

18 Northern Cape Province

John Taolo Gaetsewe District Municipality

Morton Sello Mashishi

John Taolo Gaetsewe (formerly Kgalagadi) District is one of the five districts in the Northern Cape Province. The proportion of the population estimated to have medical scheme coverage was 12.2%, the lowest in the province.

The proportion of total district expenditure on district hospitals was 38.1%, higher than the provincial average of 28.0%. The proportion spent on primary health care (PHC) was 52.6%, and the proportion of the health services district budget spent on district management was 9.3%, the same as the provincial average.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was 56.1% and although the highest provincially, was well below the national average of 76.0%.

The inpatient bed utilisation rate was 59.5%, below the national average of 67.3%. The average length of stay was 3.6 days. The expenditure per patient day equivalent was R1 923, higher than the provincial average of R1 855 and the national average of R1 823. The ratio of ambulatory to inpatient days was 0.5, being the lowest in the district and below the national ratio of 1.3. This indicates that more patients were admitted as inpatients than were seen at the emergency units and OPD clinics. The OPD new client not referred rate was the lowest in the province at 49.6%. This indicated that almost half of all patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

Delivery by Caesarean section rate was the second lowest in the province at 12.7%. The delivery in facilities under 18 years rate increased from 9.4% in 2011/12 to 11.5%. The maternal mortality in facility ratio was the highest provincially at 260.5 per 100 000 live births, and much higher than the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate was the highest in the province at 28.4 per 1 000 births. The inpatient early neonatal death rate increased from 5.0 per 1 000 live births in 2011/12 to 8.2 per 1 000 live births in 2012/13, but variations over the past 10 years make trends difficult to discern, and data quality may be a problem given how low the rate is in comparison to the stillbirth rate.

The antenatal 1st visit before 20 weeks rate at 44.1% was the lowest in the province, on par with the national average of 44.0%. The 2011 National Antenatal Sero-prevalence Survey showed HIV prevalence among antenatal clients tested was 17.7%. The antenatal client initiated on ART rate was 84.3%, an increase from 50.6% in 2011/12. Data from the National Health Laboratory Services (NHLS) showed an early infant HIV diagnosis coverage of 72.7%. It increased from 57.2% in 2011/12 and was in line with the national rate of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) was 3.2%. The NHLS value was higher than the 2.3% value of the infant 1st PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under 1 year was 117.1%. A coverage value exceeding 100% may be due to poor data quality or an underestimation of the under-1 population. The measles 1st to 2nd dose drop-out rate was 16.1%.

The child under 5 years diarrhoea with dehydration incidence increased from 8.2 episodes per 1 000 children in 2011/12 to 12.6 per 1 000 children in 2012/13, but was in line with the national incidence of 12.0 per 1 000 children. The child under 5 years diarrhoea case fatality rate decreased from 13.2% to 2.1% in the same period. The child under 5 years pneumonia incidence increased from 98.6 cases per 1 000 children in 2011/12 to 106.9; this was the second highest in the province and well above the national average of 66.8 per 1 000 children. The child under 5 years pneumonia case fatality rate of 9.5% was also the second highest provincially and almost three times higher than the national rate of 3.8%. The child under 5 years severe acute malnutrition incidence increased slightly from 4.1 cases per 1 000 children in 2011/12 to 5.4 cases per 1 000 children in 2012/13. The child under 5 years severe acute malnutrition case fatality rate decreased annually from 19.5% in 2009/10 to 7.0% in 2011/12. The vitamin A coverage in children aged 12 to 59 months increased from 28.4% in 2011/12 to 35.3%, and was in line with the provincial average of 36.4%.

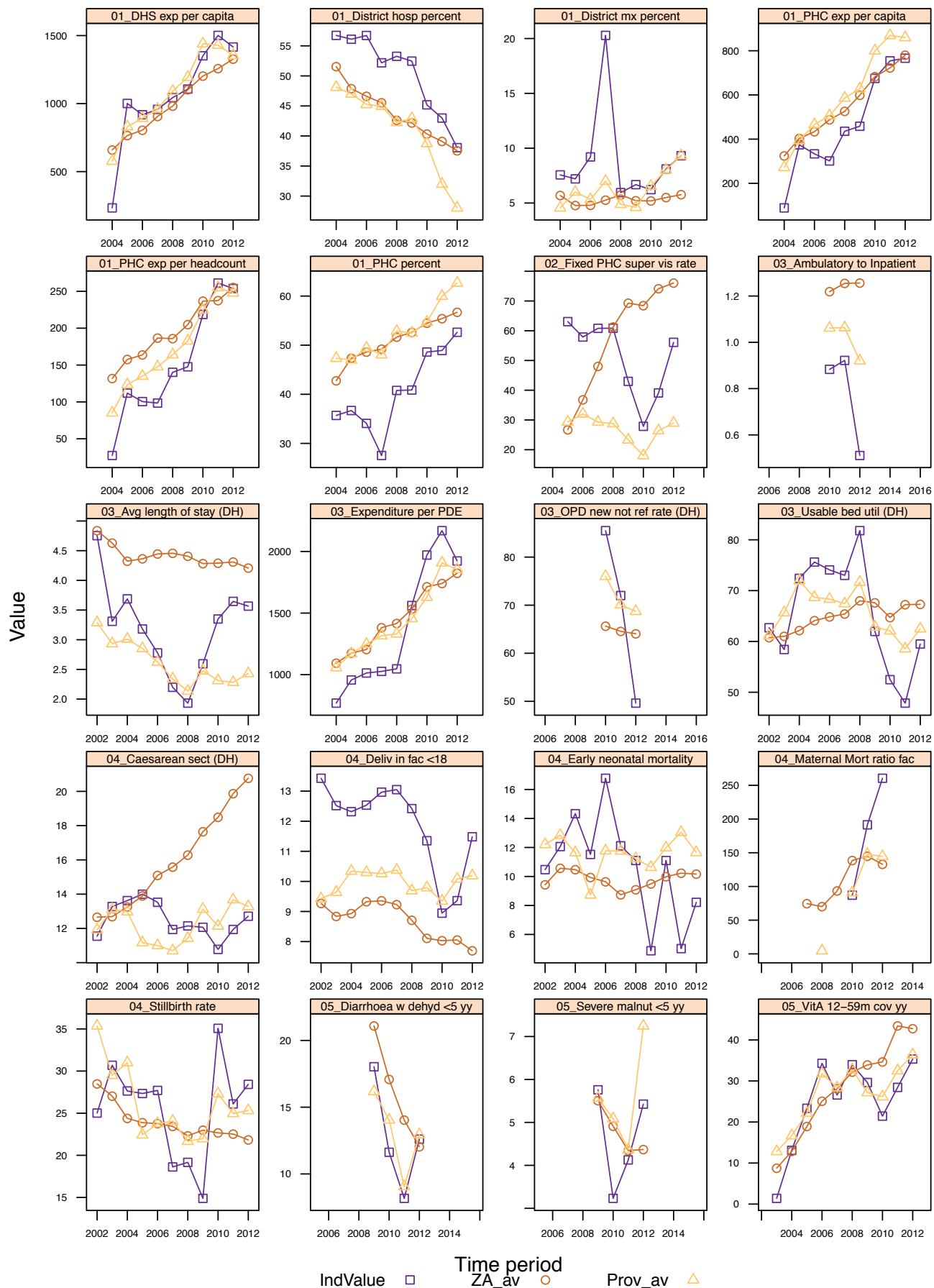
The couple year protection rate was 32.9%. The cervical cancer screening coverage was 23.5%, a decrease from 43.5% in 2010/11 and now less than half of the national average of 55.4%.

