

18 Mpumalanga Province

Gert Sibande District Municipality

Gert Sibande district, with an estimated population of 899 561 people, is geographically the largest district with the lowest population density (29.7 people per km²) of the three districts in Mpumalanga province. The proportion of the population with medical aid coverage is 16.1%.

The proportion of district expenditure on district hospitals decreased over the past four years from 80.2% in 2007/08 to 56.8% in 2011/2012, but is still well above the national average (39.1%). The proportion of the district budget spent on district management was 5.2% and the proportion on PHC was 38.1%. The latter value is well below the national average of 55.4%. Over the same period the PHC expenditure per capita for the district increased almost six fold from R100 in 2006/07 to R590 in 2011/12, although still below the national average of R684. The total district expenditure per capita was R1 527. The PHC expenditure per headcount has followed a steep upward trajectory from R7 in 2004/05 to R231 in 2011/12 and is now higher than the provincial average of R207.

The PHC fixed facility supervisory rate was 86.3%, higher than both the provincial (79.7%) and national (74.1%) averages. The PHC utilisation rate was 2.1 visits per person per year, which is below both the provincial average of 2.4 visits and the national average of 2.5 visits per year. The PHC utilisation rate for children under 5 years was 4.0 visits per child per year, below the national average of 4.7.

The district has 1.3 beds per 1 000 population, the highest in the province. The bed utilisation rate declined in the last four years from a high of 82.9% in 2007/08 to 65.8% in 2011/12. The average length of stay was 4.3 days, on a par with the national average. The average expenditure per PDE was R1 673, close to the national average of R1 653.

The diarrhoeal incidence under 5 years decreased consistently from 73.7 per 1 000 children in 2007/08 to 34.5 in 2011/12, the second lowest incidence in the country. The mortality rate among children under 5 years due to diarrhoea with dehydration was 6.1%. The vitamin A coverage 12 to 59 months at 27.4%, the lowest among the three Mpumalanga districts, is much lower than the national average of 43.4% and was ranked the third lowest in the country in both 2010/11 and 2011/12.

The stillbirth rate decreased consistently from 28.0 per 1 000 births in 2007/08 to 23.1 in 2011/12 and is lower than the province average of 24.0. The early neonatal death rate was 10.5 per 1 000 live births, close to the national average of 10.2 per 1 000 live births. Both the under-1 and the under-5 facility mortality rates decreased between 2010/11 and 2011/12 to 9.4% and 5.1% respectively, but are both still above their respective national averages.

Immunisation coverage under 1 year has varied over the last five years, but increased by 4.4 percentage points from 2010/11 to 83.3% in 2011/12 – the highest coverage in the province. The pneumococcal vaccine 3rd dose coverage increased from 59.5% in 2010/11 to 89.1% in 2011/12, while the rotavirus 2nd dose coverage increased from 61.7% to 95.4% in the same period. The measles 1st dose under 1 year coverage increased from 78.3% in 2010/11 to 85.7% in 2011/12. The measles 1st to 2nd dose drop-out rate was 14.6%.

The Caesarean section rate of 20.2% was the highest in the province and slightly higher than the national average of 19.9%. The proportion of deliveries in facility to women under 18 years at 10.2% was the lowest in the district since 2000, but is higher than the national average of 8.1%. The facility maternal mortality ratio (MMR) recorded by DHIS was 76.4 per 100 000 live births, by far the lowest in the province and well below the national average of 144.9 per 100 000 live births. The MMR from the 2010 National Committee for the Confidential Enquiries into Maternal Deaths data was 222.9 per 100 000 live births.

The rate of antenatal visits before 20 weeks has improved consistently from 26.1% in 2007/08 to 36.0% in 2011/12, although this rate is the lowest in the province and ranks the district among the ten lowest in the country. The cervical cancer screening coverage was also the lowest in the province at 44.5% and below the national average of 55%. However, the couple year protection rate has increased steadily from 11.4% in 2005/06 to 34.0% in 2011/12 and is higher than both the provincial (33.7%) and national (32.7%) averages. The male condom distribution rate has increased strongly over the last six years and stands at 20.9 condoms per male per year aged 15 and older, above the national average of 15.8.

The TB cure rate for 2010 was 64% and well below both the provincial (72.6%) and the national (73.1%) averages. The TB defaulter rate dropped from 11.2% in 2009 to 9.1% in 2010. The TB two-month smear conversion rate increased from 53.5% to 71.9% between 2010 and 2011.

The antenatal client HIV 1st test rate was 107.5%. A rate greater than 100% is an indication of poor data quality.^a The antenatal client HIV 1st test positive rate was the highest in the country at 34%. The antenatal client HIV prevalence (routine data) was 43.5% and is considerably higher than the 38.8% HIV prevalence obtained from the 2010 Antenatal Sero-prevalence Survey. The rate of antenatal clients initiated on HAART of 55.9% is significantly lower than the national average of 80.4% and ranks the district fifth lowest in the country.

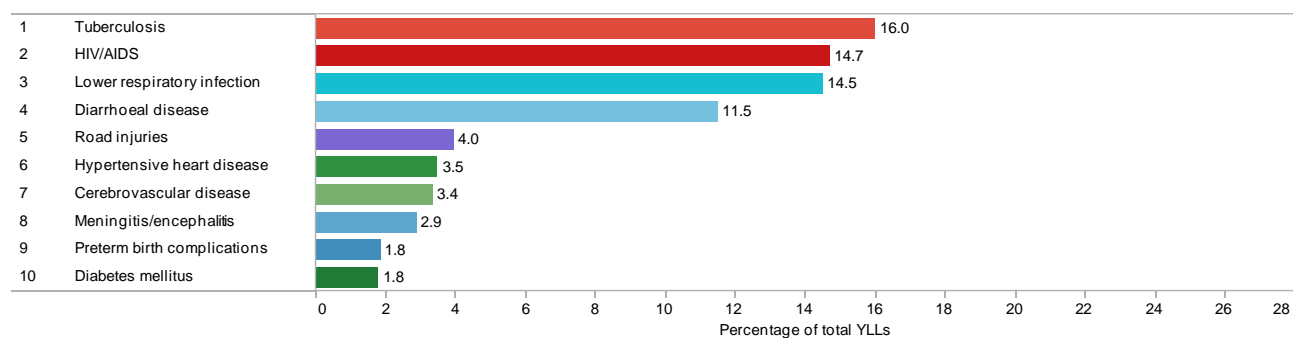
Although the uptake rate of babies PCR tested around 6 weeks increased from 21.1% in 2008/09 to 93.7% in 2011/12, there have been fluctuations during this period. The routine data shows a massive decline in the early HIV transmission rate from 18.6% in 2010/11 to 3.2% in 2011/12. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was only 57.2%. The NHLS data reflects that proportion of infants who were HIV positive under two months was 3.0%, in accord with the routine data, and has decreased steadily from 14.1% in 2007/08.

The rate of HIV-positive infant under 18 months initiated on HAART was 48.6% in 2011/12 and appears to be a more realistic value than the 157.1% of 2010/11. Data collection and calculation at facility level may need investigation in order to improve data quality.

