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# Africa Regional Workshop on Improving Routine Data for Child Health in National Health Information Systems

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# Day 1: Routine child health and nutrition indicators in use: Experience from South Africa

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# Severe Acute Malnutrition (SAM) case fatality rate

- No. of in-patient deaths amongst U5s with SAM
- No. of in-patients (U-5) with SAM



# Quarterly Provincial Dashboard Report

Province	APP Target FY 2016/17	FY 2015/16	FY 2016/17	FY 2017/18	Progress 2015/16	Q1 FY 2016/17	Q2 FY 2016/17	Q3 FY 2016/17	Q4 FY 2016/17	SAM death 2016/17
Eastern Cape						11.0	10.5	7.6	11.0	226
Free State						11.4	8.2	10.1	8.3	103
Gauteng						7.2	5.6	7.3	5.9	120
KwaZulu-Natal		10.4	7.7	7.4		6.6	8.6	5.9	8.5	230
Limpopo		14.9	11.6	8.3		11.2	6.4	6.3	8.3	178
Mpumalanga		19.1	12.5	8.4		8.2	10.7	6.8	8.1	83
North West		12.3	12.2	10.6		15.2	9.9	8.4	8.4	204
Northern Cape		10.9	8.3	5.1		7.2	3.6	3.6	5.7	39
Western Cape		1.8	0.9	0.6		0.0	1.1	0.7	0.7	5
<b>National</b>	<b>9</b>	<b>11.6</b>	<b>8.9</b>	<b>8.0</b>		<b>9.2</b>	<b>7.8</b>	<b>6.7</b>	<b>7.7</b>	<b>1,188</b>

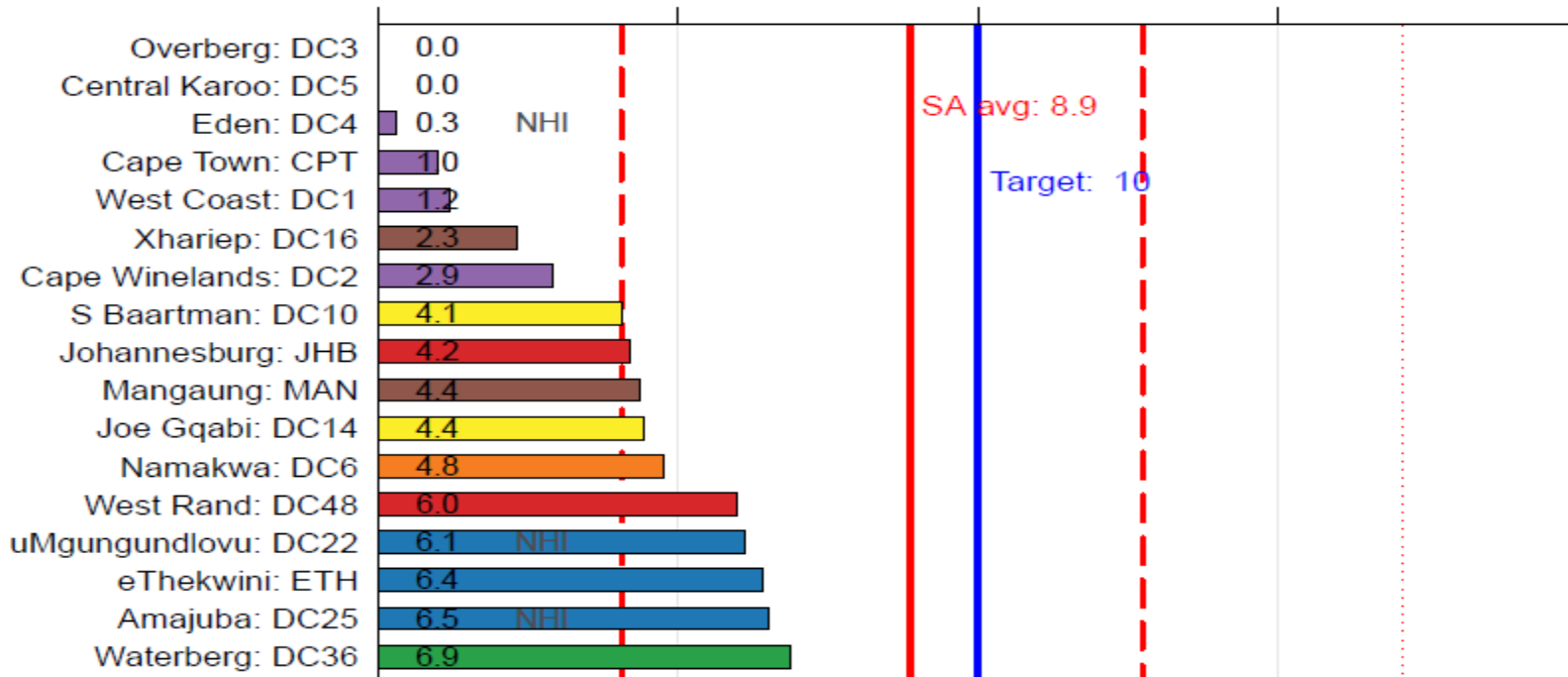
Three provinces  
prioritised for additional  
support and monitoring

