

## 13 Eastern Cape Province

### Buffalo City Metropolitan Municipality

Buffalo City in the Eastern Cape was demarcated as a new metro and thus a separate health district in 2011, which led to the Amathole health district being split. The metro's population of 797 007 has a population density of 316 per km<sup>2</sup>. The proportion of the population belonging to a medical aid scheme is 14.7%, the second highest membership level in the Eastern Cape.

The health district's PHC per capita expenditure was R747, the second highest in the Eastern Cape and above the provincial average of R646. The total district expenditure of R1 036 per capita is the second lowest in the province and is lower than the provincial average of R1 257 and national average of R1 191. The PHC expenditure per headcount was R230. The proportion of the budget spent on district hospital services was 25.8%, the lowest in the Eastern Cape and well below the provincial average of 41.7%. The total expenditure on PHC was 71.4% of the budget, well above the provincial average of 49.9% and the national average of 55.4%. The expenditure on district management was 2.9%, relatively low if compared to 8.4% provincial average and 5.5% national average in the same year.<sup>a</sup>

The PHC fixed facility supervisory rate averaged 82.3%. The PHC utilisation rate was 2.8 visits per person per year, slightly higher than the provincial average of 2.7 visits and also higher than the national average of 2.5 visits. The PHC utilisation rate under 5 years was 5 visits per child, the third highest in the province.

The district has 0.5 district hospital beds per 1 000 population. The bed utilisation rate was 72.9%, the second highest in the province. The average length of stay (ALOS) was 7.8 days, the highest ALOS in the country and therefore well above the provincial average of 5.0 days and the national average of 4.3 days. The ALOS shows huge fluctuations since 2000/1, however, that might be due to poor data quality. The average expenditure per PDE was R1 787, higher than the provincial average of R1 611 and the national average of R1 653. The expenditure per PDE has increased from R1 622 in 2010/11.

The incidence of diarrhoea in children under 5 years was 102.5 per 1 000 children, which is notably higher than the provincial average of 89.1 and the national average of 95.9. Although this rate is the second highest in the Eastern Cape, it actually decreased from 119.8 in 2010/11. The mortality rate among children under 5 years due to diarrhoea with dehydration was 3.2%, also a decrease from 2009/10 of 4.5 percentage points from 7.7%.

The vitamin A coverage in children aged 12 to 59 months was 37.3%, much lower than the national average of 43.4% and second lowest in the Eastern Cape. There has, however, been a steady annual increase in the coverage since 2007/08 when it was at 22.4%.

The stillbirth rate was 23.5 per 1 000 births. This is the second highest in the province and also above the national average of 22.5 per 1 000 births. The early neonatal death rate was 14.5 per 1 000 live births. The facility under-1 mortality rate was 3.8%, the second lowest in the province and below the national average of 6.8%. The facility under-5 mortality rate of 1.8% is also the second lowest in the province and also below the national average of 4.3%. The quality of the data for both the facility under-1 and under-5 mortality rates should, however, be verified before these can be regarded as major achievements.

An overall improvement is reflected in the immunisation of children from 2010/11 to 2011/12, although some of the immunisation indicators have numerators greater than the denominators resulting in coverage rates of more than 100%. The immunisation coverage under 1 year was 99.7%, the measles 1st dose under 1 year coverage was 99.7%, the pneumococcal vaccine 3rd dose coverage was 110% and the rotavirus 2nd dose coverage increased from 28.9% in 2010/11 to 102.3% in 2011/12, while the measles 1st to 2nd dose drop-out rate decreased from 14.2% to 11.9% over the same period.

With regards to maternal health, the Caesarean section rate was 18.8%. The proportion of deliveries in facilities to women under 18 years was 6.8%, well below the provincial average of 10.4%. The facility maternal mortality ratio (MMR) recorded in the DHIS was 164.2 per 100 000 live birth, the highest in the province and above the national average of 144.9. The 2010 MMR from the same period from the National Committee for the Confidential Enquiries into Maternal Deaths data was 326.1 per 100 000 live births.

Buffalo City's rate of antenatal visits before 20 weeks was 28.4%, the second lowest in the province. The cervical cancer screening coverage was 34.9%. The couple year protection rate was 25.9%, lower than both in the provincial (31.2%) and national (32.7%) rates. With a male condom distribution rate of 7.1 condoms per male 15 years and older, the district is ranked the lowest in the province and ninth lowest in the country.

No TB data are available for Buffalo City to report on the TB two-month smear conversion, the new smear-positive TB cure and the new smear-positive PTB defaulter rates as the TB database was still linked to the Amathole district database and had not yet been split.

<sup>a</sup> District office not fully established.

## Section B: National and District Profiles

At 58.3% the antenatal client HIV 1st test rate remains the lowest in the country. The rate decreased from 89.5% in 2007/08 to the current 58.3%.<sup>b</sup> The antenatal HIV positivity rate was 18.9% with a slight decrease of three percentage points since 2007/08. The antenatal client HIV prevalence (routine data) was 20.6%, lower than the 2010 HIV Antenatal Sero-prevalence Survey result of 33.1%. The rate of antenatal clients initiated on HAART of 72.2% is just above the provincial average of 70.4% but below the national average of 80.4%.

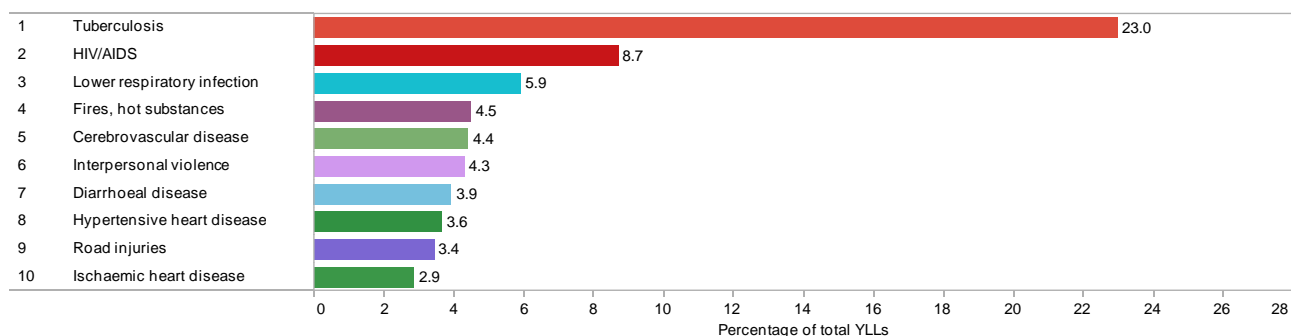
Data from the National Health Laboratory Services shows that the early infant HIV diagnosis coverage was 48.4%. The proportion of infants under two months who were HIV-positive was 2.1%. The values for both indicators are, however, much lower than the values for similar indicators collected routinely in the DHIS where the baby PCR test around 6 weeks uptake rate recorded at 71.3% and the baby PCR-positive rate six weeks after birth was 3.7%.

The rate of infants under 18 months initiated on HAART was 22.1% – the lowest in the province and one of the lowest five districts in the country. The corresponding provincial average was 35.9% and the national average was 54.4%.

The 2011/12 hypertension detection rate was 0.3%, on a par with the provincial and national averages of 0.3%. The mental health case load was 1.2%, the same as the provincial average but lower than the national average of 1.4% in the same year.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Buffalo City's 2009 quality of death certification was relatively poor, with 27.1% of the certificates submitted not being useful for public health analysis. This is below the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 6.5% of deaths were assigned to 'ill-defined' causes and 20.6% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (39.1%), followed by HIV and TB (31.6%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (15.4%) ranked third whilst the lowest proportion (13.8%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): EC – BUF: Buffalo City Metropolitan Municipality**



<sup>b</sup> Data quality should be verified as the decrease is more than 31 percentage points.

Figure 2: Annual indicators for district: Buffalo City: BUF

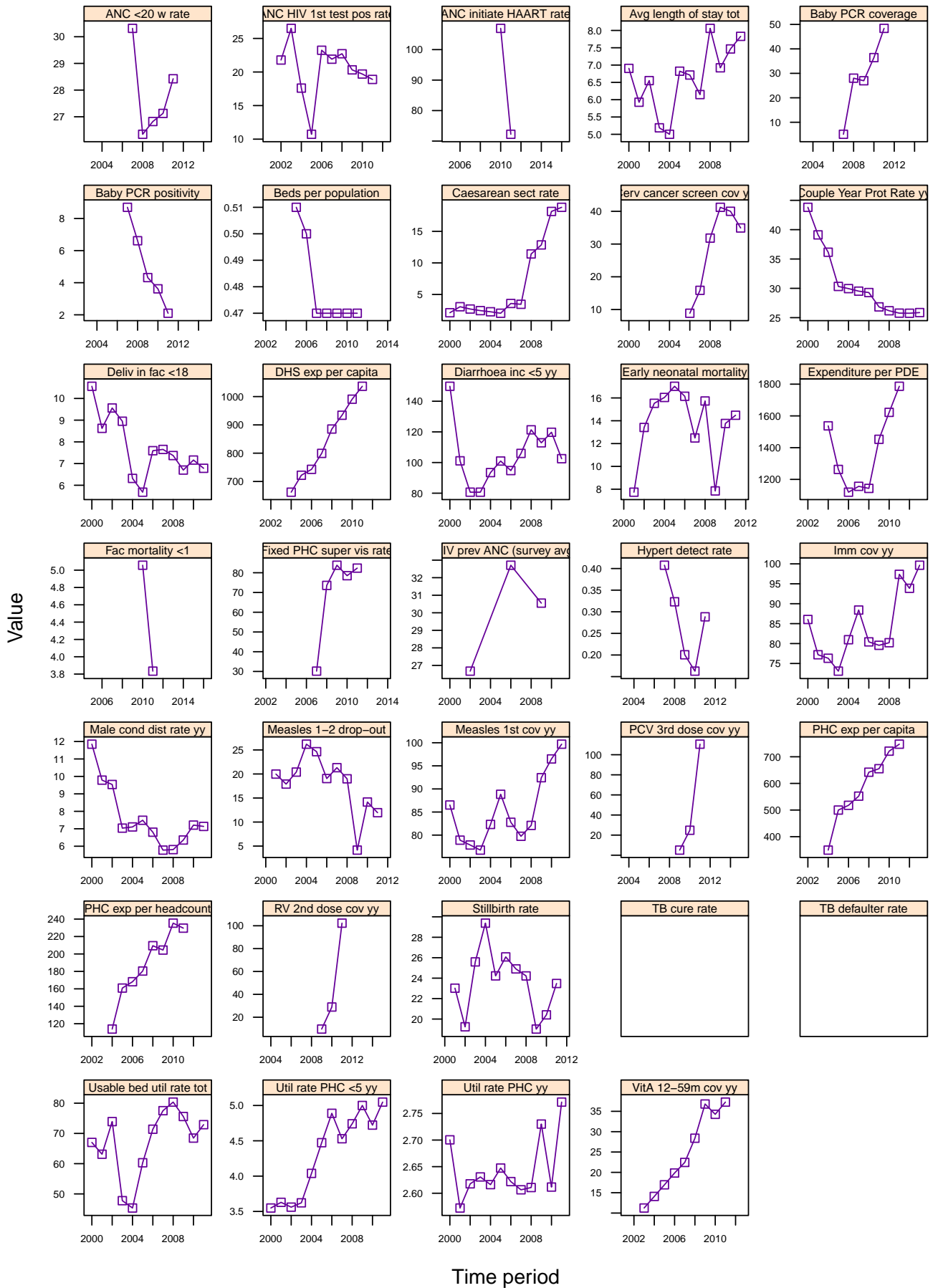
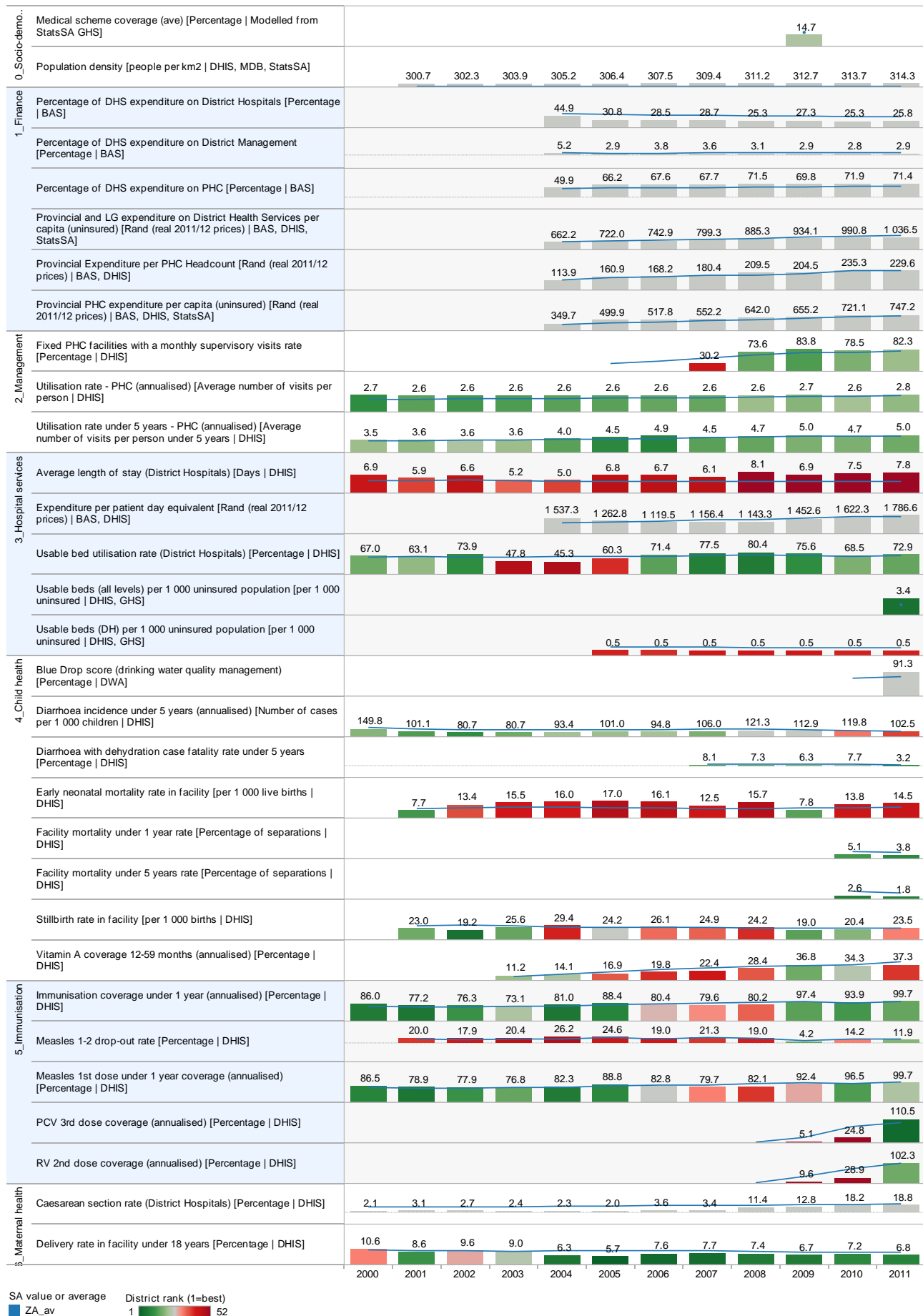
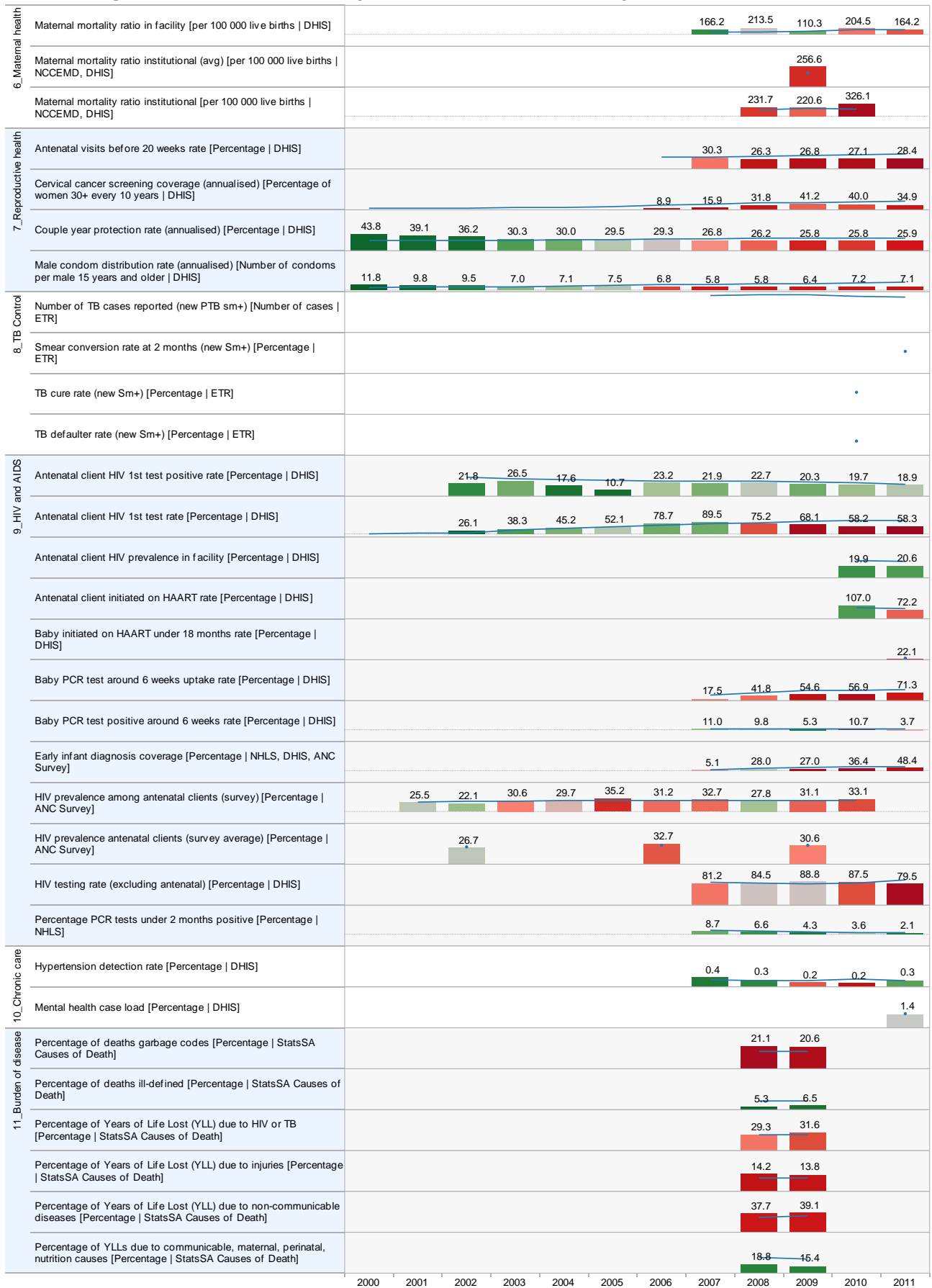


Figure 3: District page: EC – BUF: Buffalo City Metropolitan Municipality





SA value or average District rank (1=best)  
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## Cacadu District Municipality

Cacadu district is the most sparsely populated district in the Eastern Cape with a population of 441 638 and a population density of 7.6 people per km<sup>2</sup>. The medical scheme coverage was 14.6%.