The hypertension detection rate was 0.4% for the second year in a row and slightly above the provincial and national averages of 0.3%. Mental health case load comprised 0.9% of the total case load, which is 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. Gert Sibande's 2009 quality of death certification was poor with 26.5% of the certificates submitted not being useful for public health 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, 10.1% of deaths were assigned to 'ill-defined' causes and 15.5% 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 communicable diseases (together with maternal, perinatal and nutritional conditions) (33.1%), followed by non-communicable diseases (31.7%). HIV and TB (22.4%) ranked third whilst the lowest proportion (12.8%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): MP – DC30: Gert Sibande District Municipality



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

Figure 2: Annual indicators for district: Gert Sibande: DC30

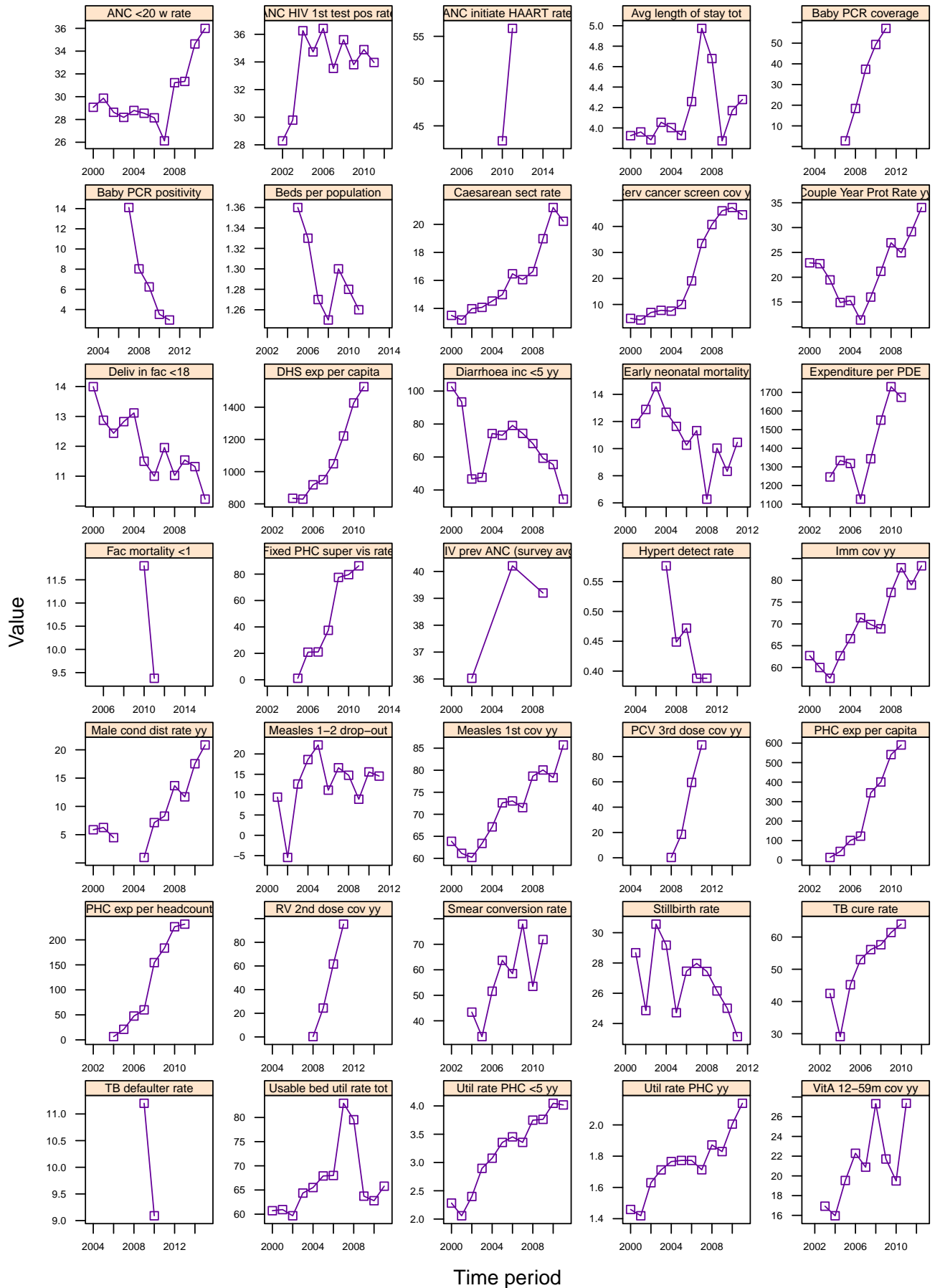
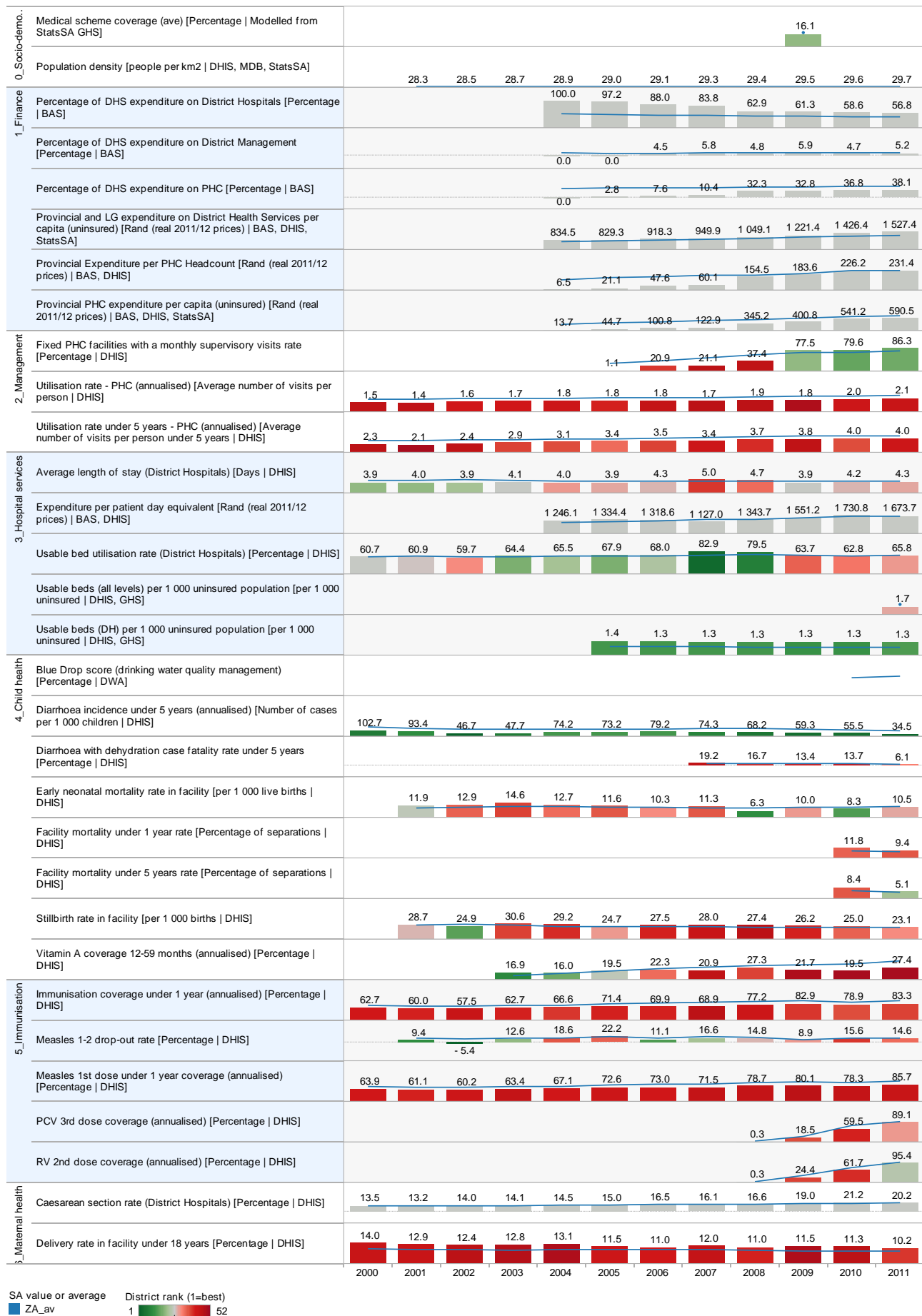
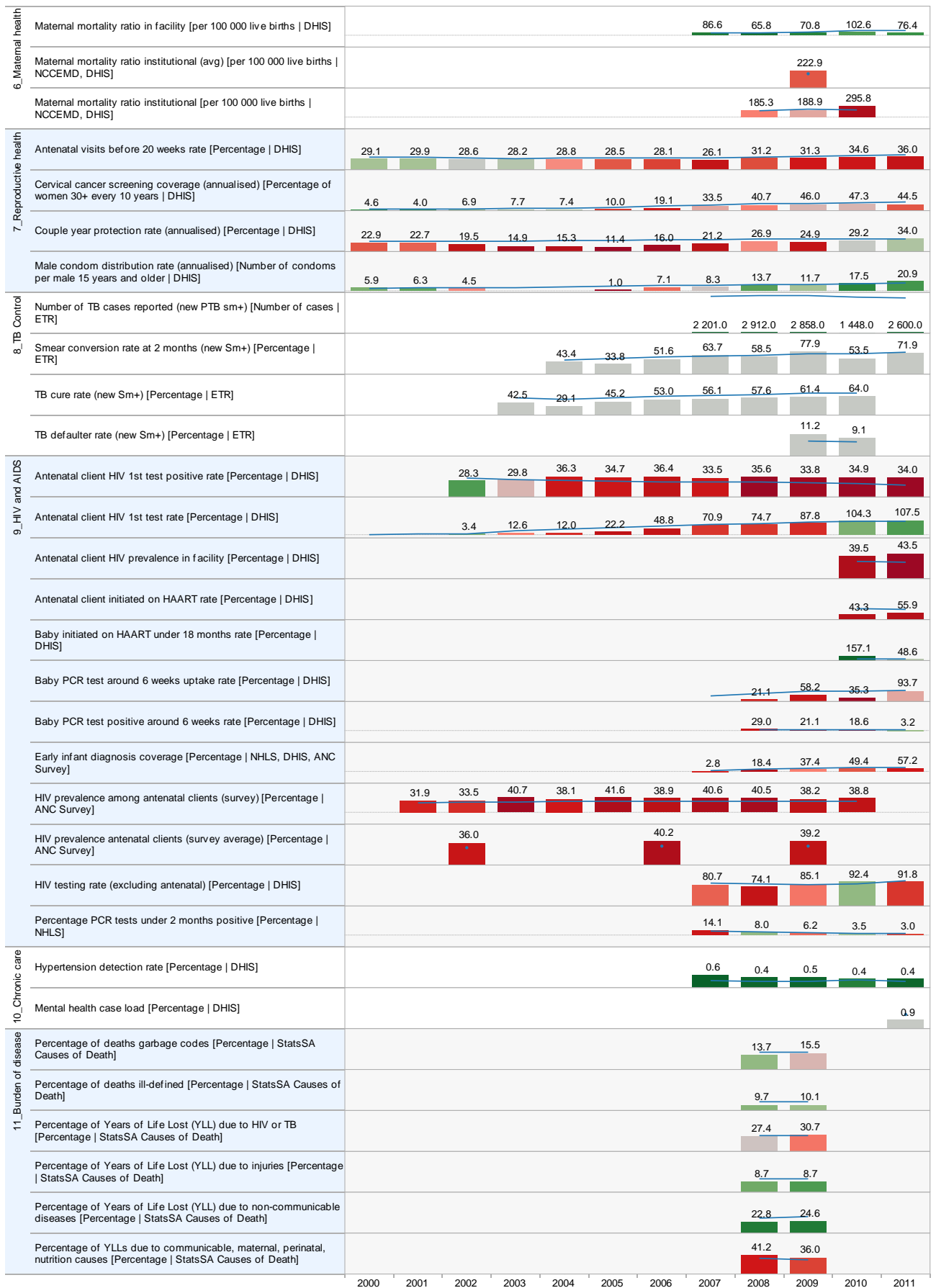


