

17 Free State Province

Xhariep District Municipality (DC16)

Ega Janse van Rensburg-Bonthuyzen

Xhariep is the southernmost district in the Free State Province, and is divided into four sub-districts, i.e. Letsemeng, Kopanong, Mohokare and Naledi. It is geographically the largest of the five districts in the province (37 674 km²), but has the smallest population at 141 892. Its population density is the fifth lowest in the country at only 3.8 people per km². Of the 45 368 households, 42.7% have piped water inside dwellings, 92.2% use electricity for lighting and 66.0% have a weekly refuse removal service. Of the population's citizens who are 20 years and older, 19.2% have Matric and 5.7% have a higher education. The unemployment rate is 26.8%.^a The district falls in the socio-economic Quintile 3 and has an estimated medical scheme coverage of 9.7%.

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (with the most recent value being shown in brackets):

- ◆ Percentage of district health service expenditure on district hospitals (23.2%) – lowest provincially
- ◆ Percentage of district health services spent on district management (6.3%) – highest provincially
- ◆ Percentage of district health service expenditure on PHC (70.6%) – highest provincially and higher than the national average of 57.1%
- ◆ Inpatient bed utilisation rate (71.2%)
- ◆ Expenditure per patient day equivalent (R2 006)
- ◆ Maternal mortality in facility ratio – zero for the second year
- ◆ Antenatal client initiated on ART rate (85.9%)
- ◆ Child under 5 years pneumonia incidence (156.3 per 1 000) – highest nationally
- ◆ Vitamin A coverage 12 to 59 months (76.0%) – second highest in the country
- ◆ TB incidence (all cases) (984.6 per 100 000) – fifth highest nationally
- ◆ TB successful treatment rate (all TB) (78.1%)
- ◆ TB cure rate (new pulmonary smear-positive) (81.4%)
- ◆ TB defaulter rate (new pulmonary smear-positive) (3.5%) – seventh lowest in the country

The PHC supervisor visit rate remained stable above 70% between 2009/10 and 2011/12, increased to 82.1% in 2012/13 and then decreased to 70.2% in 2013/14. It was lower than both the provincial (77.2%) and national (73.7%) averages in 2013/14.

The average length of stay increased from 2.1 days in the previous year to 3.3 days in 2013/14 and was for the first time longer than three days. Although the OPD new client not referred rate had increased by nearly 10 percentage points over the past four years to 32.7% in 2013/14, it was the seventh lowest rate nationally. This means that a relatively low percentage of patients were bypassing PHC facilities and accessing district hospitals directly.

The district's Caesarean section rate was reported at 2.0%, which was higher than the zero rate reported for the seven years prior to 2013/14, and was still the lowest in the country. Almost all Caesarean sections take place in the neighbouring Mangaung Metropolitan District and the surrounding provinces with which Xhariep shares borders. The delivery in facility under 18 year rate decreased annually from 12.1% in 2007/08 to its lowest level of 5.6% in 2013/14, and was the fifth lowest in the country. The stillbirth rate in facility in the district fluctuated from 18.3 per 1 000 births in 2011/12 to 14.6 in 2012/13 and 20.9 per 1 000 births in 2013/14. However, it was the lowest provincially and in line with the national target of less than 19.7 per 1 000. The inpatient early neonatal death rate also fluctuated over the same year intervals and was 8.4, 3.7 and 8.8 per 1 000 live births and below the national target of less than 10.9 per 1 000 live births.

The antenatal 1st visit before 20 weeks rate has increased by nearly 10 percentage points since 2009/10 to its current 67.4% and was the sixth highest in country in 2013/14. The 2012 Antenatal Sero-prevalence Survey showed that the HIV prevalence among antenatal clients tested at 29.3% had reached its highest level. This was in line with the national average of 29.5% but still the lowest provincially.

a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage was reported to be more than 100% for the past four years, and the coverage of 168.2% in 2013/14 was the highest nationally. These high rates might be the result of babies born in another district being tested in the Xhariep District.^b The percentage of PCR tests positive under 2 months of age fluctuated and was 2.9% in 2011/12, 1.9% in 2012/13 and 3.5% in 2013/14, also the highest nationally.

The immunisation coverage under 1 year was above 100% for many years until it decreased to 87.8% in 2012/13 and then increased to 90.2% in 2013/14. The DTaP-IPV/Hib 3 – Measles 1st dose drop-out rate was reported at -0.4%, meaning that more or less the same number of children received a DTaP-IPV/ Hib 3rd dose vaccination and a Measles 1st dose.

The child under 5 years diarrhoea with dehydration incidence reached its highest level at 25.8 episodes per 1 000 children since 2009/10 and was the sixth highest in the country. The child under 5 years severe acute malnutrition incidence also reached its highest level over the same period and was at 13.7 per 1 000 children in 2013/14, the third highest in the country.

The child under 5 years diarrhoea case fatality rate of 1.7% was the lowest in the province and among the top 10 districts with the lowest fatality rate. The child under 5 years pneumonia case fatality rate at 1.4% was the lowest in the province and also among the top 10 districts with the lowest fatality rate. The child under 5 years severe acute malnutrition case fatality rate has fluctuated from 42.3% in 2010/11 to 19.4% in 2011/12, 3.2% in 2012/13 and 15.9% in 2013/14.

With reference to reproductive health indicators, the couple year protection rate decreased by 9.4 percentage points in the previous year to 38.8% but was above the national target of 36%. The cervical cancer screening coverage reached its highest level and was, at 80.6%, the fourth highest in the country.

The TB incidence (new pulmonary smear-positive) has decreased annually since 2011 from 408.7 per 100 000 to 140.2 and was the sixth lowest in country. The TB (pulmonary) case finding index improved from the previous reporting period (2.7%) to the current 3.4%, which was higher than both the provincial (2.7%) and national (2.4%) averages. The smear conversion rate at 2 months (new pulmonary smear-positive) increased from 77.9% in the previous year to 83.6% in 2013 and was the second highest in country.

The male condom distribution coverage deteriorated markedly in the district from the previous reporting period's 24.4 condoms per male 15 years and older to the current 15.7 condoms, and was well below the national target of 50 condoms. Xhariep's HIV testing coverage, at 40.2%, was the highest in the province, and exceeded the national 36% target, as well as by far surpassing the provincial and national averages of 29.0% and 22.8% respectively. Of the TB patients who started TB treatment in 2013, HIV status was known in 87.0%, and 80.5% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 16.1%: evidently, minimal data were submitted for this indicator.

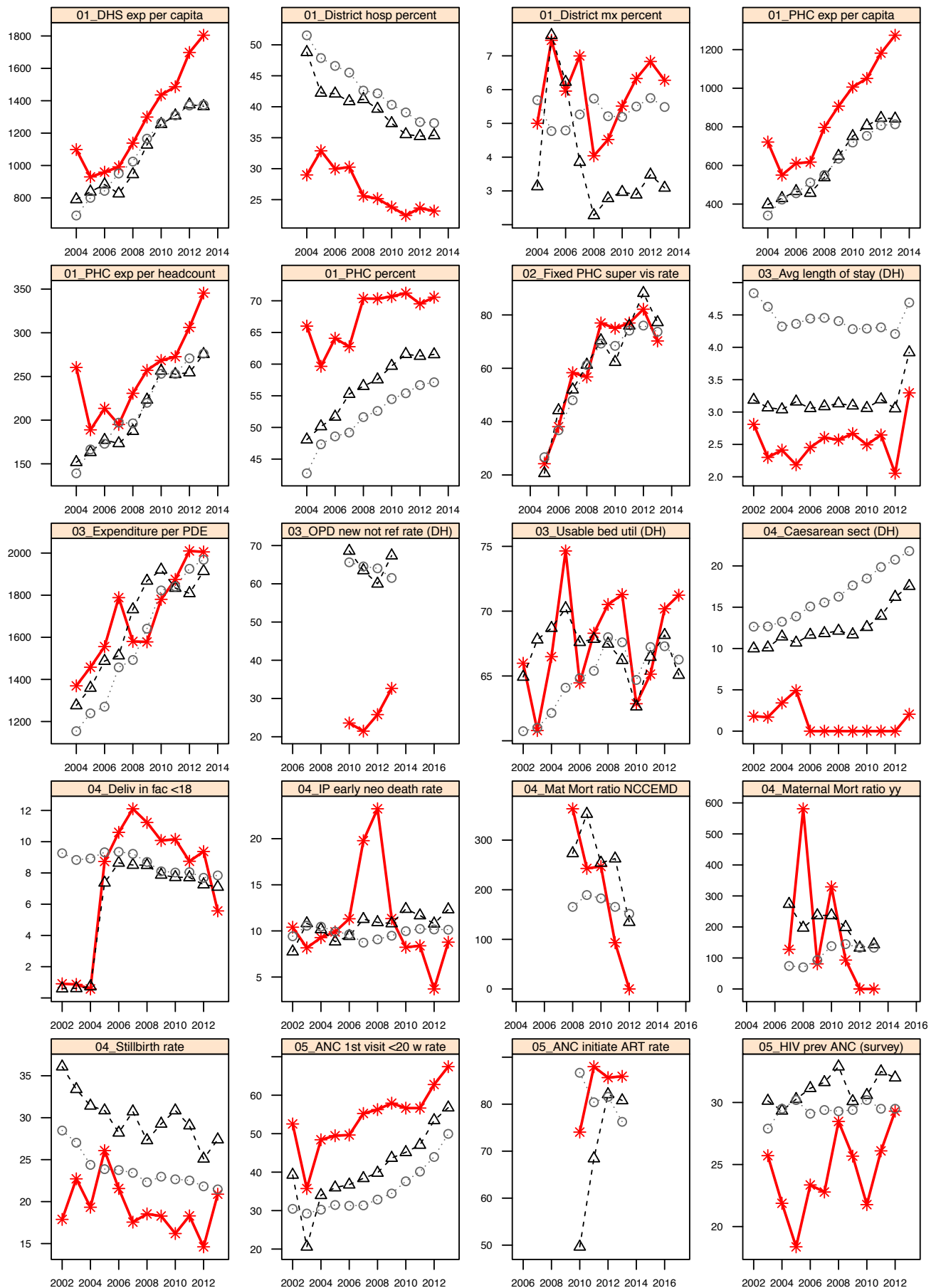
The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

- ◆ PHC supervisor visit rate
- ◆ Percentage of PCR tests positive under 2 months of age
- ◆ Child under 5 years diarrhoea with dehydration incidence
- ◆ Child under 5 years severe acute malnutrition incidence
- ◆ Child under 5 years pneumonia incidence
- ◆ Male condom distribution coverage

The poor performance of some indicators might be due to poor data quality, which should be addressed.

