

14 Gauteng Province

Sedibeng District Municipality

Natasha Chetty

Sedibeng District is situated in Gauteng Province and has the lowest medical scheme coverage in the province, at 19.4%.

The proportion of Sedibeng's district health services expenditure on primary health care (PHC) was 66.7%, while 3.9% was spent on district management. The proportion of district expenditure on district hospitals in 2012/13 was 29.4%, higher than the provincial percentage of 20.7% but below the national percentage of 37.5%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) remained unchanged since 2011/12 at 94.4%, still well above the national average of 76.0%.

The inpatient bed utilisation rate was 67.9% with an average length of stay of 3.3 days, similar to the provincial average of 3.2 days but lower than the national average of 4.2 days. The expenditure per patient day equivalent increased significantly from R1 986 in 2011/12 to R2 321 in 2012/13, this being well above the provincial and national averages of R2 172 and R1 823 respectively. The ratio of ambulatory to inpatient days was 1.0, lower than the provincial and national ratio of 1.3. This means that there is an even split between the number of clients seen at the emergency unit/OPD clinics and those admitted to hospital. The OPD new client not referred rate of 38.6% was lower than both the provincial and national rates of 53.2% and 64.1% respectively. This indicates that a relatively lower percentage of clients bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate of 24.3% was higher than both the provincial and national averages of 21.2% and 20.8% respectively. The rate for delivery in facility under 18 years remained steady at 6.3%, higher than the provincial percentage of 4.8%. The stillbirth in facility rate decreased from 25.7 per 1 000 births in 2011/12 to 20.2 per 1 000 births in 2012/13, similar to the provincial average of 19.9 per 1 000 births and lower than the national average of 21.8 per 1 000 births. The inpatient early neonatal death rate was 9.5 per 1 000 live births, but appears to be increasing when considering long-term trends. Sedibeng District has the second highest facility maternal mortality ratio in the province at 195.0 per 100 000 live births, an increase from 160.3 per 100 000 live births in 2011/12 and higher than the national rate of 132.9 per 100 000 live births.

The antenatal 1st visit before 20 weeks rate increased steadily from 27.3% in 2009/10 to 44.6% in 2012/13, higher than the provincial rate of 37.8% and similar to the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey shows that HIV prevalence among antenatal clients tested was 31.7% in 2011. The antenatal client initiated on ART rate increased significantly from 54.8% in 2010/11 to 92.6% in 2012/13.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was the lowest in the province at 56.0%, therefore considerably lower than the provincial average of 86.7%, as well as much lower than the national average of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.3% was on par with the 2.3% value of the PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under 1 year decreased from 120.8% in 2011/12 to 117.7% 2012/13 – although immunisation rates above 100% suggest poor data quality or incorrect catchment population figures. The measles 1st to 2nd dose drop-out rate decreased slightly from 22.7% to 20.0%, almost on par with the provincial average of 19.8%, but higher than the national average of 17.0%.

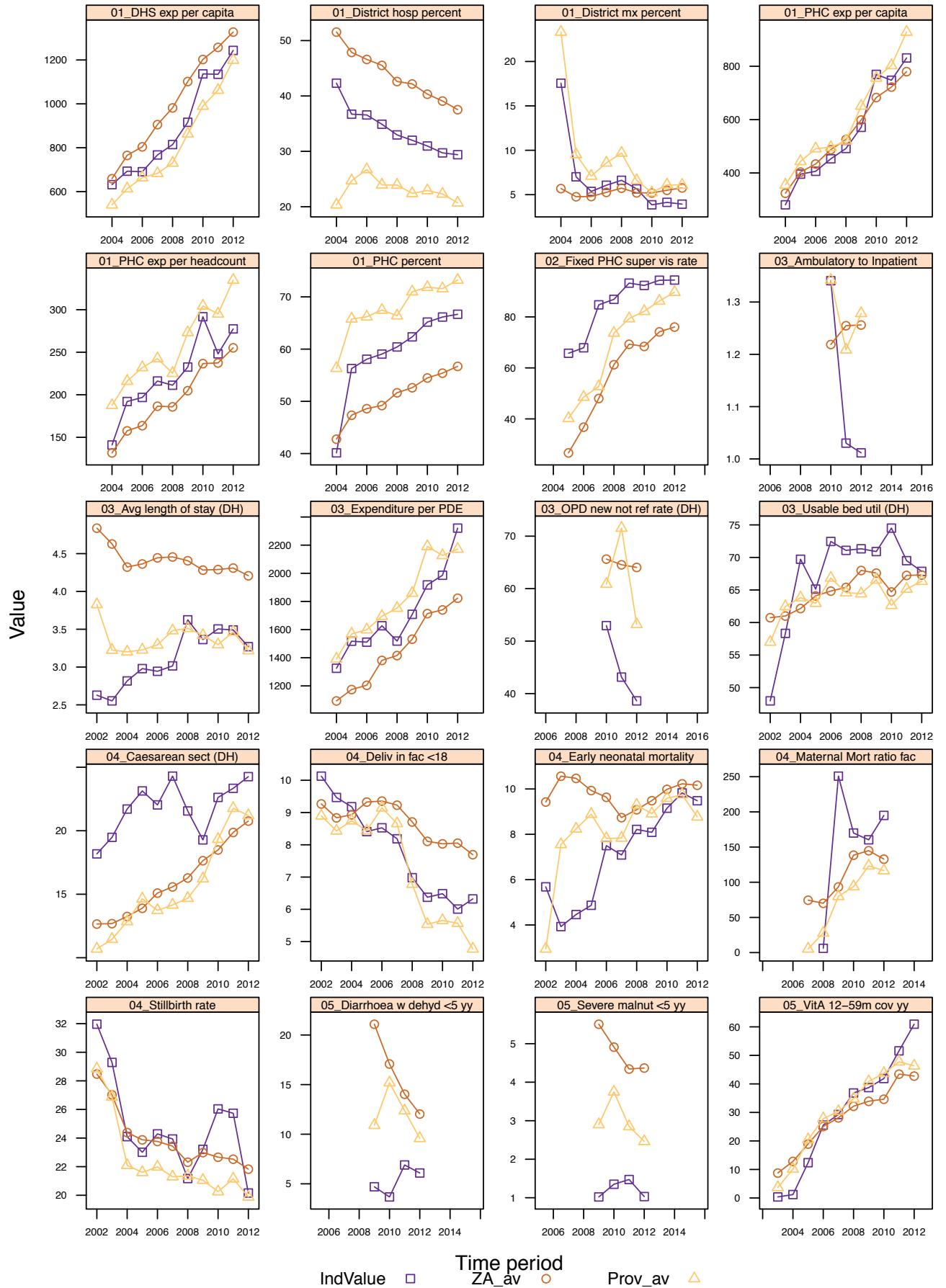
The child under 5 years diarrhoea with dehydration incidence decreased from 6.9 episodes per 1 000 children in 2011/12 to 6.1 episodes per 1 000 children in 2012/13, the fifth lowest in the country and hence significantly lower than the national average of 12.0 per 1 000 children. Despite the significantly lower national child under 5 years diarrhoea with dehydration incidence, the child under 5 years diarrhoea case fatality rate is among the highest at 7.4% compared to the provincial and national averages of 3.3% and 4.3% respectively. The child under 5 years pneumonia incidence has also steadily decreased from 54.8 cases per 1 000 children in 2007/08 to 27.1 per 1 000 children in 2012/13, the fourth lowest nationally, with the national average at 66.8. The child under 5 years pneumonia case fatality rate average is among the highest in the country at 7.3%, which is notably greater than the provincial average of 2.3% and the national average of 3.8%. The child under 5 years severe acute malnutrition incidence of 1.0 per 1 000 children was the lowest in the province and second lowest in the country. The child under 5 years severe acute malnutrition case fatality rate is also among the highest in the country at 19.2%, substantially higher than the provincial and national averages of 12.1% and 12.7% respectively. Vitamin A coverage of children 12 to 59 months increased considerably from 51.6% in 2011/12 to 60.9% in 2012/13, and this is also much higher than the provincial and national percentages of 46.3% and 42.8% respectively.

