

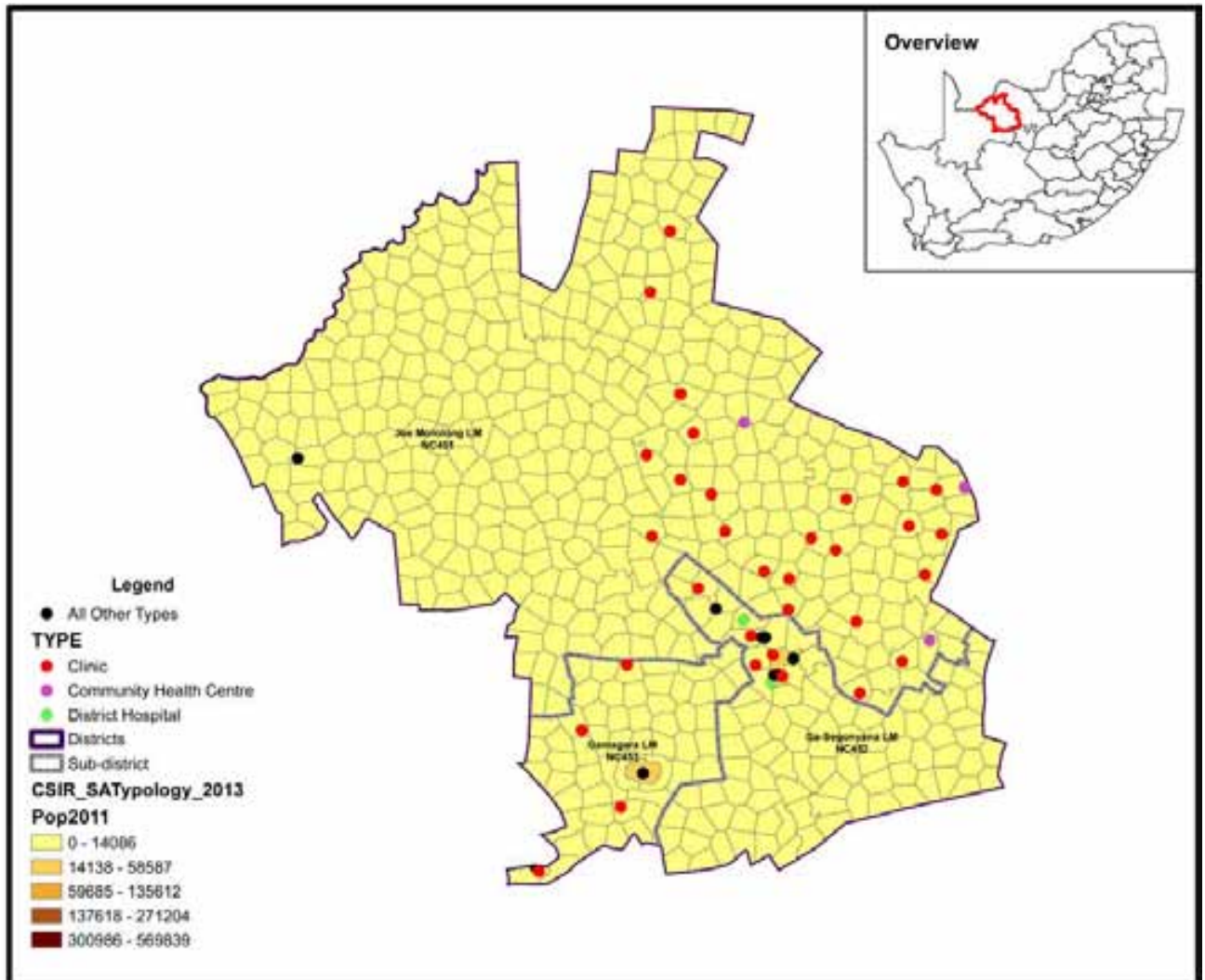
21 Northern Cape Province

John Taolo Gaetsewe District Municipality (DC45)

Naomi Massyn

John Taolo Gaetsewe District, formerly known as Kgalagadi, is situated in the Northern Cape Province and comprises three sub-districts, namely Gamagara, Ga-Segonyana and Joe Morolong (Moshaweng). The population size is estimated at 234 524, with a population density of 8.6 persons per km². The district falls in socio-economic Quintile 2, among the poorer districts.

Population distribution, sub-district boundaries and health facility locations: John Taolo Gaetsewe (DC45)



Burden of disease profile

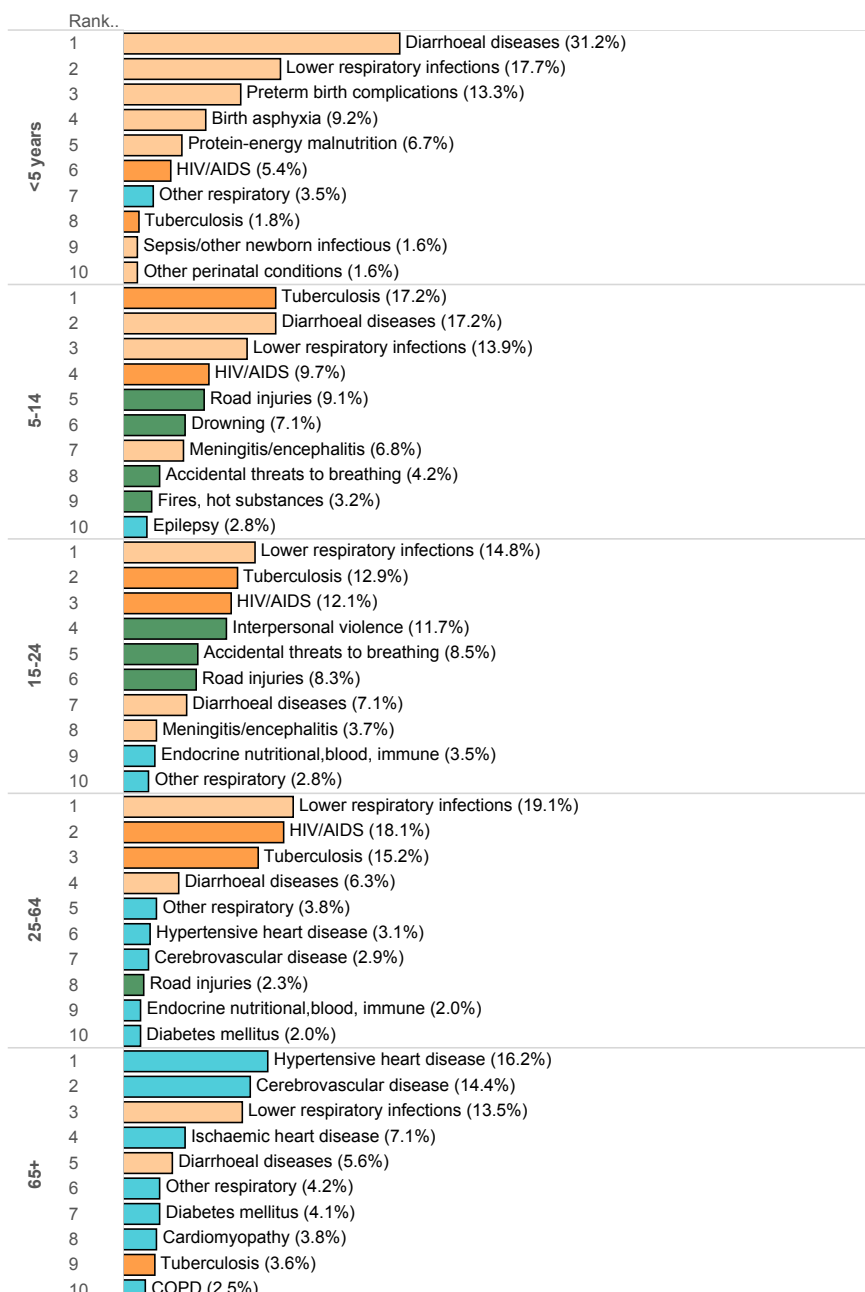
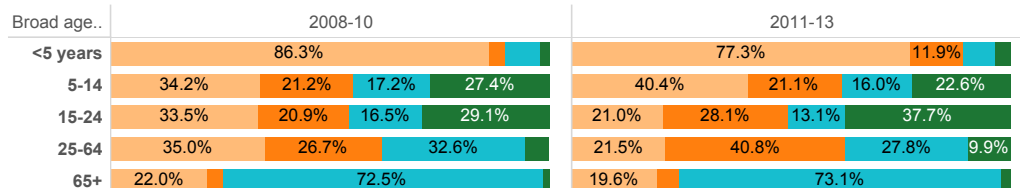
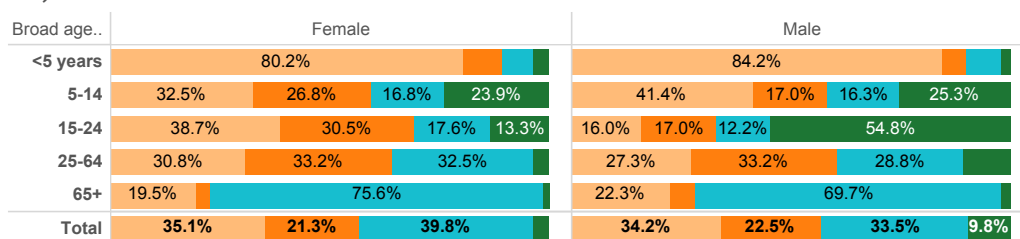
Percentage of deaths by broad cause and leading causes, 2008–2013: John Taolo Gaetsewe (DC45)

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

Prov, District
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Broadcause
■ Injury
■ NCD
■ HIV and TB
■ Comm_mat_peri_nut

NC, JT Gaetsewe: DC45



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for 80.2% of deaths among females and 84.2% among males.

In the 5–14-year age group, injuries accounted for about one-quarter of deaths for both males and females. HIV and TB mortality was higher among females (26.8% versus 17.0% among males), while deaths due to communicable diseases and maternal, perinatal and nutritional conditions were higher among males (41.4% versus 32.5% among females).

In the 15–24-year age group, injuries accounted for 54.8% of deaths among males versus only 13.3% of deaths among females, while HIV and TB mortality was 30.5% among females versus only 17.0% among males. There was also significant gender difference for deaths due to communicable diseases and maternal, perinatal and nutritional conditions (38.7% among females versus 16.0% among males).

In the 25–64-year age group, HIV and TB accounted for largest proportion of deaths among females and males (both 33.2%). The proportion of deaths due to non-communicable diseases and communicable diseases together with maternal, perinatal and nutritional conditions was slightly higher among females, but injury-related deaths were higher among males.

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (75.6% among females and 69.7% among males).

Trends in broad cause groups by age

In children under 5 years, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 86.3% to 77.3% between 2008–2010 and 2011–2013, while HIV and TB mortality increased. In the 5–14-year age group, deaths due to communicable diseases and maternal, perinatal and nutritional conditions increased to 40.4%, while injury-related deaths and non-communicable disease mortality decreased. In the 15–24-year age group, injury-related deaths and HIV and TB mortality both increased. In the 25–64-year age group, HIV and TB mortality increased from 26.7% to 40.8%, and deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 35.0% to 21.5%. In the 65-years-and-older age group there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

In this district the numbers of deaths were too small to divide into two periods, therefore the leading causes are presented for the full six-year period from 2008 to 2013.

Under 5 years

Diarrhoeal diseases (31.2%), lower respiratory infections, preterm birth complications, birth asphyxia, protein-energy malnutrition and HIV and AIDS were the leading causes of death.

5–14 years

Tuberculosis, diarrhoeal diseases, lower respiratory infections, HIV and AIDS, road injuries and drowning were the top leading causes of death in this age group.

15–24 years

Lower respiratory infections, TB, HIV and AIDS, interpersonal violence, accidental threats to breathing and road injuries were the leading causes of death in this age group.

25–64 years

Lower respiratory infections, HIV and AIDS, TB and diarrhoeal diseases were the four leading causes of death in this age group.

65 years and older

Hypertensive heart disease, cerebrovascular disease, lower respiratory infections, ischaemic heart disease and diarrhoeal diseases were the five leading causes of death in this age group. Other causes included TB and chronic obstructive pulmonary disease.

Section B: Profile Northern Cape Province

Indicator performance: John Taolo Gaetsewe (DC45)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16	
		2012/13	2013/14	2014/15								
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	56.1	76.6	79.1	22	59.2	80.0		73.5			
Management Inpatients	Average length of stay (district hospitals) [Days]	3.6	4.2	4.3	9	3.5	3.5		4.6			
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 132.1	1 887.0	2 121.1	3	2 144.8			2 136.4			
	Inpatient bed utilisation rate (district hospitals) [Percentage]	59.5	54.3	58.7	41	62.4	70.0		65.8			
	OPD new client not referred rate (district hospitals) [Percentage]	49.6	44.8	45.0	16	68.7			60.7			
	Child under 5 years diarrhoea case fatality rate [Percentage]	2.1	9.6	6.2	47	3.4	3.5		3.3	3.5	3.0	
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	9.5	8.0	5.5	49	2.9	4.3		2.9			
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	7.0	15.8	12.5	32	10.9			11.6	8.0	7.0	
	Inpatient crude death rate [Percentage]	4.5	6.1	5.5	25	5.0			5.2			
	Delivery by Caesarean section rate (district hospitals) [Percentage]	12.7	13.4	14.2		14.3			22.7			
Delivery	Delivery in facility under 18 years rate [Percentage]	11.5	12.2	11.0	47	9.6	8.5		7.4			
	Inpatient early neonatal death rate [per 1 000 live births]	8.2	9.9	19.3	51	14.6			10.1		0	
	Maternal mortality in facility ratio [per 100 000 live births]	260.5	93.2	135.0	29	254.1	145.0		132.5	100	80.0	
	Mother postnatal visit within 6 days rate [Percentage]	57.9	59.6	67.6	28	56.5			74.3	80.0	85.0	
	Stillbirth in facility rate [per 1 000 births]	28.4	27.6	24.6	42	25.5			20.7			
	PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	44.1	44.1	50.9	42	57.6	60.0		53.9	65.0	70.0
		Antenatal client initiated on ART rate [Percentage]	84.3	86.0	87.7	39	89.8			91.2	93.0	96.0
Infant 1st PCR test around 6 weeks uptake rate [Percentage]		85.5	95.5	95.5	33	90.8			100.6			
Infant 1st PCR test positive around 6 weeks rate [Percentage]		2.3	2.4	2.6	48	2.1	2.5		1.5	1.8	2.0	
Child Health	School Grade 1 screening coverage [Percentage]		7.7	4.3	49	11.3	25.0		23.2	30.0	35.0	
	Vitamin A dose 12-59 months coverage [Percentage]	31.4	34.1	43.4	44	45.3	40.0		52.2	55.0		
Immunisation	Immunisation coverage under 1 year [Percentage]	99.4	86.2	93.1	13	85.4	98.0		89.8	95.0	91.0	
	Measles 2nd dose coverage [Percentage]	82.0	78.4	80.3	24	77.1	98.0		82.8	85.0	85.0	
Reproductive health	Cervical cancer screening coverage [Percentage]	19.7	36.0	31.3	47	30.0	50.0		54.5	60.0	64.0	
	Couple year protection rate [Percentage]	26.3	27.6	55.5	10	44.9	40.0		46.8	55.0		
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	5.2	3.8	4.2	7	5.0			6.4			
HIV	HIV testing coverage (including ANC)		23.6	36.0	19	29.5			32.1			
	Male condom distribution coverage	5.8	7.0	46.7	13	20.3			38.4			
Non-communicable diseases	Hypertension incidence [per 1 000]	33.1	26.2	24.9		17.7	17.0		13.9			
	Mental health admission rate [Percentage]		1.2	1.2		1.1	0.5		1.2			
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	24.5		45.1	51	16.4			26.9			
	PHC professional nurse clinical workload [Clients per nurse per day]	31.3	27.5	28.8	3	29.3			29.4			

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		727.8	690.7	688.2	28	767.6			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	55.1	54.6	49.9		51	65.6			76.8		
	TB death rate (all TB) [Percentage]	10.6	9.7	8.2		27	9.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	9.2	9.4	8.6		45	8.0	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	72.0	71.2	62.2		48	71.8	90.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		78.4	49.5	74.2	52	84.6			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		64.1	65.0	85.0	19	83.5			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		38.5			39	38.6			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	10.1	9.4	7.2		1	10.6			14.5		
	Percentage of deaths ill-defined [Percentage]	43.6	33.2	28.4		48	13.0			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	42.6	31.0	26.6		40	19.5			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	22.7	30.8	38.4		49	30.2			27.9		
	Percentage of YLLs due to injuries [Percentage]	9.1	11.4	10.4		7	13.9			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	25.6	26.8	24.6		2	36.4			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ Average length of stay (district hospitals)
- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ Couple year protection rate
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ PHC professional nurse clinical workload
- ◆ Percentage of deaths garbage codes (lowest in the country)
- ◆ Percentage of years of life lost (YLLs) due to injuries
- ◆ Percentage of YLLs due to non-communicable diseases

