

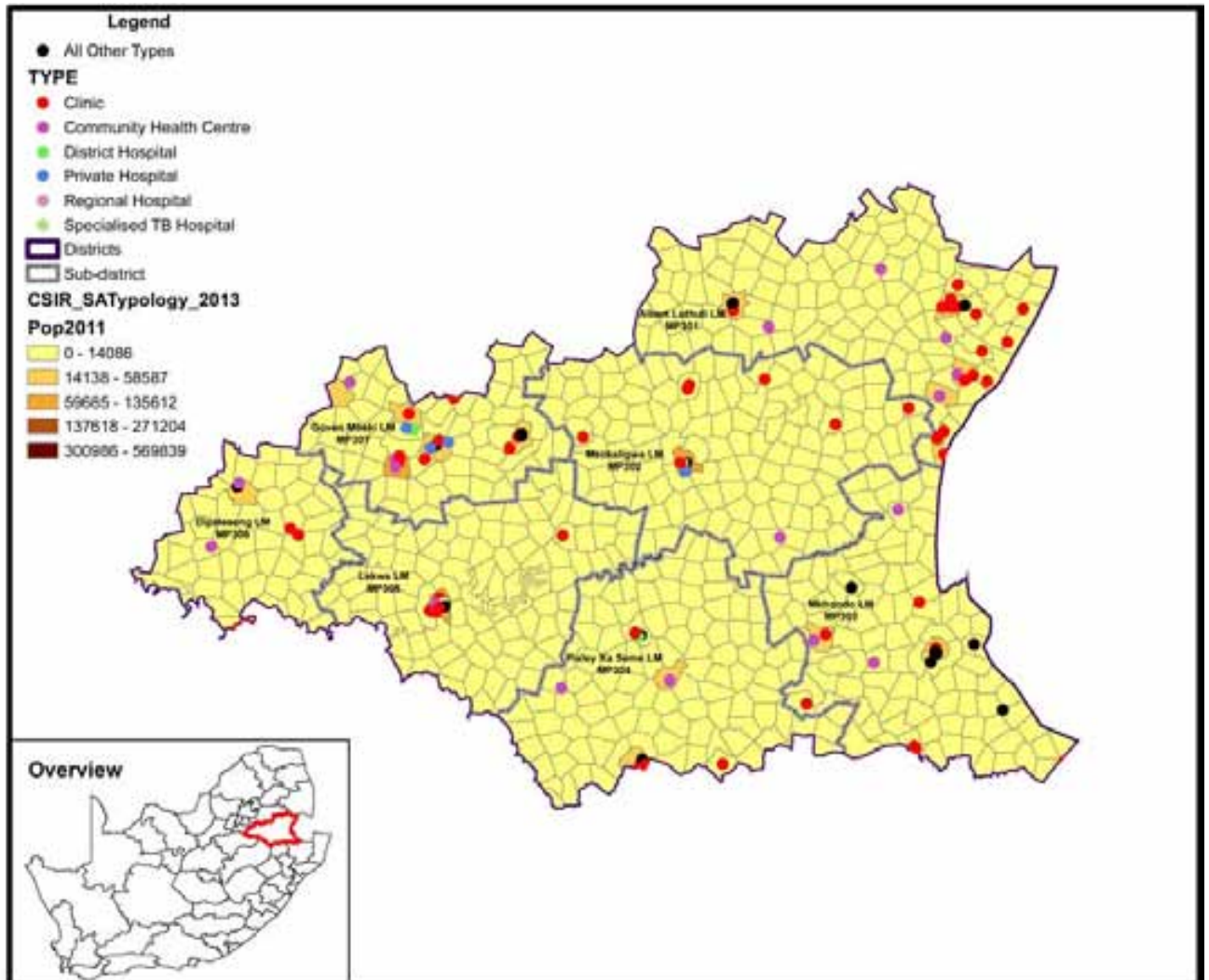
20 Mpumalanga Province

Gert Sibande District Municipality (DC30)

Naomi Massyn and Noluthando Ndlovu

Gert Sibande District is situated in Mpumalanga Province and has seven sub-districts: Albert Luthuli, Dipaleseng, Govan Mbeki, Lekwa, Mkhondo, Msukaligwa and Pixley Ka Seme. The district has a population of 1 066 395, with a population density of 33.5 people per km², and falls into socio-economic Quintile 3. Gert Sibande is one of the 11 National Health Insurance (NHI) pilot districts.

Population distribution, sub-district boundaries and health facility locations: Gert Sibande (DC30)



Burden of disease profile

Percentage of deaths by broad cause and leading causes, 2008–2013: Gert Sibande (DC30)

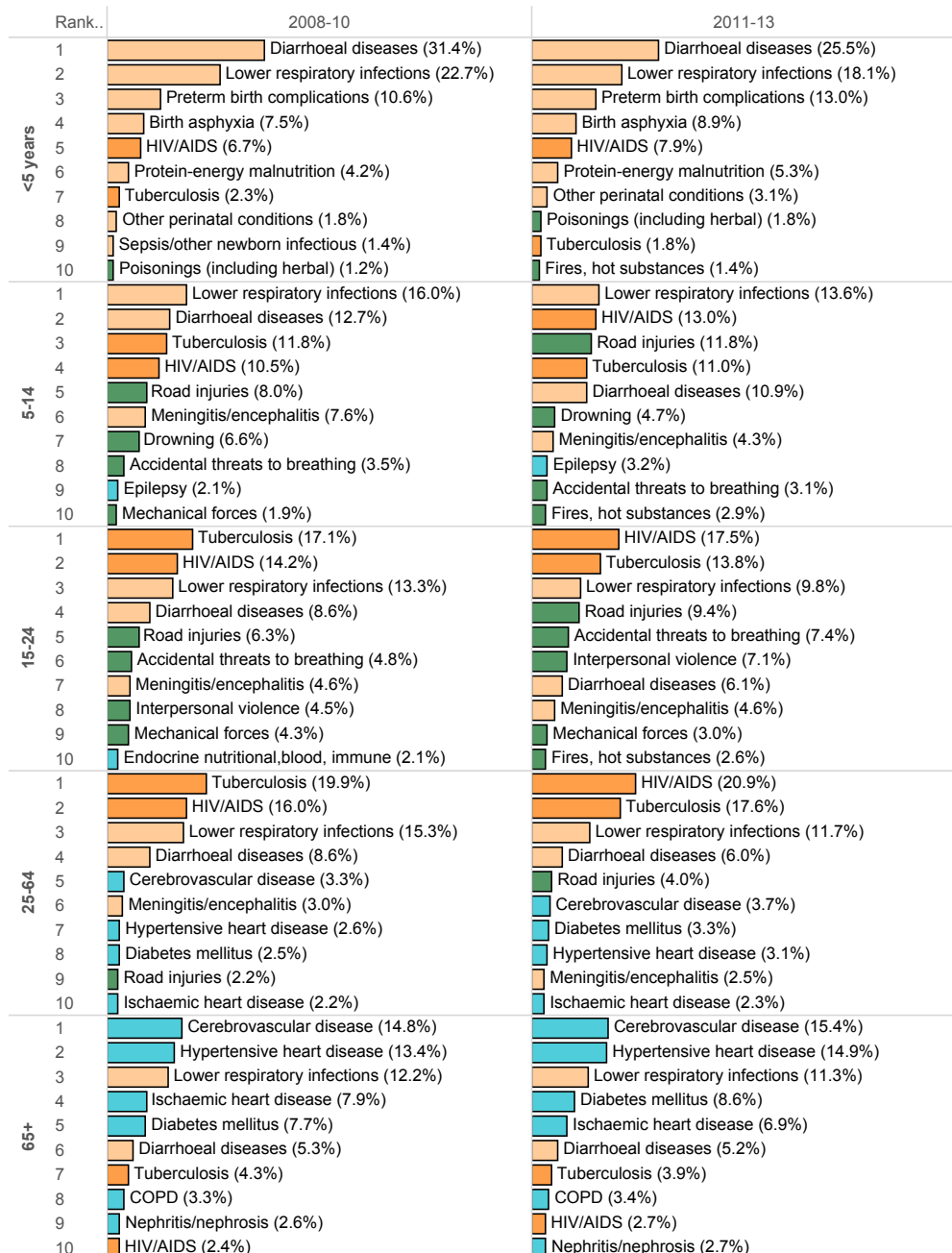
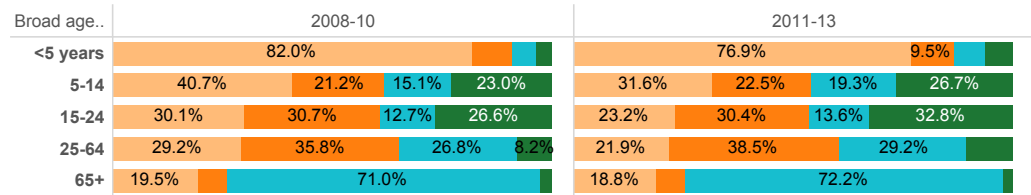
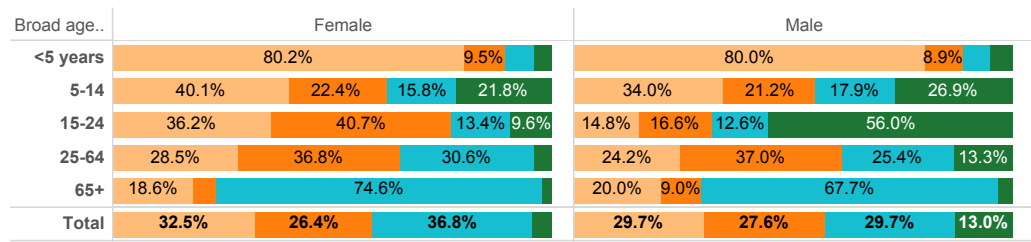
Percentage of deaths by broad cause and leading causes, 2008-2013

MP, G Sibande: DC30

Prov, District
MP, G Sibande: DC30
 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 80% of deaths among both males and females. This was followed by HIV and TB deaths around 9% for both females and males.

