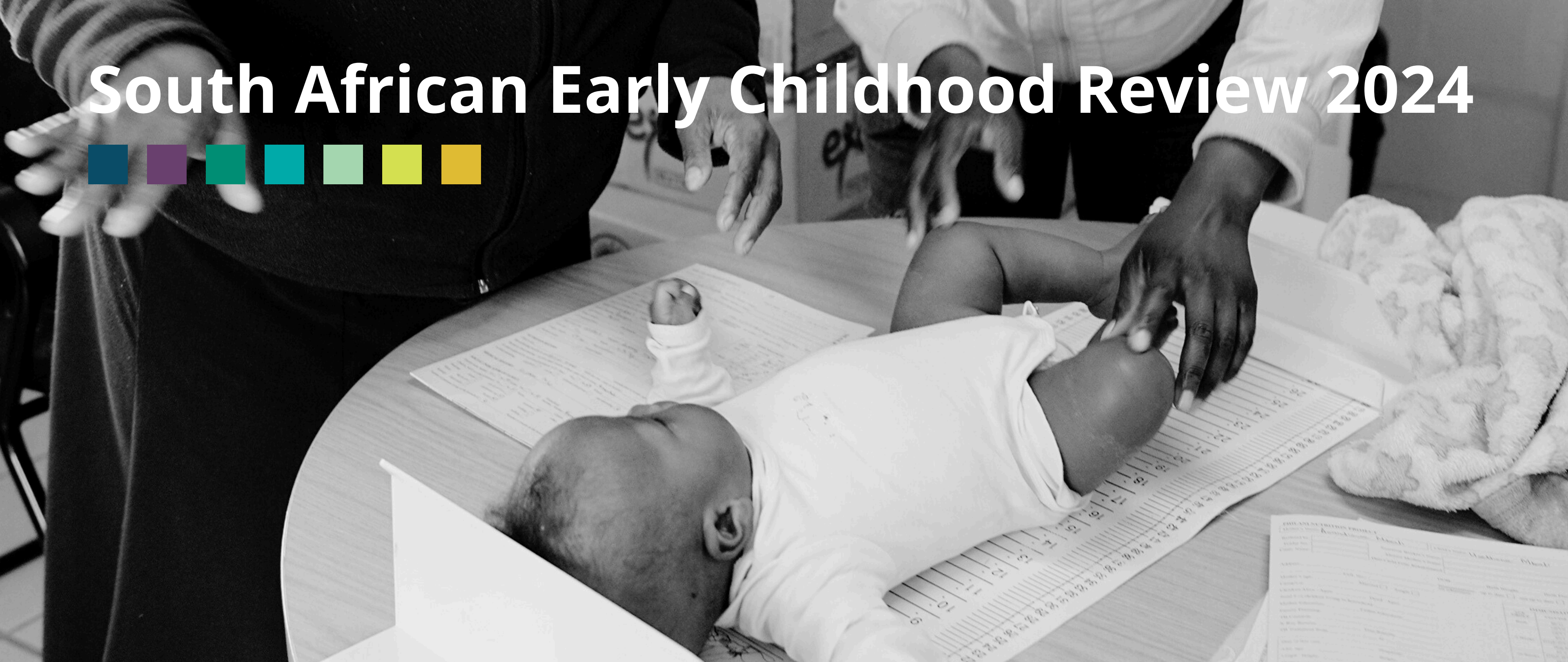


South African Early Childhood Review 2024



2. Primary-level maternal and child health

Hall K, Almeleh C, Giese S, Mphaphuli E, Slemming W, Mathys R, Droomer L, Proudlock P, Kotze J, and Sadan M. South African Early Childhood Review 2024. Cape Town: Children's Institute University of Cape Town and Ilifa Labantwana

The state of maternal and child health service before, during, and after the COVID-19 pandemic

- 88% of children under 6 years are **not covered by private health insurance** and rely on the public health system.
- In the decade before the COVID-19 pandemic, South Africa made **major gains in coverage across almost all maternal and child health services** and in some of the measurable child health outcomes.
- Health service delivery and utilisation during the COVID-19 pandemic were **substantially affected by the lockdown regulations**.
- More recent data suggest that some health services and their utilisation have recovered after the pandemic.

