

17 Mpumalanga Province

Gert Sibande District Municipality

Fiorenza Monticelli

Gert Sibande District is a National Health Insurance (NHI) pilot district and one of the three districts in Mpumalanga Province. It is situated in the southern part of the province, bordering on Swaziland in the east, Free State and KwaZulu-Natal provinces in the south, and Gauteng Province in the west. The district has an estimated medical scheme coverage of 16.1%, the highest in the Mpumalanga.

As with all Mpumalanga's districts, the percentage expenditure on district hospitals in Gert Sibande has decreased significantly since 2004/05, from 100.0% to 52.8% in 2012/13. Conversely, the proportion spent on district management has escalated from no spend in 2004/05 to 7.2%, and the proportion spent on primary health care (PHC) from no spend to 39.9% in the same period. The expenditure on district management in 2012/13 was above the national average of 3.4%, whilst the spending on PHC was lower than the national average of 56.7%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) has decreased from 86.3% in 2011/12 to 81.4% in 2012/13, and was the highest in the province and well above the national average of 76.0%.

Although Gert Sibande District's inpatient bed utilisation rate was the lowest in the province, it increased from 65.8% in 2011/12 to 69.3% in 2012/13 and was above the national average of 67.3%. The average length of stay was 4.1 days and in line with the national average of 4.2 days. The expenditure per patient day equivalent in 2012/13 was R1 561, and was the lowest spend in the province and the third lowest among the NHI districts. The ratio of ambulatory to inpatient days was 1.9, above the national average of 1.3 and the provincial average of 1.7, and the third highest among the NHI districts. This indicates that many more patients were seen in the emergency/OPD units than were admitted as inpatients. The OPD new client not referred rate at 74.2% decreased from 93.6% in 2010/11, but was still above both the national (64.1%) and provincial (67.6%) averages. This indicates that a very high percentage of patients bypass the PHC facilities and access the district hospitals directly.

In 2012/13, the delivery by Caesarean section rate in district hospitals was 19.7%, slightly below the national average of 20.8%. The delivery in facility under 18 years rate has remained stable at 10.2%, being above the national average of 7.7%, the second highest among the NHI districts, and the highest in the province. The in facility maternal mortality ratio increased from 76.4 per 100 000 live births in 2011/12 to 187.6 in 2012/13, well above the national average of 132.9 per 100 000 live births in that year, and the third highest ratio among the NHI districts. The stillbirth in facility rate increased slightly from 23.1 per 1 000 births in 2011/12 to 25.2 per 1 000 births in 2012/13, and was above the national average of 21.8. The inpatient early neonatal death rate was 10.3 per 1 000 live births in 2012/13, and was on par with the national average of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 38.3% in 2012/13 and was the lowest in the province, the seventh lowest in the country and the third lowest among the NHI districts. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) was the highest among all districts at 46.1%.^a The antenatal client initiated on ART rate of 73.6% was the lowest in the province and the third lowest among the NHI districts. In 2012/13, data from the National Health Laboratory Services (NHLS) showed the early infant HIV diagnosis coverage was 72.6%, close to the national average of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) was 2.5%, in line with the 2.8% value of the infant 1st PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under 1 year was 81.7%, and was the lowest in the province and below the national average of 94.0%. The measles 1st to 2nd dose drop-out rate was 15.3%, marginally lower than the national average of 17.0% and the provincial average of 17.8%.

The child under 5 years diarrhoea with dehydration incidence was the highest in the province at 9.5 episodes per 1 000 children, and has increased from 6.6 episodes in 2011/12. The child under 5 years diarrhoea case fatality rate was 5.3%, the lowest in the province, but above the national average of 4.3%. The child under 5 years pneumonia incidence has decreased from 36.4 cases per 1 000 children in 2008/09 to 21.0 cases per 1 000 children in 2012/13, and was well below the national average of 66.8 cases per 1 000 children, ranking the district as having the lowest such incidence of all districts in the country. The child under 5 years pneumonia case fatality rate was at 6.2%. The child under 5 years severe acute malnutrition incidence was 3.1 cases per 1 000 children and has decreased steadily from 4.9 in 2009/10, and was the third lowest among the NHI districts. The child under 5 years severe acute malnutrition case fatality rate was 12.5%, being close to the national average of 12.7% and lower than the rate of 19.9% in 2011/12. The vitamin A coverage for children aged 12 to 59 months increased from 20.9% in 2007/08 to 28.7% in 2012/13 and is the lowest in the province, the fifth lowest in the country and the second lowest among the NHI districts.