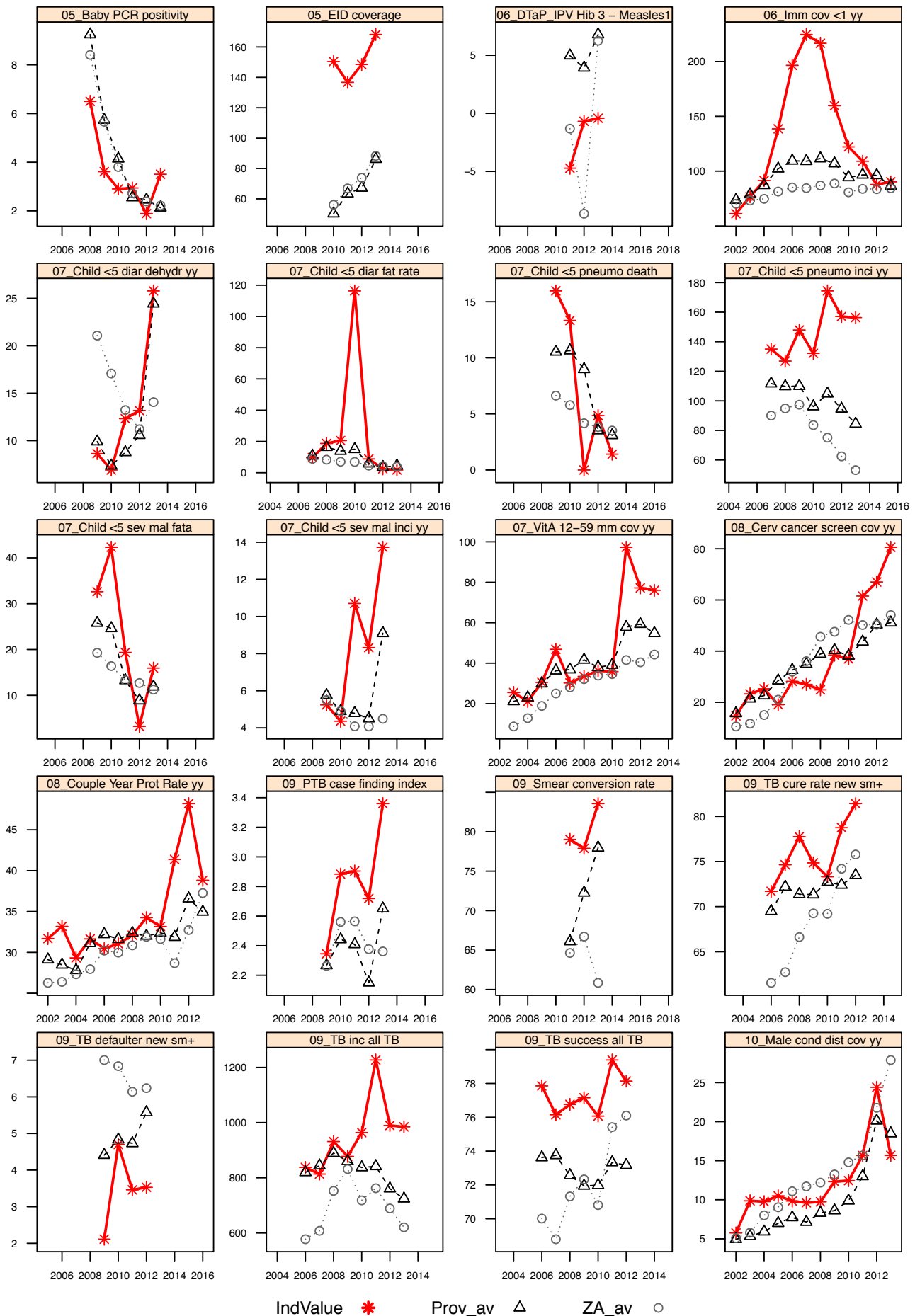
^b The denominator for this indicator is based on antenatal HIV prevalence x the number of live birth registrations with Stats SA, and in a rural district with relatively few delivery services, it is quite likely that births take place out of the district.

Annual indicators for district: Xhariep (DC16)

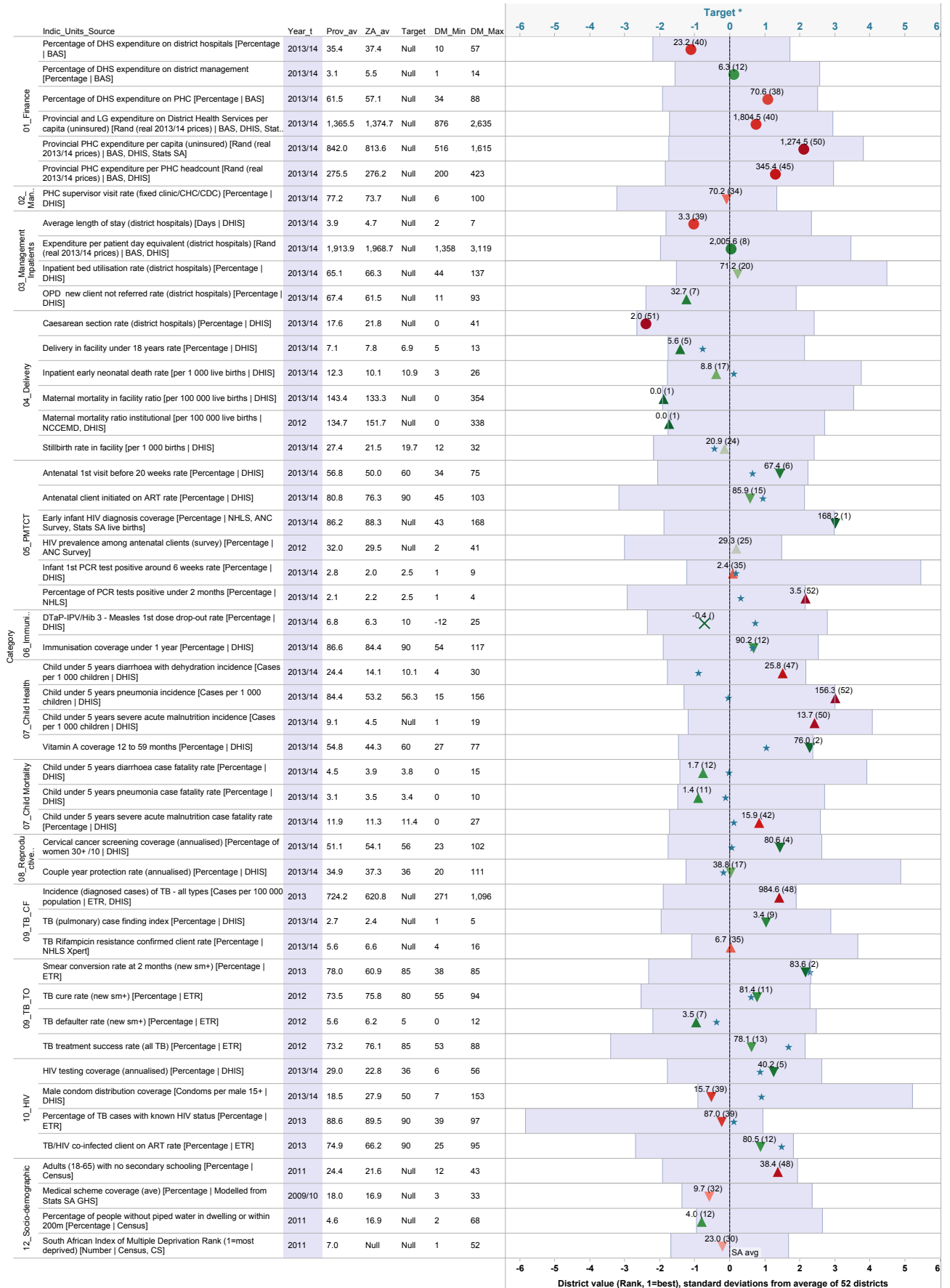


IndValue * Prov_av Δ ZA_av ○

Annual indicators for district: Xhariep (DC16)



District profile: Xhariep (DC16), SEQ 3



Ranking
 ▲ asc (low value=best)
 ● central (SA avg=best)
 ▼ desc (high value=best)
 X none

Avg. Rank
 1 52

Lejweleputswa District Municipality (DC18)

Ega Janse van Rensburg-Bonthuizen

Lejweleputswa District is located in the north-western part of the Free State Province and borders North West Province to the north, Fezile Dabi and Thabo Mofutsanyana Districts to the north-east and east respectively, Mangaung and Xhariep Districts to the south, and the Northern Cape Province to the west. The district is divided into five sub-districts, namely Masilonyana, Tokologo, Tswelopele, Matjhabeng and Nala, and spans an area of 31 930 km², with a population of 610 189 and a population density of 19.1 people per km². Of the 183 163 households, 47.6% have piped water inside dwellings, 90.9% use electricity for lighting and 79.8% have a weekly refuse removal service. Of the population's citizens who are 20 years and older, 25.8% have Matric and 7.7% have higher education. The unemployment rate is 36.5%.^a The district falls in the socio-economic Quintile 4, among the wealthier districts, and has an estimated medical scheme coverage of 18.1%.

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (with the most recent value being shown in brackets):

- ◆ Percentage of district health service expenditure on district hospitals (29.3%)
- ◆ PHC supervisor visit rate (90.8%) – the seventh highest nationally
- ◆ Average length of stay (2.8 days) – the fourth shortest stay nationally
- ◆ Expenditure per patient day equivalent (R2 196)
- ◆ Delivery in facility under 18 years rate (6.9%)
- ◆ HIV prevalence among antenatal clients tested (2012 survey) (30.6%)
- ◆ Immunisation coverage under 1 year (97.4%)
- ◆ Vitamin A coverage 12 to 59 months rate (77.5%) – the highest in the country
- ◆ Cervical cancer screening coverage (49.4%) – below the national target of 56%
- ◆ TB (pulmonary) case finding index (3.1%)
- ◆ Male condom distribution coverage (25.8 condoms per male 15 years and older) – below the national target of 50 condoms

The percentage of district health services on district management had fluctuated and was 2.5% in 2011/12, 3.5% in 2012/13 and 2.3% in 2013/14. The percentage of district health service expenditure on PHC also fluctuated over the same year intervals and was 66.7%, 65.7% and 68.4% respectively.

The inpatient bed utilisation rate deteriorated from an already low 55.9% in 2012/13 to 50.1% in 2013/14, and was the fifth lowest rate in the country. The OPD new client not referred rate decreased from 82.2% in 2010/11 to 55.8% in 2012/13 and increased to 62.4% in 2013/14, meaning that a relatively high percentage of patients were bypassing PHC facilities and accessing district hospitals directly.

The delivery by Caesarean section rate has fluctuated over the past three years and was 10.1% in 2011/12, 13.4% in 2012/13 and 11.6% in 2013/14. The 2013/14 value was the fifth lowest in the country. The maternal mortality in facility ratio also fluctuated in the same year intervals and was 223.5, 159.2 and 192.2 per 100 000 live births respectively, with the 2013/14 value being among the 10 districts with the highest ratio. The stillbirth rate in facility was more than 30 per 1 000 births between 2009/10 and 2011/12, decreased to 26.7 in 2012/13, and increased to 30.1 per 1 000 births in 2013/14. The rate was the second highest in the country and well above the national target of 19.7 per 1 000. The inpatient early neonatal death rate decreased from 18.0 per 1 000 live births in 2010/11 to 11.9 in 2012/13 and increased to 14.8 per 1 000 live births in 2013/14. It was the sixth highest nationally.

The antenatal first visit before 20 weeks rate has improved annually since 2009/10 and reached its highest level at 57.8% in 2013/14, close to the national target of 60%. At 83.6%, the antenatal client initiated on ART rate was also at its highest level and close to the national target of 90%.

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage has improved substantially over the past four years, from 59.8% in 2010/11 to the current 89.3% and was on par with the national target of 90%. The percentage of PCR test HIV positive for infants under two months of age decreased notably from 9.4% in 2008/09 to 1.5% in 2013/14 and was the third lowest in the country.

The DTaP-IPV/Hib 3 – Measles 1st dose drop-out rate was 4.7%, meaning that more children received a DTaP-IPV/ Hib 3rd dose vaccination than the number who received a Measles 1st dose.

The child under 5 years diarrhoea with dehydration incidence increased sharply from 6.5 per 1 000 children in 2012/13 to a high of 27.9, and was the third highest nationally. This had more than quadrupled and warrants further investigation. The

^a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

child under 5 years diarrhoea case fatality rate reached its lowest level since 2007/08 at 4.3%; however, it was the highest provincially. The child under 5 years pneumonia incidence decreased notably from 103.1 per 1 000 children in 2011/12 to 78.6 per 1 000 in 2013/14. It was, however, well above the national target of 56.3 per 1 000. The child under 5 years pneumonia case fatality rate decreased to its lowest level of 2.7% and was lower than both the provincial and national rates of 3.1% and 3.5% respectively. The child under 5 years severe acute malnutrition incidence increased slightly from 4.6 per 1 000 children in the previous year to 6.5 in 2013/14. The child under 5 years severe acute malnutrition case fatality rate was around 23% in 2009/10 and 2010/11. It decreased to 12.5% in 2012/13 and increased to 17.6% in 2013/14. The 2013/14 value was the sixth highest in the country.