Antenatal services



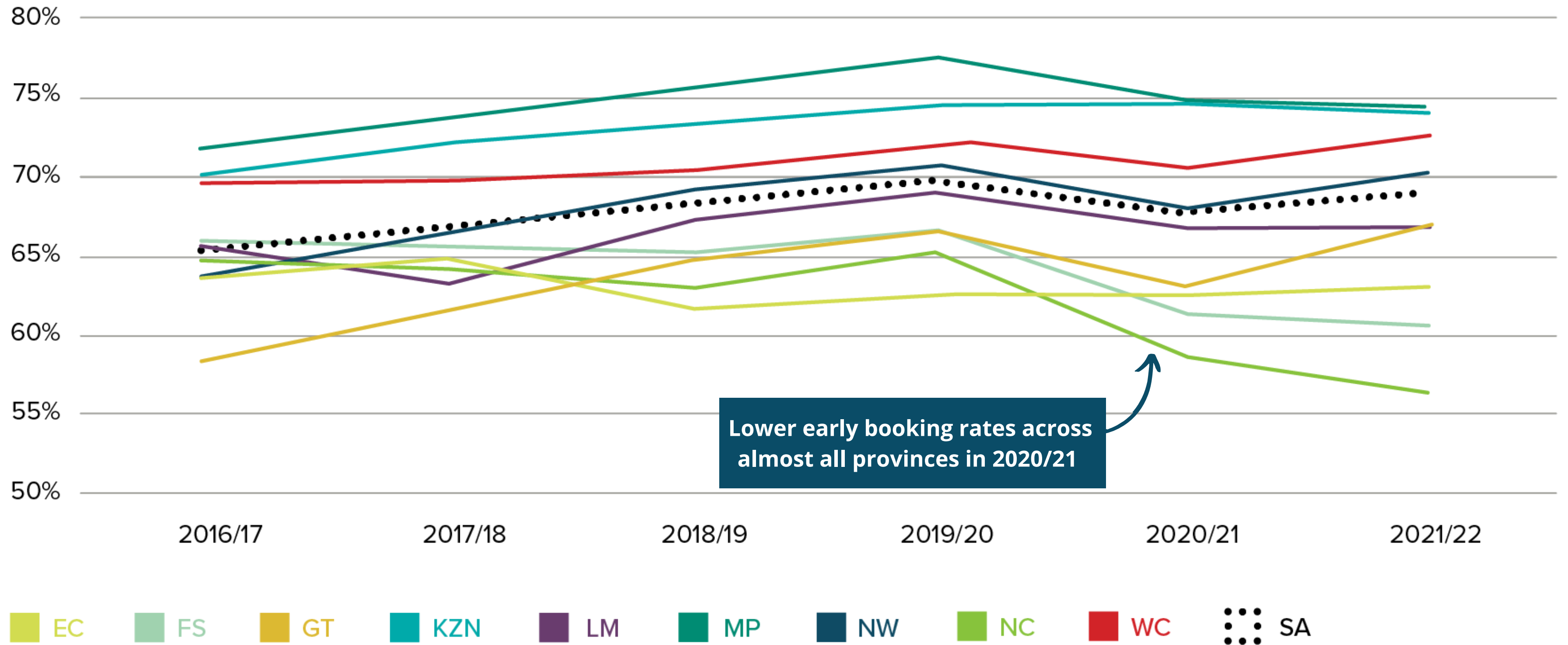
All provinces except the Eastern Cape and KwaZulu-Natal experienced declines in early antenatal bookings in 2020/21.



The HIV prevalence rate in pregnant women remains high, at over 30%, with almost no change over the past decade