However, the performance of 15 indicators ranked among the 10 worst in the country. These indicators were:

- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate (second highest in the country)
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Cervical cancer screening coverage
- ◆ PHC doctor clinical workload (second highest in the country)
- ◆ TB cure rate (new smear positive) (second lowest in the country)
- ◆ TB defaulter rate (new smear positive)
- ◆ TB treatment success rate (all TB)

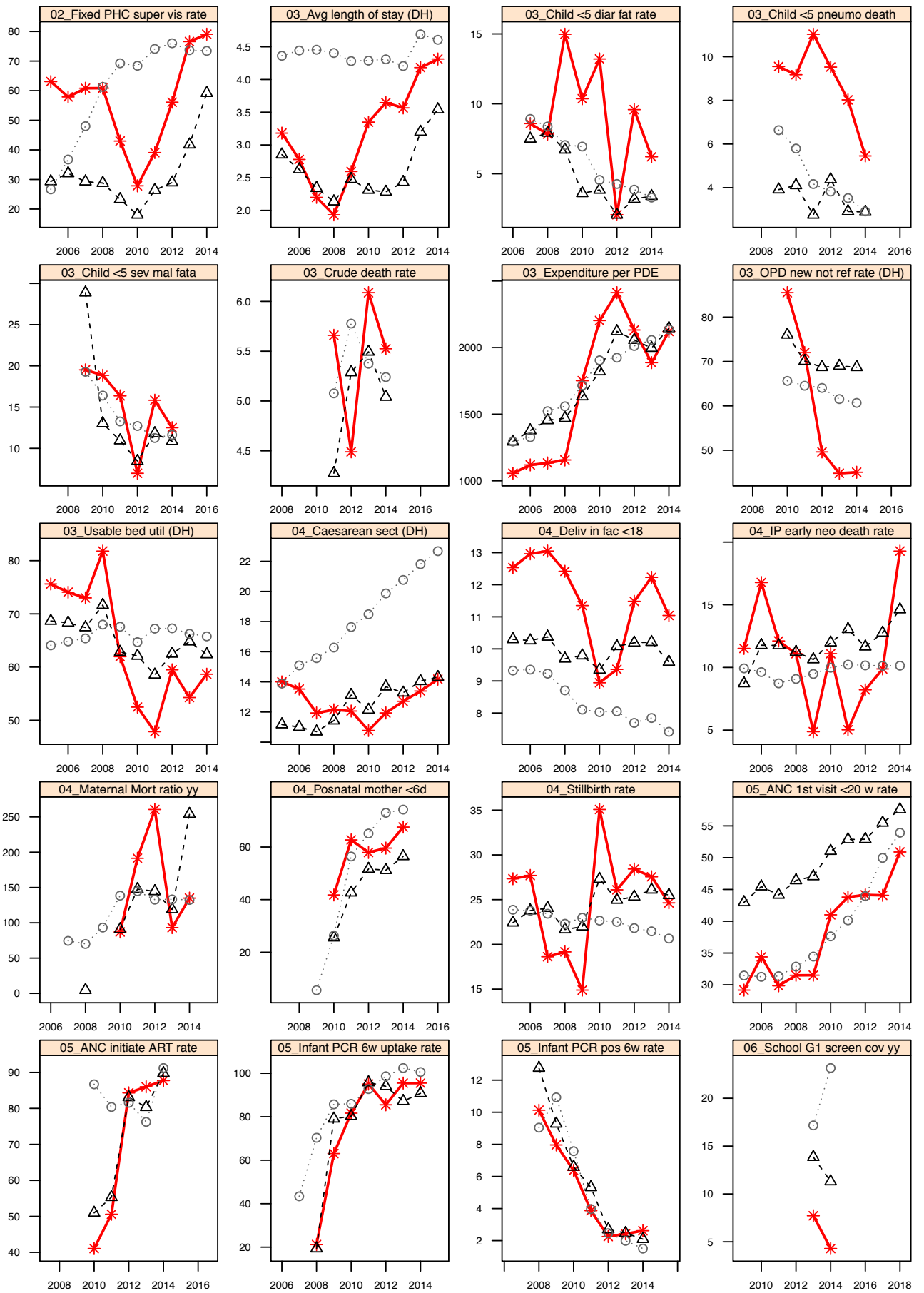
Section B: Profile Northern Cape Province

- ◆ Percentage of TB cases with known HIV status (lowest in the country)
- ◆ Percentage of deaths ill-defined
- ◆ Percentage of YLLs due to HIV and TB

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

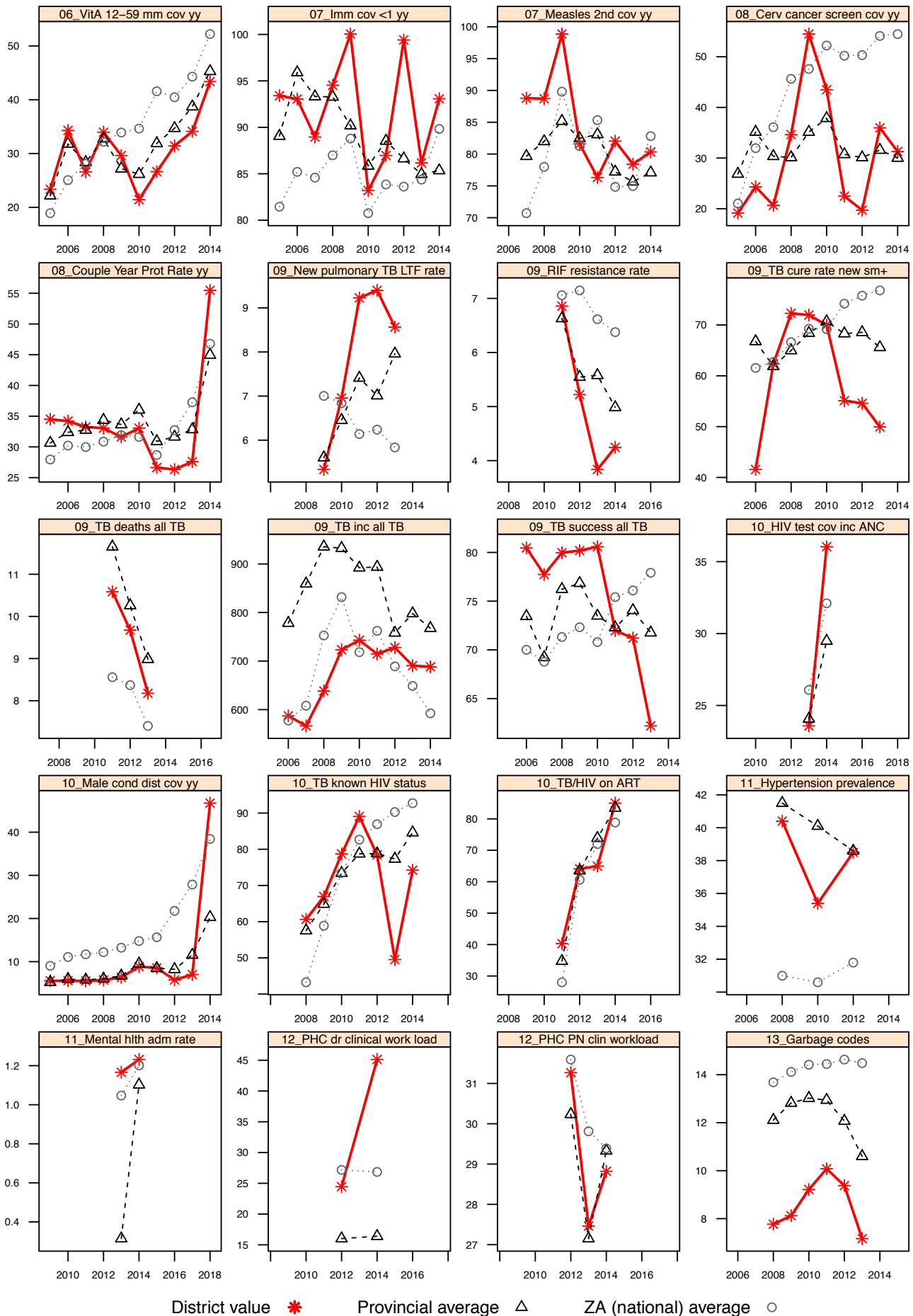
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Inpatient crude death rate
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Hypertension incidence
- ◆ Mental health admission rate
- ◆ PHC doctor clinical workload
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB defaulter rate (new smear positive)
- ◆ TB treatment success rate (all TB)
- ◆ Percentage of TB cases with known HIV status
- ◆ Hypertension prevalence rate (crude)
- ◆ Percentage of deaths ill-defined
- ◆ Percentage of YLLs due to communicable, maternal, perinatal and nutritional causes
- ◆ Percentage of YLLs due to HIV and TB

Annual indicators for district: John Taolo Gaetsewe (DC45)



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

Annual indicators for district: John Taolo Gaetsewe (DC45)

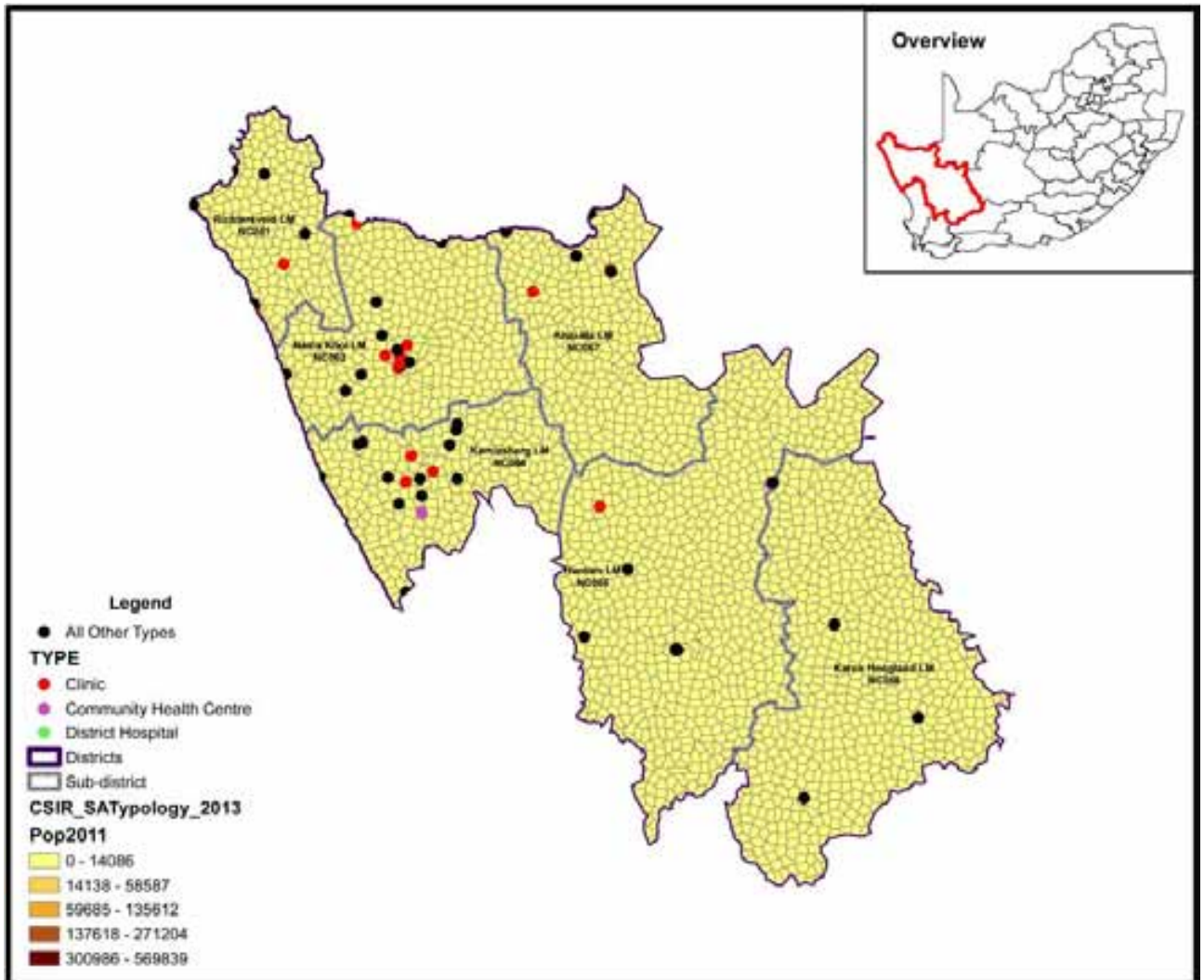


Namakwa District Municipality (DC6)

Naomi Massyn

Namakwa District in the Northern Cape Province comprises six sub-districts: Nama Khoi, Hantam, Khâi-Ma, Kamiesberg, Karoo Hoogland and Richtersveld. It borders the Republic of Namibia in the north, and has an estimated population of 118 673, with a population density of 0.9 persons per km². The district falls into socio-economic Quintile 4, among the wealthier districts.

Population distribution, sub-district boundaries and health facility locations: Namakwa (DC6)



Burden of disease profile

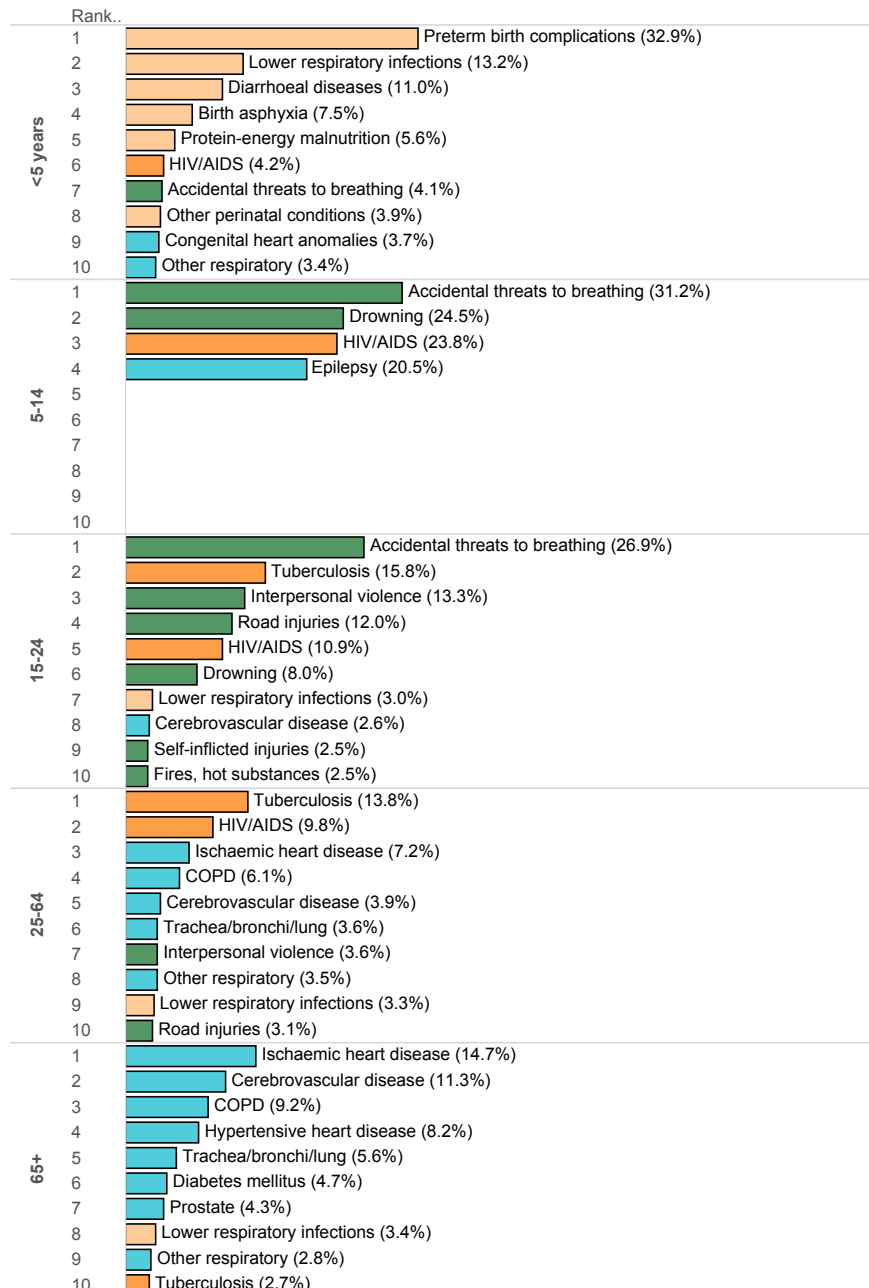
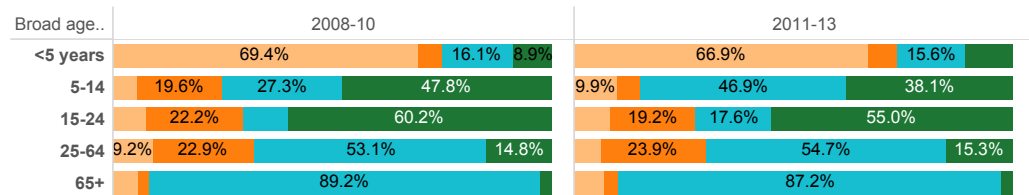
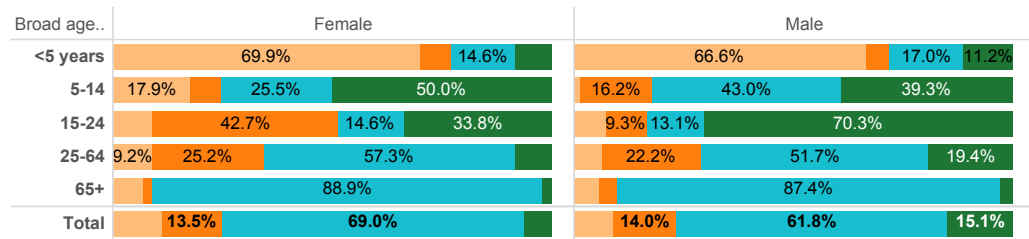
Percentage of deaths by broad cause and leading causes, 2008–2013: Namakwa (DC6)

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

Prov, District
NC, Namakwa: DC6
 Show History

Broadcause
■ Injury
■ NCD
■ HIV and TB
■ Comm_mat_peri_nut

NC, Namakwa: DC6



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for 69.9% of deaths among females and 66.6% among males. This was followed by non-communicable disease mortality at 14.6% among females and 17.0% among males.

