

13 Free State Province

Xhariep District Municipality

Njabulo Mbanda

Xhariep District is geographically the largest of Free State Province's five districts. The proportion of the district's population with medical aid coverage is 9.7%.

The proportion of district health services expenditure on Xhariep district hospitals was 23.1%, which was the lowest in the province; since the national average was 37.5%, this figure ranks Xhariep as the sixth lowest in the country. The 6.7% of district health services expenditure on Xhariep's district management in 2012/13 was higher than the provincial average of 3.9%. This value was also higher than the national average and has been increasing gradually from 4.0% since 2008/09. The proportion of total district health services expenditure on primary health care (PHC) in the district was 70.3%, and although this reflects a slight decrease from 2011/12 (71.2%), it is still the highest in the province and higher than the national average of 56.7%. This might be directly related to the district's rural setting and the fact that the three district hospitals in Xhariep do not appear to offer the full complement of first-level hospital services.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) of 82.1%, which is higher than the national average of 76.0%, is an increase from the previous financial year's value of 77.0%. This improvement has been noted as a common pattern across the districts in the Free State from 2005/06.

The inpatient bed utilisation rate was 70.2% in 2012/13, but this has fluctuated substantially over the past 10 years. This could be caused by a data quality error in the hospital data system, or be directly related to the geographical setting of the district having only three district hospitals. The 2.1 days' average length of stay was shorter than the national average of 4.2 days and the second shortest in the country. The expenditure per patient day equivalent was R1 894, having increased from R1 470 in 2009/10. The ratio of ambulatory to inpatient days was 0.7, which was almost half of the provincial and national ratios of 1.5 and 1.3 respectively. A ratio below one means that fewer clients are seen at the emergency unit/OPD clinics than are admitted into hospital. For Xhariep District, this ratio has been decreasing from 2010/11 when it was 1.2 but is in line with the inpatient bed utilisation rate seen above. The OPD new client not referred rate of 25.8% was lower than both the provincial and national averages of 60.0% and 64.1% respectively. This indicates that a low proportion of patients seen at the emergency units and/or the outpatient departments, bypass PHC facilities and access district hospitals directly.

When interpreting the inpatient and delivery indicators, it should be noted that Xhariep District has the lowest number of usable beds per 1 000 people in the country (0.44). It appears that only about 100 deliveries per month take place in the district and presumably patients travel to Mangaung or other surrounding areas. For this reason, many of the indicators may fluctuate and might not constitute a reliable indication of health services and health outcomes in this district.

The delivery in facility under 18 years rate was 9.4%, which has been the highest in the province since 2004/05. For the past seven years, there has been no delivery by Caesarean section taking place in Xhariep District. This factor greatly influences some of the district's postnatal and PMTCT indicators such as PCR coverage. Due to the rural setting of the district and there being only three district hospitals, almost all Caesarean sections take place in the surrounding provinces with which Xhariep shares borders, or in the neighbouring Mangaung Metro District. The stillbirth in-facility rate was 14.6 per 1 000 births, the lowest in the province, and this has been sustained for the past 10 years. The inpatient early neonatal death rate follows the same pattern as the stillbirth in-facility rate, having dropped gradually from 10.4 per 1 000 live births in 2002/03 to 3.7 in 2012/13. The facility maternal mortality ratio was 0.0 per 100 000 live births, although DHIS and National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) ratios for previous years have given rates above 200 and up to 581.

The antenatal 1st visit before 20 weeks rate increased from 56.7% in 2011/12 to 62.8% in 2012/13. As in the previous 10 years, it was still the highest in the province and well above the 2012/13 national average of 44.0%. According to the 2011 National Antenatal Sero-prevalence Survey, HIV prevalence among antenatal clients tested was 26.1%, an increase from 21.8% in 2010. The antenatal client initiated on ART rate of 85.6% was four percentage points higher than the national average.

Data from the National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage was 148.5%. This figure was more than 100% for the past three years.^a The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) was 1.9%, the lowest in the province and below the national average of 2.4%. It was much lower than the infant 1st PCR test positive around 6 weeks rate (DHIS data) of 3.7%.

^a These large percentages are probably due to small numbers and the numerator and denominator being collected by independent data systems. Many babies are born in other districts, so their births are not registered in Xhariep District, but testing for PCR six weeks later is likely to take place in PHC facilities in the district.

The immunisation coverage under 1 year has dropped from 89.7% in 2011/12 to 80.2% in 2012/13. The measles 1st to 2nd dose drop-out rate, on the other hand, picked up from 2.0% in 2011/12 to 9.8% in 2012/13, but still remains the sixth lowest in the country.

The child under 5 years diarrhoea with dehydration incidence was 8.5 episodes per 1 000 children. Xhariep District has succeeded in staying well below the national average of 12.0 episodes per 1 000 children under 5 years. The child under 5 years diarrhoea case fatality rate was 2.5% and decreased since 2009/10 when it was 20.6%.^b The child under 5 years pneumonia incidence was 101.1 cases per 1 000 children, and has been the highest in the province from 2006/07. The child under 5 years pneumonia case fatality rate was 4.9%, which is higher than the provincial average of 3.5%. The child under 5 years severe acute malnutrition incidence rate was 5.4 cases per 1 000 children making it the highest in the province and higher than the national average of 4.4%. The child under 5 years severe acute malnutrition case fatality rate was 3.2%. This rate was the second lowest in the country, but has fluctuated widely. The vitamin A coverage 12 to 59 months rate has decreased from 53.9% in 2011/12 to 44.8% in 2012/13. However, this rate was still higher than the national average of 42.8%.

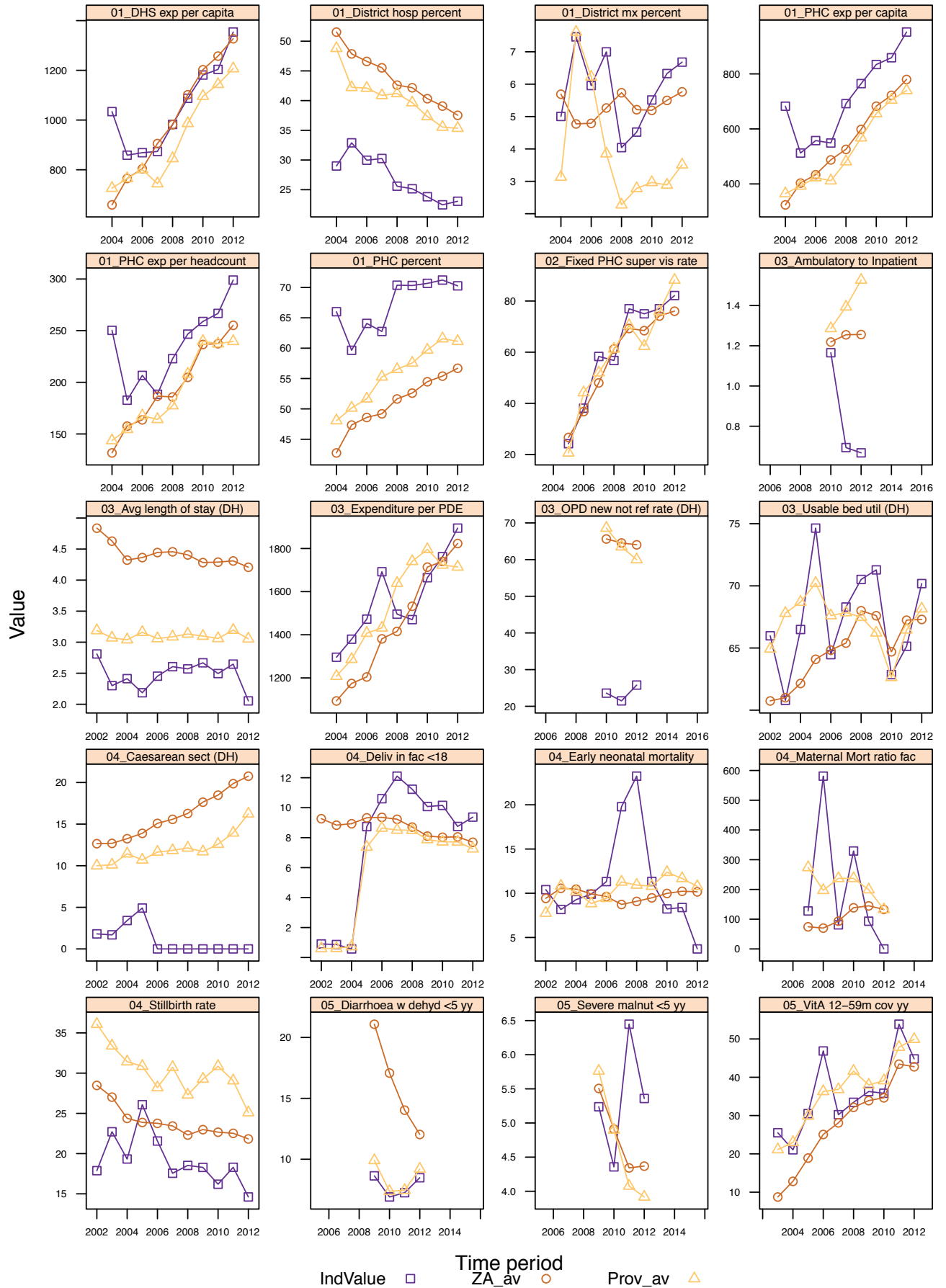
The cervical cancer screening coverage was 53.8% and just below the national coverage of 55.4%. The couple year protection rate increased by 5.1 percentage points from 33.7% in 2011/12 to 38.8% in 2012/13.