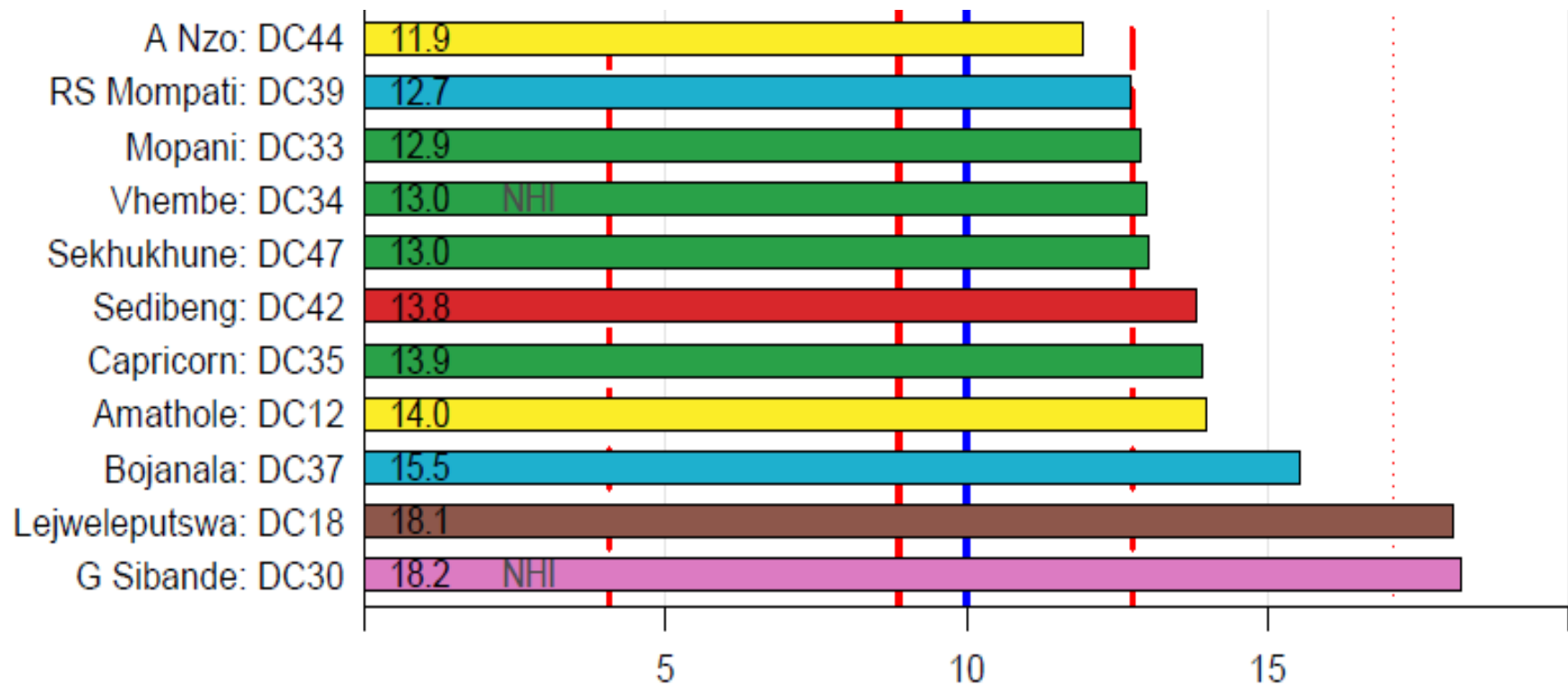
# Quarterly Provincial Dashboard Report

		CFR %	Deaths	Admission s
Eastern Cape	St Elizabeth's Hosp	16.7	36	215
	Mandela Acad Hosp	10.3	22	214
	Mt Ayliff Hosp	17.0	15	88
	Butterworth Hosp	17.6	12	68
	Dora Nginza Hosp	11.3	12	106
	Mthatha Gen Hosp	6.8	11	162
	T Bequest Hosp (Mat)	18.0	9	50
