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# 2<sup>ND</sup> CoMMiC TRIENNIAL REPORT

## 2009 - 2011

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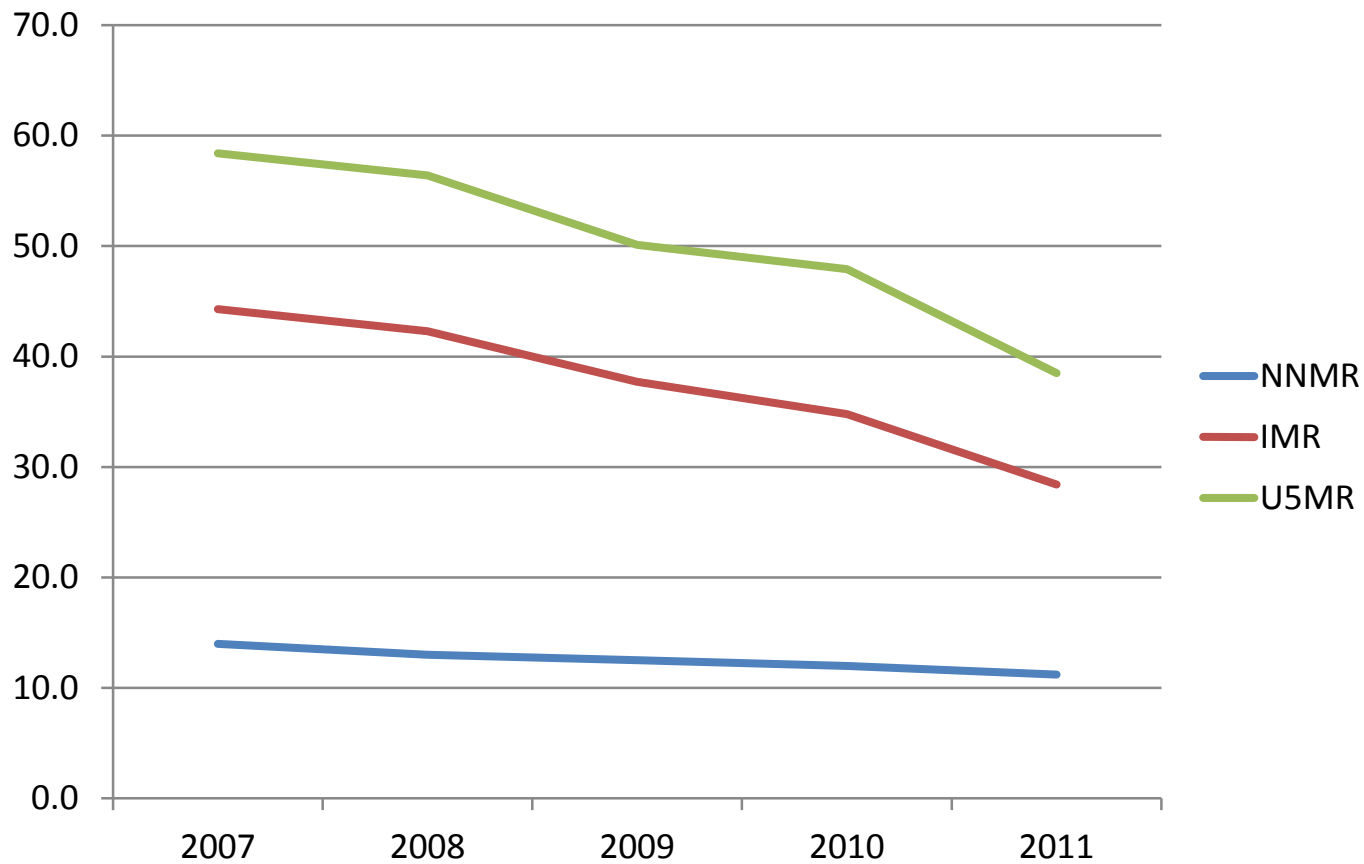
# NUMBERS: 2009 - 2011

	<b>2009</b>	<b>2010</b>	<b>2011</b>
Births	995 791	969 770	985 727
Deaths			
Newborn	37 974	34 431	11 002
Post newborn			16 979
Child (1 – 4 years)	12 497	12 987	9 927
Under-5	50 471	47 418	37 908
Mortality rate			
NNMR			11.2
IMR	38.1	35.5	28.4
U5MR	50.7	48.9	38.5

