The State of Child Health Care
A sense of urgency is needed

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Overview

- Introduction
  - State of healthcare for children – coalface view
  - What are we getting right and how?
  - Where are we failing children and why?
  - How can Church Leaders make a difference
  - What questions should we be asking?
- Novel partnerships
- New opportunities
The State of Child Health Care Provision in SA

- Strengths and Successes
  - Political will and leadership
  - Good policies and guidelines
  - Academic institutions
  - Expertise – healthcare
  - Infrastructure
  - Funding
  - Successful programmes –
    - Immunization
    - PMTCT
    - ARV Rollout
The State of Child Health Care Provision in SA

- Weaknesses and failings
  - Poor retention of skills and expertise
  - Unfilled posts – across all healthcare providers
  - Poor management of budgets/maladministration
  - Ageing infrastructure and equipment
  - Lack of confidence in the public healthcare system
  - Poor use of primary healthcare facilities
  - Overloaded hospitals
  - Low staff morale
  - Healthcare services responding to social crises - poverty
Examples of where we are doing well and why?

PMTCT & ARV Rollout Programme

WHY

- Strong political leadership and stewardship
- Clear budgetting and accountability requirements
- Clear clinical and operational guidelines (targets)
- Close M&E of the programmes
- Strong collaboration/partnerships – Govt + CS
- Local champions at various levels
- Increasing public awareness of services (thanks to several active NGOs in addition to Govt messaging)
Where are we failing children and why?

Malnutrition and growth failure

**WHY**

- Not receiving the necessary attention at the highest levels as an emergency issue.
- No clear budgetting and accountability requirements
- No clear clinical and operational guidelines (targets)
- No M&E of the response to tackling malnutrition
- No major collaboration/partnerships – Govt + CS
- Few local champions
- Not a high profile issue taken up by civil society except for perhaps a few organizations
- Often complex social problem larger than health
Neonatal survival

WHY

- High rates of prematurity and low birth weight – but inadequate facilities to manage these special cares
- Inadequate training on neonatal resuscitation
- Often poor obstetric care where facilities not adequate
- Over crowded nurseries and understaffing leads to hospital infections
- Higher rates of exclusive breastfeeding needed
- Breast milk banks needed
- Improved family planning including and particularly for young women and teenagers.
Gauteng health: 'no crisis'

KATHARINE CHILD | 15 March, 2012 00:24

Gauteng Premier Nomvula Mokonyane at Kliptown Clinic, Soweto, yesterday. Mokonyane visited several healthcare centres in Soweto to see for herself the quality of service offered to patients.

Chris Hani-Baragwanath Hospital patient Agnes Nkoate told Gauteng Premier Nomvula Mokonyane yesterday that she had been sent away from the hospital three times in recent weeks without her medicine.
How can Church Leaders make a difference?

- Participate in policy developments and get community involvement
- Monitor policy development and implementation
- Request information on budgeting for programmes and monitor deliverables against this
- Empower communities on services offered and how to best access these
- Provide channel for complaints or dissatisfaction with services through established structures
- Ensure active participation on civil society structures at all levels - national, provincial, district as well as at facility level (Hospital Boards)
- Call for and participate on Clinic Boards
Novel partnerships

- Academics
- Researchers
- Other FBOs
- Other civil society sectors/formations
- International NGOs
Opportunity!

**ROAD TO HEALTH BOYS**

Child's first name and surname:

Date of Birth:
DD/MM/YYYY

This booklet must be issued at birth by the health services concerned. If birth takes place at home, the first opportunity after delivery should be used to issue the booklet. The booklet must be issued FREE OF CHARGE, irrespective of delivery taking place at a public or private health facility. The booklet may not be used to obtain a birth certificate or a child grant.

**ROAD TO HEALTH GIRLS**

Child's first name and surname:

Date of Birth:
DD/MM/YYYY

This booklet must be issued at birth by the health services concerned. If birth takes place at home, the first opportunity after delivery should be used to issue the booklet. The booklet must be issued FREE OF CHARGE, irrespective of delivery taking place at a public or private health facility. The booklet may not be used to obtain a birth certificate or a child grant.

**IMPORTANT:** Always bring this booklet when you visit any health clinic, doctor or hospital.
Summary

- State of healthcare for children
  - good, bad and ugly
- We are making progress in some areas
- Doing dismally in other areas
- Church Leaders CAN make a difference
- What partnerships need to be forged
- What opportunities exist