In the 5–14-year age group, injuries accounted for 50.0% of deaths among females versus 39.3% of deaths among males. There was also significant gender difference for non-communicable disease mortality at 25.5% among females versus 43.0% among males.

In the 15–24-year age group, injuries accounted for 70.3% of deaths among males versus only 33.8% among females, while HIV accounted for 42.7% of deaths among females versus only 9.3% among males.

In the 25–64-year age group, non-communicable diseases accounted for the largest proportion of deaths (57.3% among females and 51.7% among males), while HIV mortality was 25.2% among females and 22.2% among males. Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (19.4% versus 8.3%).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (88.9% among females and 87.4% among males).

Trends in broad cause groups by age

In children under 5 years, deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased slightly from 69.4% to 66.9% between 2008–2010 and 2011–2013, while non-communicable disease mortality remained at around 16%. In the 5–14-year age group, injury-related deaths decreased from 47.8% to 38.1%, while non-communicable disease mortality increased from 27.3% to 46.9%. In the 15–24-year age group, injuries remained the main cause of death but decreased from 60.2% to 55.0%. In the 25–64-year and 65-years-and-older age groups there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

In this district the numbers of deaths were too small to divide into two periods therefore the leading causes are presented for the full six-year period from 2008 to 2013.

Under 5 years

Preterm birth complications (32.9%), lower respiratory infections, diarrhoeal diseases, birth asphyxia, protein-energy malnutrition and HIV and AIDS were the leading causes of death between 2008 and 2013 in this age group.

5–14 years

Accidental threats to breathing, drowning, HIV and AIDS and epilepsy were the only listed causes of death in this age group over the whole period.

15–24 years

Accidental threats to breathing (26.9%), TB, interpersonal violence, road injuries and HIV and AIDS were the top five leading causes of death in this age group over the whole period.

25–64 years

Tuberculosis, HIV and AIDS, ischaemic heart disease, chronic obstructive pulmonary disease and cerebrovascular disease were the top five leading causes of death in this age group over the whole period. Other causes included tracheal/bronchial/lung diseases, interpersonal violence and road injuries.

65 years and older

Ischaemic heart disease, cerebrovascular disease, chronic obstructive pulmonary disease, hypertensive heart disease and tracheal/bronchial/lung diseases were the top five leading causes of death in this age group over the whole period.

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Indicator performance: Namakwa (DC6)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16	
		2012/13	2013/14	2014/15								
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	0.5	6.3	43.8	48	59.2	80.0		73.5			
Management Inpatients	Average length of stay (district hospitals) [Days]	2.3	3.1	3.4	36	3.5	3.5		4.6			
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 096.7	2 160.6	2 038.4	13	2 144.8			2 136.4			
	Inpatient bed utilisation rate (district hospitals) [Percentage]	87.9	137.4	97.6	2	62.4	70.0		65.8			
	OPD new client not referred rate (district hospitals) [Percentage]	56.9	58.6	60.3	27	68.7			60.7			
	Child under 5 years diarrhoea case fatality rate [Percentage]	5.5	0.0	1.1	7	3.4	3.5	2.8	3.3	3.5	3.0	
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	15.6	0.8	1.9	17	2.9	4.3	2.8	2.9			
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	22.7	11.1	14.3	38	10.9		10.0	11.6	8.0	7.0	
	Inpatient crude death rate [Percentage]	3.2	3.2	3.3	5	5.0			5.2			
	Delivery by Caesarean section rate (district hospitals) [Percentage]	25.4	24.9	21.7		14.3			22.7			
Delivery	Delivery in facility under 18 years rate [Percentage]	9.8	8.9	8.0	27	9.6	8.5		7.4			
	Inpatient early neonatal death rate [per 1 000 live births]	7.7	12.2	9.8	24	14.6		12.4	10.1		0	
	Maternal mortality in facility ratio [per 100 000 live births]	0.0	61.2	65.5	12	254.1	145.0	135.0	132.5	100	80.0	
	Mother postnatal visit within 6 days rate [Percentage]	58.0	59.3	62.8	32	56.5		55.0	74.3	80.0	85.0	
	Stillbirth in facility rate [per 1 000 births]	17.6	20.4	34.2	52	25.5			20.7			
	PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	70.4	68.5	69.1	6	57.6	60.0	62.0	53.9	65.0	70.0
		Antenatal client initiated on ART rate [Percentage]	73.2	80.0	94.4	19	89.8		95.0	91.2	93.0	96.0
Infant 1st PCR test around 6 weeks uptake rate [Percentage]		83.6	67.0	84.1	47	90.8			100.6			
Infant 1st PCR test positive around 6 weeks rate [Percentage]		7.8	4.2	4.1	52	2.1	2.5	1.9	1.5	1.8	2.0	
Child Health	School Grade 1 screening coverage [Percentage]		0.0	0.0	51	11.3	25.0	30.0	23.2	30.0	35.0	
	Vitamin A dose 12-59 months coverage [Percentage]	28.6	42.3	53.0	24	45.3	40.0	42.0	52.2	55.0		
Immunisation	Immunisation coverage under 1 year [Percentage]	68.7	64.9	68.3	51	85.4	98.0	98.0	89.8	95.0	91.0	
	Measles 2nd dose coverage [Percentage]	64.9	55.6	62.4	51	77.1	98.0	85.0	82.8	85.0	85.0	
Reproductive health	Cervical cancer screening coverage [(Percentage)]	25.8	27.4	24.2	51	30.0	50.0	55.0	54.5	60.0	64.0	
	Couple year protection rate [Percentage]	47.8	37.8	46.4	24	44.9	40.0		46.8	55.0		
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	8.1	6.0	4.1	6	5.0			6.4			
HIV	HIV testing coverage (including ANC)		24.6	24.4	47	29.5			32.1			
	Male condom distribution coverage	16.0	6.6	10.3	52	20.3		37.0	38.4			
Non-communicable diseases	Hypertension incidence [per 1 000]	13.9	15.8	13.3		17.7	17.0		13.9			
	Mental health admission rate [Percentage]			0.0		1.1	0.5		1.2			
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	18.8	20.7	15.6	43	16.4			26.9			
	PHC professional nurse clinical workload [Clients per nurse per day]	26.6	26.2	27.2	13	29.3			29.4			

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		544.8	593.5	558.7	19	767.6			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	72.4	80.7	78.5		21	65.6			76.8		
	TB death rate (all TB) [Percentage]	7.0	8.2	6.3		12	9.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	7.0	5.8	4.2		12	8.0	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	76.0	76.5	79.7		18	71.8	90.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		86.2	92.7	96.4	8	84.6			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		44.7	70.1	83.8	22	83.5			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		39.2			41	38.6			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	10.3	14.5	13.2		22	10.6			14.5		
	Percentage of deaths ill-defined [Percentage]	49.1	11.8	9.6		20	13.0			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	12.3	12.5	10.6		4	19.5			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	21.3	16.6	18.3		2	30.2			27.9		
	Percentage of YLLs due to injuries [Percentage]	9.8	17.1	20.1		52	13.9			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	56.6	53.8	51.0		49	36.4			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ Inpatient bed utilisation rate (district hospitals) (second highest in the country)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Inpatient crude death rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ Percentage of TB cases with known HIV status
- ◆ Percentage of years of life lost (YLLs) due to communicable, maternal, perinatal, nutrition causes
- ◆ Percentage of years of YLLs due to HIV and TB.

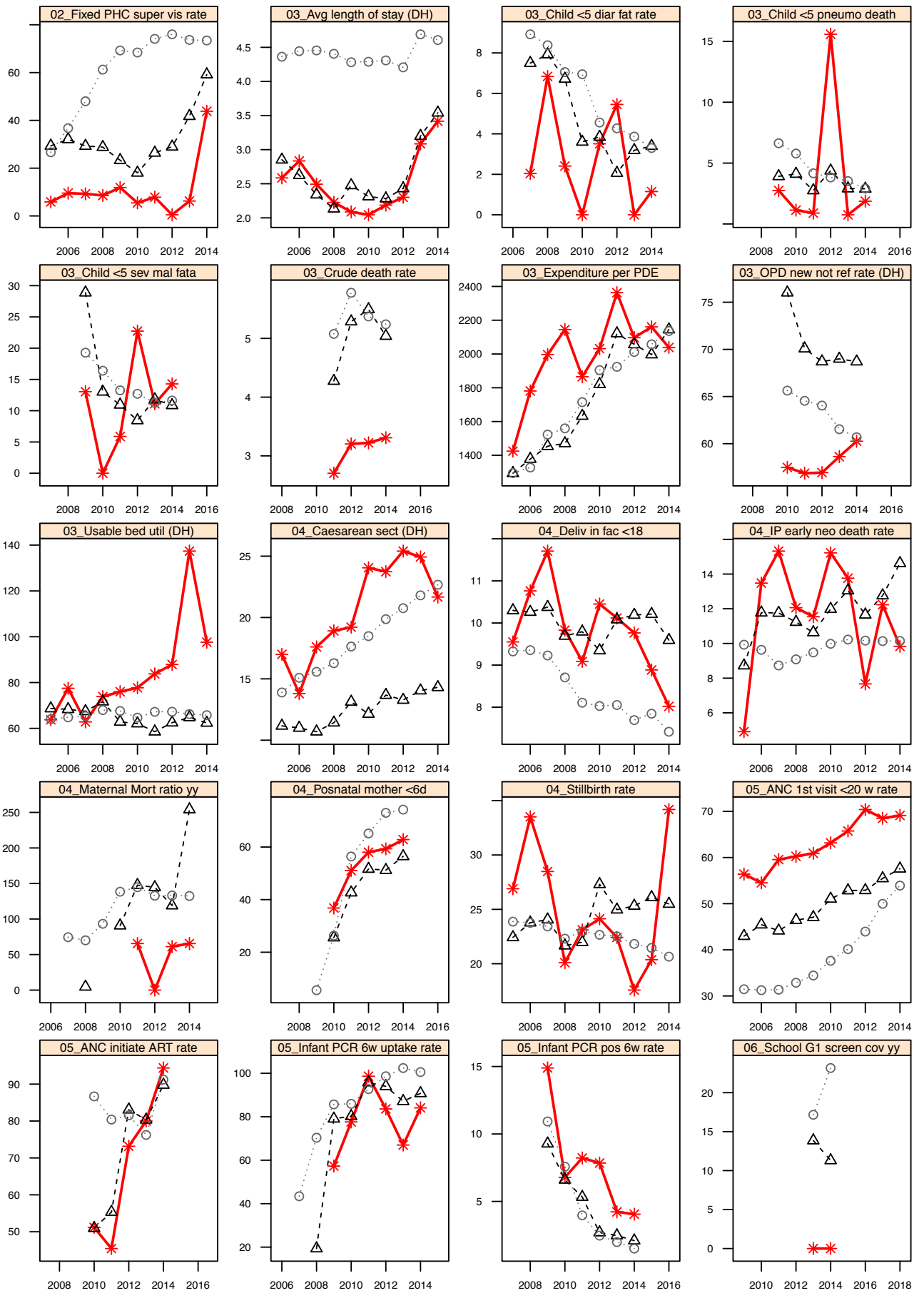
However, the performance of 14 indicators ranked among the 10 worst in the country. These indicators were:

- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Stillbirth in facility rate (highest in the country)
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ Infant 1st PCR test positive around 6 weeks rate (highest in the country)
- ◆ School Grade 1 screening coverage (second lowest in the country)
- ◆ Immunisation coverage under 1 year (second lowest in the country)
- ◆ Measles 2nd dose coverage (second lowest in the country)
- ◆ Cervical cancer screening coverage (second lowest in the country)
- ◆ HIV testing coverage (including ANC)
- ◆ Male condom distribution coverage (lowest in the country)
- ◆ PHC doctor clinical workload
- ◆ Percentage of YLLs due to injuries (highest in the country)
- ◆ Percentage of YLLs due to non-communicable diseases

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

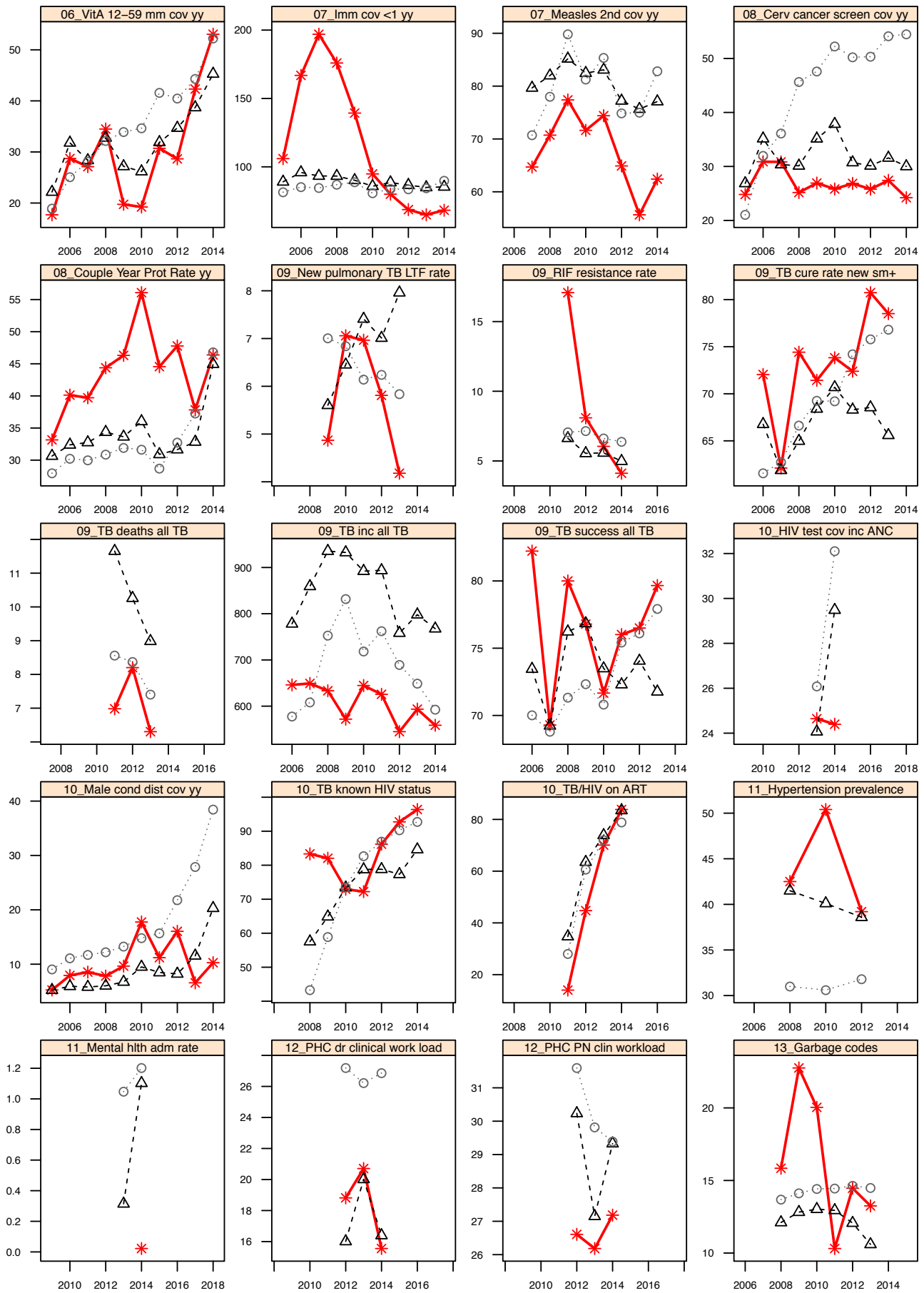
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ School Grade 1 screening coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ HIV testing coverage (including ANC)
- ◆ Male condom distribution coverage
- ◆ PHC doctor clinical workload
- ◆ TB death rate (all TB)
- ◆ TB treatment success rate (all TB)
- ◆ Hypertension prevalence rate (crude)
- ◆ Percentage of deaths garbage codes
- ◆ Percentage of YLLs due to injuries
- ◆ Percentage of YLLs due to non-communicable diseases