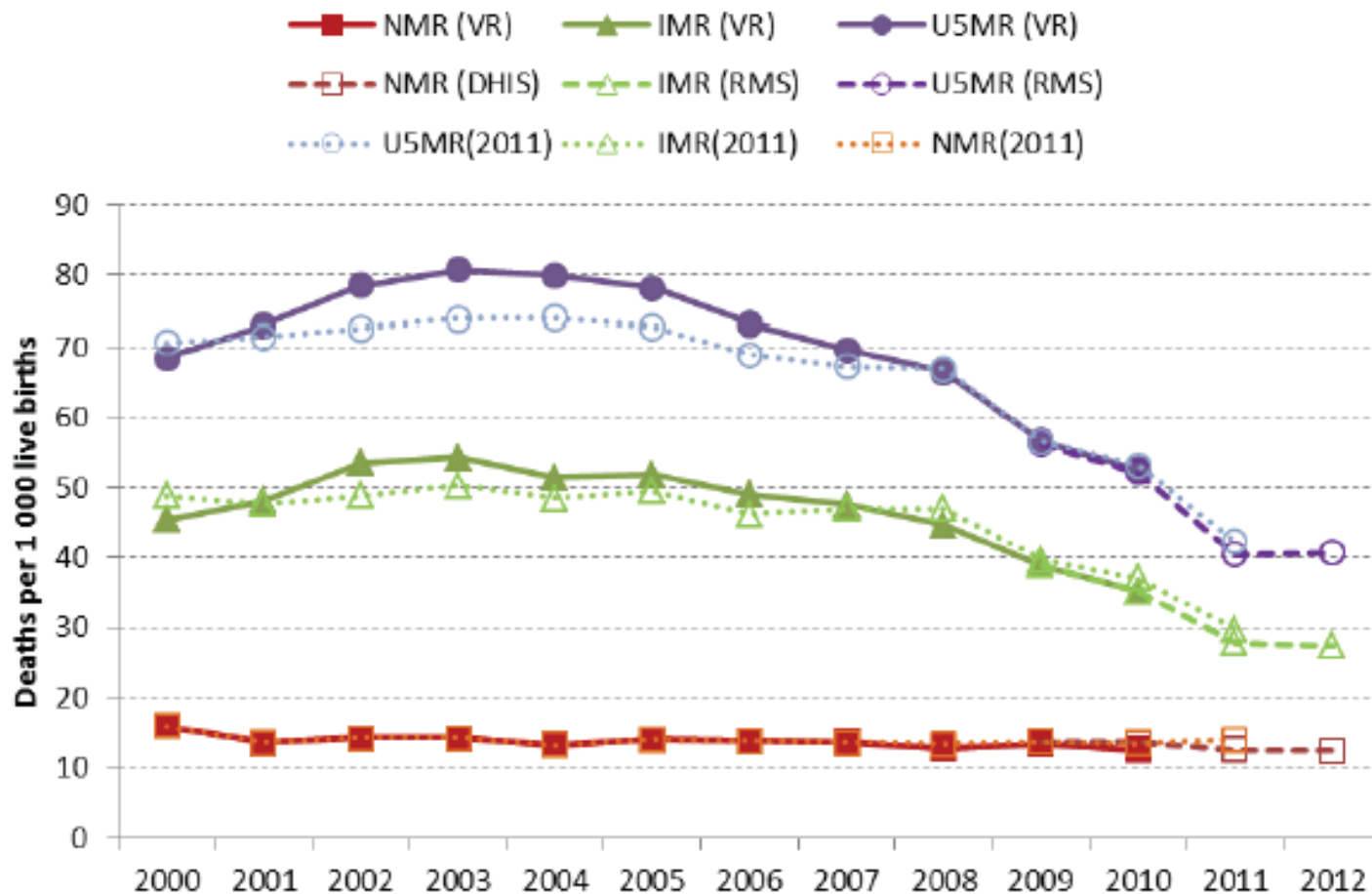
# NUMBERS ACCORDING TO SOURCE

	STATSSA DEATHS			CENSUS DEATHS		DHIS DEATHS	
	NN	U1	U5	U1	U5	U1	U5
<b>EC</b>	703	2 478	3 687	5 692	7 759	2 040	1 706
<b>FS</b>	1 061	2 963	3 754	3 061	4 015	1 169	1 220
<b>GP</b>	2 938	6 554	8 330	6 431	8 591	1 834	1 046
<b>KZN</b>	2 204	5 225	7194	11 179	14 842	2 465	2 920
<b>LP</b>	933	2 727	4 204	3 913	5 305	1 648	1 885
<b>MP</b>	783	2 080	2 976	3 853	5 223	934	1 056
<b>NW</b>	1 085	2 920	3 830	3 639	4 774	798	935
<b>NC</b>	338	890	1 222	919	1 239	366	461
<b>WC</b>	880	1 958	2 462	1 189	1 731	1 034	1 187
<b>RSA</b>	11 002	27 981	37 908	40 697	54 250	12 288	12 416