At 44.0%, the district's couple year protection rate improved slightly from 42.5% in 2012/13 and exceeded the national target of 36%.

The TB incidence (all cases) decreased steadily over the past five years, from 1 074.3 per 100 000 in 2009 to the current 905.0 per 100 000. It was, however, among the 10 districts with the highest incidence nationally. TB incidence (new pulmonary smear-positive) of 495.7 per 100 000 was the third highest in the country. The smear conversion rate at 2 months (new pulmonary smear-positive) has fluctuated between 62.3% and 77.8% since 2005 and was at 77.6% in 2013/14, the fifth highest in country.

The TB successful treatment rate (all TB) improved from 73.7% in the previous two years to 77.0% in 2012. This was higher than the provincial rate of 73.2% and the national rate of 76.1% but still below the national target of 85%. The TB cure rate (new pulmonary smear-positive) improved by 2.7 percentage points and now stood at 72.1%. This was, however, below the national target of 80%. The TB defaulter rate (new pulmonary smear-positive) has increased annually from 4.3% in 2010 to 6.2% in 2012 and was above the national target of less than 5%.

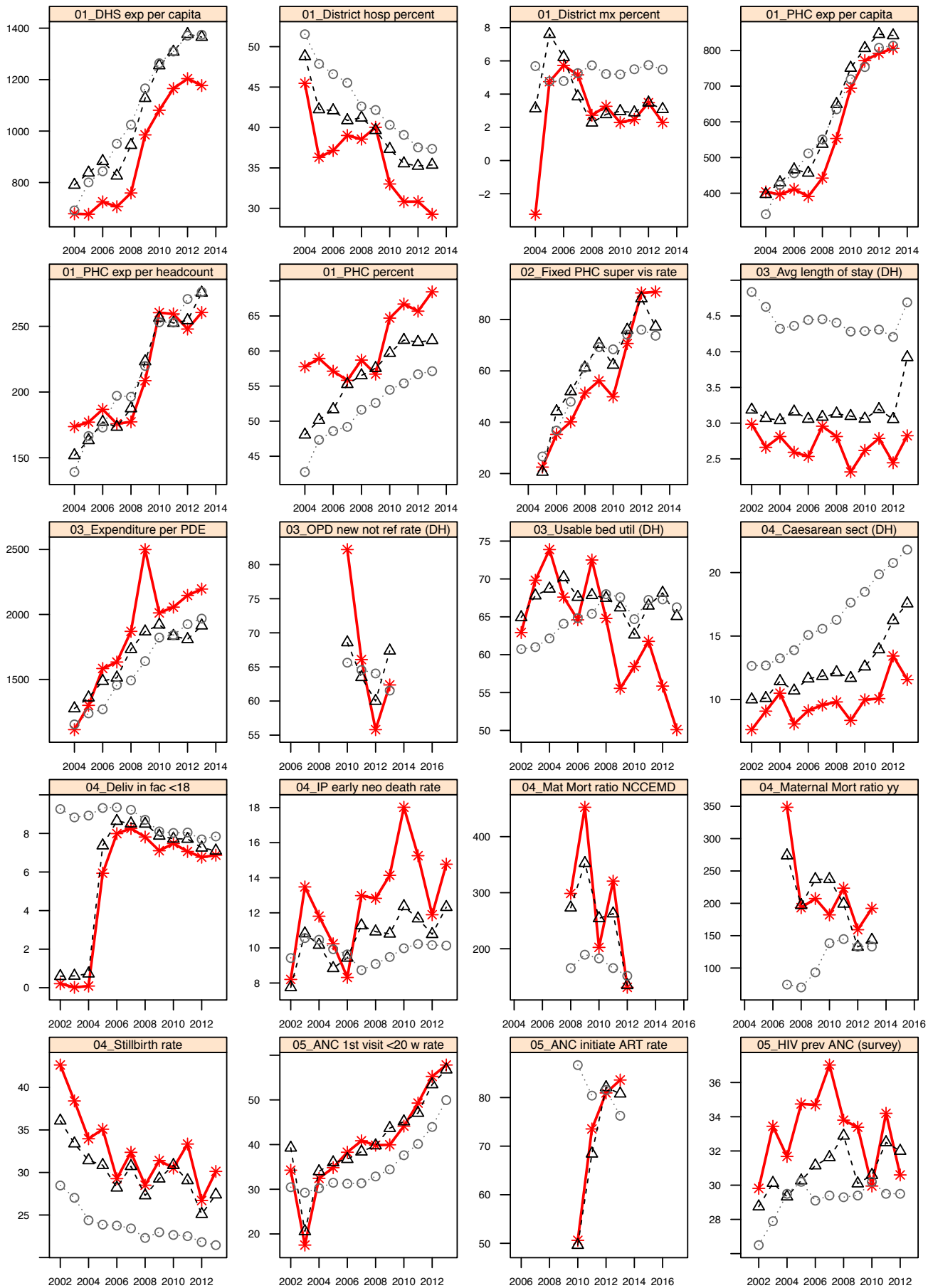
The HIV testing coverage, at 25.9%, proved lower than that for the province (29.0%) but was higher than the national 22.8% coverage. It was, however, below the national target of 36%. Of the TB patients who started TB treatment in 2013, HIV status was known in 86.2%, and 69.5% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 14.9%, evidently because minimal data were submitted for this indicator.

The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

- ◆ Inpatient bed utilisation rate
- ◆ OPD new client not referred rate
- ◆ Maternal mortality in facility ratio
- ◆ Stillbirth rate in facility
- ◆ Inpatient early neonatal death rate
- ◆ Child under 5 years diarrhoea with dehydration incidence
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ TB successful treatment rate (all TB)
- ◆ TB cure rate (new pulmonary smear-positive)
- ◆ TB defaulter rate (new pulmonary smear-positive)
- ◆ Male condom distribution coverage

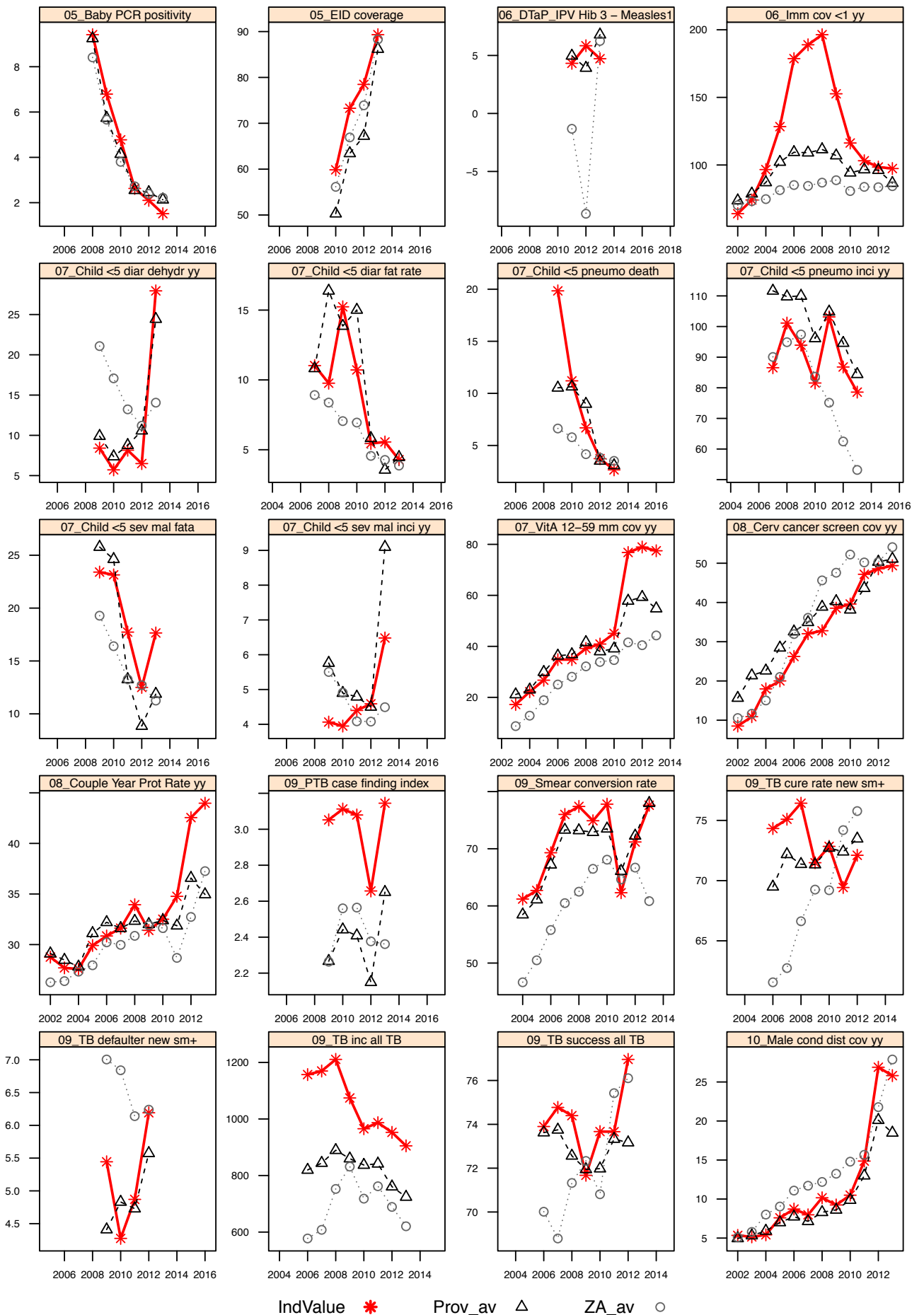
The poor performance of some indicators might be due to poor data quality, which should be addressed.

Annual indicators for district: Lejweleputswa (DC18)



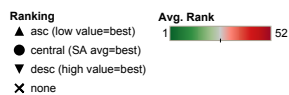
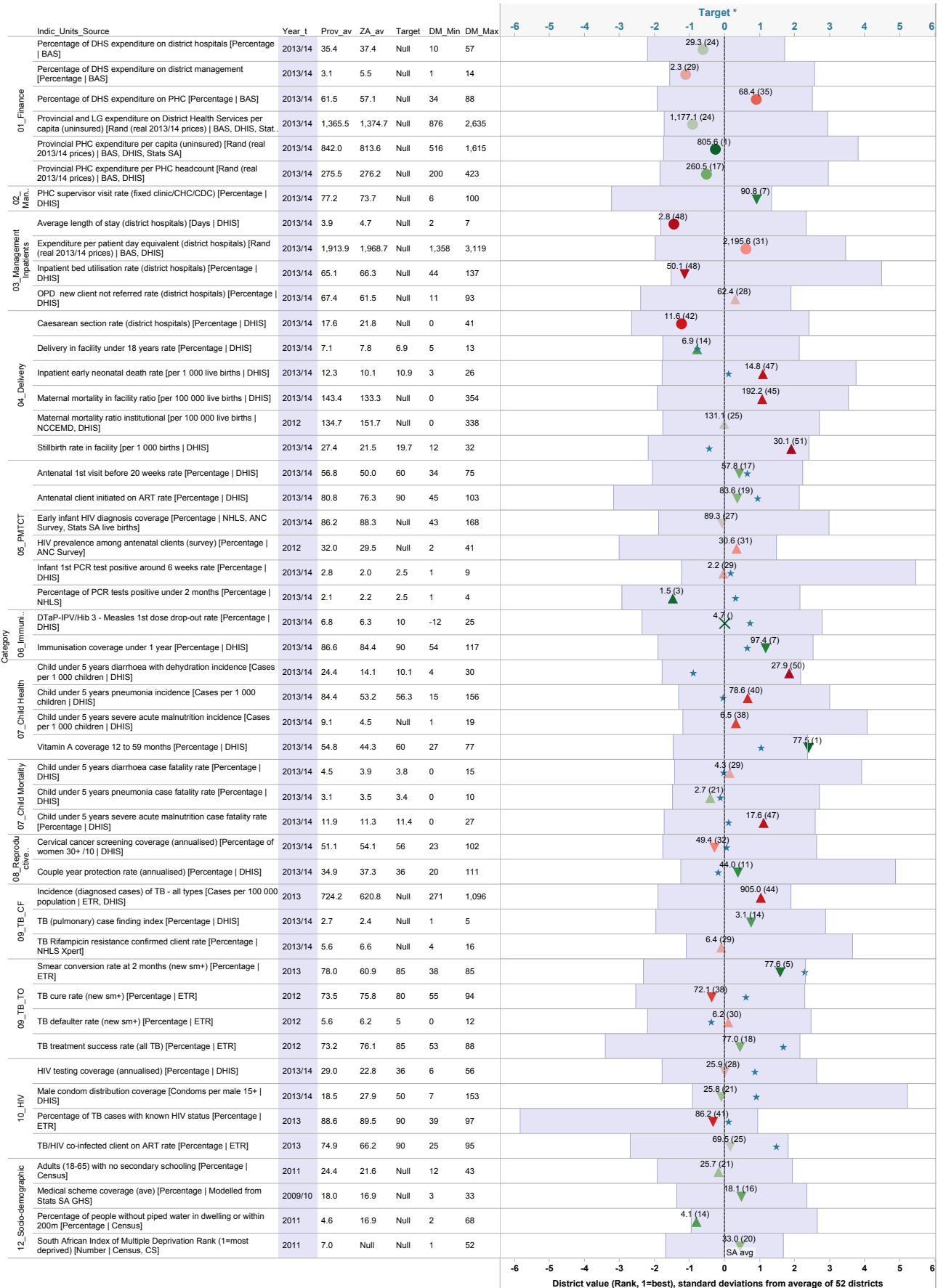
IndValue * Prov_av Δ ZA_av ○