In the 5–14-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for 40.1% of deaths among females and 34% of deaths among males, while HIV and TB accounted for 22.4% of deaths among females and 21.2% of deaths among males. Males had a higher proportion of deaths attributable to non-communicable diseases than females, and a higher percentage of injury-related deaths.

In the 15–24-year age group, injury accounted for 56.0% of deaths in males and only 9.6% in females, while HIV accounted for 40.7% of deaths in females compared with only 16.6% of deaths in males.

In the 25–64-year age group, approximately 37% of males and females died from HIV and TB. Non-communicable diseases accounted for a higher proportion of deaths among females than males (30.6% versus 25.4%). There were also slightly more deaths due to communicable diseases and maternal, perinatal and nutritional conditions among females than males. However, there were more injury-related deaths among males than females (13.3% versus 4.1%) in this age group.

In the 65-years-and-older age group, non-communicable diseases accounted for most deaths in both genders (74.6% among females and 67.7% among males).

Trends in broad cause groups by age

The majority of deaths in children under 5 years remained attributable to communicable diseases and maternal, perinatal and nutritional conditions, although there was decline from 82.0% to 76.9% between 2008–2010 and 2011–2013. There was a slight increase in all the other broad causes. In the 5–14-year age group, deaths due to communicable diseases and maternal, perinatal and nutritional conditions also dominated; however, there was a decline from 40.7% to 31.6% between the two periods. Deaths due to non-communicable diseases and injuries increased in this age group. In the 15–24-year age group, deaths due to HIV and TB remained stable at around 30%. Injury-related deaths were the highest in this age group at 32.8%, having increased from 26.6% in 2008–2010. In the 25–64-year age group, non-communicable disease mortality and HIV and TB deaths increased, while there was a decline in deaths due to communicable diseases and maternal, perinatal and nutritional conditions from 29.2% to 21.9%. Injury-related deaths also declined in this age group. In the 65-years-and-older age group, non-communicable diseases accounted for most of the deaths, with a slight increase from 71.0% to 72.2%. There was not much change in the other broad cause groups.

Trends in leading causes of death by age

Under 5 years

There was no change in the top six leading causes of death, namely diarrhoeal diseases, lower respiratory infections, preterm birth complications, birth asphyxia, HIV and AIDS and protein-energy malnutrition. Tuberculosis fell to ninth place, other perinatal conditions moved to seventh place, and poisonings (including herbal) moved up the ranks. Sepsis/ other newborn infectious diseases dropped out of the top 10 leading causes of death, replaced by deaths due to fires and hot substances.

5–14 years

Lower respiratory infections remained the leading cause of death, followed by HIV and AIDS, which moved up from fourth position. Other deaths in the top five were still attributable to road injuries, TB and diarrhoeal diseases. Drowning, meningitis/encephalitis, epilepsy and accidental threats to breathing remained in the top 10, with mechanical forces replaced by deaths due to fire and hot substances.

15–24 years

HIV and AIDS, TB and lower respiratory infections remained the leading causes of death in this age group, with HIV and AIDS replacing TB as number one. There were fewer deaths due to diarrhoeal diseases in 2011–2013 than in 2008–2010. However, there was an increase in deaths due to interpersonal violence. Other leading causes of death included meningitis/encephalitis and mechanical forces, while death due to fire and hot substances replaced endocrine, nutritional, blood and immune diseases in the top 10.

25–64 years

The same trend was observed in this age group (as in the 15–24-year age group), with HIV and AIDS, TB and lower respiratory infections remaining the leading cause of death, and HIV and AIDS replacing TB as the leading cause of death. Diarrhoeal diseases remained unchanged in fourth position, while road injuries move up from ninth to fifth position. Other leading

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causes of death included cerebrovascular disease, diabetes mellitus, hypertensive heart disease, meningitis/encephalitis and ischaemic heart disease.

65 years and older

The five leading causes of death in this age group remained largely unchanged, namely cerebrovascular disease, hypertensive heart disease, lower respiratory infections, diabetes mellitus and ischaemic heart disease, with diabetes mellitus moving up in the ranking. Other conditions included diarrhoeal diseases, TB, chronic obstructive pulmonary disease, HIV and AIDS and nephritis/nephrosis.

Indicator performance: Gert Sibande (DC30)

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]	81.4	75.7	73.6	32	76.9	90.0		73.5		
Management Inpatients	Average length of stay (district hospitals) [Days]	4.1	4.1	4.0	19	4.3	4.0		4.6		
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	1 730.4	1 755.8	1 902.8	27	2 006.3			2 136.4		
	Inpatient bed utilisation rate (district hospitals) [Percentage]	69.3	65.8	66.7	27	71.0	75.0		65.8		
	OPD new client not referred rate (district hospitals) [Percentage]	74.2	66.1	64.5	34	67.0			60.7		
Mortality Inpatients	Child under 5 years diarrhoea case fatality rate [Percentage]	5.3	5.0	4.5	38	5.3	5.5	5.5	3.3	3.5	3.0
	Child under 5 years pneumonia case fatality rate [Percentage]	6.2	5.6	4.4	39	5.2	5.5	5.5	2.9		
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	12.5	14.7	21.9	52	19.1	11.0	9.0	11.6	8.0	7.0
	Inpatient crude death rate [Percentage]	6.3	5.5	5.0	17	5.6			5.2		
Delivery	Delivery by Caesarean section rate (district hospitals) [Percentage]	19.7	19.8	20.7		17.9			22.7		
	Delivery in facility under 18 years rate [Percentage]	10.2	9.9	9.8	40	9.1	10.0		7.4		
	Inpatient early neonatal death rate [per 1 000 live births]	10.3	9.8	8.9	16	7.9		10.0	10.1		0
	Maternal mortality in facility ratio [per 100 000 live births]	187.6	197.1	54.6	3	115.4	148.0	105.0	132.5	100	80.0
	Mother postnatal visit within 6 days rate [Percentage]	54.3	47.3	52.9	44	59.7		60.0	74.3	80.0	85.0
	Stillbirth in facility rate [per 1 000 births]	25.2	23.1	21.9	32	21.1			20.7		
PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	38.3	42.1	46.7	47	56.6	43.0	55.0	53.9	65.0	70.0
	Antenatal client initiated on ART rate [Percentage]	73.6	75.1	85.9	46	92.9		100.0	91.2	93.0	96.0
	Infant 1st PCR test around 6 weeks uptake rate [Percentage]	98.3	113.1	104.3	18	106.0			100.6		
	Infant 1st PCR test positive around 6 weeks rate [Percentage]	2.8	1.6	1.5	22	1.7	2.0	2.0	1.5	1.8	2.0
Child Health	School Grade 1 screening coverage [Percentage]		16.5	13.4	39	12.4	20.0	24.0	23.2	30.0	35.0
	Vitamin A dose 12-59 months coverage [Percentage]	28.8	30.8	47.4	38	50.0	50.0	50.0	52.2	55.0	
Immunisation	Immunisation coverage under 1 year [Percentage]	65.2	67.2	79.0	39	80.1	90.0	90.0	89.8	95.0	91.0
	Measles 2nd dose coverage [Percentage]	66.2	66.0	78.1	29	74.6	90.0	90.0	82.8	85.0	85.0
Reproductive health	Cervical cancer screening coverage [Percentage]	38.9	50.5	64.9	16	63.3	70.0	70.0	54.5	60.0	64.0
	Couple year protection rate [Percentage]	26.9	35.6	49.7	20	39.8	41.0		46.8	55.0	
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	10.1	9.5	8.4	47	8.6			6.4		

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							
HIV	HIV testing coverage (including ANC)		24.4	25.3	45	30.0			32.1		
	Male condom distribution coverage	16.3	30.2	51.0	10	34.3		20.0	38.4		
Non-communicable diseases	Hypertension incidence [per 1 000]	21.2	16.4	12.7		12.9	115.0		13.9		
	Mental health admission rate [Percentage]		0.8	1.0		0.9			1.2		
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	15.0	18.9	16.8	37	26.2			26.9		
	PHC professional nurse clinical workload [Clients per nurse per day]	44.0	39.6	35.8	32	35.4			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]		569.1	510.5	455.1	10	450.1			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	68.3	78.5	74.7		32	73.3			76.8		
	TB death rate (all TB) [Percentage]	9.0	8.5	7.7		23	7.5			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	5.0	4.5	5.4		27	5.4	6.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	72.2	69.7	74.6		35	76.1	100.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		82.7	86.8	87.8	47	92.5			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		59.3	52.3	86.4	14	90.4			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		17.7			2	23.9			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	13.9	15.0	14.2		35	15.5			14.5		
	Percentage of deaths ill-defined [Percentage]	11.9	10.3	9.7		23	9.4			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	33.1	29.5	28.0		45	26.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	29.9	31.7	32.0		36	31.4			27.9		
	Percentage of YLLs due to injuries [Percentage]	10.4	11.8	13.0		30	12.7			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	26.6	27.0	27.0		3	29.5			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:

- ◆ Maternal mortality in facility ratio (third lowest in the country)
- ◆ Male condom distribution coverage
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ Hypertension prevalence rate (crude) (second lowest in the country)
- ◆ Percentage of years of life lost (YLLs) due to non-communicable diseases (third lowest in the country)

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

- ◆ Child under 5 years severe acute malnutrition case fatality rate (highest in the country)
- ◆ Mother postnatal visit within 6 days rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate

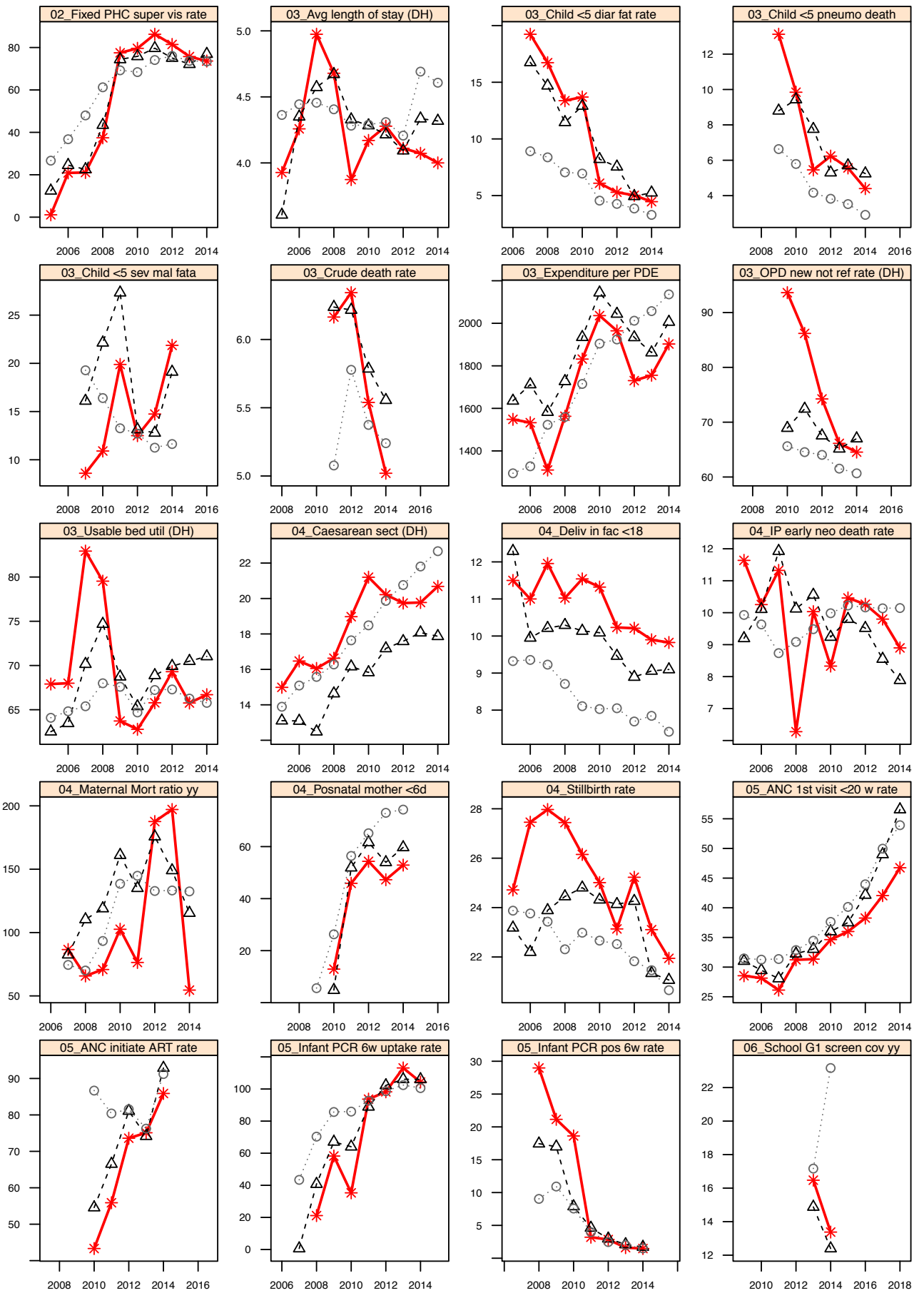
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- ◆ TB Rifampicin resistance confirmed client rate
- ◆ HIV testing coverage (including ANC)
- ◆ Percentage of TB cases with known HIV status
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes

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:

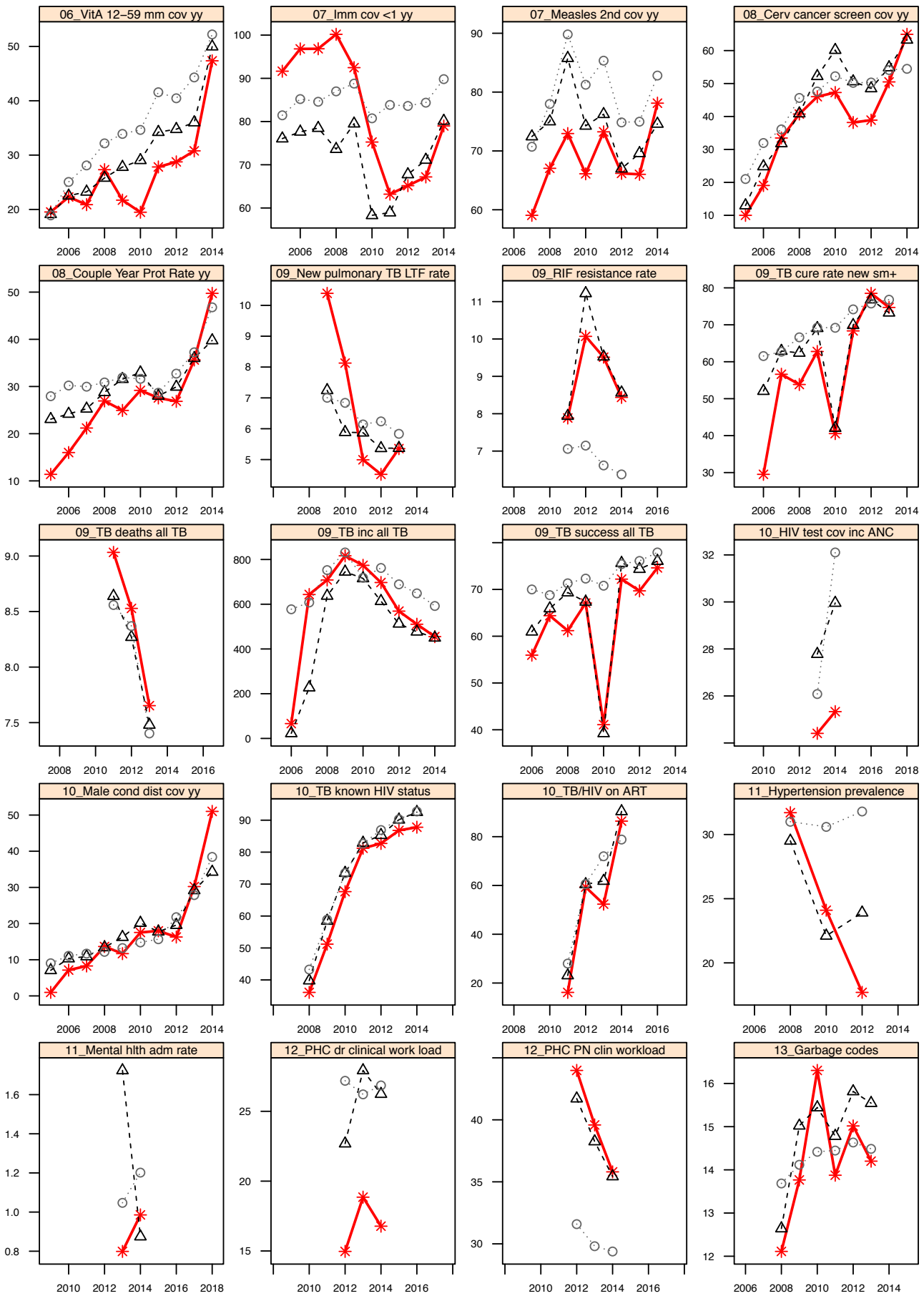
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ OPD new client not referred rate (district hospitals)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Delivery by Caesarean section rate (district hospitals)
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Couple year protection rate
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ HIV testing coverage (including ANC)
- ◆ PHC doctor clinical workload
- ◆ PHC professional nurse clinical workload
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ Percentage of TB cases with known HIV status
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes
- ◆ Percentage of YLLs due to HIV and TB

Annual indicators for district: Gert Sibande (DC30)



