

## 2 Management

The following three indicators provide a good proxy indication of the effectiveness of the health systems' management in the districts. Possible correlations have been noted, but none are very strong.

### 2.1 Utilisation rate – PHC

The primary health care (PHC) utilisation rate indicator measures the average number of primary health care visits per person per year to a public PHC facility. The indicator is calculated by dividing the PHC total annual headcount by the total catchment population. South Africa's 2011/12 target for the public health sector was 2.6 visits per person per year.

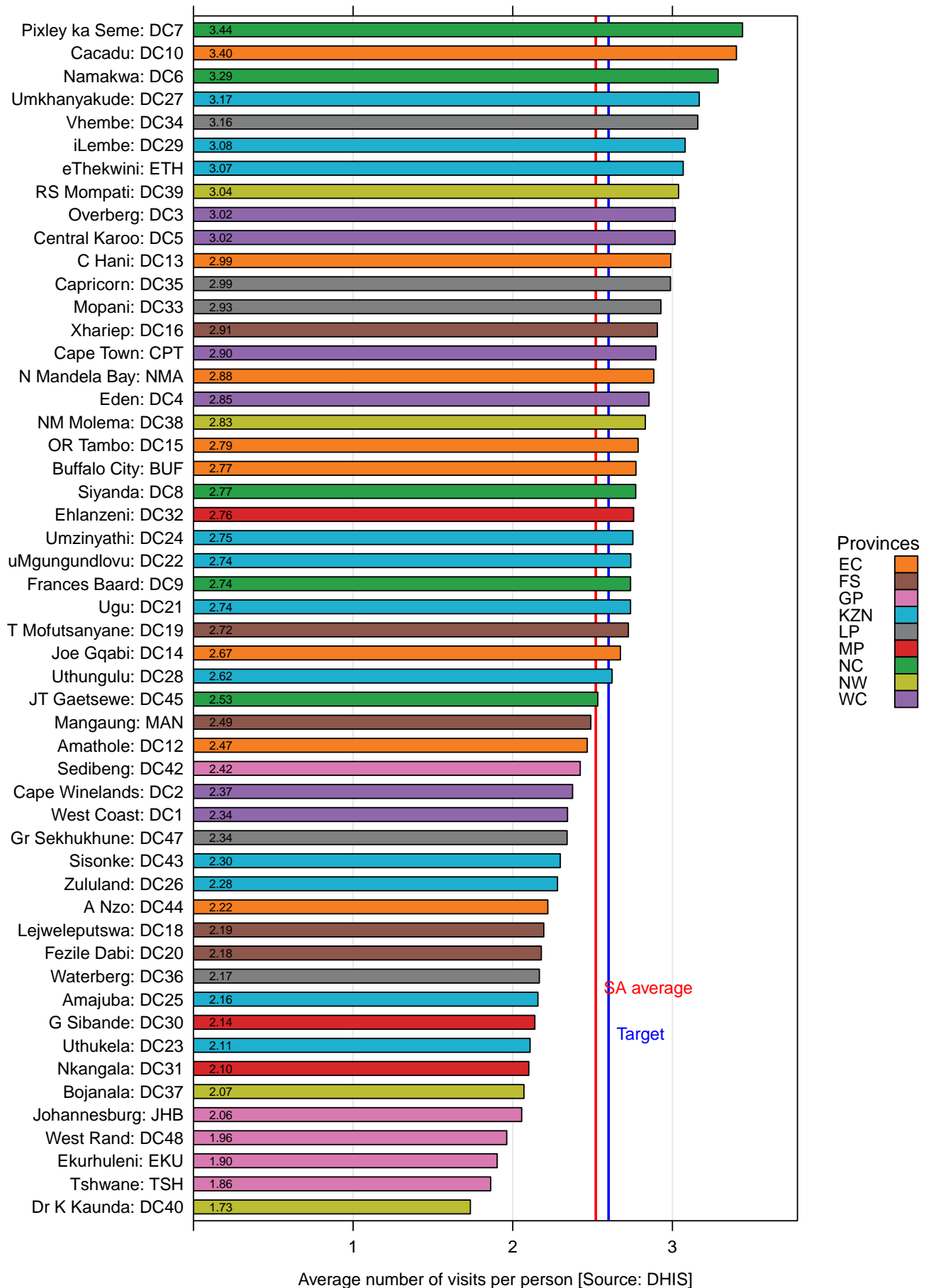
This indicator has been fairly stable from year to year. South Africa's 2011/12 average PHC utilisation rate was 2.5 visits per person per year, close to the national target and marginally higher than the previous year.