Annual indicators for district: Namakwa (DC6)



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

Annual indicators for district: Namakwa (DC6)



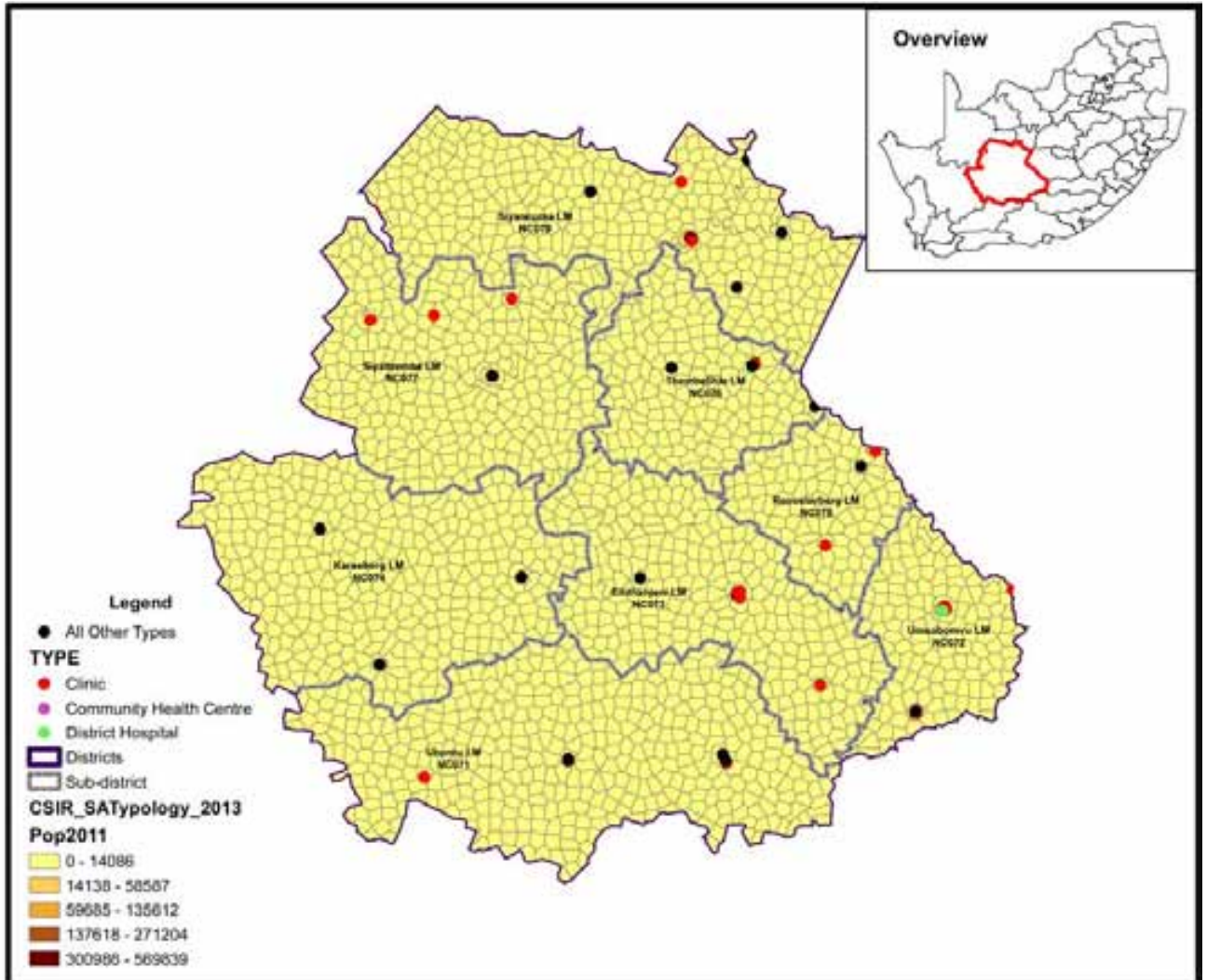
District value * Provincial average Δ ZA (national) average ○

Pixley Ka Seme District Municipality (DC7)

Naomi Massyn

Pixley Ka Seme is the second-largest district municipality in the Northern Cape Province and comprises eight sub-districts: Ubuntu, Umsobomvu, Emthanjeni, Kareeberg, Renosterberg, Thembelihle, Siyathemba and Siyancuma. The population is estimated at 191 078, with a population density of 1.8 persons per km², and the district falls in socio-economic Quintile 2, among the poorer districts. Pixley Ka Seme is one of the 11 National Health Insurance (NHI) pilot districts.

Population distribution, sub-district boundaries and health facility locations: Pixley Ka Seme (DC7)

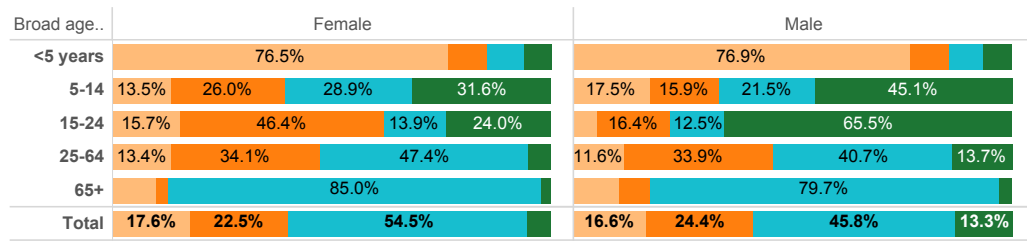


Burden of disease profile

Percentage of deaths by broad cause and leading causes, 2008–2013: Pixley Ka Seme (DC7)

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

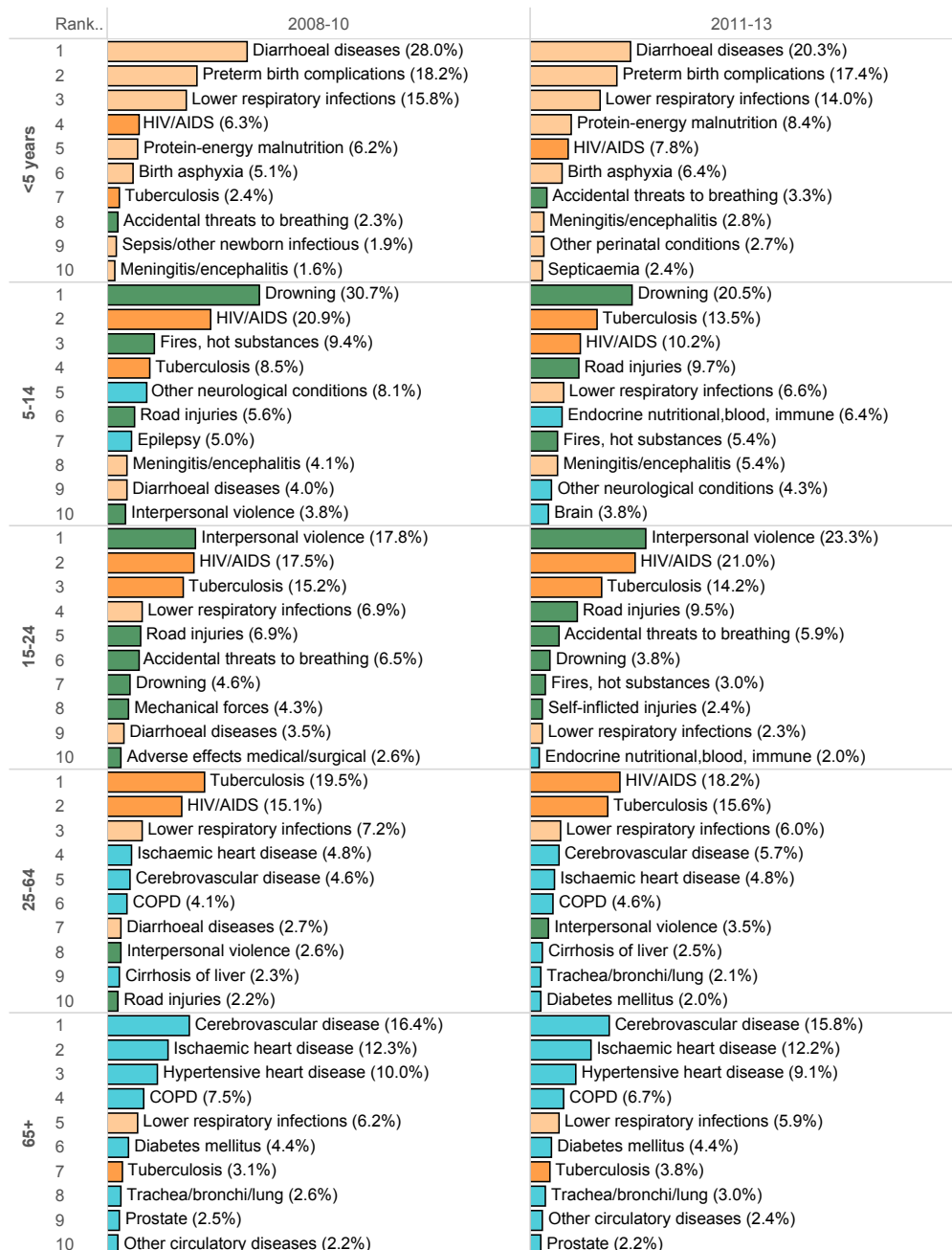
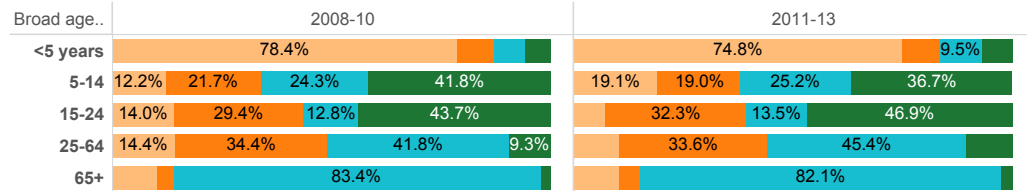
NC, Pixley ka Seme: DC7



Prov, District
NC, Pixley ka Seme: DC7
 Show History

Broadcause

- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for approximately 77% of deaths.

In the 5–14-year age group, injuries accounted for 31.6% of deaths among females versus 45.1% among males. There were also male-female variations for non-communicable diseases (28.9% versus 21.5%), HIV and TB (26.0% versus 15.9%), and communicable diseases together with maternal, perinatal and nutritional conditions (13.5% versus 17.5%).

In the 15–24-year age group, injuries accounted for 65.5% of deaths among males versus only 24.0% among females, while HIV mortality was 46.4% among females versus only 16.4% among males.

In the 25–64-year age group, non-communicable diseases accounted for largest proportion of deaths (47.4% among females versus 40.7% among males). Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (13.7% versus 5.1%).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (85.0% among females and 79.7% among males).

Trends in broad cause groups by age

In children under 5 years there was not much change in the broad cause groups between 2008–2010 and 2011–2013. In the 5–14-year age group, injury-related deaths decreased slightly from 41.8% to 36.7%, while deaths due to communicable diseases and maternal, perinatal and nutritional conditions increased from 12.2% to 19.1%. In the 15–24-year age group, injuries remained the main cause of death and increased from 43.7% to 46.9%. In the 25–64 years and 65-years-and-older age categories there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases, preterm birth complications, lower respiratory infections, protein-energy malnutrition, HIV and AIDS and birth asphyxia remained the top six leading causes of death between 2008–2010 and 2011–2013 in this age group.

5–14 years

Drowning (20.5%), HIV and AIDS and TB were the leading causes of death in this age group. Road injuries moved up to fourth position. In 2011–2013, lower respiratory infections and endocrine, nutritional, blood and immune diseases were included in the top 10 for the first time, in fifth and sixth position, replacing epilepsy and interpersonal violence. Other causes of death included fires and hot substances, meningitis/encephalitis and brain diseases.

15–24 years

Interpersonal violence (23.3%), HIV and AIDS and TB remained the top three causes of death in this age group. Other causes of death included road injuries, accidental threats to breathing and self-inflicted injuries (2.4%).

25–64 years

HIV and AIDS, TB and lower respiratory infections remained the top three causes of death in this age group. Other causes included interpersonal violence, cirrhosis of the liver and diabetes mellitus. Road injuries dropped out of the top 10 and tracheal/bronchial/lung diseases moved in.

65 years and older

Cerebrovascular disease, ischaemic heart disease, hypertensive heart disease, chronic obstructive pulmonary disease, lower respiratory infections, diabetes mellitus, TB and tracheal/bronchial/lung diseases remained the top eight leading causes of death in this age group over the whole period.