Figure 3: District page: MP – DC30: Gert Sibande District Municipality





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

Nkangala district in Mpumalanga province is geographically the smallest district but, with a population of 1 012 542, has the highest population density (68.0 people per km²). The proportion of the population with medical aid coverage is 13.2%.

The PHC per capita expenditure has increased fivefold since 2007/08 to R509 in 2011/12, although this is still below the provincial average of R571 and well below the national average of R684. The district expenditure per capita was R1 081. The PHC expenditure per headcount was R210. All three Mpumalanga districts have shown a significant decrease in the proportion of total district expenditure spent on district hospitals. In Nkangala the decrease is almost by half (80.2% to 47%) over the four years from 2007/8 to 2011/12. Spending on primary health care and district management has registered a corresponding increase to 45.3% on PHC and 7.8% on district management. This district management spend is above the national average of 5.5% and is also the highest in the province.

The PHC fixed facility supervisory rate increased from 68.4% in 2010/11 to 73.8% in 2011/12, but is still below the provincial and national averages of 79.7% and 74.1% respectively. The PHC utilisation rate was 2.1 visits per person per year and has increased steadily over the last four years from 1.8 visits in 2007/08. The rate is, however, still below both the provincial average of 2.4 visits and the national average of 2.5 visits per year. The PHC utilisation rate under 5 years was 4.6 visits per child per year, close to the national average of 4.7.

The district has 0.6 district hospital beds per 1 000 population. The bed utilisation rate at 72.2% is higher than the national average of 67.2% and is the highest utilisation level in the province. The average length of stay was 4.4 days, close to the national average of 4.3 days. The average expenditure per PDE was R1 904, higher than the national average expenditure of R1 653.

The diarrhoeal incidence under 5 years has decreased consistently over the past four years from 73.7 per 1 000 children in 2007/08 to 56.3 in 2011/12, higher than the provincial average of 40.0 but significantly lower than the national average of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 3.7%. The vitamin A coverage in children 12 to 59 months of 40.3% is close to the national average of 43.4%.

The stillbirth rate has increased steadily over the past four years from 24.3 per 1 000 births in 2007/08 to 31.1 per 1 000 births in 2011/12 – now the second highest in the country. Whilst this is cause for concern, the early neonatal death rate at 8.9 deaths per 1 000 live births was below to the national average of 10.2. The under-1 facility mortality rate decreased from 8.8% in 2010/11 to 7.9%, which is higher than the national average of 6.8%. The under-5 facility mortality rate was 5.5% in 2010/11 and increased to 6.1% in 2011/12.

