

19 Northern Cape Province

John Taolo Gaetsewe District Municipality

John Taolo Gaetsewe (formerly Kgalagadi) district is one of the Northern Cape's five districts. With a population of 217 661, the population density is 8 people per km², the second highest in the province. The proportion of the population with medical aid coverage is 12%, the lowest in the province.

The PHC expenditure per capita was R714 – the lowest in the province. The district expenditure per capita was R1 422, greater than the provincial average of R1 354. The PHC expenditure per headcount was R247. The proportion of total district expenditure spent on PHC was 48.9%, with 8.1% spent on district management and 43.0% on district hospital services.

The district had 1.1 district hospital beds per 1 000 population. The bed utilisation rate was 47.9%, the lowest in the province and well below the national average of 67.2%. The average length of stay was 3.6 days. The average expenditure per PDE was R2 312, considerably higher than the provincial average of R1 875 and the national average of R1 653.

The PHC fixed facility supervisory rate was 39.1%, almost half the national average of 74.1%. The PHC utilisation rate was 2.5 visits per person per year, the lowest in the province, while the PHC utilisation rate under 5 years was 5.4 visits per child, the highest in the province and above the national average of 4.7.

The diarrhoeal incidence under 5 years decreased annually over four years from 267.7 per 1 000 children in 2007/08 to 135.5 in 2011/12, which is still the highest in the province. At 13.2% the mortality rate among children under 5 years due to diarrhoea with dehydration was the highest in the province and well above the national average of 4.6%.

The 2011/12 vitamin A coverage in children 12 to 59 months was 28.4% – much lower than the national average of 43.4% and the second lowest in the country.

The stillbirth rate was 26.1 per 1 000 births, although this indicator has shown annual irregular fluctuations since 2007/08. The early neonatal death rate was 5.0 per 1 000 live births, a decrease from a high of 11.1 in 2010/11. As with the stillbirth rate, there have been annual irregular fluctuations since 2007/08.

The under-1 facility mortality rate was an alarming 31.5%, fourfold higher than the provincial (8.0%) and national (6.8%) averages. This is the highest in the country and indicates that three out of every 10 children under one year of age admitted to hospital die. The under-5 facility mortality rate was 7.9%.

The immunisation coverage under 1 year was 94.7% and the rotavirus 2nd dose coverage was 100% – both values the second highest in the province. Although the pneumococcal vaccine 3rd dose coverage increased from 32.9% in 2009/10 to 77.7% in 2011/12, it was below the provincial and national averages of 92.6% and 94.1% respectively. The measles 1st dose under 1 year coverage was 97.9%. The measles 1st to 2nd dose drop-out rate was 22.1% – the highest in the province and well above the national average of 15.4%.

The Caesarean section rate was 11.9%. The proportion of deliveries in facilities to women under 18 years was 9.4% and decreased over four years from 13.0% in 2007/08. The facility maternal mortality ratio (MMR) recorded in the DHIS was 191.1 per 100 000 live births – more than doubling from 87.1 in the previous year and higher than both the provincial and the national averages of 147.7 and 144.9 respectively. The MMR from the 2010 National Committee on Confidential Enquiries into Maternal Deaths data was 435.3 per 100 000 births.

The rate of antenatal visits before 20 weeks was 43.8%, the lowest in the province. The cervical cancer screening coverage was 27.9%, an unfortunate decrease from 43.5% in 2010/11 and now half of the national average of 55.0%. The couple year protection rate was 33.0%. The male condom distribution rate was 8.2 condoms per male 15 years and older.

The TB two-month smear conversion rate increased from 45.4% in 2007 to 68.2% in 2011. The new smear-positive TB cure rate in 2010 was 70% and the new smear-positive TB defaulter rate in 2010 was 7.0%.

The antenatal client HIV 1st test rate remains the highest in the province at 76.1%. The antenatal HIV positivity rate was 13.7%, also the highest in the province. The antenatal client HIV prevalence (routine data) was 14.5%, which is much lower than the prevalence of 26% found in the 2010 HIV Antenatal Sero-prevalence Survey. The rate of antenatal clients initiated on HAART was 50.6%, below the provincial average of 55.3% and the national average of 80.4%.

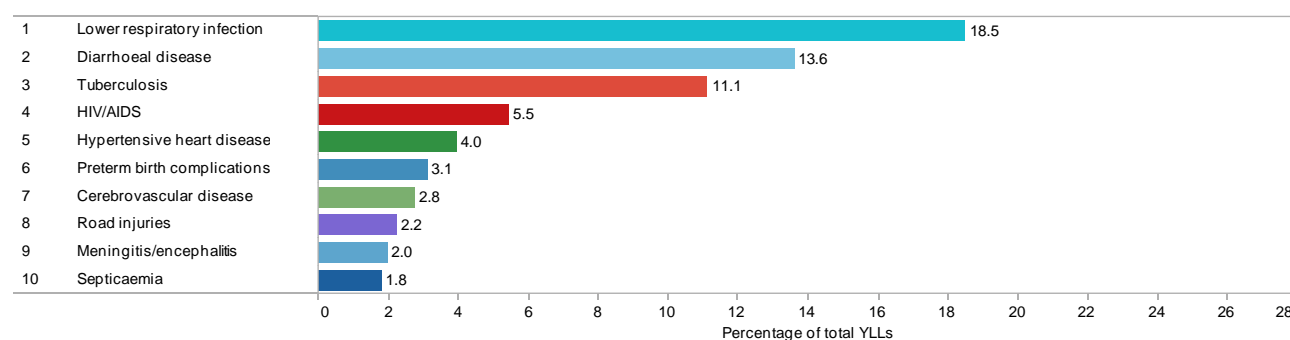
The uptake rate of babies PCR tested around 6 weeks according to the routine data increased from 81.6% in 2010/11 to 95.0% in 2011/12. The percentage of babies that tested PCR-positive six weeks after birth was 3.9%, a decrease from 6.4% in 2010/11. Data from the National Health Laboratory Services in 2011/12 showed that the early infant HIV diagnosis coverage was 61.2% and the proportion of infants who were HIV-positive under two months was 2.4%.

The rate of HIV-positive infants under 18 months initiated on HAART was 5.9%,^a a drastic decrease from 41.4% in 2010/11.

The hypertension detection rate was 0.4%, the highest in the province. Mental health case load was 1.3% of the total case load – the second lowest in the province and slightly 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. John Taolo Gaetsewe's 2009 quality of death certification very poor, with almost half (46.2%) of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 9.7% of deaths were assigned to 'ill-defined' causes and 36.5% 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) (43.5%), followed by non-communicable diseases (32.7%). HIV and TB (16.6%) ranked third whilst the lowest proportion of YLLs was due to injuries (7.1%).

Figure 1: Leading causes of Years of Life Lost (YLLs): NC – DC45: John Taolo Gaetsewe District Municipality



^a A decrease of this magnitude (35.5 percentage points) is indicative of poor data quality.

