

## 18 Gauteng Province

### Sedibeng District Municipality (DC42)

### Lebogang Seutlwadi

Sedibeng District is situated on the southern tip of Gauteng Province and is located on the border of Free State, North West and Mpumalanga Provinces. The district has three sub-districts: Emfuleni, Lesedi and Midvaal. Sedibeng has a population of 915 337 with a population density of 219 persons per km<sup>2</sup>. A high percentage (69.5%) of the population is between the ages of 15 and 64. Thirty-two per cent of the population's citizens who are 20 years and older have Matric as their highest level of education and only 13.0% have higher education. Thirty-two per cent of the population are unemployed. Of the 279 768 households in Sedibeng, 34.7% are female headed; 67.5% have piped water inside their dwellings, 88.2% have a weekly refuse removal service and 90.6% use electricity for lighting.<sup>a</sup> The district falls into socio-economic Quintile 5, among the wealthiest districts, and has an estimated medical scheme coverage of 19.4%.

The following indicator values have, on a year-to-year basis, remained relatively stable, particularly over the past two years (with the most recent value being shown in brackets):

- ◆ Percentage of district health services expenditure on district management (3.8%)
- ◆ Percentage of district health services expenditure on district hospitals (28.3%)
- ◆ Percentage of district health services expenditure on PHC (67.9%)
- ◆ Average length of stay (3.5 days)
- ◆ Inpatient bed utilisation rate (67.1%)
- ◆ HIV prevalence among antenatal clients (2012 survey) (29.9%)
- ◆ Immunisation coverage under 1 year (104.6%) – the coverage exceeded 100% for the past five years
- ◆ Cervical cancer screening coverage (29.9%) – well below the national target of 56%
- ◆ Couple year protection rate (27.7%) – below the national target of 36%
- ◆ TB (pulmonary) case finding index (2.2%) – declined from 2.7% but second best provincially
- ◆ TB treatment success rate (all TB) (75.0%) – below the national target of 85%
- ◆ TB cure rate (new pulmonary smear-positive) (78.6%) – the lowest provincially and below the national target of 80%

The PHC supervisor visit rate dropped from 94.4% in 2012/13 to 85.6% in 2013/14. Despite this steep decline, it was still above the national (73.7 %) and the provincial averages (79.0%).

The expenditure per patient day equivalent was R2 166 in 2013/14, after spiking in the previous year with a higher expenditure and a lower patient day equivalent at Kopanong Hospital. The OPD new client not referred rate increased by 14.5 percentage points, from 38.6% in 2012/13 to 53.1% in 2013/14, meaning that more than half of the patients were bypassing PHC facilities and accessing district hospitals directly.

The delivery by Caesarean section rate and delivery in facility under 18 years rate, have shown an increasing trend since 2011/12 and were 26.7% and 6.9% in 2013/14 respectively. The stillbirth rate in facility was 21.4 per 1 000 births but fluctuated in the same period between 25.7 and 20.2 per 1 000 births. The inpatient early neonatal death rate declined from 9.8 per 1 000 live births in 2011/12 to 8.0 in 2013/14. The maternal mortality in facility ratio decreased from 195.0 per 100 000 live births in 2012/13 to 122.5 per 100 000 live births in 2013/14. However, the rate was still above the provincial average (104.5) and was the second worst performing district in the province.

The antenatal 1st visit before 20 weeks rate has gradually increased over the years to 51.1% in 2013/14. It was, however, still below the national target of 60%. The antenatal client initiated on ART rate dropped from 92.6% in 2012/13 to 65.2% in 2013/14 with the revision in eligibility criteria from April 2013. It was well below the national target of 90%.

Based on the National Health Laboratory Services data, the early infant HIV diagnosis coverage increased from 56.0% in 2012/13 to 67.1% (uncertainty range: 61.8–73.5). However, it remained well below the national average (88.3%) and was the lowest provincially. The percentage of PCR test HIV positive for infants under two months of age of 1.5% was the second lowest provincially and was consistently decreasing from the 5.4% value in 2009/10.

The DTaP-IPV/ Hib 3 – Measles 1st drop-out rate was 2.9% in 2013/14 and was increasing from 2010/11 which showed the reverse (-13.7%). This means that more children received a DTaP-IPV/ Hib 3<sup>rd</sup> dose than the number who received Measles 1st dose vaccination.

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 was 4.2 per 1 000 children in 2013/14 (the lowest nationally), having decreased from 6.7 in the previous year. The child under 5 years pneumonia incidence dropped from 29.8 per 1 000 children in 2012/13 to 22.1 in 2013/14 and was the lowest rate provincially. Although the child under 5 years severe acute malnutrition incidence increased from 1.1 per 1 000 children to 2.1 in the same period, it was fourth lowest nationally. The case fatality rates for all three childhood illnesses declined in the last year as follows:

- ◆ Child under 5 years diarrhoea case fatality rate – from 7.4% to 4.3%
- ◆ Child under 5 years pneumonia case fatality rate – from 7.3% to 5.1%
- ◆ Child under 5 years severe acute malnutrition case fatality rate – from 19.2% to 8.1%

The vitamin A coverage 12 to 59 months dropped from 68.1% in the previous year to 61.2% in 2013/14. Despite this decline, it was still above the national target (60.0%).

The TB incidence (all cases) dropped from 525.6 in 2012 to 516.5 per 100 000 in 2013. TB incidence (new pulmonary smear-positive) decreased significantly from 249.4 to 175.9 per 100 000 in the same period. The smear conversion rate at 2 months (new pulmonary smear-positive) decreased from 67.9% in 2012 to 61.7% in 2013; it was the lowest rate in the province and well below the national target of 85%. The TB defaulter rate (new pulmonary smear-positive) increased from 6.7% in 2011 to 8.1% in 2012 and was the highest provincially.

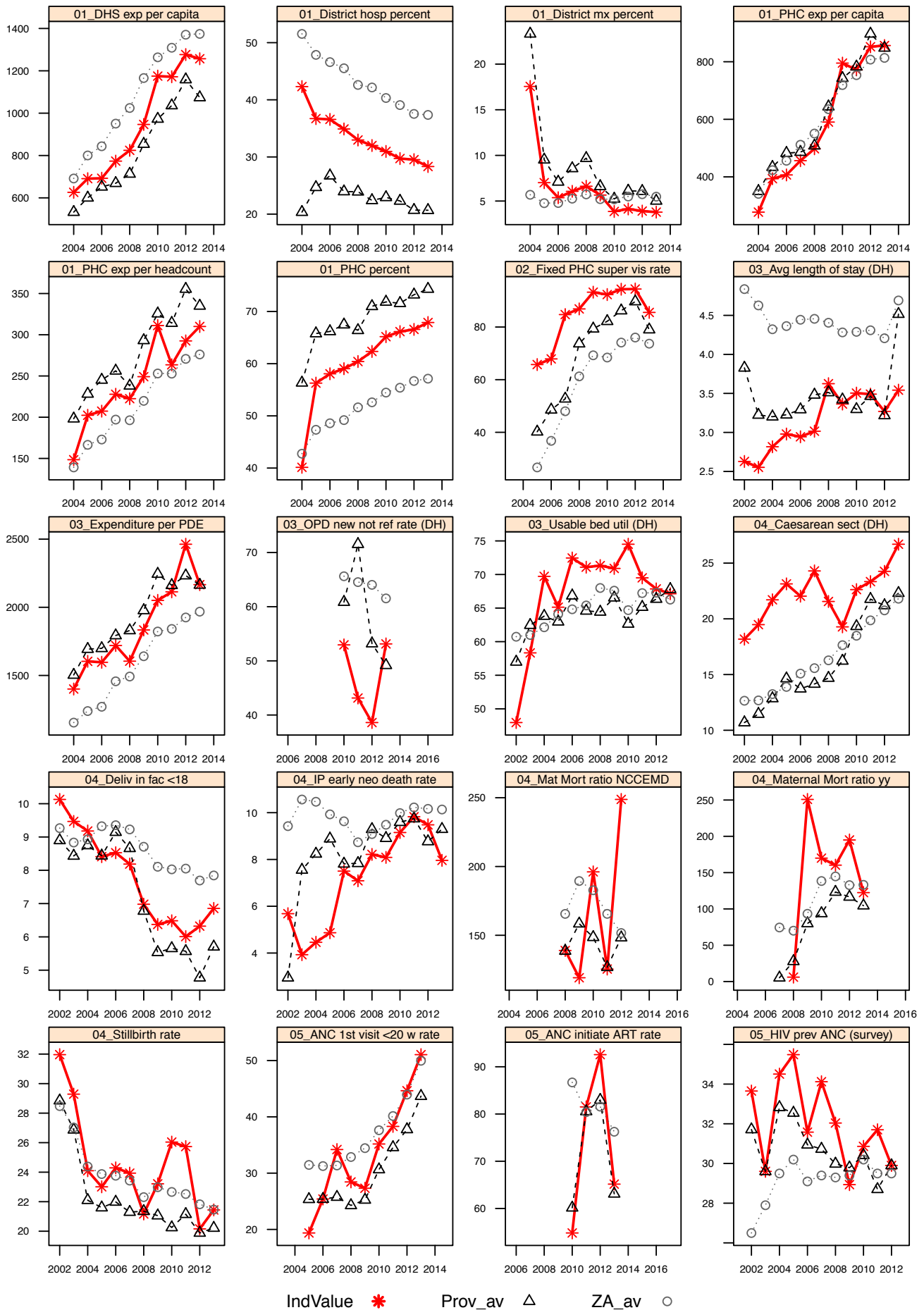
The male condom distribution coverage of 9.6 condoms per male 15 years and older was the third lowest in the country. The HIV testing coverage was 15.4%, well below the national average of 22.8% and the national target of 36%. Of the TB patients who started TB treatment in 2013, HIV status was known in 95.5%, and 75.8% 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 13.4%. The DHIS value of 13.4% suggests that very few data were submitted for this indicator.

