

## 14 Free State Province

### Xhariep District Municipality

Xhariep is geographically the largest of Free State province's five districts. The population of 143 648 people constitutes only 4.6% of the province's total population, making this the lowest population density at 4.6 people per km<sup>2</sup>. The proportion of the district's population with medical aid coverage is 9.7%.

The proportion of total district expenditure spent on district hospitals was 22.5%, much lower than the national average of 39.1%. The proportion spent on PHC was 71.2%, with 5.5% spent on district management. The PHC expenditure per capita of R813 exceeds that of the province's R667 average. The PHC expenditure per headcount of R253 is the second highest in the province. The district expenditure per capita was R1 140.

The PHC fixed facility supervisory rate was 77%. The PHC utilisation rate was 2.9 visits per person per year. The PHC utilisation rate under 5 years was 4.9 visits per child per year, which is the highest in the province and higher than the national average of 4.7.

The district has 0.5 district hospital beds per 1 000 population. The bed utilisation rate was 65.1%. The average length of stay was 2.6 days, lower than the provincial (3.2) and national (4.3) averages. The average expenditure per PDE was R1 668.

The diarrhoeal incidence under 5 years decreased from 91.1 per 1 000 children in 2010/11 to 70.5 in 2011/12 – the highest in the province but lower than the national average of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 8.8%. The vitamin A coverage 12 to 59 months was 53.9% and increased from 35.8% in 2010/11.

The stillbirth rate was 18.3 per 1 000 births, much lower than the provincial average of 29.1. The early neonatal death rate was 8.2 per 1 000 live births and decreased from 23.2 in 2008/09. However, these two indicators do not correlate with each other and the quality of the data should be verified before this can be regarded as a major achievement. The under-1 facility mortality rate at 5.6% and the under-5 facility mortality rate at 4.4% are the lowest in the province.

The immunisation coverage under 1 year increased pleasingly from 82.2% in 2010/11 to 89.7%, although it is still below the national average of 95.2%. The pneumococcal vaccine 3rd dose coverage increased from 72.3% to 90.1%; the rotavirus 2nd dose coverage increased from 48.9% to 85.2%; and the measles 1st dose under 1 year increased from 72.9% to 88.6% over the same period. Despite the noteworthy improvements, both the pneumococcal vaccine 3rd dose and rotavirus 2nd dose coverage were still below national average. The measles 1st to 2nd dose drop-out rate on the other hand decreased drastically from 18.4% in 2010/11 to 2.0% in 2011/12. Overall, these results show a successfully managed, and improving, immunisation programme.

No Caesarean sections were conducted at any of Xhariep's district hospitals. The proportion of deliveries in facilities to women under 18 years was 8.7%. The facility maternal mortality ratio (MMR) reflected in DHIS was 93.2 per 100 000 live births with huge annual fluctuations over the past few years. This value is much lower than the average of 246.9/100 000 live births for 2010 based on National Committee for the Confidential Enquiries into Maternal Deaths data.

The rate of antenatal visits before 20 weeks was 56.7%, the highest in the province and above the national average of 40.2%. The cervical cancer screening coverage increased from 24.9% in 2008/09 to 49.4% in 2011/12. The couple year protection rate was 33.9%. The male condom distribution rate for the district was 15.8, much higher than the provincial average of 12.9 condoms per male 15 years and older and on a par with the national average of 15.8 condoms.

The TB data received from National Department of Health for the Xhariep district are based on the previous district boundaries. Based on data obtained directly from the district's TB Programme Coordinator, the 2011 TB two-month smear conversion rate was 80.9%. The new smear-positive cure rate was 75.9% in 2010 and the new smear-positive TB defaulter rate was 4.6% in 2010.

At 92%, the antenatal client HIV 1st test rate is, surprisingly, the lowest in the province. The rate decreased from 95.6% in 2010/11. The antenatal HIV positivity rate was 16.1% with a slight decrease of 4.8 percentage points since 2009/10. The antenatal client HIV prevalence (routine data) was 23.0%, the lowest in the province. The 2010 HIV Antenatal Seroprevalence Survey was 21.8%. The rate of antenatal clients initiated on HAART of 88.0% is well above the provincial (68.4%) and national (80.4%) averages.

The baby PCR test around 6 weeks uptake rate according to the DHIS routine data was more than 200% for the past two years. These are unreliable values because values over 100% indicate poor data quality.<sup>a</sup> The percentage of babies that tested PCR positive six weeks after birth was 4.3%, a decrease from 7.9% in 2010/11.

<sup>a</sup> The indicator definition is "Babies PCR tested 6 weeks after birth as the proportion of live births to HIV-positive women".

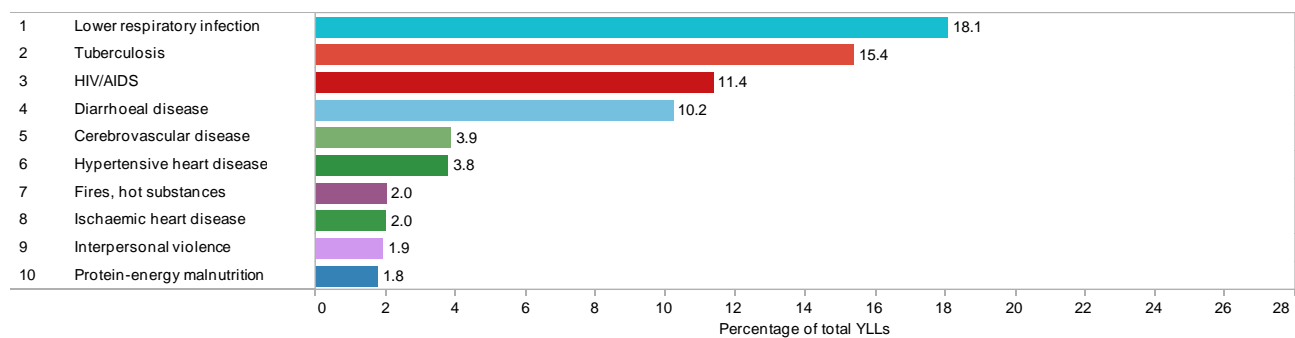
## Section B: National and District Profiles

Data from the National Health Laboratory Services shows that the early infant HIV diagnosis coverage was also extremely high at 288.5%.<sup>b</sup> The proportion of infants who were HIV-positive under two months was 2.7%. The rate of HIV-positive infants under 18 months initiated on HAART of 100% in 2011/12 is the highest in the province and among the highest five districts in the country. The provincial average was 68.4% and the national average was 54.4% for the same year.

The hypertension detection rate of 0.2% is equal to the provincial average for the year. Mental health case load at 0.9% is below the provincial and national averages of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Xhariep's 2009 quality of death certification was relatively poor with 29.1% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 16.3% of deaths were assigned to 'ill-defined' causes and 12.8% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (36.2%), followed by non-communicable diseases (27.9%). HIV and TB (26.8%) ranked third whilst the lowest proportion (9.1%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): FS – DC16: Xhariep District Municipality**



<sup>b</sup> These large percentages are probably due to small numbers and the numerator and denominator not in line with each other. An example would be babies born elsewhere but testing for PCR in the district.