	Holy Cross Hosp	12.9	9	70

# District Health Barometer

Child under 5 years severe acute malnutrition case fatality rate by district, 2015/16





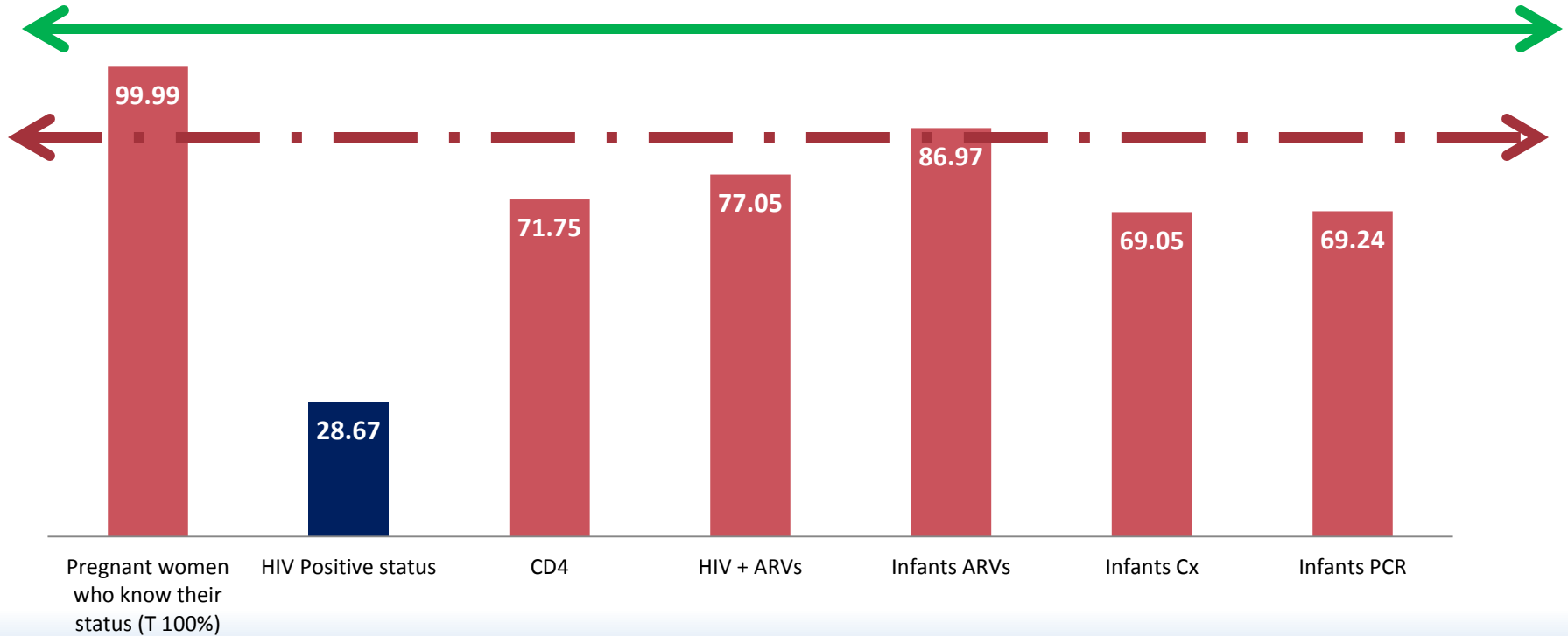
# PMTCT Early Infant Diagnosis cascade

- ✓ Live birth to positive HIV women
- ✓ PCR at birth
- ✓ PCR at around 10 weeks
- ✓ Cotrimoxazole initiated at 10 weeks

