

15 KwaZulu-Natal Province

Ugu District Municipality

Abraham Malaza

Ugu District in KwaZulu-Natal has an estimated medical scheme coverage of 7.3%.

The proportion of district health services expenditure on district management at 1.7% was lower than the provincial average of 2.1%. The proportion of health expenditure on district hospitals was 40.1%, below the provincial average of 41.9%. The proportion of district health services expenditure on primary health care (PHC) was 58.1%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was 62.1% and well below the national average of 76.0%.

The inpatient bed utilisation rate of 74.6% was the second highest in the province and above the provincial rate of 63.2%. The average length of stay was 6.2 days and longer than the national average of 4.2 days. Expenditure per patient day equivalent was R1 548, which was below the national average of R1 823. The ratio of ambulatory to inpatient days was 1.2, indicating that the number of patients seen at the emergency/OPD units was 20% greater than the number of patients admitted as inpatients. The OPD new client not referred rate at 21.0% was the lowest provincially. 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.

The delivery by Caesarean section rate was the highest provincially at 37.1% and well above the national rate of 20.8%. The delivery in facility under 18 years rate was 10.5%, also above the national rate of 7.7%. The facility maternal mortality ratio decreased from 276.4 per 100 000 live births in 2010/11 to 155.9. The stillbirth in facility rate remained stable at 23.5 per 1 000 births and was above the national rate of 21.8 per 1 000 births. The inpatient early neonatal death rate was 8.3 per 1 000 live births and below the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate increased from 35.1% in 2011/12 to 49.1%, and was above the national rate of 44.0%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) at 41.9% was the second highest in the country. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage at 84.3% was well above the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.6% was higher than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) value of 2.2%.

Immunisation coverage under 1 year was 98.8% and above the national average of 94.0%. The measles 1st to 2nd dose drop-out rate at 4.9% was the lowest rate in the province.

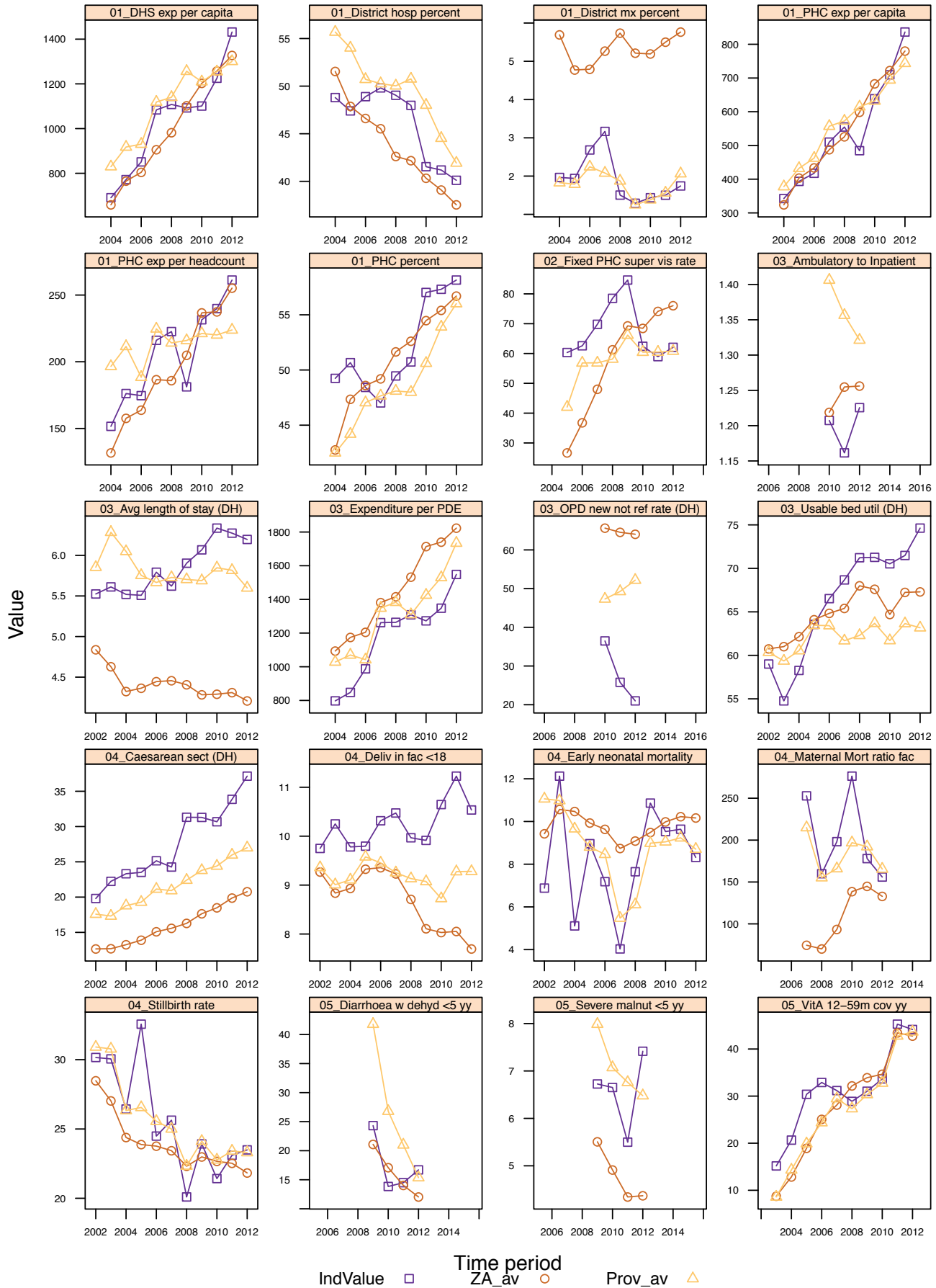
The child under 5 years diarrhoea with dehydration incidence was 16.7 episodes per 1 000 children and had increased from 14.5 in 2011/12. This was higher than both the provincial (15.4) and national (12.0) averages. The child under 5 years diarrhoea case fatality rate increased from 3.4% to 4.5%. The child under 5 years pneumonia incidence decreased from 187.3 cases per 1 000 children in 2011/12 to 177.9 in 2012/13, but was well above the national incidence of 66.8 per 1 000 children. The child under 5 years pneumonia case fatality rate decreased from 3.3% to 1.7% in the same period. The child under 5 years severe acute malnutrition incidence increased from 5.5 cases per 1 000 children in 2011/12 to 7.4 cases per 1 000 children, while the child under 5 years severe acute malnutrition case fatality rate decreased from 14.5% to 11.3% during 2012/13. The vitamin A coverage in children aged 12 to 59 months was 44.1%, a decrease from 45.3% in 2011/12 and the third highest coverage in the province.

The couple year protection rate increased slightly from 27.0% in 2011/12 to 32.3% in 2012/13, but was below the national average of 37.8%. The cervical cancer screening coverage also increased from 71.9% to 95.3% in the same period and was well above the national rate of 55.4%.

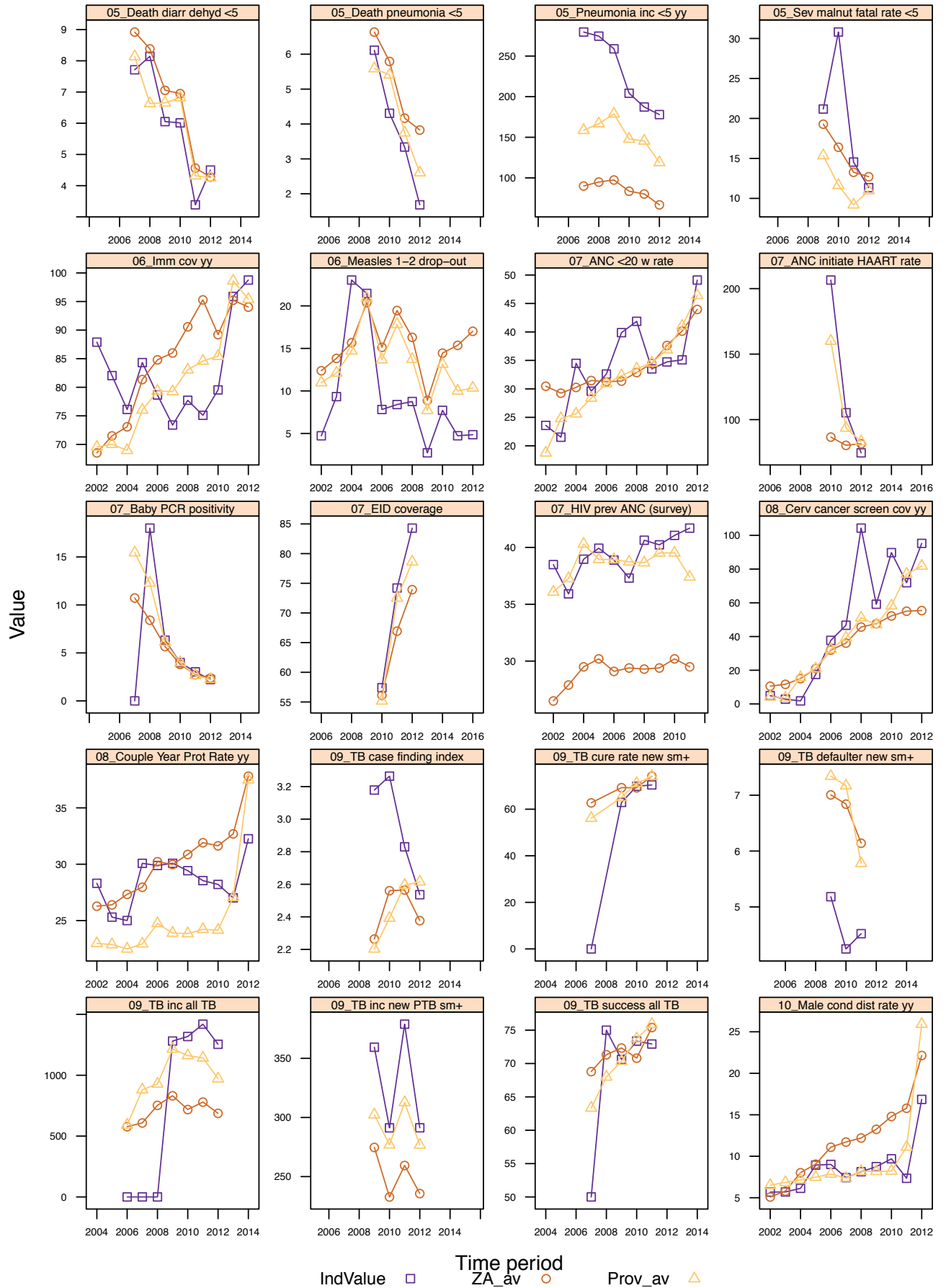
The TB incidence (all cases) was 1 254.2 per 100 000 people and decreased from 1 419.5 in 2011; however, it was still the highest incidence nationally. The TB case finding index was 2.5% and on par with the provincial index of 2.6%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 897 in 2011 to 2 237 in 2012. The TB incidence (new pulmonary smear-positive) was 291.3 per 100 000 people and above the national incidence of 235.7. The TB cure rate (new pulmonary smear-positive) was 70.1% and below the national rate of 74.2%. The TB defaulter rate (new pulmonary smear-positive) of 4.5% was below the national rate of 6.1%, and the TB new client treatment success rate (all cases) was also below average at 72.9%.

The male condom distribution coverage increased from 7.3 condoms per male 15 years and older in 2011/12 to 16.9 condoms in 2012/13. It was, however, below the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 30 519 at the end of 2010/11 to 45 588 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month however, decreased from 3 827 to 3 304 in the same period.

Annual indicators for district: Ugu: DC21



Annual indicators for district: Ugu: DC21



uMgungundlovu District Municipality**Livhuwani Mashudu Mashamba**

uMgungundlovu District in KwaZulu-Natal has the second highest medical scheme coverage provincially, estimated at 15.7%. The district is also a National Health Insurance (NHI) pilot district.

The proportion of district health services expenditure on district management increased from 1.9% in 2010/11 to 3.9% in 2012/13, higher than the provincial average of 2.1%. The proportion of health expenditure on district hospitals was 34.6% in 2012/13, well below the provincial average of 41.9%. The proportion of district health services expenditure on primary health care (PHC) increased from 54.2% to 61.5% in the same period.

There was a decrease in the PHC supervisor visit rate (fixed clinic/CHC/CDC) rate from 45.1% in 2011/12 to 37.9% in 2010/11, the second lowest of all NHI districts.

The inpatient bed utilisation rate was 73.5%, the third highest in the province and higher than the national average of 67.3%. The average length of stay of 5.0 days was the third longest stay among the NHI districts. The average expenditure per patient day equivalent of R1 863 was in line with the national average of R1 823. The ratio of ambulatory to inpatient days at 1.8 was the second highest provincially. This indicates that nearly twice as many patients were seen at the emergency/OPD units than were admitted as inpatients. The OPD new client not referred rate was 26.1%. 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.

The delivery by Caesarean section rate was 26.3%. This was above the national rate of 20.8% and the highest among the NHI districts. The delivery in facility under 18 years rate was 9.8% and above the national rate of 7.7%. The facility maternal mortality ratio increased from 193.5 per 100 000 live births in 2011/12 to 279.4 and was the second highest nationally. The stillbirth in facility rate at 27.6 per 1 000 births was the second highest provincially, and the inpatient early neonatal death rate was 9.1 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 46.5% and slightly above the national rate of 44.0%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) was 39.8%, the second highest among the NHI districts. The antenatal client initiated on ART rate was 80.1% and in line with the national rate of 81.6%. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage at 80.9% was above the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.5% was higher than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 1.7%.

The immunisation coverage of children under 1 year increased sharply from 88.2% in 2011/12 to 103.7%. Coverage exceeding 100% may be due to poor data quality or an underestimation of the under-1 population. The measles 1st to 2nd dose drop-out rate increased from 2.6% 2011/12 to 9.3% in 2012/13.

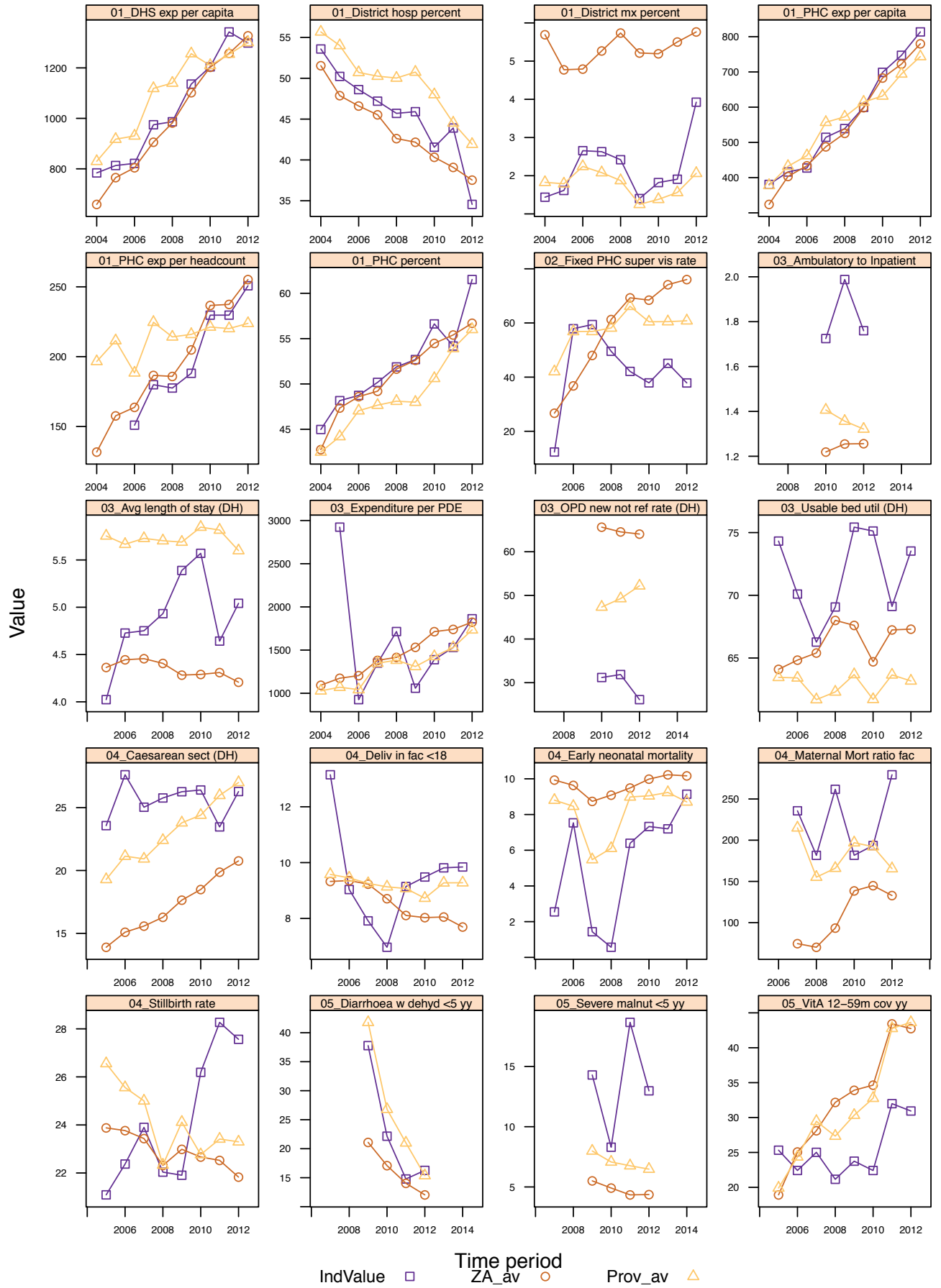
The child under 5 years diarrhoea with dehydration incidence was 16.3 episodes per 1 000 children, and was higher than the provincial and national averages of 15.4 and 12.0 per 1 000 children respectively. The child under 5 years diarrhoea case fatality rate remained stable at 2.6% and was the second lowest in the province. The child under 5 years pneumonia incidence decreased from 186.8 cases in 2011/12 to 156.4 per 1 000 children; however, it was second highest in the country. The child under 5 years pneumonia case fatality rate decreased from 5.3% to 3.3% in the same period. The child under 5 years severe acute malnutrition incidence also decreased from 18.7 in 2011/12 to 13.0 cases per 1 000 children and was the second highest nationally. The child under 5 years severe acute malnutrition case fatality rate increased from 6.2% in 2011/12 to 9.0% in 2012/13. This was below the national rate of 12.7%. The vitamin A coverage in children aged 12 to 59 months was the lowest provincially at 30.9%.