The proportion of the budget spent on district hospitals was 52.3%, which is more than 10 percentage points above the provincial average of 41.7%. Expenditure on district management amounted to 15.1%, the highest in the province, while 32.6% of the budget was spent on PHC. The total district expenditure per capita increased from R1 696 in 2010/11 to R1 860 in 2011/12 and was well above the national average of R1 191. The PHC per capita expenditure also increased from R516 to R629 in the same period, while PHC expenditure per headcount was R158.

The PHC fixed facility supervisory rate increased by 21.9 percentage points in the past year from 63.3% (2010/11) to 85.2%. The PHC utilisation rate of 3.4 visits per person per year is the second highest in the country. The PHC utilisation rate under 5 years was 4.6 visits per child per year.

The district has 1.7 district hospital beds per 1 000 population, more than double the national average of 0.7 beds. The bed utilisation rate was 61.5%, which is below the provincial and national averages at 64.7% and 67.2% respectively and has shown a downward trend since 2009/10 when it was 64.9%. The average expenditure per PDE was R1 819. The average length of stay was 3.6 days, the lowest in the province and below the national average of 4.3 days.

The diarrheal incidence under 5 years was 91.1 per 1 000 children – lower than the national average of 95.9 but slightly above the provincial average of 89.1. The mortality rate among children under 5 years due to diarrhoea with dehydration was 4.2%, a marked increase from 1.5% in 2010/11.

The stillbirth rate was 20.3 per 1 000 births, which is below the provincial (22.3) and national (22.5) averages. The early neonatal death rate decreased over two years from 7.5 per 1 000 live births in 2009/10 to 5.2 in 2011/12, which is well below the provincial (14.5) and national (10.2) averages. The facility under-1 mortality rate increased from 1.5% in 2010/11 to 2.8% in 2011/12 but was, nevertheless, the lowest in the province. The facility under-5 mortality rate was 1.0%, which is also the lowest in the province and well below the national average of 4.3%. The vitamin A coverage in children aged 12 to 59 months was 52.2% – higher than the national average of 43.4%.

The immunisation coverage under 1 year was 85.0% and is below the national average of 95.2%. The measles 1st dose under 1 year coverage was 88.3%. The pneumococcal vaccine 3rd dose coverage was 88.8% and the rotavirus vaccine 2nd dose coverage 91.8%. At 8.3%, the measles 1st to 2nd dose drop-out rate was the lowest in the province.

The Caesarean section rate increased from 18.0% in 2010/11 to 23.9% in 2011/12, the second highest in the province and above the national average (19.9%). The proportion of deliveries in facility to women under 18 years decreased from 10.2% in 2010/11 to 8.7% in 2011/12. The facility maternal mortality ratio (MMR) recorded by DHIS was 47.1 per 100 000 live births, the lowest in the province and well below the 144.9 national average. The 2010 MMR from the National Committee for the Confidential Enquiries into Maternal Deaths data was 32.9 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 53.6%, above the national average of 40.2%. The cervical cancer screening coverage was 30.2%, an increase from 25.9% in 2010/11, but still the second lowest in the province. The male condom distribution rate of 14.9 condoms per male 15 years and older per year is lower than the 15.8 national average. The couple year protection rate was 41.1%.

There was an increase in the TB two-month smear conversion rate from 63.1% in 2010 to 71.8% in 2011, the second highest in the province. The new smear-positive TB cure rate in 2010 was the highest in the province at 78.4%, while the 2010 new smear-positive TB defaulter rate was 9%.

The antenatal client HIV 1st test rate was a pleasing 94% and the antenatal HIV positivity rate was 19.1%. The antenatal client HIV prevalence (routine data) was 21.3%, which is in line with the 2010 HIV Antenatal Sero-prevalence Survey of 20.7%. The rate of antenatal clients initiated on HAART increased from 43.2% in 2010/11 to 69.9% in 2011/12, which is still below the national average of 80.4%, despite the increase.

The uptake rate for babies PCR tested around six weeks according to the routine data was 88.8%. The percentage of babies that tested PCR-positive six weeks after birth was 4.0%. Data from the National Health Laboratory Services shows that the early infant HIV diagnosis coverage was 90%. The proportion of infants who were HIV-positive under two months was 3.0%. The rate of HIV-positive infants under 18 months initiated on HAART decreased drastically from 45.5% in 2010/11 to 34.1% in 2011/12, which is well below the national average of 54.4%.

The hypertension detection rate was 0.2%. Mental health case load made up 2.3% of total case load, much higher than the provincial and national averages of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Cacadu's 2009 quality of death certification was relatively poor, with 32.1% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of

10%. Of the unusable classifications, 16.3% of deaths were assigned to 'ill-defined' causes and 15.8% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (37.2%), followed by HIV and TB (33.0%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (17.0%) ranked third whilst the lowest proportion (12.8%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): EC – DC10: Cacadu District Municipality**

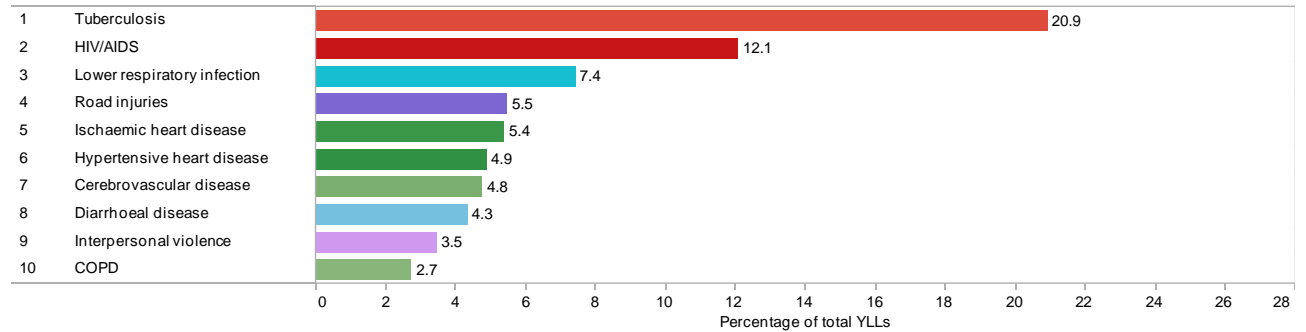


Figure 2: Annual indicators for district: Cacadu: DC10

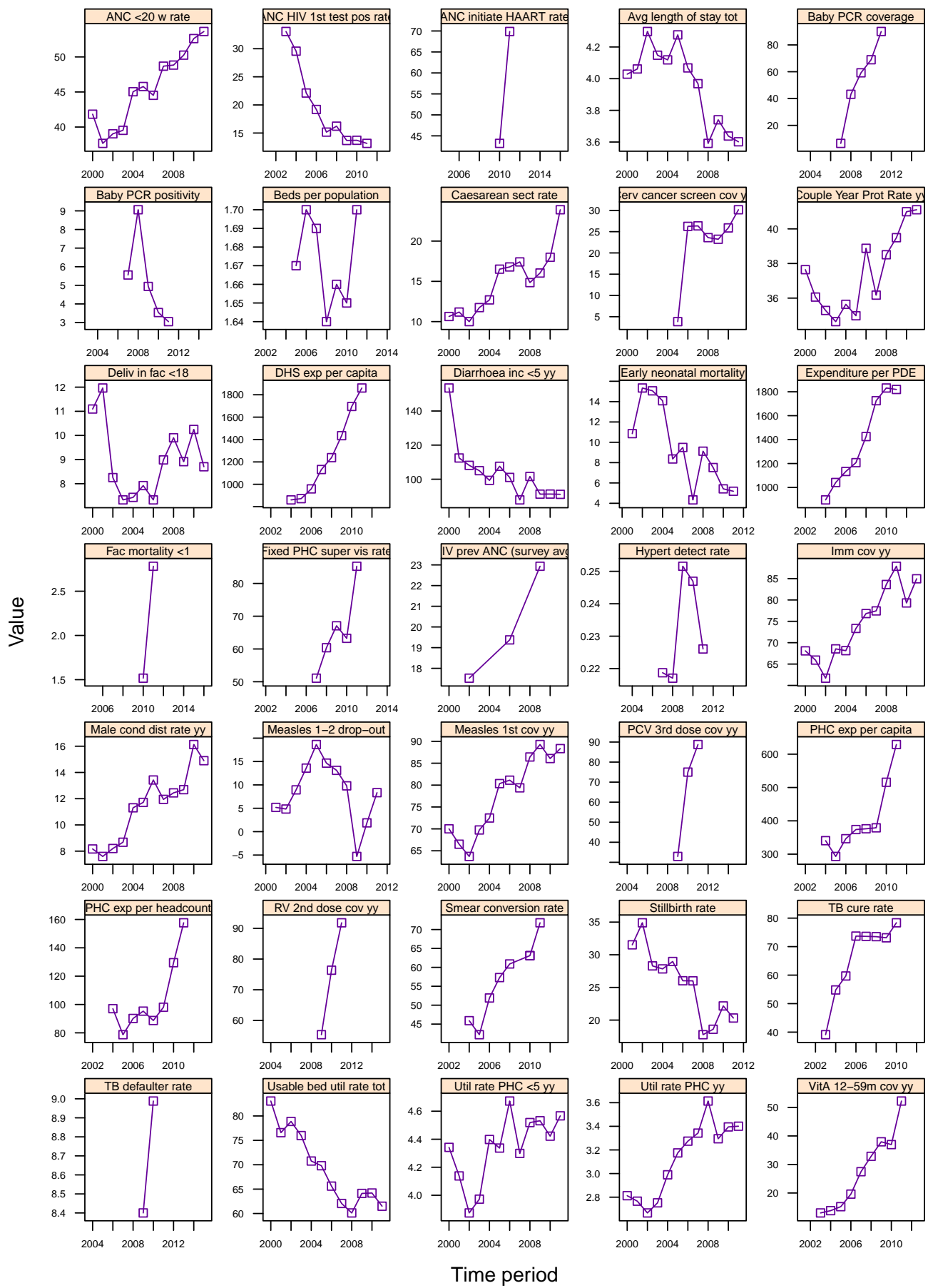
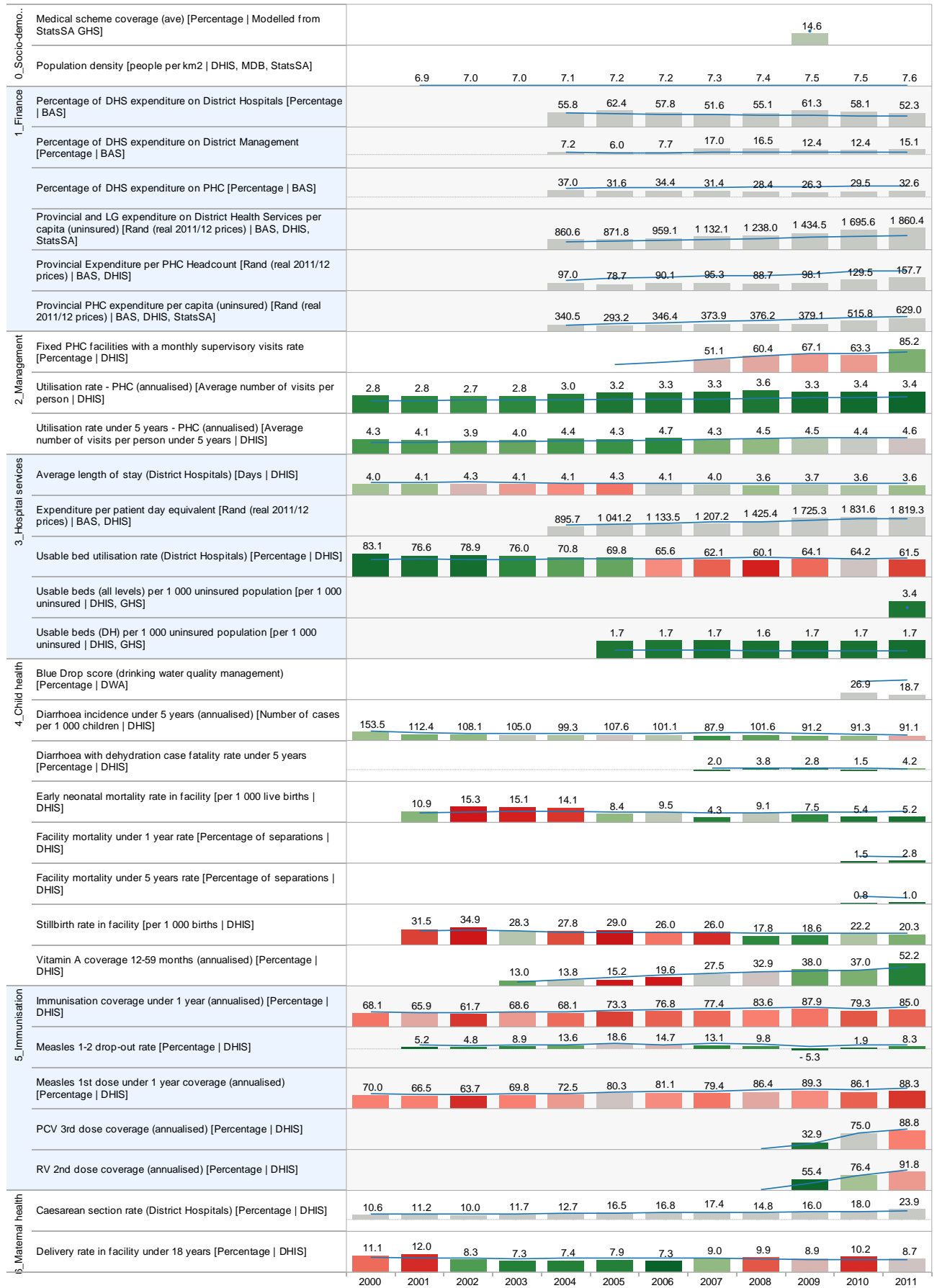


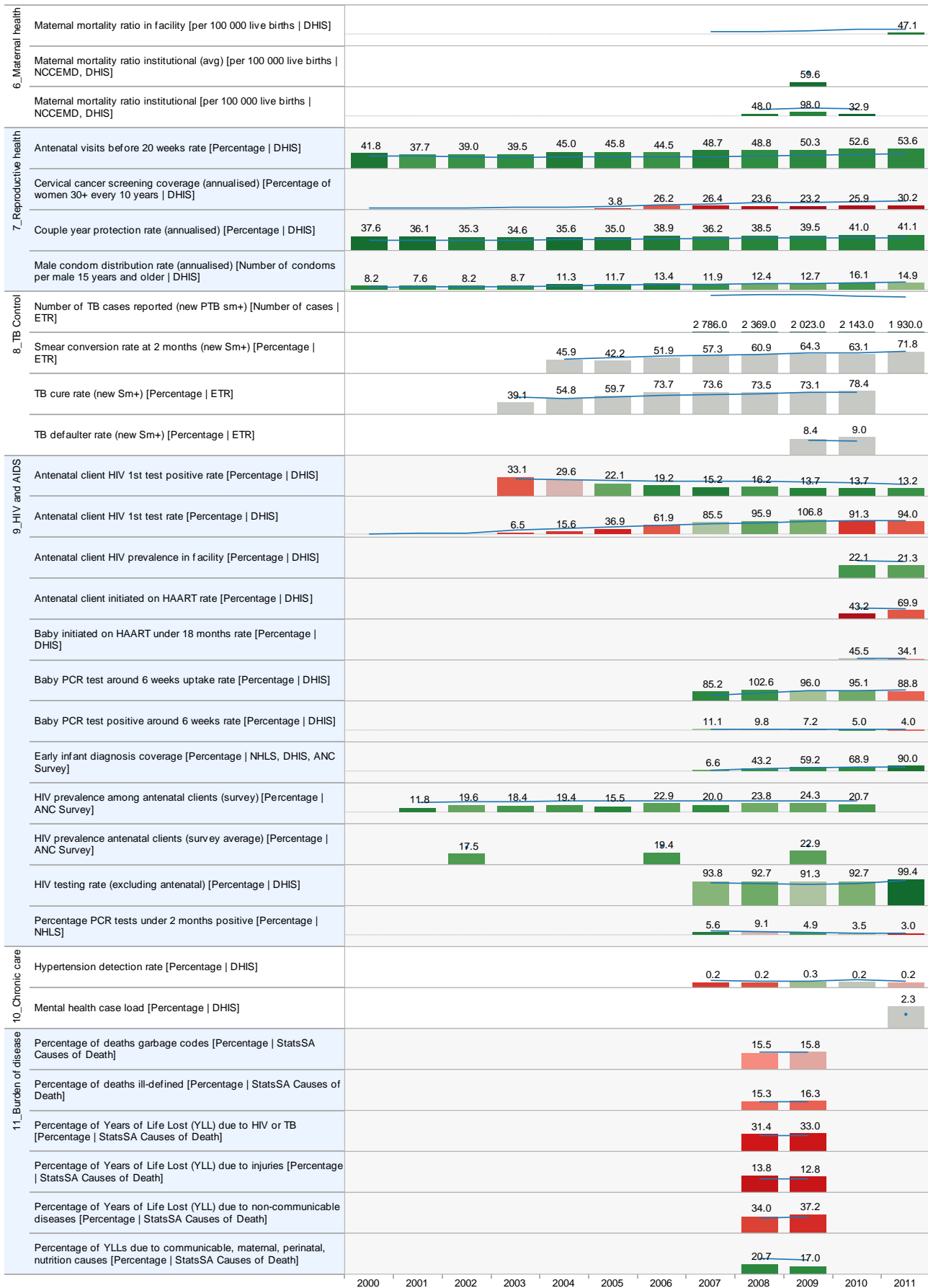


Figure 3: District page: EC – DC10: Cacadu District Municipality



SA value or average District rank (1=best)  
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## Section B: National and District Profiles



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## Amathole District Municipality

Amathole district in the Eastern Cape now has a population of just over 1 million people; this after the district was split in 2011 when Buffalo City was demarcated as a new metro. The population density is 46.3 people per km<sup>2</sup> and 8.7% of the population belongs to a medical aid scheme.