Annual indicators for district: Lejweleputswa (DC18)



Section B: Profile Free State Province

District profile: Lejweleputswa (DC18), SEQ 4 (well off)



Thabo Mofutsanyana District Municipality (DC19) Ega Janse van Rensburg-Bonthuyzen

Thabo Mofutsanyana District is located in the eastern Free State Province and borders Lesotho and KwaZulu-Natal. The district is divided into six sub-districts, i.e. Setsoto, Dihlabeng, Nketoana, Maluti-a-Phofung, Phumelela and Mantsopa. The district spans an area of 33 269 km², which makes it geographically the second largest in the province. Likewise, it has the second largest population at 723 307, with a population density of 21.7 persons per km². Of the 217 884 households, 33.6% have piped water inside dwellings, 87.2% use electricity for lighting and 49.2% have a weekly refuse removal service. Of the population's citizens who are 20 years and older, 24.8% have Matric and 8.1% have a higher education. The unemployment rate is 35.1%.^a The district falls in the socio-economic Quintile 3 and has an estimated medical scheme coverage of 6.1%. Thabo Mofutsanyana is an NHI pilot district.

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (with the most recent value being shown in brackets):

- ◆ Percentage of district health service expenditure on district hospitals (37.6%) – lowest provincially
- ◆ Percentage of district health services spent on district management (4.1%) – highest provincially
- ◆ Percentage of district health service expenditure on PHC (58.3%)
- ◆ Expenditure per patient day equivalent (R1 873)
- ◆ Delivery per Caesarean section rate (10.7%) – fourth lowest nationally
- ◆ Inpatient early neonatal death rate in facility (12.9 per 1 000 live births) – above the national target of less than 10.9 per 1 000
- ◆ HIV prevalence among antenatal clients tested (2012 survey) (33.5%)
- ◆ TB incidence (new pulmonary smear-positive) (256.2 per 100 000)
- ◆ TB cure rate (new pulmonary smear-positive) (77.2%) – below the national target of 80%
- ◆ The TB defaulter rate (new pulmonary smear-positive) (2.4%) – third lowest in the country
- ◆ Male condom distribution coverage (19.0 per male 15 years and older per year) – well below the national target of 50 condoms

The PHC supervisor visit rate was above 90% in the previous two years, and then dropped from 95.2% in 2012/13 to 89.3% in 2013/14.

The average length of stay remained stable for several years around 2.6 days and then increased to 3.5 days in 2013/14, the longest stay since 2005/06. However, it remained shorter than the 3.9 and 4.7 day averages for the province and country respectively. The inpatient bed utilisation rate had been below 60% since 2006/07 and dropped to its lowest level of 51.9% in 2013/14. It was the sixth lowest rate in the country. The OPD new client not referred rate escalated by nine percentage points, from 58.5% in 2012/13 to 67.5% in 2013/14. This means that a relatively high percentage of patients were bypassing PHC facilities and accessing district hospitals directly.

The delivery in facility under 18 years rate dropped from 8.1% in 2012/13 to 7.8% in 2013/14 and was for the first time below 8%. A slight increase in the stillbirth rate in facility, from 24.7 per 1 000 births in the previous year to 27.5 in 2013/14, was observed and this was the sixth highest in the country. The maternal mortality in facility ratio had decreased annually from 352.9 per 100 000 live births in 2009/10 to 123.3 in 2013/14.

The antenatal 1st visit before 20 weeks rate has increased annually from 39.3% in 2006/07 to its current 55.7%; however, it was below the national target of 60%. The antenatal client initiated on ART rate has more than doubled over the past four years, from 41.1% in 2010/11 to 82.7% in 2013/14, and was close to the national target of 90%.

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage varied between 52.2% in 2010/11 and 69.3% in 2012/13 and then increased by 22.5 percentage points to 91.8% in 2013/14. This was higher than the rate for the province (86.2%) and the country (88.3%). The proportion of PCR test HIV positive for infants under two months of age improved on a year-to-year basis and reached its lowest level of 2.0% in 2013/14.

The immunisation coverage under 1 year was above 100% for many years until 2012/13 and then decreased to 91.7% in 2013/14. The DTaP-IPV/Hib 3 – Measles 1st dose drop-out rate was reported at 6.2%, meaning that more children received a DTaP-IPV/Hib 3rd dose vaccination than the number who received a Measles 1st dose.

The vitamin A coverage 12 to 59 months rate has fluctuated over the last four years and was 37.0% in 2010/11, 65.3% in 2011/12, 72.5% in 2012/13 and 59.8% in 2013/14. The 2013/14 rate ranked the district among the top 10 with the highest coverage in the country.

a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

The child under 5 years diarrhoea with dehydration incidence almost doubled from 14.4 per 1 000 children in the previous year to 28.1 per 1 000 in 2013/14, and was the second highest in the country. The child under 5 years diarrhoea case fatality rate declined from 21.1% in 2008/09 to 6.5% in 2013/14; however, it was the fifth highest nationally.

The child under 5 years pneumonia incidence of 104.2 per 1 000 children was the seventh highest in the country and well above the national target of 56.3 per 1 000. The child under 5 years pneumonia case fatality rate has decreased annually from 12.9% in 2009/10 to 4.7% in 2013/14, but was still higher than the 3.4% national target, and higher than the current provincial (3.1%) and national (3.5%) averages.

The district's child under 5 years severe acute malnutrition incidence fluctuated, but increased substantially from 2.4 per 1 000 children in 2009/10 to 7.4 children in 2013/14, being the ninth highest in country. The child under 5 years severe acute malnutrition case fatality rate was also the ninth highest in the country, although the rate has decreased notably from 32.4% in 2010/11 to the current 16.6%.

With reference to reproductive health indicators, the couple year protection rate fluctuated from 38.1% in 2011/12 to 42.4% in 2012/13 and 38.9% in 2013/14. The rate remained above the national target of 36%. The cervical cancer screening coverage was above 60% since 2012/13 and reached its highest level of 68.5% in 2013/14. It was well above the national target of 56%.

Although the TB incidence (all cases) increased from 538.4 per 100 000 in 2012 to 549.6 in 2013, it remained substantially lower than the provincial average of 724.2 and the national average of 689.3 per 100 000. The TB (pulmonary) case finding index improved from the previous year (1.9%) to 2.6% in 2013/14, which was in line with the provincial average of 2.7% but higher than the national average of 2.4%. The smear conversion rate at 2 months (new pulmonary smear-positive) increased annually from 74.1% in 2011 to 79.5% in 2013 and was the third highest in country. The TB successful treatment rate (all TB) remained around 74% between 2006 and 2010, increased to 77.2% in 2011 and dropped back to 74.8% in 2012.

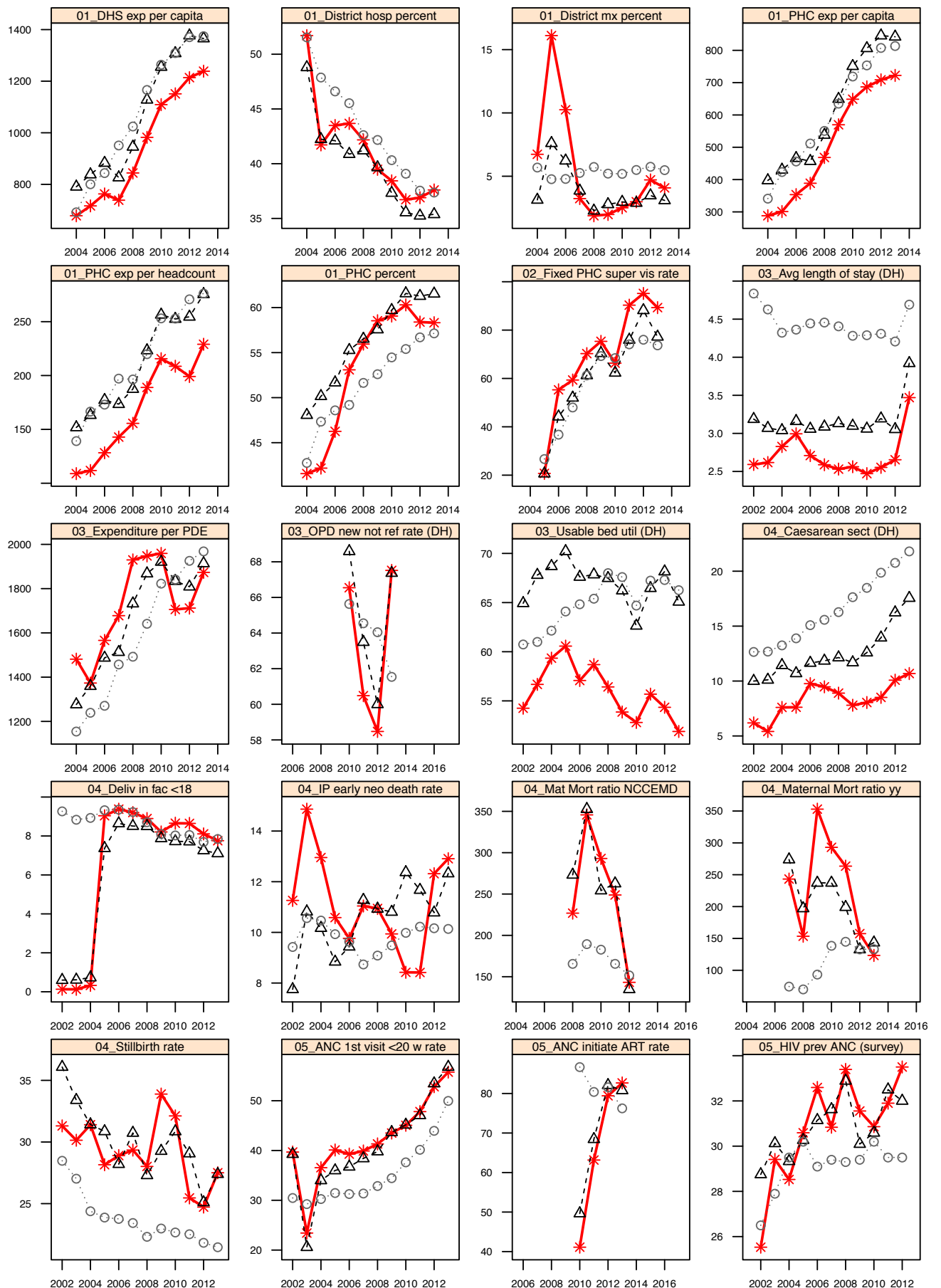
Thabo Mofutsanyana's HIV testing coverage, at 31.9%, was higher than both the provincial and national averages of 29.0% and 22.8% respectively, but the district has not yet reached the national target of 36.0%. Of the TB patients who started TB treatment in 2013, HIV status was known in 91.2%, and 82.0% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 47.3%.

