



Understanding non-communicable diseases (NCDs):

ku hlanganisiwa na vutivi lebyi byi kumiweke locally

Ku kumbeteriwa leswaku hi swona swi vangelo nkulu swa rifu e South Africa by 2030, NCDs swi katsa swilo leswi swi nga endliwaka ku sivela rifu. mavabyi lawa ya siveleka na swona ya endleka eka vanhu lava va pfumalaka. Ku hlanganisiwe vuxokoxoko bya mafu lawa ya vangiwaka hi NCD na vutivi lebyi byi kumekaka e tikweni hi ndzavisiso, ku twisisa ku antswa hi mavabyi lawa (NCDs)

Nhlayo ya vana vale hansi ka malembe ya 5 lava va kumekeke e MRC/WITS Agincourt HDSS I 1,715 hi lembe ra(2014-15), yi hlanganisiwa ni ndzavisiso lowu endliweke e tikweni laha ava langutisisa ngopfu vuvabyi bya epilepsy na stroke.

Causes/circumstances of deaths

- **NCDs accounted for 30% of total mortality burden**, of which, infectious diseases[mavabyi lawa ya tlulelanaka] 32%, external 6%, neonatal 1% and maternal causes 1%. Neoplasms accounted for 30% of NCD deaths (n=156), cardiac conditions 15% (n=76), asthma 17% (n=86) and stroke 13% (n=65). All cancer deaths >15 years.
- All NCDs >65 years (51%), adult (24%) and mid-age (22%). 3.1% (n=16) of NCDs deaths <14 years.
- Similar patterns in circumstances between all deaths and NCD deaths.
- The following is for all deaths.
- **Access to care:** multiple problems identified. Specifically:
 - ◊ 37% va ripotiwe leswaku ava kombelanga ku pfuniwa;



Community meeting

- ◊ 27% va ripote leswaku ava zanga vaya tlininiki hi nkarhi lowu rifu ri endlekeke hi wona;
- ◊ 27% ku ripotiwe leswaku va hlangane naku durheliwa loko swita ekaku nakekela rihanyo ra vona;
- ◊ 3% ku ripotiwe leswaku ava tirhisanga swo famba loko vaya tlininiki/xibedlhele;
- ◊ >1% ku ripotiwe leswaku xibedlhele/tlininiki yi le kule ku fikela kwalomu ka tiawara timbirhi
- **Recognition of severity:** tinkingha hinkwato leti ripotiweke:
 - ◊ 4% ku ripotiwe leswaku ava tirhisa mimirhi ya xintu hi nkarhi lowu rifu ringa endleka hi wona;
 - ◊ 2% ku ripotiwe leswaku ava kana-kana leswaku va fanele ku ya tlininiki/xibedlhele ku nakekela rihanyo ra vona.
- **Quality of care,** ti nkingha leti ripotiweke leti atiri hansi (exikarhi ka lava va nga famba vaya e tlininiki/xibedlhele):
 - ◊ 3% ku ripotiwe ti nkingha leti fambelanaka naku vulavurisana exikarhi ka vanhu va mbirhi;

- ◊ 3% ku ripotiwe tinkingha leti fambelanaka na mimirhi/treatment.
- ◊ 2% ku ripotiwe ti nkingha leti fambelanaka naku amukela xiyimo/ntiyiso.

Local knowledge

- **Detailed understandings of signs, symptoms and severity:** For stroke:(kuka swirho swa miri swi nga tirhi) loss of function/sensation, paralysis(vugono) and memory loss(ku lahlekeriwa hi miehleketo). For epilepsy: uncontrollable movements(ku kala u nga lawuli leswi miri wu endlaka swona), fainting(ku titivala), frothing(ku huma gwevu nonwini) at the mouth and incontinence. Physiological causes of stroke(swi vangelo swa stroke) known as high salt intake(kudya munyu lowu nyingi), high BP(ku tlakuka ka blood pressure), low levels of physical activity and poor diet(kuka munhu anga ti ololi na kuka u ngadyi kahle).
- **Stress as a cause:** Stress xi endliwa hi loko munhu anga ti hlayisi na vusiwana, na swona xivangelo nkulu lexi vangaka leswaku ku endlaeka nkingha leyi e.g. i kuka munhu anga dyi kahle
- **Traditional beliefs:** 'Xifulana' traditional term for stroke and 'Ringhadi' referred to a snake in the abdomen thought to be causative for epilepsy. Ku pfumeriwa leswaku vugono/xifulana xi/byi vangwiwa hiku rhukaniwa, mimirhi ya xilungu ayi voniwa tani hi mimirhi leyi onhaka. For epilepsy, mimirhi ya xintu yi voniwa yiri ya nkoka ku tshungula vuvabyi lebyi na swona vana va fanele ku nyikiwa mimirhi ya xintu ku sivela vuvabyi lebyi.