Figure 1 shows the range of utilisation rates amongst the districts. A total of 29 out of 52 districts (nearly 56%) achieved or exceeded the national target of 2.6 visits. Map 1 indicates the geographic distribution of the rates of PHC utilisation by districts. Figure 2 shows that, except for one or two provinces, there has been a steady upwards trend in PHC utilisation for the past decade from 2000/01 to 2011/12.

Continuing with the district perspective, most reflected a marginal increase in PHC utilisation rates over the previous year. The districts with the highest rates were Pixley ka Seme (NC) at 3.4 visits, Cacadu (EC) at 3.4, Namakwa (NC) at 3.3, Umkhanyakude (KZN) at 3.2 and Vhembe (LP) at 3.2. Of interest is that the latter two districts are also in the top three performers regarding facility PHC supervision rates, suggesting a possible correlation.

The PHC utilisation rates for provinces indicate little variation amongst provinces. The highest provincial PHC utilisation rate was recorded in Northern Cape (2.9), followed by Limpopo and Western Cape (both 2.8 visits per person per year). The lowest utilisation rate was in Gauteng province at 2.0 PHC visits per person per year. Of interest is that the Northern Cape, despite its low population density, recorded the highest PHC utilisation rate. On the other hand, it had the lowest supervision rates.

Figure 1: PHC Utilisation rate by district, 2011/12



Map 1: PHC Utilisation rate by district, 2011/12

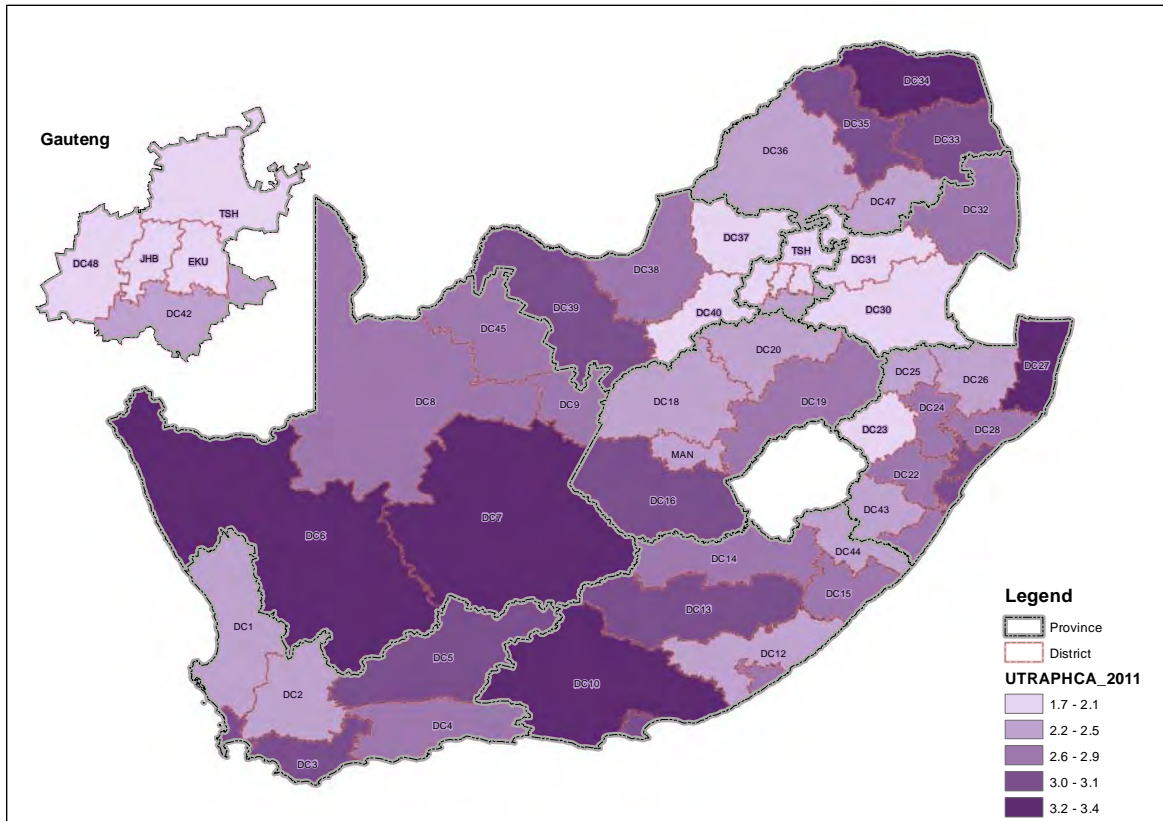
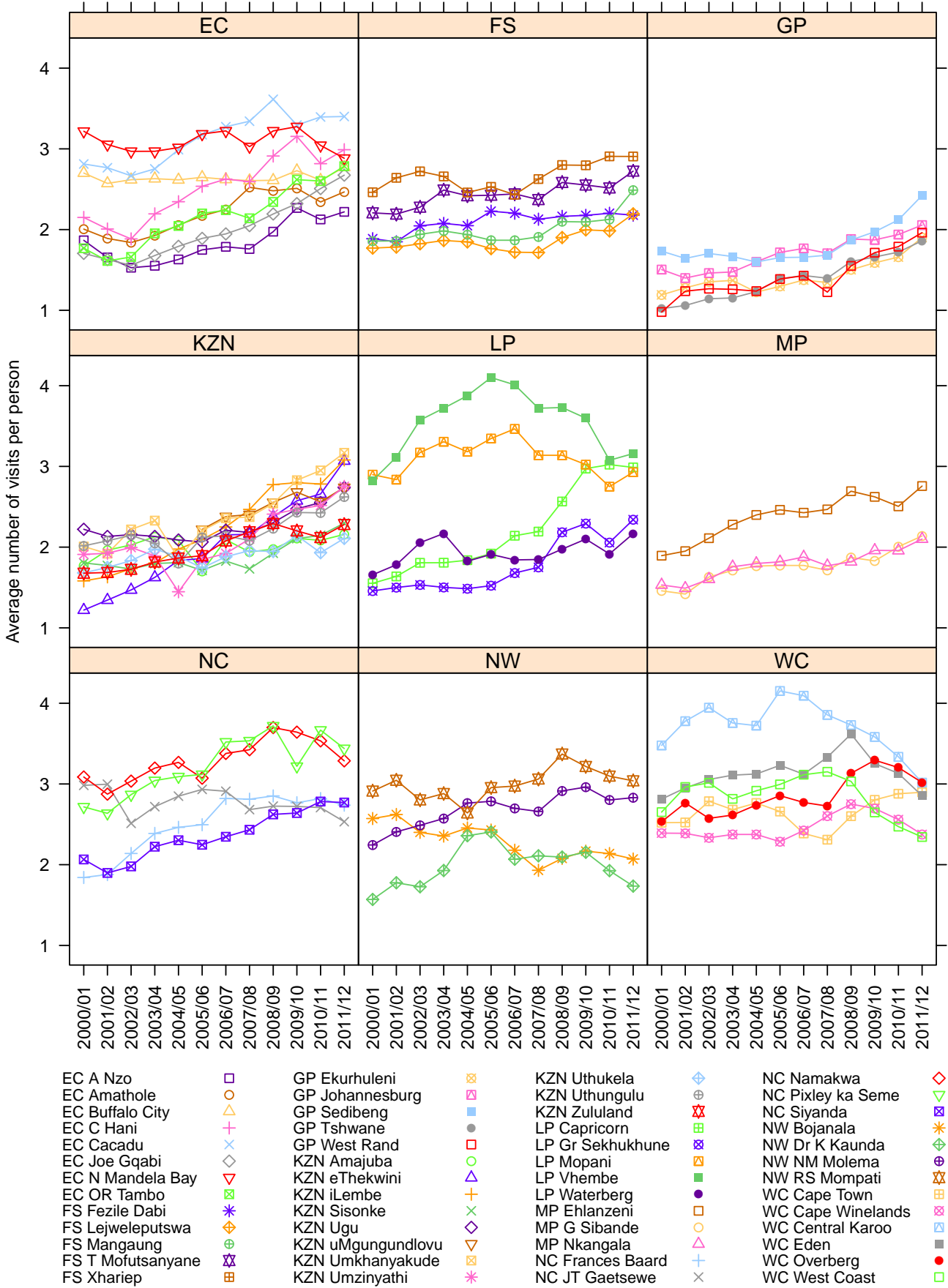


Figure 2: Annual trends: PHC Utilisation rate



## 2.2 Utilisation rate under 5 years – PHC

The PHC utilisation rate for children under 5 years of age measures the average number of primary health care visits per child per year to a public PHC facility. The indicator is calculated by dividing the PHC under-5 headcount by the under-5 catchment population. The National Indicator Data Set (NIDS) target for the South African public health sector for under-5 utilisation rate is 5.5 PHC visits per child per year.

South Africa's 2011/12 average under-5 utilisation rate was 4.7 visits per child per year, falling short of the 5.5 national target. This indicator has been fairly stable from year to year, reflecting a small but steady rise over the past five years from 4.1 in 2007/08 to the current figure of 4.7 visits.