Over the past two years, the district has showed substantial improvement in the performance of numerous indicators. However, the performance of the following indicators needs attention:

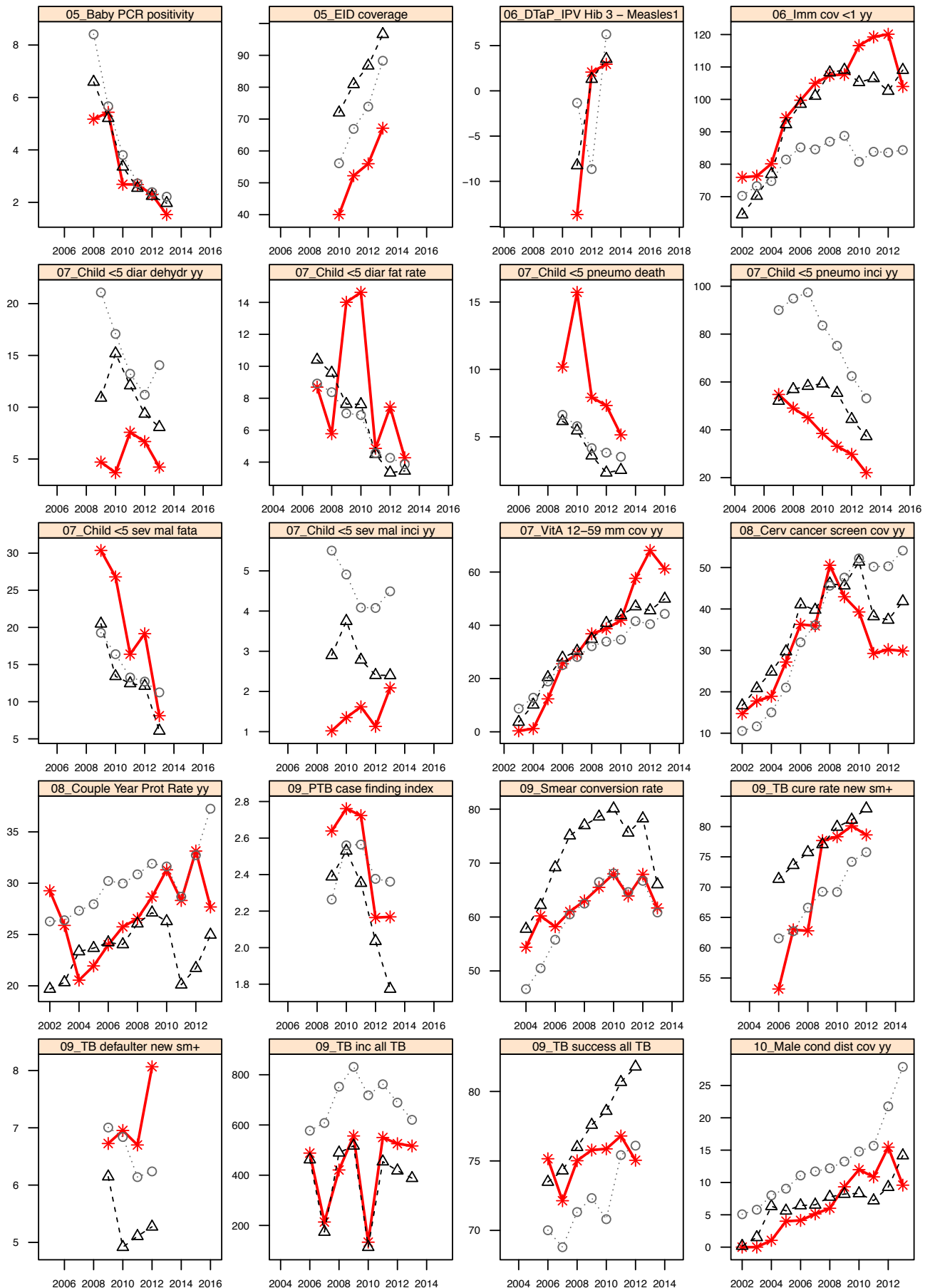
- ◆ PHC supervisor visit rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Early infant HIV diagnosis coverage
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive)
- ◆ TB defaulter rate (new pulmonary smear-positive)
- ◆ TB treatment success rate (all TB)
- ◆ Male condom distribution coverage
- ◆ HIV testing coverage

Better quality of data is needed, particularly for HIV.

Annual indicators for district: Sedibeng (DC42)



Annual indicators for district: Sedibeng (DC42)



Section B: Profile Gauteng Province

District profile: Sedibeng (DC42), SEQ 5 (least deprived)



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

Avg. Rank  
 1 52

## West Rand District Municipality (DC48)

## Lebogang Seutlwadi

West Rand District is located in the west of Gauteng Province and is bordered by Bojanala Platinum to the north-west, Tshwane to the north-east, Johannesburg to the east, Sedibeng to the south-east and Dr Kenneth Kaunda (North West Province) to the south-west. The district is divided into four sub-districts, namely Merafong City, Mogale City, Randfontein and Westonaria. It has a population of 849 478, with 4.0% of the population being 65 years and older. The population density is 207.8 persons per km<sup>2</sup>. West Rand has 267 397 households, 72.7% of which are formal dwellings and 31.1% are female-headed households. Seventy-six per cent of the households have flush toilets connected to sewage, 76.8% have a weekly refuse removal service, 81.7% use electricity for lighting and 53.6% have piped water inside their dwellings. Of the population's citizens who are 20 years and older, 30.1% have Matric and 10.8% have higher education. The rate of unemployment is 26.3%.<sup>a</sup> The district falls in socio-economic Quintile 4, which is among the wealthier districts, and has an estimated medical scheme coverage of 24.4%.

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

- ◆ Percentage of district health services expenditure on district hospitals (29.6%)
- ◆ Percentage of district health services expenditure on district management (9.8%) – has increased somewhat and was the highest in the province
- ◆ Percentage of district health services expenditure on PHC (60.5%) – above the national average of 57.1%
- ◆ Delivery in facility under 18 years rate (5.5%)
- ◆ HIV prevalence among antenatal clients (2012 survey) (35.6%) – the highest provincially
- ◆ Immunisation coverage under 1 year (116.5%) – coverage exceeded 100% for the past five years
- ◆ Child under 5 years pneumonia incidence (42.4 per 1 000) – below the national target of less than 56.3 per 1 000
- ◆ Vitamin A coverage 12 to 59 months (70.2%) – above the national target of 60% and third highest nationally
- ◆ TB (pulmonary) case finding index (2.6%)
- ◆ TB cure rate (new pulmonary smear-positive) (84.0%) – above the national target of 80%
- ◆ TB treatment success rate (all TB) (81.1%)
- ◆ TB defaulter rate (new pulmonary smear-positive) (2.8%) – declining and the lowest provincially
- ◆ Male condom distribution coverage (18.5 condoms per male 15 years and older) – highest coverage in the province but well below the national target of 50

The PHC supervisor visit rate dropped by 19.5 percentage points from 98.9% in the previous year to 79.4% in 2013/14.

The average length of stay increased from 3.8 days in 2012/13 to 4.8 days in 2013/14, in keeping with the national trend. The inpatient bed utilisation rate increased slightly from 66.7% to 70.3% in the same period. The expenditure per patient day equivalent (R2 134) declined by 10 per cent to be closer to the national average of R1 926. The OPD new client not referred rate decreased from 63.1% in 2012/13 to 50.1% in 2013/14, marginally higher than the provincial average of 49.2%, meaning that half of the OPD patients seen at district hospitals were bypassing PHC facilities.

The delivery by Caesarean section rate decreased from 21.4% in the previous year to 17.3%, the lowest rate in the province. The inpatient early neonatal death rate increased from 5.1 per 1 000 live births to 7.2; however, it was still the lowest provincially and below the national average (10.1 per 1 000 live births). The stillbirth rate in facility was 15.2 per 1 000 births, the fourth lowest nationally. The maternal mortality in facility ratio has fluctuated over the past three years from 129.7 in 2011/12 to 60.1 in 2012/13 and to 94.4 per 100 000 live births in 2013/14.

The antenatal 1st visit before 20 weeks rate increased from 47.3% in 2012/13 to 54.5% in 2013/14; however, it was still below the national target of 60%. The antenatal client initiated on ART rate showed a significant decrease from 81.5% in 2012/13 to 68.9% in 2013/14 with the introduction of the revised eligibility criteria; it was above the provincial average of 63.1% but below the national target of 90%. Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage increased from 74.3% in 2012/13 to 88.8% in 2013/14 (uncertainty range: 78.8–100.6). The percentage of PCR tests HIV positive for infants under two months of age at 1.7% was the fifth best nationally.

The DTaP-IPV/ Hib 3 – Measles 1st dose drop-out rate was -2.3%, meaning that more children received a Measles 1st dose vaccination than the number who received a DTaP-IPV/ Hib 3<sup>rd</sup> dose.

The child under 5 years pneumonia case fatality rate increased from 0.5% in 2011/12 and 0.7% in 2012/13 to 3.4% in 2013/14. The child under 5 years diarrhoea with dehydration incidence decreased from 13.6 to 11.4 per 1 000 children but was still

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

above the national target of 10.1 per 1 000 children. The child under 5 years diarrhoea fatality rate increased from 0.4% in 2012/13 to 5.2% in 2013/14, the highest rate provincially. The child under 5 years severe acute malnutrition incidence increased to 8.3 per 1 000 children and was considerably higher than the provincial average (2.4 per 1 000). At 4.1%, the severe acute malnutrition case fatality rate for children under 5 years increased by 2.9 percentage points from 1.5% in 2012/13, however, it was the lowest nationally.

The cervical cancer screening coverage was 44.8% in 2013/14 and the couple year protection rate was 30.2%. Both indicators were well below the national targets of 56% and 36% respectively.