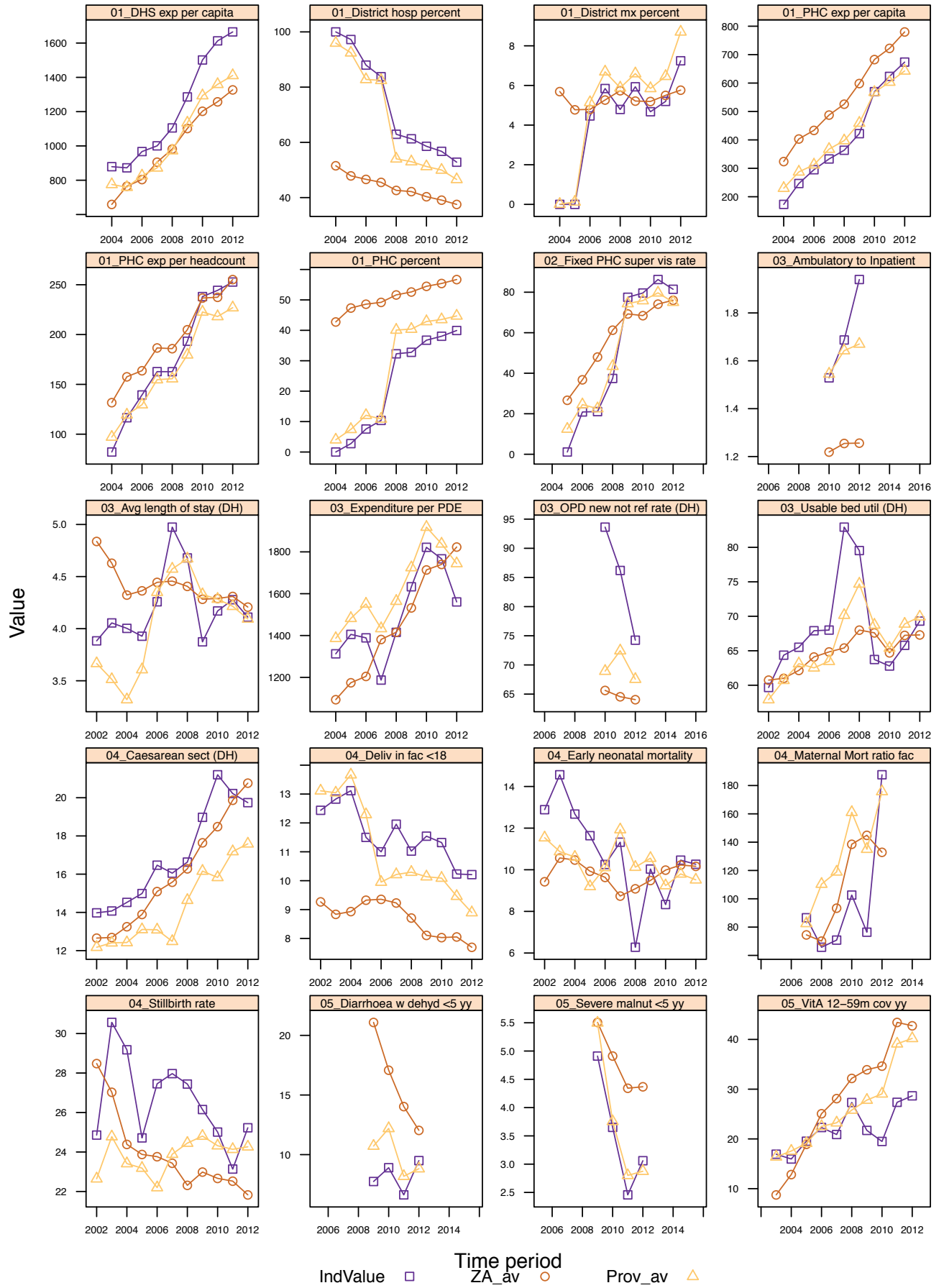
^a However, this may be due to a sampling error, as it is an outlier in the trend for this district.

The couple year protection rate at 33.1% was the lowest in the province and below the national average of 37.8%. The cervical cancer screening coverage was also the lowest in the province at 45.8%, and ranks the district as having the fourth lowest coverage among the NHI districts.