Section B: Profile Northern Cape Province

Indicator performance: Pixley Ka Seme (DC7)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16
		2012/13	2013/14	2014/15							
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	21.1	20.9	44.0	47	59.2	80.0		73.5		
Management Inpatients	Average length of stay (district hospitals) [Days]	2.3	2.8	3.3	38	3.5	3.5		4.6		
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 235.4	1 995.8	1 855.7	30	2 144.8			2 136.4		
	Inpatient bed utilisation rate (district hospitals) [Percentage]	54.0	57.6	64.8	30	62.4	70.0		65.8		
	OPD new client not referred rate (district hospitals) [Percentage]	82.3	80.7	73.1	42	68.7			60.7		
Mortality Inpatients	Child under 5 years diarrhoea case fatality rate [Percentage]	0.6	1.5	2.5	20	3.4	3.5		3.3	3.5	3.0
	Child under 5 years pneumonia case fatality rate [Percentage]	0.5	1.5	1.6	14	2.9	4.3		2.9		
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	6.6	1.7	10.0	23	10.9			11.6	8.0	7.0
	Inpatient crude death rate [Percentage]	6.0	5.1	4.6	13	5.0			5.2		
Delivery	Delivery by Caesarean section rate (district hospitals) [Percentage]	18.1	21.0	21.7		14.3			22.7		
	Delivery in facility under 18 years rate [Percentage]	10.1	9.4	9.6	37	9.6	8.5		7.4		
	Inpatient early neonatal death rate [per 1 000 live births]	10.9	11.5	12.9	41	14.6			10.1		0
	Maternal mortality in facility ratio [per 100 000 live births]	31.9	67.6	64.4	11	254.1	145.0		132.5	100	80.0
	Mother postnatal visit within 6 days rate [Percentage]	52.1	57.8	61.2	36	56.5			74.3	80.0	85.0
	Stillbirth in facility rate [per 1 000 births]	13.2	21.8	18.3	15	25.5			20.7		
PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	58.2	61.7	61.3	12	57.6	60.0		53.9	65.0	70.0
	Antenatal client initiated on ART rate [Percentage]	72.2	66.2	90.5	29	89.8			91.2	93.0	96.0
	Infant 1st PCR test around 6 weeks uptake rate [Percentage]	99.5	95.2	108.8	13	90.8			100.6		
	Infant 1st PCR test positive around 6 weeks rate [Percentage]	2.4	3.5	2.7	49	2.1	2.5		1.5	1.8	2.0
Child Health	School Grade 1 screening coverage [Percentage]		53.0	31.2	16	11.3	25.0		23.2	30.0	35.0
	Vitamin A dose 12-59 months coverage [Percentage]	21.5	33.1	30.9	52	45.3	40.0		52.2	55.0	
Immunisation	Immunisation coverage under 1 year [Percentage]	69.2	77.1	80.0	34	85.4	98.0		89.8	95.0	91.0
	Measles 2nd dose coverage [Percentage]	66.8	69.9	73.4	41	77.1	98.0		82.8	85.0	85.0
Reproductive health	Cervical cancer screening coverage ([Percentage]	29.4	28.7	26.8	50	30.0	50.0		54.5	60.0	64.0
	Couple year protection rate [Percentage]	30.0	28.7	33.0	50	44.9	40.0		46.8	55.0	
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	6.9	6.6	6.0	27	5.0			6.4		
HIV	HIV testing coverage (including ANC)		22.3	25.8	42	29.5			32.1		
	Male condom distribution coverage	12.2	13.1	11.4	50	20.3			38.4		
Non-communicable diseases	Hypertension incidence [per 1 000]	17.0	16.7	17.7		17.7	17.0		13.9		
	Mental health admission rate [Percentage]		0.1	0.3		1.1	0.5		1.2		
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	14.1	20.6	19.1	28	16.4			26.9		
	PHC professional nurse clinical workload [Clients per nurse per day]	30.6	22.9	25.6	23	29.3			29.4		

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		987.1	1 018.8	962.4	46	767.6			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	66.3	73.6	73.2		34	65.6			76.8		
	TB death rate (all TB) [Percentage]	10.2	9.8	8.0		24	9.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	8.3	9.5	7.5		40	8.0	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	67.3	67.5	72.7		41	71.8	90.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		63.4	73.2	76.1	51	84.6			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		65.6	68.8	60.6	49	83.5			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		54.7			51	38.6			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	15.3	13.7	12.1		12	10.6			14.5		
	Percentage of deaths ill-defined [Percentage]	11.7	10.3	10.4		26	13.0			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	20.3	16.7	17.2		13	19.5			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	26.7	29.4	28.4		26	30.2			27.9		
	Percentage of YLLs due to injuries [Percentage]	11.0	12.6	13.6		37	13.9			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	42.1	41.4	40.8		39	36.4			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district is the only district that had no indicators which ranked among the 10 best in the country in the last reporting period.

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

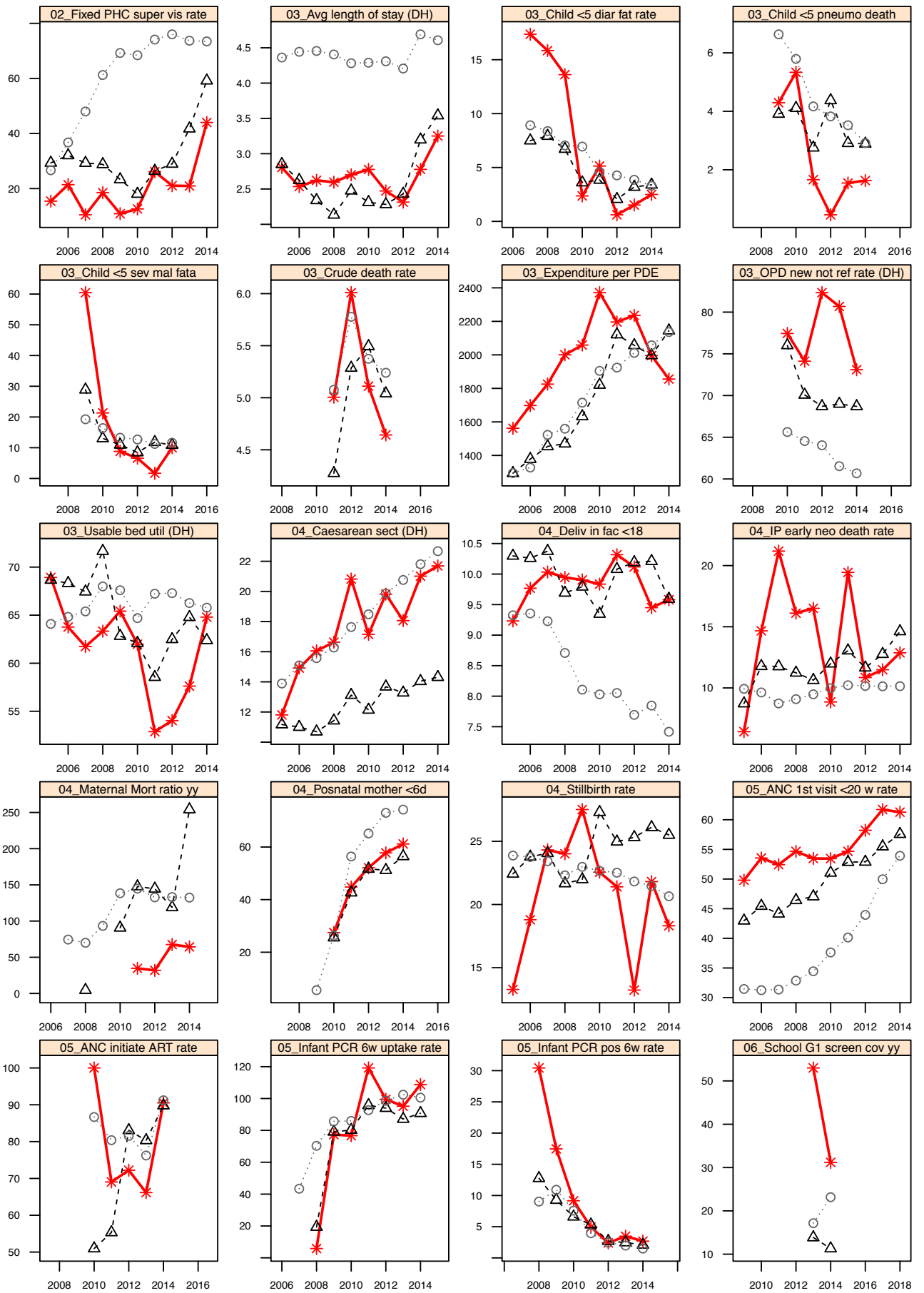
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ Vitamin A dose 12–59 months coverage (lowest in the country)
- ◆ Cervical cancer screening coverage (third lowest in the country)
- ◆ Couple year protection rate (third lowest in the country)
- ◆ Male condom distribution coverage (third lowest in the country)
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ Percentage of TB cases with known HIV status (second worst in the country)
- ◆ TB/HIV co-infected client on ART rate
- ◆ Hypertension prevalence rate (crude) (second highest in the country)

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

- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ OPD new client not referred rate (district hospitals)
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Delivery by Caesarean section rate (district hospitals)
- ◆ Delivery in facility under 18 years rate

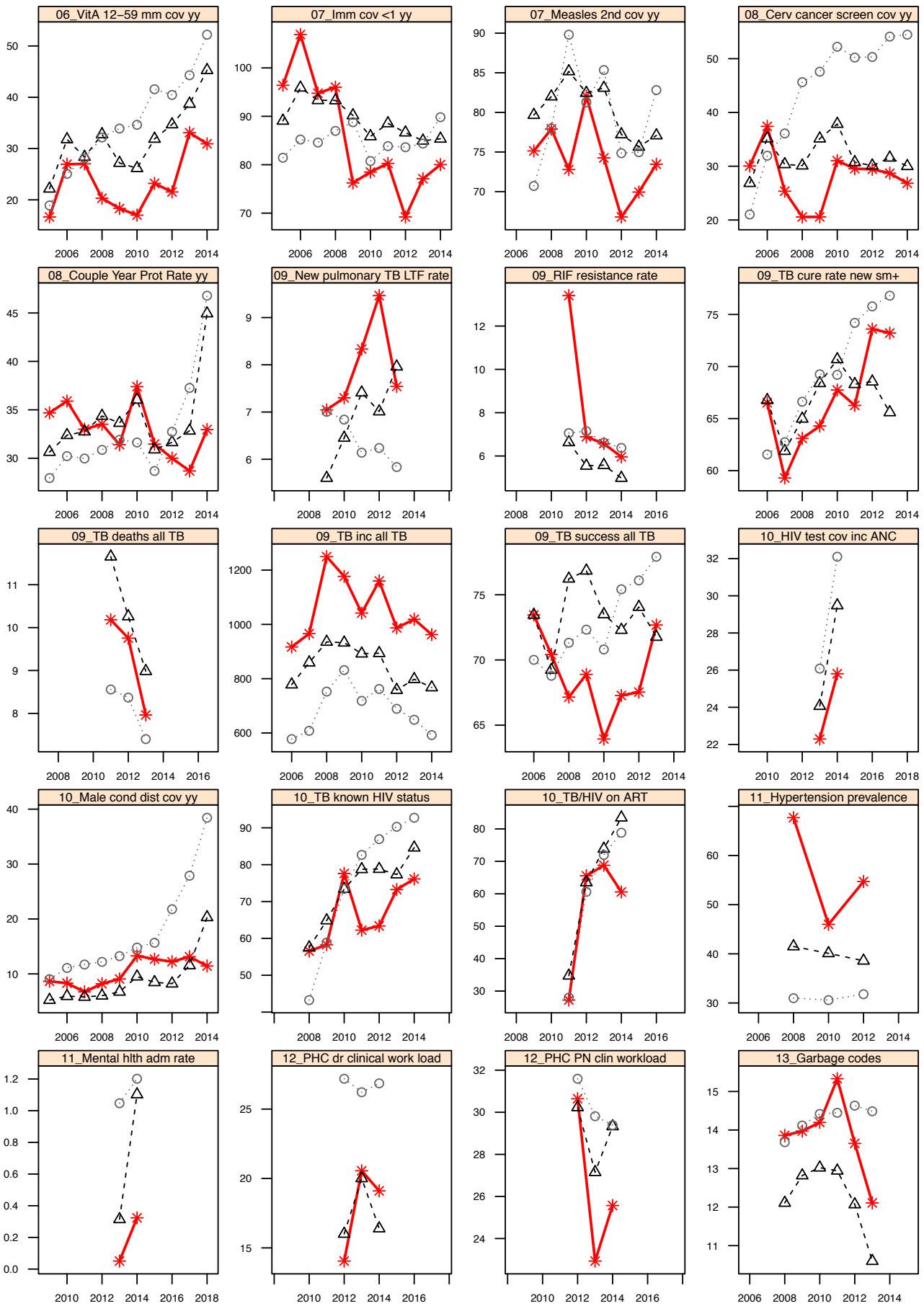
- ◆ Inpatient early neonatal death rate
- ◆ Mother postnatal visit within 6 days rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ HIV testing coverage (including ANC)
- ◆ Male condom distribution coverage
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ PHC doctor and professional nurse clinical workloads
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB defaulter rate (new smear positive)
- ◆ TB treatment success rate (all TB)
- ◆ Percentage of TB cases with known HIV status
- ◆ TB/HIV co-infected client on ART rate
- ◆ Hypertension prevalence rate (crude)
- ◆ Percentage of years of lost life due to non-communicable diseases

Annual indicators for district: Pixley Ka Seme (DC7)



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

Annual indicators for district: Pixley Ka Seme (DC7)



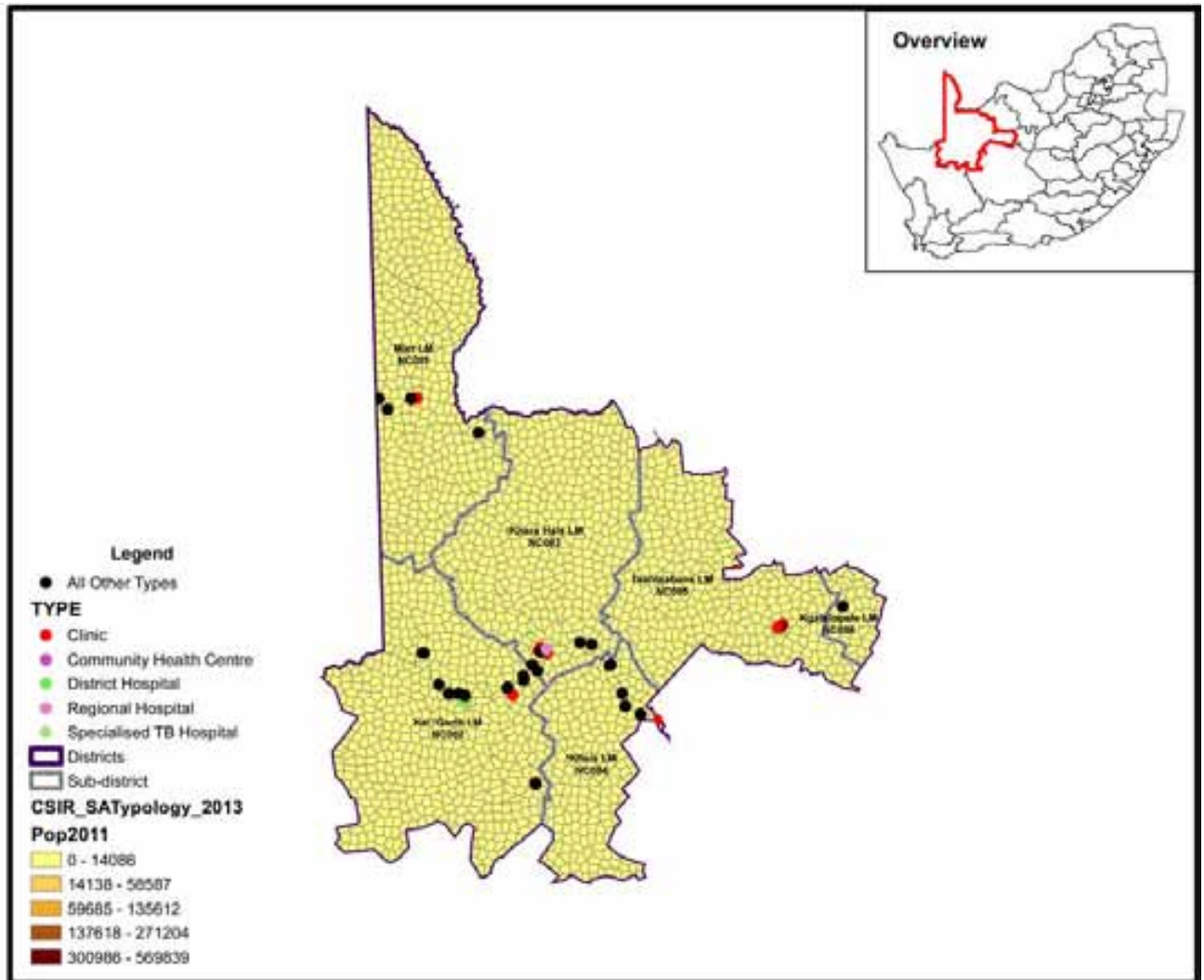
District value * Provincial average Δ ZA (national) average ○

ZF Mgqawu District Municipality (DC8)

Naomi Massyn

ZF Mgqawu District, formerly known as Siyanda District, is situated in the mid-northern section of the Northern Cape Province and shares a border with Botswana. It comprises six sub-districts: Mier, Kai!Garib, !Khara Hais, Tsantsabane, !Kheis and Kgatelopele. The estimated population is 247 542, with a population density of 2.4 persons per km². The district falls in socio-economic Quintile 3.