There has been a steady increase in the couple year protection rate from 24.0% in 2006/07 to 40.3% in 2012/13, the highest in the province and slightly higher than the national average of 37.8%. Sedibeng District had the lowest cervical cancer screening coverage in the province at 33.8%, far lower than the national average of 55.4%.

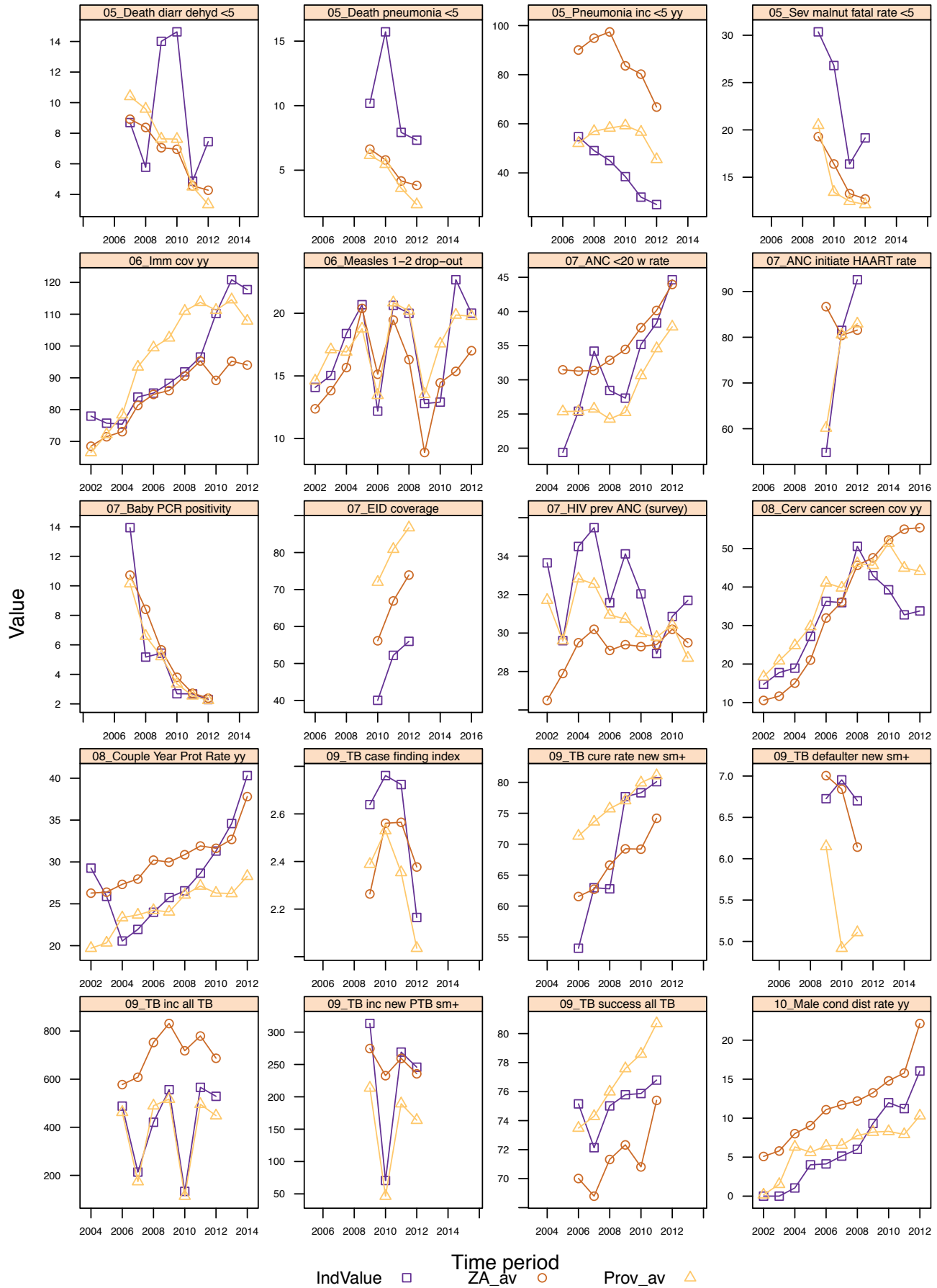
The TB incidence (all cases) was the second highest in the province at 528.8 per 100 000 people, higher than the provincial rate of 448.3 per 100 000 people but lower than the national rate of 687.3 per 100 000 people. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 359 in 2011 to 2 171. TB incidence (new pulmonary smear-positive) was the second highest provincially at 245.8 per 100 000 people. The TB case finding index was 2.2%, in line with both provincial and national percentages, which were 2.0 and 2.4 respectively. The TB cure rate (new pulmonary smear-positive) was 80.1% in 2011, higher than the national average of 74.2%. The TB defaulter rate (new pulmonary smear-positive) was the second highest in the province in 2011 at 6.7%, and the TB treatment success rate (all TB) was 76.8%, the second lowest provincially.

Male condom distribution coverage at 16.0 condoms per male 15 years and older was between the provincial and national averages of 10.3 and 22.1 respectively. Adults remaining on ART at the end of 2010/11 increased from 8 573 to 43 917 by the end of 2012/13. The child under 15 years remaining on ART at end of the month total also increased from 155 to 2 873 in the same period.

Annual indicators for district: Sedibeng: DC42



Annual indicators for district: Sedibeng: DC42



West Rand District Municipality

Joan Dippenaar and Sne Khuzwayo

The West Rand District is in the south west of Gauteng Province and has an estimated medical scheme coverage of 24.4%.

The proportion of district health services expenditure on district management almost halved over the last four years and was 9.6%, but was higher than the provincial average of 6.1% and the national average of 3.4%. The proportion of district expenditure on district hospitals dropped by 8.8 percentage points from 2009/10 to 28.8%. The proportion of health services expenditure on primary health care (PHC) was 61.6%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) increased from 80.9% in 2011/12 to 98.9% and was the third highest in the country.

The inpatient bed utilisation rate was 66.7% with an average length of stay of 3.8 days, above the provincial average of 3.2 days but shorter than the national average of 4.2 days. The expenditure per patient day equivalent was R2 233, and this was above the provincial and national averages of R2 172 and R1 823 respectively. The ratio of ambulatory to inpatient days was 0.8, lower than the provincial and national ratio of 1.3. A ratio less than one means that more clients are admitted to hospital than are seen at the emergency unit/OPD clinics. The OPD new client not referred rate of 63.1% was the highest provincially and indicates that many patients bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate of 21.4% was in line with both the provincial and national averages of 21.2% and 20.8% respectively. The delivery in facility under 18 years remained stable at 5.8%, higher than the provincial percentage of 4.8% but lower than the national percentage of 7.7%. The stillbirth in facility rate decreased from 17.5 per 1 000 births in 2011/12 to 14.2 per 1 000 births in 2012/13, lower than both the provincial average of 19.9 per 1 000 births and the national average of 21.8 per 1 000 births. At 5.1 per 1 000 live births, the inpatient early neonatal death rate was the lowest in the province and much lower than the national rate of 10.2 per 1 000 live births. The facility maternal mortality ratio was also the lowest provincially at 60.1 per 100 000 live births, a decrease from 95.5 per 100 000 live births in 2011/12.

The antenatal 1st visit before 20 weeks rate increased from 40.4% in 2011/12 to 47.3% in 2012/13, which is higher than the provincial rate of 37.8% and in line with the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey shows that HIV prevalence among antenatal clients tested was 32.3%. The antenatal client initiated on ART rate increased significantly from 56.7% in 2010/11 to 81.5% in 2012/13, and is in line with both the provincial and national rates of 83.0% and 81.6% respectively.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was the second lowest in the province at 74.3%, and was lower than the provincial average of 86.7% but in line with the national average of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.8% was the highest rate provincially. This value was slightly higher than the 2.6% of the PCR test positive around 6 weeks rate (DHIS data), but both have achieved the target.