Figure 2: Annual indicators for district: John Taolo Gaetsewe: DC45

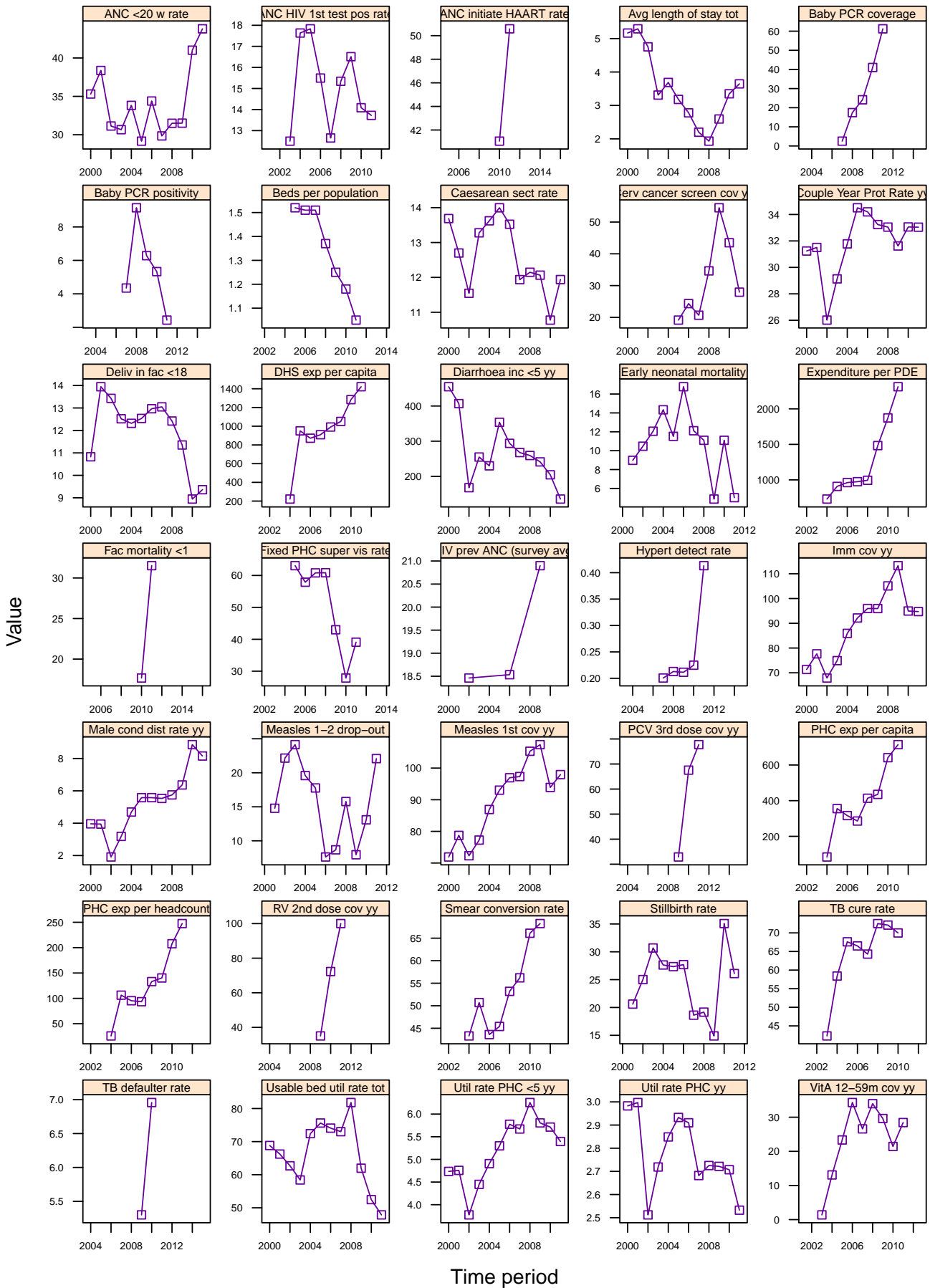
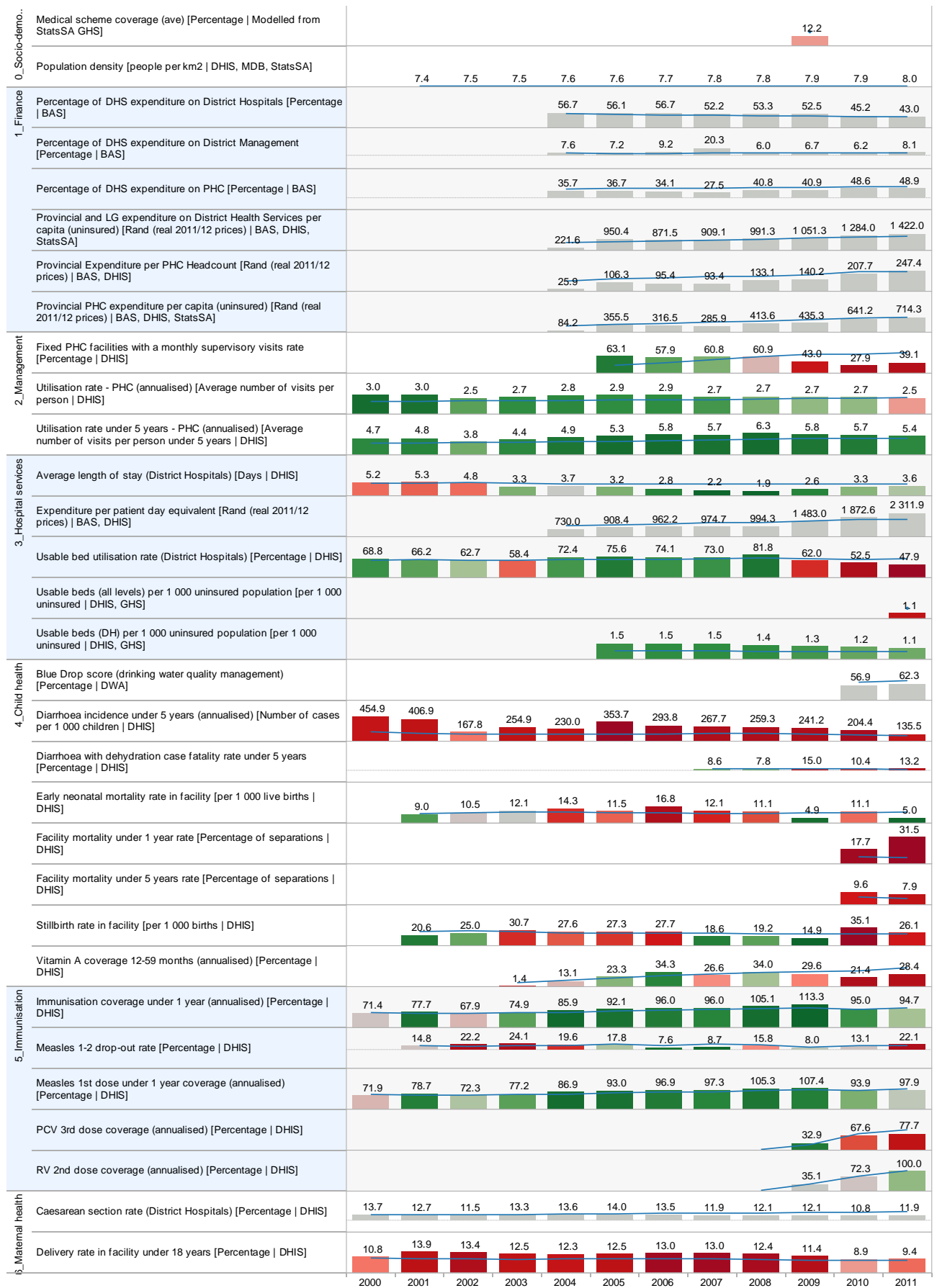
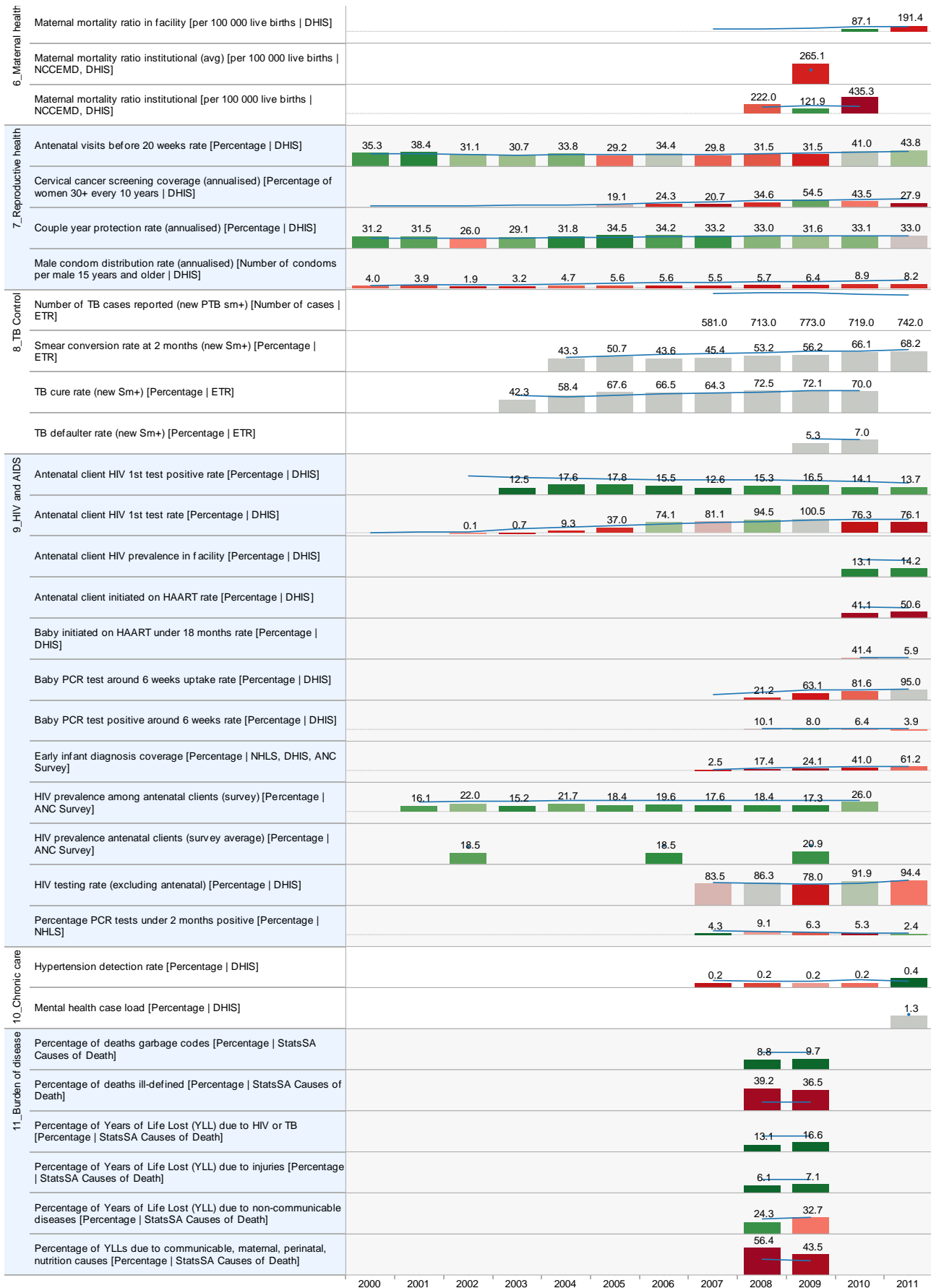


Figure 3: District page: NC – DC45: John Taolo Gaetsewe District Municipality



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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Namakwa District Municipality

The Namakwa district is the Northern Cape's largest district geographically but has a population density of only one person per km² – the lowest in the country. The district has a population of 125 159 people, representing 10.8% of the province's population. Twenty-two percent of the population belong to a medical aid scheme, the highest coverage in the province.

The PHC per capita expenditure increased from R1 142 in 2010/11 to R1 240 and is the highest in the province. The total district per capita expenditure of R2 141 is also much higher than the provincial average of R1 454. The PHC expenditure per headcount was R296, an increase from R253 in 2010/11. The proportion of total district expenditure on PHC was 57.9%, while 8.7% was spent on district management. The percentage expenditure on district hospital services decreased from 36.2% in 2010/11 to 33.5% currently.

The PHC fixed facility supervisory rate remained exceptionally low at 7.9% in 2011/12 (although increased from 5.5% in 2010/11). This is seriously below the national rates of 74.1% and is the second lowest in the country.

Namakwa district's PHC utilisation rate was 3.3 visits per person per year, which is higher than both the provincial average of 3 visits and the national average of 2.5 visits. The PHC utilisation rate under 5 years was 4.7 visits per child, matching both the provincial and national rate of 4.7 visits.

The district has 0.7 district hospital beds per 1 000 population. The bed utilisation rate for 2011/12 was 83.8% and has increased annually from 2009/10 when it was 76%. The average length of stay was 2.2 days, the second lowest in the country. The average expenditure per PDE was R2 013, an increase from R1 727 in 2010/11 and much higher than both the provincial average of R1 875 and the national average of R1 653.

The incidence of diarrhoea in under 5 year olds was 48 per 1 000 children under-5, the lowest in the province and a decrease^a from 115.7 in 2010/11. The mortality rate among children under 5 years due to diarrhoea with dehydration was 3.5%.

The vitamin A coverage for children 12 to 59 months was 27%, seriously lower than the national average of 43.4% and second lowest in the country.

The stillbirth rate decreased from 28.5 per 1 000 births in 2006/07 to 22.4 per 1 000 births, with fluctuations in between. The early neonatal death rate also dropped from 15.2 per 1 000 live births to 13.8 in the same period. However, the under-1 facility mortality rate doubled from 2.7% in 2010/11 to 5.4%, although it is still below the national average of 6.8%. The under-5 facility mortality rate was 3.0%, a decrease from 4.6% in 2010/11.

The immunisation coverage under 1 year increased from 75.8% in 2010/11 to 80.9% in 2011/12. During the same period the pneumococcal vaccine 3rd dose coverage increased from 80.0% to 82.6%, the rotavirus 2nd dose coverage increased from 70.5% to 75.2% and the measles 1st to 2nd dose drop-out rate decreased from 12.7% to 7.5% in the same period. There was a slight decrease in the measles 1st dose under 1 year coverage from 82.0% in 2010/11 to 80.5%.

The Caesarean section rate remained stable between 24.0% in 2010/11 and 23.7% in 2011/12. The proportion of deliveries in facility to women under 18 years dropped slightly from 10.4% to 10.1% in the same period. The DHIS facility maternal mortality ratio (MMR) reflected 65.5 per 100 000 live births in 2011/12, the second lowest in the Northern Cape and well below the national average of 144.9. This value is similar to the average MMR for Namakwa of 60.4 from the 2010 National Committee for the Confidential Enquiries into Maternal Deaths data.

Namakwa district's rate of antenatal visits before 20 weeks improved slightly from 63.2% in 2010/11 to 65.7%. The cervical cancer screening coverage was stable at 25.8% in 2010/11 to the current 26.0%. However, the couple year protection rate decreased from 56.1% in 2010/11 to 47.6%. The male condom distribution rate dropped from 17.8 to 10.9 condoms per male 15 years and older, although the previous (2010/11) rate of 17.8 appears to be an outlier result in the past five years that otherwise varied between 7.8 and 10.9. The rate of 10.9 for 2011/12 is the second highest in the province and above the provincial average of 9.0 but below the national average of 15.8.

Although there was a slight increase of 0.9 percentage points for the TB two-month smear conversion rate (SCR) for Namakwa from 64.4% in 2010 to 65.3% in 2011, the SCR remains the second lowest in the Northern Cape. The new smear-positive TB cure rate improved from 72.4% in 2009 to 74.0% in 2010 but the new smear-positive TB defaulter rate increased from 5.1% to 7.1% in the same period.

The antenatal client HIV 1st test rate remains the lowest in the province at 64.6% and is well below the national rate of 98%. The antenatal HIV positivity rate dropped markedly from 9.6% in 2009/10 to 3.0% in 2011/12. The antenatal client

^a Fewer facilities reported data towards the end of 2011/12, which suggests that the decrease in the incidence of diarrhoea may be partially due to incomplete data rather than reflecting a real decline.