The TB incidence (all cases) dropped from 564.6 in 2012 to 446.9 per 100 000 people in 2013. The TB incidence (new pulmonary smear-positive) at 198.5 per 100 000 was the highest provincially. The smear conversion rate at 2 months (new pulmonary smear-positive) decreased from 75.1% in 2012 to 62.6% and was well below the national target of 85%. This probably represents poor reporting of results since all the treatment outcome indicators for West Rand were in the top six nationally.

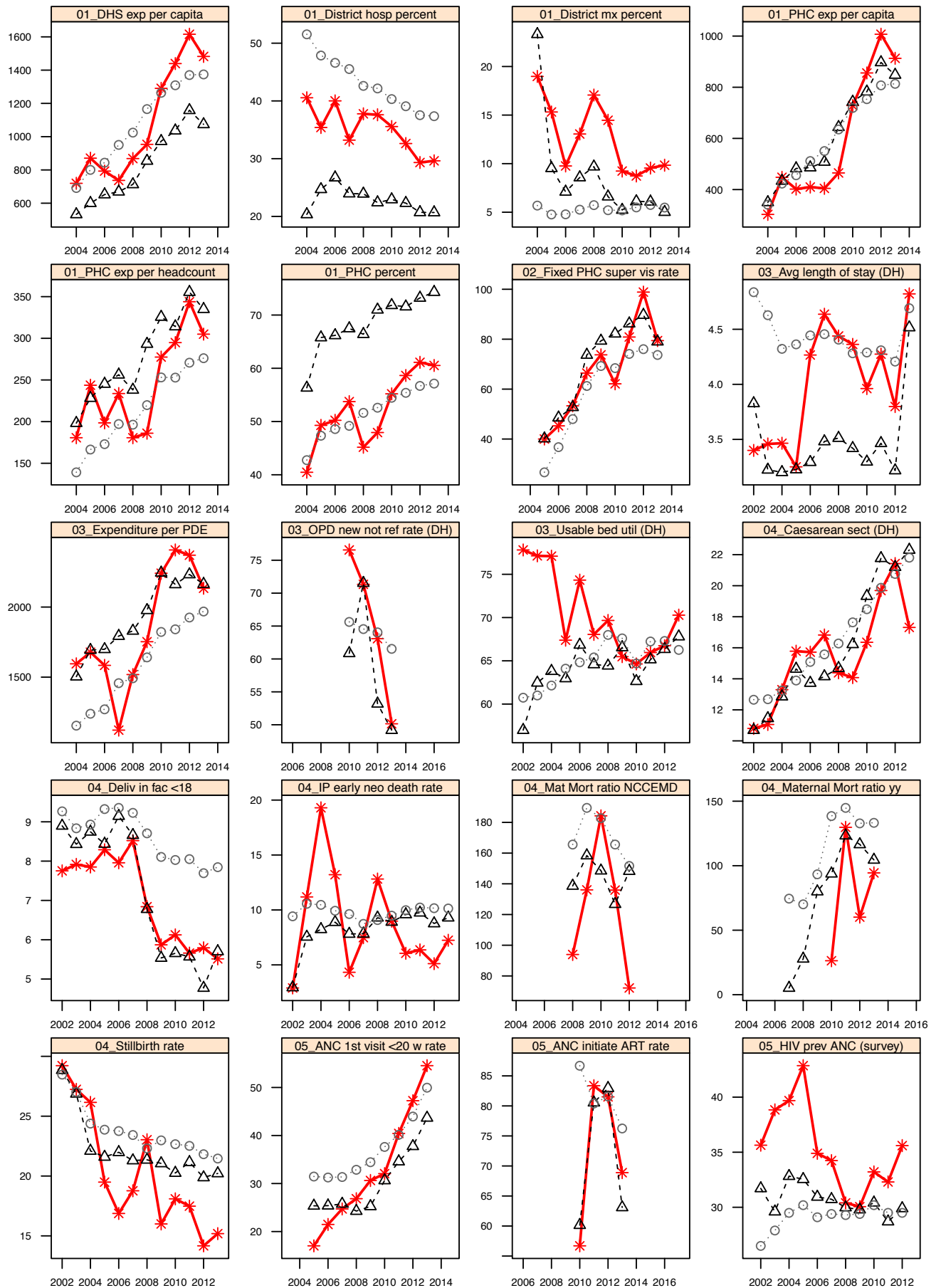
The HIV testing coverage, at 20.0%, was in line with the national average of 22.8%; however, it was still below the national target of 36%. Of TB patients who started TB treatment in 2013, HIV status was known in 93.8%, and 95.2% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 3.7%. The DHIS value of 3.7% suggests that very few data were submitted for this indicator.

It is acknowledged that the district has improved its performance on numerous indicators. However, there is still room for improvement, particularly on the following indicators:

- ◆ PHC supervisor visit rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Child under 5 years pneumonia case fatality rate
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive)
- ◆ Male condom distribution coverage
- ◆ HIV testing coverage

The quality of the data needs to be improved, particularly for HIV.

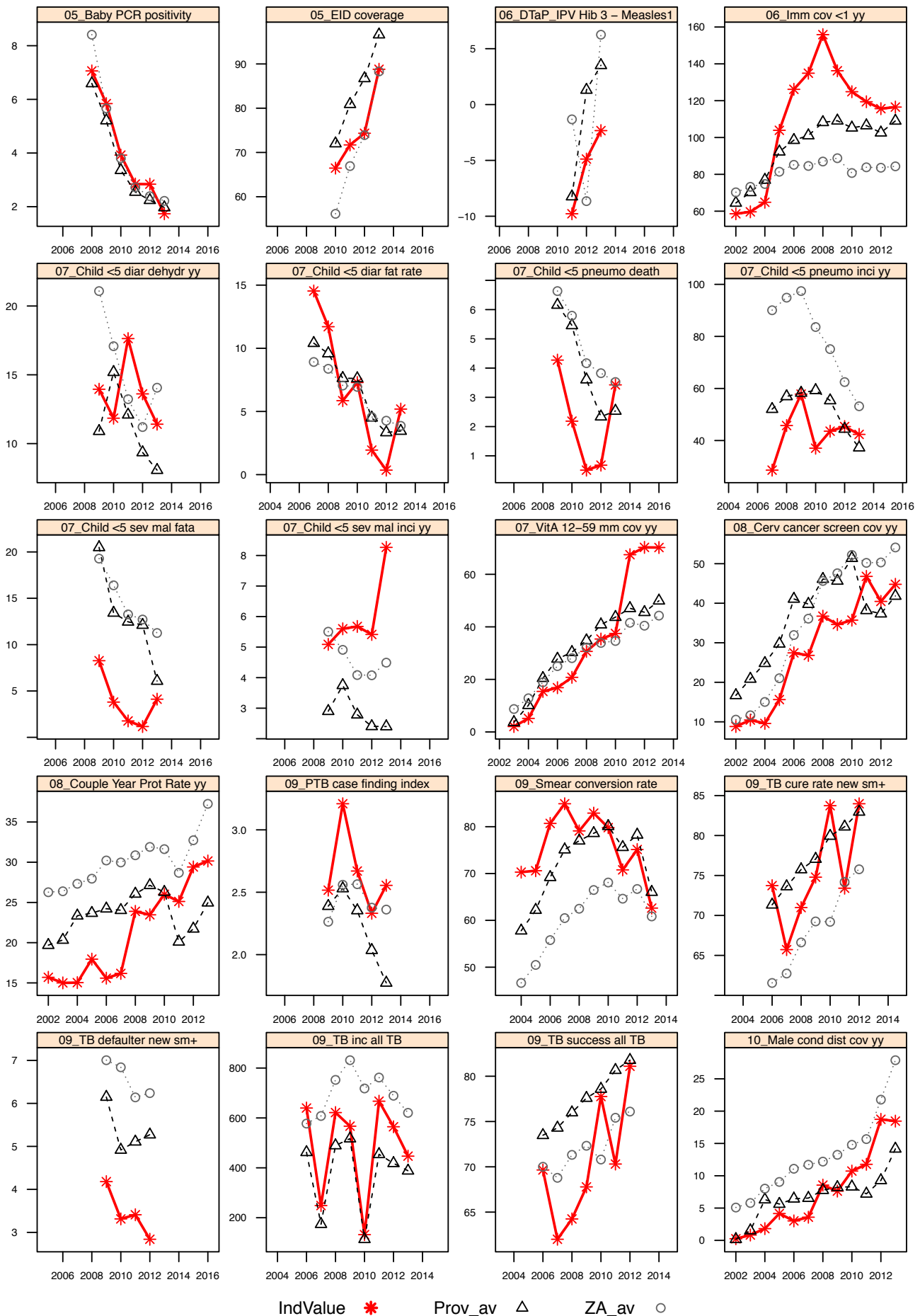
Annual indicators for district: West Rand (DC48)