The immunisation coverage under 1 year was 104.4%. Immunisation rates above 100% suggest dubious data quality or incorrect catchment population figures. The measles 1st to 2nd dose drop-out rate increased slightly from 12.8% to 14.1%, but this was lower than the provincial average of 19.8% and the national average of 17.0%.

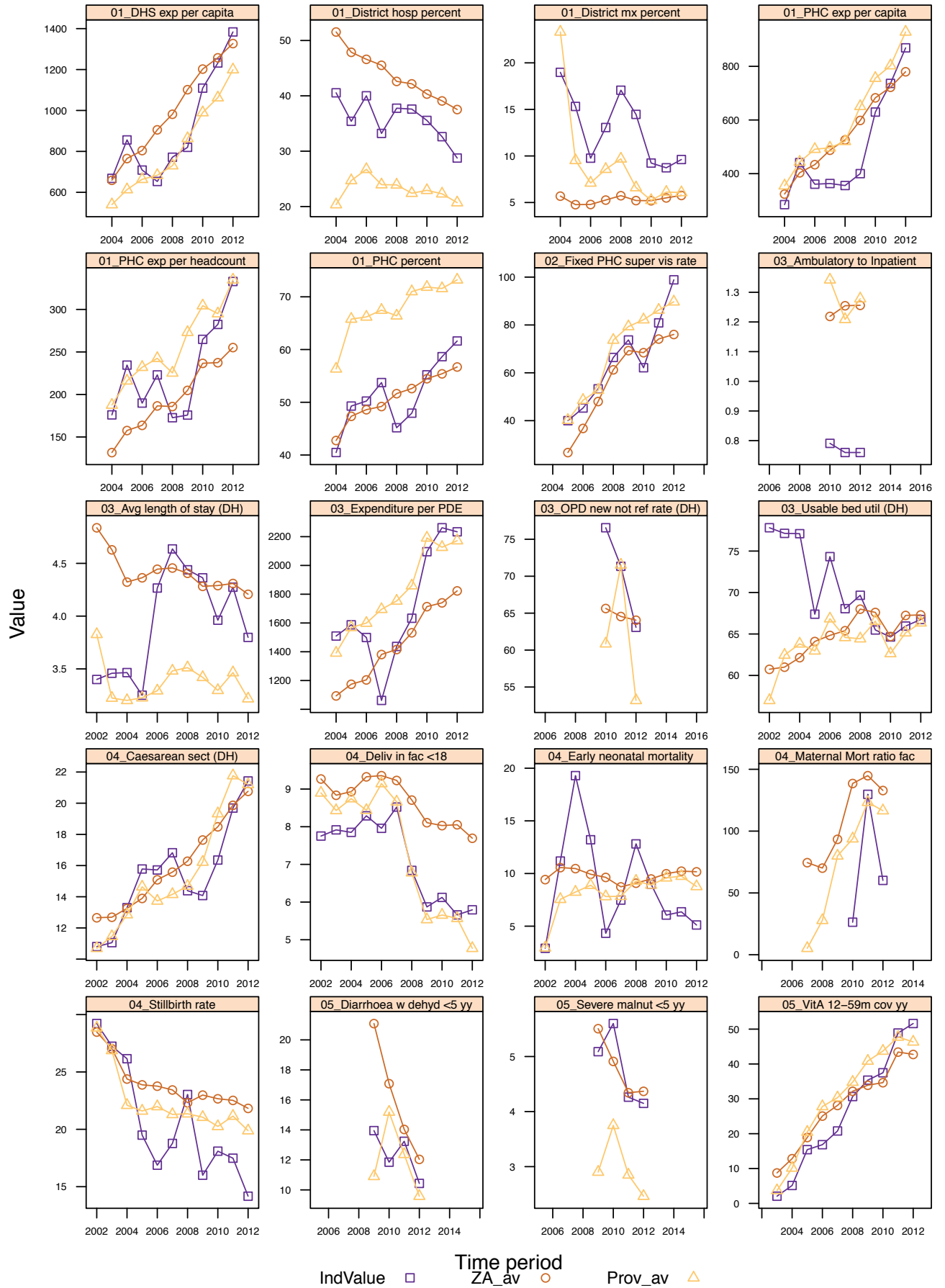
The child under 5 years diarrhoea with dehydration incidence was the second highest in the province at 10.4 episodes per 1 000 children; the child under 5 years diarrhoea case fatality rate at 0.4% was the seventh lowest in the country. The child under 5 years pneumonia incidence decreased from 43.7 cases per 1 000 children in 2011/12 to 35.7 per 1 000 children in 2012/13, and was well below the national average of 66.8 per 1 000 children. The child under 5 years pneumonia case fatality rate was the second lowest nationally at 0.7%. The child under 5 years severe acute malnutrition incidence was 4.1 cases per 1 000 children and was the highest in the province, whereas the child under 5 years severe acute malnutrition case fatality rate was the lowest nationally at 1.2%. Vitamin A coverage of children 12 to 59 months was 51.6% and higher than the provincial and national percentages of 46.3% and 42.8% respectively.

There has been a steady increase in the couple year protection rate from 15.6% in 2006/07 to 31.4% in 2012/13; however, this was below the national average of 37.8%. The cervical cancer screening coverage decreased from 43.4% in 2011/12 to 37.3% and was significantly lower than the national average of 55.4%.

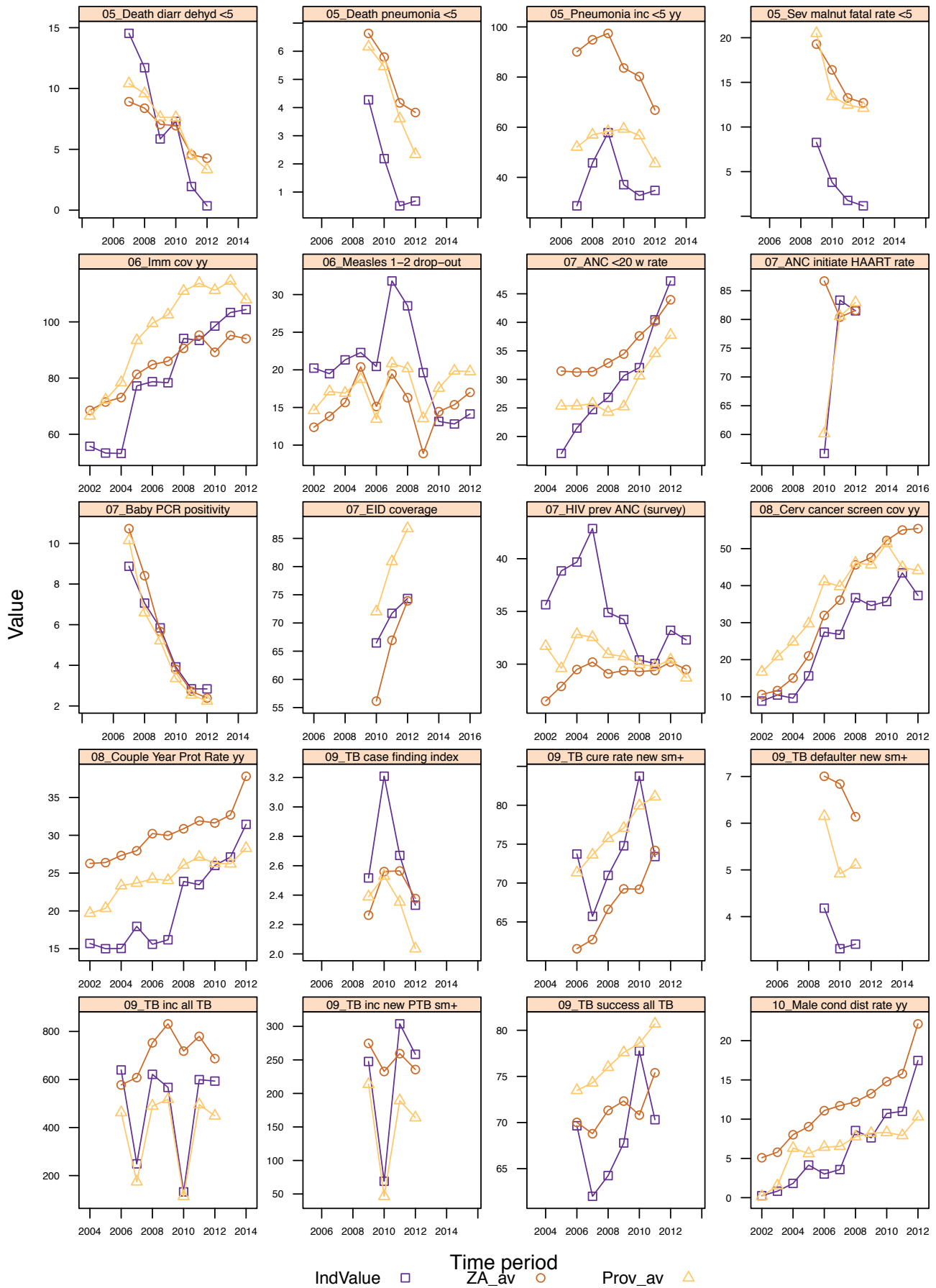
The TB incidence (all cases) in the West Rand District was the highest in the province at 593.4 per 100 000 people, but lower than the national rate of 687.3 per 100 000 people. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 800 in 2011 to 2 431 in 2012. The TB incidence (new pulmonary smear-positive) was the highest provincially at 258.4 per 100 000 people and above the national incidence of 235.7 per 100 000 people. The TB case finding index was 2.3%. The TB (new pulmonary smear-positive) cure rate at 73.4% in 2011 was the lowest provincially. The TB (new pulmonary smear-positive) defaulter rate was the second lowest in the province at 3.4%. Ten percent of new pulmonary smear-positive treatment outcomes were lost to follow-up – not evaluated – in 2011, so these cure and defaulter rates may not be an accurate reflection of TB management. The TB treatment success rate (all TB) was 70.3% in 2011, also the lowest provincially.

