

20 North West Province

Bojanala District Municipality

The Bojanala district in the North West has a population of 1 343 403 and a population density of 73.3 people per km². The proportion of the population with medical aid coverage is 13.1%.

PHC expenditure per capita increased from R648 in 2010/11 to R671 in 2011/12 and is the second lowest in the province. The district per capita expenditure of R962 is also the second lowest in the province. PHC expenditure per headcount increased from R263 in 2010/11 to R281 in 2011/12 – the highest in the province and above the national average of R225. The proportion of total district expenditure on PHC was 68.3%, while 5.9% was spent on district management. The proportion of total district expenditure spent on district hospital services increased marginally from 25.0% to 25.9% in the same period.

The PHC fixed facility supervisory rate decreased slightly from 48.3% in 2010/11 to 47.3% in 2011/12, but this is still well below the national average of 74.1%. The PHC utilisation rate was 2.1 visits per person per year and the PHC utilisation rate under 5 years 4.1 visits per child per year.

The district has a low 0.3 district hospital beds per 1 000 population. The bed utilisation rate was 74.6% and has increased annually from 2009/10 when it was 60.7%. The average length of stay at 2.8 days is the lowest in the province. The average expenditure per PDE was R1 819, much higher than the national average of R1 653, although this figure has decreased from R1 841 in 2010/11.

The diarrhoeal incidence under 5 years was 64 per 1 000 children, the second lowest in the province and a decrease from 77.9 per 1 000 in 2010/11. The mortality rate among children under 5 years due to diarrhoea with dehydration more than halved from 16.0% in 2008/09 to 6.9% in 2011/12, but is unfortunately still the highest in the province. The vitamin A coverage 12 to 59 months was 29.7%, the lowest in the province.

The stillbirth rate increased from 22.8 per 1 000 births in 2007/08 to 25.4 in 2011/12, although it has fluctuated from year to year. The early neonatal death rate dropped from 10.7 per 1 000 live births in 2010/11 to 8.7 in 2011/12. The under-1 facility mortality rate decreased from 11.8 % in 2010/11 to 10.8 % in 2011/12, but it is still higher than the national average of 6.8%. The under-5 facility mortality rate was 7.9%, a decrease from 8.5% in 2010/11.

There was an overall improvement in the immunisation of children from 2010/11 to 2011/12. The immunisation coverage under 1 year increased from 77.0 % to 87.3%, the pneumococcal vaccine 3rd dose coverage from 53.9% to 88.4%, the measles 1st dose coverage increased from 96% to 101.1% and the rotavirus 2nd dose coverage from 57% to 91%. The measles 1st to 2nd dose drop-out rate unfortunately also increased from 25.0% in 2010/11 to 27.9% in 2011/12.

The Caesarean section rate increased from 17.2% in 2010/11 to 20.9% in 2011/12. The proportion of deliveries in facilities to women under 18 years dropped from 7.4% to 6.4% in the same period. The facility maternal mortality ratio (MMR) recorded in the DHIS was 172.4 per 100 000 live births, the second lowest in the province but well above the national average of 144.9. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 280.6 per 100 000 live births.

The rate of antenatal visits before 20 weeks improved from 34.9% in 2010/11 to 38.7% in 2011/12 – the lowest in the province. There was a slight decrease in the cervical cancer screening coverage from 46.2% to 44.0% in the same period and this is also the lowest in the province. The couple year protection rate was 24.4%. The male condom distribution rate dropped from 11.6 condoms per male 15 years and older in 2010/11 to 8.1 in 2011/12, seriously below the national average of 15.8 condoms.

The TB two-month smear conversion rate increased from 54.4% in 2010 to 57.9% in 2011. The new smear-positive TB cure rate improved marginally from 63.4% in 2009 to 64.1% in 2010. The new smear-positive TB defaulter rate has remained unchanged at 10.8% over the past 2 years.

The antenatal client HIV 1st test rate was a questionable 116.6%,^a suggesting poor data quality. The antenatal client HIV positivity rate dropped from 26.7% in 2010/11 to 24.7% in 2011/12 – the highest in the province and above the national average of 20.6%. The antenatal client HIV prevalence (routine data) decreased from 45.1% in 2010/11 to 42.1% in 2011/12, but is still the highest in the province. The 2010 HIV Antenatal Sero-prevalence Survey reflected a much lower HIV prevalence of 29.3%. The rate of antenatal clients initiated on HAART of 66.9% was lower than the 68.2% of 2010/11 and is well below the 2011/12 national average of 80.4%.

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

Section B: National and District Profiles

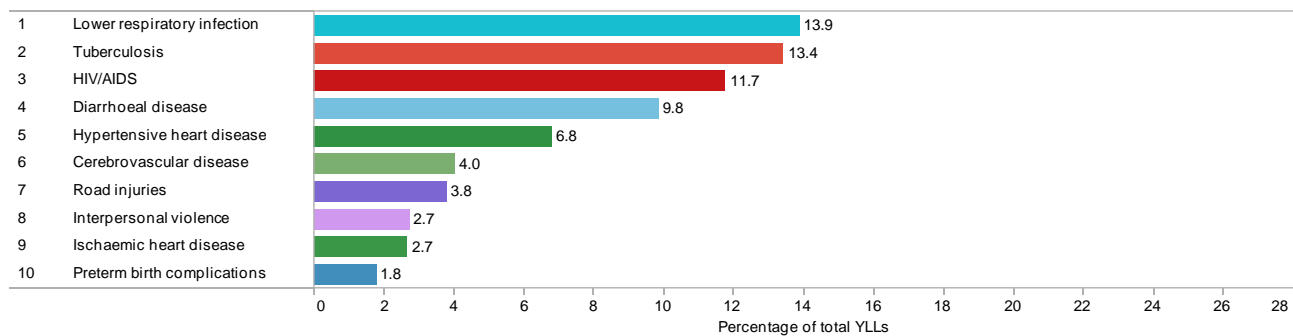
The uptake rate of babies PCR tested around 6 weeks according to the routine data increased from 99.6% in 2010/11 to 103.8%^b in 2011/12. A value over 100% suggests poor data quality. The percentage of babies that tested PCR-positive 6 weeks after birth was 4.3%, a decrease from 7.2% in 2010/11. According to the data from the National Health Laboratory Services the early infant HIV diagnosis coverage was 70.8%, an increase from 62.5% in 2010/11, while the proportion of infants who were HIV-positive under two months was 2.8%, a decrease from 3.4% in 2010/11.

The rate of HIV-positive infants under 18 months initiated on HAART decreased from 54.6% in 2010/11 to 40.5% in 2011/12. This is the second lowest in the province and lower than the national average of 54.4%.

The hypertension detection rate has remained unchanged for the past five years at 0.4%. The mental health case load was 1.4% of total case load and on a par with 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. Bojanala’s 2009 quality of death certification was relatively poor, with 36.7% 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, 19.1% of deaths were assigned to ‘ill-defined’ causes and 17.6% 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 (32.8%), followed by communicable diseases (together with maternal, perinatal and nutritional conditions) (32.3%). HIV and TB (25.2%) ranked third whilst the lowest proportion (9.8%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): NW – DC37: Bojanala District Municipality



^b The indicator definition is “Babies PCR tested 6 weeks after birth as the proportion of live births to HIV positive women”.

