# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2734**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 07 DECEMBER 2016**

**(INTERNAL QUESTION PAPER NO. 43)**

**Ms L V James (DA) to ask the Minister of Health:**

What (a) are the main reasons for the country’s in-patient early neonatal death-rate increasing from previous years to 12,4 for every 1000 live births in the 2015-16 financial year and (b) interventions will be undertaken to ensure that the specified rate is reduced to the target of 10 deaths for every 1000 live births set in the 2016-17 financial year?

###### NW3222E

**REPLY:**

(a) The i-ENDR for 2014/15 financial year was 10.2 deaths per 1,000 live births (DHIS, 2014/15); and the i-ENDR was 10.5 per 1,000 live births in 2015/16 financial year, and not 12.4 as stated in the parliamentary question.

(b) The NDOH and all provinces have adopted the national newborn care implementation framework for action in 2013/14, which was followed by intensive provincial, district and facility capacity building and skills development (including improving skills to resuscitate babies through a programme called Helping Babies Breathe – given that asphyxia is one of the key causes of the neonatal mortality) to improve the quality of care for newborns especially at district hospital level, where large number of live births occur. In addition, the Department has strengthened access to contraceptives to reduce unplanned and unwanted pregnancies, especially amongst teenagers who are likely to deliver prematurely.

 Further, to address the large need to improve outcome of premature babies, the NDOH supplied CPAP machines to 35 district hospitals across all provinces to improve their ability to resuscitate infants.

 The level of new HIV infections in newborns has decreased over the past 5 years in particular due to the success of the prevention of mother to child transmission programme. The Department has launched the ‘Last Mile Plan’ to get as close to elimination of mother to child transmission as possible.

END.