

CoMMiC recommendations

Implementation priorities for child survival

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Knowledge Hub Webinar

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The 7 Recommendations



THESE RECOMMENDATIONS REMAIN UNCHANGED DUE TO POOR IMPLEMENTATION

1. Prevention, early recognition and management of Severe Acute Malnutrition (SAM)
2. Strengthen community and PHC management of common childhood illnesses
3. Create a safe home and social environment for children
4. Strengthen civil registration systems for births and deaths
5. Remove barriers to early entry into health services
6. Strengthen capacity of hospitals to care for acutely sick children
7. Establish a clear policy and governance framework for PHC services for children

Each recommendation includes:

Level of implementation, objectives, activities, responsible persons.

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Recommendation 1 of 7: Prevention, Early Recognition and Management of SAM



GOAL: Strengthen health worker competencies and community systems to prevent SAM, identify it early, and manage it comprehensively.

SHORT TERM

- Screen all under-5 children for malnutrition through Community Health Workers
- Train frontline staff in initial SAM management
- Implement SAM clinical and mortality audits at facility level
- Ensure non-rotation of IMAM-trained staff

MEDIUM TERM

- Scale up quality improvement protocols for integrated SAM management
- District teams to collaborate with DSD, DHA, SAPS, and SASSA on social determinants
- Expand community feeding programmes in high-burden areas
- Establish onsite mentoring and monitoring systems

LEAD RESPONSIBILITY: NDoH (clinical protocols) | Provincial DOH (implementation) | Districts (cross-departmental coordination)

Recommendation 2 of 7: Strengthen Community and PHC Management of Childhood Illnesses



GOAL: Reduce childhood deaths outside health facilities by building capacity to recognise and manage pneumonia, diarrhoea, and sick neonates.

IDENTIFY EARLY

- Caregiver education on danger signs at every contact
- CHW active case-finding in the community
- Traditional health practitioner engagement
- Pulse oximetry at all PHC clinics

MANAGE EFFECTIVELY

- IMCI at all PHC clinics; ORS corners in every clinic
- ETAT at all district hospitals
- Clear referral pathways at all levels

MAKE SERVICES ACCESSIBLE

- Expand PHC operating hours; functional emergency transfer systems
- Link all newborns and children to WBOTs

LEAD RESPONSIBILITY: Provincial DOH (service delivery) | Districts (CHW coordination) | NDoH (IMCI and ETAT policy)

Recommendation 3 of 7: Create a Safe Home and Social Environment to Reduce Non-Natural Deaths



GOAL: Reduce deaths from road traffic accidents, burns, and other non-natural causes by improving child safety awareness and safer home environments.

SHORT TERM

- Launch awareness campaigns on child safety and injury prevention
- Integrate burn prevention into CHW routine home visits
- Work with Community Safety on pedestrian and road safety
- Develop a home safety assessment tool for CHW visits

MEDIUM TERM

- Integrate child safety into a comprehensive national child health plan
- Provincial DOH to implement home safety assessment tool at scale
- Liaise with municipalities on illegal electricity connections
- Engage Departments of Transport, Community Safety, and Local Government

This recommendation has the LOWEST compliance nationally.

LEAD RESPONSIBILITY: NDoH (national plan) | Provincial DOH (implementation) | Municipalities (infrastructure)

Recommendation 4 of 7: Strengthen Civil Registration Systems to Reduce Unreported Child Deaths



GOAL: Ensure every child birth and death is registered so South Africa has an accurate picture of who is dying, where, and why.

IMPROVE BIRTH REGISTRATION

- Inform all pregnant women of birth registration requirements
- Establish simultaneous birth and death registration for babies who die before going home
- Register all babies admitted to neonatal nurseries and ICUs at admission
- Work with DHA to place offices in every health facility
- Develop systems for babies born to foreign nationals

IMPROVE DEATH REGISTRATION

- Expand DHA hospital offices to include registration of deaths
- Establish protocols for unregistered neonatal deaths
- Explore community-based death registration systems
- Electronic death capturing and auditing (Strengthening Child PIPP and PPIP)

LEAD RESPONSIBILITY: NDoH (policy and DHA liaison) | Department of Home Affairs (implementation) | Provincial DOH (facility compliance)

Recommendation 5 of 7: Empower Households and Strengthen Communities to Remove Barriers to Care



GOAL: Ensure every household knows the danger signs of childhood illness, knows where to go for care, and is able to access it without delay.

SHORT TERM

- Educate mothers and caregivers on danger signs at every health contact
- Ensure every child discharged from hospital has a written discharge plan
- Promote breastfeeding and good infant and young child nutrition
- Include traditional health practitioners in the child health team

MEDIUM TERM

- Establish multi-sectoral forums to identify and support vulnerable households
- Ensure referral pathways between levels of care are documented and communicated
- Strengthen CHW linkages between community and facility
- Ensure mothers know local pathways to survival and appropriate sources of care

LEAD RESPONSIBILITY: Districts (household and community linkages) | Facilities (discharge planning) | Provincial DOH (referral pathway design)

Recommendation 6 of 7: Strengthen Hospital Capacity to Identify and Care for Acutely Sick Children



GOAL: Ensure every hospital admitting children has trained staff, physical resources, and clinical systems to recognise deterioration early and respond effectively.