In both 2010/11 and 2011/12 Nkangala ranked as the district with the second lowest immunisation coverage under 1 year in the country. The 2011/12 coverage was 69%.^a Between 2010/11 and 2011/12 the pneumococcal vaccine 3rd dose coverage increased impressively from 31.1% to 88.1% and the rotavirus 2nd dose coverage increased from 47.9% to 92.9%. Both of these values are, however, still below the 2011/12 national averages of 94.1% and 98.2% respectively. The measles 1st to 2nd dose drop-out rate increased disappointingly by 4.7 percentage points from 6.7% in 2010/11 to 11.4% in 2011/12. The measles 1st dose under 1 year coverage increased from 87.4% to 92.4% in the same period, the highest coverage in the province.

The Caesarean section rate of 15.7% was the lowest in the province and 4.2 percentage points below the national average of 19.9%. The rate has, however, increased steadily over the past four years from 9.6% in 2007/08. The proportion of deliveries in facilities to women under 18 years was 7.2%. The facility maternal mortality ratio (MMR) recorded in the DHIS was 203.6 per 100 000 live births, by far the highest in the province and well above the national average of 144.9. The 2010 National Committee on Confidential Enquiries into Maternal Deaths data reflected an MMR of 170.9 per 100 000 live births.

The district's rate of antenatal visits before 20 weeks improved steadily from 29.3% in 2007/08 to 38.0% in 2011/12. The cervical cancer screening coverage, although having dropped by 10.6 percentage points over the previous year to 59.3%, is above the national average of 55%. The couple year protection rate increased steadily over four years from 21.9% in 2007/08 to 33.8% in 2011/12 and is marginally higher than both the provincial (33.7%) and national (32.7%) averages. The male condom distribution rate was 16.1 condoms per male 15 years and older per year and is slightly above the national average of 15.8 but is the lowest rate in province.

Despite a 36.6 percentage point improvement over the last five years, the TB cure rate of 68.0% in 2010 remained well below both the provincial (72.6%) and the national (73.1%) averages. The TB defaulter rate increased from 8.0% in 2009 to 9.9% in 2010. Nkangala is the only district in Mpumalanga where defaulters increased. The TB two-month smear conversion rate in 2011 was 54.2% and requires significant improvement to catch up to the national average of 71.7%.

^a A contributing factor may be caused by inaccurate estimates of the population under 1 year (denominator) of this district, but further investigation is needed to assess why this highly essential PHC service is not reaching the required number of children.

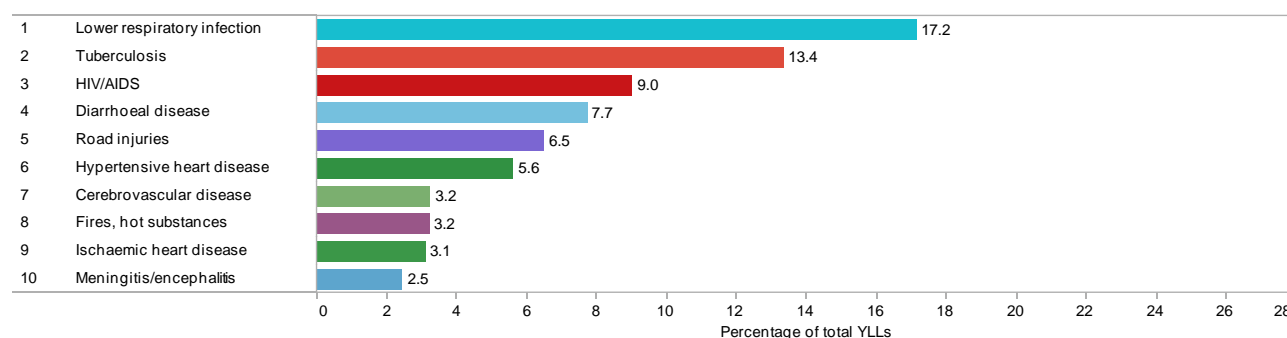
Nkangala district's antenatal client HIV 1st test rate was 107.9%. All three districts have rates above 100%, which is an indication of poor data quality.^b The antenatal client HIV 1st test positivity rate was the lowest in the province at 23.3%. The antenatal client HIV prevalence (routine data) in facility at 31.2% was higher than the HIV prevalence obtained from the 2010 Antenatal Sero-prevalence Survey of 27.2%. The rate of antenatal clients initiated on HAART of 52.0% is significantly lower than the national average of 80.4% and ranks the district third lowest in the country.

The uptake rate for babies PCR tested around 6 weeks was 94.6%, according to the routine data. The percentage of babies that tested PCR-positive six weeks after birth was 5.8%, a pleasing decrease from 17.8% in 2007/08. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 50.1%. NHLS data in 2011/12 reflected the proportion of infants who were HIV-positive under two months as 3.8%. The rate of HIV-positive infants under 18 months initiated on HAART was 58.8% and in line with the national average of 54.4%.

The hypertension detection rate was 0.3%, matching the provincial and national averages. The mental health case load was 2.6% of the total case load, well above 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. Nkangala's 2009 quality of death certification was relative poor with 29.9% of the certificates submitted not being useful for public health 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, 7.7% of deaths were assigned to 'ill-defined' causes and 22.2% 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 communicable diseases (together with maternal, perinatal and nutritional conditions) (33.1%), followed by non-communicable diseases (31.7%). HIV and TB (22.4%) ranked third whilst the lowest proportion (12.8%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): MP – DC31: Nkangala District Municipality