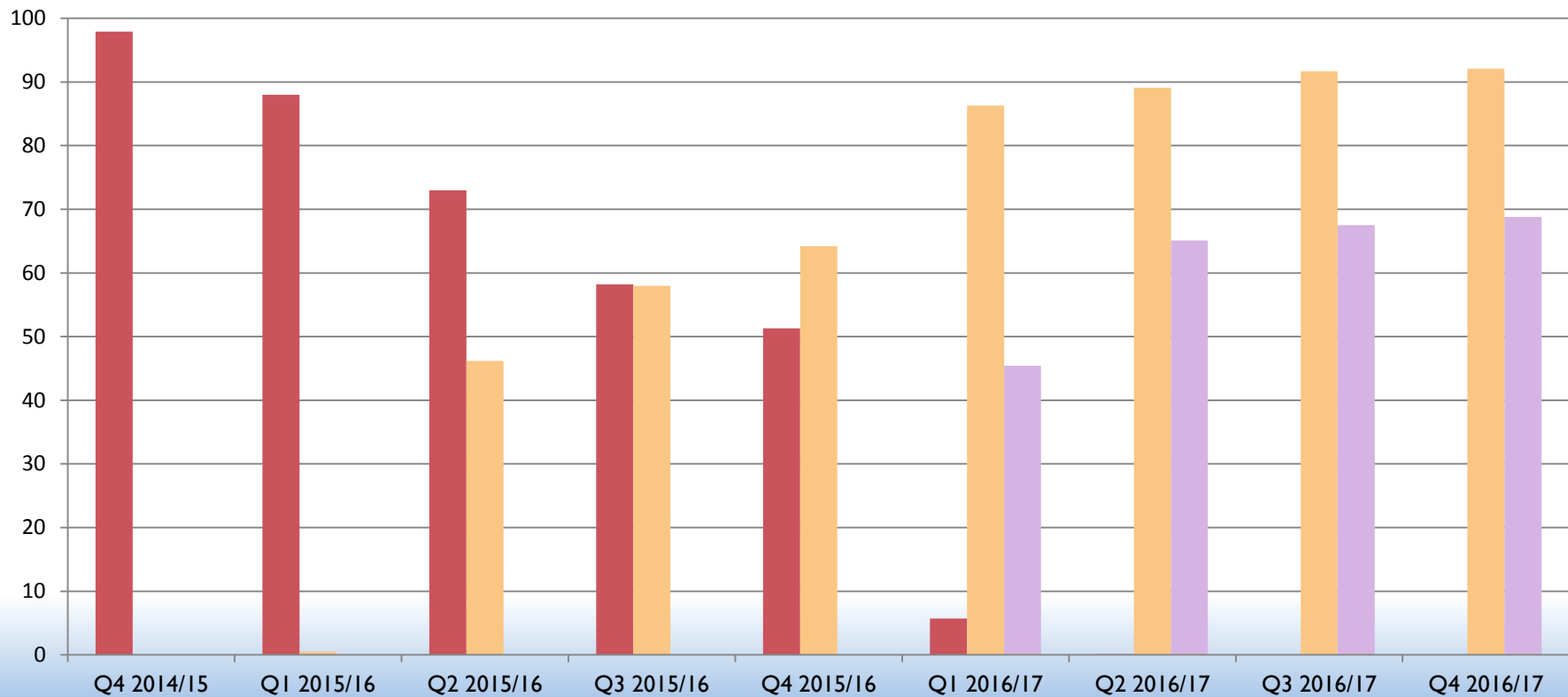




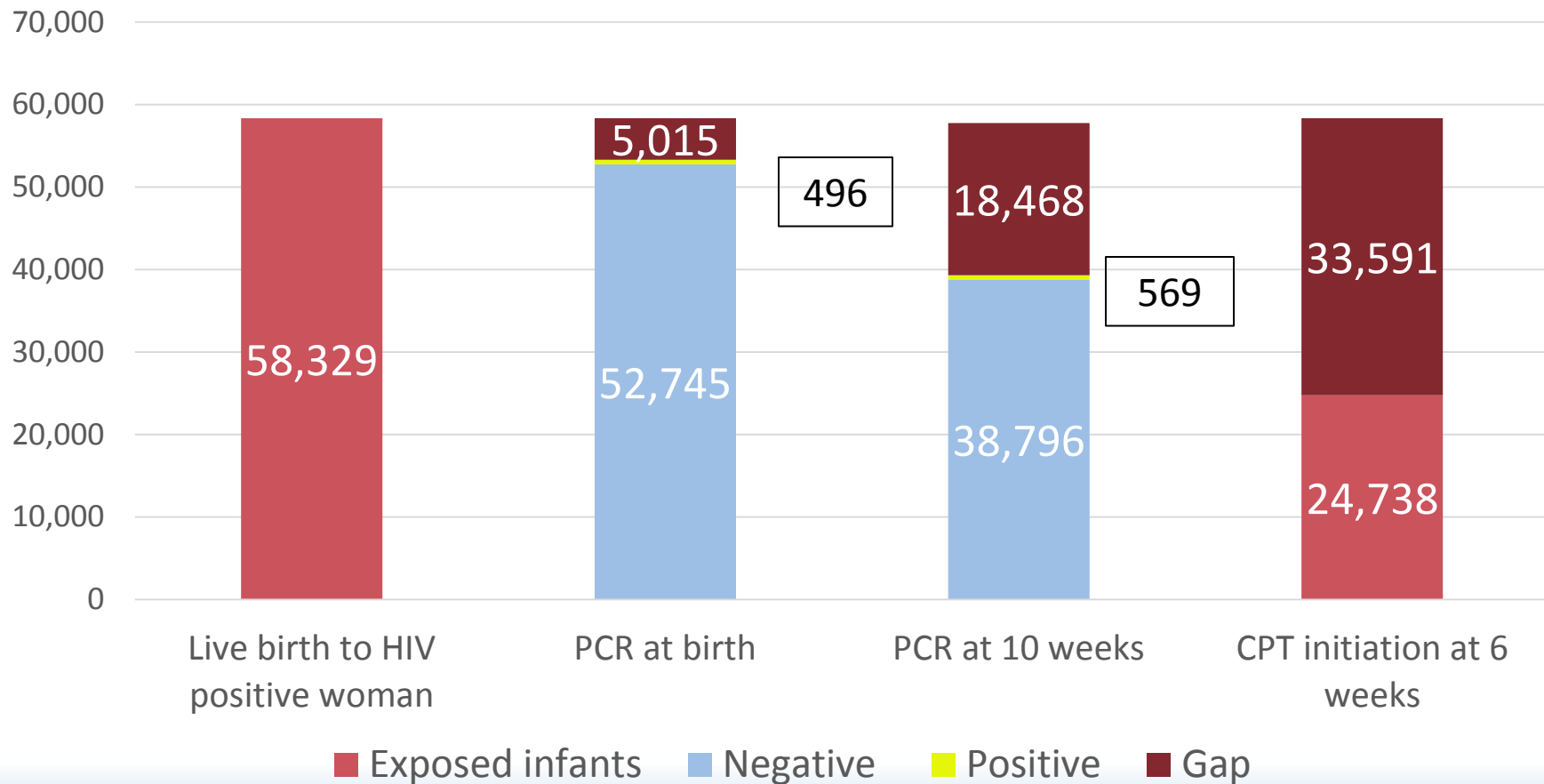
## SA PMTCT Cascade 2010








- Infant 1st PCR test around 6 weeks uptake rate
- Infant 1st PCR test at birth uptake rate
- Infant PCR test around 10 weeks rate