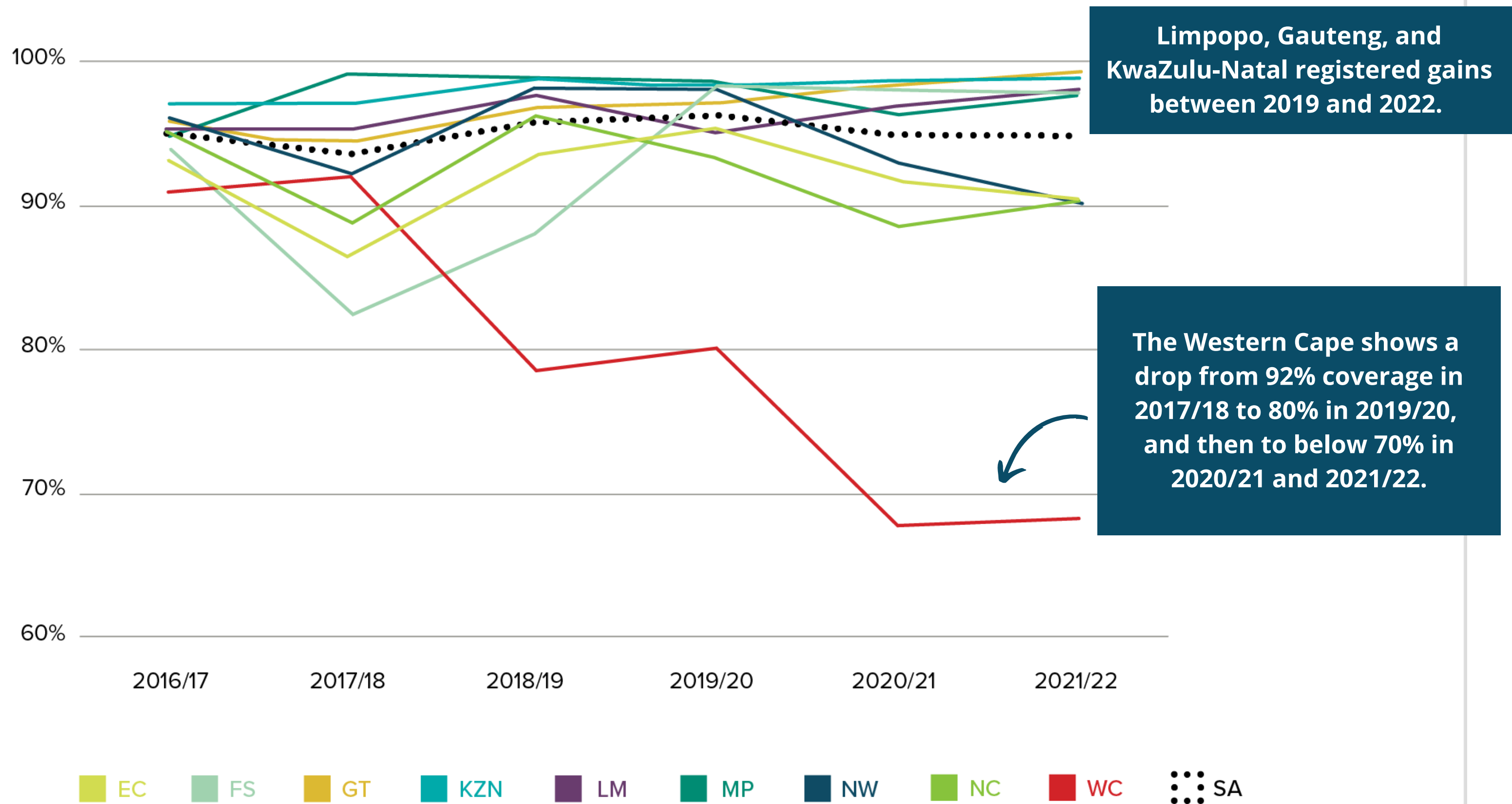
- **Early antenatal care booking is recognised as a critical indicator of health services demand** as it provides an opportunity to link pregnant women to the full range of services.
- COVID-related lockdowns led to **lower early booking rates across almost all provinces in 2020/21.**
- South Africa has the **highest number of people living with HIV globally.** The HIV prevalence rate in pregnant women remained persistently **high at over 30%** in the decade leading up to lockdown and dropped slightly to 27.5% in 2022.
- In 2021/22, **95% of eligible pregnant women were initiated on ART**, a rate that has remained stable since 2016/17.
- Only **0.6% of infants born to HIV+ mothers tested HIV positive** at ten weeks in 2021/22; a rate that appears to have been **unaffected by COVID-19.**

FIGURE 6: PRENATAL EARLY BOOKING BEFORE 20 WEEKS



Source: District Health Information System data published in Health Systems Trust (2020) District Health Barometer data file; Ndlovu N, Gray A, Mkhabela B, Myende N & Day C (2023) Health and related indicators 2022 In: Padarath A, Moeti T, (Eds.) South African Health Review 2022. Health Systems Trust.

