

21 Mpumalanga Province

Gert Sibande District Municipality (DC30)

Muthei Dombo

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. It is the largest of the three districts in Mpumalanga, bordered by Ehlanzeni and Nkangala Districts to the north-east and the north respectively, by Gauteng Province to the west, by KwaZulu-Natal and Free State Provinces to the south-east, and by Swaziland to the east. The district has a population of 1 056 178 with a population density of 33.2 people per km². The unemployment rate is 29.7%. Of the population's citizens who are 20 years and older, 28.0% have Matric and 9.1% have higher education. The district has 273 490 households, of which 44.3% have piped water inside the dwelling, 83.4% use electricity for lighting, and 63.6% have a weekly refuse removal service.^a The district falls in the socio-economic Quintile 3 and has an estimated medical scheme coverage of 16.1%. Gert Sibande is one of the 11 National Health Insurance (NHI) pilot districts.

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (the most recent value being shown in brackets):

- ◆ Expenditure per patient day equivalent (R1 680)
- ◆ Average length of stay (4.1 days)
- ◆ Delivery by Caesarean section rate (19.8%)
- ◆ Delivery in facility under 18 years rate (9.9%) – above the national target of 6.9%
- ◆ TB (pulmonary) case finding index (2.2%)

The percentage of district health services expenditure on district management (6.1%) has fluctuated over the past five years between 4.7% and 7.2%, and on district hospitals, has steadily decreased from 61.3% to 51.1% in the same period. Although the percentage of district health services expenditure on PHC (42.8%) showed an upward trend, it was the sixth lowest in the country.

At 75.7%, the PHC supervisor visit rate decreased by 5.7 percentage points from 81.4% in 2012/13. It was, however, still above the provincial rate of 72.1% and the national average of 73.7%.

The inpatient bed utilisation rate (65.8%) has remained below 70% since 2009/10. The OPD new client not referred rate was 66.1%, meaning that a relatively high percentage of patients were bypassing PHC facilities and accessing district hospitals directly. Of note is that this rate has been decreasing consistently since 2010/11 when it was 93.6%.

The maternal mortality in facility ratio was 197.1 per 100 000 live births, a considerable increase from 76.4 per 100 000 live births in 2011/12. This rate was much higher than both the provincial and national averages of 149.1 and 133.3 per 100 000 live births respectively, and was the sixth highest nationally. The stillbirth rate in facility (23.1 per 1 000 births) has fluctuated since 2010/11 between 25.0 and 23.1 per 1 000 births and remained above the national target of 19.7 per 1 000 births. The inpatient early neonatal death rate has decreased over the past three years, from 10.5 per 1 000 live births in 2011/12 to 10.3 in 2012/13 to 9.8 in 2013/14. The rate was the highest provincially but reached the national target of less than 10.9 per 1 000 live births.

There has been a steady increase in the antenatal 1st visit before 20 weeks rate over the past five years, from 31.3% in 2009/10 to 42.1% in 2013/14; however, this was still lowest provincially, seventh lowest nationally and well below the national target of 60%. The 2012 Antenatal Sero-prevalence Survey showed a decrease in the HIV prevalence among antenatal clients tested, from 46.1% in 2011 to 40.5% in 2012. However, it was still the second highest prevalence in the country. The antenatal client initiated on ART rate increased annually to 75.1%, which was in line with the provincial rate of 74.2%. However, it was still below the national target of 90%.

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage was 89.4%, an increase of 16.8 percentage points from 72.6% in 2012/13, and a decrease in the percentage of PCR tests HIV positive for infants under two months of age from 8.0% in 2008/09 to 2.2% in 2013/14.

The immunisation coverage under 1 year, at 67.2%, was the eighth lowest in the country and reached the national target of 90% in 2009/10. The DTaP-IPV/ Hib 3 – Measles 1st dose drop-out rate was 13.6%, meaning that more children received a DTaP-IPV/ Hib 3rd dose vaccination than those who received a Measles 1st dose.

^a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

The child under 5 years diarrhoea with dehydration incidence increased from 9.1 per 1 000 children in the previous year to 16.2 in 2013/14. This was the highest provincially and above the national target of 10.1 per 1 000 children. The child under 5 years pneumonia incidence has been decreasing over the five years from 30.5 per 1 000 children in 2009/10 to 15.4 in 2013/14. It was the second lowest rate in the country. The child under 5 years severe malnutrition incidences was 3.5 per 1 000 children, while the fatality rate was 14.7%; both were the highest in the province. The fatality rates for children under 5 years for diarrhoea (5.0%) and pneumonia (5.6%) declined from the previous year. The vitamin A coverage 12 to 59 months was the fifth lowest in the country at 30.8%, and has been steadily increasing since 2009/10 when it was 19.5%

The cervical cancer screening coverage of 50.5% was an increase from 38.9% in 2012/13 and was close to the national target of 56%. The couple year protection rate at 35.6% was also close to the national target of 36%.

The TB incidence (all cases) decreased over the past five years to 523.2 per 100 000 people. The TB incidence (new pulmonary smear-positive) also decreased to 177.3 per 100 000 in 2013 and was the lowest provincially. At 64.1%, the smear conversion rate at 2 months (new pulmonary smear-positive) was the highest provincially but well below the national target of 85%. The rate fluctuated from year to year. The TB cure rate (new pulmonary smear-positive) was 78.5%, an increase of 10.2 percentage points from 68.3% in 2011, and was just below the national target of 80%. The TB defaulter rate (new pulmonary smear-positive) has decreased annually from 10.4% in 2009 to 4.5% in 2012 and reached the national target of less than 5%. The TB treatment success rate (all TB) was 69.7%, the lowest provincially and well below the national target of 85%.

