

JOHN TAOLO GAETSEWE DISTRICT PROFILE

Ensuring healthier futures for mothers and children

PATH's Window of Opportunity project is supporting John Taolo Gaetsewe (JTG) District to reduce high levels of maternal and neonatal mortality by reaching more mothers and children with critical health and development programs. Spanning a vast rural area in Northern Cape Province, the district's poor roads and lack of infrastructure can make it difficult for families to access health services.

With funding from BHP Billiton Sustainable Communities, the project is working closely with stakeholders in JTG to understand needs and develop integrated solutions for improving the health and development of children. The project's interventions are focused on the period between pregnancy and two years of age—a critical window of opportunity to shape a child's long-term physical, cognitive, and emotional health and development.

Maternal and child health indicators, JTG District

Early antenatal care use	36.8% ¹
Maternal mortality ratio	276.5 (per 100,000 live births) ²
Infant mortality rate	68 (per 1,000 live births) ³
Low birthweight rate	15.7% ⁴

CHALLENGES AND OPPORTUNITIES FOR IMPROVED CHILD HEALTH AND DEVELOPMENT

PATH conducted a rapid assessment to identify needs for improving maternal and child health and development in the district. Qualitative assessment methods included key informant interviews with government and nongovernment stakeholders at the provincial, district, and subdistrict levels; focus group discussions with nurses and users of primary health care services; and community dialogues with stakeholders and beneficiaries. Findings include:

Limits of local health systems

Health staff and community members discussed a range of health systems challenges, including limited youth-friendly services, staff shortages, a lack of emergency medical equipment such as neonatal resuscitators, unclear referral systems between health facilities, inadequate health infrastructure, limited facility hours, long waiting times,

lack of space, and nurses' poor attitudes. District health officials cited needs for planning and health systems strengthening and requested assistance in coordinating specialist teams and primary health care outreach teams.

Community members also raised concerns about challenges for rural families in accessing health care. They reported having to travel long distances to reach the clinics, which are closed over the weekend and often lack nurses and drugs. In addition, there are no dedicated ambulances to assist mothers who experience difficulties during labor.

Potential to build health worker capacity

Participants noted that the Regional Training Centre in Kimberley is doing an excellent job of training health workers. The district now has a dedicated master trainer who provides on-the-job training and mentoring for health workers covering all aspects of the district's primary health care package. Still, participants discussed the need to continue to enhance training for health providers through refresher courses and ongoing support to enhance and maintain their skills.

Need for increased use of antenatal care services

Health staff reported that some pregnant women book antenatal care visits late in their pregnancies because they know they have to be tested for HIV and they do not want to learn their status.

"There is a lot of stigma in the community." Nurses focus group, Kagiso Community Health Center

Need for expanded child services

Community members discussed a lack of financial resources for child support, early childhood development and crèche facilities, and recreational facilities for youth as key barriers to improving child health and development in the district. They said that although the district's villages have increased in size, the government crèches have not increased their capacity to meet the growing need to care for more children.

Challenges with infant feeding and HIV

Community participants discussed mixed feeding—providing other foods and fluids in addition to breastmilk before six months of age—as a problem among mothers who have not disclosed their HIV status. HIV-related stigma and following the wrong information from grandmothers contributes to poor infant feeding practices and confusion around how HIV-positive mothers should feed their babies.

“We need to rephrase the breastfeeding and HIV transmission messaging because it is confusing even for us. We say that HIV can be transmitted by breastmilk, yet we also say you must breastfeed your child.” Nurses focus group, Kagiso Community Health Center

MAKING DELIVERY SAFER FOR MOTHERS AND CHILDREN

PATH collaborated with district and national stakeholders to develop a targeted package of interventions based on findings from the assessment. The project is providing training and mentoring support for nurses, midwives, community health workers, and other service providers to make childbirth safer for mothers and children. At the request of the District Health Management Team, the project will also work to support integration of the district’s health specialist teams into the expanded focus on safer delivery. Local partners will be drawn from national and local nongovernmental and home-based care organizations and development trusts.

TOWARD A HEALTHIER FUTURE FOR CHILDREN

Over the next four years, the project will contribute to making delivery safer and improving health and development of children in JTG District. By working with district supervisors and facility staff to enhance the integration and quality of health and development services, building the capacity of supervisors to train and mentor providers, and supporting the district and health facilities to implement continuous quality improvement plans, the project will help to ensure that improvements in child health

and development outcomes are sustained beyond the life of the project.

ABOUT THE WINDOW OF OPPORTUNITY PROJECT

The Window of Opportunity project is a five-year initiative led by PATH, with support from BHP Billiton Sustainable Communities, that focuses on improving the health and development of children younger than two years in South Africa and Mozambique.

ABOUT BHP BILLITON SUSTAINABLE COMMUNITIES

In support of BHP Billiton’s commitment to its host communities to invest one percent of its pre-tax profits (a rolling three-year average), the company developed BHP Billiton Sustainable Communities (BSC). BSC is designed to promote improved quality of life through conservation of the environment, relief of poverty and hardship, and development of communities’ resilience and capacity to advocate for and manage effective change. BSC partners with key nongovernmental organizations to support social and environmental projects that directly address the Millennium Development Goals in developing countries where the company operates. Projects are funded for a minimum of three years. BSC operates independently of BHP Billiton and does not seek to further BHP Billiton commercial interests.

References

1. District Health Plan 2012-2013, John Taolo Gaetsewe.
2. Saving Mothers 2008-2010: Fifth report on the confidential enquiries into maternal deaths in South Africa; South Africa Department of Health, 2012.
3. StatsSA, 2008, as reported in 1st Triennial Report of the Committee on Morbidity and Mortality in Children Under 5 Years (CoMMiC), South Africa; 2011.
4. South Africa Demographic and Health Survey; 2011.



PATH is an international nonprofit organization that transforms global health through innovation. We take an entrepreneurial approach to developing and delivering high-impact, low-cost solutions, from lifesaving vaccines and devices to collaborative programs with communities. Through our work in more than 70 countries, PATH and our partners empower people to achieve their full potential.

PO Box 1985, Parklands
Johannesburg, 2121
South Africa
TEL: +27.11.447.1641

windowofopportunity@path.org
www.path.org