Figure 2: Annual indicators for district: Xhariep: DC16

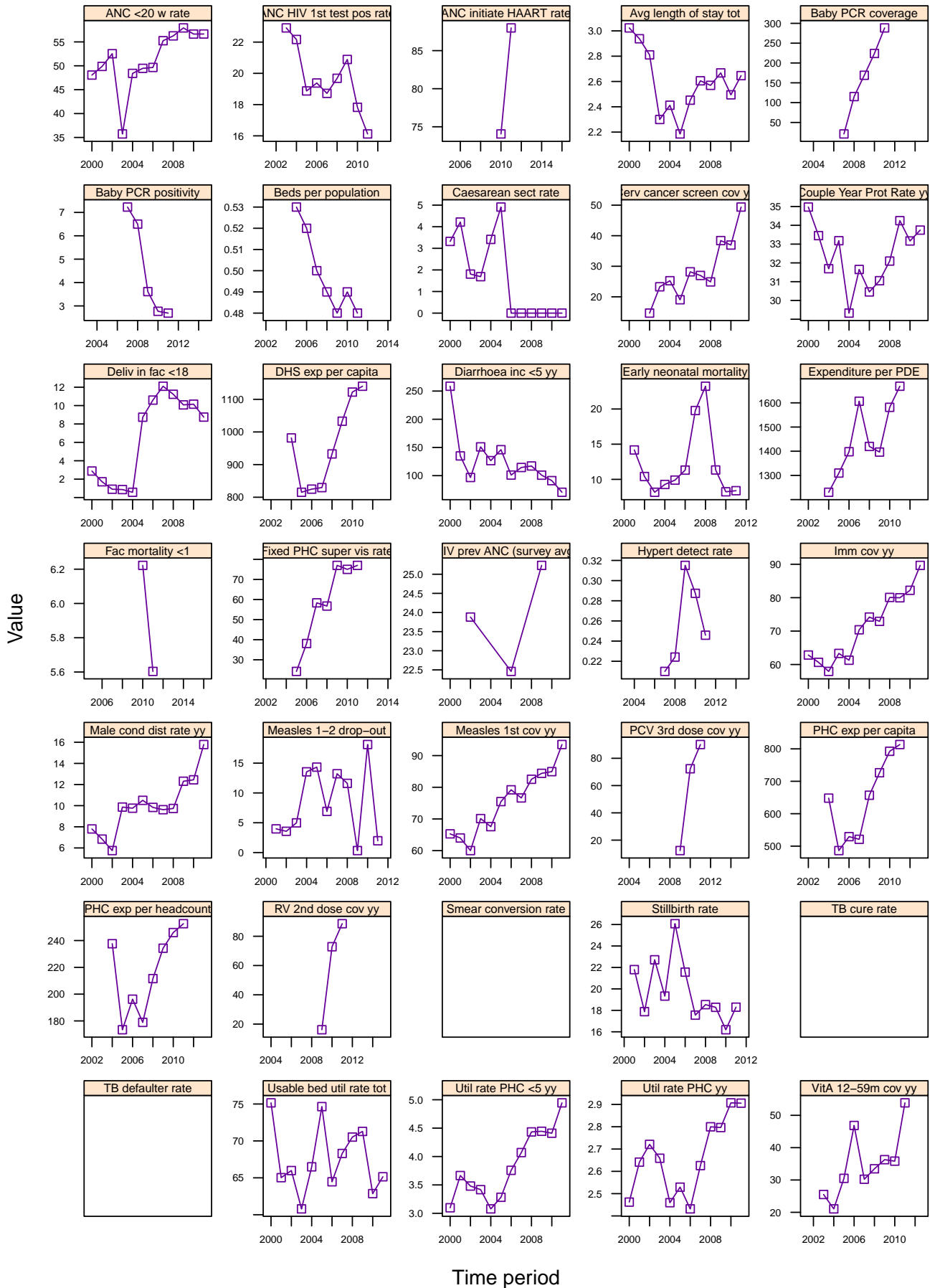
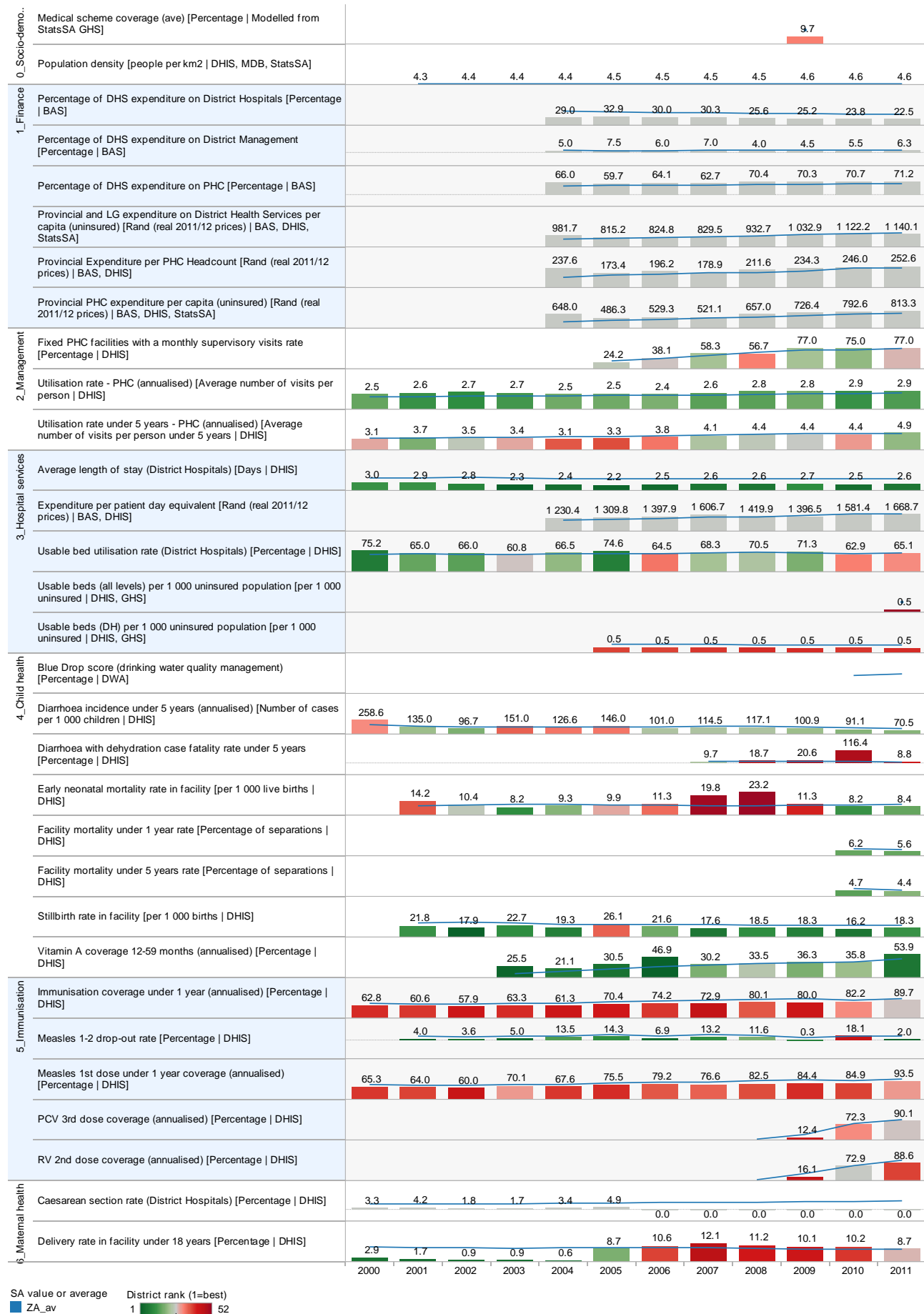
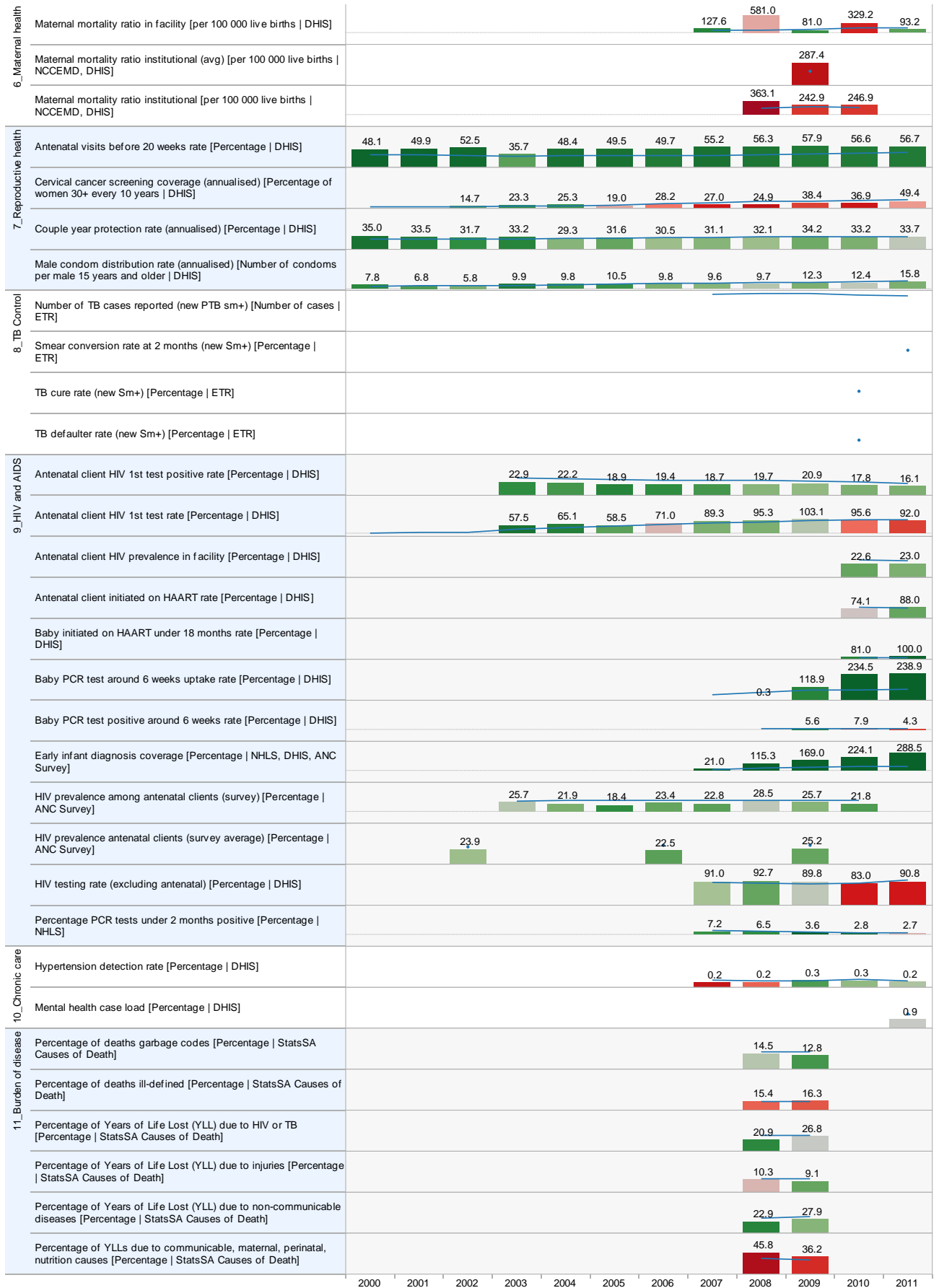


Figure 3: District page: FS – DC16: Xhariep District Municipality





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## Lejweleputswa District Municipality

Lejweleputswa district is located in north-western Free State and has a population of 694 510 with a population density of 21.8 people per km<sup>2</sup>. The medical scheme coverage is 18.1%.

PHC expenditure per capita increased from R573 in 2010/11 to R631 in 2011/12, the second lowest in the province and below the national spend of R684. The total district expenditure per capita also rose from R886 in 2010/11 to R946 in 2011/12. The PHC expenditure per headcount was R236. The proportion of total district expenditure spent on district management was 2.5%, less than half the national average of 5.5%. The proportion of total district expenditure spent on district hospitals was 30.8%, while 66.7% was spent on PHC.

The PHC fixed facility supervisory rate improved from 49.9% in 2010/11 to 70.7% in 2011/12, but is still the second lowest in the province and below the national average of 74.1%. The PHC utilisation rate under 5 years rose from 3.0 visits per child per year in 2010/11 to 3.2 in 2011/12, which is the lowest rate in the country. The PHC utilisation rate increased from 2.0 visits per person per year in 2010/11 to 2.2 in 2011/12. This ranked the second lowest in the province and is lower than the national average of 2.5 visits.

The district has 0.5 district hospital beds per 1 000 population. The bed utilisation rate increased from 58.4% in 2010/11 to 61.8% in 2011/12 - the second lowest in the province and below the national rate of 67.2%. The average length of stay at 2.8 days was below the provincial average of 3.2 days. The expenditure per PDE increased from R1 787 in 2010/11 to R1 830.

Diarrhoeal incidence in under 5 year old children decreased from 62.0 per 1 000 children in 2010/11 to 57.5 in 2011/12 and is thus much lower than the national incidence of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 5.4%. Vitamin A coverage in children aged 12 to 59 months increased by 6.2 percentage points from 45.1% in 2010/11 to 51.3% in 2011/12 and is higher than both the provincial coverage of 47.9% and the national coverage of 43.4%.

The stillbirth rate increased from 30.5 per 1 000 births in 2010/11 to 33.3 in 2011/12, which is above the national rate of 22.5. Although the early neonatal death rate has decreased from 18.0 per 1 000 live births in 2010/11 to 15.3, it is the highest in the province and the sixth highest in South Africa. The under-1 facility mortality rate was 17.2% and the under-5 facility mortality rate 10.7%, both the highest in the province and the second highest in the country.

Lejweleputswa district's immunisation coverage under 1 year was 86.7%, the lowest in the province and below the national coverage of 95.2%. Pneumococcal vaccine 3rd dose coverage reflected an improvement from 62.7% in 2010/11 to 84.4% in 2011/12, while the rotavirus 2nd dose coverage also increased from 65.6% to 90.9% over same period. The measles 1st dose coverage was 88.9% and the measles 1st to 2nd dose drop-out rate was 11.9%.

The Caesarean section rate of 10.1% was less than the provincial average of 13.9% and the national average of 19.9%. The proportion of deliveries in facilities to women under 18 years was 7.1%, which is well below the provincial average of 13.9%. The facility maternal mortality ratio (MMR) recorded in the DHIS at 223.5 per 100 000 live births is the second highest in the province and well above the national average of 144.9. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 202.4 per 100 000 live births.

The rate of antenatal visits before 20 weeks improved from 44.1% in 2010/11 to 49.3% in 2011/12. The cervical cancer screening coverage increased from 39.6% to 47.9% in the same period, but is third lowest in the province and below the national average of 55.0%. The couple year protection rate was 36.0%. The male condom distribution rate increased from 10.5 condoms per male 15 years and older in 2010/11 to 14.1 in 2011/12, but is still below the national rate of 15.8 condoms.

The TB two-month smear conversion rate decreased from 77.8% in 2010/11 to 71.7% in 2011/12. The new smear-positive TB cure rate increased from 71.2% in 2009 to 73.1% in 2010, while the new smear-positive TB defaulter rate decreased from 5.8% to 4.3% in the same period.

The antenatal client HIV 1st test rate increased from 97.2% in 2010/11 to 99.7% in 2011/12 and was the highest in the province. The antenatal client HIV positivity rate dropped from 26.8% to 23.2% in the same period, yet still remains the highest in the province. The antenatal client HIV prevalence (from routine facility data) was 29.1% and in line with the 2010 HIV Antenatal Sero-prevalence Survey rate of 30.0%. The rate of antenatal clients initiated on HAART increased from 50.6% in 2010/11 to 73.5%, but is still below the national rate of 80.4%.

The uptake rate of babies PCR tested around 6 weeks, according to the routine data, was 105.4%.<sup>a</sup> The percentage of babies that tested PCR-positive six weeks after birth was 3.2%, a pleasing decrease from 6.8% in 2010/11. According to the data from the National Health Laboratory Services the early infant HIV diagnosis coverage was 79.2% while, according to the same source, the proportion of infants who were HIV-positive under two months was 2.5%.

