

2608/16



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

**DATA MANAGEMENT & GIS
SERVICES**

Physical Address: 330 Langibalele Street, Pietermaritzburg, 3201
Postal Address: Private Bag X9051, Pietermaritzburg, 3200
Tel: 033 - 395 2677 Fax: 033 - 394 3287 Email: nyarsha.moodley@kzhealth.gov.za
www.kznhealth.gov.za

INTERNAL MEMO

Date: 21 October 2016	File No: 46/2016
To: Dr S.T. Mtshali Head: Health	From: Mr J. Govender General Manager: Health Service Delivery Planning, Monitoring and Evaluation
Subject: Verification of Health Non-Financial Information to be published for the Second Quarter of the 2016 /2017 financial Year	

Dr S T Mtshali

1. Correspondence received from the Provincial Treasury regarding the certifying and approval of the Quarterly Treasury Report refers.
2. It is requested that the Head: Health signs Annexure 1 as indicated for onward submission to the Head of Treasury. The data table has been verified by this Unit and is reflective of the preliminary data for Quarter 2 of 2016/2017.

Thank you

Kind regards

PP Govender

Mr J. Govender

Chief Direct: Health Service Delivery Planning, Monitoring and Evaluation

Date: 24/10/2016



planning, monitoring
& evaluation

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



Private Bag X944, Pretoria, 0001 | Union Buildings East Wing, Pretoria | www.dpme.gov.za

Enquiries: Edeshri Moodley
Email: Edeshri@dpme.gov.za
Telephone: (012) 312 0318

The Head Officials
Provincial Department of Health and Agriculture

The Director General
Office of the Premier

Dear Colleague

VERIFICATION OF DEPARTMENTS OF HEALTH AND AGRICULTURE'S NON-FINANCIAL INFORMATION TO BE PUBLISHED FOR THE SECOND QUARTER OF THE 2016/17 FINANCIAL YEAR ENDED 30 SEPTEMBER 2016

Section 27(4) of the PFMA requires that: "The Accounting Officer for each department submits to Parliament or the relevant Legislature as may be appropriate, strategic objectives for each main division within a department's vote". Offices of the Premier coordinate the quarterly performance reporting process where departments report quarterly to them, on progress made against planned annual targets as contained in the Annual Performance Plans.

Attached, please find a copy of the tables reflecting the first quarter actual and second quarter preliminary performance information of the departments of Health and Agriculture. This data will be published on the website of the Department of Planning, Monitoring and Evaluation (DPME).

You are kindly requested to verify and certify the data reflected in the tables. The second quarter data will be published as preliminary performance information. The second quarter actual data and third quarter preliminary data will be published at the end of the third quarter.

The signed-off tables should be submitted by facsimile or scanned and e-mailed to Samu@dpme.gov.za by no later than Thursday, 27 October 2016. This will allow the DPME to consolidate and package this information for publication on the website of DPME.

In instances where the Head of the Department of Health and Agriculture or Director General in the Office of the Premier is not available, alternative arrangements must be made in order to ensure that the data to be published is signed-off within the prescribed