The couple year protection rate increased from 36.7% in 2011/12 to 57.8% in 2012/13 and was the third highest in the province. There was a marked increase in the cervical cancer screening coverage in the same period, from 70.8% to 92.9%.

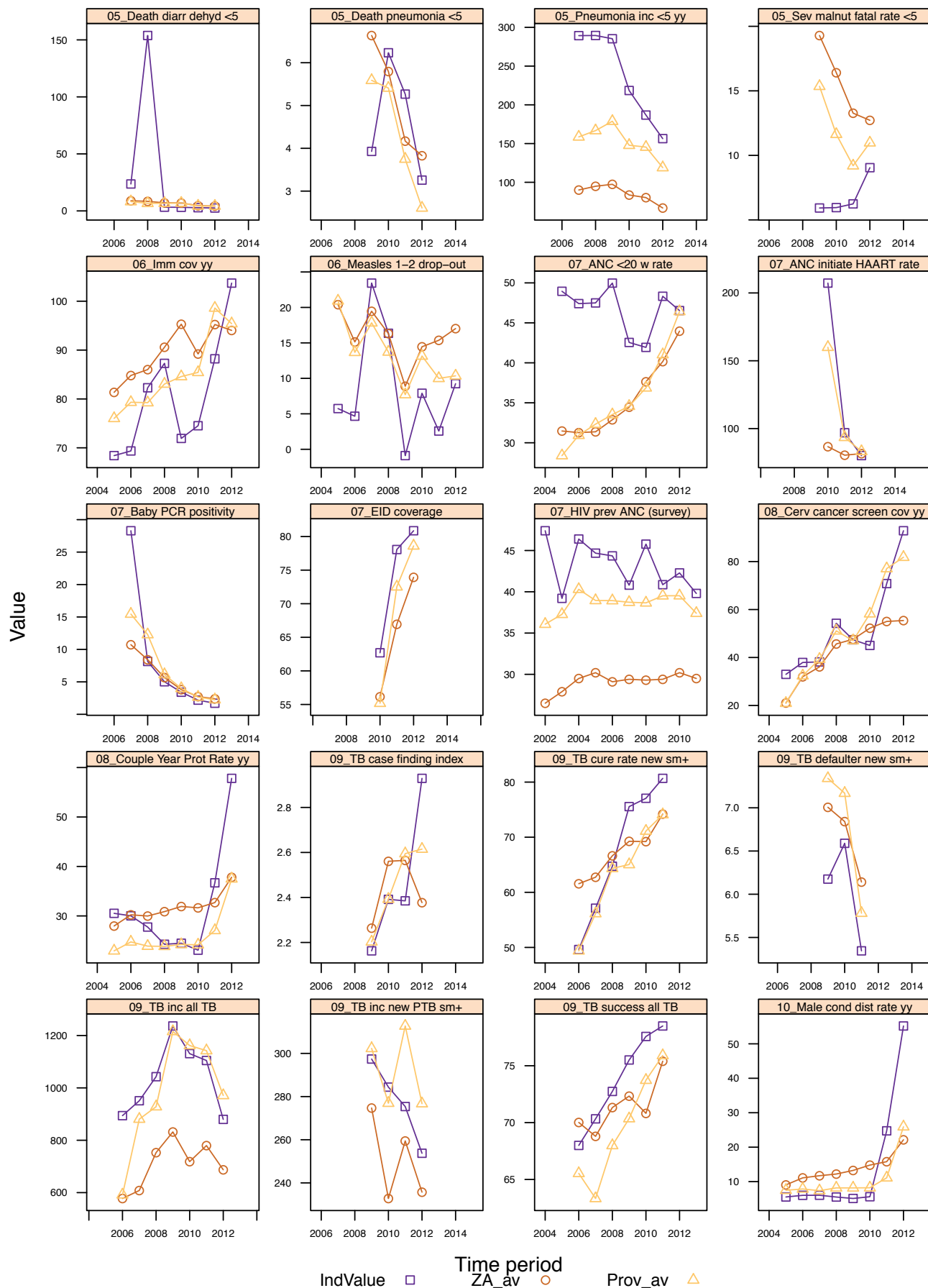
The TB incidence (all cases) was 879.7 per 100 000 people and decreased from 1 104.5 in 2011. This was above the national average of 687.3 per 100 000 people in 2011. The TB case finding index was 2.9% and above the provincial index of 2.6%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 936 in 2011 to 2 719 in 2012. The TB incidence (new pulmonary smear-positive) was 253.7 per 100 000 people and slightly above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate was 80.7%. The TB (new pulmonary smear-positive) defaulter rate was 5.3%, and the TB treatment success rate (all TB) was 78.5%, slightly better than the provincial and national averages.

The male condom distribution coverage increased from 24.7 condoms per male 15 years and older in 2011/12 to 55.2 condoms in 2012/13, and was above the national average of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 47 918 at the end of 2010/11 to 77 530 by the end of 2012/13, and the total number of children under 15 years remaining on ART at end of the month also increased from 5 657 to 7 959 in the same period.

Annual indicators for district: uMgungundlovu: DC22



Annual indicators for district: uMgungundlovu: DC22



Uthukela District Municipality

Mesuli Ntshalintshali

Uthukela District in KwaZulu-Natal Province (KZN) has an estimated medical scheme coverage of 5.0%, the second lowest in the province.

The proportion of health services expenditure on district management increased from 2.1% in 2011/12 to 2.8% in 2012/13, but was much lower than the national average of 5.8%, as was the case for almost all KZN districts. The percentage of health services expenditure on district hospitals was 37.0%, similar to the national average of 37.5%. The proportion of health services expenditure on primary health care (PHC) was 60.2%.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) increased from 33.5% in 2011/12 to 45.6% in 2012/13, which was the lowest provincially and well below the national rate of 76.0%.

The inpatient bed utilisation rate was 56.4% and decreased from 64.1% in 2011/12. This was the third lowest in the province and below the provincial rate of 63.2%. The average length of stay was 5.1 days, longer than the national average of 4.2 days. Expenditure per patient day equivalent has fluctuated annually since 2007/08 and was R1 857 in 2012/13, slightly above the national average of R1 823. The ratio of ambulatory to inpatient days was 1.1, indicating that the number of patients seen at the emergency/OPD units was slightly higher than the number of patients admitted as inpatients. The OPD new client not referred rate was 49.3% and had increased from 37.0% in 2011/12, indicating that almost half of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate dropped from 23.9% in 2011/12 to 22.5% in 2012/13 and was above the national rate of 20.8%. The facility maternal mortality ratio has changed from 105.4 per 100 000 live births in 2008/09 to 221.9 per 100 000 live births in 2012/13, the third highest in the province. The stillbirth rate was 24.4 per 1 000 births and slightly above the national rate of 21.8 per 1 000 births. The inpatient early neonatal death rate, at 6.6 per 1 000 live births, and was the third lowest provincially and below the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate increased from 36.6% in 2011/12 to 39.5%, and was the lowest rate in the province and below the national rate of 44.0%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Seroprevalence Survey) at 33.4% was the second lowest provincially, but above the national prevalence of 29.5%. The antenatal client initiated on ART rate was the lowest in the province at 71.0% and below the national rate of 81.6%. Data from the National Health Laboratory Service (NHLS) showed that the early infant HIV diagnosis coverage increased from 61.6% in 2011/12 to 82.2% and was above the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.2% was the same as the proportion of PCR tests HIV positive for infants under two months of age (NHLS data).

Immunisation coverage under 1 year was 97.8% and slightly above the national average of 94.0%. The measles 1st to 2nd drop-out rate decreased from 14.9% in 2011/12 to 12.7% in 2012/13; this was below the national average of 17.0%.

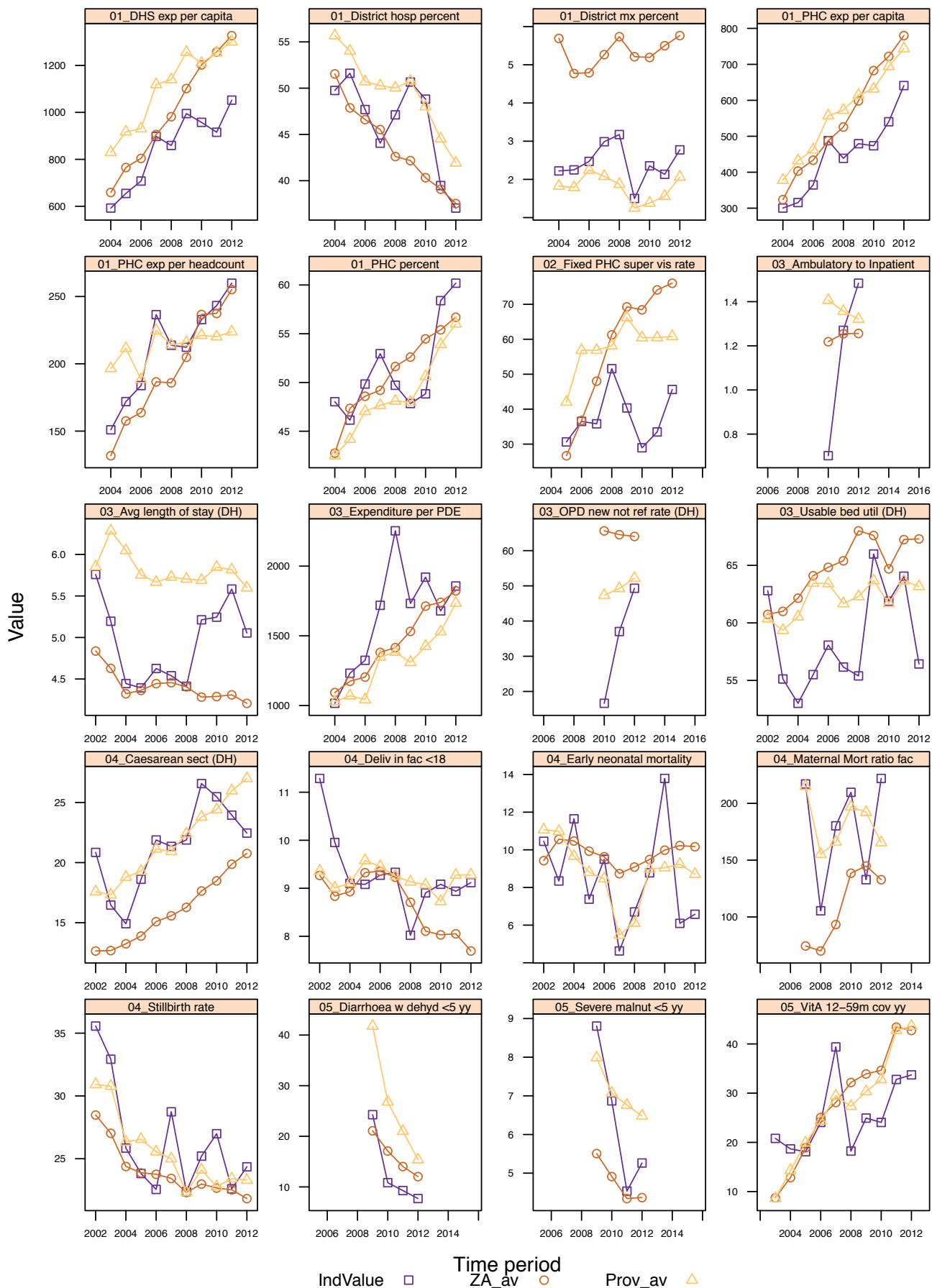
The child under 5 years diarrhoea with dehydration incidence at 7.7 per 1 000 children was the lowest provincially, and was much lower than the provincial average of 15.4 and the national average of 12.0 per 1 000 children. The child under 5 years diarrhoea case fatality rate was 4.1% and increased from 3.5% in 2011/12. The child under 5 years pneumonia incidence was also the lowest in the province at 66.9 per 1 000 children, and on par with the national incidence of 66.8 per 1 000 children. The child under 5 years pneumonia case fatality rate decreased from 5.1% 2011/12 to 2.9% in 2012/13 and was below the national rate of 3.8%. The child under 5 years severe acute malnutrition incidence was 5.3 per 1 000 children. The child under 5 years severe acute malnutrition case fatality rate of 14.1% was above the national rate of 12.7%. Vitamin A coverage 12 to 59 months was 33.7% in 2012/13 and was below the national average of 42.8%.

The couple year protection rate increased dramatically from 25.2% in 2011/12 to 64.3% in 2012/13, and was the second highest in the province. This was well above the national average of 37.8%, and is due to a concomitant increase in male condom distribution, which is encouraging. Cervical cancer screening coverage also increased from 56.2% to 65.2% in the same period and was well above the national rate of 55.4%.