The TB incidence (all cases) was 696.5 per 100 000 people and in line with the national average of 687.3 per 100 000 people. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 796 in 2011 to 810, and the TB incidence (new pulmonary smear-positive) was 370.2 per 100 000 people, the highest provincially and above the national incidence of 235.7. The TB case finding index was 2.0%. The TB (new pulmonary smear-positive) cure rate was the lowest in the province at 55.1% in 2011 and well below the national rate of 74.5%, while the TB (new pulmonary smear-positive) defaulter rate was 9.2%. The TB treatment success rate (all TB) was 72% and slightly below the national rate of 75.4%.

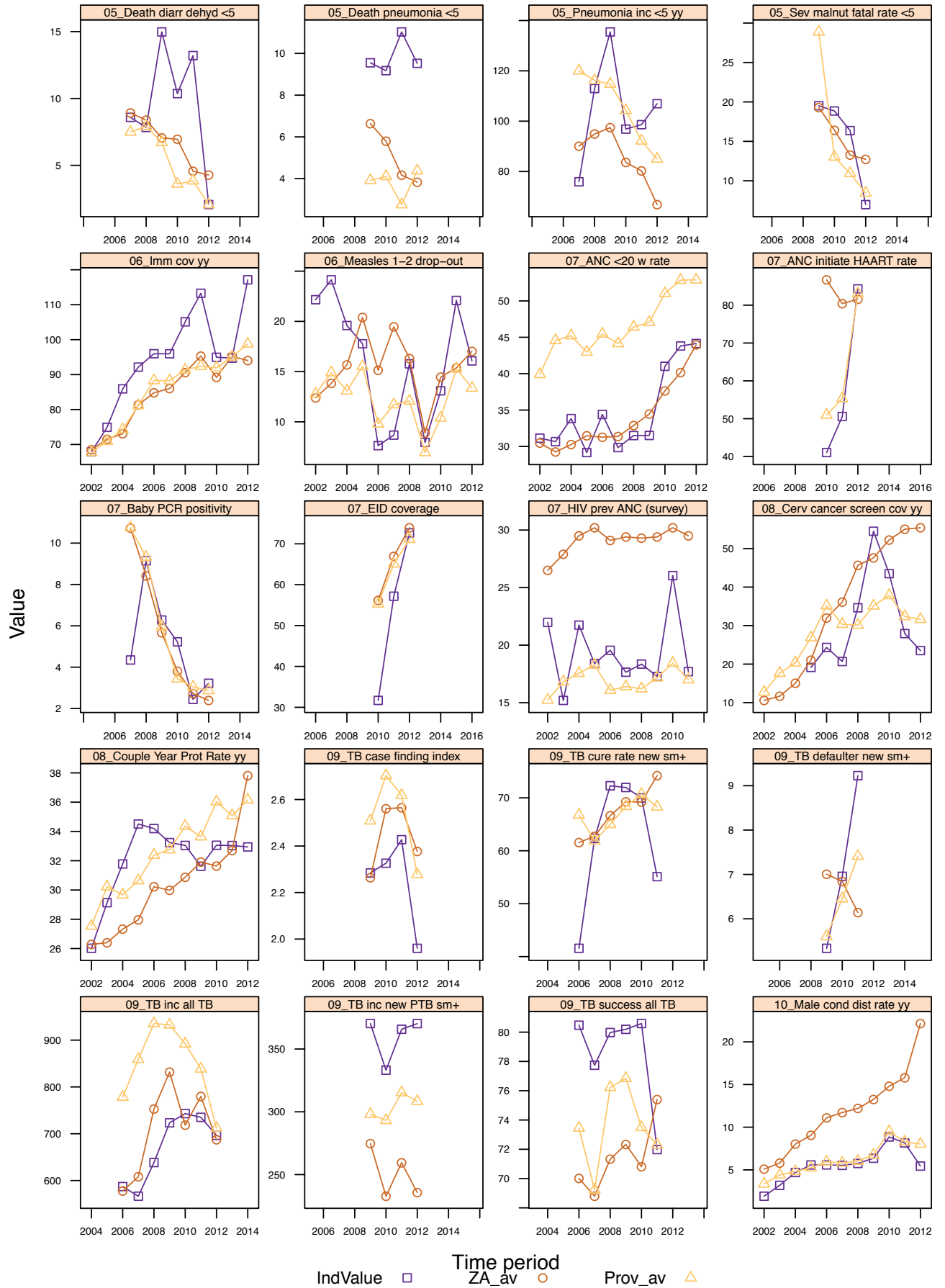
Male condom distribution coverage, at 5.6 condoms per male 15 years and older, was the lowest provincially and almost four times lower than the national average of 22.1 condoms. The total number of adults remaining on ART at the end of the month increased from 347 at the end of 2011/12 to 2 961 by the end of 2012/13. The total number of children under 15

years remaining on ART at end of the month increased from 1 to 52 in the same period, and JT Gaetsewe was the district with the lowest number of children on ART nationally.

Annual indicators for district: John Taolo Gaetsewe: DC45



Annual indicators for district: John Taolo Gaetsewe: DC45



Namakwa District Municipality

Naomi Massyn

The Namakwa District is the Northern Cape Province's largest district. An estimated 21.5% of the district's population belong to a medical scheme, representing the highest coverage in the province.

The proportion of district health services expenditure on district management was 11.8%, the highest since 2004/05 and the third highest in the country. The proportion of total district expenditure on primary health care (PHC) was 59.2%, slightly higher than the 57.9% of 2011/12. At 29%, the percentage expenditure on district hospital services is the lowest since 2004/05, on par with the national average of 30.4%, but lower than the provincial average of 54.5%. This might be due to the reclassification of district hospitals as community health centres.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) remained exceptionally low at 0.5%, a decrease of more than seven percentage points from 2011/12. This is well below the national rate of 76.0% and is the lowest in the country, requiring urgent attention from district managers.

The inpatient bed utilisation rate was 87.9%, well above the provincial rate of 62.5%. The average length of stay was 2.4 days, the third shortest in the country. The expenditure per patient day equivalent was R1 891, slightly lower than the R2 125 recorded in 2011/12. The OPD new client not referred rate has been 56.9% for the past two years and below the national (64.1%) and provincial (68.7%) averages. This indicates that more than half of all patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly. The ratio of ambulatory to inpatient days was 1.3, higher than the provincial ratio of 0.9 and on par with the national ratio of 1.3. This indicates that more patients were seen at the emergency units and OPD clinics than were admitted to hospital.

The delivery by Caesarean section rate has increased annually from 17.6% in 2007/08 to 25.4% in 2012/13, now being the highest in the province and above the national rate of 20.8%. The delivery in facility under 18 years rate was 9.8%. The facility maternal mortality ratio reflected zero per 100 000 live births, a drop from 65.5 per 100 000 live births in 2011/12, this however could be a reflection of incomplete data recording. The stillbirth in facility rate decreased annually from 24.1 per 1 000 births in 2010/11 to 17.6 per 1 000 births, and the inpatient early neonatal death rate also dropped from 15.2 per 1 000 live births to 7.7 in the same period.