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

Figure 2: Annual indicators for district: Nkangala: DC31

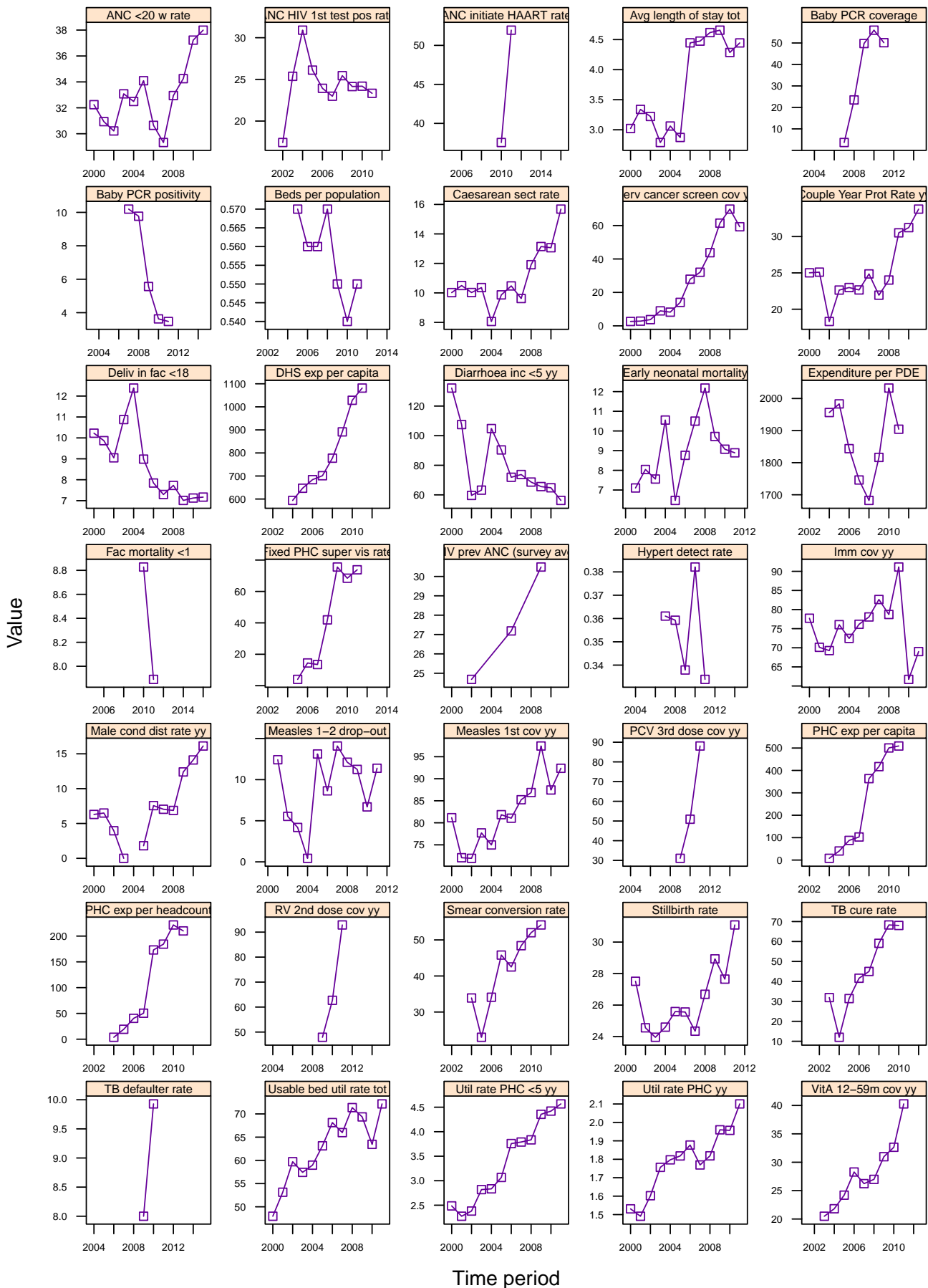
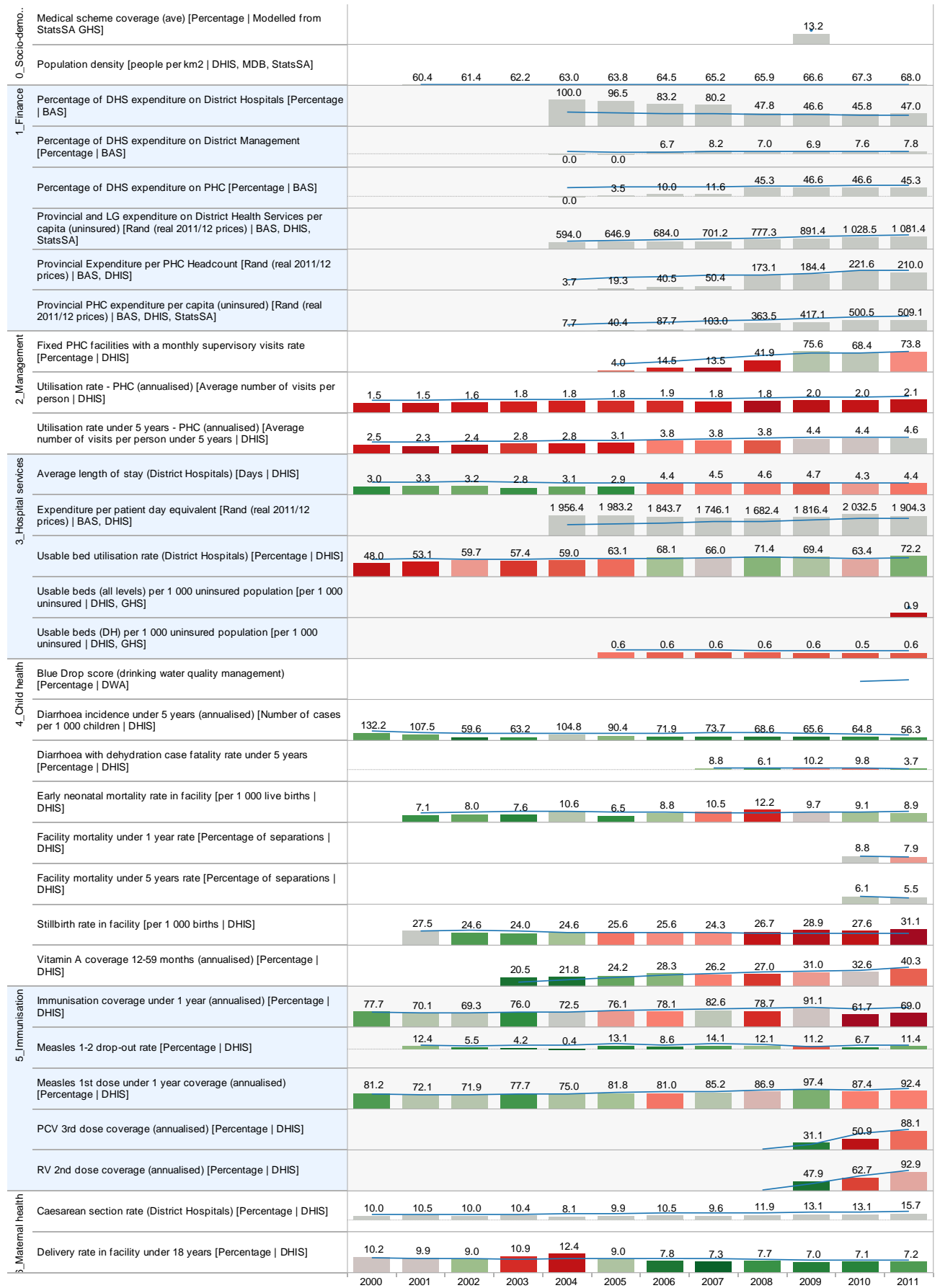
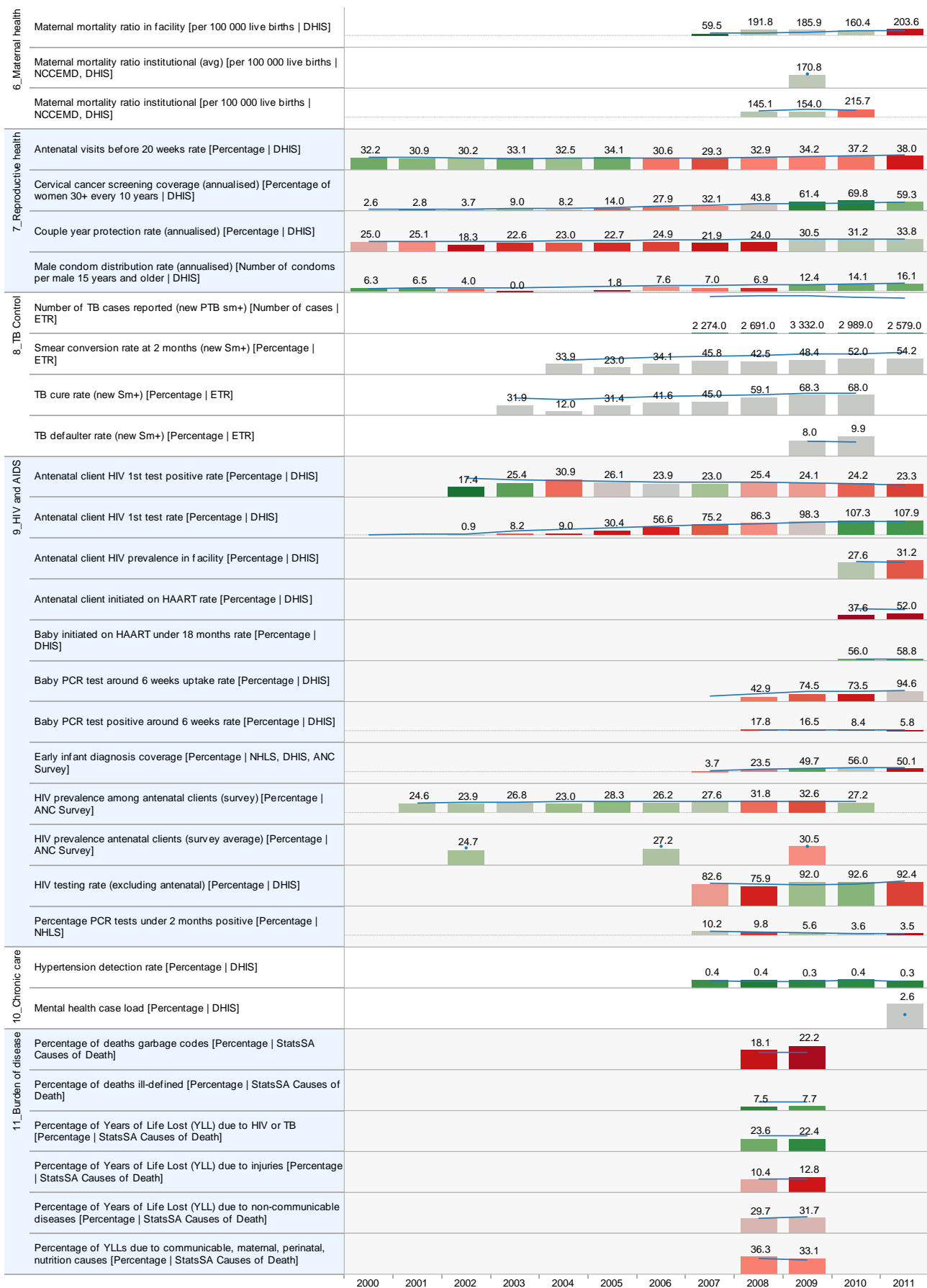