The provincial PHC expenditure per capita decreased slightly from R644 in 2010/11 to R622 in 2011/12 and is below both the national average of R684 and the provincial average of R646. The total district per capita expenditure of R1 340 is higher than the provincial average of R1 257 and national average of R1 191. The PHC expenditure per headcount was R231. The proportion of the budget spent on district hospital services was 43.3%, while 48.6% was spent on PHC and 8% on district management.

The PHC utilisation rate increased from 2.3 visits per person per year in 2010/11 to 2.5 visits per person per year in 2011/12. The PHC utilisation rate under 5 years was 4.1 visits per child.

The PHC fixed facility supervisory rate has nearly doubled over four years from 47.3% in 2007/08 to 91.0% in 2011/12, which is higher than both the national (74.1%) and provincial (85.9%) averages.

The district had 1.4 district hospital beds per 1 000 population, double the national average of 0.7 beds. The average length of stay was 5.6 days (same value as in 2010/11) and is higher than the national average of 4.3 days. The bed utilisation rate decreased from 79.7% in 2009/10 to 69.7% in 2011/12. The average expenditure per PDE was R1 457.

The diarrhoeal incidence under 5 years was 58.0 per 1 000 children, the lowest in the province and well below the national average of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 6.9%, a decrease from 9.0% in 2010/11.

The stillbirth rate was 20.7 per 1 000 births and the early neonatal death rate was 10.9 per 1 000 live births. The facility under-1 mortality rate decreased from 12.6% to 7.3% in the same period – now on a par with the provincial average. The facility under-5 mortality rate also decreased from 5.4% in 2010/11 to 2.2% in 2011/12, which is below the national (4.3%) and provincial (5.6%) averages.

The immunisation coverage for children under 1 year was 82.1%, well below the national average of 95.2%. The pneumococcal vaccine 3rd dose coverage was only 67.2%. Although this is a doubling in the coverage from 33.3% in 2010/11, it is the second lowest coverage in the country. The rotavirus vaccine 2nd dose coverage doubled from 32.4% in 2010/11 to 66.2% in 2011/12, but it is still the second lowest coverage in the country. The measles 1st dose under 1 year coverage was 85.9%, an increase from 77.6% in the previous year. The measles 1st to 2nd dose drop-out rate decreased from 16.9% in 2010/11 to 15.1% in 2011/12.

The Caesarean section rate more than doubled from 5.2% in 2010/11 to 10.8% in 2011/12, although this is still below the national (19.9%) and provincial (16.2%) averages. The proportion of deliveries in facility to women under 18 years of age is the seventh lowest in the country at 11.9%.

The facility maternal mortality ratio (MMR) recorded by DHIS was 97.5 per 100 000 live births, a decrease from 120.2 in 2010/11 and below the national average of 144.9. The 2010 MMR from the National Committee for the Confidential Enquiries into Maternal Deaths data was 160.2 per 100 000 live births.

The antenatal visits before 20 weeks rate was 33.4%, below the national average of 40.2%. The cervical cancer screening coverage was 37.0%. The male condom distribution rate of 13.4 condoms per male 15 years and older per year is lower than the national (15.8) and provincial (14.8) averages.

No TB data are available for Amathole to report on the TB two-month smear conversion, the new smear-positive TB cure and the new smear-positive PTB defaulter rates as the TB database was still linked to the Buffalo City district database and had not yet been split.

The antenatal client HIV 1st test rate was 102.2%.<sup>a</sup> The antenatal HIV positivity rate was 16.4%, a decrease of almost five percentage points since 2009/10. The antenatal client HIV prevalence (routine data) was 25.6%, lower than the 2010 HIV Antenatal Sero-prevalence Survey of 30.2%. The rate of antenatal clients initiated on HAART of 74.1% is above the provincial average of 70.4% but below the national average of 80.4%.

The uptake rate of babies PCR tested around 6 weeks according to the routine data was 132.5% – an unreliable value because values over 100% indicate poor data quality.<sup>b</sup> The percentage of babies that tested PCR-positive six weeks after birth was 3.6%, a dramatic decrease from 10.7% in 2010/11. Data from the National Health Laboratory Services shows that the early infant HIV diagnosis coverage was 110.4%. The proportion of infants who were HIV-positive under two months

a The indicator definition indicates the antenatal clients HIV tested for the first time during current pregnancy as a proportion of eligible antenatal clients.

b The indicator definition is “Babies PCR tested 6 weeks after birth as the proportion of live births to HIV-positive women”.

was 2.5%. The rate of HIV-positive infants initiated on HAART under 18 months decreased from 53.4% in 2010/11 to 46.4% in 2011/12, which is below the national average of 54.4%.

The hypertension detection rate was 0.3%, on a par with the national and provincial averages. The mental health case load was 1.8% of the total case load, only slightly higher than the national (1.4%) and provincial (1.2%) averages.

The district’s 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Amathole’s 2009 quality of death certification was relatively poor, with 30.7% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 17.4% of deaths were assigned to ‘ill-defined’ causes and 13.3% to ‘garbage codes’. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (35.1%), followed by HIV and TB (30.6%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (24.1%) ranked third whilst the lowest proportion (10.2%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): EC – DC12: Amathole District Municipality**

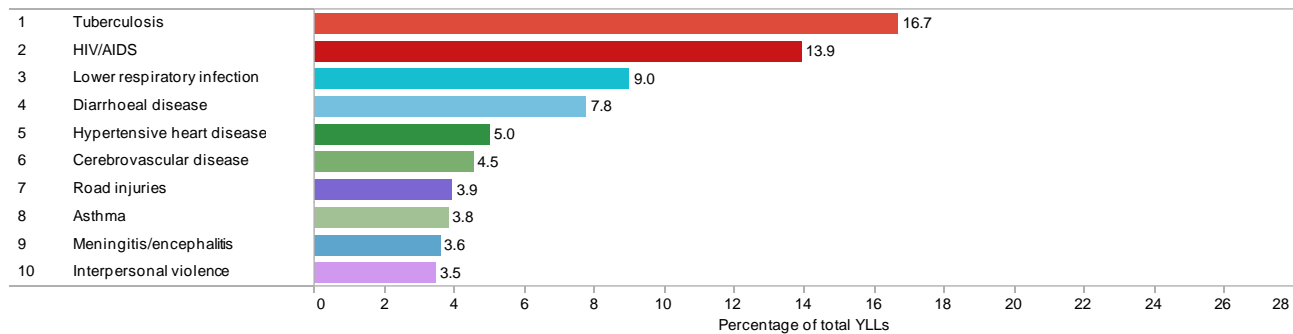


Figure 2: Annual indicators for district: Amathole: DC12

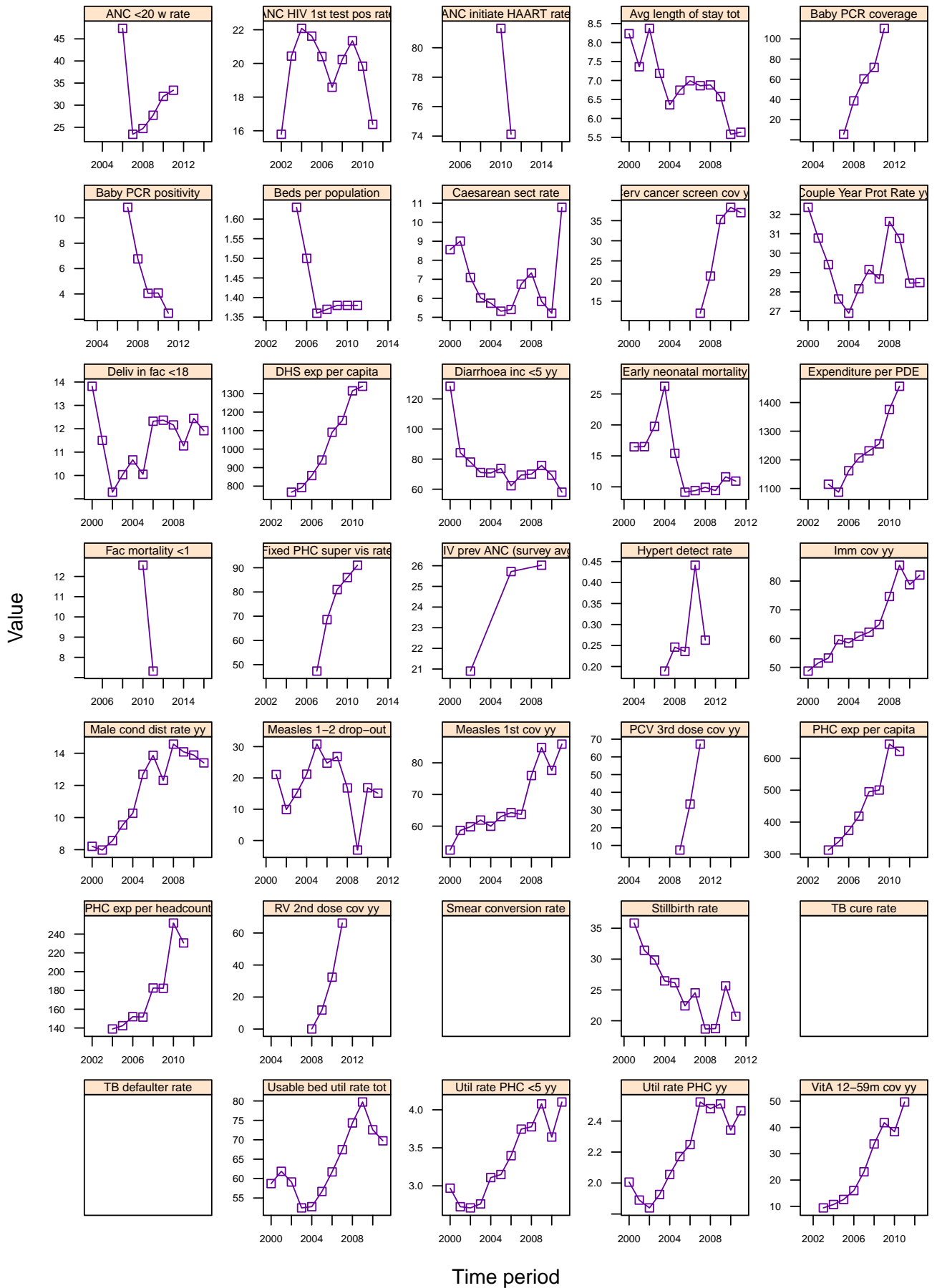
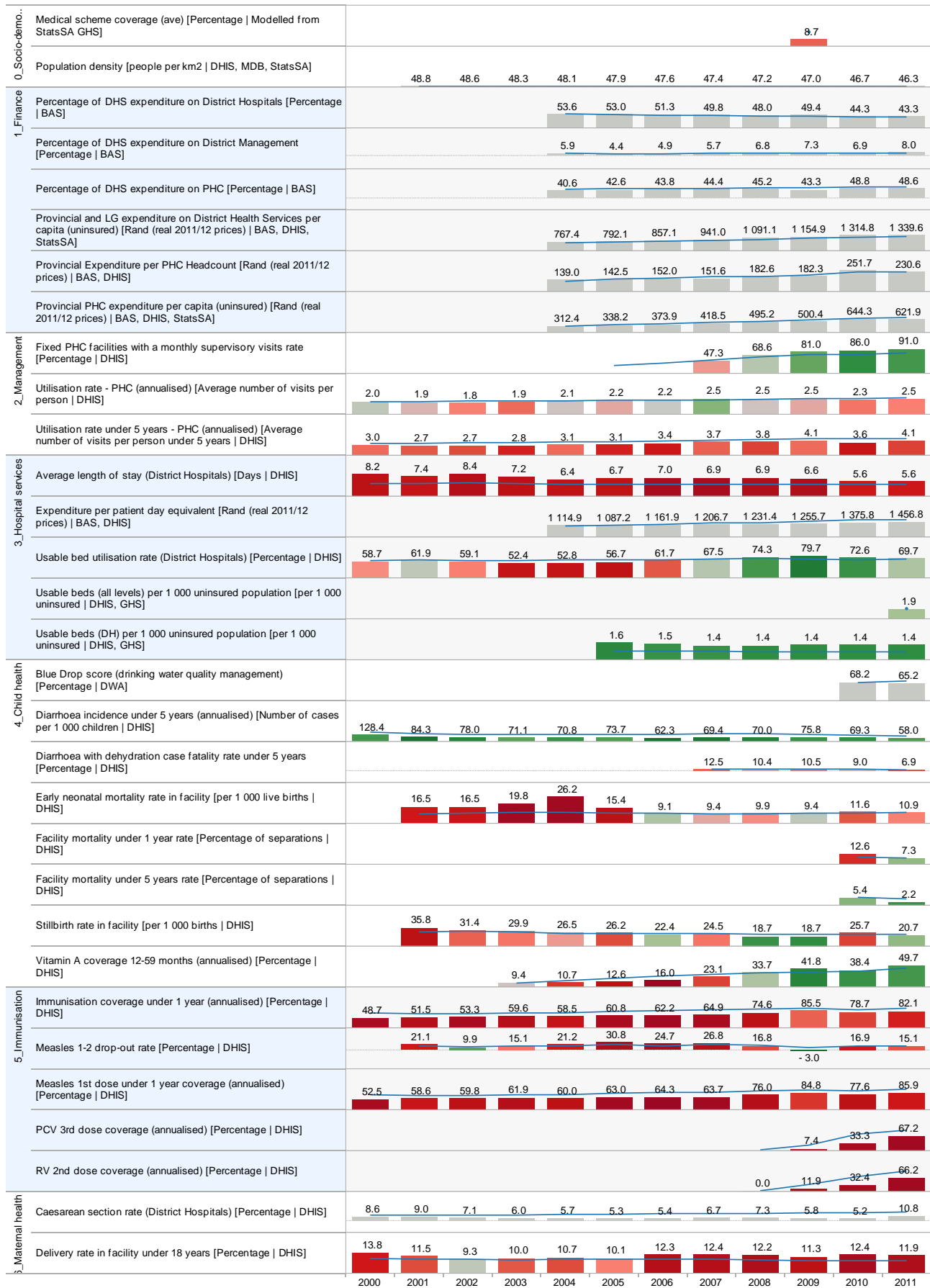
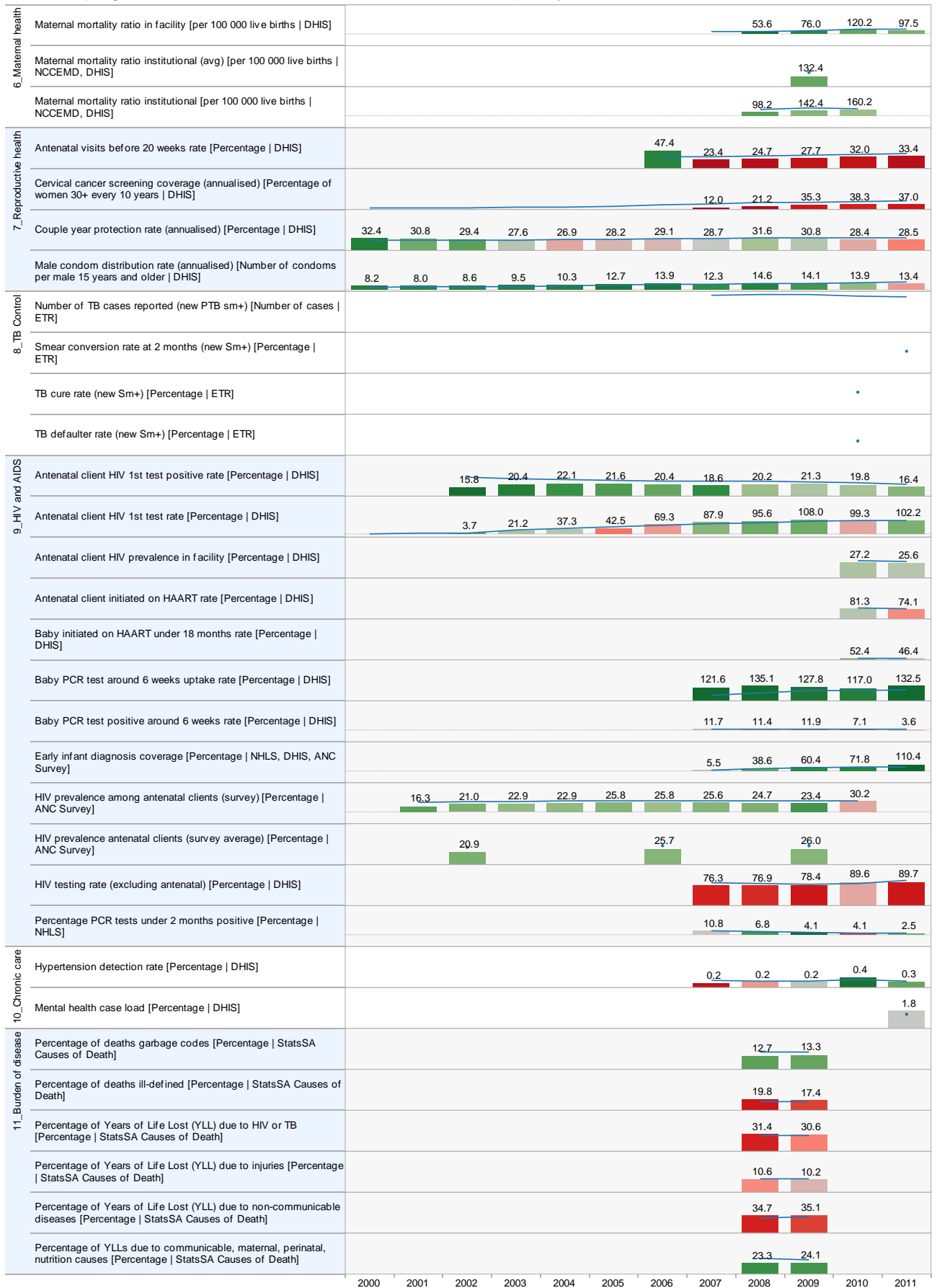


Figure 3: District page: EC – DC12: Amathole District Municipality



SA value or average District rank (1=best)  
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SA value or average District rank (1=best)  
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## Chris Hani District Municipality

Chris Hani district in the Eastern Cape province has a population of 773 487 people with a population density of 21.4 people per km<sup>2</sup> and a medical scheme coverage of 5.9%.

The total district per capita expenditure of R1 514 is below the provincial figure of R1 257. The district PHC per capita expenditure was R686 and in line with the national value of R684. PHC expenditure per headcount was R216. The proportion of district expenditure on PHC was 45.1%, while 10.7% was spent on district management. The proportion of district expenditure on district hospitals was 44.1%, above the provincial proportion of 22.3% and the national proportion of 39.1%.

