



## EVIDENCE BRIEF

### Strategic planning for saving the lives of mothers, newborns, and children and preventing stillbirths in KwaZulu-Natal province in South Africa: modelling using the Lives Saved Tool (LiST) (2016)



#### Why is it important?

This paper attempts to identify and cost priority intervention areas for impact on maternal and child mortality over the next five years in the province of KwaZulu-Natal, South Africa. The article is beneficial to those wishing to plan interventions and programmes in KwaZulu-Natal, and to better understand their costs.

#### Methodology

The Lives Saved Tool (LiST) within the Spectrum software was used. LiST preloads national level data for health status, mortality rates, and coverage of approximately 70 interventions, and their effectiveness in relation to specific causes of death in mothers, neonates and children under 5 years of age for a national level analysis. Intervention effectiveness was drawn from the literature and expert input from a national Millennium Development Goal Countdown analysis in LiST, which was undertaken for South Africa in 2013.

Additionally, the LiST was used to analyze the number of deaths of mothers, newborns and children and stillbirths that could be averted by scaling up all interventions in the model from their baseline coverage estimates to two different scenarios. Firstly, a full coverage scenario and, secondly, an achievable coverage scenario. Furthermore, the FamPlan Module of Spectrum was used to assess contraceptive use prevalence.

#### Key findings

If all interventions were scaled up to full coverage (95 per cent) from baseline by 2019,

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maternal mortality could be reduced by 50 per cent to 74 deaths per 100,000 live births. Neonatal and under-five mortalities could both reduce by 46 per cent to 5.6 deaths per 1,000 births and 17.8 deaths per 1,000 births respectively.

An achievable coverage scenario demonstrated a reduction of 26 per cent to 110 deaths per 100,000 live births and 28 per cent for neonatal and under-five mortality to 7.5/1,000 and 23.5/1,000 respectively. If contraceptive prevalence increases by 0.5 percentage points per annum from 2015 to 2019, a further 69 maternal deaths, 1,452 child deaths and 1,135 stillbirths could be prevented. The baseline cost in 2014 for the total suite of LiST interventions for which costs were estimated was US\$123 million (about US\$11.62 per capita) and the 2014 provincial population estimate was 10.69 million.

#### Conclusion

Focused attention on a set of key interventions could have a significant impact on averting stillbirths and maternal and neonatal mortality in KwaZulu-Natal. Concerted efforts to prioritize family planning would save more lives overall and have the potential to decrease costs in other areas of maternal and child care.

**URL:** <http://bit.ly/2xB5fNe>

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