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 2nd Quarter

KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2016/17 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	50.0%	45.0%	47.1%	46.0%	47.1%
Percentage of fixed PHC facilities with broadband access	50.0%	45.0%	4.7%	47.0%	19.7%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard	40.0%	15.0%	24.6%	20.0%	40.4%
Client Satisfaction Survey Rate (PHC)	100.0%	25.0%	38.5%	50.0%	32.0%
OHH registration visit coverage (annualised)	25.0%	6.3%	6.6%	12.6%	3.9%
Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	2	-	-	-	-
PHC utilisation rate	3.0	3.0	2.8	3.0	2.7
Complaints resolution rate (PHC)	85.0%	80.0%	84.9%	80.0%	86.2%
Complaint resolution within 25 working days rate (PHC)	95.0%	94.5%	94.7%	95.0%	92.7%
District Hospitals					
National Core Standards self assessment rate (District Hospitals)	100.0%	25.0%	42.1%	50.0%	21.1%
Quality improvement plan after self assessment rate (District Hospitals)	100.0%	25.0%	56.3%	50.0%	75.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core	21.0%	5.0%	25.0%	10.0%	0%
Client Satisfaction Survey Rate (District Hospitals)	100.0%	25.0%	73.7%	50.0%	52.6%
Average Length of Stay (District Hospitals)	6.0 days	6.3 days	5.5 days	6.2 days	5.6 days
Inpatient Bed Utilisation Rate (District Hospitals)	65.8%	63.0%	58.4%	64.0%	60.4%
Expenditure per PDE (District Hospitals)	R 1 947	R 2 000	R 2 229	R 1 967	R 2 215
Complaints resolution rate (District Hospitals)	80.0%	75.0%	86.5%	77.0%	73.2%
Complaint Resolution within 25 working days rate (District Hospitals)	95.0%	92.0%	92.1%	93.0%	93.9%
HIV and AIDS, STI and TB (HAST)					
Adults remaining on ART – Total	1 205 438	1 027 525	1 025 723	1 086 829	1 036 536
Total Children (under 15 years) remaining on ART – Total	68 286	60 153	53 668	62 664	53 717
TB/HIV co-infected client on ART rate	90.0%	85.0%	86.3%	87.0%	88.5%
Client tested for HIV (incl ANC)	2 659 268	664 817	690 985	1 329 634	761 220
TB symptom 5yrs and older screened rate	35.0%	9.0%	69.3%	18.0%	74.4%
Male condom distribution Coverage	62	50	49	54	54
Medical male circumcision performed - Total	793 528	652 814	33 850	699 718	34 581
TB client treatment success rate	86.0%	86.0%	86.3%	86.0%	88.6%
TB client lost to follow up rate	3.4%	3.8%	4.0%	3.6%	3.7%
Maternal, Child and Women's Health and Nutrition (MCWH&N)					
Antenatal 1st visit before 20 weeks rate	62.6%	62.0%	67.2%	62.3%	70.0%
Mother postnatal visit within 6 days rate	82.0%	73.0%	62.3%	76.0%	65.3%
Infant 1st PCR test positive around 10 weeks rate	<1%	<1%	1.6%	<1%	1.4%
Immunisation under 1 year coverage (annualised)	92.0%	90.0%	80.8%	90.1%	85.6%
Measles 2nd dose coverage (annualised)	90.0%	88.5%	97.9%	89.0%	102.6%
DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate	6.0%	7.1%	32.2%	6.8%	14.2%
Child under 5 years diarrhoea case fatality rate	2.8%	2.9%	2.2%	2.9%	1.7%
Child under 5 years pneumonia case fatality rate	3.0%	3.2%	2.1%	3.1%	2.3%
Child under 5 years severe acute malnutrition case fatality rate	8.0%	8.7%	6.2%	8.4%	9.3%
School Grade 1 screening coverage (annualised)	25.0%	6.5%	55.1%	13.0%	13.5%
School Grade 8 screening coverage (annualised)	20.0%	5.0%	40.0%	10.0%	6.5%
Couple year protection rate (annualised)	60.0%	1	49.5%	53.0%	52.9%
Cervical cancer screening coverage (annualised)	75.0%	73.4%	75.5%	74.0%	89.7%
Vitamin A 12-59 months coverage (annualised)	65.0%	65.0%	64.3%	65.0%	63.2%
Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate	55.0%	52.0%	54.2%	53.0%	54.1%
Disease Prevention and Control					
Clients screened for hypertension	7 980 052	1 995 013	2 480 126	3 990 026	2 617 274
Clients screened for diabetes	5 127 276	1 281 819	2 305 898	2 563 638	2 529 186
Client screened for Mental Health	100 000	25 000	1 162 508	50 000	1 465 238
Cataract Surgery Rate annualised	1154/1mil	683/1mil	511	809/1mil	403
Malaria case fatality rate	<0.5%	<0.5%	2.1%	<0.5%	0%
Programme 3: Emergency Medical Services (EMS)					
EMS P1 urban response under 15 minutes rate	6.0%	5.0%	4.4%	5.0%	4.5%
EMS P1 rural response under 40 minutes rate	34.0%	33.0%	34.4%	33.0%	35.1%
EMS inter-facility transfer rate	40.0%	41.0%	31.0%	40.0%	31.6%

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 2nd Quarter

KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures

Target for
2016/17 as per
Annual
Performance
Plan (APP)