The PHC fixed facility supervisory rate of 81.4% was above the national rate of 74.1%. The PHC utilisation rate was 3.0 visits per person per year and the PHC utilisation rate under 5 years was 5.4 visits per child per year, the highest in the province.

The district has 1.6 district hospital beds per 1 000 population. The bed utilisation rate was 60.1%, the second lowest in the province and below the national rate of 67.2%. The average length of stay was 4.5 days, a figure that has decreased annually since 2006/07 when it was 5.7 days. The expenditure per PDE of R1 448 was the lowest in the province.

The diarrhoeal incidence under 5 years decreased from 110.9 per 1 000 children in 2010/11 to 92.4 in 2011/12. The mortality rate among children under 5 years due to diarrhoea with dehydration was 6.4%. This rate has halved in the four years since 2007/08 when it was 12.5%. The vitamin A coverage in children aged 12 to 59 months was 58.3%, an increase from 38.0% in 2010/11 and now the highest in the province and above the national average of 43.4%.

The stillbirth rate decreased from 23.5 per 1 000 births in 2010/11 to 20.3 in 2011/12. The early neonatal death rate was 8.2 per 1 000 live births, slightly below the national average of 10.2. The facility under-1 mortality rate was 7.9%, a decrease from 9.1% in 2010/11. The facility under-5 mortality rate dropped from 6.5% in 2010/11 to 5.1% in 2011/12.

The immunisation coverage under 1 year was 104.0%. The pneumococcal vaccine 3rd dose coverage doubled from 47.7% in 2010/11 to 95.1% in 2011/12 and the rotavirus 2nd dose coverage from 44.8% to 89.5% over the same time. The measles 1st dose under 1 year coverage was 108.5%. However, coverage rates of more than 100% may indicate data quality issues. The measles 1st to 2nd dose drop-out rate decreased from 13.5% to 12.6%.

The Caesarean section rate increased from 10.2% in 2010/11 to 13.5% in 2011/12. The proportion of deliveries in facilities to women under 18 years was 10.9%, above the provincial (5.6%) and national (8.1%) rates. The maternal mortality ratio (MMR) in facility recorded in the DHIS increased from 68.7 per 100 000 live births in 2010/2011 to 188.8 in 2011/2012. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 326.1 per 100 000 live births, the highest in the province.

The rate of antenatal visits before 20 weeks was 44.5%, slightly above the national rate of 40.2%. The cervical cancer screening coverage was 55.9%, the highest in the province and in line with the national coverage of 55%. The couple year protection rate was 38.2%. The male condom distribution rate was 22.0 condoms per male 15 years and older, the highest in the province and more than double the provincial figure of 9.0.

Chris Hani district's TB two-month smear conversion rate (SCR) decreased from 75.0% in 2010 to 73.0% in 2011. The new smear-positive TB cure rate decreased from 76.2% in 2009 to 70.5% in 2010. The new smear-positive TB defaulter rate increased from 4.4% in 2009 to 5.5% in 2010. It is, however, below the national rate of 6.8%.

The antenatal client HIV 1st test rate was 101.0% and has been above 100% since 2009/10.<sup>a</sup> The antenatal client HIV 1st test positivity rate was 16.4%, a decrease from 19.2% in 2010/11. The antenatal client HIV prevalence from facility routine data was 31.2%, the highest in the province and in line with the 2010 HIV Antenatal Sero-prevalence Survey of 30.1%. The rate of antenatal clients initiated on HAART was 90.5%, also the highest in the province and above the national rate of 80.4%.

The uptake rate of babies PCR tested around 6 weeks was 88.0%, according to the routine data, but below the national rate of 92.8%. The percentage of babies that tested PCR-positive six weeks after birth was 4.4%, a decrease from 5.7% in 2010/11. Data from the 2010 National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage was 62.3% and the proportion of infants who were HIV-positive under two months was 2.5%.

The rate of HIV-positive infants under 18 months initiated on HAART increased from 19.2% in 2010/11 to 27.8% but is the second lowest in the province and well below the national rate of 54.4%.

The hypertension detection rate for 2011/12 was 0.2%. The mental health case load was 1.8% of the total case load and above the national value of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Chris Hani's 2009 quality of death certification was relatively poor with 24.7% of the certificates submitted not being useful for public health

<sup>a</sup> The definition for the indicator indicates the antenatal clients HIV tested for the first time during current pregnancy as the proportion of antenatal clients eligible.



analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 11.0% of deaths were assigned to 'ill-defined' causes and 13.7% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (32.6%), followed by HIV and TB (30.0%). Communicable diseases (together with maternal, perinatal and nutritional conditions (26.8%)) ranked third whilst the lowest proportion (10.6%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): EC – DC13: Chris Hani District Municipality**

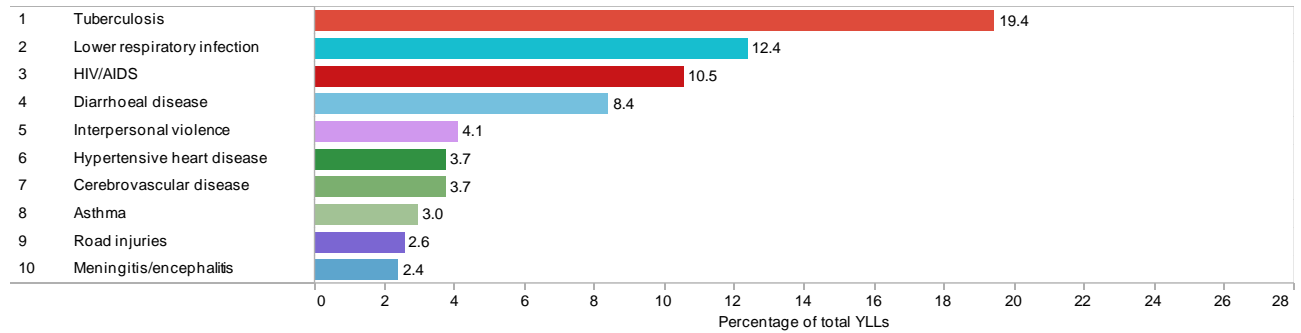


Figure 2: Annual indicators for district: Chris Hani: DC13

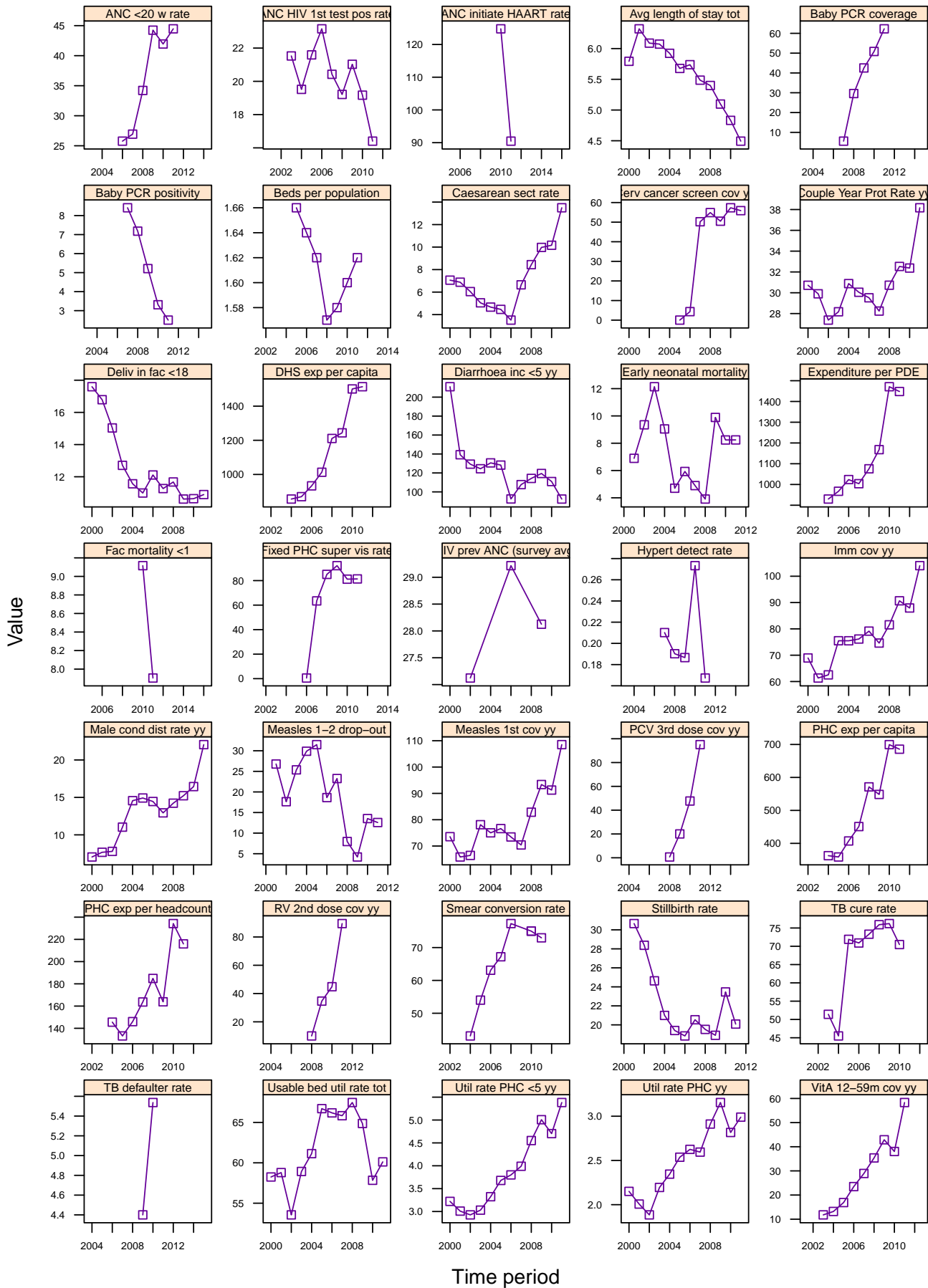
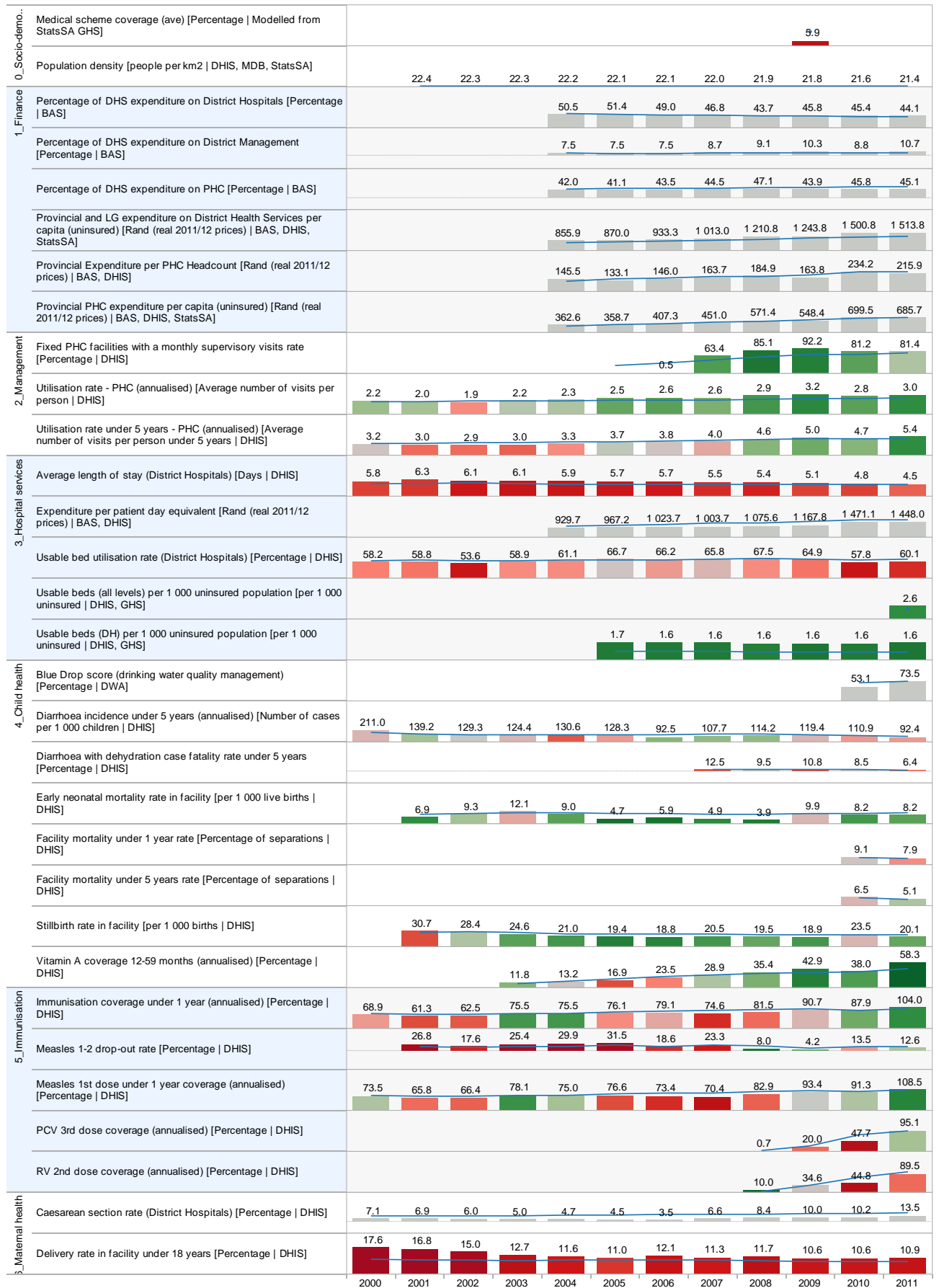
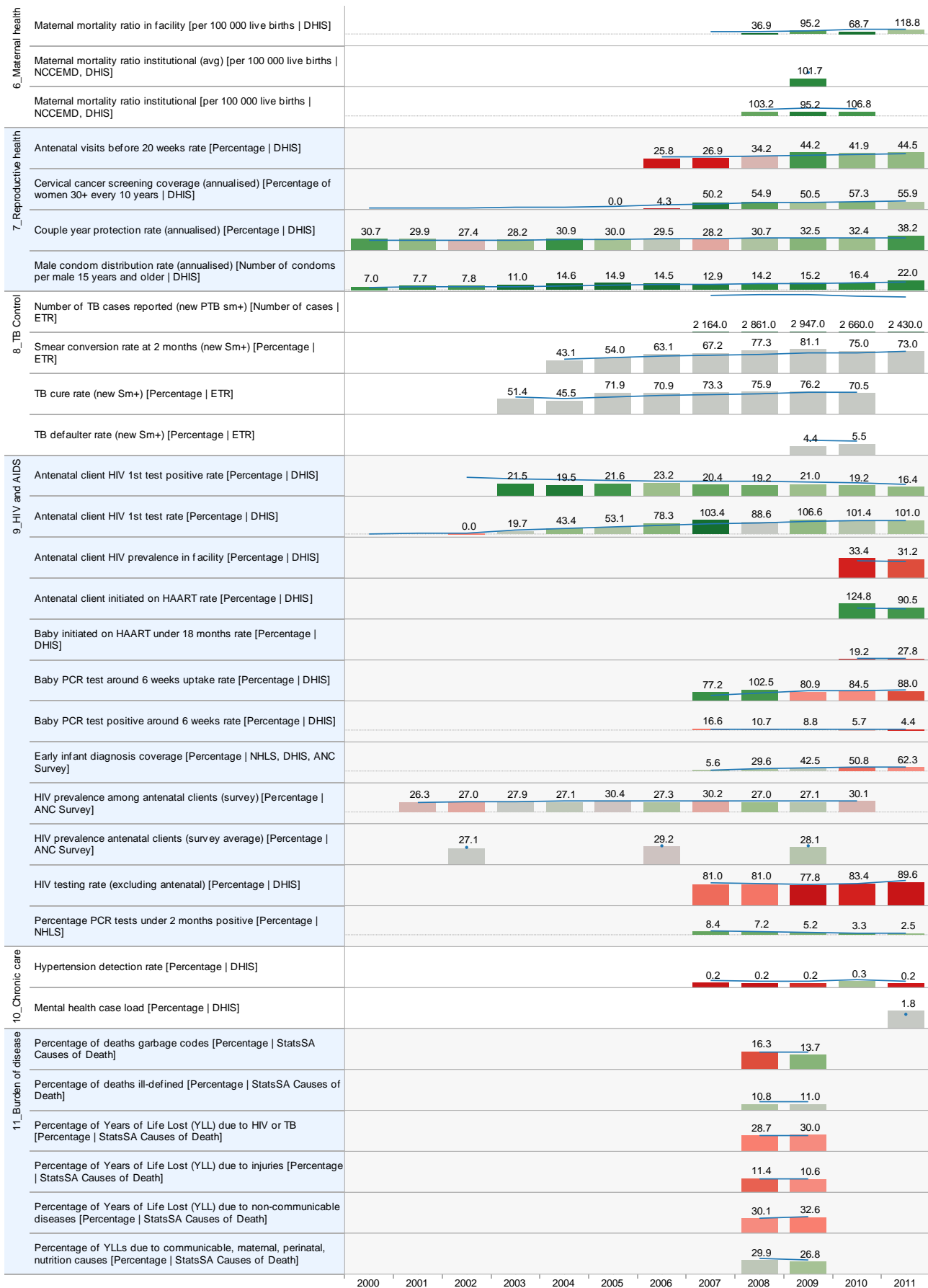


Figure 3: District page: EC – DC13: Chris Hani District Municipality



SA value or average District rank (1=best)  
 ■ ZA\_av 1 ■ 52

## Section B: National and District Profiles



SA value or average District rank (1=best)  
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## Joe Gqabi District Municipality

The Joe Gqabi district in the Eastern Cape has a population of just over 336 000 people, with the province's second lowest population density of 13.1 per km<sup>2</sup>. Five per cent of the population belonged to a medical aid scheme, the third lowest membership level in the province.

The total district expenditure on district hospitals was 55.2% of the budget, a proportion that has been stable since 2008/09. The proportion spent on PHC was 31.7%, while 13.2% was spent on district management. The district per capita expenditure of R1 728 is the second highest in the province. The district PHC expenditure per capita decreased from R557 in 2010/11 to R544 and is the second lowest in the province. The PHC expenditure per headcount also decreased from R212 in 2010/11 to R194, which is lower than the national average of R225.

The PHC fixed facility supervisory rate of 92.5% is the highest in the province and the eighth highest in the country. The PHC utilisation rate in Joe Gqabi district was 2.7 visits per person per year, which is higher than the provincial average of 2 visits and also higher than the national average of 2.5 visits. The PHC utilisation rate under 5 years was 4.6 visits per child, the same as for the previous financial year.