HIV prevalence (routine data) in facility at 4.1% was lower than the HIV prevalence obtained from the 2010 Antenatal Seroprevalence Survey of 11.8%. The rate of antenatal clients initiated on HAART of 45.5% is lower than the 51.2% of 2010/11 and is the lowest in the province and also well below the 2011/12 national average of 80.4%.

The uptake rate for babies PCR tested around 6 weeks was 98.6%, according to the routine data. The percentage of babies that tested PCR-positive six weeks after birth was 8.2%, a pleasing decrease from 14.9% in 2009/10. Data from the National Health Laboratory Services shows that the early infant HIV diagnosis coverage was 85.1%; a marked increase from 55.3% in 2010/11. The proportion of infants under two months of age that tested positive was 3.3%, a decrease from 7.3% in 2010/11.

Namakwa’s rate of infants under 18 months initiated on HAART of 57.1% is the second highest in the province and it is much higher than the 2010/11 rate of 33.3%. It is also above the current national average of 54.4%.

The 2011/12 hypertension detection rate was 0.2%, a slight decrease from 0.3% in 2010/11. Mental health case load was 1.7% of total case load, which is 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. Namakwa’s 2009 quality of death certification was relatively poor, with 34.5% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 10.0% of deaths were assigned to ‘ill-defined’ causes and 24.5% to ‘garbage codes’. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (53.5%), followed by injuries (17.1%). HIV and TB (14.8%) ranked third whilst the lowest proportion (14.6%) of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions). This BoD profile is to be expected in an area with a low deprivation index (SEQ5).

Figure 1: Leading causes of Years of Life Lost (YLLs): NC – DC6: Namakwa District Municipality

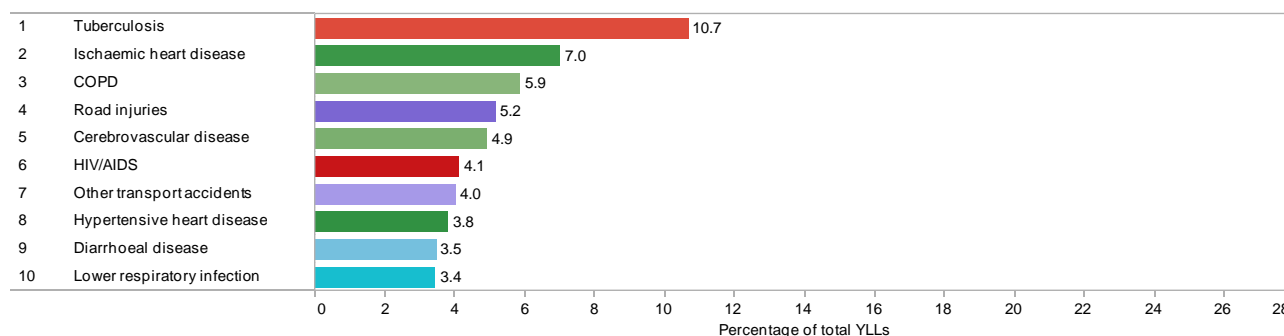


Figure 2: Annual indicators for district: Namakwa: DC6

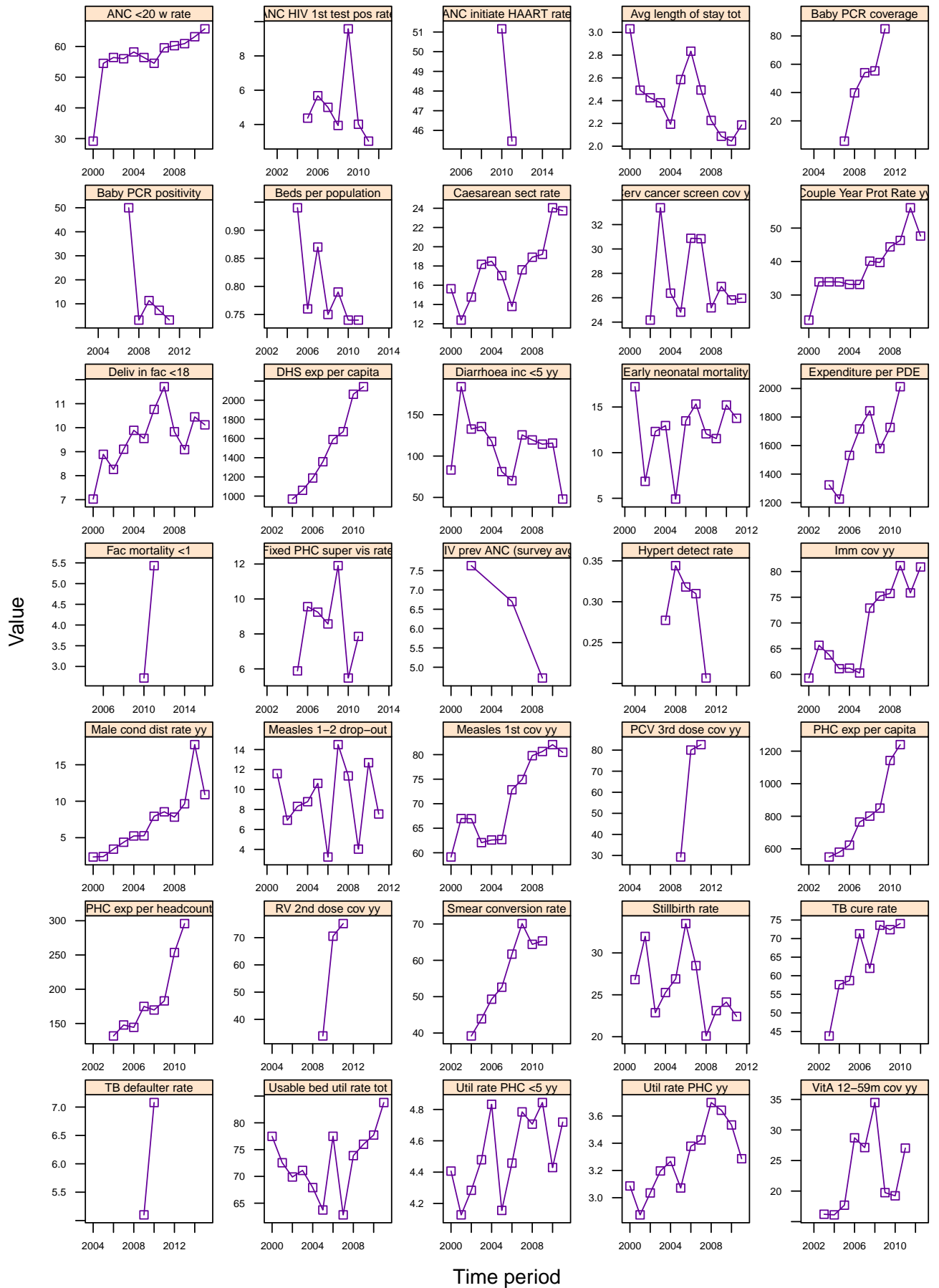
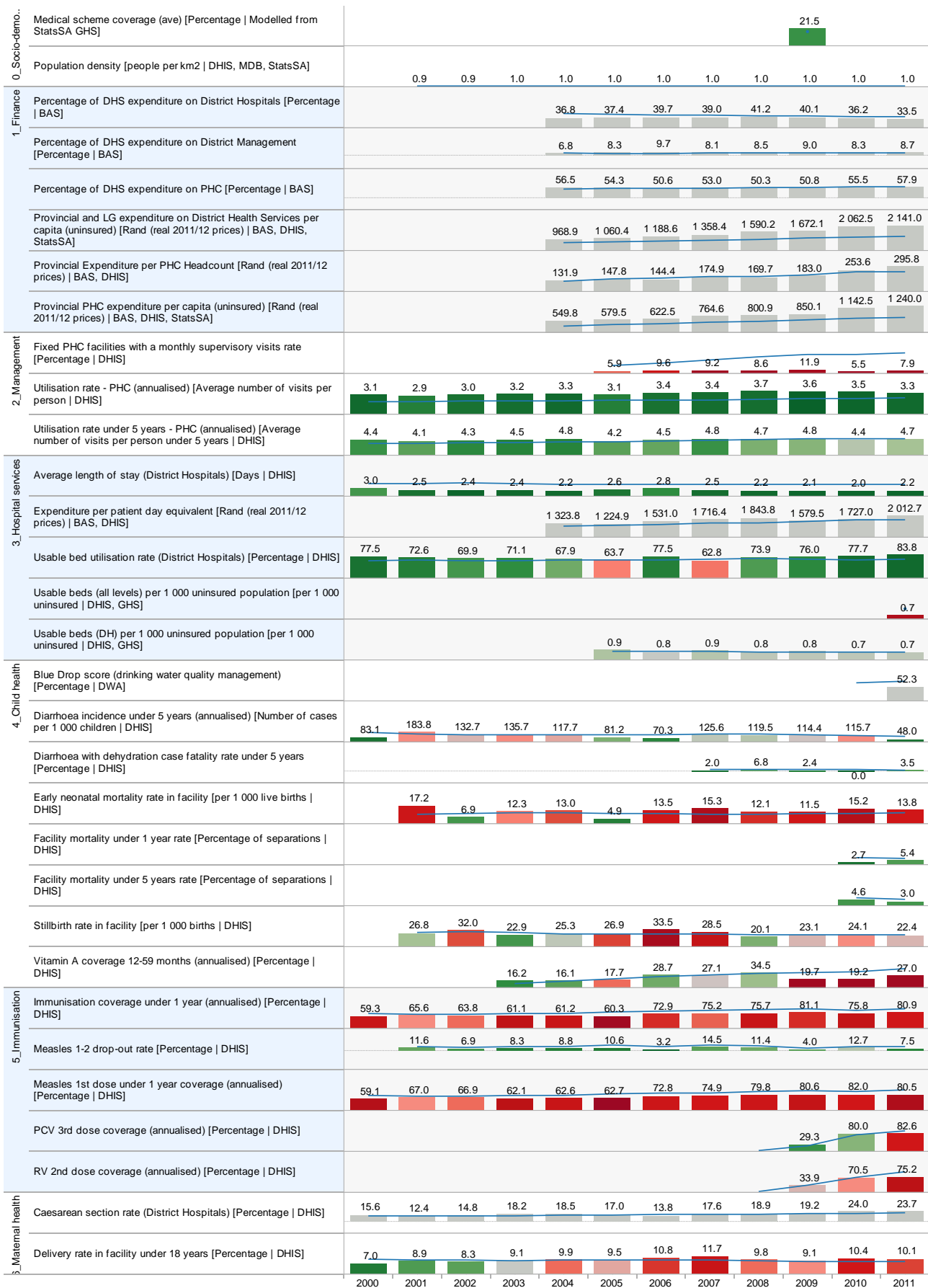
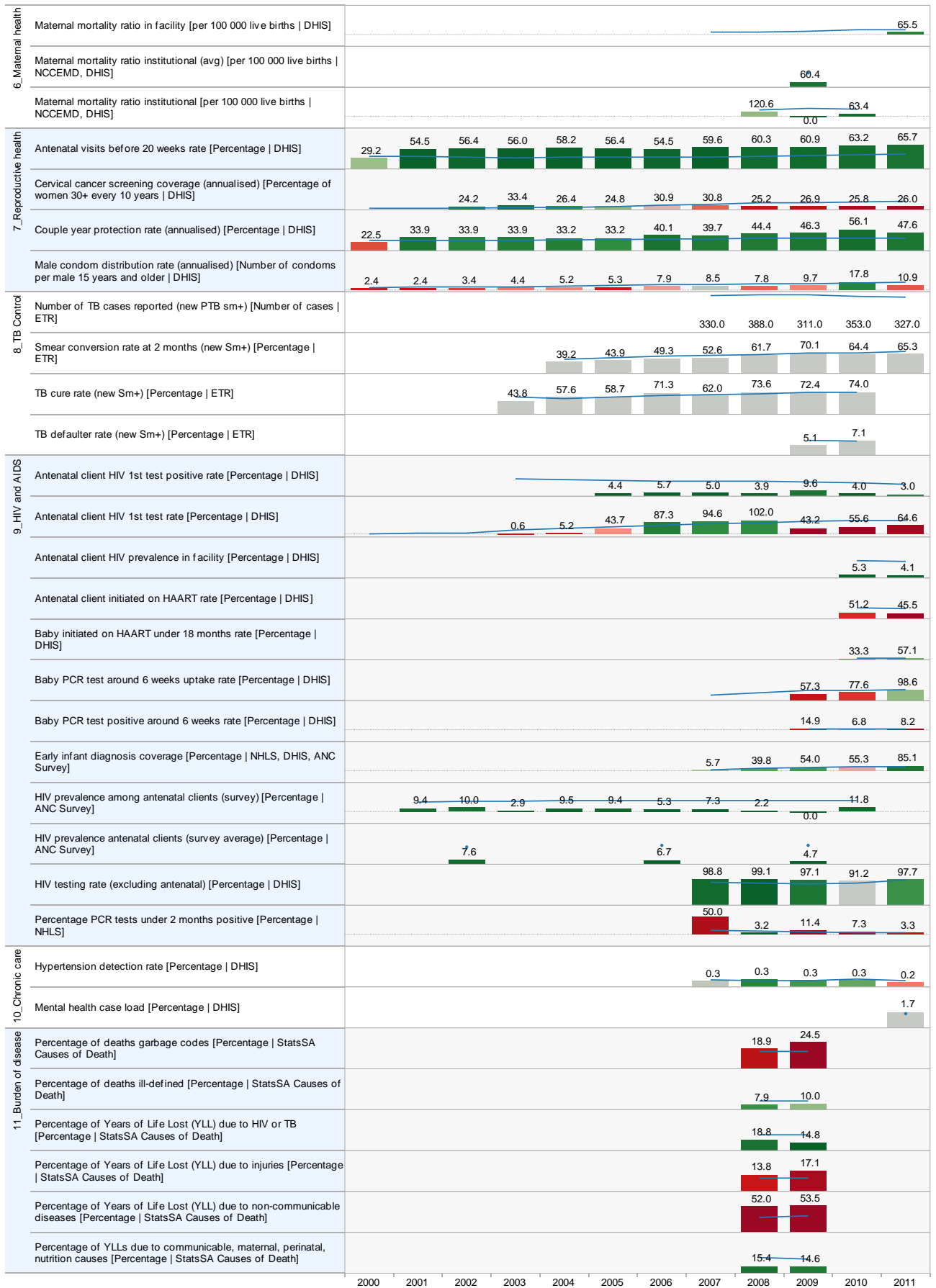


