

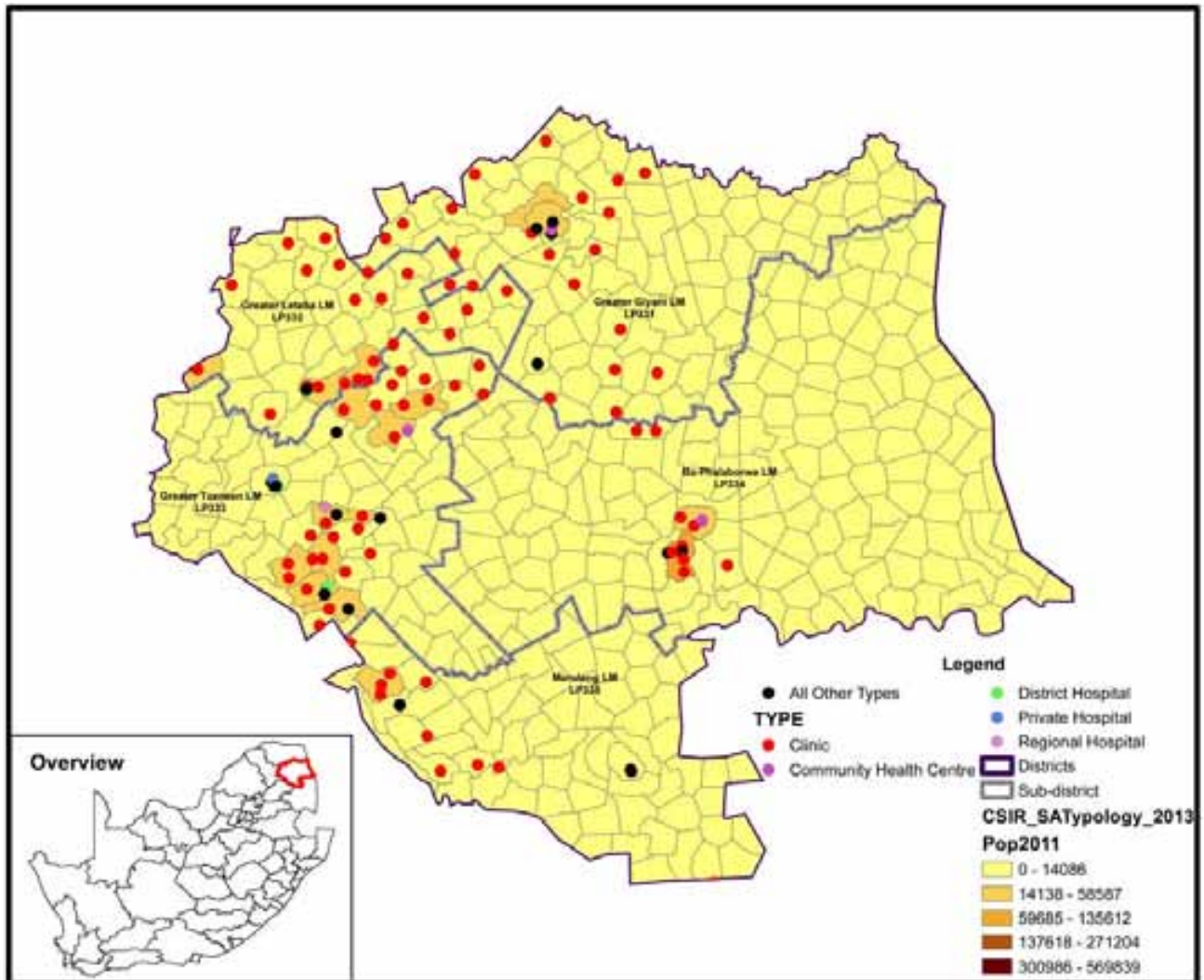
19 Limpopo Province

Mopani District Municipality (DC33)

Naomi Massyn

Mopani District is located in the north-eastern quadrant of Limpopo Province and comprises five sub-districts: Ba-Phalaborwa, Greater Giyani, Greater Letaba, Greater Tzaneen and Maruleng. It has a population of 1 118 933, with a population density of 55.9 persons per km² and falls in socio-economic Quintile 2.

Population distribution, sub-district boundaries and health facility locations: Mopani (DC33)



Burden of disease profile

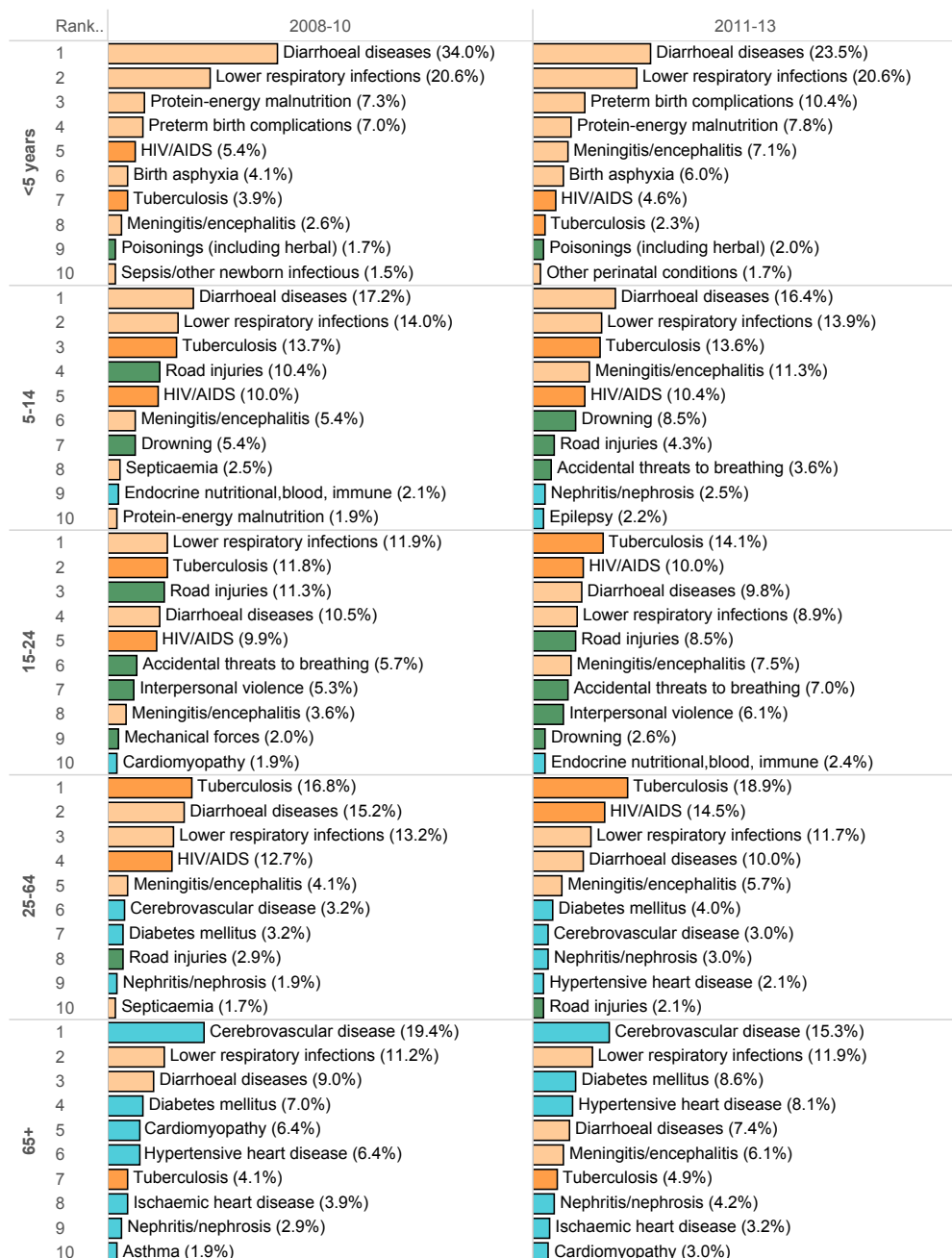
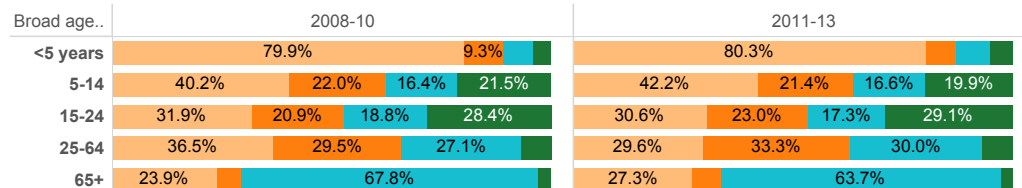
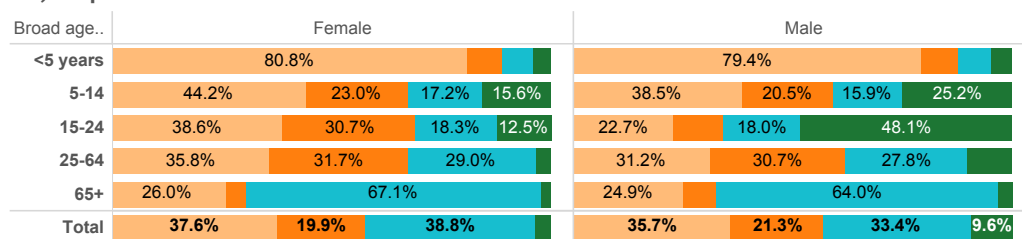
Percentage of deaths by broad cause and leading causes, 2008–2013: Mopani (DC33)

Percentage of deaths by broad cause and leading causes, 2008-2013

LP, Mopani: DC33

Prov, District
LP, Mopani: DC33
 Show History

Broadcause
■ Injury
■ NCD
■ HIV and TB
■ Comm_mat_peri_nut



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for around 80% of deaths among males and females.

In the 5–14-year age group, injuries accounted for 15.6% of deaths among females versus 25.2% of deaths among males. There was also a gender difference for communicable diseases and maternal, perinatal and nutritional conditions (44.2% mortality in females versus 38.5% in males).

In the 15–24-year age group, injuries accounted for 48.1% of deaths among males versus only 12.5% among females, while HIV and TB mortality was 30.7% among females versus only 11.2% among males.

In the 25–64-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for the largest proportion of deaths (31.2% among males and 35.8% among females), followed by HIV and TB (at around 31% in both genders). Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (10.3% versus 3.5%).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (67.1% among females and 64.0% among males).

Trends in broad cause groups by age

In the age groups up to 24 years there was not much change in the broad cause groups between 2008–2010 and 2011–2013. In the 25–64-year age group, deaths due to communicable diseases and maternal, perinatal and nutritional conditions declined from 36.5% to 29.6%, while in those 65-years-and-older, there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases, lower respiratory infections, preterm birth complications and protein-energy malnutrition remained the top four causes of death in this age group. HIV and AIDS moved down the ranking. Poisonings, including herbal, also ranked among the top 10 causes.

5–14 years

Diarrhoeal diseases, lower respiratory infections and TB remained the three leading causes of death in this age group. Road injuries dropped from fourth to seventh position. Epilepsy was also among the top 10 causes.

15–24 years

Tuberculosis was the leading cause of death in this age group. HIV and AIDS moved up from fifth to second position. Diarrhoeal diseases, lower respiratory infections, road injuries, meningitis/encephalitis, accidental threats to breathing, interpersonal violence, drowning, and endocrine, nutrition, blood and immune diseases also ranked among the top 10 causes.

25–64 years

Tuberculosis remained the top cause of death over the whole period. HIV and AIDS moved to second position. The other leading causes included lower respiratory infections and diarrhoeal diseases, followed by meningitis/encephalitis, diabetes mellitus and cerebrovascular disease.

65 years and older

Cerebrovascular disease and lower respiratory infections remained the top two leading causes of death in this age group over the whole period. Diabetes mellitus, hypertensive heart disease, diarrhoeal diseases, meningitis/encephalitis, TB, nephritis/nephrosis, ischaemic heart disease and cardiomyopathy also appeared among the leading causes.

Section B: Profile Limpopo Province

Indicator performance: Mopani (DC33)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16
		2012/13	2013/14	2014/15							
Management	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	89.6	92.6	77.8	25	85.6	95.0		73.5		
Management Inpatients	Average length of stay (district hospitals) [Days]	4.0	4.5	4.4	3	4.2	4.5		4.6		
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 133.7	2 117.7	2 145.9	1	2 510.7			2 136.4		
	Inpatient bed utilisation rate (district hospitals) [Percentage]	70.8	74.2	78.8	7	69.1	72.0		65.8		
	OPD new client not referred rate (district hospitals) [Percentage]	82.9	79.2	79.1	48	75.2			60.7		
Mortality Inpatients	Child under 5 years diarrhoea case fatality rate [Percentage]	10.2	5.4	7.9	51	4.7		5.0	3.3	3.5	3.0
	Child under 5 years pneumonia case fatality rate [Percentage]	5.8	6.2	5.9	50	4.2		4.5	2.9		
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	21.1	13.5	21.1	50	14.9		15.0	11.6	8.0	7.0
	Inpatient crude death rate [Percentage]	6.1	6.1	5.5	27	5.6			5.2		
Delivery	Delivery by Caesarean section rate (district hospitals) [Percentage]	17.5	19.0	19.9		19.7			22.7		
	Delivery in facility under 18 years rate [Percentage]	8.0	8.1	7.9	22	7.5	6.5		7.4		
	Inpatient early neonatal death rate [per 1 000 live births]	11.1	11.2	10.3	27	11.6		11.5	10.1		0
	Maternal mortality in facility ratio [per 100 000 live births]	134.8	95.7	131.3	27	165.2	183.6	182.6	132.5	100	80.0
	Mother postnatal visit within 6 days rate [Percentage]	79.0	80.7	81.0	8	72.4		75.0	74.3	80.0	85.0
	Stillbirth in facility rate [per 1 000 births]	21.1	20.1	20.2	25	21.4			20.7		
PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	46.4	50.1	55.0	33	50.7	44.0	46.0	53.9	65.0	70.0
	Antenatal client initiated on ART rate [Percentage]	54.0	80.0	92.7	24	92.9		98.0	91.2	93.0	96.0
	Infant 1st PCR test around 6 weeks uptake rate [Percentage]	91.5	92.6	89.7	41	93.9			100.6		
	Infant 1st PCR test positive around 6 weeks rate [Percentage]	2.6	2.4	1.8	33	2.0	2.0	1.0	1.5	1.8	2.0
Child Health	School Grade 1 screening coverage [Percentage]		15.6	17.5	33	22.2		20.0	23.2	30.0	35.0
	Vitamin A dose 12-59 months coverage [Percentage]	39.3	36.6	50.8	27	44.4	40.0	38.0	52.2	55.0	
Immunisation	Immunisation coverage under 1 year [Percentage]	81.3	75.5	90.5	16	82.2	90.0	90.0	89.8	95.0	91.0
	Measles 2nd dose coverage [Percentage]	82.1	78.0	92.3	8	83.3	90.0	85.0	82.8	85.0	85.0
Reproductive health	Cervical cancer screening coverage [(Percentage)]	59.9	61.7	58.5	23	47.9	60.0	57.0	54.5	60.0	64.0
	Couple year protection rate [Percentage]	40.6	36.5	50.6	18	49.2	45.0		46.8	55.0	
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	6.4	4.7	6.2	32	4.9			6.4		
HIV	HIV testing coverage (including ANC)		37.4	42.2	11	40.8			32.1		
	Male condom distribution coverage	24.9	21.6	36.1	27	38.2		36.0	38.4		
Non-communicable diseases	Hypertension incidence [per 1 000]	9.3	23.8	18.0		14.3			13.9		
	Mental health admission rate [Percentage]		1.6	1.8		1.9			1.2		
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	22.3	27.2	24.7	9	23.9			26.9		
	PHC professional nurse clinical workload [Clients per nurse per day]	27.1	23.1	18.6	46	21.7			29.4		