Figure 2: Annual indicators for district: Bojanala: DC37

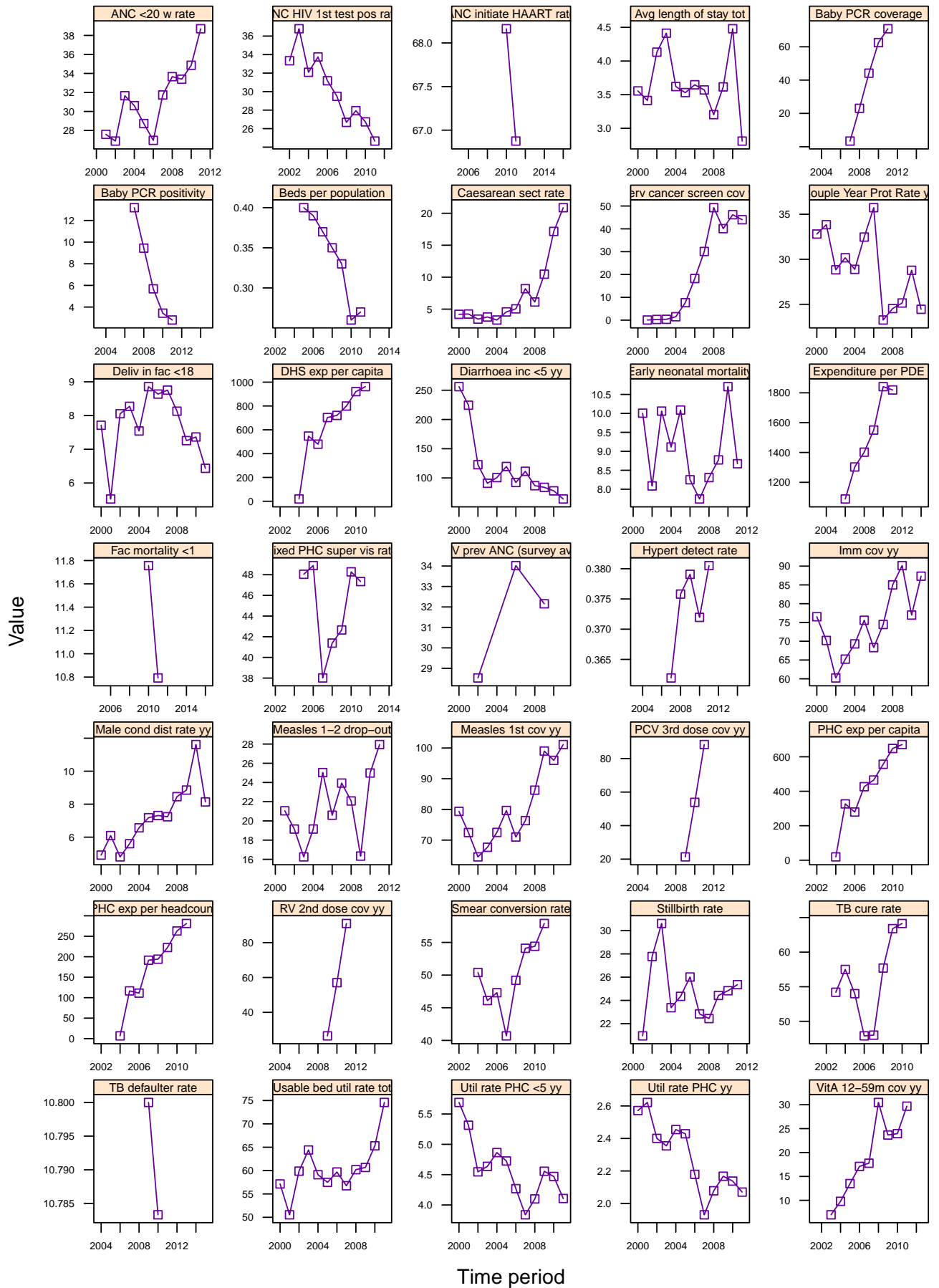
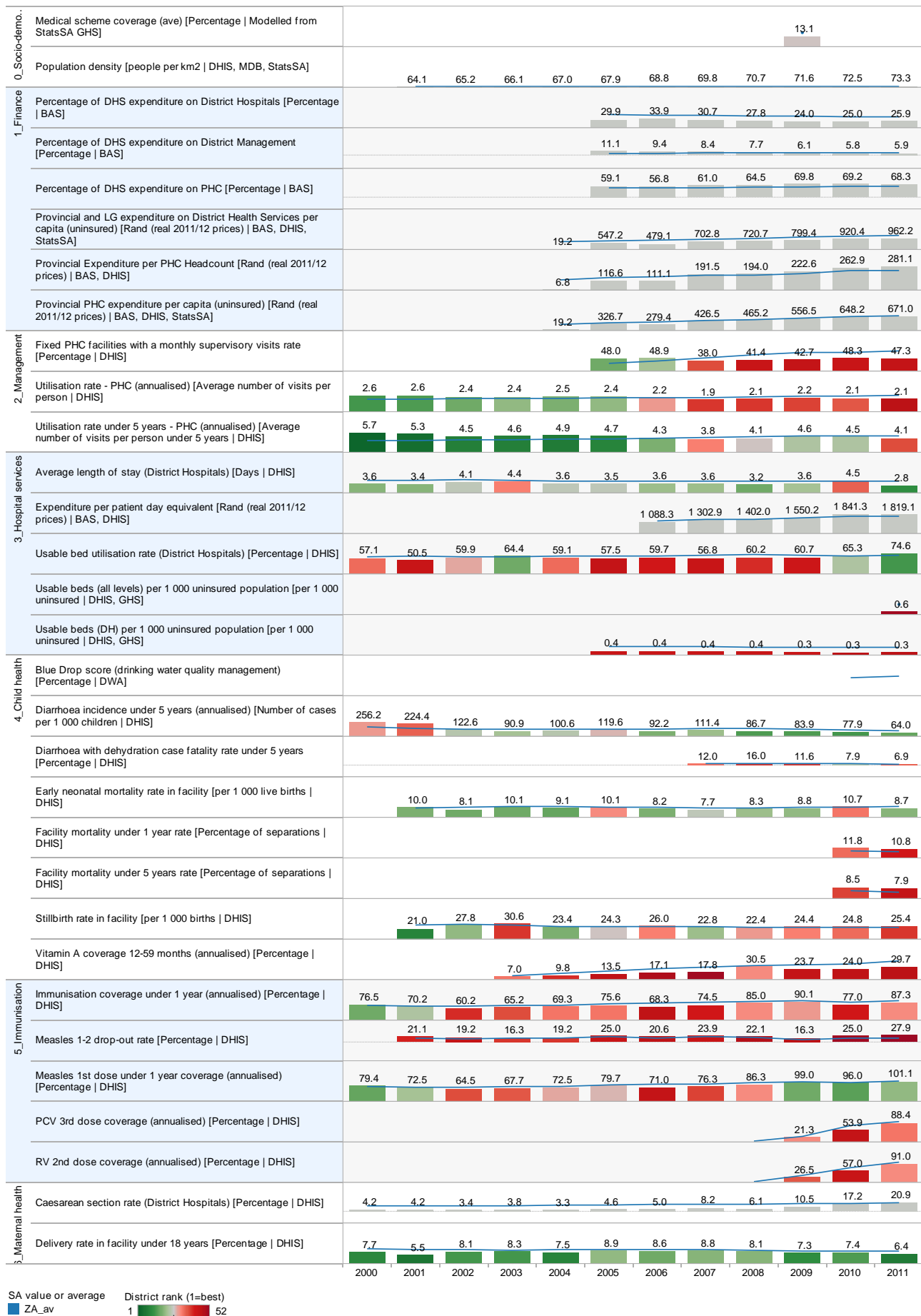
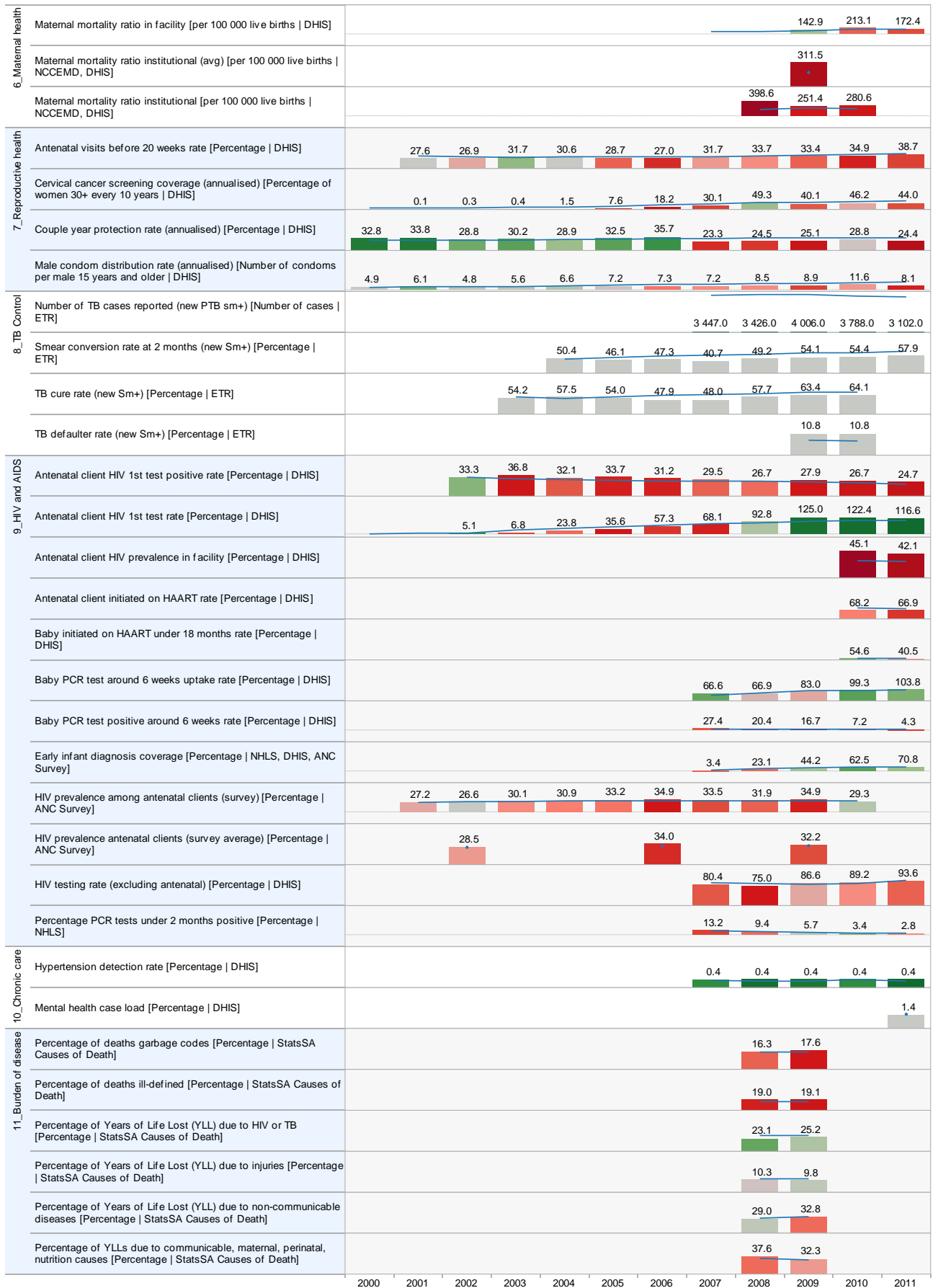


Figure 3: District page: NW – DC37: Bojanala District Municipality





SA value or average District rank (1=best)
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Ngaka Modiri Molema District Municipality

Ngaka Modiri Molema district in North West has a population of 798 445, with a population density of 28.4 people per km². The proportion of the population with medical aid coverage is 8.1%.