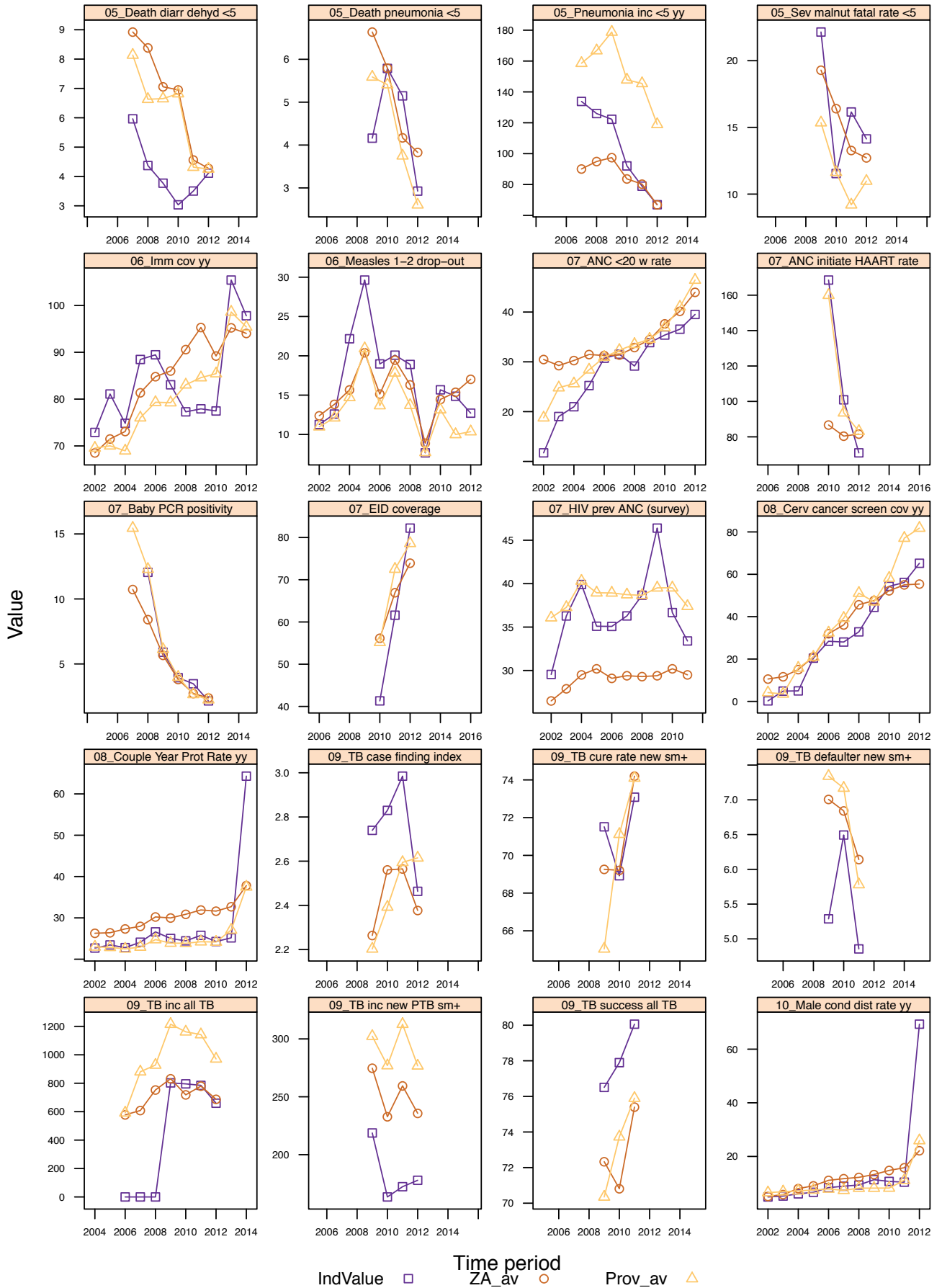
The TB incidence (all cases) was 659.5 per 100 000 people and decreased from 785.0 in 2011. Uthukela was one of only two districts in the province with an incidence below the national average of 687.3 per 100 000 people in 2011. The TB case finding index was 2.5% and on par with the provincial index of 2.6%. The number of cases diagnosed with TB (new pulmonary smear-positive) increased slightly from 1 206 in 2011 to 1 250 in 2012. The TB incidence (new pulmonary smear-positive) was 177.9 per 100 000 people, being the lowest in the province and well below the national incidence of 235.7. The TB cure rate (new pulmonary smear-positive) was 73.1% and below the national rate of 74.2%. The TB (new pulmonary smear-positive) defaulter rate decreased from 6.5% in 2010 to 4.9% in 2011 and was lower than the national rate of 6.1%. The TB treatment success rate (all TB) at 80.1% was the second highest in the province.

The male condom distribution coverage at 69.3 condoms per male 15 years and older was the best coverage in the country and is three times higher than the national coverage of 22.1. The total number of adults remaining on ART at end of the month increased from 32 544 at the end of 2010/11 to 37 500 by the end of 2012/13, and the total number of children under 15 years remaining on ART at end of the month also increased, from 2 626 to 3 229 in the same period.

Annual indicators for district: Uthukela: DC23



Annual indicators for district: Uthukela: DC23



Umzinyathi District Municipality

Manqoba Mthemba and Abraham Malaza

Umzinyathi is one of the three National Health Insurance (NHI) pilot districts in KwaZulu-Natal. The proportion of the district's population with medical scheme coverage was estimated to be 7.0%.

The proportion of district health services expenditure on district management was 2.2%, in line with the provincial average of 2.1%. The proportion of district health services expenditure on district hospitals amounted to 60.7%, well above the provincial average of 41.9%. The proportion of district health services expenditure on primary health care (PHC) at 37.1% was the lowest in the province.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) declined from 68.8% in 2011/12 to 59.2% in 2012/13, and was below the national rate of 76.0%.

The inpatient bed utilisation rate was 57.7% and below the provincial rate of 63.2%. The average length of stay, at 6.0 days, was the longest among the NHI pilot sites. Expenditure per patient day equivalent was R1 882 in 2012/13 compared to R1 522 in 2011/12. The ratio of ambulatory to inpatient days decreased slightly from 1.3 to 1.1 between 2011/12 and 2012/13, the lowest rate in the province. This indicates that the number of patients seen at the emergency/OPD units was in line with the number of patients admitted as inpatients. The OPD new client not referred rate was 73.9%, the second highest in the province. This indicates that a very high percentage of patients bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate was 23.1%, and was above the national rate of 20.8%. The delivery in facility under 18 years rate was 9.7% and above the national rate of 7.7%. The facility maternal mortality ratio decreased from 141.2 per 100 000 live births in 2009/10 to only 34.7 per 100 000 live births in 2012/13, the lowest in the province. The stillbirth in facility rate at 18.0 per 1 000 births was the lowest provincially. The inpatient early neonatal death rate was 7.5 per 1 000 live births, below the provincial and national averages.

The antenatal 1st visit before 20 weeks rate was 49.8% and slightly above the national rate of 44.0%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) at 24.6% was the lowest provincially. The antenatal client initiated on ART rate was 83.5% and slightly above the national rate of 81.6%. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage at 86.1% was above the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 1.5% was in line with the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 1.9%, and was the second lowest among the NHI districts.

Immunisation coverage under 1 year was 100.7%. However, a coverage value exceeding 100% may be due to poor data quality or an underestimation of the population under one year. The measles 1st to 2nd dose drop-out rate increased from 9.3% in 2011/12 to 11.4% in 2012/13; however, this was below the national average of 17.0%.

The child under 5 years diarrhoea with dehydration incidence was 6.9 per 1 000 children, and was much lower than the provincial average of 15.4. The child under 5 years diarrhoea case fatality rate decreased from 7.5% in 2011/12 to 4.3%. The child under 5 years pneumonia incidence decreased from 86.9 in 2011/12 to 71.4 per 1 000 children and was the third lowest provincially, whereas the child under 5 years pneumonia case fatality rate remained stable at 4.1%. The child under 5 years severe acute malnutrition incidence was 6.2 per 1 000 children, and the child under 5 years severe acute malnutrition case fatality rate was the highest provincially at 30.5%. The vitamin A coverage in children aged 12 to 59 months was 43.1% and decreased from 46.7% in 2011/12.

The couple year protection rate increased from 32.7% in 2011/12 to 37.8%. The cervical cancer screening coverage was 140.2% and has been sustained above 100%^a since 2009/10.

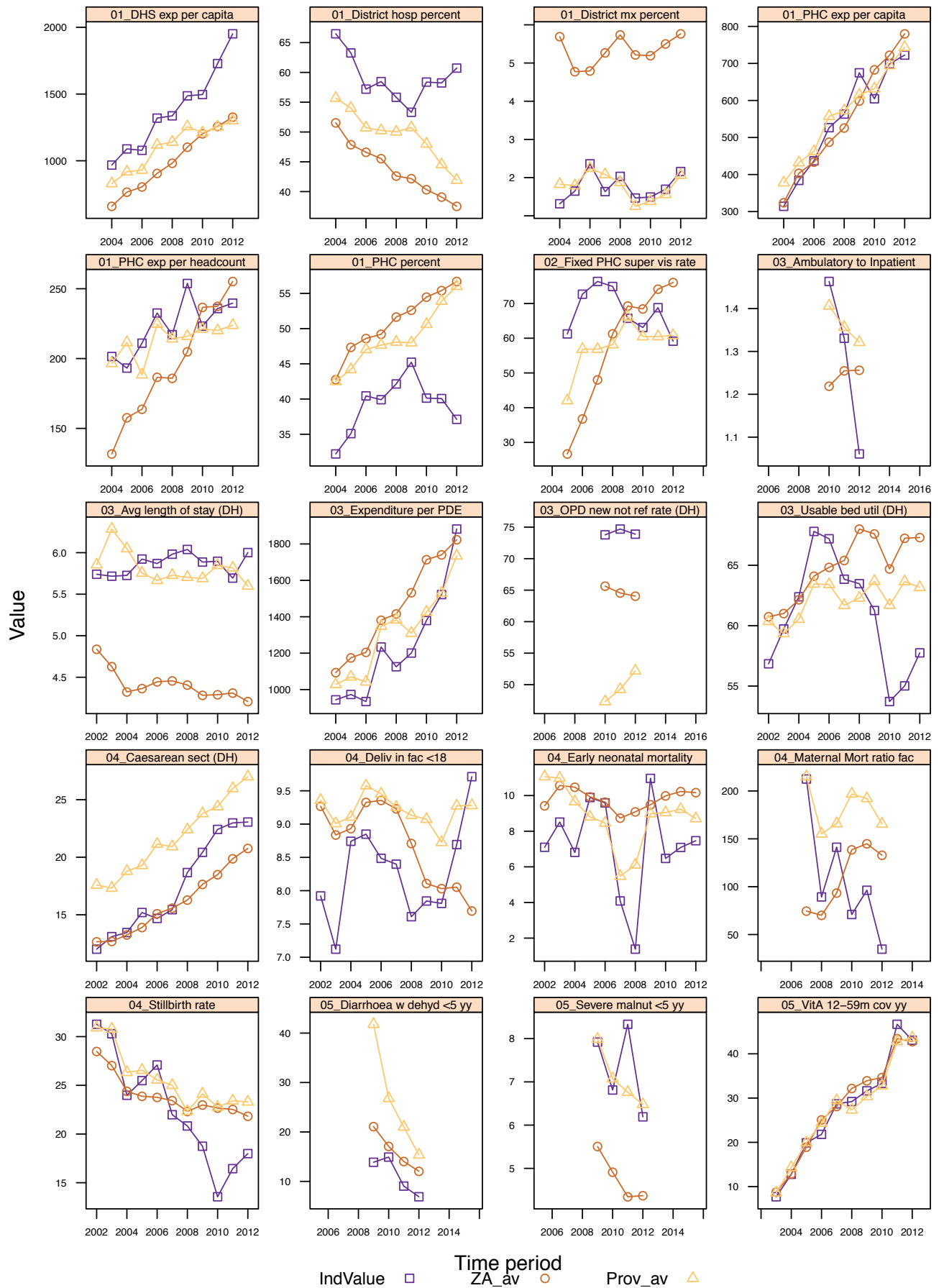
The TB incidence (all cases) was 818.1 per 100 000 people and decreased from 993.3 in 2011. This was above the national average of 687.3 per 100 000 people in 2012. The TB case finding index was 3.0% and above the provincial index of 2.6%. The number of cases diagnosed with TB (new pulmonary smear-positive) increased from 1 227 in 2011 to 1 278 in 2012. The TB incidence (new pulmonary smear-positive) was 246.8 per 100 000 people and slightly above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate was 80.7% in 2011 and the highest among the NHI districts. The TB (new pulmonary smear-positive) defaulter rate was the lowest in the country at 1.1%, although with a fairly high treatment failure rate of 3.0%. The TB treatment success rate (all TB) was just above the national average at 77.1%.

The male condom distribution coverage increased from 13.1 condoms per male 15 years and older in 2011/12 to 42.8 condoms in 2012/13. It was the third highest coverage among the NHI districts and well above the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 26 239 at the end of

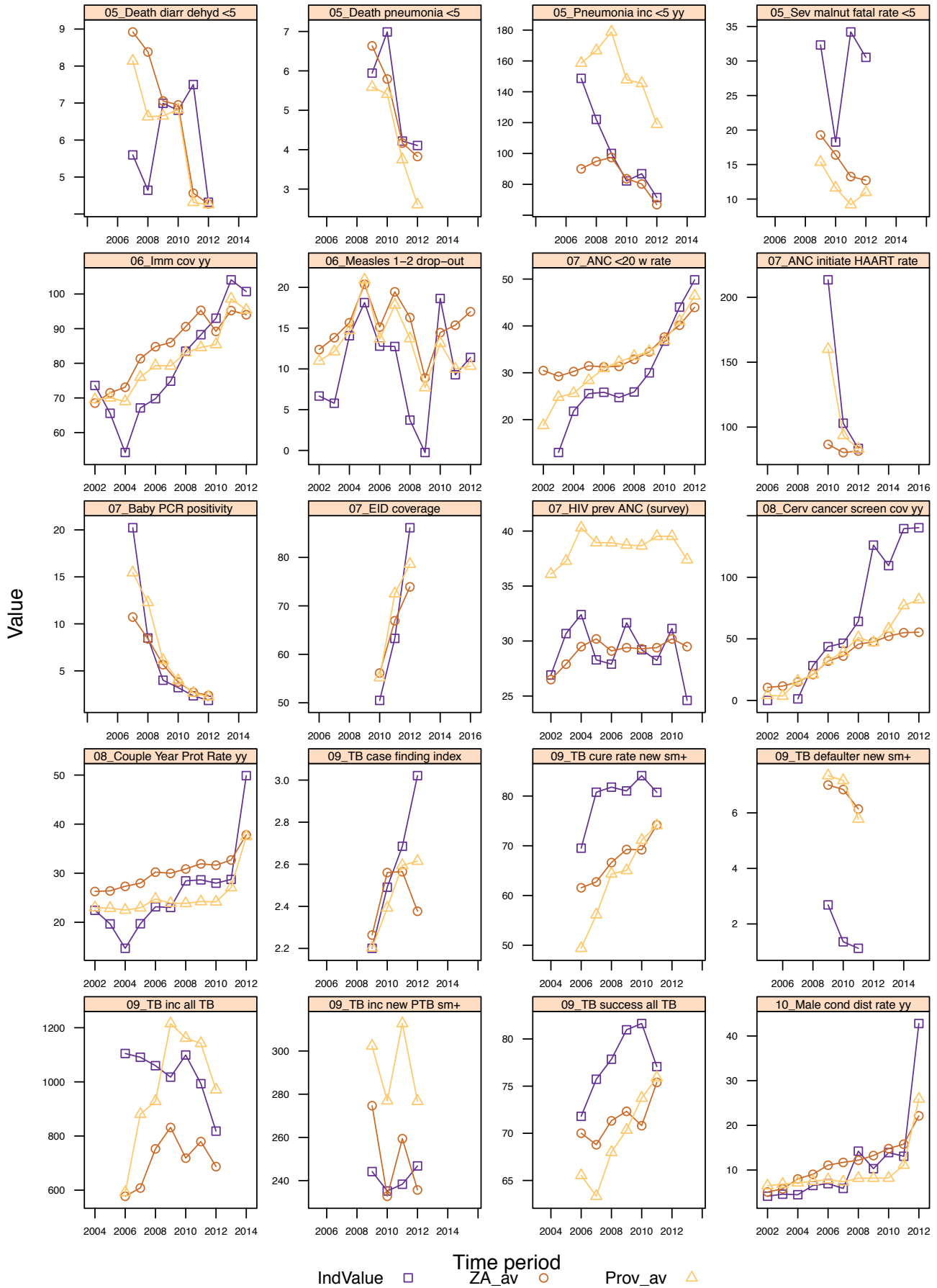
^a Coverage exceeding 100% may be due to poor data quality or an underestimation of the population 30 years and older. Since the indicator is based on screening women 30 years and over once in 10 years, and consequently uses 10% of the target population in the denominator, it is quite possible for intensive roll-out of the policy to result in coverage over 100% for some years as the backlog of unscreened women is addressed.

2010/11 to 34 137 by the end of 2012/13. The total number of children under 15 years remaining on ART at end of the month increased from 2 110 to 2 934 in the same period.

Annual indicators for district: Umzinyathi: DC24



Annual indicators for district: Umzinyathi: DC24



Amajuba District Municipality

Abraham Malaza

Amajuba District is situated on the north west of KwaZulu-Natal Province and has an estimated medical scheme coverage of 9.4%. The district is also a National Health Insurance (NHI) pilot district.

The proportion of district health services expenditure on district management was 6.4%, which was higher than the provincial average of 2.1%. The proportion of total district expenditure on primary health care (PHC) increased from 46.8% in 2010/11 to 79.0% and was the highest provincially. The proportion of total district health services expenditure on district hospitals was low at 14.7%, having decreased from 50.2% in 2011/12 and being well below the provincial average of 41.9%. The reason for these huge shifts in expenditure is that about 80% of the expenditure recorded under District Hospitals in previous years was for the two regional hospitals, Madadeni and Newcastle. Expenditure on Niemeyer Memorial (the Amajuba district hospital) has remained consistent.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) declined annually from 90.8% in 2008/09 to 50.3% in 2012/13. This was the third lowest rate among the NHI pilot districts.