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		403.2	364.4	328.3	5	310.7			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	76.2	79.2	76.7		24	64.0			76.8		
	TB death rate (all TB) [Percentage]	15.2	14.3	12.1		45	11.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	4.1	4.0	4.5		17	4.5	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	71.5	71.7	74.1		38	57.6	79.5		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		90.9	94.0	93.8	22	94.1			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		55.1	64.4	93.8	2	75.3			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		34.2			28	22.8			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	10.0	9.1	13.3		23	11.1			14.5		
	Percentage of deaths ill-defined [Percentage]	21.0	20.9	16.9		42	16.8			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	38.4	41.2	37.5		52	32.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	27.0	24.6	22.8		9	24.7			27.9		
	Percentage of YLLs due to injuries [Percentage]	8.0	7.9	8.3		2	10.2			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	26.5	26.4	31.4		15	32.7			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ Average length of stay in district hospitals
- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ Mother postnatal visit within 6 days rate
- ◆ Measles 2nd dose coverage
- ◆ PHC doctor clinical workload
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ TB/HIV co-infected client on ART rate (second highest in the country)
- ◆ Percentage of years of life lost (YLLs) due to HIV and TB
- ◆ Percentage of YLLs due to injuries

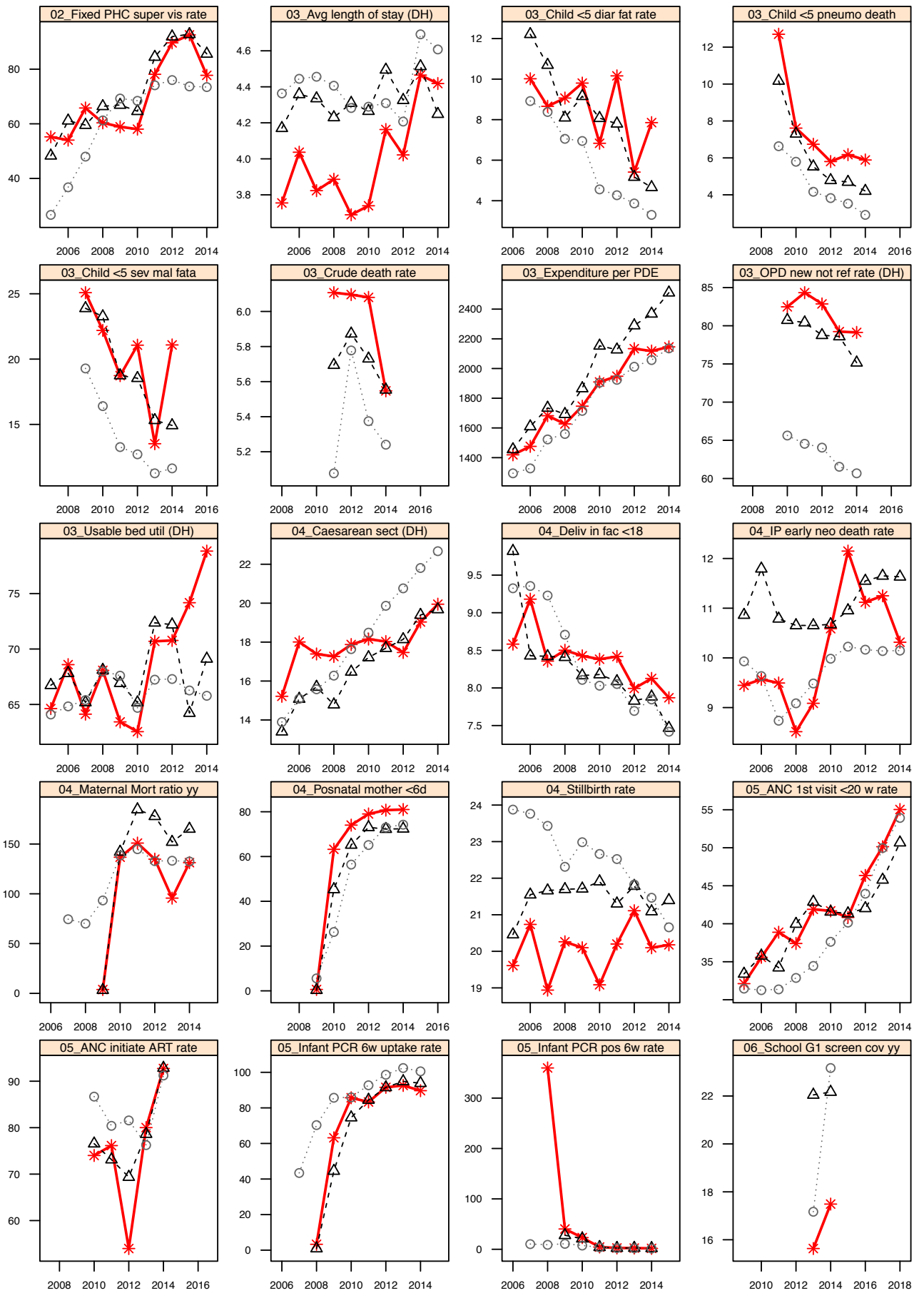
However, the performance of some indicators ranked among the 10 worst in the country. These indicators included the following:

- ◆ OPD new client not referred rate in district hospitals
- ◆ Child under 5 years diarrhoea case fatality rate (second highest in the country)
- ◆ Child under 5 years pneumonia case fatality rate (third highest in the country)
- ◆ Child under 5 years severe acute malnutrition case fatality rate (third highest in the country)
- ◆ PHC professional nurse clinical workload
- ◆ TB death rate (all TB)
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes (highest in the country)

Although the district recorded an improvement in the performance of several indicators over the past three years, improvement strategies are needed urgently for the following indicators, especially when compared with the district ranking, 2014/15 provincial and national averages, and the 2014/15 and 2015/16 provincial and national targets. These indicators are:

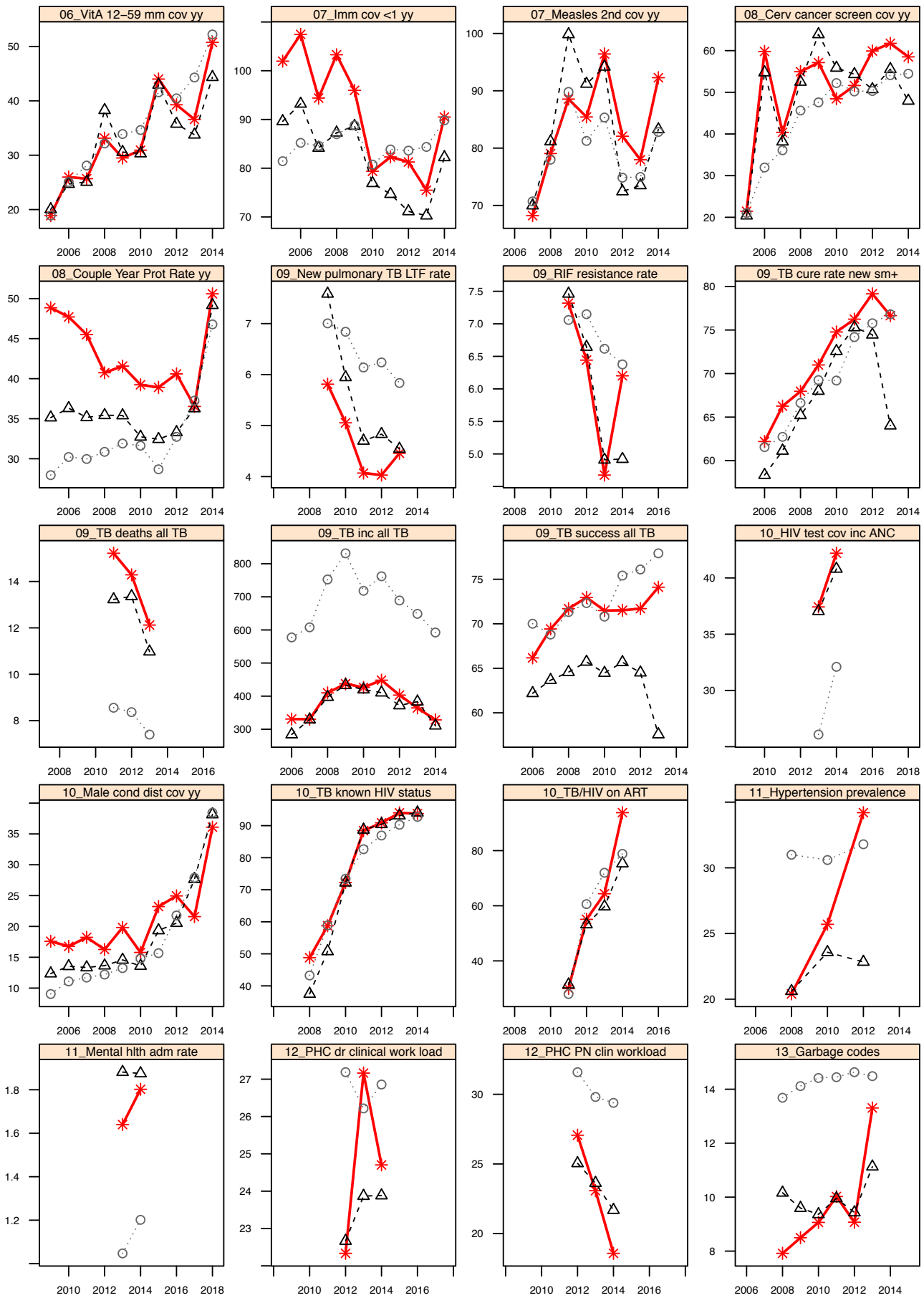
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ OPD new client not referred rate
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Inpatient crude death rate
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12-59 months coverage
- ◆ Immunisation coverage under 1
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ Male condom distribution coverage
- ◆ Hypertension incidence
- ◆ Mental health admission rate
- ◆ PHC professional nurse clinical workload
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ Hypertension prevalence rate (crude)
- ◆ Percentage of deaths ill-defined
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes

Annual indicators for district: Mopani (DC33)



District value * Provincial average Δ ZA (national) average ○

Annual indicators for district: Mopani (DC33)



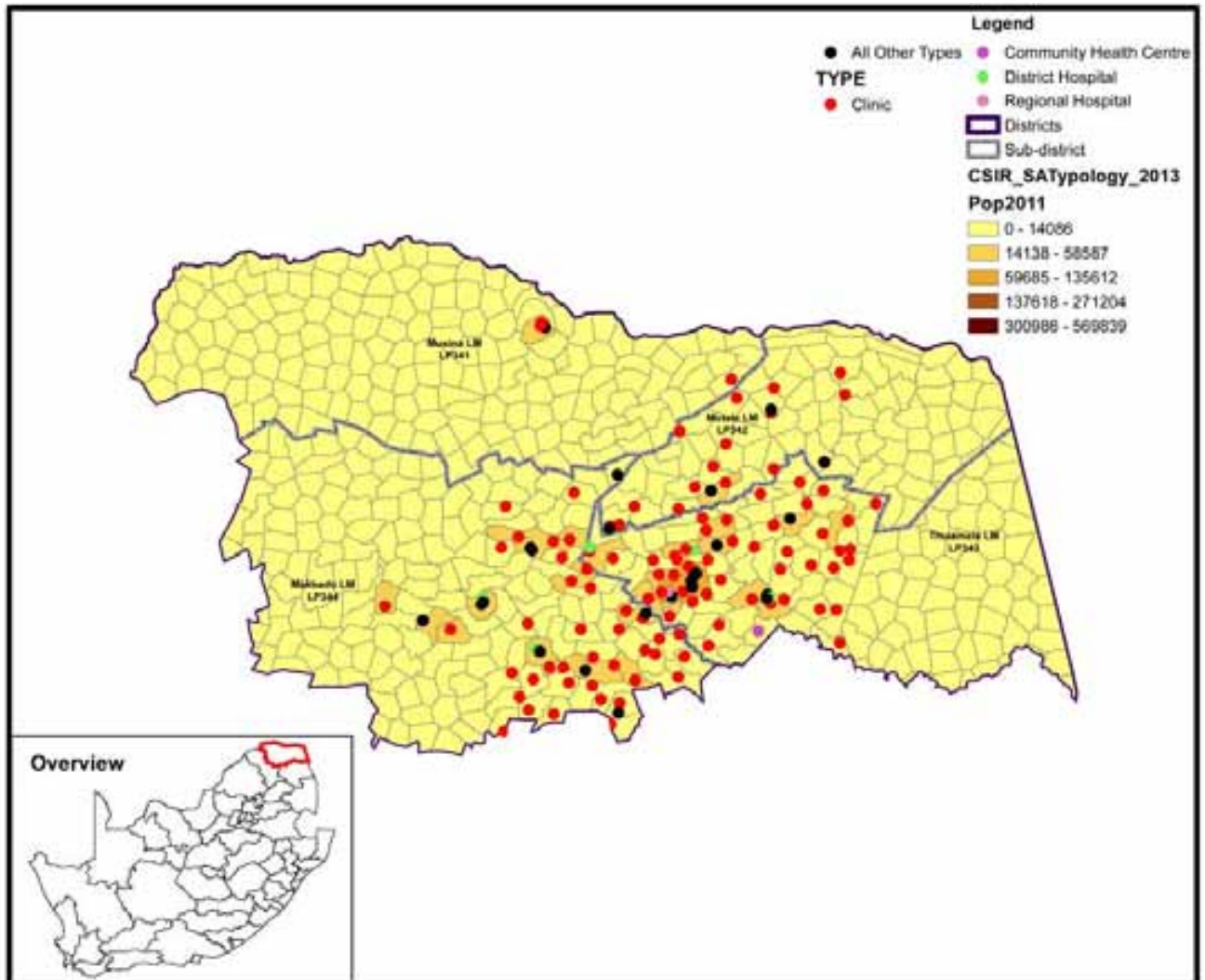
District value * Provincial average Δ ZA (national) average ○

Vhembe District Municipality (DC34)

Naomi Massyn

Vhembe District is located in the northern part of Limpopo Province. It borders with Zimbabwe and Botswana in the north-west and Mozambique in the south-east through the Kruger National Park. It comprises four sub-districts, namely Musina, Mutale, Thulamela and Makhado. The district has a population of 1 347 235, with a population density of 52.6 persons per km² and falls in socio-economic Quintile 2, among the poorer districts. Vhembe is one of the 11 National Health Insurance (NHI) pilot districts.

Population distribution, sub-district boundaries and health facility locations: Vhembe (DC34)



Burden of disease profile

Percentage of deaths by broad cause and leading causes, 2008–2013: Vhembe (DC34)