Male condom distribution coverage at 17.5 condoms per male 15 years and older was the highest provincially but lower than the national averages of 22.1. The total number of adults remaining on ART at the end of the month increased from 7 827 at the end of 2010/11 to 33 393 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month also increased from 214 to 2 084 in the same period.

Annual indicators for district: West Rand: DC48



Annual indicators for district: West Rand: DC48



Ekurhuleni Metropolitan Municipality

Natasha Chetty

Ekurhuleni Metropolitan District in Gauteng Province has an estimated medical scheme coverage of 25.5%.

The proportion of district health services expenditure on primary health care (PHC) was 83.1%, the second highest in both the province and nationally. The proportion of district health services expenditure on district management was 6.8%, a 2.6 percentage point decrease since 2011/12, but still higher than the provincial and national averages of 6.1% and 5.8% respectively. Since 2006/07, there was a steady decrease in the proportion of district health services expenditure on district hospitals, from 14.0% to 10.1% in 2012/13, the second lowest in the province and nationally and significantly lower than both the provincial and national averages of 20.7% and 37.5% respectively. Ekurhuleni Metropolitan District has only one district hospital.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was the second highest in the province at 96.4% and well above the national average and target of 76% and 80% respectively.

The inpatient bed utilisation rate was 87.1%, an increase from 80.4% in 2011/12 and considerably higher than the provincial and national averages of 66.3% and 67.3% respectively. The average length of stay was 3.0 days, which was shorter than the national average of 4.2 days. The expenditure per patient day equivalent increased from R2 022 in 2011/12 to R2 174 in 2012/13, similar to the provincial average and higher than the national average of R1 823. The ratio of ambulatory to inpatient days was 1.9, which was much higher than the provincial and national ratios of 1.3. This indicates that many more patients are seen at the emergency and OPD units than are being admitted as inpatients. The OPD new client not referred rate of 62.2% was significantly lower than the 2011/12 rate of 84.7%; however, it was higher than the provincial average of 53.2%. A relatively high percentage of patients, therefore, bypass PHC facilities and access the district hospital directly.

The delivery by Caesarean section rate in district hospitals decreased steadily from 21.4% in 2009/10 to 16.4% in 2012/13, the lowest in the province and lower than the national average of 20.8%. The delivery in facility under 18 years rate also decreased from 9.2% in 2007/08 to 4.9% in 2012/13, the third lowest both provincially and nationally. Ekurhuleni Metropolitan District had the highest stillbirth in facility rate, inpatient early neonatal death rate, and facility maternal mortality ratio (MMR) in the province. The stillbirth in facility rate was at 21.4 per 1 000 births, and the inpatient early neonatal death rate was 10.1 per 1 000 live births. The facility MMR was 218.7 per 100 000 live births, an increase from 202.0 per 100 000 live births in 2011/12, and higher than the national rate of 132.9 per 100 000 live births.

Although the antenatal 1st visit before 20 weeks rate increased steadily from 17.2% in 2007/08 to 36.3% in 2012/13, it was the second lowest in the province and the fourth lowest nationally. The 2011 National Antenatal Sero-prevalence Survey shows an HIV prevalence among antenatal clients tested of 30.1%. The antenatal client initiated on ART rate increased from 82.7% in 2011/12 to 87.3% in 2012/13, and was higher than both the provincial and national rates of 83.0% and 81.6% respectively.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage in Ekurhuleni increased significantly from 60.9% in 2010/11 to 84.2% in 2012/13, similar to the provincial average of 86.7%, and notably higher than the national average of 73.9%. The proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.3% was in line with the 2.2% value of the PCR test positive around 6 weeks rate (DHIS data).

The immunisation coverage under 1 year was 106.6% in 2012/13. Immunisation rates above 100% suggest dubious data quality or incorrect catchment population figures. The measles 1st to 2nd dose drop-out rate increased steadily from 13.8% in 2009/10 to 20.1% in 2012/13, the second highest in the province and higher than the national average of 17.0%.

