



health

**Department:
Health
PROVINCE OF KWAZULU-NATAL**

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DIRECTORATE:

Office of the Head: Health

Dr Nonhlanhla O. Mkhize
Director-General
Office of the Premier
Private Bag X9037
PIETERMARITZBURG
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Dear Dr Mkhize

DEPARTMENTAL PRELIMINARY QUARTERLY PERFORMANCE REPORT (Q4)

The above matter refers.

I, Dr S. Tshabalala (Head: Health) hereby submit the quarterly performance information for the 3rd quarter actual and the 4th quarter (preliminary) figures of 2019/20 for publication.

The report accurately reflects the preliminary performance against the targets as set out in the 2019/20 APP of the Department.

Yours sincerely

DR S. Tshabalala
HEAD; HEALTH
KWAZULU-NATAL

Date:

Quarterly Performance Report - KZN Q4 of 2019/20

KwaZulu-Natal
 QUARTERLY PERFORMANCE REPORTS: 2019/20 - 3rd Quarter
 Sector: Health

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
QUARTERLY OUTPUTS								
Programme 1: e-consultation								
Percentage of Hospitals with broadband access	55.7%	62.8%	80.3%	80.3%	80.3%	80.3%	80.3%	
Percentage of fixed PHC facilities with broadband access	36.5%	50.2%	61.5%	65.3%	65.3%	50.2%	85.3%	
Programme 2: District Health Services								
District Management								
PHC utilisation rate - Total	2.5	2.5	2.5	2.6	2.3	2.5	2.5	
Complaint resolution within 25 working days rate (PHC)	95.7%	96.0%	97.2%	94.6%	94.9%	98.0%	96.9%	
District Hospitals								
Average Length of Stay (District Hospitals)	5.4 days	5.5 days	5.3 days	5.2 days	5.1 days	5.5 days	5.2 days	
Inpatient Bed Utilisation Rate (District Hospitals)	59.5%	62.7%	58.5%	60.7%	57.2%	62.7%	61.7%	
Expenditure per PDE (District Hospitals)	R 2 582	R 2 781	R 3 043	R 2 658	R 2 781	R 2 781	R 2 888	
Complaint Resolution within 25 working days rate (District Hospitals)	91.0%	91.0%	96.9%	90.9%	94.1%	95.0%	98.8%	
HIV & AIDS, STI & TB (HAST) CONTROL								
ART Client remain on ART end of month -total	1 387 688	1 578 737	1 421 590	1 447 173	1 460 345	1 578 737	1 463 725	
TB/HIV co-infected client on ART rate	80.3%	80.0%	87.2%	87.0%	86.1%	85.0%	86.0%	
HIV lost done - total	3 654 143	3 074 486	1 042 980	1 149 121	1 033 080	788 808	1 152 207	
Male condom distributed	11 028 569	170 730 533	16 865 200	28 488 120	32 042 700	42 880 763	28 770 750	
Medical male circumcision - Total	209 732	148 209	46 859	36 467	25 801	32 809	30 090	
TB client days and older start on treatment rate	104.8%	92.0%	98.7%	99.1%	98.1%	92.0%	98.5%	
TB client treatment success rate	72.2%	67.0%	87.6%	80.6%	83.2%	87.0%	83.2%	
TB client lost to follow up rate	6.5%	5.0%	10.3%	10.7%	9.4%	5.0%	5.8%	
Maternal, Child and Women's Health and Nutrition (MCW/NM/N)								
Antenatal 1st visit before 20 weeks rate	73.2%	75.0%	73.4%	78.5%	75.1%	75.0%	72.6%	
Mother postnatal visit within 6 days rate	74.9%	81.0%	73.1%	77.7%	76.1%	81.0%	75.3%	
Infant 1st PCR test positive around 10 weeks rate	0.8%	0.6%	0.6%	0.4%	0.6%	0.6%	0.6%	
Immunisation under 1 year coverage	90.8%	88.0%	88.4%	89.6%	89.3%	88.0%	100.1%	
Measles 2nd dose coverage	77.8%	80.0%	82.0%	83.6%	78.6%	80.0%	88.0%	
Diarrhoea case fatality under 5 years rate	2.2%	2.0%	2.2%	1.4%	2.0%	2.0%	2.1%	
Pneumonia case fatality under 5 years rate	2.3%	2.4%	2.5%	1.9%	2.1%	2.3%	2.9%	
Severe acute malnutrition case fatality under 5 years rate	7.8%	6.0%	7.0%	6.4%	8.2%	6.0%	8.7%	
School Grade 1 - learners screened	66 172	60 147	21 058	18 169	18 968	10 321	13 343	
School Grade 8 - learners screened	53 967	31 473	18 450	9 068	7 383	4 764	8 813	
Delivery in 10 to 19 years in facility rate	17.5%	21.0%	17.0%	16.8%	16.0%	21.0%	15.8%	
Couples year protection rate (fml)	59.8%	56.0%	46.2%	56.9%	61.2%	56.0%	61.2%	
Vitamin A dose 12-59 months coverage	70.8%	70.0%	60.2%	70.2%	66.7%	70.0%	73.9%	
Cervical cancer screening coverage 30 years and older	85.7%	84.0%	61.4%	85.8%	82.8%	84.0%	78.4%	
Disease Prevention and Control								
Cataract Surgery Performed	14731ml	9 700	4 412	4 982	5 031	1 334	5 598	
Malaria case fatality rate	0.5%	0.5%	0.4%	0.5%	1.2%	0.5%	0.6%	
Programme 3: Emergency Medical Services (EMS)								
EMS P1 urban response under 15 minutes rate	35.7%	26.0%	36.0%	37.1%	36.2%	26.0%	36.6%	
EMS P1 rural response under 40 minutes rate	50.0%	36.0%	32.9%	43.9%	38.5%	36.0%	35.6%	
EMS Inter-facility transfer rate	40.6%	39.0%	43.8%	41.6%	49.2%	39.0%	44.3%	
Programme 4: Provincial Hospital Services								
Regional Hospitals								
Average Length of Stay (Regional Hospitals)	6.3 days	6.3 days	6.3 days	6.2 days	6.2 days	6.5 days	6.3 days	
Inpatient Bed Utilisation Rate (Regional Hospitals)	73.3%	74.7%	73.4%	75.9%	71.3%	74.7%	73.0%	
Expenditure per patient day equivalent (PDE) (Regional Hospitals)	R 3 058	R 3 245	R 3 178	R 3 215	R 3 263	R 3 189	R 3 310	
Complaint resolution within 25 working days rate (Regional Hospitals)	87.4%	85.0%	95.1%	96.0%	98.2%	85.0%	94.3%	
Specialised Hospitals								

