**ADDRESS BY THE MEC OF HEALTH, DR PHOPHI RAMATHUBA, DURING THE LAUNCH OF THE MATERNAL AND CHILD CENTRE OF EXCELLENCE, SESHEGO HOSPITAL.**

**27 AUGUST 2019**

Programme Director

Officials of the Department of Health

CEO and Management of Seshego Hospital

Invited guests

Members of the community

Ladies and Gentlemen

**Good Morning; Thobela.**

It is a pleasure to be opening this neonatal section of the hospital during a very important month on the calendar of our country.

This is an honest indication of our commitment to care for our mothers and babies during the most vulnerable time of their lives. We are here to put practicality to the commitment we made during the Budget vote for the department of health.

We said during our budget vote that time for concepts and slogans is over. Our hands are on the deck. The Department of Health will be a center of excellence. The provision of quality healthcare will be the preserve of the department. This government will enhance the quality of life, through the provision of essential services such as health, education, water and sanitation.

It is fundamental that the maternity services staff, infrastructure and equipment at each level of care be appropriate to optimize the health outcomes for both the woman and her infant.

The workforce engaged in providing the perinatal services at each health service should be appropriately trained within the defined competencies and professional standards of practice as indicated by their specific professional body. It is acknowledged that the availability and competence of the maternity services workforce, resource allocation and improved infrastructure will influence the range of models of care that can be offered at any maternity care services.

All nurses, midwives, registered medical officers, obstetricians, anesthetist, pediatricians, neonatologists and other health care staff should be competent in providing the clinical practice expected by our pregnant women to improve the quality of care and save their lives and that of their babies.

It is for this reason that the Department came up with the concept of Maternal and Child Centre of Excellence to achieve the Sustainable Development Goals of reducing in facility Maternal Mortality Ratio of 70/100 000 live births by 2030 and neonatal mortality to 12/1000 live births by 2030

**MATERNAL AND CHILD CENTRE OF EXCELLENCE**

The concept was developed in 2017 where visits were made to all regional hospitals to identify gaps in terms of infrastructure, staffing and equipment. The Department also made sure that for the regional hospitals to function as such there is a need to improve the quality of care in some District hospitals to reduce the workload in regional and Tertiary level of care. 5 District hospitals were included of which Seshego hospital is one of them. We need to applaud Seshego hospital as it is the first hospital to be ready in carrying out this concept.

A situational analysis was done using the 2015/2016 financial year data which revealed that there were 120 593 babies born alive in Limpopo facilities in. Of this number about 85% are expected to be well and would room in with their mothers, and the other 15% of neonates (about 20 000 a year) are either sick or small and premature and require care in a Neonatal Unit / nursery. The facility neonatal mortality rate is 13 / 1000 live births, which represent around 1600 newborn deaths.

To adequately care for the newborns and improve the survival rates, each hospital requires a fully functional neonatal unit which has High care, Standard care and Kangaroo Mother Care beds, equipment and competent staffing and this is what we expect with Seshego hospital as we launch the neonatal unit.

Babies who for any reason are deemed sick, premature or in need of additional observation, are admitted to the neonatal unit of a hospital. District hospitals will provide beds for their local catchment population, which are babies born in the hospitals, referring clinics and at home. Regional hospitals have a local catchment population, as well as a regional catchment (district). Tertiary hospitals have a local, district and provincial catchment population. The bed requirements for each catchment population must be determined and added together. The norms are based on the INFRASTRUCTURE UNIT SUPPORT SYSTEMS (IUSS) PROJECT Health Facility Guides: Pediatric and Neonatal Facilities [Gazette 30 June 2014] and the Essential Neonatal Package (2013)

This was used to determine the 18 beds needed at Seshego hospital and all the other hospitals included in the project with the number of beds needed.

We hope that this initiative will reduce neonatal mortality to the expected targets as indicated in the Sustainable Development Goals to 12/1000 live births as the province is currently at 13.2/1000 live births for the financial year 2018/2019

To all women gathered here, happy women’s month. Let us continue to build on the achievements of the generation that came before us.

I thank you.