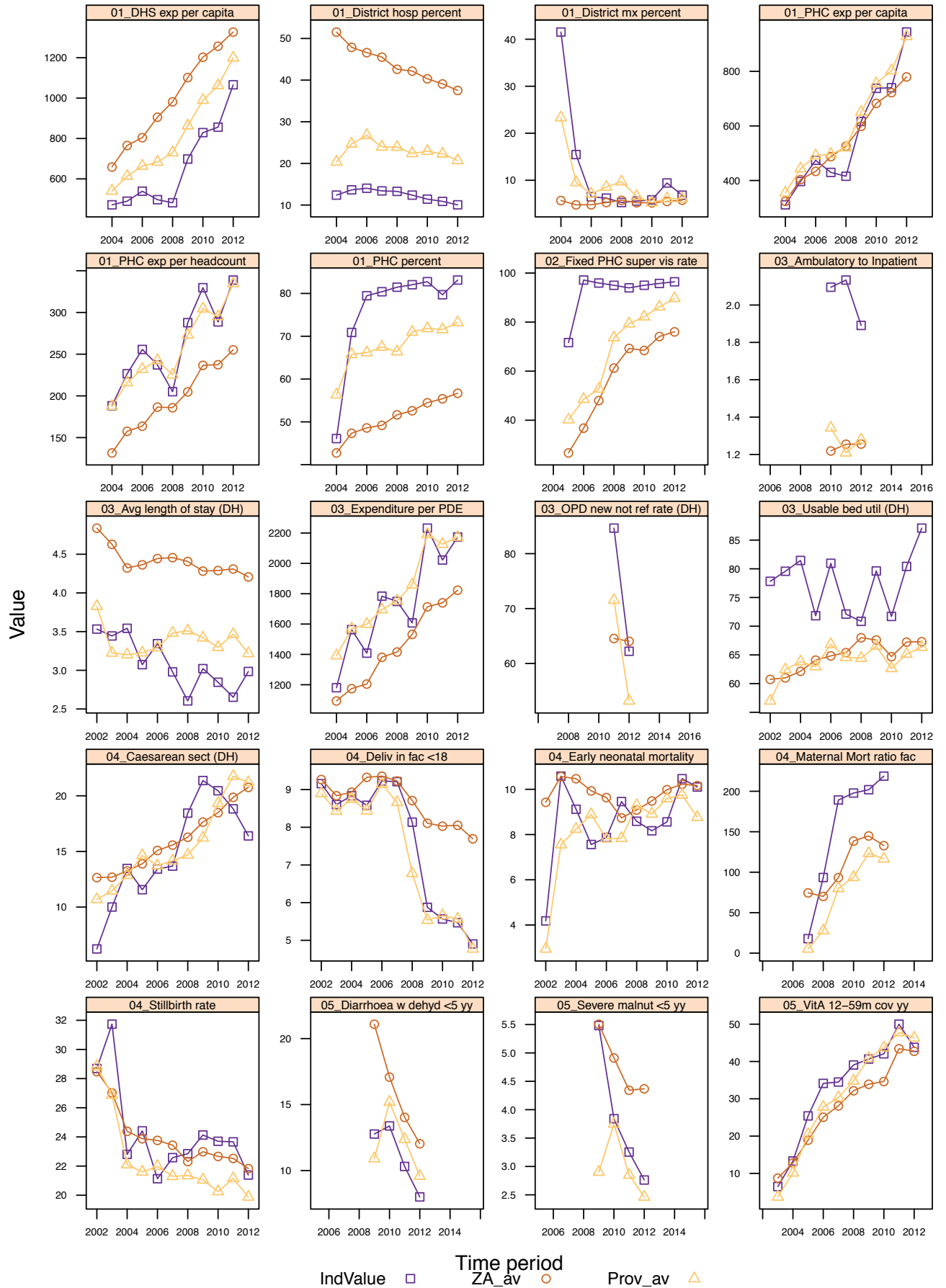
The child under 5 years diarrhoea with dehydration incidence decreased slightly from 10.3 episodes per 1 000 children in 2011/12 to 8.0 episodes per 1 000 children in 2012/13, the second lowest in the province and hence lower than the provincial average of 9.6 episodes per 1 000 children, as well as notably lower than the national average of 12.0 per 1 000 children. Ekurhuleni's child under 5 years diarrhoea case fatality rate decreased slightly from 4.4% in 2011/12 to 3.3% in 2012/13, on par with the provincial average and slightly lower than the national average of 4.3%. The child under 5 years pneumonia incidence decreased steadily from 68.9 cases per 1 000 children in 2008/09 to 35.7 cases per 1 000 children in 2012/13, lower than both the provincial and national rates of 45.5 and 66.8 per 1 000 children respectively. The child under 5 years pneumonia case fatality rate decreased steadily from 7.3% in 2009/10 to 2.7% in 2012/13, similar to the provincial average and slightly lower than the national average of 3.8%. There was also a steady decrease in child under 5 years severe acute malnutrition incidence from 5.5 cases per 1 000 children in 2009, to 2.8 cases per 1 000 children in 2012/13, slightly higher than the provincial average of 2.5 cases per 1 000 children, but nevertheless lower than the national average of 4.4 cases per 1 000 children. There was a notable decrease in the child under 5 years severe acute malnutrition case fatality rate since 2009/10, from 26.6% to 11.2% in 2012/13, which is similar to both the provincial and national averages of 12.1% and 12.7% respectively. Vitamin A coverage 12 to 59 months decreased from 50.0% in 2011/12 to 43.8% in 2012/13 and is lower than the provincial average of 46.3%.

The couple year protection rate was the second lowest in the province at 27.2%, and also notably lower than the national average of 37.8%. Although Ekurhuleni had the second highest percentage of cervical cancer screening coverage in the province at 47.2%, this was lower than the national average of 55.4%.

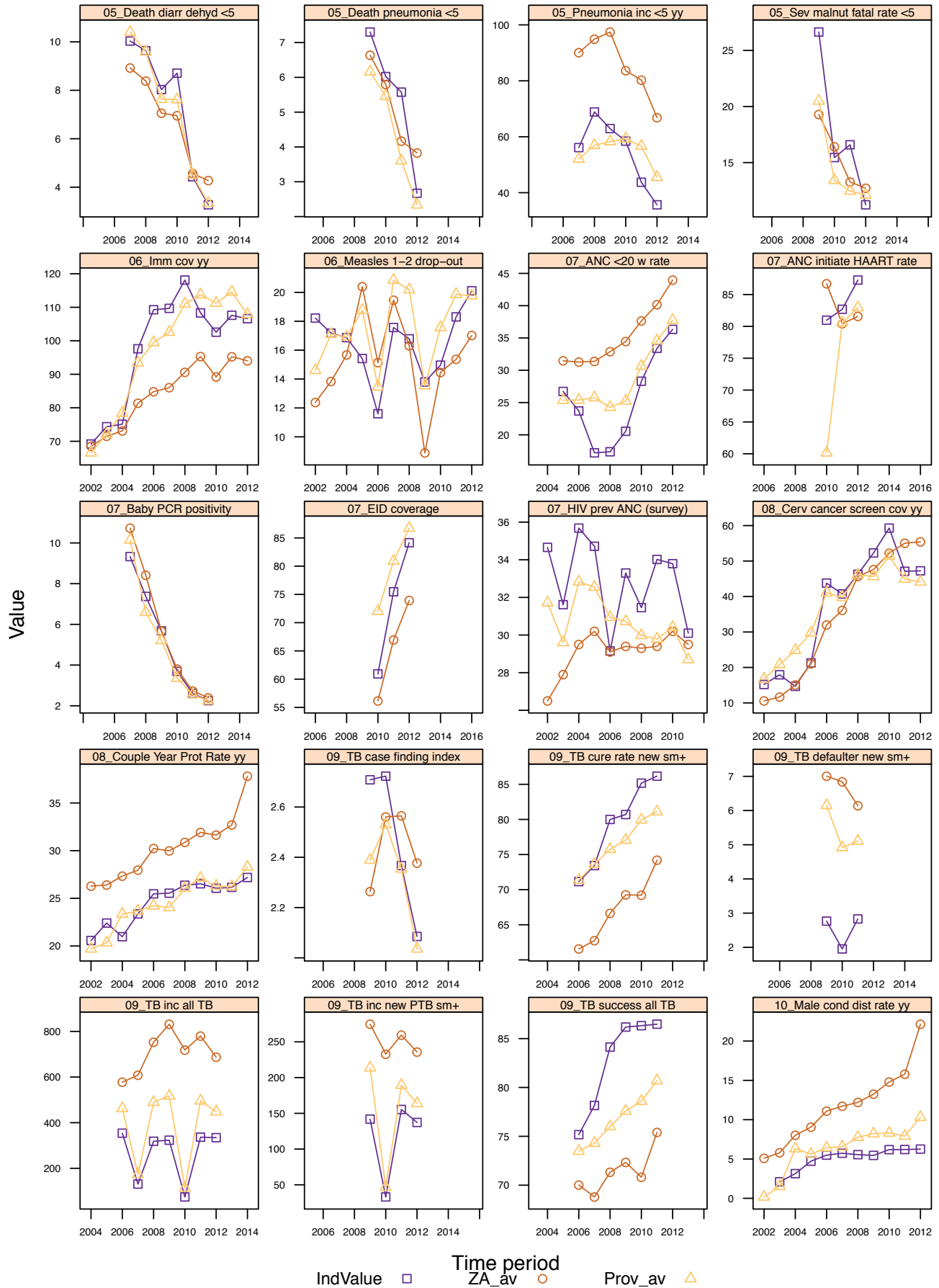
The TB incidence (all cases) was the lowest in the province and third lowest in the country at 334.5 per 100 000 people, therefore significantly lower than the provincial rate of 448.3 per 100 000 people and the national rate of 687.3 per 100 000 population. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 5 434 in 2011 to 4 064. TB incidence (new pulmonary smear-positive) was the second lowest provincially at 137.3 per 100 000 people, and well below the national incidence of 235.7 per 100 000 people. The TB case finding index was 2.1%, similar to both provincial and national percentages, 2.0% and 2.4% respectively. The TB cure rate (new pulmonary smear-positive) was 86.2% in 2011, the highest in the province and higher than the national average of 74.2%. The TB defaulter rate (new pulmonary smear-positive) was the lowest in the province in 2011/12 at 2.8%. The TB treatment success rate (all TB) was 86.5% in 2011/12, the highest both provincially and nationally.