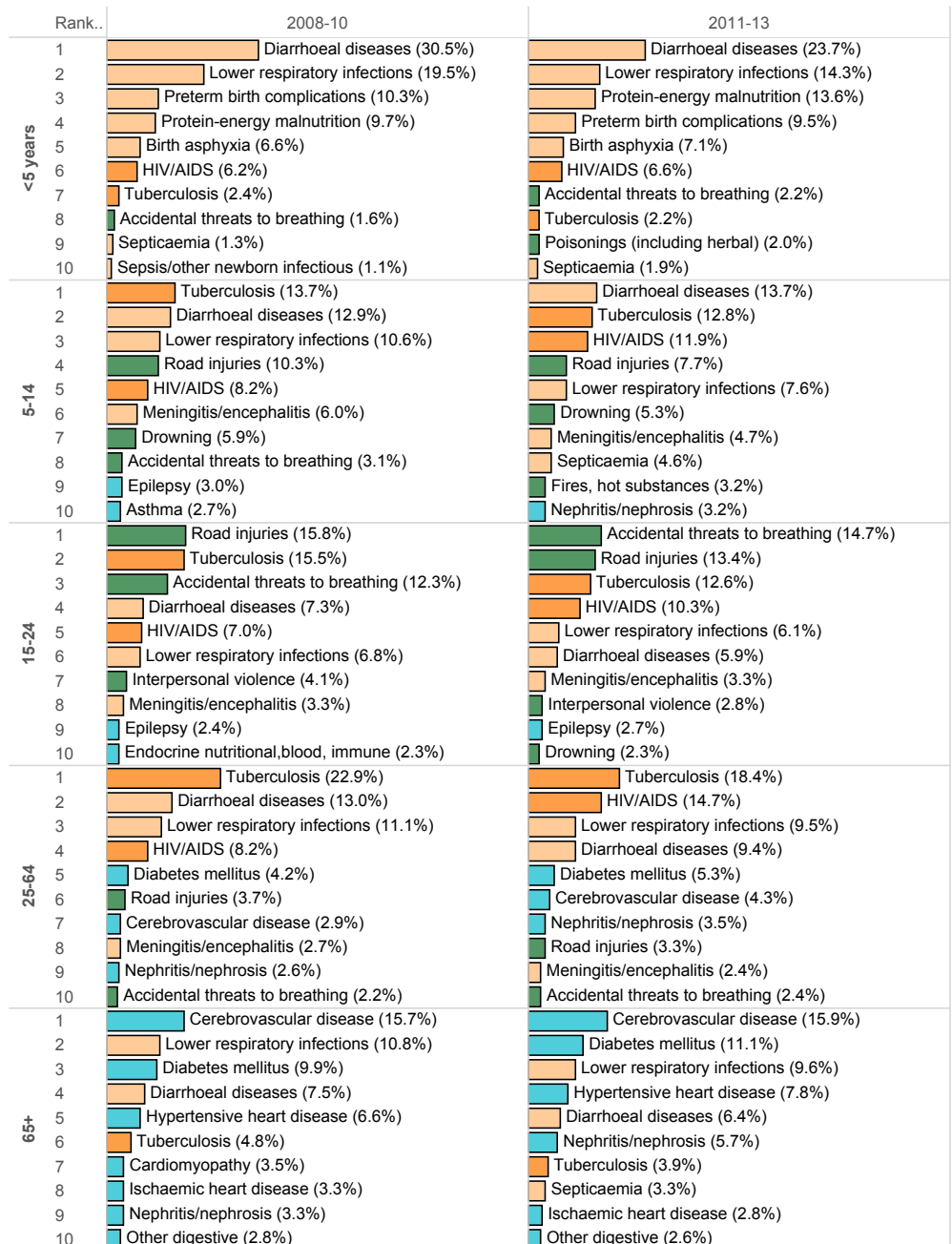
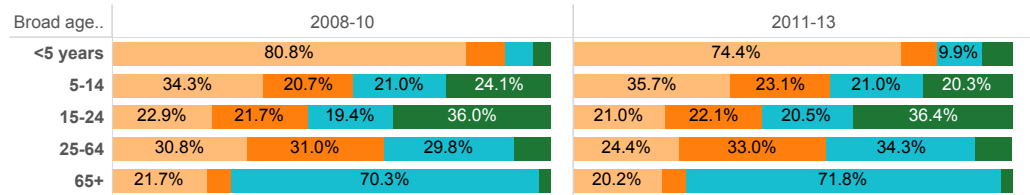
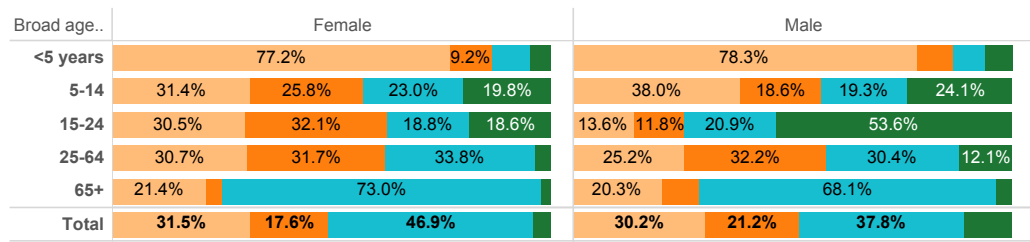
Percentage of deaths by broad cause and leading causes, 2008-2013

LP, Vhembe: DC34

Prov, District
LP, Vhembe: DC34
 Show History

Broadcause

- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for around 78% of deaths in both genders; this was followed by HIV and TB mortality at around 9%.

In the 5–14-year age group, injuries accounted for 19.8% of deaths among females versus 24.1% of deaths among males. Proportionate gender differences were also noted for deaths due to communicable diseases and maternal, perinatal and nutritional conditions (31.4% among females versus 38.0% among males), and HIV and TB mortality (25.8% among females versus 18.6% among males). Non-communicable disease mortality was 23.0% for females and 19.3% for males.

In the 15–24-year age group, injuries accounted for 53.6% of deaths among males versus only 18.6% among females, while HIV and TB mortality was 32.1% among females versus only 11.8% among males. Deaths due to communicable diseases and maternal, perinatal and nutritional conditions accounted for 30.5% of deaths among females versus 13.6% among males.

In the 25–64-year age group, non-communicable diseases accounted for the largest proportion of deaths among females (33.8%), while HIV and TB mortality was highest among males (32.2%). Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (12.1% versus 3.8%).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (73.0% among females and 68.1% among males).

Trends in broad cause groups by age

In children under 5 years, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 80.8% to 74.4% between 2008–2010 and 2011–2013. In the 5–14-year age group, there was a slight decrease in injury-related deaths, and a slight increase in HIV and TB mortality and deaths due to communicable diseases and maternal, perinatal and nutritional conditions. In the 15–24-year age group, there was not much change in the broad cause of death over the period. In the 25–64-year age group, HIV and TB mortality and non-communicable disease mortality increased slightly. In the 65-years-and-older age group, there was a slight decrease in deaths due to communicable diseases and maternal, perinatal and nutritional conditions, and a slight increase in non-communicable disease mortality.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases, lower respiratory infections, protein-energy malnutrition, preterm birth complications, birth asphyxia and HIV and AIDS remained the top six causes of death in this age group. Tuberculosis moved down the ranking. Poisonings (including herbal) and septicaemia were also among the top 10 causes.

5–14 years

Diarrhoeal diseases (23.7%) and TB (12.8%) were the two leading causes of death in this age group. HIV and AIDS moved from fifth to third position, followed by road injuries, lower respiratory infections and drowning. Septicaemia, fires and nephritis/nephrosis were also among the top 10 causes.

15–24 years

Accidental threats to breathing, road injuries and TB were the three main causes of death in this age group. HIV and AIDS moved up one position to fourth place, followed by lower respiratory infections and diarrhoeal diseases.

25 – 64 years

Tuberculosis remained the top cause of death over the whole period, and HIV and AIDS moved to second position. The other leading causes included lower respiratory infections, diarrhoeal diseases, diabetes mellitus, cerebrovascular disease, nephritis/nephrosis, road injuries, meningitis/encephalitis and accidental threats to breathing.

65 years and older

Cerebrovascular disease, diabetes mellitus and lower respiratory infections remained the three leading causes of death in this age group over the whole period. Hypertensive heart disease, diarrhoeal diseases, nephritis/nephrosis, TB, septicaemia and ischaemic heart disease also appeared in the top 10 leading causes of death.

Section B: Profile Limpopo Province

Indicator performance: Vhembe (DC34)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16	
		2012/13	2013/14	2014/15								
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	96.3	93.6	92.4	3	85.6	95.0		73.5			
Management Inpatients	Average length of stay (district hospitals) [Days]	4.6	4.8	4.3	13	4.2	4.5		4.6			
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 112.0	2 246.5	2 436.9	34	2 510.7			2 136.4			
	Inpatient bed utilisation rate (district hospitals) [Percentage]	78.5	73.7	69.0	20	69.1	72.0		65.8			
	OPD new client not referred rate (district hospitals) [Percentage]	70.8	70.6	63.7	31	75.2			60.7			
	Child under 5 years diarrhoea case fatality rate [Percentage]	6.1	3.6	3.1	30	4.7		5.0	3.3	3.5	3.0	
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	4.1	3.2	3.2	32	4.2		4.5	2.9			
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	18.0	12.5	15.4	42	14.9		15.0	11.6	8.0	7.0	
	Inpatient crude death rate [Percentage]	6.1	5.5	5.5	24	5.6			5.2			
	Delivery by Caesarean section rate (district hospitals) [Percentage]	17.3	18.8	18.7		19.7			22.7			
Delivery	Delivery in facility under 18 years rate [Percentage]	8.3	8.4	7.9	24	7.5	6.5		7.4			
	Inpatient early neonatal death rate [per 1 000 live births]	8.8	8.0	7.4	7	11.6		11.5	10.1		0	
	Maternal mortality in facility ratio [per 100 000 live births]	146.3	111.2	93.4	17	165.2	183.6	182.6	132.5	100	80.0	
	Mother postnatal visit within 6 days rate [Percentage]	79.1	78.7	77.0	12	72.4		75.0	74.3	80.0	85.0	
	Stillbirth in facility rate [per 1 000 births]	16.7	17.3	16.2	10	21.4			20.7			
	PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	37.9	47.4	53.7	38	50.7	44.0	46.0	53.9	65.0	70.0
		Antenatal client initiated on ART rate [Percentage]	68.9	82.0	96.7	10	92.9		98.0	91.2	93.0	96.0
Infant 1st PCR test around 6 weeks uptake rate [Percentage]		65.0	89.0	84.4	46	93.9			100.6			
Infant 1st PCR test positive around 6 weeks rate [Percentage]		3.5	1.9	1.4	17	2.0	2.0	1.0	1.5	1.8	2.0	
Child Health	School Grade 1 screening coverage [Percentage]		44.2	25.9	18	22.2		20.0	23.2	30.0	35.0	
	Vitamin A dose 12-59 months coverage [Percentage]	36.5	37.6	45.0	42	44.4	40.0	38.0	52.2	55.0		
Immunisation	Immunisation coverage under 1 year [Percentage]	81.6	85.7	94.5	11	82.2	90.0	90.0	89.8	95.0	91.0	
	Measles 2nd dose coverage [Percentage]	78.4	84.2	87.9	13	83.3	90.0	85.0	82.8	85.0	85.0	
Reproductive health	Cervical cancer screening coverage [Percentage]	45.7	47.2	38.8	43	47.9	60.0	57.0	54.5	60.0	64.0	
	Couple year protection rate [Percentage]	31.3	38.4	51.5	16	49.2	45.0		46.8	55.0		
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	8.2	6.2	4.9	16	4.9			6.4			
HIV	HIV testing coverage (including ANC)		40.3	44.5	8	40.8			32.1			
	Male condom distribution coverage	15.6	33.9	38.7	21	38.2		36.0	38.4			
Non-communicable diseases	Hypertension incidence [per 1 000]	10.2	11.0	10.7		14.3			13.9			
	Mental health admission rate [Percentage]		3.1	2.8		1.9			1.2			
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	19.6	23.4	20.1	26	23.9			26.9			
	PHC professional nurse clinical workload [Clients per nurse per day]	22.9	21.8	22.2	35	21.7			29.4			

Category	Indicator	2011	2012	District value 2013	2014	District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		324.9	326.5	238.1	1	310.7			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	79.3	77.5	47.9		52	64.0			76.8		
	TB death rate (all TB) [Percentage]	8.0	9.1	6.8		17	11.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	5.7	4.6	4.7		20	4.5	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	69.1	69.7	46.7		52	57.6	79.5		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		87.0	89.4	92.3	30	94.1			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		52.1	49.8	71.0	38	75.3			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		23.0			4	22.8			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	9.7	9.3	9.3		3	11.1			14.5		
	Percentage of deaths ill-defined [Percentage]	33.0	33.9	33.8		51	16.8			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	34.3	34.2	31.1		49	32.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	23.0	25.1	24.9		16	24.7			27.9		
	Percentage of YLLs due to injuries [Percentage]	9.9	8.6	10.1		4	10.2			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	32.7	32.1	33.9		22	32.7			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC) (third highest in the country, although still below the provincial target)
- ◆ Inpatient early neonatal death rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal client initiated on ART rate
- ◆ HIV testing coverage (including ANC)
- ◆ Incidence (diagnosed cases) of TB (all types) (lowest in the country)
- ◆ Hypertension prevalence rate (crude),
- ◆ Percentage of deaths garbage codes
- ◆ Percentage of years of life lost (YLLs) due to injuries

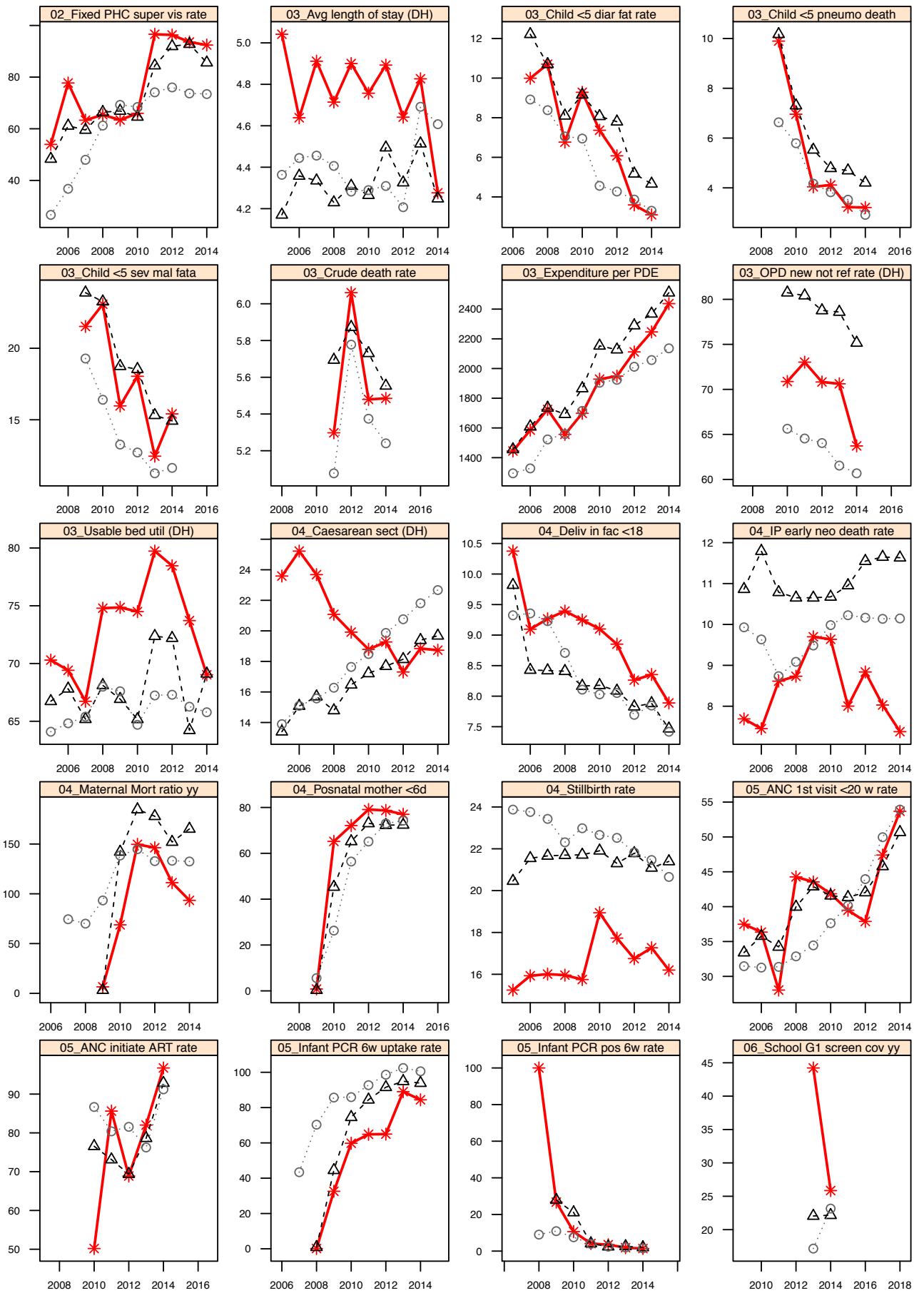
However, the performance of some indicators ranked among the 10 worst in the country. These indicators included the following:

- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ Cervical cancer screening coverage
- ◆ TB cure rate (new smear positive) (lowest in the country)
- ◆ TB treatment success rate (all TB) (lowest in the country)
- ◆ Percentage of deaths ill-defined (second highest in the country)
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes

Although the district recorded an improvement in the performance of several indicators over the past three years, improvement strategies are needed urgently for the following indicators, especially when compared with the district ranking, 2014/15 provincial and national averages, and the 2014/15 and 2015/16 provincial and national targets. These indicators are:

