

## NKANGALA DISTRICT PROFILE

# Reaching mothers and children to improve health and development

With support from BHP Billiton Sustainable Communities, PATH's Window of Opportunity project is collaborating with stakeholders in South Africa's Nkangala District, located in Mpumalanga Province, to understand needs and develop integrated solutions for improving the health and development of children. 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. The Window of Opportunity team will initially work in Nkangala's Emalaheni and Thembisile subdistricts, where there are high rates of malnutrition, HIV/AIDS, and maternal and neonatal deaths.

### Maternal and child health indicators, Nkangala

Early antenatal care use	37.2% <sup>1</sup>
Maternal mortality ratio	172.3 (per 100,000 live births) <sup>2</sup>
Infant mortality rate	50.7 (per 1,000 live births) <sup>3</sup>
Low birthweight rate	11.8% <sup>4</sup>

### ASSESSING NEEDS FOR CHILD HEALTH AND DEVELOPMENT SUPPORT

PATH conducted a rapid assessment to understand challenges and opportunities 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:

#### Needs for expanded antenatal and postnatal care

Health workers reported that pregnant women seek antenatal care (ANC) late in their pregnancies, compromising their health and that of their babies. Key



reasons for delayed ANC visits include a lack of transport and cultural norms and practices around pregnancy, such as grandmothers advising mothers against clinic visits.

***“The mothers come late to book for ANC. They have this idea that they just come once and they are ready to deliver.”*** Stakeholder, Mpumalanga Department of Health

Many community members felt that younger mothers were reluctant to access ANC services. Some teenage mothers feared being chastised by nurses for their young age.

At health facilities, mothers can only stay for six hours after giving birth. As a result, they often leave without being adequately assessed for bleeding and uterus contractions. Health workers believed that many maternal deaths from excessive bleeding after childbirth could be avoided by expanding the availability and quality of postnatal services.

#### Challenges with infant feeding and HIV

Participants noted that the common practice of mixed feeding—giving other foods or fluids in addition to breastmilk during the first six months of life—results in increased rates of HIV transmission and malnutrition. Health providers often do not provide appropriate information, grandmothers may oppose what the clinics have told mothers about infant feeding, and young mothers lack control over what their babies are fed when they leave them with other caregivers.

***“Most mothers with jobs go back to work at three months and abandon breastfeeding.”*** Kwaggafontein community dialogue

### Gaps in health worker capacity

Participants described gaps in training for health workers. Although Nkangala’s Department of Health has made progress in building staff capacity, there remains a limited number of health providers trained in neonatal care, Integrated Management of Childhood Illness, and management of obstetric emergencies. There is a need for additional supportive supervision and mentoring following training.

***“We need to mentor health workers to be confident and competent.”*** Stakeholder, Mpumalanga Department of Health

### Needs for planning and management support

District managers and health workers cited the need to improve health information and management systems. They requested that the project provide technical assistance to strengthen district and subdistrict data, planning, and management systems.

### DESIGNING INTEGRATED INTERVENTIONS

PATH collaborated with district and national stakeholders to develop a package of interventions based on the rapid assessment findings. Activities will aim to strengthen the integration of key Basic Antenatal Care, prevention of mother-to-child transmission of HIV (PMTCT), postnatal care, and early childhood development activities in health facilities and communities. The project will work with district management teams from the Departments of Health and Social Development to support improved diagnostic and management skills, enhanced pediatric antiretroviral therapy management, strengthened use of maternal and perinatal mortality audit sessions, and expanded community mobilization and engagement on PMTCT activities.

### MOVING FORWARD

Starting in Emalaheni and Thembisile subdistricts, the project will improve the integration and quality of health and development services, build the capacity of supervisors to train and mentor health providers, and implement continuous quality improvement plans. By strengthening community ownership and tailoring activities to local needs, the project will build a strong foundation for the district to improve 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 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, Nkangala.
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/Lebogang Schultz*



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