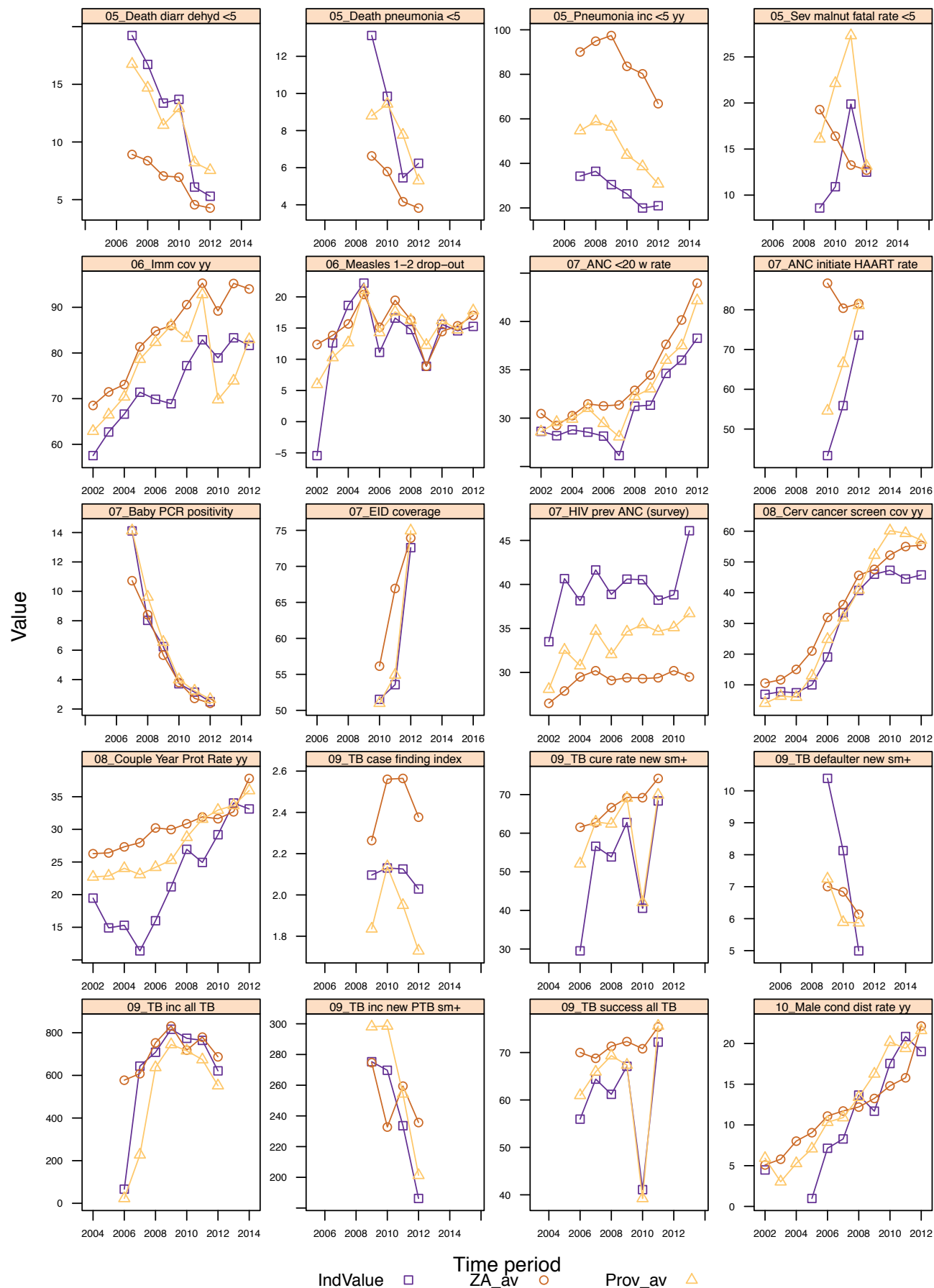
The TB incidence (all cases) was 621.3 per 100 000 people. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 207 in 2011 to 1 763. TB incidence (new pulmonary smear-positive), at 186.2 per 100 000 people in 2012, was the lowest provincially and was well below the national incidence of 235.7. The TB case finding index was 2.0%, the highest provincially but below the national average of 2.4% and the second lowest among the NHI districts. The TB (new pulmonary smear-positive) cure rate in Gert Sibande District was 68.3% in 2011, and the rate has increased by 27.7 percentage points since 2010, but in 2012/13 was still well below the national rate of 74.2% and the second lowest among the NHI districts. The TB (new pulmonary smear-positive) defaulter rate at 5.0% was the lowest provincially and lower than the national rate of 6.1%, and the TB treatment success rate (all TB) was 72.2%, also the lowest in the province.

The male condom distribution coverage was 19.0 condoms per male 15 years and older and below the national average of 22.1. The total number of adults remaining on ART at the end of the month was 54 079 by the end of 2012/13, many more than the 38 088 adults at the end of 2011/12. The total number of children under 15 years remaining on ART at the end of the month was 3 762 at the end of 2012/13, an increase of 1 424 children from the end of 2011/12.

Annual indicators for district: Gert Sibande: DC30



Annual indicators for district: Gert Sibande: DC30



Nkangala District Municipality

Fiorenza Monticelli

Nkangala, one of the three districts in Mpumalanga Province, is situated in the north-western part of the province, bordering on the provinces of Gauteng in the west and Limpopo in the north. The district has an estimated medical scheme coverage of 13.2%.