FIGURE 7: ELIGIBLE ANTENATAL CLIENTS INITIATED ON ANTIRETROVIRAL THERAPY



Limpopo, Gauteng, and KwaZulu-Natal registered gains between 2019 and 2022.

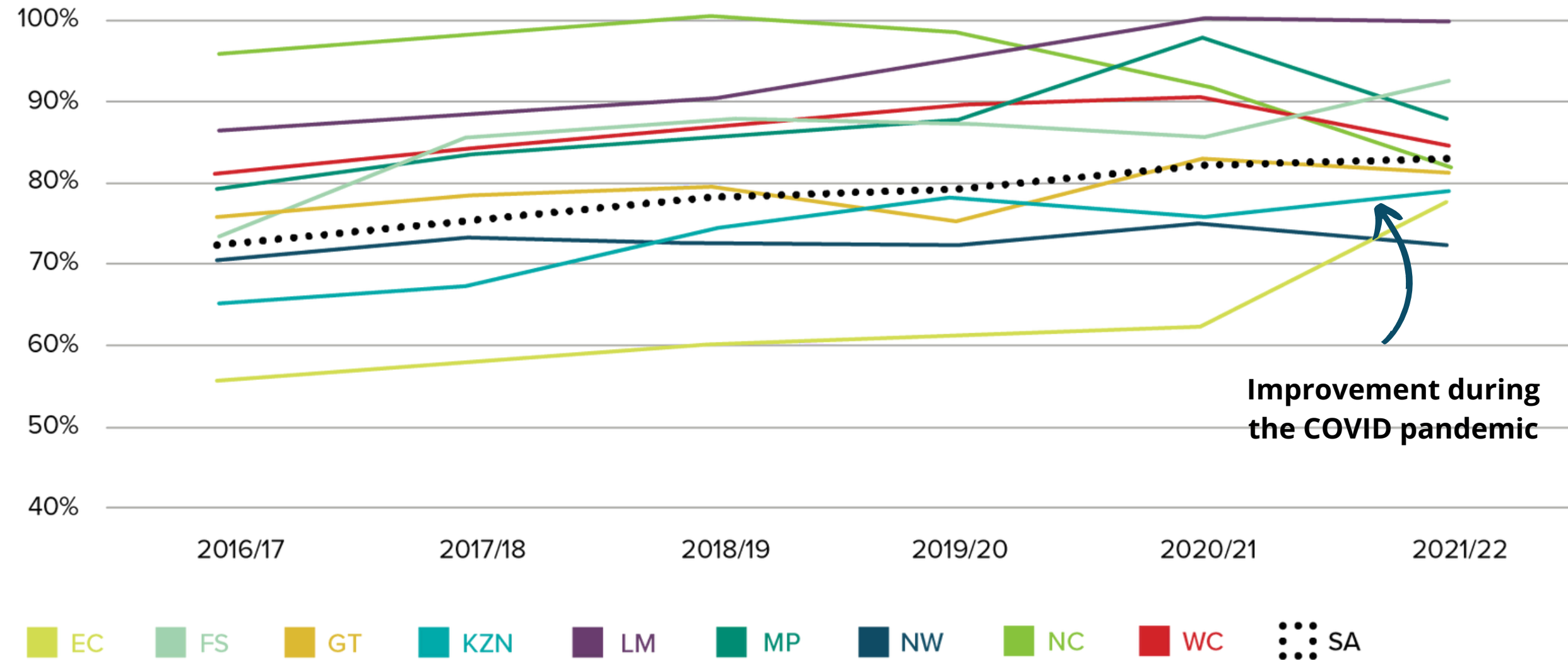
The Western Cape shows a drop from 92% coverage in 2017/18 to 80% in 2019/20, and then to below 70% in 2020/21 and 2021/22.

Source: DHIS data published in Health Systems Trust (2020) District Health Barometer data file; Ndlovu N, Gray A, Mkhabela B, Myende N & Day C (2023) Health and related indicators 2022 In: Padarath A, Moeti T. (Eds). South African Health Review 2022. Health Systems Trust.

