Section A: Management PHC Indicator Comparisons by District

2 Management PHC

2.1 PHC supervisor visit rate fixed clinic/community health centre/community day centre

Supervisory visits are considered an important process indicator of the quality of care in providing primary health care (PHC) services in the public sector. The PHC supervisor visit rate fixed clinic/community health centre/community day centre (fixed clinic/CHC/CDC) is the number of fixed PHC facilities visited by a clinical supervisor at least once a month, as a proportion of the total number of fixed PHC facilities.

These visits are part of a system for identifying and addressing problems at facility level in relation to priority programmes; staff competencies and training; information systems; referral systems and administrative matters such as finance, medical supplies and equipment. Therefore, PHC supervisors need management skills and job descriptions which include organising, planning, leadership, decision-making, communication, co-ordination, delegation, discipline and governance.

Given the importance of supervisory visits for quality improvement, the 2012/13 national target of at least one monthly visit per facility was 80%.

Figure 1 shows the ranking of the 52 districts around the national target and average. The average for South Africa was 76%, representing a small increase of 1.9 percentage points on the average in the previous financial year. Of the 52 districts, 29 were above the national average, with 26 of these achieving the national target of 80%. Seven districts recorded 50% and below, of which four were in KwaZulu-Natal (KZN).

As shown in Figure 1, the districts with the highest supervision rates were Cape Winelands (101.2%) and Eden (100%), both in the Western Cape, followed by West Rand (GP) (98.9%), Ekurhuleni (GP) (96.4%) and Vhembe (LP) (96.3%). The rate for Cape Winelands, which is over 100% and 13.6 percentage points higher than the previous year, is due to data error, since not all facilities have 100% supervision but a few facilities are missing denominator data, i.e. they are not counted in the total of fixed facilities. As has been the trend in the past, the lowest rates were found in the Northern Cape districts of Namakwa (0.5%) and Siyanda (6.9%).

Figure 2 shows the supervision rate by NHI district. Of the 11 NHI districts, six achieved supervision rates above the national target. Of those that were below the national target, three recorded 50% or below. The highest rates were found in Eden (WC) (100%), Vhembe (LP) (96.3%), Thabo Mofutsanyane (FS) (95.2%) and Tshwane (GP) (91.3%) with supervision rates above 90%. Pixley ka Seme (NC) had the lowest rate at 21.1%.

Limpopo Province had the highest supervision rate (91.9%), followed closely by Gauteng (89.7%) and the Free State (88.2%). Once again, the Northern Cape had the lowest average supervision rate (29%). However, the rate increased by 2.6 percentage points from 2011/12. The greatest improvements from the 2011/12 rates were seen in the Free State, North West and Limpopo provinces, with percentage point increases of 12.3, 9.4 and 7.4 respectively. The Eastern Cape and Mpumalanga provinces had decreased rates from the previous year, with a 5.4 and 4.6 percentage point drop respectively. KwaZulu-Natal’s average supervision rate has plateaued over the past three years around the 60% mark.

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Figure 1: PHC supervision visit rate (fixed clinic/CHC/CDC) by district, 2012/13

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Figure 2: PHC supervision visit rate (fixed clinic/CHC/CDC) by NHI district, 2012/13

Map 1: PHC supervision visit rate (fixed clinic/CHC/CDC) by district, 2012/13
Figure 3: PHC supervision visit rate (fixed clinic/CHC/CDC) by district, grouped by province, showing standard deviations from the average, 2012/13

Units: Percentage
Source: DHS
Figure 4: Annual trends: PHC supervision visit rate (fixed clinic/CHC/CDC)