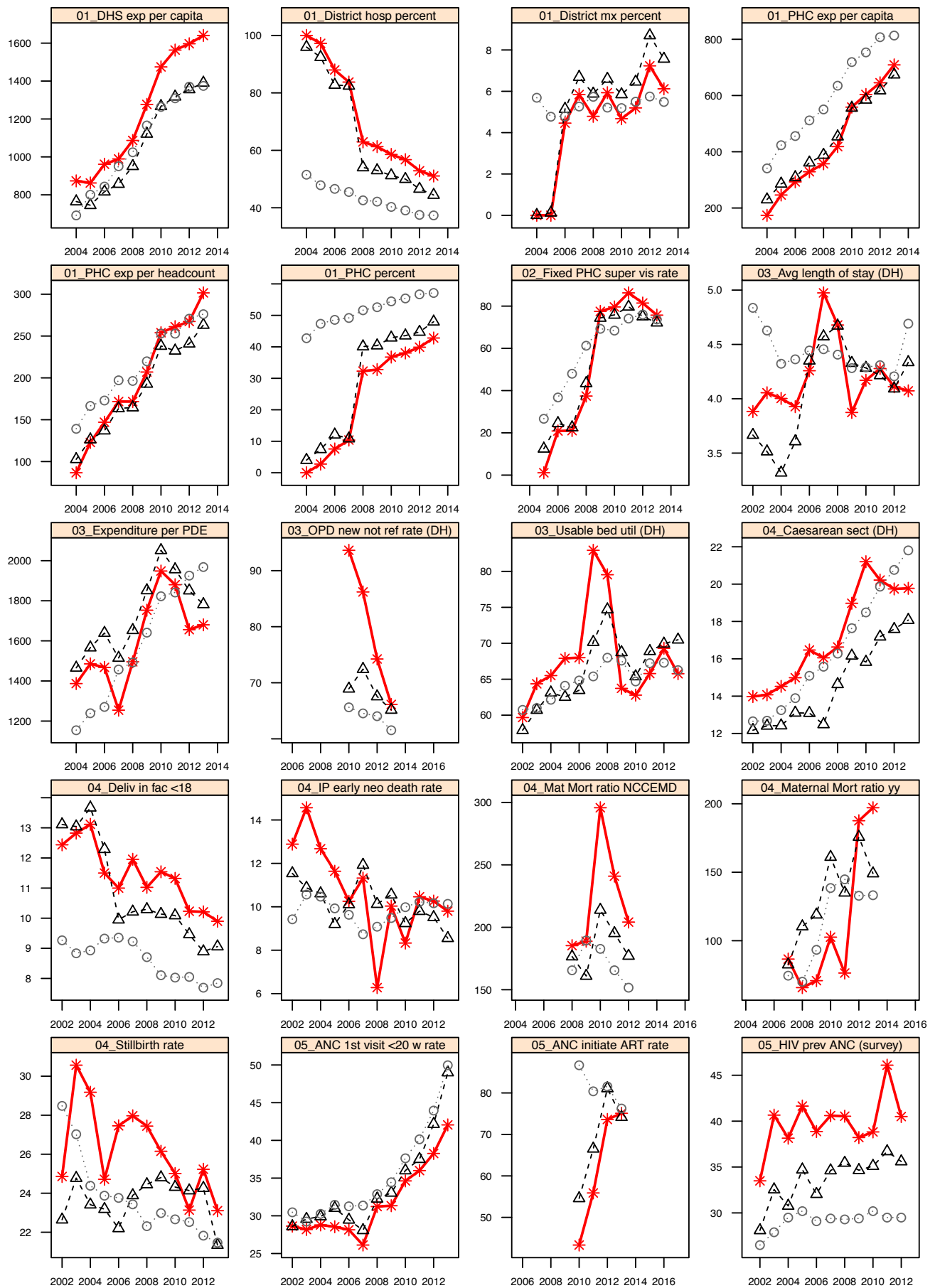
The male condom distribution coverage increased from 16.3 condoms per male 15 years and older in 2012/13 to 30.2 and was above the national average of 27.9 condoms. The HIV testing coverage at 21.2% was in line with the provincial average of 24.3%. Of the TB patients who started TB treatment in 2013, HIV status was known in 85.2%, and only 25.3% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much higher at 65.4% and the fourth highest nationally.

The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

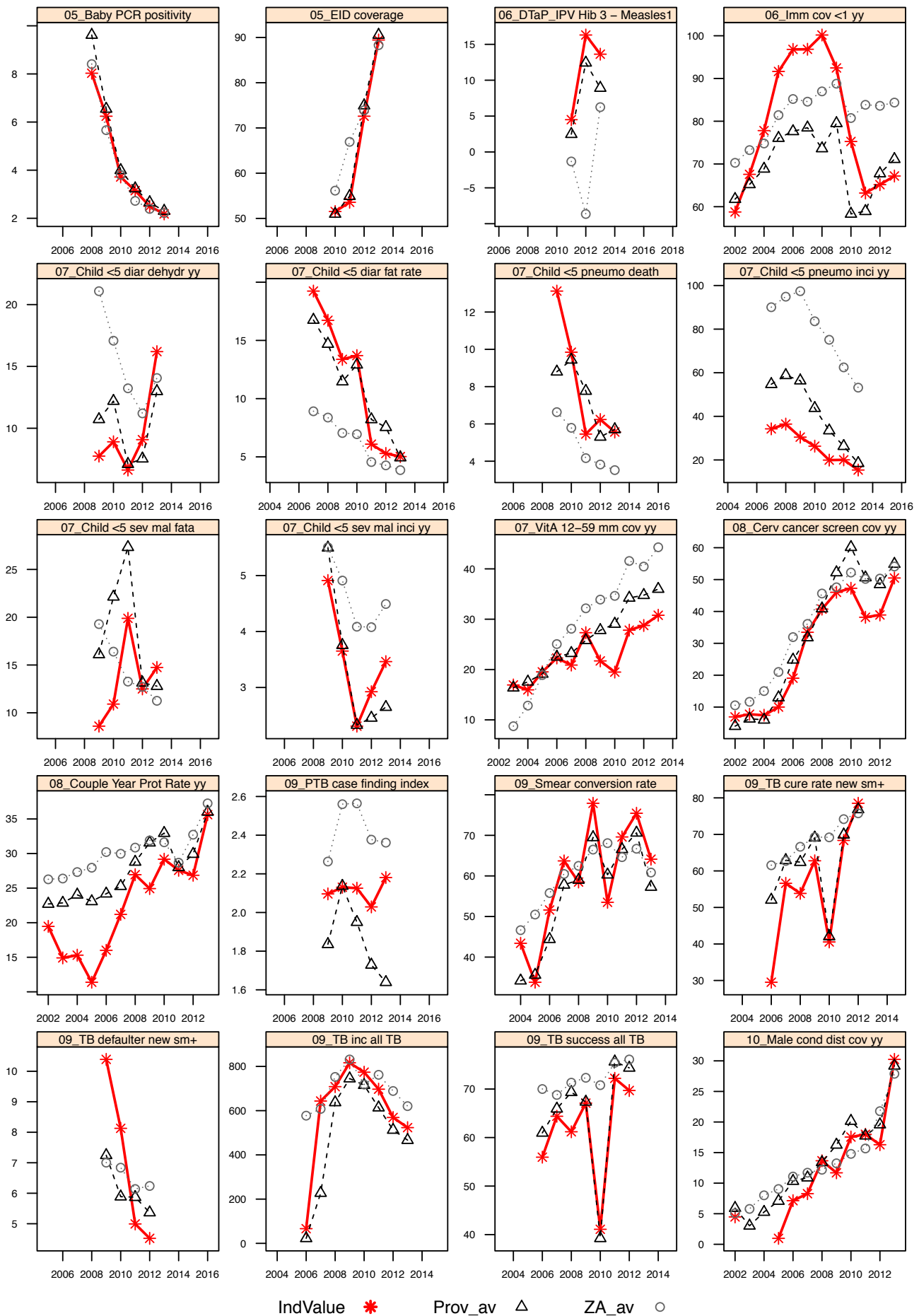
- ◆ PHC supervisor visit rate
- ◆ Inpatient bed utilisation rate
- ◆ Stillbirth rate in facility
- ◆ Maternal mortality in facility ratio
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Immunisation coverage under 1 year
- ◆ Child under 5 years diarrhoea with dehydration incidence
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive)
- ◆ TB treatment success rate (all TB)