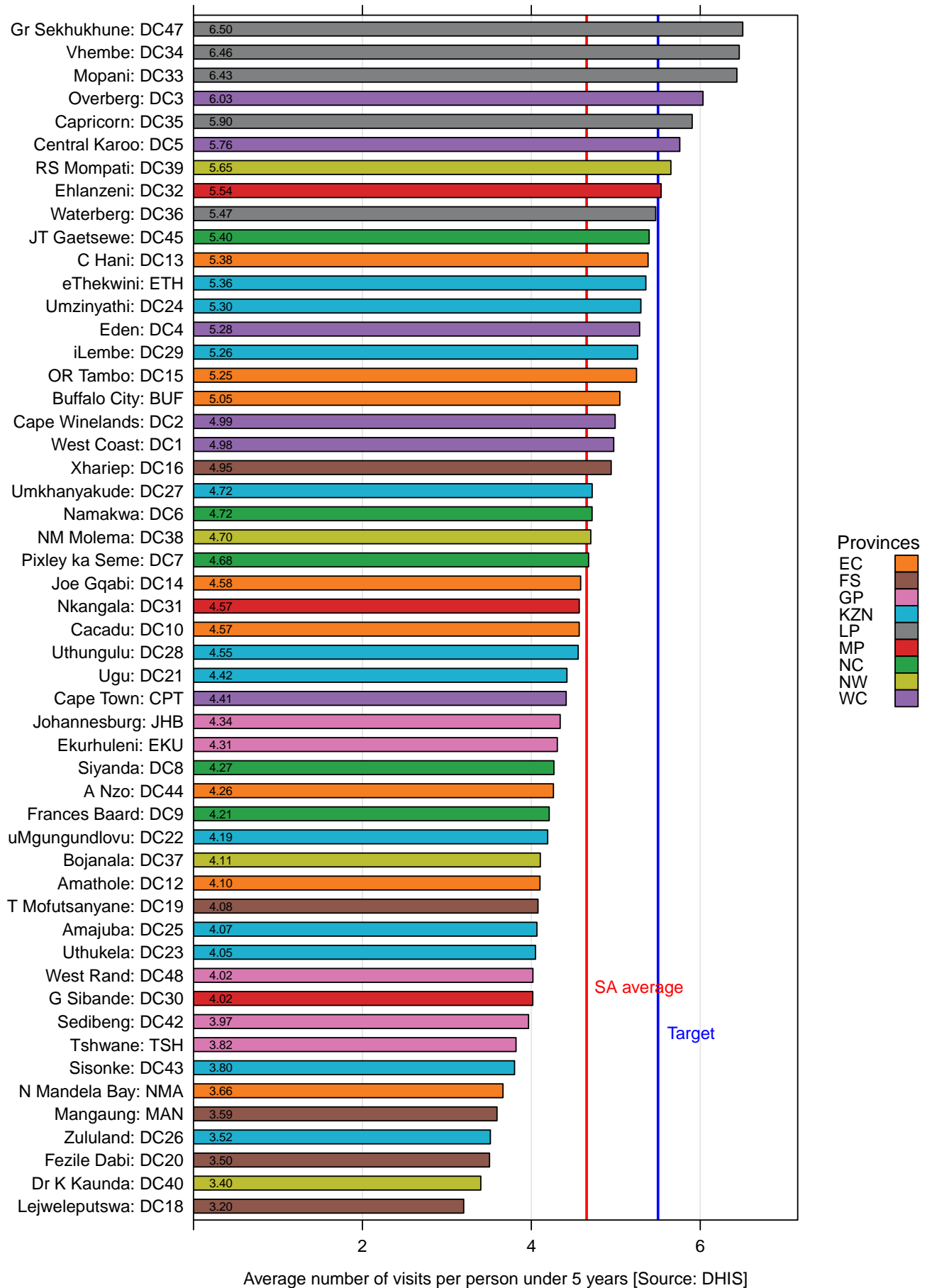
Only eight of the 52 (15.3%) districts achieved the under-5 utilisation rate target of 5.5 visits. On the other hand, 56% of districts achieved the national target for PHC utilisation for the general population. This suggests that the under-5 target should be revisited, or a concerted effort be made to ascertain why so few districts are reaching the under-5 utilisation rate target.

Map 1 indicates the geographic distribution of the different rates of under-5 utilisation by districts. The map reflects that Limpopo province has a high concentration of districts reflecting good under-5 utilisation rates, resulting in the province scoring the highest provincial average of 6.2 visits. This is borne out in Figure 1 where four of Limpopo's five districts recorded under-5 utilisation rates above the national target. The rest of the provinces have under-5 utilisation rates ranging from 4.8 in Mpumalanga to 3.7 visits in the Free State.