The antenatal 1st visit before 20 weeks rate has increased annually from 60.9% in 2009/10 to 70.4% in 2012/13 and is now the highest in the province, being well above the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey shows an HIV prevalence among antenatal clients tested of 6.2%. The antenatal client initiated on ART rate increased from 45.5% in 2011/12 to 73.2%, but this was still well below the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage decreased from 73.8% in 2011/12 to 56.0% in 2012/13. This was well below the national coverage of 73.9%. However, with such low numbers in this district, this finding may be an artefact of the denominator of the number of babies exposed to HIV. Although not always reliable, the equivalent DHIS indicator based on live births to HIV-positive women in the district reflected good coverage of baby PCR 6 week uptake, being at 98.6% in 2011/12 and 83.6% in 2012/13. The infant 1st PCR test positive around 6 weeks rate (DHIS data) was 7.8%, a decrease from 8.2% in 2011/12. This was, however, the highest in the province, well above the national average of 2.5%, and also much higher than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 4.7%.

The immunisation coverage under 1 year was 82.8%, well below the provincial (98.8%) and national (94%) coverage. At 17.6%, the measles 1st to 2nd dose drop-out rate was the highest in the province and above the national rate of 17.0%.

The child under 5 years diarrhoea with dehydration incidence was 5.5 episodes per 1 000 children, the lowest in the province and well below the national incidence of 12.0 per 1 000 children. However, the child under 5 years diarrhoea case fatality rate of 5.5% was the highest in the province and above the national rate of 4.3%. The child under 5 years pneumonia incidence dropped from 41.4 cases per 1 000 children in 2011/12 to 24.6, and remains well below national and provincial averages; however, the child under 5 years pneumonia case fatality rate increased from 0.9% in 2011/12 to 15.6% in 2012/13, the highest in the province and nationally. At 0.9 cases per 1 000 children, the child under 5 years severe acute malnutrition incidence was the lowest in the province and decreased annually from 4.2 per 1 000 children in 2009/10. The child under 5 years severe acute malnutrition case fatality rate of 22.7% was also the highest in the province and the third highest in the country. There have been vast annual fluctuations in this rate since 2009/10 because the number of cases was very low. The vitamin A coverage 12 to 59 months was 26.9%, substantially lower than the national average of 42.8% and second lowest in the country.

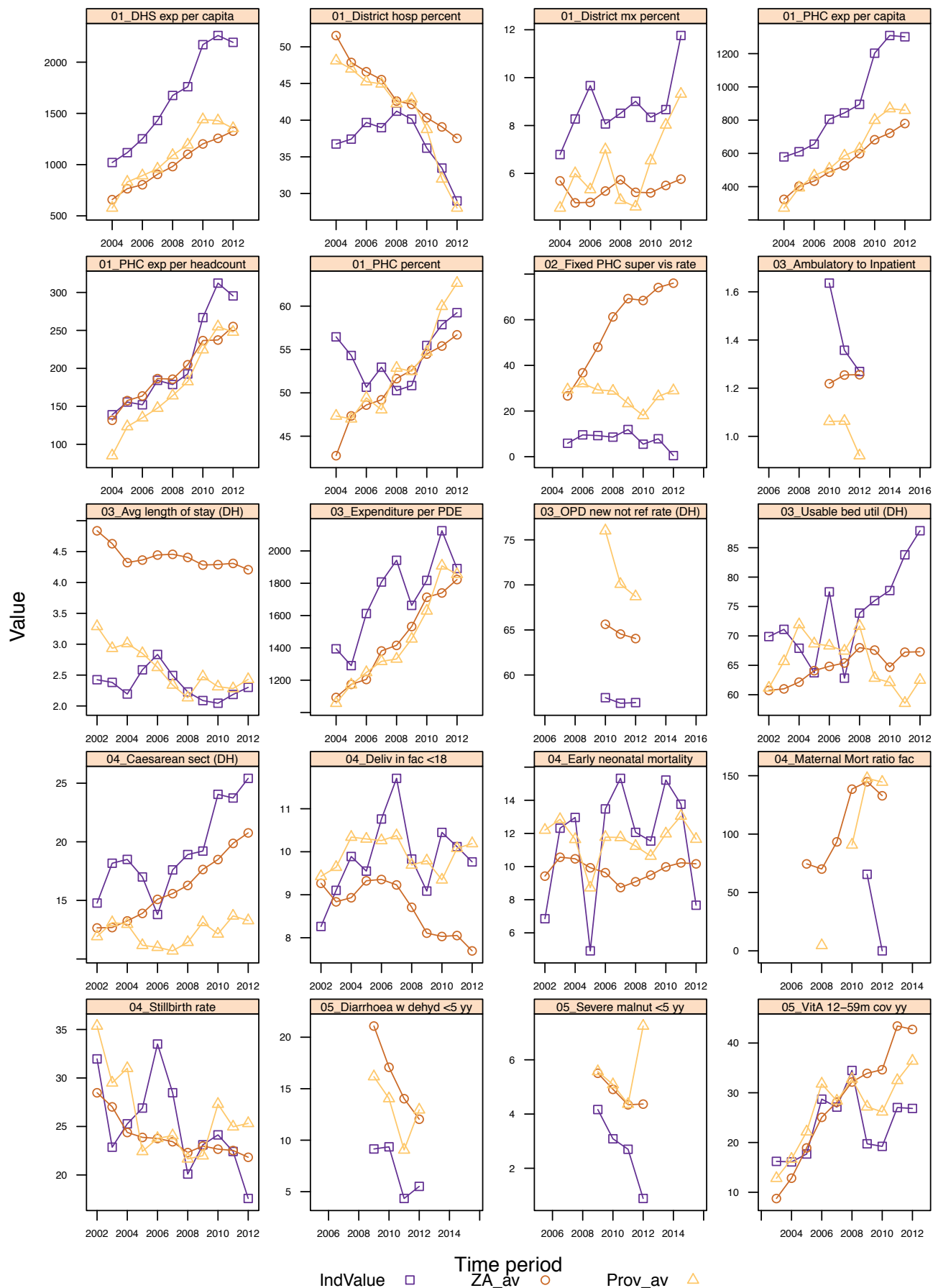
The cervical cancer screening coverage marginally decreased from 26.0% in 2011/12 to the current 24.8%, and was lower than both the provincial (31.6%) and national (55.4%) averages. However, the couple year protection rate increased from 47.6% to 50.9% in the same period, well above the provincial (36.2%) and national (37.8%) rates.

The TB incidence (all cases) of 499.2 per 100 000 people was the lowest in the province and below the national incidence of 687.3 per 100 000 people. The TB case finding index was 1.8%. The number of cases diagnosed with TB (new pulmonary