The proportion of total district expenditure spent on district hospital services decreased over four years from 37.8% in 2007/08 to 31.0% in 2011/12. The proportion of total district expenditure spent on PHC increased from 52.4% in 2007/8 to 61.3% in 2011/12 with a decrease of expenditure on district management from 9.7% to 7.7% in the same period. The district expenditure per capita was R1 284 and the PHC expenditure per capita R794. The PHC expenditure per headcount increased over the same four years from R175 in 2007/8 to R258 in 2011/12.

The PHC fixed facility supervisory rate was 78.1%, the highest in the province and higher than the national average of 74.1%. The PHC utilisation rate was 2.8 visits per person per year, which is higher than the national average of 2.5 visits. The PHC utilisation rate under 5 years was 4.7 visits per child per year and on a par with the national average.

The district has 0.7 district hospital beds per 1 000 population. The bed utilisation rate was 50.3%, a decrease over two years from 60.0% in 2009/10. The average length of stay was 3.6 days. The average expenditure per PDE was R2 214, which is much higher than the national average of R1 653.

The diarrhoeal incidence under 5 years decreased over three years from 134.0 per 1 000 children in 2008/09 to 88.6 per 1 000 in 2011/12. Although there has been a marked decrease in the incidence, the district still ranks highest in the province. The mortality rate among children under 5 years due to diarrhoea with dehydration was 4.9%. The vitamin A coverage in children aged 12 to 59 months more than doubled from 20.0% in 2007/8 to 41.5% in 2011/12, but is still lower than the national average of 43.4%.

The stillbirth rate was 24.3 per 1 000 births and the early neonatal death rate 12.0 per 1 000 live births. The under-1 facility mortality rate increased substantially from 2.4 % in 2010/11 to 7.4 % in 2011/12, which is higher than the national average of 6.8%. The under-5 facility mortality rate increased from 2.7% in 2010/11 to 4.6% in 2011/12.

The immunisation coverage under 1 year was 77.7%. The pneumococcal vaccine 3rd dose coverage increased from 67.9% in 2010/11 to 81.5% in 2011/12, the rotavirus 2nd dose coverage from 67.9% to 88.4% and the measles 1st dose coverage from 78.8% to 85.1%. The measles 1st to 2nd dose drop-out rate decreased from 17.6% to 12.6% in the same period.

The Caesarean section rate was 18.4%. The proportion of deliveries in facilities to women under 18 years was 7.4%. The facility maternal mortality ratio (MMR) recorded in the DHIS has increased over the past three years from 36.9 per 100 000 live births in 2008/09 to 199.7 in 2011/12 – well above the national average of 144.9. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 210.9 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 48.0%, the highest in the province. The cervical cancer screening coverage increased from 39.9% in 2010/11 to 51.0% in 2011/12. The couple year protection rate was 22.3%. The male condom distribution rate dropped from 6.0 condoms per male 15 years and older in 2008/9 to 4.5 in 2011/12, the second lowest in the country.

In 2011 the TB two-month smear conversion rate of 52.9% was the lowest in the province. The 2010 new smear-positive TB cure rate was 65.1% and the new smear-positive TB defaulter rate was 8.2%.

The antenatal client HIV 1st test rate was 112.7%.^a A rate above 100% is indicative of poor data quality. The antenatal client HIV positivity rate dropped from 21.0% in 2010/11 to 19.4% in 2011/12. The antenatal client HIV prevalence (routine data) was 36.4%, compared to the 2010 HIV Antenatal Sero-prevalence Survey rate of 25.9%. The rate of antenatal clients initiated on HAART was 76.9%.

The uptake rate of babies PCR tested around 6 weeks was 96.8%, according to the routine data. The percentage of babies that tested PCR-positive six weeks after birth was 4.1%, a marked decrease from 12.1% in 2008/09. According to the data from the National Health Laboratory Services the early infant HIV diagnosis coverage was 62.1% and the proportion of infants who were HIV-positive under two months was 2.6%, a decrease from 3.4% in 2010/11.

The rate of HIV-positive infants under 18 months initiated on HAART increased from 32.8% in 2010/11 to 55.4% in 2011/12.

The hypertension detection rate was 0.2%, a decrease from 1.1% in 2007/8. The mental health case load was 1.4% of total case load and on a par with 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. Ngaka Modiri Molema's 2009 quality of death certification was relatively poor with 24.9% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 11.5% of deaths were assigned to 'ill-defined' causes and

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

13.4% 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 communicable diseases (together with maternal, perinatal and nutritional conditions) (42.2%), followed by non-communicable diseases (27.9%). HIV and TB (23.1%) ranked third whilst the lowest proportion (6.9%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): NW – DC38: Ngaka Modiri Molema District Municipality