Population distribution, sub-district boundaries and health facility locations: ZF Mgqawu (DC8)



Burden of disease profile

Percentage of deaths by broad cause and leading causes, 2008–2013: ZF Mgcawu (DC8)

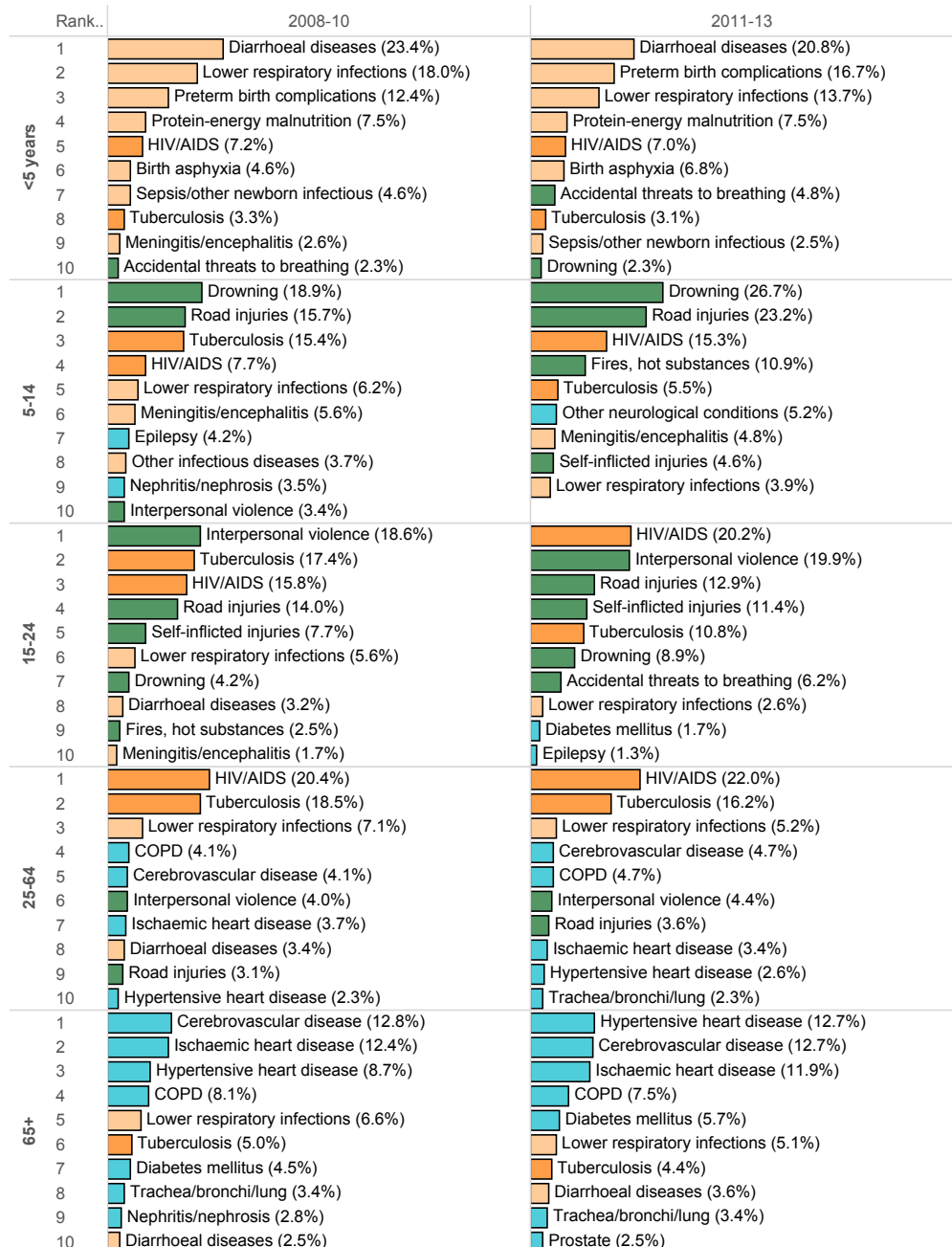
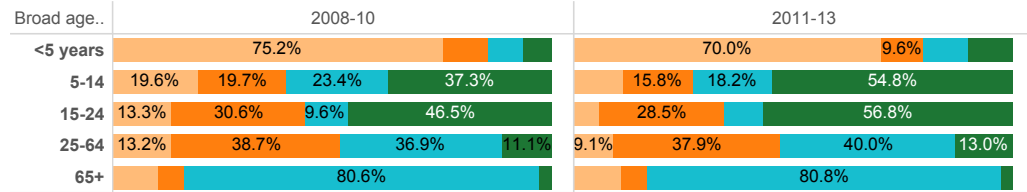
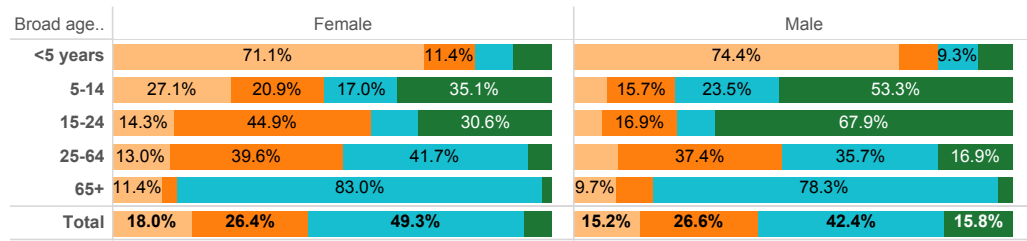
Percentage of deaths by broad cause and leading causes, 2008-2013

NC, ZF Mgcawu: DC8

Prov, District
NC, ZF Mgcawu: DC8
 Show History

Broadcause

- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for 71.1% of deaths among females and 74.4% among males.

In 5–14-year age group, injuries accounted for 35.1% of deaths among females and 53.3% of deaths among males. There were also male-female variations for non-communicable diseases (17.0% versus 23.5%), HIV and TB (20.9% versus 15.7%) and communicable diseases together with maternal, perinatal and nutritional conditions (27.1% versus 7.5%).

In the 15–24-year age group, injuries accounted for 67.9% of deaths among males versus only 30.6% among females, while HIV and TB mortality was 44.9% among females versus only 16.9% among males.

In the 25–64-year age group, non-communicable diseases accounted for the largest proportion of deaths among females (41.7%), while HIV and TB mortality was highest among males (37.4%). Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (16.9% versus 5.7%).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (83.0% among females and 78.3% among males).

Trends in broad cause groups by age

In children under 5 years, communicable diseases and maternal, perinatal and nutritional conditions decreased by almost five percentage points from 75.2% to 70.0% between 2008–2010 and 2011–2013, while HIV and TB mortality remained constant at around 10%. In the 5–14-year age group, injury-related deaths increased from 37.3% to 54.8%, while non-communicable disease mortality decreased from 23.4% to 18.2%, and HIV and TB deaths decreased from 19.7% to 15.8%. In the 15–24-year age group, injuries remained the main broad cause of death and increased from 46.5% to 56.8%, while HIV and TB mortality decreased from 30.6% to 28.5%. In the 25–64 years and 65-years-and-older age categories there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases, preterm birth complications, lower respiratory infections, protein-energy malnutrition, HIV and AIDS and birth asphyxia were the leading causes of death between 2008–2010 and 2011–2013 in this age group.

5–14 years

Drowning (26.7%) and road injuries (23.2%) remained the top two leading causes of death in this age group. Other causes included HIV and AIDS, TB, neurological conditions, meningitis/encephalitis and self-inflicted injuries (4.6%).

15–24 years

HIV and AIDS (20.2%) moved to top position among the leading causes of death in this age group, followed by interpersonal violence (19.9%), road injuries (12.9%), self-inflicted injuries (11.4%), TB and drowning.

25–64 years

HIV and AIDS, TB and lower respiratory infections remained the three leading causes of death in this age group.

65 years and older

Hypertensive heart disease, cerebrovascular disease and ischaemic heart disease remained the three leading causes of death in this age group. Other causes included chronic obstructive pulmonary disease, diabetes mellitus, TB and prostate cancer.

Section B: Profile Northern Cape Province

Indicator performance: ZF Mgcawu (DC8)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16
		2012/13	2013/14	2014/15							
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	6.9	15.6	28.6	52	59.2	80.0		73.5		
Management Inpatients	Average length of stay (district hospitals) [Days]	2.9	2.7	3.0	44	3.5	3.5		4.6		
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	1 130.6	1 418.6	1 989.3	18	2 144.8			2 136.4		
	Inpatient bed utilisation rate (district hospitals) [Percentage]	84.0	77.6	74.1	11	62.4	70.0		65.8		
	OPD new client not referred rate (district hospitals) [Percentage]	51.9	63.1	59.3	24	68.7			60.7		
	Child under 5 years diarrhoea case fatality rate [Percentage]	1.3	2.1	1.6	12	3.4	3.5		3.3	3.5	3.0
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	1.8	2.6	2.5	24	2.9	4.3		2.9		
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	5.3	13.1	13.8	35	10.9			11.6	8.0	7.0
	Inpatient crude death rate [Percentage]	5.3	5.4	4.6	11	5.0			5.2		
Delivery	Delivery by Caesarean section rate (district hospitals) [Percentage]	0.0	0.0	0.0		14.3			22.7		
	Delivery in facility under 18 years rate [Percentage]	11.8	11.5	10.7	46	9.6	8.5		7.4		
	Inpatient early neonatal death rate [per 1 000 live births]	8.0	21.4	18.9	50	14.6			10.1		0
	Maternal mortality in facility ratio [per 100 000 live births]	24.3	78.2	788.3	52	254.1	145.0		132.5	100	80.0
	Mother postnatal visit within 6 days rate [Percentage]	42.4	45.6	45.3	48	56.5			74.3	80.0	85.0
	Stillbirth in facility rate [per 1 000 births]	27.9	27.1	26.5	46	25.5			20.7		
	Antenatal 1st visit before 20 weeks rate [Percentage]	53.5	56.7	57.3	24	57.6	60.0		53.9	65.0	70.0
PMTCT	Antenatal client initiated on ART rate [Percentage]	87.3	89.1	95.5	17	89.8			91.2	93.0	96.0
	Infant 1st PCR test around 6 weeks uptake rate [Percentage]	74.3	76.7	80.4	49	90.8			100.6		
	Infant 1st PCR test positive around 6 weeks rate [Percentage]	2.1	1.7	1.9	38	2.1	2.5		1.5	1.8	2.0
	School Grade 1 screening coverage [Percentage]		0.0	0.0	51	11.3	25.0		23.2	30.0	35.0
Child Health	Vitamin A dose 12-59 months coverage [Percentage]	26.9	27.7	41.7	48	45.3	40.0		52.2	55.0	
	Immunisation coverage under 1 year [Percentage]	81.1	82.9	77.7	43	85.4	98.0		89.8	95.0	91.0
Immunisation	Measles 2nd dose coverage [Percentage]	72.0	70.3	73.9	39	77.1	98.0		82.8	85.0	85.0
	Cervical cancer screening coverage ([Percentage]	31.8	23.8	28.0	49	30.0	50.0		54.5	60.0	64.0
Reproductive health	Couple year protection rate [Percentage]	29.9	28.8	36.3	44	44.9	40.0		46.8	55.0	
	TB Rifampicin resistance confirmed client rate [Percentage]	6.6	6.4	6.0	30	5.0			6.4		
TB case finding	HIV testing coverage (including ANC)		19.1	25.4	44	29.5			32.1		
	Male condom distribution coverage	7.4	10.3	11.2	51	20.3			38.4		
HIV	Hypertension incidence [per 1 000]	16.5	21.0	16.9		17.7	17.0		13.9		
	Mental health admission rate [Percentage]		0.4	0.7		1.1	0.5		1.2		
Non-communicable diseases	PHC doctor clinical workload [Clients per doctor per day]	30.0	25.4	16.0	42	16.4			26.9		
	PHC professional nurse clinical workload [Clients per nurse per day]	29.0	31.7	40.2	47	29.3			29.4		
Human Resources											

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		859.7	931.0	975.6	48	767.6			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	71.3	69.8	65.9		46	65.6			76.8		
	TB death rate (all TB) [Percentage]	10.9	9.2	7.3		21	9.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	9.9	6.7	11.1		51	8.0	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	73.0	76.1	74.2		37	71.8	90.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		96.3	96.7	96.6	7	84.6			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		79.9	86.7	85.5	17	83.5			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		32.5			25	38.6			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	10.1	10.7	9.7		4	10.6			14.5		
	Percentage of deaths ill-defined [Percentage]	10.8	8.6	7.7		12	13.0			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	19.9	14.4	18.2		17	19.5			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	30.7	31.4	28.6		27	30.2			27.9		
	Percentage of YLLs due to injuries [Percentage]	12.7	17.3	16.9		48	13.9			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	36.7	36.9	36.2		29	36.4			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to two indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were: percentage of TB cases with known HIV status, and percentage of deaths garbage codes.

However, the performance of 22 indicators ranked among the 10 worst in the country. These indicators were:

- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC) (lowest in the country)
- ◆ Average length of stay for district hospitals
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate (third highest in the country)
- ◆ Maternal mortality in facility ratio (highest in the country) (data quality suspicious)
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ School Grade 1 screening coverage (second lowest in the country)
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ HIV testing coverage (including ANC)
- ◆ Male condom distribution coverage (second lowest in the country)
- ◆ PHC professional nurse clinical workload
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ TB cure rate (new smear positive)

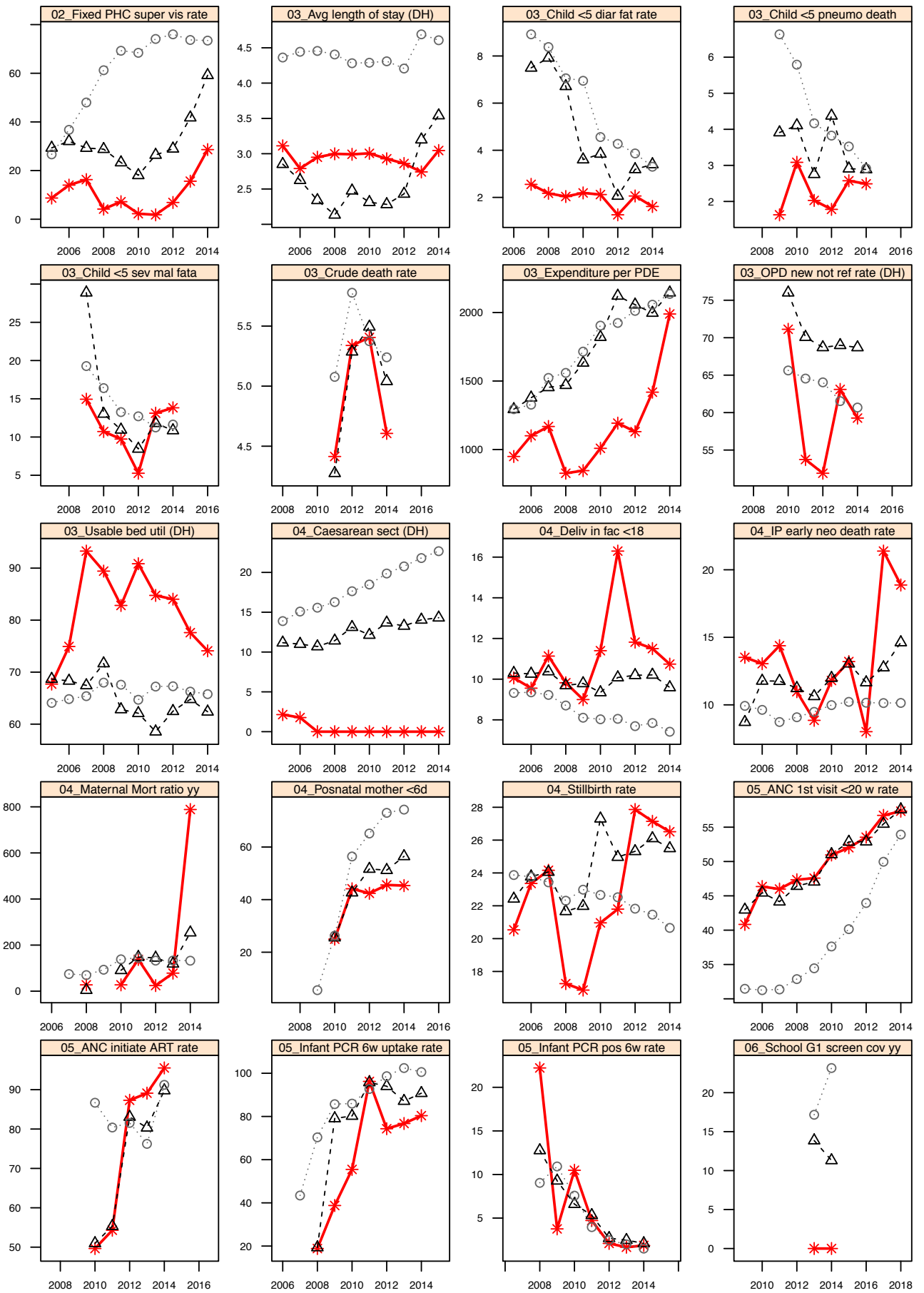
Section B: Profile Northern Cape Province

- ◆ TB defaulter rate (new smear positive) (second worst in the country)
- ◆ Percentage of years of life lost (YLLs) due to injuries