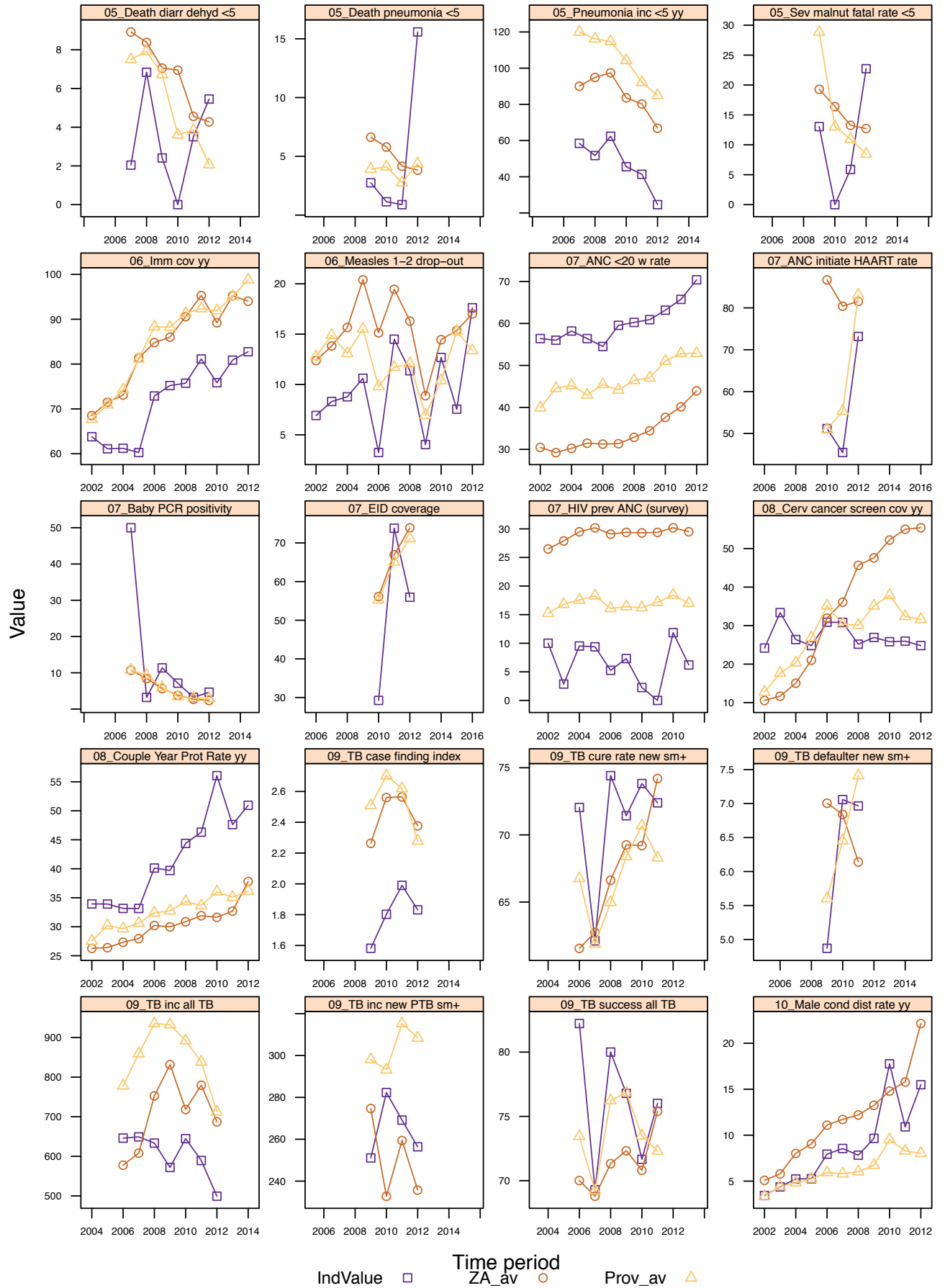
smear-positive) decreased from 337 in 2011 to 322, reflecting a drop in TB (new pulmonary smear-positive) incidence from 269.1 per 100 000 people to 256.4, but this was above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate decreased from 73.8% in 2010 to 72.4% in 2011, but was still above the provincial rate of 68.3%. The new TB (new pulmonary smear-positive) defaulter was 7.0%, and the TB treatment success rate (all TB) was 76%, the highest in the province and on par with the national rate of 75.4%.

At 15.5 condoms per male 15 years and older, the male condom distribution coverage increased from 10.9 condoms in 2011/12 and was the best in the province. However, it was still well below the national average of 22.1 condoms per male 15 years and older. The total number of adults remaining on ART at end of the month increased from 714 at the end of 2011/12 to 1 073 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 59 to 113 in the same period.

Annual indicators for district: Namakwa: DC6



Annual indicators for district: Namakwa: DC6



Pixley ka Seme District Municipality

Myekeni Moses Thibane

Pixley ka Seme District lies in the south-east of the Northern Cape Province. The proportion of the district's population with medical scheme coverage was estimated at 15.8%, the third highest coverage in the province.

The proportion of total district expenditure on district hospitals was 33.5%, the proportion spent on primary health care (PHC) was 57.1%, and the proportion spent on district management was 9.4%, similar to the provincial average of 9.3%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was 21.1%, a decrease of five percentage points from the 2011/12 value of 26.1%, and was the third lowest in the province.

The inpatient bed utilisation rate was 54.0%, a slight increase from 52.9% in 2011/12, and well below both the provincial average of 62.5% and national average of 67.3%. The average length of stay was 2.3 days. The expenditure per patient day equivalent of R2 016 was above the national average of R1 823. The ratio of ambulatory to inpatient days is the highest in the province at 1.6, even higher than the national average of 1.3. This indicates that more patients were seen at the emergency units and OPD clinics than were admitted to hospital. The OPD new client not referred rate was the second highest in the province at 82.3% and this is also above the national rate of 64.1%, which suggests that a high percentage of patients bypass the PHC facilities and access the district hospitals directly.

Delivery by Caesarean section rate was the second highest in the province at 18.1%, a slight decrease from the previous year's rate of 19.8%. The delivery in facility under 18 years rate remained stable at 10.1%. The maternal mortality in facility ratio was 31.9 per 100 000 live births and much lower than the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate decreased from 21.4 per 1 000 births in 2011/12 to 13.2 per 1 000 births in 2012/13, and the inpatient early neonatal death rate decreased from 19.4 per 1 000 live births in 2011/12 to 10.9 per 1 000 live births in 2012/13, although with relatively low numbers. This rate has fluctuated in a similar way over the past 10 years, making it difficult to discern any real trend.

The antenatal 1st visit before 20 weeks rate at 58.2% was above the national average of 44.0%. The 2011 National Antenatal Sero-prevalence Survey showed HIV prevalence among antenatal clients tested of 15.1%, this being the second lowest provincially. The antenatal client initiated on ART rate was 72.2%, an increase from 69.0% in 2011/12. Data from the National Health Laboratory Services (NHLS) showed an early infant HIV diagnosis coverage of 60.9%. This was below the national rate of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) was 3.2% and decreased from 4.9% in 2011/12. The NHLS value was higher than the 2.4% value of the infant 1st PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under 1 year was 78.9%, lower than both provincial (98.8%) and national (94.0%) averages. The measles 1st to 2nd dose drop-out rate decreased from 18.3% in 2010/11 to 13.6% in 2011/12.