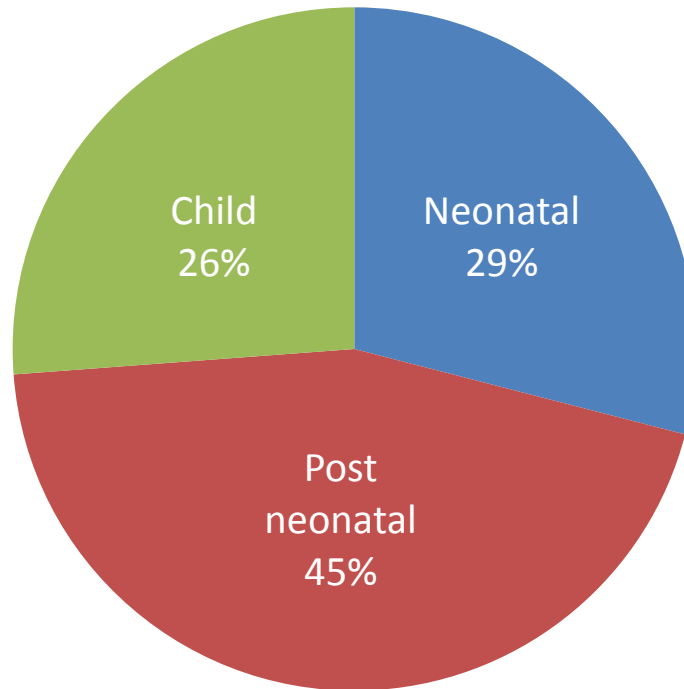
# PROGRESS IN REDUCING CHILD MORTALITY



# PROJECTED CHILDHOOD MORTALITY RATES



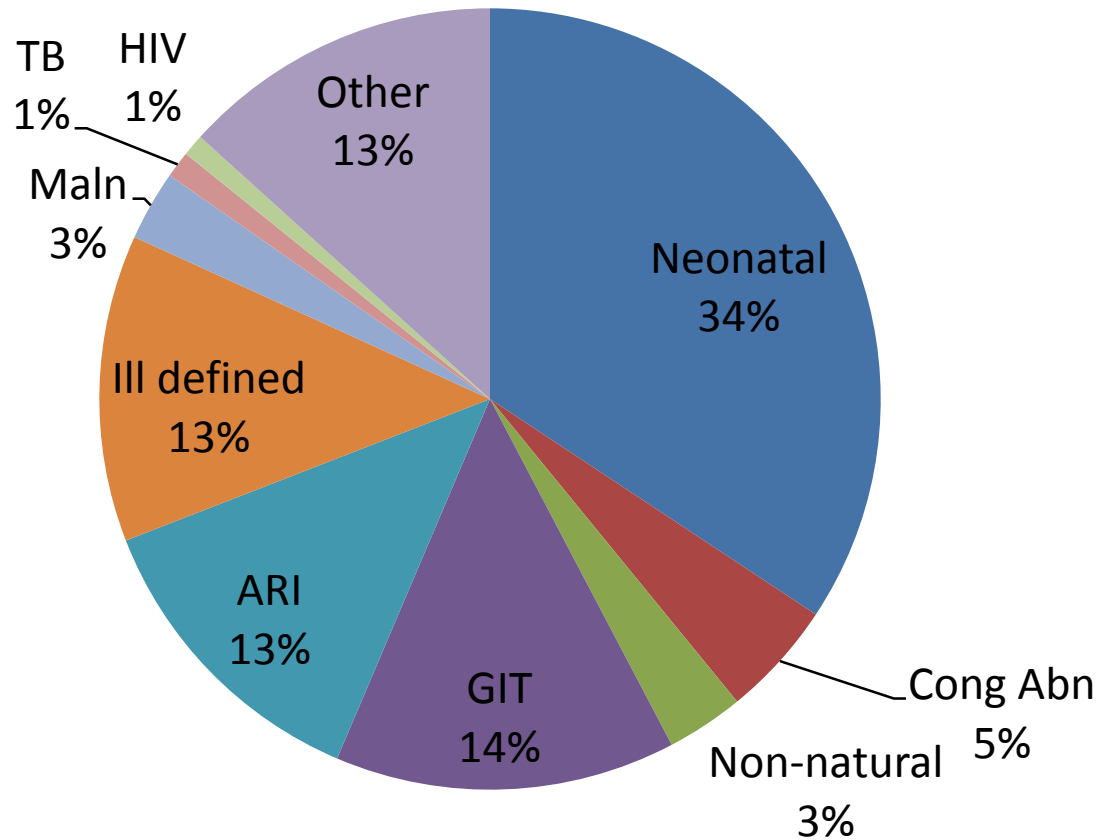
# AGE DISTRIBUTION OF UNDER-5 DEATHS



# CAUSE OF CHILDHOOD DEATHS

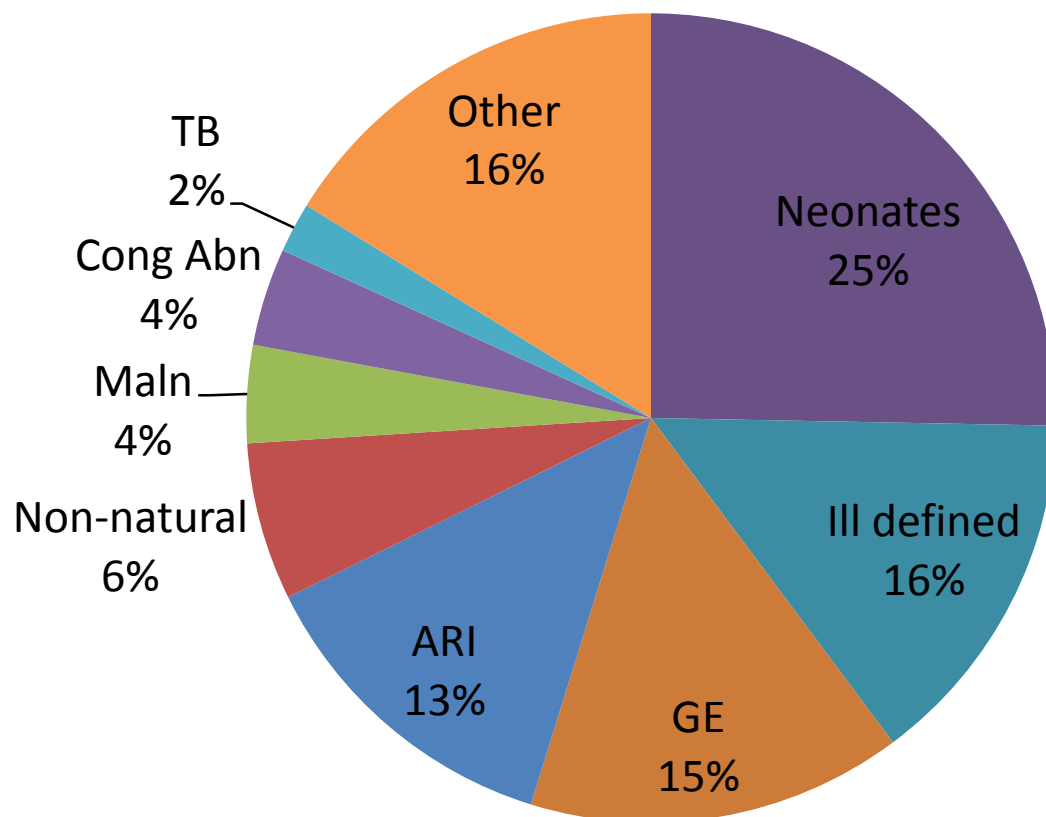
Causes of death (based on ICD-10)	Neonatal (0-28 days)			Post-neonatal (29 days to 11 months)			Infants (Less than 1 year)			1-4 years		
	Rank	Number	%	Rank	Number	%	Rank	Number	%	Rank	Number	%
Respiratory and cardiovascular disorders specific to the perinatal period (P20-P29)	1	4 049	36,8	...	...	...	1	4 072	14,6	...	...	...
Other disorders originating in the perinatal period (P90-P96)	2	1 555	14,1	...	...	...	4	1 562	5,6	...	...	...
Disorders related to length of gestation and fetal growth (P05-P08)	3	1 210	11,0	...	...	...	5	1 337	4,8	...	...	...
Infections specific to the perinatal period (P35-P39)	4	1 060	9,6	...	...	...	6	1 090	3,9	...	...	...
Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery (P00-P04)	5	733	6,7	...	...	...	8	736	2,6	...	...	...
Haemorrhagic and haematological disorders of fetus and newborn (P50-P61)	6	410	3,7	...	...	...	...	...	...	...	...	...
Intestinal infectious diseases (A00-A09)	7	268	2,4	1	3 686	21,7	2	3 954	14,1	1	1 748	17,6
Other congenital malformations (Q80-Q89)	8	244	2,2	...	...	...	...	...	...	...	...	...
