

AS A FOLLOW UP TO CARMMA, UNFPA IS...

...supporting government-run Maternity Waiting Homes in a bid to bring healthcare closer to pregnant mothers. These are residential facilities located within hospital premises for pregnant women who live far from health service points. Many of the women who use these services live in deep rural areas and cannot access maternity services easily or cheaply. With the support of UNFPA, the Eastern Cape Department of Health will be expanding the services offered by existing Maternity Waiting Homes in order to reach and ensure that more pregnant mothers and their babies survive childbirth.

"I stay so far from this hospital, and in my village we do not have transport. I am happy I came here when I was still able to walk to the nearest bus stop. I did not pay a lot of money to get here, and look I have delivered my little boy without any problems."

A mother who had delivered at a Maternity Waiting Home in the Eastern Cape.

THE NEXT STEPS FOR CARMMA ARE TO...

...implement the CARMMA operational plan, which includes the following:

- Establish a Task Team to monitor CARMMA;
- Implement the 5-point Contraceptive Strategy;
- Train health workers in Essential Steps in Management of Obstetric Emergencies and allocate obstetric ambulances to every facility with a maternity unit;
- Provide further support for existing Maternity Waiting Homes in the Eastern Cape;
- Provide accommodation for breastfeeding mothers whose children are admitted to health facilities;
- Improve referral mechanisms and sensitize communities on ante- and post-natal care as well as prevention of

- mother-to-child transmission of HIV (PMTCT);
- Promote Kangaroo Mother Care, a method of care for preterm babies; improve the coverage of immunization and Vitamin A supplementation; and strengthen Integrated Management of Childhood Illness;
- Improve access to treatment for mothers and children with HIV, manage co-infections, intensify PMTCT and provide information on contraception and condom use during pregnancy.



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NO WOMAN SHOULD DIE GIVING LIFE

The Campaign on
Accelerated Reduction
of Maternal and
Child Mortality
(CARMMA) in
South Africa



CARMMA IS...

...an initiative by the African Union and UNFPA to curb Africa's high maternal and child death rates. It was launched during the African Union Conference of Ministers of Health in May 2009 in Ethiopia. The campaign swiftly spread across the continent, with national launches taking place in 38 countries between 2009 and early 2012.

South Africa is the latest country to join this widespread initiative. It launched CARMMA on 4 May 2012 under the theme *South Africa Cares: No Woman Should Die While Giving Life*. The campaign will help South Africa accelerate existing strategies and programmes to improve maternal, neonatal and child health and survival.

Many African countries will not be able to meet the Millennium Development Goal (MDG) 5 on reducing maternal mortality and MDG 4 on lowering under-five mortality if efforts are not redoubled. CARMMA therefore calls for intensified implementation of the Maputo Plan of Action to improve sexual and reproductive health and save the lives of mothers, babies and young children.

Although maternal survival is CARMMA's main focus, the campaign also includes child survival because of the impact a mother's death has on her children and family. Children who lose their mothers are up to 10 times more likely to die within two years of their mother's death than those whose mothers are alive.

CARMMA is designed to be nationally driven and owned. It enjoys strong support and partnership from several United Nations bodies, bilateral interests, foundations and non-governmental organizations, and they support governments in implementing post-launch action plans.

"It is important to note that maternal mortality is not just the death of a woman - it is the death of a woman because she dared to fall pregnant!"

Dr. Aaron Motsoaledi, South African Minister of Health

CARMMA MATTERS FOR SOUTH AFRICA BECAUSE...

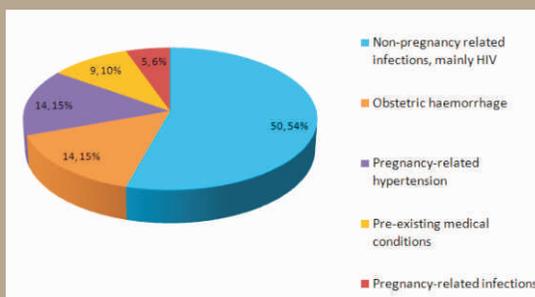
...maternal and child mortality rates are unacceptably high in the country. One out of every 322 South African women does not survive pregnancy or childbirth and one in 25 babies dies before his or her first birthday. The tragedy is that most causes of death are preventable.

In fact, 40 percent of maternal deaths could be avoided with better quality and timelier healthcare in hospitals, clinics and communities. For example, haemorrhage during or after a caesarean section is emerging as a major avoidable factor. This points to the urgent need of addressing knowledge and skills in managing obstetric emergencies.

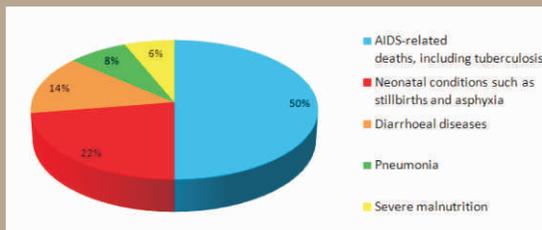
South Africa mirrors the continental trend of slow progress towards MDG 5, and maternal mortality is on the rise.

Why are mothers and children dying in South Africa?

The top five causes of maternal death:



The major causes of child death:



IN SOUTH AFRICA CARMMA AIMS TO...

...speed up progress in reducing maternal and child illness and death by accelerating the implementation of healthcare and other services proven to improve maternal health and child survival.

CARMMA WILL ENSURE THAT WOMEN AND CHILDREN:

- Have better access to comprehensive sexual and reproductive health services, with a specific focus on family planning services.
- Go for early antenatal care within the first twelve weeks of pregnancy.
- Have improved quality of care during and after childbirth.
- Benefit from strengthened human resources for maternal and child health.
- Have access to high impact interventions that improve child survival.
- Benefit from intensified management of HIV and AIDS.