The poor performance of some indicators might be due to poor data quality, which should be addressed.

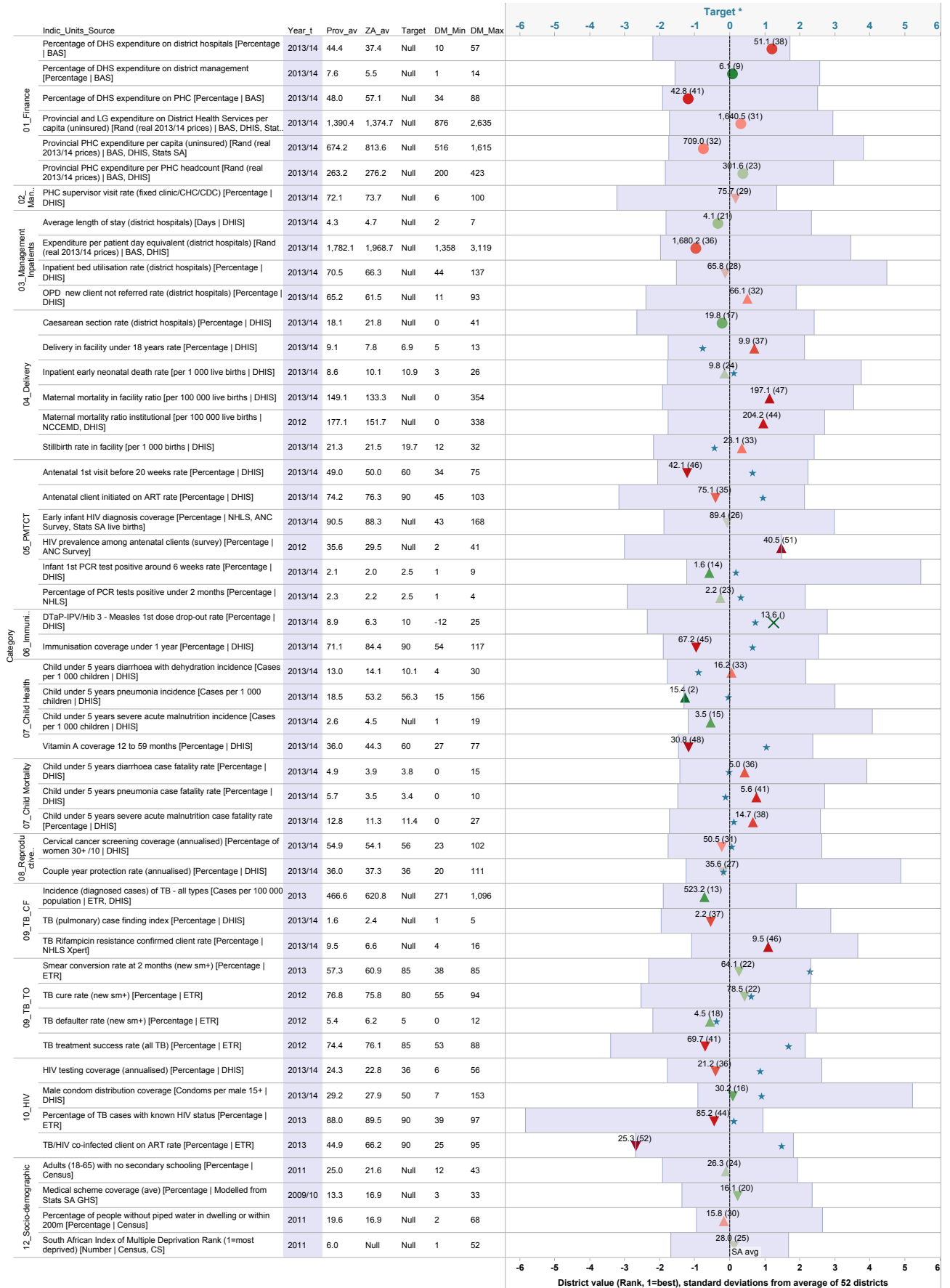
Annual indicators for district: Gert Sibande (DC30)



Annual indicators for district: Gert Sibande (DC30)



District profile: Gert Sibande (DC30), SEQ 3



Ranking
 ▲ asc (low value=best)
 ● central (SA avg=best)
 ▼ desc (high value=best)
 X none

Avg. Rank
 1 52

Nkangala District Municipality (DC31)

Muthei Dombo

Nkangala District is situated in Mpumalanga Province and has six sub-districts: Dr JS Moroka, Emakhazeni, Emalahleni, Steve Tshwete, Thembisile Hani and Victor Khanye. It is bordered by Ehlanzeni District to the north-east and Gert Sibande District to the south, by Gauteng Province to the west and by Limpopo Province to the north. The district has a population of 1 357 744 with 356 911 households, of which 40.6% have piped water inside the dwelling, 85.7% use electricity for lighting and 48.3% have a weekly refuse service. The population density is 81.0 people per km². Of the population's citizens who are 20 years and older, 29.0% have Matric and 10.2% have higher education. The unemployment rate is 30.0%.^a The district falls in the socio-economic Quintile 4, being among the second wealthiest districts, and has an estimated medical scheme coverage of 13.2%.