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

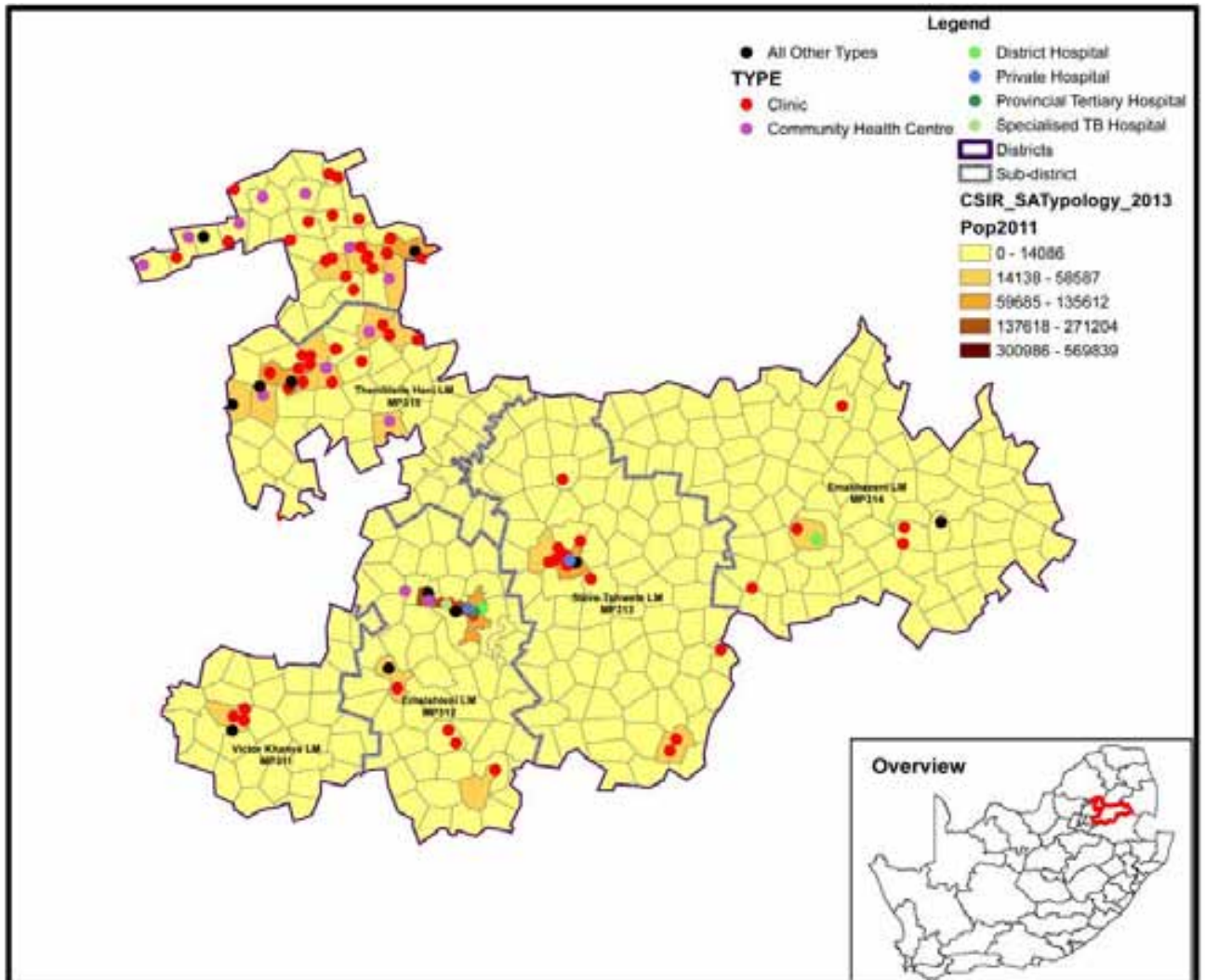
Annual indicators for district: Gert Sibande (DC30)



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

Nkangala District Municipality (DC31)*Naomi Massyn and Noluthando Ndlovu*

Nkangala District is situated in Mpumalanga Province and has six sub-districts: Dr JS Moroka, Emakhazeni, Emalahleni, Steve Tshwete, Thembisile Hani and Victor Khanye. The district has a population of 1 382 414, with a population density of 81 people per km² and falls into socio-economic Quintile 4.

Population distribution, sub-district boundaries and health facility locations: Nkangala (DC31)

Burden of disease profile

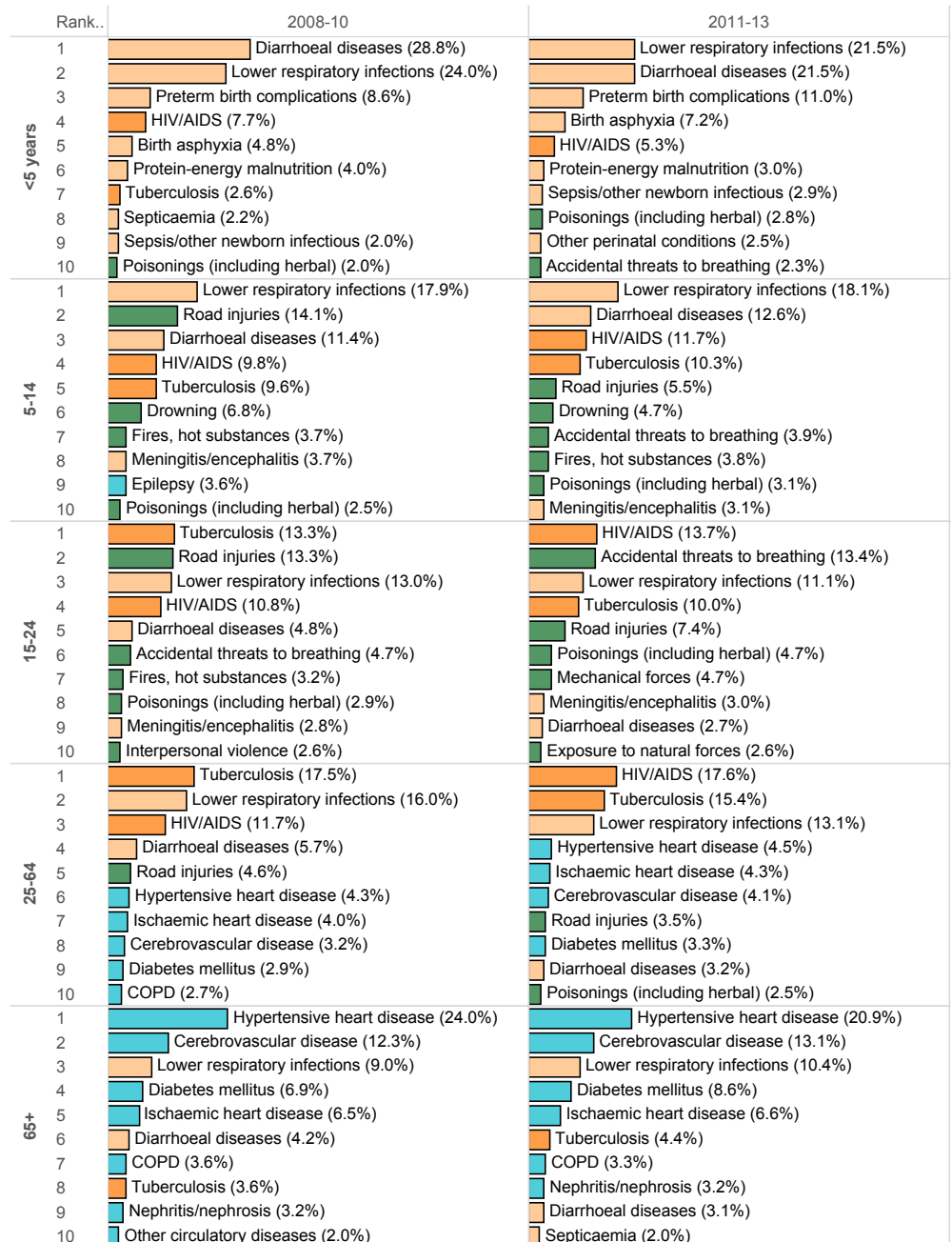
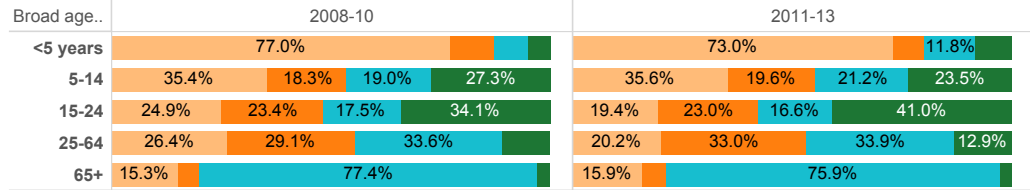
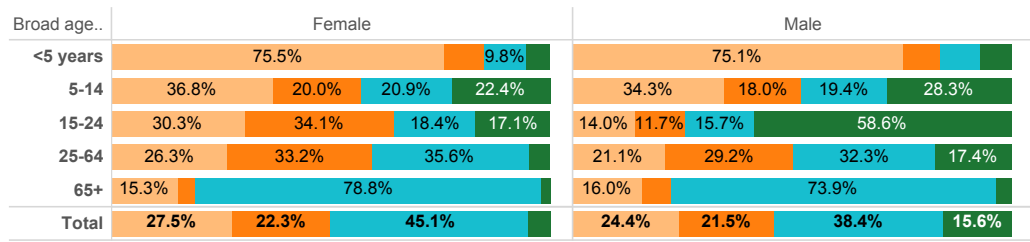
Percentage of deaths by broad cause and leading causes, 2008–2013: Nkangala (DC31)

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

MP, Nkangala: DC31

Prov, District
MP, Nkangala: DC31
 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 contributed to about 75% of deaths among both male and female children. HIV and TB, non-communicable diseases and injuries, each accounted for less than 10% of deaths among both males and females in this age group.

Although the proportion was not as high as in the previous group, communicable diseases together with maternal, perinatal and nutritional conditions contributed the most to deaths in the 5–14-year age group for both males and females. Injury-related deaths among males (28.3%) were higher than among females (22.4%), and deaths due to non-communicable diseases were slightly higher among females than males.

In the 15–24-year age group, injuries accounted for almost 60% of deaths among males, compared with only 17.1% of deaths among females. The main leading broad causes of death among females in this age group were spread almost evenly between HIV and TB (34.1%), and communicable diseases together with maternal, perinatal and nutritional conditions (30.3%) respectively. Deaths due to HIV and TB were the lowest among males at 11.7%.

In the 25–64-year age group, non-communicable diseases were the leading broad cause of death for both males and females. This was followed closely by HIV and TB (29.2% among males and 33.2% among females). Deaths due to communicable diseases and maternal, perinatal and nutritional conditions were higher among females than males (26.3% versus 21.1%), while injury-related deaths were much higher among males than females (17.4% versus 4.9%).

In the 65-years-and-older age group, non-communicable diseases were the predominant broad cause of death, accounting for 78.8% of deaths among females and 73.9% among males.

Trends in broad cause groups by age

Broad cause trends remained relatively consistent between 2008–2010 and 2011–2013 for children under 5 years and those in the 5–14-year, 15–24-year, 25–64-year, and 65-years-and-older age groups.

Trends in leading causes of death by age

Under 5 years

Lower respiratory infections, diarrhoeal diseases, preterm birth complications, birth asphyxia and HIV and AIDS remained the top five leading causes of death in children under 5 years of age, followed by protein-energy malnutrition. Tuberculosis and septicaemia dropped out of the top 10 leading causes of death and were replaced by other perinatal conditions and accidental threats to breathing. Sepsis/other newborn infectious diseases and poisonings (including herbal) both moved up in the rankings.