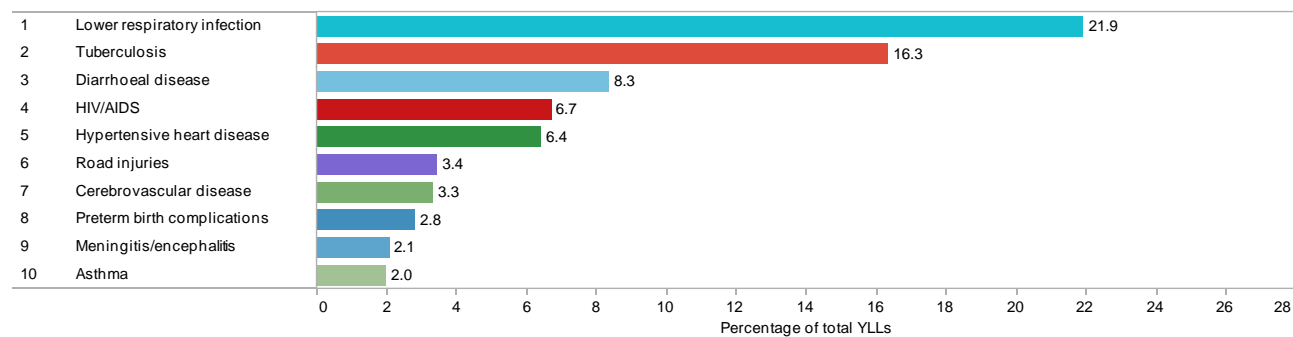


Figure 2: Annual indicators for district: Ngaka Modiri Molema: DC38

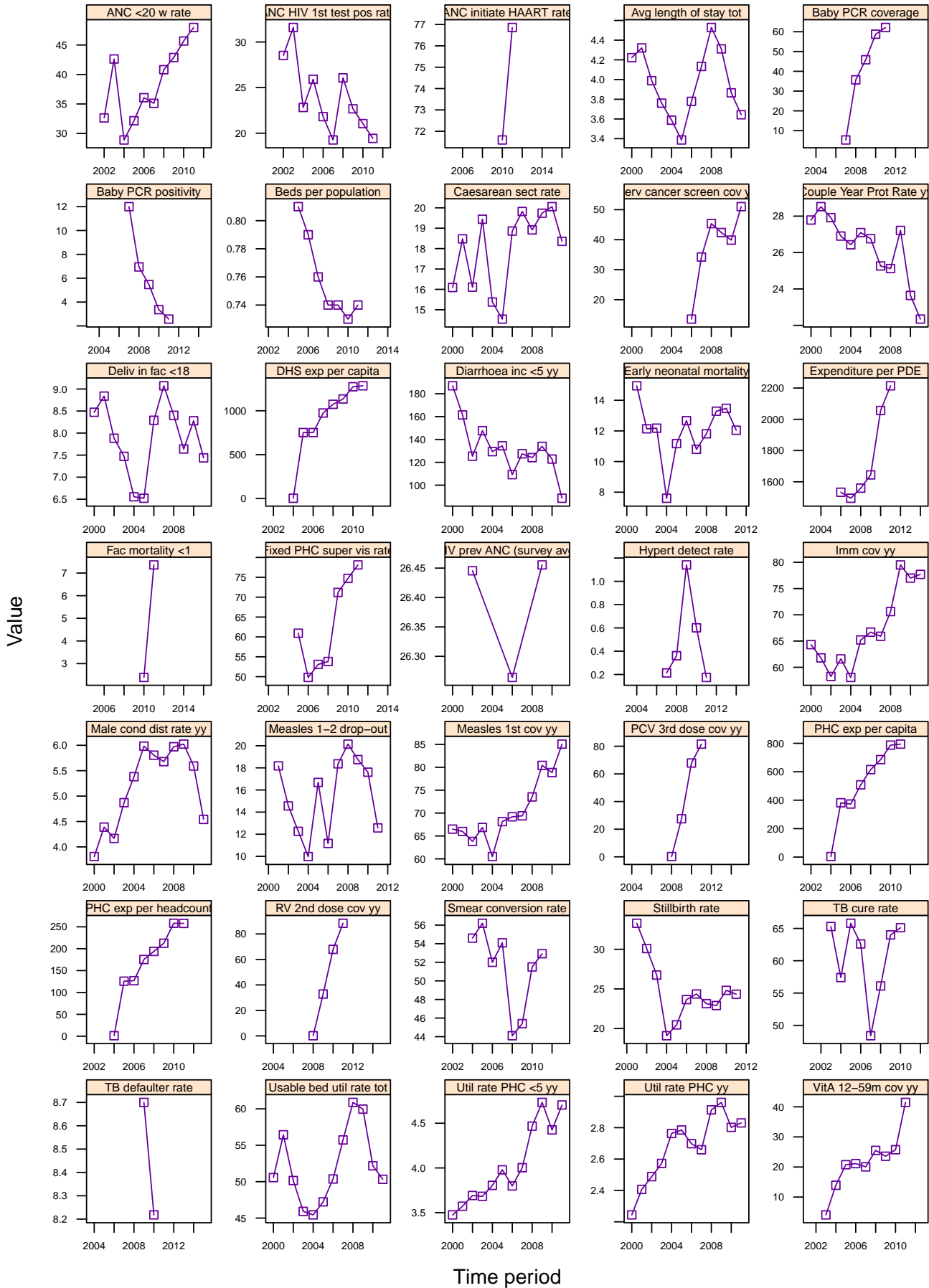
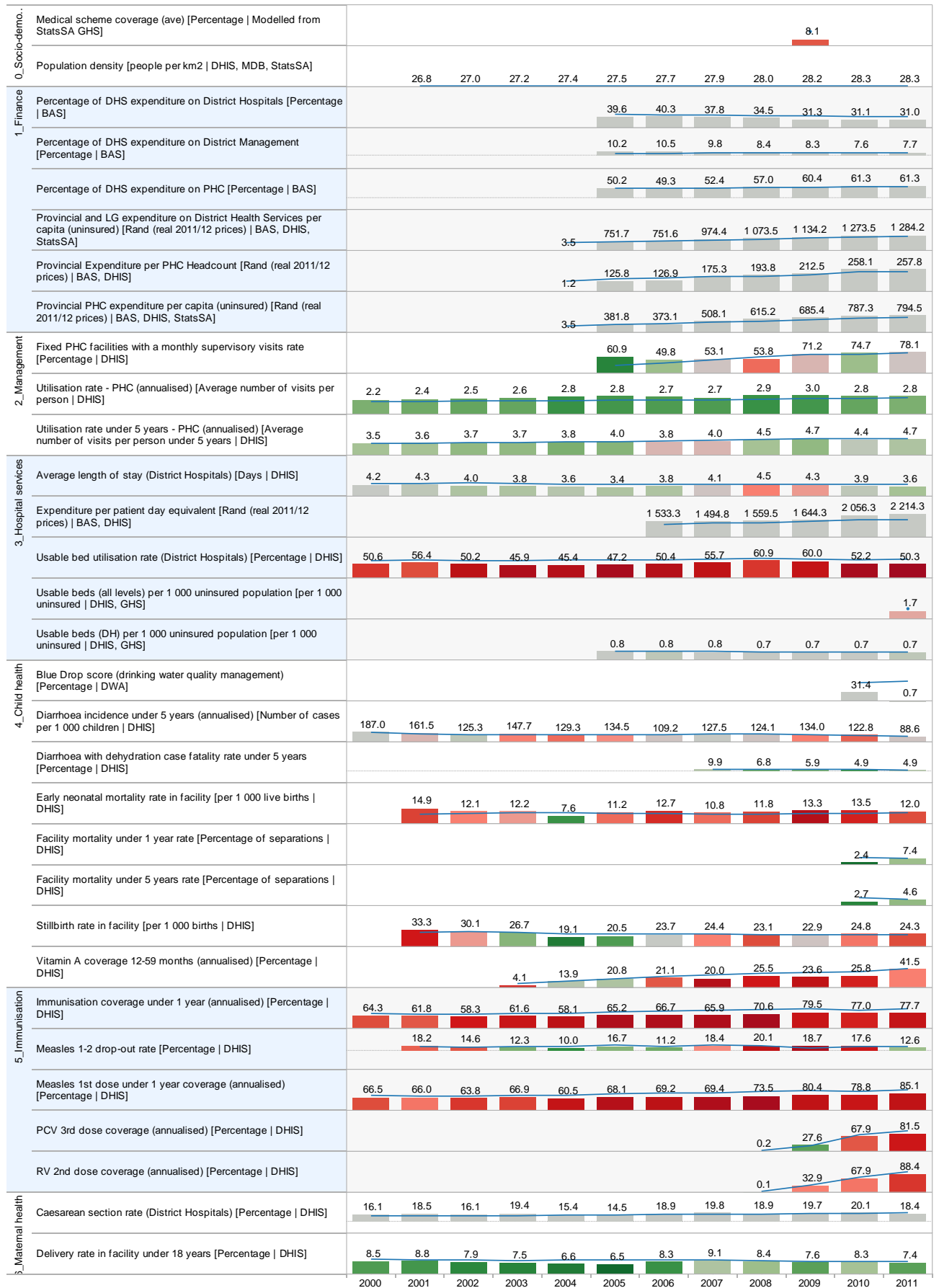
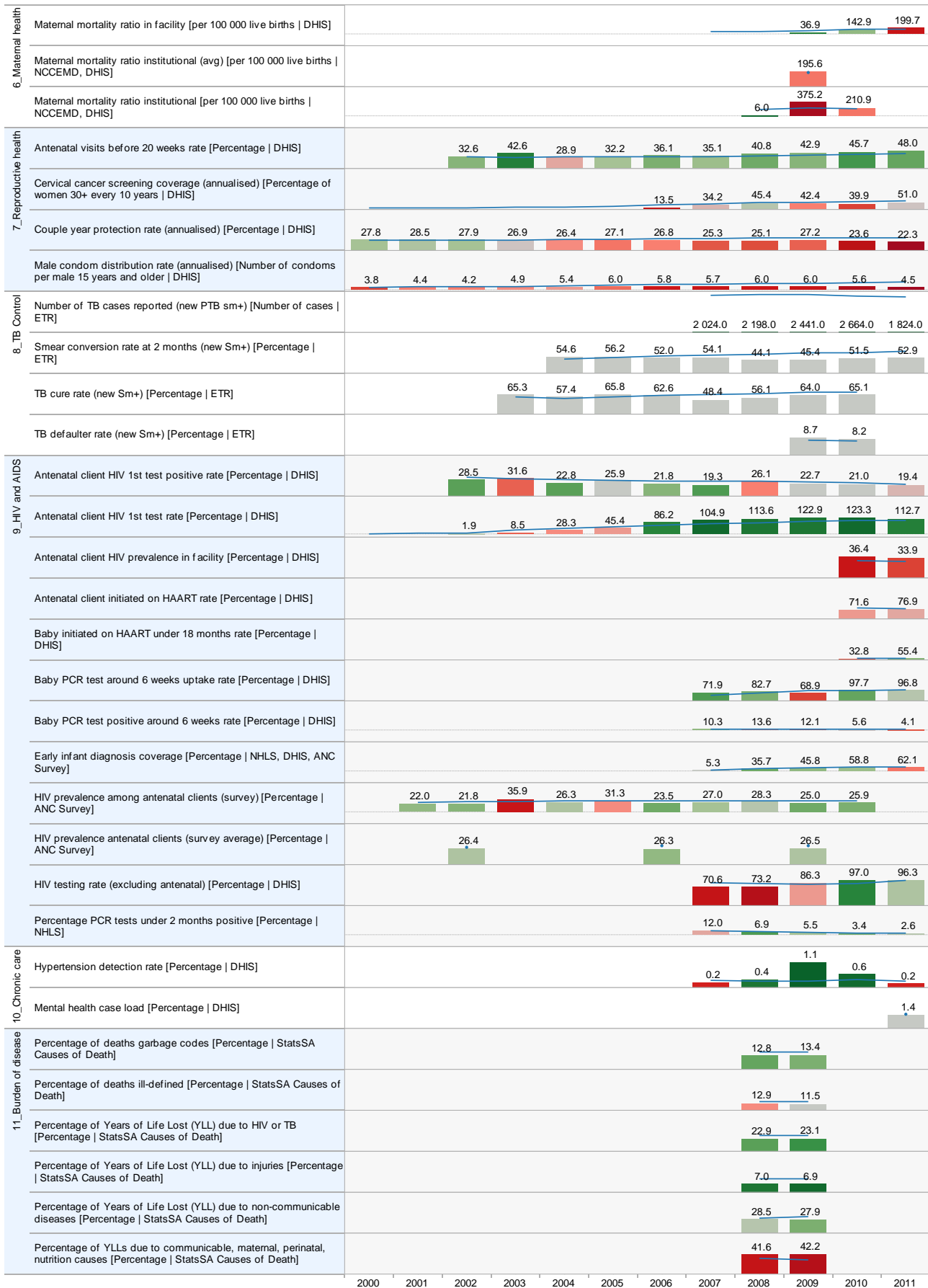


Figure 3: District page: NW – DC38: Ngaka Modiri Molema District Municipality



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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Ruth Segomotsi Mompoti District Municipality

Ruth Segomotsi Mompoti district in the North West province has the smallest population (456 316) in the province with a population density of 10 people per km². The proportion of the population with medical aid coverage is 6.2%.