The rate of HIV-positive infants under 18 months initiated on HAART increased drastically from 24.8% in 2010/11 to 55.1% in 2011/12.

<sup>a</sup> The indicator definition is "Babies PCR tested 6 weeks after birth as the proportion of live births to HIV positive women".

The hypertension detection rate was 0.2% and the mental health case load was 1.4% of total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Lejweleputswa's 2009 quality of death certification was relatively poor with 27% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 13.7% of deaths were assigned to 'ill-defined' causes and 13.3% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (42.3%), followed by non-communicable diseases (26%). HIV and TB (24.3%) ranked third whilst the lowest proportion (7.4%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): FS – DC18: Lejweleputswa District Municipality**

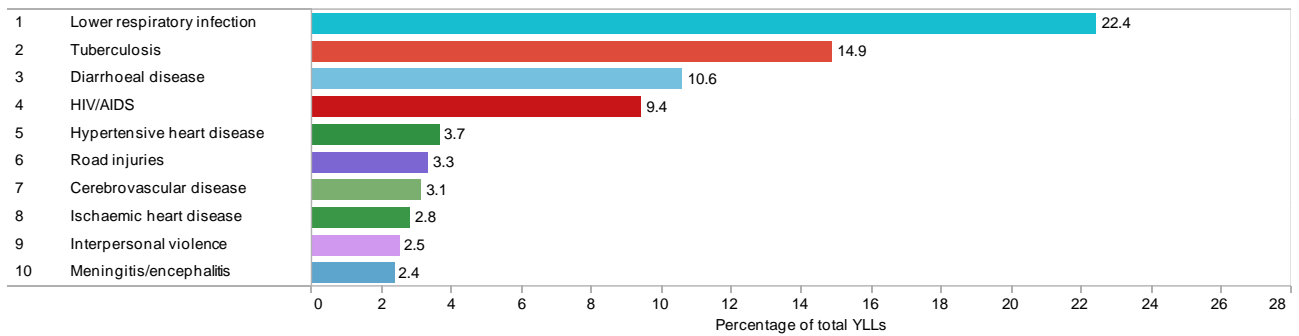


Figure 2: Annual indicators for district: Lejweleputswa: DC18

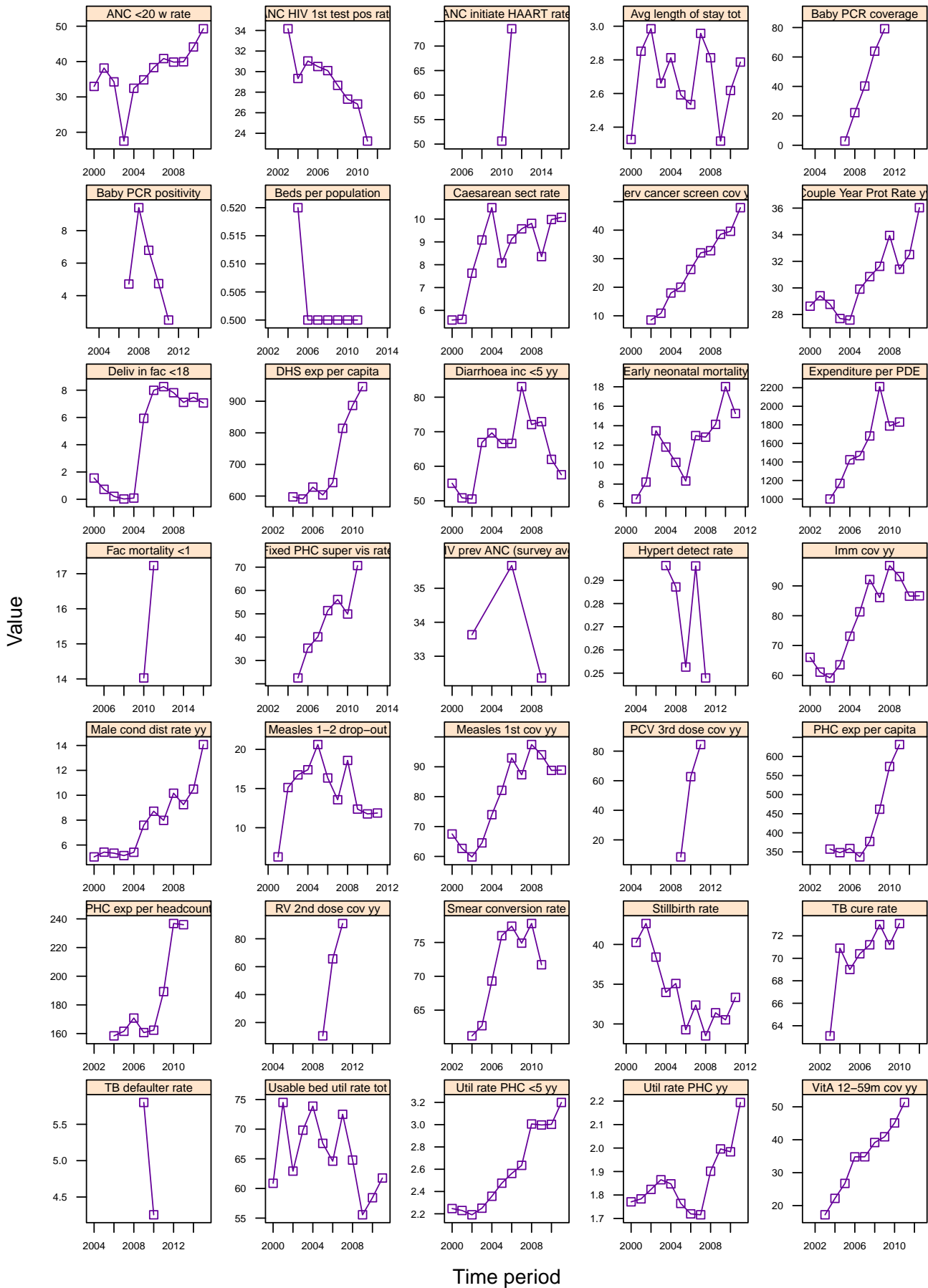
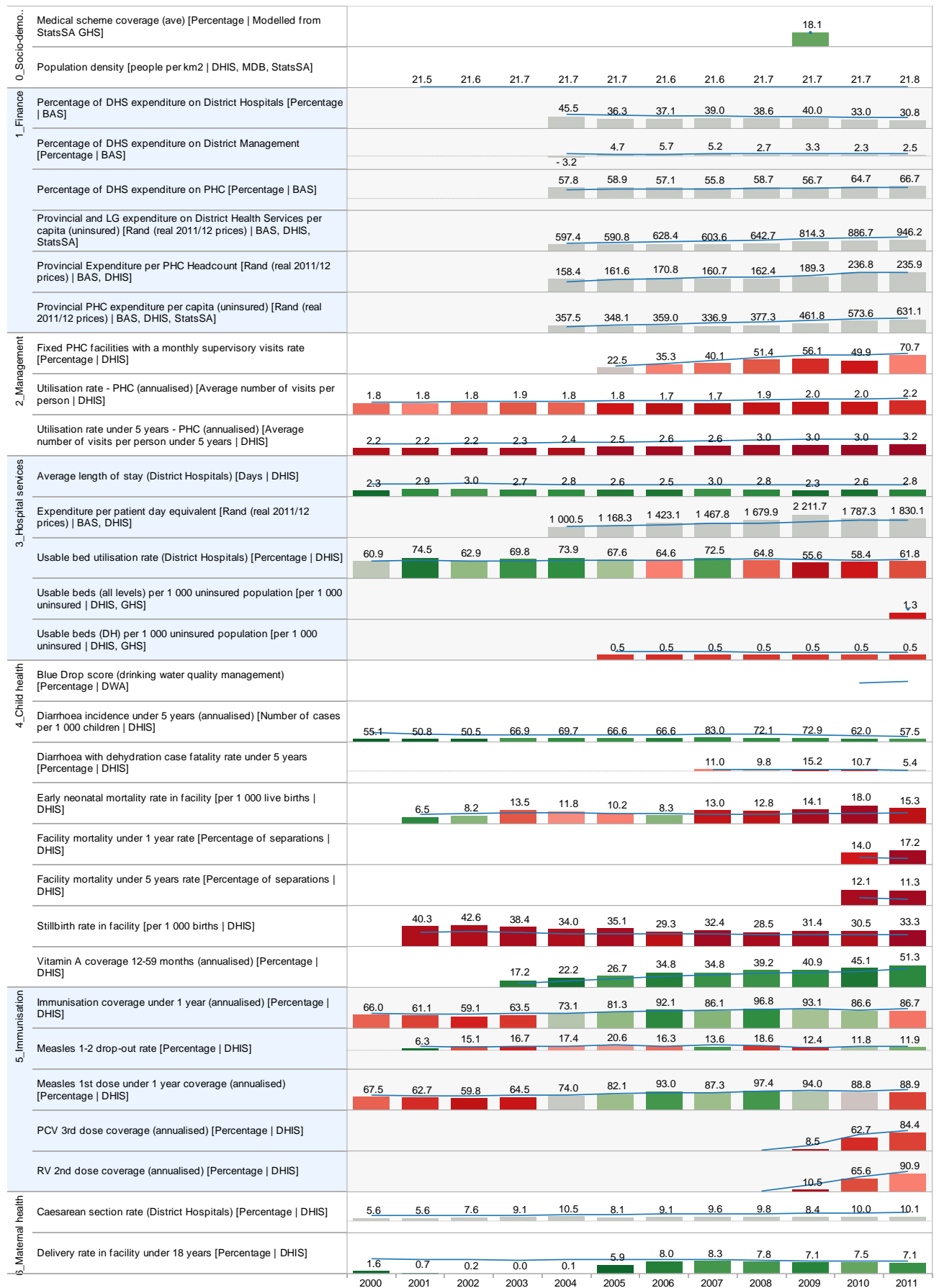