The proportion of total district expenditure on district hospitals in Nkangala has decreased significantly since 2004/05 from 100.0% to 44.2% in 2012/13. Conversely, the proportion spent on primary health care (PHC) and district management has escalated from no spend in 2004/05, to 45.1% on PHC and 10.7% on district management in 2012/13. The expenditure on district management is above the national average of 3.4% and also the highest in the province. The spending on primary health care, however, is below the national average of 56.7%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) has decreased from 73.8% in 2011/12 to 69.2% in 2012/13, and is lower than the national average of 76.0% as well as the lowest rate of the three districts in Mpumalanga.

The inpatient bed utilisation rate in district hospitals has decreased slightly from 72.2% in 2011/12 to 70.8% in 2012/13, but is above the national average of 67.3%. The average length of stay was the same as the national average, at 4.2 days. The expenditure per patient day equivalent in 2012/13 was R1 913, the highest among the Mpumalanga districts, and more than the national average expenditure of R1 823. The ratio of ambulatory to inpatient days in 2012/13 was 1.9, well above the national average of 1.3 and the provincial average of 1.7. This indicates that more patients were seen in the emergency/OPD units than were admitted as inpatients. The OPD new client not referred rate stands at 48.0%, and although this is almost double the rate in 2011/12, it is well below both the national (64.1%) and provincial (67.6%) averages. This indicated that almost half of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

In 2012/13, the delivery by Caesarean section rate in district hospitals increased to 18.7% from 15.7% in the year before, and was 2.1 percentage points below the national average of 20.8%. The rate has increased steadily from a low rate of 9.6% in 2007/08.

The delivery in facility under 18 years rate has remained fairly constant since 2009/10, and was 7.0% in 2012/13, the lowest in the province and close to the national average of 7.7%. The facility maternal mortality ratio was 174.5 per 100 000 live births, down from a high of 203.6 per 100 000 live births the year before, but above the national average of 132.9 per 100 000 live births. The stillbirth in facility rate was 28.1 per 1 000 births, the fifth highest in the country. The inpatient early neonatal death rate, at 9.5 deaths per 1 000 live births, was below the national average of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 42.9%. This is close to the national average of 44.0% but still below the national target of 50%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) was 29.6%, the lowest in the province. The antenatal client initiated on ART rate increased by 28.5 percentage points from 2011/12 to 80.5%, and was in line with the national average of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed an increase of 16.2 percentage points from 2011/12 to 69.5% in 2012/13 in the early infant HIV diagnosis coverage. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.4% was the lowest provincially. However, it was lower than the 3.4% value of the infant 1st PCR test positive around 6 weeks rate (DHIS data), which was the highest in the province.

In 2010/11 and 2011/12, Nkangala was ranked as the district with the second lowest immunisation coverage under 1 year in the country. However, in 2012/13, the immunisation coverage improved considerably to 85.2%, being the highest in the province and above the provincial average of 83.0%, although still below the national average of 94.0%. This increase in immunisation rate resulted in an improved ranking for the district to 32nd nationally. The measles 1st to 2nd dose drop-out rate increased by 4.1 percentage points from 2011/12 to 15.5% in 2012/13. Although high, this was below the national average of 17.0% and the provincial average of 17.8%.