The TB incidence (all cases) of 819.4 per 100 000 people was the lowest incidence since 2008. However, it was still above the national incidence of 687.3 per 100 000 people. The TB case finding index was 2.7%, much higher than the provincial and national averages. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 592 in 2011 to 511. The TB incidence (new pulmonary smear-positive) therefore decreased from 339.9 per 100 000 people to 292.4 per 100 000 people, but was above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate increased from 73.3% in 2010 to 78.7%, being the highest in the province in 2011. The new TB (new pulmonary smear-positive) defaulter rate was 3.5%. The TB treatment success rate (all TB) of 79.4% was also the highest in the province and above the national rate of 75.4%.

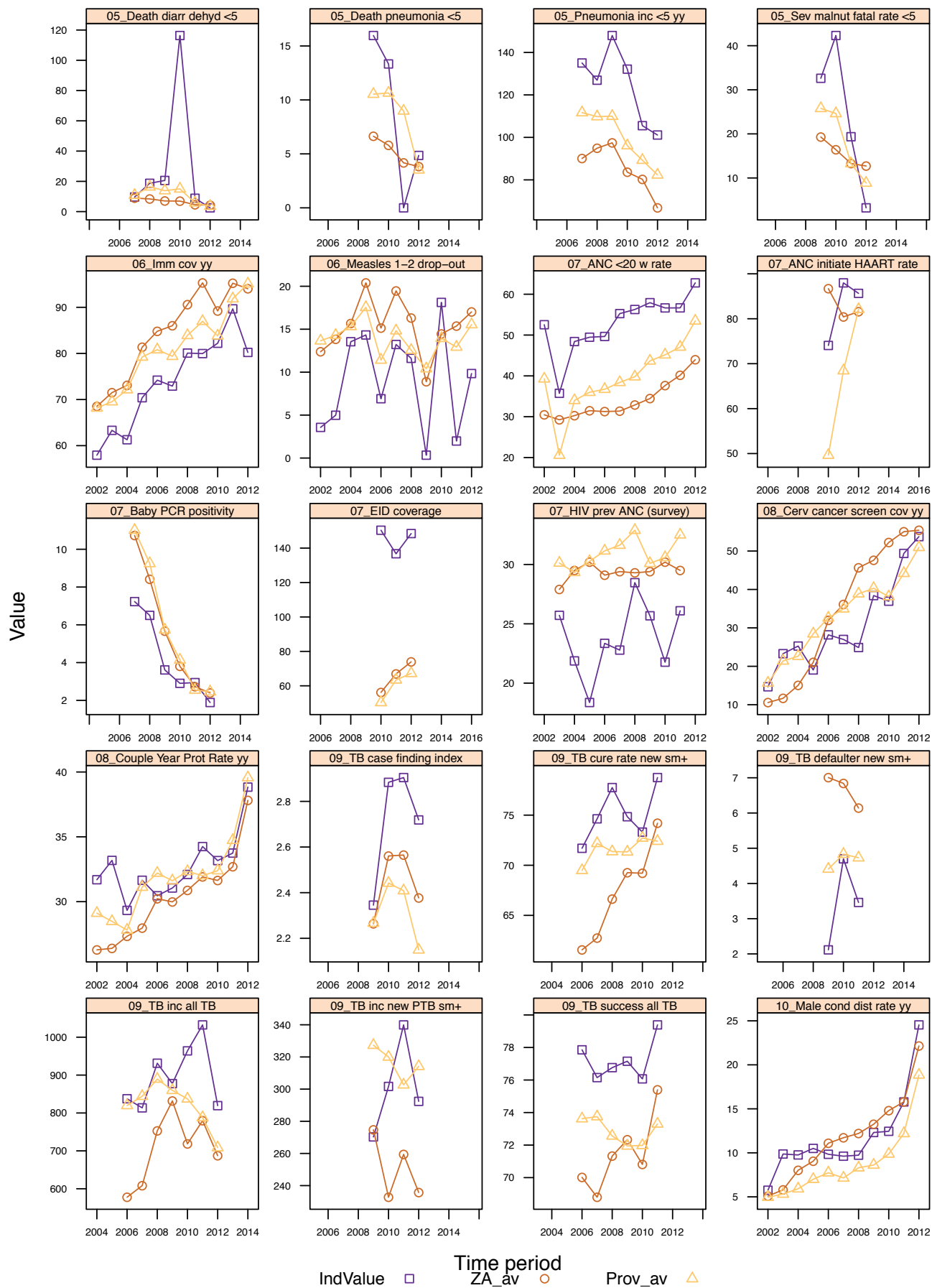
The male condom distribution coverage was second highest in the province at 24.5 condoms per male 15 years and older. The total for adults remaining on ART at end of the month by the end of 2012/13 was 7 138 adults, whilst the total for children under 15 years remaining on ART at end of the month was 540. Both these values are the lowest in the province due to Xhariep District's smaller population, hence the numbers of patients on ART. The district has data for 2012/13 only.

^b The spike of 116.4% in 2010/11 appears to be a data error with 43 deaths recorded at a clinic, but no admissions for severe diarrhoea (denominator).

Annual indicators for district: Xhariep: DC16



Annual indicators for district: Xhariep: DC16



Lejweleputswa District Municipality

Lehlohonolo Mokoena

Lejweleputswa District is located in north-western Free State. The proportion of the population with medical aid coverage is estimated to be 18.1%.

The proportion of district health services expenditure on district management was 3.4%, the highest since 2008/09. The proportion of district health services expenditure on district hospitals was 30.4%, on par with the national average of 30.4% and slightly below the provincial average of 37.3%. The proportion of district health services expenditure on primary health care (PHC) was 66.2%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) improved from 49.9% in 2010/11 to 90.4% in 2012/13 and is the third highest in the province, above the provincial and national averages of 88.2% and 76.0% respectively.

The inpatient bed utilisation rate decreased from 61.8% in 2011/12 to 55.9% in 2012/13, the second lowest in the province and below the national rate of 67.3%. The average length of stay, at 2.4 days, was shorter than the provincial average of 3.1 days, and has been below the provincial average for the past decade. The expenditure per patient day equivalent increased from R1 932 in 2011/12 to R2 035 in 2012/13. This was higher than both the national expenditure of R1 823 and the provincial expenditure of R1 714. The ratio of ambulatory to inpatient days was 1.3 and lower than the provincial ratio of 1.5. A ratio of more than one means that more clients are seen at the emergency unit/OPD clinics than are admitted in hospital. The OPD new client not referred rate has decreased from 82.2% in 2010/11 to 55.8%, the second lowest in the province and below the national rate 64.1%. However, this still indicates that more than half of all clients bypass the PHC facilities and access the district hospitals directly.