Quarterly Performance Report - KZN Q4 of 2019/20

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
Programme 1: Administration Complaint resolution within 25 working days rate Provincial Tertiary Hospitals Services (CATS) Average Length of Stay (Tertiary Hospitals) Inpatient Bed Utilisation Rate (Tertiary Hospitals) Expenditure per patient day equivalent (PDE) (Tertiary Hospitals) Complaint resolution within 25 working days rate (Tertiary Hospitals) Provincial Central Hospitals Services Average Length of Stay (Central Hospitals) Inpatient Bed Utilisation Rate (Central Hospitals) Expenditure per patient day equivalent (PDE) (Central Hospitals) Complaint resolution within 25 working days rate (Central Hospitals)	7.8 days 68.7% R 4 100 100.0%	7.2 days 71.7% R 4 128 95.0%	7.6 days 74.5% R 4 185 92.6%	7.8 days 76.3% R 4 100 100.0%	7.1 days 72.3% R 4 305 87.5%	7.5 days 77.0% R 4 223 95.0%	7.5 days 74.3% R 4 272 53.3%	
ANNUAL OUTPUT Programme 1: Administration Audit opinion from Auditor General Programme 2: District Health Services Local clinic status rate HIV and AIDS, STI and TB TB Client death rate TB MDR treatment success rate Maternal, Child and Women's Health and Nutrition Andenatal client start on ART rate HPV 1st dose HPV 2nd dose Maternal mortality in facility rate Neonatal death in facility rate Programme 3: Health Services and Training (HST) Number of Bursaries awarded to first year medicine students Number of Bursaries awarded to first year nursing students Programme 4: Health Facilities Management Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	awaiting AG response 81.8% 6.2% 58.7% 96.5% 71.128 58.759 88.4/100000 11.3/1000 12 120 148 464	unqualified Audit 100.0% 5.0% 80.0% 97.0% 80 000 80 000 85/100000 11.3/1000 30 100 151 529						

Programme / Subprogramme / Performance Measures	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Preliminary output	Comments for the 3rd Quarter
Programme 1: Administration Percentage of Hospitals with broadband access Total Number of hospitals with minimum 2 Mbps connectivity Total Number of Hospitals Percentage of fixed PHC facilities with broadband access Total Number of fixed PHC facilities with minimum 1Mbps connectivity Programme 2: District Health Services District Management PHC utilisation rate - Total	57 71 375 810	57 71 562 611	57 71 562 811	57 71 592 611	Excludes KZN Childrens Hospital