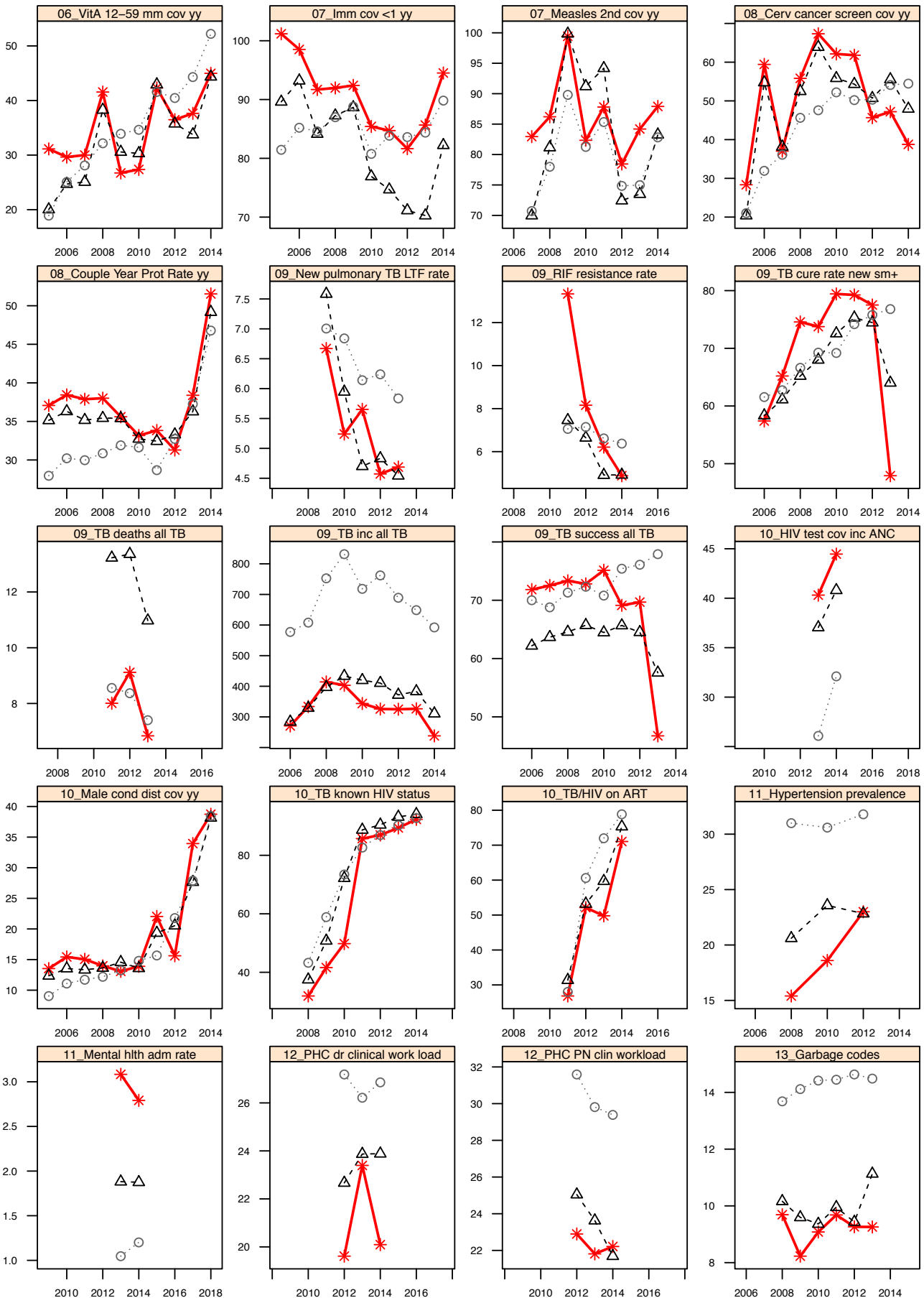
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Inpatient crude death rate
- ◆ Delivery in facility under 18 years rate
- ◆ Mother postnatal visit within 6 days rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ Mental health admission rate
- ◆ PHC doctor clinical workload
- ◆ PHC professional nurse clinical workload
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ TB/HIV co-infected client on ART rate
- ◆ Percentage of deaths ill-defined
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes

Annual indicators for district: Vhembe (DC34)



District value * Provincial average Δ ZA (national) average ○

Annual indicators for district: Vhembe (DC34)



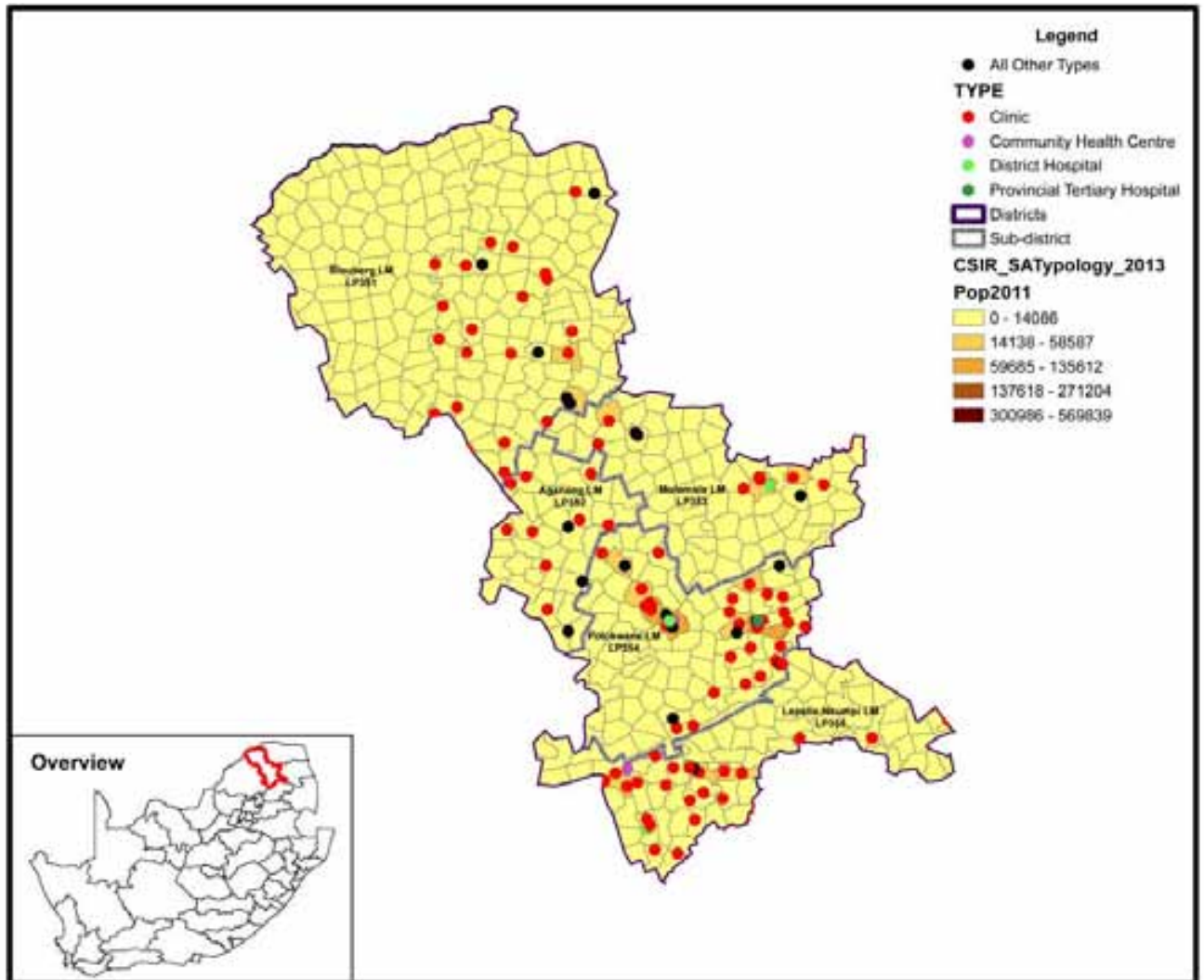
District value * Provincial average Δ ZA (national) average ○

Capricorn District Municipality (DC35)

Naomi Massyn

Capricorn District is located in Limpopo Province in northern South Africa and consists of five sub-districts, namely Aganang, Blouberg, Lepelle-Nkumpi, Molemole and Polokwane. The district forms a gateway to Botswana, Zimbabwe and Mozambique. Capricorn has a population of 1 274 861, with a population density of 58.3 persons per km² and falls in socio-economic Quintile 2, among the poorer districts.

Population distribution, sub-district boundaries and health facility locations: Capricorn (DC35)



Burden of disease profile

Percentage of deaths by broad cause and leading causes, 2008–2013: Capricorn (DC35)

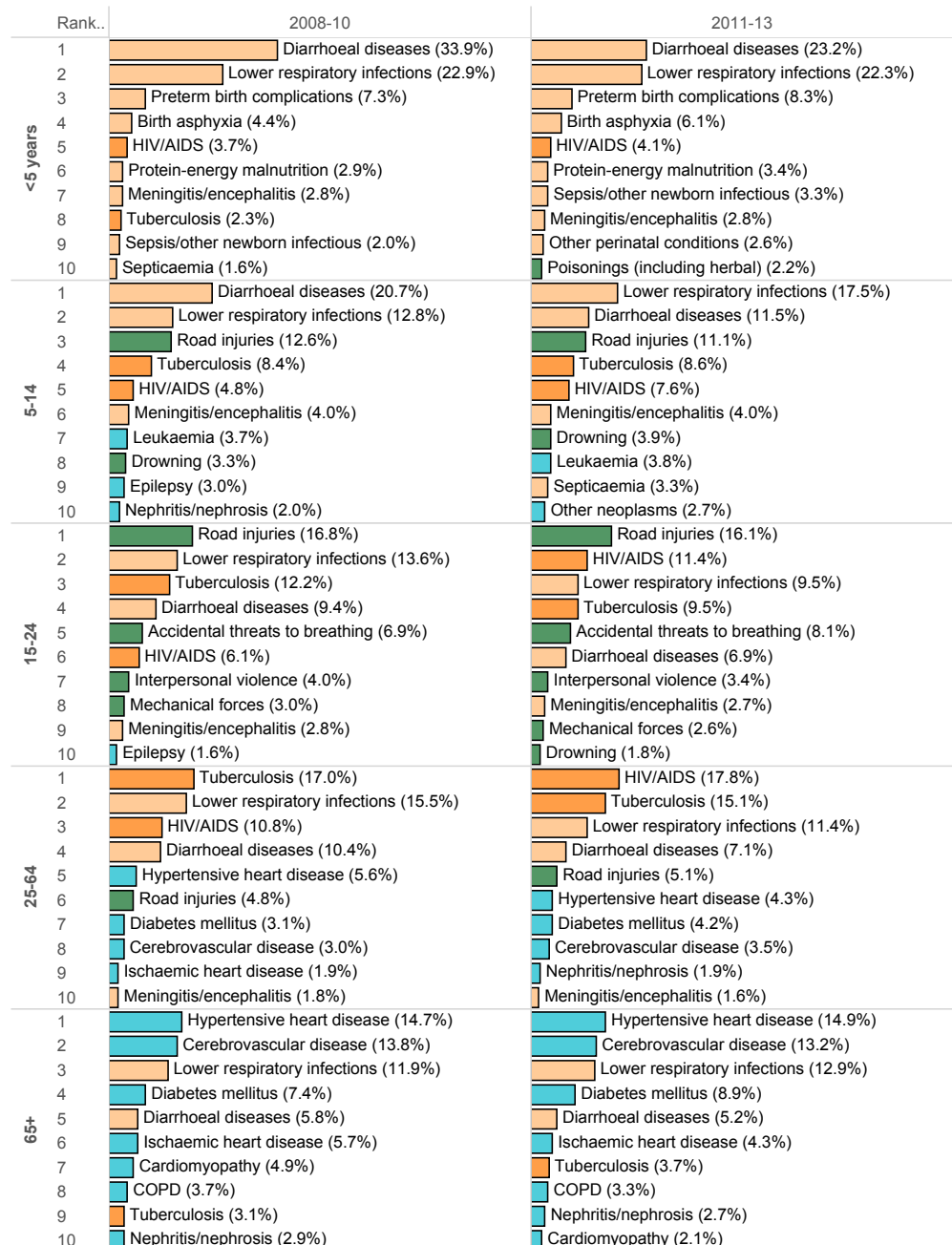
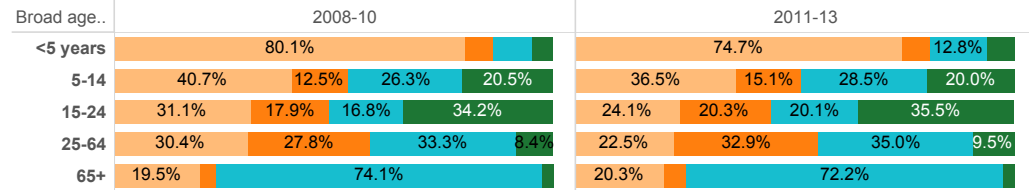
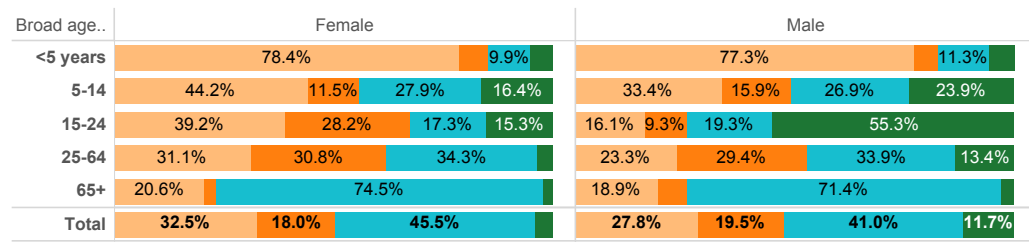
Percentage of deaths by broad cause and leading causes, 2008-2013

Prov, District
LP, Capricorn: DC35
 Show History

Broadcause

- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut

LP, Capricorn: DC35



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for around 78% of deaths in both genders.

In the 5–14-year age group, injuries accounted for 16.4% of deaths among females versus 23.9% of deaths among males. There were also gender differences for communicable diseases and maternal, perinatal and nutritional conditions (44.2% mortality among females versus 33.4% among males), and HIV and TB (11.5% mortality among females versus 15.9% among males).

In the 15–24-year age group, injuries accounted for 55.3% of deaths among males versus only 15.3% among females, while communicable diseases and maternal, perinatal and nutritional conditions accounted for 39.2% of deaths among females versus only 16.1% among males. HIV and TB mortality was 28.2% for females versus 9.3% for males.

In the 25–64-year age group, the majority of deaths were due to non-communicable diseases (around 34%), followed by HIV and TB (at around 30%). Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (13.4% versus 3.8%), while deaths due to communicable diseases and maternal, perinatal and nutritional conditions were much higher among females (31.1% versus 23.3% among males).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (74.5% among females and 71.4% among males).

Trends in broad cause groups by age

In children under 5 years, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 80.1% to 74.7% between 2008–2010 and 2011–2013. In the 5–14-year age group, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased slightly, and a slight increase in HIV and TB mortality. In the 15–24-year age group, there was not much change in the broad cause groups over the period. In the 25–64-year age group, HIV and TB mortality and non-communicable disease mortality increased slightly. In the 65-years-and-older age group, there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases, lower respiratory infections, preterm birth complications, birth asphyxia, HIV and AIDS and protein-energy malnutrition remained the top six causes of death in this age group. Sepsis/other newborn infections, meningitis/encephalitis and poisonings (including herbal) were also among the top 10 causes.

5–14 years

Lower respiratory infections, diarrhoeal diseases, road injuries, TB, HIV and AIDS and meningitis/encephalitis remained the six main causes of death in this age group, followed by drowning, leukaemia, septicaemia and other neoplasms.

15–24 years

Road injuries remained the main cause of death in this age group. HIV and AIDS moved from sixth to second position, followed by lower respiratory infections, TB and accidental threats to breathing.

25–64 years

HIV and AIDS moved up to become the top leading cause of death, followed by TB and lower respiratory infections. The other leading causes included diarrhoeal diseases, road injuries, hypertensive heart disease, diabetes mellitus, cerebrovascular disease, nephritis/nephrosis, and meningitis/encephalitis.

65 years and older

Hypertensive heart disease, cerebrovascular disease, lower respiratory infections, diabetes mellitus, diarrhoeal diseases and ischaemic heart disease remained the six leading causes of death in this age group over the whole period. Tuberculosis, chronic obstructive pulmonary disease and nephritis/nephrosis also appeared among the leading causes.