The PHC expenditure per capita was R821 – the highest in the province and well above the national average of R684. The district expenditure of R1 641 per capita was much higher than both the provincial (R1 116) and national (R1 191) averages. The PHC expenditure per headcount was R254. The proportion of total district expenditure spent on PHC was 50.0%, while 7.2% was spent on district management. The proportion of total district expenditure on district hospital services increased from 39.1% in 2010/11 to 42.8% in 2011/12, the highest in the province.

The PHC fixed facility supervisory rate showed some improvement with an increase from 46.3% in 2010/11 to 57.4% in 2011/12, although this is still well below the national average of 74.1%. The PHC utilisation rate was 3.0 visits per person per year, higher than the provincial average of 2.3 visits and the national average of 2.5 visits. The PHC utilisation rate under 5 years was 5.7 visits per child, also higher than the provincial (4.4) and national (4.7) averages.

The district has 1.3 district hospital beds per 1 000 population, well above the provincial (0.5) and national (0.7) averages. The bed utilisation rate was 57.3% and has decreased annually from 61.4% in 2009/10. The average length of stay was 4.4 days, the highest in the province. At R1 852 in 2011/12, the average expenditure per PDE has increased from R1 506 in 2010/11 and is higher than the national average of R1 653.

The diarrhoeal incidence under 5 years was 86.5 per 1 000 children. The mortality rate among children under 5 years due to diarrhoea with dehydration was 3.1% – the lowest in the province. The vitamin A coverage in children aged 12 to 59 months was 46.3%.

The stillbirth rate was 24.7 per 1 000 births and the early neonatal death rate 11.1 per 1 000 live births. The under-1 facility mortality rate decreased from 8.3% in 2010/11 to 5.5% in 2011/12. The under-5 facility mortality rate was 5.6%.

The overall immunisation coverage under 1 year increased from 86.8% in 2010/11 to an excellent 98.9% in 2011/12. The pneumococcal vaccine 3rd dose coverage rose from 77.1% to 108.0%, the rotavirus 2nd dose coverage from 79.1% to 105.5% and the measles 1st dose under 1 year coverage from 92.2% to 107.3%. Rates of more than 100% may be due to poor data quality or an underestimation of the under-1 population. The measles 1st to 2nd dose drop-out rate almost doubled from 6.6% in 2010/11 to 12.6% in 2011/12.

The Caesarean section rate was 21.1% and the proportion of deliveries in facilities to women under 18 years was 9.3%. The facility maternal mortality ratio (MMR) recorded in the DHIS was 123.3 per 100 000 live births, the lowest in the province. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 180.3 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 42.0%. The cervical cancer screening coverage increased from 59.4% in 2010/11 to 70.1% in 2011/12. The couple year protection rate was 28.7%. The male condom distribution rate dropped from 9.2 condoms per male 15 years and older in 2010/11 to 6.6 in 2011/12, which is below the national average of 15.8 condoms.

At 68.7%, the TB two-month smear conversion rate was the highest in the province in 2011. The new smear-positive TB cure was 75.3% in 2010, also the highest in the province, while the new smear-positive TB defaulter rate was 7.0% in 2010.

The antenatal client HIV 1st test rate was a good 98.8%, while the antenatal client HIV 1st test positivity rate dropped over two years from 18.2% in 2009/10 to 14.5% in 2011/12. The antenatal client HIV prevalence (routine data) was 22.2% and in line with the 2010 HIV Antenatal Sero-prevalence Survey results of 24.3%. The rate of antenatal clients initiated on HAART of 61.2% is higher than the 49.8% of 2010/11 but it was the lowest in the province and well below the national average of 80.4% for 2011/12.

The uptake rate of babies PCR tested around 6 weeks was 111.2%.^a A value over 100% indicates poor data quality. The percentage of babies that tested PCR-positive six weeks after birth was 3.9%, a decrease from 5.0% in 2010/11. According to the data from the National Health Laboratory Services the early infant HIV diagnosis coverage was 68.3% and the proportion of infants who were HIV-positive under two months was 2.6%.

The rate of HIV-positive infants under 18 months initiated on HAART was 16.7%. This is the lowest in the province and much lower than the national average of 54.4%.

The hypertension detection rate for 2011/12 was 0.1% and the mental health case load was 1.5% of the total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Ruth Segomotsi Mompoti's 2009 quality of death certification was relatively poor with 25.9% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 12.8% of deaths were assigned to 'ill-defined' causes and

^a The indicator definition is "Babies PCR tested 6 weeks after birth as the proportion of live births to HIV positive women".

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13.1% 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) (37.3%), followed by HIV and TB (29.3%). Non-communicable diseases (26.9%) ranked third whilst the lowest proportion (6.5%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): NW – DC39: Ruth Segomotsi Mompoti District Municipality