Ekurhuleni had the lowest male condom distribution coverage of 6.3 condoms per male 15 years and older in the province and significantly lower than the national average of 22.1. The total number of adults remaining on ART at the end of 2010/11 increased from 30 021 to 133 864 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month total also increased from 176 to 7 617 in the same period.

Annual indicators for district: Ekurhuleni: EKU



Annual indicators for district: Ekurhuleni: EKU



City of Johannesburg Metropolitan Municipality

Rakshika Bhana

Johannesburg Metropolitan District in Gauteng Province has an estimated medical scheme coverage of 24.8%.

The percentage of district health services expenditure on district management and primary health care (PHC) remained unchanged from the previous year at 3.2% and 90.6% respectively in 2012/13. Similarly, the percentage of expenditure on district hospital services remained almost the same at 6.3% in 2012/13.

Despite the increase in the PHC supervisor visit rate (fixed clinic/CHC/CDC) in 2012/13 by 3.2 percentage points to 78.7%, this remains the lowest in the province, albeit higher than the national average of 76%.

The district has only one district hospital. There has been a decrease in the inpatient bed utilisation rate since 2009/10 with a bed utilisation rate of 53.0% in 2012/13. The average length of stay decreased only marginally to 3.6 days from 3.8 days in 2011/12 but is still longer than the provincial average. The expenditure per patient day equivalent was R2 198, which was higher than the provincial and national averages at R2 172 and R1 823 respectively. The ratio of ambulatory to inpatient days decreased from 1.5 in 2011/12 to 1.2 in 2012/13, which was lower than the provincial ratio of 1.3. This means that slightly more clients are seen at the emergency unit/OPD clinics than are admitted to hospital. No data were available for the metro for the OPD new client not referred rate for district hospitals.

The delivery by Caesarean section rate in district hospitals in the metro dropped only slightly from 34.1% in 2011/12 to 32.6% in 2012/13, but remained the highest in the province and above the national average of 20.8%. The delivery in facility under 18 years rate was 4.0% and the lowest in the country. The maternal mortality ratio recorded by the DHIS dropped by 6.2 percentage points in 2012/13 to 61.8 per 100 000 live births, the second lowest in the province. The stillbirth in facility rate increased from 18.5 per 1 000 births in 2011/12 to 19.0 per 1 000 births. The inpatient early neonatal death rate remained stable in 2012/13 at 10.0 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate increased steadily since 2009/10 from 21.5% to 34.3% in 2012/13; however, this rate remains the lowest in the province with a provincial average of 37.8%. The 2011 National Antenatal Sero-prevalence Survey measured the HIV prevalence among antenatal clients as 28.9%. The antenatal clients initiated on ART rate decreased from 77.7% in 2011/12 to 73.3% in 2012/13, which was lower than the provincial average of 83.0%.

The early infant HIV diagnosis coverage, using data from the National Health Laboratory Services (NHLS), was 98.7% in 2012/13 and is above the provincial and national coverages of 86.7% and 73.9% respectively. The infant 1st PCR test positive at 6 weeks rate (DHIS data) dropped from 3.1% in 2011/12 to 2.2% in 2012/13, the lowest in the province. This was consistent with the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.2% in 2012/13.

The immunisation coverage under 1 year was 118.0% in 2012/13, and 125.0% in 2011/12. While this ranks the Johannesburg Metropolitan District as having the highest immunisation coverage in the country, rates above 100% suggest poor data quality or incorrect catchment population figures. The measles 1st to 2nd dose drop-out rate increased from 17.4% in 2011/12 to 18.6% in 2012/13.

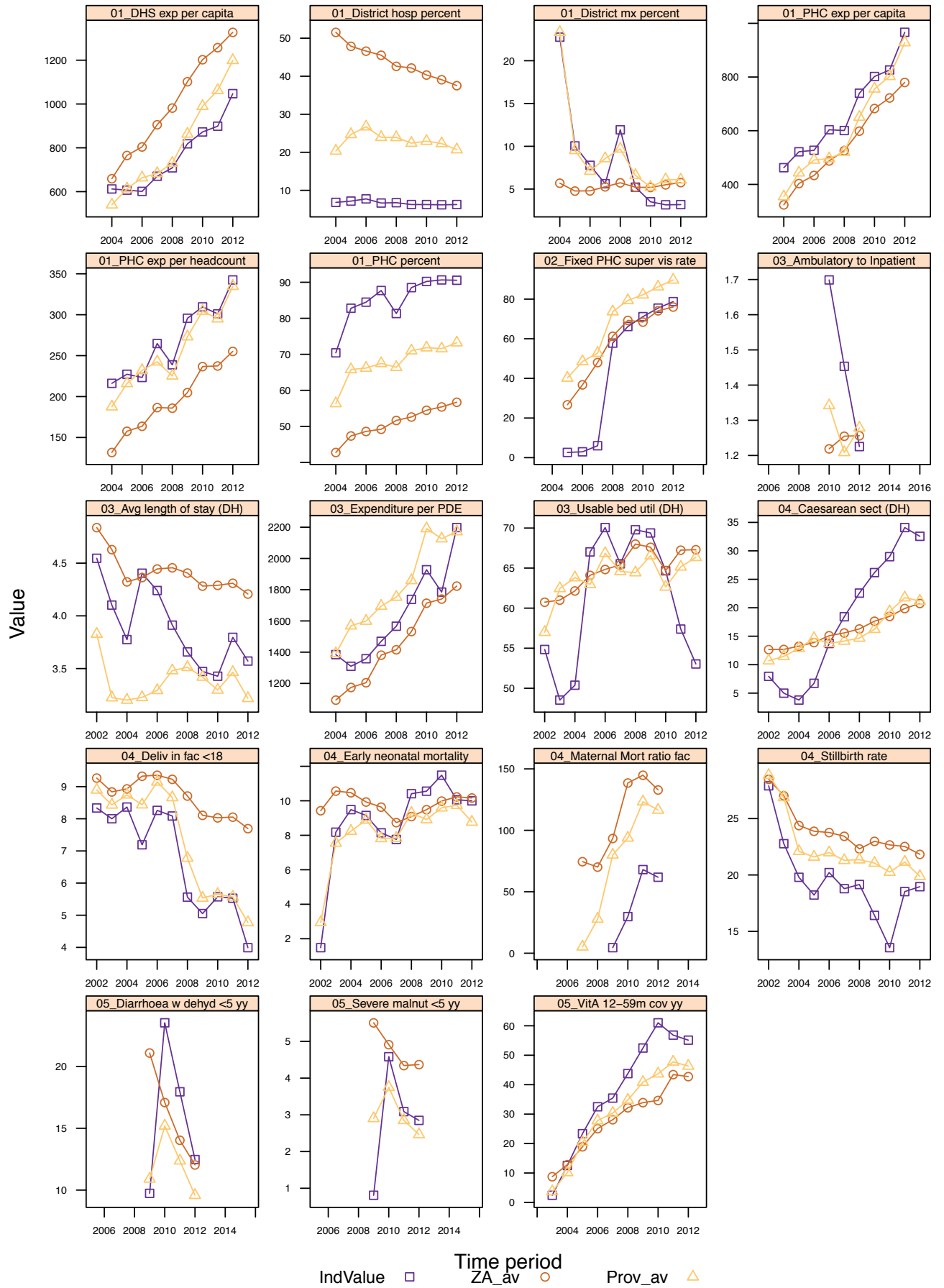
The child under 5 years diarrhoea with dehydration incidence was 12.5 episodes per 1 000 children, almost the same as the national incidence of 12.0 episodes per 1 000 children, and the child under 5 years diarrhoea case fatality rate decreased by 3.8 percentage points to 1.9% in 2012/13, which was lower than the provincial rate of 3.3%. The child under 5 years pneumonia incidence dropped from 64.1 cases per 1 000 children under 5 years to 50.5 cases per 1 000 children, and the under 5 years pneumonia case fatality rate also dropped from 3.3% in 2011/12 to 1.3% in 2012/13. This was lower than the provincial average of 2.3% and the second lowest in the province. The child under 5 years severe acute malnutrition incidence dropped from 3.1 cases per 1 000 children in 2011/12 to 2.8 cases per 1 000 children in 2012/13, and the child under 5 years acute malnutrition case fatality rate dropped in the same period from 18.8% to 13.7%. This, however, was higher than the provincial average of 12.1%. The vitamin A coverage 12 to 59 months decreased annually from 61.0% in 2010/11 to 55.1% in 2012/13, but still places the metro as the fifth best-performing district on this indicator nationally.