# EID Cascade Q3 2016



# Early Childhood Development Dashboard

ROAD-TO-HEALTH CAMPAIGN: STANDARDS, INDICATORS AND TARGETS			Source	Current	Target (March 2019)
	All children are exclusively BF until 6 months	% children > 6 months who are exclusively BF	SADHS	32%	50%
		% infants exclusively BF at 14 weeks	DHIS	41.6%	60%
	Children 6 – 24 months are breastfed, and receive good quality complementary feeds	% of children (6 – 23 months) fed a minimum acceptable diet	SADHS	23%	50%
	All children grow well, so stunting levels are low	% of children 0 – 5 yrs with stunting	SADHS	27%	20%
	Acute malnutrition is identified early, and correctly managed	Number of children admitted to hospital with SAM	DHIS	14,910	< 10,000
	Children achieve their full developmental potential, and are able to benefit fully from formal education	% of U5s read a story every day or often	GHS	33.7%	50%
		% of U5s who sing/or are sung to with/by caregivers every day or often	GHS	53.4%	75%
		% children who are never encouraged to imitate others	GHS	36.2%	< 20%
	All children are fully immunised, and receive routine doses of Vitamin A and deworming	Fully immunised at 1 year	DHIS	82%	90%
		Vitamin A coverage 12 – 59 mnths	DHIS	49.3%	60%
		Deworming coverage	DHIS	58%	70%
	Sick children are correctly identified and managed at household, PHC and hospital levels	Reduced U5 mortality	RMS	37 per 1,000	< 30 per 1,000
		Fewer deaths from pneumonia	DHIS	1,003	< 750
		Fewer deaths from diarrhoea	DHIS	888	< 650
		Fewer deaths within 24 hrs of admission to hospital	Child PIP	33%	25%
	Mother-to-child Transmission of HIV is eliminated	PCR positivity rate	DHIS	1.3%	< 1%
	All HIV infected children are receiving ART	No. of U5s initiated on ART	DHIS	10, 907	90%
	All children are registered at birth	% births registered within 30 days	Home Affairs		90%
	All eligible children receive a child support grant	% of eligible children under 1 year of age who have a CSG	SASSA		90%

## Accountability and Performance Dashboard



Nutrition



Love



Protection



Healthcare



Extra care

Indicator	Chldrn <6 mo. exclslyvly brstfed	Infants exclslyvly brstfed at 14 weeks	Chldrn (6-23 mo) fed min. acceptable diet	Chldrn 0-5 yrs stunted	Children admitted for SAM	Under5s who are read to, often	Under5s who sing/are sung to, often	Chldrn never encouraged to imitate others	Fully immunised at 1 year	Vitamin A (12-59 months)	De-worming	Under5s mortality (per 1,000)	Pneumonia deaths	Diarrhoea deaths	Deaths within 24 hrs admission to hospital	PCR positivity rate	USs on ART	Births registred within 30 days	Eligible children <1 yr who have CSG
SA currently	32%	41,6%	23%	21.3%	15,537	33.7%	53.4%	36.2%	89%	57%	58%	39 per 1,000	1,240	1,049	33%	1.3%	10,907		64%
Target (March)	50%	60%	50%	20%	< 10,000	50%	75%	< 20%	90%	60%	70%	< 30 per 1,000	< 750	< 650	25%	< 1%	90%	90%	90%
EC				*	2,819	26%	50%	25%	87%	64%			257	256					75%
FS					1,118	32%	58%	27%	86%	59%			55	62					54%
GT					1,512	43%	60%	31%	106%	59%			157	117					49%
KZN					3,664	29%	42%	32%	85%	64%			308	221					64%
LP					1,919	36%	51%	33%	79%	50%			178	154					68%
MP					1,169	30%	54%	31%	87%	51%			150	90					68%
NW					1,493	24%	49%	46%	83%	52%			79	97					57%
NC					589	32%	51%	41%	83%	47%			20	39					76%
WC					1,254	54%	65%	33%	89%	47%			36	13					55%
Source	6	2	6	6	2	3	3	3	2	2	2	5	2	2	1	2	2	4	2

Key:

	On or above target
	Less than 10%
	Everything else

Sources: 1. Child PIP; 2. DHIS; 3. GHS; 4. Home Affairs; 5. RMS; 6. SADHS; 7. SASSA

For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

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