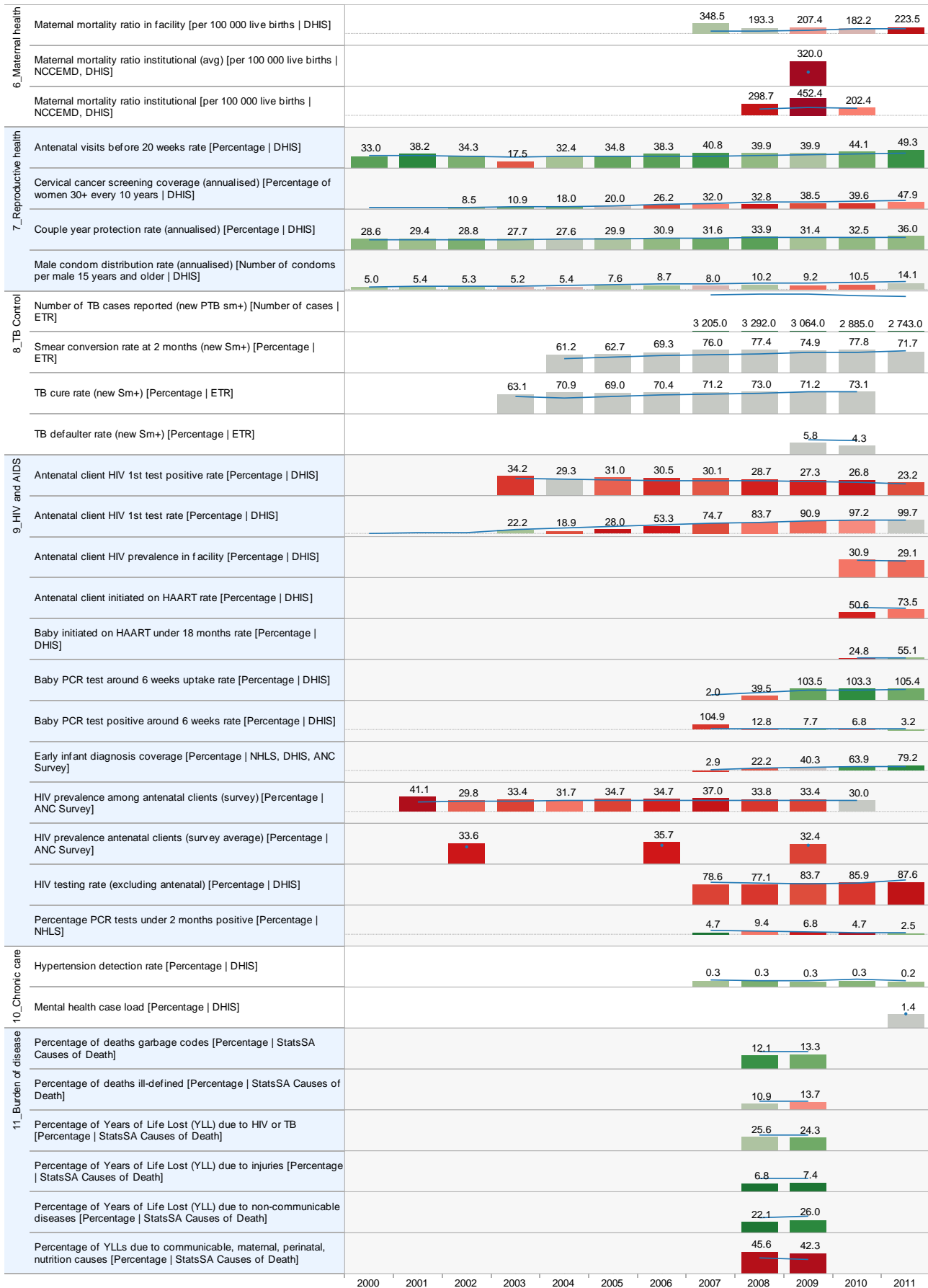


Figure 3: District page: FS – DC18: Lejweleputswa District Municipality



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## Section B: National and District Profiles



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## Thabo Mofutsanyane District Municipality

Thabo Mofutsanyane district in the Free State has a population of 832 172 with a population density of 25 people per km<sup>2</sup>. Only 6.1% of the population has access to a medical aid scheme.

PHC expenditure per capita at R553 is below the respective national and provincial figures of R684 and R667. The district expenditure per capita of R719 is the lowest in the province. PHC expenditure per headcount decreased from R196 in 2010/11 to R191 in 2011/12. The proportion of total district expenditure spent on district management was 3.0% and below the national average (5.5%). The proportion spent on district hospitals was 36.7% and on PHC 60.3%.

The PHC fixed facility supervisory rate increased substantially from 66.3% in 2010/11 to 90.3% in 2011/12, rising well above the provincial (75.9%) and national (74.1%) rates. The PHC utilisation rate under 5 years increased from 3.9 visits per child per year in 2010/2011 to 4.1 visits, while the PHC utilisation rate increased from 2.5 visits per person per year to 2.7 visits in the same period.

The district has 0.6 district hospital beds per 1 000 population. The bed utilisation rate was 55.7%, placing it below both the provincial (66.5%) and national (67.2%) rates. The average length of stay at 2.6 days was the fourth lowest in the country. Expenditure per PDE was R1 518, much lower than the provincial expenditure of R1 875 and the national expenditure of R1 653.

The under-5 diarrhoeal incidence decreased over four years from 76.6 per 1 000 children in 2007/08 to 54.1 in 2011/12. The mortality rate among children under 5 years due to diarrhoea with dehydration was 9.4%, which is the highest in the province and well above the national average of 4.6%. Vitamin A coverage in children aged 12 to 59 months increased from 37.0% in 2010/11 to 46.2% in 2011/12.

The stillbirth rate decreased annually from 33.9 per 1 000 births in 2009/10 to 25.5 in 2011/12. The early neonatal death rate remained stable over the past two years at 8.4 per 1 000 live births. The under-1 facility mortality rate was 10.7% and the under-5 facility mortality rate 7.8%.

Immunisation coverage under 1 year increased from 87.0% in 2010/11 to 99.0% in 2011/12, thus ranking the district highest in the province and above the national immunisation coverage of 95.2%. There was also an increase in the pneumococcal vaccine 3rd dose coverage from 71.7% to 96.1%, while measles 1st dose coverage increased from 87.7% to 100.5% and rotavirus 2nd dose coverage from 80.7% to 105.3%.<sup>a</sup> The measles 1st to 2nd dose drop-out rate increased annually over three years from 7.3% in 2008/09 to a disturbing 16.6% in 2011/12, the highest in the province.

The Caesarean section rate at 8.5% is well below the provincial rate of 13.9% and the national rate of 19.9%. The proportion of deliveries in facilities to women under 18 years was 8.6%. The facility maternal mortality ratio (MMR) recorded in the DHIS at 263.5 per 100 000 live births is the highest in the province and well above the national ratio of 144.9. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 293.0 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 47.8%, the cervical cancer screening coverage 47.8% and the couple year protection rate 38.6%. The male condom distribution rate was 14.7 condoms per year per male 15 years and older, which is above the provincial rate of 12.2 but below the national rate of 15.8 condoms.

There are no TB data available to report on TB two-month smear conversion rate, new smear-positive TB cure rate and new smear-positive PTB defaulter rate due to boundary changes.

The antenatal client HIV 1st test rate was 97.2%. The antenatal client HIV 1st test positivity rate dropped from 27.0% in 2008/09 to 23.1% in 2011/12, which is higher than the province and national averages of 21.7% and 20.6% respectively. The antenatal client HIV prevalence (from routine data) was 29.0% and in line with the 2010 HIV Antenatal Sero-prevalence Survey rate of 30.9%. The rate of antenatal clients initiated on HAART increased from 41.1% in 2010/11 to 63.2%, but is still seriously below the national average of 80.4%.

The uptake rate of babies PCR tested around 6 weeks, according to the routine data, increased to 108.8%.<sup>b</sup> The percentage of babies that tested PCR-positive six weeks after birth was 2.2%, a pleasing decrease from 5.2% in 2010/11 and the lowest in the province. According to the data from the National Health Laboratory Services the early infant HIV diagnosis coverage was 66.3%, while the proportion of infants who were HIV-positive under two months was 2.2%, which is in line with the routine data percentage of babies that tested PCR-positive six weeks after birth. The rate of HIV-positive infants under 18 months initiated on HAART increased drastically from 18.8% in 2010/11 to 52.1% in 2011/12.

The hypertension detection rate was 0.1% – the lowest in the province and the second lowest in South Africa. The mental health case load was 1.4% of total case load and on a par with the national average of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Thabo

a A coverage exceeding 100% may be due to poor data quality or an underestimation of the under-1 population.

b The indicator definition is "Babies PCR tested 6 weeks after birth as a proportion of live births to HIV-positive women".

Mofutsanyane’s 2009 quality of death certification was relatively poor with 21.7% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 6.5% of deaths were assigned to ‘ill-defined’ causes and 15.2% to ‘garbage codes’. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (40.1%), followed by non-communicable diseases (29.2%). HIV and TB (24.1%) ranked third whilst the lowest proportion (6.6%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): FS – DC19: Thabo Mofutsanyane District Municipality**