The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

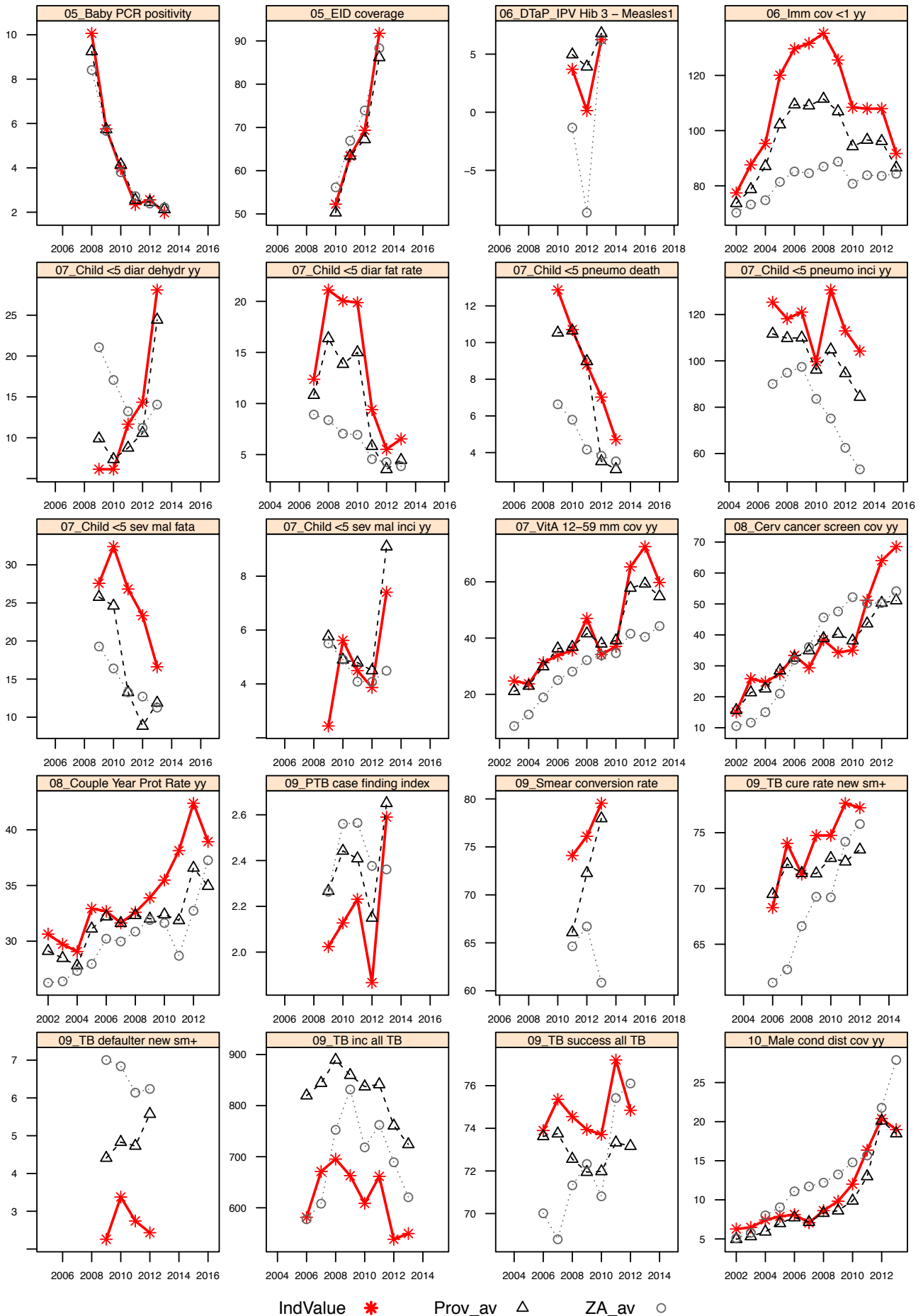
- ◆ Inpatient bed utilisation rate
- ◆ OPD new client not referred rate
- ◆ Stillbirth rate in facility
- ◆ Antenatal client initiated on ART rate
- ◆ Child under 5 years diarrhoea with dehydration incidence
- ◆ Child under 5 years severe acute malnutrition incidence
- ◆ Child under 5 years pneumonia incidence
- ◆ Child under 5 years diarrhoea case fatality rate
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Child under 5 years severe acute malnutrition case fatality rate
- ◆ TB cure rate (new pulmonary smear-positive)
- ◆ TB successful treatment rate (all TB)
- ◆ Male condom distribution coverage

The poor performance of some indicators might be due to poor data quality, which should be addressed.

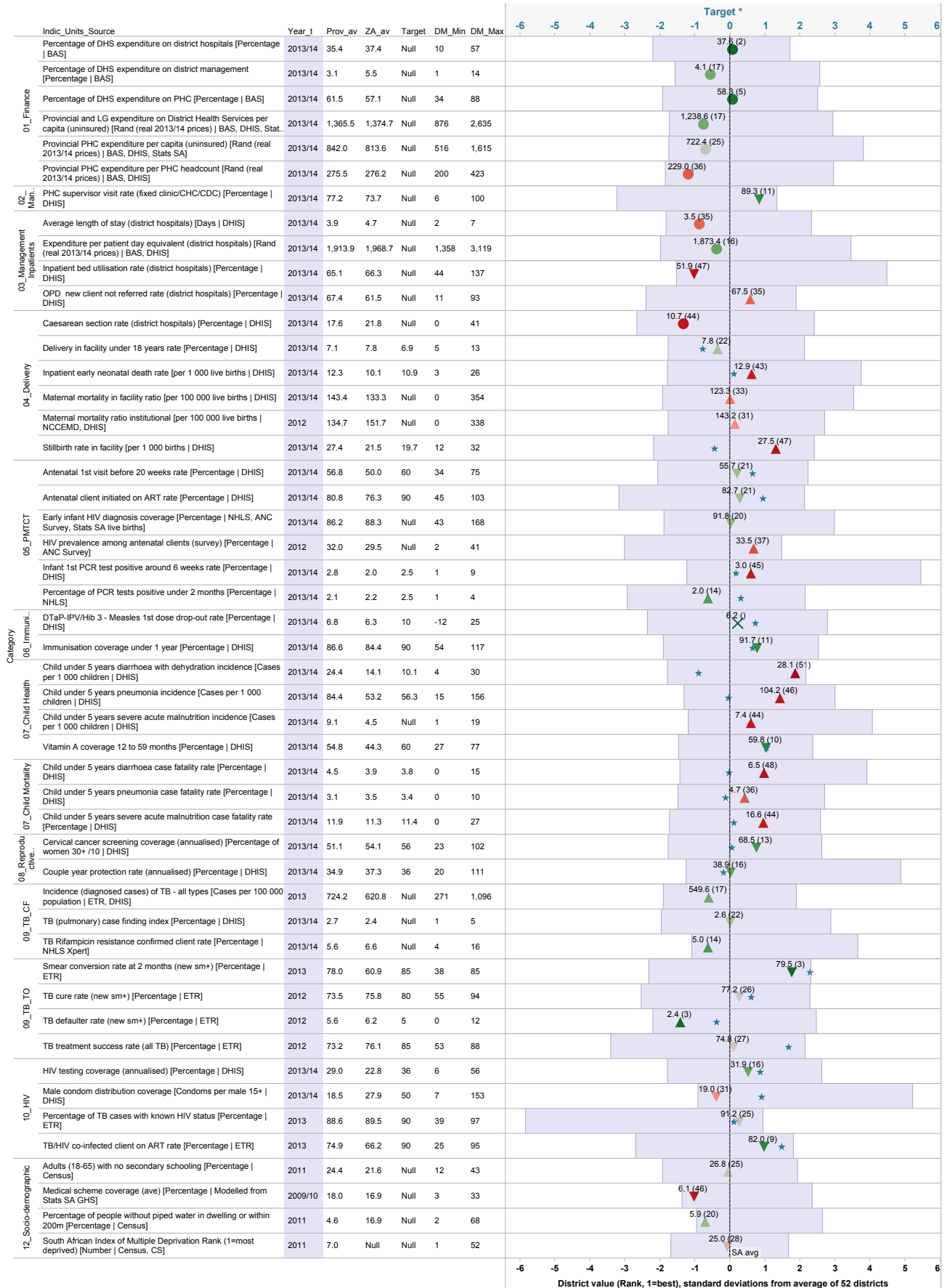
Annual indicators for district: Thabo Mofutsanyana (DC19)



Annual indicators for district: Thabo Mofutsanyana (DC19)



District profile: Thabo Mofutsanyana (DC19), SEQ 3



Ranking
 ▲ asc (low value=best)
 ● central (SA avg=best)
 ▼ desc (high value=best)
 ✕ none

Avg. Rank
 1 52

Fezile Dabi District Municipality (DC20)

Ega Janse van Rensburg-Bonthuizen

Fezile Dabi District is located in the northern Free State Province and is divided into four sub-districts, i.e. Moqhaka, Metsimaholo, Ngwathe and Mafube. The district spans an area of 20 668 km² and is largely rural. It has a population of 506 109 with a population density of 24.5 people per km². Of the 144 980 households, 56.7% have piped water inside dwellings, 89.8% use electricity for lighting and 81.7% have a weekly refuse removal service. Of the population's citizens who are 20 years and older, 27.5% have Matric and 9.0% have higher education. The unemployment rate is 33.9%.^a The district falls in the socio-economic Quintile 4 and has an estimated medical scheme coverage of 23.7%, the highest provincially.

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (with the most recent value being shown in brackets):

- ◆ Percentage of district health service expenditure on district hospitals (35.3%)
- ◆ Percentage of district health services spent on district management (2.5%)
- ◆ Percentage of district health service expenditure on PHC (62.2%) – higher than both the provincial (61.5%) and national (57.1%) averages
- ◆ Expenditure per patient day equivalent (R2 042)
- ◆ Delivery in facility under 18 years rate (7.1%) – slightly above the national average of 6.9%
- ◆ HIV prevalence among antenatal clients tested (2012 survey) (34.9%) – highest in the province
- ◆ Vitamin A coverage 12 to 59 months (54.5%) – below the national target of 60%
- ◆ Cervical cancer screening coverage (46.7%) – below the national target of 56%
- ◆ Couple year protection rate (34.0%) – close to the national target of 36%
- ◆ TB (pulmonary) case finding index (2.7%)
- ◆ TB incidence (all cases) (623.8 per 100 000)
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive) (74.1%) – sixth highest in the country
- ◆ TB successful treatment rate (all TB) (72.3%) – below the national target of 85%
- ◆ TB defaulter rate (new pulmonary smear-positive) (4.4%)
- ◆ Male condom distribution coverage (20.1 condoms per male 15 years and older) – below the national target of 50 condoms

The PHC supervisor visit rate has fluctuated and was 58.3% in 2009/10 and 2010/11, 46.3% in 2011/12, 72.1% in 2012/13 and 48.9% in 2013/14, which was substantially lower than both the provincial (77.2%) and national (73.7%) rates. The 2012/13 value appears to be an outlier.