Most districts reflected a marginal increase in under-5 utilisation rates compared to the previous year. The districts with the highest rates were Greater Sekhukhune (LP) (6.5), Vhembe (LP) (6.5), Mopani (LP) (6.4), Overberg (WC) (6.0) and Capricorn (LP) (5.9). Of interest is the handful of districts with high PHC utilisation for the general population that also had high under-5 utilisation rates, although this does not appear to be a consistent pattern. Examples of this phenomenon include Vhembe district in Limpopo and Overberg and Central Karoo districts in the Western Cape.

In summary, a minority of districts achieved or exceeded the current NIDS target of 5.5 for PHC under-5 utilisation for children, while more than half the districts achieved the National Department of Health's Annual Performance Plan target of 2.6 PHC visits for the general population.

Figure 3: PHC Utilisation rate under 5 by district, 2011/12



Map 2: PHC Utilisation rate under 5 by district, 2011/12

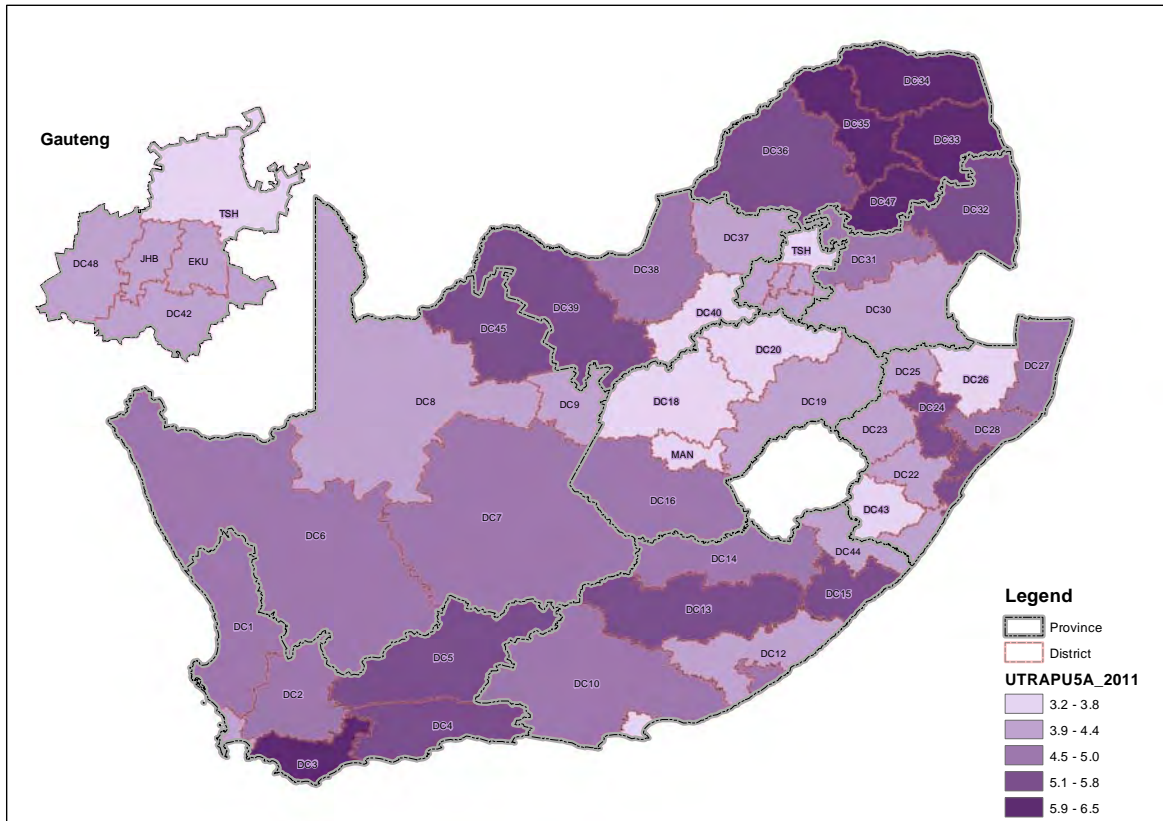
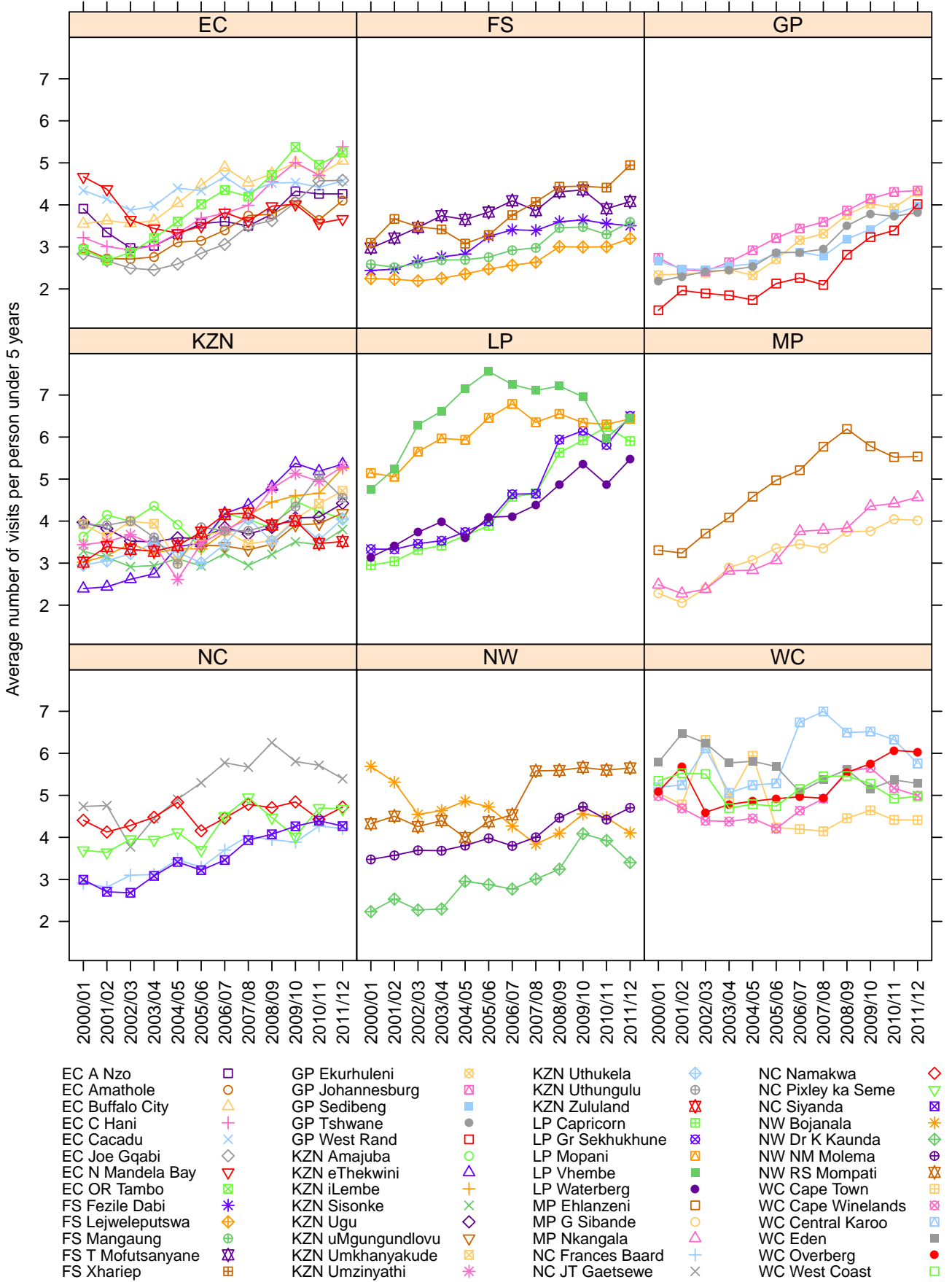