5–14 years

The top five leading causes of death remained unchanged over the two periods and included lower respiratory infections, diarrhoeal diseases, HIV and AIDS, TB and road injuries. A new addition to the top 10 causes was accidental threats to breathing (number 7), while epilepsy dropped out of the top 10. Deaths due to drowning, fires and hot substances, meningitis/encephalitis, and poisonings (including herbal), were still part of the top 10.

15–24 years

HIV and AIDS replaced TB as the number one leading cause of death in 2011–2013, moving up from fourth position in 2008–2010. This could be due to more accurate reporting of HIV on death certificates. Tuberculosis dropped from first to fourth place, while accidental threats to breathing peaked as the second leading cause of death, up from a previous sixth position. Lower respiratory infections and road injuries still featured prominently, in addition to poisonings (including herbal), diarrhoeal diseases and meningitis/encephalitis. Deaths due to exposure to natural forces took 10th place, replacing interpersonal violence.

25–64 years

Tuberculosis moved down the rankings to become the second leading cause of death, followed by lower respiratory infections, while HIV and AIDS moved up to become the first leading cause of death. Diarrhoeal diseases dropped from fourth to ninth position; they were replaced by hypertensive heart disease, ischaemic heart disease and cerebrovascular disease. Road injuries and diabetes mellitus still featured in the top 10, while chronic obstructive pulmonary disease dropped out of the top 10 and was replaced by poisonings (including herbal).

65 years and older

The top five leading causes of death remained unchanged in this age group between the two periods, and included hypertensive heart disease, cerebrovascular disease, lower respiratory infections, diabetes mellitus and ischaemic heart disease. Tuberculosis and nephritis/nephrosis moved up the rankings, while diarrhoeal diseases moved down.

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Indicator performance: Nkangala (DC31)

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]	69.2	66.3	77.5	26	76.9	90.0		73.5			
Management Inpatients	Average length of stay (district hospitals) [Days]	4.2	4.8	4.8	2	4.3	4.0		4.6			
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 120.6	2 051.4	2 205.0	8	2 006.3			2 136.4			
	Inpatient bed utilisation rate (district hospitals) [Percentage]	70.8	72.6	72.8	14	71.0	75.0		65.8			
	OPD new client not referred rate (district hospitals) [Percentage]	48.0	57.0	62.6	30	67.0			60.7			
	Child under 5 years diarrhoea case fatality rate [Percentage]	5.7	5.1	4.9	42	5.3	5.5	5.5	3.3	3.5	3.0	
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	3.0	4.0	5.1	45	5.2	5.5	5.5	2.9			
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	10.9	13.4	15.1	40	19.1	11.0	9.0	11.6	8.0	7.0	
	Inpatient crude death rate [Percentage]	7.0	6.5	6.6	45	5.6			5.2			
	Delivery by Caesarean section rate (district hospitals) [Percentage]	18.7	18.2	18.9		17.9			22.7			
Delivery	Delivery in facility under 18 years rate [Percentage]	7.0	6.8	7.1	14	9.1	10.0		7.4			
	Inpatient early neonatal death rate [per 1 000 live births]	9.5	7.3	7.8	10	7.9		10.0	10.1		0	
	Maternal mortality in facility ratio [per 100 000 live births]	174.5	156.1	198.1	40	115.4	148.0	105.0	132.5	100	80.0	
	Mother postnatal visit within 6 days rate [Percentage]	68.1	58.2	69.5	26	59.7		60.0	74.3	80.0	85.0	
	Stillbirth in facility rate [per 1 000 births]	28.1	24.3	25.0	43	21.1			20.7			
	PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	42.9	48.6	54.5	35	56.6	43.0	55.0	53.9	65.0	70.0
		Antenatal client initiated on ART rate [Percentage]	80.5	86.5	95.6	16	92.9		100.0	91.2	93.0	96.0
Infant 1st PCR test around 6 weeks uptake rate [Percentage]		105.8	107.3	110.1	12	106.0			100.6			
Infant 1st PCR test positive around 6 weeks rate [Percentage]		3.4	1.8	1.4	16	1.7	2.0	2.0	1.5	1.8	2.0	
Child Health	School Grade 1 screening coverage [Percentage]		17.2	10.0	46	12.4	20.0	24.0	23.2	30.0	35.0	
	Vitamin A dose 12-59 months coverage [Percentage]	41.3	41.4	46.3	40	50.0	50.0	50.0	52.2	55.0		
Immunisation	Immunisation coverage under 1 year [Percentage]	66.7	70.6	77.4	44	80.1	90.0	90.0	89.8	95.0	91.0	
	Measles 2nd dose coverage [Percentage]	70.7	71.6	72.4	43	74.6	90.0	90.0	82.8	85.0	85.0	
Reproductive health	Cervical cancer screening coverage [Percentage]	37.5	42.6	44.0	35	63.3	70.0	70.0	54.5	60.0	64.0	
	Couple year protection rate [Percentage]	26.3	30.9	31.6	51	39.8	41.0		46.8	55.0		
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	9.7	6.7	6.4	36	8.6			6.4			
HIV	HIV testing coverage (including ANC)		23.3	26.4	41	30.0			32.1			
	Male condom distribution coverage	13.7	20.0	23.0	42	34.3		20.0	38.4			
Non-communicable diseases	Hypertension incidence [per 1 000]	13.2	14.0	14.6		12.9	115.0		13.9			
	Mental health admission rate [Percentage]		0.6	0.9		0.9			1.2			
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	23.4	27.8	31.9	18	26.2			26.9			
	PHC professional nurse clinical workload [Clients per nurse per day]	38.5	36.3	30.6	7	35.4			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]		349.3	336.7	354.7	7	450.1			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	65.7	73.2	75.2		28	73.3			76.8		
	TB death rate (all TB) [Percentage]	9.8	8.4	8.1		26	7.5			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	7.7	7.5	6.3		33	5.4	6.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	74.6	75.1	80.3		17	76.1	100.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		93.1	96.5	96.0	10	92.5			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		83.3	87.7	87.0	13	90.4			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		31.7			21	23.9			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	18.2	19.5	20.1		52	15.5			14.5		
	Percentage of deaths ill-defined [Percentage]	9.2	10.2	9.0		19	9.4			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	27.6	25.9	25.4		37	26.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	27.2	27.0	26.3		21	31.4			27.9		
	Percentage of YLLs due to injuries [Percentage]	11.8	14.3	15.6		43	12.7			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	33.4	32.8	32.7		19	29.5			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 (district hospitals)
- ◆ Expenditure per patient day equivalent for district hospitals
- ◆ Inpatient early neonatal death rate
- ◆ PHC professional nurse clinical workload
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ Percentage of TB cases with known HIV status

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

- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Inpatient crude death rate
- ◆ Stillbirth in facility rate
- ◆ School Grade 1 screening coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Couple year protection rate (second lowest in the country)
- ◆ Percentage of deaths garbage codes (highest in the country)
- ◆ Percentage of years of life lost (YLLs) due to injuries

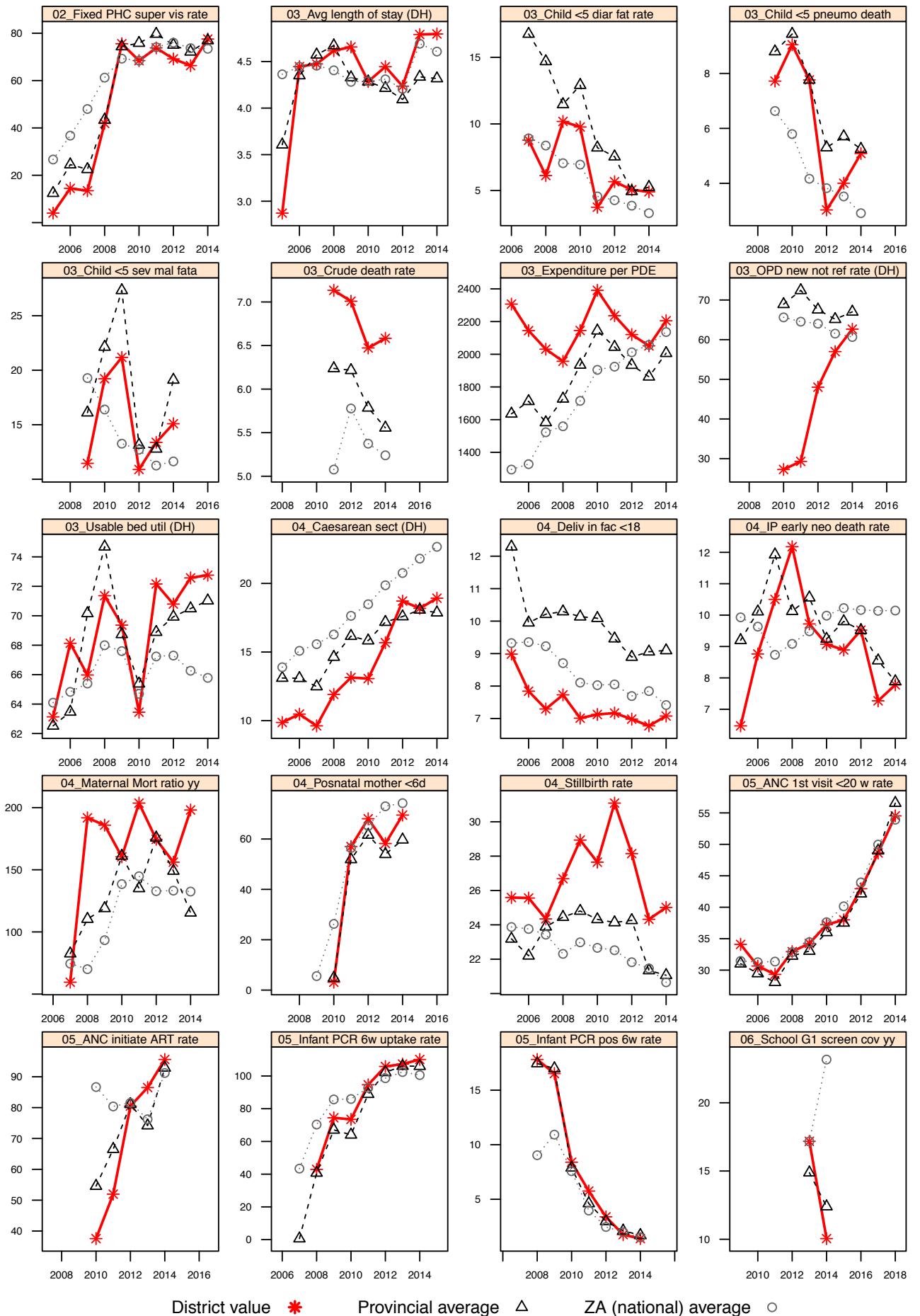
Although the district recorded an improvement in the performance of several indicators over the past three years, improvement strategies are needed urgently for the following indicators, especially when compared with the district ranking, 2014/15 provincial and national averages, and the 2014/15 and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