Section B: Profile Limpopo Province

Indicator performance: Capricorn (DC35)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16	
		2012/13	2013/14	2014/15								
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	87.7	95.6	88.9	7	85.6	95.0		73.5			
Management Inpatients	Average length of stay (district hospitals) [Days]	4.5	4.8	4.4	4	4.2	4.5		4.6			
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 381.2	2 396.0	2 616.4	43	2 510.7			2 136.4			
	Inpatient bed utilisation rate (district hospitals) [Percentage]	69.4	48.5	69.5	17	69.1	72.0		65.8			
	OPD new client not referred rate (district hospitals) [Percentage]	61.2	69.5	59.5	25	75.2			60.7			
	Child under 5 years diarrhoea case fatality rate [Percentage]	9.3	5.7	5.2	44	4.7		5.0	3.3	3.5	3.0	
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	4.8	5.5	4.4	38	4.2		4.5	2.9			
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	22.0	17.0	9.4	19	14.9		15.0	11.6	8.0	7.0	
	Inpatient crude death rate [Percentage]	6.6	6.8	6.3	39	5.6			5.2			
	Delivery by Caesarean section rate (district hospitals) [Percentage]	17.3	18.6	21.0		19.7			22.7			
Delivery	Delivery in facility under 18 years rate [Percentage]	7.3	7.4	6.9	12	7.5	6.5		7.4			
	Inpatient early neonatal death rate [per 1 000 live births]	17.5	17.9	17.0	49	11.6		11.5	10.1		0	
	Maternal mortality in facility ratio [per 100 000 live births]	292.2	353.7	312.5	50	165.2	183.6	182.6	132.5	100	80.0	
	Mother postnatal visit within 6 days rate [Percentage]	67.6	67.1	72.0	19	72.4		75.0	74.3	80.0	85.0	
	Stillbirth in facility rate [per 1 000 births]	26.3	24.9	27.4	49	21.4			20.7			
	PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	39.3	41.7	46.1	50	50.7	44.0	46.0	53.9	65.0	70.0
		Antenatal client initiated on ART rate [Percentage]	79.0	77.0	92.3	26	92.9		98.0	91.2	93.0	96.0
Infant 1st PCR test around 6 weeks uptake rate [Percentage]		99.4	98.3	102.8	20	93.9			100.6			
Infant 1st PCR test positive around 6 weeks rate [Percentage]		2.1	2.4	2.1	43	2.0	2.0	1.0	1.5	1.8	2.0	
Child Health	School Grade 1 screening coverage [Percentage]		12.7	32.7	13	22.2		20.0	23.2	30.0	35.0	
	Vitamin A dose 12-59 months coverage [Percentage]	33.1	30.1	42.5	47	44.4	40.0	38.0	52.2	55.0		
Immunisation	Immunisation coverage under 1 year [Percentage]	68.3	66.0	79.0	38	82.2	90.0	90.0	89.8	95.0	91.0	
	Measles 2nd dose coverage [Percentage]	65.8	68.8	83.2	20	83.3	90.0	85.0	82.8	85.0	85.0	
Reproductive health	Cervical cancer screening coverage [(Percentage)]	47.8	62.1	54.6	27	47.9	60.0	57.0	54.5	60.0	64.0	
	Couple year protection rate [Percentage]	30.1	39.6	52.5	13	49.2	45.0		46.8	55.0		
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	6.0	4.4	5.1	17	4.9			6.4			
HIV	HIV testing coverage (including ANC)		42.0	47.4	5	40.8			32.1			
	Male condom distribution coverage	22.0	37.1	45.3	16	38.2		36.0	38.4			
Non-communicable diseases	Hypertension incidence [per 1 000]	10.7	13.1	12.2		14.3			13.9			
	Mental health admission rate [Percentage]		1.4	1.6		1.9			1.2			
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	20.2	19.0	20.3	24	23.9			26.9			
	PHC professional nurse clinical workload [Clients per nurse per day]	25.0	25.0	21.7	40	21.7			29.4			

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		361.5	380.6	305.3	3	310.7			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	76.5	72.7	69.5		38	64.0			76.8		
	TB death rate (all TB) [Percentage]	14.6	16.2	12.4		48	11.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	3.0	4.2	4.4		15	4.5	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	56.8	52.5	50.2		51	57.6	79.5		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		93.8	96.3	96.8	6	94.1			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		53.6	63.6	79.4	28	75.3			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		18.8			3	22.8			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	9.9	9.7	10.7		6	11.1			14.5		
	Percentage of deaths ill-defined [Percentage]	14.9	15.5	13.9		35	16.8			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	32.4	30.6	30.1		47	32.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	23.5	25.7	23.8		13	24.7			27.9		
	Percentage of YLLs due to injuries [Percentage]	10.3	10.1	10.7		13	10.2			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	33.8	33.6	35.3		25	32.7			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC) (although still below the provincial target)
- ◆ Average length of stay (district hospitals)
- ◆ HIV testing coverage (including ANC)
- ◆ Incidence (diagnosed cases) of TB - all types (third lowest in the country)
- ◆ HIV testing coverage including ANC
- ◆ Percentage of TB cases with known HIV status
- ◆ Hypertension prevalence rate crude) (third lowest in the country)
- ◆ Percentage of deaths garbage codes

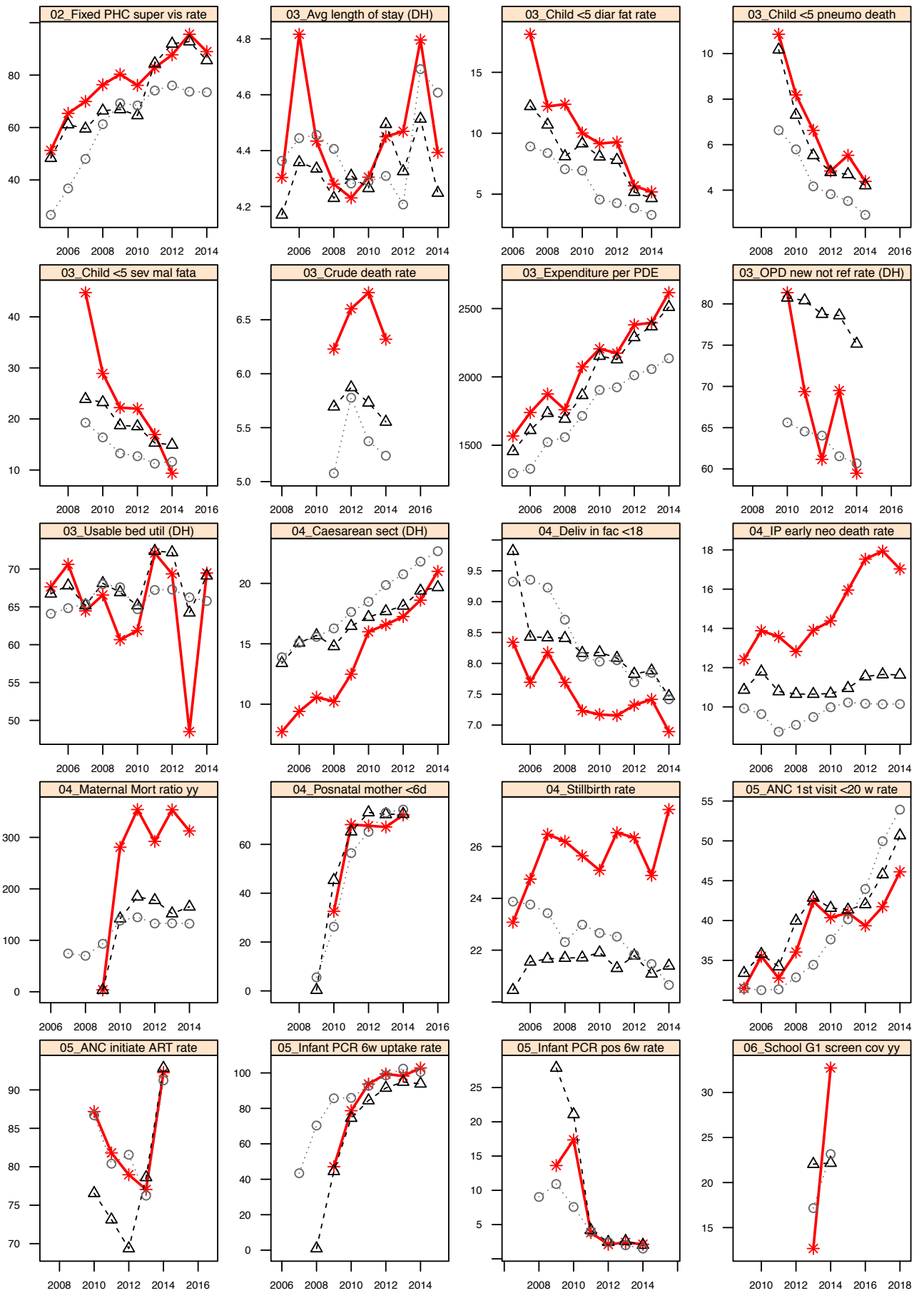
However, the performance of 11 indicators ranked among the 10 worst in the country. These indicators were:

- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio (third highest)
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate (third lowest in the country)
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ Vitamin A dose 12–59 months coverage
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB) (second worst in the country)
- ◆ Percentage of years of life lost (YLLs) due to communicable, maternal, perinatal and nutritional causes

Although the district recorded an improvement in the performance of several indicators over the past three years, improvement strategies are needed urgently for the following indicators, especially when compared with the district ranking, 2014/15 provincial and national averages, and the 2014/15 and 2015/16 provincial and national targets. These indicators are:

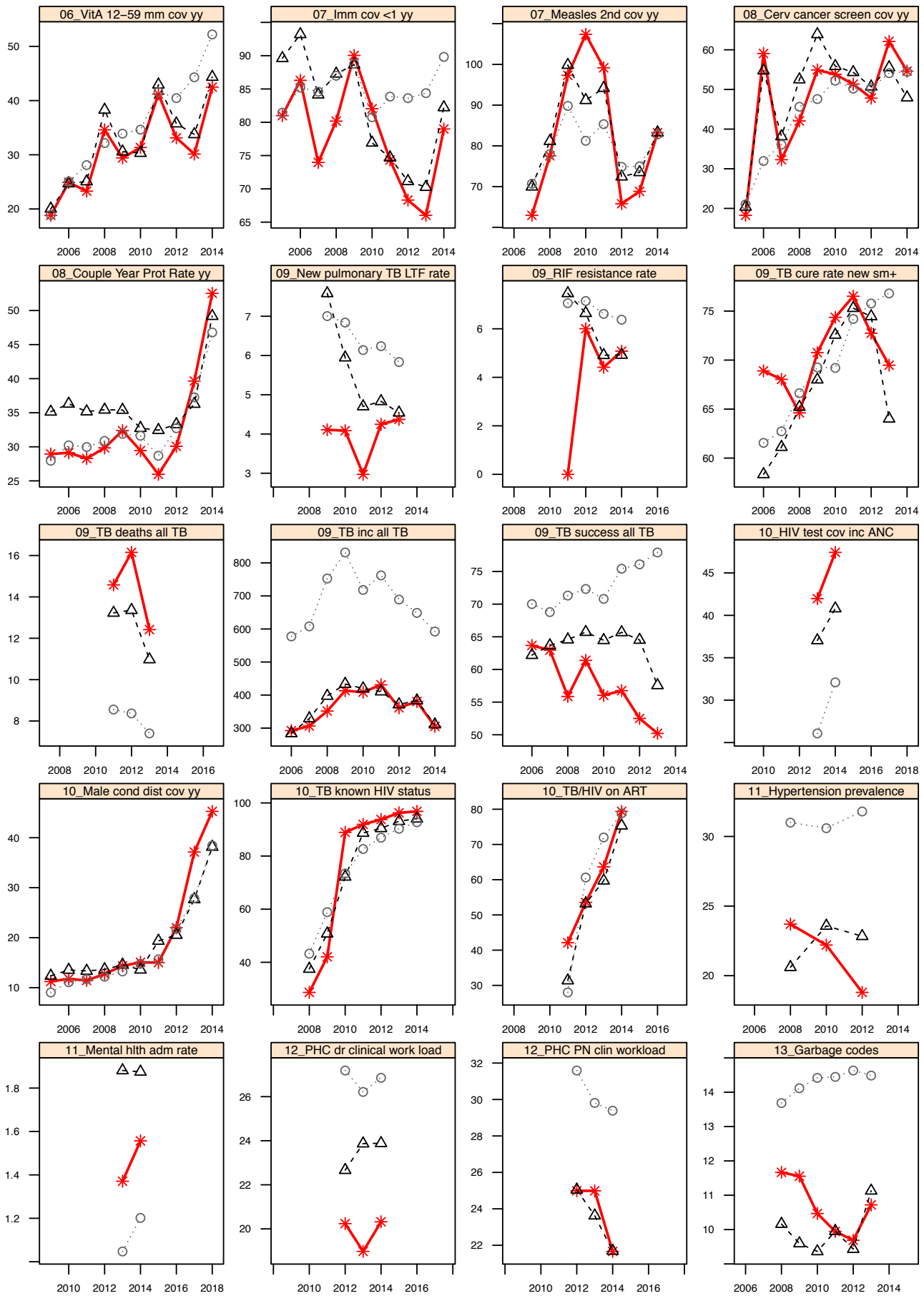
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Inpatient crude death rate
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ Vitamin A dose 12-59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ Mental health admission rate
- ◆ PHC professional nurse clinical workload
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes

Annual indicators for district: Capricorn (DC35)



District value * Provincial average Δ ZA (national) average ○

Annual indicators for district: Capricorn (DC35)



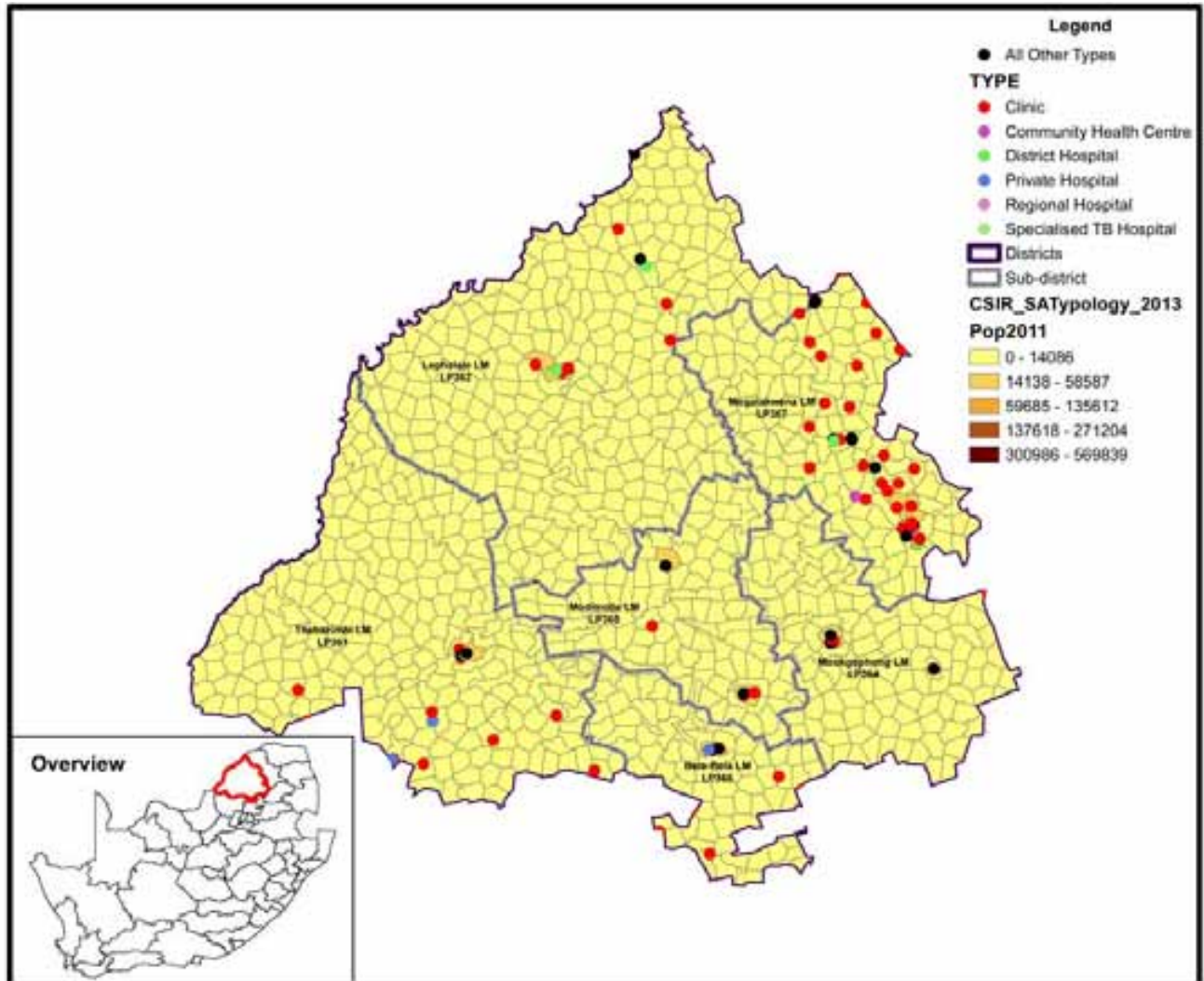
District value * Provincial average Δ ZA (national) average ○

Waterberg District Municipality (DC36)

Naomi Massyn

Waterberg District is located in the western part of Limpopo Province. The district shares five border-control points with Botswana and comprises six sub-districts, namely Bela-Bela, Lephalale, Modimolle, Mogalakwena, Mookgophong and Thabazimbi. It has a population of 721 684, with a population density of 16.1 persons per km² and falls in socio-economic Quintile 3.