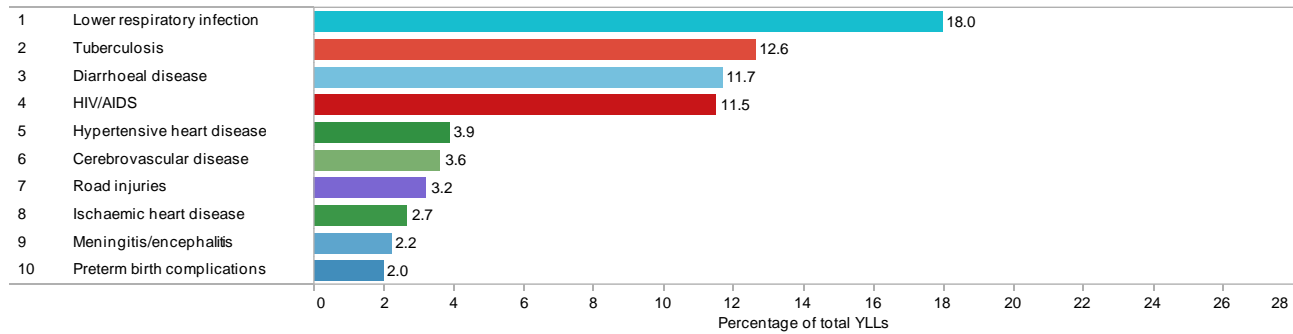


Figure 2: Annual indicators for district: Thabo Mofutsanyane: DC19

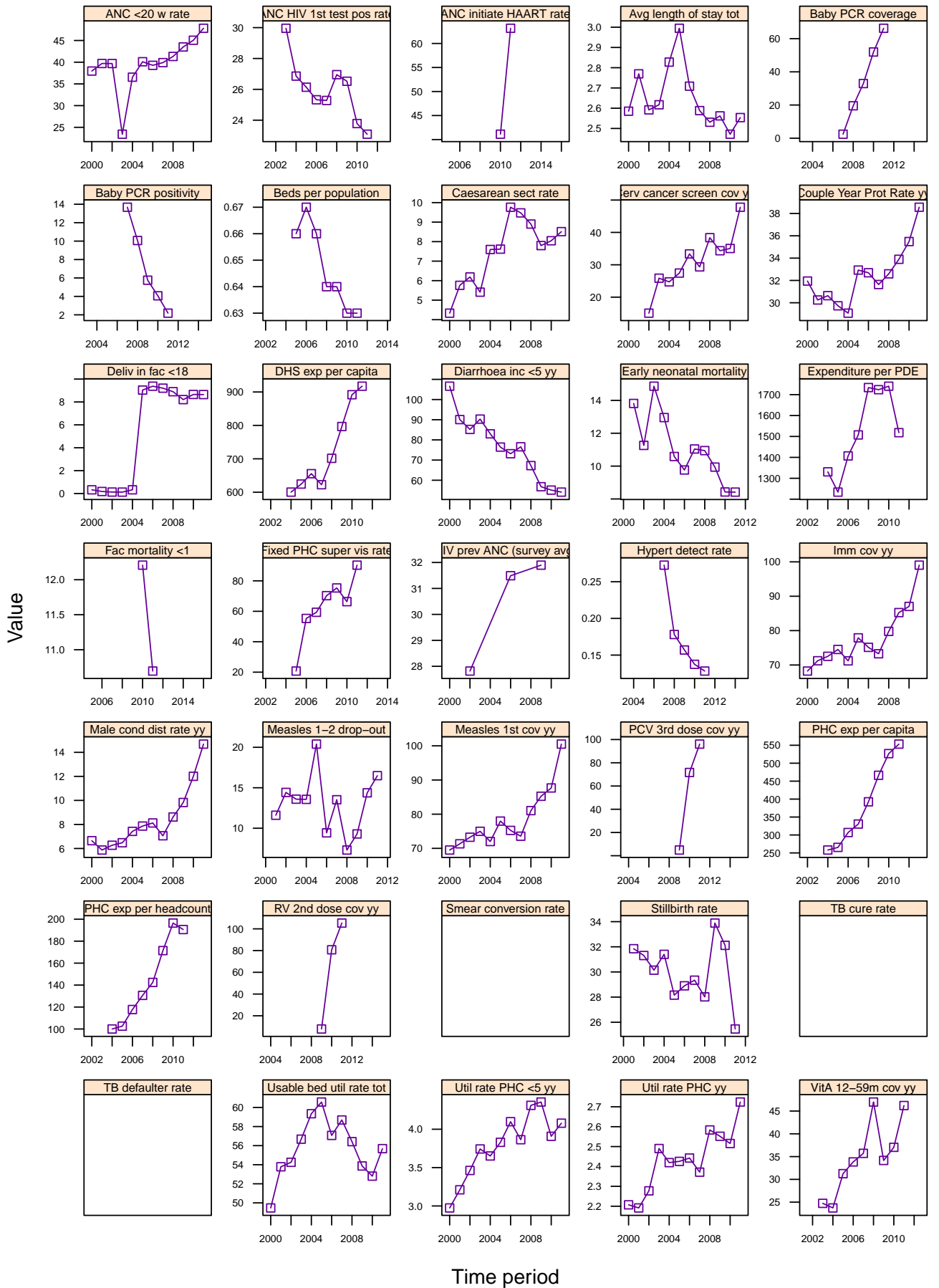
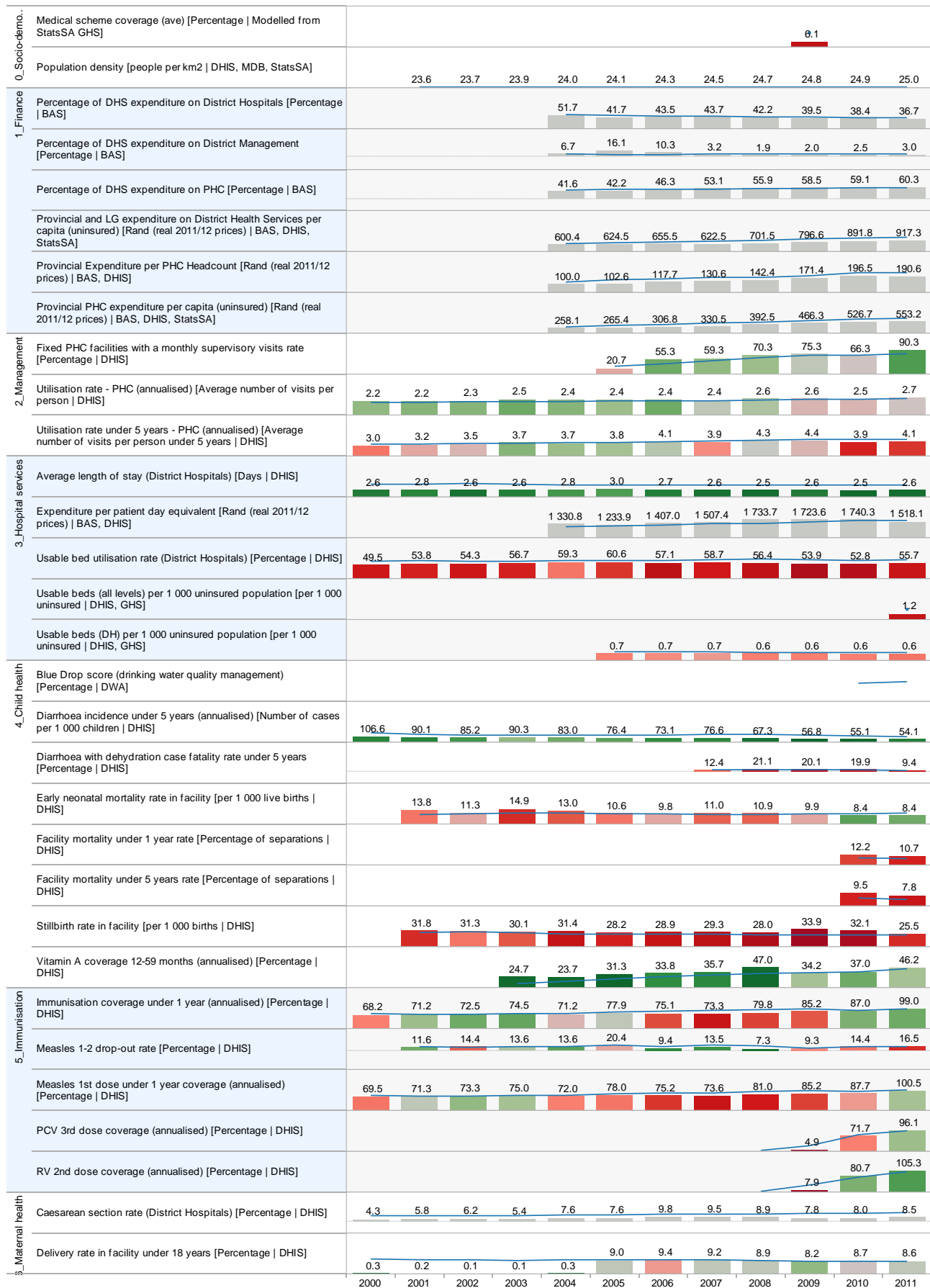
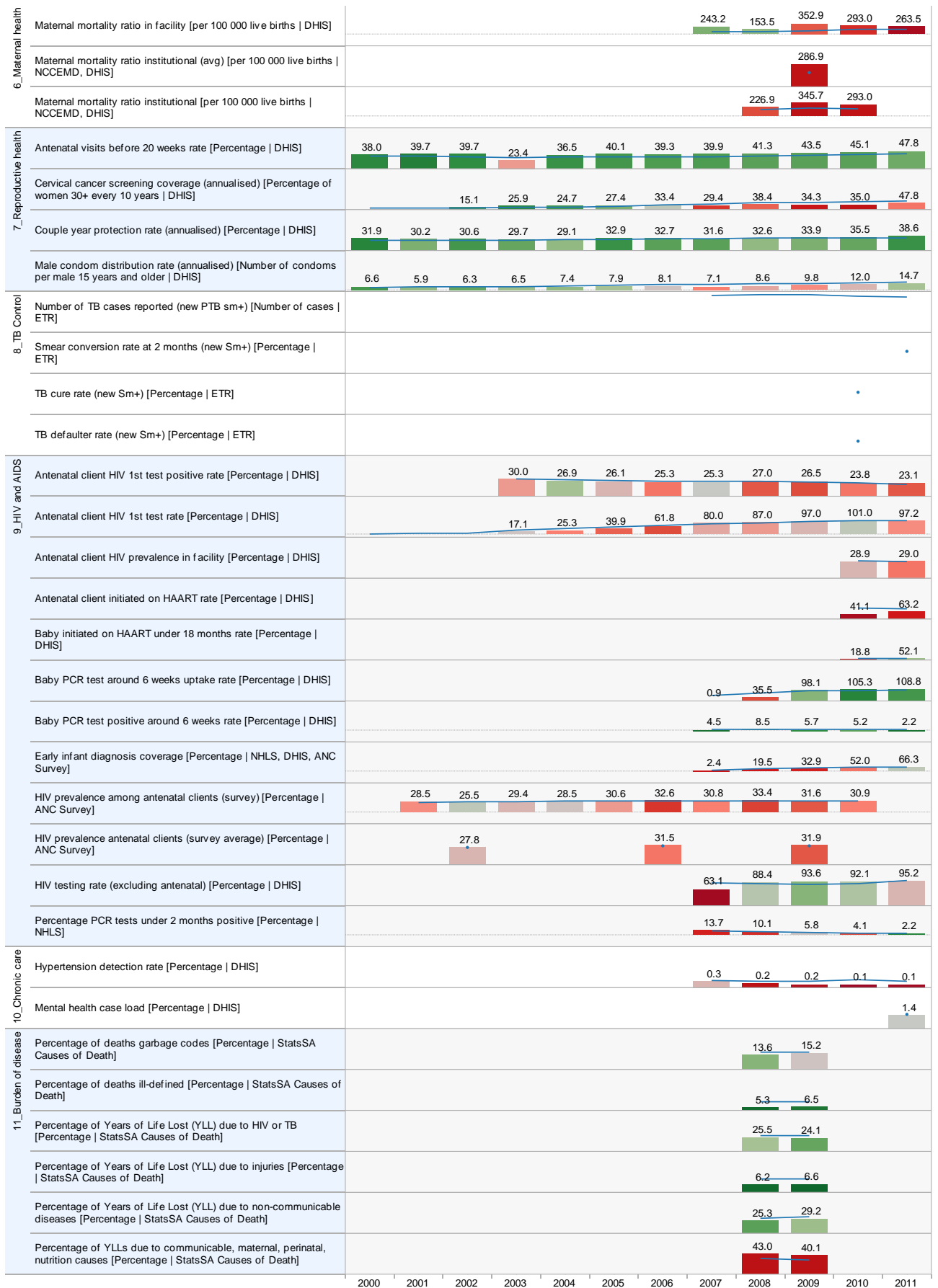


Figure 3: District page: FS – DC19: Thabo Mofutsanyane District Municipality



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## Fezile Dabi District Municipality

Fezile Dabi district's population of 503 943 constitutes 17% of the total population of the Free State, with a population density of 24.6 people per km<sup>2</sup>. The medical scheme coverage in the district was 23.7%.

District hospital expenditure constitutes 35.9% of the district budget, which represents a decrease of almost six percentage points from 2008/09 and is slightly higher than the provincial figure of 35.5%. The proportion of expenditure on district management was 2.6%, with the 61.5% spent on PHC matching the provincial average of 61.6%. The total district expenditure per capita was R1 125, which is higher than the provincial figure of R1 083. The PHC per capita expenditure almost doubled from R362 in 2004 to R691 in 2011/12, which is above the provincial average of R667. PHC expenditure per headcount was R242 – slightly higher than the provincial (R224) and the national (R225) headcount expenditures.

The PHC fixed facility supervision rate showed a decline from 58.3% in 2009/10 to 46.3% in 2011/12. This is significantly lower than the provincial rate of 75.9% and is the lowest in the province. The PHC utilisation rate was 2.2 visits per person per year, while the under-5 PHC utilisation rate was 3.5 visits per child per year. Both of these indicator values are slightly lower than the provincial rates of 2.5 and 3.7 visits respectively.

The average length of stay in district hospitals was 3.3 days; the second highest in the province. There was an increase in the usable bed utilisation rate from 78.3% in 2010/11 to 80.0% in 2011/12, which is much higher than the provincial and the national averages of 66.5% and 67.2% respectively. The expenditure per PDE of R1 890 is higher than the provincial (R1 632) and national (R1 653) figures. The district has reported 0.5 district hospital beds per 1 000 population since 2004/05; slightly lower than the provincial average of 0.6 beds.

The incidence of diarrhoea under 5 years is the second highest in the province at 61.5 per 1 000 children. Although a noticeable decrease from 88.5 per 1 000 children in 2007/08, the incidence is still higher than the provincial average of 57.4 but much lower than the national average of 95.9. The proportion of deaths among children under 5 years due to diarrhoea with dehydration was 5.9%, a marked decrease of 4.7 percentage points from 10.6% in 2009/10. Vitamin A coverage was 54.8%, higher than the provincial and national averages of 47.9% and 43.4% respectively.

The stillbirth rate in the district was 28.5 per 1 000 births. The early neonatal mortality rate was 14.7 per 1 000 live births, which is higher than both the provincial and national averages. Facility mortality rates under 1 year and under 5 years for the year 2011/12 were 7.5% and 6.9% respectively. These were both higher than the respective national rates of 6.8% and 4.3%.

