

## UTHUNGULU DISTRICT PROFILE

# Integrating health and development services for mothers and children

In Uthungulu, a largely rural district in South Africa's KwaZulu-Natal Province, improving maternal and newborn health and child survival is one of the Department of Health's highest priorities. Although the district has made significant progress in enhancing health services for mothers and children, such as improving the quality and coverage of prevention of mother-to-child transmission of HIV (PMTCT) services, health and development officials aim to extend similar advances to a broader range of programs reaching mothers and children.

With support from BHP Billiton Sustainable Communities, PATH's Window of Opportunity project is working closely with district stakeholders to understand local needs and develop integrated child health and development solutions. Interventions are focused on the window of opportunity between pregnancy and two years of age—the most critical time to shape the long-term physical, cognitive, and emotional health and development of children.

## Maternal and child health indicators, Uthungulu

Early antenatal care use	36% <sup>1</sup>
Maternal mortality ratio	266.6 (per 100,000 live births) <sup>2</sup>
Infant mortality rate	41.0 (per 1,000 live births) <sup>3</sup>
Low birth weight rate	13.7% <sup>4</sup>

## CHALLENGES AND OPPORTUNITIES FOR IMPROVED HEALTH AND DEVELOPMENT

PATH conducted a rapid assessment to understand 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:



### Limited use of antenatal care services

With only 36 percent of mothers in the district attending antenatal care (ANC) services before their twentieth week of pregnancy, participants cited delays in seeking ANC as one of the biggest barriers to improving maternal and child health. Mothers mentioned several challenges to attending ANC services early in pregnancy, including difficulties accessing clinics, cultural beliefs, the need to hide their pregnancy, and lack of support from their babies' fathers. Participants noted that access to care may be limited because some ANC services are only available during certain days or hours and health workers sometimes turn away pregnant women who come "too early."

***"There is poor usage of the clinic by young mothers and children."*** Nseleni community dialogue

### Need for increased support for exclusive breastfeeding

Community members understood messages about the importance of exclusive breastfeeding for six months, along with taking antiretroviral drugs for HIV-positive women. However, most pregnant women felt that it would be difficult to breastfeed exclusively beyond the first few months of life. They mentioned cultural, community, and family attitudes about exclusive breastfeeding and stigma around HIV as major barriers to exclusive breastfeeding.

### Challenges to improving health systems

According to participants, health systems challenges, including lack of health infrastructure, human resources, and appropriate skills development, impede progress in

providing high-quality services for mothers and children. Remote locations and poor road infrastructure make it difficult for some rural hospitals to attract and retain staff. In addition, district stakeholders expressed concern that priority health services, including Basic Antenatal Care (BANC), PMTCT, neonatal care, and the Child Healthcare Problem Identification Program, need to be improved.

***“We hold weekly perinatal reviews and doctors and midwives from the district hospitals attend, but these meetings can have limited impact because often the problem is not the lack of learning from reviewing the cases but lack of infrastructure, lack of staff, especially anesthetists and nurses, lack of surgical supplies....”***

Obstetric consultant, Lower Umfolozi War Memorial Hospital

### Need to build the capacity of health workers

Participants discussed gaps in appropriate health worker training as well as ongoing onsite support and mentorship for trainees to develop clinical skills and confidence. District stakeholders emphasized the need to improve health workers' capacity in all of its maternal and child health and welfare programs, including the Household and Community Component of Integrated Management of Childhood Illness (IMCI), PMTCT, BANC, and neonatal resuscitation and postnatal care services. The district requested that the project support initial and refresher training and ongoing mentoring of health providers in clinics, with an emphasis on training and mentoring nurses in IMCI.

### DELIVERING INTEGRATED PROGRAMS

PATH collaborated with district and national stakeholders to develop a targeted package of interventions for strengthening the integration of PMTCT, BANC, intrapartum care, postnatal care, and early childhood development activities. The project is working with partners to improve diagnostic and management skills, enhance pediatric antiretroviral therapy management, strengthen the use of maternal and perinatal mortality audit sessions, and expand community engagement on all identified programs.

### LOOKING AHEAD

PATH will start up activities in uMhlathuze, Umlalazi, Ntambana, and Mbonambi municipalities, and expand to other areas over the next four years. By building community ownership and capacity and tailoring activities to local needs, the project will help to ensure that interventions make a lasting impact on child health and development.

### 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 the 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, Uthungulu.
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. District Health Information System; 2011.

Photo: PATH/Dolly Nyasulu



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