Digestive system disorders of fetus and newborn (P75-P78)	9	236	2,1	...	...	...	...	...	...	...	...	...
Congenital malformations of the circulatory system (Q20-Q28)	10	162	1,5	...	...	...	...	...	...	...	...	...
Influenza and pneumonia (J09-J18)	...	...	...	2	3 024	17,8	3	3 025	10,8	2	1 141	11,5
Malnutrition (E40-E46)	...	...	...	3	799	4,7	7	802	2,9	3	666	6,7
Other acute lower respiratory infections (J20-J22)	...	...	...	4	530	3,1	9	553	2,0	6	169	1,7
Other bacterial diseases (A30-A49)	...	...	...	5	475	2,8	10	478	1,7	9	147	1,5
Other diseases of the respiratory system (J95-J99)	...	...	...	6	353	2,1	...	...	...	...	...	...
Other viral diseases (B25-B34)	...	...	...	7	345	2,0	...	...	...	5	222	2,2
Tuberculosis (A15-A19)*	...	...	...	8	316	1,9	...	...	...	4	450	4,5
Metabolic disorders (E70-E90)	...	...	...	9	257	1,5	...	...	...	...	...	...
Human Immunodeficiency virus [HIV] disease (B20-B24)	...	...	...	10	244	1,4	...	...	...	10	137	1,4
Other forms of heart disease (I30-I52)	...	...	...	...	...	...	...	...	...	7	166	1,7
Inflammatory diseases of the central nervous system (G00-G09)	...	...	...	...	...	...	...	...	...	8	148	1,5
Other natural causes	...	917	8,3	...	6 208	36,6	...	9 472	33,9	...	3 463	34,9
Non-natural causes	...	158	1,4	...	742	4,4	...	900	3,2	...	1 470	14,8
<b>All causes</b>	...	<b>11 002</b>	<b>100,0</b>	...	<b>16 979</b>	<b>100,0</b>	...	<b>27 981</b>	<b>100,0</b>	...	<b>9 927</b>	<b>100,0</b>