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

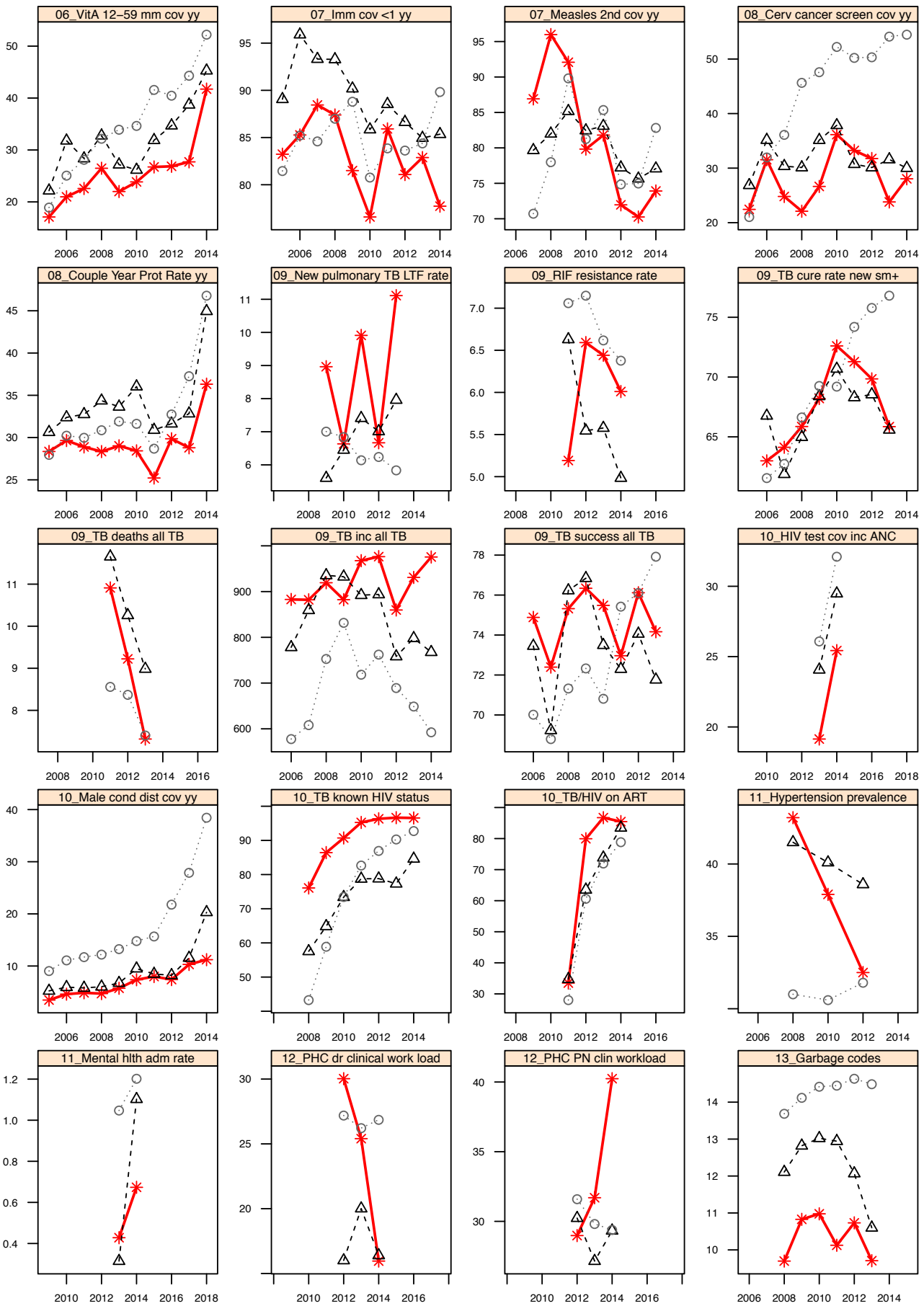
- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ Average length of stay (district hospitals)
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Delivery by Caesarean section rate (district hospitals)
- ◆ Delivery in facility under 18 years rate
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ Infant 1st PCR test positive around 6 weeks rate
- ◆ School Grade 1 screening coverage
- ◆ Vitamin A dose 12–59 months coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ HIV testing coverage (including ANC)
- ◆ Male condom distribution coverage
- ◆ Hypertension incidence
- ◆ PHC doctor clinical workload
- ◆ PHC professional nurse clinical workload
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB defaulter rate (new smear positive)
- ◆ TB treatment success rate (all TB)
- ◆ Hypertension prevalence rate (crude)
- ◆ Percentage of YLLs due to injuries

Annual indicators for district: ZF Mgawu (DC8)



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

Annual indicators for district: ZF Mgawu (DC8)



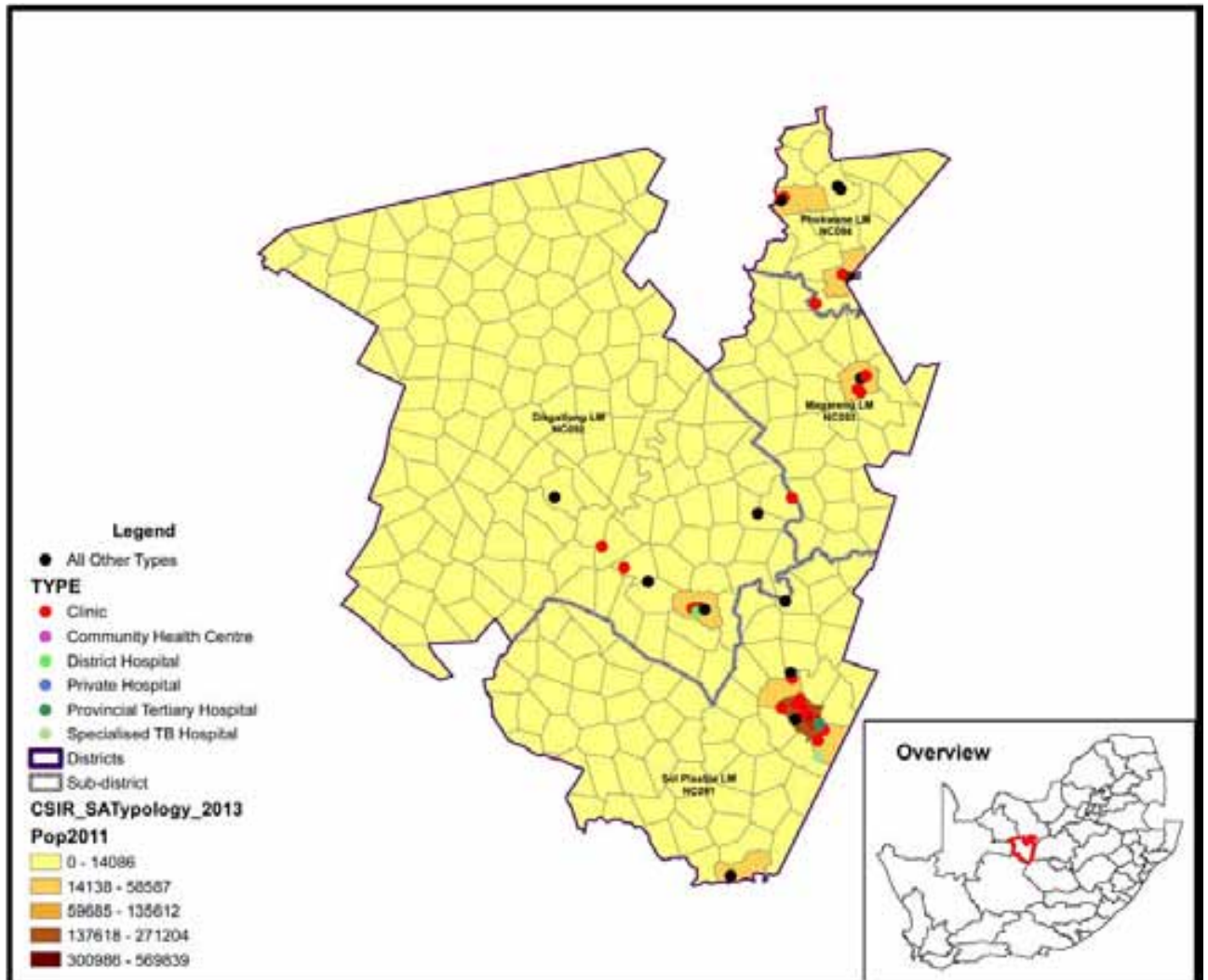
District value * Provincial average Δ ZA (national) average ○

Frances Baard District Municipality (DC 9)

Naomi Massyn

Frances Baard District is located in the far eastern portion of the Northern Cape Province and comprises four sub-districts, namely Dikgatlong, Magareng, Phokwane and Sol Plaatje. The population size is estimated at 380 807, with a population density of 29.7 persons per km². The district falls in socio-economic Quintile 4, among the wealthier districts.

Population distribution, sub-district boundaries and health facility locations: Frances Baard (DC9)



Burden of disease profile

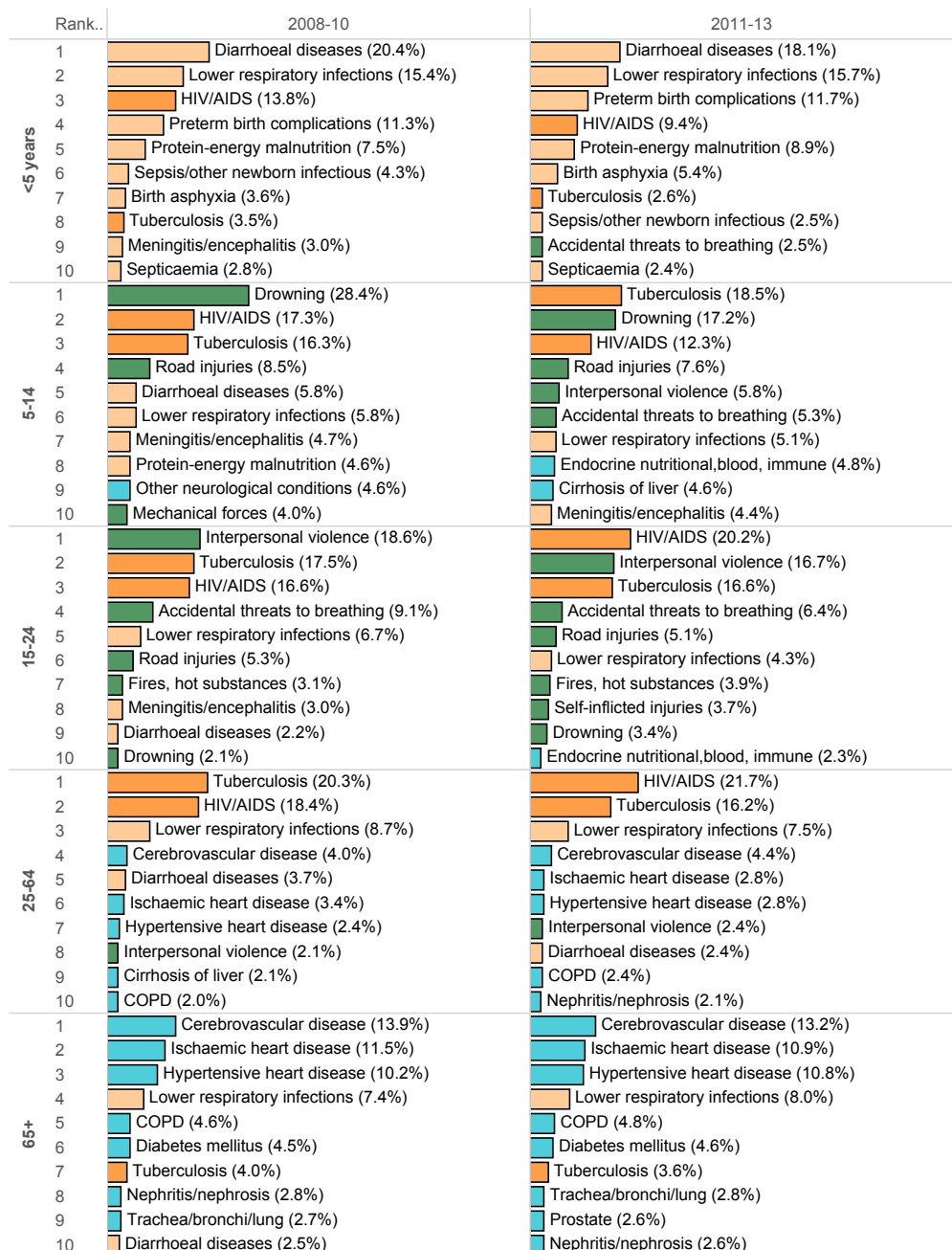
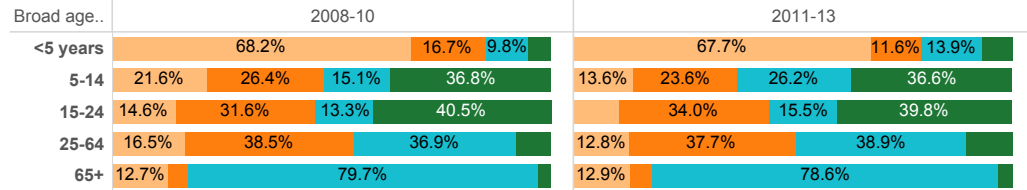
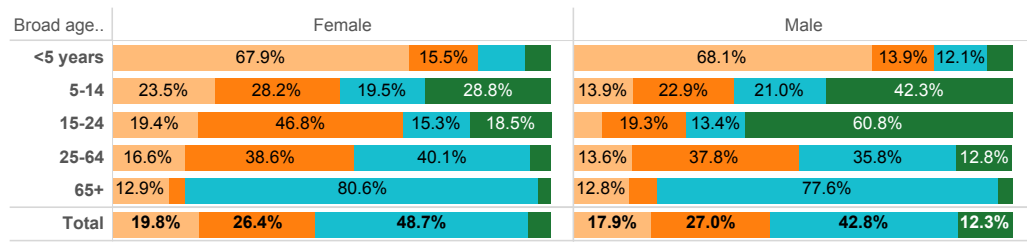
Percentage of deaths by broad cause and leading causes, 2008–2013: Frances Baard (DC9)

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

Prov, District
NC, Frances Baard: DC9
 Show History

Broadcause
■ Injury
■ NCD
■ HIV and TB
■ Comm_mat_peri_nut

NC, Frances Baard: DC9



Broad cause groups by age and gender

In the under-5-year age group, communicable diseases and maternal, perinatal and nutritional conditions accounted for the highest proportion of deaths (68%), followed by HIV and TB.

In the 5–14-year age group, injuries accounted for 28.8% of deaths among females versus 42.3% of deaths among males. There were also gender differences for HIV and TB mortality (28.2% among females versus 22.9% among males), and communicable diseases together with maternal, perinatal and nutritional conditions (23.5% of deaths among females versus 13.9% among males).

In the 15–24-year age group, injuries accounted for 60.8% of deaths among males versus only 18.5% among females, while HIV and TB accounted for 46.8% of deaths among females versus only 19.3% among males.

In the 25–64-year age group, non-communicable diseases accounted for the largest proportion of deaths among females (40.1%), while HIV and TB accounted for most deaths among males (37.8%). Injuries accounted for a small proportion of deaths in this age group, with the percentage being much higher among males than females (12.8% versus 4.7%).

In the 65-years-and-older age group, non-communicable diseases accounted for the highest proportion of deaths (80.6% among females and 77.6% among males).

Trends in broad cause groups by age

In children under 5 years there was not much change in the broad cause groups between 2008–2010 and 2011–2013. In the 5–14-year age group, non-communicable disease mortality increased from 15.1% to 26.2%, while deaths due to communicable diseases and maternal, perinatal and nutritional conditions decreased from 21.6% to 13.6%. In the 15-years-and-older age categories, there was not much change in the broad cause groups over the period.

Trends in leading causes of death by age

Under 5 years

Diarrhoeal diseases, lower respiratory infections, preterm birth complications, HIV and AIDS, and protein-energy malnutrition remained the leading causes of death between 2008–2010 and 2011–2013. Accidental threats to breathing replaced meningitis/encephalitis in the top 10 causes.

5–14 years

Tuberculosis, drowning, HIV and AIDS and road injuries remained the top four leading causes of death in this age group. Other causes included interpersonal violence (5.8%), accidental threats to breathing (5.3%), and cirrhosis of the liver (4.6%).

15–24 years

HIV and AIDS (20.2%) moved to the top position as the leading cause of death in this age group, followed by interpersonal violence (16.7%), TB, and accidental threats to breathing. Other causes included road injuries, self-inflicted injuries and drowning.

25–64 years

HIV and AIDS, TB, lower respiratory infections and cerebrovascular diseases remained the top four leading causes of death in this age group.

65 years and older

Cerebrovascular disease, ischaemic heart disease, hypertensive heart disease, lower respiratory infections, chronic obstructive pulmonary disease and diabetes mellitus remained the top six leading causes of death in this age group. Other causes included TB and prostate cancer.