The district has a notable 1.7 district hospital beds per 1 000 population, which is much higher than both the provincial average of 1.1 and the national average of 0.7 beds. The bed utilisation rate was 77.8%, the highest in the province. The average length of stay was 5.8 days, the second highest in the province and above the national average of 4.3 days. The average expenditure per PDE was R1 595, much lower than the provincial average of R2 014 and also lower than the national average of R1 653.

The incidence of diarrhoea under 5 years was 99.5 per 1 000 children. The mortality rate among children under 5 years due to diarrhoea with dehydration was 5.6%, a decrease from 13.3% in 2010/11. The vitamin A coverage 12 to 59 months was 48.2%, slightly higher than the national average of 43.4% and the provincial average of 47.7%.

The stillbirth rate decreased over a three year period from 22.0 per 1 000 births in 2009/10 to 11.6 in 2011/12, notably the lowest stillbirth rate in the country. The early neonatal death rate, however, increased in the same three year period from 7.8 per 1 000 live births in 2009/10 to 11.1. The under-1 facility mortality rate decreased from 15.2% in 2010/11 to 12.7% in 2011/12, but is still the second highest in the province and well above the national average of 6.8%. The under-5 facility mortality rate was 7.6%, a decrease from 10.5% in 2010/11.

An overall improvement from 2010/11 to 2011/12 is reflected in the immunisation of children, although some of the immunisation indicators have numerators larger than denominators (i.e. greater than 100%). The immunisation coverage under 1 year increased from 76.4% to 101.4%. The pneumococcal vaccine 3rd dose coverage increased from 56.1% to 97.2%, while the rotavirus 2nd dose coverage increased from 48.9% to 85.2% and the measles 1st dose under 1 year increased from 91.7% to 105.2% in the same period. The measles 1st to 2nd dose drop-out rate, on the other hand, increased drastically from 0.4% in 2010/11 to 14.5% in 2011/12 – possibly reflecting an improvement in data quality in the current reporting period.

The Caesarean section rate dropped from 11.4% in 2010/11 to 10.4% in 2011/12. Delivery rate in facility under 18 years has remained stable over the past five years at 11% and is well above the provincial average that showed a downward trend from 8.7% in 2007/08 to the current 5.6%. The facility maternal mortality ratio (MMR) reflected in the DHIS was 121 per 100 000 live births in 2011/12, a value somewhat lower than the average MMR for Joe Gqabi district of 156.3 per 100 000 live births for 2010 based on the National Committee for the Confidential Enquiries into Maternal Deaths data.

The rate of antenatal visits before 20 weeks in Joe Gqabi district improved over the past five years from 25.4% in 2007/08 to 40.4% in 2011/12. Cervical cancer screening coverage increased from 41.4% in 2010/11 to 48.5%. The couple year protection rate increased from 31.3% in 2000/01 to 39.8%. The district's male condom distribution rate was 22.0, much higher than the provincial average of 7.9 condoms per male 15 years and older and also higher than the 15.8 national average.

The TB two-month smear conversion rate decreased annually over the past three years from 74.8% in 2009 to 65.8% in 2011, which is well below the provincial average of 81.9%. The new smear-positive TB cure rate decreased from 74.7% in 2008 to 68.4% in 2010. There was a slight improvement in the new smear-positive TB defaulter rate that decreased from 7.2% in 2009 to 6.2% in 2010.

The antenatal client HIV 1st test rate was 96.8%, of which 17.8% tested HIV-positive. The antenatal client HIV prevalence (routine data) was 23.7%, lower than the HIV Antenatal Sero-prevalence Survey of 30.2%. The rate of antenatal clients initiated on HAART dropped from 97.6% in 2010/11 to 66.7% in 2011/12, the second lowest in the province and well below the 2011/12 national average of 80.4%. This apparent decline is, however, almost certainly due to underestimation of the denominator (eligible ANC clients) in the first part of 2010/11.

The uptake rate for babies PCR tested around six weeks according to the routine data was 97.8%. The percentage of babies that tested PCR-positive six weeks after birth was 2.6%. Data from the National Health Laboratory Services shows that the

## Section B: National and District Profiles

early infant HIV diagnosis coverage was 79.5%, a pleasing increase from 61.4% in 2010/11. The proportion of infants under two months of age that tested positive in 2011/12 was 2.7%. The rate of HIV-positive infants initiated on HAART under 18 months decreased from 35.6% in 2010/11 to 28.1% in 2011/12, which is well below the provincial average of 54.0% and the national average of 54.4%.

The hypertension detection rate has varied between 0.3% to 0.4% over the past 5 years, which is in line with the provincial and national averages for the same period. The mental health case load was 1.5%, slightly above the national average of 1.4% but below the provincial average of 1.8% for the same year.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Joe Gqabi's 2009 quality of death certification was relatively poor, with 32.2% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 18.3% of deaths were assigned to 'ill-defined' causes and 13.9% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to HIV and TB (35.3%), followed by non-communicable diseases (31.9%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (24.7%) ranked third whilst the lowest proportion (8.1%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): EC – DC14: Joe Gqabi District Municipality**

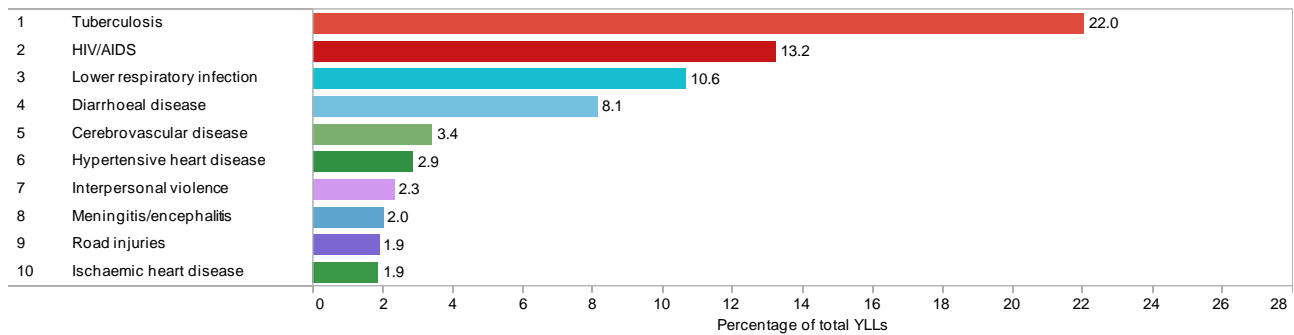


Figure 2: Annual indicators for district: Joe Gqabi: DC14

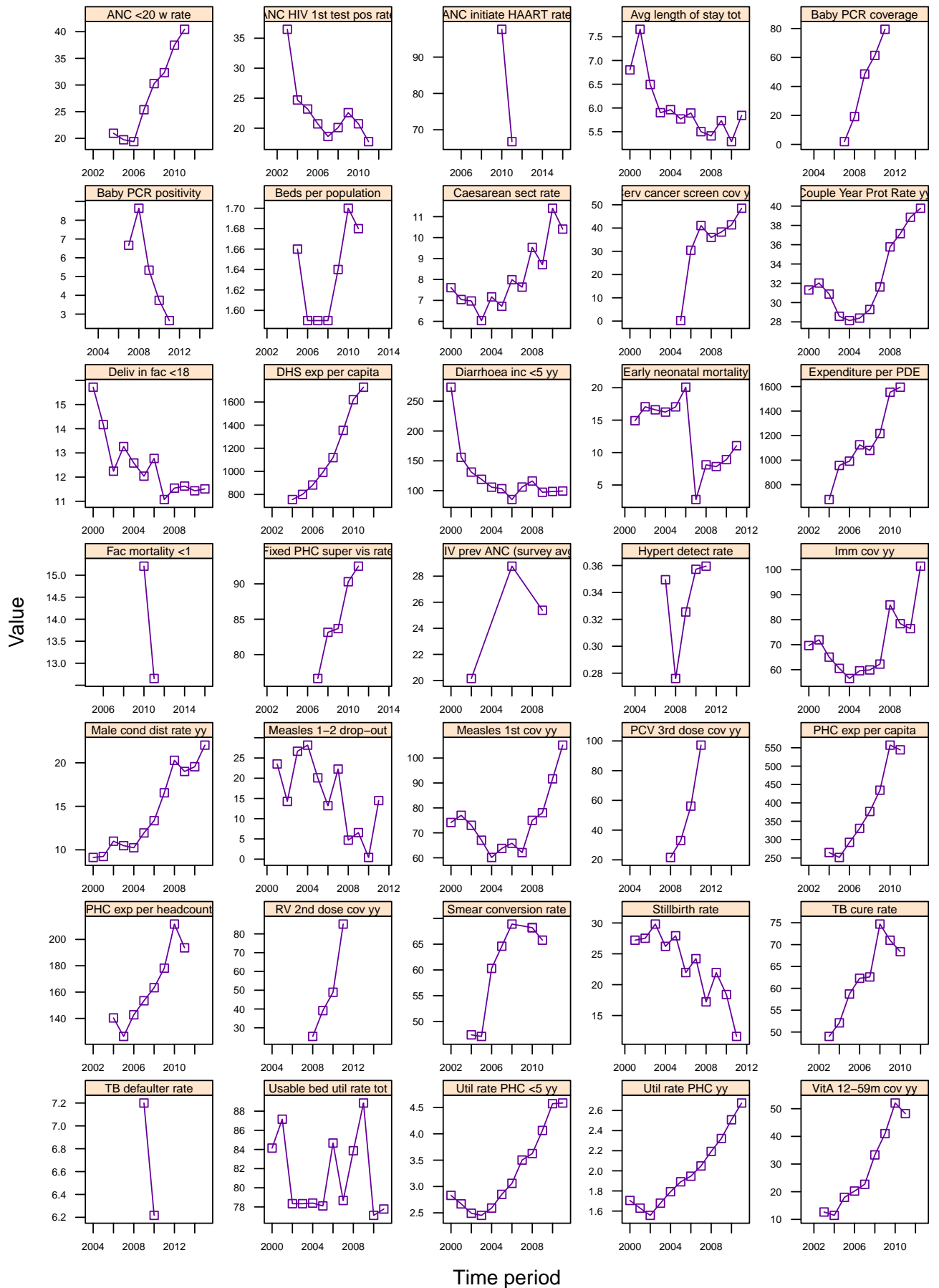
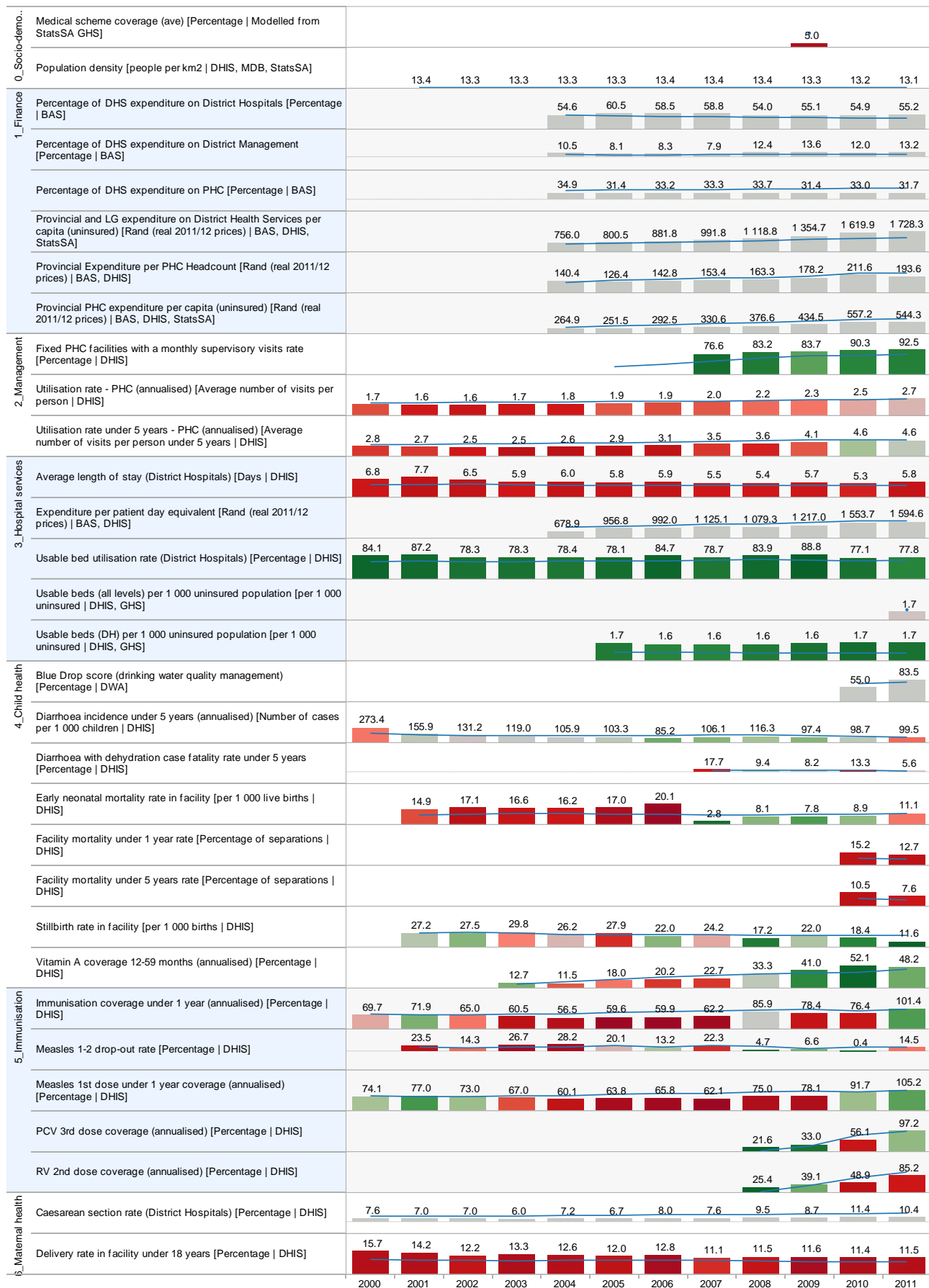
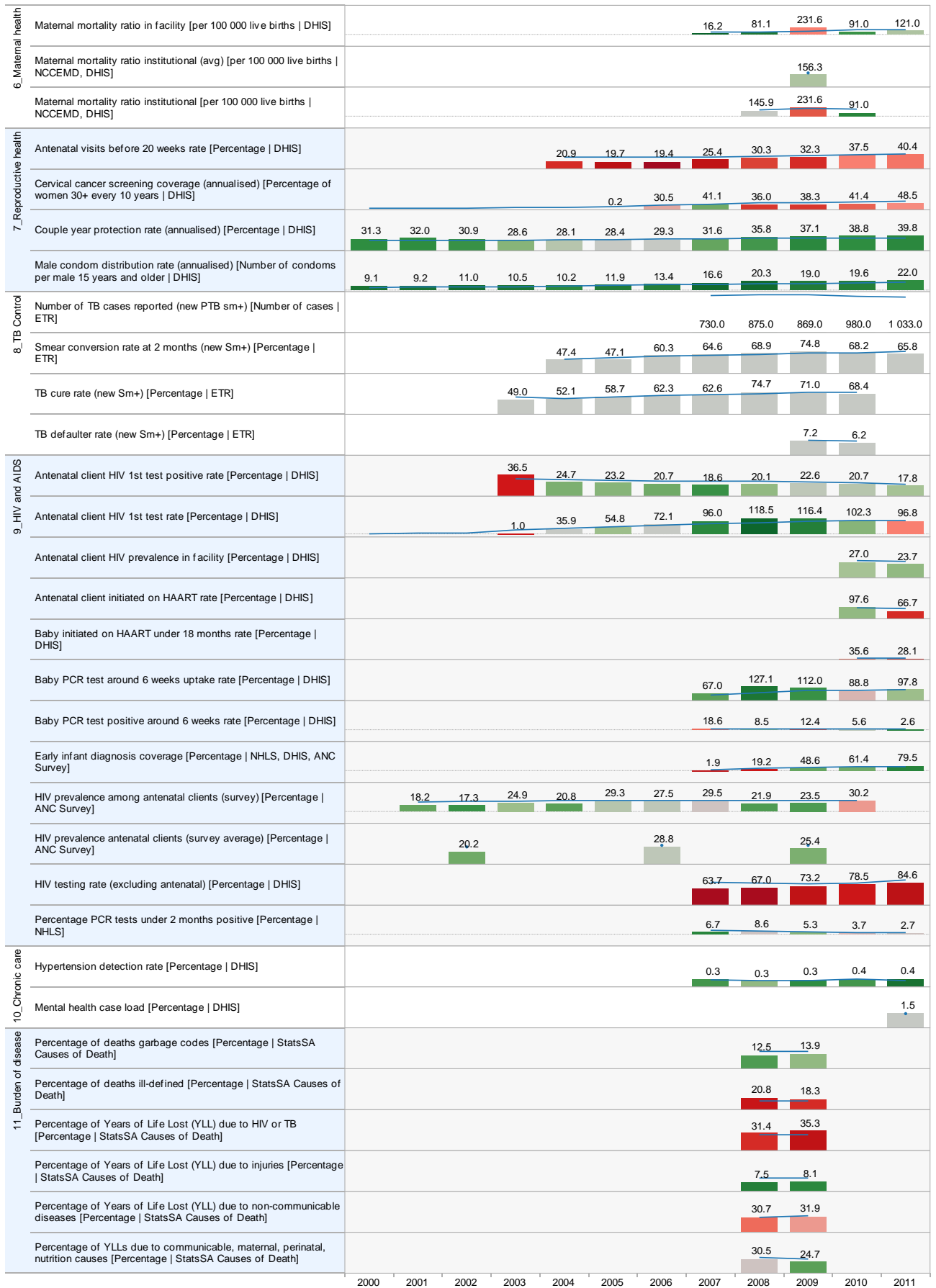


Figure 3: District page: EC – DC14: Joe Gqabi District Municipality



SA value or average District rank (1=best)  
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SA value or average District rank (1=best)  
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## OR Tambo District Municipality

OR Tambo district is the largest in the Eastern Cape and has a population of 1 353 409 with a population density of 111.9 people per km<sup>2</sup>. Medical scheme coverage was 4.6%.

The total district per capita expenditure of R1 063 is the lowest the province. The district PHC per capita expenditure was R595, well below the national average of R684. PHC expenditure per headcount was R204. The proportion of district expenditure on PHC was 55.1%, with 7.9% spent on district management. The proportion of district expenditure on district hospitals was 37.0%, above the provincial average of 22.3% but in line with the national average of 39.1%.

The PHC fixed facility supervisory rate of 91.4% was well above the provincial (86.2%) and national (74.1%) averages. The PHC utilisation rate was 2.8 visits per person per year and the PHC utilisation rate under 5 years 5.2 visits per child per year.

