INTRODUCTION: SAM is the worst form of acute malnutrition and is a significant contributor to child mortality. Management of severe acute malnutrition according to WHO guidelines can reduce the case-fatality rate by 55% in hospital settings. The objective of the review was to determine a trend analysis of the District Health Information System (DHIS) on SAM CFR in children under 5 in KZN. Reference is made to advancements in SAM management over the same period.

MATERIALS and METHODS: Using DHIS data, a cross sectional analysis was conducted on the SAM Admission and Deaths of children < 5 years old for the period April 2006 to December 2015. Data was analyzed per district and per facility to establish SAM CFR in the province. Post intervention comparison was done for Zululand District who actively facilitated community based screening for malnutrition in 2015.

RESULTS: The SAM CFR in children under 5 dropped from 17.1% in 2006 to 8.3% by December 2015. The worst performing district (Zululand) reduced SAM CFR from 20.3% in 2014/2015 to 9.0% by December 2015 after conducting community based screening for malnutrition in 1 entire sub district. Facility based analysis was able to identify those hospitals contributing to the CFR in the province.

CONCLUSIONS: KZN has made strides in decreasing SAM CFR. Early detection of acute malnutrition, and in patient management of SAM according to WHO Ten Step Protocol contributes significantly to reducing SAM CFR.