# CAUSES OF INFANT DEATHS

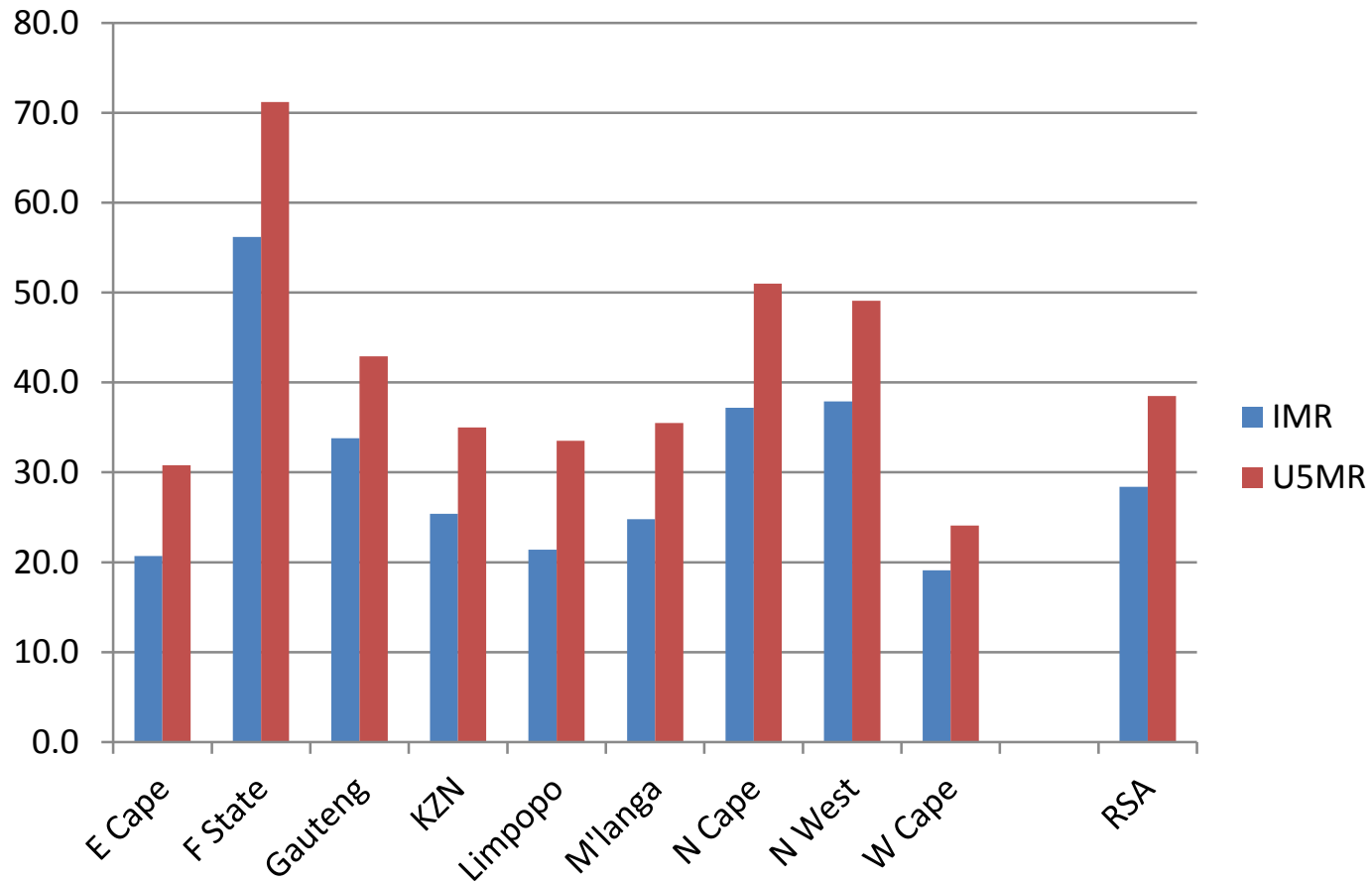




# CAUSES OF UNDER-5 DEATHS



# PROVINCIAL MORTALITY - 2011



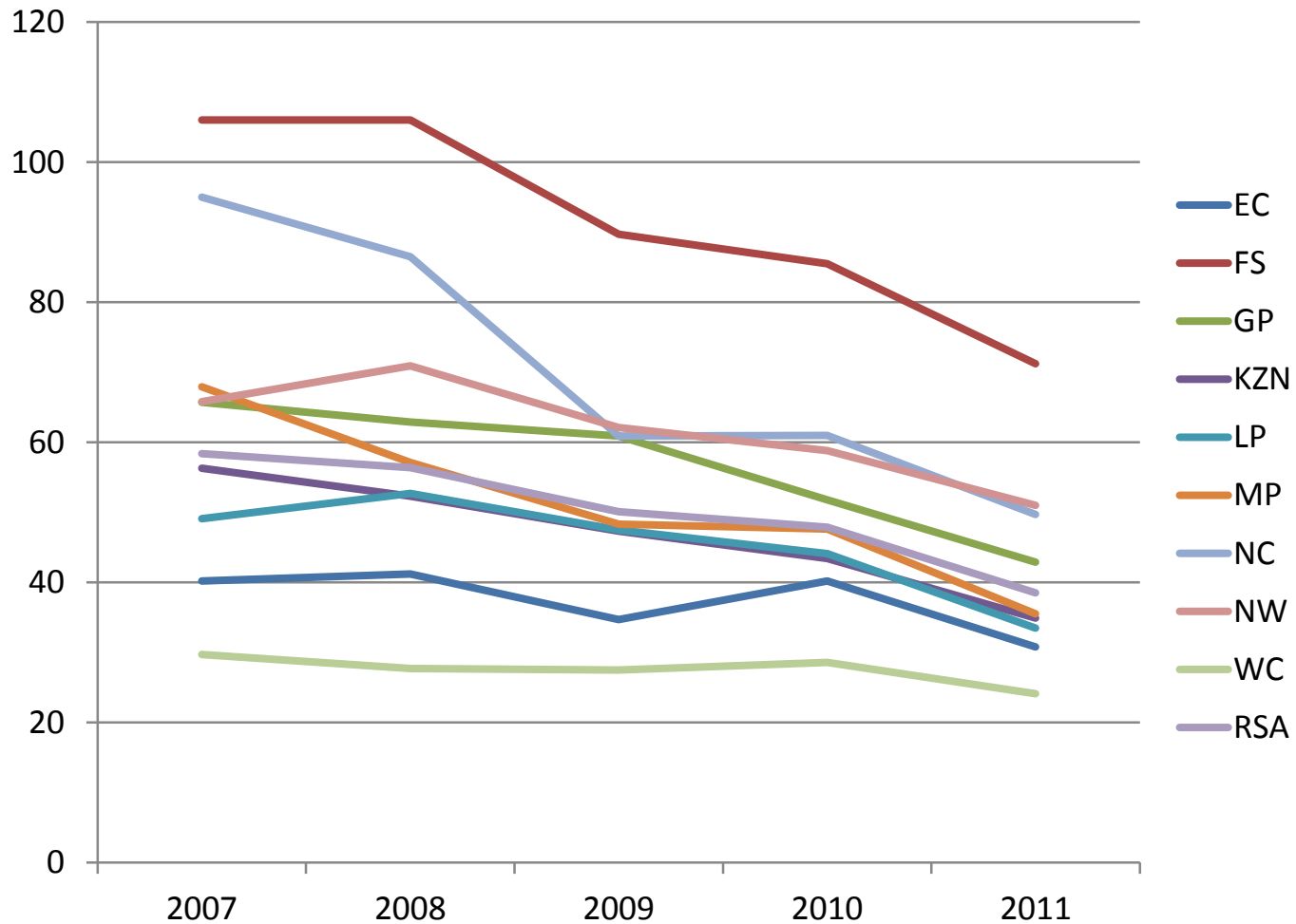
# PROVINCIAL MORTALITY - 2011

	NNMR	IMR	U5MR	% in Hosp	% SAM	% HIV	CFR		
							GE	ARI	SAM
E Cape	5.9	20.7	30.8	42.3	29.7	31.9	6.9	5.4	14.7
F State	20.1	56.2	71.2	46.7	35.1	37.3	4.2	3.6	11.2
Gauteng	15.1	33.8	42.9	43.9	15.5	29.5	3.5	2.8	7.5
KZN	10.7	25.4	35.0	55.1	28.7	42.5	3.6	2.9	10.8
Limpopo	7.4	21.4	33.5	41.7	39.2	41.2	5.7	4.7	16.7
M'langa	9.3	24.8	35.5	45.1	28.8	46.9	6.1	5.9	13.1
N Cape	14.1	37.9	49.1	40.5	43.5	40.8	5.4	5.1	11.1
N West	14.1	37.2	51.0	40.3	44.8	30.2	3.2	3.8	11.7
W Cape	8.6	19.1	24.1	43.9	14.0	20.7	0.1	0.4	3.4
