplace – A guide for employers and employees. A Round table discussion was held on "Support for Breastfeeding Mothers in the workplace" hosted by the NDoH.

SACSoWACH in collaboration with the Western Cape provincial and West Coast District health departments and selected local community-based organizations initiated a call to action 'Dare2Care' campaign aiming to create a costed district implementation strategy (model) that can be replicated in other drought-stricken provinces. The campaign incorporated the three advocacy priorities around nutrition (breastfeeding promotion), child development (immunization and prevention of communicable diseases) and sexual and reproductive health (menstrual hygiene management) and integrates them to strengthen maternal and child health in drought affected areas. The implementation of "Dare2Care" roadshow in the form of 4 "pop up stalls" rotated around primary healthcare facilities, community health centres and Early Childhood Development centres by local CBOs and their CHWs by health promoters was introduced in 2018.

Innovations

UNICEF South Africa has developed innovative approaches to using cell phone technology which are now being applied to address the gaps in the continuum of care for women and their children. Launched in 2012, Momconnect is a national project that uses cell phones and SMS technology to decrease the loss of follow up of women and children in the PMTCT and MNCH programs, while providing women with key educational messages throughout their pregnancies and the first 1000 days. The National Momconnect programme is a product of the UNICEF's Momconnect project successfully piloted and implemented in Kwa Zulu natal Province from 2011. At the end of 2018, a total of 2, 778,847 women registered to the MomConnect within the last 3 years and benefited from the useful health messages concerning pregnancy and care for their children. The program provided health information in 11 languages and tailored

messages based on the age of pregnancy and health conditions of the women such as sending reminders for follow up HIV testing, frequent antenatal care visits for high blood pressure and other conditions as appropriate. All in all, the program has reached 90 percent of pregnant women in a year. With increasing number of pregnant women registered in the program, the MomConnect Helpdesk functionality was assessed by UNICEF with the request of the National DoH and plans are being made to improve the system to meet the increasing demands.

6. Financial Analysis

The availability of Thematic funding has allowed for support to critical areas that do not routinely attract donor funding. This includes support for capacity building, research and innovation. The Health thematic funds were also critical to bridge the funding gap between funding budgeted for implementation and actual funds received during the reporting period.

The detailed funding analyses are provided in tables below

**Table 1: 2018 Planned budget by Thematic Sector 1: Health South Africa
Planned and Funded for the Country Programme 2018 (in US Dollar)**

Intermediate Results	Funding Type ¹	Planned Budget ²
21-01 Maternal and newborn health	RR	-
	ORR	185,000
21-02 Immunization	RR	
	ORR	60,000
21-03 Child Health	RR	
	ORR	45,000
Total Budget		290,000

¹ RR: Regular Resources, ORR: Other Resources - Regular (add ORE: Other Resources - Emergency, if applicable)

² Planned budget for ORR (and ORE, if applicable) does not include estimated recovery cost.

³ ORR (and ORE, if applicable) funded amount exclude cost recovery (only programmable amounts).

Table 2: Thematic contributions received for Thematic Pool 1: Health, 2018 (in US Dollars)

Donors	Grant Number*	Contribution Amount	Programmable Amount
Netherlands Committee for UNICEF	SC1899010002	186,335	171,428
United States Fund for UNICEF	SC1899010029	222,382	204,591
Total		408,717	376,019

**Table 3: Expenditures in Thematic Sector 1: Health, South Africa
2018 Expenditures by Key-Results Areas (in US Dollars)**

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts

21-01 Maternal and newborn health	43	139,565	401,220	540,829
21-02 Immunization	3	21,273	15	21,290
21-03 Child Health	2	14,189	11	14,202
Total	48	175,028	401,246	576,321

Table 4: Thematic expenses by results area

Programme Area	Amount
21-01 Maternal and newborn health	111,179
21-02 Immunization	19,648
21-03 Child Health	9,600
Total	140,427

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Code	Expense
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	196,037
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	93,465
21-02-99 Technical assistance - Immunization (excluding Polio technical assistance)	18,260
21-03-16 HSS - Management Information Systems	9,043
21-03-18 Public health emergencies, including disease outbreaks	4,391
Total	321,196

Table 6: Planned budget for 2019

**Thematic sector 1: Health, South Africa
Planned Budget and Available Resources for 2019**

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
21-01 Maternal and newborn health	RR	129,000	129,000	
	ORR			
21-02 Immunization	RR	70,000	70,000	
	ORR			
21-03 Child Health	RR			
	ORR	78,000	78,000	

Total for 2018		277,000	277,000	-
-----------------------	--	----------------	----------------	----------

¹ Planned and Funded budget for ORR (*and ORE, if applicable*) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

² Other Resources shortfall represents ORR funding required for the achievements of results in 2018.

7. Future Work Plan

The new UNICEF South Africa Country Programme that will commence in April 2020 will harness the best practices and lessons learned from systems strengthening approaches, quality improvement initiatives and campaign-type interventions in advancing MNCH agenda and interventions better child health outcome. UNICEF will achieve results through facilitating coordination, capacity building of relevant actors to deliver high impact and quality services, evidence generation, leveraging resources, strategic partnership and advocacy, social mobilisation and participation by engaging the civil society.

8. Expression of Thanks

UNICEF South Africa would like to thank the donors for crucial support, commitment and their contributions towards results for women, new-borns and children. The flexibility of the thematic funding contributions provided by the Dutch National Committee and US Fund was crucial, as it gave UNICEF the opportunity to bridge gaps in the priority areas of work and led to achieve desired results for women and children.

In addition, UNICEF South Africa, would also like to thank and acknowledge the collaborations of the government of South Africa, local partners including the WHO and UN partners, National committees and other donors, whose collective efforts led to the results achieved.

9. Annexes: Human Interest Stories and Donor Feedback Form

Donor Feedback form: [English version](#)