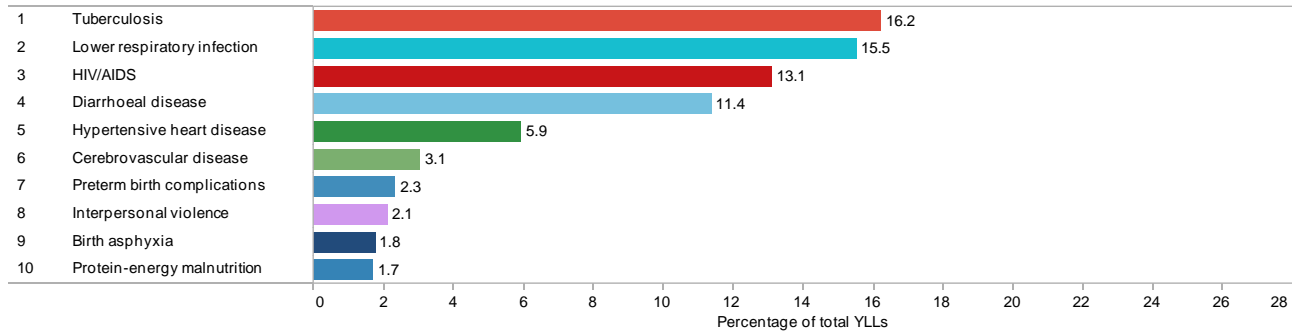


Figure 2: Annual indicators for district: Ruth Segomotsi Mompoti: DC39

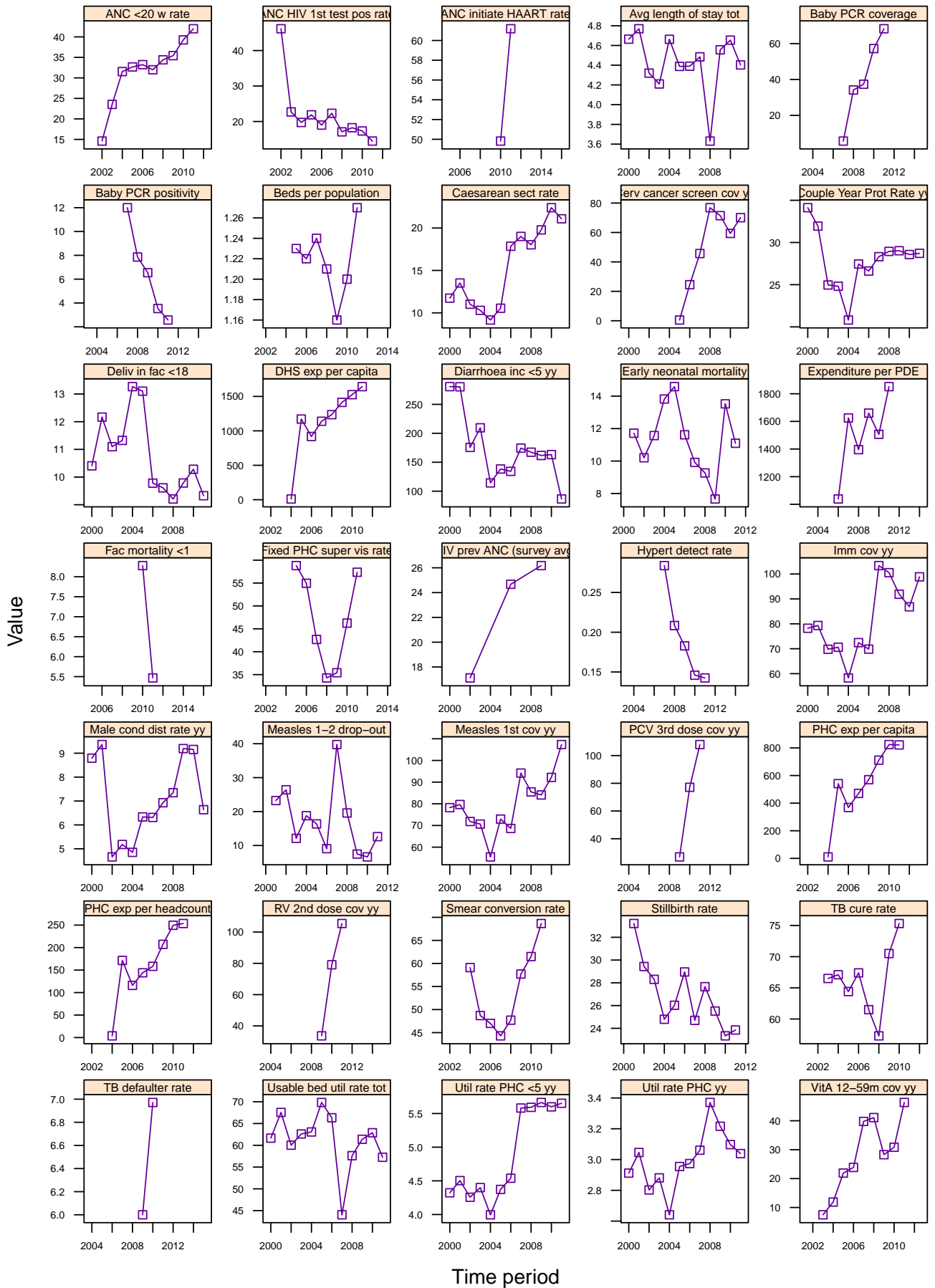
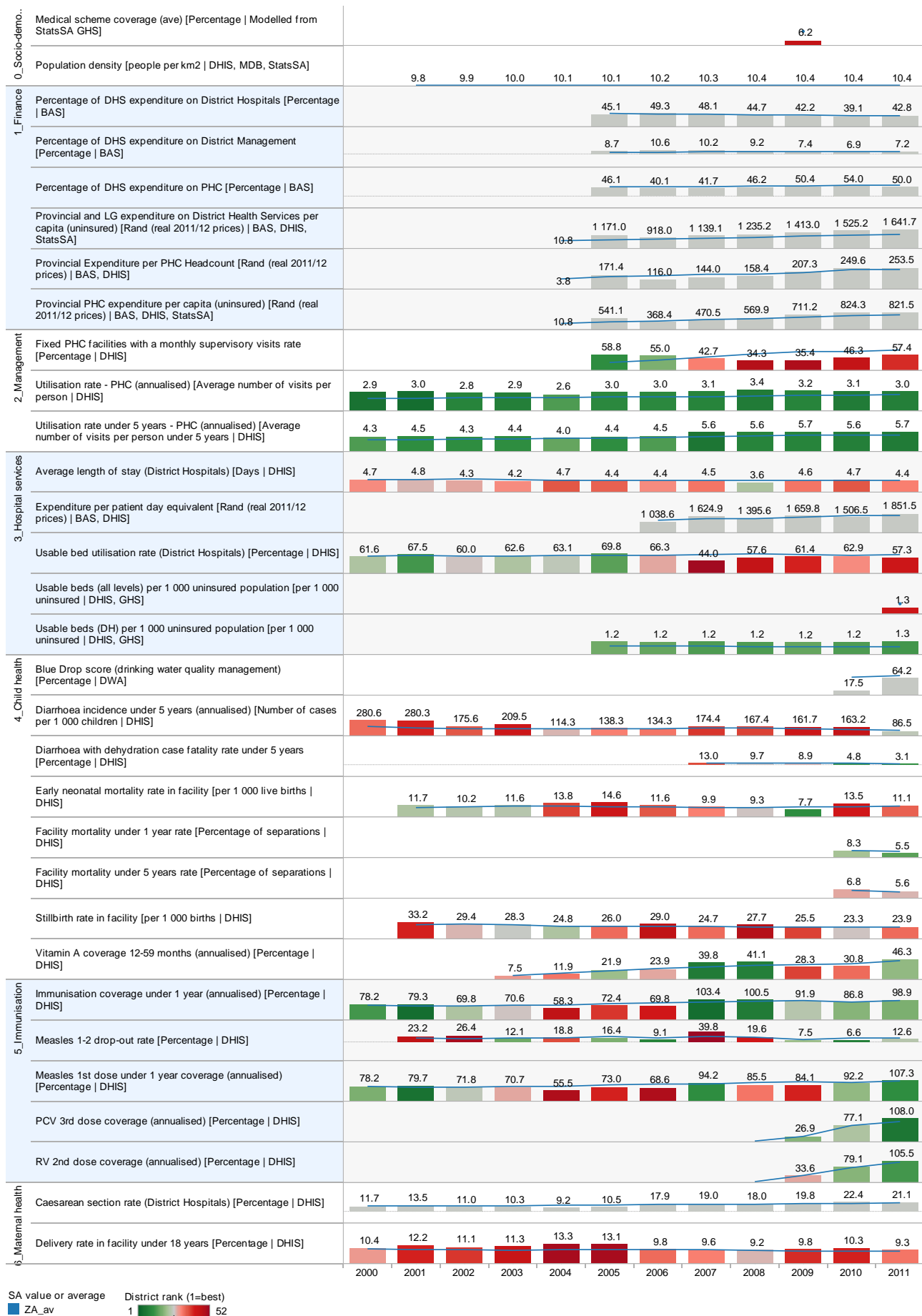
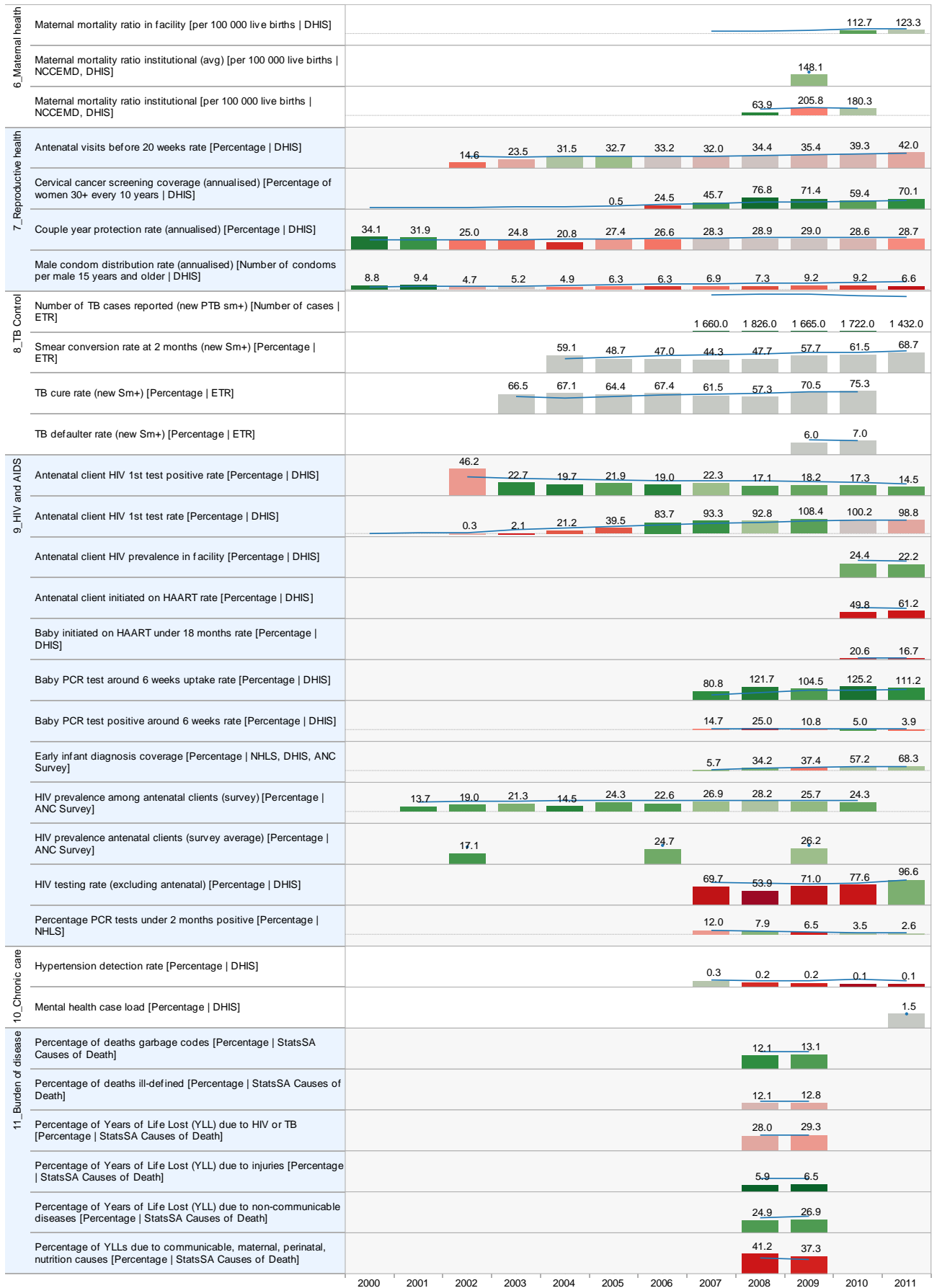


Figure 3: District page: NW – DC39: Ruth Segomotsi Mompoti District Municipality





SA value or average District rank (1=best)
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Dr Kenneth Kaunda District Municipality

Dr Kenneth Kaunda district in North West province has a population of 807 252 and a population density of 55.1 people per km². The proportion of the population with medical aid coverage is 23.7%, the highest in the province.