Quarterly Performance Report - KZN Q4 of 2019/20

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
PHC headcount under 5 years + PHC headcount 5-9 years + PHC headcount 10-19 years + PHC headcount 20 years and older			7 069 271	7 410 246	6 543 584		4 736 094	
Population - Total			11 528 879	11 528 879	11 527 879		11 527 879	
Complaint resolution within 25 working days rate (PHC)			2 264	2 430	1 910		1 366	
Complaint resolved within 25 working days			2 329	2 571	2 079		1 410	
District Hospitals								
Average Length of Stay (District Hospitals)								
Inpatient day total			440 880	467 724	430 709		305 868	
Day patient total			4 705	4 467	4 279		2 810	
Inpatient separations			83 832	89 025	84 828		58 828	
Inpatient discharges-total			74 833	70 478	79 721		52 747	
Inpatient deaths-total			4 150	4 338	4 050		2 753	
Inpatient transfers out - total			4 949	5 209	5 098		3 478	
Inpatient Bed Utilisation Rate (District Hospitals)								
Inpatient day total			440 880	467 724	430 709		305 868	
Day patient total			4 705	4 467	4 279		2 810	
Usable (inpatient) beds			8 308	8 306	8 296		8 199	
Expenditure per PDE (District Hospital)								
Expenditure - total			192539 938	1891360 963	1910211 783		1288799 474	
Patient day equivalent			532 683	682 199	624 087		439 319	
OPD headcount not referred new			109 735	109 472	100 583		89 189	
OPD headcount referred new			80 772	85 658	91 079		84 812	
OPD headcount follow-up			307 197	333 567	309 863		211 677	
Emergency Headcount total			83 407	88 017	72 108		50 529	
Complaint Resolution within 25 working days rate (District Hospitals)								
Complaint resolved within 25 working days			684	669	615		364	
Complaint resolved			686	614	547		369	
HIV and AIDS, STI and TB (HAST)								
ART client remain on ART end of month -total								
ART child under 15 years remain on ART end of period			1375 446	1407 532	1474 509		1418 777	
ART child under 15 years remain on ART end of period			48 144	48 541	45 837		44 948	
TB/HIV co-infected client on ART rate								
TB/HIV co-infected client on ART			3 846	4 319	2 541		2 541	
TB client known HIV positive			5 726	8 440	3 847		3 847	
HIV test done - total			1042 860	1149 121	1033 060		768 138	
Antenatal client HIV 1st test			39 648	41 711	37 319		31 154	
Antenatal client HIV re-test			50 048	54 220	57 483		46 820	
HIV test 19-59 months			33 957	37 397	31 892		24 753	
HIV test 5-14 years			65 727	69 074	62 398		38 249	
HIV test 15 years and older (excl ANC)			853 582	946 759	853 978		626 062	
Male condom distributed								
Male condoms distributed			10685 200	28488 120	32002 700		10180 500	
Medical male circumcision - Total								
Males 10 to 14 years who are circumcised under medical supervision			27 872	18 772	11 120		9 755	
Males 15 years and older who are circumcised under medical supervision			18 287	17 695	14 681		10 348	
TB client 5yrs and older start on treatment rate								
TB client 5 years and older start on treatment			9 215	11 392	10 166		7 032	
TB symptomatic client 5 years and older tested positive			9 340	11 497	10 283		7 142	
TB client treatment success rate								
All TB client successfully completed treatment			9 570	10 226	10 815		6 184	
All TB client start on treatment			10 901	12 688	13 220		14 310	
TB client lost to follow up rate								