At 53.5%, the inpatient bed utilisation rate was the second lowest provincially, the lowest among the NHI districts and the fifth lowest in the country. The average length of stay was 3.0 days, the shortest in the province. The expenditure per patient day equivalent at R1 438 was the second lowest in the province and well below the national average of R1 823. The ratio of ambulatory to inpatient days at 7.9 was the highest in the country and indicates that about eight times more patients were seen at the emergency/OPD units than were admitted as inpatients. The OPD new client not referred rate was 46.3%. This indicates that a relatively lower percentage of clients bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate was 23.3%, slightly above the national rate of 20.8%. The delivery in facility under 18 years rate was 9.9% and above the national rate of 7.7%. The facility maternal mortality ratio decreased from 173.4 per 100 000 live births in 2011/12 to 124.6 and was below the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate was 25.9 per 1 000 births, the third highest provincially. At 2.9 per 1 000 live births, the inpatient early neonatal death rate was the lowest in the country. This rate has fluctuated annually between 10.5 and 0.1 per 1 000 live births since 2004/05 and dropped from 4.4 per 1 000 live births in 2011/12. Given the relatively high stillbirth rate, this finding should be investigated.

The antenatal 1st visit before 20 weeks rate at 41.3% was the second lowest provincially and below the national rate of 44.0%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) remained stable at 35.3%. The antenatal client initiated on ART rate was 81.1% and in line with the national rate of 81.6%. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 66.3% and below the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 1.5% matched the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 1.8% and was the second lowest in the province.

Immunisation coverage under 1 year increased from 77.7% in 2011/12 to 81.2%. However, this was still below the national coverage of 94.0%. The measles 1st to 2nd dose drop-out rate increased from 9.4% to 13.0% during 2012/13 but was still the third lowest among the NHI districts.

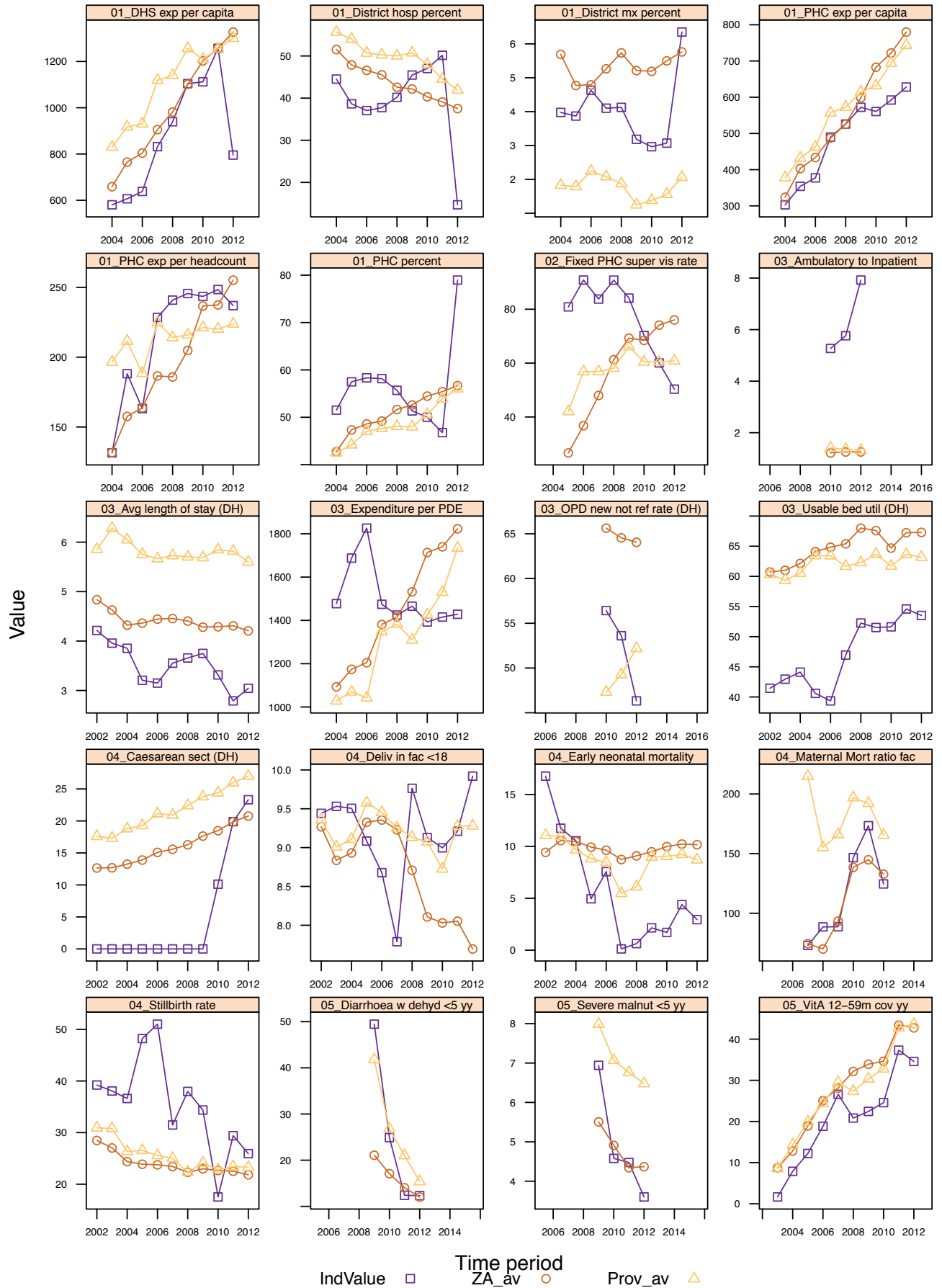
The child under 5 years diarrhoea with dehydration incidence remained stable at 12.3 episodes per 1 000 children between 2011/12 and 2012/13, and was lower than the provincial average of 15.4 but higher than the national average of 12.0 per 1 000 children. The child under 5 years diarrhoea case fatality rate declined from 4.0% to 1.0% and was the lowest in the province. The child under 5 years pneumonia incidence decreased from 132.3 cases per 1 000 children in 2011/12 to 114.8 cases per 1 000 children; however, this was still much higher than the national average (82.3 per 1 000). The child under 5 years pneumonia case fatality rate also decreased, from 3.2% to 1.9% in the same period. The child under 5 years severe acute malnutrition incidence also decreased from 4.5 in 2011/12 to 3.6 cases per 1 000 children, and the severe acute malnutrition case fatality rate decreased from 20.0% to 9.7% in 2012/13 and was below the national rate of 12.7%. The vitamin A coverage in children aged 12 to 59 months was 34.6%.

The cervical cancer screening coverage was 60.7% and the lowest in the province. The couple year protection rate of 65.3% was the highest provincially after a huge increase from 28.0% the previous year, driven primarily by the rise in male condom distribution.

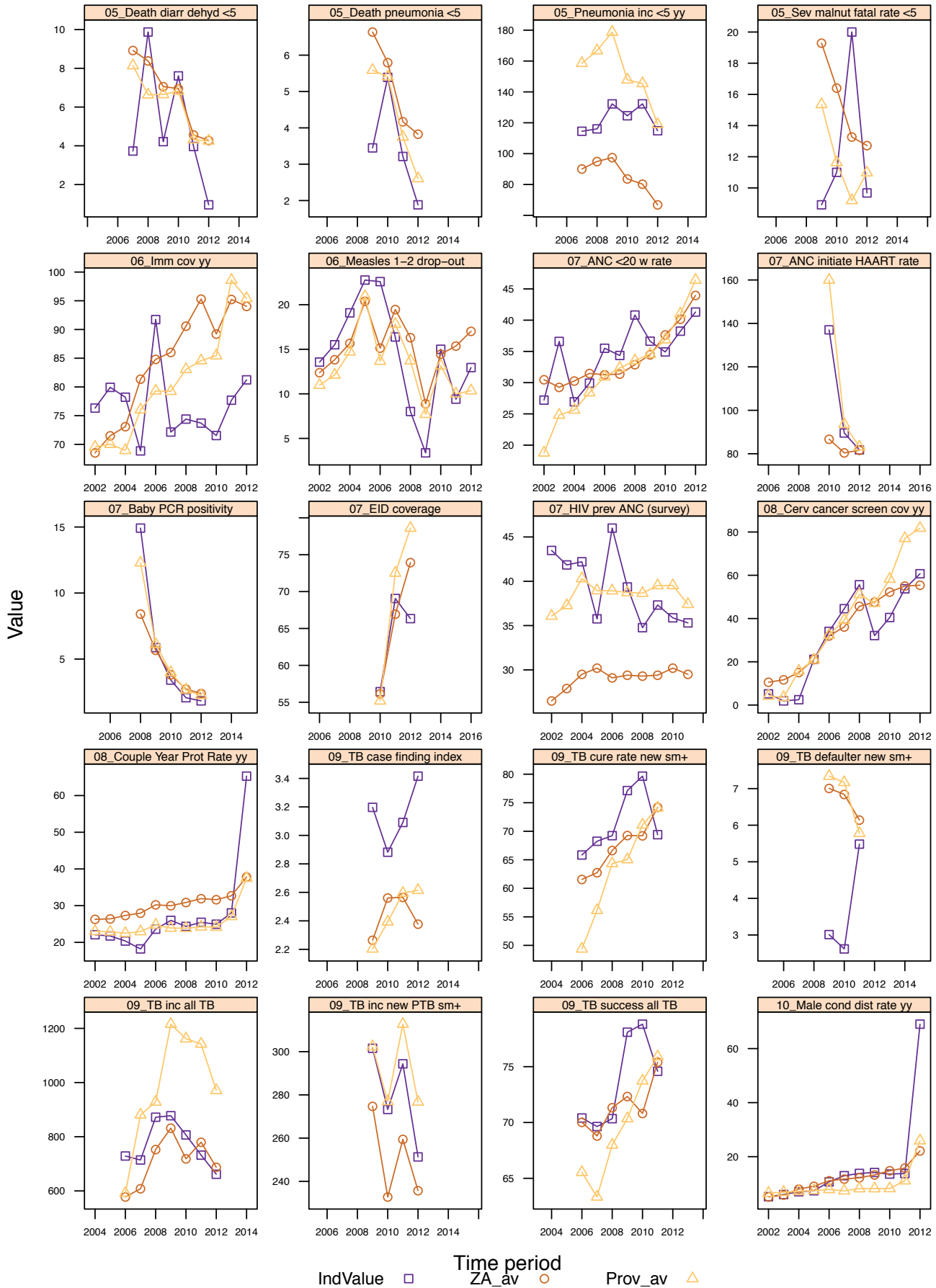
The TB incidence (all cases) was 661.5 per 100 000 people, being the lowest provincially and below the national average of 687.3 per 100 000 people. The TB case finding index was 3.4% and above the provincial index of 2.6%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 1 514 in 2011 to 1 300 in 2012, resulting in a decrease of the TB incidence (new pulmonary smear-positive) from 294.4 per 100 000 people in 2011 to 251.3. This was, however, still above the national incidence of 235.7. The TB cure rate (new pulmonary smear-positive) was 69.4%, the second lowest in the province. The TB defaulter rate (new pulmonary smear-positive) was 5.5%, and the TB treatment success rate (all TB) was 74.6%.

The male condom distribution coverage increased markedly from 13.7 condoms per male 15 years and older in 2011/12 to 69.0 condoms in 2012/13. This was the highest coverage among the NHI districts, second highest provincially and well above the national average of 22.1. The total number of adults remaining on ART at end of the month increased from 20 961 at the end of 2010/11 to 30 445 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 1 432 to 2 901 in the same period.

Annual indicators for district: Amajuba: DC25



Annual indicators for district: Amajuba: DC25



Zululand District Municipality

Willias Zendera

Zululand is geographically the largest of the 11 districts in KwaZulu-Natal, situated in the north-eastern part of the province. The proportion of the district population with medical scheme coverage is estimated to be 6.5%.

The proportion of district health services expenditure on primary health care (PHC) in 2012/13 was 45.3%, and the proportion of district health services expenditure on district management of 1.0% was the lowest in the country. The percentage of expenditure on district hospital services decreased slightly from 54.6% to 53.7% between 2011/12 and 2012/13.

There was an increase in the PHC supervisor visit rate (fixed clinic/CHC/CDC) from 54.8% in 2011/12 to 71.3% in 2012/13, above both the national average of 76.0% and national target of 80%.

The inpatient bed utilisation rate for 2012/13 was 66.0%, a decrease from 68.9% in 2011/12. The average length of stay for 2012/13 of 6.1 days was the sixth longest in the country. The average expenditure per patient day equivalent in 2012/13 was R1 779, slightly lower than the national average of R1 823. The ratio of ambulatory to inpatient days in 2012/13 was 1.1. The OPD new client not referred rate in 2012/13 was 57.0%, indicating that more than half of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate increased from 22.1% in 2011/12 to 24.2% in 2012/13. This was above the national average of 20.8%. The delivery in facility under 18 years rate remained stable at 10.8%. The facility maternal mortality ratio dropped substantially from 152.2 per 100 000 live births in 2011/12 to 111.6 per 100 000 live births in 2012/13, lower than the provincial average of 165.5 but higher than the national average of 132.9. The stillbirth rate rose from 18.8 per 1 000 births in 2011/12 to 21.4. The inpatient early neonatal death rate of 7.9 per 1 000 live births was higher than the provincial average of 8.7 per 1 000 live births, although the rate has fluctuated so widely that it is difficult to interpret.

The antenatal 1st visit before 20 weeks rate improved from 42.3% in 2011/12 to 48.3% in 2012/13. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) was 39.3%. The antenatal client initiated on ART rate of 84.9% in 2012/13 was much lower than the 96.9% of 2011/12, but higher than the national average of 81.6% for 2012/13. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 80.1% and above the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) value of 2.5% was higher than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 3.0%.

The immunisation coverage under 1 year remained stable at 79.9% but was the lowest provincially. The measles 1st to 2nd drop-out rate decreased from 13.4% to 9.5% in the same period.

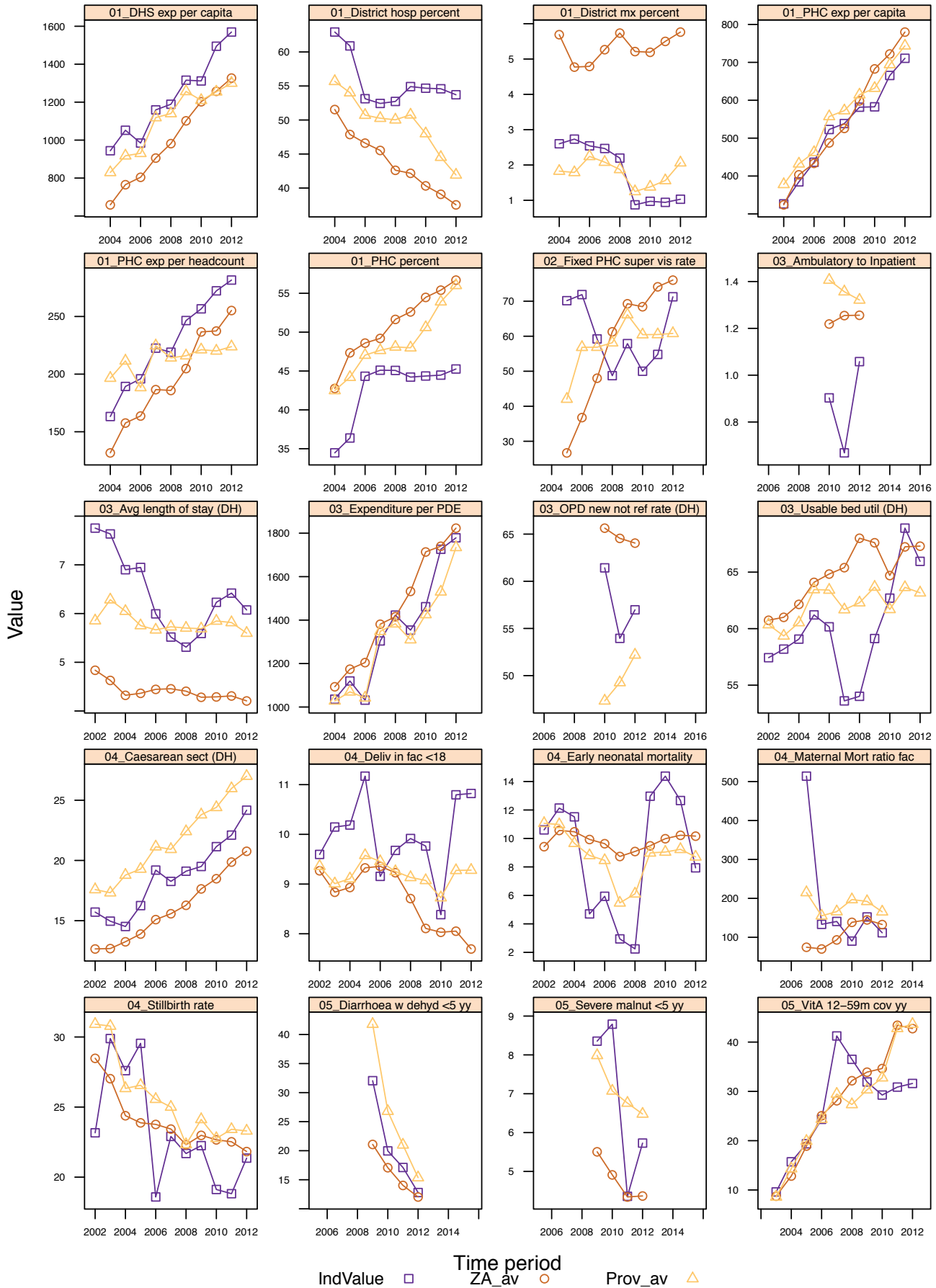
The child under 5 years diarrhoea with dehydration incidence in 2012/13 was 12.8 per 1 000 children, the fifth lowest in the province and in line with the national average of 12.0 per 1 000 children. The child under 5 years diarrhoea case fatality rate of 4.8% was higher than the provincial average of 4.3%. The child under 5 years pneumonia incidence was the second lowest in the province at 68.2 per 1 000 children and slightly above the national average of 66.8 per 1 000 children. However, the child under 5 years pneumonia case fatality rate of 5.7% was above the national average of 3.8%. The child under 5 years severe acute malnutrition incidence was 5.7 per 1 000 children and was below the provincial average of 6.5 per 1 000 children, and the child under 5 years severe acute malnutrition case fatality rate of 19.3% was the second highest in the province and much higher than the national average of 12.7%. Vitamin A coverage 12 to 59 months was 31.6%, which was lower than provincial average of 43.6% and the national average of 42.8% in 2012/13.