Birth in maternity facilities

- Facility deliveries are a **link to further ECD services**.
- Over the past decade, there has been a steady increase in in-facility births, with **83% of pregnant women delivering in healthcare facilities in 2021/22**.
- The number of women who deliver in facilities is one of the few health indicators that showed **improvement during the COVID pandemic and has remained upward since**.

FIGURE 8: DELIVERY RATE IN FACILITIES¹⁰



Source: DHIS data published in Health Systems Trust (2020), District Health Barometer data file; Ndlovu N, Gray A, Mkhabela B, Myende N & Day C (2023) Health and related indicators 2022 In: Padarath A, Moeti T, (Eds.). South African Health Review 2022. Health Systems Trust.

Immunisation



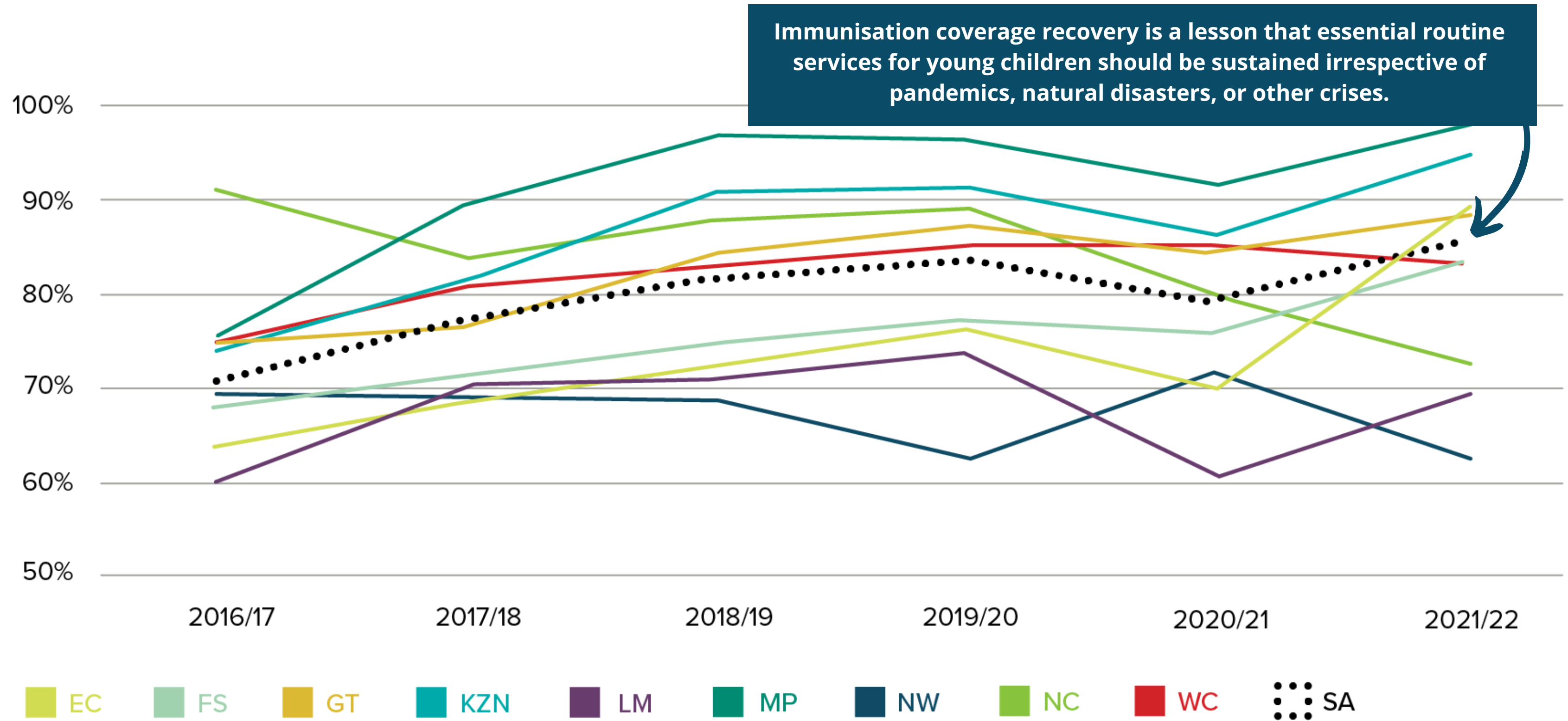
Immunisation is used as an entry point into the primary health care system for other interventions defined in the Essential Package of ECD services such as growth monitoring, deworming treatment, Vitamin A supplements, and appropriate treatment if children are sick.