Quarterly Performance Report - KZN Q4 of 2019/20

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
All TB client lost to follow up			1 126	1 352	1 244		855	
All TB client start on treatment			10 907	12 688	13 220		14 310	
Maternal, Child and Women's Health and Nutrition (MCHW&N)								
Antenatal 1st visit before 20 weeks rate			59 659	43 888	58 399		31 773	
Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks			54 048	57 358	51 107		43 754	
Mother postnatal visit within 8 days rate			41 314	44 273	38 750		27 144	
Mother postnatal visit within 6 days after delivery			58 489	66 952	60 957		35 965	
Delivery in facility total			80	59	73		66	
Infant PCR test positive around 10 weeks rate			13 805	14 325	13 011		8 716	
Infant PCR test positive around 10 weeks			57 422	58 167	56 009		43 331	
Infant PCR test around 10 weeks			259 716	259 716	259 716		259 716	
Immunised fully under 1 year now			63 812	54 530	51 839		37 842	
Female under 1 year + Male under 1 year			262 747	262 747	262 747		262 747	
Measles 2nd dose coverage			36	40	32		60	
Measles 2nd dose			1 868	2 051	2 051		2 337	
Female 1 year + Male 1 year			62	46	90		33	
Diarrhoea case fatality under 5 years rate			2 489	2 464	2 329		1 147	
Diarrhoea death under 5 years			45	30	30		41	
Diarrhoea separation under 5 years			839	471	475		473	
Pneumonia case fatality under 5 years rate			21 053	16 169	16 956		8 895	
Pneumonia death under 5 years			18 450	9 068	7 303		5 875	
Pneumonia separation under 5 years			9 596	9 548	8 128		6 703	
Severe acute malnutrition (SAM) death in facility under 5 years rate			56 489	56 952	50 957		55 905	
Severe Acute Malnutrition under 5 years			368 239	441 095	474 885		316 261	
School Grade 1 - learners screened			196	188	103		123	
School Grade 8 - learners screened			3 295	3 179	3 194		2 172	
Delivery in 10 to 19 years in facility rate			376 318	350 488	291 219		240 820	
Delivery in 10-14 years in facility + Delivery 15-19 years in facility			44 804	63 681	1 31 399		67 904	
Delivery in facility total			106 079	92 915	1 00 640		76 433	
Couple Year Protection Rate (Int)			8 474	7 765	7 351		5 102	
Contraceptive years equivalent			16855 200	25 486 120	32 002 700		19 180 500	
Male sterilisation			18 002	17 480	9 920		9 229	
Female sterilisations			3 47 483	1749 813	1987 936		1327 456	
Medroxyprogesterone injection			3101 056	3101 056	3101 056		3101 056	
Norethisterone enanthate injection			320 911	373 907	355 270		282 467	
Oral pill cycle			1065 646	1065 646	1065 646		1065 646	
IUCD			49 273	51 548	48 930		31 575	
Male condoms			2417 747	2417 747	2417 747		2417 747	
Subdermal implant			4 412	4 982	5 031		3 732	
Female condoms								
Female 15-44 years + Female 45-49 years								
Female 15-44 years + Female 45-49 years								
Vitamin A dose 12-59 months								
(Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2								
Cervical cancer screening coverage 30 years and older								
(Female 30-34 years + Female 35-39 years + Female 40-44 years + Female 45 years and older) / 10								
Disease Prevention and Control								
Cataract Surgery Performed								
Cataract surgery total								

Quarterly Performance Report - KZN Q4 of 2019/20

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
Malaria case fatality rate Deaths from malaria Total number of Malaria cases reported			269	210	85		260	
Programme 3: Emergency Medical Services (EMS) EMS P1 urban response under 15 minutes rate			13 224	13 148	12 032		12 184	
EMS P1 urban response under 15 minutes rate			36 706	35 443	33 283		33 233	
EMS P1 urban calls			19 078	19 813	19 816		19 239	
EMS P1 rural response under 40 minutes rate			45 632	45 162	51 482		54 036	
EMS P1 rural calls			49 602	50 453	58 987		58 713	
EMS inter-facility transfer rate			113 355	121 165	119 623		132 677	
EMS inter-facility transfer								
EMS clients total								
Programme 4: Provincial Hospital Services General (Regional) hospitals								
Average Length of Stay (Regional Hospitals)								
Inpatient day total			458 698	475 280	447 237		308 183	
Day patient total			12 172	11 646	11 031		7 858	
Inpatient separations			74 338	77 062	73 443		49 041	
Inpatient discharges-total			56 638	68 732	65 688		43 886	
Inpatient deaths -total			3 673	3 628	3 532		2 400	
Inpatient transfers out - total			4 017	4 482	4 242		2 775	
Inpatient Bed Utilisation Rate (Regional Hospitals)								
Inpatient day total			458 698	475 280	447 237		308 183	
Day patient total			12 172	11 646	11 031		7 858	
Usable (inpatient) beds			8 867	8 956	8 967		6 957	
Expenditure per patient day equivalent (PDE) (Regional Hospitals)								
Expenditure total			222 891 737	231 948 570	221 017 010		100 660 553	
Patient day equivalent			701 281	721 392	679 729		456 211	
OPD headcount not referred new			71 113	68 519	64 841		46 129	
OPD headcount referred new			83 056	68 053	60 832		54 862	
OPD headcount follow-up			464 890	477 473	450 332		279 935	
Emergency Headcount total			87 347	86 523	84 823		57 288	
Complaint resolution within 25 working days rate (Regional Hospitals)								
Complaint resolved within 25 working days			440	523	263		249	
Complaint resolved			456	545	340		264	
Specialised Hospital								
Complaint resolution within 25 working days rate								
Complaint resolved within 25 working days			42	96	50		16	
Complaint resolved			42	96	50		16	
Programme 5: Central Hospital Services (CHHS)								