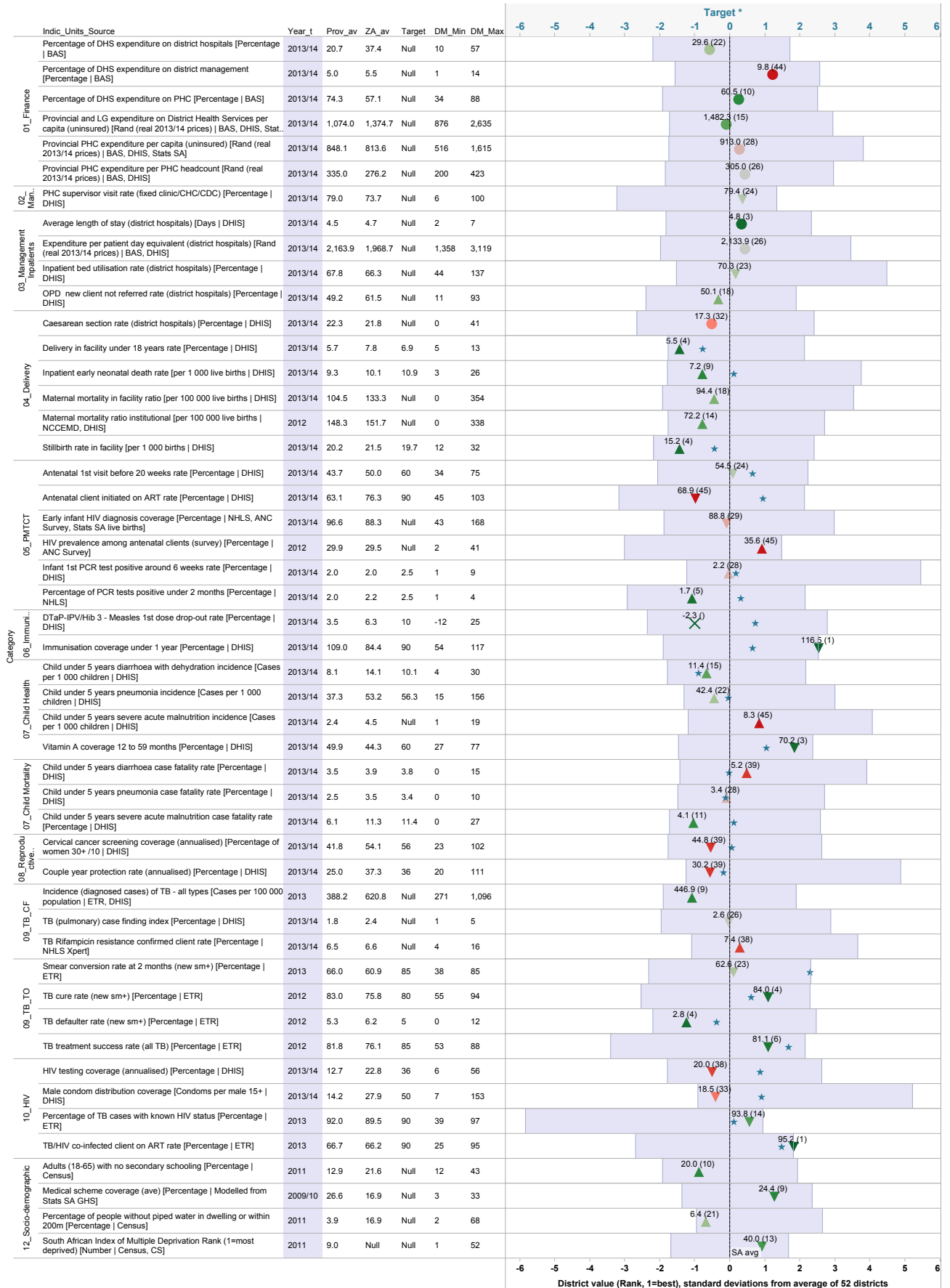
IndValue \* Prov\_av Δ ZA\_av ○



Annual indicators for district: West Rand (DC48)



District profile: West Rand (DC48), SEQ 4 (well off)



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

Avg. Rank  
 1 [Color scale] 52

## Ekurhuleni Metropolitan Municipality (EKU)

## Lebogang Seutlwadi

Ekurhuleni Metro in Gauteng Province has a population of 3 231 178 with a population growth of 2.47% per annum and a population density of 1 636 people per km<sup>2</sup>. Seventy-two per cent of the population is between the ages of 15 and 64 years. Fifteen per cent of the population's citizens who are 20 years and older have higher education, while 35.4% have Matric. The unemployment rate is 28.8% with a youth (15-34 years) unemployment rate of 36.9%. Ekurhuleni has 1 015 465 households, 77.4% of which are formal dwellings and 31.3% are female-headed households. Eighty-five per cent of the households have flush toilets connected to sewage, 82.2% use electricity for lighting and 57.2% have piped water inside dwellings.<sup>a</sup> The district falls into the 5th socio-economic quintile, which is among the wealthiest districts, and has an estimated medical scheme coverage of 25.5%.

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

- ◆ Percentage of district health services expenditure on PHC (82.7%) – the second highest nationally
- ◆ Inpatient bed utilisation rate (89.2%) – the fourth highest in the country
- ◆ Expenditure per patient day equivalent (R2 290)
- ◆ Delivery in facility under 18 years rate (4.9%) – the lowest in the province
- ◆ Inpatient early neonatal death rate (10.2 per 1 000 live births) – the highest provincially
- ◆ Stillbirth rate in facility (21.9 per 1 000 births) – the highest provincially
- ◆ HIV prevalence among antenatal clients (2012 survey) (32.3%) – higher than the national average of 26.5%
- ◆ Immunisation coverage under 1 year (108.6%) – coverage exceeded 100% for the past five years
- ◆ Child under 5 years pneumonia case fatality rate (2.7%)
- ◆ Cervical cancer screening coverage (46.1%) – increased from 42.0% but remained below the national target of 56%
- ◆ TB cure rate (new pulmonary smear-positive) (87.5%) – the highest in the province, second highest nationally
- ◆ TB treatment success rate (all TB) (87.2%) – the highest in the province, second highest nationally

The percentage of district health services expenditure on district management decreased from 9.4% in 2011/12, to 6.8% in 2012/13 and to 5.3% in 2013/14. Although this was below the national average of 5.5%, it remained above the provincial average of 5.0%. Similar to Johannesburg, Ekurhuleni has only one district hospital but many PHC facilities, resulting in the second lowest percentage expenditure on district hospital services nationally (12.0%) and the second highest percentage expenditure on PHC (82.7%).

At 85.9%, the PHC supervisor visit rate decreased by 10.5 percentage points from 96.4% in 2012/13. Despite this steep decrease, it was still above the provincial rate of 79.0% and the national rate of 73.7%.

The average length of stay increased by more than a day, from 3.0 days in 2012/13 to 4.4 days in 2013/14, closer to the national average of 4.7 days. The OPD new client not referred rate increased from 62.2% in 2012/13 to 67.0% in 2013/14 and was significantly higher than the provincial average of 49.2%. This means that a high percentage of people were bypassing PHC facilities and accessing the district hospitals directly.

The delivery by Caesarean section rate has increased from 16.4% in 2012/13 to 19.6% in 2013/14. The maternal mortality in facility ratio has dropped considerably, from 218.7 per 100 000 live births in 2012/13 to 165.9 per 100 000 live births in 2013/14. However, the ratio remained the highest in the province and was substantially higher than the provincial average of 104.5 per 100 000 and the national average of 133.3 per 100 000 live births.

The antenatal 1st visit before 20 weeks rate has progressively increased over the years, from 17.4% in 2008/09 to 45.8% in 2013/14. However, Ekurhuleni remained among districts that are ranked the lowest for this indicator in the country. The antenatal client initiated on ART rate has dropped from 87.3% in 2012/13 to 69.1% in 2013/14 with the revision in eligibility criteria from April 2013. It was nonetheless still higher than the provincial rate of 63.1%, but well below the national target of 90%.

According to data from the National Health Laboratory Services, the early infant HIV diagnosis coverage increased by 6.7 percentage points, from 84.2% in 2012/13 to 90.9%. At 2.1%, the percentage of PCR test HIV positive for infants under two months of age decreased from 5.7% in 2009/10 and was below the national target of less than 2.5%.

The DTaP-IPV/ Hib 3 – Measles 1st drop-out rate fluctuated from -10.3 in 2011/12 to -13.2 in 2012/13 and to 6.6% in 2013/14, meaning that more children received DTaP-IPV/ Hib 3<sup>rd</sup> dose than the number who received the Measles 1st dose vaccination in 2013/14.

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

The incidence of the three main childhood illnesses has declined over the past four years: the child under 5 years diarrhoea with dehydration incidence to 7.9 per 1 000 children, the children under 5 years severe acute malnutrition incidence to 2.6 per 1 000 children, and the child under 5 years pneumonia incidence to 35.1 per 1 000 children. The child under 5 years diarrhoea case fatality rate increased from 3.3% in the previous year to 4.5% in 2013/14 and the child under 5 years severe acute malnutrition case fatality rate decreased from 11.2% to 10.9% in the same period. Vitamin A coverage 12 to 59 months increased from 46.6% in 2012/13 to 56.4%; this was higher than the provincial average of 49.9% but below the national target of 60%.

The couple year protection rate was only 25.6%, making Ekurhuleni the fourth lowest ranking district in the country.

The TB (pulmonary) case finding index has decreased from 2.7% in 2010/11 to 1.6% in 2013/14, now the third lowest ranking in the country. TB incidence (all cases) dropped to 335.8 per 100 000 people from 356.1 in the previous year. Ekurhuleni had the third lowest incidence nationally. The TB incidence (new pulmonary smear-positive) was 144.5 per 100 000 people in 2013, above the provincial average of 126.7 per 100 000 people. The smear conversion rate at 2 months (new pulmonary smear-positive) decreased from 85.1% in 2012 to 67.3% in 2013; it was marginally higher than the national average (66.7%) and the provincial average (66.0%). The TB defaulter rate (new pulmonary smear-positive) at 3.8% had nearly doubled from 2.0% in 2010.