Figure 3: District page: NC – DC6: Namakwa District Municipality



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SA value or average District rank (1=best)
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Pixley ka Seme District Municipality

Pixley ka Seme district lies in the south east of the Northern Cape. The population is estimated at 192 157 with a population density of 1.9 people per km². The proportion of the population with medical aid coverage is 15.8%.

The proportion of total district expenditure spent on district hospitals was 38%, higher than the provincial average of 32%. The proportion spent on PHC was 57.4% and 4.6% was spent on district management. The PHC expenditure per capita of R886 exceeds the provincial average of R824. The PHC expenditure per headcount of R212 was the second lowest in the province. District expenditure per capita was R1 500.

The PHC fixed facility supervisory rate doubled from 12.6% in 2010/11 to 26.1% in 2011/12, although this is still well below the national average of 74.1%. The PHC utilisation rate under 5 years was 4.7 visits per person per year and on a par with the national average. The total PHC utilisation rate was 3.4 visits per person per year, the highest in the province.

The district has 0.7 beds per 1 000 population with an average length of stay of 2.5 days. The bed utilisation rate decreased significantly over two years from 65.4% in 2009/10 to 52.9% in 2011/12.

The diarrhoeal incidence under 5 years decreased from 143 per 1 000 children in 2010/11 to 100.6 in 2011/12 – the third highest in the province and higher than the national average of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 5.1%. The vitamin A coverage 12 to 59 months was 22.9% and increased from 17% in 2010/11.

The stillbirth rate decreased over two years from 27.5 per 1 000 births in 2009/10 to 21.4 in 2011/12. The doubling of early neonatal death rate from 8.9 per 1 000 live births in 2010/11 to 19.4 per 1 000 in 2011/12 must be viewed with caution because the 2010/11 value is an outlier from the trend seen over the past five years. The 2011/12 rate of 19.4 is well above the provincial (13.0) and national (10.2) averages. The under-1 facility mortality rate increased from 5.9% in 2010/11 to 7.4% and is also higher than the national average of 6.8%. The under-5 facility mortality rate increased from 3.0% in 2010/11 to 4.7% in 2011/12.

The immunisation coverage under 1 year was 89.7%, lower than both provincial (95.1%) and national (95.2%) averages. The pneumococcal vaccine 3rd dose coverage increased from 82.8% in 2010/11 to 92.6% in 2011/12, the rotavirus 2nd dose coverage increased from 80.8% to 93.1%, and the measles 1st dose under 1 year increased from 88.5% to 90.9% over the same period. The measles 1st to 2nd dose drop-out rate increased drastically from 7.3% in 2010/11 to 18.3% in 2011/12.

The Caesarean section rate increased from 17.2% in 2010/11 to 19.8% in 2011/12. The proportion of deliveries in facilities to women under 18 years also increased from 9.8% to 10.3% in the same period. The facility maternal mortality ratio (MMR) recorded by DHIS was 34.7 per 100 000 live births, more than four times lower than the provincial and the national averages of 147.7 and 144.9 respectively. This routine data value is also suspiciously lower than the average 189.7 per 100 000 live births for 2010 based on the National Committee for the Confidential Enquiries into Maternal Deaths data.

The rate of antenatal visits before 20 weeks at 54.7% is above the national average of 40.2%. The cervical cancer screening coverage was 29.7% and the couple year protection rate was 36.6%. The male condom distribution rate dropped from 13.3 condoms per male 15 years and older in 2010/11 to 12.2 – the highest in the province but below with the national average of 15.8 condoms.

The district's TB two-month smear conversion rate decreased from 72% in 2010 to 68.3% in 2011, which is below the provincial average of 70.5%. The new smear-positive TB cure rate increased annually from 60.6% in 2007 to 67.7 in 2010. This is, however, the lowest in the province and below the national average of 73.1%. The new smear-positive TB defaulter rate was 7.3%, the highest in the province and above the provincial (6.4%) and national (6.8%) averages.

At 65.8% the antenatal client HIV 1st test rate is the second lowest in the province. The antenatal HIV positivity rate was 7.2% with a decrease of 2.2 percentage points in the two years since 2009/10. The antenatal client HIV prevalence (routine data) was 9.1%, the second lowest in the province. The 2010 HIV Antenatal Sero-prevalence Survey was 12.6%. The rate of antenatal clients initiated on HAART of 69% is well above the provincial average of 55.3% but below the national average of 80.4%.

The uptake rate of babies PCR tested around 6 weeks according to the routine data increased from 76.7% in 2010/11 to 119.9% in 2011/12. A value over 100% indicates poor data quality. The percentage of babies that tested PCR-positive six weeks after birth was 4.9%, a decrease from 9.2% in 2010/11.

Data from the National Health Laboratory Services (NHLS) appears more reliable and showed that the early infant HIV diagnosis coverage was 74.1%, while the NHLS value for the proportion of infants who were HIV-positive under two months was 4.1%.

The rate of HIV-positive infants under 18 months initiated on HAART was only 16.7%,^a a drastic decrease from 83.3% in

^a A decrease of 66.6% suggests poor data quality.

2010/11 that is well below the national average of 54.4%. As HIV-positive infants not put on HAART are at severe risk of dying this needs urgent review.

The hypertension detection rate was 0.2% in 2011/12. The mental health case load was 1.2% of total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Pixley ka Seme's 2009 quality of death certification was relatively poor with 24.6% 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, 8.8% of deaths were assigned to 'ill-defined' causes and 15.8% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (37.9%), followed by HIV and TB (26.4%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (25.4%) ranked third whilst the lowest proportion (10.3%) of YLLs was due to Injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): NC – DC7: Pixley ka Seme District Municipality