Figure 3: District page: MP – DC31: Nkangala District Municipality



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



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

Ehlanzeni district has the largest population (1 434 201) in Mpumalanga province with a population density of 57.1 people per km². The proportion of the population with medical aid coverage is 16.9%.

The total district per capita expenditure was R1 297. The district PHC expenditure per capita at R605 was above the provincial average of R571 but below the national average of R684. The PHC expenditure per headcount of R193 was the lowest in the province. Whilst the proportion of expenditure spent on district hospitals almost halved over the past seven years since 2004/05 to 47.2% in 2011/12, the spending on primary health care and district management reflected a corresponding increase over the same time to 46.3% and 6.6% respectively. The PHC expenditure proportion was the highest of all three districts in the province, but below the national average of 55.4%.

The PHC fixed facility supervisory rate was 80.0% and increased over three years from 48.2% in 2008/09. The PHC utilisation rate was 2.8 visits per person per year, which is above both the provincial average of 2.4 visits and the national average of 2.5 visits per year. The PHC utilisation rate under 5 years was 5.5 visits per child per year, the eighth highest in the country.

The district has 0.8 district hospital beds per 1 000 population. The bed utilisation was 70.0%, which is higher than the national average of 67.2%. The average length of stay was 4.1 days, close to the national average of 4.3 days. The average expenditure per PDE decreased by R29 from the 2010/11 value to the current R1 770, which is above the national average expenditure of R1 653.

The diarrhoeal incidence in children under 5 years has decreased annually from 135.7 per 1 000 children in 2008/09 to 32 per 1 000 in 2011/12, which is the lowest incidence in the country. It is noteworthy, however, that the mortality rate among children under 5 years due to diarrhoea with dehydration was 14.8%, the fourth highest in the country. The vitamin A coverage in children 12 to 59 months increased steadily from 22.6% in 2007/08 to 45.7% in 2011/12, reflecting the highest coverage in the province.

The stillbirth rate was 20.8 per 1 000 births, which is lower than the provincial average of 24.1 and the national average of 22.5. The early neonatal death rate was 10.0 deaths per 1 000 live births. The under-1 facility mortality rate increased from 8.6% in 2010/11 to 10.6% in 2011/12. The under-5 facility mortality rate decreased from 6.4% to 6.0% over the same period.

The immunisation coverage under 1 year has decreased by 28.6 percentage points since 2009/10 to 71.9% in 2011/12, well below the national average of 95.2%. Conversely, the pneumococcal vaccine 3rd dose coverage increased notably from 52.4% to 94.7% between 2010/11 and 2011/12, while the rotavirus 2nd dose coverage reflected a similar sharp increase from 58.6% to 88.7%. Measles 1st to 2nd dose drop-out rate decreased by 5.4 percentage points to 17.0% in the same time period, whilst the measles 1st dose under 1 year coverage decreased from 95.5% to 89.6%.

The Caesarean section rate has vacillated over the past six years, ranging from a low of 12.2% in 2006/07 to 16.2% in 2011/12, which is lower than the 19.9% national average. The proportion of deliveries in facilities to women under 18 years was 10.3%. This rate has remained virtually unchanged since 2006/07 (when it was 10.5%) and has exceeded the national average throughout the past five years. The facility maternal mortality ratio (MMR) recorded in the DHIS was 124.8 per 100 000 live births in 2011/12, down from a peak of 188.8 per 100 000 live births in 2010/11 and well below the national average of 144.9. The MMR from the 2010 National Committee on Confidential Enquiries into Maternal Deaths data was 171.9 per 100 000 live births.

Although the rate of antenatal visits before 20 weeks has improved steadily over the past four years from 28.4% in 2007/08 to 38.0% in 2011/12, this rate is still below the national average and ranks the district in the bottom third in the country. The cervical cancer screening coverage was the highest in the province at 68.3%, well above national average of 55.0%. The couple year protection rate dropped between 2010/11 and 2011/12 by 2.8 percentage points to 33.4%. The male condom distribution rate of 21.0 condoms per man 15 years and older per year is well above the national average of 15.8.

Ehlanzeni district managed a significant 52.3 percentage point increase in the new smear-positive TB cure rate since 2002/3. In the last year, however, the rate had increased by only a very small margin (0.4 of a percentage point) to reach 79.5% in 2010. It is, however, well above both the provincial (72.6%) and the national (73.1%) averages. Encouragingly, the new smear-positive TB defaulter rate remained the lowest in the province and, at 5.4% and 5.2% in 2009 and 2010, is well below the provincial and national averages of 7.1% and 6.8% respectively. The TB two-month smear conversion rate increased from 66.5% to 73.7% between 2010 and 2011.

The antenatal client HIV 1st test rate was 107.5%. A rate greater than 100% is an indication of poor data quality.^a The antenatal client HIV 1st test positivity rate was the second highest in the country at 29.6%. The antenatal client HIV prevalence (routine data) in facility at 41.2% was the fifth highest in the country, which is higher than the HIV prevalence of 37.7% among antenatal clients tested through the 2010 HIV Antenatal Sero-prevalence Survey. The rate of antenatal clients

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

initiated on HAART of 80.1% represents an increase of 16.9 percentage points over the previous year and is in line with the national average of 80.4%.