Population distribution, sub-district boundaries and health facility locations: Waterberg (DC36)



Burden of disease profile

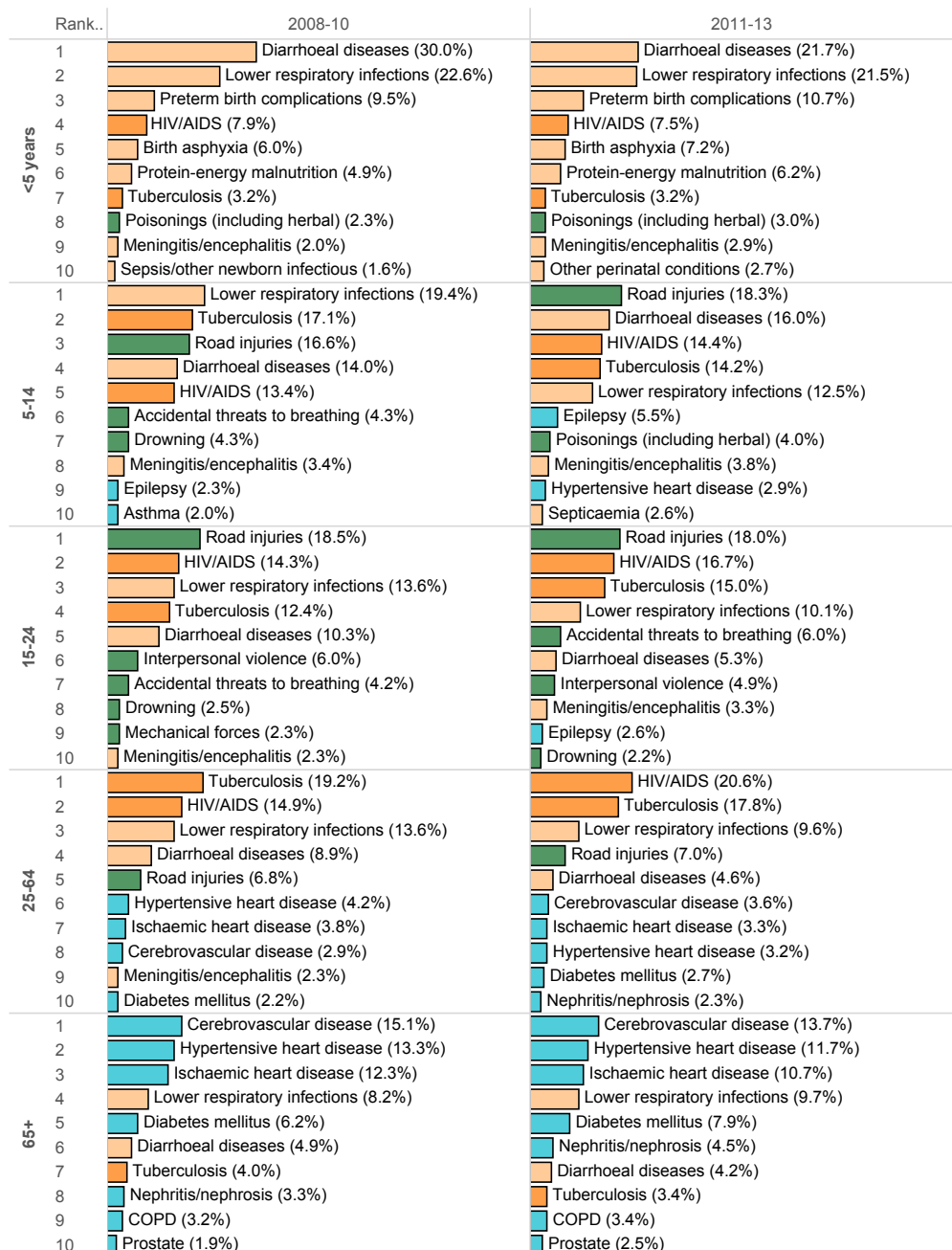
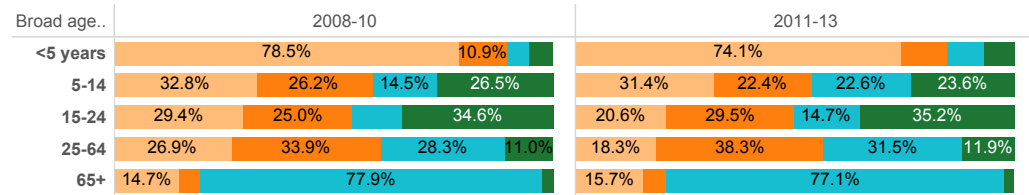
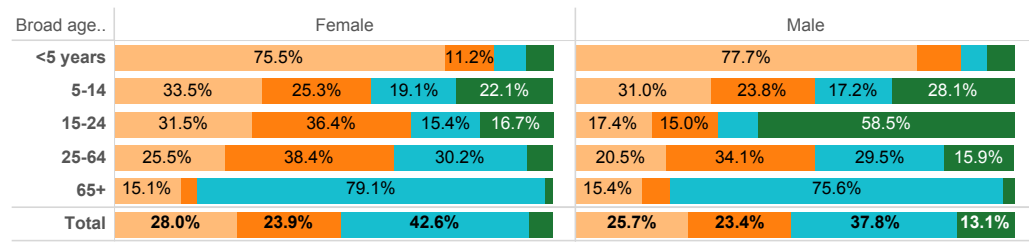
Percentage of deaths by broad cause and leading causes, 2008–2013: Waterberg (DC36)

Percentage of deaths by broad cause and leading causes, 2008-2013

LP, Waterberg: DC36

Prov, District
LP, Waterberg: DC36
 Show History

Broadcause
■ Injury
■ NCD
■ HIV and TB
■ Comm_mat_peri_nut



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for 75.5% of deaths among females and 77.7% among males.

In the 5–14-year age group, injuries accounted for 22.1% of deaths among females and 28.1% of deaths among males. Proportionate gender differences were also noted for deaths due to communicable diseases and maternal, perinatal and nutritional conditions (33.5% among females versus 31.0% among males), and HIV and TB mortality (25.3% among females versus 23.8% among males). Non-communicable disease mortality was 19.1% for females and 17.2% for males.

In the 15–24-year age group, injuries accounted for 58.5% of deaths among males versus only 16.7% among females, while HIV and TB mortality was 36.4% among females versus only 15.0% among males.

In the 25–64-year age group, HIV and TB accounted for the largest proportion of deaths (38.4% among females and 34.1% among males), while non-communicable disease mortality was around 30%. Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (15.9% versus 5.9%).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (79.1% among females and 75.6% among males).

Trends in broad cause groups by age

In children under 5 years, there was not much change in the broad cause groups between 2008–2010 and 2011–2013. In the 5–14-year age group, there was a slight decrease in HIV and TB mortality and deaths due to communicable diseases and maternal, perinatal and nutritional conditions, but an increase in non-communicable disease mortality (from 14.5% to 22.6%). In the 15–24-year age group, there was not much change in the broad cause groups over the period. In the 25–64-year age group, HIV and TB mortality and non-communicable disease mortality increased slightly. In the 65-years-and-older age group, there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases, lower respiratory infections, preterm birth complications, HIV and AIDS, birth asphyxia, protein-energy malnutrition, TB, poisonings (including herbal), and meningitis/encephalitis remained the top nine leading causes of death in this age group.

5–14 years

Road injuries moved up to become the top leading cause of death in this age group, followed by diarrhoeal diseases, HIV and AIDS, TB, lower respiratory infections and epilepsy. Poisonings (including herbal) and meningitis/encephalitis also appeared among the leading causes.

15–24 years

Road injuries, HIV and AIDS, lower respiratory infections and TB remained the four leading causes of death in this age group. Accidental threats to breathing moved up from seventh to fifth position, followed by diarrhoeal diseases and interpersonal violence.

25–64 years

HIV and AIDS moved up to become the top leading cause of death, followed by TB, lower respiratory infections and road injuries. The other leading causes included diarrhoeal diseases, cerebrovascular disease, ischaemic heart disease, hypertensive heart disease, diabetes mellitus and nephritis/nephrosis.

65 years and older

Cerebrovascular disease, hypertensive heart disease, ischaemic heart disease, lower respiratory infections and diabetes mellitus remained the five leading causes of death in this age group over the whole period.

Section B: Profile Limpopo Province

Indicator performance: Waterberg (DC36)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16	
		2012/13	2013/14	2014/15								
Management	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	90.7	89.6	78.1	24	85.6	95.0		73.5			
Management Inpatients	Average length of stay (district hospitals) [Days]	4.2	4.1	4.2	14	4.2	4.5		4.6			
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 601.3	2 734.5	2 909.7	49	2 510.7			2 136.4			
	Inpatient bed utilisation rate (district hospitals) [Percentage]	64.8	61.8	63.1	35	69.1	72.0		65.8			
	OPD new client not referred rate (district hospitals) [Percentage]	92.8	92.3	93.9	52	75.2			60.7			
	Child under 5 years diarrhoea case fatality rate [Percentage]	11.4	7.0	3.8	34	4.7		5.0	3.3	3.5	3.0	
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	6.1	4.6	3.9	37	4.2		4.5	2.9			
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	17.7	15.8	12.3	30	14.9		15.0	11.6	8.0	7.0	
	Inpatient crude death rate [Percentage]	5.8	5.3	5.4	20	5.6			5.2			
	Delivery by Caesarean section rate (district hospitals) [Percentage]	21.5	22.2	22.9		19.7			22.7			
Delivery	Delivery in facility under 18 years rate [Percentage]	8.0	7.6	7.4	17	7.5	6.5		7.4			
	Inpatient early neonatal death rate [per 1 000 live births]	10.1	10.9	14.7	46	11.6		11.5	10.1		0	
	Maternal mortality in facility ratio [per 100 000 live births]	156.6	121.4	133.4	28	165.2	183.6	182.6	132.5	100	80.0	
	Mother postnatal visit within 6 days rate [Percentage]	74.5	71.2	67.5	29	72.4		75.0	74.3	80.0	85.0	
	Stillbirth in facility rate [per 1 000 births]	22.5	20.9	21.9	30	21.4			20.7			
	PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	45.2	46.7	49.9	43	50.7	44.0	46.0	53.9	65.0	70.0
		Antenatal client initiated on ART rate [Percentage]	70.5	74.9	88.5	36	92.9		98.0	91.2	93.0	96.0
Infant 1st PCR test around 6 weeks uptake rate [Percentage]		98.5	100.9	96.1	30	93.9			100.6			
Infant 1st PCR test positive around 6 weeks rate [Percentage]		2.4	3.9	2.8	50	2.0	2.0	1.0	1.5	1.8	2.0	
Child Health	School Grade 1 screening coverage [Percentage]		19.1	21.5	26	22.2		20.0	23.2	30.0	35.0	
	Vitamin A dose 12-59 months coverage [Percentage]	29.3	27.1	32.1	51	44.4	40.0	38.0	52.2	55.0		
Immunisation	Immunisation coverage under 1 year [Percentage]	59.8	54.0	63.4	52	82.2	90.0	90.0	89.8	95.0	91.0	
	Measles 2nd dose coverage [Percentage]	57.5	51.1	61.4	52	83.3	90.0	85.0	82.8	85.0	85.0	
Reproductive health	Cervical cancer screening coverage [(Percentage)]	56.9	57.1	46.4	31	47.9	60.0	57.0	54.5	60.0	64.0	
	Couple year protection rate [Percentage]	37.7	37.3	52.7	12	49.2	45.0		46.8	55.0		
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	7.3	5.1	4.1	5	4.9			6.4			
HIV	HIV testing coverage (including ANC)		32.5	32.8	27	40.8			32.1			
	Male condom distribution coverage	23.2	23.3	27.0	38	38.2		36.0	38.4			
Non-communicable diseases	Hypertension incidence [per 1 000]	8.2	13.2	10.0		14.3			13.9			
	Mental health admission rate [Percentage]		1.5	1.8		1.9			1.2			
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	49.9	46.1	41.4	49	23.9			26.9			
	PHC professional nurse clinical workload [Clients per nurse per day]	24.1	22.6	22.1	36	21.7			29.4			

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		565.1	548.6	501.9	13	310.7			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	69.2	68.8	64.9		48	64.0			76.8		
	TB death rate (all TB) [Percentage]	11.9	12.4	11.5		43	11.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	7.2	7.2	5.8		31	4.5	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	65.3	64.5	62.6		47	57.6	79.5		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		91.4	93.2	93.0	27	94.1			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		50.2	63.7	63.3	46	75.3			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		24.9			8	22.8			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	12.5	10.7	12.8		16	11.1			14.5		
	Percentage of deaths ill-defined [Percentage]	20.5	25.6	10.4		25	16.8			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	28.6	25.7	27.8		43	32.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	28.8	32.9	27.8		23	24.7			27.9		
	Percentage of YLLs due to injuries [Percentage]	12.5	11.6	11.6		17	10.2			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	30.1	29.8	32.8		20	32.7			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ TB Rifampicin resistance confirmed client rate
- ◆ Hypertension incidence and prevalence rate (crude)

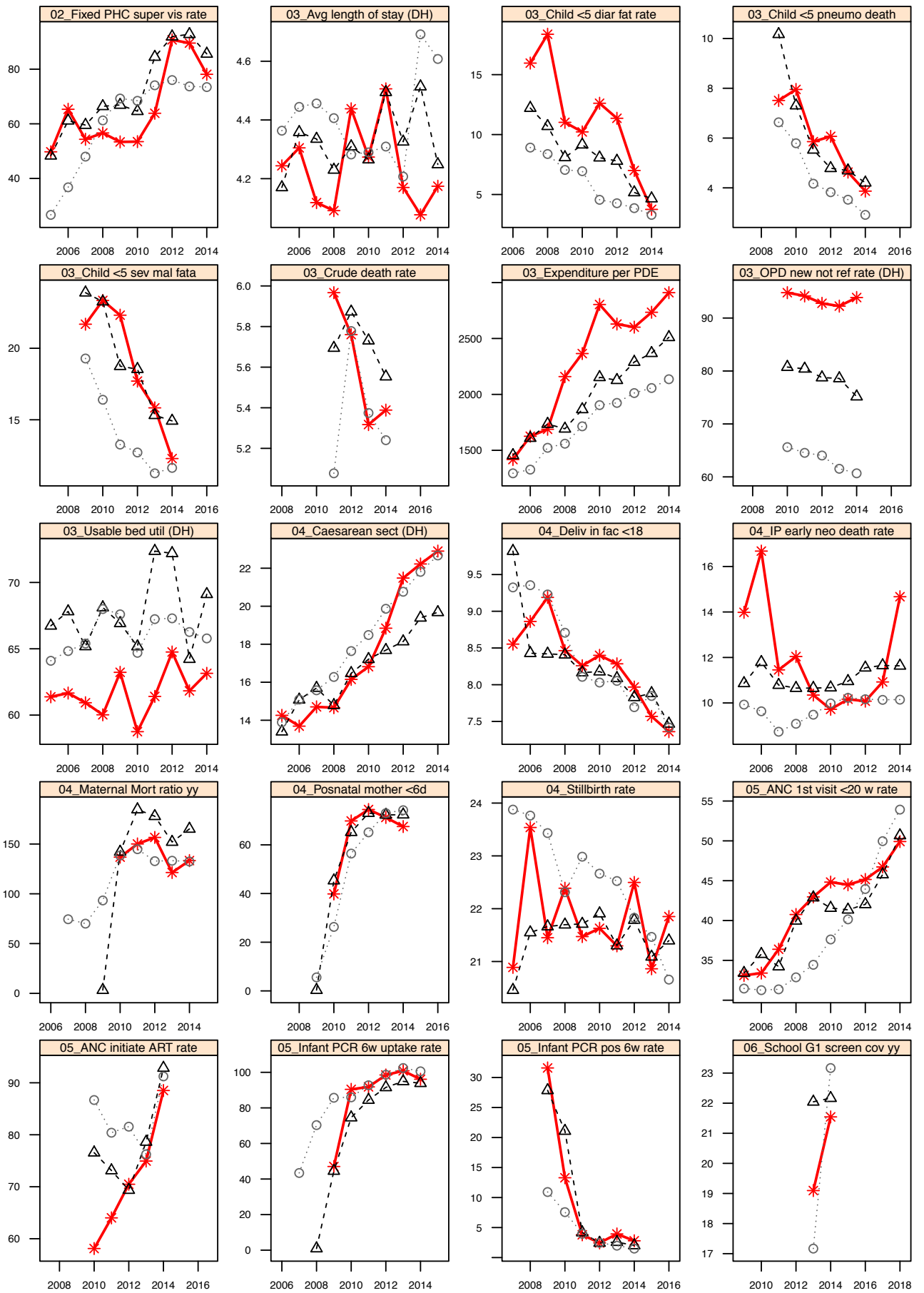
However, the performance of 14 indicators ranked among the 10 worst in the country. These indicators were:

- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ OPD new client not referred rate (district hospitals) (highest in the country)
- ◆ Inpatient early neonatal death rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ Vitamin A dose 12–59 months coverage (second lowest coverage in country)
- ◆ Immunisation coverage under 1 year (lowest coverage in the country)
- ◆ Measles 2nd dose coverage (lowest coverage in the country)
- ◆ PHC doctor clinical workload
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ TB/HIV co-infected client on ART rate
- ◆ Percentage of years of life lost (YLLs) due to communicable, maternal, perinatal and nutritional causes

Although the district recorded an improvement in the performance of several indicators over the past three years, improvement strategies are needed urgently for the following indicators, especially when compared with the district ranking, 2014/15 provincial and national averages, and the 2014/15 and 2015/16 provincial and national targets. These indicators are:

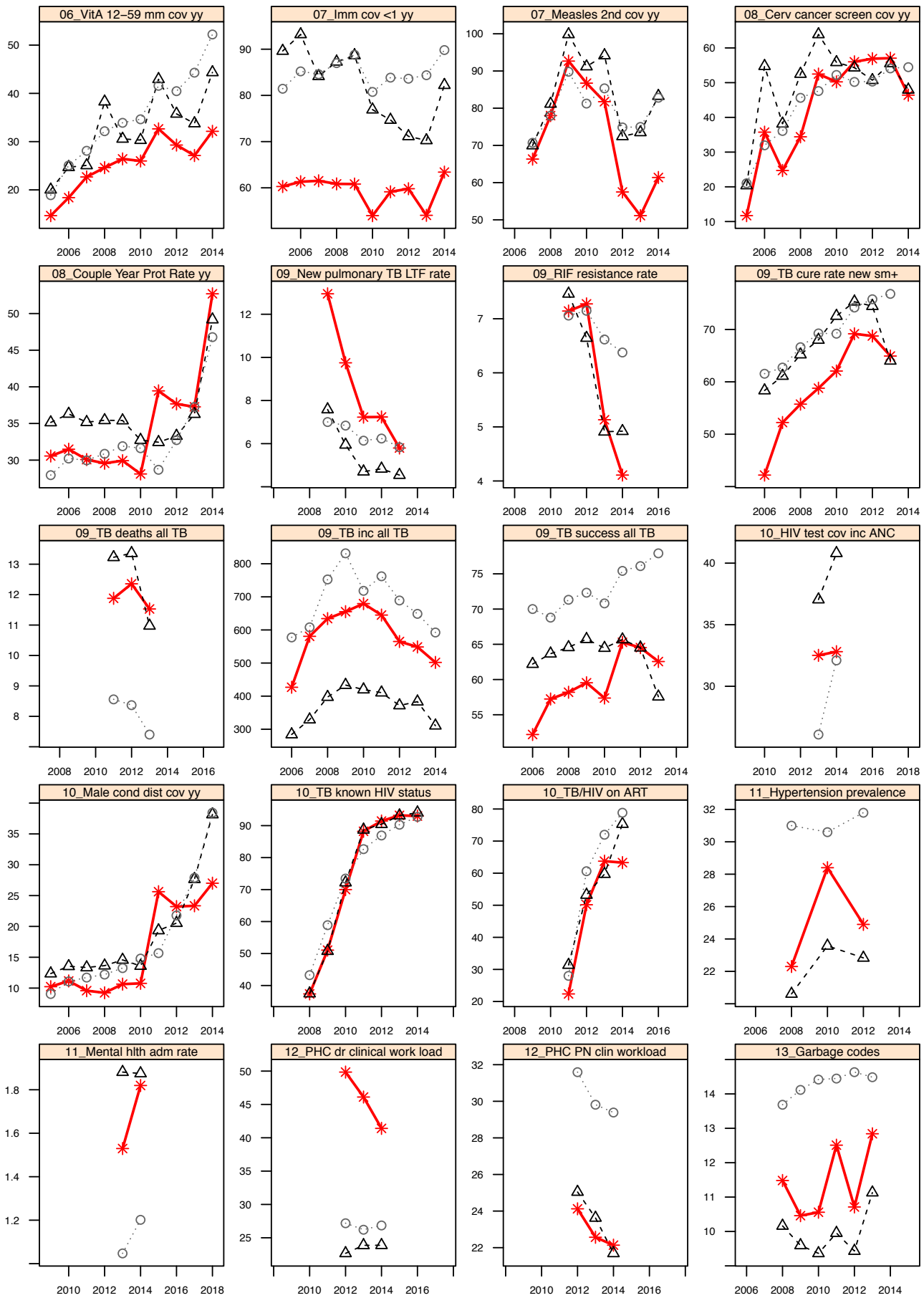
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ OPD new client not referred rate (district hospitals)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ Male condom distribution coverage
- ◆ Mental health admission rate
- ◆ PHC doctor clinical workload
- ◆ PHC professional nurse clinical workload
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ TB/HIV co-infected client on ART rate
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes

Annual indicators for district: Waterberg (DC36)



District value * Provincial average Δ ZA (national) average ○

Annual indicators for district: Waterberg (DC36)



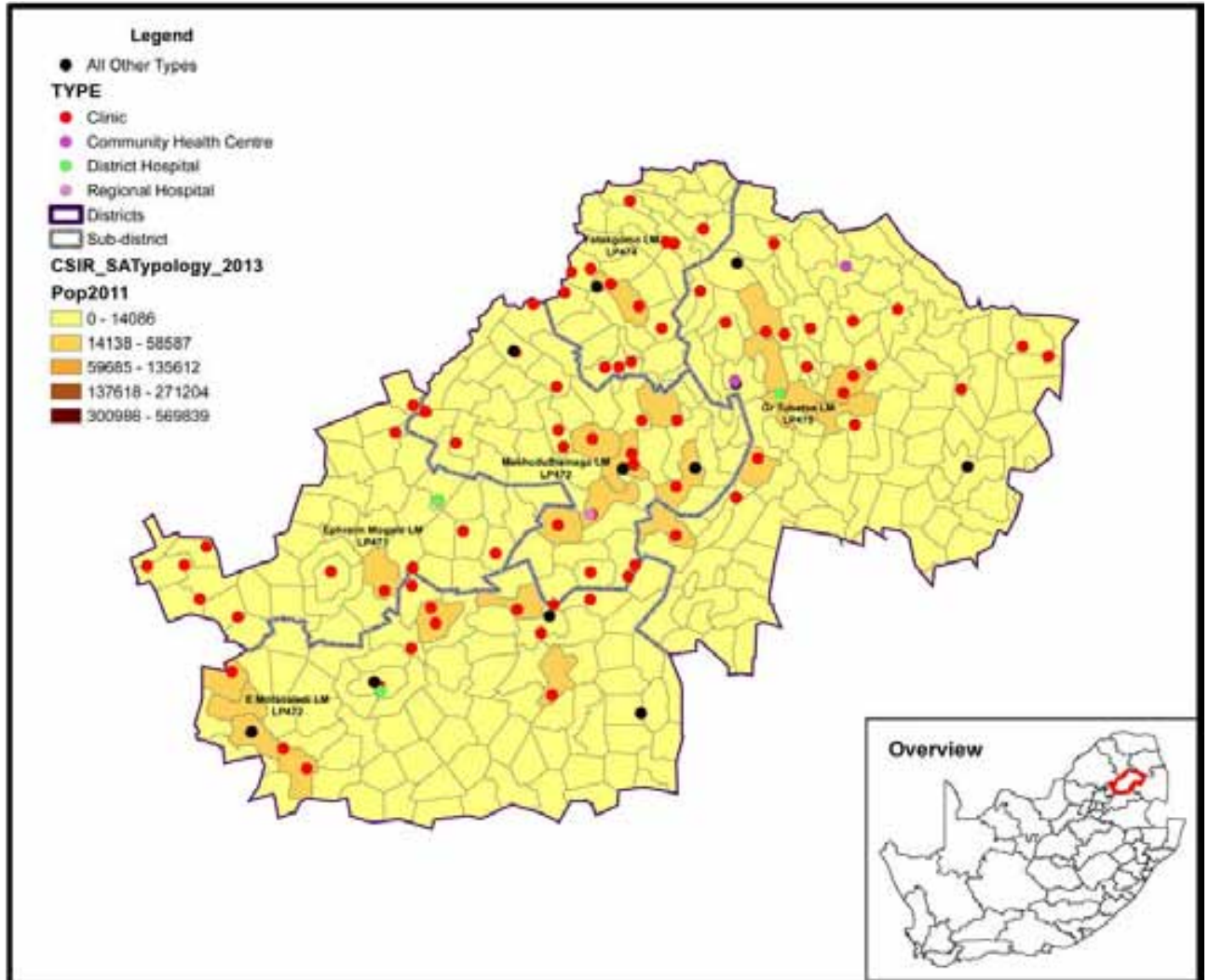
District value * Provincial average Δ ZA (national) average ○

Sekhukhune District Municipality (DC47)

Naomi Massyn

Sekhukhune District is located in Limpopo Province, in northern South Africa. The district lies in the south-eastern part of the province and comprises five sub-districts: Elias Motsoaledi, Ephraim Mogale, Fetakgomo, Makhuduthamaga and Greater Tubatse. It has a population of 1 122 522, with a population density of 83.0 persons per km² and falls in socio-economic Quintile 1, among the poorest districts.

Population distribution, sub-district boundaries and health facility locations: Sekhukhune (DC47)



Burden of disease profile

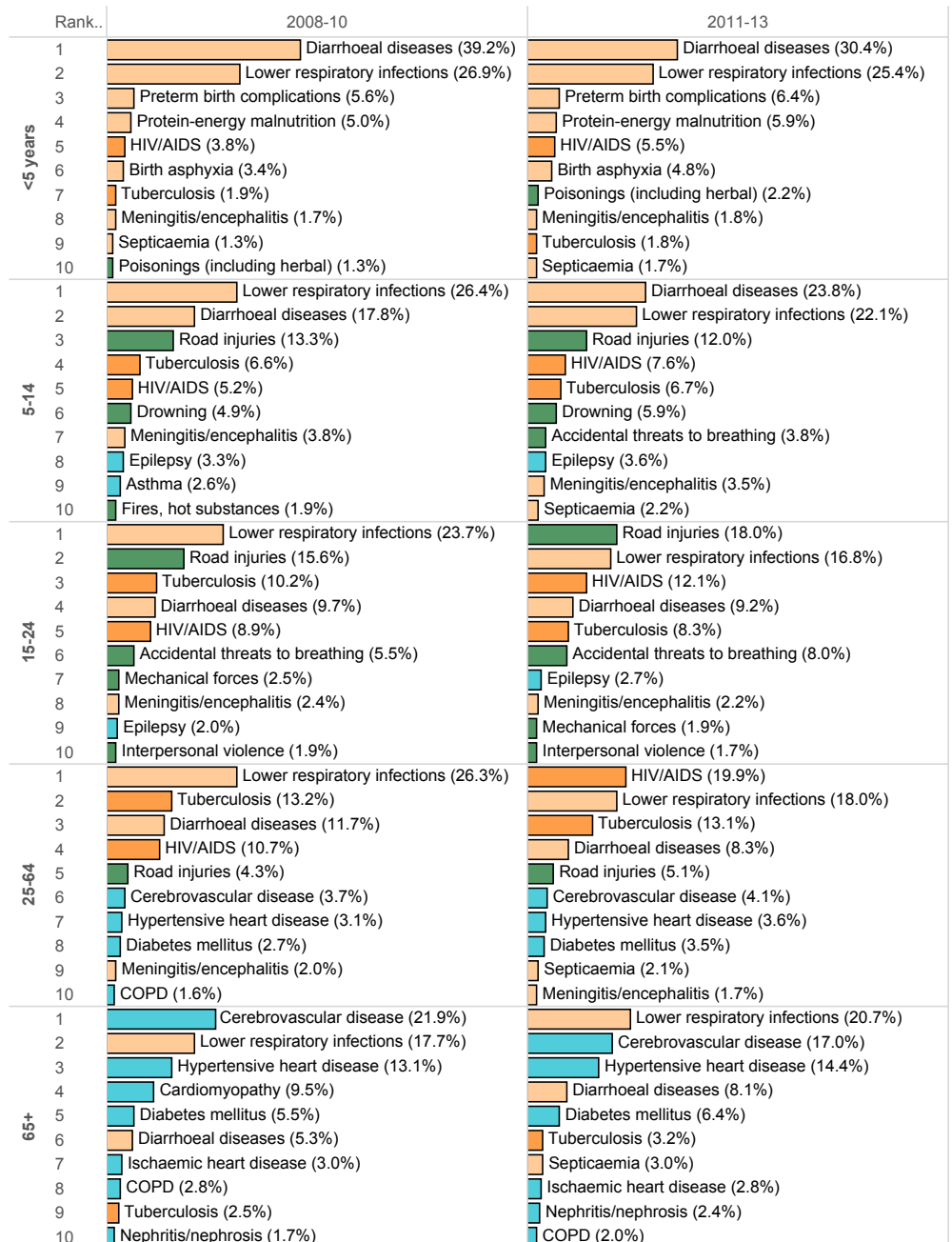
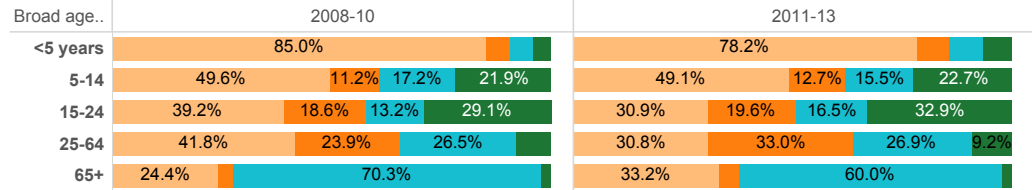
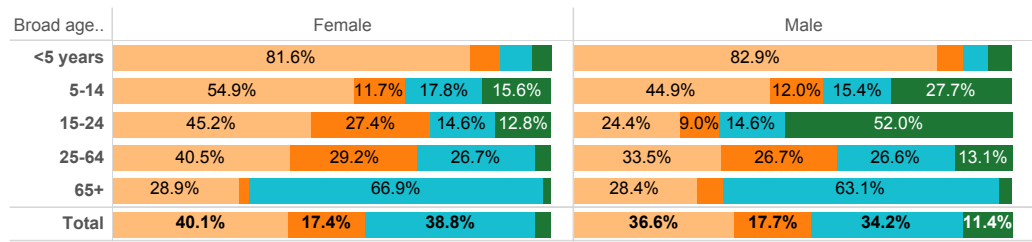
Percentage of deaths by broad cause and leading causes, 2008–2013: Sekhukhune (DC47)

Percentage of deaths by broad cause and leading causes, 2008-2013

Prov, District
LP, Sekhukhune: DC47
 Show History

Broadcause
■ Injury
■ NCD
■ HIV and TB
■ Comm_mat_peri_nut

LP, Sekhukhune: DC47



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for around 82% of deaths.