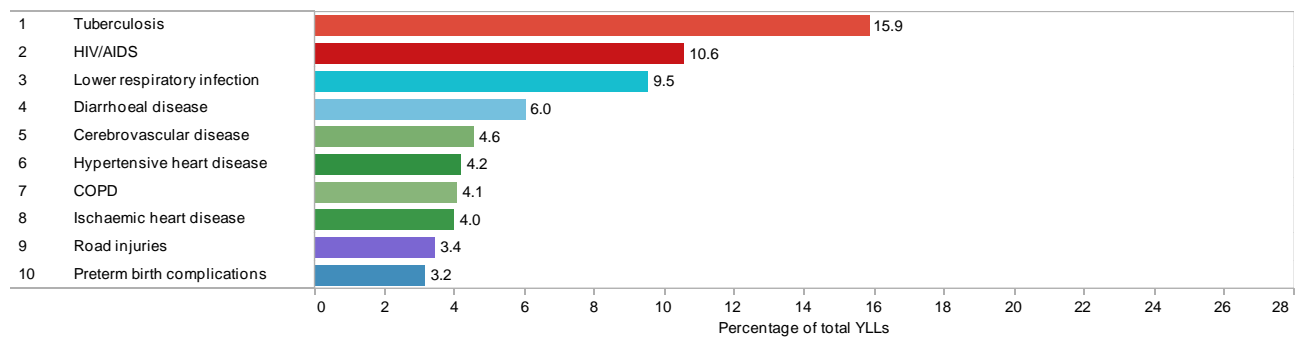


Figure 2: Annual indicators for district: Pixley ka Seme: DC7

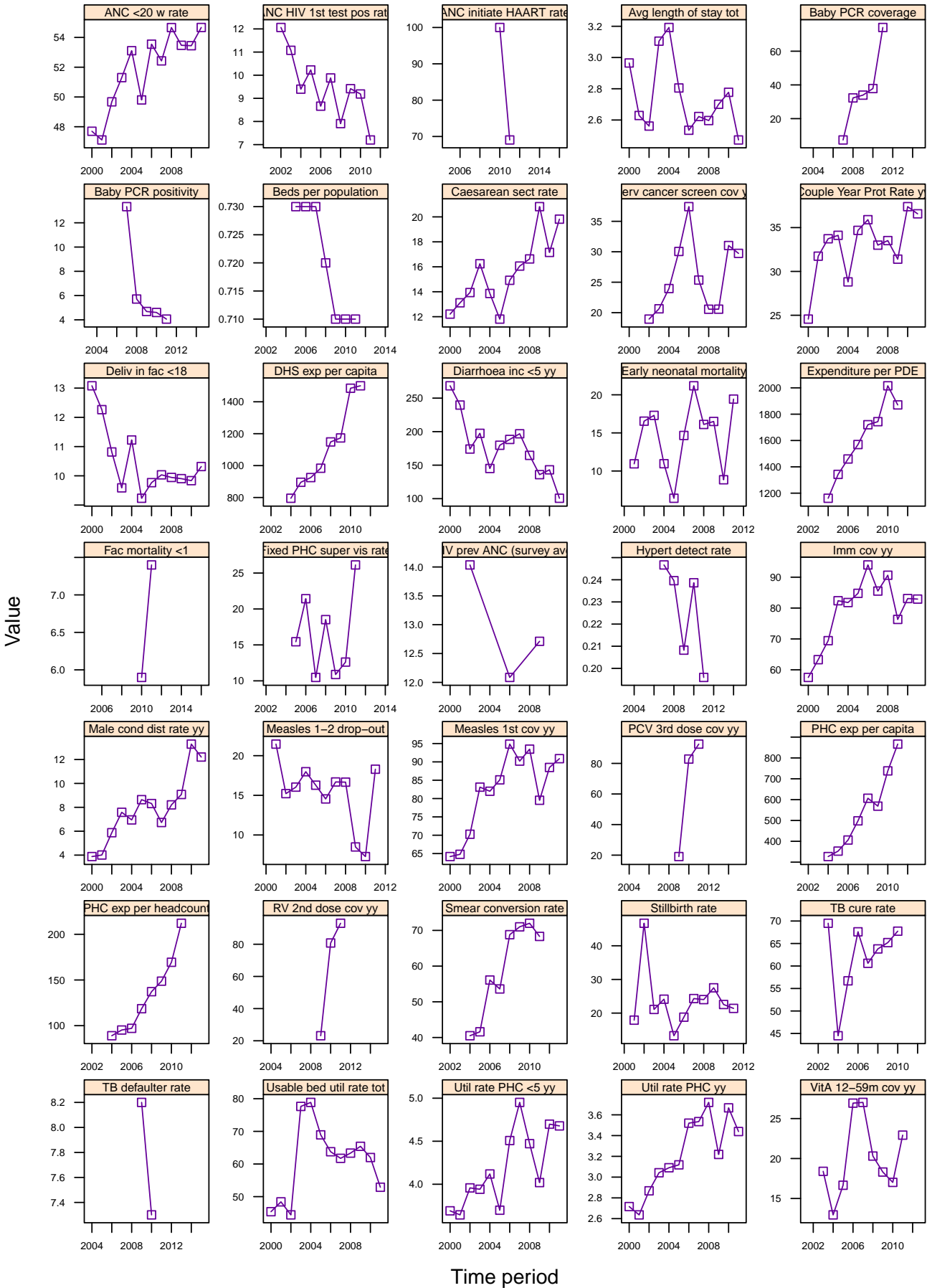
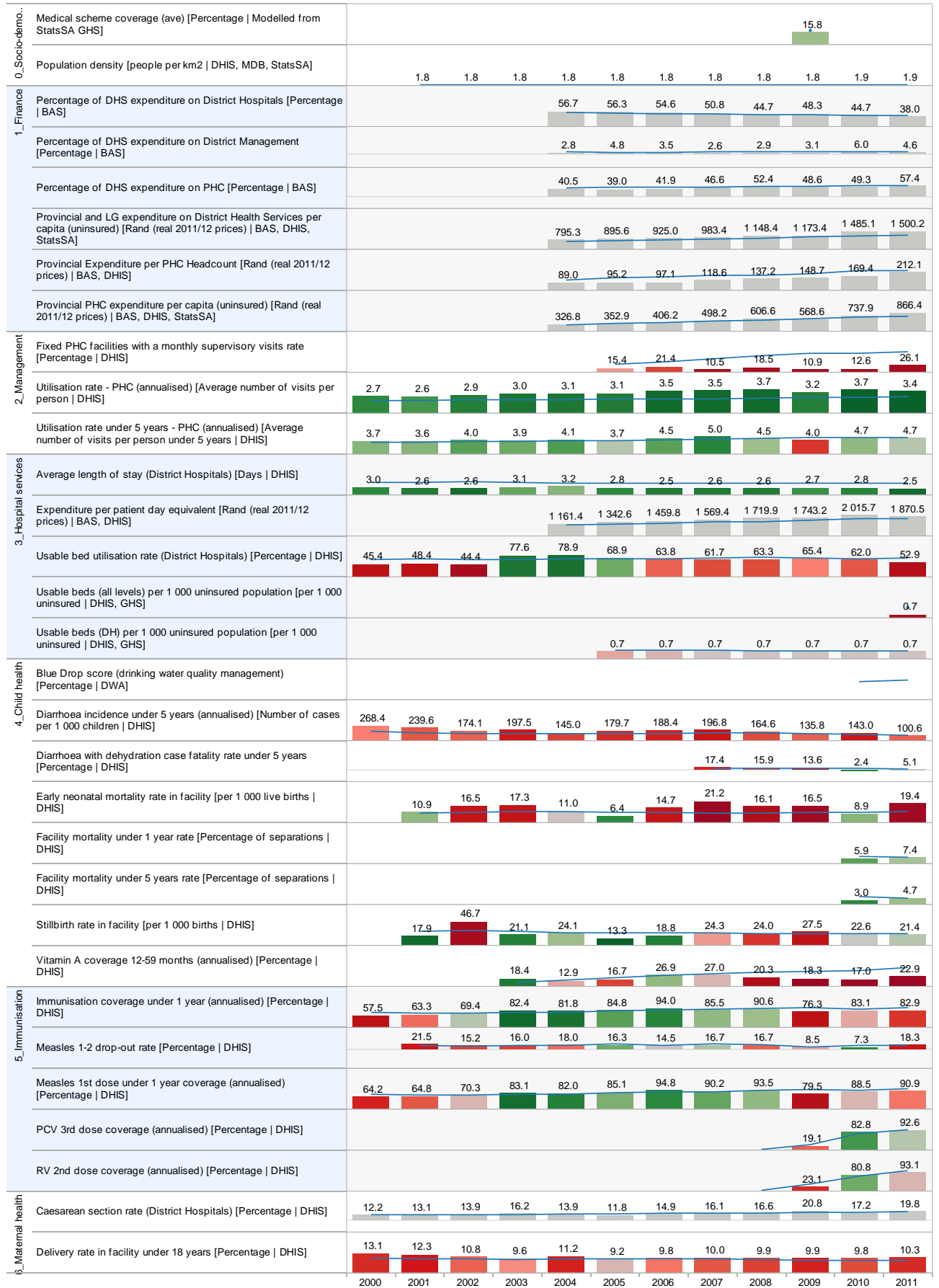
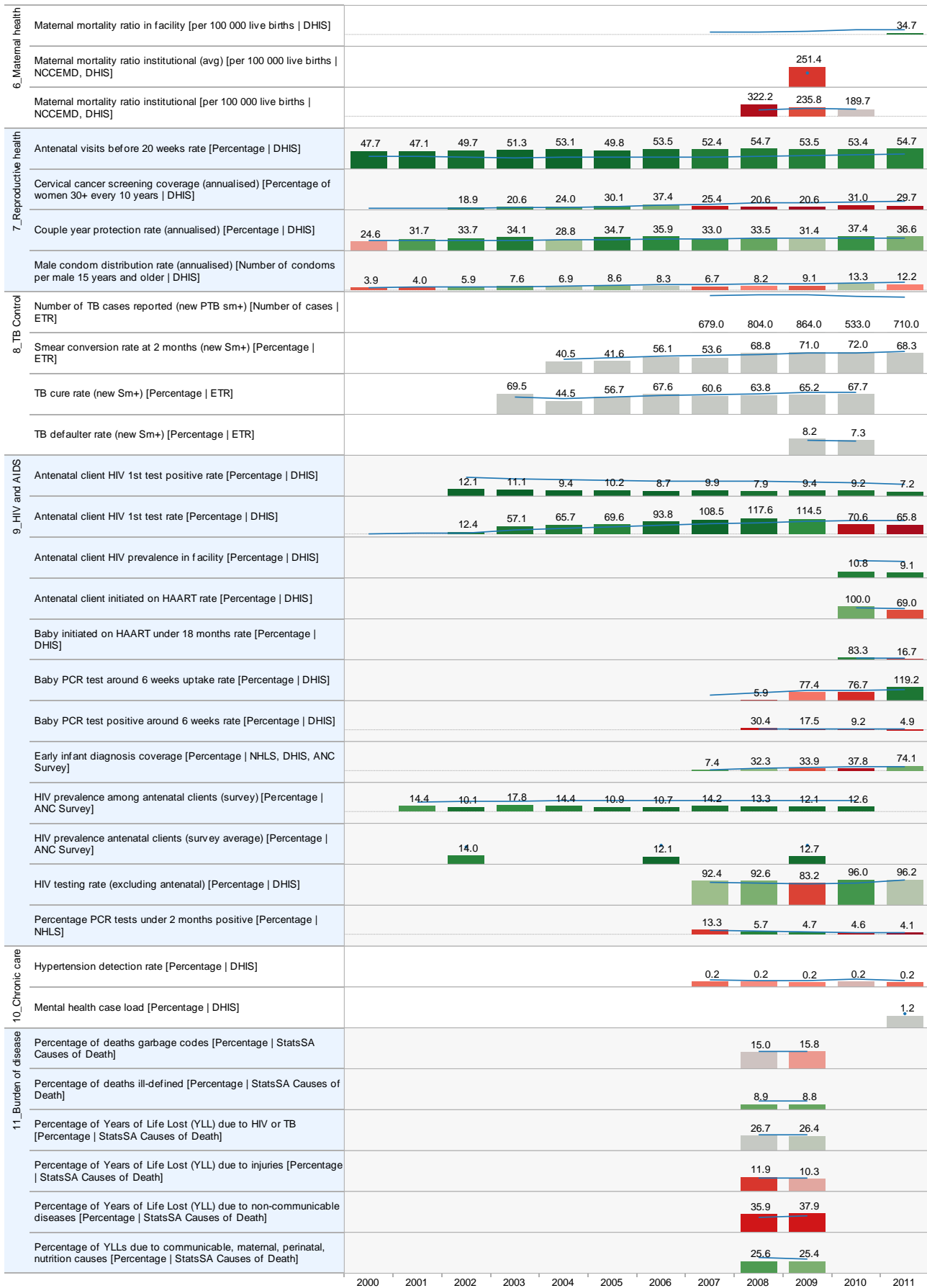


Figure 3: District page: NC – DC7: Pixley ka Seme District Municipality



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

Siyanda, one of the Northern Cape's five districts, has a population of 246 539 with a population density of 2.4 people per km². The proportion of the population with medical aid coverage is 16%.

The PHC expenditure per capita was R513 – the lowest in the province and well below the national spend of R684. The total district expenditure of R953 per capita is also the lowest in the province. The PHC expenditure per headcount increased from R123 in 2010/11 to R154 in 2011/12. The proportion of total district expenditure on PHC was 51.6%, with 10.8% spent on district management. The proportion of total district expenditure spent on district hospital services decreased drastically from 63.4% in 2010/11 to 37.6% in 2011/12.

The PHC fixed facility supervisory rate has decreased from the low base of 14% in 2006/07 to 1.8% in 2011/12. This is a negligible rate and the lowest in the country. The PHC utilisation rate was 2.8 visits per person per year and the PHC utilisation rate under 5 years was 4.3 visits per child per year. Both rates are the lowest in the province.

There are 0.3 district hospital beds per 1 000 population. The bed utilisation rate was 84.8%, the highest in the province. The average length of stay was 2.9 days. Expenditure per PDE in 2011/12 was R1 015, which is much lower than the provincial (R1 875) and the national (R1 653) expenditures.

The diarrhoeal incidence under 5 years was 66.8 per 1 000 children, reflecting a halving from 131.2 per 1 000 in 2010/11. The mortality rate among children under 5 years due to diarrhoea with dehydration was 2.1%.