- ◆ Average length of stay (district hospitals)
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)

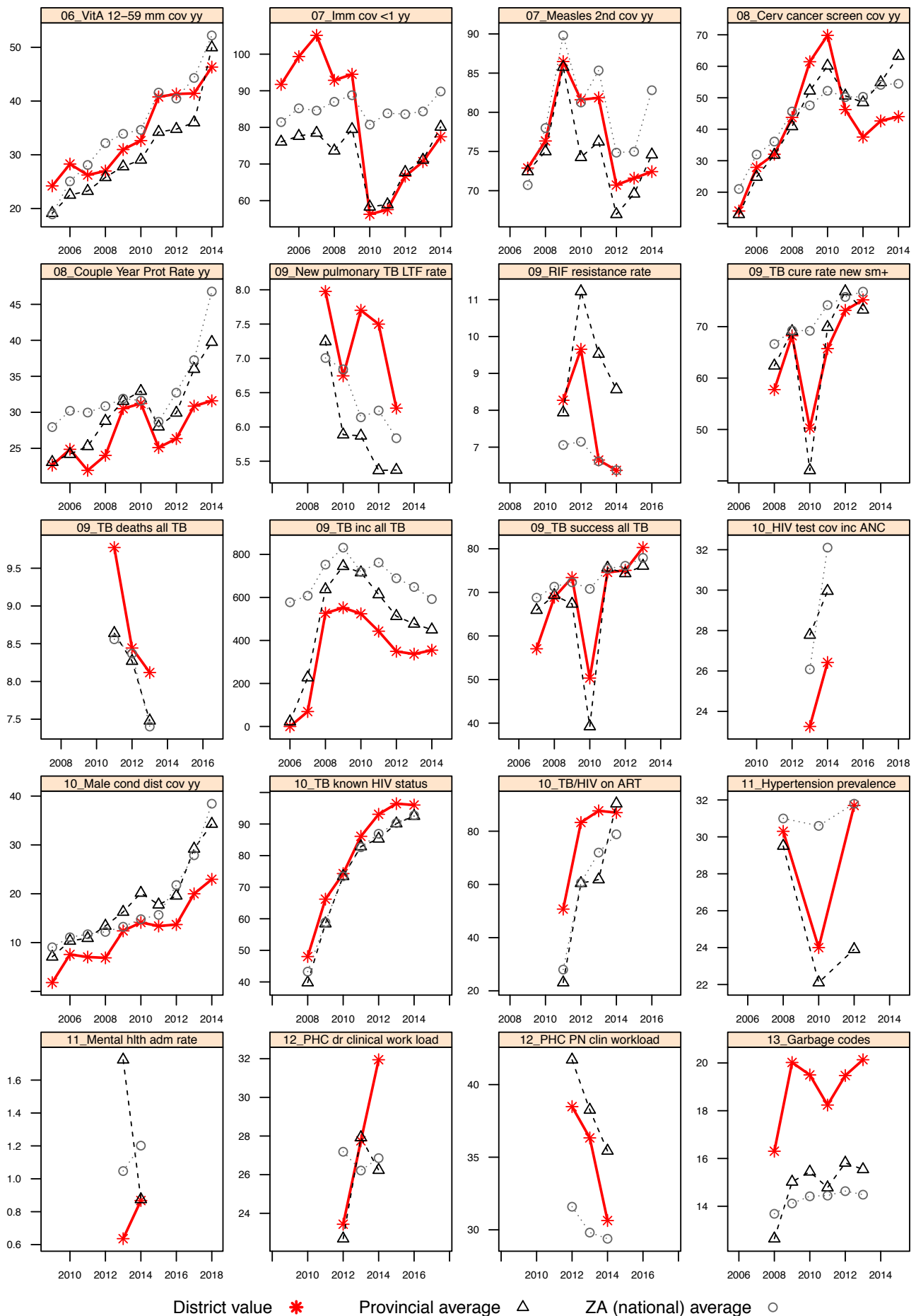
Section B: Profile Mpumalanga Province

- ◆ 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
- ◆ Inpatient crude 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
- ◆ 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)
- ◆ Male condom distribution coverage
- ◆ PHC doctor clinical workload
- ◆ TB death rate (all TB)
- ◆ TB defaulter rate (new smear positive)
- ◆ TB treatment success rate (all TB)
- ◆ Percentage of deaths garbage codes
- ◆ Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes
- ◆ Percentage of YLLs due to injuries

Annual indicators for district: Nkangala (DC31)

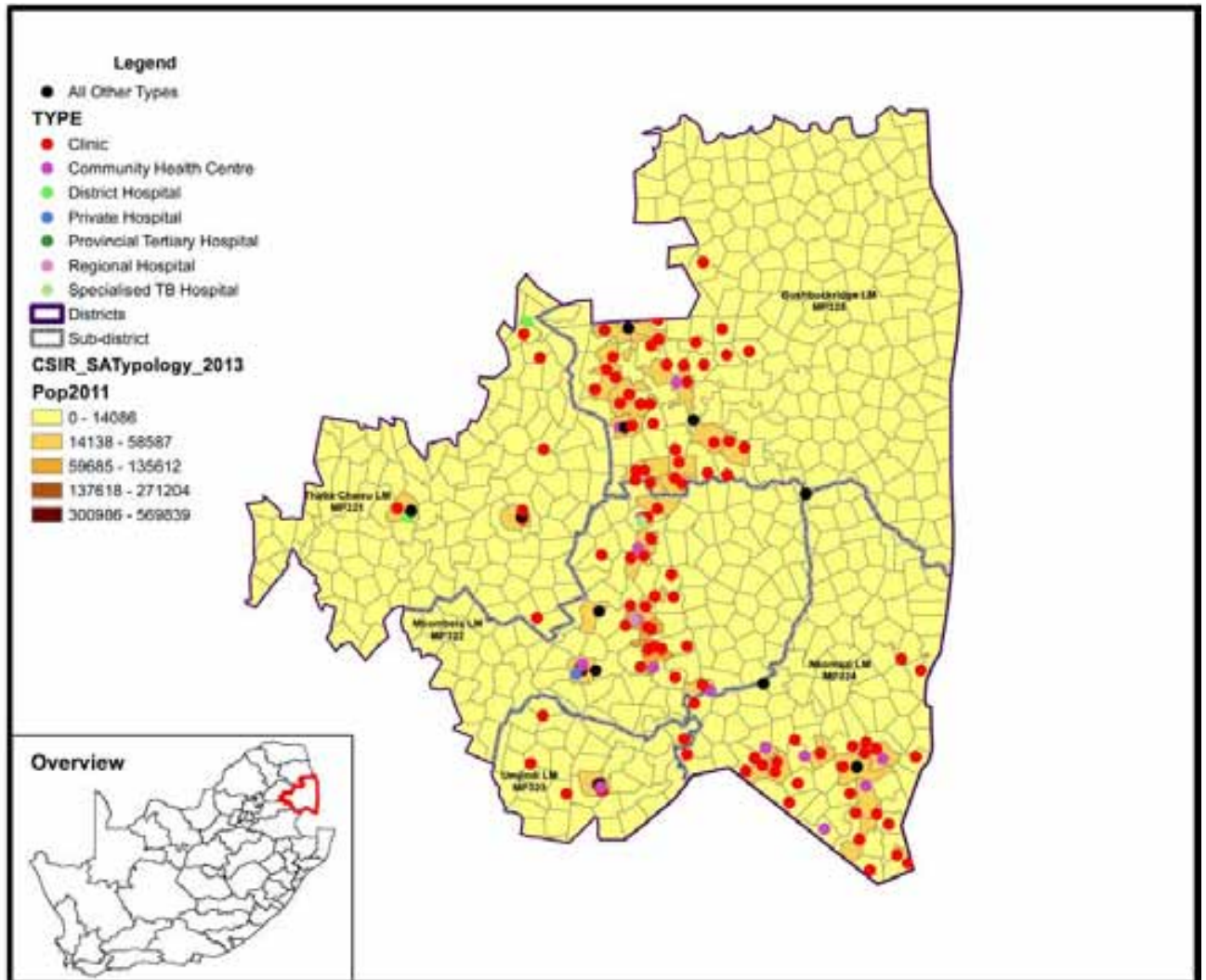


Annual indicators for district: Nkangala (DC31)



Ehlanzeni District Municipality (DC32)**Naomi Massyn and Noluthando Ndlovu**

Ehlanzeni District is situated in Mpumalanga Province and has five sub-districts: Bushbuckridge, Mbombela, Nkomazi, Thaba Chweu and Umjindi. It shares borders with Swaziland and Mozambique. The district has a population of 1 732 786, with a population density of 62.1 people per km². It falls into socio-economic Quintile 4, among the second-wealthiest districts.