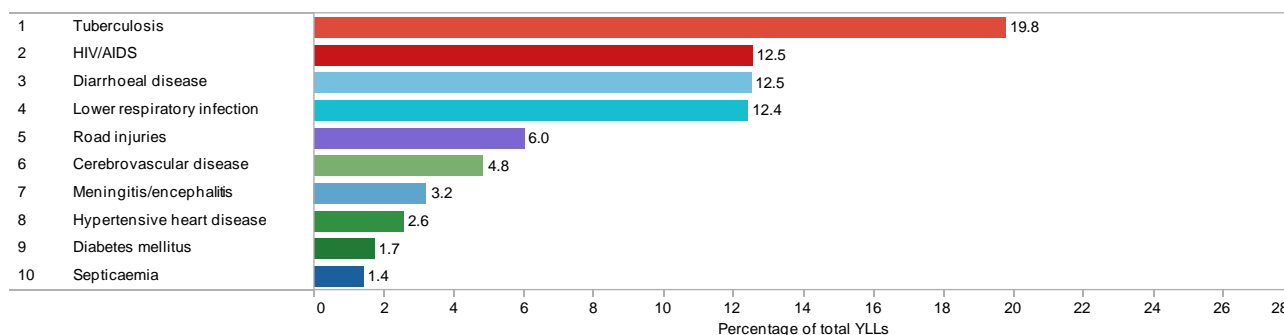
The uptake rate of babies PCR tested around 6 weeks according to the routine data has increased substantially over the last four years to 84.2% in 2011/12. This is still, however, the lowest uptake rate in the province. The babies that tested PCR-positive six weeks after birth was 4.8%. Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage was 58.3%, while the proportion of infants who were HIV-positive under two months was 2.8% and has decreased steadily from 16.6% in 2007/08.

The rate of HIV-positive infants under 18 months initiated on HAART of 933.3% in 1010/11 and 254.2% in 1011/12 are totally unrealistic as averages over 100% are technically not possible and these values suggest seriously poor data management and understanding of data quality.^b

The hypertension detection rate for 2011/12 was 0.2%. The mental health case load was 1.1% of total case load, which is 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. Ehlanzeni's 2009 quality of death certification was poor with 21.8% of the certificates submitted not being useful for public health 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, 7.2% of deaths were assigned to 'ill-defined' causes and 14.6% to 'garbage codes'. Of the unusable classifications, 18.5% of deaths were assigned to 'ill-defined' causes and 17.5% 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 communicable diseases (together with maternal, perinatal and nutritional conditions) (33.8%), followed by HIV and TB (32.3%). Non-communicable diseases (24.5%) ranked third whilst the lowest proportion (9.4%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): MP – DC32: Ehlanzeni District Municipality



^b Data collection and calculation at facility level may need investigation in order to improve data quality.