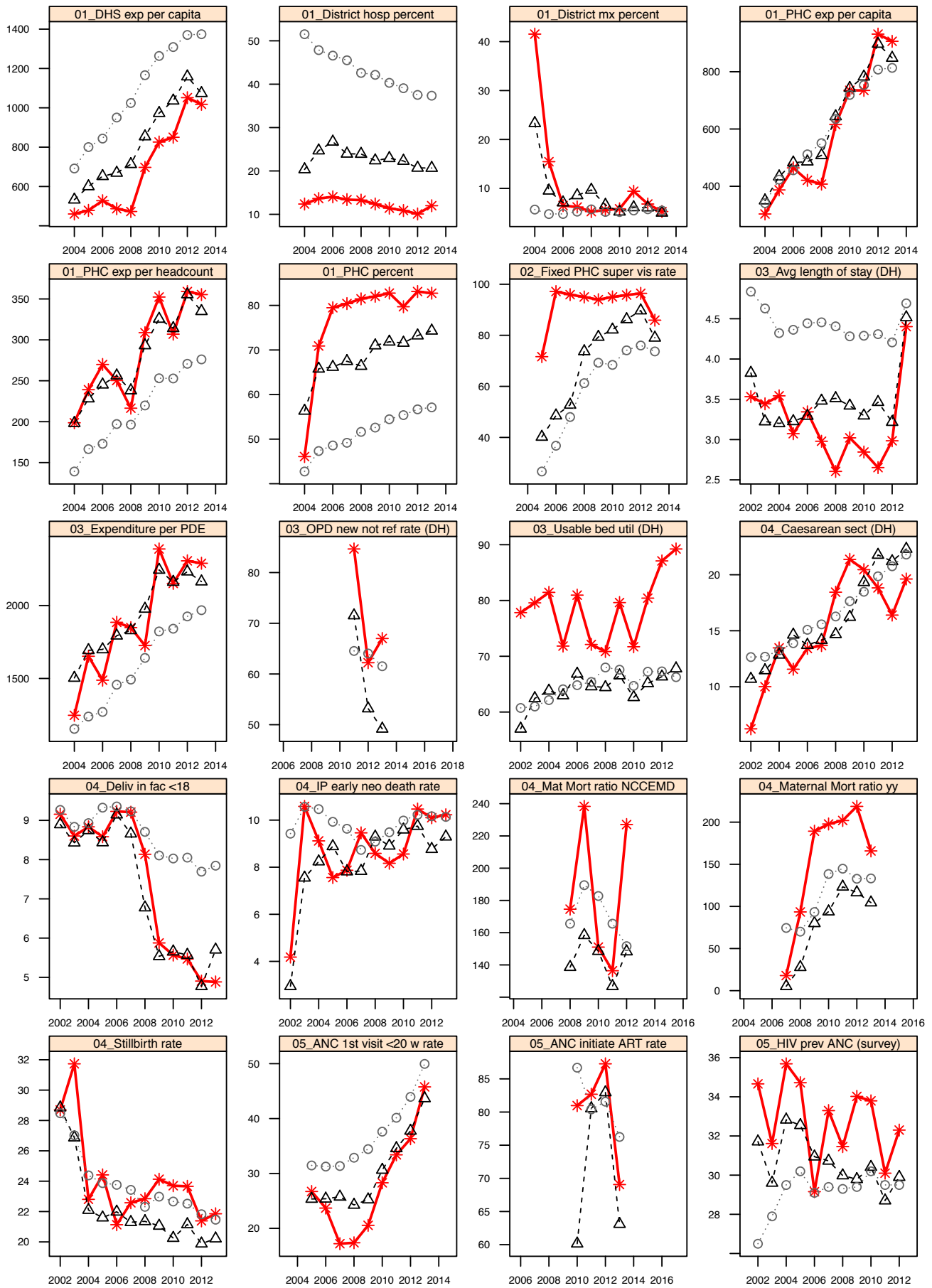
The HIV testing coverage was 15.9% and above the provincial rate 12.7%. However, the district was ranked among the worst performing districts in the country. Although the male condom distribution coverage per male 15 years and older increased from 5.6 condoms in 2012/13 to 10.4, the district was ranked the fifth worst nationally. Of the TB patients who started TB treatment in 2013, HIV status was known in 89.1%, and 55.4% 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 0.1%. The DHIS value of 0.1% indicates that very few data were submitted for this indicator.

It is acknowledged that the district has improved on numerous indicators. However, there is still room for improvement, particularly on the following indicators:

- ◆ PHC supervisor visit rate
- ◆ OPD new clients not referred rate
- ◆ Inpatient early neonatal death rate
- ◆ Stillbirth rate in facility
- ◆ Maternal mortality in facility ratio
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ DTaP-IPV/ Hib 3 – Measles 1st drop-out rate
- ◆ Vitamin A coverage 12 to 59 months
- ◆ Cervical cancer screening coverage
- ◆ HIV testing coverage
- ◆ Male condom distribution coverage

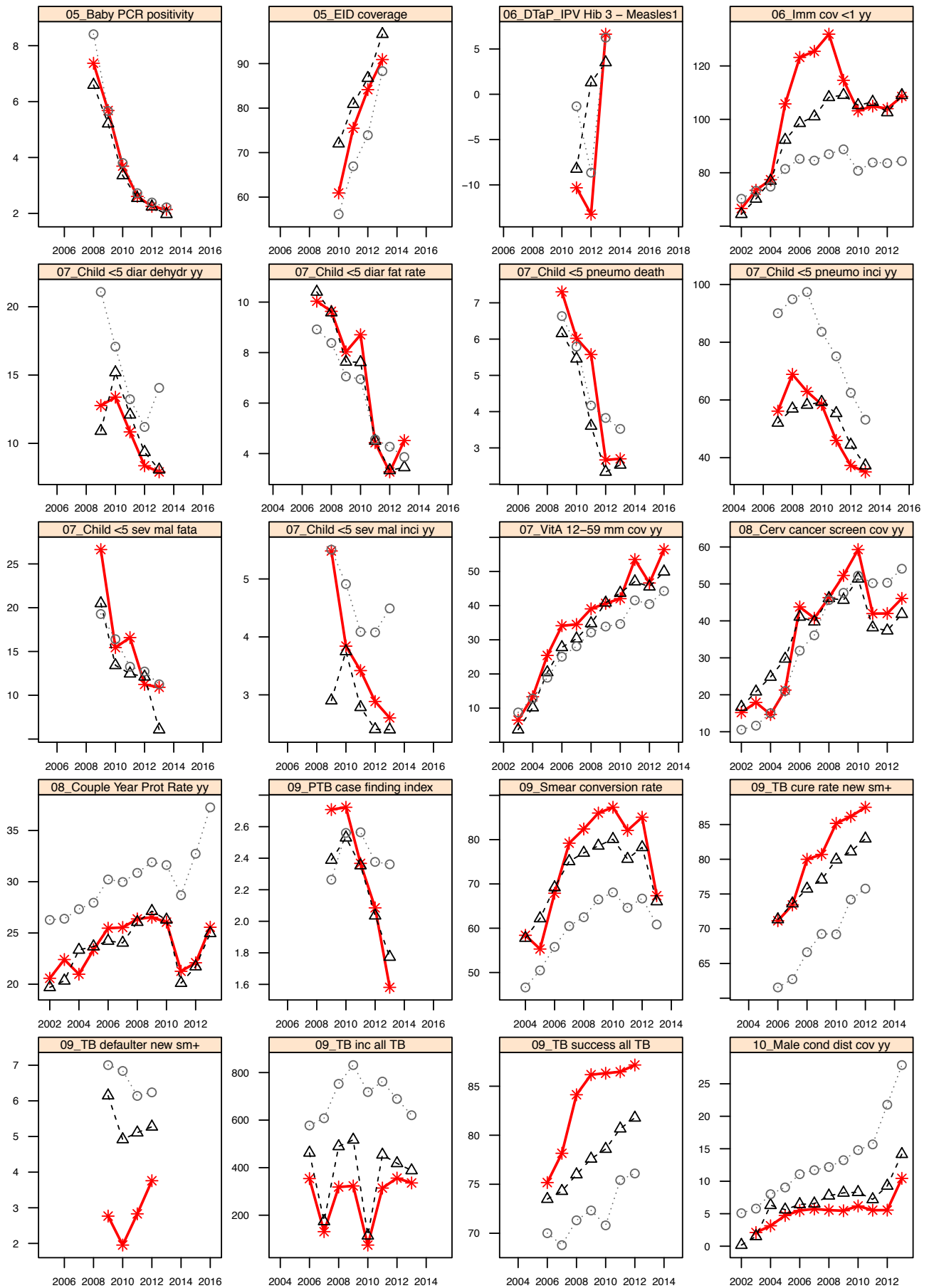
The quality of the data needs to be improved, especially for HIV and PMTCT.

Annual indicators for district: Ekurhuleni (EKU)



IndValue \* Prov\_av Δ ZA\_av ○

Annual indicators for district: Ekurhuleni (EKU)



IndValue \* Prov\_av Δ ZA\_av ○



## Johannesburg Metropolitan Municipality (JHB)

## Lebogang Seutlwadi

Johannesburg Metro, located in the heart of Gauteng Province, is the most populous city in South Africa, with a population of 4 643 130 and a population density of 2 823 persons per km<sup>2</sup>. Of the 1 434 856 households in Johannesburg, 90.8% use electricity for lighting, 64.7% have piped water inside their dwellings and 95.3% have a weekly refuse removal service. Eighty-one per cent of the households are formal dwellings. Nineteen per cent of the population's citizens who are 20 years and older have higher education, while 34.7% have Matric as their highest level of education. The rate of unemployment is 25.0%.<sup>a</sup> The district has an estimated medical scheme coverage of 24.8% and falls into socio-economic Quintile 5, among the wealthiest districts.

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).

- ◆ Inpatient bed utilisation rate (52.9%) – the lowest provincially and well below the national rate of 66.3%
- ◆ Expenditure per patient day equivalent (R2 311)
- ◆ Inpatient early neonatal death rate (10.0 per 1 000 live births)
- ◆ Stillbirth rate in facility (19.5 per 1 000 births)
- ◆ HIV prevalence among antenatal clients (2012 survey) (29.6%)
- ◆ TB cure rate (new pulmonary smear-positive) (80.8%) – above the national rate of 75.8%
- ◆ TB defaulter rate (new pulmonary smear-positive) (6.2%) – on par with the national rate
- ◆ TB treatment success rate (all TB) (81.0%) – above the national rate of 76.1%

Johannesburg has the most extreme breakdown of percentages of district health services expenditure across all districts in the province, with the lowest percentage on district hospitals (10.1%) and the highest percentage on PHC (88.2%). The reason for the low percentage spend on hospitals was because the Metro has only one district hospital, thus most hospital services are provided at regional and central hospitals. The proportion of district health services expenditure on district management decreased from 3.3% in 2012/13 to 1.7% in 2013/14 and was well below the provincial and national average of 5.0% and 5.5% respectively.