The delivery by Caesarean section rate of 13.4% was lower than the provincial average of 16.2% and the national average of 20.8%. Delivery in facility under 18 years rate was 6.8%. The facility maternal mortality ratio recorded at 159.2 per 100 000 live births decreased from 223.5 per 100 000 live births in 2011/12 but was, however, still higher than the provincial ratio of 132.7 and the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate decreased from 33.3% per 1 000 births in 2011/12 to 26.7% in 2012/13; however, it was the highest in the province and above the national average of 21.8%. Although the inpatient early neonatal death rate has decreased from 15.3 per 1 000 live births, this is above both the provincial and national averages that are at 10.8 and 10.2 per 1 000 live births respectively, and is the eleventh highest in the country.

Antenatal 1st visit before 20 weeks rate improved from 49.3% in 2011/12 to 55.2% in 2012/13. According to the 2011 Antenatal HIV Sero-prevalence Survey, the HIV prevalence among antenatal clients tested increased from 30.3% in 2010 to 34.2% in 2011. The ANC client initiated on ART rate has improved substantially from 50.6% in 2010/11 to 81.0% in 2012/13. According to the data from the National Health Laboratory Services (NHLS), the early infant HIV diagnosis coverage was 78.5% and the proportion of PCR tests HIV positive for infants under two months of age was 2.1%. This was, however, higher than the infant 1st PCR test positive around 6 weeks rate (DHIS data) of 1.7%.

Lejweleputswa District's immunisation coverage under 1 year was 87.4%, the second lowest in the province and below the national coverage of 94.0%. The measles 1st to 2nd dose drop-out rate was 14.2%.

The child under 5 years diarrhoea with dehydration incidence decreased from 5.7 episodes per 1 000 children in 2011/12 to 4.7 episodes per 1 000 children in 2012/13, and is much lower than the national incidence of 12.0. The child under 5 years diarrhoea case fatality rate was 5.6% and the highest in the province, although it had declined three-fold over the past four years. The child under 5 years pneumonia incidence decreased from 72.6 cases per 1 000 children in 2011/12 to 62.6 cases per 1 000 children in 2012/13. The child under 5 years pneumonia case fatality rate decreased dramatically from 19.8% in 2009/10 to 3.7% in 2012/13 and was in line with the national average of 3.8%. The child under 5 years severe acute malnutrition incidence was at 3.3 cases per 1 000 children in 2012/13, and the child under 5 years severe acute malnutrition case fatality rate decreased from 17.7% in 2011/12 to 12.5% in 2012/13. Although this sustains the decreasing trend since 2009/10, it was the second highest in the province. Vitamin A coverage 12 to 59 months was 53.5% in 2012/13, and was higher than both the provincial coverage of 49.9% and the national coverage of 42.8%.

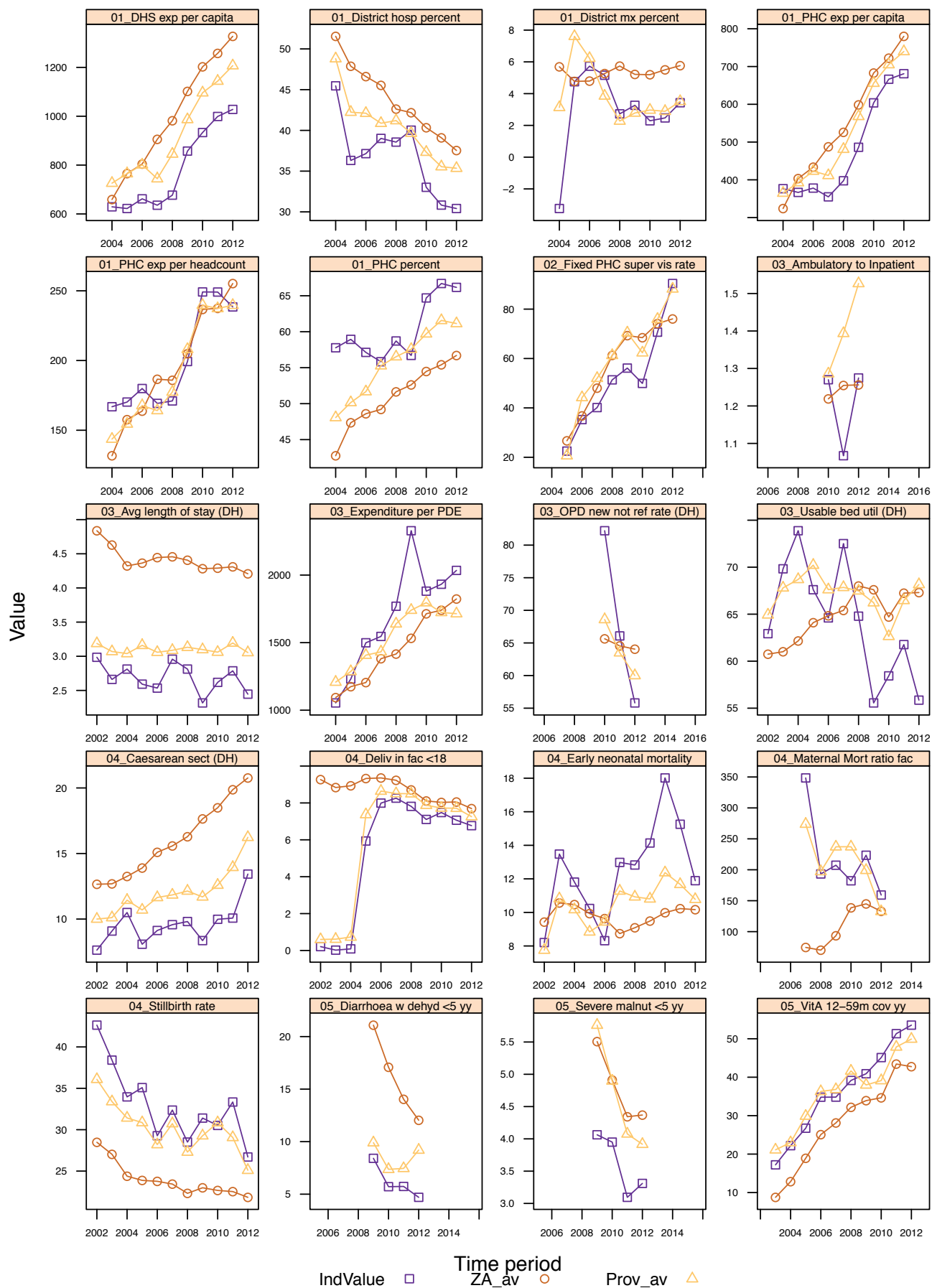
The cervical cancer screening coverage was 48.9% and the couple year protection rate was 43.2%.

The TB incidence (all cases) was 838.8 per 100 000 people and was above the provincial and national averages of 708.5 and 687.3 per 100 000 people respectively. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 2 789 in 2011 to 3 189 in 2012/13. At 495.1 per 100 000 people, the TB incidence (new pulmonary smear-positive) was the highest provincially and well above the national incidence of 235.7. The TB case finding index was 2.7%, higher than the national average of 2.4%. The TB (new pulmonary smear-positive) cure rate decreased from 72.8% in 2010 to 69.4% in 2011 and was the second lowest in the province. The TB (new pulmonary smear-positive) defaulter rate was 4.9%, and the TB treatment success rate (all TB) was 73.7%.