Section B: Profile Northern Cape Province

Indicator performance: Frances Baard (DC9)

Category	Indicator	District value			District ranking 2014/15	Provincial average 2014/15	Provincial target 2014/15	Provincial target 2015/16	National average 2014/15	National target 2014/15	National target 2015/16	
		2012/13	2013/14	2014/15								
Management PHC	PHC supervisor visit rate (fixed clinic/CHC/CDC) [Percentage]	52.3	82.2	90.3	5	59.2	80.0		73.5			
Management Inpatients	Average length of stay (district hospitals) [Days]	1.1	2.4	2.9	48	3.5	3.5		4.6			
	Expenditure per patient day equivalent (district hospitals) [Rand (real 2014/15 prices)]	2 776.7	2 767.1	2 993.9	51	2 144.8			2 136.4			
	Inpatient bed utilisation rate (district hospitals) [Percentage]	43.6	51.9	36.3	52	62.4	70.0		65.8			
	OPD new client not referred rate (district hospitals) [Percentage]	94.9	93.2	88.4	51	68.7			60.7			
	Child under 5 years diarrhoea case fatality rate [Percentage]	4.0	3.2	5.7	45	3.4	3.5		3.3	3.5	3.0	
Mortality Inpatients	Child under 5 years pneumonia case fatality rate [Percentage]	3.9	2.5	3.1	31	2.9	4.3		2.9			
	Child under 5 years severe acute malnutrition case fatality rate [Percentage]	11.0	11.7	9.1	17	10.9			11.6	8.0	7.0	
	Inpatient crude death rate [Percentage]	5.9	6.3	5.9	32	5.0			5.2			
	Delivery by Caesarean section rate (district hospitals) [Percentage]	8.1	8.7	8.9		14.3			22.7			
Delivery	Delivery in facility under 18 years rate [Percentage]	8.4	8.8	8.4	29	9.6	8.5		7.4			
	Inpatient early neonatal death rate [per 1 000 live births]	16.6	11.2	11.2	33	14.6			10.1		0	
	Maternal mortality in facility ratio [per 100 000 live births]	204.1	186.0	166.1	36	254.1	145.0		132.5	100	80.0	
	Mother postnatal visit within 6 days rate [Percentage]	50.8	44.2	52.1	45	56.5			74.3	80.0	85.0	
	Stillbirth in facility rate [per 1 000 births]	28.1	27.4	26.6	47	25.5			20.7			
	PMTCT	Antenatal 1st visit before 20 weeks rate [Percentage]	53.7	58.5	59.1	19	57.6	60.0		53.9	65.0	70.0
		Antenatal client initiated on ART rate [Percentage]	84.8	76.2	88.5	37	89.8			91.2	93.0	96.0
Infant 1st PCR test around 6 weeks uptake rate [Percentage]		109.8	83.9	86.2	45	90.8			100.6			
Infant 1st PCR test positive around 6 weeks rate [Percentage]		3.1	2.3	1.4	18	2.1	2.5		1.5	1.8	2.0	
Child Health	School Grade 1 screening coverage [Percentage]		6.9	14.3	36	11.3	25.0		23.2	30.0	35.0	
	Vitamin A dose 12-59 months coverage [Percentage]	49.4	50.5	54.1	22	45.3	40.0		52.2	55.0		
Immunisation	Immunisation coverage under 1 year [Percentage]	96.1	97.1	93.6	12	85.4	98.0		89.8	95.0	91.0	
	Measles 2nd dose coverage [Percentage]	85.9	86.2	83.2	21	77.1	98.0		82.8	85.0	85.0	
Reproductive health	Cervical cancer screening coverage [(Percentage)]	36.5	36.9	34.1	46	30.0	50.0		54.5	60.0	64.0	
	Couple year protection rate [Percentage]	32.4	40.1	49.9	19	44.9	40.0		46.8	55.0		
TB case finding	TB Rifampicin resistance confirmed client rate [Percentage]	4.5	5.0	4.0	4	5.0			6.4			
HIV	HIV testing coverage (including ANC)		28.6	31.6	34	29.5			32.1			
	Male condom distribution coverage	5.5	15.6	19.7	46	20.3			38.4			
Non-communicable diseases	Hypertension incidence [per 1 000]	18.3	15.9	16.7		17.7	17.0		13.9			
	Mental health admission rate [Percentage]		0.3	1.9		1.1	0.5		1.2			
Human Resources	PHC doctor clinical workload [Clients per doctor per day]	13.9	17.4	13.5	47	16.4			26.9			
	PHC professional nurse clinical workload [Clients per nurse per day]	31.9	27.9	28.1	8	29.3			29.4			

Category	Indicator	District value				District ranking 2013	Provincial average 2013	Provincial target 2013	Provincial target 2014	National average 2013	National target 2013	National target 2014
		2011	2012	2013	2014							
TB case finding	Incidence (diagnosed cases) of TB - all types [Cases per 100 000 population]		663.9	731.0	648.6	24	767.6			592.5		
TB treatment outcomes	TB cure rate (new smear positive) [Percentage]	75.8	72.7	68.1		44	65.6			76.8		
	TB death rate (all TB) [Percentage]	14.9	12.5	12.2		46	9.0			7.4	6.0	5.0
	TB defaulter rate (new smear positive) [Percentage]	3.3	3.5	8.1		41	8.0	5.0		5.8	6.0	5.5
	TB treatment success rate (all TB) [Percentage]	74.3	78.7	72.7		40	71.8	90.0		77.9	82.0	83.0
HIV	Percentage of TB cases with known HIV status (ETR.Net) [Percentage]		74.2	76.4	82.9	50	84.6			92.8		
	TB/HIV co-infected client on ART rate (ETR.Net) [Percentage]		53.0	71.3	93.2	4	83.5			78.9		
NCDs	Hypertension prevalence rate (crude) [Percentage]		35.6			32	38.6			31.8		
Burden of disease	Percentage of deaths garbage codes [Percentage]	15.1	12.8	11.4		9	10.6			14.5		
	Percentage of deaths ill-defined [Percentage]	16.9	14.2	10.0		24	13.0			14.0		
	Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage]	21.5	17.2	19.7		23	19.5			22.1		
	Percentage of YLLs due to HIV and TB [Percentage]	30.5	32.6	29.9		33	30.2			27.9		
	Percentage of YLLs due to injuries [Percentage]	10.6	12.3	13.0		31	13.9			13.1		
	Percentage of YLLs due to non-communicable diseases [Percentage]	37.3	37.8	37.4		32	36.4			36.9		

Value in red – improvement strategies are urgently needed

Value highlighted in yellow – performance is ranked among the 10 best in the country

Value highlighted in red – performance is ranked among the 10 worst in the country

The district performed very well with regard to some indicators, which ranked among the 10 best in the country in the last reporting period. These indicators were:

- ◆ PHC supervisor visit rate (fixed clinic/CHC/CDC)
- ◆ TB Rifampicin resistance confirmed client rate
- ◆ PHC professional nurse clinical workload
- ◆ TB/HIV co-infected client on ART rate
- ◆ Percentage of deaths garbage codes

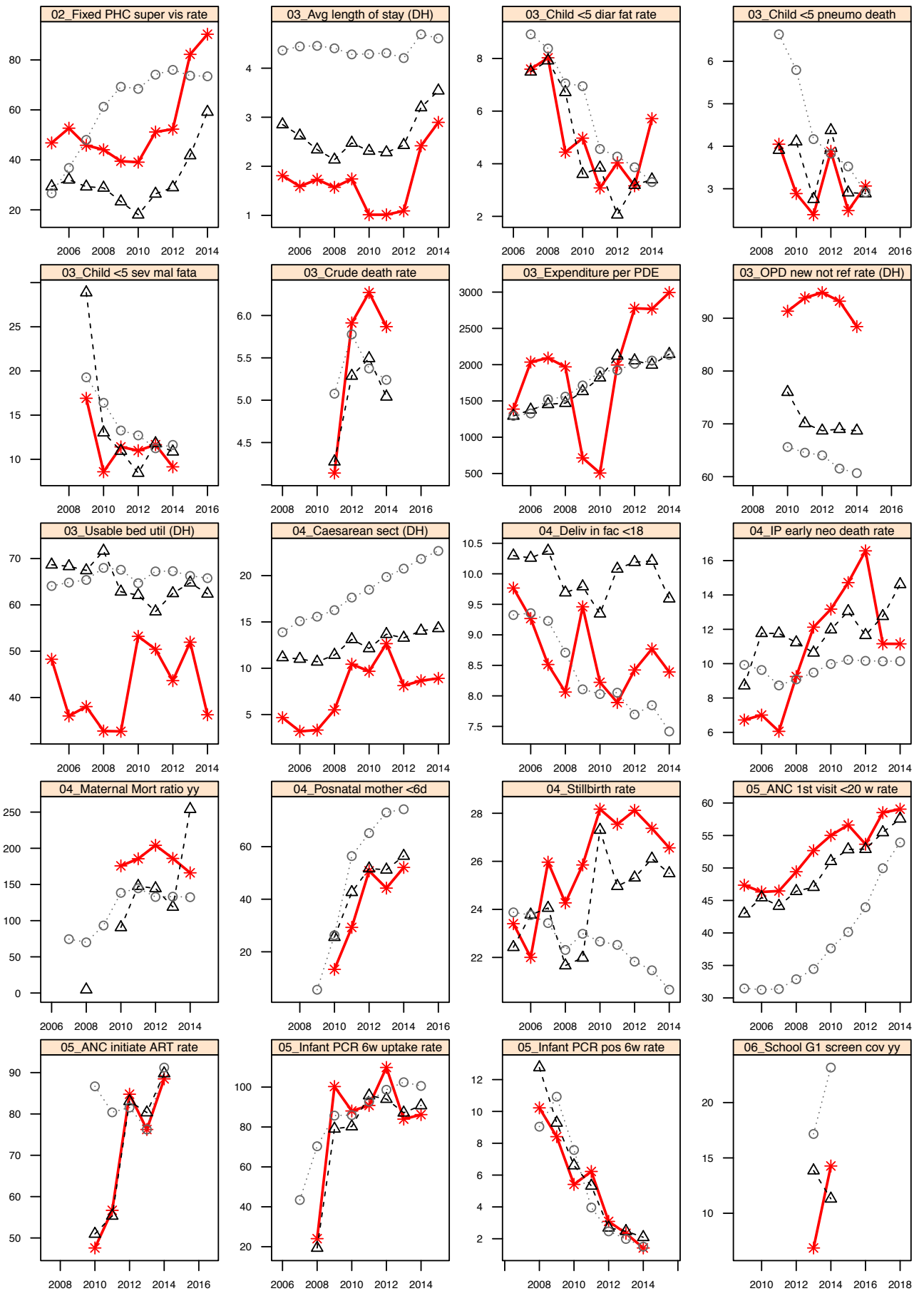
However, the performance of 14 indicators ranked among the 10 worst in the country. These indicators were:

- ◆ Average length of stay (district hospitals)
- ◆ Expenditure per patient day equivalent (district hospitals) (second highest in the country)
- ◆ Inpatient bed utilisation rate (district hospitals) (lowest in the country)
- ◆ OPD new client not referred rate (district hospitals) (second highest in the country)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ Cervical cancer screening coverage
- ◆ Male condom distribution coverage (second lowest in the country)
- ◆ PHC doctor clinical workload
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ Percentage of TB cases with known HIV status (third lowest in the country)

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

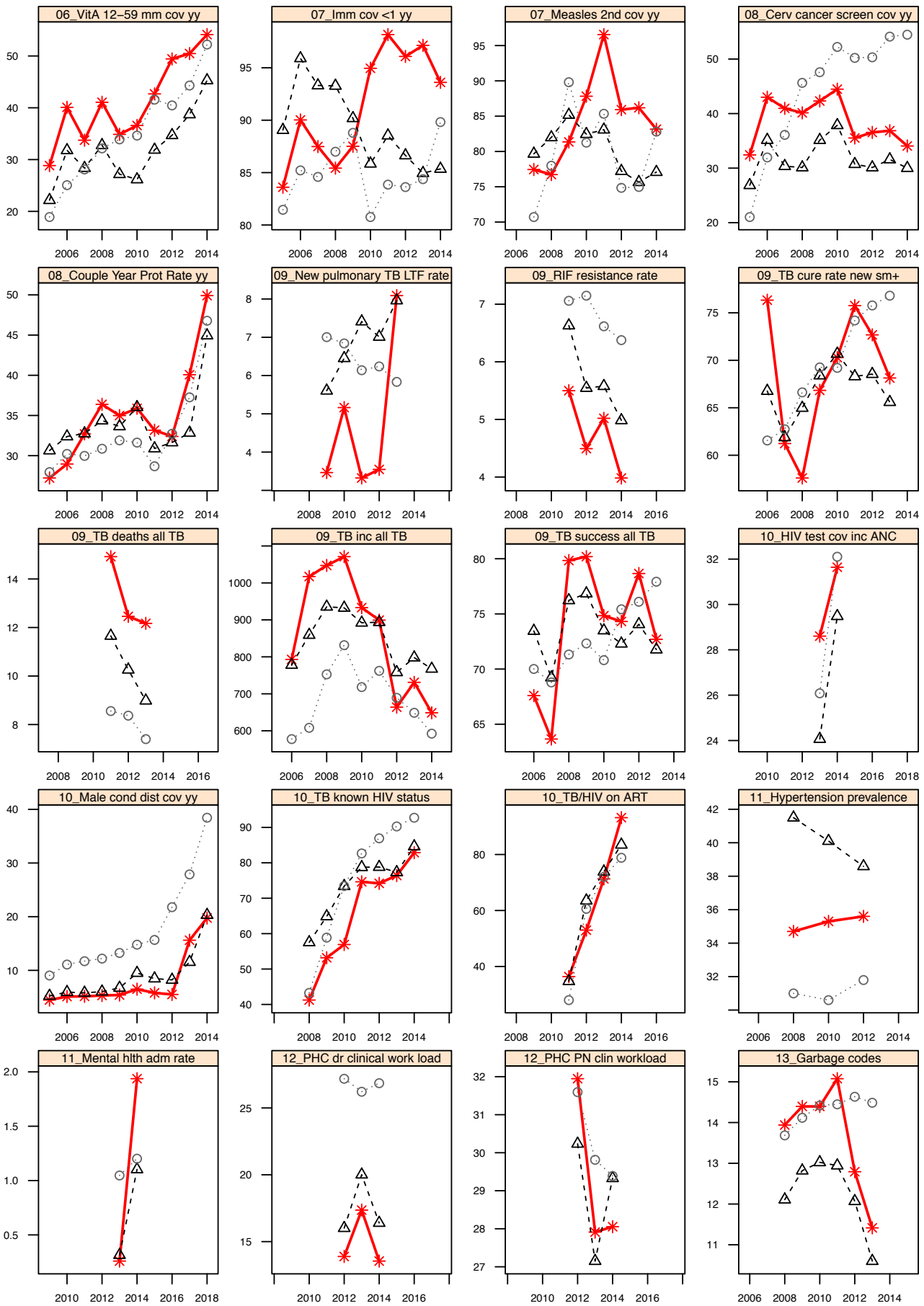
- ◆ Average length of stay (district hospitals)
- ◆ Expenditure per patient day equivalent (district hospitals)
- ◆ Inpatient bed utilisation rate (district hospitals)
- ◆ OPD new client not referred rate (district hospitals)
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ Inpatient crude death rate
- ◆ Delivery by Caesarean section rate (district hospitals)
- ◆ Inpatient early neonatal death rate
- ◆ Maternal mortality in facility ratio
- ◆ Mother postnatal visit within 6 days rate
- ◆ Stillbirth in facility rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Infant 1st PCR test around 6 weeks uptake rate
- ◆ School Grade 1 screening coverage
- ◆ Immunisation coverage under 1 year
- ◆ Measles 2nd dose coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ Male condom distribution coverage
- ◆ Hypertension incidence
- ◆ Mental health admission rate
- ◆ PHC doctor clinical workload
- ◆ Incidence (diagnosed cases) of TB (all types)
- ◆ TB cure rate (new smear positive)
- ◆ TB death rate (all TB)
- ◆ TB defaulter rate (new smear positive)
- ◆ TB treatment success rate (all TB)
- ◆ Percentage of TB cases with known HIV status
- ◆ Hypertension prevalence rate (crude)
- ◆ Percentage of years of life lost due to non-communicable diseases

Annual indicators for district: Frances Baard (DC9)



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

Annual indicators for district: Frances Baard (DC9)



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