Quarterly Performance Report - KZN Q4 of 2019/20

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
Provincial Tertiary Hospitals Services								
Average Length of Stay (Tertiary Hospitals)								
Inpatient day total			110 045	113 289	107 177		73 381	
Day patient total			2 326	1 293	1 110		874	
Inpatient separations			14 676	14 677	15 171		9 823	
Inpatient discharges-total			11 208	11 286	11 506		7 475	
Inpatient deaths-total			938	684	614		549	
Inpatient transfers out - total			2 560	2 525	2 851		1 769	
Inpatient Bed Utilisation Rate (Tertiary Hospitals)								
Inpatient day total			110 048	113 289	107 177		73 381	
Day patient total			2 328	1 293	1 116		874	
Usable (inpatient) beds			1 636	1 637	1 633		1 633	
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)								
Expenditure total			625224 087	651014 438	652153 942		437275 596	
Patient day equivalent			150 112	158 791	151 460		102 352	
OPD headcount not referred new			9 152	10 450	6 301		6 301	
OPD headcount referred new			20 065	22 319	22 597		13 752	
OPD headcount follow-up			73 063	66 560	81 869		53 702	
Emergency Headcount total			13 821	15 177	15 678		11 906	
Complaint resolution within 25 working days rate (Tertiary Hospitals)								
Complaint resolved within 25 working days			25	39	35		28	
Complaints resolved			27	39	40		30	
Provincial Central Hospitals Services								
Average Length of Stay (Central Hospitals)								
Inpatient day total			48 642	49 597	48 972		20 043	
Day patient total			367	446	348		201	
Inpatient separations			5 840	5 854	5 800		3 348	
Inpatient discharges-total			2 986	4 249	4 080		2 305	
Inpatient deaths -total			130	182	213		113	
Inpatient transfers out - total			1 461	1 423	1 507		840	
Inpatient Bed Utilisation Rate (Central Hospitals)								
Inpatient day total			48 642	49 607	48 972		29 843	
Day patient total			367	446	348		201	
Usable (inpatient) beds			846	846	846		846	
Expenditure per patient day equivalent (PDE) (Central Hospitals)								
Expenditure total			635859 261	597517 917	590302 806		394855 718	
Patient day equivalent			84 908	87 236	83 480		41 514	
OPD headcount not referred new			4 135	4 626	4 014		2 505	
OPD headcount referred new			42 680	46 307	43 026		30 894	
OPD headcount follow-up			1 380	1 314	1 151		710	
Emergency Headcount total								
Complaint resolution within 25 working days rate (Central Hospitals)								
Complaint resolved within 25 working days			29	37	33		29	
Complaints resolved			29	37	33		29	

I, D. S. Esobedo hereby certify that the non-financial data submitted for Q3 is actual, and the current quarter is preliminary and gives an overview of the performance of the department.

Signed by: Head of the Department [Signature]
 Date: 24.05.2020



PROVINCE:

KwaZulu-Natal

QUARTER: Three

NAME OF THE PERSON CONSOLIDATING THE REPORT:

Mrs S. Naidoo

BUDGET PROGRAMME:

Health

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
Programme 1: Administration					
1. Percentage of hospitals with broadband access	90%	80.3%	10.8%	Upgrade of already qualified hospitals from 2Mbps to a bigger capacity	To improve hospital access further, the department is planning to install the 2nd network and use it to run other services on it and engage SITA to speed up the broadband upgrading process.
2. Percentage of fixed PHC facilities with broadband access	46%	95.3%	111.8%	LTE routers configuration has contributed to improved broadband access at PHC facilities. DIOs and FIOs were trained to support the connectivity system for Clinics.	
3. Percentage of supplier invoices paid within 30 days	80%	96.5%	20.6%	Improved investigation and mitigation of delays in payments	Monthly payment cycle analysis report being compiled and distributed to all districts requesting that they investigate delays in payment so that they can identify and address the cause(s) of late payments to ensure future payments are made within 30 days as required by section 38(1)(f) of the PFMA and Treasury Regulation 8.2.3
4. Percentage of public health hospitals that scored more than 75%	95%	47.2%	50.3%	High attrition rate of hospital Food Service Managers (FSM). Currently there are 14 hospitals without FSMs, who are the technical implementers	2020/21 targets to be revised in line with available resources to implement this operation.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
in the Food Service Monitoring Standards Grading System				of this operation.	
5. Number of ethics workshops conducted	0	0	0	No deviation	
Programme 2: District Health Services					
Primary Health Care					
6. PHC Utilisation rate – total	25	23	8%	The low utilisation in noted in December 2019. This may be attributed to mismanagement of leave for staff, resulting in poor coverage in PHC facilities. It may also be that people move out of the province. The Community Outreach Services (COS) is reaching the households.	Proper leave management for all staff in December, to ensure adequate coverage. Marketing and provision of a full package of services, even during December month. Explore extension of hours on public holidays, even for small clinics (operating for 8hrs)
7. PHC utilisation rate under 5 (annualised)	39	32	17.9%	A decline in December 2019 may have been as a result of the holidays when people, together with children under 5 years move out of the Province.	Marketing and provision of a full package of services, even during December month. Explore extension of hours on public holidays, even for small clinics (operating for 8hrs)
8. Complaint resolution rate (PHC)	95%	96%	1.1%	Complaints management committee monitor complaints management process.	
9. Complaint resolution within 25 working days rate (PHC)	98%	94.9%	1.1%	Outstanding complaints due to committees' not meeting regularly, delay in complain investigations and tracing of complainants.	Committees to ensure scheduling for complain resolutions monitoring. Keep track of captured complains and organise ad hoc meetings. Fast track investigations on outstanding complains. Reports must be submitted on time for all complaints captured.
10. Expenditure per PHC headcount	R440	R457	3.9%	Pay progression made during this period Increased expenditure on salaries.	Close monitoring of expenditure for PHC Journals to be effectively managed at all times