Population distribution, sub-district boundaries and health facility locations: Ehlanzeni (DC32)

Burden of disease profile

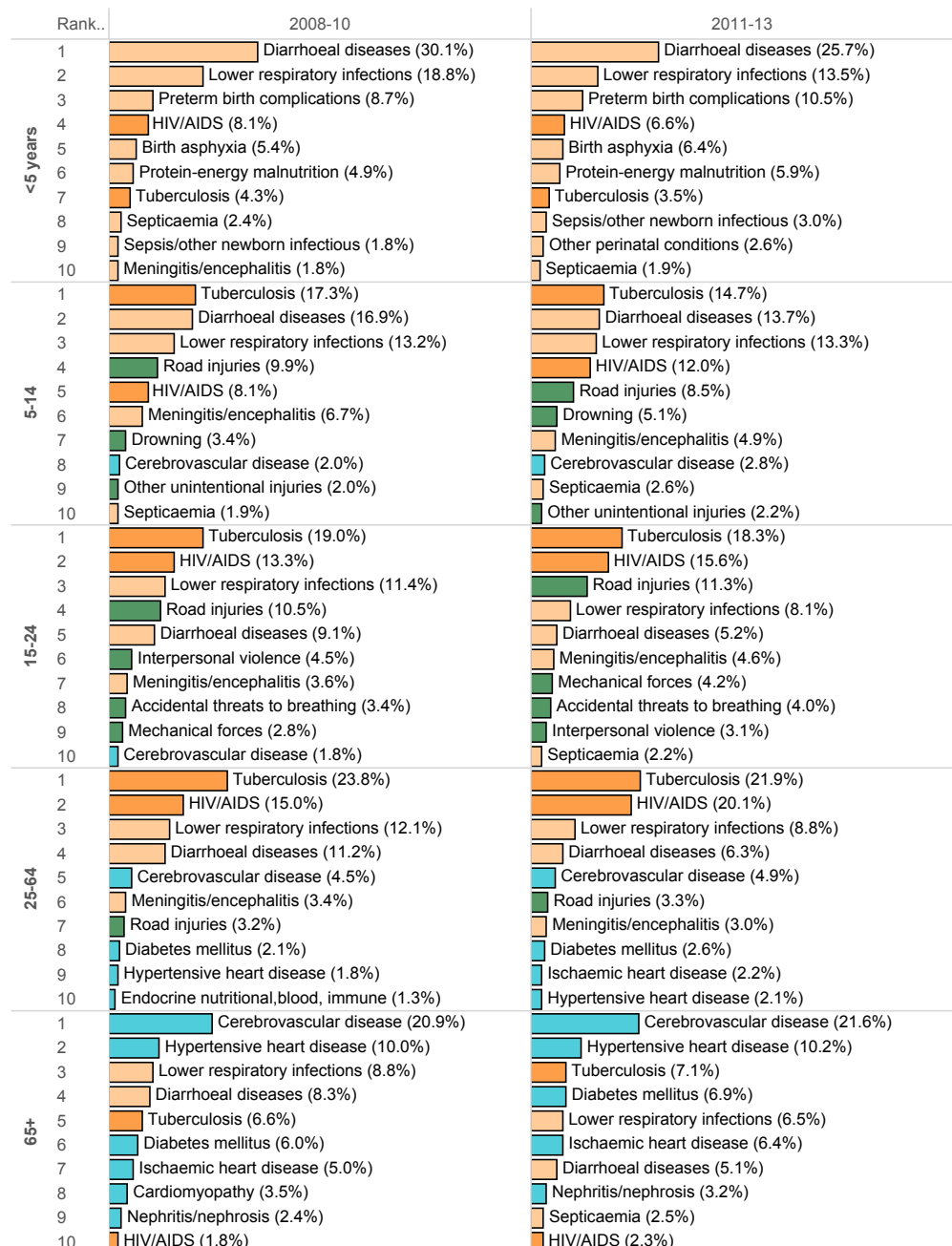
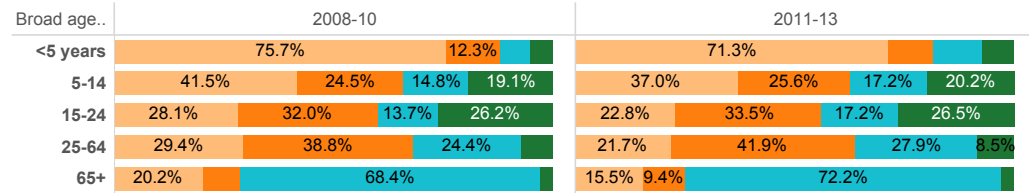
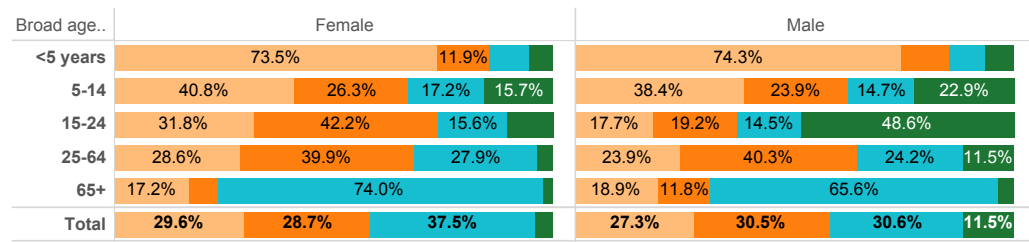
Percentage of deaths by broad cause and leading causes, 2008–2013: Ehlanzeni (DC32)

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

MP, Ehlanzeni: DC32

Prov, District
MP, Ehlanzeni: DC32
 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 73.5% of female deaths and 74.3% of male. HIV and TB accounted for about 12% of deaths among females and slightly less among males.

In the 5–14-year age group, there was only a slight gender variation in the proportion of deaths due to communicable diseases and maternal, perinatal and nutritional conditions (38.4% among males versus 40.8% among females). There was a more pronounced male-female difference for injury-related deaths (22.9% versus 15.7%). The differences for HIV and TB deaths were 23.9% (male) versus 26.3% (female), and for non-communicable diseases the proportions were 14.7% (male) versus 17.2% (female).

In the 15–24-year age group there was a big difference in the major broad causes of death for males and females. HIV and TB accounted for more deaths among females than males (42.2% versus 19.2%), while injuries accounted for more deaths among males than females (48.9% versus 10.4%). More female deaths were due to communicable diseases and maternal, perinatal and nutritional conditions (31.8%) than was the case for males (17.7%).

In the 25–64-year age group, HIV and TB were the main broad cause of death for both males and females at around 40% each. However, there was almost four times the number of injury-related deaths among males (11.5%) than females (3.6%).

In the 65-years-and-older age group, non-communicable diseases accounted for 74.0% of deaths in females and 65.6% of deaths in males. Deaths due to HIV and TB were slightly higher in males (11.8%) than females.

Trends in broad cause groups by age

Although communicable diseases and maternal, perinatal and nutritional conditions still accounted for most deaths in the under-5-year age group, figures declined from 75.7% to 71.3% between 2008–2010 and 2011–2013. In the 5–14-year age group, deaths due to communicable diseases together with maternal, perinatal and nutritional conditions and HIV and TB declined, while deaths due to non-communicable diseases and injuries increased. Similar trends were observed in the 15–24-year age group, with a nearly 6 percentage point decline in deaths due to communicable diseases and maternal, perinatal and nutritional conditions, and an increase from 13.7% to 17.2% for deaths due to non-communicable diseases. In the 25–64-year age group deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 29.4% to 21.7%, while all other broad causes increased. In the 65-and-older age group, deaths due to non-communicable diseases increased from 68.4% to 72.2%, while deaths due to communicable diseases and maternal, perinatal and nutritional conditions and injuries declined.

Trends in leading causes of death by age

Under 5 years

The leading causes of death remained largely unchanged in the top 10, with the exception of meningitis/encephalitis, which was replaced as other perinatal conditions and septicaemia moved up the ranks. Diarrhoeal diseases, lower respiratory infections, preterm birth complications, HIV and AIDS and birth asphyxia were among the leading causes of death.

5–14 years

Tuberculosis, diarrhoeal diseases and lower respiratory infections remained the leading causes of death, in addition to HIV and AIDS (which moved up the ranks) and road injuries. The rest of the list of top leading causes of death remained unchanged, with the exception of drowning and septicaemia, which moved up the ranks, and meningitis/encephalitis and other unintentional injuries, which dropped down.

15–24 years

Tuberculosis and HIV and AIDS still topped the leading causes of death, followed by road injuries, lower respiratory infections and diarrhoeal diseases. Most notably, interpersonal violence moved down the ranks from sixth to ninth place, while septicaemia replaced cerebrovascular disease in the top 10.

25–64 years

The top five leading causes of death remained unchanged, namely TB, HIV and AIDS, lower respiratory infections, diarrhoeal diseases and cerebrovascular disease. Road injuries moved up the ranks, while meningitis/encephalitis and hypertensive heart disease moved down and diabetes mellitus remained the same. Endocrine, nutritional, blood and immune diseases were replaced by ischaemic heart disease.

65 years and older

Cerebrovascular disease and hypertensive heart disease remained the leading causes of death over the two periods. TB moved up the ranks to become the third leading cause of death, replacing lower respiratory infections, which moved

Section B: Profile Mpumalanga Province

down to fifth position. Diabetes mellitus also moved up the ranks, from sixth to fourth position. Diarrhoeal diseases moved down the ranks, while ischaemic heart disease and nephritis/nephrosis moved up. Septicaemia replaced cardiomyopathy, and HIV and AIDS completed the top 10.