RSA	11.2	28.4	38.5	45.5	31.2	39.1	4.0	3.7	12.0

# TREND IN UNDERLYING FACTORS

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
HIV associated	48.3	49.9	43.0	39.9	39.1
SAM	33.2	33.0	30.9	27.9	31.2
In health service	50.0	49.5	45.5		
Within 24 hrs		33.0	30.9	27.9	31.2

# TREND IN U5MR 2007 - 2011



# 10 WORST DISTRICTS – U5MR

Rank		District	Province	U5MR				
2011	2010			2011	2010	2009	2008	2007
43	44	West Rand	GP	51.2	77.4	93.2	77.4	100.1
44	35	iLembe	KZN	52.8	57.4	47.0	51.4	60.8
45	49	Tabo Mafutsanyane	FS	54.6	101.5	100.3	110.2	123.7
46	40	Kenneth Kaunda	NW	56.4	67.1	66.2	64.7	151.1
47	46	Gert Sibande	MP	56.9	81.1	93.0	106.1	165.6
48	45	Fezile Dube	FS	58.2	78.0	93.5	114.0	113.5
49	48	Pixley ka Seme	NC	77.2	84.8	107.5	108.8	174.8
50	50	Lejweleputswa	FS	85.7	110.2	117.9	133.9	138.4
51	51	Ngaka Modiri Molema	NW	107.2	122.2	137.3	161.7	150.9
52	52	Xhariep	FS	149.6	256.7	157.7	119.7	96.6

# 10 BEST DISTRICTS – U5MR



Rank		District	Province	U5MR				
2011	2010			2011	2010	2009	2008	2007
1	8	Nelson Mandela Bay Metro	EC	14.4	36.2	40.2	51.6	57.8
2	19	Chris Hani	EC	15.9	44.0	35.3	40.2	105.7
3	3	City of Cape Town	WC	21.6	27.8	26.9	26.7	27.3
4	5	eThekweni	KZN	23.0	32.0	41.8	47.9	54.3
5	9	Umkhanyakude	KZN	23.5	37.6	40.4	48.4	38.4
6	4	OR Tambo	EC	23.6	29.8	19.5	35.9	22.9
7	2	Eden	WC	23.8	23.8	28.8	30.1	41.5
8	6	Ehlanzeni	MP	24.3	34.0	35.4	32.4	45.4
9	43	Cape Winelands	WC	26.2	74.0	31.6	30.9	35.1
10	18	Capricorn	LP	27.2	43.1	51.6	59.0	57.8