1st Quarter
Planned output
as per APP

1st Quarter
Actual output -
validated

2nd Quarter
Planned output
as per APP

2nd Quarter
Preliminary
output

QUARTERLY OUTPUTS

Programme 4: Provincial Hospital Services

Regional Hospitals

National Core Standards self assessment rate (Regional Hospitals)	100.0%	25.0%	76.9%	50.0%	7.7%
Quality improvement plan after self assessment rate (Regional Hospitals)	100.0%	25.0%	50.0%	50.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals)	25.0%	0%	30.0%	0%	0%
Patient Satisfaction Survey Rate (Regional Hospitals)	100.0%	25.0%	76.9%	50.0%	53.8%
Average Length of Stay (Regional Hospitals)	6.5 days	6.3 days	6.1 days	6.3 days	6.4 days
Inpatient Bed Utilisation Rate (Regional Hospitals)	70.5%	67.6%	73.9%	68.0%	69.9%
Expenditure per PDE (Regional Hospitals)	R 2 822	R 2 822	R 3 031	R 2 822	R 3 174
Complaints resolution rate (Regional Hospitals)	86.0%	83.0%	75.1%	83.5%	67.8%
Complaint Resolution within 25 working days rate (Regional Hospitals)	97.5%	97.2%	97.9%	97.3%	94.5%

Specialised Hospitals

National Core Standards self assessment rate (Specialised Hospitals)	100.0%	25.0%	36.8%	50.0%	21.1%
Quality improvement plan after self assessment rate (Specialised Hospitals)	100.0%	25.0%	14.3%	50.0%	50.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core stand	22.0%	0%	0%	0%	0%
Patient Satisfaction Survey Rate (Specialised Hospitals)	100.0%	25.0%	47.4%	50.0%	21.1%
Complaints resolution rate (Specialised Hospitals)	83.2%	82.0%	46.8%	82.5%	43.1%
Complaint Resolution within 25 working days rate (Specialised Hospitals)	94.4%	94.4%	82.4%	94.4%	94.3%

Programme 5: Central Hospital Services (C&THS)

Provincial Tertiary Hospitals Services

National Core Standards self assessment rate (Tertiary Hospitals)	100.0%	0%	33.3%	0%	33.3%
Quality improvement plan after self assessment rate (Tertiary Hospitals)	100.0%	-	0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core stand	33.0%	-	0%	0%	0%
Patient Satisfaction Survey Rate (Tertiary Hospitals)	100.0%	0%	100.0%	0%	66.7%
Average Length of Stay (Tertiary Hospitals)	7.7 days	7.7 days	8.0 days	7.7 days	7.8 days
Inpatient Bed Utilisation Rate (Tertiary Hospitals)	78.9%	77.0%	76.7%	77.5%	77.2%
Expenditure per PDE (Tertiary Hospitals)	R 2 894	R 2 894	R 3 203	R 2 894	R 3 412
Complaints resolution rate (Tertiary Hospitals)	85.0%	84.0%	86.0%	84.5%	80.6%
Complaint Resolution within 25 working days rate (Tertiary Hospitals)	100.0%	100.0%	93.9%	100.0%	100.0%

Provincial Central Hospitals Services

National Core Standards self assessment rate (Central Hospitals)	100.0%	0%	100.0%	0%	100.0%
Quality improvement plan after self assessment rate (Central Hospitals)	100.0%	0%	0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core	100.0%	0%	0%	0%	0%
Patient Satisfaction Survey Rate (Central Hospitals)	100.0%	0%	0%	0%	0%
Average Length of Stay (Central Hospitals)	8.5 days	8.6 days	8.8 days	8.6 days	8.7 days
Inpatient Bed Utilisation Rate (Central Hospitals)	67.1%	67.1%	66.0%	67.1%	66.9%
Expenditure per PDE (Central Hospitals)	R 8 173	R 8 100	R 9 493	R 8 150	R 9 246
Complaints resolution rate (Central Hospitals)	80.0%	75.0%	90.5%	76.0%	72.2%
Complaint Resolution within 25 working days rate (Central Hospitals)	96.5%	95.5%	100.0%	96.5%	100.0%

Please note that some numbers may have been rounded off

I, D. S. MISHRA hereby certify that the non-financial data submitted for the current quarter is correct and gives an overview of the performance of the department.

Signed by: Head of the Health Department

Date: 25.10.2016

I, PRIMROSE DELSILE AHUMADO hereby certify that the non-financial data submitted for the current quarter is correct and gives an overview of the performance of the department.

Signed by: Director General - Office of the Premier

Date: 31.10.2016