The couple year protection rate increased from 26.9% in 2011/12 to 32.1% in 2012/13. The cervical cancer screening coverage was 79.8% and has been around 80% since 2008/09.

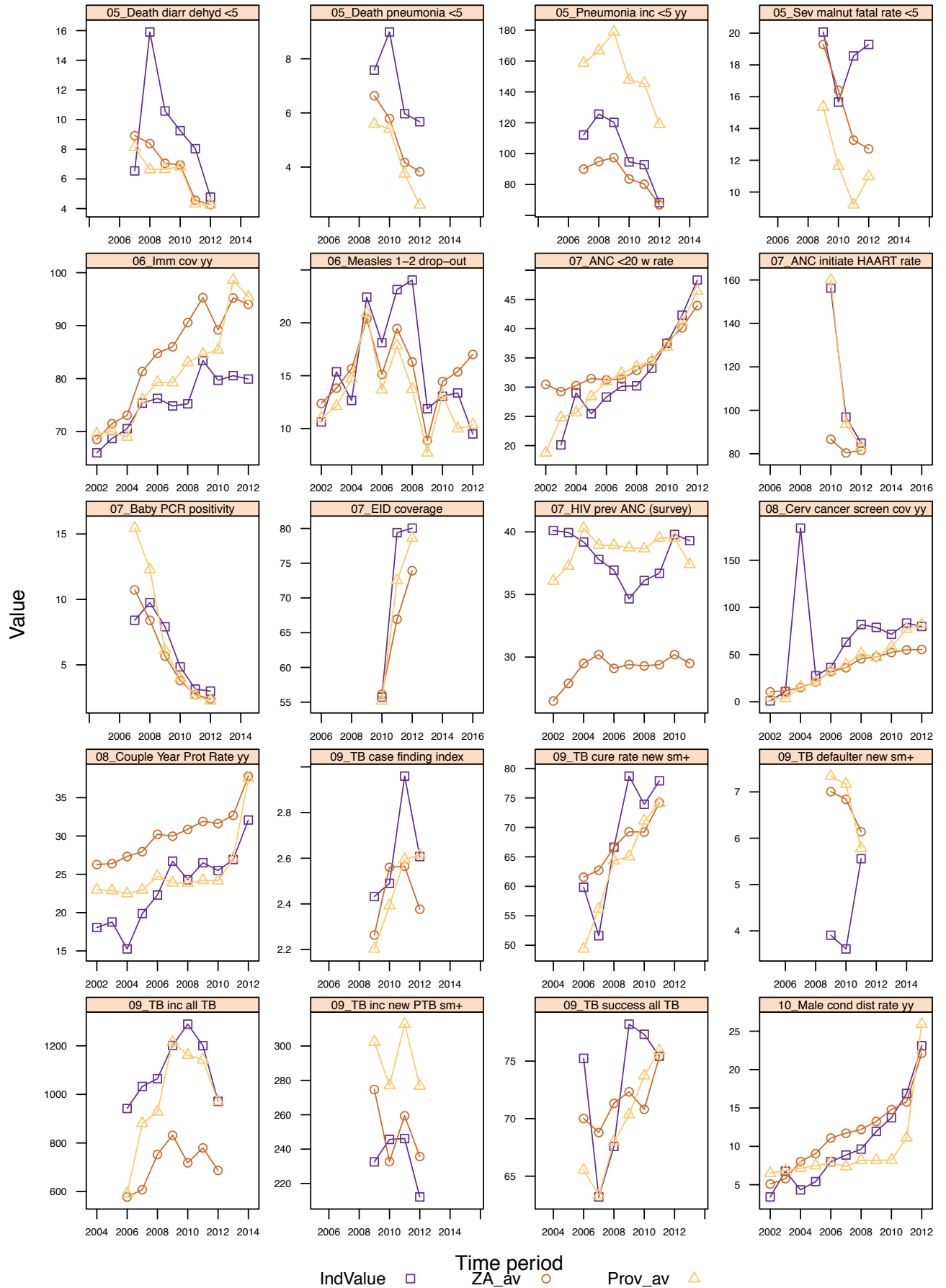
The TB incidence (all cases) was 971.2 per 100 000 people and decreased from 1 200.5 in 2011, and was above the national average of 687.3. The TB case finding index was 2.6% and on par with the provincial index. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 106 in 2011 to 1 829 in 2012. The TB incidence (new pulmonary smear-positive) was 212.2 per 100 000 people and was below the national incidence of 235.7. The TB cure rate (new pulmonary smear-positive) was 77.9% and the TB defaulter rate (new pulmonary smear-positive) 5.6%. The TB treatment success rate (all TB) was 75.4%.

The male condom distribution rate increased from 16.9 condoms per male 15 years and older in 2011/12 to 23.1 in 2012/13, and was in line with the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 24 481 at the end of 2010/11 to 50 060 by the end of 2012/13, and the total number of children under 15 years remaining on ART at end of the month also increased from 1 348 to 4 394 in the same period.

Annual indicators for district: Zululand: DC26



Annual indicators for district: Zululand: DC26



Umkhanyakude District Municipality

Abraham Malaza

Umkhanyakude District in KwaZulu-Natal Province is bordered by Mozambique to the north, and Zululand and Uthungulu districts to the west and south respectively. The proportion of the population with medical scheme coverage was estimated to be 3.9%, the lowest provincially.

The proportion of district health services expenditure on district management was 1.2%, somewhat lower than the provincial average of 2.1%. The proportion of health expenditure on district hospitals was 53.0%, above the provincial average of 41.9%. The proportion of district health services expenditure on primary health care (PHC) at 45.9% was the third lowest in the province and decreased from 47.1% in 2011/12.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) declined from 96.5% in 2011/12 to 86.0% in 2012/13. This was, however, still the best performance in the province and above the national rate of 76.0%.

The inpatient bed utilisation rate was 59.8% and below the provincial rate of 63.2%. The average length of stay was 5.5 days and longer than the national average of 4.2 days. Expenditure per patient day equivalent increased from R1 585 in 2011/12 to R1 814 in 2011/12 and was slightly below the national average of R1 823. The ratio of ambulatory to inpatient days decreased and was 1.2, which indicates that the number of patients seen at the emergency/OPD units was slightly higher than the number of patients admitted as inpatients. The OPD new client not referred rate was 51.4% and increased from 39.2% in 2011/12. This indicates that more than half of new patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate was 21.2%, slightly above the national rate of 20.8%. The delivery in facility under 18 years rate was 11.3%, the highest rate in the province and above the national rate of 7.7%. The facility maternal mortality ratio increased from 68.1 per 100 000 live births in 2011/12 to 96.7 per 100 000 live births. The stillbirth in facility rate, at 18.2 per 1 000 births, increased from 16.6 in 2011/12 but was below the national rate of 21.8 per 1 000 births. The inpatient early neonatal death rate at 5.7 per 1 000 live births was the second lowest provincially and well below the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate increased from 48.1% in 2011/12 to 54.2%. This rate was the highest in the province and above the national rate of 44.0%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) at 41.1% was the third highest nationally. The antenatal client initiated on ART rate was 83.7% and slightly above the national rate of 81.6%. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage at 53.6% was the second lowest provincially and well below the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 3.3% was above the value of the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.6%.

Immunisation coverage under 1 year was 104.0% in 2012/13. However, a coverage value exceeding 100% may be due to poor data quality or an underestimation of the under-1 population. The measles 1st to 2nd drop-out rate increased from 12.8% in 2011/12 to 15.9% during 2012/13, and was the highest rate in the province but below the national average of 17.0%.

The child under 5 years diarrhoea with dehydration incidence remained stable at 16.9 per 1 000 children, and was higher than the provincial average of 15.4 and the national average 12.0 per 1 000 children. The child under 5 years diarrhoea case fatality rate increased from 4.4% in 2011/12 to 8.0% in 2012/13, ranking as the highest provincially and the sixth highest in the country. The child under 5 years pneumonia incidence decreased from 124.0 per 1 000 children in 2011/12 to 120.2 per 1 000 children, but was well above the national incidence of 66.8 per 1 000 children. However, the child under 5 years pneumonia case fatality rate decreased from 5.3% to 1.9% in the same period and was below the national rate of 3.8%. The child under 5 years severe acute malnutrition incidence also increased from 8.0 per 1 000 children in 2011/12 to 9.1 per 1 000 children in 2012/13, and was the second highest in the province and the third highest in the country. The child under 5 years severe acute malnutrition case fatality rate decreased from 17.6% to 10.0% in the same period and was below the national rate of 12.7%. The vitamin A coverage in children aged 12 to 59 months was 33.2%. This was the third lowest coverage in the province and well below the national average of 42.8%.

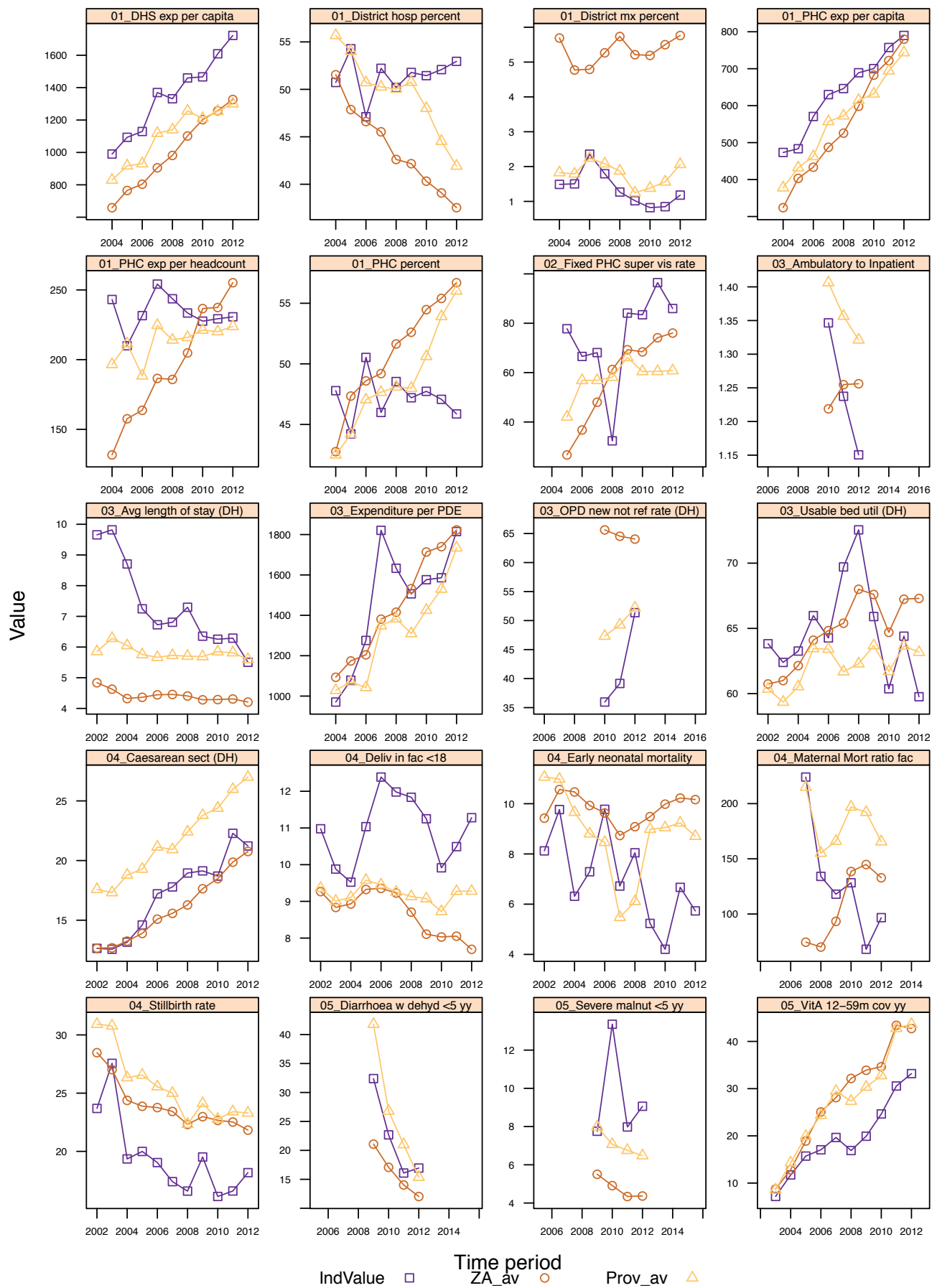
The couple year protection rate increased from 29.2% in 2011/12 to 31.5% and was below the national average of 37.8%. The cervical cancer screening coverage decreased from 90.6% to 82.9% in the same time period but was well above the national rate of 55.4%.