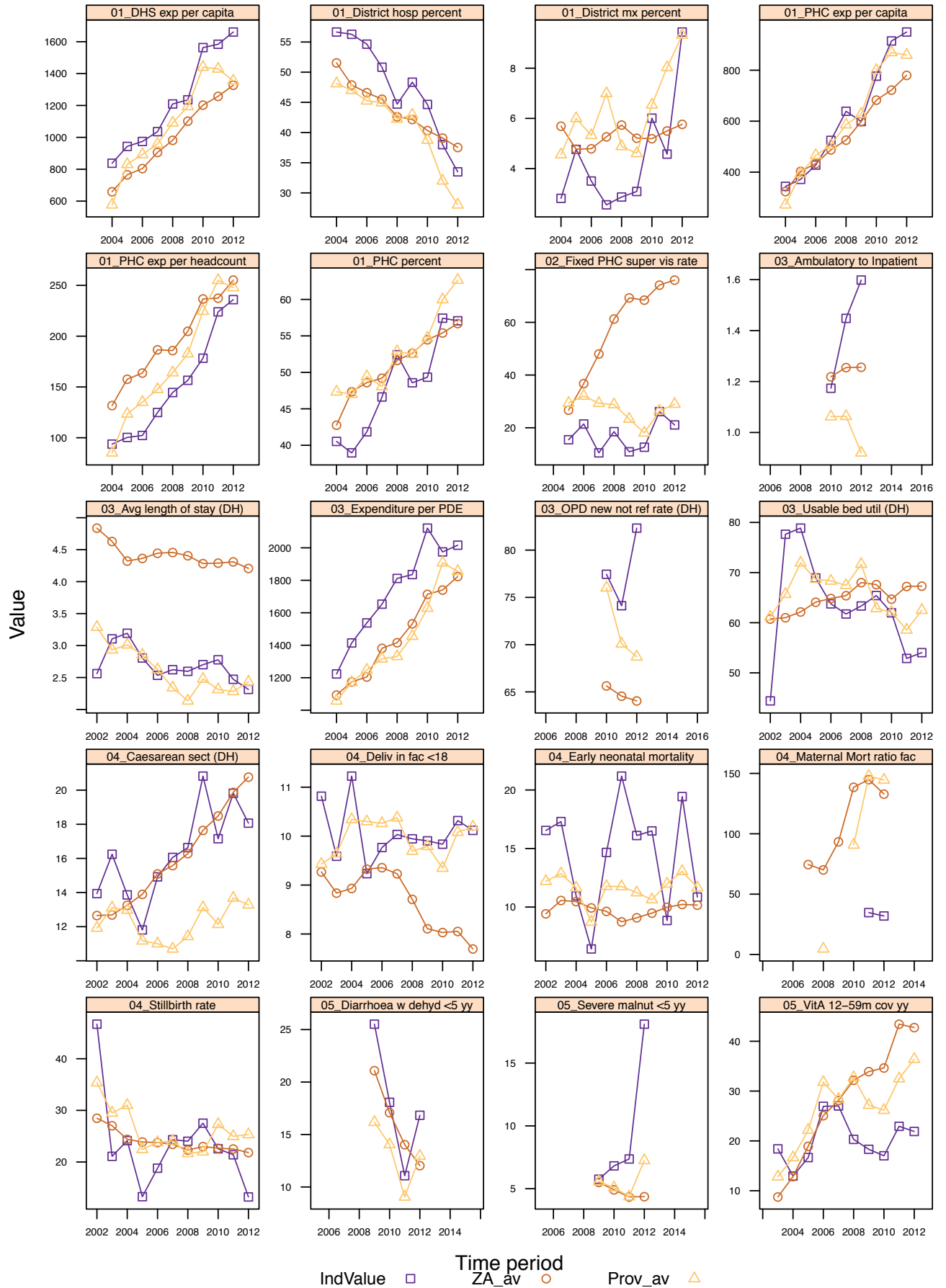
The child under 5 years diarrhoea with dehydration incidence at 16.8 episodes per 1 000 children was the highest provincially and higher than the national average of 12.0 per 1 000 children, whereas the child under 5 years diarrhoea case fatality rate at 0.6% was the lowest in the province and the eighth lowest in the country. The child under 5 years pneumonia incidence was 52.4 cases per 1 000 children, and was below the provincial and national averages of 85.0 and 66.8 per 1 000 children respectively. The child under 5 years pneumonia case fatality rate at 0.5% was the lowest in the province and the country. The child under 5 years severe acute malnutrition incidence was 18.1 cases per 1 000 children and the highest provincially, whereas the child under 5 years severe acute malnutrition case fatality rate was 6.6% and the lowest since 2009/10. The vitamin A coverage in children aged 12 to 59 months was the lowest in the province at 21.9% and well below the provincial average of 36.4%.

The couple year protection rate was 35.1% and the cervical cancer screening coverage was 31.6%, both falling short of the national targets.

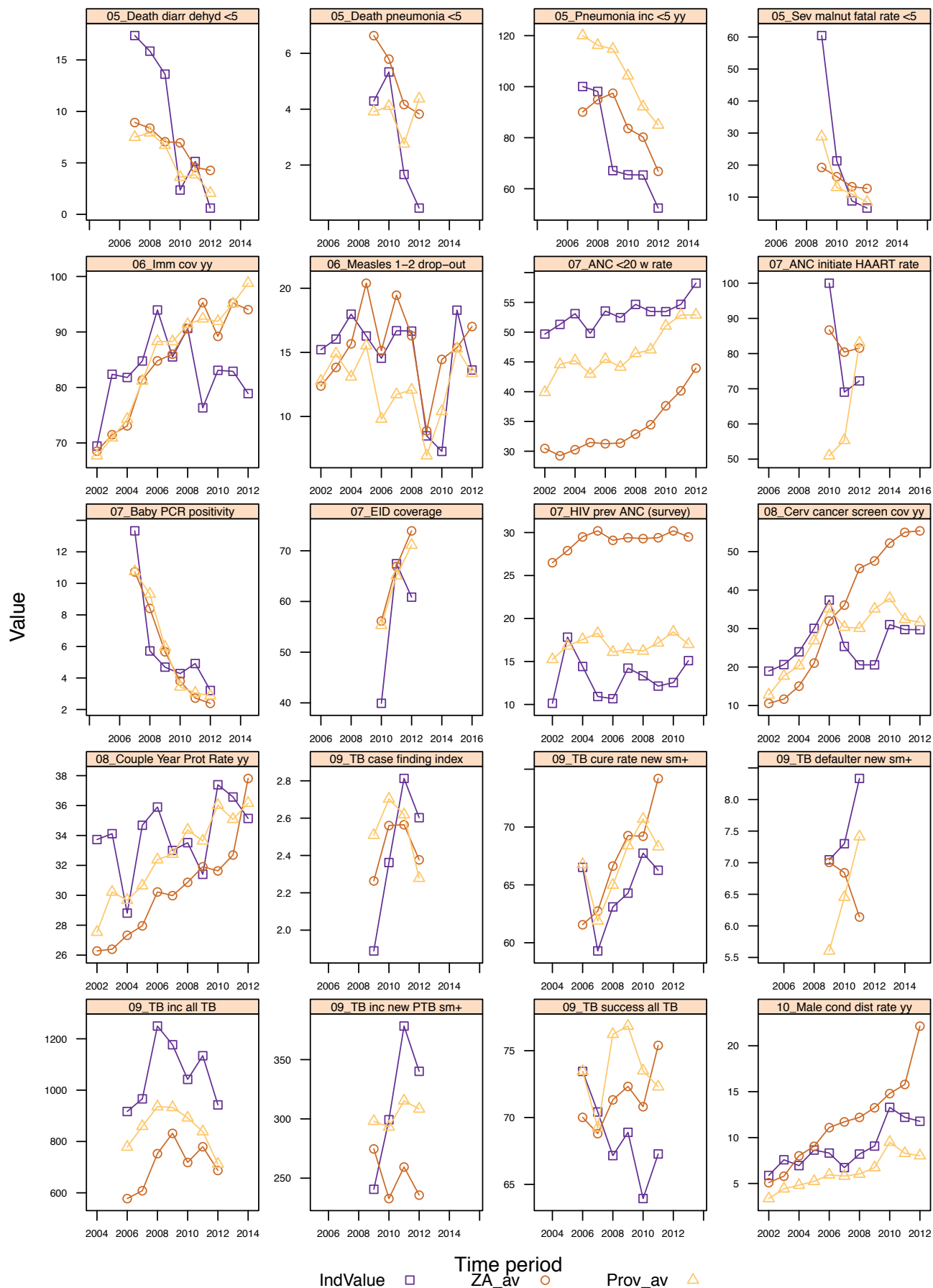
The TB incidence (all cases) was 942.5 per 100 000 people, well above the national average of 687.3 per 100 000 people. This was the highest incidence in the province and the ninth highest in the country. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 727 in 2011 to 655. TB incidence (new pulmonary smear-positive) was 340.1 per 100 000 people, the second highest provincially and above the national incidence of 235.7. The TB case finding index was 2.6%. The TB (new pulmonary smear-positive) cure rate was 66.3% in 2011 and well below the national rate of 74.5%. The TB (new pulmonary smear-positive) defaulter rate was 8.3%, and the TB treatment success rate (all TB) was 67.3% and below the national rate of 75.4%.