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
11. Number of school health teams (cumulative)	215	206	4.2%	New appointment of staff at some clinics during Q3 Delaying journalising for Goods and Services at clinics also contribute.	To assess the status of school health teams from the districts and establish the number of complete and incomplete teams.
12. Number of ward-based outreach teams (cumulative)	155	186	20%	High staff turnover, particularly the Professional nurses within the school health teams. The teams that are led by Enrolled nurses may not have been counted, resulting in a decline. The number of the Ward Based PHC Outreach Teams (WBPHCOTs) has increased as a result of the supporting partners employing Outreach Team Leaders (OTLs) in the PEPFAR supported districts to support and supervise the CCGs	Review a ratio OTLs to Community Care Givers (CCGs). Implement the WBPHCOT Policy 2018 and provide ongoing support. Proper alignment of WBPHCOTs to PHC facilities.
13. Number of accredited health promoting schools (cumulative)	420	428	1.9%	The districts have worked with the Health Promoting officers based in districts to co-ordinate and facilitate activities of the health promoting school programme	Investigate contributory factors and support districts that have submitted nil reported this quarter.
District Hospitals					
14. Average Length of Stay - total	5.5 days	5.1 days	7.3%	Although the target has been met provincially, the performance varies per District e.g. target not met in Harry Gwala, Amajuba and Zululand due to non-adherence of admission and discharge criteria	Enforcement of adherence to admission and discharge criteria at a facility level, medical managers to be held accountable for adherence.
15. Inpatient Bed Utilisation Rate - total	62%	57.2%	7.7%	Poorly performing districts including King Cetshwayo, Ilembe, Umzinyathi, and Zululand. Some of the wards in King Cetshwayo are still undergoing repairs. Some communities prefer being attended to by Traditional Healers instead of going to hospital.	Wards that are undergoing renovation or repair to be excluded when reporting. There is a need to have engagement and dialogue with local Traditional Healers regarding the use of health services
16. Expenditure per patient day equivalent (PDE)	R2 781	R3 061	10.1%	The province is still not performing well in this indicator. Amajuba district has the highest expenditure per PDE.	Amajuba, Ilembe and Umgungundlovu districts to identify cost drivers and develop a strategy to reduce expenditure per PDE.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
17. Complaint resolution rate	94.7%	94.6%	0.1%	Outstanding complaints due to committees' not meeting, delay in complain investigations and tracing of complainants.	Committees to ensure scheduling for complaints resolutions monitoring. Keep track of captured complains and organise ad hoc meetings. Fast track investigations on outstanding complains. Reports must be submitted on time for all complaints captured.
18. Complaint Resolution within 25 working days rate	95%	94.1%	0.9%	Underperforming Districts include Ugu, Umzinyathi, and King Cetshwayo. Reasons are complaints that are waiting for investigation, and this further delay redress meetings.	Redress meetings to be scheduled in consultation with the complainant to avoid none attendance by the complainant. Where indicated schedule ad hoc meetings to review investigations and redress.
19. Delivery by Caesarean Section rate	27.5%	29.3%	6.5%	Reasons for high caesarean section (C/S) mainly clinically indicated, e.g. at Ugu cross boundary patients arrive at facilities with foetal complications and/or foetal distress indicating emergency caesarean section.	To analyse all C/S towards ensuring clinical indication and quantifying cross border cases to be able to implement focused interventions.
20. OPD Headcount – Total	574 846	501 555	12.7%	Decrease in OPD Head count which could be attributed to programmes like Central Chronic Medicines Dispensing and Distribution (CCMDD) and Ward Based Outreach Teams (WBOTS)	Monitor CCMDD and WBOTS services uptake
21. OPD Headcount not referred new	95 003	100 583	5.9%	Poor performance attributed to increase in number of patients that are by passing the Primary Health Care (PHC) level of health care.	Community Care Givers (CCGs) to educate the communities in utilising PHC facilities before moving to hospital level.
HIV, AIDS, STI and TB Control					
22. ART Client remain on ART end of month - total	1 485 968	1 460 345	1.7%	Known positive clients who were eligible for initiation mainly under 15 years of age were not initiated on Anti-Retroviral treatment (ART). Children are dependent on caregivers to adhere to treatment. Continuous challenges with data capturing due to shortage of data capturers particularly in Ethekwini and Amajuba. High number of loss to follow up due to poor utilisation of the appointment system.	Facilitate literacy classes for the caregivers to improve linkage and retention to care of children. Employ 150 additional data capturers who will assist to alleviate the backlog especially in Ethekwini and Amajuba. Facilitate and monitor implementation of the appointment system in all the facilities.
23. TB / HIV co-infected clients on ART rate	95%	66.1%	30.4%	Poor updating of the data on Tier.net. Information of patients receiving ART at another facility does not reflect on the Tier.net system.	Monitor utilisation of TB/HIV management reports by operational managers to identify data capturing gaps. Enforce TB/HIV management in one facility for co-