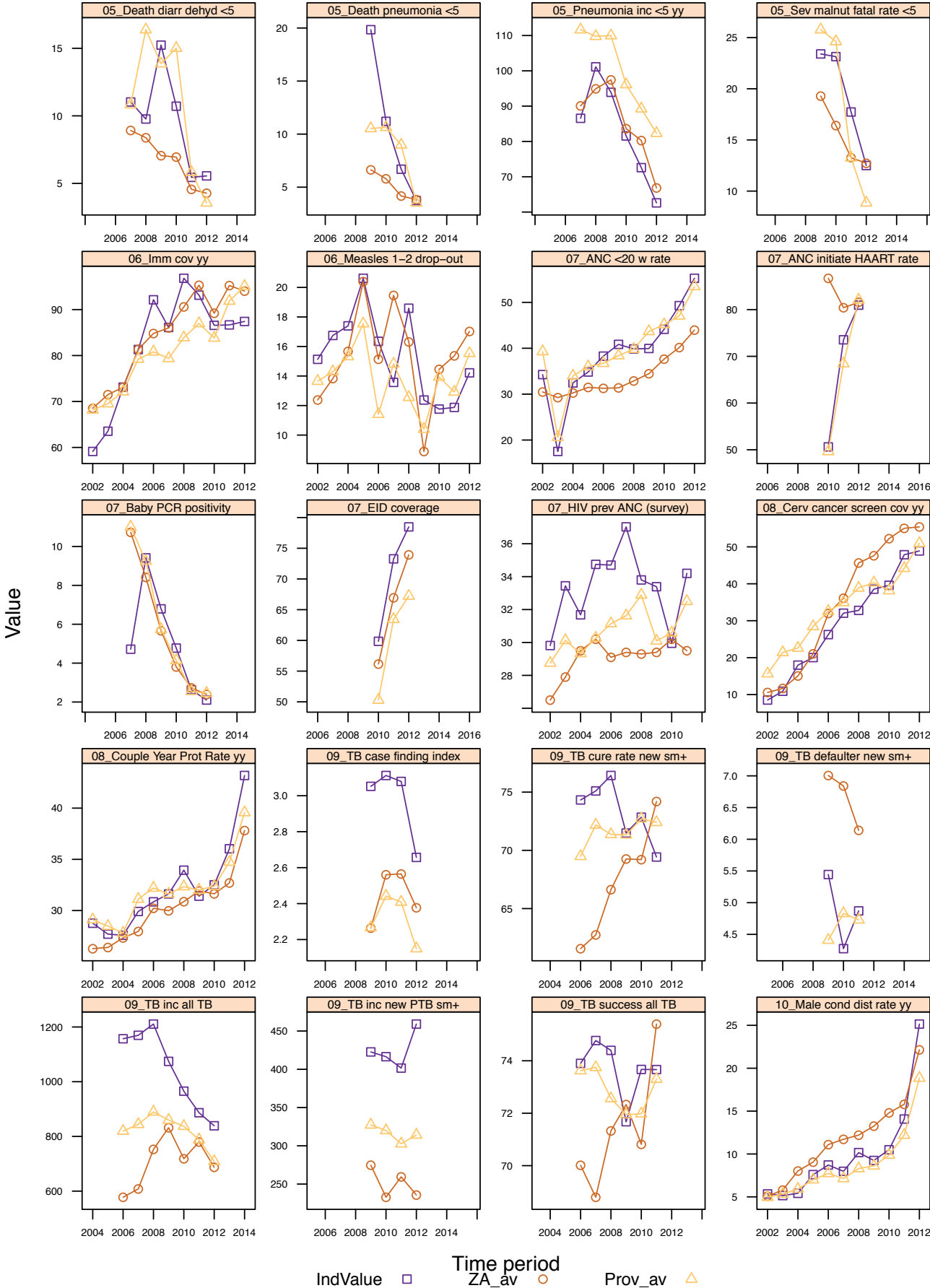
The Lejweleputswa District's male condom distribution coverage increased from 14.1 condoms per male 15 years and older in 2011/12 to 25.1 in 2012/13. The total number of adults remaining on ART at end of the month increased significantly

from 1 527 at the end of 2011/12 to 29 646 at the end of 2012/13, and the child under 15 years remaining on ART at end of the month total increased from 206 to 2 073 in the same period.

Annual indicators for district: Lejweleputswa: DC18



Annual indicators for district: Lejweleputswa: DC18



Thabo Mofutsanyane District Municipality

Motshabi Modise

Thabo Mofutsanyane, a National Health Insurance (NHI) pilot site in the Free State Province, borders on Lesotho and KwaZulu-Natal and Mpumalanga provinces and has an estimated medical scheme coverage of 6.1%.

The proportion of total budget allocation of district health expenditure on primary health care (PHC) was 58.9%, while 4.6% was spent on district management. At 36.5%, the proportion of the district health services expenditure on district hospitals was the lowest since 2004/05, and was lower than the provincial average of 41.9% but similar to the national average of 37.5%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) remained high at 95.2% in 2012/13 and increased from 90.3% in 2011/12. This high rate was well above the provincial and national rates of 88.2% and 76% respectively, and ranks the seventh highest among districts in the country.

The inpatient bed utilisation rate was 54.3%, which was way below both the provincial (68.2%) and national (67.3%) rates. The average length of stay, at 2.7 days, was the fourth shortest in the country. Expenditure per patient day equivalent was R1 628, lower than both the national expenditure of R1 823 and the provincial expenditure of R1 714. The ratio of ambulatory to inpatient days at 2.5 was much higher than the provincial and national ratios of 1.5 and 1.3 respectively. This indicates that more patients are seen at the emergency units and/or the outpatient departments than patients admitted as inpatients. The outpatient department (OPD) new client not referred rate was 58.5%. This tendency indicated that just over 50% of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate at 10.1% was well below the provincial rate of 16.2% and the national rate of 20.8%, and the lowest among the NHI districts. Delivery in facility under 18 years rate was 8.1%. The facility maternal mortality ratio has decreased annually from 352.9 per 100 000 live births in 2009/10 to 157.5 per 100 000 live births in 2012/13. However, it was still the second highest among the districts in the province and well above the national ratio of 132.9. The stillbirth in facility rate has decreased annually from 33.9 per 1 000 births in 2009/10 to 24.7 in 2012/13. The inpatient early neonatal death rate increased from 8.4 per 1 000 live births in 2011/12 to 12.3 in 2012/13, which was slightly higher than the provincial and national rates of 10.8 and 10.2 per 1 000 live births respectively.

The antenatal 1st visit before 20 weeks rate was 52.8%. According to the National Antenatal Sero-prevalence Survey, the HIV prevalence among antenatal clients tested was 31.9% in 2011. The antenatal client initiated on ART rate increased from 41.1% in 2010/11 to 79.4% in 2012/13, which is in line the national average of 81.6%.

According to the data from the National Health Laboratory Services (NHLS), the early infant HIV diagnosis coverage was 69.3%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) was the second highest in the province at 2.6%, although below the target of 3.0%. The value was higher in the DHIS data for the similar indicator of infant 1st PCR test positive around 6 weeks rate, at 2.1%.

Immunisation coverage under 1 year increased from 99.0% in 2011/12 to 107.4%^a in 2012/13, thus ranking the district as highest in the province and above the national immunisation coverage of 94.0%. The measles 1st to 2nd dose drop-out rate increased annually over four years, from 9.3% in 2009/10 to 18.7% in 2012/13. It was the highest in the province and slightly higher than the national drop-out rate of 17.0%.

The child under 5 years diarrhoea with dehydration incidence increased over a four-year period from 6.1 episodes per 1 000 children in 2009/10 to 11.1 in 2012/13. The child under 5 years diarrhoea case fatality rate was 5.5% and the lowest since 2008/09 when it was 21.1%. However, it was still the second highest in the province and well above the national rate of 4.3%. Child under 5 years pneumonia incidence was 87.7 cases per 1 000 children and was higher than the provincial and national averages of 82.3 per 1 000 children and 66.8 per 1 000 children respectively. The child under 5 years pneumonia case fatality rate at 7.0% was the highest in the province and the second highest among the NHI districts. The child under 5 years severe acute malnutrition incidence decreased from 5.6 cases per 1 000 in 2010/11 to 3.0 cases in 2012/13, and was slightly lower than the national incidence of 4.4. The child under 5 years severe acute malnutrition case fatality rate at 23.3% was the second highest in the country. Vitamin A coverage 12 to 59 months was 52.8% and higher than the provincial (49.9%) and the national (42.8%) coverage.