The TB incidence (all cases) was 917.7 per 100 000 people and decreased from 1 223.1 in 2011. It was above the national average of 687.3 per 100 000 people in 2011. The TB case finding index was 2.4% and below the provincial index of 2.6%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 378 in 2011 to 1 666 in 2012. The TB incidence (new pulmonary smear-positive) decreased from 360.1 per 100 000 people in 2011 to 250.0 in 2012, but was above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate at 63.8% was the lowest in the province and well below the national rate of 74.2%. The TB (new pulmonary smear-positive) defaulter rate of 2.6% was

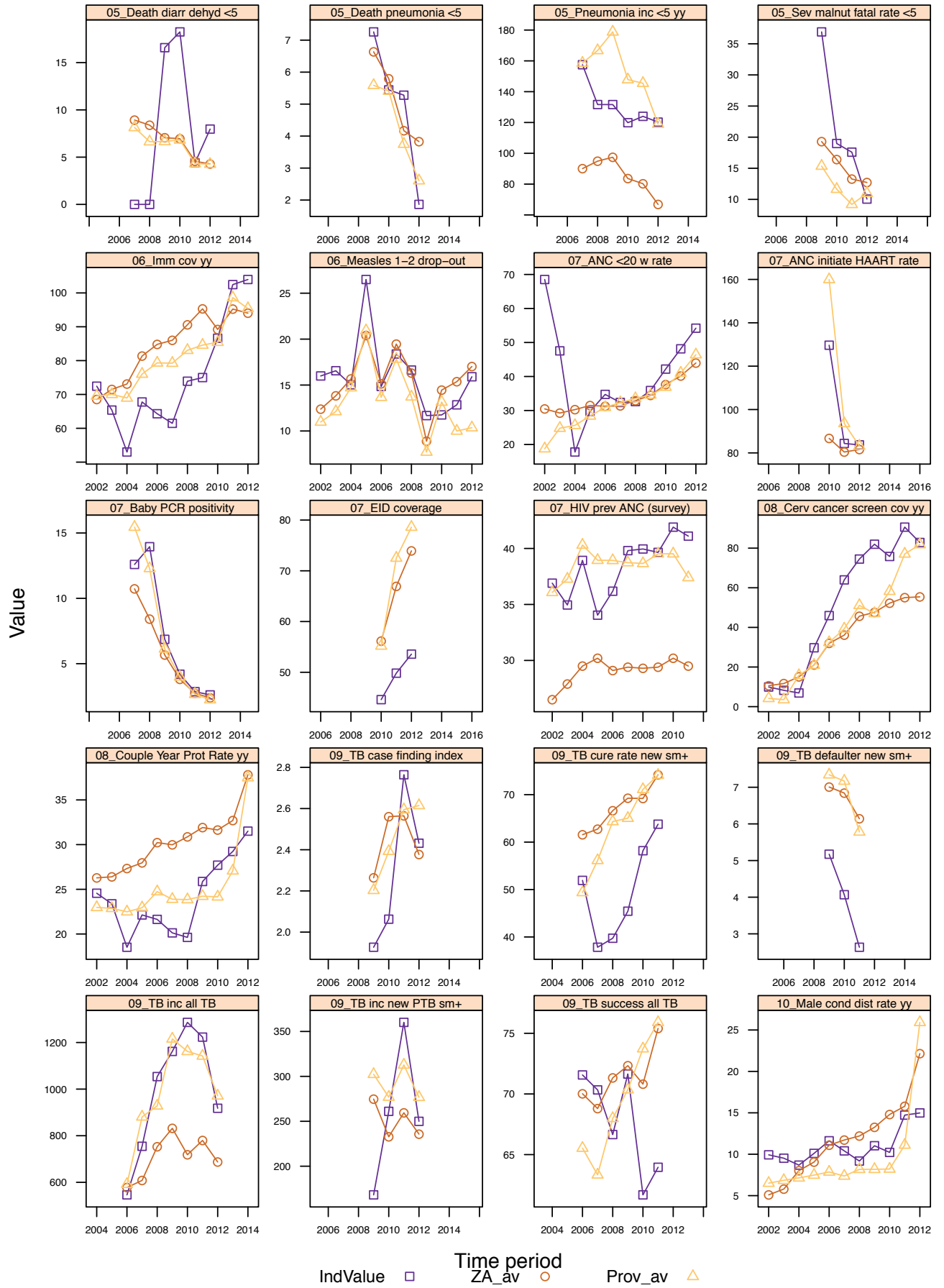
below the national rate of 6.1%. The TB treatment success rate (all TB) was far below provincial and national averages at 64.0%.

The male condom distribution coverage at 15.0 condoms per male 15 years and older was the second lowest in the province, being well below the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 34 910 at the end of 2010/11 to 49 136 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 3 585 to 4 237 in the same period.

Annual indicators for district: Umkhanyakude: DC27



Annual indicators for district: Umkhanyakude: DC27



Uthungulu District Municipality

Abraham Malaza

The Uthungulu District in KwaZulu-Natal has an estimated medical aid coverage of 12.5%.

The proportion of district health services expenditure on district management was 1.6% and was somewhat lower than the provincial average of 2.1%. The proportion of health expenditure on district hospitals was 46.5%, slightly above the provincial average of 41.9%. The proportion of district health services expenditure on primary health care (PHC) was 52.0% and increased from 44.7% in 2011/12.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) decreased from 82.7% in 2011/12 to 70.3% in 2012/13, and was below the national rate of 76.0%.

The inpatient bed utilisation rate was the lowest in the province at 52.3%. The average length of stay remained stable at 6.8 days and was longer than the national average of 4.2 days. Expenditure per patient day equivalent was R1 791 in 2012/13 compared to R1 558 in 2011/12, and was in line with the national average of R1 823. The ratio of ambulatory to inpatient days was 1.4, which indicates that the number of patients seen at the emergency/OPD units was higher than the number of patients admitted as inpatients. The OPD new client not referred rate was 59.4% and increased from 39.4% in 2011/12, indicating that almost 60% of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate increased from 25.0% in 2011/12 to 27.7% in 2012/13 and was above the national rate of 20.8%. The delivery in facility under 18 years rate decreased slightly from 8.3% to 8.0% and was one of two districts in the province with the lowest rate. The facility maternal mortality ratio decreased from 332.5 per 100 000 live births in 2011/12 to 266.5 per 100 000 live births, but was the third highest ratio in the country in 2012/13. The stillbirth in facility rate increased from 26.4 per 1 000 births in 2011/12 to 28.4 in 2012/13. This was the highest in KZN and higher than the national rate of 21.8 per 1 000 births. The inpatient early neonatal death rate, at 12.1 per 1 000 live births, was the highest in the province and was above the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate increased from 39.6% in 2011/12 to 46.0% in 2012/13, and was the second highest rate in the province. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) at 39.0% was higher than the national prevalence of 29.5%. The antenatal client initiated on ART rate was 80.3% and increased from 73.9% in 2011/12. This was, however, slightly below the national rate of 81.6%. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage increased from 99.2% in 2011/12 to 111.9% in 2012/13.^a The equivalent DHIS indicator, PCR test positive around 6 weeks rate, was 97.6%, which suggests that almost all infants in need are tested. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 1.7% was lower than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) value of 2.1%.

Immunisation coverage under 1 year was 107.8% in 2012/13. However, a coverage value exceeding 100% may be due to poor data quality or an underestimation of the population under one year. The measles 1st to 2nd dose drop-out rate increased from 4.2% in 2011/12 to 9.9% in 2012/13 and was well below the national average of 17.0%.

The child under 5 years diarrhoea with dehydration incidence decreased from 23.5 per 1 000 children in 2011/12 to 16.7 in 2012/13, but was still higher than the provincial average of 15.4 and the national average 12.0 per 1 000 children. The child under 5 years diarrhoea case fatality rate declined from 8.7% to 3.0% in the past year and was lower than both the provincial and national averages of 4.3%. The child under 5 years pneumonia incidence decreased from 145.0 per 1 000 children in 2011/12 to 118 per 1 000 children in 2012/13, but was well above the national incidence of 66.8 per 1 000 children. The child under 5 years pneumonia case fatality rate increased from 3.7% to 5.8% in the same period and was higher than both the provincial (2.6%) and national (3.8%) averages. The child under 5 years severe acute malnutrition incidence also decreased from 5.5 to 5.1 per 1 000 children in the same period and was the third lowest in the province. The child under 5 years severe acute malnutrition case fatality rate increased from 7.2% in 2011/12 to 16.0% in 2012/13, a rate higher than both the provincial (11.0%) and national (12.7%) averages. The vitamin A coverage in children aged 12 to 59 months was 43.1% and increased from 39.6% in 2011/12, and was in line with the national average of 42.8%.

The couple year protection rate increased from 25.1% in 2011/12 to 31.9% in 2012/13, but was still below the national average of 37.8%. The cervical cancer screening coverage also increased from 56.8% to 70.6% in the same period and was well above the national rate of 55.4%.

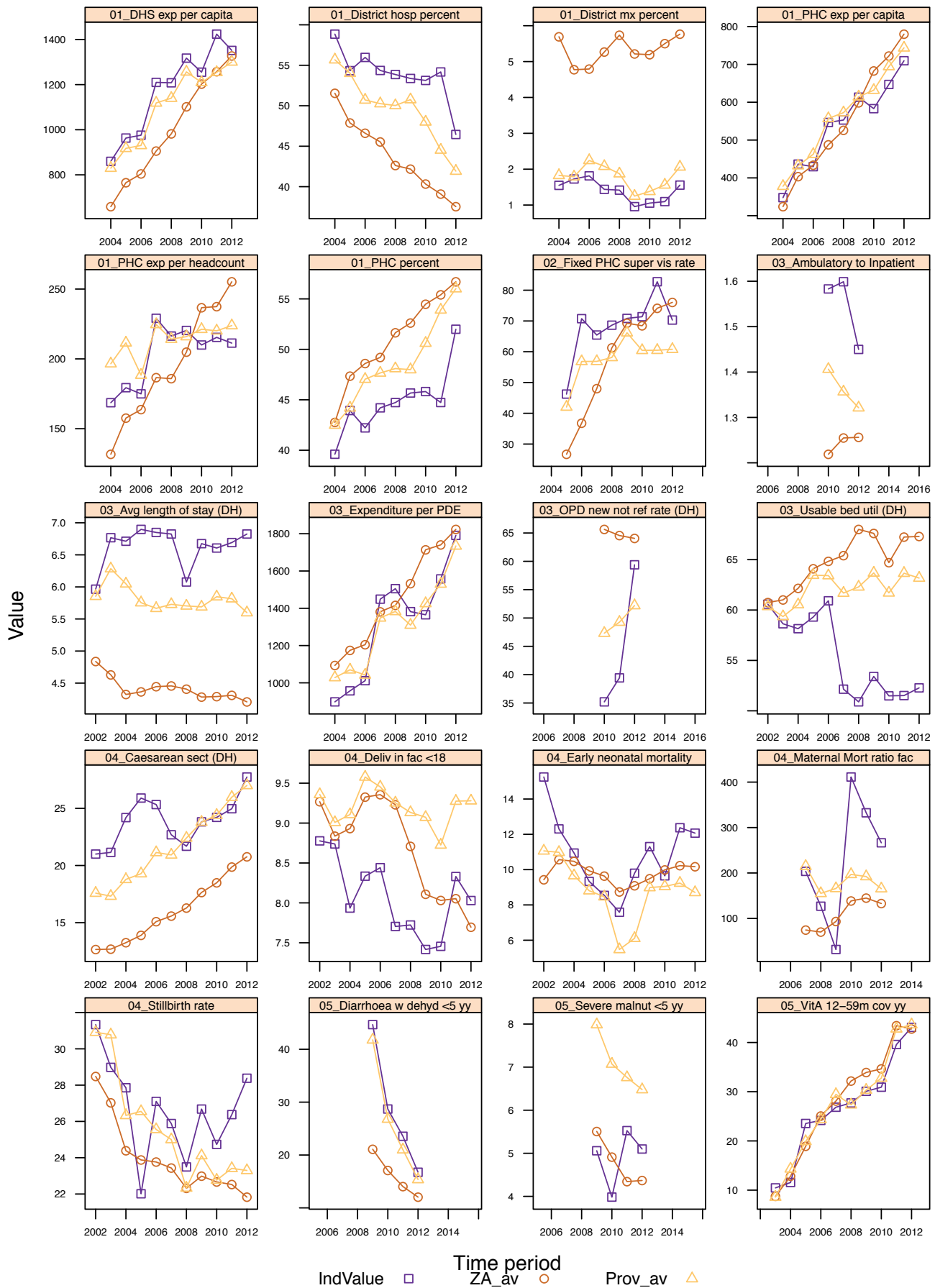
The TB incidence (all cases) was 846.9 per 100 000 people and decreased from 1 153 in 2011. This was above the national average of 687.3 per 100 000 people. The TB case finding index was 2.2% and below the provincial index of 2.6%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 967 in 2011 to 2 068 in 2012, and the TB incidence (new pulmonary smear-positive) at 211.1 per 100 000 people was the lowest in KZN and below the national incidence of 235.7. This also indicates that only about one quarter of TB case findings are new pulmonary TB smear-positive.

^a A value of more than 100% indicates that babies born in other districts were tested for HIV in Uthungulu district, or that the estimation of the number of exposed infants (which is calculated from antenatal HIV prevalence multiplied by live births registered with Stats SA) is too low.

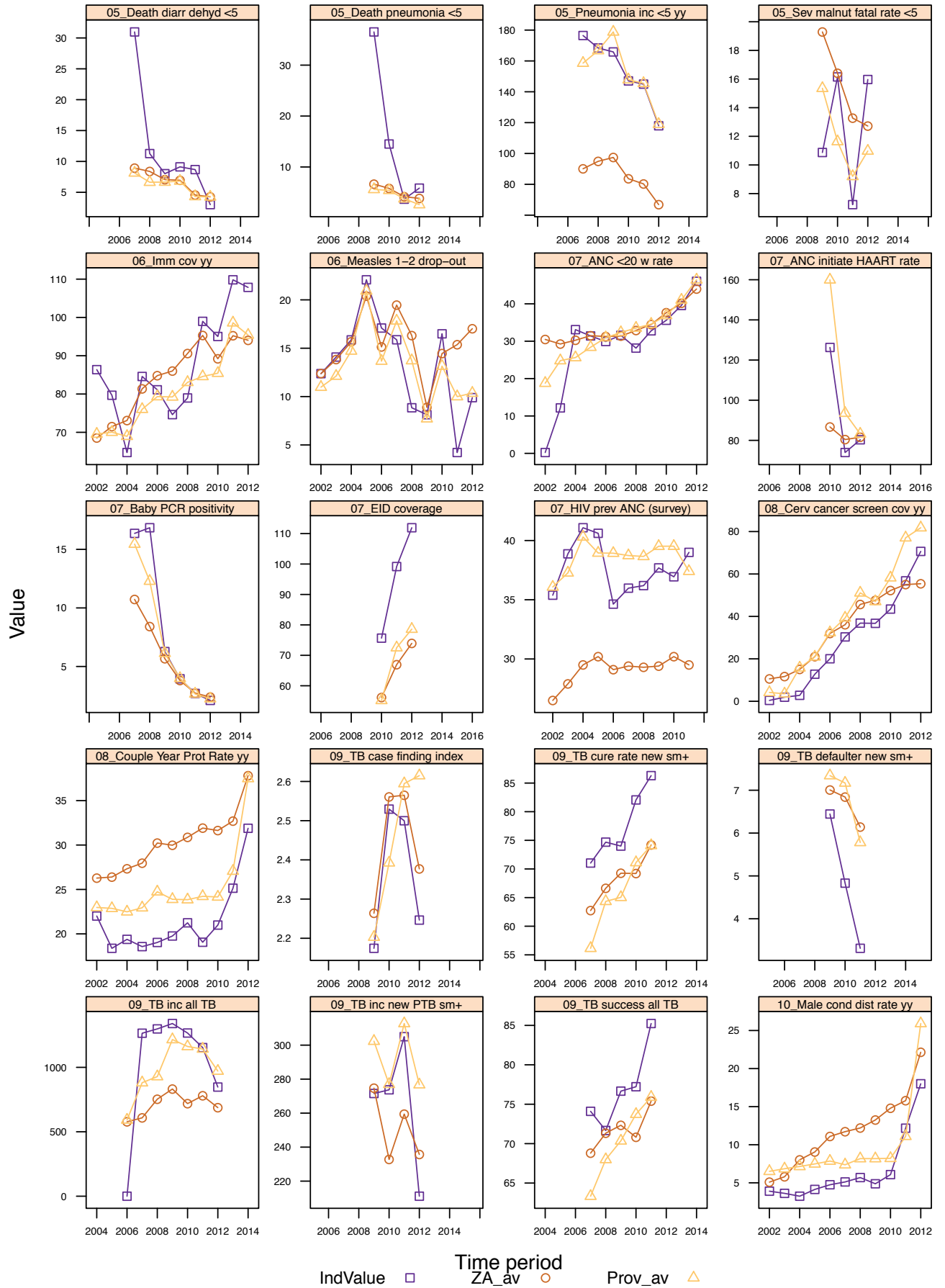
The TB (new pulmonary smear-positive) cure rate at 86.3% was the highest in the province and well above the national rate of 74.2%. The TB (new pulmonary smear-positive) defaulter rate of 3.3% was below the national rate of 6.1%. The TB treatment success rate (all TB) of 85.2% was also the highest rate in KZN.

Male condom distribution coverage increased from 12.2 condoms per male 15 years and older in 2011/12 to 18.0 condoms in 2012/13, but was still below the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 45 973 at the end of 2010/11 to 71 684 by the end of 2012/13, and the total number of children under 15 years remaining on ART at end of the month also increased from 4 355 to 5 765 in the same period.

Annual indicators for district: Uthungulu: DC28



Annual indicators for district: Uthungulu: DC28



iLembe District Municipality

Naomi Massyn

iLembe District in KwaZulu-Natal is situated on the eastern coast of the province and has an estimated medical scheme coverage of 7.3%.