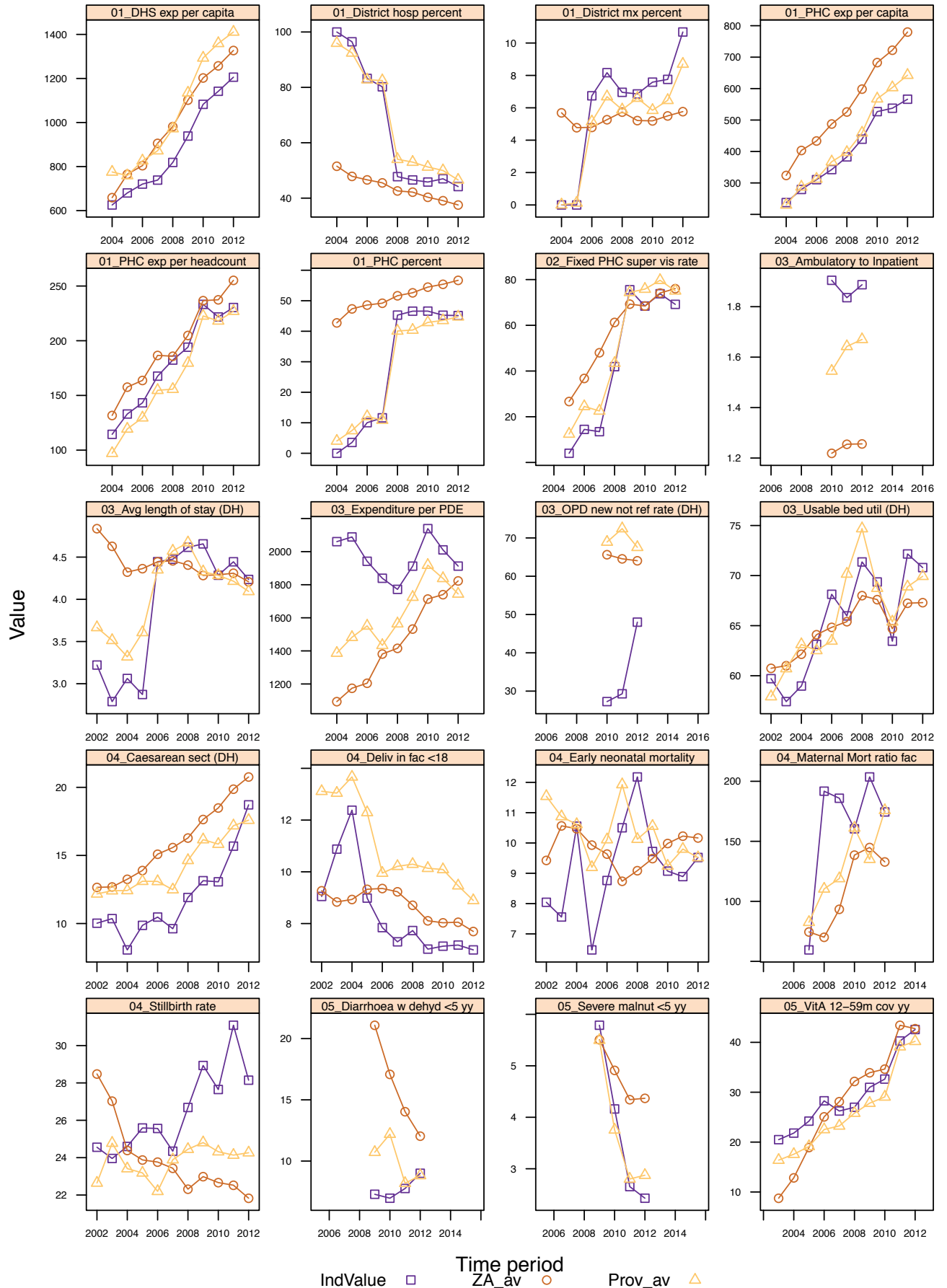
The child under 5 years diarrhoea with dehydration incidence was 9.0 episodes per 1 000 children and has increased annually from 7.0 in 2010/11. The child under 5 years diarrhoea case fatality rate was 5.7%, above the national average of 4.3%. The child under 5 years pneumonia incidence has decreased from 47.5 cases per 1 000 children in 2010/11 to 36.0, and was well below the national average of 66.8. The child under 5 years pneumonia case fatality rate was 3.0%, the lowest in the province. The child under 5 years severe acute malnutrition incidence was the lowest provincially at 2.4 cases per 1 000 children, and has decreased steadily from 5.8 in 2009/10. The child under 5 years severe acute malnutrition case fatality rate was also the lowest in the province at 10.9%, having dropped by 10.3 percentage points since the previous year. The vitamin A coverage for children aged 12 to 59 months has increased steadily since 2007/08 from 26.2% to 42.6% in 2012/13, close to the national average of 42.8%.

The couple year protection rate has increased by 11.5 percentage points over the last five years to 35.5% in 2012/13. Despite this growth, it is below the national average of 37.8%. The cervical cancer screening coverage in Nkangala has decreased sharply from a high of 69.8% in 2010/11 to 48.7%. This figure is below the national average of 55.4%.