PHC expenditure per capita was R632 and is the lowest in the province. The district expenditure of R843 per capita was lower than the provincial average of R1 116. PHC expenditure per headcount was R278. The proportion of total district expenditure on PHC was 74.0%, the highest in the province. The proportion of total district expenditure spent on district management was 7.4%, with 18.7% on district hospital services, the latter the lowest in the province and seriously below the national average of 39.1%.

The PHC fixed facility supervisory rate increased from 57.9% in 2010/11 to 62.5% in 2011/12, but it is still well below the national average of 74.1%. The PHC utilisation rate was 1.7 visits per person per year, lower than the provincial average of 2.3 and the national average of 2.5 visits. The PHC utilisation rate under 5 years was 3.4 visits per child, also lower than both the provincial (4.4) national (4.7) averages.

The district has a low 0.2 district hospital beds per 1 000 population. The bed utilisation rate was 75.2%, which has increased yearly from 62.8% in 2009/10. The average length of stay was 3.3 days, while the average expenditure per PDE was R1 811.

The diarrhoeal incidence under 5 years was 54.9 per 1 000 children under 5 years, the lowest in the province and almost half of the 102.8 in 2010/11. The mortality rate among children under 5 years due to diarrhoea with dehydration was 4.3%. The vitamin A coverage in children aged 12 to 59 months was 36.6%.

The stillbirth rate was 24.3 per 1 000 births and the early neonatal death rate 14.3 per 1 000 live births. The under-1 facility mortality rate decreased from 10.7% in 2010/11 to 7.8% in 2011/12 but it was still higher than the national average of 6.8%. The under-5 facility mortality rate was 6.4%.

The immunisation coverage under 1 year was 71.0%, the lowest in the province. The pneumococcal vaccine 3rd dose coverage increased from 58.1% in 2010/11 to 73.6% in 2011/12 and the rotavirus 2nd dose coverage from 50.0% to 70.3%. The measles 1st to 2nd dose drop-out rate decreased from 27.7% to 15.8%. The measles 1st dose under 1 year coverage was 75.1%, the lowest in the province.

At 4.3% the Caesarean section rate was the third lowest in the country, whereas the norm for district hospitals in South Africa, given the complications as a result of high levels of HIV, should be around 15%. The proportion of deliveries in facilities to women under 18 years was 6.8%. The facility maternal mortality ratio (MMR) recorded in the DHIS was 258 per 100 000 live births, the highest in the province and well above the national average of 144.9. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 253.2 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 43.2%. The cervical cancer screening coverage decreased from 53.9% in 2010/11 to 45.2% in 2011/12. The couple year protection rate regrettably decreased from 23.5% to 20.8% in the same period. The male condom distribution rate was 3.6 condoms per male 15 years and older, the lowest in the past five years and varying between 4.4 and 4.7 since 2008/09. The 2011/12 rate is the lowest in the country.

The TB two-month smear conversion rate was 61.3% in 2011. The new smear-positive TB cure rate improved from 63.0% in 2009 to 65.8% in 2010. The new smear-positive TB defaulter rate was 7.8% in 2010.

The antenatal client HIV 1st test rate was 86.2% and below the national average of 98%. The antenatal client HIV positivity rate dropped from 27.2% in 2010/11 to 22.4%. The antenatal client HIV prevalence (routine data) was 28.7%, while the prevalence in the 2010 HIV Antenatal Sero-prevalence Survey was 37.0%. The rate of antenatal clients initiated on HAART increased from 73.5% in 2010/11 to a pleasing 86.2% in 2011/12 – the highest in the province and also above the national average of 80.4%.

The uptake rate of babies PCR tested around 6 weeks according to the routine data was 105.5%.^a A value over 100% indicates poor data quality. The rate of babies that tested PCR-positive six weeks after birth was 2.9%, a decrease from 5.2% in 2010/11. According to the data from the National Health Laboratory Services (NHLS) the early infant HIV diagnosis coverage was 78.9%, an increase from 61.5% in 2010/11. The NHLS data also showed that the proportion of infants who were HIV-positive under two months was 2.4%, a decrease from 3.9% in 2010/11.

The rate of HIV-positive infants under 18 months initiated on HAART increased from 42.8% in 2010/11 to 79.3% in 2011/12 – the highest in the province and higher than the national average of 54.4%.

The hypertension detection rate was 0.2% and 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. Dr Kenneth Kaunda's 2009 quality of death certification was relatively poor with 28.2% 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

^a The indicator definition is "Babies PCR tested 6 weeks after birth as the proportion of live births to HIV positive women".

recognisable standard of 10%. Of the unusable classifications, 10.5% of deaths were assigned to 'ill-defined' causes and 17.7% 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 HIV and TB (32.9%), followed by (30.0%) non-communicable diseases. Communicable diseases (together with maternal, perinatal and nutritional conditions) (27.4%) ranked third whilst the lowest proportion (7.9%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): NW – DC40: Dr Kenneth Kaunda District Municipality