The average length of stay increased from the previous year's 3.4 days to 4.2 days in 2013/14 and was for the first time longer than four days but still in line with the national average of 4.7 days. The inpatient bed utilisation rate was around 80% between 2009/10 and 2012/13 and then increased by 11.5 percentage points to 95.1% in 2013/14. This increase should be verified before it can be viewed as a real improvement in the rate. The OPD new client not referred rate escalated from 74.5% in 2012/13 to 78.6% in 2013/14, which was considerably higher than the provincial and national rates of 67.4% and of 61.5% respectively. It was the eighth highest in the country and indicates that a high percentage of patients were bypassing PHC facilities and accessing district hospitals directly.

The delivery by Caesarean section rate increased by 2.4 percentage points from the previous year to 22.8% in 2013/14. It was higher than both the provincial and national rates of 17.6% and 21.8% respectively. The stillbirth rate in facility decreased from 26.3 per 1 000 births to 23.9 but was higher than the national target of 19.7 per 1 000. The inpatient early neonatal death rate decreased in the same period from 13.5 per 1 000 live births to 12.4 in 2013/14 and was also higher than the national target of less than 10.9 per 1 000. The maternal mortality in facility ratio has fluctuated and was 90.0 per 100 000 live births in 2011/12, 125.2 in 2012/13 and 117.8 per 100 000 in 2013/14.

The antenatal 1st visit before 20 weeks rate has increased annually since 2008/09 and was 53.2% in 2013/14. It was the lowest provincially and remained lower than the national target of 60.0%. Although the antenatal client initiated on ART rate had increased considerably from the 44.0% in 2010/11 to 73.3% in 2013/14, it was the lowest in the province and well below the national target of 90%.

^a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage remained stable between 2011/12 and 2012/13 around 65% and then climbed sharply to 92.4% in 2013/14. This value should be verified before the increase of 26.8 percentage points can be viewed as a real improvement in the coverage. The percentage of PCR test HIV positive for infants under two months of age rate fluctuated and was 2.3% in 2011/12, 3.1% in 2012/13 and 2.7% in 2012/14.

At 73.7%, the immunisation coverage under 1 year decreased by 9.1 percentage points since the previous year's 82.8%; it was the lowest in the province and was considerably below the national target of 90%. The DTaP-IPV/Hib 3 – Measles 1st dose drop-out rate was 6.7%, meaning that more children received a DTaP-IPV/ Hib 3rd dose vaccination than the number who received a Measles 1st dose. The rate was, however, below the national target of less than 10%.

The child under 5 years diarrhoea with dehydration incidence remained stable between 2011/12 and 2012/13 at 5.8 per 1 000 children and then increased to 19.9 per 1 000 in 2013/14. This inconsistency warrants further investigation as it was almost double the national target of less than 10.1 per 1 000. The child under 5 years severe acute malnutrition incidence increased notably from 4.6 per 1 000 children in the previous year to 14.1 and was the second highest in the country. This figure has also more than tripled. The child under 5 years pneumonia incidence of 47.2 per 1 000 children reached its lowest level since 2007/08, was the lowest provincially and close to the national target of less than 56.3 per 1 000. The child under 5 years case fatality rates has fluctuated over the last three years as follows:

	2011/12	2012/13	2013/14
Diarrhoea %	5.9	0.8	3.6
Pneumonia %	4.9	2.2	6.3
Severe acute malnutrition %	4.2	6.7	17.2

TB incidence (new pulmonary smear-positive) decreased from 258.0 per 100 000 in 2012 to 165.8, and was for the first time below 200 per 100 000. The TB cure rate (new pulmonary smear-positive) improved with 4.5 percentage points, standing at 79.6% and on par with the national target of 80%.

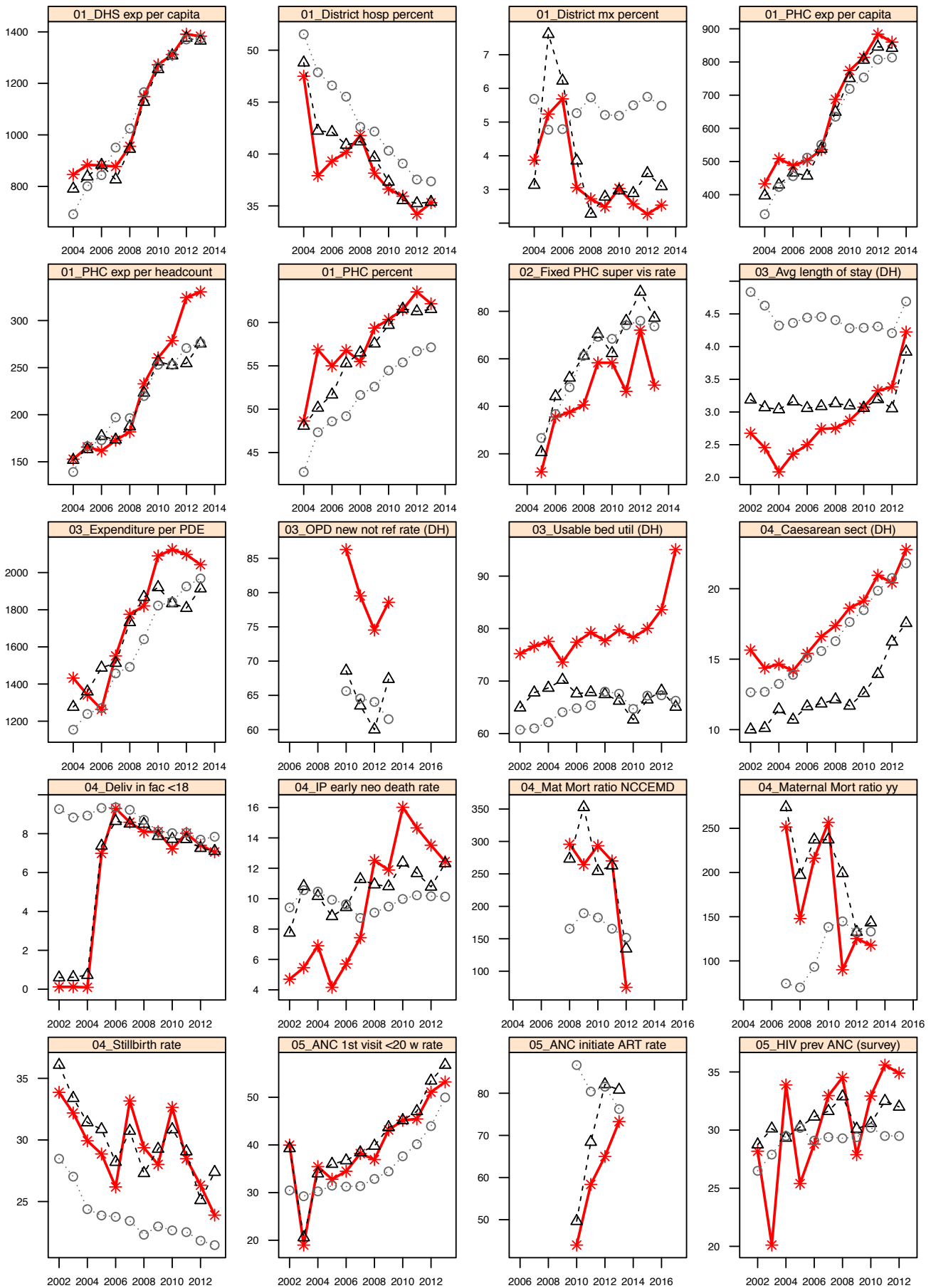
Fezile Dabi's HIV testing coverage, at 28.7%, was slightly lower than that of the province's 29.0% but higher than the national 22.8% coverage. Of TB patients who started TB treatment in 2013, HIV status was known in 88.4%, and 72.8% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 9.5%: evidently minimal data were submitted for this indicator.

The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

- ◆ PHC supervisor visit rate
- ◆ OPD new client not referred rate
- ◆ Stillbirth rate in facility
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Immunisation coverage under 1 year
- ◆ Child under 5 years diarrhoea with dehydration incidence
- ◆ Child under 5 years severe acute malnutrition incidence
- ◆ Cervical cancer screening coverage
- ◆ HIV testing coverage
- ◆ Male condom distribution coverage

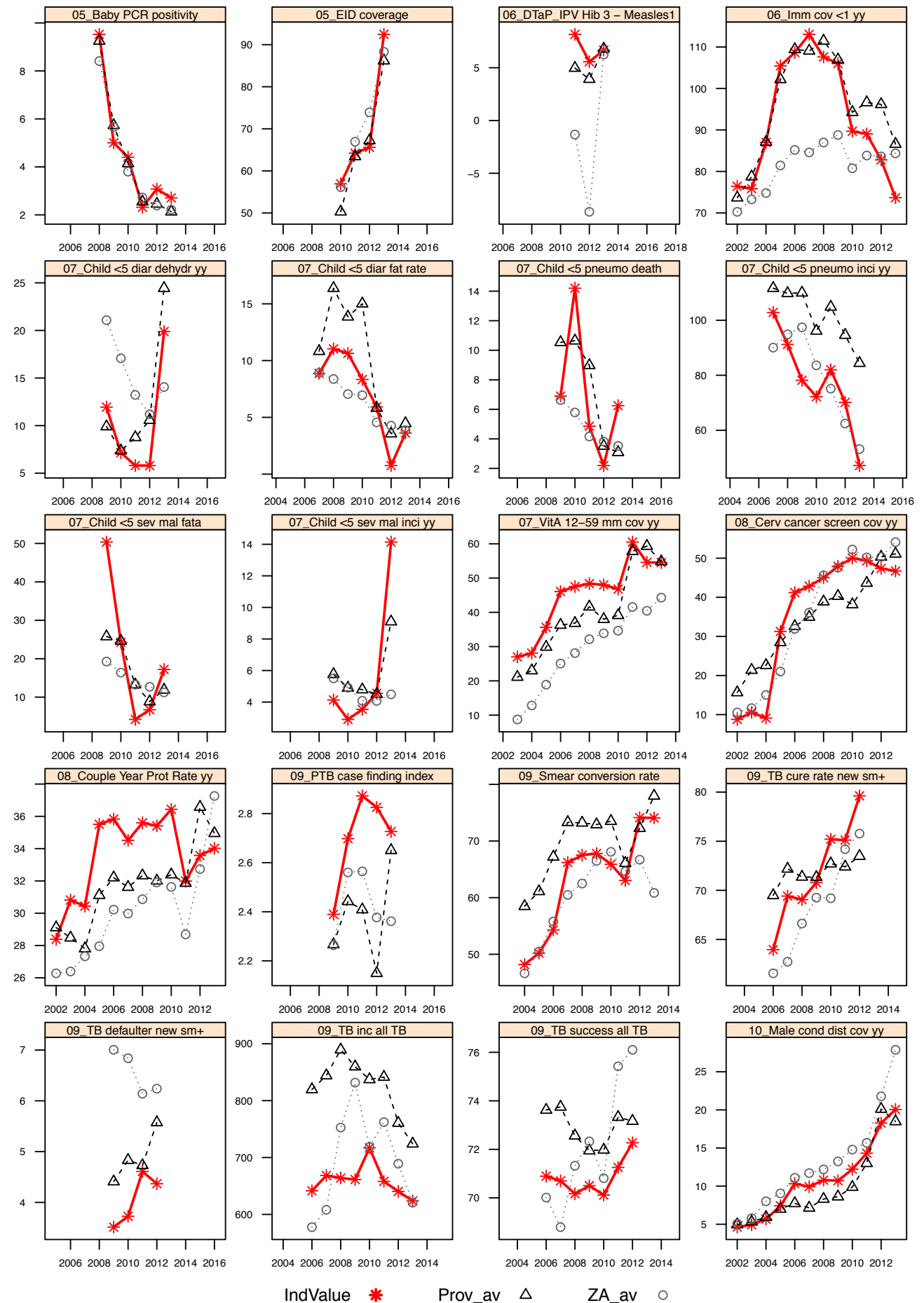
The poor performance of some indicators might be due to poor data quality, which should be addressed.