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (with the most recent value being shown in brackets):

- ◆ Delivery by Caesarean section rate (18.2%)
- ◆ Delivery in facility under 18 years rate (6.8%)
- ◆ Child under 5 years severe acute malnutrition incidence (2.4 per 1 000) – the fifth lowest in the country
- ◆ Vitamin A coverage 12 to 59 months (41.4%) – below the national target of 60%
- ◆ TB (pulmonary) case finding index (1.6%) – the fifth lowest in the country.
- ◆ TB defaulter rate (new pulmonary smear-positive) (7.5%) – above the national target of less than 5%

The percentage of district health services expenditure on district hospitals decreased annually from 47.0% in 2011/12 to 41.2% in 2013/14, and remained the lowest provincially. The percentage of district health services expenditure on PHC increased in the same period by four percentage points to 49.3%. The percentage of district health services expenditure on district management has fluctuated and was 7.8% in 2011/12, 10.8% in 2012/13 and 9.5% in 2013/14, being the seventh highest nationally in the last year.

At 66.3%, the PHC supervisor visit rate was below the national average of 73.7% and the lowest in the province. It has also been steadily decreasing since 2011/12 when it was 73.8%.

The average length of stay (4.8 days) increased from 2012/13 when it was 4.2 days and was the longest to date and the longest in the province. The inpatient bed utilisation rate (72.6%) was the highest since 2002/03. The expenditure per patient day equivalent (R1 963) fluctuated and was in 2013/14 at the same level as in 2007/08. The OPD new client not referred rate was the lowest provincially at 57.0%, meaning that a relatively high percentage of patients were bypassing PHC facilities and accessing district hospitals directly. This has been consistently increasing since the 2010/11 value of 27.3%.

The maternal mortality in facility ratio has been decreasing over the past three years, from 203.6 in 2011/12, to 174.5 in 2012/13 and to 156.1 per 100 000 live births in 2013/14. The stillbirth rate in facility has also been decreasing over the same period from 31.1 per 1 000 births in 2011/12 to 24.3 in 2013/14. However, it was the highest rate in the province. At 7.3 per 1 000 live births, the inpatient early neonatal death rate was the lowest since 2005/06 and in the province.

Although the antenatal 1st visit before 20 weeks rate increased by 10.6 percentage points from 38.0% in 2011/12 to 48.6% in 2013/14, the rate being well below the national target of 60%. The 2012 Antenatal Sero-prevalence Survey showed an increase in the HIV prevalence among antenatal clients tested, from 29.6% in 2011 to 32.1% in 2012. The antenatal client initiated on ART rate showed an increase by six percentage points from 80.5% in 2012/13 to 86.5%; this was the highest rate provincially and close to the national target of 90%.

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage was 90.7%, an increase of 21.2 percentage points from 69.5% in 2012/13. The percentage of PCR tests HIV positive for infants under two months of age of 1.9% was the lowest provincially and eighth lowest in the country.

The immunisation coverage under 1 year has increased annually over the past three years to 70.6% but remained well below the national average of 84.4% and the national target of 90%. The DTaP-IPV/ Hib 3 – Measles 1st dose drop-out rate has fluctuated and was 9.0%, meaning that more children received a DTaP-IPV/ Hib 3rd dose vaccination than the number who received a Measles 1st dose.

The child under 5 years diarrhoea with dehydration incidence has increased annually since 2009/10 to its highest level at 11.0 per 1 000 children; however, the value was the lowest provincially and below the national average (14.1). The child under 5 years diarrhoea case fatality rate was 5.1%, the highest in the province and above the national average of 3.9%. Although the highest provincially, the child under 5 years pneumonia incidence had declined remarkably from 49.2 per

a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

1 000 children in 2009/10 to 24.9 in 2013/14, and was the eighth lowest in the country. The child under 5 years pneumonia case fatality rate had fluctuated and was the lowest in the province at 4.0%. The child under 5 years severe malnutrition case fatality rate was 13.4%, and above the national target of 11.4%.

The couple year protection rate at 30.9% has increased by 5.8 percentage points since 2011/12 but was the lowest provincially. The cervical cancer screening coverage (42.6%) had fluctuated in the same period and was also the lowest in the province and well below the national target of 56%.

The TB incidence (all cases) has decreased over the past four years to 336.7 per 100 000, and was the fourth lowest incidence in the country. The TB incidence (new pulmonary smear-positive), however, increased from 176.9 per 100 000 in 2011 to 185.2 in 2012. The smear conversion rate at 2 months (new pulmonary smear-positive) fluctuated and at 55.1%, was below the national rate of 66.7%. The TB cure rate (new pulmonary smear-positive) (73.2%) and the TB treatment success rate (all TB) (75.1%) reached their highest levels. However, the values were below the national targets of 80% and 85% respectively.