- **Access to care limited:** hambi loko ku tirhisiwa mimirhi ya xintu, vusweti byi voniwe tani hi xiphiso lexi kulu lexi xi endlaka leswaku vanhu va nga koti ku fikelela ti tlinilini/ti pharmacy, naku kuma mimirhi/treatment. Swo famba swoya hi swona titlinilini na minkarhi leyi ku pfuriwaka hi yona titlinilini aswiva khomi kahle vanhu/vana swi solo hi swona, etitlinilini ku rindziwa nkarhi wo leha.
- **Perceptions of low quality of care:** etitlinilini kuna ku vilela ngopfu-ngopfu loko swita eka xihundla, xihundla xi voniwa tani hi nkingha leyi yi nga kona etitlinilini. Ku kala vanhu va nga tshembi vatshunguri swi endla leswaku vanhu va nga swi lavi kuya titlinilini.

Combining the data

- **Poverty and unaffordable care:** vanhu ava koti ku kuma/ku fikelela vunakekeri hikokwalaho kaku durha. Leswi swi endla leswaku vanhu va nga kombeli ku pfuniwa nakuka va ngayi titlinilini himi nkarhi leyi va lovaka ha yona. Ku pfumala ka switirhisiwa swi endla leswaku vanhu vanga koti ku pfuneka hi minkarhi leyi va lovaka ha yona.
- **Quality of care:** kuna tinkingha ti ntsongo loko swita eka xiyimo xa vunakekeri eka vuxokoxoko lebyi kumiweke, kambe ntokoto wa vanhu wu kombisa swiphiso leswi nyingi. Hi tekela nhlokweni: leswi swi vuleke hi vangheneleri lava vanga nghenelela ka ndzavisiso wa VA (verbal autopsy) laha ava vulavula hiku lova ka maxaka ya vona va vula leswaku maxaka aya lovanga hikokwalaho kova vunakekeri bya ri hanyo byiri le hansi kambe ikuva va nga koti ku fikelela vunakekeri; na swona hi lemuka leswaku vanhu lava va ngava va nga swi koti ku vona leswaku xiyimo xa vunakekeri xile hansi kumbe vo kala va nga lavi ku vulavula hi swona. Xiyimo xa vunakekeri xi ngava xi nga tekeriwi nhlokweni.

- Traditional medicine: kuna tiripoti/vuxokoxoko byi/ti ntsongo loko swita eka mimirhi ya xintu, kambe ku vulavuriwa hi swona loko kuri na minhlengelletano ya tiko. Vuxokoxoko bya tinambara byi langutisise nkarhi wa rifu ntsena, kuve mimbhurisano leyi endlwaka tikweni yi langusa swilo hinkwaswo hiku angarhela.

Interpretation [ku hlamusela]

- **Multiple and reinforcing barriers to access in end-of-life care:** ntirho waleka community/tikweni wu kombisa ku twisisa ka swi kombiso na swivangelo swoka swi ngari kahle. Swi vangelo swa xintu na swa xilingu swi voniwile. Ku tirhisa mimirhi ya xinto ka swi yimo leswi lavaka mimirhi ya xilungu tani hi swilo leswi vanhu vaswi tsakelaka ngopfu, ku tlhele kuva na mavonelo ya leswaku xiyimo xa vunakekeri xileka xiyimo xale hansi leswi endlaka leswaku vanhu va nga koti ku pfuneka.
- **Social factors exacerbate NCDs:** mbuyelo wu kombisa ntshikelelo wa matimba eka NCDs. Hambi loko swi voniwa leswaku kuna vubhi loko swita eka vuvabyi bya epilepsy na stroke leswi swi nga kumiwa hi ndzavisiso wa tinomboro, ku tiyisiswa leswaku swi n'wana swi vangwiwa hikuva vanhu vanga koti ku fikelela vunakekeri himi nkarhi liya ya rifu.
- **Improve access:** ku hungutiwa ka ndzhwalo wa swati mali loko swita eka National Health Insurance (NHI) l swa nkoka ngopfu. Hambi swiri tano, kufikelela swi kucetela nahi kuvulavurisana loko ku nga kahle exikarhi ka vanhu va mbirhi kumbe ntlawa wa vanhu.
- **Mobilise services towards communities:** ku kurisa ma CHWs naku hlamusela

Routine Surveillance Data 2014-15

Causes of all deaths

Non- communicable	516 (30%)
Infection	557 (32%)
Injury	106 (6%)
Children <1 month	21 (1%)
Maternal	16 (1%)
Unknown	499 (29%)
TOTAL	1715 (100%)

Top 10 NCDs (27% total burden)

Asthma	86
Digestive neoplasms	67
Stroke	65
Acute abdomen	55
Acute cardiac disease	38
Respiratory neoplasms	34
Reproductive neoplasms	33
Diabetes mellitus	20
Liver cirrhosis	20
Renal failure	13
TOTAL	431

Top 3 circumstances of NCD mortality (% all problems)

ALL DEATHS (n=1715)	
No call for help	37%
No travel to facility	27%
Overall costs prohibitive	26%

NCD DEATHS (n=573)	
No call for help	37%
No travel to facility	27%
Overall costs prohibitive	27%



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Verbal Autopsy with Participatory Action Research (VAPAR) is a programme of partnerships research funded the Health Systems Research Initiative from Department for International Development (DFID)/Medical Research Council (MRC)/Wellcome Trust/Economic and Social Research Council (ESRC) (MR/N005597/1) and MR/P014844/1. Image credits: © VAPAR 2017 Permissions secured for the reproduction of all images