The PHC supervisor visit rate dropped from 78.7% in 2012/13 to 68.3% in 2013/14 and the rate was below the provincial (79.0%) and national (73.7%) averages.

The average length of stay was 4.1 days but has fluctuated between 3.4 and 4.1 days in the past four years. Johannesburg was the only district in Gauteng where no data were available for the indicator 'OPD new clients not referred rate' at the district hospital (South Rand Hospital).

The delivery by Caesarean section rate of 36.6% was the third highest nationally. The delivery in facility under 18 years rate increased from 4.0% in 2012/13 to 6.5% in 2013/14. Johannesburg was the best performing district in the country in 2012/13 but dropped to the ninth position in 2013/14. Over the past five years, there has been a significant disparity in the maternal mortality ratio recorded by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) and the maternal mortality in facility ratio recorded by the DHIS. According to NCCEMD data, the maternal mortality ratio has progressively decreased from 141.0 in 2009 to 96.5 per 100 000 live births in 2012. According to DHIS data, however, the maternal mortality ratio has increased from 4.5 in 2009/10 to 76.9 per 100 000 live births in 2013/14.

The antenatal 1st visit before 20 weeks rate has gradually increased over the past five years from 21.5% in 2009/10 to 40.4% in 2013/14. Despite this increase, Johannesburg was ranked as the fourth worst-performing district in the country. The antenatal client initiated on ART rate has dropped from 73.3% in 2012/13 to 65.6% in 2013/14; it was well below the national target of 90%.

Based on the National Health Laboratory Services data, the early infant HIV diagnosis coverage increased from 98.7% in 2012/13 to 108.0% (uncertainty range: 99.7-117.3%) in 2013/14, considerably higher than the national average (88.3%). The rate being over 100% might be because babies born in other districts or African countries were tested in the Metro.<sup>b</sup> The percentage of PCR tests positive under 2 months has improved steadily to 1.9% in 2013/14.

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

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.



The immunisation coverage under 1 year increased from 103.9% in 2012/13 to 107.5% in 2013/14, well above the national average of 84.4%. The coverage exceeding 100% might reflect data quality problems, an underestimation of the population under one year, or an influx of people from other provinces and African countries. The DTaP-IPV/ Hib 3 – Measles 1st dose drop-out rate decreased from 4.9% in 2012/13 to 3.1% in 2013/14. This means that more children received a DTaP-IPV/ Hib 3<sup>rd</sup> dose than the number who received a Measles 1st dose vaccination.

The incidence of the three main childhood illnesses has declined over the past three years. The child under 5 years severe acute malnutrition incidence was the lowest in the country at 1.3 per 1 000 children. The child under 5 years diarrhoea with dehydration incidence decreased from 23.5 per 1 000 children in 2010/11 to 8.8, and the child under 5 years pneumonia incidence decreased from 69.1 per 1 000 children to 28.2 per 1 000 in the same period. The child under 5 years diarrhoea case fatality rate has fluctuated and was 5.7% in 2011/12, 1.9% in 2012/13 and 3.2% in 2013/14. The child under 5 years pneumonia case fatality rate also fluctuated in the same year intervals from 3.3% to 1.3% to 2.3%. The child under 5 years severe acute malnutrition case fatality rate has decreased drastically from 18.8% in 2011/12 to 2.5% in 2013/14 and was the lowest in the province. At 52.9% in 2013/14, the vitamin A coverage 12 to 59 months has increased by 5.5 percentage points from the previous year. Despite this increase, it was still below the national target (60.0%).

The couple year protection rate at 26.2% was ranked as the fifth lowest nationally. The cervical cancer screening coverage at 47.8% was well below the national target of 56%.

The TB incidence (all types) dropped from 485.7 in 2011 to 404.1 per 100 000 in 2012. The TB incidence (new pulmonary smear-positive) decreased from 177.9 to 123.8 per 100 000 in the same period and was the fifth lowest in the country. This may partially be due to the very low TB (pulmonary) case finding index of 1.6%. The smear conversion rate at 2 months (new pulmonary smear-positive) decreased from 75.8% in 2012 to 65.4% in 2013. This was almost in line with the national average (66.7%) and the provincial average (66.0%) but well below the national target of 85%.

At 17.7 condoms per male 15 years and older, the male condom distribution coverage has increased considerably from 7.5 in 2012/13, yet remained well below the national target of 50 condoms.

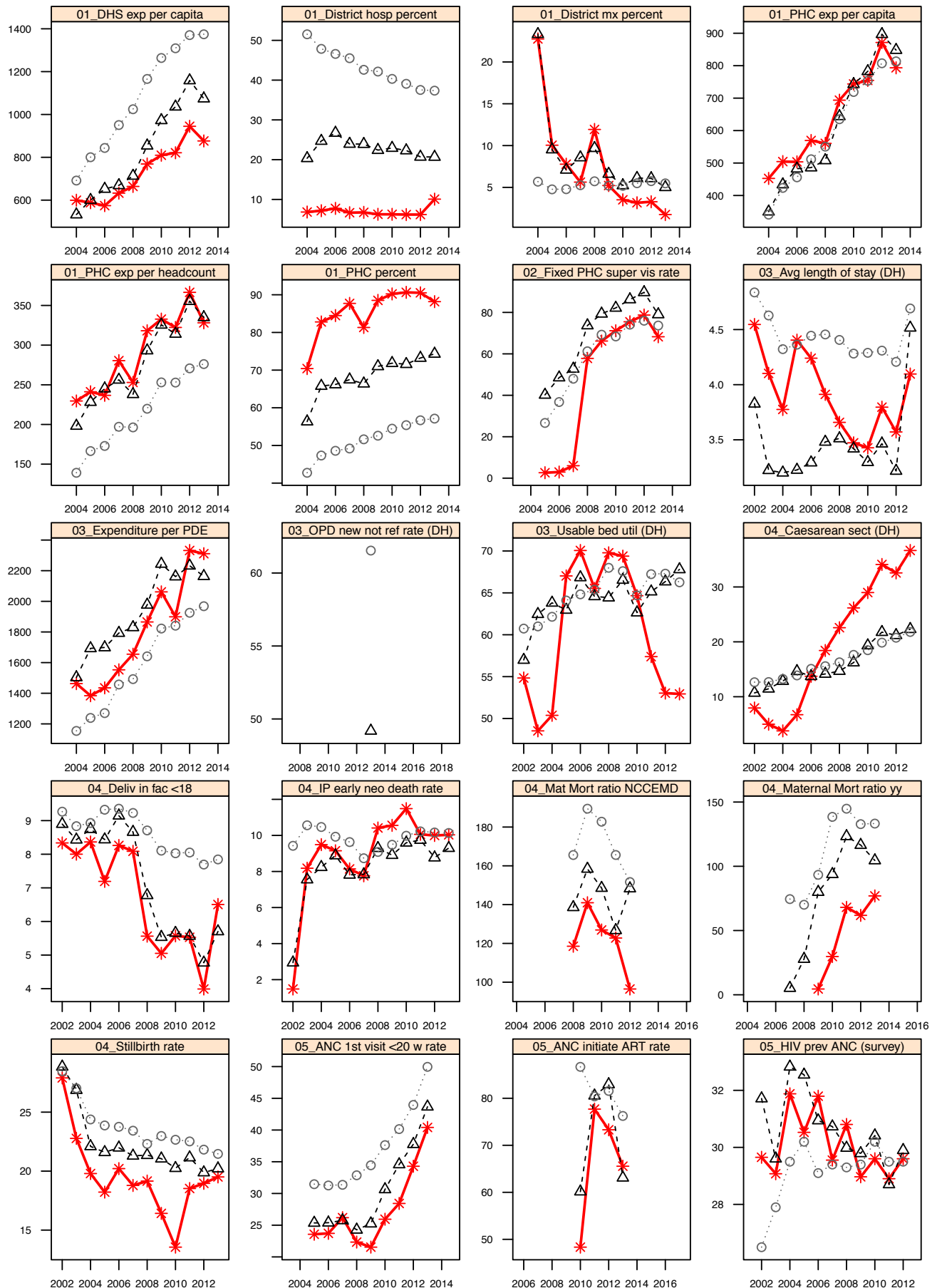
The HIV testing coverage at 12.8% was well below the national coverage of 22.8% and the national target of 36%. Of the TB patients who started TB treatment in 2013, HIV status was known in 90.5%, and 55.4% of the HIV-positive TB patients were recorded to be on ART. However, the DHIS indicator 'TB/HIV co-infected client initiated on ART rate' was much lower at 5.3%. The DHIS value of 5.3% indicates that very few data were submitted for this indicator.