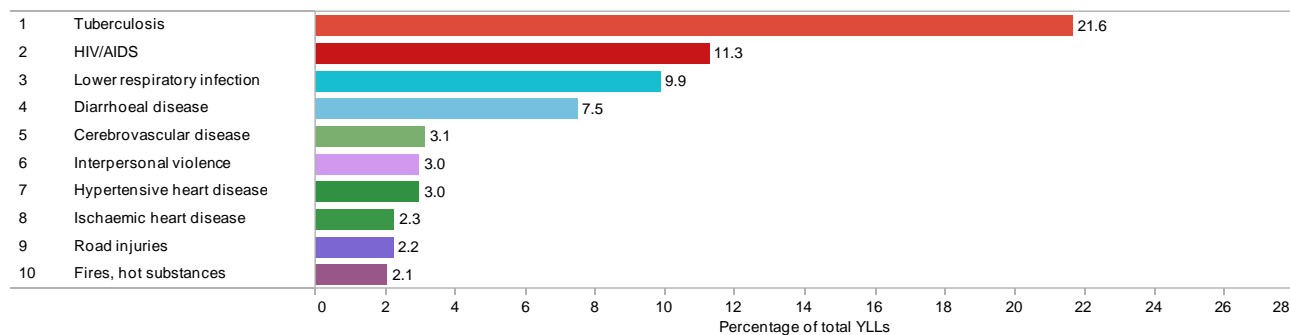


Figure 2: Annual indicators for district: Dr Kenneth Kaunda: DC40

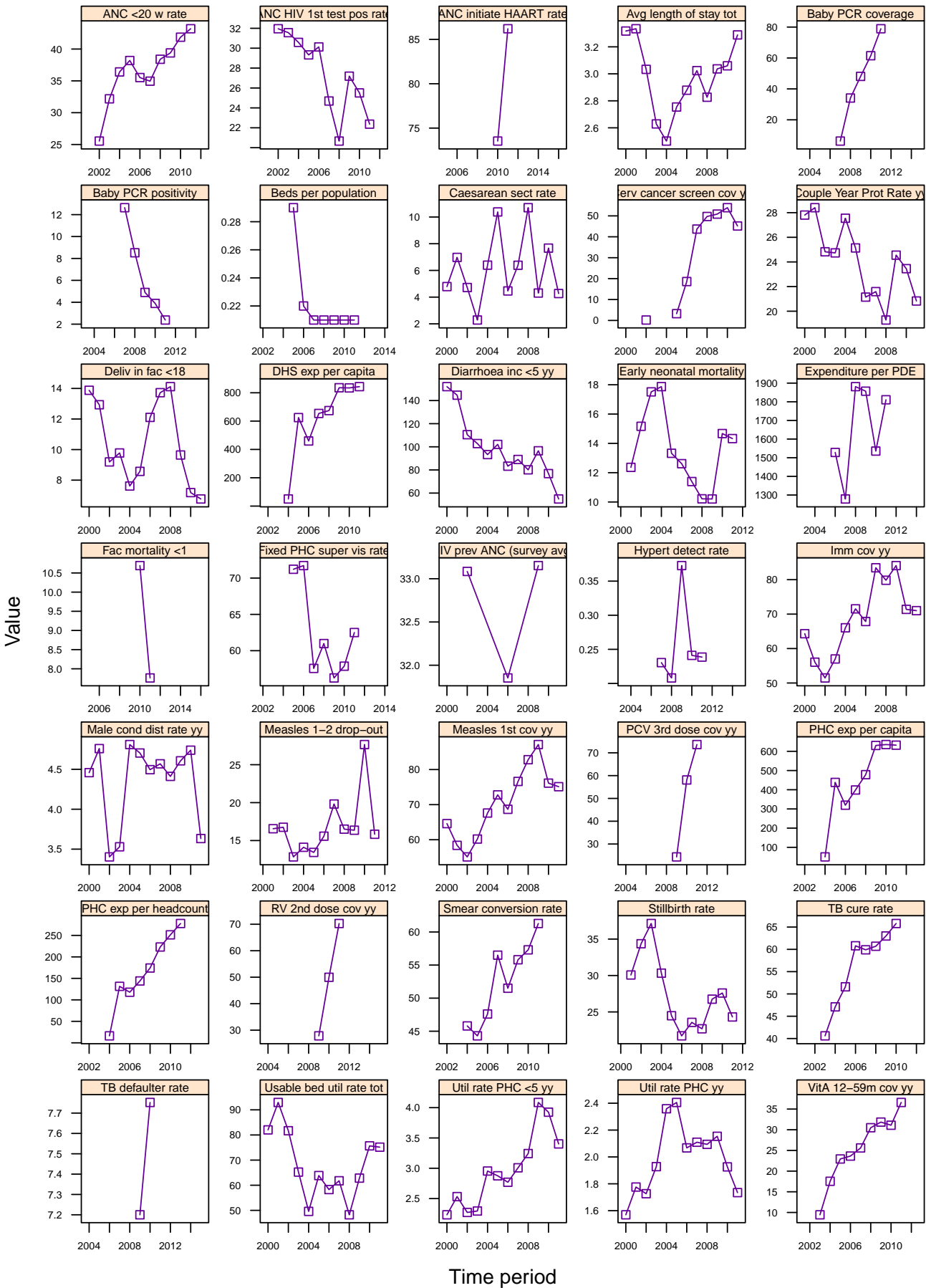
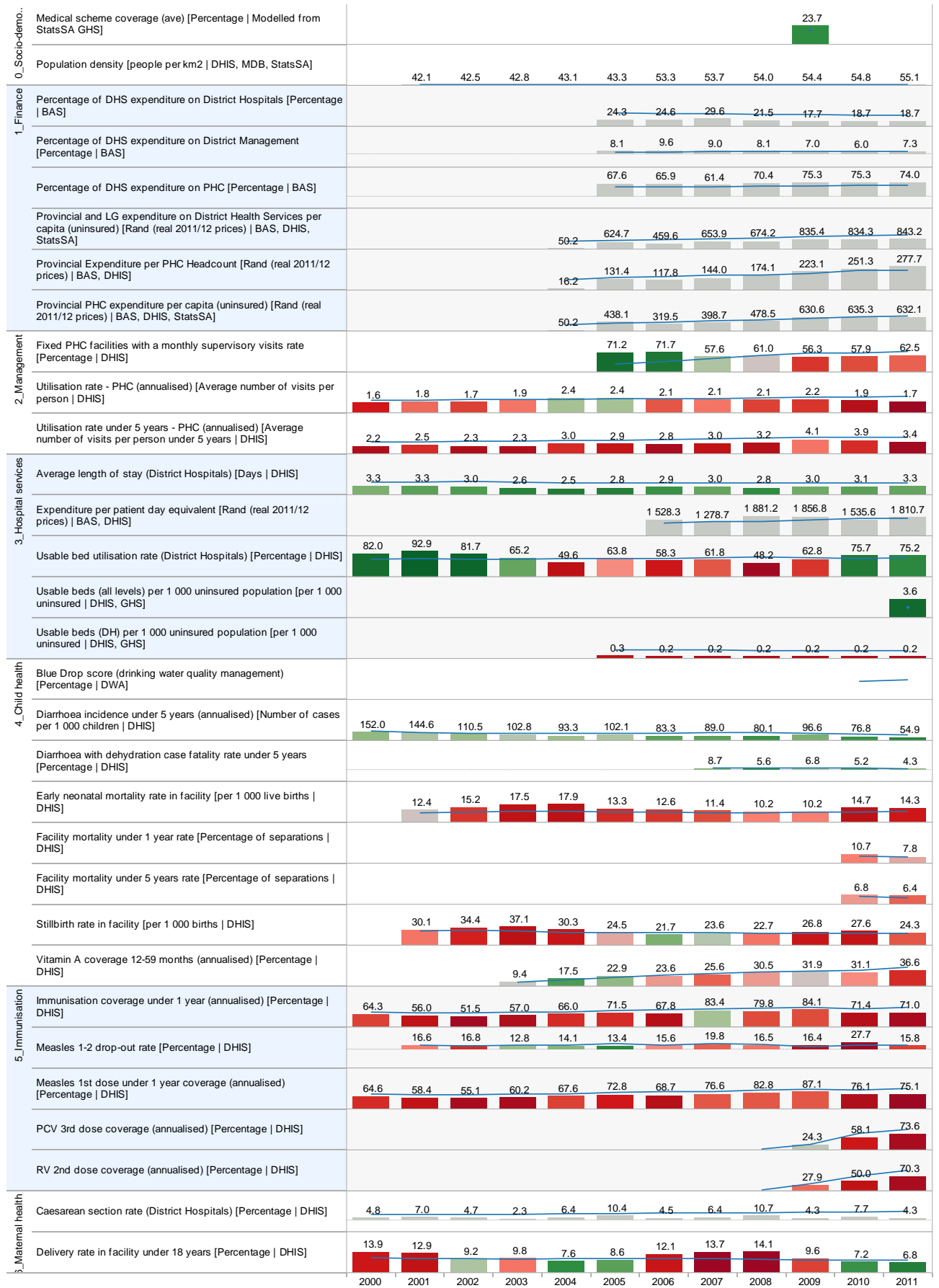
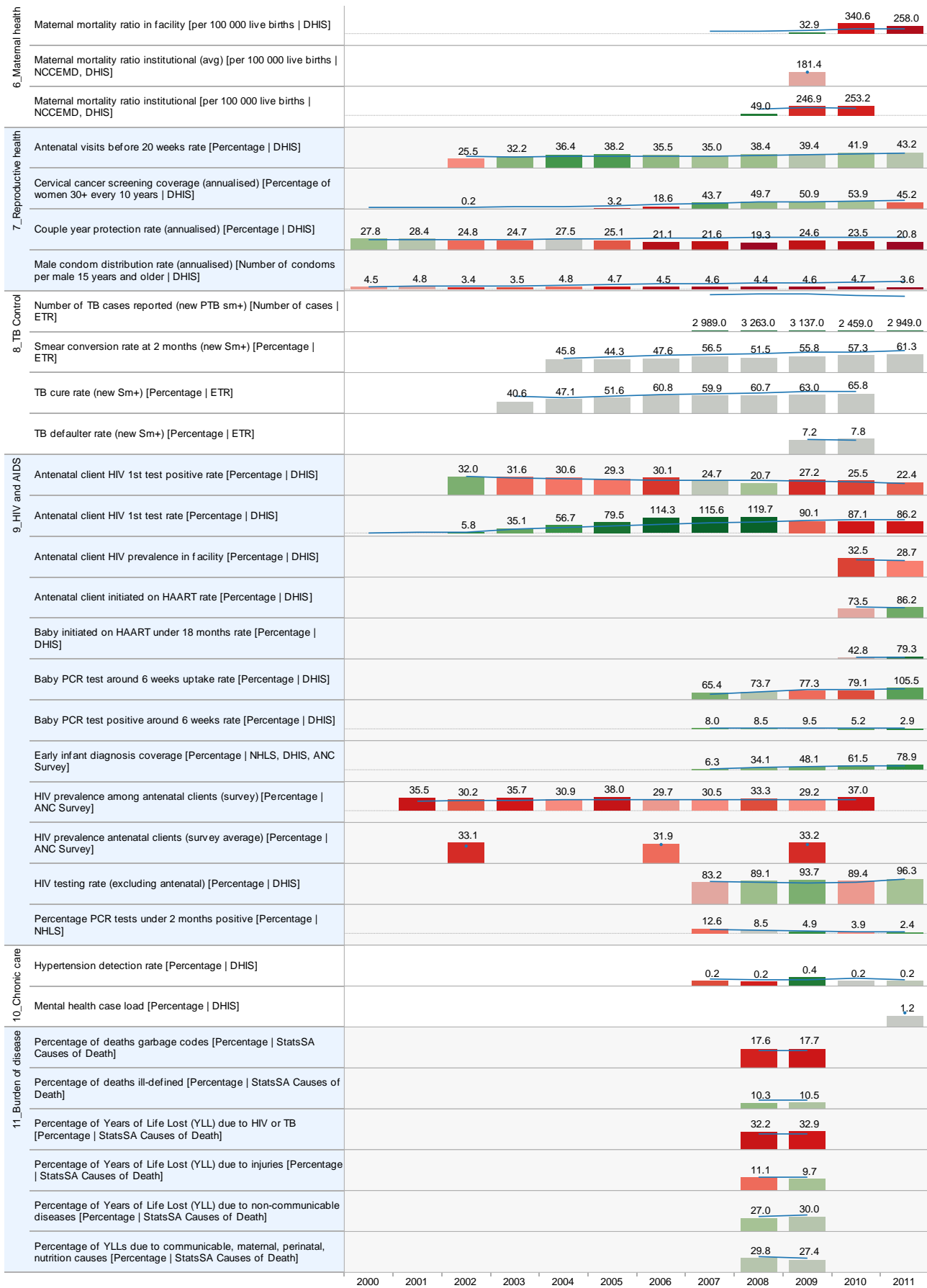


Figure 3: District page: NW – DC40: Dr Kenneth Kaunda District Municipality



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