At 3.0%, the proportion of district health services expenditure on district management was above the provincial average of 2.1% and below the national average of 5.8%. The proportion of total district expenditure on primary health care (PHC) was the third highest in the province at 63.8%, and was above the provincial average of 56.0% as well as the national average of 56.7%. The percentage expenditure on district hospital services was 33.2% and the third lowest percentage provincially.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was 66.7% and below the national average of 76.0%.

The inpatient bed utilisation rate was 63.9% and increased from 59.3% in 2011/12. It was, however, below the national rate of 67.3%. The average length of stay was 6.8 days and was longer than the provincial and the national averages of 5.6 days and 4.2 days respectively. The expenditure per patient day equivalent was R1 836. The ratio of ambulatory to inpatient days was 1.7, which indicates that the number of patients seen at the emergency/OPD units was much higher than the number of patients admitted as inpatients. The OPD new client not referred rate was 81.7%, indicating that a very high percentage of people seen at OPDs are bypassing PHC services.

The delivery by Caesarean section rate was 26.5% and increased from 21.5% in 2011/12, being well above the national rate of 20.8%. The delivery in facility under 18 years rate was 9.3% and above the national rate of 7.7%. The facility maternal mortality ratio decreased from 112.5 per 100 000 live births in 2011/12 to 95.5 per 100 000 live births, and was the third lowest provincially and well below the national ratio of 132.9 per 100 000 live births. The stillbirth in facility rate was 21.8 per 1 000 births, and the inpatient early neonatal death rate was 9.3 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 45.3%. According to the 2011 National Antenatal Sero-prevalence Survey, the HIV prevalence among antenatal clients tested was 35.4% and decreased from 42.3% in 2010. The antenatal client initiated on ART rate remained stable at 78.2%. This was, however, below the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 156.1% and well above the national coverage of 73.9%. A rate above 100% might indicate that babies were born in another district but were tested in iLembe, or that the number of exposed infants (which is based on antenatal HIV prevalence multiplied by the number of registered live births) has been underestimated. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.8% was slightly lower than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 3.0%.

The immunisation coverage under 1 year was 99.2%, and the measles 1st to 2nd dose drop-out rate was 10.6%.

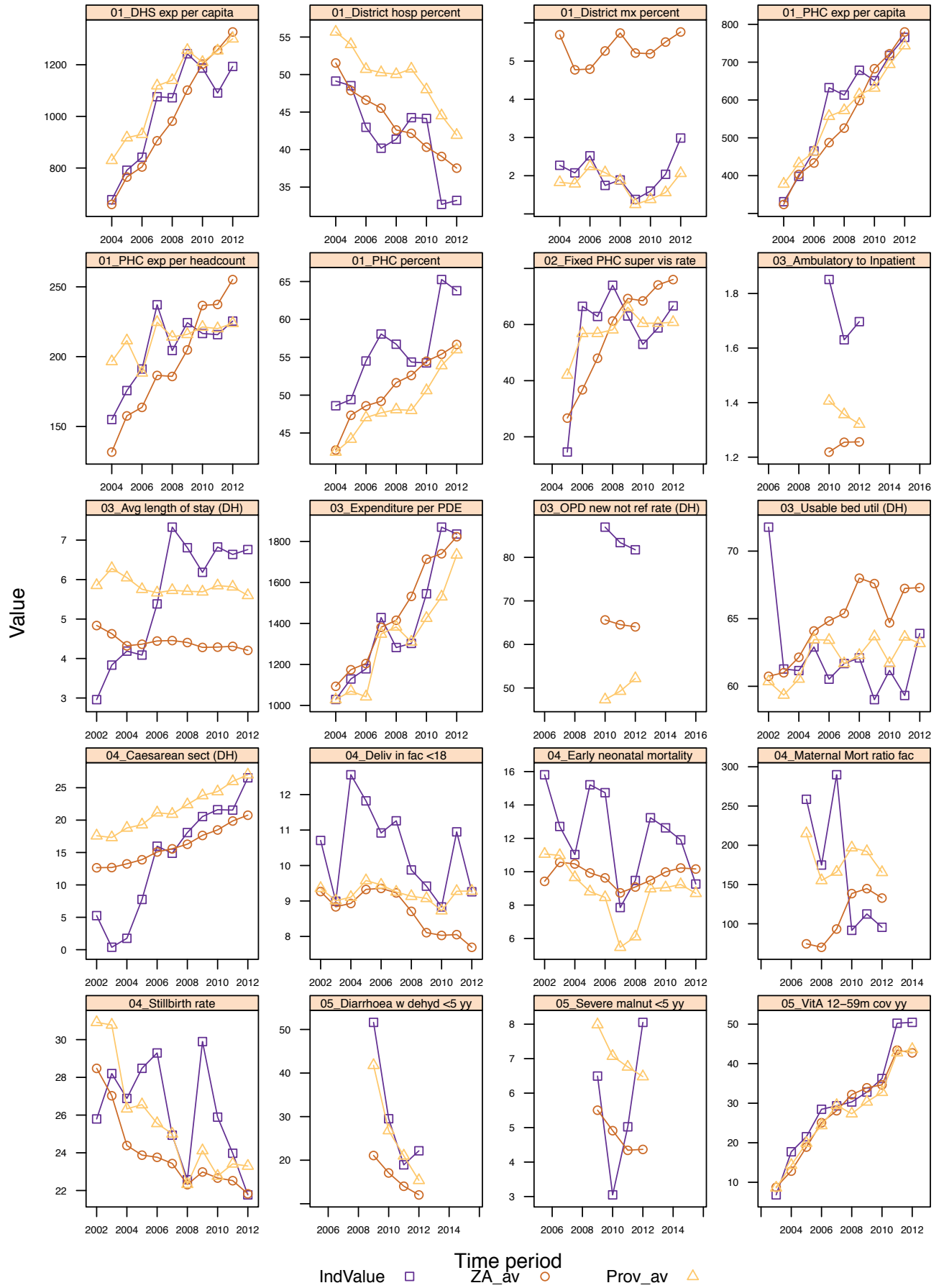
The child under 5 years diarrhoea with dehydration incidence was the highest in the province at 22.2 episodes per 1 000 children, and increased from 18.9 per 1 000 children in 2011/12. The child under 5 years diarrhoea case fatality rate was 5.5% and above the national rate of 4.3%. The child under 5 years pneumonia incidence was 125.7 cases per 1 000 children and decreased from 147.8 in 2011/12. This was, however, well above the national incidence of 66.8. The child under 5 years pneumonia case fatality rate was the lowest in the province at 2.0%. The child under 5 years severe acute malnutrition incidence was 8.1 cases per 1 000 children, and the child under 5 years severe acute malnutrition case fatality rate was 8.3% and well below the national rate of 12.7%. The vitamin A coverage 12 to 59 months was 50.4%.

The cervical cancer screening coverage was the third lowest in the province at 69.6%, and the couple year protection rate the second lowest at 31.1%.

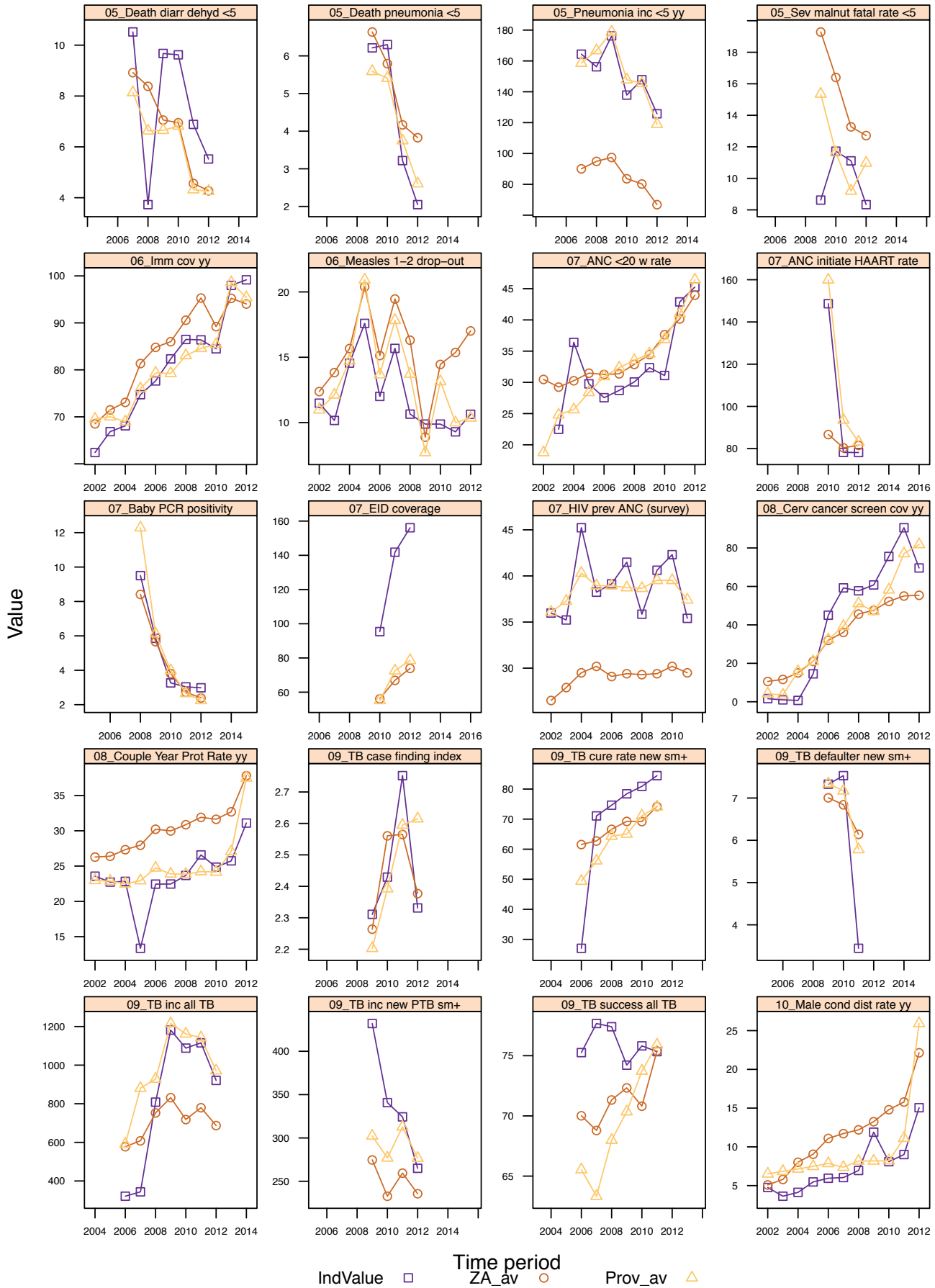
The TB incidence (all cases) was 920.9 per 100 000 people. This decreased from 1 115.3 per 100 000 people in 2011/12 and was well above the national average of 687.3 per 100 000 people. The TB case finding index was 2.3%. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 2 042 in 2011/12 to 1 676 in 2012/13, resulting in a decrease in the TB incidence (new pulmonary smear-positive) from 324.3 per 100 000 people in 2011/12 to 265.0. This was, however, still above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate was the second highest in the province at 84.5%. The TB (new pulmonary smear-positive) defaulter rate of 3.4% was below the national rate of 6.1%, and the TB treatment success rate (all TB) was 75.3%.

The male condom distribution coverage at 15.1 condoms per male 15 years and older was the third lowest in the province and was below the national average of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 35 129 at the end of 2011/12 to 39 546 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 2 675 to 2 896 in the same period.

Annual indicators for district: iLembe: DC29



Annual indicators for district: iLembe: DC29



Sisonke District Municipality

Abraham Malaza

Sisonke District is situated in the south of KwaZulu-Natal Province and is bordered by Lesotho to the west, Ugu district to the east, uMgungundlovu District to the north and the Eastern Cape Province to the south. Medical scheme coverage in Sisonke District was estimated to be 6.3%.

The proportion of district health services expenditure on district management was 2.5%, slightly higher than the provincial average of 2.1%. The proportion of health expenditure on district hospitals was 51.2%, above the provincial average of 41.9%. The proportion of district health services expenditure on primary health care (PHC) was 46.3% and decreased from 48.0% in 2012/13.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) increased from 75.5% in 2011/12 to 81.1% in 2012/13, and was well above the provincial average of 60.8%.

The inpatient bed utilisation rate was 60.9% and below the provincial rate of 63.2%. The average length of stay was 5.4 days and longer than the national average of 4.2 days. Expenditure per patient day equivalent was R1 827 in 2012/13 compared to R1 531 in 2011/12 and was in line with the national average of R1 823. The ratio of ambulatory to inpatient days was 1.1, and indicates that the number of patients seen at the emergency/OPD units was almost equal to the number of patients admitted as inpatients. The OPD new client not referred rate was 59.1% and increased from 54.7% in 2011/12. This indicated that more than half of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

The delivery by Caesarean section rate was 25.2% and above the national rate of 20.8%. The delivery in facility under 18 years rate was 10.8% and also above the national rate of 7.7%. The facility maternal mortality ratio decreased from 127.9 per 100 000 live births in 2011/12 to 92.5 per 100 000 live births. The stillbirth in facility rate at 22.1 per 1 000 births was in line with the national rate of 21.8 per 1 000 births. The inpatient early neonatal death rate, at 11.1 per 1 000 live births, was the second highest provincially and above the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate increased from 37.4% in 2011/12 to 45.6% and was slightly above the national rate of 44.0%. The HIV prevalence among antenatal clients tested (2011 National Antenatal Sero-prevalence Survey) at 39.9% was more than 10 percentage points higher than the national prevalence of 29.5%. The antenatal client initiated on ART rate was the third lowest provincially at 74.8%, and slightly below the national rate of 81.6%.^a Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage at 43.6% was the lowest provincially and well below the national coverage of 73.9%. The equivalent DHIS indicator, Baby PCR 6 week uptake, was over 100% for most years, and although the DHIS systematically overestimates coverage of infant PCR testing, this discrepancy does indicate that there are problems either with the data quality^b or with the estimate of the number of HIV-exposed infants, and that true coverage may be somewhere in between. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 2.2% was in line with the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.5%.

Immunisation coverage under 1 year was at 81.8%, but was well below the national average of 94.0%. The measles 1st to 2nd dose drop-out rate decreased from 7.2% in 2011/12 to 6.9% in 2012/13 and was well below the national average of 17.0%.

The child under 5 years diarrhoea with dehydration incidence at 8.3 per 1 000 children was the third lowest provincially, and was much lower than the provincial average of 15.4 and the national average 12.0 per 1 000 children. The child under 5 years diarrhoea case fatality rate remained stable at 5.6%. The child under 5 years pneumonia incidence also remained stable at 127.6 cases per 1 000 children, but was well above the national incidence of 66.8 per 1 000 children. The child under 5 years pneumonia case fatality rate decreased from 5.3% 2011/12 to 2.6% in 2012/13 and was below the national rate of 3.8%. The child under 5 years severe acute malnutrition incidence was 6.6 cases per 1 000 children, and the child under 5 years severe acute malnutrition case fatality rate at 17.6% was well above the national rate of 12.7%. The vitamin A coverage in children aged 12 to 59 months was 43.1% and in line with the national average of 42.8%.

The couple year protection rate increased slightly from 25.8% in 2011/12 to 31.7% in 2012/13, but remained below the national average of 37.8%. The cervical cancer screening coverage increased from 61.3% to 78.6% in the same period and was above the national rate of 55.4%.