Male condom distribution coverage was 11.8 condoms per male 15 years and older, which was almost half of the national average of 22.1 condoms. The total number of adults remaining on ART at the end of the month increased from 1 887 at the end of 2011/12 to 3 787 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month increased from 194 to 343 in the same period.

Annual indicators for district: Pixley ka Seme: DC7



Annual indicators for district: Pixley ka Seme: DC7



Siyanda District Municipality

Morton Sello

Siyanda District in the Northern Cape Province has an estimated medical scheme coverage of 16.5%.

The proportion of total district expenditure on district hospitals was 28.5%, which was close to half of the provincial average of 54.5%. The proportion spent on primary health care (PHC) was 57.9%. The proportion of the health services district budget spent on district management, at 13.6%, was the highest in the province.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) at 6.9%, was the second lowest in the province and well below the national rate of 76%.

The inpatient bed utilisation rate was 84.0% and well above the provincial average of 62.5% as well as the national average of 67.3%. The average length of stay was 2.9 days and this has remained virtually unchanged for 10 years. The expenditure per patient day equivalent of R1 020 was the lowest provincially and well below the national average of R1 823.^a The ratio of ambulatory to inpatient days was 0.7 and this indicates that more patients were admitted as inpatients than were seen at the emergency units and OPD clinics. The OPD new client not referred rate was the second lowest in the province at 51.9%. This indicated that more than half of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

No Caesarean sections were performed at any of the district hospitals in Siyanda District.^b The delivery in facility under 18 years rate at 11.8% was the highest in the province. The maternal mortality in facility ratio was 24.3 per 100 000 live births and much lower than the national ratio of 132.9. The stillbirth in facility rate increased by over 50.0% from 16.9 per 1 000 births in 2009/10 to 27.9 in 2012/13. The inpatient early neonatal death rate decreased from 13.2 per 1 000 live births in 2011/12 to 8.0 per 1 000 live births in 2012/13, and there has been a downward trend in this rate over 10 years, despite some year-on-year fluctuations.

The antenatal 1st visit before 20 weeks rate at 53.5% was above the national average of 44.0%. The 2011 National Antenatal Sero-prevalence Survey showed an HIV prevalence among antenatal clients tested of 19.1%. The antenatal client initiated on ART rate of 87.3% was the highest in the province and increased from 54.3% in 2011/12. Data from the National Health Laboratory Services (NHLS) showed an early infant HIV diagnosis coverage of 42.4%. This was the lowest provincially and well below the national rate of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) was 3.2%. The NHLS value was higher than the 2.1% value of the infant 1st PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under one year was 85.2%, lower than both provincial (98.8%) and national (94.0%) averages. The measles 1st to 2nd dose drop-out rate increased from 12.6% in 2010/11 to 17.4% in 2011/12.

The child under 5 years diarrhoea with dehydration incidence was 14.4 episodes per 1 000 children. The child under 5 years diarrhoea case fatality rate was 1.3%, the second lowest rate in the province. The child under 5 years pneumonia incidence, at 124.4 cases per 1 000 children, was the highest in the province and well above the national average of 66.8 per 1 000 children. The child under 5 years pneumonia case fatality rate at 1.8% was the second lowest in the province and has decreased annually from 3.1% in 2010/11. The child under 5 years severe acute malnutrition incidence was 5.5 cases per 1 000 children, and the child under 5 years severe acute malnutrition case fatality rate was 5.3% and the lowest since 2009/10. Vitamin A coverage in children aged 12 to 59 months was 28.5% and well below the provincial average of 42.8%.

The couple year protection rate was 34.2% and increased from 28.1% in 2011/12. The cervical cancer screening coverage was very low at 31.2%.

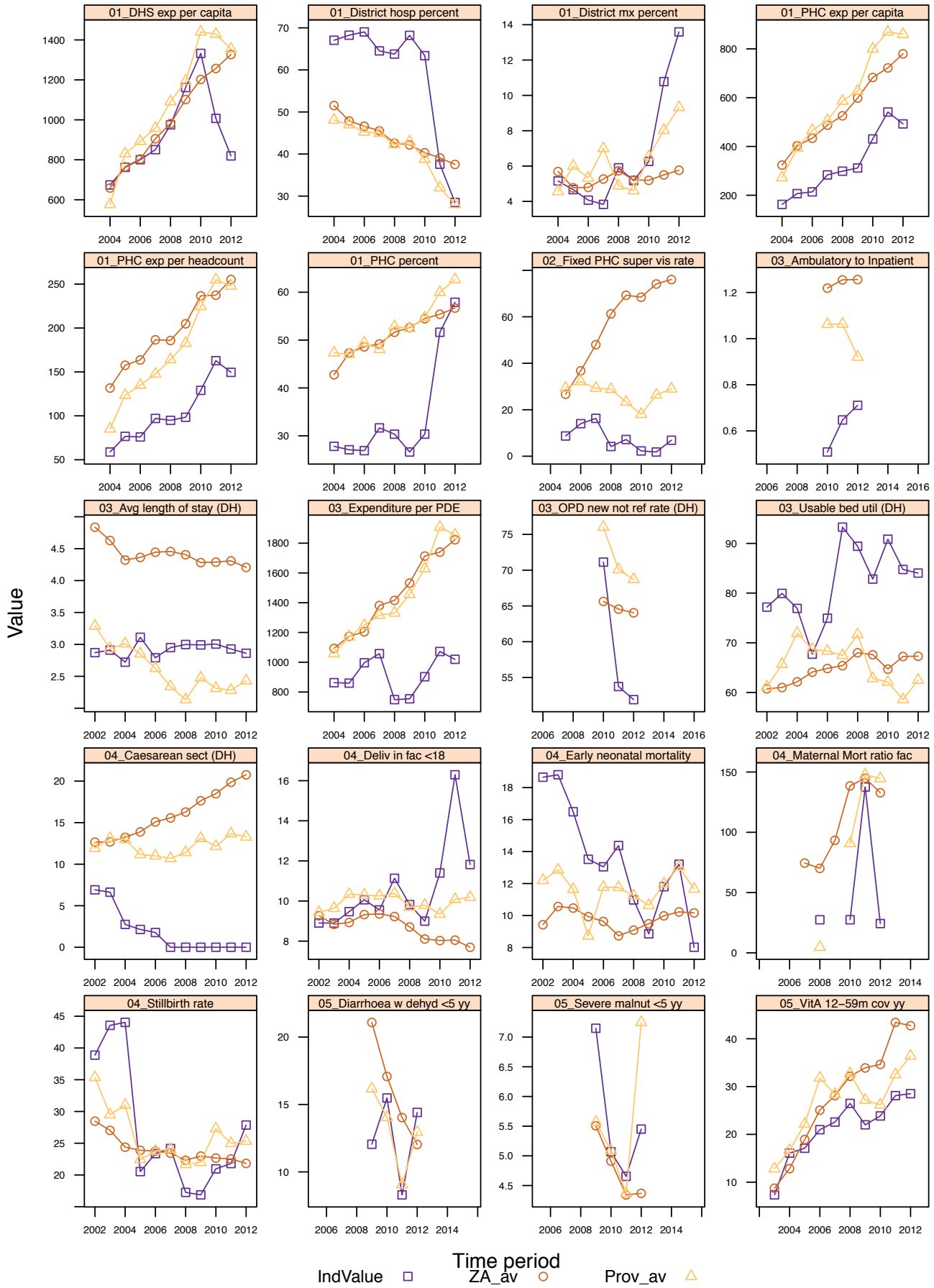
The TB incidence (all cases) was 842.6 per 100 000 people. This had decreased from 940.2 in 2011/12, but was still the second highest provincially and well above the national average of 687.3 per 100 000 people. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 832 in 2011 to 844. TB incidence (new pulmonary smear-positive) was 339.9 per 100 000 people and above the national incidence of 235.7. The TB case finding index was 2.9%. The TB (new pulmonary smear-positive) cure rate was 71.3% in 2011 and below the national rate of 74.5%. The TB (new pulmonary smear-positive) defaulter rate was 9.9% and the highest provincially, and the TB treatment success rate (all TB) was 73.0% and below the national rate of 75.4%.