Pre-COVID-19 immunisation coverage increased to 84% in 2019 in tandem with improvements in the six-day postnatal visit to 80% in the same year.

Despite significant drops during COVID, immunisation coverage rates recovered and increased to 86% in 2021/22, bringing the rate closer to the Global Vaccine Action Plan target of 90%.

The percentage of mothers attending a postnatal visit six days after birth also recovered to 79%.

FIGURE 9: COVERAGE OF CHILDREN FULLY IMMUNISED AT AGE 12-23 MONTHS

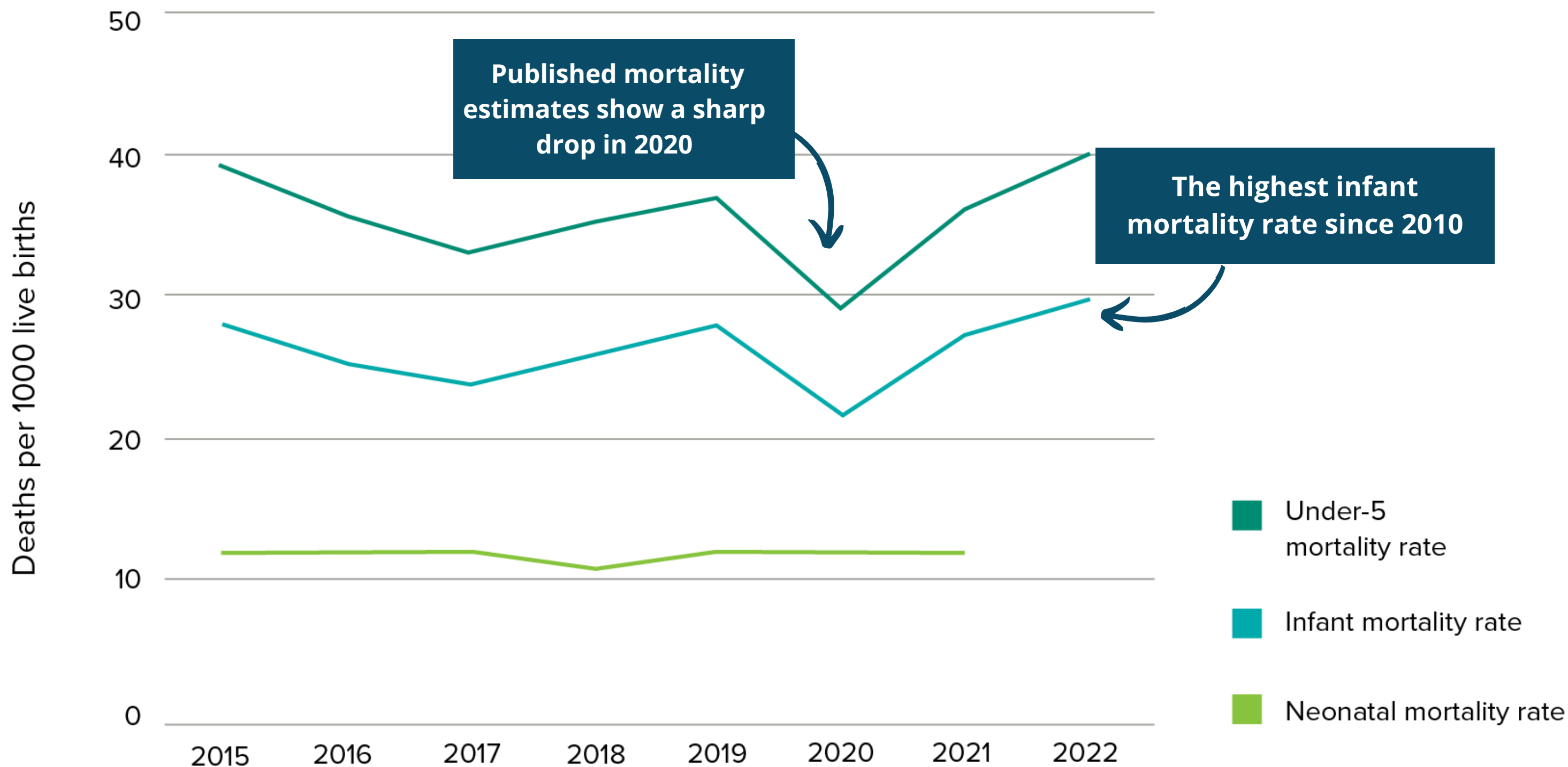


Source: DHIS data published in Health Systems Trust (2020), District Health Barometer data file; Ndlovu N, Gray A, Mkhabela B, Myende N & Day C. (2023) Health and related indicators 2022. In: Padarath A, Moeti T. (Eds.). South African Health Review 2022. Health Systems Trust.

Mortality

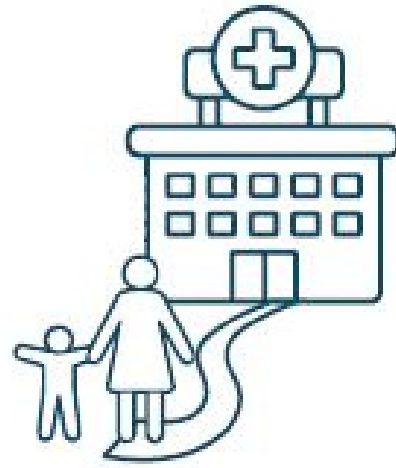
- The **ultimate markers of the quality of health service coverage and health outcomes** for children are the neonatal, infant and under-5 mortality rates.
- During COVID-19, the **inpatient case fatality rates for children under the age of 5 years increased for acute malnutrition, diarrhoea, and pneumonia**. This could be attributed to avoidance of care-seeking and late presentation to health facilities, resource diversion within the health sector, and undiagnosed COVID-19 in children.
- The published mortality estimates show a **sharp drop in 2020**, presumably because young children were more protected from exposure to infectious illnesses during lockdown.