The cervical screening coverage of 49.8% in 2012/13 was the highest in the province, but lower than the national average coverage of 55.4%. The couple year protection rate increased by 1.8 percentage points in 2012/13 to 28.0%, similar to the provincial average of 28.3%, but lower than the national average of 37.8%.

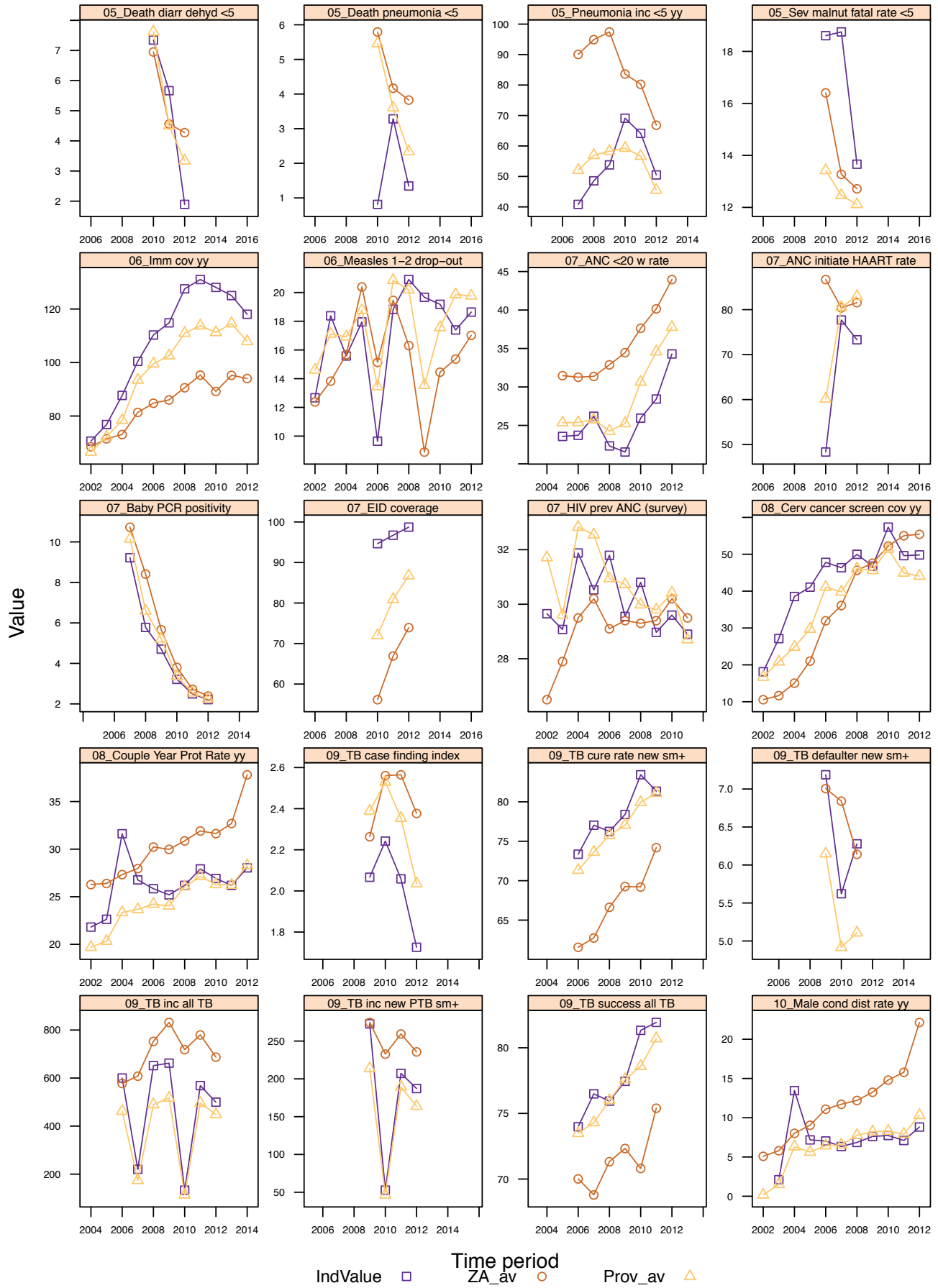
The TB incidence (all cases) was 499.6 per 100 000 people in 2012, higher than the provincial average of 448.3 per 100 000 cases. The TB case finding index was 1.7%. The number of cases diagnosed with new pulmonary smear-positive TB decreased from 7 800 in 2011 to 7 137 in 2012. The TB incidence (new pulmonary smear-positive) was 187.2 per 100 000 people, which was higher than the provincial average of 163.8 per 100 000 people. The TB cure rate (new pulmonary smear-positive) decreased from 83.4% in 2010 to 81.4% in 2011, and the TB defaulter rate (new pulmonary smear-positive) increased from 5.6% to 6.3% in the same period. The TB treatment success rate (all cases) was 81.9% in 2011, higher than the national average of 75.4%.

The male condom distribution coverage for 2012/13 was the second lowest in the province at 8.8 condoms per male 15 years and older, and well below the national average of 22.1 condoms per male. The total number of adults and children under 15 years remaining on ART at end of the month increased from the end of 2011/12 to 2012/13 as follows: adults from 70 148 to 177 176, and children from 657 to 10 065.

Annual indicators for district: Johannesburg Metropolitan: JHB



Annual indicators for district: Johannesburg Metropolitan: JHB



City of Tshwane Metropolitan Municipality

Rakshika Bhana

The Tshwane Metropolitan Municipality in Gauteng Province has an estimated medical scheme coverage of 33.2%, which is the highest recorded coverage in the country. The district is also one of the 11 National Health Insurance (NHI) pilot districts.

The proportion of district health services expenditure on district management and the proportion of total district expenditure on primary health care (PHC) increased in 2012/13 to 7.8% and 57.0% from 6.8% and 56.7% respectively. The percentage expenditure on district hospital services at 35.2% was the lowest expenditure recorded since 2005/06, but the highest in the province in 2012/13.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) has been above 90% for the past three years, and at 91.3% was higher than the national average of 76.0%.

The inpatient bed utilisation rate increased from 63.3% in 2011/12 to 66.2%, slightly below the national rate of 67.3%. The average length of stay at district hospitals decreased to 3.0 days in 2012/13 from 3.3 days in 2011/12. The expenditure per patient day equivalent decreased only slightly to R 2 111 from R 2 211 in 2011/12, and is not much different from the provincial average of R 2 172. The ratio of ambulatory to inpatient day increased from 1.2 in 2011/12 to 1.5 in 2012/13, which was higher than the provincial and national ratios of 1.3. A ratio of more than one means that more clients are seen at the emergency unit/OPD clinics than are admitted to hospital. Data for the metro on the OPD new client referred rate for district hospitals showed a decrease to 47.3% in 2012/13 from 68.2% in 2011/12. This indicates that just under 50% of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate at district hospitals in 2012/13 was 19.7%, slightly below the national rate of 20.8%. The delivery in facility under 18 years rate dropped by 0.7 percentage points to 4.9% in 2012/13, and was the second lowest in the country. The facility maternal mortality ratio was 62.0 per 100 000 live births in 2012/13, a decrease from 95.5 per 100 000 live births in 2011/12 and lower than the provincial ratio of 116.5 per 100 000 live births. The stillbirth rate of 21.1 per 1 000 births was slightly higher than the provincial rate of 19.9 per 1 000 births. The inpatient early neonatal death rate dropped from 9.6 per 1 000 live births in 2011/12 to 6.5 per 1 000 live births in 2012/13, which was the second lowest in the province and below the provincial rate of 8.8 per 1 000 live births.