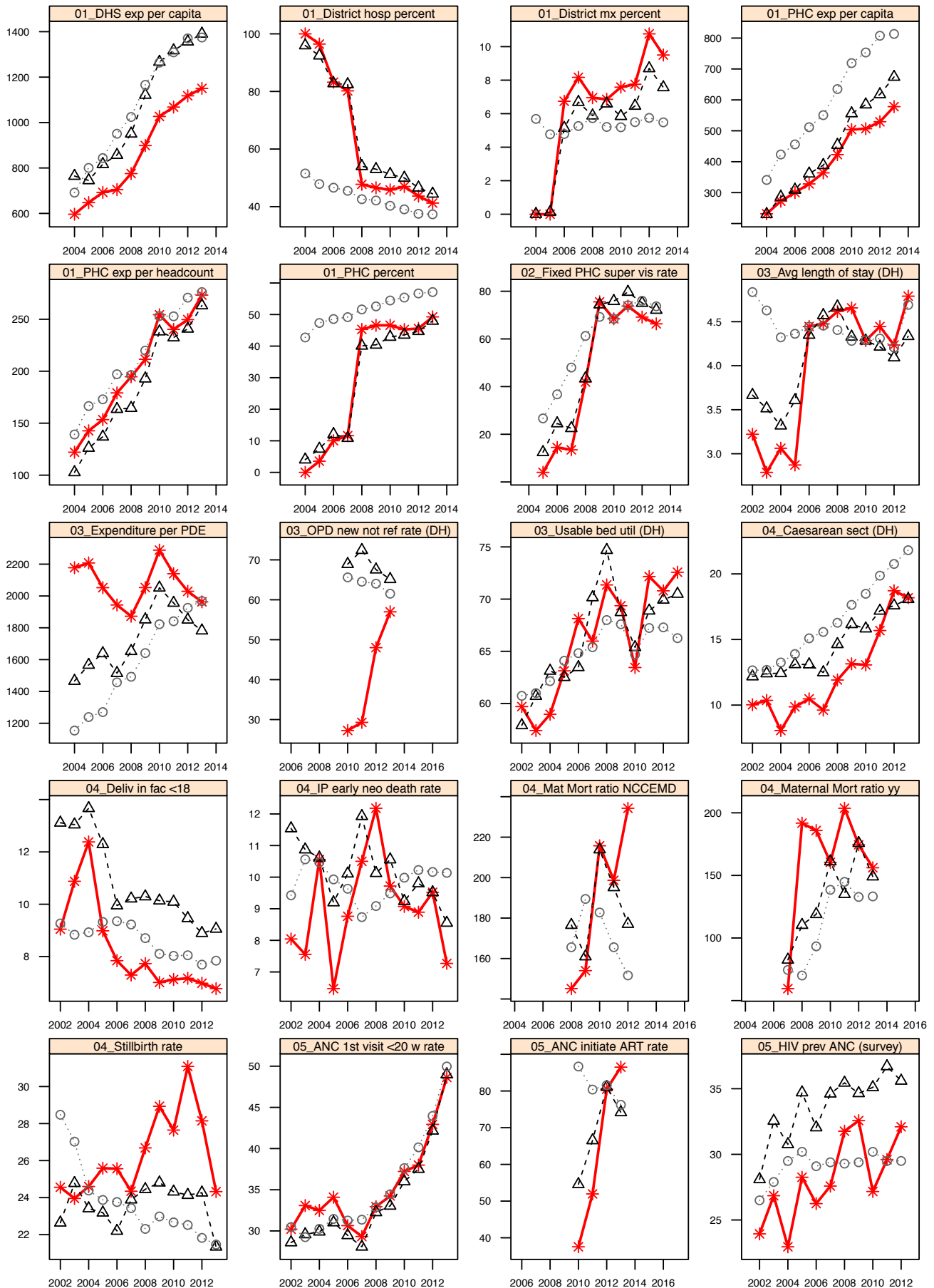
The male condom distribution coverage increased from 13.7 condoms per male 15 years and older in 2012/13 to 20.0 in 2013/14. However, it was the lowest in the province and well below the national target of 50 condoms. The HIV testing coverage at 20.3% was the lowest provincially and well below the national target of 36%. Of the TB patients who started TB treatment in 2013, HIV status was known in 94.1%, and 77.3% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 51.6%.

The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

- ◆ PHC supervisor visit rate
- ◆ Average length of stay
- ◆ Stillbirth rate in facility
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Immunisation coverage under 1 year
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years severe malnutrition case fatality rate
- ◆ Vitamin A coverage 12 to 59 months
- ◆ Cervical cancer screening coverage
- ◆ TB (pulmonary) case finding index
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive)
- ◆ TB treatment success rate (all TB)
- ◆ TB defaulter rate (new pulmonary smear-positive)
- ◆ HIV testing coverage

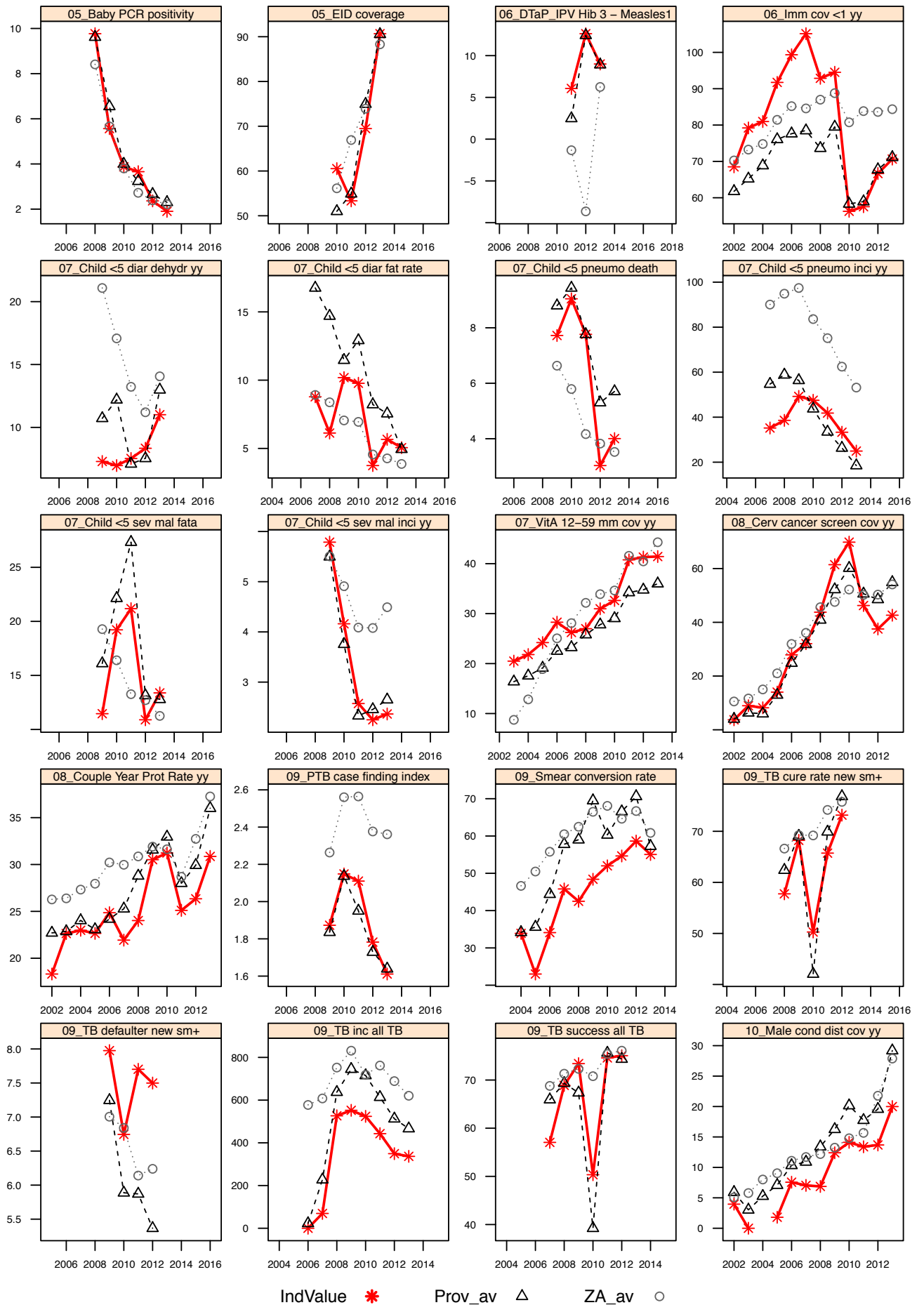
The poor performance of some indicators might be due to poor data quality, which should be addressed.