Figure 4: Annual trends: PHC Utilisation rate under 5





### 2.3 PHC fixed facility supervisory rate

Supervisory visits are considered an important process indicator of the quality of care in providing PHC services in the public sector. The PHC fixed facility supervision rate is the number of fixed PHC facilities visited by a clinical supervisor at least once a month, as a proportion of the total number of fixed PHC facilities. These visits provide a system for identifying and addressing problems at facility level. Given the importance of supervisory visits for quality assurance, the 2011/12 national target of at least one monthly visit per facility was 75%.

Figure 5 shows the ranking of the 52 districts and the national country average. The average for South Africa was 74.1%, close to the national target of 75%, and representing a 5.3 percentage point increase on the 2010/11 rate of 68.8%. Thirty of the 52 districts achieved the target of 75% of supervisory visits, with 14 of these achieving a rate above 90%. Of the 22 districts that fell short of the national target, nine had a rate below 50%. This warrants attention.

Figure 5 also identifies that the highest supervision rates for districts were found in Eden (WC) (97%), followed closely by Vhembe (LP) (96.6%) and Umkhanyakude (KZN) (96.5%). While Eden has maintained a consistently high performance over the past three years, Umkhanyakude's current rate represents a 13.1 percentage point increase and Vhembe district's a 30.6 percentage point increase over the 2010/11 rates. These provinces warrant congratulations if these increases reflect real improvements. Again, these data should first be validated.