In the 5–14-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for 54.9% of deaths among females versus 44.9% among males. Injury-related deaths were also proportionately different between genders (15.6% mortality among females versus 27.7% among males).

In the 15–24-year age group, injuries accounted for 52.0% of deaths among males versus only 12.8% among females, while communicable diseases and maternal, perinatal and nutritional conditions accounted for 45.2% of deaths among females versus only 24.4% among males. HIV and TB mortality was 27.4% for females versus only 9.0% for males.

In the 25–64-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for the largest proportion of deaths (40.5% among females and 33.5% among males), while non-communicable disease mortality was around 27%. Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males (13.1%) than females.

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (66.9% among females and 63.1% among males), followed by communicable diseases and maternal, perinatal and nutritional conditions (28.9% among females and 28.4% among males).

Trends in broad cause groups by age

In children under 5 years, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 85.0% to 78.2% between 2008–2010 and 2011–2013. In the 5–14-year age group there was not much change in the broad cause groups over the period. In the 15–24-year age group, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 39.2% to 30.9%. In the 25–64-year age group, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased (from 41.8% to 30.8%), and HIV and TB mortality increased (from 23.9% to 33.0%). In the 65-years-and-older age group, non-communicable disease mortality decreased from 70.3% to 60.0%, and deaths due to communicable diseases and maternal, perinatal and nutritional conditions increased from 24.4% to 33.2%.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases (30.4%), lower respiratory infections (25.4%), preterm birth complications, protein-energy malnutrition, HIV and AIDS and birth asphyxia remained the top six leading causes of death in this age group. Poisonings (including herbal) moved from 10th to seventh position.

5–14 years

Diarrhoeal diseases (23.8%), lower respiratory infections (22.1%) and road injuries remained the top three causes of death in this age group, followed by HIV and AIDS, TB, drowning and accidental threats to breathing.

15–24 years

Road injuries moved up to become the top leading cause of death in this age group, followed by lower respiratory infections, HIV and AIDS, diarrhoeal diseases and TB. The other leading causes included accidental threats to breathing, epilepsy, mechanical forces and interpersonal violence.

25–64 years

HIV and AIDS moved up to become the top leading cause of death, followed by lower respiratory infections, TB, diarrhoeal diseases and road injuries. The other leading causes included cerebrovascular disease, hypertensive heart disease and diabetes mellitus.

65 years and older

Lower respiratory infections, cerebrovascular disease and hypertensive heart disease remained the three leading causes of death in this age group over the whole period.

Section B: Profile Limpopo Province

Indicator performance: Sekhukhune (DC47)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16
		2012/13	2013/14	2014/15							
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	94.3	91.1	87.2	11	85.6	95.0		73.5		
Management Inpatients	Average length of stay (district hospitals) [Days]	4.2	4.2	3.9	23	4.2	4.5		4.6		
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 380.2	2 523.5	2 616.0	42	2 510.7			2 136.4		
	Inpatient bed utilisation rate (district hospitals) [Percentage]	75.0	64.9	63.3	33	69.1	72.0		65.8		
	OPD new client not referred rate (district hospitals) [Percentage]	81.2	83.2	81.9	50	75.2			60.7		
Mortality Inpatients	Child under 5 years diarrhoea case fatality rate [Percentage]	5.0	5.7	3.8	36	4.7		5.0	3.3	3.5	3.0
	Child under 5 years pneumonia case fatality rate [Percentage]	3.9	5.5	4.5	40	4.2		4.5	2.9		
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	13.7	20.6	20.7	49	14.9		15.0	11.6	8.0	7.0
	Inpatient crude death rate [Percentage]	4.6	4.8	4.9	15	5.6			5.2		
Delivery	Delivery by Caesarean section rate (district hospitals) [Percentage]	18.8	19.4	17.2		19.7			22.7		
	Delivery in facility under 18 years rate [Percentage]	7.6	7.7	7.2	15	7.5	6.5		7.4		
	Inpatient early neonatal death rate [per 1 000 live births]	9.8	10.3	10.7	30	11.6		11.5	10.1		0
	Maternal mortality in facility ratio [per 100 000 live births]	151.5	61.8	149.2	32	165.2	183.6	182.6	132.5	100	80.0
	Mother postnatal visit within 6 days rate [Percentage]	64.0	61.9	61.3	35	72.4		75.0	74.3	80.0	85.0
	Stillbirth in facility rate [per 1 000 births]	23.6	22.9	22.3	34	21.4			20.7		
PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	42.8	42.9	47.8	45	50.7	44.0	46.0	53.9	65.0	70.0
	Antenatal client initiated on ART rate [Percentage]	75.7	78.7	93.8	22	92.9		98.0	91.2	93.0	96.0
	Infant 1st PCR test around 6 weeks uptake rate [Percentage]	102.3	94.0	95.6	32	93.9			100.6		
	Infant 1st PCR test positive around 6 weeks rate [Percentage]	2.0	2.4	2.0	41	2.0	2.0	1.0	1.5	1.8	2.0
Child Health	School Grade 1 screening coverage [Percentage]		14.3	12.7	43	22.2		20.0	23.2	30.0	35.0
	Vitamin A dose 12-59 months coverage [Percentage]	39.4	35.2	48.4	36	44.4	40.0	38.0	52.2	55.0	
Immunisation	Immunisation coverage under 1 year [Percentage]	58.3	61.4	75.6	46	82.2	90.0	90.0	89.8	95.0	91.0
	Measles 2nd dose coverage [Percentage]	73.4	76.3	83.9	18	83.3	90.0	85.0	82.8	85.0	85.0
Reproductive health	Cervical cancer screening coverage [Percentage]	46.3	51.0	41.7	39	47.9	60.0	57.0	54.5	60.0	64.0
	Couple year protection rate [Percentage]	29.2	29.4	39.5	40	49.2	45.0		46.8	55.0	
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	4.7	3.9	4.3	9	4.9			6.4		
HIV	HIV testing coverage (including ANC)		30.2	32.9	26	40.8			32.1		
	Male condom distribution coverage	18.1	18.8	39.1	20	38.2		36.0	38.4		
Non-communicable diseases	Hypertension incidence [per 1 000]	12.8	25.0	21.0		14.3			13.9		
	Mental health admission rate [Percentage]		1.4	1.2		1.9			1.2		
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	28.1	31.6	37.0	38	23.9			26.9		
	PHC professional nurse clinical workload [Clients per nurse per day]	27.1	26.9	26.3	18	21.7			29.4		

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		285.0	367.8	263.7	2	310.7			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	75.5	73.2	58.8		50	64.0			76.8		
	TB death rate (all TB) [Percentage]	16.3	14.5	11.7		44	11.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	3.6	4.2	3.8		10	4.5	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	67.6	65.2	56.2		50	57.6	79.5		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		88.5	92.5	94.0	21	94.1			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		55.8	55.8	66.0	44	75.3			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		16.9			1	22.8			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	8.7	8.9	10.5		5	11.1			14.5		
	Percentage of deaths ill-defined [Percentage]	7.3	6.5	7.2		7	16.8			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	41.7	37.6	34.5		51	32.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	23.3	26.0	25.6		19	24.7			27.9		
	Percentage of YLLs due to injuries [Percentage]	9.5	10.1	10.4		8	10.2			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	25.5	26.3	29.5		11	32.7			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ TB Rifampicin resistance confirmed client rate
- ◆ Incidence (diagnosed cases) of TB (all types) (second lowest in the country)
- ◆ TB defaulter rate (new smear positive)
- ◆ Hypertension prevalence rate (crude) (lowest in the country)
- ◆ Percentage of deaths garbage codes
- ◆ Percentage of deaths ill-defined
- ◆ Percentage of years of life lost (YLLs) due to injuries

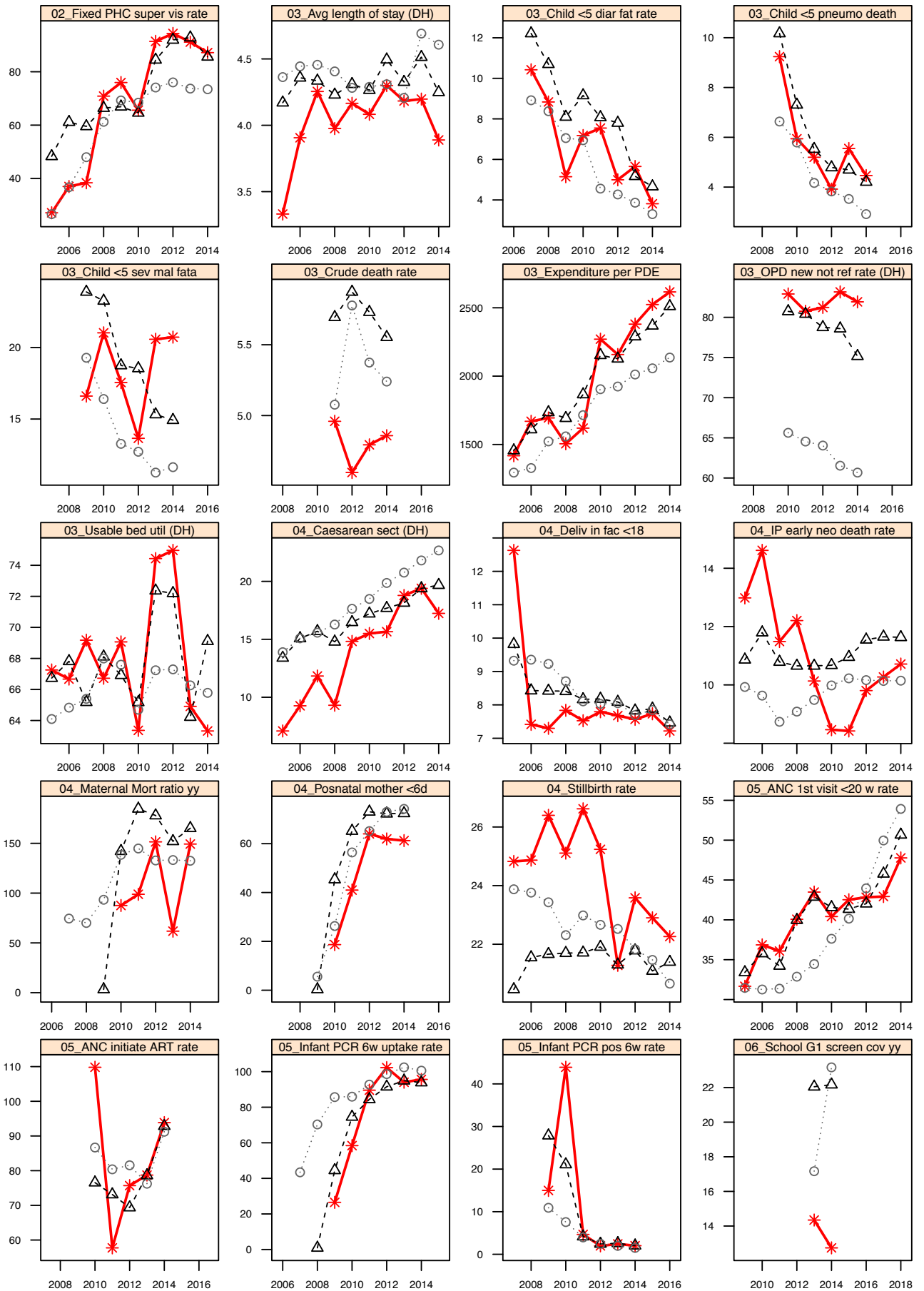
However, the performance of 10 indicators ranked among the 10 worst in the country. These indicators were:

- ◆ OPD new client not referred rate (district hospitals) (third highest in country)
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ School Grade 1 screening coverage
- ◆ Immunisation coverage under 1 year
- ◆ TB cure rate (new smear positive) (third lowest in the country)
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB) (third lowest in the country)
- ◆ TB/HIV co-infected client on ART rate
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes (second highest in country)

Although the district recorded an improvement in the performance of several indicators over the past three years, improvement strategies are needed urgently for the following indicators, especially when compared with the district ranking, 2014/15 provincial and national averages, and the 2014/15 and 2015/16 provincial and national targets. These indicators are:

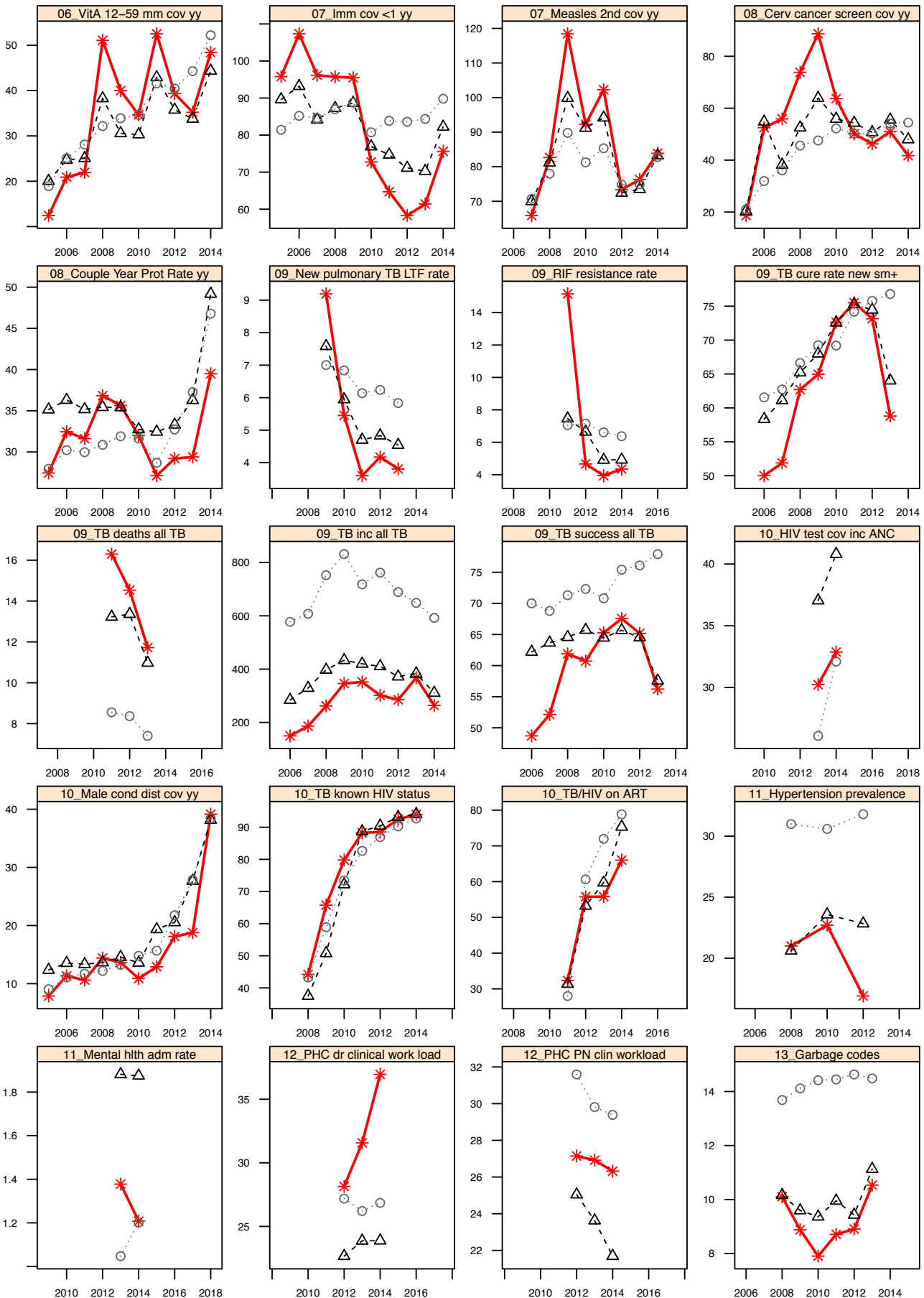
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ OPD new client not referred rate (district hospitals)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ HIV testing coverage (including ANC)
- ◆ Hypertension incidence
- ◆ PHC doctor clinical workload
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ TB/HIV co-infected client on ART rate
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes (second highest)

Annual indicators for district: Sekhukhune (DC47)



District value * Provincial average Δ ZA (national) average ○

Annual indicators for district: Sekhukhune (DC47)



District value * Provincial average Δ ZA (national) average ○