Annual indicators for district: Nkangala (DC31)



IndValue * Prov_av Δ ZA_av ○

Annual indicators for district: Nkangala (DC31)



Section B: Profile Mpumalanga Province

District profile: Nkangala (DC31), SEQ 4 (well off)



Ranking
 ▲ asc (low value=best)
 ● central (SA avg=best)
 ▼ desc (high value=best)
 ✕ none

Avg. Rank
 1 52

Ehlanzeni District Municipality (DC32)

Muthei Dombo

Ehlanzeni District is situated in Mpumalanga Province and has five sub-districts: Bushbuckridge, Mbombela, Nkomazi, Thaba Chweu and Umjindi. It is bordered by Nkangala District to the west, Gert Sibande District to the south, and Limpopo Province to the north. It shares borders with Swaziland and Mozambique to the east. The district has a population of 1 714 047 with a population density of 61.4 people per km². Of the population's citizens who are 20 years and older, 29.0% have Matric and 9.5% have higher education. The district has 445 087 households, of which only 26.4% have piped water inside the dwelling, 88.9% use electricity for lighting, and 24.7% have a weekly refuse service. The district falls in the socio-economic Quintile 4, among the second wealthiest districts, and has an estimated medical scheme coverage of 11.8% and an unemployment rate of 34.4%.^a

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (with the most recent value being shown in brackets):

- ◆ Inpatient bed utilisation rate (73.5%)
- ◆ Average length of stay (4.3 days)
- ◆ Delivery in facility under 18 years rate (9.9%)
- ◆ HIV prevalence among antenatal clients (2012 survey) (35.1%)
- ◆ Percentage of PCR tests HIV positive for infants under two months of age (2.5%)
- ◆ Vitamin A coverage 12 to 59 months (35.4%) – well below the national target of 60%
- ◆ Child under 5 years severe malnutrition incidences (2.4 per 1 000 children)
- ◆ TB defaulter rate (new pulmonary smear-positive) (4.5%) – reached the national target of less than 5%

The percentage of district health services expenditure on district management (7.3%) has fluctuated over the past five years between 5.6% in 2010/11 and 8.4% in 2012/13. The percentage of district health services expenditure on district hospitals has decreased in the same period to reach its lowest level at 42.0%. The percentage of district health services expenditure on PHC (50.7%) showed an upward trend in the same time period and was the highest provincially.

The PHC supervisor visit rate has been decreasing over the last three years from 80.0% in 2011/12 to 74.4% in 2013/14.

The expenditure per patient day equivalent (R1 772) decreased from the previous year and was the lowest since 2008/09 (R1 688). The OPD new client not referred rate was 67.9%, a decrease from a high 98.3% in 2010/11. However, a high percentage of patients were still bypassing PHC facilities and accessing district hospitals directly.

The delivery by Caesarean section rate reached its highest level at 17.1%. The stillbirth rate in facility (18.9 per 1 000 births) was the lowest in the province. The inpatient early neonatal death rate decreased annually from 10.0 per 1 000 live births in 2011/12 to 9.2 in 2012/13 and to 8.7 in 2013/14. At 123.0 per 100 000 live births, the maternal mortality in facility ratio was the lowest in the province.

The antenatal 1st visit before 20 weeks rate has increased annually since 2007/08 from 28.4% to 52.8% in 2013/14, and was the highest provincially. The antenatal client initiated on ART rate at 67.9%, was below 80% for the first time since 2011/12, and was the lowest in the province and seventh lowest in the country.

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage was 91.1%, an increase of 12.7 percentage points from 78.4% in 2012/13. It was also the highest in the province.

The immunisation coverage under 1 year reached its highest level year at 73.7% but was well below the national average of 84.4% and the national target of 90%. The DTaP-IPV/ Hib 3 – Measles 1st dose drop-out rate was 6.3%, meaning that more children received a DTaP-IPV/ Hib 3rd dose vaccination than those who received a Measles 1st dose.

The child under 5 years diarrhoea with dehydration incidence almost doubled from the previous year and was 12.6 per 1 000 children, in line with the provincial average of 13.0 and above the national target of 10.1 per 1 000. The child under 5 years diarrhoea case fatality rate has decreased annually from 14.8% in 2011/12, 11.2% in 2012/13 and was 4.8% in 2013/14. The child under 5 years pneumonia incidence of 16.2 cases per 1 000 children decreased noticeably from 88.8 per 1 000 in 2008/09 and was the third lowest in the country. The child under five years pneumonia case fatality rate was the highest in the province at 6.9% and fifth highest in the country. The child under 5 years severe malnutrition case fatality rate has decreased from 35.0% in 2011/12 to 11.4% and was on par with the national target.

The cervical cancer screening coverage (68.9%) has increased annually since 2005/06 and was well above the national target of 56%. The couple year protection rate reached its highest level at 40.6%, and was the highest provincially and above the national target of 36%.

a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

The TB incidence (all cases) has decreased over the past five years to 534.8 per 100 000 people; however, it was the highest incidence in the province. The TB incidence (new pulmonary smear-positive), decreased from 215.9 per 100 000 in 2012 to 191.5 in 2013 but was also the highest provincially. The TB (pulmonary) case finding index, at 1.4%, was the second lowest in the country. The TB treatment success rate (all TB) was 76.4% and well below the national target of 85%. At 55.2%, the smear conversion rate at 2 months (new pulmonary smear-positive) dropped by 20.2 percentage points from the previous year and was well below the national target of 85%. The TB cure rate (new pulmonary smear-positive) (78.1%) increased by 5.1 percentage points in the same period.