# MODIFIABLE FACTORS


PLACE	MOST FREQUENT MODIFIABLE FACTORS
<b>Wards</b>	<ul style="list-style-type: none"> <li>● Lack of High Care and/or ICU facilities for children in own and higher level facility</li> <li>● Insufficient notes on clinical care in ward (assess, manage, monitor)</li> <li>● Inadequate investigations in ward</li> </ul>
<b>Emergency Department</b>	<ul style="list-style-type: none"> <li>● Inadequate notes on clinical care (assessment, management, monitoring at A&amp;E)</li> <li>● Inadequate history taken at A&amp;E</li> <li>● Inadequate investigations (blood, x-ray, other) at A&amp;E</li> </ul>
<b>Referring Facility &amp; Transit</b>	<ul style="list-style-type: none"> <li>● No or delayed referral to higher level</li> <li>● Severity of child`s condition incorrectly assessed at referring facility</li> <li>● Inadequate referral letter from referring facility</li> </ul>
<b>Clinic/OPD</b>	<ul style="list-style-type: none"> <li>● Child`s growth problem (severe malnutrition, not growing well) inadequately identified or classified</li> <li>● Inadequate assessment for HIV (IMCI not used) at clinic/OPD</li> <li>● Delayed referral for severe malnutrition, weight loss, or growth faltering from clinic/OPD</li> </ul>
<b>Home</b>	<ul style="list-style-type: none"> <li>● Caregiver delayed seeking care</li> <li>● Caregiver did not recognise danger signs/severity of illness</li> <li>● Child not provided with adequate (quality and/or quantity) food at home</li> </ul>



# CONCERNS 1

- Under reporting
  - E Cape, Limpopo & Mpumalanga
- Wide range of mortality
  - Provincial            24          71
  - District                14          150
- Rising U5MR
  - Only 1 district vs 14 last year

# CONCERNS 2

- Community deaths
  - RSA 54.5%
  - Range 44.9%  59.7%
- Plateau
  - 2012 Rapid Mortality Report
- Cause of death
  - Unchanging NNMR
  - Non-natural deaths
  - Role of nutrition

# SUCCESSSES

- Decline in underlying factors

- HIV

- 49.9% in 2010

- 39.1% in 2013

- Reduction in case fatality rates (CFR)

	2008	2011
SAM	19.6%	13.5%
ARI	9.3%	4.3%
GE	9.2%	5.2%

- Implementation of recommendations in 1<sup>st</sup> report

- 1 complete

- 6 partially

- 1 minimally

# RECOMMENDATIONS

- **A**ccountability
- **C**onnected
- **C**apacitated
- **E**ssential
- **S**upport
- **S**tandard



**H**ousehold  
**H**ealth worker  
**H**ealth system

# ACCESS - HOUSEHOLD

- **A-countability** for an Adequate standard of living and safe environments for All children.
- **C-onnected** easily with health systems in proportion to need.
- **C-apacitated** parents, caregivers and families, able to provide a safe and stimulating environment.
- **E-ssential** care must be comprehensive care wherever it is delivered to children.
- **S-upport** for ECD activities and services for babies and young children - in homes, health services and communities.
- **S-tandard** package of routine, as well as specialised, care close to their homes.

# ACCESS - HEALTHWORKERS

- **A-countability** with empowerment.
- **C-onnected** to the systems and communities in which they work and to the children they serve.
- **C-apacitated** for the job.
- **E-ssential** Package of Care understood and delivered.
- **S-upport** in all that they do.
- **S-tandard**, Sufficient Staffing establishments.

# ACCESS – HEALTH SYSTEM

- **A-countability** to the community.
- **C-onnected** with all who carry responsibility for the health and wellbeing of children.
- **C-apacitated** to ensure systems of Care for children with long term health conditions.
- **E-ssential** Package of Care developed and delivered.
- **S-upport** for frontline staff.
- **S-tandard** data Sets for children.

# PRIORITY INTERVENTIONS - 1

- **A-countability** for an adequate standard of living and a safe environment for all children:
  - Ongoing health education through Mom-Connect and other media channels.
  - WBOT support to households for health education, promotion and prevention activities.
- **C-onnected** easily between households and the health system:
  - Ensure lodger mother facilities in all hospitals and birthing units.
- **C-apacitated** front line health care workers:
  - Pre- and post-basic training on all flagship programmes, ECD and EPOC.
  - Non-rotation of staff.



# PRIORITY INTERVENTIONS - 2

- **E-ssential** Package of Care (EPOC):
  - Finalise development, including equitable access to all levels of care.
  - Train health workers around the EPOC.
  - Progressive roll out of the EPOC.
- **S-upport**:
  - Early child development and the first 1,000 days.
  - Frontline health workers through outreach programme.
- **S-tandard** data sets and tools:
  - Standard data sets for children for monitoring, evaluation and feedback.
  - Adopt the Road to Health Booklet as the standard record of a child's health care.

# IN RSA ...

- 1 in 26 children die before their 5<sup>th</sup> birthday
- Of these...
  - 25% die in the newborn period
  - 45% of children die inside the health service
- In the health service....
  - Entry to the service is late
  - Care on arrival is poor
  - General inability to assess severity of condition & growth
  - Access to high care beds is limited
  - 30% die within 24 hours of admission
  - 39% die in association with HIV
  - 31% have underlying severe malnutrition