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
24. HIV test done – total	768 609	1 033 080	34.4%	The implementation of Siyenza campaigns and community testing has contributed in reaching testing targets.	infected patients. Escalate any identified system error to NDOH.
25. Male condoms distributed	42 688 763	32 002 700	25%	Poor capturing of data at district Primary Distribution Sites (PDS). No dedicated human resources for logistics management. Storage space remains another problem for districts to stock their monthly stock.	Monitor HIV testing performance and concentrate on targeted testing by implementing the Index strategies in all districts Districts plans developed to improve condom distribution especially in areas such as capturing and community distribution. Province has engaged Public Works for storage that will cater for eThekweni, uGu and iLembe districts, and Health Infrastructure will implement necessary renovations. To motivate for decentralisation of Logistics Management Information System (LMIS) officer employment to districts funded through the Conditional Grant.
26. Medical Male Circumcision – total	29 642	25 801	13%	There was low performance contributed by Provincial General Practitioner (GP) contract since it expired in October 2019, as approval of extension was not granted. Transversal contract was extended but its full potential was not realised since there were logistic delays in formalising extension of contract (SLA). Data Mop up was done by districts but some data lacked confirmation as no source documents could be provided. Data variance continues to plague Medical Male Circumcision (MMC) data. USAID partner was still phasing in during the quarter with not much activity seen	PEPFAR funders have been engaged on a need for stricter control of reporting by partners to district and/or province in order to verify data and monitor proper reporting. New USAID partner John Snow International (JSI) shall be introduced to Amakhosi and other crucial stakeholders like Education and taxi industry so as to improve performance. Recommendations have been made to continue with provincial GPs contract.
27. Male Urethritis syndrome incidence	26.2/1 000	29/1 000	10.7%	The increase in MUS incidence is due to the convening of awareness campaigns which led to more cases being identified. Poor utilization of condoms by clients and patients. The increase in MUS incidence has been observed in 10 districts irrespective of the increased number of condoms being distributed.	Analyse data for condoms distributed in all facilities and community. Conduct community awareness to promote utilization of condoms in the facility and community with the support of community health teams.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
28. TB client 5 years and older start on treatment rate	90%	99.1%	10.1%	Target met due to weekly nerve centre data monitoring	Monitor linkage to care in all districts through weekly nerve centre and skype meetings. Conduct desk top analysis and follow up gaps with districts monthly.
29. TB client treatment success rate	85%	80.3%	5.5%	High loss to follow up due to late or non-updating of the data on TB/HIV system due to shortage of data capturers and poor integration of TB/HIV information management.	Enforce integration of the pre retrieval and sending of reminders for appointments by linkage officers. Facilitate and monitor utilisation of TB/HIV line lists to identify early missed appointments by Operational managers in all districts. Monitor the roll out of comprehensive literacy classes in all districts. Lobby for installation of car trackers giving priority to highly affected districts (Ethekwini, King Cetshwayo) and targeted models.
30. TB client lost to follow up rate	5.5%	9.4%	70.9%	Limited human resources (data capturers) and poor integration of TB/HIV information system leading to poor data capturing. Poor tracing of patients who miss appointments due to high rate of car hijacking especially at Ethekwini district	Recruit and employ new data capturers by 30.03.2020. Conduct training for 50 data captures seconded by TB/HIV Care to improve data capturing by 30.03.2020. Facilitate daily monitoring of data capturer work load report by Operational managers. Lobby for installation of trackers to state vehicles by 30.03.2020.
31. TB XDR confirmed client start on treatment	40	22	45%	The number of laboratory confirmed XDR cases is decreasing	Conduct weekly data verification to ensure that all LAB diagnosed patients are linked to care and followed up.