Immunisation coverage dropped by 10.3 percentage points from 95.6% between 2009/10 and 2010/11 but increased again by almost three percentage points to 88.2% in 2011/12. This coverage is lower than the provincial and the national averages of 91.9% and 95.2% respectively. The pneumococcal vaccine 3rd dose coverage increased notably from 71.1% in 2010/11 to 89.7% in 2011/12. The rotavirus vaccine 2nd dose coverage also increased from 84.8% in 2010/11 to 94.2% in 2011/12. The measles vaccine 1st dose under 1 year coverage in 2011/12 was 90.6%, whilst the measles vaccine 1st to 2nd dose drop-out rate decreased from 15.5% in 2010/11 to 11.3% in 2011/12.

The Caesarean section rate at 21% is the highest in the province and also higher than the national average of 19.9%. Facility deliveries to women under 18 years was 8.0%, slightly higher than the provincial rate of 7.7%. The district had, as recorded in the DHIS, the lowest facility maternal mortality ratio (MMR) in the province for the year 2011/12 at 90.0 per 100 000 live births, a noticeable decrease from 256.7 in 2010/11. The DHIS MMR is also much lower than the MMR of the 2010 National Committee on Confidential Enquiries into Maternal Deaths data of 284.6 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 45.4%, lower than the provincial rate of 47.1% but higher than the national rate of 40.2%. The cervical cancer screening coverage rate was 49.9%, the highest in the province where the average was 44.2%. The couple year protection rate was 36.9%. The male condom distribution rate in 2011/12 was 14.1 condoms per year per male 15 years and older, a marked increase on 2.1 condoms in 2010/11.

The TB two-month smear conversion rate in the district improved from 65.9% in 2010 to 69.3% in 2011, although this is still below the provincial and national conversion rates of 73.3% and 71.7% respectively. The new smear-positive TB cure rate also improved from 71.1% in 2009 to 75.8% in 2010. The new smear-positive TB defaulter rate unfortunately also increased slightly – this from 3.4% in 2009 to 3.8% in 2010.

The antenatal HIV 1st test rate was 98.7%, the second highest in the province. The proportion antenatal clients that tested HIV-positive at the 1st test dropped from 25.2% in 2009/10 to 21.9% in 2011/12. The antenatal client HIV prevalence in facility, as recorded in the DHIS, was 28.6% in 2011/12 – lower than the HIV prevalence of 32.9% found in the HIV Antenatal Sero-prevalence Survey of 2010. The rate of antenatal clients initiated on HAART increased noticeably from 44.0% in 2010/11 to 58.4% in 2011/12, but is still the lowest in the province and well below the provincial average of 68.4% and the national average of 80.4% for 2011/12.



The uptake rate of babies PCR tested around 6 weeks in 2011/12 was 97.6%, an improvement from 88.9% in 2010/11. The rate of babies that tested PCR-positive six weeks after birth was 3.1%, a 2.4 percentage point decrease from 5.5% in 2010/11. Using the National Health Laboratory Services (NHLS) data on PCR tests, the early infant HIV diagnosis coverage in 2011/12 was 67.7% – an increase from 54.8% in 2010/11. From the NHLS data the percentage of PCR tests HIV-positive for infants under two months of age was 2.4%, lower than the 3.1% reported in the DHIS. The rate of HIV-positive infants under 18 months initiated on HAART decreased markedly by 20.7 percentage points from 58.4% in 2010/11 to 34.1% in 2011/12. This is well below the 2011/12 provincial rate of 55.8% and the national rate of 54.4%.

Hypertension detection rate has been steady at 0.2% in the district since 2009/10, on par with the provincial average and slightly lower than the national average of 0.3%. The mental health case load was 1.4% of the total district case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Fezile Dabi's 2009 quality of death certification was relatively poor with 22.4% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 6.0% of deaths were assigned to 'ill-defined' causes and 16.4% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (36.1%), followed by non-communicable diseases (29.1%). HIV and TB (25.2%) ranked third whilst the lowest proportion (9.6%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): FS – DC20: Fezile Dabi District Municipality**

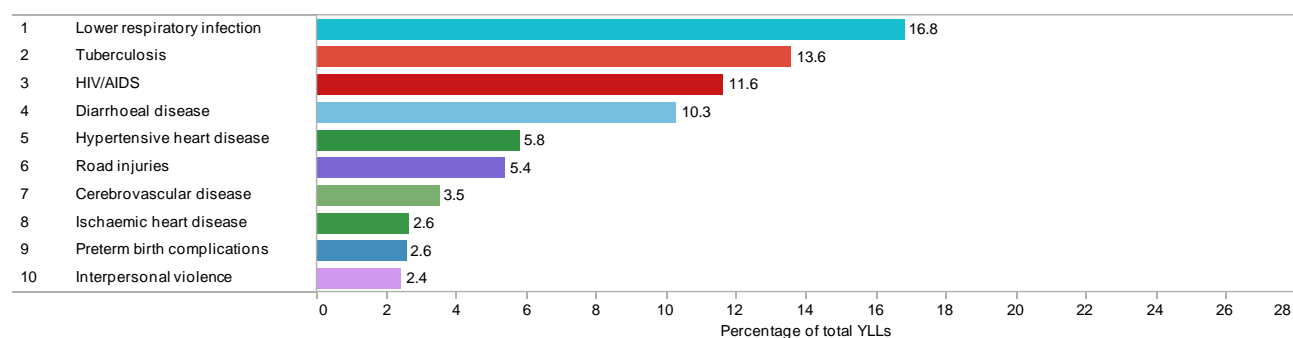


Figure 2: Annual indicators for district: Fezile Dabi: DC20

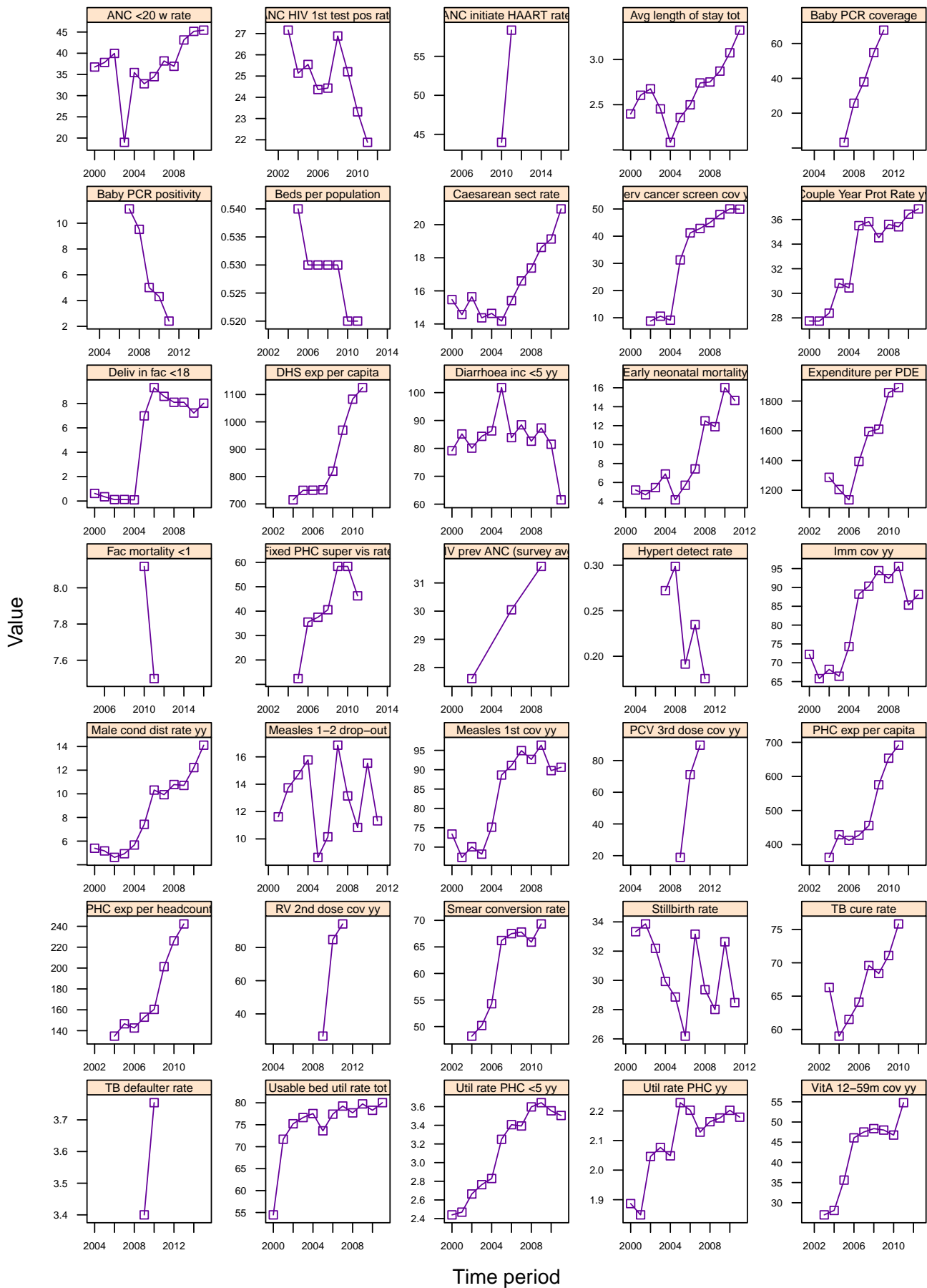
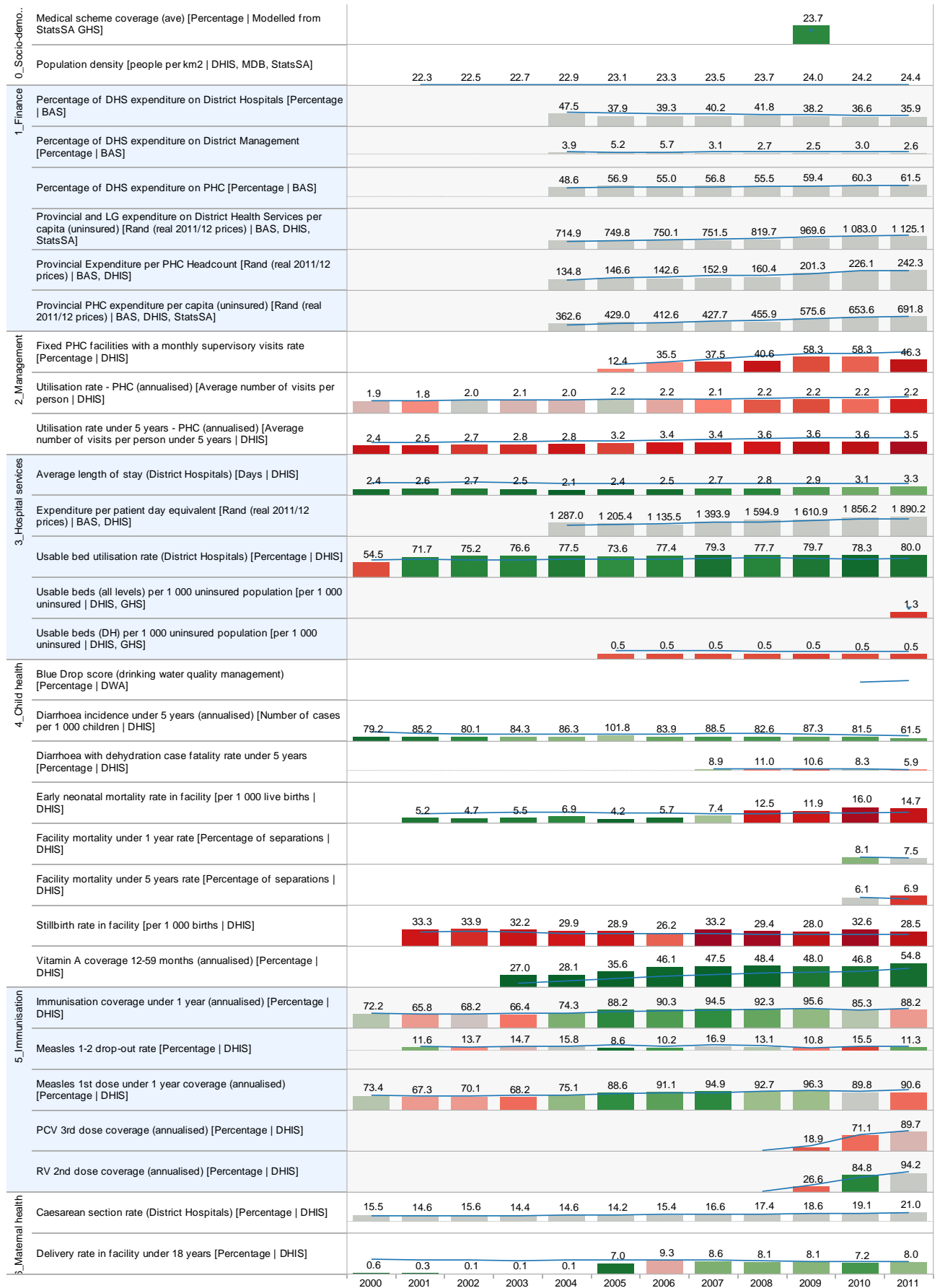
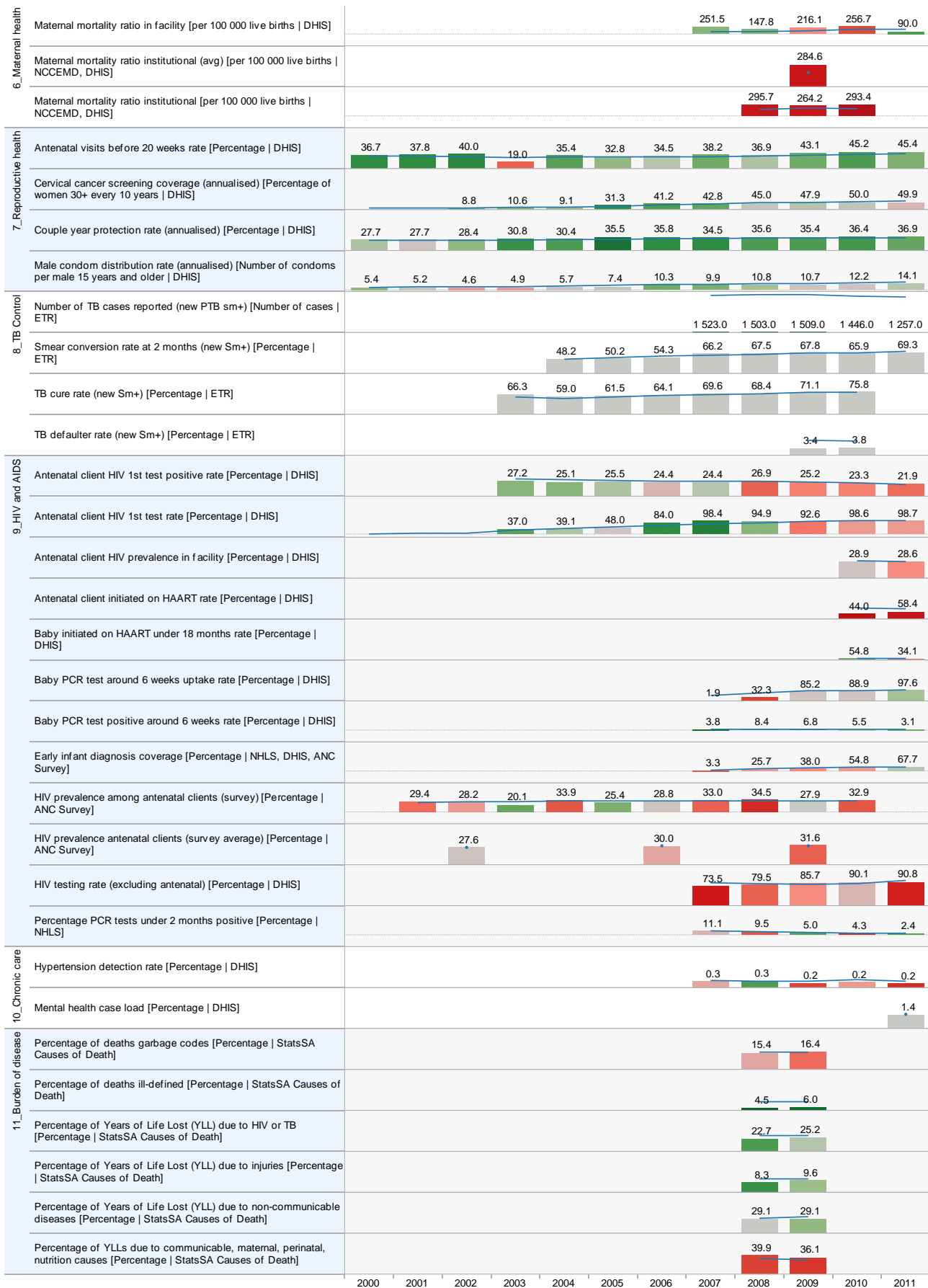