The district had 2.9 district hospital beds per 1 000 population, much higher than the national average of 0.7 beds. The bed utilisation rate was 55.5% and well below the national average of 67.2%. The average length of stay was 4.8 days, while the average expenditure per PDE was R1 597.

The diarrhoeal incidence under 5 years decreased from 130.7 per 1 000 children under 5 years in 2010/11 to 108.7 in 2011/12, but is the highest in the province. The mortality rate among children under 5 years due to diarrhoea with dehydration was 18.0%. This rate has decreased annually over the three years since 2008/09 when it was 25.2%. Despite the decrease, this is the highest in the province and more than three times above the national average of 4.6%.

The vitamin A coverage in children aged 12 to 59 months was 38.9%, second lowest in the province and lower than the national average of 43.4%.

The stillbirth rate has increased over three years from 26.8 per 1 000 births in 2008/09 to 29.9 in 2011/12 – the highest in the province and above the national average of 22.5. The early neonatal death rate of 20.8 per 1 000 live births is the highest in the country. The facility under-1 mortality rate was 16.0% and decreased from 22.6% in 2010/11, regrettably the 3rd highest in the country. The facility under-5 mortality rate dropped from 19.8% in 2010/11 to 11.4% in 2011/12.

The immunisation coverage under 1 year increased from 82.9% in 2010/11 to 90.3% in 2011/12, while the pneumococcal vaccine 3rd dose doubled from 36.3% to 77.6% and the rotavirus 2nd dose coverage almost doubled from 39.1% to 73.4%. The measles 1st dose under 1 year coverage was 102.6%. However, coverage rates of more than 100% may indicate data quality issues. The measles 1st to 2nd dose drop-out rate increased from 5.7% to a startling 21.4%, the highest in the province and above the national average of 15.4%.

The Caesarean section rate increased from 12.2% in 2010/11 to 15.4% in 2011/12. The proportion of deliveries in facilities to women under 18 years was 13.7%, well above the provincial (5.6%) and national (8.1%) averages. The maternal mortality ratio (MMR) in facility recorded in the DHIS decreased from 195.5 per 100 000 live births in 2010/2011 to 88.8 in 2011/2012. The 2010 MMR from the National Committee for the Confidential Enquiries into Maternal Deaths data was 283.1 per 100 000 live births.

The antenatal visits before 20 weeks rate was 25.5%, well below the national average of 40.2%. The cervical cancer screening coverage was 24.4% and well below the national average of 55%. The couple year protection rate was 26.9%. The male condom distribution rate was 16.9 condoms per male 15 years and older, the third highest in the province and above the provincial average of 9.0.

There are no TB data available to report on the TB two-month smear conversion rate, the new smear-positive TB cure rate or the new smear-positive PTB defaulter rate as district boundary changes have affected the reporting of TB data.

The antenatal client HIV 1st test rate was 102.5%.<sup>a</sup> The antenatal client HIV 1st test positive rate was 19.4%. The antenatal client HIV prevalence in facility routine data was 28.4% and in line with the 2010 HIV Antenatal Sero-prevalence Survey of 31.3%. The rate of antenatal clients initiated on HAART decreased from 75.2% in 2010/11 to 58.8%, which is the lowest in the province and well below the national average of 80.4%.

The uptake rate of babies PCR tested around 6 weeks according to the routine data was 62.4%, a huge improvement from 48.4% in 2010/11 yet still the lowest in the province and below the national average of 92.8%. The percentage of babies that tested PCR-positive six weeks after birth was 5.4%, a decrease from 7.4% in 2010/11. Data from the National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage was 38.3%, the lowest in the country while, according to the NHLS, the proportion of infants who were HIV-positive under two months was 3.7%.

The rate of HIV-positive infants under 18 months initiated on HAART at 29.8% is well below the national average of 54.4%.

The hypertension detection rate for 2011/12 was 0.3%. The mental health case load was 0.7% of the total case load and well below the national average of 1.4%.

<sup>a</sup> The indicator definition indicates the antenatal clients HIV tested for the first time during current pregnancy as the proportion of antenatal clients eligible.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. OR Tambo's 2009 quality of death certification was very poor, with 41.4% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 29.1% of deaths were assigned to 'ill-defined' causes and 12.3% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to HIV and TB (34.0%), followed by non-communicable diseases (29.7%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (24.7%) ranked third whilst the lowest proportion (11.6%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): EC – DC15: OR Tambo District Municipality**

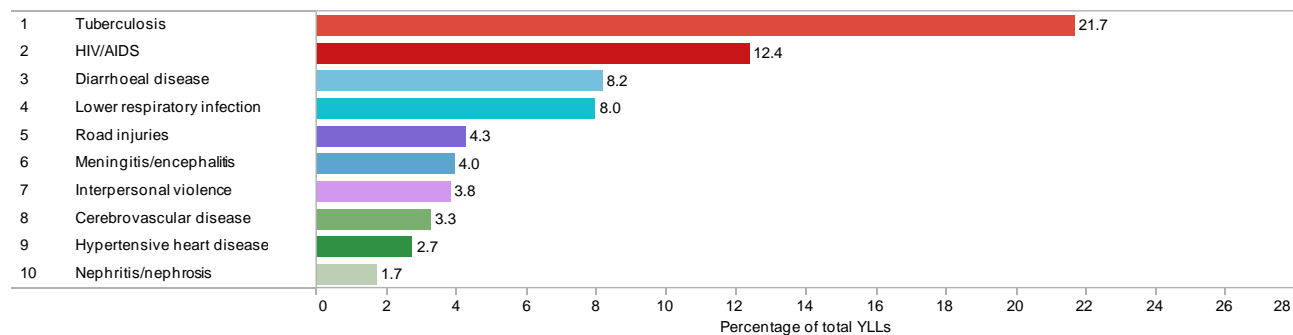


Figure 2: Annual indicators for district: OR Tambo: DC15

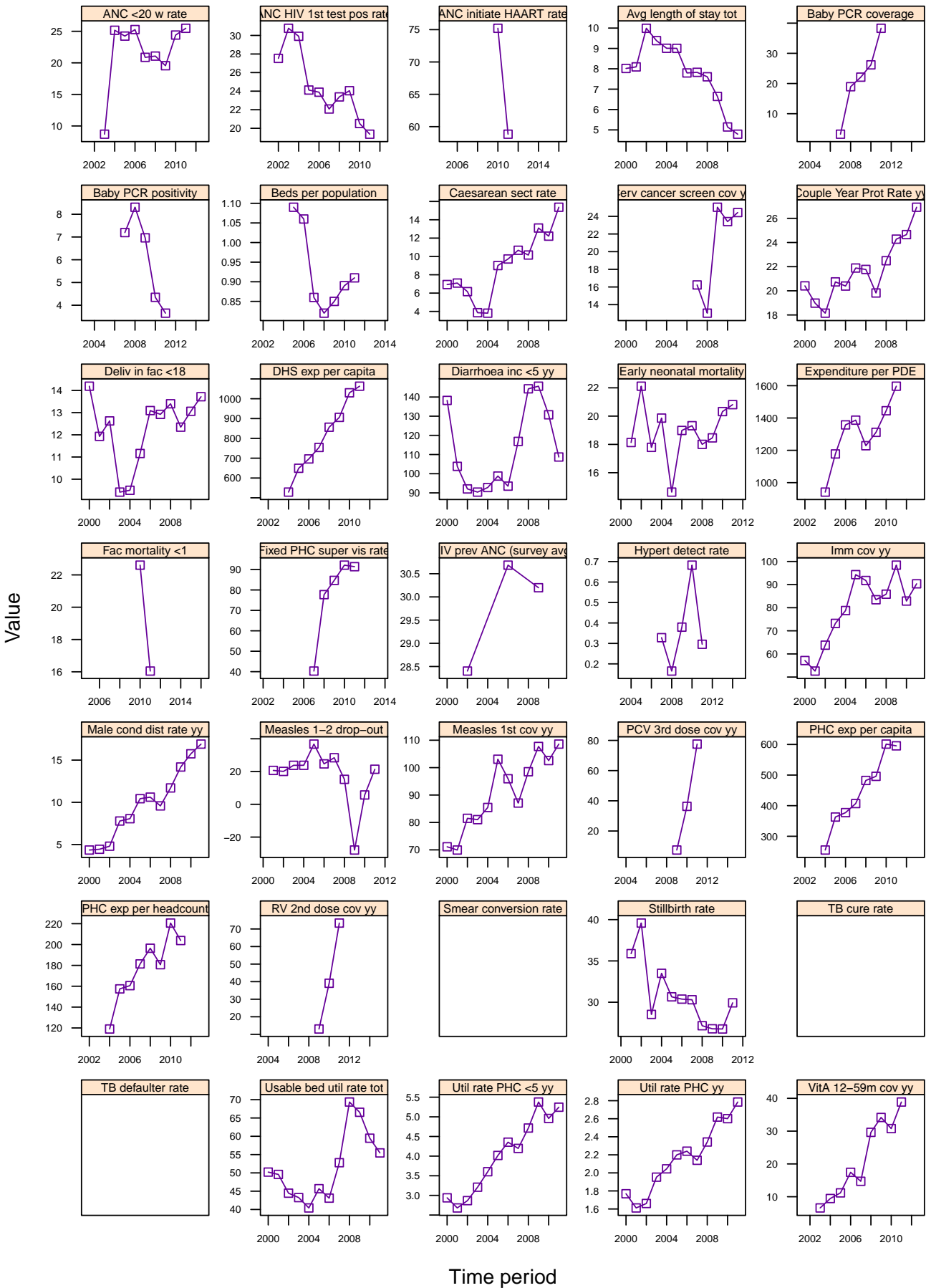
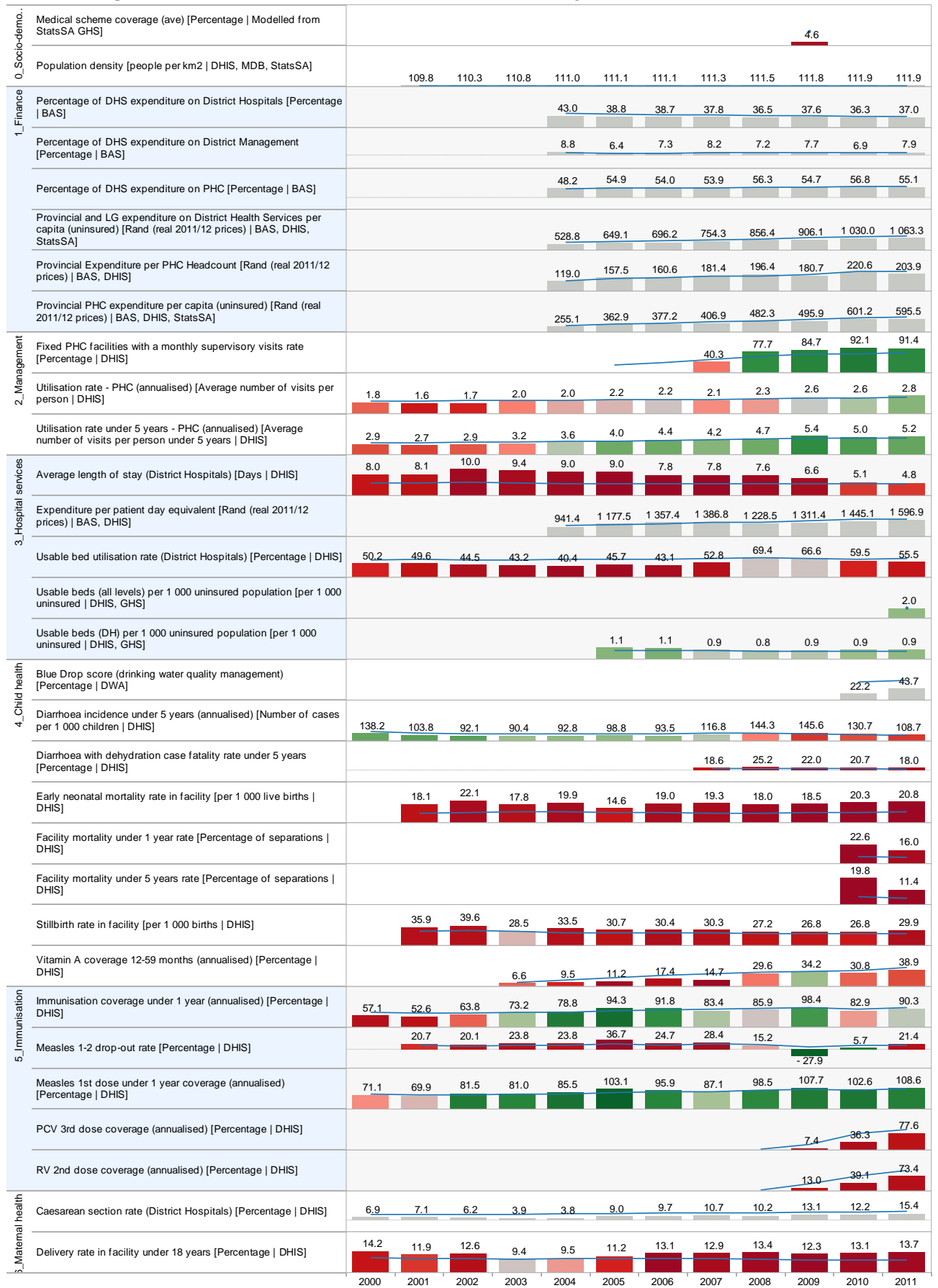
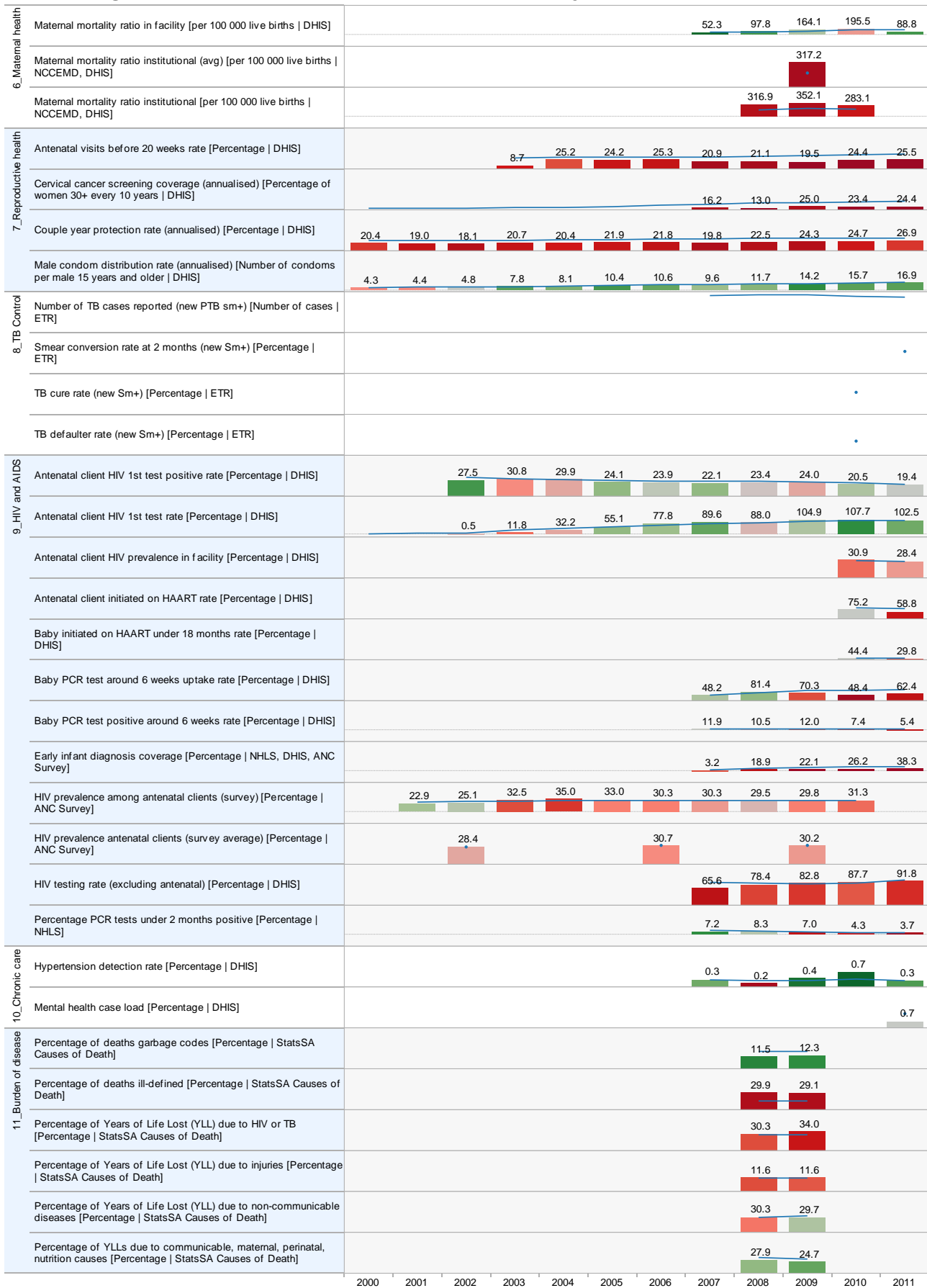


Figure 3: District page: EC – DC15: OR Tambo District Municipality



SA value or average District rank (1=best) 52  
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## Section B: National and District Profiles



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## Alfred Nzo District Municipality

Alfred Nzo is located on the north-eastern side of the Eastern Cape province. The total population is 802 936 and the population density 74.8 people per km<sup>2</sup>. Medical scheme coverage was 3.5%, which is the lowest in the province.

The total district expenditure of R989 per capita is the lowest in the province and below the national average of R1 191. The district PHC expenditure per capita decreased slightly from R423 in 2010/11 to R385 in 2011/12 and is much lower than both the provincial average of R646 and the national average of R684. The PHC expenditure per headcount was R167. The proportion of the budget spent on district hospital services was 54.7%, while 38.8% was spent on PHC and 6.5% on district management.

The PHC fixed facility supervisory rate was 91.1%, which is higher than both the national (74.1%) and provincial (85.9%) averages. The PHC utilisation rate was 2.2 visits per person per year. The under-5 PHC utilisation rate was 4.3 visits per child per year and has been consistent over the last three years.

The district has 1.1 district hospital beds per 1 000 population, higher than the national average of 0.7 beds. The average length of stay was 5.5 days, higher than the national average of 4.3 days, while the bed utilisation rate was 66.3%. The average expenditure per PDE was R1 556.

The under-5 diarrhoeal incidence was 79.8 per 1 000 children under 5 years, the second lowest in the province and below the national average of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 12.8%, a decrease from 21.2% in 2010/11 but still the highest in the province. The vitamin A coverage in children aged 12 to 59 months increased from 38.2% in 2010/11 to 43.2% in 2011/12.