The cervical cancer screening coverage increased from 34.3% in 2009/10 to 59.2% in 2012/13 and was the highest in the province. The couple year protection rate increased from 33.9% to 42.4% in the same period.

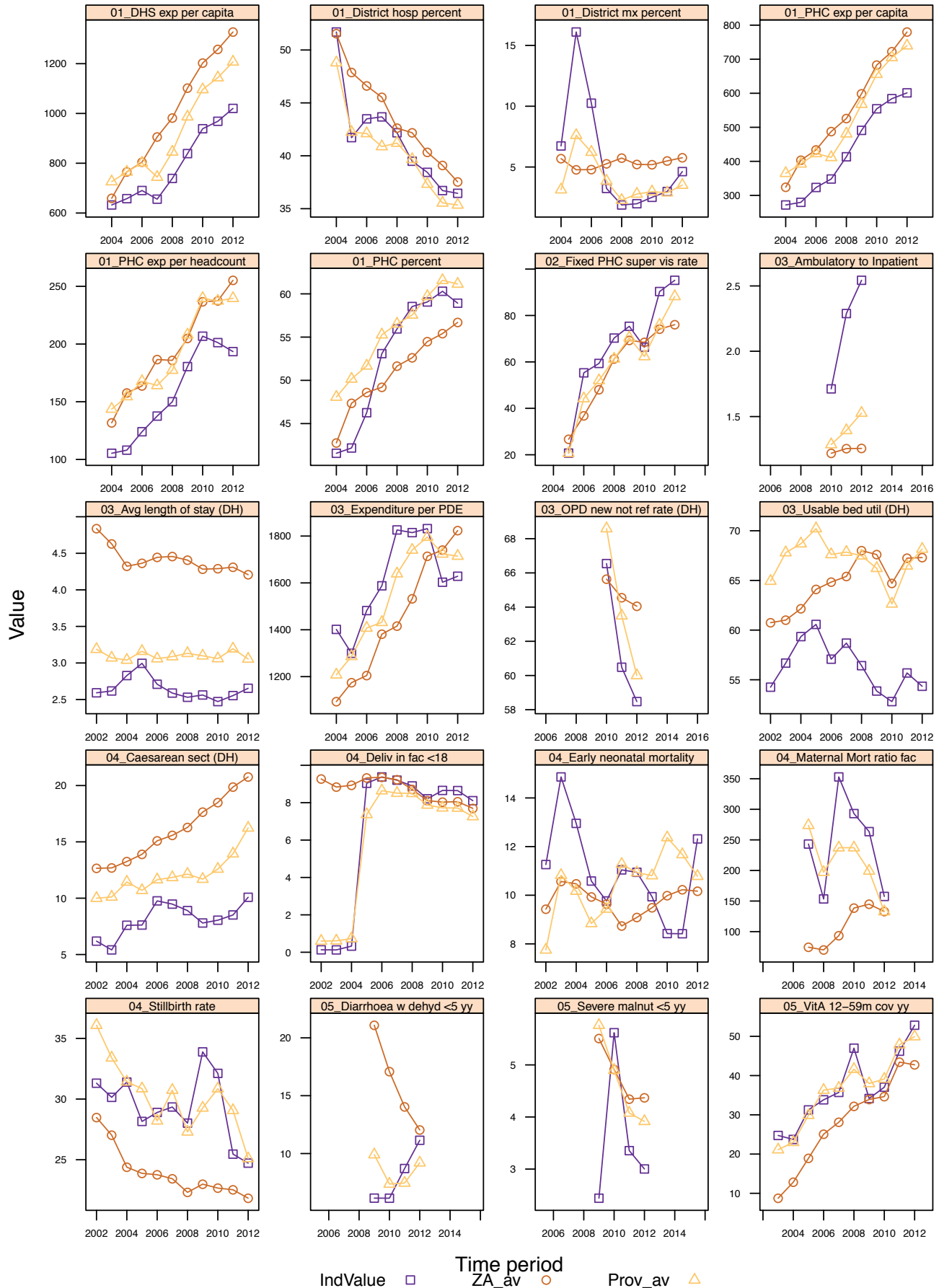
The TB incidence (all cases) at 469.0 per 100 000 people was the lowest in the province and well below the national incidence of 687.3 per 100 000 people. The TB case finding index of 1.9% was the second lowest provincially. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 297 in 2011 to 1 930 in 2012. The TB incidence (new pulmonary smear-positive) decreased from 276.0 per 100 000 people to 231.3; and was also the lowest incidence in the

^a Coverage rates of greater than 100% may be due to poor data quality or an underestimation of the under-1 population. The Census 2011 estimate for children under 1 for this district was, however, relatively similar to the current time series used in the DHIS, suggesting that the numerator may have quality problems, or that there is substantial cross-boundary use of services in Thabo Mofutsanyane District.

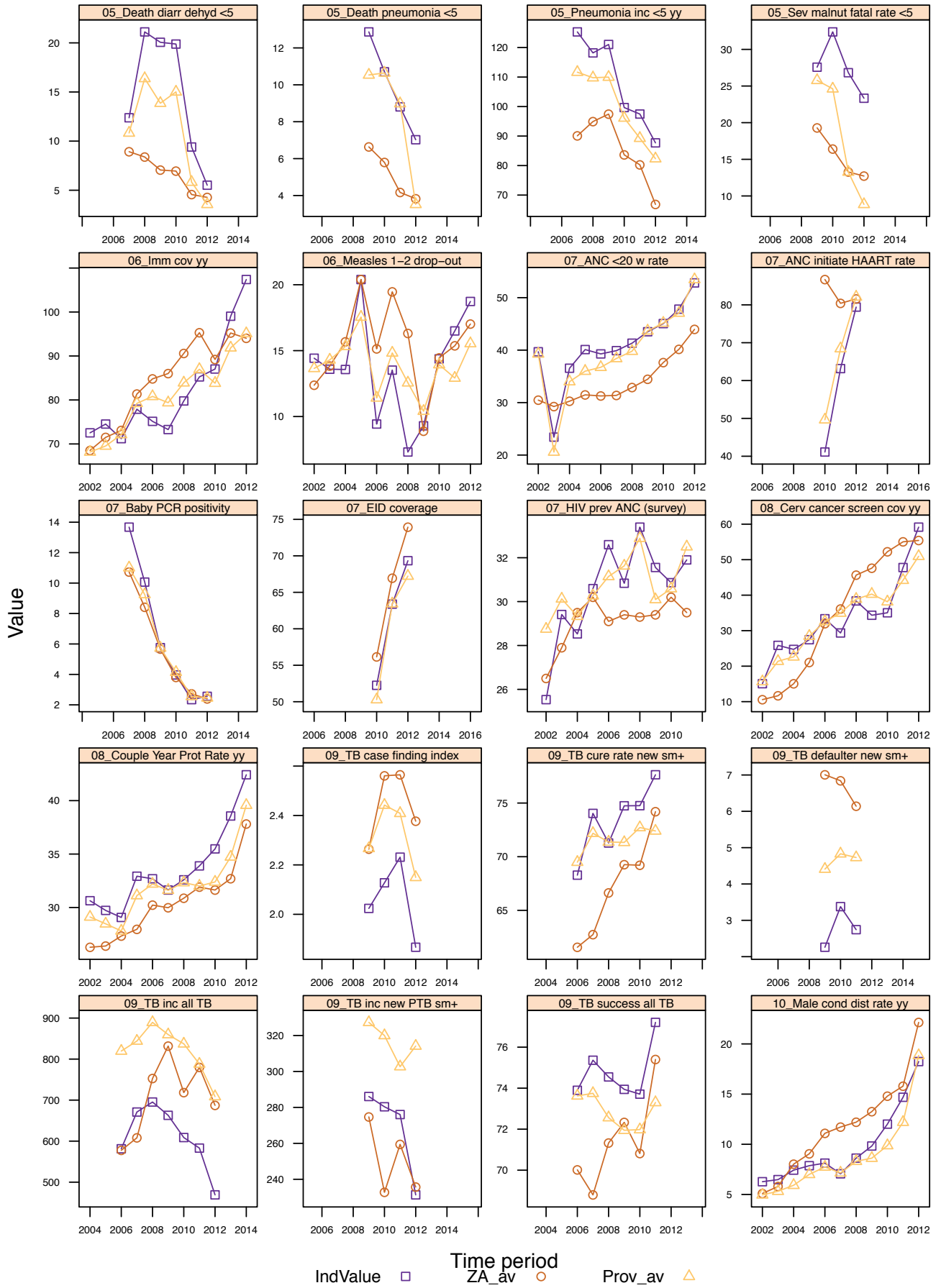
province. The TB (new pulmonary smear-positive) cure rate increased from 74.8% in 2010 to 77.6% in 2011. The new TB (new pulmonary smear-positive) defaulter rate at 2.7% was the lowest in the province, although it should be noted that 11.4% of this cohort died, representing the second highest death rate in the country. The TB successful treatment rate (all TB) at 77.2% was also the highest provincially and above the national rate of 75.4%.

