# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1125**

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**(INTERNAL QUESTION PAPER NO. 19)**

**Dr S S Thembekwayo (EFF) to ask the Minister of Health:**

With reference to an oversight visit by the Portfolio Committee on Health to the Chris Hani Baragwanath Hospital in February 2020, where it was found that the number of infants and children suffering from malnutrition and kwashiorkor had increased, (a) what is the overall status of malnutrition and kwashiorkor cases of children reported around the Republic, (b) how does his department plan on intervening for mothers and children who suffer from malnutrition behind recovery at hospitals and (c) what measures have been put in place to ensure interventions go beyond hospital care?

###### NW1425E

**REPLY:**

We are not aware of the oversight visit conducted by the Portfolio Committee on Health from Parliament. However the response is as follows:

1. The number of children under five years of age admitted to public sector hospitals during 2018/19, 2019/20 and the first quarter of 2020/2021 is shown in the table below. It should be noted that in line with World Health Organisation recommendations, children with kwashiorkor are classified as having Severe Acute Malnutrition and are not counted separately.

|  |  |  |
| --- | --- | --- |
|  | **No of children under-five years of age admitted with Moderate acute malnutrition (MAM)** | **No. of children under five years admitted with Severe acute malnutrition (SAM)** |
| 2018/19 | 6,057 | 11,280 |
| 2019/20 | 6,159 | 11,089 |
|  |  |  |
| Feb 2020 | 534 | 1,129 |
| March 2020 | 479 | 991 |
| April 2020 | 272 | 596 |

The reduction in cases during April may be a reflection of level 5 lockdown regulations. The shift in focus to COVID-19 activities did not allow for active case finding of children at risk of severe acute malnutrition, and caregivers of children may have lacked access to transport to the facilities. Data may also be incomplete if data capturers were not on duty.

1. All children with severe acute malnutrition admitted in health facilities are managed according to standardised guidelines and protocols. The Department has also prioritised nutritional assessment and classification of all children who are admitted to ensure that cases of malnutrition are not missed.

All provinces have been requested to draft response plans focusing on addressing the prevention and management of children with acute malnutrition in the context of COVID-19 during and after the lockdown.

A draft national guidance framework has been developed and shared with provinces to ensure that key issues such as ensuring the availability of key commodities and supplies is ensured.

1. The national guidance framework on nutrition response in the context of COVID-19 shared with provinces to guide development of province/ district response plan has outlined key priorities including:

* Ensuring that Community Health Workers screen, identify and refer children with severe acute malnutrition – this is part of their routine activities, but was not done during lockdown as Community Health Workers were focussed on community screening and testing for COVID-19;
* Prevention strategies e.g. breastfeeding promotion and support, promotion of appropriate complementary feeding;
* Forecasting the need for essential nutrition supplies (e.g. F-75, F-100, Ready-to-Use Therapeutic Food (RUTF), micronutrient supplements, MUAC tapes, etc.) for 2-3 months, and ensure adequate storage conditions;
* Increasing the amount of nutritional supplements provided to outpatients to reduce the frequency of follow-up visits;
* Consider task shifting for community health workers to provide nutrition supplements during home visits for follow-up patients with missed appointments or hard to reach areas;
* Ensure linkages and referral systems to the Department of Social Development of SAM cases through social workers to benefit from social protection measures such as social relief for distress and food parcels.

END.