Male condom distribution coverage was 7.1 condoms per male 15 years and older and more than three times lower than the national average of 22.1 condoms. The total number of adults remaining on ART increased from 3 340 at the end of 2011/12 to 4 378 by the end of 2012/13. The total number of children under 15 years remaining on ART increased from 270 to 346 in the same period.

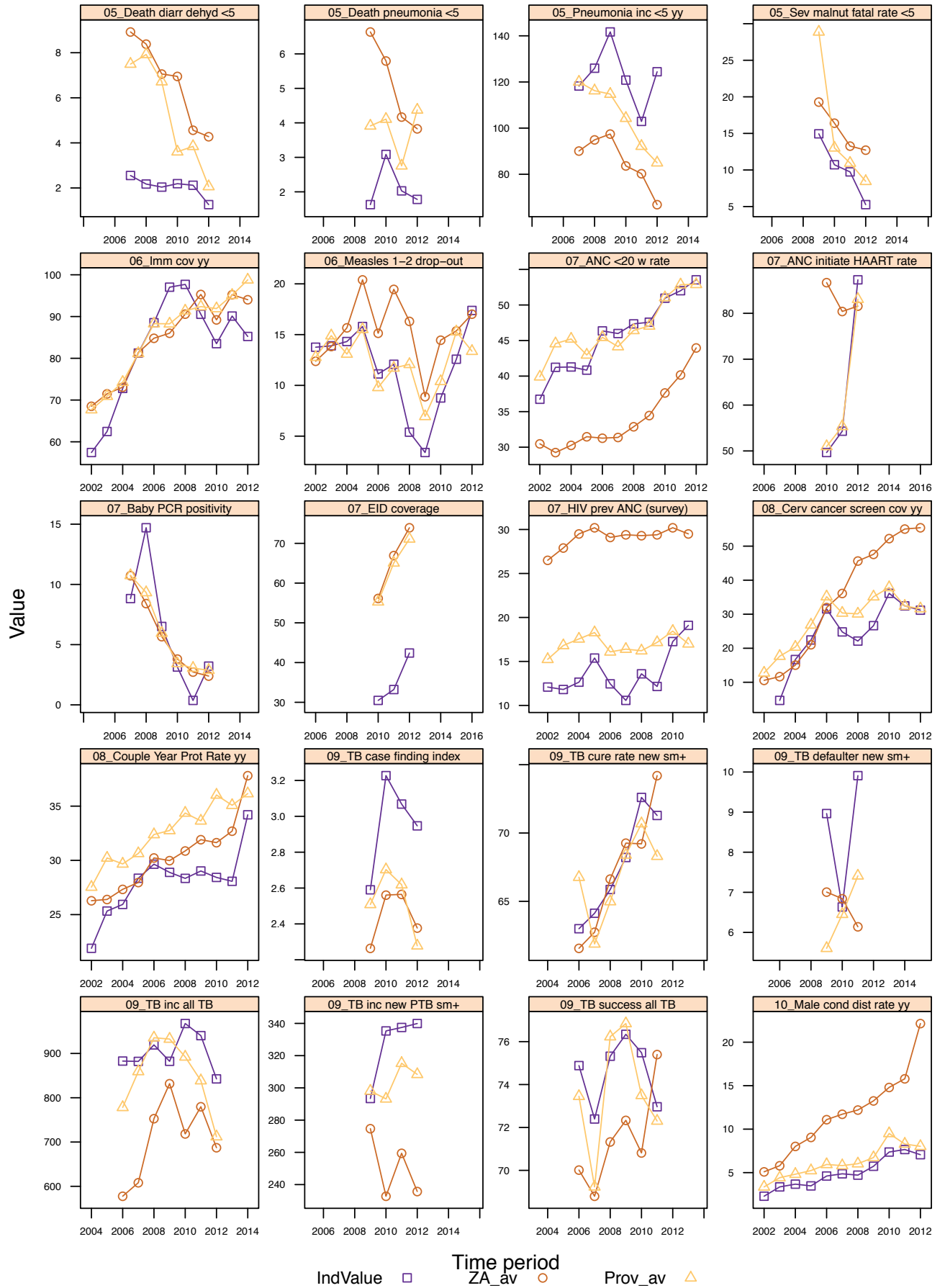
a No obvious reason is apparent for the low expenditure per PDE in Kakamas and Postmasburg Hospitals.

b More than half of the deliveries in Siyanda District take place at regional hospital level, where the C-section rate is 25.5%.

Annual indicators for district: Siyanda: DC8



Annual indicators for district: Siyanda: DC8



Frances Baard District Municipality

Masego Qholosha and Jacqueline Habana

Frances Baard is the smallest district in the Northern Cape Province, with approximately 14.3% of the population belonging to a medical scheme.

The proportion of the district health services expenditure on district management is the lowest in the province at 6.1%, 3.2 percentage points lower than the provincial average (9.3%). The proportion of district expenditure on district hospitals decreased slightly from 17.5% in 2011/12 to 16.8% in 2012/13, the lowest in the province and well below the provincial (28.0%) and national (37.5%) averages. The proportion spent on primary health care (PHC) is the highest in the province with a slight increase from 74.1% in 2011/12 to 77.0%, and this is well above the provincial average of 62.7% and national average of 56.7% and the fourth highest nationally.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) had a slight increase from 51.1% in 2011/12 to 52.3%; being the second highest in the province and well above the provincial rate of 29.0% but still far below the national average of 76.0%.

The inpatient bed utilisation rate was 43.6%, a decrease from 50.4% in 2011/12 and well below the provincial (62.5%) and national averages (67.3%). The average length of stay at 1.1 days was the shortest in the province, below the provincial (2.4) and national (4.2) averages and for the past 10 years this duration has remained below the provincial average. The expenditure per patient day equivalent was R2 504, R649 more than the provincial average, and almost five times higher than the R453 in 2010/11.^a The ratio of ambulatory to inpatient days is on par with the provincial average at 0.9 but below the national rate of 1.3. The district OPD new client not referred rate was the highest in the province at 94.9% and well above the provincial and national averages of 68.7% and 64.1% respectively. This rate is the second highest in the country, and indicates that a very high percentage of patients bypass the PHC facilities and access the district hospitals directly.