Male condom distribution coverage was 18.2 condoms per year per male 15 years and older and in line with the provincial coverage of 18.9 condoms, but below the national coverage of 22.1 condoms. The total adults remaining on ART at the end of the month more than doubled, from 16 182 at the end of 2011/12 to 42 142 by the end of 2012/13. The total number of children under 15 years remaining on ART also more than doubled from 997 to 2 384 in the same period.

Annual indicators for district: Thabo Mofutsanyane: DC19



Annual indicators for district: Thabo Mofutsanyane: DC19



Fezile Dabi District Municipality

Bruce Andinda

Fezile Dabi District is located in the northern part of the Free State Province and, at 23.7%, has the second highest medical scheme coverage in the province.

The proportion of district health services expenditure on district hospitals was 34.7%, which reflects a slight decrease from 35.9% in 2011/12. The proportion of expenditure on district management reduced slightly from 2.6% in 2010/11 to 2.5% in 2012/13, which is still below the provincial and national averages of 3.9% and 3.4% respectively. The proportion of district health services expenditure on primary health care (PHC) was 62.8%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) recorded an increase of 25.8 percentage points to 72.1% in 2012/13 from 46.3% in 2011/12, but remained the lowest in the province, and below both the provincial and national averages of 88.2% and 76.0% respectively.

At 83.6%, the inpatient bed utilisation rate was well above both the provincial (68.2%) and national (67.3%) rates. The average length of stay in hospital is the second-highest in the province at 3.4 days, but this was still below the national average of 4.2 days. Unlike most districts in the country, though, this rate has been increasing steadily since 2004/05. Expenditure per patient day equivalent was R1 979, higher than both the national expenditure of R1 823 and the provincial expenditure of R1 714. The ratio of ambulatory to inpatient days was 1.3, lower than the provincial ratio of 1.5. A ratio of more than one means that more clients are seen at the emergency units/OPD clinics than are admitted into hospitals. The OPD new client not referred rate was 74.5%, which remains the highest in the province and above the national rate of 64.1%. This indicates that a high percentage of clients bypass the PHC facilities and access the district hospitals directly.

The delivery by Caesarean section rate was 20.4% and delivery in facility under 18 years rate 7.4%. The facility maternal mortality ratio appears to be quite variable, ranging from 256.7 in 2010/11 to 90.0 per 100 000 live births in 2011/12, and was 125.2 per 100 000 live births in 2012/13. The stillbirth in-facility rate reduced slightly from 28.5 per 1 000 births in 2011/12 to 26.3 per 1 000 births in 2012/13, but has remained substantially above the national average, in common with most Free State districts. Also of concern is that the inpatient early neonatal death rate was 13.5 per 1 000 live births, which is higher than both the provincial and national averages of 10.8 and 10.2 per 1 000 live births respectively, although there are signs of a recent decline.

The antenatal 1st visit before 20 weeks rate was 51.1%. According to the 2011 National Antenatal Sero-prevalence Survey, the HIV prevalence among antenatal clients tested was 35.6%. The antenatal client initiated on ART rate increased from 58.4% in 2011/12 to 65% in 2012/13. This was the lowest rate in the province and the fourth lowest in the country. According to the data from the National Health Laboratory Services (NHLS), the early infant HIV diagnosis coverage was 65.6%, and the proportion of PCR tests HIV positive for infants under two months of age was 3.1%. The baby PCR-positivity under two months of age was higher than both the provincial and national rates of 2.5% and 2.4% respectively. However, it was lower than the rate for infant 1st PCR test positive around 6 weeks (DHIS data) which was 3.6%.

Immunisation coverage under 1 year dropped by 3.7 percentage points from 88.2% in 2011/12 to 84.5% in 2012/13. This coverage was lower than the provincial and the national averages of 95.1% and 94% respectively. The measles vaccine 1st to 2nd dose drop-out rate was 12.0%.

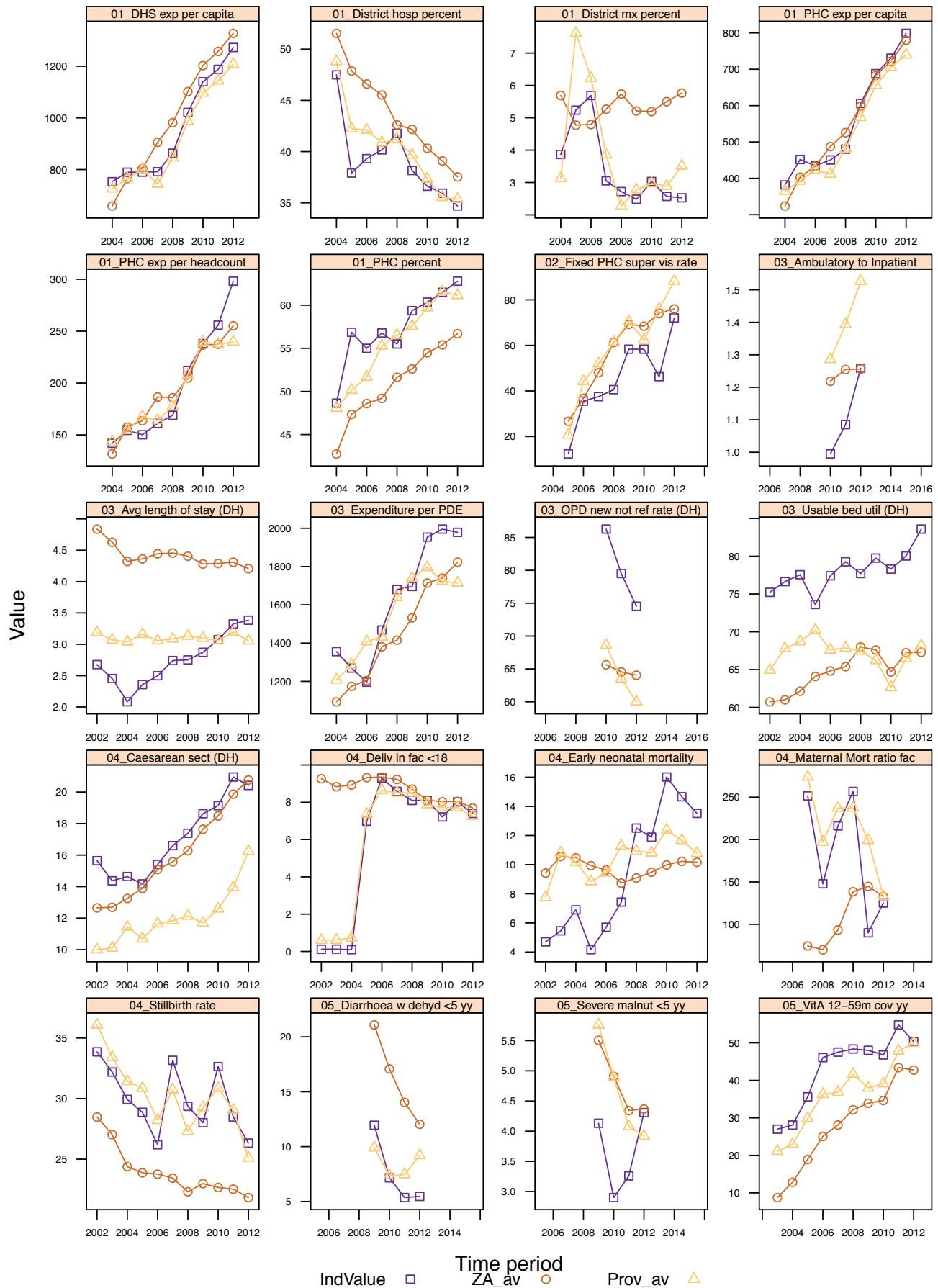
The child under 5 years diarrhoea with dehydration incidence was 5.5 episodes per 1 000 children and was below the provincial and national averages of 9.2 and 12.0 per 1 000 children under 5 years respectively. The child under 5 years diarrhoea case fatality rate decreased to 0.8% from 5.9% in 2011/12. This rate was well below both the provincial and the national averages of 3.6% and 4.3% respectively. The child under 5 years pneumonia incidence decreased from 75.6 cases per 1 000 children in 2011/12 to 66.4 cases per 1 000 children under 5 years in 2012/13. This was the second lowest rate in the province and in line with the national average of 66.8 per 1 000 children under 5 years. The child under 5 years pneumonia case fatality rate decreased from 4.9% in 2011/12 to 2.2% in 2012/13 and was below the national average of 3.8%. For child under 5 years severe acute malnutrition incidence, an increase from 3.3 cases per 1 000 children under 5 years in 2011/12 to 4.3 cases per 1 000 children under 5 years in 2012/13 was recorded. The child under 5 years pneumonia case fatality rate also increased slightly, from 4.2% in 2011/12 to 6.7% in 2012/13. Vitamin A coverage 12 to 59 months dropped from 54.8% in 2011/12 to 50.3% in 2012/13, but remained above the provincial and national averages of 49.9% and 42.8% respectively in 2012/13.

