# ENAP and EPMM Country Profile | May 2023 South Africa



### **Key Demographics**



**60,414,000** Total population<sup>1</sup> (2023)



**1,500** <sup>i</sup> Number of maternal deaths<sup>2</sup> (2020)



**16,046,000** Women of reproductive age (15–49 years)<sup>1</sup> (2023)



**19,377** Number of stillbirths<sup>2</sup> (2021)



**1,158,000** Total number of births¹ (2023)



**13,000** Number of neonatal deaths² (2021)

Numbers of maternal deaths have been rounded according to the following scheme: < 100 rounded to nearest 1; 100-999 rounded to nearest 10; 1000-9999 rounded to nearest 100; and ≥ 10 000 rounded to nearest 1000

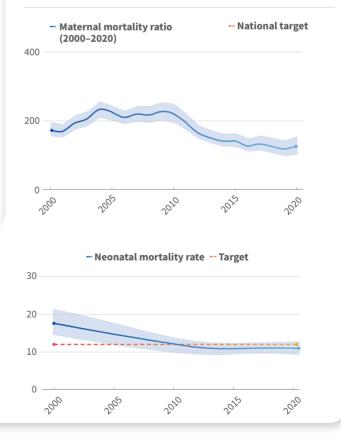
Natio	nal Mortality Targets	Year
G	100 per 100,000 live births MMR (Target) <sup>3</sup>	2024
G	<b>NO DATA</b> SBR (Target) <sup>3</sup>	
G	<b>12 per 1,000 live births</b> NMR (Target) <sup>3</sup>	2024

Additional Indicators		Value (%)	Year
	Low birth weight <sup>ii</sup>	14	2015
	Immediate breastfeeding	67	2016
	Caesarean section rate	26	2016
	Demand for family planning satisfied with modern methods (SDG 3.7.1)	80.5	2023
ii % of live birt	hs that weighed less than 2500 g		

National Policies Sta	
Costed RMNCH strategy/plan including MNH	Yes
RMNCH/MNH plan updated to include quality of care standard	ds Yes
Eight ANC contacts	Yes
Birth/Labour companion	Yes
Labour Care Guide/Revised partograph	Yes
PNC updated with WHO recommendations	Yes
Birth registration	Yes
Maternal death registration with civil registrar	Yes
Neonatal death registration with civil registrar	Yes
Stillbirth registration	No



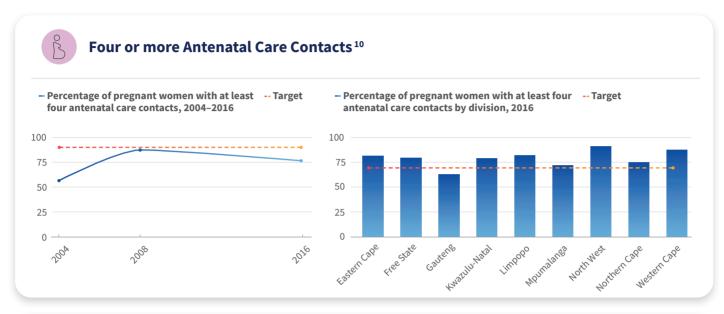
# Progress to meet Maternal, Newborn Mortality and Stillbirth Reduction Targets

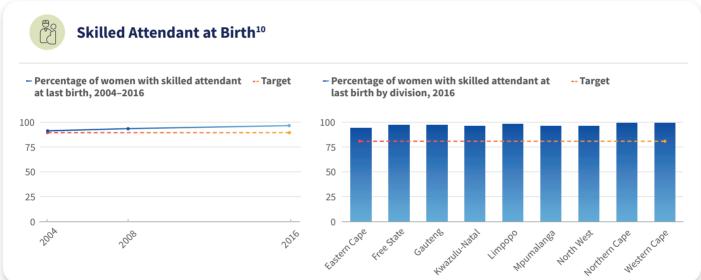






# **Progress to meet ENAP EPMM Coverage Targets**







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# South Africa 🔀





## **ENAP Target 4**

Scaling up small and sick newborn care	Status
National strategy/implementation plan for scale-up	Yes
Specific budget line in the national plans (and where relevant subnational plans)	No 🛑
Standardized designs and floor plans to deliver level 2 package of services	No 🛑
Defined Human Resources staffing norms for level 2 newborn care	No 🛑
Defined list of essential equipment needed for level 2 small and sick newborn care <sup>iii</sup>	Yes 🧧
Data system to record admissions, outcomes, and quality of care for level 2 newborn care	Yes
Policy provision of free transport of small and sick newborn (either government-provided or voucher for transport)	Yes
Coordination mechanism linking improvement of level 2 newborn care with improving maternity services to prevent major conditions causing newborn deaths iv	Yes
Provision in policy/guidelines for engagement of families in the care of babies	Yes
System for post discharge follow-up of babies to improve survival, growth and development	Yes