The delivery by Caesarean section rate of 8.1% was the lowest in the province and well below the national rate of 20.8%. The delivery in facility under 18 years rate increased from 7.9% in 2011/12 to 8.4% in 2012/13, being the lowest in the province but in line with the national rate of 7.7%. The maternal mortality in facility ratio increased annually from 175.7 per 100 000 live births in 2010/11 and was 204.1 per 100 000 live births in 2012/13, much higher than the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate remained stable and was 28.1 per 1 000 births. The inpatient early neonatal death rate was 16.1 per 1 000 live births, which was the highest provincially and has climbed steadily from 6.1 in 2007/08.

The antenatal 1st visit before 20 weeks rate was 53.7%, a decrease from 56.6% in 2011/12 but above the provincial (52.9%) and national (44%) averages. The 2011 National Antenatal Sero-prevalence Survey shows an HIV prevalence among antenatal clients tested of 18.4% which was the second highest provincially. The antenatal client initiated on ART rate was 84.8%, an increase of 28.1 percentage points from 56.7% in 2011/12.

Data from the National Health Laboratory Services (NHLS) showed an early infant HIV diagnosis coverage of 89.5%. This was the highest in the province and well above the national rate of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.5% was the lowest provincially, and was also below the 3.1% value of the infant 1st PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under 1 year was 111.1%. A coverage value exceeding 100% may be due to poor data quality or an underestimation of the population under one year. The measles 1st to 2nd dose drop-out rate decreased from 12.6% to 7.8% and was the lowest in the province.

The child under 5 years diarrhoea with dehydration incidence at 12.4 episodes per 1 000 children increased from 10.4 episodes in 2011/12 and was in line with the provincial (12.9) and national (12.0) averages. The child under 5 years diarrhoea case fatality rate was 4.0% and also increased from 3.1% in the same period. The child under 5 years pneumonia incidence was 80.4 cases per 1 000 children and decreased from 134.7 episodes in 2010/11. This was below the provincial average of 85.0 episodes per 1 000 children but above the national average of 66.8 episodes per 1 000 children. The child under 5 years pneumonia case fatality rate was the third lowest in the province at 3.9% and in line with the national average (3.8%). However, it has increased by 1.5 percentage points since 2011/12. The child under 5 years severe acute malnutrition incidence was 5.8 cases per 1 000 children, an increase from 3.3 episodes in 2011/12. The child under 5 years severe acute malnutrition case fatality rate has fluctuated between 8.6% and 16.9% over the past four years and was 11.0% in 2012/13. Vitamin A coverage among children aged 12 to 59 months was the highest in the province at 51.5% and is well above the provincial average of 36.4% and ranked eleventh highest in the country.

The couple year protection rate was 35.2%. The cervical cancer screening coverage at 39.6% was the highest in the province.

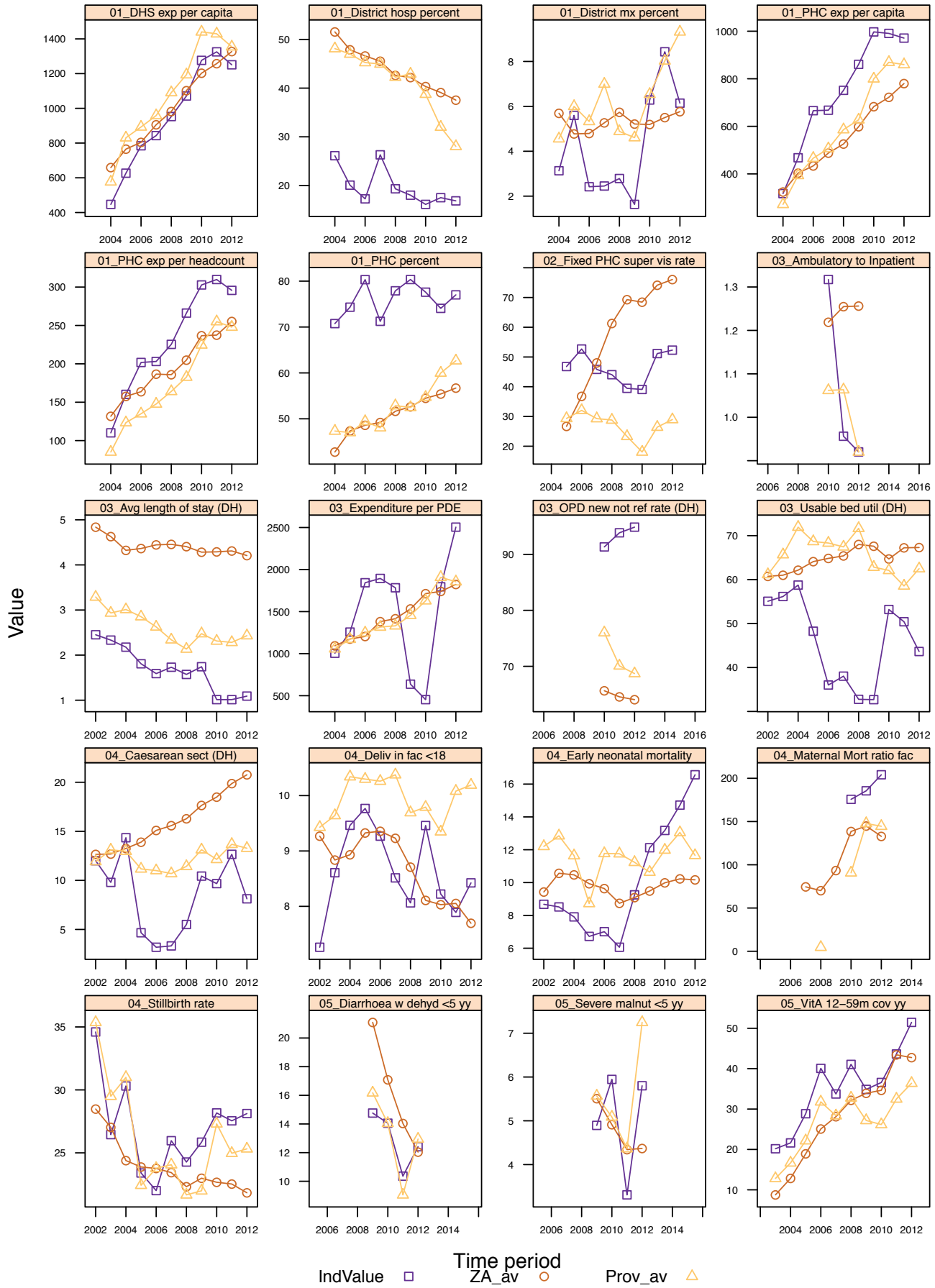
The TB incidence (all cases) was 613.6 per 100 000 people, being the second lowest provincially and below the national average of 687.3 per 100 000 people. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 959 in 2011 to 954 and the TB incidence (new pulmonary smear-positive) was 252.9 per 100 000 people, also the

^a These extreme fluctuations appear to be due to infrastructure changes in one of the two district hospitals, with more than half of expenditure on Prof ZK Matthews Hospital in sub-programme 8.3 from 2005/06 - 2010/11.

second lowest provincially but above the national incidence of 235.7. The TB case finding index was 2.0%, and has declined considerably from 3.4 in 2009/10. The TB (new pulmonary smear-positive) cure rate was the highest provincially at 75.8% in 2011 and is in line with the national rate of 74.5%. The TB (new pulmonary smear-positive) defaulter rate was 3.3%, and TB treatment success rate (all TB) was 79.1% and above the national rate of 75.4%.

Male condom distribution coverage was 5.6 condoms per male 15 years and older and in the past six years has never reached the provincial or national averages. The total number of adults remaining on ART at the end of the month increased from 2 974 at the end of 2010/11 to 11 178 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month increased from 1 380 to 2 147 in the same period.

Annual indicators for district: Frances Baard: DC9



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