The cervical cancer screening coverage was 48.5% and the couple year protection rate was 38.8%.

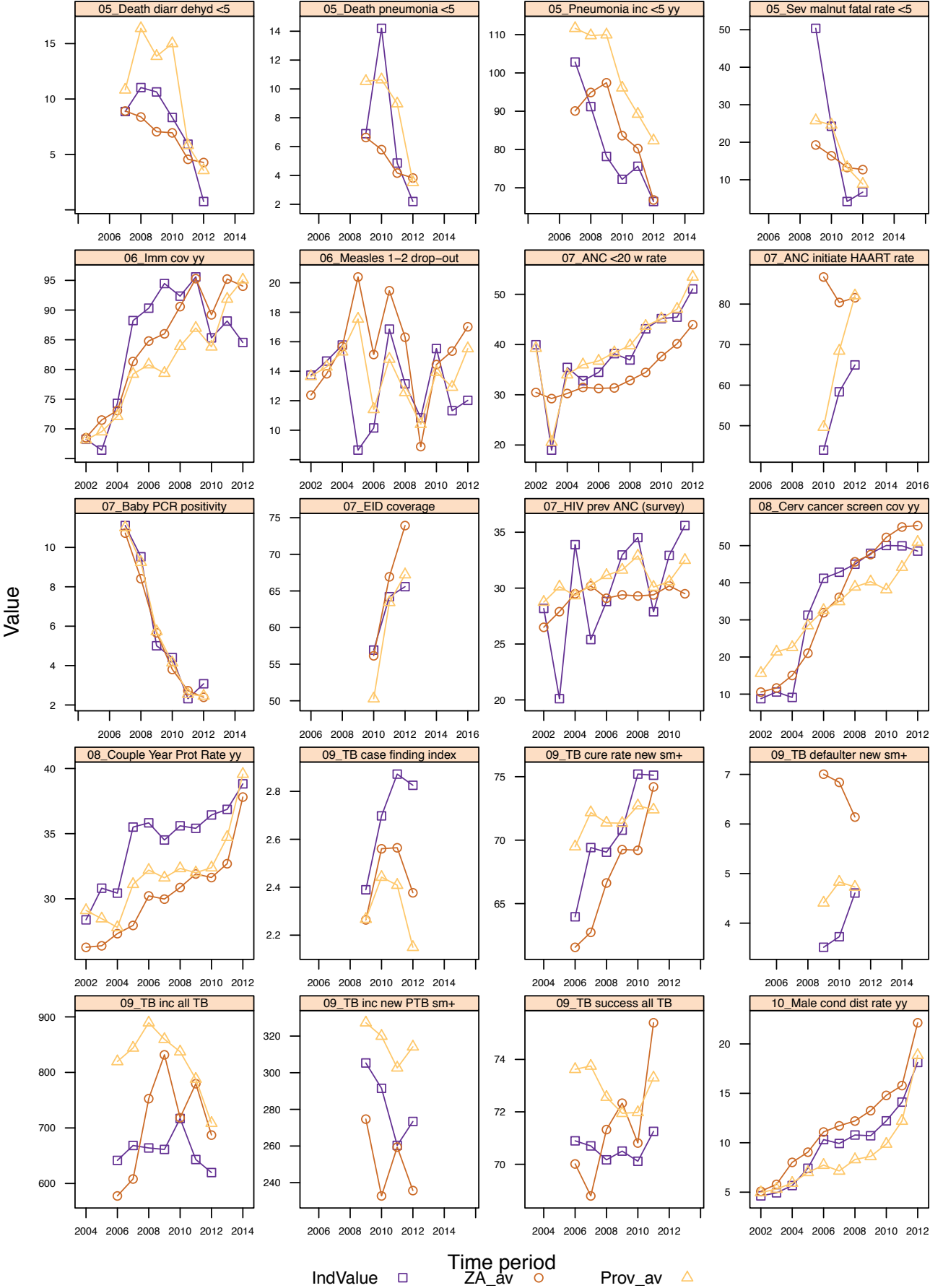
TB incidence (all cases) was 619.7 per 100 000 people and below the national incidence of 687.3 per 100 000 people. The TB case finding index of 2.8% was the highest provincially. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 1 312 in 2011 to 1 388. The new pulmonary smear-positive TB incidence was 273.4 per 100 000. The new pulmonary smear-positive TB cure rate remained stable at 75.1%. The new pulmonary smear-positive TB defaulter rate was 4.6%; as with other districts in the Free State, this low rate is offset by the fact that for 10.5% of these cases, the outcome was death. The TB treatment success rate (all TB) was relatively low at 71.3%.

The male condom distribution coverage was 18.1 condoms per year per male 15 years and older. The total number of adults remaining on ART at end of the month increased significantly from 2 124 at the end of 2011/12 to 19 579, and the total for children under 15 years remaining on ART at end of the month increased from 207 to 1 313 in the same period.

Annual indicators for district: Fezile Dabi: DC20



Annual indicators for district: Fezile Dabi: DC20



Mangaung Metropolitan Municipality

Thenjiwe Jankie

The Mangaung Metropolitan District in the Free State Province has an estimated 27.1% of the population belonging to a medical scheme, the highest coverage in the province.

The proportion of total district expenditure on primary health care (PHC) was 56.4%, followed by 41.3% on district hospitals and 2.3% on district management.

The PHC facility supervisor visit rate (fixed clinic/CHC/CDC) was 90.6%, the highest since 2005/06, and also much higher than the national rate of 76.0%.

The inpatient bed utilisation rate was 82.5%, the highest since 2002/03 and above both the provincial (68.2%) and national (67.3%) averages. The average length of stay was 3.9 days, still longer than in all the other Free State districts, but showing a downward trend. Expenditure per patient day equivalent decreased from R1 618 in 2011/12 to R1 535 in 2012/13. The ratio of ambulatory to inpatient days ranged from 1.1 in 2010/11 to 1.2 in 2012/13. The OPD new client not referred rate at 60.7% was slightly lower than the national average of 64.1%, and indicates that a high percentage of clients bypass the PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate increased over four years from 20.1% in 2009/10 to 31.0% in 2012/13; this was well above the national rate of 20.8% and the fifth highest nationally. The delivery in facility under 18 years rate was 6.6%. The facility maternal mortality ratio was 103.3 per 100 000 live births and well below the national average of 132.9. This is the lowest reading for this rate since 2007/08. The stillbirth in facility rate increased over two consecutive years from 24.9 per 1 000 births in 2009/10 to 30.5 per 1 000 births in 2011/12, and dropped to 24.4 per 1 000 births in 2012/13. The inpatient early neonatal death rate also increased annually from 2009/10 when it was 8.5 per 1 000 live births to 10.8 per 1 000 live births in 2011/12, and then decreased to 7.5 per 1 000 live births in 2012/13.