- According to the more recent preliminary estimates, 30 out of every 1,000 infants born alive did not live to their first birthday in 2022. This is **the highest infant mortality rate since 2010**, and it drives the increase in under-5 mortality. The under-5 mortality rate increased from a low of 29 per thousand live births in 2020 to 40 in 2022.
- The neonatal mortality rate remained largely unchanged between 2012 and 2020 (Medical Research Council). However, there was a slight increase in the neonatal death rate in public maternity facilities during the pandemic (District Health Information System).

FIGURE 10: CHILD MORTALITY RATES



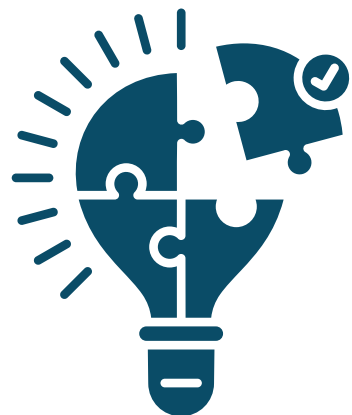
Source: Dorrington RE, Bradshaw D, Laubscher R, Nannan N. (2021). Rapid Mortality Surveillance Report 2019 & 2020 Cape Town: South African Medical Research Council; Rapid Morality Surveillance (Preliminary) 2023 (VR) published by UN-IGME. <https://childmortality.org/all-cause-mortality/data?refArea=ZAF&indicator=MRMO>.

Delivery of health services through early learning programmes



21% of children under 6 live in households situated more than 30 minutes from the nearest clinic.

- As children get older, they move from needing in-home care and clinic-based services to out-of-home daycare and early learning programmes (ELPs). The **ELP thus becomes an important point of contact.**
- For many young children, **clinics are more accessible when reached from the ELPs** they attend than when travelling from home.
- **92% of ELPs are within a 30-minute travelling distance** from the nearest clinic, with two thirds being closer than 15 minutes



Enabling health workers to access ELPs and ensuring that young children from these programmes can access clinics easily will promote higher immunisation coverage and improved health, growth, and nutrition.