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

- ◆ PHC supervisor visit rate
- ◆ Inpatient bed utilisation rate
- ◆ Delivery by Caesarean section rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Antenatal client initiated on ART rate
- ◆ Vitamin A coverage 12 to 59 months
- ◆ Couple year protection rate
- ◆ Cervical cancer screening coverage
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive)
- ◆ TB (pulmonary) case finding index
- ◆ Male condom distribution coverage
- ◆ HIV testing coverage

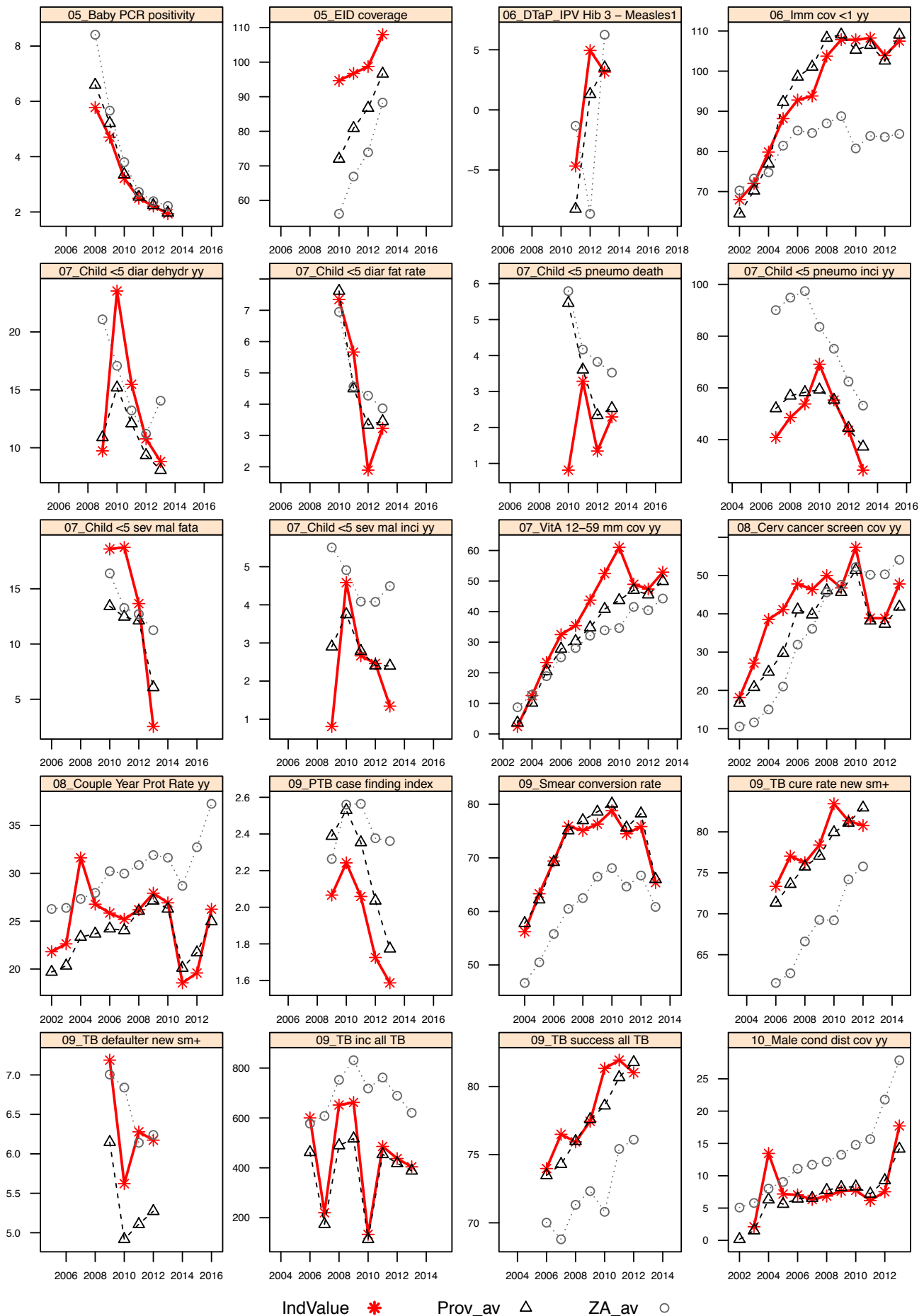
The underperformance of some indicators might be due to poor data quality, especially for inpatient services, and this should be addressed.

Annual indicators for district: Johannesburg (JHB)

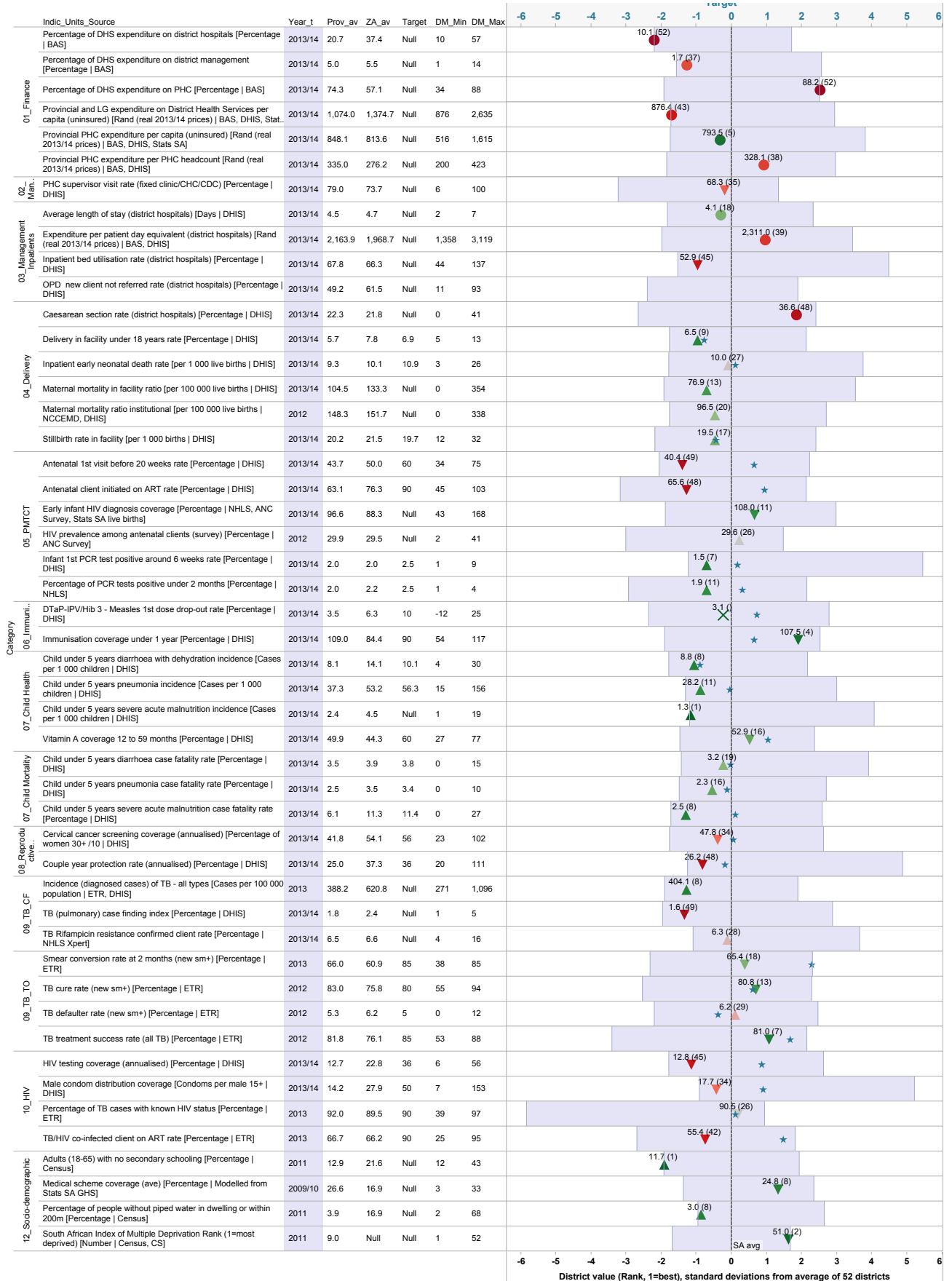


IndValue \* Prov\_av △ ZA\_av ○

Annual indicators for district: Johannesburg (JHB)



District profile: Johannesburg (JHB), SEQ 5 (least deprived)



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

Avg. Rank  
 1 52

## Tshwane Metropolitan Municipality (TSH)

## Lebogang Seutlwadi

Tshwane Metro is situated in Gauteng Province. It has been merged with Metsweding, as a consequence of implementing the Gauteng Global City Region Strategy to reduce the number of municipalities in Gauteng to at least four by 2016. The new City of Tshwane is now the single largest metropolitan municipality in the country (6 298 km<sup>2</sup>), with a population of 3 089 315 and a population density of 502.7 people per km<sup>2</sup>. Tshwane has 911 536 households, of which 80.7% are formal dwellings and 76.6% have flush toilets connected to sewage. Eighty-nine per cent of households use electricity for lighting, 64.2% have piped water inside dwellings and 80.7% have a weekly refuse removal service. Twenty-three per cent of the population 20 years and older have higher education, whilst 34 per cent have Matric as their highest level of education. The unemployment rate is 24.2%.<sup>a</sup> The district falls into the 5th socio-economic quintile, which is among the wealthiest districts, and has an estimated medical scheme coverage of 33.2% (the highest in the country). Tshwane is one of the 11 National Health Insurance (NHI) pilot districts.

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

- ◆ Percentage of district health services expenditure on district management (6.8%)
- ◆ Inpatient bed utilisation rate (67.5%)
- ◆ Expenditure per patient day equivalent (R2 117)
- ◆ Delivery in facility under 18 years rate (5.4%) – fluctuates between 5.6% and 4.9%
- ◆ Stillbirth rate in facility (20.3 per 1 000 births)
- ◆ Delivery by Caesarean section rate (20.6%)
- ◆ Antenatal 1st visit before 20 weeks rate (40.9%) – below national target of 60%
- ◆ Percentage of PCR tests HIV positive for infants under two months of age (2.0%)
- ◆ HIV prevalence among antenatal clients (2012 survey) (25.5%)
- ◆ Child under 5 years diarrhoea with dehydration incidence (7.3 per 1 000) – declined to below the national target of less than 10.1 per 1 000
- ◆ Child under 5 years pneumonia incidence (55.9 per 1 000)
- ◆ Vitamin A coverage 12 to 59 months (31.3%) – below the national target of 60%
- ◆ Cervical cancer screening (31.0%) – well below the national target of 56%
- ◆ Couple year protection rate (20.2%) – increased slightly but well below the national target of 36%, and the worst performing district nationally

The percentage district health services expenditure on district hospitals decreased by 4.3 percentage points from 35.2% in 2012/13 to 30.9% in 2013/14, and the percentage of district health services expenditure on PHC increased by 5.3 percentage points from 57.0% to 62.3% in the same period.