Vitamin A coverage in children 12 to 59 months was a low 28.1%, much lower than the national average of 43.4% and the third lowest in the country.

The stillbirth rate was 21.8 per 1 000 births and the early neonatal death rate 13.2 per 1 000 live births. The under-1 facility mortality rate was 4.8%, well below the national rate of 6.8%, while the under-5 facility mortality rate was 3.9%.

Immunisation coverage under 1 year improved from 83.5% in 2010/11 to 90.1% in 2011/12. The pneumococcal vaccine 3rd dose coverage was 88.8%, the rotavirus 2nd dose coverage 96.6% and the measles 1st dose under 1 year coverage 93.6%. The measles 1st to 2nd dose drop-out rate unfortunately increased almost four-fold over two years from 3.4% in 2009/10 to 12.6% in 2011/12.

No Caesarean sections were done in any of the district hospitals. The proportion of deliveries in facilities to women under 18 years increased from 11.4% in 2010/11 to 16.3% in 2011/12 – the highest in the province and double the national average of 8.1%. The 2011/12 facility maternal mortality ratio (MMR) recorded in the DHIS was 137.6 per 100 000 live births and increased five-fold from 27.4 in 2010/11. However, the MMR National Committee on Confidential Enquiries into Maternal Deaths data showed a decrease from 249.0 per 100 000 births in 2009 to 192.1 in 2010.

The rate of antenatal visits before 20 weeks was 52.0% and the cervical cancer screening coverage was 32.4%. At 28.1%, the couple year protection rate was the lowest in the province and below the national average of 32.7%. The male condom distribution rate was 7.7 condoms per year per male 15 years and older, less than half of the national rate of 15.8 condoms.

The 2011 TB two-month smear conversion rate was 64.5% and below the provincial rate of 70.5%. The new smear-positive TB cure rate increased annually from 60.9% in 2007 to 72.8% in 2010. The new smear-positive TB defaulter rate decreased from 8.2% in 2009 to 6.5% in 2010.

The antenatal client HIV 1st test rate at 84.1% was well below the national average of 98%. Antenatal client HIV 1st test positivity rate dropped from 10.2% in 2009/10 to 8.9% in 2011/12. The 2011/12 antenatal client HIV prevalence (from routine DHIS data) was 11.0% compared to the 2010 HIV Antenatal Sero-prevalence Survey rate of 17.3%. The 54.3% rate of antenatal clients initiated on HAART is slightly below the provincial (55.3%) and considerably below the national (80.4%) rates of initiation onto HAART.

The uptake rate of babies that were PCR tested around 6 weeks (according to the routine data) increased notably from 55.5% to 96.2% between 2010/11 and 2011/12. The percentage of babies that tested PCR-positive six weeks after birth was 4.7%, a healthy decrease from 10.5% in 2010/11. Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage was 52.0% and that the proportion of infants who were HIV-positive under two months was 0.4%. The rate of HIV-positive babies under 18 months initiated on HAART was 10.0%, a disappointing decrease from 29.2% in 2010/11 and far enough below the national average of 54.4% that it warrants a special investigation.

The hypertension detection rate was 0.2% and the mental health case load was 1.4% of the total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Siyanda's 2009 quality of death certification was relatively poor with 21.7% 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, 9.2% of deaths were assigned to 'ill-defined' causes and 12.5% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects

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that the highest proportion of YLLs was due to non-communicable diseases (35.4%), followed by HIV and TB (31.8%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (20.6%) ranked third whilst the lowest proportion (12.2%) of YLLs was due to Injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): NC – DC8: Siyanda District Municipality

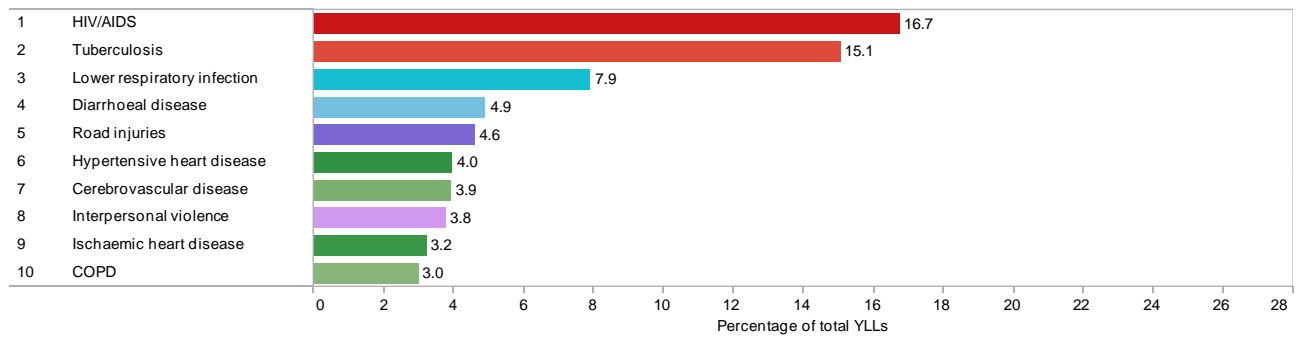


Figure 2: Annual indicators for district: Siyanda: DC8

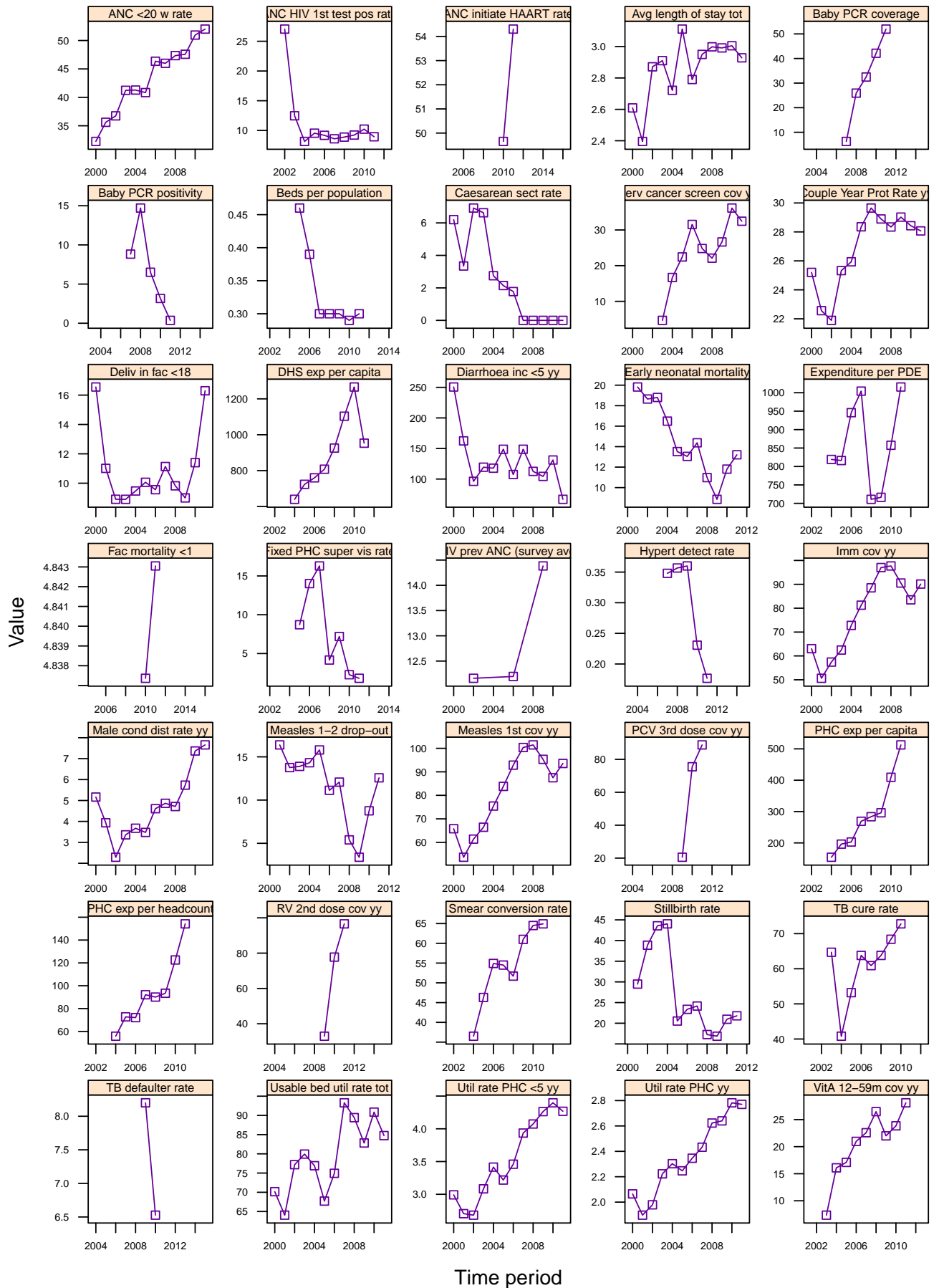
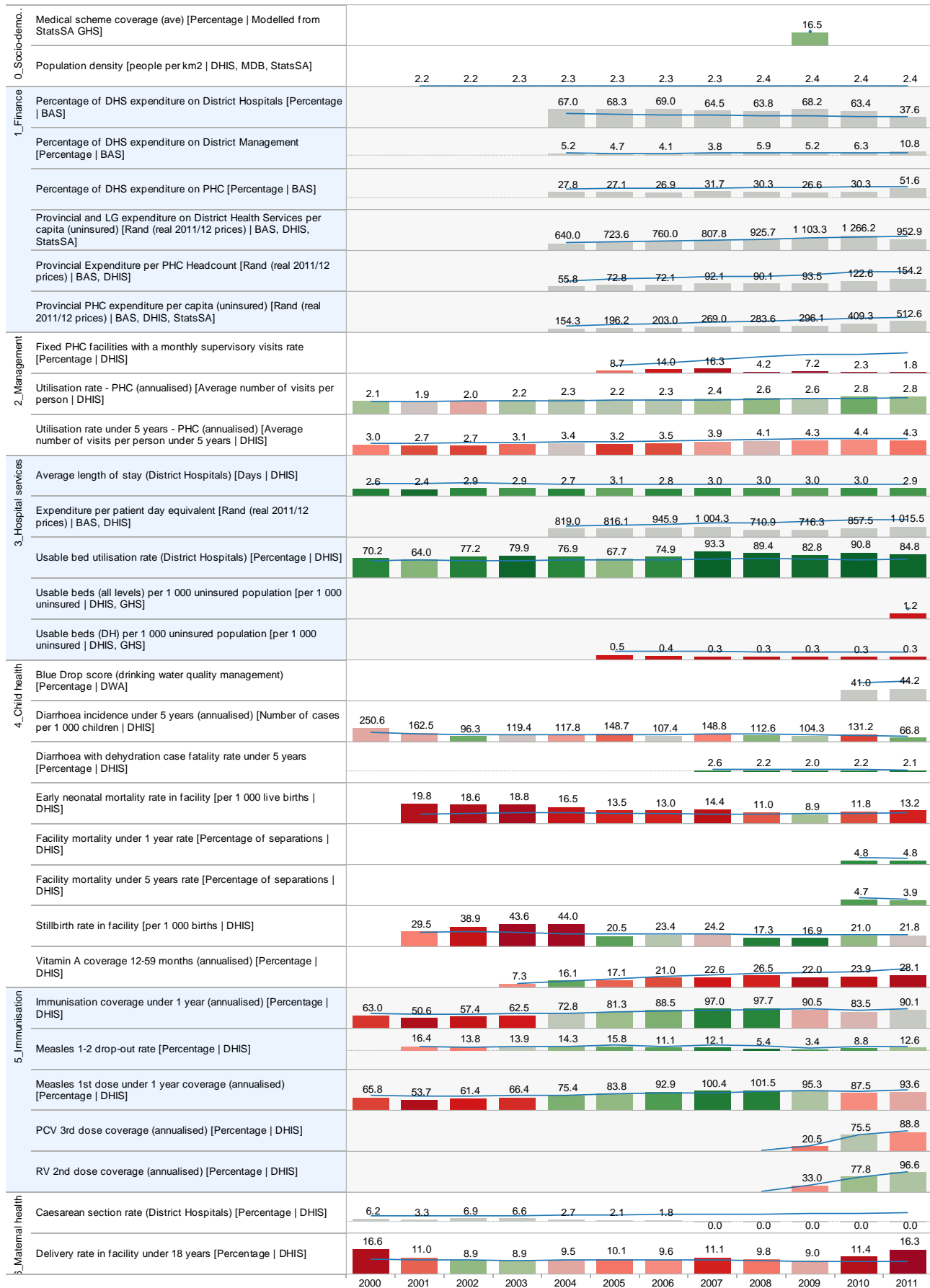
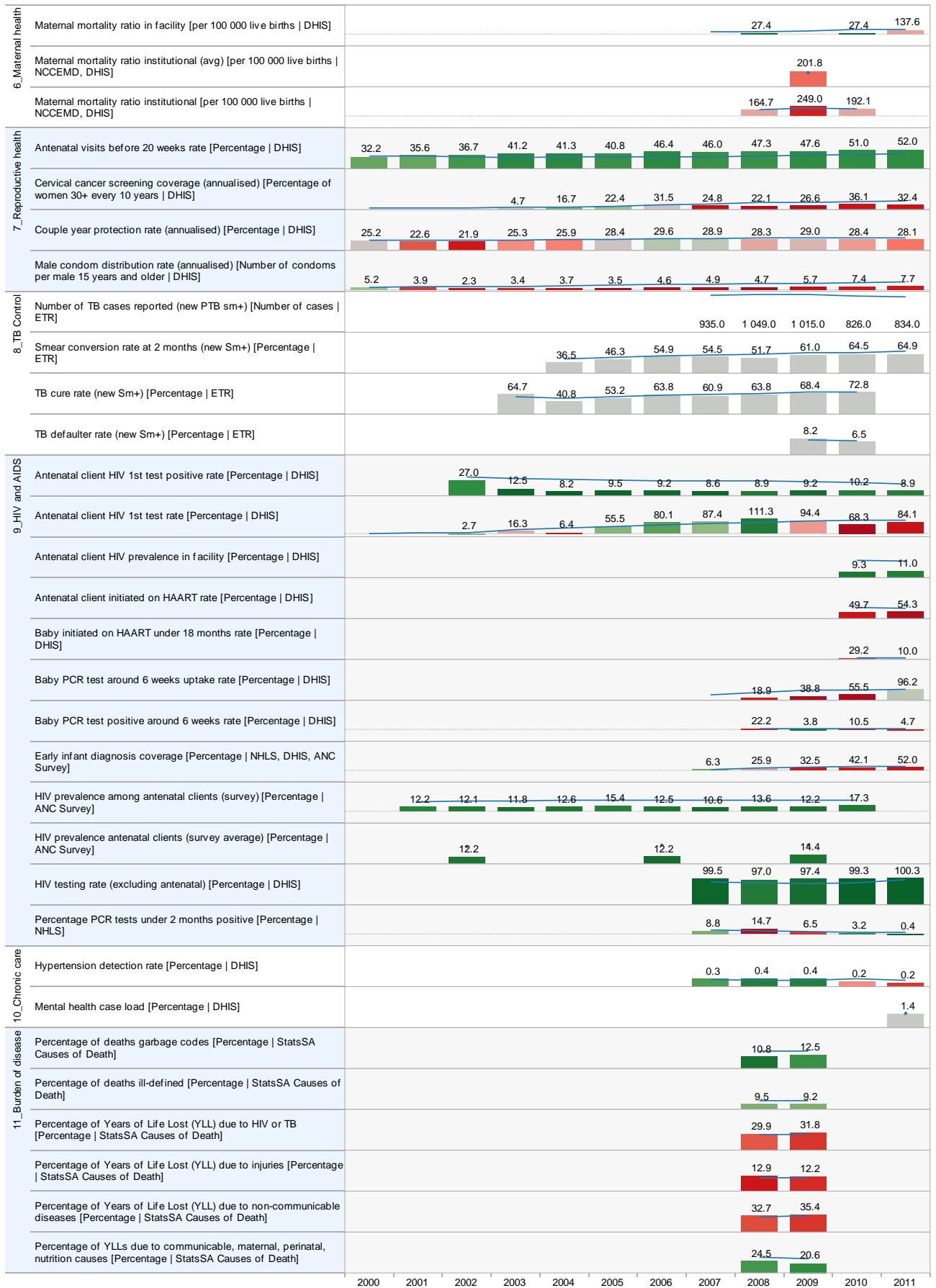