Indicator performance: Ehlanzeni (DC32)

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]	75.5	74.4	78.5	23	76.9	90.0		73.5		
Management Inpatients	Average length of stay (district hospitals) [Days]	4.0	4.3	4.4	6	4.3	4.0		4.6		
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 022.4	1 851.9	1 991.2	17	2 006.3			2 136.4		
	Inpatient bed utilisation rate (district hospitals) [Percentage]	70.0	73.5	73.8	12	71.0	75.0		65.8		
	OPD new client not referred rate (district hospitals) [Percentage]	75.1	67.9	70.5	41	67.0			60.7		
Mortality Inpatients	Child under 5 years diarrhoea case fatality rate [Percentage]	11.2	4.8	6.1	46	5.3	5.5	5.5	3.3	3.5	3.0
	Child under 5 years pneumonia case fatality rate [Percentage]	6.6	6.9	6.0	51	5.2	5.5	5.5	2.9		
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	14.5	11.4	19.2	46	19.1	11.0	9.0	11.6	8.0	7.0
	Inpatient crude death rate [Percentage]	5.8	5.6	5.5	23	5.6			5.2		
Delivery	Delivery by Caesarean section rate (district hospitals) [Percentage]	15.9	17.1	15.8		17.9			22.7		
	Delivery in facility under 18 years rate [Percentage]	9.3	9.9	9.8	41	9.1	10.0		7.4		
	Inpatient early neonatal death rate [per 1 000 live births]	9.2	8.7	7.5	9	7.9		10.0	10.1		0
	Maternal mortality in facility ratio [per 100 000 live births]	170.9	123.0	100.1	18	115.4	148.0	105.0	132.5	100	80.0
	Mother postnatal visit within 6 days rate [Percentage]	61.7	54.8	57.6	39	59.7		60.0	74.3	80.0	85.0
	Stillbirth in facility rate [per 1 000 births]	21.8	18.9	18.5	18	21.1			20.7		
PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	43.8	52.8	63.1	9	56.6	43.0	55.0	53.9	65.0	70.0
	Antenatal client initiated on ART rate [Percentage]	85.6	67.9	95.4	18	92.9		100.0	91.2	93.0	96.0
	Infant 1st PCR test around 6 weeks uptake rate [Percentage]	102.7	102.3	105.1	15	106.0			100.6		
	Infant 1st PCR test positive around 6 weeks rate [Percentage]	2.9	2.5	2.0	40	1.7	2.0	2.0	1.5	1.8	2.0
Child Health	School Grade 1 screening coverage [Percentage]		12.5	13.3	40	12.4	20.0	24.0	23.2	30.0	35.0
	Vitamin A dose 12-59 months coverage [Percentage]	33.9	35.4	53.3	23	50.0	50.0	50.0	52.2	55.0	
Immunisation	Immunisation coverage under 1 year [Percentage]	69.9	73.7	82.6	29	80.1	90.0	90.0	89.8	95.0	91.0
	Measles 2nd dose coverage [Percentage]	65.2	70.2	74.2	36	74.6	90.0	90.0	82.8	85.0	85.0
Reproductive health	Cervical cancer screening coverage [Percentage]	64.7	68.9	80.0	4	63.3	70.0	70.0	54.5	60.0	64.0
	Couple year protection rate [Percentage]	34.9	40.6	40.5	37	39.8	41.0		46.8	55.0	
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	23.4	11.4	10.0	50	8.6			6.4		
HIV	HIV testing coverage (including ANC)		34.0	36.2	18	30.0			32.1		
	Male condom distribution coverage	27.5	37.2	32.9	33	34.3		20.0	38.4		
Non-communicable diseases	Hypertension incidence [per 1 000]	20.7	21.2	11.3		12.9	115.0		13.9		
	Mental health admission rate [Percentage]		2.6	0.8		0.9			1.2		

Category	Indicator	District value			District ranking	Provincial average	Provincial target	Provincial target	National average	National target	National target
		2012/13	2013/14	2014/15	2014/15	2014/15	2014/15	2015/16	2014/15	2014/15	2015/16
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	32.0	36.1	37.3	40	26.2			26.9		
	PHC professional nurse clinical workload [Clients per nurse per day]	42.7	38.8	38.6	43	35.4			29.4		

Category	Indicator	District value				District ranking	Provincial average	Provincial target	Provincial target	National average	National target	National target
		2011	2012	2013	2014	2013	2013	2013	2014	2013	2013	2014
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		606.4	567.7	523.0	16	450.1			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	73.0	78.1	71.1		37	73.3			76.8		
	TB death rate (all TB) [Percentage]	7.9	8.1	7.1		19	7.5			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	5.3	4.5	4.7		22	5.4	6.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	77.8	76.4	75.0		34	76.1	100.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		83.3	89.0	93.2	26	92.5			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		50.6	55.6	94.1	1	90.4			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		23.2			5	23.9			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	13.0	13.9	13.2		19	15.5			14.5		
	Percentage of deaths ill-defined [Percentage]	7.7	7.7	9.6		21	9.4			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	28.5	28.6	25.9		38	26.4			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	35.2	33.7	34.5		43	31.4			27.9		
	Percentage of YLLs due to injuries [Percentage]	9.8	9.2	10.6		10	12.7			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	26.5	28.5	29.0		9	29.5			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 (district hospitals) (although above the provincial target)
- ◆ Inpatient early neonatal death rate
- ◆ Antenatal 1st visit before 20 weeks' rate
- ◆ Cervical cancer screening coverage
- ◆ TB/HIV co-infected client on ART rate (highest in country)
- ◆ Hypertension prevalence rate (crude)
- ◆ Percentage of years of life lost (YLLs) due to injuries
- ◆ Percentage of YLLs due to non-communicable diseases.

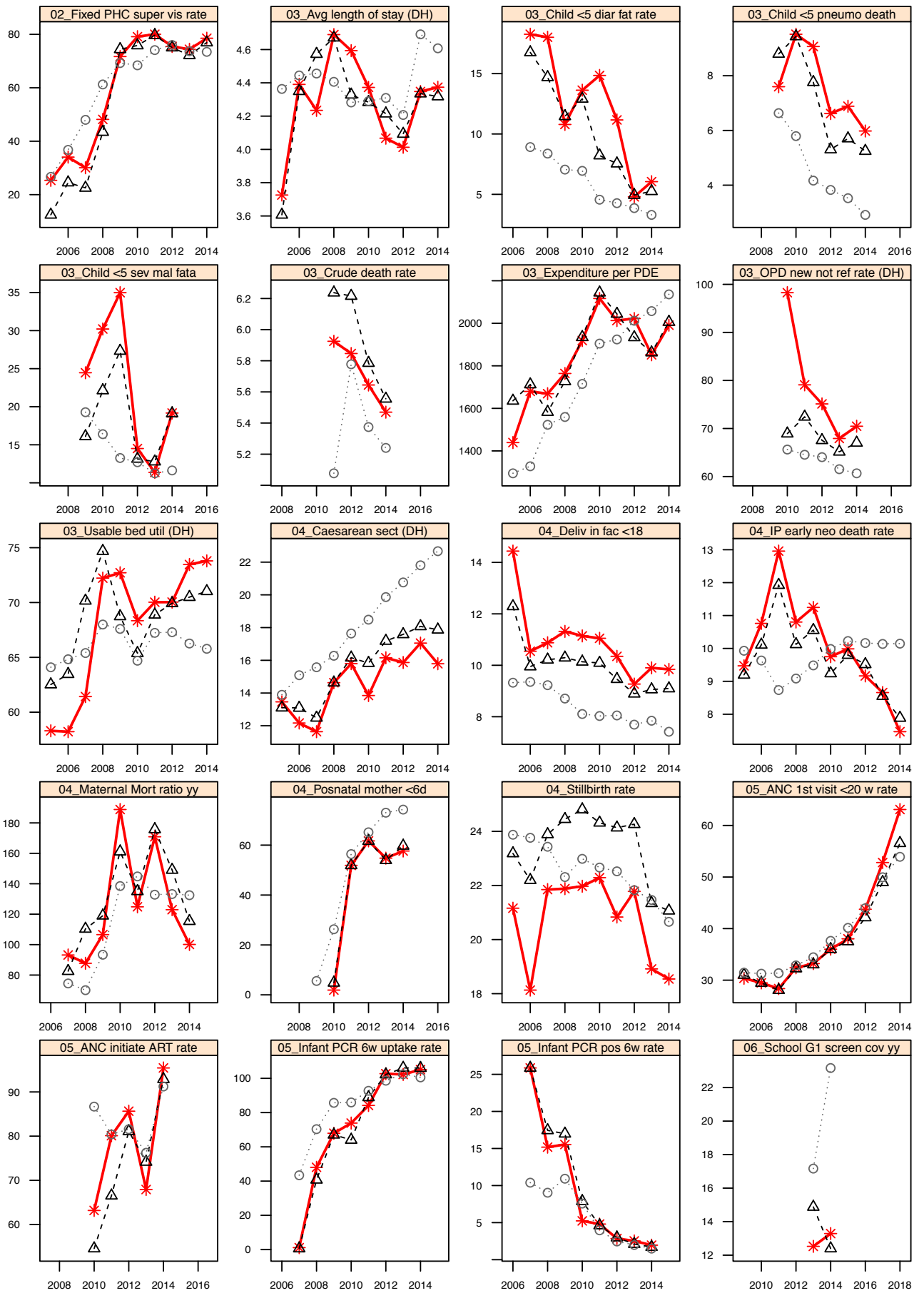
However, the performance of seven indicators ranked among the 10 worst in the country. These indicators were:

- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years pneumonia case fatality rate (second highest in the country)
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ PHC professional nurse clinical workload
- ◆ Percentage of YLLs due to HIV and TB

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)
- ◆ Average length of stay (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
- ◆ 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 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
- ◆ Couple year protection rate
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ Male condom distribution coverage
- ◆ PHC doctor clinical workload
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- ◆ 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, nutrition causes
- ◆ Percentage of YLLs due to HIV and TB

Annual indicators for district: Ehlanzeni (DC32)



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

Annual indicators for district: Ehlanzeni (DC32)