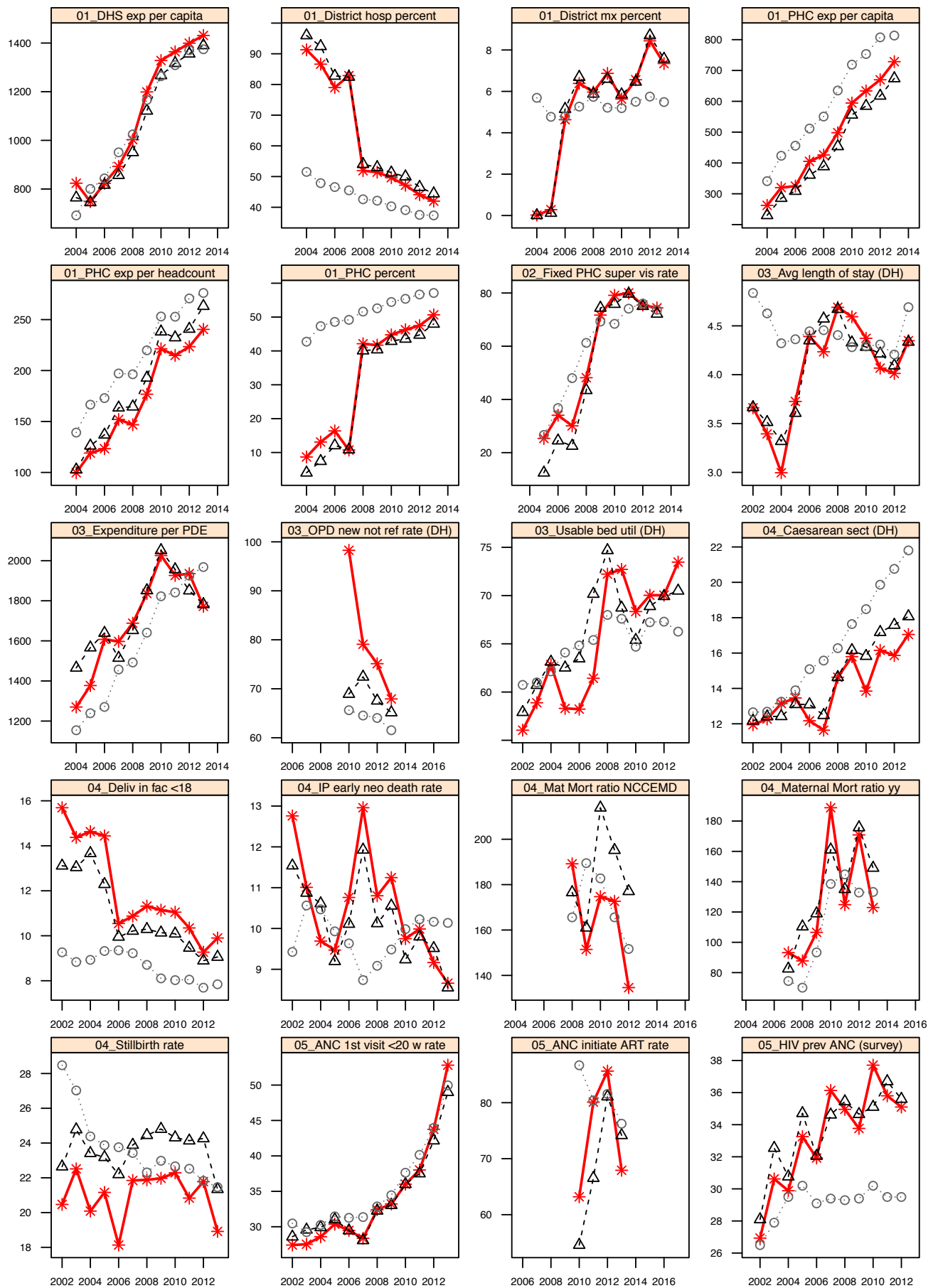
The male condom distribution coverage increased from 27.5 condoms per male 15 years and older in 2012/13 to 37.2 and was the highest in the province. The HIV testing coverage at 30.0% was the highest provincially. Of the TB patients who started TB treatment in 2013, HIV status was known in 86.7%, and 41.6% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much higher at 61.6%.

The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

- ◆ PHC supervisor visit rate
- ◆ Antenatal client initiated on ART rate
- ◆ Immunisation coverage under 1 year
- ◆ Child under 5 years diarrhoea with dehydration incidence
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ TB (pulmonary) case finding index
- ◆ TB treatment success rate (all TB)
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive)