# **EPMM Target 4**<sup>3</sup>

Access to Emergency Obstetric Care (EmOC)	Status
National strategy/implementation plan for scale-up	Yes
Specific budget line in the national plans (and where relevant subnational plans)	Yes
EmOC facility mapping showing the 2021 geographical distribution with MoH	Yes
Standardized designs and floor plans for the basic EmOC health facilities	Yes
Defined minimum number of midwives to be staffed in an EmOC health facility for providing 24h/7d care	No 🛑
Defined list of essential equipment needed for basic and comprehensive EmOC $^{\rm v}$	Yes
Country capacity to provide yearly data on the performance of EmOC signal functions for measuring the availability of EmOC	No •
Proportion of functioning EmOC facilities	NO DATA

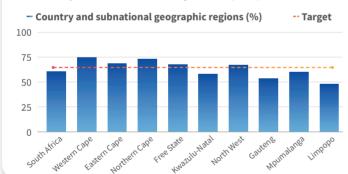
- E.g., improved monitoring of labour, antenatal corticosteroids, infection prevention
- Complete manual vacuum aspiration set with different size cups, obstetric forceps, complete repair pack for tears, foetal stethoscope, vacuum extractor with different size cups, blood pressure monitor, capacity for blood transfusion, complete C section boxes



population groups

## **EPMM Target 5**<sup>3</sup>

SDG 5.6.1: Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care by division (2016)



SDG 5.6.2: Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-EPMMS4) and Component (C1-C13) values (2019)

SDG 5.6.2	95
Maternity Care	94
Contraceptive Services	85
Sexuality Education	100
HIV and HPV	100

# **Progress toward ENAP EPMM Milestones**<sup>3</sup>

## Policies/Planning, Investment, Response, Resiliency, Equity

Budgeted RMNCAH strategy (including MNH)	Yes	National emergency response plan	Yes
Subnational implementation plans at the State/ Regional/Provincial levels	Yes 🛑	User-fee exemptions for MNH	Yes
Subnational implementation plans at the district or an	Yes	Insurance or financial protection scheme for MNH	No
equivalent subnational unit level		Emergency transport system for MNH	Yes
Budgeted/financed subnational plans	Yes 🛑	Community participation integration in the RMNCAH	Yes
Tracking for domestic research allocations for MNH	No 🛑	strategy/MNH plan	
Additional resources allocated for vulnerable	No 🛑		

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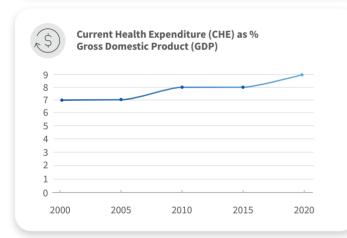


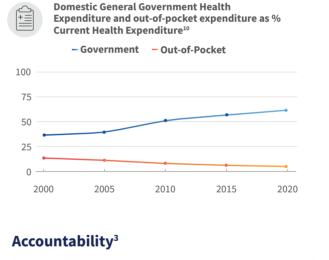




### Quality of Care, Health Workforce, Commodities and Data for Action<sup>3</sup>

National quality of care standards for MNH	No 🛑	Defined core competencies for newborn care, including small and sick newborn care	Yes	
National quality of care standards for small and sick newborn care	Yes 🛑	Defined core competencies for community health or extension workers	Yes	
National quality of care plan including community participation in MNH for priority setting and planning	No 🛑	Tracking of availability and stock outs of essential MNH drugs (oxytocin)	Yes	
National quality of care plan including community participation in MNH for monitoring and evaluation	Yes	Tracking of availability and stock outs of essential MNH drugs (heat stable carbetocin)	No	
Agreed set of quality of care indicators	Yes •	Tracking of availability and stock outs of essential MNH	Yes	
National strategy for accrediting and contracting private sector for MNH	Yes	drugs (magnesium sulfate)  Tracking of availability and stock outs of essential MNH	Yes	
Maternal and perinatal death surveillance system in place for maternal deaths	Yes	drugs (oxygen)  Tracking of availability and stock outs of essential MNH	Yes	
Maternal and perinatal death surveillance system in place for neonatal deaths	Yes	drugs (dexamethasone)  Tracking of availability and stock outs of essential MNH		
Maternal and perinatal death surveillance system in place for stillbirths	Yes	drugs (caffeine citrate)	Yes	,
Integration of maternal and perinatal death surveillance system data and routine health information system	Yes	Electronic individual patient-based data system for maternity care to include uterotonic use, labour monitor, breastfeeding, and neonatal resuscitation if needed	No <b>(</b>	•
National strategy/plan for human resources for MNH	Yes	Electronic individual patient-based data system for small and sick newborn care to include details on Kangaroo	No	
Defined core competencies for midwifery practice (essential competencies as per ICM)	Yes	Mother Care, oxygen/CPAP use, antibiotics, etc.  Mechanism for data sharing from the private/NGO sector	No •	
		meenanish for data sharing from the private/NOO sector	NO U	•





# Research, Innovation and Knowledge Management<sup>3</sup>

National prioritized research agenda for MNH and stillbirth prevention Identified innovation needs for MNH Yes National mechanism for sharing learning Yes 🛑

and prevention of stillbirths

 $\label{lem:condition} \textit{Representation from civil society, women's groups, and}$ parent advocacy groups in technical working groups Representation from parent advocacy groups for MNH

# No 🛑

### References

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