Figure 3: District page: FS – DC20: Fezile Dabi District Municipality



SA value or average District rank (1=best)  
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## Section B: National and District Profiles



SA value or average District rank (1=best)  
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## Mangaung Metropolitan Municipality

Mangaung metropolitan district is one of the Free State's five districts. The district has a population of 725 589 and a population density of 115.5 people per km<sup>2</sup>. The proportion of the population with medical aid coverage is 27.1%.

PHC expenditure per capita increased from R747 in 2010/11 to R816 in 2011/12 and is the highest in the province. The district's expenditure per capita of R1 429 is also the highest in the province. PHC expenditure per headcount decreased from R258 in 2010/11 to R240 in 2011/12. The proportion of total district expenditure spent on PHC was 65.9%, while 2.5% was spent on district management and 40.7% on district hospital services, the latter a decrease from 43.0% in 2010/11.

The PHC fixed facility supervisory rate increased from 66.7% in 2010/11 to 82.3% in 2011/2012, which is above the provincial (75.9%) and national (74.1%) rates. The PHC utilisation rate under 5 years increased from 3.3 visits per child per year in 2010/11 to 3.6 and the PHC utilisation rate from 2.1 to 2.5 visits per year in the same period.

The district has three district hospitals with a total of 0.9 hospital beds per 1 000 population. The bed utilisation rate was 74.7% and the average length of stay 4.4 days. Expenditure per PDE decreased from R1 595 in 2010/11 to R1 532 in 2011/12.

Diarrhoeal incidence under 5 years decreased over four years from 73.1 per 1 000 children in 2007/08 to 55.4 in 2011/12. The mortality rate among children under 5 years due to diarrhoea with dehydration was 4.0% – the lowest in the province. At 40.6% the vitamin A coverage in children aged 12 to 59 months is the lowest in the province and is also below the national coverage of 43.3%.

The stillbirth rate increased over three consecutive years from 25.2 per 1 000 births in 2008/09 to 30.5 in 2011/12. The early neonatal death rate also increased annually in the same period from 7.3 per 1 000 live births to 10.8. The under-1 facility mortality rate was 7.3% and the under-5 facility mortality rate 6.0%.

There was an overall improvement in the immunisation of children from 2010/11 to 2011/12. Immunisation coverage under 1 year increased from 76.5% to 91.4%, pneumococcal vaccine 3rd dose coverage from 74.1% to 91.9%, measles 1st dose coverage increased from 85.5% to 96.6% and rotavirus 2nd dose coverage from 79.0% to 99.5%. The measles 1st to 2nd dose drop-out rate decreased slightly from 13.3% in 2010/11 to 13.0% in 2011/12.

The Caesarean section rate increased over five years from 18.9% in 2006/07 to 25.5% in 2011/2012, which is well above the national rate of 19.9%. The proportion of deliveries in facilities to women under 18 years was 7.1%. The 2011/12 facility maternal mortality ratio (MMR) recorded in the DHIS was 187.5 per 100 000 live births and well above the national average of 144.9. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 231.1 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 43.1%. The cervical cancer screening coverage was 31.7% and the couple year protection rate 28.0%; both are the lowest in the province. The male condom distribution rate was 5.5 condoms per male 15 years and older, which is below the provincial rate of 12.2 and the national rate of 15.8 condoms.

There are no TB data available for Mangaung to report on TB two-month smear conversion rate, new smear-positive TB cure rate and new smear-positive PTB defaulter rate as the TB database was still linked to the Motheo district database and had not yet been split according to the new demarcation.

The antenatal client HIV 1st test rate was 95.9%. The antenatal client HIV 1st test positivity rate dropped from 22.9% in 2010/11 to 19.5% in 2011/12. This is the second lowest in the province and below the national rate of 20.6%. The antenatal client HIV prevalence (from routine data) decreased from 28.7% in 2010/11 to 25.6% in 2011/12. The 2010 HIV Antenatal Sero-prevalence Survey rate of 31.7% is higher than the routine data figure. The rate of antenatal clients initiated on HAART of 72.4% is notably higher than the 58.8% of 2010/11, but is still well below the national average of 80.4%.

The uptake rate of babies PCR tested around 6 weeks, according to the routine data, increased from 80.2% in 2010/11 to 89.7% in 2011/12. The percentage of babies that tested PCR-positive six weeks after birth was 3.4%, a marked decrease from 6.9% in 2010/11. According to the data from the National Health Laboratory Services the early infant HIV diagnosis coverage was 54.1%, an increase from 37.5% in 2010/11, while the proportion of infants who were HIV-positive under two months was 2.7%.

The rate of HIV-positive infants under 18 months initiated on HAART decreased from 66.7% in 2010/11 to 56.3% in 2011/12. Despite the drop, this rate of initiation onto HAART is the second highest in the province and above than the national average of 54.4%.

The hypertension detection rate was 0.2%. The mental health case load was 1.6% of total case load and the highest in the province.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Mangaung's 2009 quality of death certification was poor, with 41.1% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of

## Section B: National and District Profiles

the unusable classifications, 26.5% of deaths were assigned to 'ill-defined' causes and 14.6% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (32.4%), followed by non-communicable diseases (31.6%). HIV and TB (28.1%) ranked third whilst the lowest proportion (7.9%) of YLLs was due to injuries.

