# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 330**

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**(INTERNAL QUESTION PAPER NO. 02)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

What (a) was the infant mortality rate at the Chris Hani Baragwanath Academic Hospital in each of the past three years, (b) number of healthcare workers in the same department have since been employed at the specified hospital, (c) number of obstetrics ambulances have been procured to date at the hospital, (d) plans are in place to ensure that infant mortality due to negligence, lack of healthcare professional personnel is (i) avoided and (ii) reduced, (e) targets has his department set in this regard in the past year and (f) number of the specified targets have been achieved? **NW345E**

**REPLY:**

1. Infant Mortality Rate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chris Hani Baragwanath Hospital -All Data** | **2020** | **2021** | **2022** | **Total** |  |
| Death in facility 0-6 days | 359 | 403 | 325 | 1087 | 59,6% |
| Death in facility 7-28 days | 162 | 162 | 191 | 515 | 28,2% |
| Death in facility 29 days - 11 months | 43 | 95 | 84 | 222 | 12,2% |
| ***Total infant deaths*** | ***564*** | ***660*** | ***600*** | ***1824*** | ***100,0%*** |
| **DHIS data extracted 20th February 2022** | | | | | |

(b)-(c) Chris Hani Baragwanath Academic Hospital (CHBAH) does not procure ambulances. Provision of ambulances is the responsibility of Gauteng EMS. Gauteng EMS does not have dedicated obstetric ambulances as all ambulances are equipped to treat and transport all emergencies including obstetric cases.

Gauteng EMS is piloting the Gauteng Scheduled Emergency Transport (G-SET) which is a scheduled transport system between high call volume facilities like CHBAH. We are encouraged by the improved response times and plan to expand G-SET during the new financial year subject to recruitment of additional staff.

(d) (i) Action plans to reduce avoidable mortality

* All Health care facilities should have monitoring and evaluation team that monitors perinatal mortality data using the Perinatal Problem Identification Program (PPIP) to exclude avoidable deaths.
* Integrate PPIP programme into M & E teams at all levels of care.
* Facility management should develop quality improvement plan focussing on avoidable factors of death and address them.
* Facility Management must ensure that all delivering institution discuss every death within 7 days, report on PPIP, develop and follow up on implementation of Quality Improvement Plans (QIP)
* Senior management must ensure that junior staff is provided technical support on the job and onsite corrective measures.
* Provincial Management to submit and verify their PPIP data to NDoH establish Provincial Perinatal Mortality Meetings Committee, NDOH, Provinces, MNCH cluster.

(ii) Promote the prevention, early identification, and comprehensive management of the stabilisation phase of children with Severe Acute Malnutrition (SAM)

* Strengthen the capacity of hospitals to identify and care for acutely sick children not limited to the following:
* Equitable allocation and non-rotation of staff
* Ensure effective triage system in hospitals.
* Strengthen daily ward rounds including on weekends.
* Sustain Outreach support to District Hospitals
* Empower households and strengthen community services to promote early entry into the health service and reduce barriers.
* Create a safe home and social environments for children to reduce non-natural deaths, such as burns prevention and road traffic accidents.
* Strengthen the capacity of community and primary health care services to address common childhood illnesses.

(e) The Department of Health reached the sustainable development goal set target of <12/1 000live births by 2030 for newborn nationally which is part of the infant mortality rate. The Department is therefore striving to sustain the performance not to regress below the current achievement, however.

The Infant Mortality Rate sustainable development goal which is also the Departmental goal is set at 20/1 000 live births by 2030.

(f) The Department of Health reached the sustainable development goal set target of <12/1 000live births by 2030 for newborn nationally and the infant mortality rate l recorded in 2020 was 23.6.

END.