Annual indicators for district: Fezile Dabi (DC20)



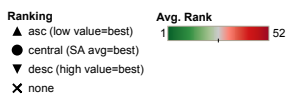
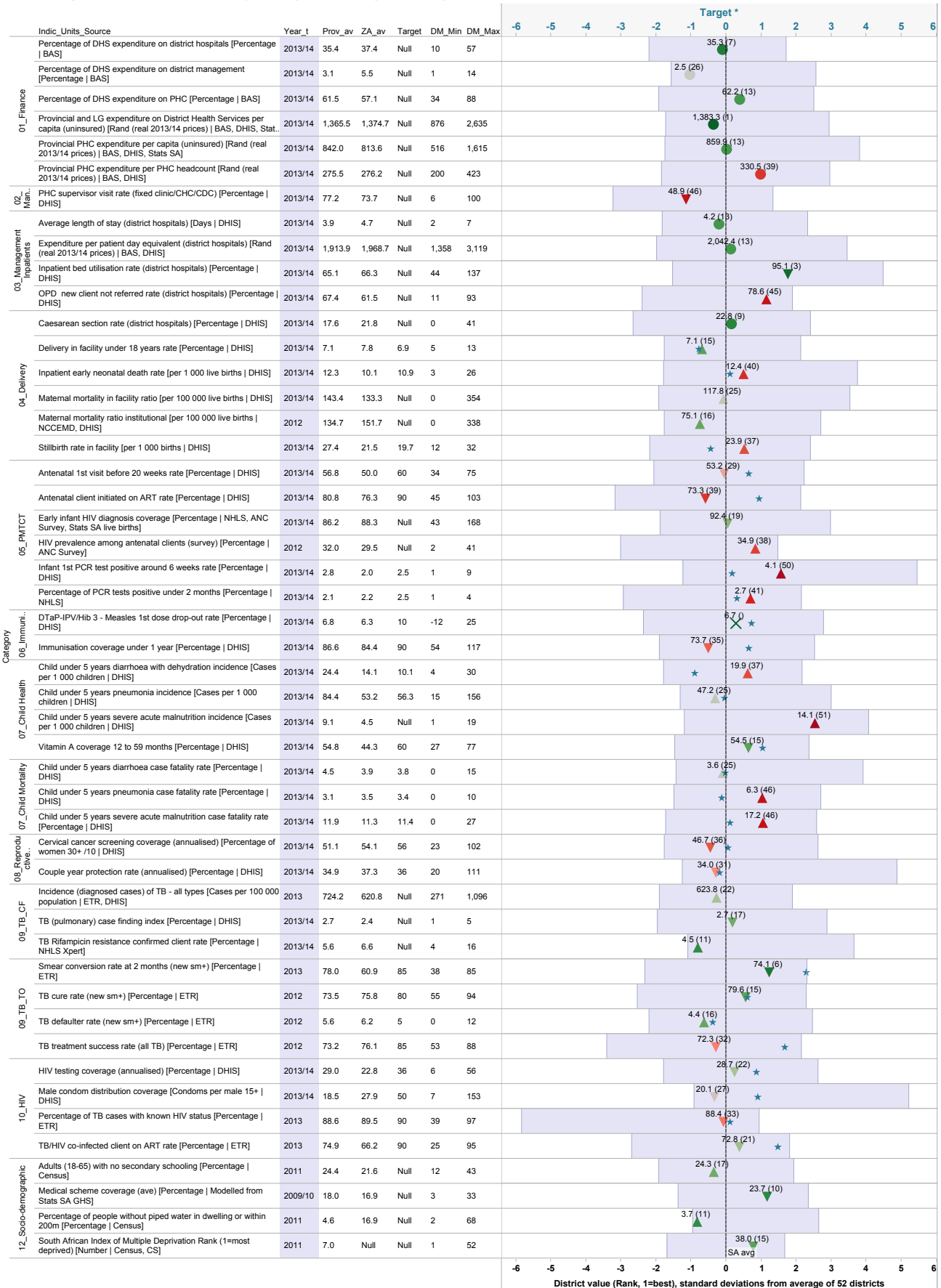
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Annual indicators for district: Fezile Dabi (DC20)



Section B: Profile Free State Province

District profile: Fezile Dabi (DC20), SEQ 4 (well off)



Mangaung Metropolitan Municipality (MAN)

Ega Janse van Rensburg-Bonthuyzen

Mangaung Metro is located in the central interior of the Free State Province and comprises three sub-districts, namely Bloemfontein, Botshabelo and Thaba N'chu. The district spans an area of 6 284 km², which makes it geographically the smallest in the province, however, it has the largest population at 771 645. Mangaung is a largely urbanised district and has a population density of 122.8 people per km². Of the 231 921 households, 46.1% have piped water inside dwellings, 91.4% use electricity for lighting and 78.9% have a weekly refuse removal service. Of the population's citizens who are 20 years and older, 30.1% have Matric and 14.11% have higher education. The unemployment rate is 27.7%.^a The district falls in the socio-economic Quintile 5, among the wealthiest districts, and has an estimated medical scheme coverage of 27.1%.

On a year-to-year basis, the following indicator values remained relatively stable over the last two years (with the most recent value being shown in brackets):

- ◆ Percentage of district health service expenditure on district hospitals (40.6%) – highest provincially
- ◆ Percentage of district health services spent on district management (2.2%) – lowest provincially
- ◆ Percentage of district health service expenditure on PHC (57.2%) – lowest provincially
- ◆ Delivery in facility under 18 years rate (6.8%)
- ◆ Delivery by Caesarean section rate (32.0%) – seventh highest in the country but the district has referral hospitals for other districts, e.g. Xhariep
- ◆ HIV prevalence among antenatal clients tested (2012 survey) (30.3%)
- ◆ Percentage of PCR test HIV positive for infants under two months of age (2.2%)
- ◆ Child under 5 years pneumonia case fatality rate (2.1%)
- ◆ Child under 5 years severe acute malnutrition case fatality rate (4.5%) – among the top 10 districts with the lowest rate in the country
- ◆ TB cure rate (new pulmonary smear positive) (66.3%) – seventh lowest nationally

The PHC supervisor visit rate increased annually from 23.6% in 2005/06 to 84.2% in 2009/10 and then fluctuated year-on-year. It was 66.7% in 2010/11, 82.3% in 2011/12, 90.6% in 2012/13 and 70.9% in 2013/14.

The average length of stay was around 4.6 days between 2006/07 and 2011/12, decreased to 3.9 in 2012/13 and increased to 5.1 days in 2013/14. The stay was longer than both the provincial (3.9 days) and national (4.7 days) averages. The inpatient bed utilisation rate has fluctuated over the last four years and was 68.7% in 2010/11, 74.7% in 2011/12, 82.5% in 2012/13 and 74.3% in 2013/14. The expenditure per patient day equivalent increased from R1 619 in the previous year to R1 772 in 2013/14 and was at the same level as for 2010/11 and 2011/12. The OPD new client not referred rate escalated by 5.9 percentage points, from 60.7% in 2012/13 to 66.6% in 2013/14, meaning that a relatively high percentage of patients were bypassing PHC facilities and accessing district hospitals directly.

An increase in the stillbirth rate in facility from 24.4 per 1 000 births to 27.6 was observed, and this was the fourth highest in the country. The early neonatal mortality rate in facility increased from 7.5 per 1 000 live births in 2012/13 to 10.2 in 2013/14. The maternal mortality in facility ratio fluctuated and was 187.5 per 100 000 live births in 2011/12, 103.3 in 2012/13 and 148.4 in 2013/14. This was higher than the ratios for both the province (143.4) and the country (133.3).

The district's antenatal 1st visit before 20 weeks rate improved annually to reach its highest level at 56.8%; it was close to the national target of 60%. The antenatal client initiated on ART rate fluctuated over the past four years and was 58.8% in 2010/11, 72.4% in 2011/12, 99.6% in 2012/13 and 79.9% in 2013/14. The 2013/14 rate was below the national target of 90%. The early infant HIV diagnosis coverage improved markedly from 52.6% in 2012/13 to the current 70.1%; however, it was among the 10 districts with the lowest coverage in the country.

The immunisation coverage under 1 year has fluctuated and was 82.2% in 2011/12, 91.9% in 2012/13 and 79.9% in 2013/14. It was below the national target of 90%. The DTaP-IPV/Hib 3 – Measles 1st dose drop-out rate was reported at 11.0%, being the seventh highest nationally and above the national target of less than 10%. This means that more children received a DTaP-IPV/ Hib 3rd dose vaccination than the number who received a Measles 1st dose.

The district's vitamin A coverage 12 to 59 months rate declined from 38.4% in the previous year to the current 35.7% which was the same as the 2011/12 value, remaining below the national target of 60%. The child under 5 years diarrhoea with dehydration incidence reached its highest level and was, at 21.6 per 1 000 children, well above the national target of less than 10.1 per 1 000. The child under 5 years diarrhoea case fatality rate has fluctuated and was 4.0% in 2011/12, 2.2% in 2012/13 and 3.7% in 2013/14. The child under 5 years pneumonia incidence decreased from 89.0 per 1 000 children in the previous year to 82.6 in 2013/14; however, it has a long way to go before the 56.3 per 1 000 national target will be within

a Broumels M (editor). The Local Government Handbook South Africa – 2014. Cape Town: YesMedia; 2014. Accessible at: <http://www.localgovernment.co.za/provinces/>

reach. The district's child under 5 years severe acute malnutrition incidence almost doubled from 4.4 per 1 000 in 2012/13 to 8.5 in 2013/14 and was among the 10 districts with the highest incidence in the country.

At 24.8%, the couple year protection rate declined from 2012/13's already low 27.0% and was the third lowest nationally. The cervical cancer screening coverage also declined from 39.6% in 2012/13 to 36.4% in 2013/14 and was among the 10 districts with the lowest rate in the country.

The TB incidence (all cases) has decreased steadily over the past five years, from 1 012.2 per 100 000 in 2009 to 762.8 in 2013 and reached its lowest level since 2006. The TB (pulmonary) case finding index improved from 1.6% in the previous year to 2.0% in 2013/14, but it remained lower than both the provincial (2.7%) and national (2.4%) indexes. The smear conversion rate at 2 months (new pulmonary smear-positive) increased annually from 61.1% in 2011 to 78.1% in 2013 and was the fourth highest in country. The TB successful treatment rate (all TB) declined from 69.5% in 2011 to 67.7% in 2012. It was at its lowest level since 2006 and well below the national target of 85%. The TB defaulter rate (new pulmonary smear-positive) deteriorated from 7.5% in the previous year to 8.9% in 2012 and was the sixth highest nationally.