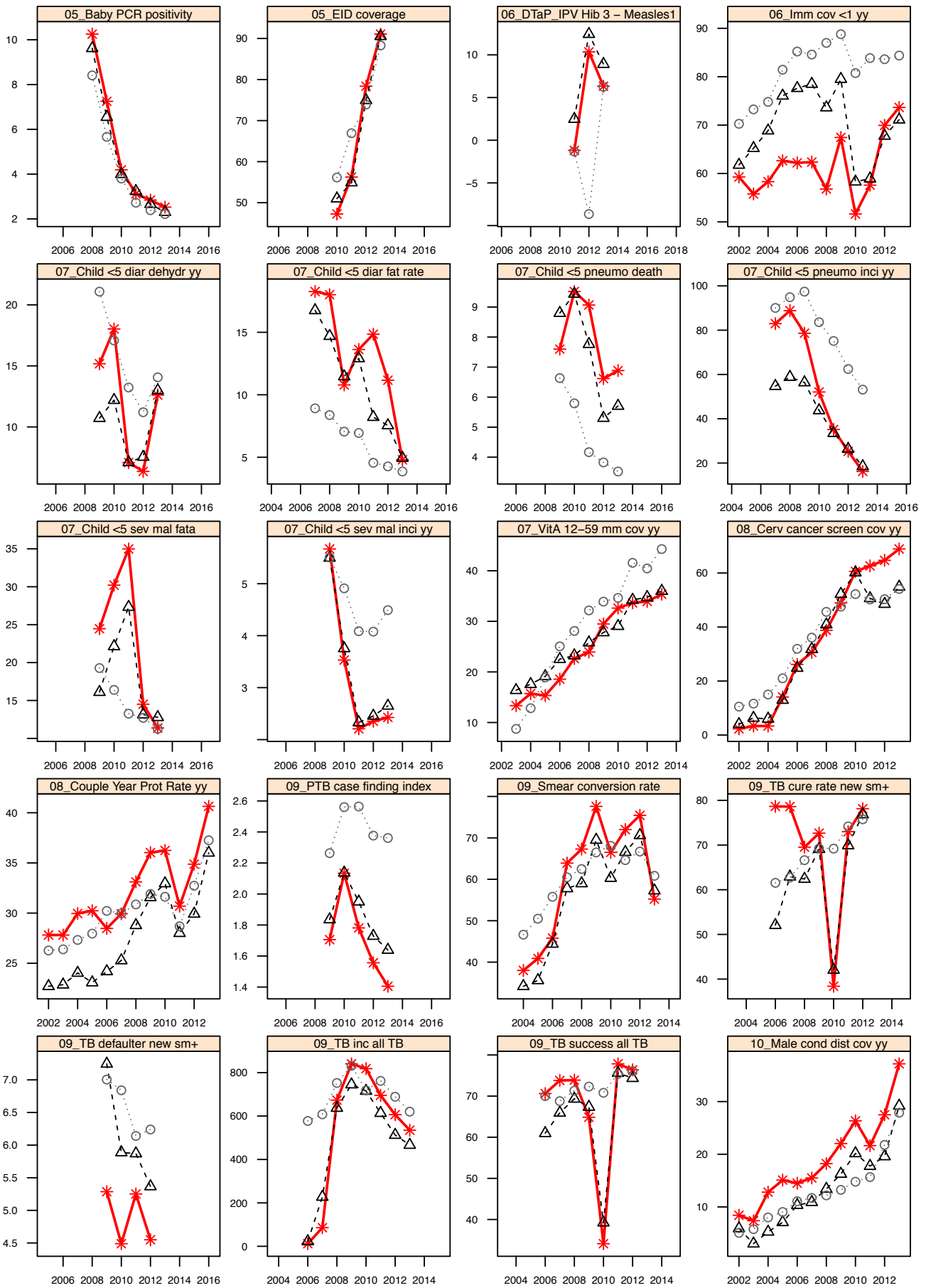
The poor performance of some indicators might be due to poor data quality, which should be addressed.

Annual indicators for district: Ehlanzeni (DC32)



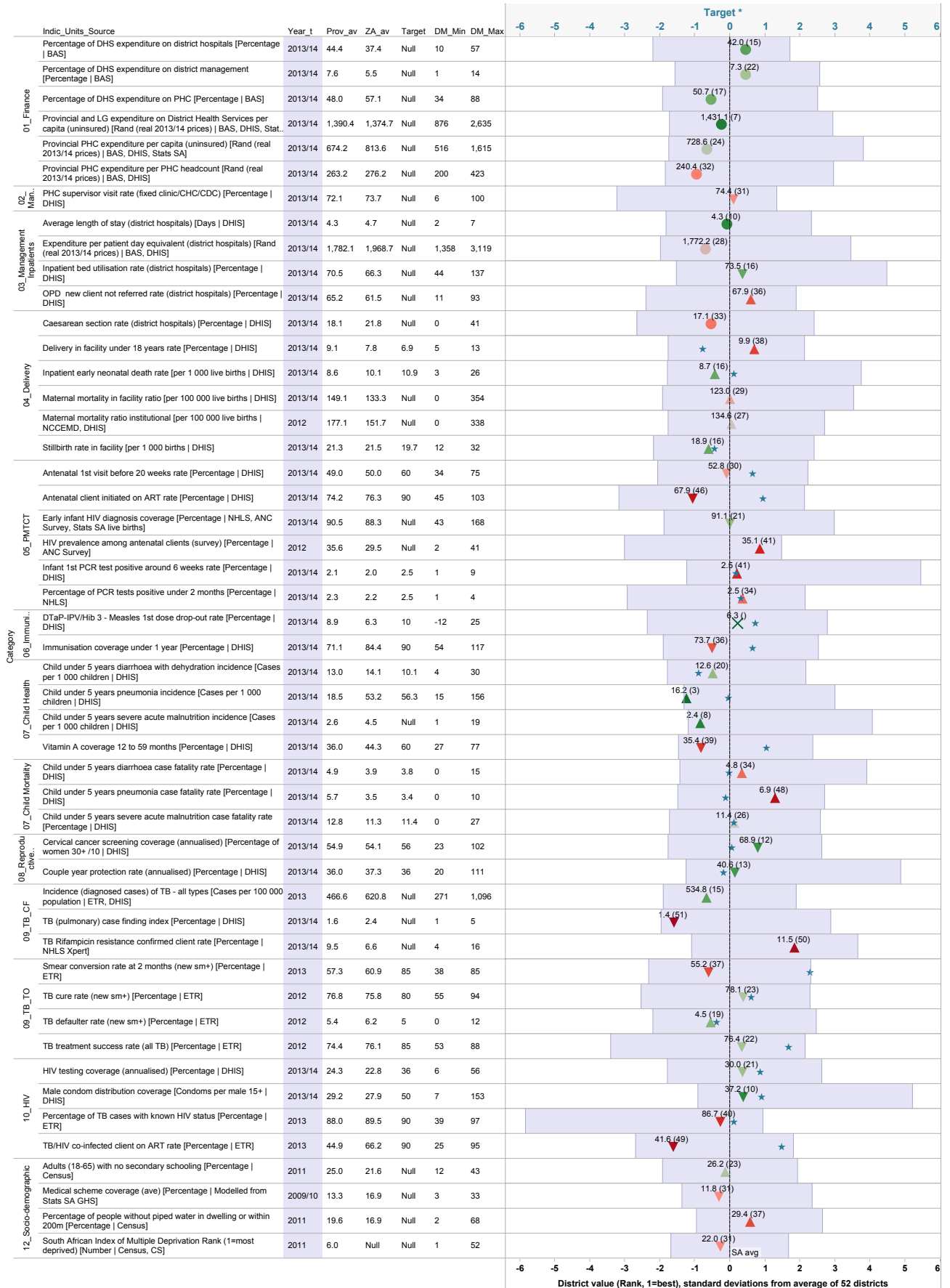
IndValue * Prov_av Δ ZA_av ○

Annual indicators for district: Ehlanzeni (DC32)



IndValue * Prov_av △ ZA_av ○

District profile: Ehlanzeni (DC32), SEQ 3



Ranking
 ▲ asc (low value=best)
 ● central (SA avg=best)
 ▼ desc (high value=best)
 X none

Avg. Rank
 1 52