TRAIN THE PEOPLE

- In-service ETAT and paediatric resuscitation training for all clinical staff
- Engage academic departments and HPCSA for exit competency in ETAT
- Outreach support from regional and tertiary hospitals to district level

EQUIP THE WARDS

- Minimum 2 functional high care beds per children's ward
- Provincial plan for paediatric critical care services
- Equitable and stable deployment of staff to children's wards

EMBED THE SYSTEMS

- Appropriate triage on entry to every hospital
- Early warning scoring systems in all children's wards
- Daily ward rounds — non-negotiable

LEAD RESPONSIBILITY: NDoH (ETAT policy and HPCSA) | Provincial DOH (critical care planning) | Every hospital (ward-level systems)

Recommendation 7 of 7: Establish a Clear Policy and Governance Framework for PHC Services for Children



GOAL: South Africa lacks a coherent, enforceable policy framework governing how PHC services are delivered specifically for children.

ACTION 1: Establish a national working group on PHC delivery for children

- Convene experts, provinces, and civil society to define standards and set measurable targets.

ACTION 2: Conduct a national audit of PHC service delivery for children

- Understand baseline performance across all provinces before setting targets. Audit findings must be publicly reported.

ACTION 3: Incorporate child-focused norms and standards into the Ideal Clinic project

- The Ideal Clinic framework is the most practical vehicle for embedding child health standards into routine facility management.

LEAD RESPONSIBILITY: NDoH — this recommendation cannot be delegated. Provincial and district action is contingent on NDoH establishing the framework first.

National: policy and competencies



Set the framework for consistent child health care

MNCWH Directorate

Convene the child PHC working group; work with HPCSA and academic departments on exit competencies.

MNCWH + PHC Directorates

Audit children's PHC services; incorporate child-focused norms into the Ideal Clinic Project.

Child Health / PHC managers

Lead child injury campaigns and safe-home interventions.

National: registration and safety



Coordinate actions that require other departments

MNCWH Directorate + Home Affairs

Expand hospital DHA offices to register deaths; explore registration through community structures.

MNCWH Directorate

Develop multisectoral child injury prevention policy; engage Transport on law enforcement.

Proposed follow-through

Name a lead for CHW scope work: the report assigns the national level

Province: staff and critical care



Turn recommendations into functional services

MNCWH Programme Manager

Ensure in-service ETAT and paediatric resuscitation training.

Hospital Management Services

Develop a provincial paediatric critical care plan; establish two functional high-care beds per children's ward.

Proposed proof of delivery

Verify trained staff, staffed beds, equipment and referral access; escalate unfunded gaps.

Province: prevention and registration



Coordinate programme and hospital responsibilities

Health Promotion + clinicians

Educate caregivers to recognise common childhood illnesses early; promote child restraints and access to car seats.

MNCWH Programme Manager

Arrange road-safety interventions and home-safety tools; explain birth-registration requirements.

Hospital services + facility teams

Work with Home Affairs to establish DHA offices in every hospital.

District: nutrition and frontline care



Support the teams closest to children and families

PHC + Nutrition managers

Organise CHW screening of under-fives; expand feeding support. PHC managers implement IMCI, oximetry and rehydration corners.

DCST + supervisors + dietitians

Provide ETAT training, onsite SAM mentoring and monitoring, with outreach paediatricians in hospitals.

District Management Team

Address social determinants through intersectoral collaboration.

District: access, referrals and safety



Make the pathway from household to hospital work

District Director / Manager

Establish known referral links and forums for vulnerable families; engage traditional health practitioners and municipalities on unsafe electricity.

PHC / Medical / EMS managers

Link children to PHC and outreach teams; organise clear referrals and functional transfers with hospital CEOs.

Nutrition / PHC / Maternal Health / Health Promotion

Promote feeding, danger signs and health pathways; provide child-safety advice and local burn-prevention campaigns.

Facilities: safe care every day



Protect clinical competence and recognise deterioration

Nursing + Medical Managers

Allocate staff equitably; retain IMAM-trained staff in relevant services and avoid rotation that erodes competence.

Medical Manager

Ensure SAM audits, effective triage, early warning scores and daily ward rounds in children's wards.

Proposed proof of delivery

Check actual rosters, observed triage, completed charts and audit actions—not training attendance alone.

Facilities: discharge and continuity



Connect hospital care to community follow-up

Medical Manager

Give every discharged child an appropriate plan and clear advice on when to return.

Facility management teams

Ensure outreach support to district hospitals; work with hospital services and DHA on registration offices.

District Director / Manager

Ensure user-friendly PHC hours: listed as a facility-level action in the report, with district responsibility.

Implementation that can be verified



Proposed approach for district and facility review

Assign each recommendation an owner and a funded action

Set a completion date and a measure of service delivery

Review evidence of function and escalate unresolved barriers

Report progress back through routine governance structures

The priority is delivery



Every recommendation should change a child's experience of care

Earlier recognition and access to care

Reliable stabilisation and referral

Capable services with visible follow-through

Thank you





Love them,

Immunise them,

Feed them,

Protect them,



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