The stillbirth rate was 17.3 per 1 000 births and the early neonatal death rate was 9.2 per 1 000 live births. The facility under-1 mortality rate decreased from 15.5% in 2010/11 to 13.1% in 2011/12. The facility under-5 mortality rate was 10.9%, around double the provincial (5.6%) and national (4.3%) averages.

The immunisation coverage for children under 1 year was 55.2%, the lowest in the province and well below the national average of 95.2%. The pneumococcal vaccine 3rd dose coverage was 58.9%, an increase from 2010/11 (32.4%) but the lowest in the country. The rotavirus vaccine 2nd dose coverage at 58.1% is the lowest in the province and in the country. The measles 1st dose under 1 year coverage was 80.2%, an increase from 74.0% in the previous year. The measles 1st to 2nd dose drop-out rate decreased from 20.2% in 2010/11 to 18.1% in 2011/12.

The Caesarean section rate was 15.1%, this against provincial and national averages of 16.2% and 19.9% respectively. The proportion of deliveries in facility to women under 18 years was 12.9%. The facility maternal mortality ratio (MMR) recorded in the DHIS was 153.7 per 100 000 live births and above the national average of 144.9. The 2010 MMR from the National Committee for the Confidential Enquiries into Maternal Deaths data was 106.5 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 30.2%, well below the national average of 40.2%. The cervical cancer screening coverage was 32.3%, an increase from 25.2% in 2010/11. The male condom distribution rate of 14.0 condoms per male 15 years and older per year is lower than the provincial (14.8) and national (15.8) averages. The couple year protection rate was 23.3%, the lowest in the province.

There are no TB data available for Alfred Nzo to report on the TB two-month smear conversion rate, new smear-positive TB cure rate and new smear-positive PTB defaulter rate due to boundary changes in 2011.

The antenatal client HIV 1st test rate was 100.3%.<sup>a</sup> The antenatal HIV positivity rate decreased from 22% in 2010/11 to 19.1% in 2011/12. The antenatal client HIV prevalence (routine data) was 25.6%, lower than the 2010 HIV Antenatal Seroprevalence Survey of 30.1%. The rate of antenatal clients initiated on HAART of 68.3% is below the provincial average of 70.4% and the national average of 80.4%.

The baby PCR test around 6 weeks uptake rate according to the routine data was 102.8%. This is an unreliable value because values over 100% indicate poor data quality.<sup>b</sup> The percentage of babies that tested PCR-positive six weeks after birth was 3.8%. Data from the National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage was 57.7%. The proportion of infants who were HIV-positive under two months was 3.6%. The rate of HIV-positive infants under 18 months initiated on HAART decreased drastically from 46% in 2010/11 to 29.3% in 2011/12, which is well below the national average of 54.4%.

The hypertension detection rate was 0.3%, on a par with the provincial and national averages. The mental health case load was 1.2% of total case load, also on a par with the provincial average and slightly lower than the national average of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Alfred Nzo's 2009 quality of death certification was very poor with more than half (54.7%), the most in the country, of all certificates

a The indicator definition indicates the antenatal clients HIV tested for the first time during current pregnancy as the proportion of antenatal clients eligible.

b The indicator definition is "Babies PCR tested 6 weeks after birth as the proportion of live births to HIV-positive women".

submitted not being useful for public health analysis. This is more than 20 percentage points above the 30.2% mean for South Africa and is a far cry from the internationally recommended standard of 10%. Of the unusable classifications, 46.3% of deaths were assigned to 'ill-defined' causes and 8.4% to 'garbage codes'. An analysis of the YLLs (after redistribution of the deaths) by broad cause groups reflects that, in proportions of Years of Life Lost (YLLs), the top three were fairly closely grouped with non-communicable diseases at 33.0%, followed by communicable diseases (together with maternal, perinatal and nutritional conditions) at 29.9% and HIV and TB at 27.6%. The lowest proportion of YLLs in the district was due to injuries (9.6%). This BoD profile is atypical as one would expect a low non-communicable disease (generally the diseases of affluence) YLLs and a high communicable disease YLLs in an area with a high deprivation index (SEQ1) and a relatively 'young' population.

Figure 1: Leading causes of Years of Life Lost (YLLs): EC – DC44: Alfred Nzo District Municipality

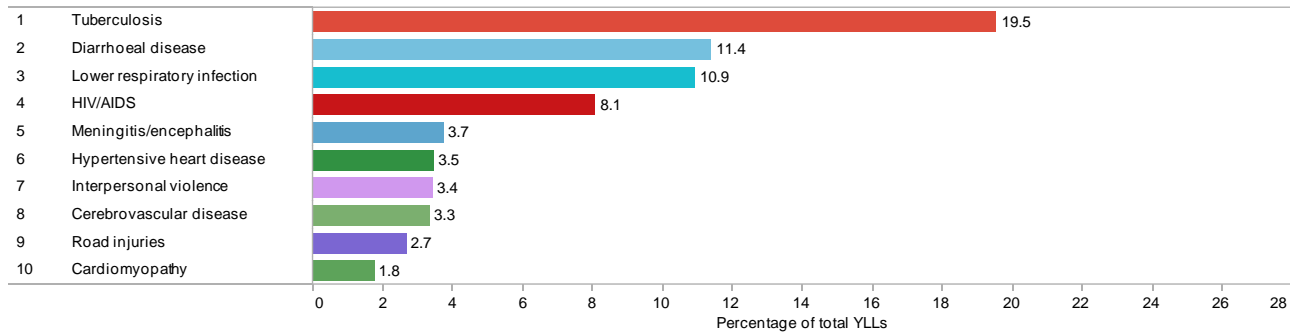




Figure 2: Annual indicators for district: Alfred Nzo: DC44

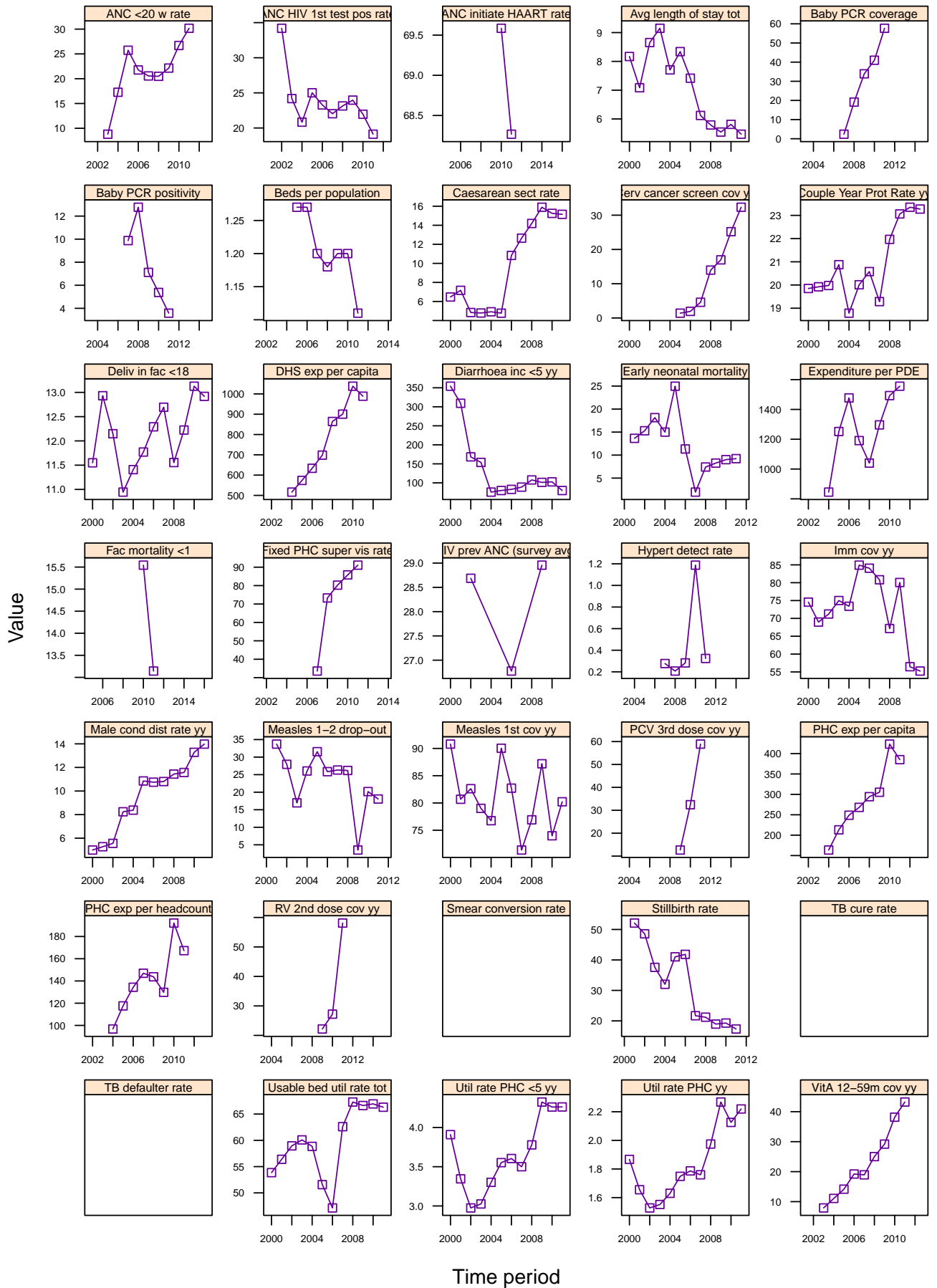
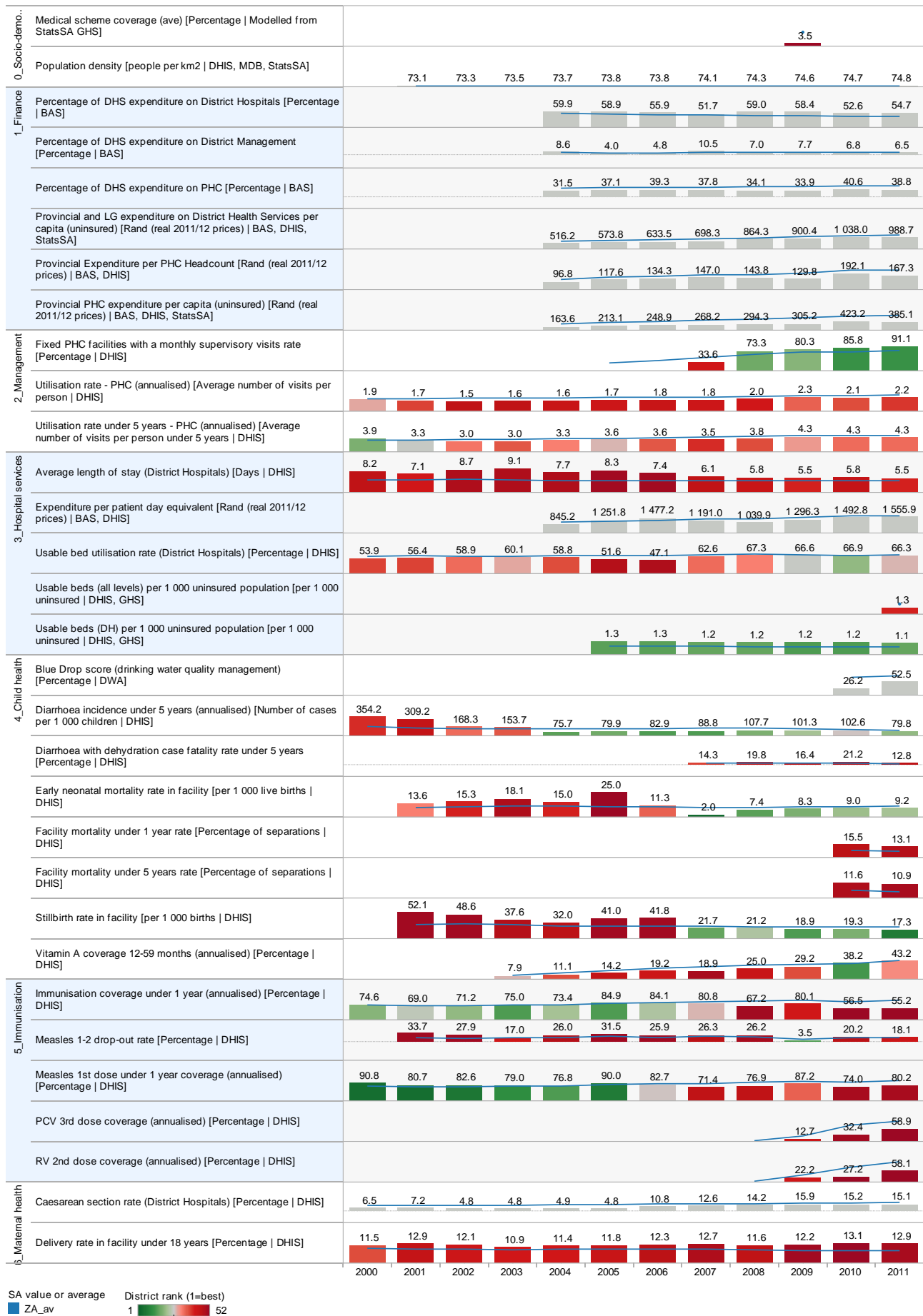
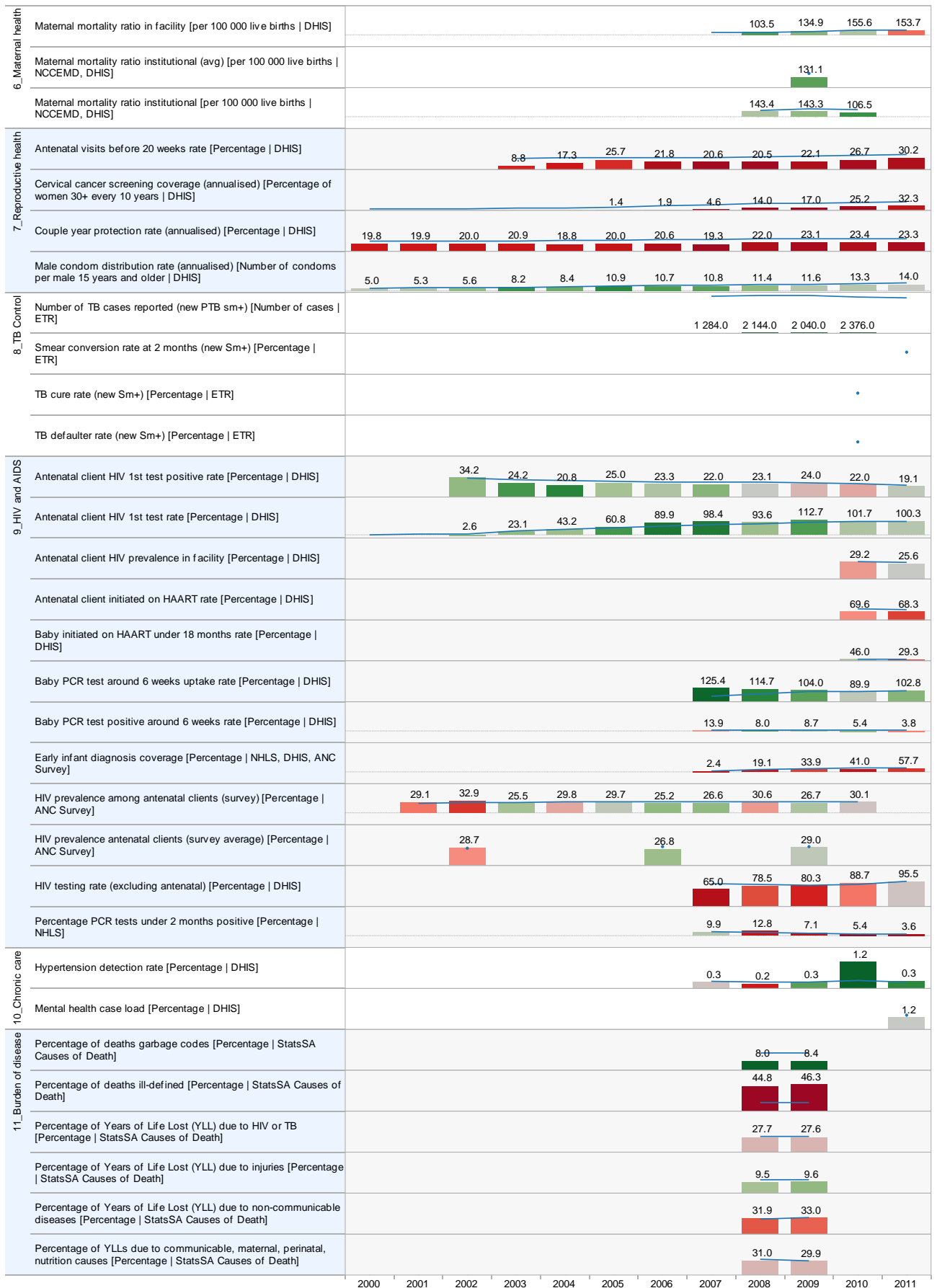


Figure 3: District page: EC – DC44: Alfred Nzo District Municipality





SA value or average District rank (1=best)  
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## Nelson Mandela Bay Metropolitan Municipality

Nelson Mandela Bay metropolitan district in the Eastern Cape has a population of 1 150 136, the third largest population of the Eastern Cape's seven districts, which constitutes 17% of the province's total population. With a population density of 592.3 people per km<sup>2</sup>, it is the most densely populated district in the Eastern Cape. Of the population, 29.4% belonged to a medical aid scheme, the highest percentage in the province and well above the national rate of 16.9%.

Although the district's PHC expenditure per capita decreased slightly from R946 in 2010/11 to R928 in 2011/12, it is still the highest in the province. The total district expenditure was R1 220 per capita, thus slightly lower than the provincial average of R1 257. The PHC expenditure per headcount increased from R219 in 2010/11 to R227 in 2011/12. A quarter (25.9%) of the budget was spent on district hospital services – the lowest in the province and to be expected because two of the district's three sub-districts do not have a district hospital. The proportion of the budget spent on PHC was 70.0%,<sup>a</sup> while 4.1% was spent on district management.

Although there was a small improvement in the PHC fixed facility supervisory rate from 56.0% in 2010/11 to 59.4% in 2011/12, the supervisory rate is the lowest in the province and is well below the national rate of 74.1%. This poor performance can be ascribed to the split responsibilities between the metro and the department of health, with the local government supervisors not having the same responsibilities as the provincial department of health's clinic supervisors.

The PHC utilisation rate was 2.9 visits per person per year, which is higher than the provincial rate of 2.7 visits and the national utilisation rate of 2.5 visits. The PHC utilisation rate under 5 years was 3.7 visits per child per year, which is lower than the provincial and national under-5 rates of 4.6 and 4.7 visits respectively.