**Figure 1: Leading causes of Years of Life Lost (YLLs): FS – MAN: Mangaung metropolitan district**

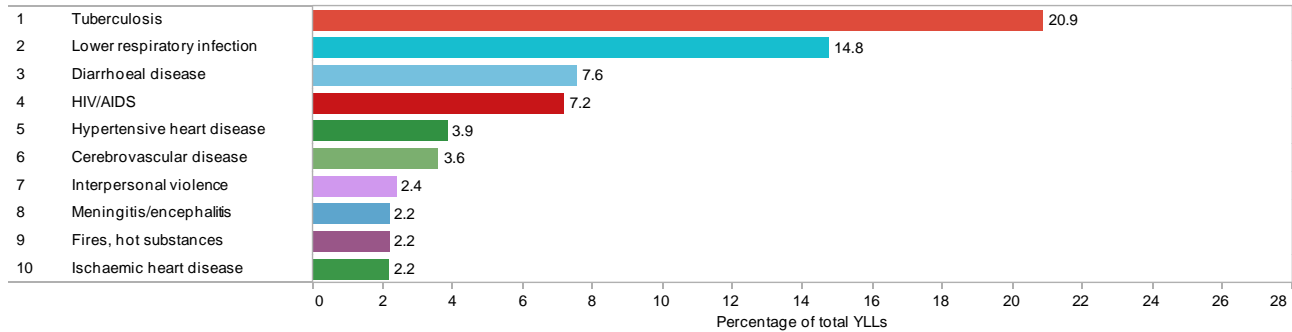


Figure 2: Annual indicators for district: Mangaung: MAN

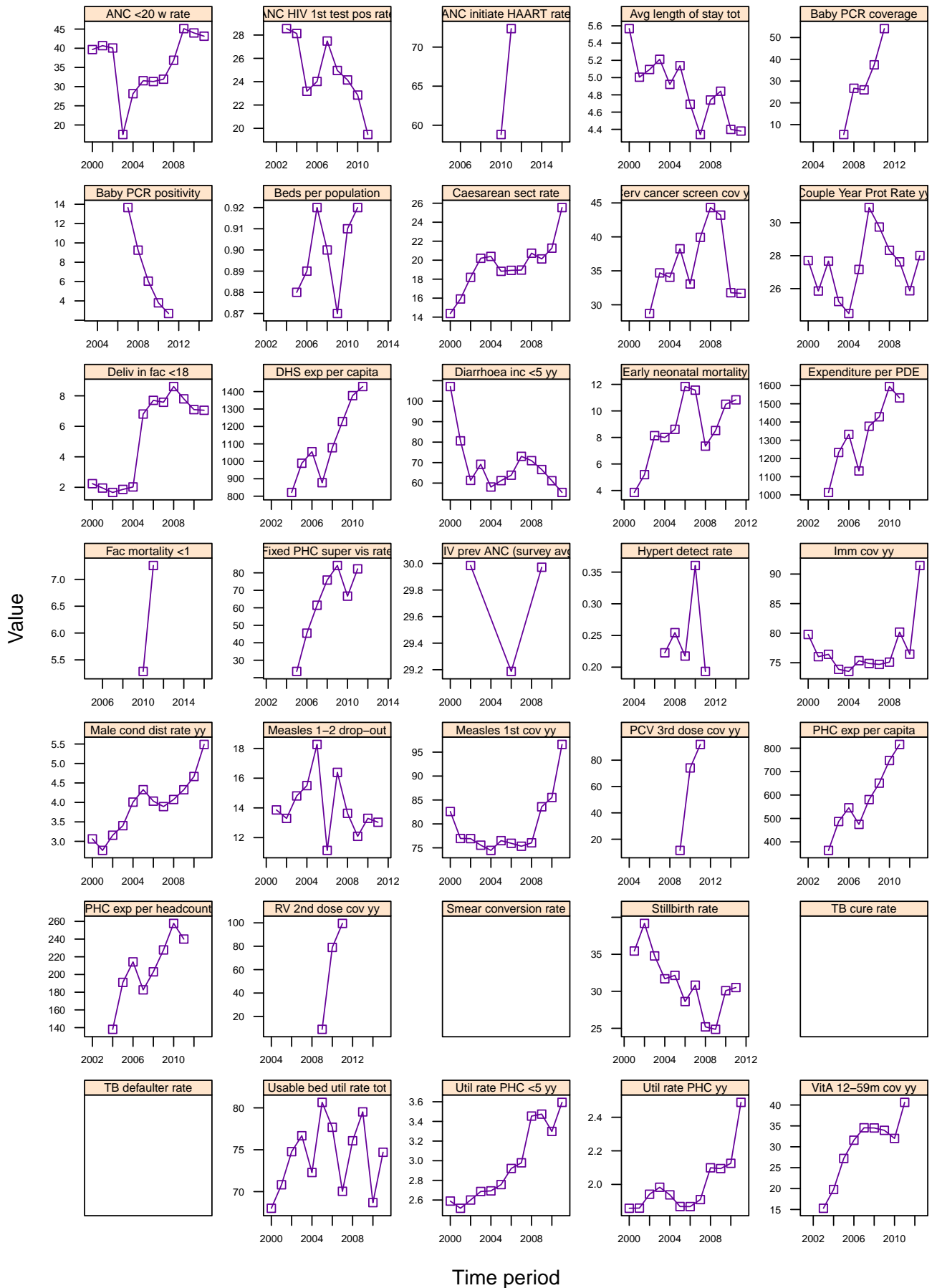
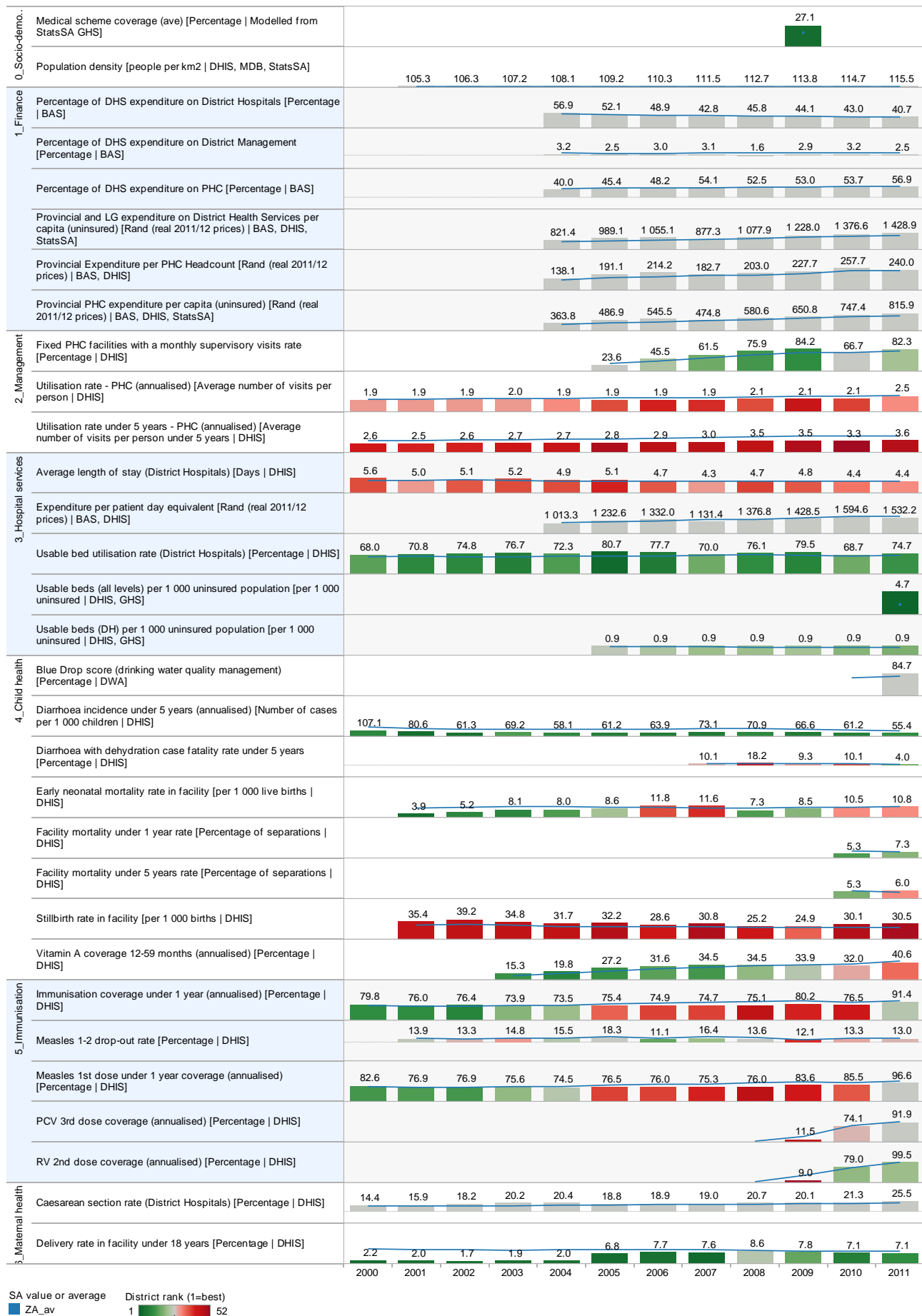
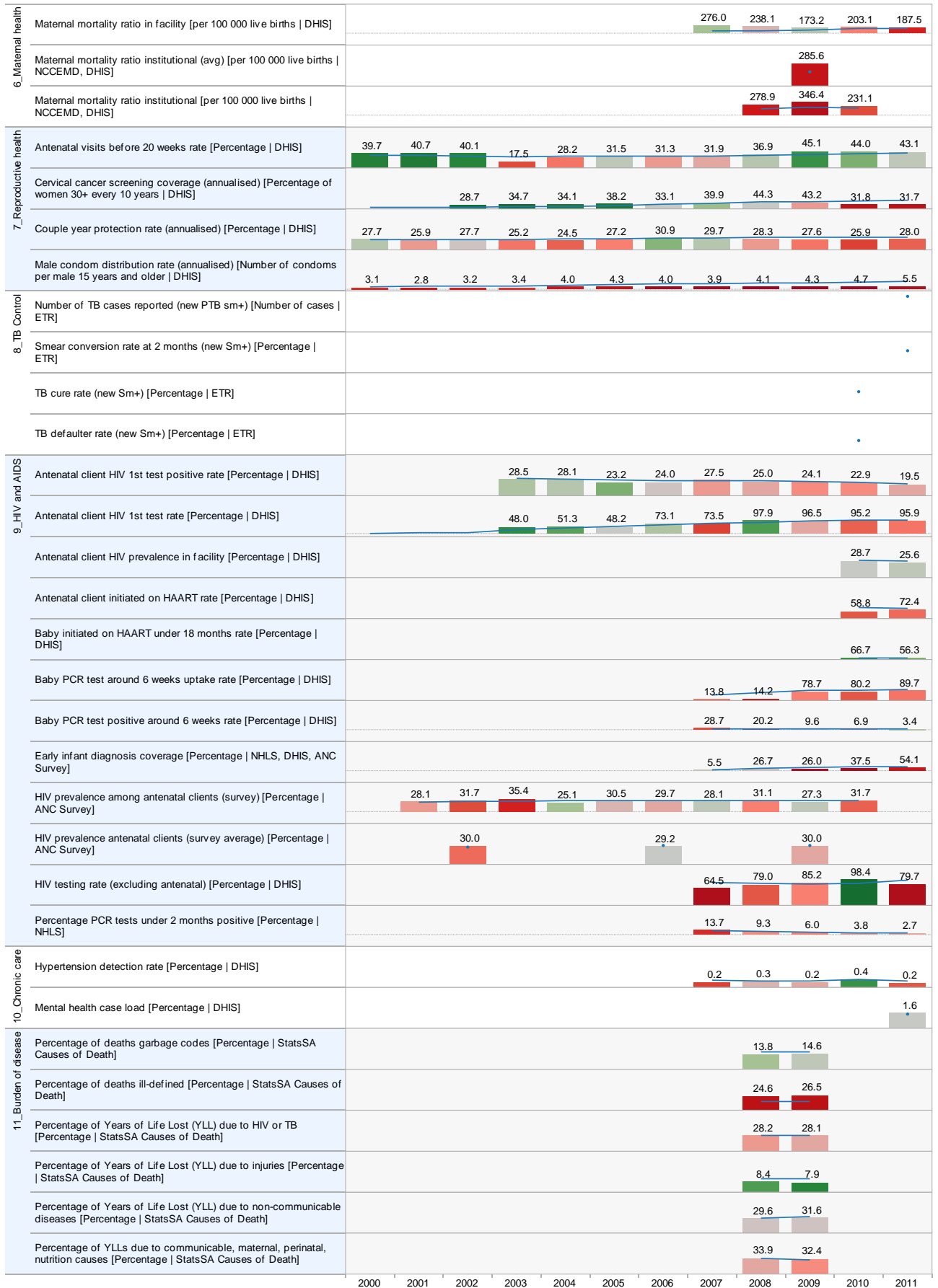


Figure 3: District page: FS – MAN: Mangaung metropolitan district







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