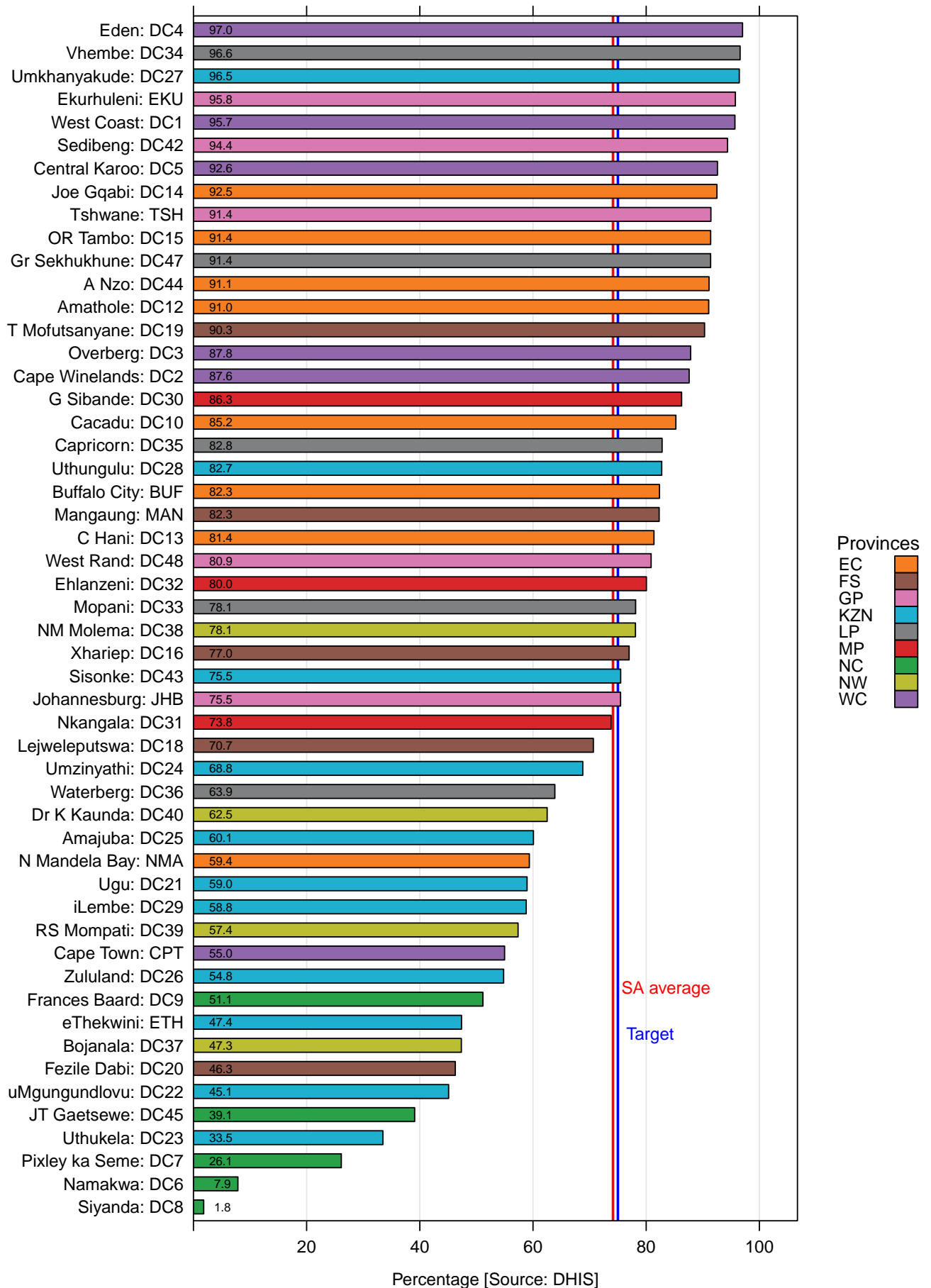
The metro districts to achieve the highest supervision rates were Ekurhuleni (95.8%) and Tshwane (91.4 %) in Gauteng province, followed by Buffalo City (EC) and Mangaung (FS) both at 82.3%. The metros with the lowest supervision rates were eThekweni (47.4%) in KwaZulu-Natal province, Cape Town (55%) in the Western Cape and N Mandela Bay (59.4%) in the Eastern Cape.