Figure 2: Annual indicators for district: Ehlanzeni: DC32

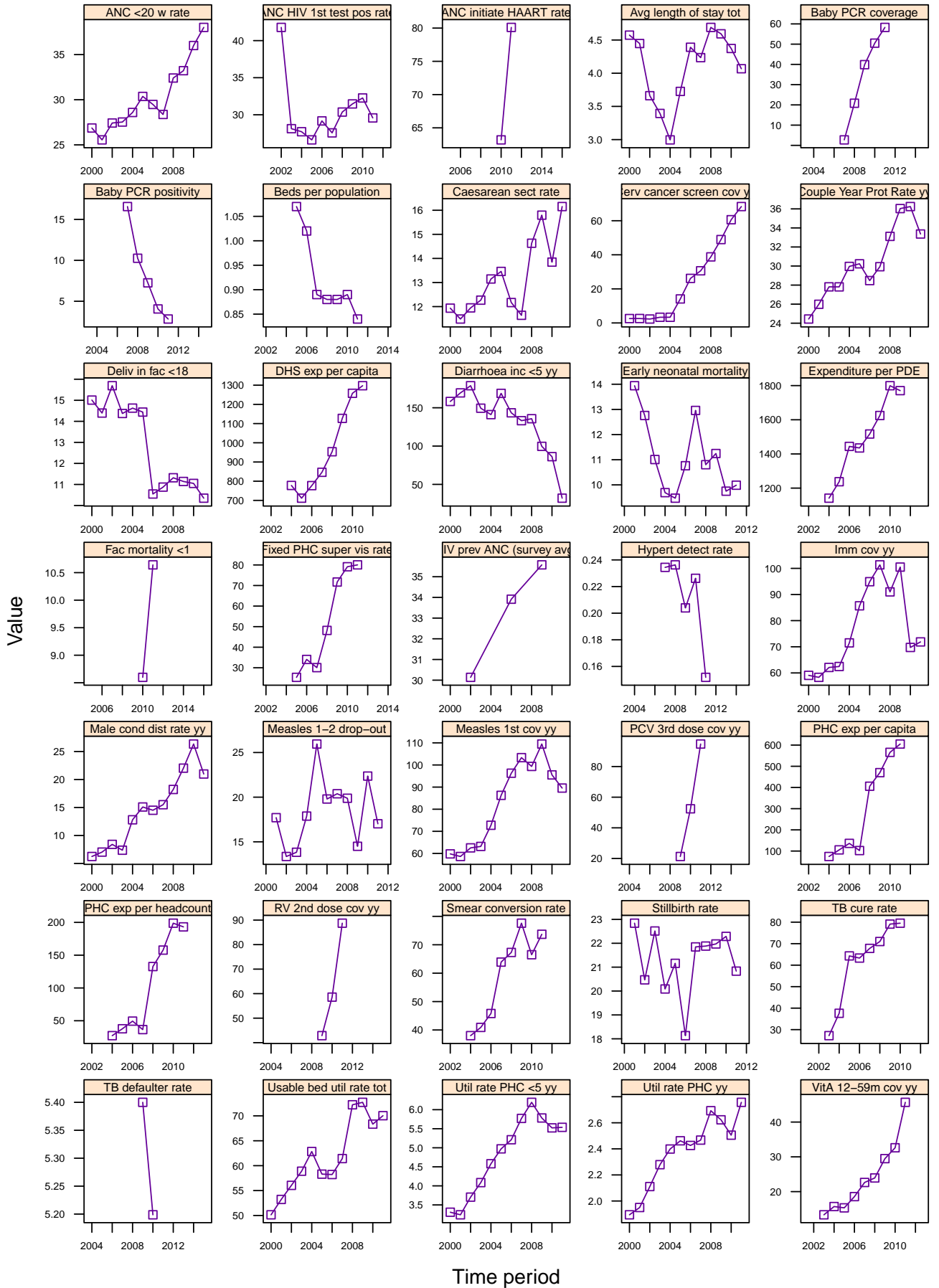
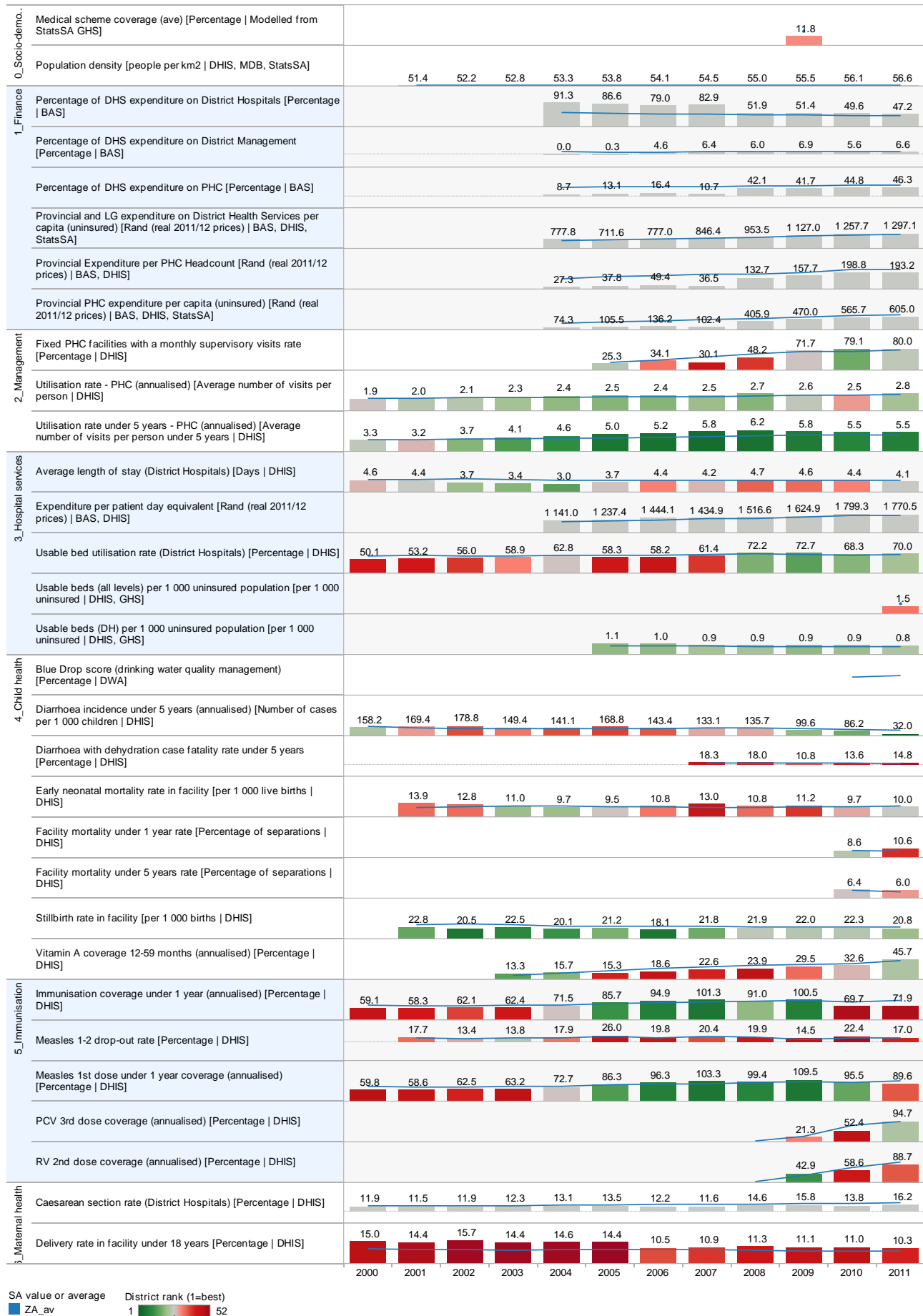
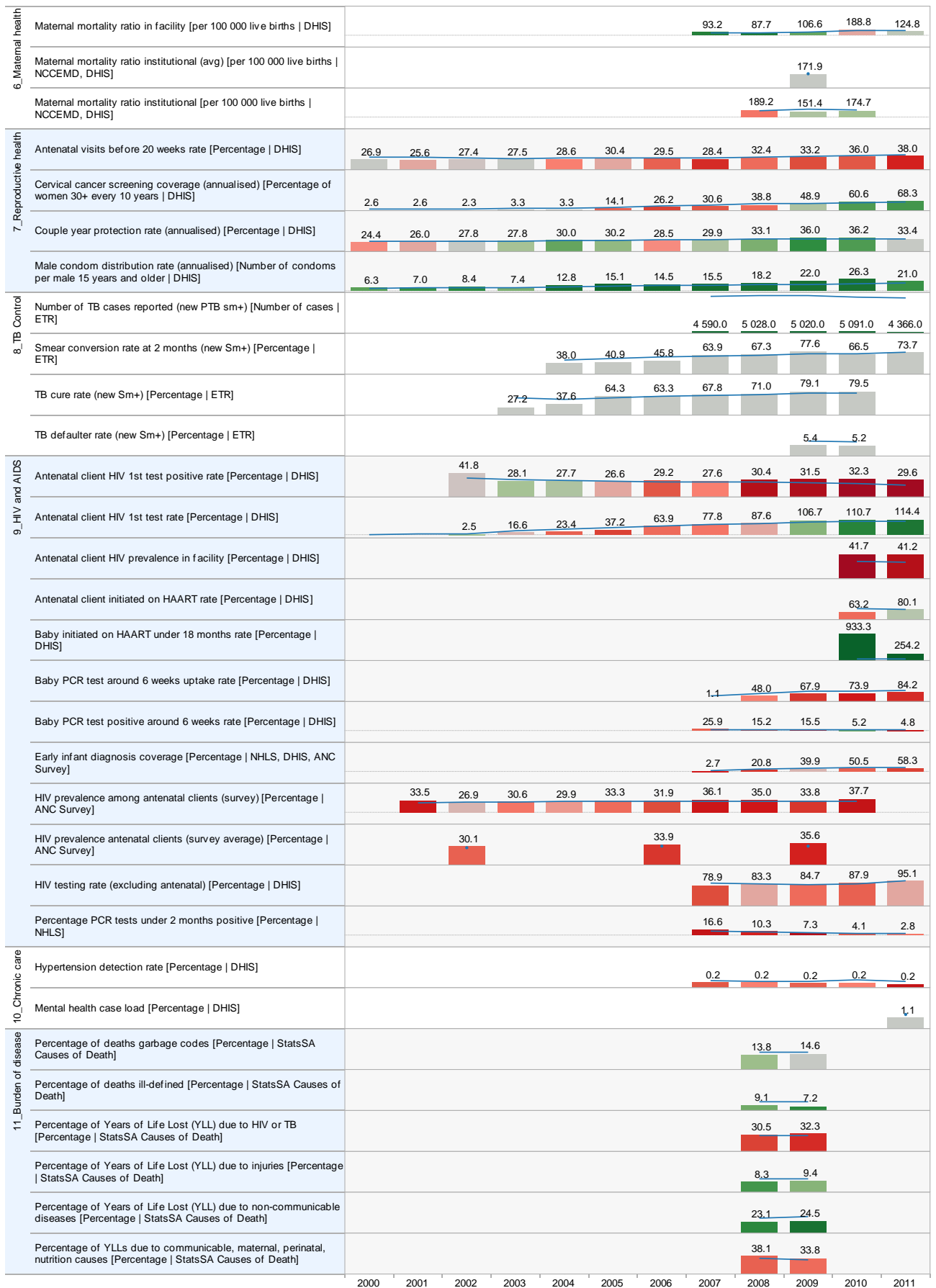


Figure 3: District page: MP – DC32: Ehlanzeni District Municipality





SA value or average District rank (1=best)
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