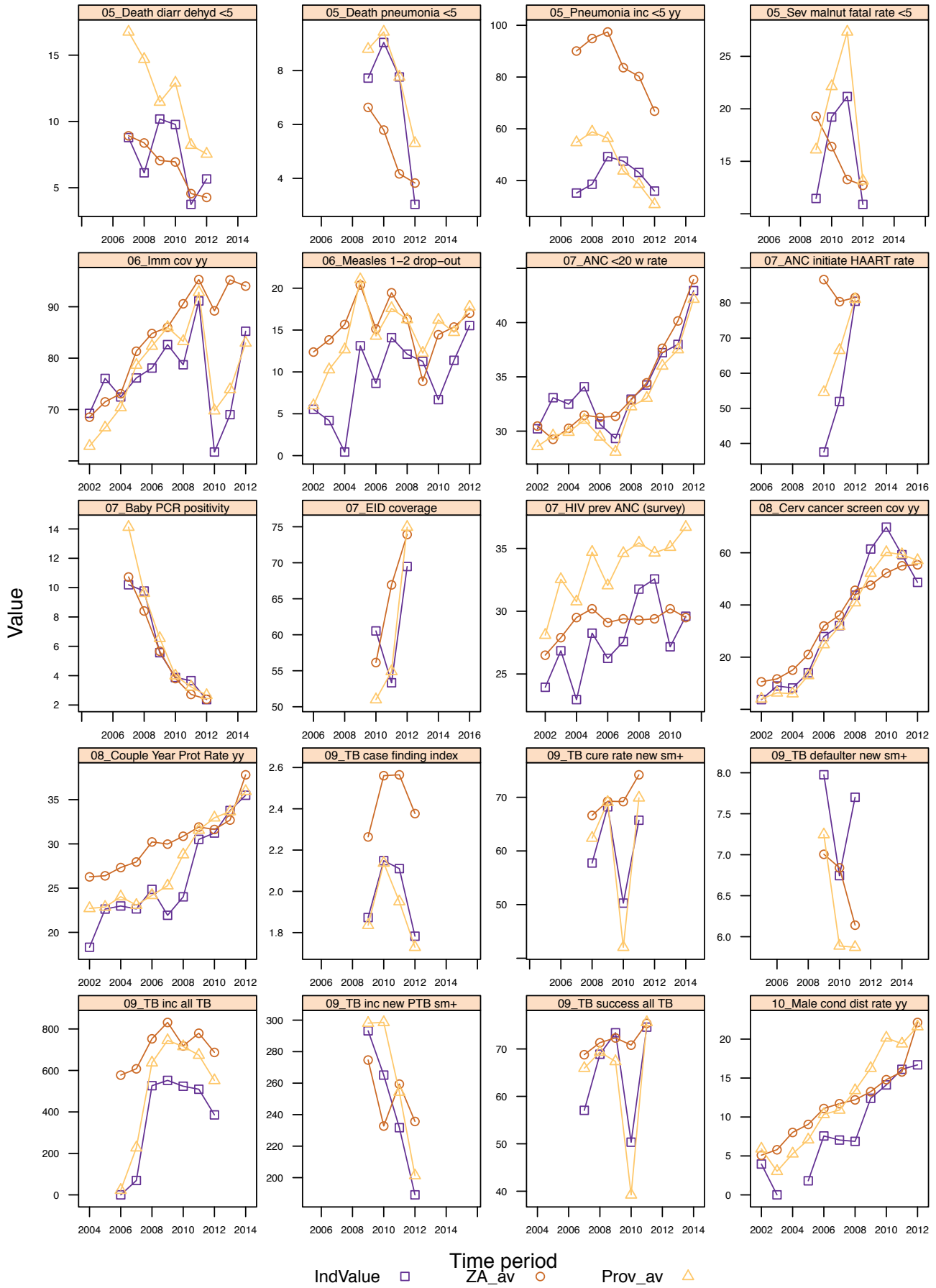
The TB incidence (all cases) at 385.6 per 100 000 people was the fifth lowest in the country in 2012, although the sharp decline should be investigated in case it represents missed case finding. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 639 in 2011 to 2 174. TB incidence (new pulmonary smear-positive) was 189.1 per 100 000 people in 2012. The incidence decreased from 231.7 per 100 000 people in 2011, and was well below the national incidence of 235.7. The TB case finding index was 1.8%, below the national average of 2.4%. The TB (new pulmonary smear-positive) cure rate was the lowest provincially at 65.7% in 2011. The rate has increased by 15.4 percentage points since 2010 (with 24.4% of outcomes lost to follow-up – not evaluated – in 2010) but was still well below the national rate of 74.2% and ranked the district fifth lowest nationally. The TB (new pulmonary smear-positive) defaulter rate was 7.7%, higher than the national rate of 6.1%, and the TB treatment success rate (all TB) was 74.6%.

The male condom distribution coverage in 2012/13 was 16.7 condoms per male 15 years and older, being the lowest in the province and below the national average of 22.1. The total number of number of adults remaining on ART at end of the month was 43 580 by the end of 2012/13, more than double the figure at the end of 2011/12 of 15 762 adults. The total number of children under 15 years remaining on ART at end of the month was 2 683 at the end of 2012/13, and is also more than double the figure of 1 282 children for the previous year.

Annual indicators for district: Nkangala: DC31



Annual indicators for district: Nkangala: DC31



Ehlanzeni District Municipality

Fiorenza Monticelli

Ehlanzeni is one of the three districts in Mpumalanga province. Situated in the north-eastern part of the province, Ehlanzeni borders on Limpopo in the north, Swaziland in the south and Mozambique in the east. The district has an estimated medical scheme coverage of 11.8%, the lowest in the province.