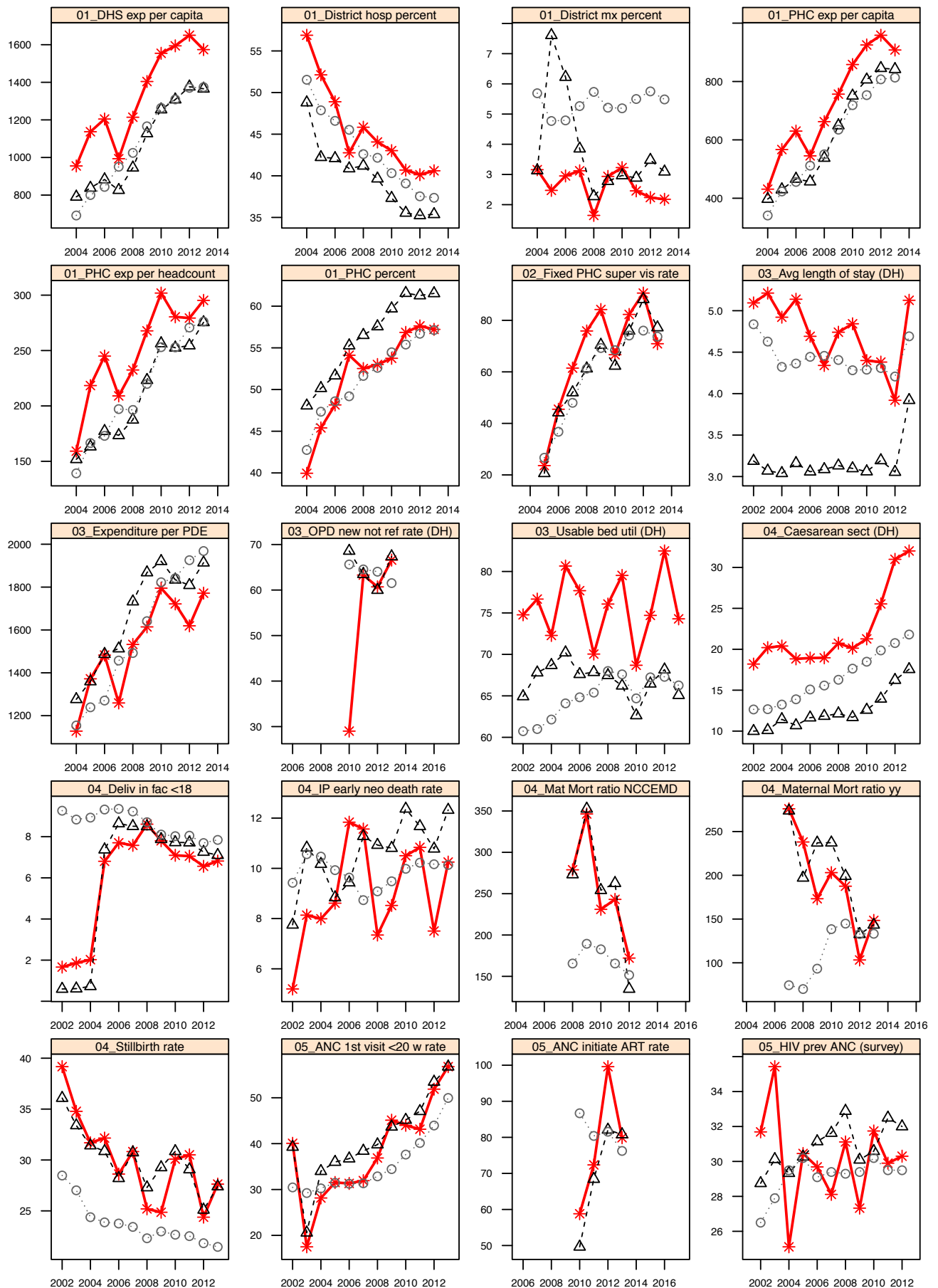
The district's already low male condom distribution coverage declined further from the previous year's 13.7 condoms per male 15 years and older to 10.7 in 2013/14. It was the sixth lowest in the country and well below the national target of 50 condoms. The HIV testing coverage, at 26.9%, was below the national 36% target. Of the TB patients who started TB treatment in 2013, HIV status was known in 89.7%, and 75.1% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 38.8%.

The district showed improvement in the performance of several indicators. However, the performance of the following indicators needs attention:

- ◆ PHC supervisor visit rate
- ◆ OPD new client not referred rate
- ◆ Stillbirth rate in facility
- ◆ Antenatal client initiated on ART rate
- ◆ Early infant HIV diagnosis coverage
- ◆ Immunisation coverage under 1 year
- ◆ DTaP-IPV/Hib 3 – Measles 1st dose drop-out rate
- ◆ Vitamin A coverage 12 to 59 months rate
- ◆ Child under 5 years diarrhoea with dehydration incidence
- ◆ Child under 5 years pneumonia incidence
- ◆ Child under 5 years severe acute malnutrition incidence
- ◆ Couple year protection rate
- ◆ Cervical cancer screening coverage
- ◆ TB (pulmonary) case finding index
- ◆ TB successful treatment rate (all TB)
- ◆ TB cure rate (new pulmonary smear-positive)
- ◆ TB defaulter rate (new pulmonary smear-positive)
- ◆ Male condom distribution coverage
- ◆ HIV testing coverage

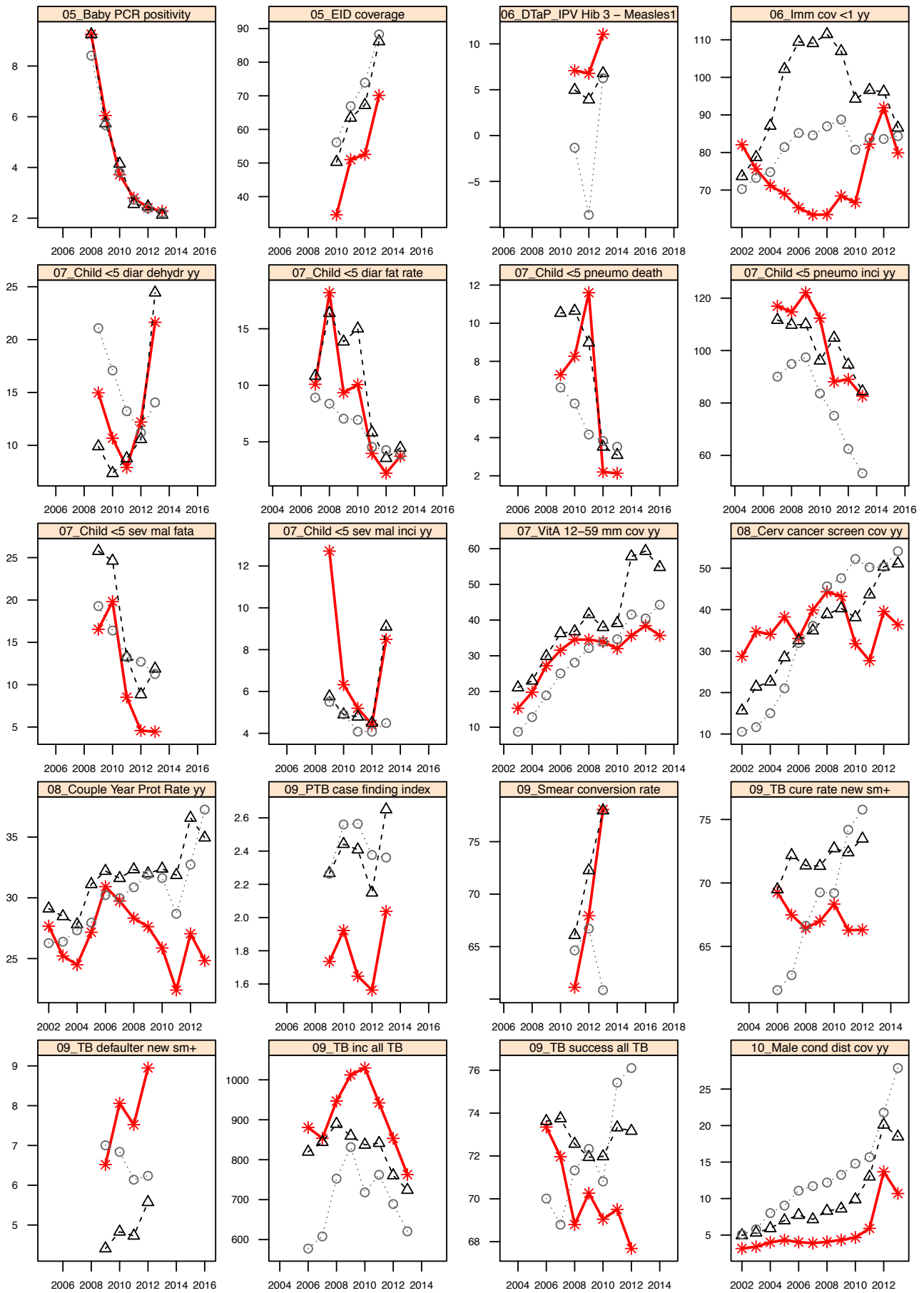
The poor performance of some indicators might be due to poor data quality, which should be addressed.

Annual indicators for district: Mangaung (MAN)



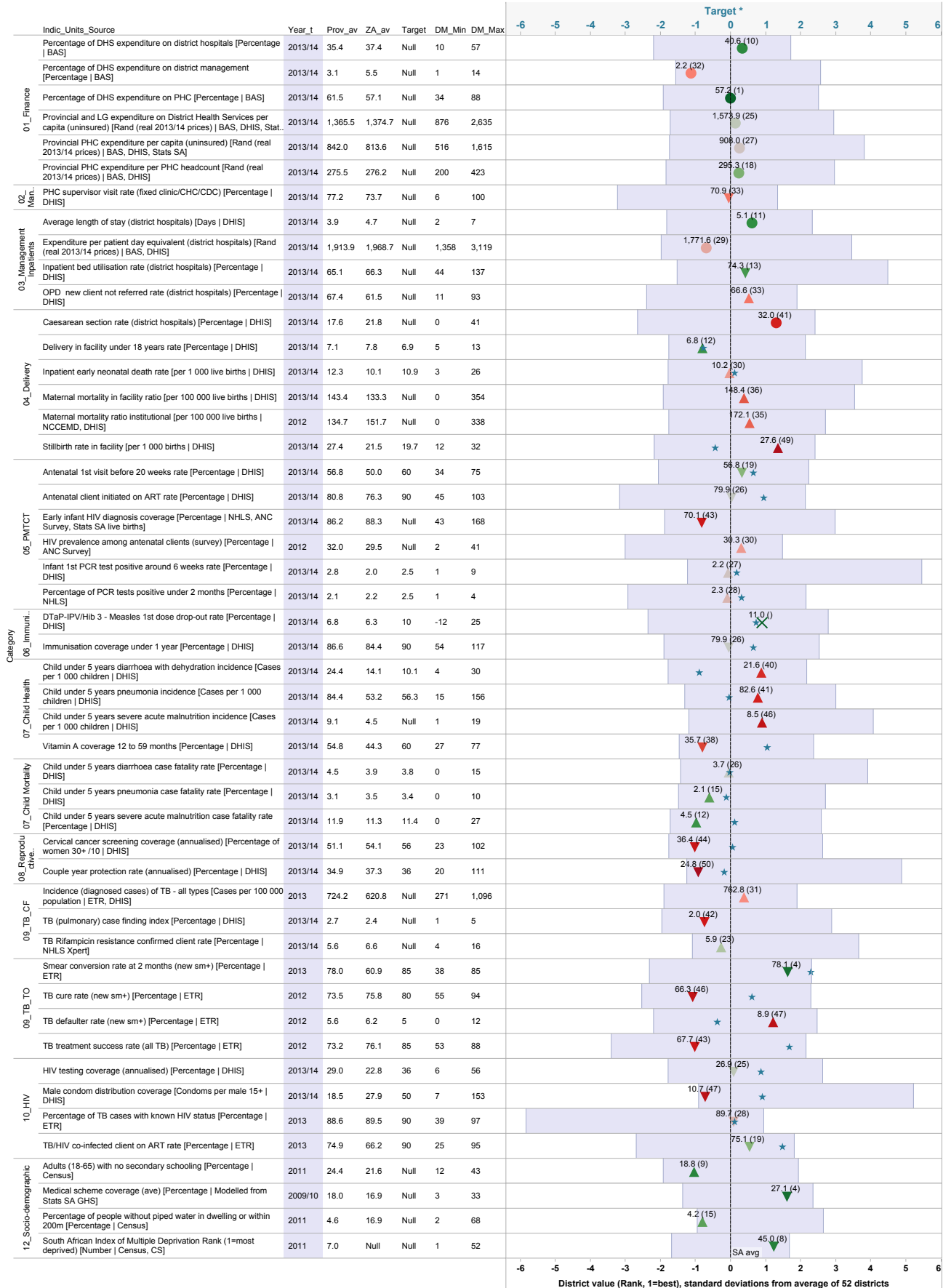
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Annual indicators for district: Mangaung (MAN)



IndValue * Prov_av Δ ZA_av ○

District profile: Mangaung (MAN), SEQ 5 (least deprived)



Ranking
 ▲ asc (low value=best)
 ● central (SA avg=best)
 ▼ desc (high value=best)
 ✕ none

Avg. Rank
 1 52