The TB incidence (all cases) was 946.2 per 100 000 people and decreased from 1 071 in 2011. This was above the national average of 687.3 per 100 000 people in 2011. The TB case finding index was 3.7%, the highest in the province. In contrast to most other districts, the number of cases diagnosed with TB (new pulmonary smear-positive) increased in the past year, from 1 016 in 2011 to 1 550 in 2012. The TB incidence (new pulmonary smear-positive) was 302.8 per 100 000 people and above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate remained stable at 70.1% and

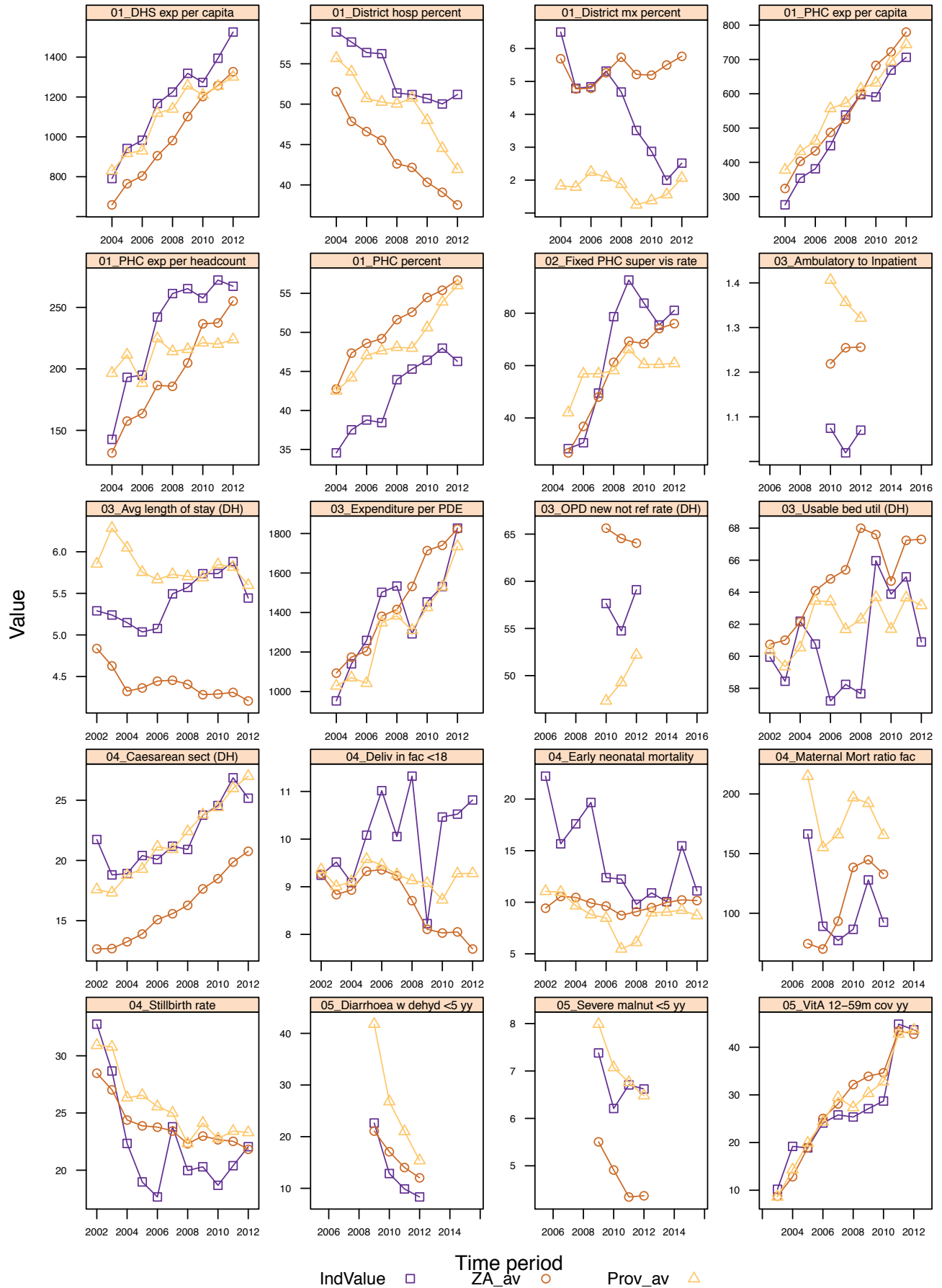
a The values over 100% in previous years (154.6% of 2010/11 and 104.2% of 2011/12) are due to substantial underestimates in the denominator – antenatal clients eligible for HAART – and therefore the change does not represent a true decline in ART initiation.

b In this case, the DHIS recorded 3 478 PCR tests in infants at 6 weeks, compared to only 1 887 PCR tests undertaken by NHLS for infants under 2 months in 2012/13.

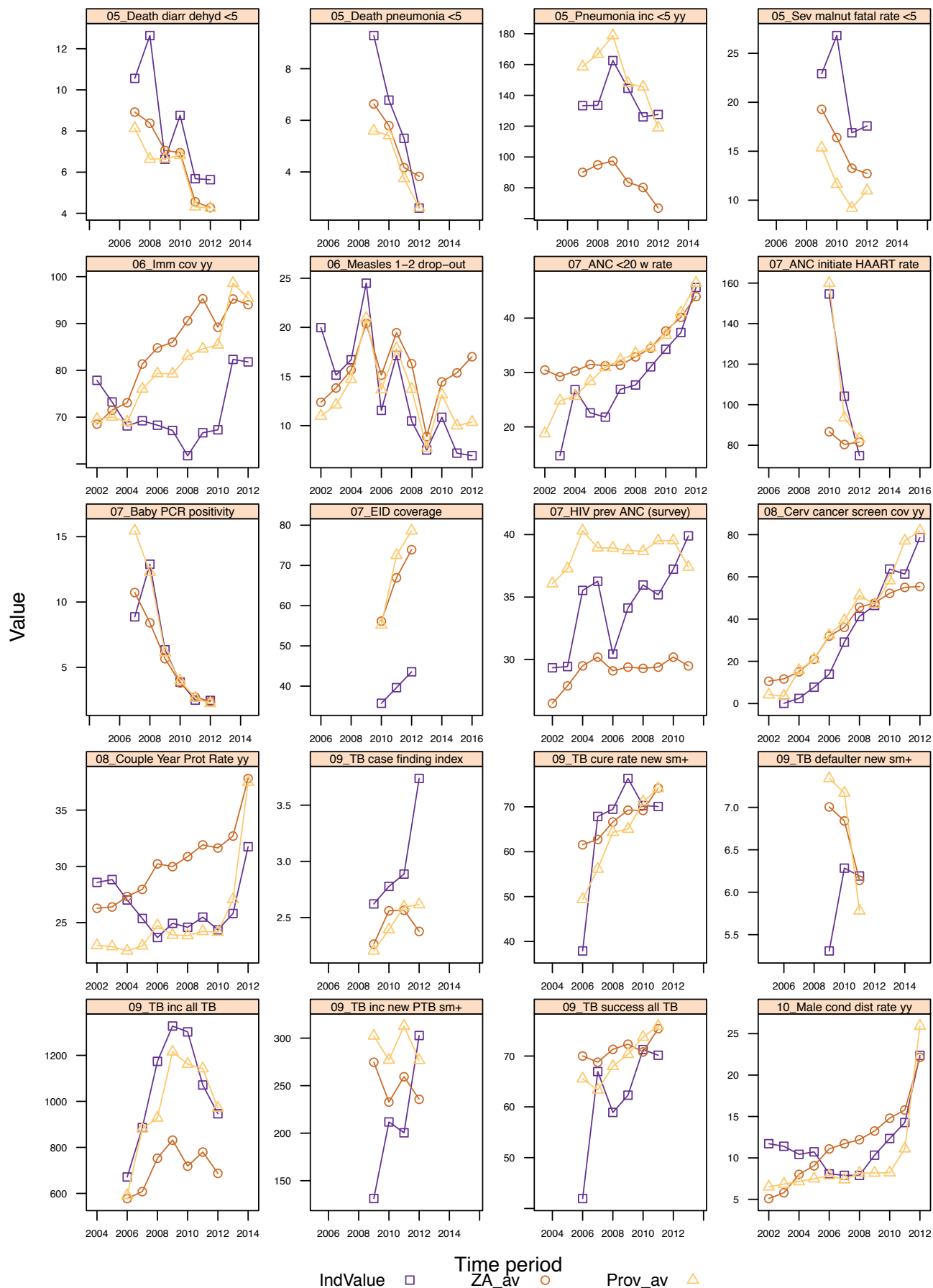
was below the national rate of 74.2%. The TB (new pulmonary smear-positive) defaulter rate of 6.2% was on par with the national rate of 6.1%, and the TB treatment success rate (all TB) was 70.2%.

The male condom distribution coverage increased from 14.3 condoms per male 15 years and older in 2011/12 to 22.4, in line with the national coverage of 22.1 condoms. The total number of adults remaining on ART at end of the month increased from 17 792 at the end of 2010/11 to 29 827 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 1 673 to 2 374 in the same period.

Annual indicators for district: Sisonke: DC43



Annual indicators for district: Sisonke: DC43



eThekweni Metropolitan Municipality

Naomi Massyn

The eThekweni Metropolitan Municipality in KwaZulu-Natal Province has an estimated medical scheme coverage of 20.5%, the highest in the province.

At 1.3%, the proportion of district health services expenditure on district management was the third lowest in the province and below the provincial and national averages of 2.1% and 5.8% respectively. The proportion of total district expenditure on primary health care (PHC) was the second highest in the province at 66.5%. This was 10 percentage points above the provincial and national averages. The percentage expenditure on district hospital services was 32.2%, the second lowest provincially.

The PHC supervisor visit rate (fixed clinic/CHC/CDC) was the third lowest in the province at 50.3%, and well below the provincial average of 60.8% and the national average of 76.0%.

At 76.5%, the inpatient bed utilisation rate was the highest provincially and above the national (67.3%) rate. The average length of stay was 4.3 days. The expenditure per patient day equivalent at R1 348 was the lowest in the province and well below the national average of R1 823. The ratio of ambulatory to inpatient days declined from 2.2 in 2010/11 to 1.5, which indicates that the number of patients seen at the emergency/OPD units was much higher than the number of patients admitted as inpatients. The OPD new client not referred rate was 51.8%, having improved rapidly from 86.5% in 2010/11. This indicated that more than half of patients seen at the emergency/OPD units bypass PHC facilities and access district hospitals directly.

At 37.0%, the delivery by Caesarean section rate was the second highest in the province, and above the national rate of 20.8%. The delivery in facility under 18 years rate was 8.0% and just above the national rate of 7.7%. The facility maternal mortality ratio decreased from 251.6 per 100 000 live births in 2011/12 to 174.8 (national ratio was 132.9 per 100 000 live births). The stillbirth in facility rate was 22.9 per 1 000 births, and at 9.6 per 1 000 live births, the inpatient early neonatal death rate increased from 8.8 per 1 000 live births but was below the national rate of 10.2 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate was 45.3% and increased from 39.1% in 2011/12. The 2012/13 rate was in line with the provincial rate of 46.4% and higher than the national rate of 44.0%. The 2011 National Antenatal Sero-prevalence Survey showed that the HIV prevalence among antenatal clients tested was 38.0% and decreased from 41.1% in 2010. At 89.6%, the antenatal client initiated on ART rate was the highest in the province and above the national rate of 81.6%.

Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 68.5% and below the national coverage of 73.9%. The infant 1st PCR test positive around 6 weeks rate (DHIS data) of 1.8% was lower than the proportion of PCR tests HIV positive for infants under two months of age (NHLS data) of 2.1%.

The immunisation coverage under 1 year was 94.7% and in line with the national coverage of 94.0%. The measles 1st to 2nd dose drop-out rate was 10.3% and below the national rate of 17.0%.

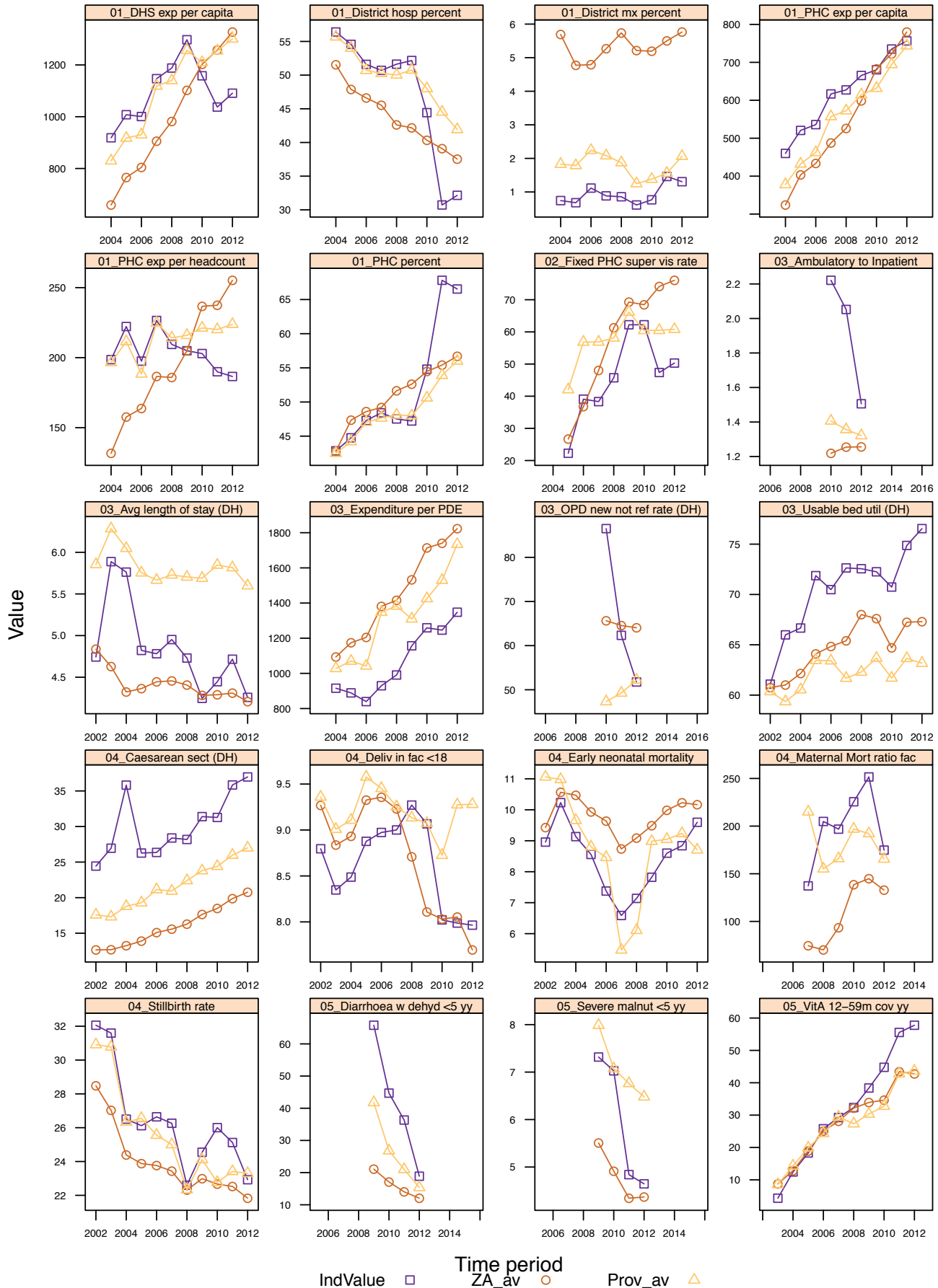
The child under 5 years diarrhoea with dehydration incidence was 18.9 episodes per 1 000 children and decreased from 36.3 per 1 000 children in 2011/12. The child under 5 years diarrhoea case fatality rate was 4.2% and in line with the national rate of 4.3%. The child under 5 years pneumonia incidence was 128.7 cases per 1 000 children and decreased from 178.9 in 2011/12. This was, however, well above the provincial incidence of 119.0. The child under 5 years pneumonia case fatality rate was the lowest in the province at 1.1%. The child under 5 years severe acute malnutrition incidence was 4.6 cases per 1 000 children, whilst the child under 5 years severe acute malnutrition case fatality rate increased from 3.2% in 2011/12 to 4.1% but it was well below the national rate of 12.7%. The vitamin A coverage in children aged 12 to 59 months was 57.8% and the highest rate provincially.

The cervical cancer screening coverage remained stable at 80.4%, and the couple year protection rate was 27.4%, the lowest in the province and below the provincial average of 37.5%.

The TB incidence (all cases) was 1 126.4 per 100 000 people, being the second highest provincially and nationally, and almost double the national average of 687.3 per 100 000 people. The TB case finding index was 2.5% and in line with the provincial index of 2.6%. eThekweni has the highest case load of infectious TB in the country. The number of cases diagnosed with TB (new pulmonary smear-positive) decreased from 12 928 in 2011/12 to 12 047 in 2012/13; therefore, TB incidence (new pulmonary smear-positive) decreased from 376.1 per 100 000 people in 2011/2 to 346.8. This was, however, still well above the national incidence of 235.7. The TB (new pulmonary smear-positive) cure rate was 70.8%, and the TB (new pulmonary smear-positive) defaulter rate was 8.2%. The TB treatment success rate (all TB) was 76.2%.

The male condom distribution coverage, at 9.9 condoms per male 15 years and older, was the lowest in the province, and below the national average of 22.1 condoms. The total number of adults remaining on ART increased from 139 964 at the end of 2011/12 to 207 091 by the end of 2012/13. The total number of children under 15 years remaining on ART also increased from 12 185 to 13 801 over the same period.

Annual indicators for district: eThekweni: ETH



Annual indicators for district: eThekweni: ETH