Figure 3: District page: NC – DC8: Siyanda District Municipality



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Frances Baard District Municipality

Frances Baard is situated in the Northern Cape province. With a population of 376 461 it has the highest population density (29.3 persons per km²) in the province, with a medical scheme coverage of 14.3%.

The proportion of district expenditure on district hospitals increased slightly from 16.1% in 2010/11 to 17.5% in 2011/12, the lowest in the province and well below the provincial (32.0%) and national (39.1%) averages. The proportion of the district budget spent on district management increased from 6.3% in 2010/11 to 8.4% in 2011/20, while the proportion spent on PHC decreased from 77.6% in 2010/11 to 74.1%, the latter well above the provincial average of 60% and national average of 55.4%.

The total district expenditure per capita increased from R1 213 in 2010/2011 to R1 255 in 2011/12. The district PHC expenditure per capita was R938, while the PHC expenditure per headcount was R293, higher than the national average of R225.

The PHC fixed facility supervisory rate increased from 39.1% in 2010/11 to 51.1% in 2011/12, the highest in the province but still well below the national average of 74.1%. The PHC utilisation rate was 2.7 visits per person per year, while the under-5 PHC utilisation rate was 4.2 visits per child per year, the lowest in the province.

The district has 0.2 district hospital beds per 1 000 population. The bed utilisation rate was 50.4%, a decrease from 53.2% in 2010/11 and well below the national average of 67.2%. The average length of stay was 1.0 day and has varied between 1.0 and 1.7 days since 2007/08, always well below the provincial (2.3) and national (4.3) averages. The average expenditure per PDE was R1 700, almost four times higher than the R431 in 2010/11.

The under-5 diarrhoeal incidence was 101.8 per 1 000 children under 5 years. The mortality rate among children under 5 years due to diarrhoea with dehydration was 3.1% and has decreased annually since 2008/09 when it was 8.0%.

The vitamin A coverage in children aged 12 to 59 months increased from 36.6% to 43.6%, the highest in the province.

The stillbirth rate was 27.5 per 1 000 births, above the national average of 22.5. The early neonatal death rate was 14.7 per 1 000 live births, the second lowest in the province. The under-1 facility mortality rate was 7.5%, an increase from 6.9% in 2010/11. The under-5 facility mortality rate was 6.7%.

The immunisation coverage rate under 1 year was 109.8%. The pneumococcal vaccine 3rd dose was 109.1%, the rotavirus 2nd dose coverage 117.3% and the measles 1st dose under 1 year coverage was 110.5%. The indicators have numerators greater than the denominators resulting in coverage rates of more than 100%, possibly indicating data quality issues. The measles 1st to 2nd dose drop-out rate was 12.6%.

The Caesarean section rate increased from 9.7% in 2010/11 to 12.7%. The proportion of deliveries in facilities to women under 18 years was 7.9%, the lowest in the province. The maternal mortality ratio (MMR) in facility recorded in the DHIS increased from 175.7 per 100 000 live births in 2010/11 to 185.5 in 2011/12. The 2010 MMR from the National Committee for the Confidential Enquiries into Maternal Deaths data was 225.9 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 56.6%, well above the national average of 40.2%. The cervical cancer screening coverage was 38.3%, the highest in the province. The couple year protection rate was 36.4%. The male condom distribution rate was 5.9 condoms per male 15 years and older, the lowest in the province and considerably lower than the national average of 15.8.

The TB two-month smear conversion rate decreased from 81.4% in 2010 to 80.3% in 2011. In 2010 the new smear-positive TB cure was 70.7% and the new smear-positive TB defaulter rate 5.1%

The antenatal client HIV 1st test rate was 75.2%, much lower than national average of 98.0%. The antenatal client HIV 1st test positive rate was 10.7%. The antenatal client HIV prevalence in facility (routine data) was 14.5%, lower than the 2010 HIV Antenatal Sero-prevalence Survey of 20.1%. The rate of antenatal clients initiated on HAART was 56.7%, an increase from 47.6% in 2010/11.

The baby PCR test around 6 weeks uptake rate in 2011/12, according to the routine data, was 90.8%. The percentage of babies that tested PCR-positive 6 weeks after birth was 6.2%. Data from the National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage was 73.5%, a decrease from 83.4% in 2010/11. The proportion of infants who were HIV-positive under two months according to the NHLS was 3.3%, an increase from 2.8% in 2010/11.

The rate of HIV-positive infants under 18 months initiated on HAART doubled from 26.1% in 2010/11 to 58.5% in 2011/12.

The hypertension detection rate has remained stable at around 0.2% over the past five years. The mental health case load was 2.3% of total case load, 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. Frances Baard's 2009 quality of death certification was relatively poor with 29.7% 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, 13.3% of deaths were assigned to 'ill-defined' causes and 16.4% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (34.9%), followed by HIV and TB (31.1%). Communicable diseases (together with maternal, perinatal and nutritional conditions) (24.2%) ranked third whilst the lowest proportion of YLLs was due to Injuries (9.8%).