At 40.6%, the antenatal client 1st visit before 20 weeks rate was higher than the provincial average of 37.8%, but lower than the national average of 44.0%. The 2011 National Antenatal Sero-prevalence Survey showed a drop in the HIV prevalence among antenatal clients tested (24.4%) from 26.5% in 2010. The antenatal clients initiated on ART rate (95.7%) was the highest in the province and among the NHI districts, and above the national rate of 81.6%.

Data accessed from the National Health Laboratory Services (NHLS) for the early infant HIV diagnosis coverage showed an increased coverage of 10.6 percentage points to 91.6% in 2012/13, this being above the national average of 73.8%. The infant 1st PCR test positive at 6 weeks rate (DHIS data) dropped from 8.0% in 2011/12 to 3.1% in 2012/13, which is recorded as the highest in the province. There may be some data quality issues with this indicator, since the proportion of PCR tests found to be HIV-positive for infants under two months of age, based on NHLS data, has been below 8% since 2009/10 and was 2.0% in 2012/13.

The immunisation coverage under 1 year dropped from 109.8% in 2011/12 to 94% in 2012/13, which was on par with the national average. The measles 1st to 2nd dose drop-out rate at 23.2% was higher than the provincial rate of 19.8%.

The child under 5 years diarrhoea with dehydration incidence at 8.2 episodes per 1 000 children in 2012/13 was lower than the provincial incidence of 9.6 episodes per 1 000 children under five years. The child under 5 years diarrhoea case fatality rate decreased by 2.7 percentage points to 3.1% in 2012/13, lower than the provincial average of 3.3%. The child under 5 years pneumonia incidence dropped from 77.0 cases per 1 000 children in 2011/12 to 58.7 cases per 1 000 children in 2012/13, and the pneumonia case fatality rate of 1.7% was lower than the provincial average of 2.3%. The child under 5 years severe acute malnutrition incidence dropped from 2.1 cases per 1 000 children in 2011/12 to 1.5 cases per 1 000 children in 2012/13, the lowest recorded incidence among the NHI districts. The child under 5 years acute malnutrition case fatality rate, however, increased steadily from 10.9% in 2010/11 to 18.8%, higher than the provincial and national averages of 12.1% and 12.7% respectively. The vitamin A coverage 12 to 59 months was 30.5%, representing the lowest performance in the province.

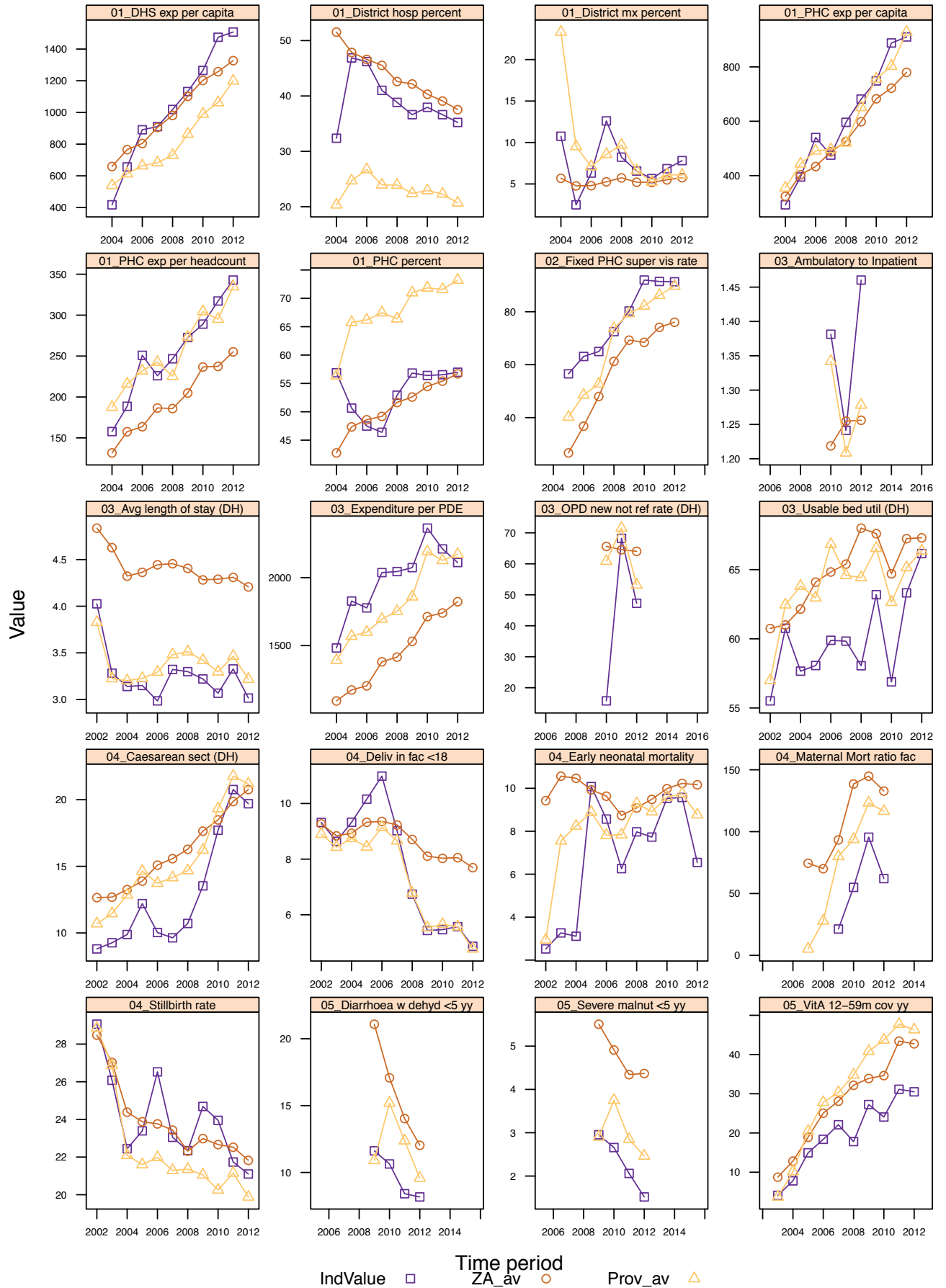
The cervical cancer screening coverage in 2012/13 at 38.1% reflected a drop of 2.0 percentage points. The couple year protection rate of 25.0% was the second lowest in the country and the lowest ranking among the NHI districts – the national average for this indicator was 37.8%.

In 2012/13, the incidence of TB (all cases) was 424.1 per 100 000 people, below the provincial average of 448.3 per 100 000 people, and the TB case finding index was 2.3%. The number of new pulmonary smear-positive cases diagnosed with TB decreased from 3 676 in 2011 to 2 788 in 2012 and the TB incidence (new pulmonary smear-positive) was recorded as 101.4 per 100 000 people, lower than the provincial average of 163.8 per 100 000 people. The TB (new pulmonary smear-

positive) cure rate increased from 65.3% in 2010 to 79.5% in 2011. The TB (new pulmonary smear-positive) defaulter rate was 6.2%, and the TB treatment success rate (all cases) increased from 68.0% in 2011 to 78.7% in 2012, which was higher than the national average of 75.4%.

The male condom distribution rate increased from 8.8 condoms per male 15 years and older to 12.5 condoms per male 15 years and older; however, this remains low, and below the national average of 22.1. The total number of adults remaining on ART at the end of 2010/11 decreased from 35 629 to 31 447 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month total increased from 127 to 354 in the same period.

Annual indicators for district: Tshwane: TSH



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