The antenatal 1st visit before 20 weeks rate was 51.9% and increased from 43.1% in 2011/12. According to the 2011 National Antenatal Sero-prevalence Survey, the HIV prevalence among antenatal clients tested decreased from 31.7% in 2010 to 29.9%. The antenatal clients initiated on ART rate of 99.6% was notably higher than the 72.4% of 2011/12, and was much higher than the national average of 81.6%.

According to data from the National Health Laboratory Services (NHLS), the early infant HIV diagnosis coverage was 52.6%, a slight increase from 51.0% in 2011/12. The proportion of infants who were HIV-positive under two months (NHLS data) of 2.4% was higher than the infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.0%. Nonetheless, this clearly indicates a dramatic decline in HIV transmission.

The immunisation coverage under 1 year increased annually from 76.5% in 2010/11 to 99.9% in 2012/13. The measles 1st to 2nd dose drop-out rate increased from 13.0% in 2011/12 to 15.9% in 2012/13.

The child under 5 years diarrhoea with dehydration incidence decreased over three years from 15.0 episodes per 1 000 children in 2009/10 to 9.0 per 1 000 children in 2011/12 but increased in 2012/13 to 13.8 per 1 000 children. The child under 5 years diarrhoea case fatality rate was 2.2% and the lowest since 2008/09 when it was 18.2%; moreover, this is lower than the provincial average of 3.6% and the national average of 4.3%. The child under 5 years pneumonia incidence was 100.9 cases per 1 000 children and was higher than the provincial and national averages of 82.3 per 1 000 children and 66.8 per 1 000 children respectively. The child under 5 years pneumonia case fatality rate, at 2.2%, was the lowest since 2009/10, and was lower than both the provincial rate of 3.5% and the national rate of 3.8%. The child under 5 years severe acute malnutrition incidence was 5.0 cases per 1 000 children, being the lowest since 2004/05. This incidence was, however, higher than the provincial incidence of 3.9 per 1 000 children and the national incidence of 4.4 per 1 000 children. The child under 5 years severe acute malnutrition case fatality rate was 4.6%, lower than the provincial rate of 8.8% and the national rate of 12.7%.

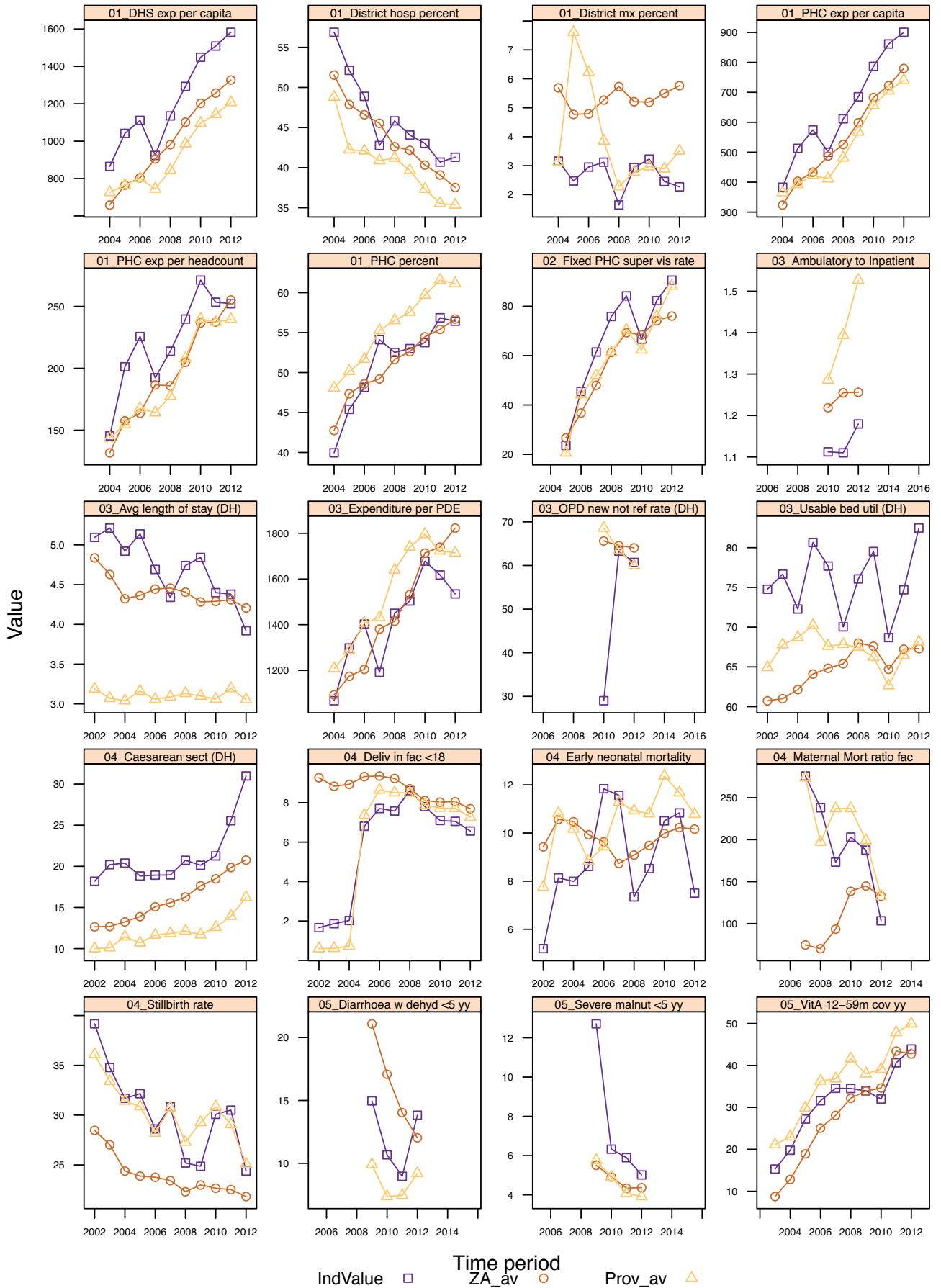
The cervical cancer screening coverage was 45.5% and nearly 10 percentage points lower than the national average of 55.4%. The couple year protection rate increased from 28.0% in 2011/12 to 33.7%. This was, however, lower than both the provincial (39.6%) and national (37.8%) rates.

The TB incidence (all cases) was 893.6 per 100 000 people and above the national incidence of 687.3 per 100 000 people. The TB case finding index of 1.6% was the lowest provincially. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 1 879 in 2011 to 2 222, and the TB incidence (new pulmonary smear-positive) increased from 259 per 100 000 people to 304.4. The TB (new pulmonary smear-positive) cure rate decreased from 68.3% in 2010 to 66.3%, to be the lowest in the province in 2011. The TB (new pulmonary smear-positive) defaulter rate, at 7.5%, was the highest in the province, and the treatment success rate (all TB) was 69.5% and below the national rate of 75.4%.

The male condom distribution coverage increased from 5.5 condoms per male 15 years and older in 2011/12 to 12.8 condoms, but was still below the provincial rate of 18.9 and the national rate of 22.1 condoms. The total number of adults remaining on ART at end of the month was 25 716 by the end of 2012/13. The total number of children under 15 years

remaining on ART at end of the month was 1 536 by the end of 2012/13. The Mangaung Metropolitan District only has data for 2012/13.

Annual indicators for district: Mangaung: MAN



Annual indicators for district: Mangaung: MAN