Figure 1: Leading causes of Years of Life Lost (YLLs): NC – DC9: Frances Baard District Municipality

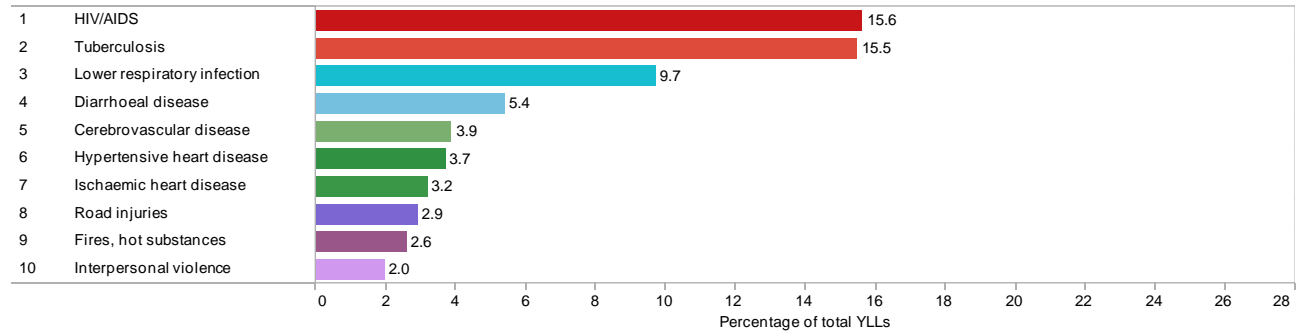


Figure 2: Annual indicators for district: Frances Baard: DC9

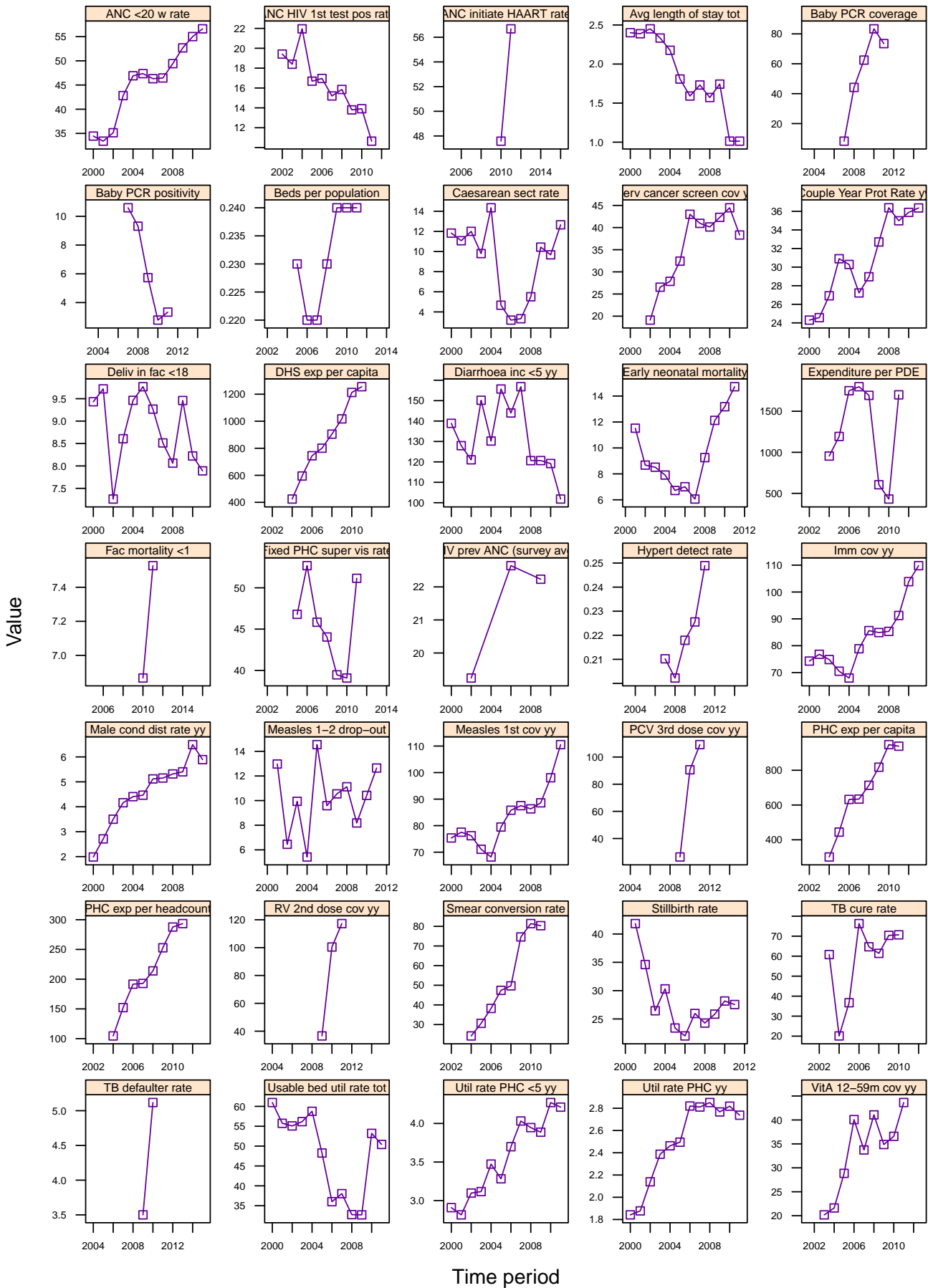
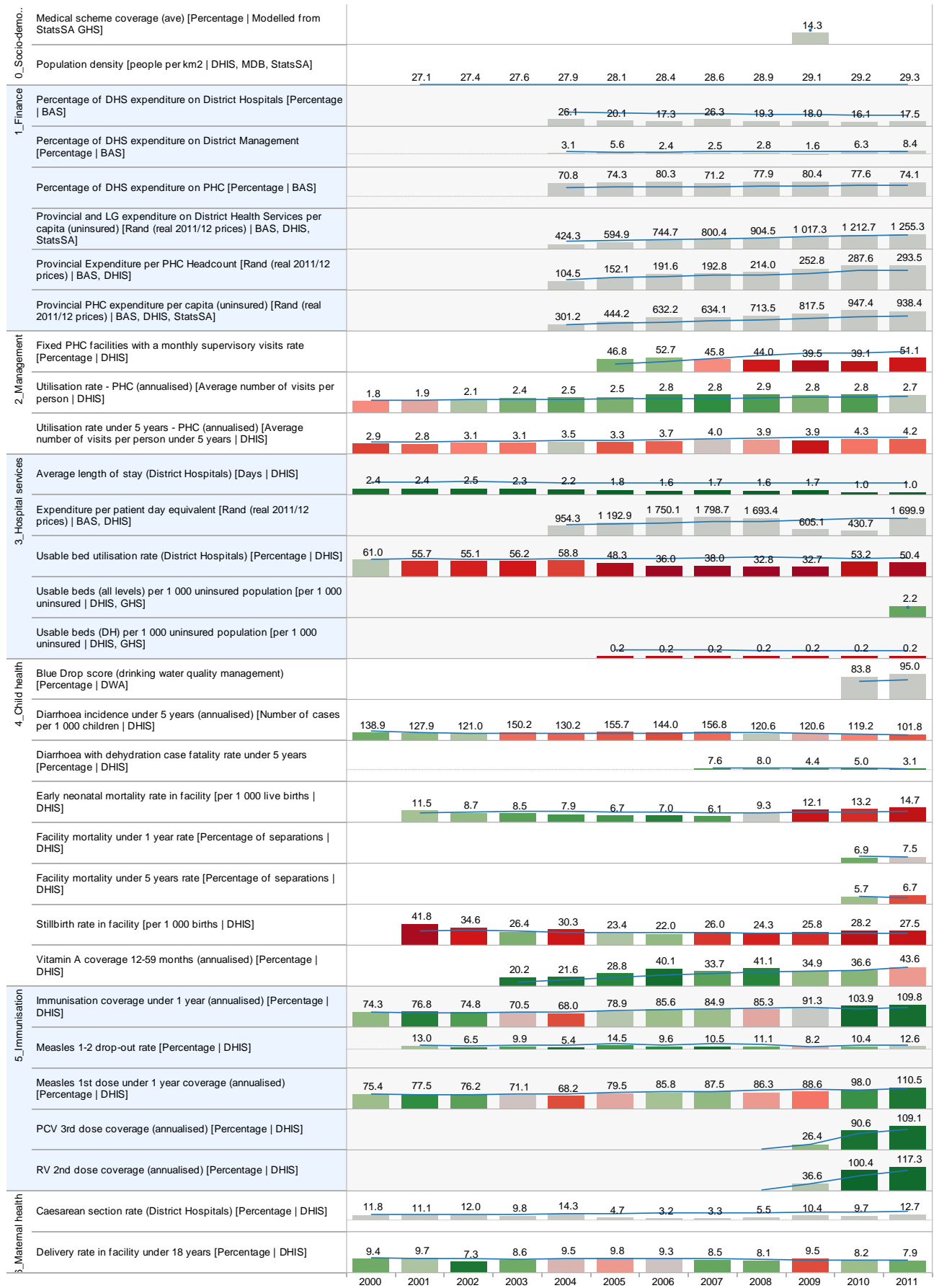
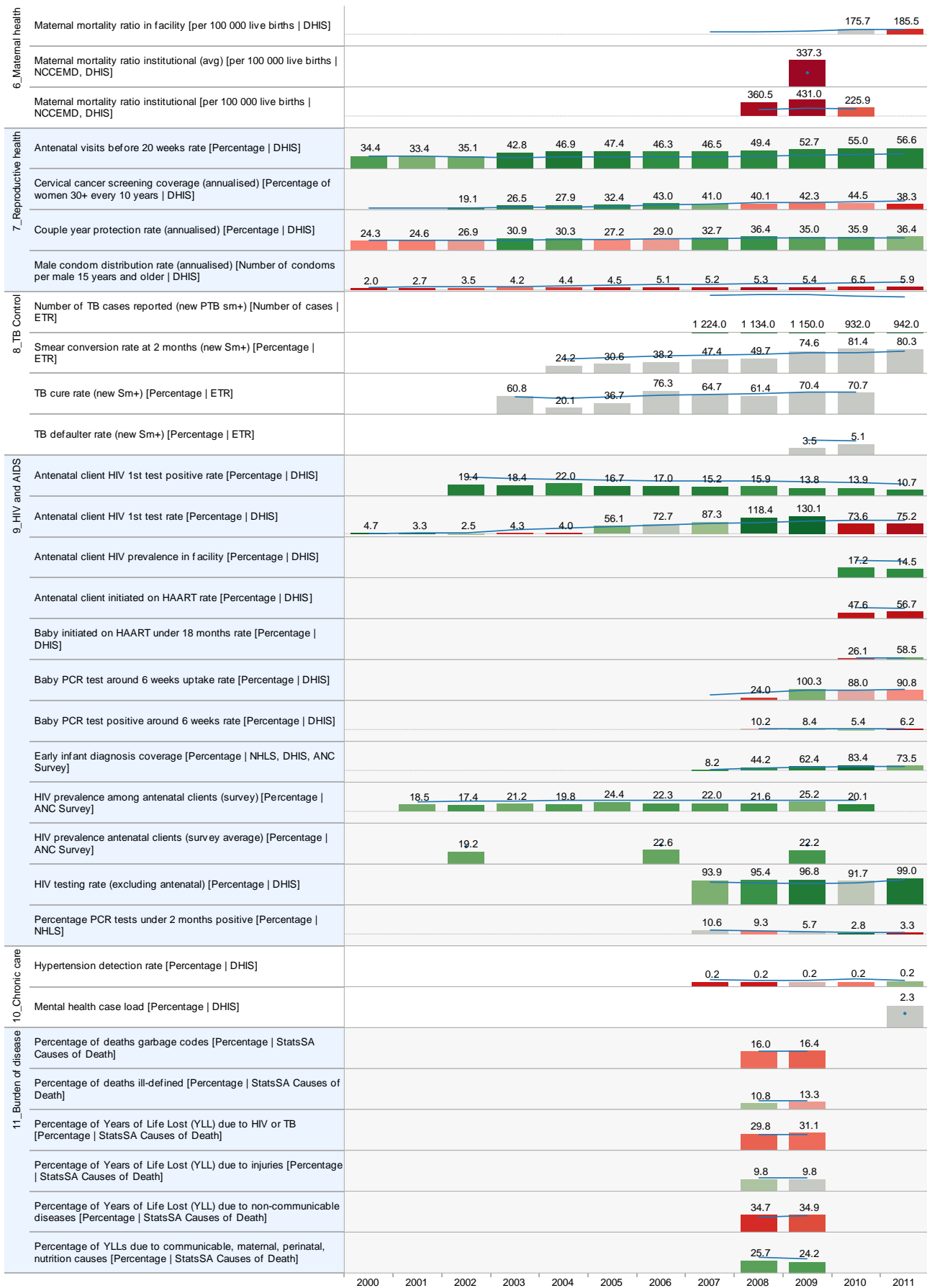


Figure 3: District page: NC – DC9: Frances Baard District Municipality



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Section B: National and District Profiles



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