At 85.4%, the PHC supervisor visit rate had dropped by 5.9 percentage points from 91.3% in 2012/13. It was, however, still notably above the national rate of 73.7%.

The average length of stay increased by 2 days from 3.0 days in 2013/14 to 5.0 days in 2013/14.

The district reported that the OPD new client not referred rate was 24.4%, meaning that a relatively low percentage of patients were bypassing PHC facilities and accessing district hospitals directly. The rate was third lowest nationally.

There has been great discrepancy in the maternal mortality ratio recorded by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) and the maternal mortality in facility ratio recorded on DHIS over the past five years. According to NCCEMD data, the maternal mortality ratio has fluctuated over the years from 106.4 per 100 000 live births in 2009 to 148.0 in 2010, and has remained relatively stable over the past two years at around 118 per 100 000 live births. However, according to DHIS data, the maternal mortality ratio has progressively increased from 21.3 in 2009/10 to 95.5 per 100 000 live births in 2011/12, and has remained relatively stable over the past two years at 63.3 per 100 000 live births in 2013/14. The discrepancy in these data could be due to various factors, such as under-reporting, misplaced or lost data, or poor quality of data. On reviewing the monthly data per facility, it was clear that several facilities did not submit data to DHIS during some of the periods.

The inpatient early neonatal death rate was 8.2 per 1 000 live births and fluctuated between 9.6 and 6.5 over the last three years.

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

The antenatal clients initiated on ART rate declined sharply – by 50.5 percentage points – from 95.7% in 2012/13 to 45.2% in 2013/14, moving from the fifth best to the lowest rate nationally and well below the national target of 90%. The criteria for ART initiation in antenatal clients changed from April 2013 to include all who are HIV-positive and not already on ART, and consequently the indicator definition also changed as from 2013/14. Although this change applies to all provinces, it only appears to have resulted in dramatic declines in coverage in Gauteng and Western Cape Provinces.

Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage increased from 91.6% in 2012/13 to 105.0% (uncertainty range: 91.8–120.9)<sup>b</sup> in 2013/14, well above the national average of 88.3%.

The national target for immunisation coverage under 1 year is 90.0%; Tshwane's rate, at 111.2% in 2013/14, was ranked as the second best in the country. However, a rate of more than 100% might be indicative of poor data quality or an under-estimation of the under one year population. The DTaP-IPV/ Hib 3 – Measles 1st dose drop-out rate was 2.2%, meaning that more children received a DTaP-IPV/ Hib 3<sup>rd</sup> dose than the number receiving a Measles 1st dose vaccination.

The child under 5 years diarrhoea case fatality rate decreased from 5.8% in 2011/12 to 0.7% in 2013/14. The child under 5 years pneumonia case fatality rate also decreased in the same period from 2.8% to 0.9%. Although this appears to be a positive development at face value, the trends suggest that some hospitals have not been reporting on child deaths, although it was not possible to distinguish zero deaths from missing values in the database. The child under 5 years severe acute malnutrition case fatality rate dropped by 15.7 percentage points from 18.1% in 2012/13 to 3.1% in 2013/14, well below the national target of 11.4%.

The TB incidence (all types) dropped from 381.7 in 2012 to 365.1 per 100 000 people in 2013. Tshwane's incidence was the sixth lowest nationally. The TB incidence (new pulmonary smear-positive) of 78.0 per 100 000 people in 2013 was the lowest in the country. The TB (pulmonary) case finding index has decreased from 2.5% in 2011/12 to 1.9%. The smear conversion rate at 2 months (new pulmonary smear-positive) decreased from 83.2% in 2012 to 70.5% but was still higher than the national average (66.7%) and the provincial average (66.0%). However, the rate was well below the national target of 85%. The TB cure rate (new pulmonary smear-positive), at 83.3%, had increased from 65.3% in 2010. The TB successful treatment rate (all TB) also increased in the same period from 68.0% to 80.3%. The TB defaulter rate (new pulmonary smear-positive) was 5.4%, having declined from 8.6% in 2009.

The male condom distribution coverage of 13.2 condoms per male 15 years and older in 2013/14 was well below the national target of 50 condoms. The HIV testing coverage at 6.4% was the lowest provincially and well below the national target of 36%. Of the TB patients who started TB treatment in 2013, HIV status was known in 95.1%, and 81.1% 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 1.1%. The DHIS value of 1.1% signifies that very few data were submitted for this indicator.

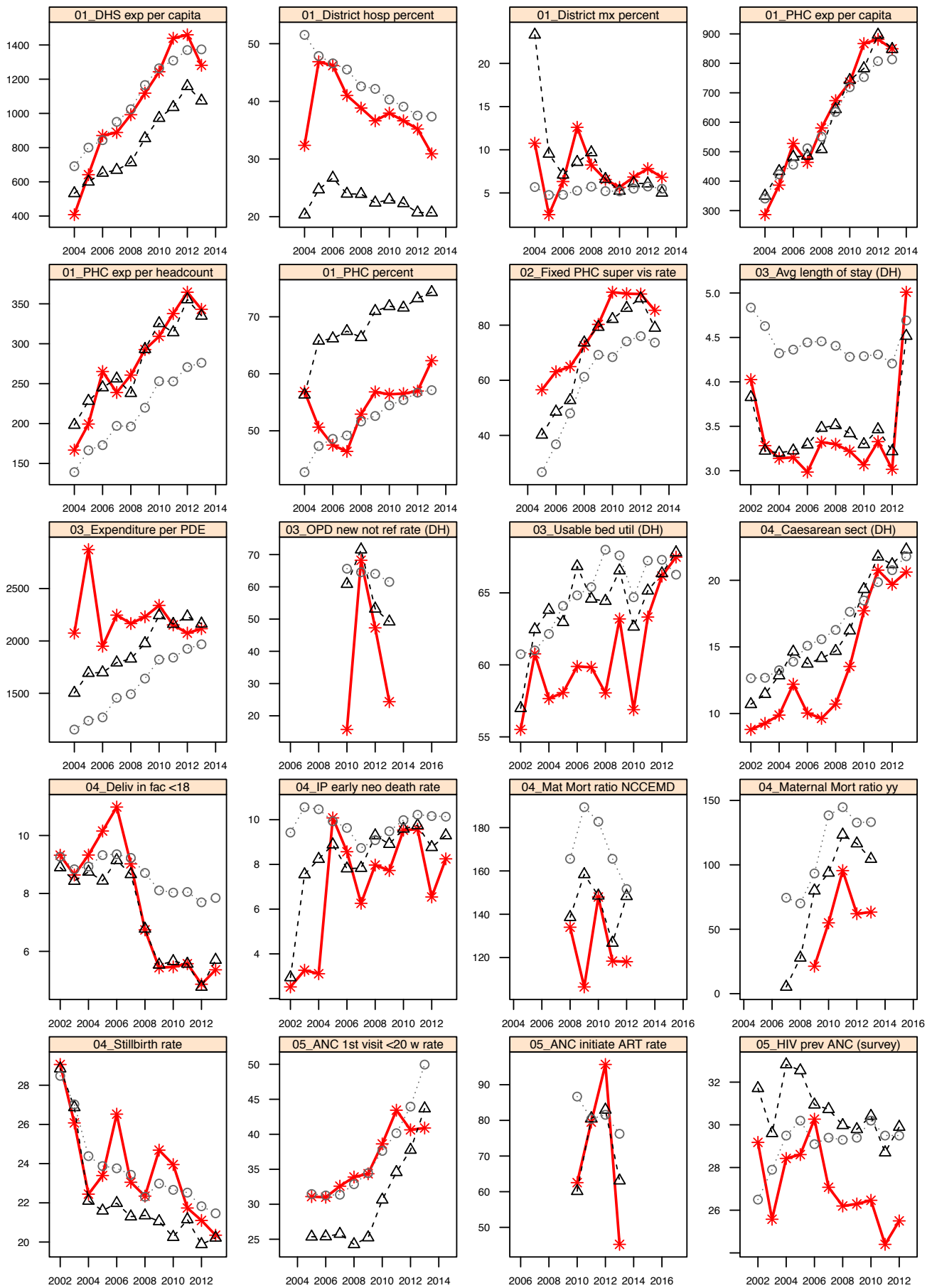
It is acknowledged that the district has improved on various indicators and has achieved high coverage of PCR testing and immunisation. However, there is still room for improvement, particularly on the following indicators:

- ◆ PHC supervisor visit rate
- ◆ Average length of stay
- ◆ Maternal mortality in facility ratio – in particular, accurate reporting of data
- ◆ Antenatal client initiated on ART rate
- ◆ Antenatal 1st visit before 20 weeks rate
- ◆ Vitamin A coverage 12 to 59 months
- ◆ Cervical cancer screening coverage
- ◆ Couple year protection rate
- ◆ TB (pulmonary) case finding index
- ◆ Smear conversion rate at 2 months (new pulmonary smear-positive)
- ◆ Male condom distribution coverage
- ◆ HIV testing coverage

The quality of the data needs to be improved, particularly for HIV and PMTCT.

<sup>b</sup> The denominator for this indicator is based on antenatal HIV prevalence x the number of live birth registrations with Stats SA, and in Tshwane, live birth registrations are only about 80% of the estimated population under 1 year, thus underestimating the denominator for this indicator

Annual indicators for district: Tshwane (TSH)



IndValue \* Prov\_av Δ ZA\_av ○

Annual indicators for district: Tshwane (TSH)