As with all Mpumalanga's districts, the proportion of total district expenditure on district hospitals in Ehlanzeni has decreased significantly since 2004/05, from 91.3% to 43.8% in 2012/13. Conversely, the proportion spent on primary health care (PHC) has escalated from 8.7% to 47.7% in the same period. The proportion spent on district management has escalated from no spend in 2004/05 to 8.5% in 2012/13. The expenditure on district management for this district in 2012/13 was above the national average of 3.4%, and the spending on PHC was below the national average of 56.7%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) has decreased from 80.0% in 2011/12 to 75.5% in 2012/13, close to the national average of 76.0%

The inpatient bed utilisation rate in district hospitals has remained stable over the last two years at 70.0%, and in 2012/13 the rate was above the national average of 67.3%. The average length of stay was 4.0 days, the shortest in the province and below the national average of 4.2 days. The expenditure per patient day equivalent in 2012/13 was R1 824, and on par with the national average expenditure of R1 823. The ratio of ambulatory to inpatient days in 2012/13 was 1.3, the same as the national average but below the province average of 1.7. This indicates that more patients were seen at the emergency units and OPD clinics than were admitted to hospital. The district hospital OPD new client not referred rate was 75.1% in 2012/13, and although this had decreased from 98.3% in 2010/11, it is well above both the national (64.1%) and provincial (67.6%) averages. This indicates that a high percentage of patients bypass PHC facilities and access hospitals directly.

The delivery by Caesarean section rate was 15.9%, the lowest provincially and below the national average of 20.8%. The delivery in facility under 18 years rate has dropped consistently since 2008/09 and was 9.3% in 2012/13; however, it was still above the national average of 7.7%. The maternal mortality in facility ratio increased from 124.8 per 100 000 live births to 170.9 per 100 000 live births in 2012/13. The stillbirth in facility rate increased from 20.8 per 1 000 births in 2011/12 to 21.8 per 1 000 births in 2012/13, similar to the national average and the lowest rate in the province. The inpatient early neonatal death rate, however, decreased from 10.0 per 1 000 live births to 9.2 in the same period and was below the national average of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 43.8% in 2012/13 and was close to the national average of 44.0% but still below the national target of 50%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Seroprevalence Survey) in 2011 was high at 35.8%. The antenatal client initiated on ART rate was 85.6% and was the highest in the province. Data from the National Health Laboratory Services (NHLS) showed an early infant HIV diagnosis coverage of 78.4%, a huge increase from 56.2% in 2011/12 and the highest in the province. This was also above the national average of 73.9% in 2012/13. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.8% was the highest provincially, but in line with the 2.9% value of the infant 1st PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under 1 year increased steadily in this district from 69.7% in 2010/11 to 82.2% in 2012/13, close to provincial average of 83.0%, but remaining below the national average of 94.0%. The measles 1st to 2nd dose drop-out rate increased by 3.3 percentage points from 2011/12 to 20.3% in 2012/13, which is above both the national (17.0%) and provincial (17.8%) averages.

The child under 5 years diarrhoea with dehydration incidence was the lowest in the province at 8.3 episodes per 1 000 children in 2012/13, and has decreased annually from 15.2 per 1 000 children in 2009/10. However, the child under 5 years diarrhoea case fatality rate in 2012/13 was 11.2%, the highest in the province and well above the national average of 4.3%, ranking Ehlanzeni as having the fifth highest rate in the country. The child under 5 years pneumonia incidence has decreased from 78.6 cases per 1 000 children in 2009/10 to 33.0 in 2012/13 and was well below the national average of 66.8 per 1 000 children, ranking the district as having the seventh lowest incidence in the country. The child under 5 years pneumonia case fatality rate was 6.6% and the highest in the province in 2012/13, and although the rate has decreased annually from 9.5% in 2010/11, it was the ninth highest rate in the country in 2012/13. The child under 5 years severe acute malnutrition incidence was 3.1 cases per 1 000 children and has decreased steadily from 5.7 per 1 000 children since 2009/10, while the child under 5 years severe acute malnutrition case fatality rate was 14.5%, having dropped by 20.5 percentage points since the previous year. The vitamin A coverage in children aged 12 to 59 months has increased steadily since 2007/08 from 22.6% to 45.5% in 2012/13, in line with the national average of 42.8%, and the highest in the province.