TABLE 3: HEALTH INDICATORS FOR PREGNANT WOMEN AND CHILDREN UNDER 6 YEARS, BY PROVINCE


3 years change	Indicator	SA	EC	FS	GT	KZN	LP	MP	NW	NC	WC	Data year	source
↔	Number of infants Children under 1 year	1 150 000	140 000	53 000	264 000	244 000	132 000	91 000	81 000	26 000	120 000	2022	a
↔	Poor access to clinics Children < 6 living more than 30 minutes from the nearest health facility	1 459 000	212 000	71 000	104 000	455 000	203 000	153 000	176 000	39 000	47 000	2022	b
		21%	27%	21%	7%	32%	24%	25%	34%	25%	7%		
↔	Medical aid coverage Percentage of children <6 years covered by a medical aid scheme	12%	7%	12%	21%	7%	8%	9%	8%	12%	20%	2022	b
↔	Public health sector reliance Children < 6 not covered by medical aid, rely on public sector health services	6 119 000	744 000	295 000	1 236 000	1 305 000	787 000	562 000	481 000	137 000	571 000	2022	b
		88%	93%	88%	79%	93%	92%	91%	92%	88%	80%		
↓	HIV prevalence in pregnant women Antenatal clients testing HIV+	28%	33%	30%	26%	37%	19%	31%	26%	15%	16%	2022	c
↓	Antenatal early booking First visit before 20 weeks, out of all antenatal first visits at public facility	69%	63%	61%	67%	74%	67%	74%	70%	56%	73%	2021/ 2022	d
↑	Mother postnatal visit Post-natal visit within 6 days as % of mothers birthing in public facilities	79%	79%	77%	75%	79%	95%	74%	103%	61%	57%	2021/ 2022	d
↔	Antenatal initiation on ART Antenatal clients on anti-retrovirals, as % of eligible total	95%	90%	98%	99%	99%	98%	98%	90%	90%	69%	2021/ 2022	d

continued



TABLE 3: HEALTH INDICATORS FOR PREGNANT WOMEN AND CHILDREN UNDER 6 YEARS, BY PROVINCE

3 years change		Indicator	SA	EC	FS	GT	KZN	LP	MP	NW	NC	WC	Data year	source	
Ser	↑	Delivery in facility rate Percentage of deliveries occurring in health facilities, under trained personnel	83%	78%	93%	82%	79%	100%	88%	73%	82%	85%	2021/2022	e	
	↑	Immunisation coverage % of children <1 who complete the primary immunisation course	86%	89%	84%	88%	95%	69%	97%	63%	73%	83%	2021/2022	d	
Outcome	↔	Paediatric HIV prevalence % infants born to HIV+ mothers who test positive in a PCR test at 10 weeks	0.6%	0.8%	0.6%	0.7%	0.4%	0.8%	0.6%	0.6%	1.1%	0.6%	2021/2022	d	
	↑	Neonatal death in facility rate Infants 0-28 days who died in facility, per 1000 live births in public facilities	13.1	13.2	15.9	14.3	13.0	13.2	12.9	14.6	12.9	7.7	2021/2022	d	
	↑	Infant mortality rate Number of deaths under 1 year, per 1000 live births in same year	30											2022	f
	↑	Under-5 mortality rate Probability of dying between birth and fifth birthday, per 1000 live births	40											2022	f


 numbers have increased or decreased since the pre-COVID baseline
  no significant change between pre-COVID baseline and most recent data

 worsening / negative
  improving / positive
  no significant change
  no discernible change due to lack of comparative data

Data gaps

- There is a need to collect and track data at the **individual level**.
- Data on **maternal mental health** is not collected outside of research studies despite the growing evidence of its impact on maternal and child health, and on development outcomes.
- There is a need for data on the **quality of care received through the public health care system**.
- There are also **limited data on the number of children screened for disabilities and developmental delays** and referred for higher levels of care by the Departments of Health and Social Development. There are no data collected on the **prevalence of disability or developmental delays, nor on referrals or specialised services** within the early learning system.
- The **child mortality rates** collected through the District Health Information System are not generalisable and many young child deaths occur outside health facilities.