

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 2nd Quarter

KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures

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%	48.0%	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%	85.2%
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	5.8 days
Inpatient Bed Utilisation Rate (District Hospitals)	85.8%	63.0%	56.4%	64.0%	80.4%
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 (HAIST)					
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	88 288	60 153	53 668	62 864	63 717
TB/HIV co-infected client on ART rate	90.0%	85.0%	88.3%	87.0%	86.5%
Client tested for HIV (incl ANC)	2 659 268	884 817	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%	85.3%
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%	8.6%	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%	8.2%	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	3 990 028	2 817 274
Clients screened for diabetes	5 127 276	1 261 819	2 305 898	2 563 638	2 529 188
Client screened for Mental Health	100 000	25 000	1 182 508	50 000	1 465 238
Cataract Surgery Rate annualised	1154/mil	683/mil	511	809/mil	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%

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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	8 1 days	6 3 days	6 4 days
Inpatient Bed Utilisation Rate (Regional Hospitals)	70 5%	67 6%	73 9%	66 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 standards (Specialised Hospitals)	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 standards (Tertiary Hospitals)	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%	86 5%	80 8%
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 standards (Central Hospitals)	100 0%	0%	0%	0%	0%
Patient Satisfaction Survey Rate (Central Hospitals)	100 0%	0%	0%	0%	0%
Average Length of Stay (Central Hospitals)	6 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, DISTRICT 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, PARROUSE DELSILE AHUMAD 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