The provincial supervision rate varied amongst provinces. The provinces with the highest average supervision rates, all above or very close to the national target, were Gauteng (86.2%), Eastern Cape (85.9%) and Limpopo (84.5%), followed by Mpumalanga (79.7%), Free State (75.9%) and Western Cape (74.3%). Provinces with the lowest average supervision rates included Northern Cape (26.4%), followed by North West (60.4%) and KwaZulu-Natal (60.5%). Most provinces showed small increases over their 2010/11 rates, except for Limpopo and Free State with larger increases of 19.9 and 13.6 percentage points respectively. This warrants further investigation to determine if the increases were a true reflection of improved efforts or whether they reflect data errors.

The Northern Cape has consistently had the lowest provincial supervision rates since 2007/08, dipping below 20% in 2010/11. As shown in Figure 5, the lowest district rate was also found in Siyanda (NC) at 1.8% (down 1 percentage point from 2010/11), followed by Namakwa (NC) at 7.9% (up by 2.4 percentage points from 2010/11). The vast distances between facilities probably contribute to this low supervision rate. The supervision visits were much more frequent in the more urban district of Frances Baard (NC) at 51.1%.

Overall, data for the past three years appear to be relatively stable and plausible, although some large provincial and district increases require verification.

Figure 5: Fixed PHC facilities with a monthly supervisory visits rate by district, 2011/12



Map 3: Fixed PHC facilities with a monthly supervisory visits rate by district, 2011/12

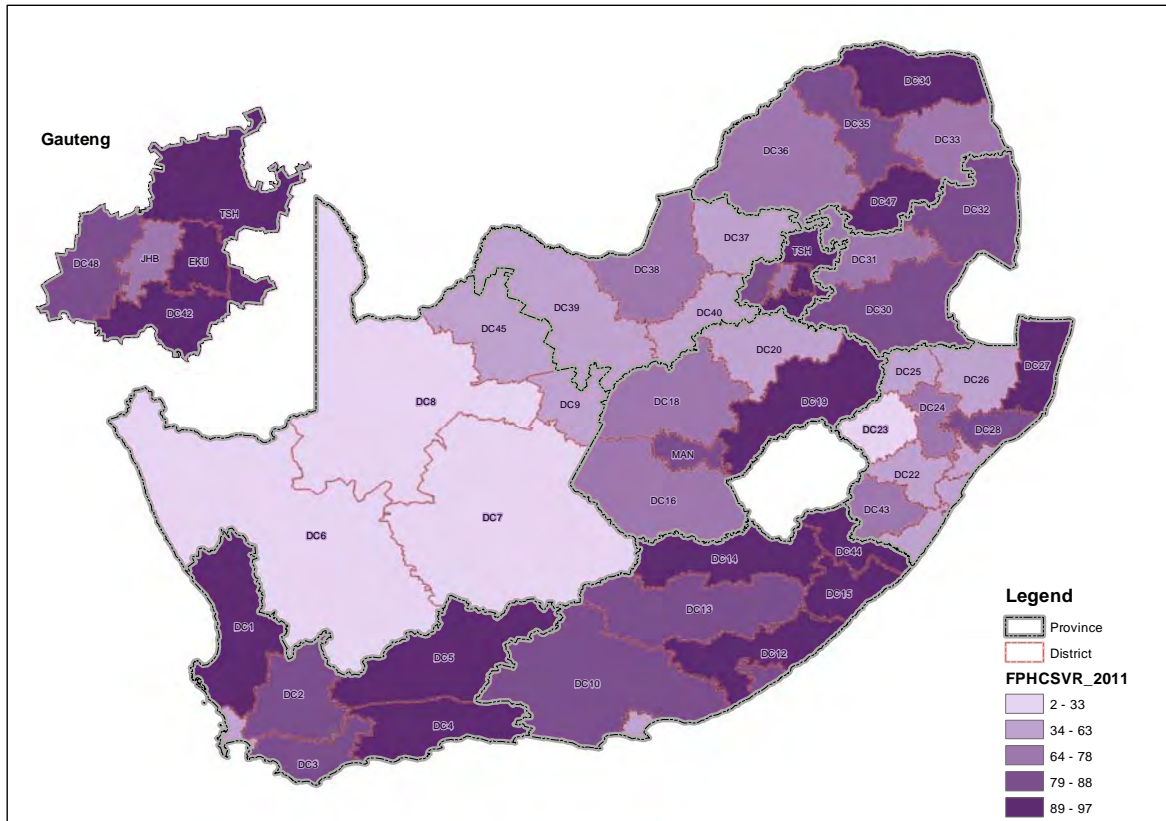


Figure 6: Annual trends: Fixed PHC facilities with a monthly supervisory visits rate by district