The district has only one district hospital with 0.3 beds per 1 000 population. The bed utilisation rate increased from 65.2% in 2010/11 to 68.7% in 2011/12. The average length of stay was 3.9 days, the second lowest in the province and below the national average of 4.3 days. The expenditure per PDE was R2 546, which is the highest in the country and is, therefore, considerably higher than the provincial (R1 611) and the national (R1 653) expenditures. It must be noted, however, that although classified as a district hospital this hospital renders a comprehensive package of Level 2 services (including specialist services) and serves as a referral hospital for patients from a neighbouring district.

The diarrhoeal incidence in children under 5 years showed a decline from 96.6 per 1 000 in 2010/11 to 86.2 per 1 000 in 2011/12 – the third highest in the province but below the national average of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 2.8%, a halving over three years of the 5.7% in 2008/09. Vitamin A coverage for children aged to 12 to 59 months increased from 35.1% in 2010/11 to 41.4% in 2011/12.

The metro's stillbirth rate has seen a significant decrease over the past five years from a high of 27.2 per 1 000 births in 2006/07 to 18.3 in 2011/12, although fluctuating during this period. The early neonatal death rate has also been fluctuating and there was a significant increase from 12.1 per 1 000 live births in 2010/11 to 17.2 in 2011/12 – the highest rate of early neonatal death in the province and consequently also above the 10.2 national average. The facility under-1 mortality rate increased from 4.9% in 2010/11 to 6.4% in 2011/12, but is slightly below the national average of 6.8%. The facility under-5 mortality rate was 4.0% in 2010/11 and increased to 5.8% in 2011/12 where it is above the national average of 4.3%.

Immunisation coverage decreased by 17.9 percentage points from 96.5% to 78.6% between 2008/09 and 2011/12. The pneumococcal vaccine 3rd dose coverage increased from a low 10.6% in 2009/10 to 58.9% in 2010/11, reaching 87.8% in 2011/12. The rotavirus 2nd dose coverage increased from 54.5% in 2010/11 to 85.7% in 2011/2012 and the measles 1st dose under 1 year coverage from 82.9% to 86.7% in the same period. The measles 1st to 2nd dose drop-out rate has, unfortunately, also increased from 11.1% to 13.6% in 2011/12.

The Caesarean section rate was the highest in the country in 2010/11 (39.9%) and again in 2011/12 (40.1%).<sup>b</sup> The proportion of deliveries in facility to women under 18 years has remained stable between 2010/11 and 2011/12, with 7.0% and 6.8% reported in these years respectively.

The rate of antenatal visits before 20 weeks improved from 37.9% in 2010/11 to 41.2% in 2011/12 and is, as such, above the national average of 40.2%. Cervical cancer screening coverage, although below the national average of 55%, also increased from 37.9% in 2010/11 to 43.7% in 2011/12. The couple year protection rate decreased, however, from 39.6% to 37.2% in the same period. The male condom distribution rate dropped from 16.4 to 13.6 condoms per year per male 15 years and older between 2010/11 and 2011/12, a rate that is slightly below the provincial rate of 14.8.

The TB two-month smear conversion rate improved marginally from 62.1% in 2010 to 63.7% in 2011, but is still well below the national conversion rate of 71.7%. The new smear-positive TB cure rate dropped slightly from 69.7% in 2009 to 68.9% in 2010, while the new smear-positive TB defaulter rate regrettably increased from 10.0% to 11.5% in the same period – a figure nearing double the national rate of 6.8%.

a The PHC services have to render many services that would otherwise have been rendered from a Level 1 hospital.

b The district hospital drains a large area and also receives referrals from outside the district.

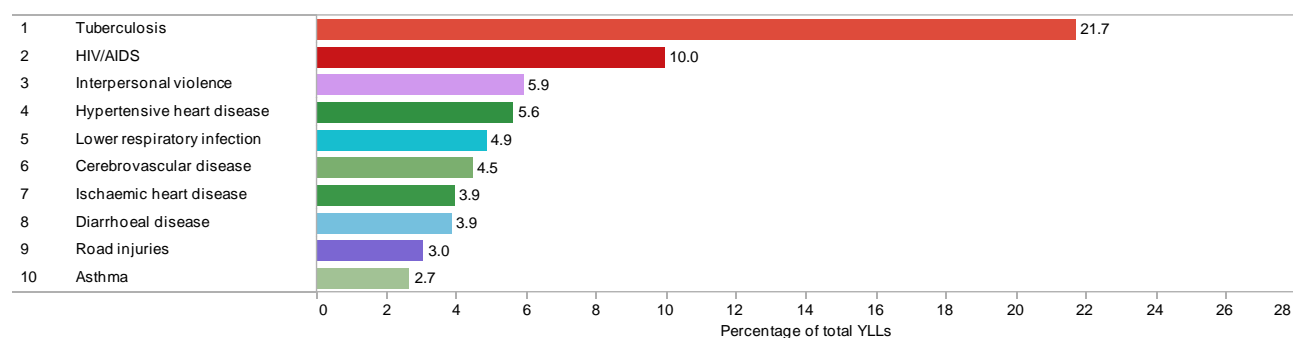
The antenatal client HIV 1st test rate remains the highest in the province at 108.0%<sup>c</sup> and is above the national average of 98%. The antenatal client HIV 1st test positivity rate dropped from 15.6% in 2010/11 to 13.2% in 2011/12 – the lowest in the province. The antenatal client HIV prevalence in facility as recorded in the DHIS for 2011/12 was 24.3%. The 2010 Antenatal Sero-prevalence Survey data recorded an HIV prevalence rate of 29.0%. The rate of antenatal clients initiated on HAART increased from 63.3% in 2010/11 to 76.9% in 2011/12, although this rate remains lower than the national rate of 80.4%.

The uptake rate of babies PCR tested around 6 weeks increased dramatically over two years from 48.7% in 2009/10 to 69.0% in 2011/12. The proportion of babies that tested PCR-positive six weeks after birth was 2.4%, a marked decrease from 5.6% in 2010/11. Data from the National Health Laboratory Services showed an increase in the early infant HIV diagnosis coverage from 40.0% in 2010/11 to 46.1% in 2011/12 and, from the same data, the proportion of infants who were HIV-positive under two months was 2.8%. The rate of HIV-positive infant under 18 months initiated on HAART doubled from 35.4% in 2010/11 to 70.3% in 2011/12 and was the highest in the province.

The hypertension detection rate was 0.2%, a slight decrease from 0.3% in 2010/11. The mental health case load in 2011/12 was 0.1% of the total case load, which is considerably below the national average of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Nelson Mandela Bay's 2009 quality of death certification was relatively poor, with 24.1% of the certificates submitted not being useful for public health analysis. This is below the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 7.6% of deaths were assigned to 'ill-defined' causes and 16.5% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (41.7%), followed by HIV and TB (31.7%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (14.9%) ranked third whilst the lowest proportion (11.8%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): EC – NMA: Nelson Mandela Bay Metropolitan Municipality**



<sup>c</sup> A rate exceeding 100% is generally an indication of poor data quality.

Figure 2: Annual indicators for district: Nelson Mandela Bay: NMA

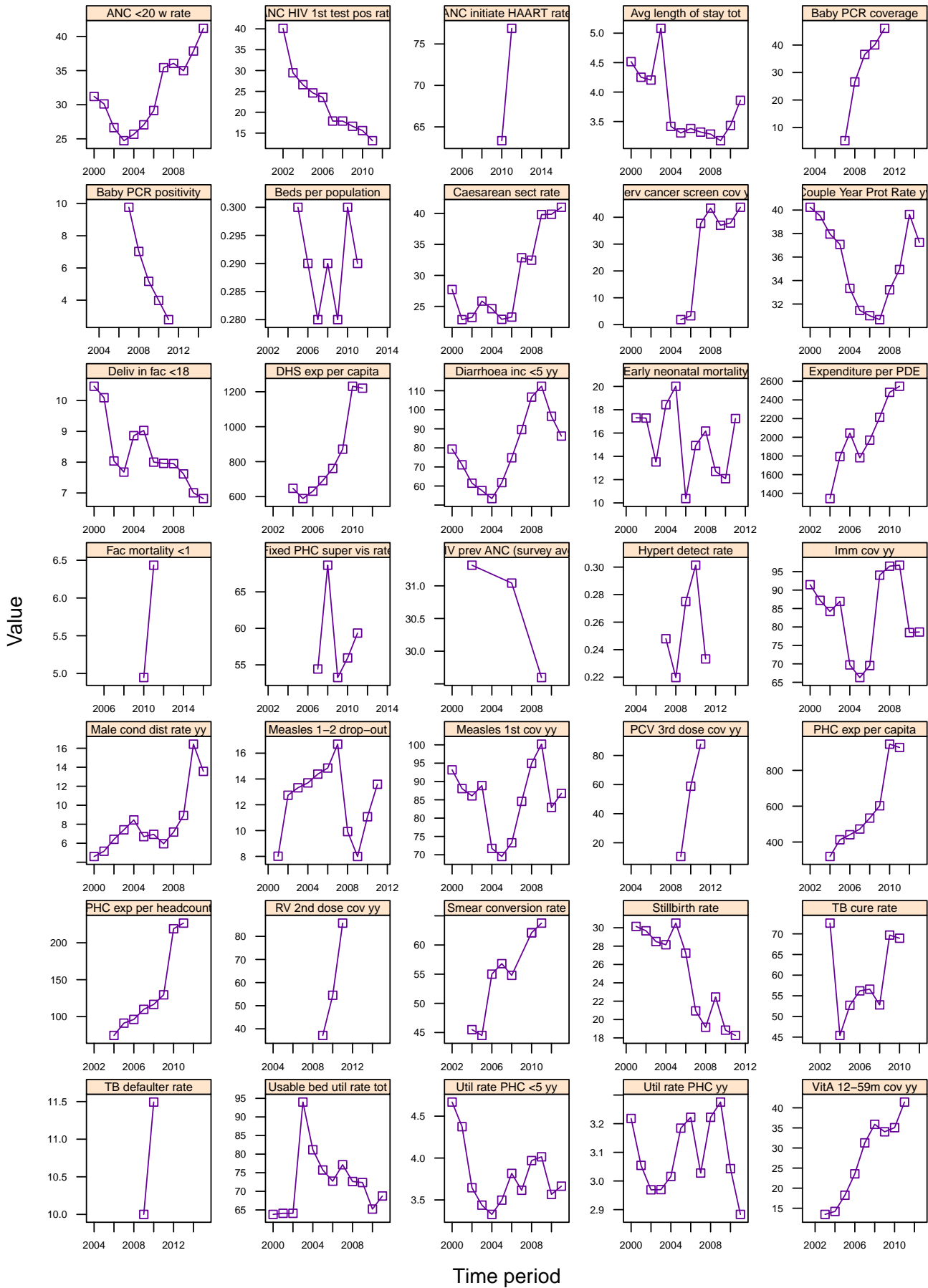
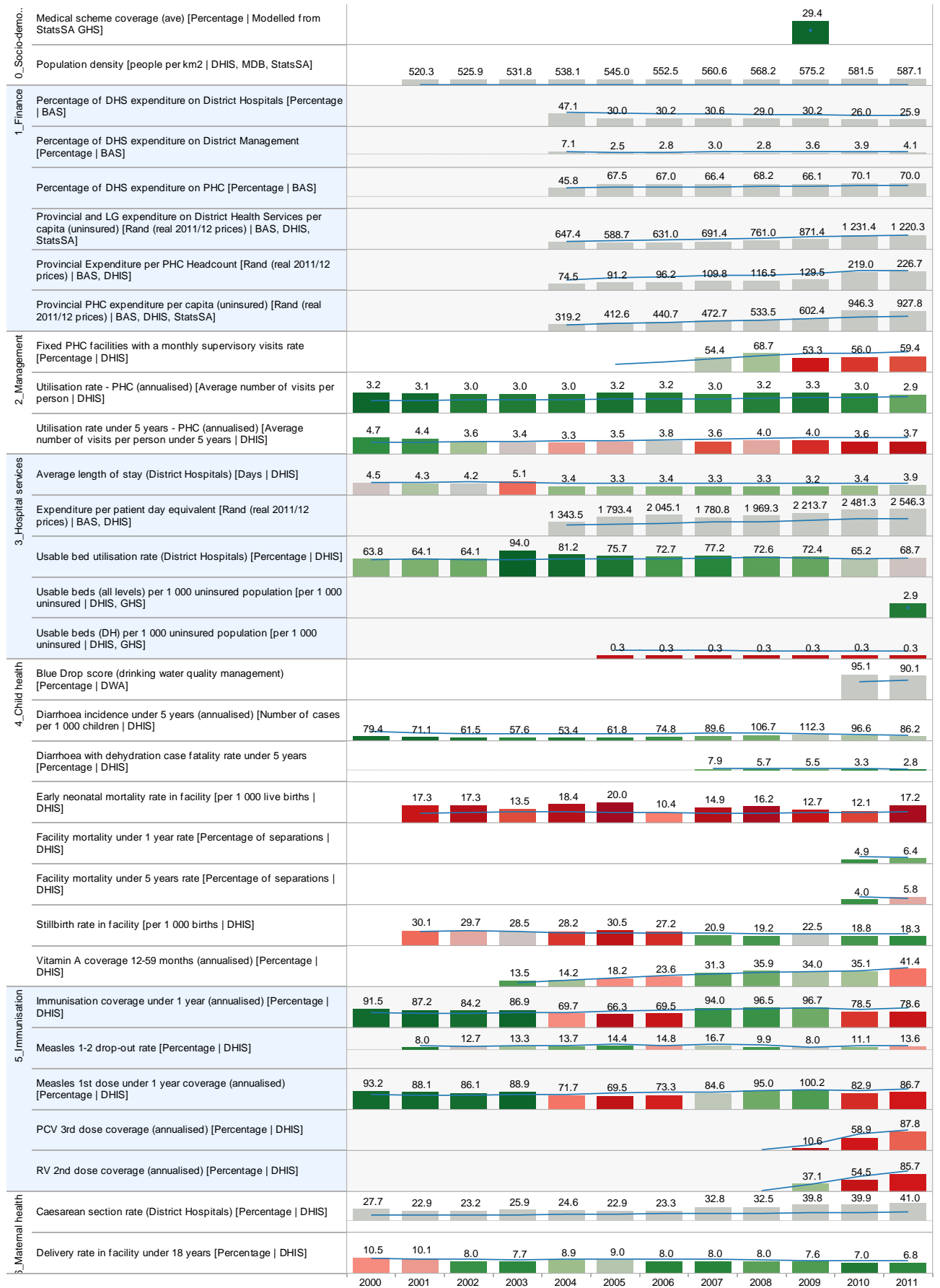
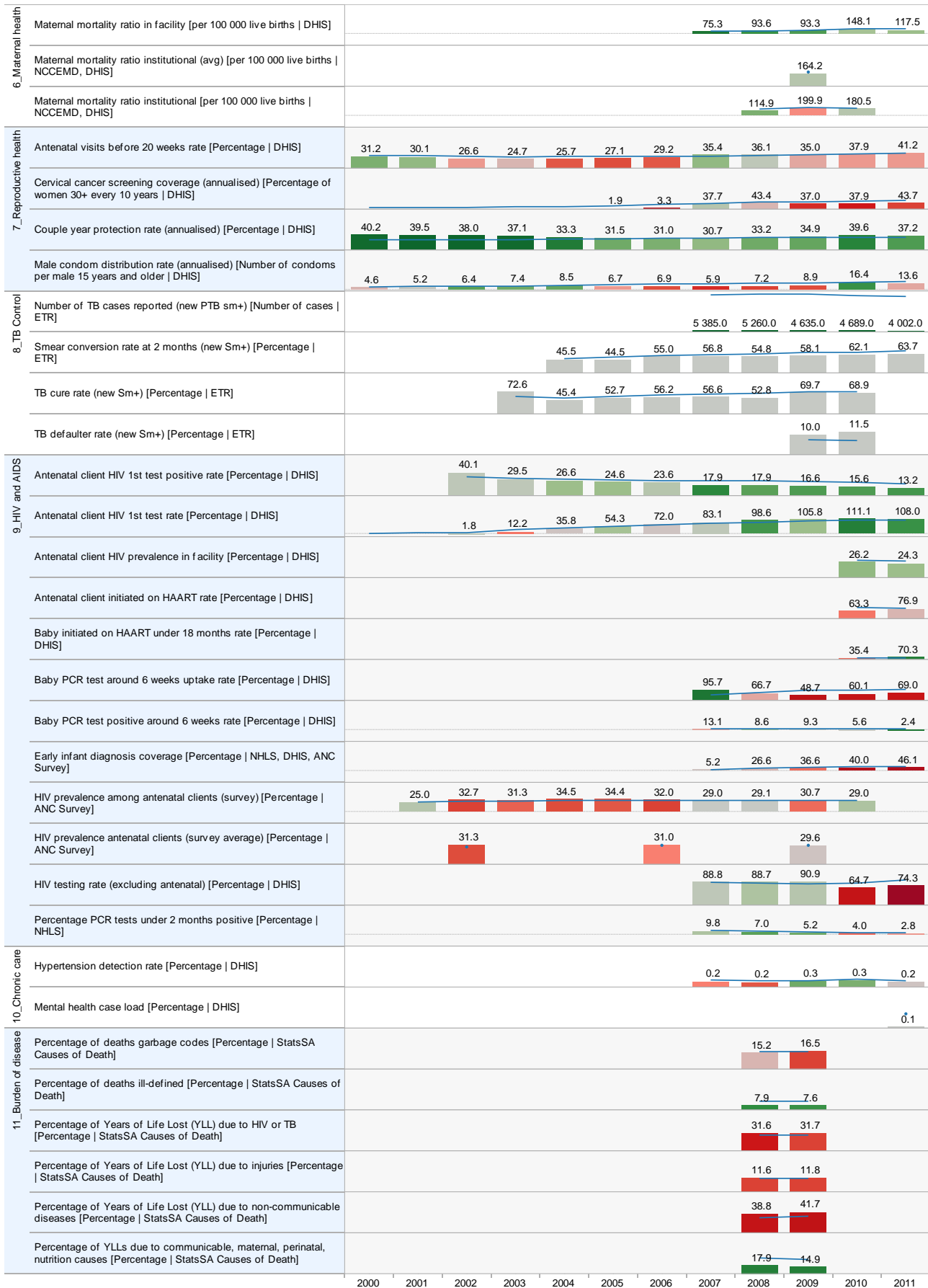


Figure 3: District page: EC – NMA: Nelson Mandela Bay Metropolitan Municipality



SA value or average District rank (1=best)  
 ■ ZA\_av 1 ■ 52

## Section B: National and District Profiles



SA value or average District rank (1=best)  
 ■ ZA\_av 1 ■ 52