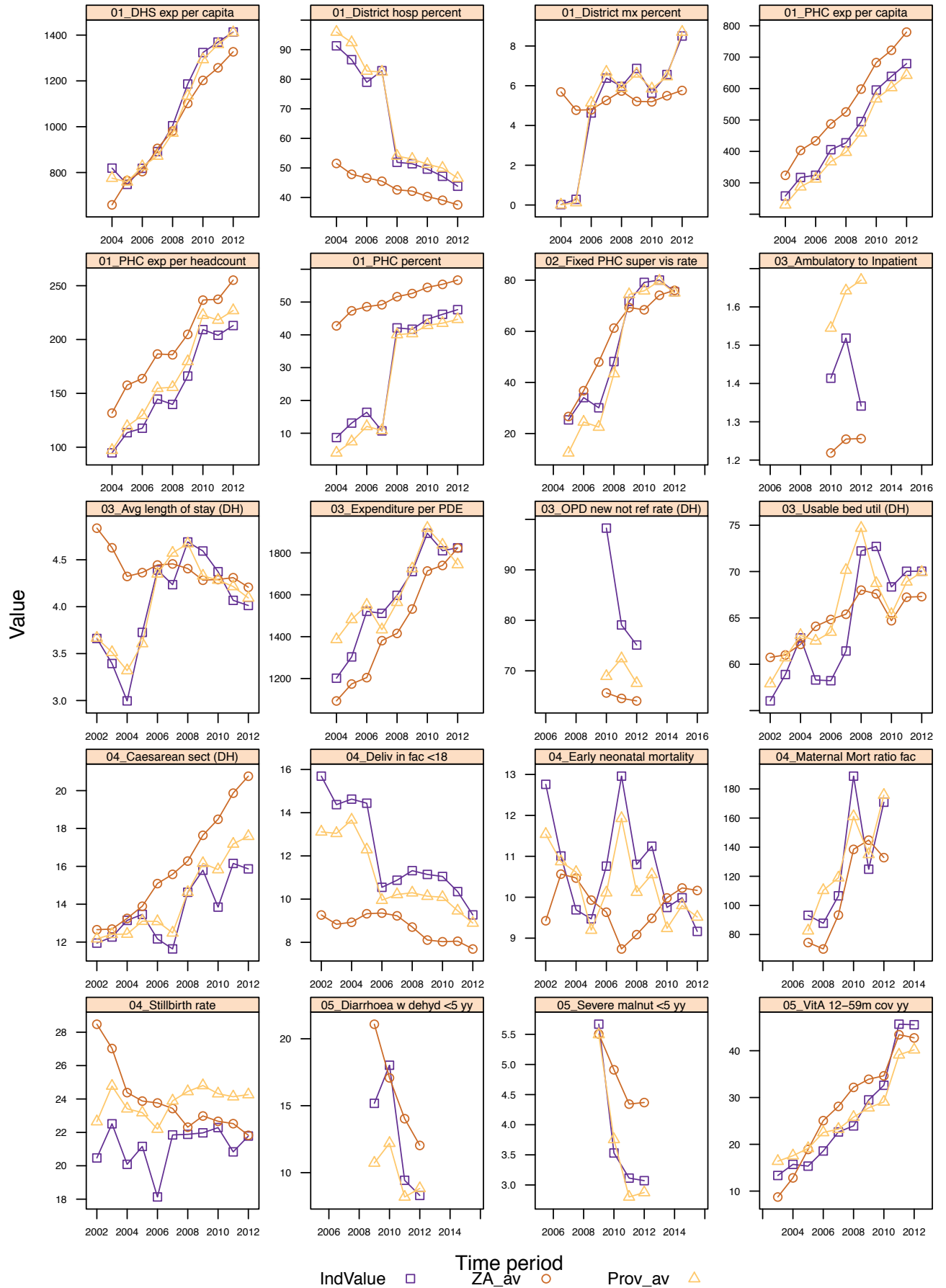
The couple year protection rate was 37.8% and on par with the national average of 37.8%. The cervical cancer screening coverage was the highest in the province in 2012/13 at 70.2%. This coverage was well above the national average of 55.4%, ranking Ehlanzeni among the 12 districts with the highest coverage rates in the country.

The TB incidence (all cases) was 630.4 per 100 000 people, well below the national average of 687.3 and the provincial average of 551.8 per 100 000 people. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased

from 4 467 in 2011 to 3 491, and the TB incidence (new pulmonary smear-positive) was 219.1 per 100 000 people in 2012. This incidence decreased from 283.0 per 100 000 people and was below the national incidence of 235.7. The TB case finding index was 1.6%, the lowest provincially and below the national average of 2.4%. The TB (new pulmonary smear-positive) cure rate was the highest provincially at 73.0% in 2011, a considerable increase from the cure rate of 38.4% in 2010, which was due to data quality problems with 41.5% of treatment outcomes recorded as lost to follow-up (not evaluated). The TB (new pulmonary smear-positive) defaulter rate was 5.3%, lower than the national rate of 6.1%, and the TB treatment success rate (all TB) was 77.8%.

The male condom distribution coverage was 26.9 condoms per male 15 years and older, being the twelfth highest coverage in the country and above the national average of 22.1 condoms. The total number of adults remaining on ART at end of the month was 101 879 adults by the end of 2012/13, representing a 38.4% increase over the figure at the end of 2011/12 of 73 608 adults, and by far the highest in the province. The total number of children under 15 years remaining on ART at end of the month was 6 056 in 2012/13, more than double the figure in the other two districts and had increased by 924 children over the previous year.

Annual indicators for district: Ehlanzeni: DC32



Annual indicators for district: Ehlanzeni: DC32