32. TB New smear positive /TB cure rate	83%	46.7%	43.7%	Incorrect algorithm in the system "where all TB cases" is used as a denominator instead of New smear positive (subset of All TB cases) accounting for a third of all TB cases. Manual calculation does not tally with 46% cure rate reflecting on the DHIS.	NDOH has released the new updated TIER.net maintenance file. Monitor the installation of the maintenance file in all Districts. Analyse data to verify whether the error has been corrected or not and escalate any gaps identified to NDOH by 30 March 2020.
Materna , Neonatal, Child and Women's Health and Nutrition					
33. Antenatal 1st visits before 20 weeks rate	75%	75.1%	0.1%	Target is met due to house hold pregnancy testing by CCGs and WBOTs. Implementation of in-facility pregnancy testing for woman of child bearing age has commenced in certain facilities in districts.	Conduct household pregnancy testing by CCGs and WBOTs and community awareness on early booking. Implement in-facility pregnancy testing for women of child bearing age.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
34. Mother postnatal visit within 6 days rate	80%	76.1%	4.9%	Target not met. One district (Amajuba) dropped by 5% this quarter which contributed to poor performance. Low PHC attendance during December holidays is suspected to be a major cause.	Enforce and facilitate linkage of mothers post-delivery to PHC, and active tracing with help of WBOTs in districts with low coverage: Amajuba, eThekweni, iLembe, UGU, uMgungundlovu, uThukela and Zululand.
35. Delivery in 10 to 19 years in facility rate	21%	16.0%	23.8%	On target. Consultations with School Governing Bodies and Youth in schools to raise awareness have helped a little. Long Active Reversible Contraceptives (LARC) campaigns also helped to increase contraceptive uptake amongst youth.	Conduct consultations with School Governing Bodies and youth in and out of schools to raise awareness on high teenage pregnancy rate and delivery.
36. Couple year protection rate (International)	56%	61.2%	9.3%	Target achieved. LARC campaigns in schools and Institutions of Higher learning contributed to the achievement. Strengthening of Youth Friendly Services also helping.	Conduct awareness campaigns on Long Acting Reversible Contraceptives (LARC) in communities and institutions of higher learning.
37. Cervical cancer screening coverage 30 years and older (annualised)	82%	82.6%	0.7%	Implementation of individual professional nurses' target at facility level.	Engage CEOs and PHC managers for close monitoring of the professional nurse performance against daily targets. Conduct Cervical Cancer Screening and awareness campaigns.
38. Infant PCR Test positive around 10 weeks rate	0.6%	0.6%	0	No deviation	Monitor the indicator on KZN EMTCT Dashboard and conduct Real Time PCR Facility visits. Monitor TLD implementation as this will further lead to further reduction in MTCT of HIV infections
39. Immunisation under 1 year coverage	88%	89.3%	1.5%	Target achieved due to catch up campaigns that were conducted. Vaccine stocks closely monitored. Indicator is included in the weekly nerve centre report and closely monitored.	Conduct catch up campaigns and actively monitor performance.
40. Measles 2nd dose coverage	90%	78.6%	12.7%	Target not met due to low head count at PHC during December holidays and closure of Early Childhood Development (ECD) sites during holiday period.	Sensitize districts to conduct mini campaigns and coordinate visits to ECD sites. Monitor capturing of data.
41. Diarrhoea case fatality under 5 years rate	2%	1.6%	20%	Target achieved due to satisfactory implementation of Committee on Mortality and Morbidity in Children (CoMMiC) recommendations in the province which include integrated	Maintain existing strategies e.g. integrated management of childhood illnesses (IMCI), non-rotation of staff, facility support visits.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
				Management of Childhood illnesses and ETAT.	
42. Pneumonia case fatality under 5 years rate	2.4%	2.1%	12.5%	Target achieved due to improved immunization coverage on pneumococcal vaccine. Implementation of e-IMCI in all districts.	Implement Integrated management of childhood illnesses (IMCI) in all districts. Ensure non-rotation of staff.
43. Severe acute malnutrition case fatality under 5 years rate	5.9%	8.2%	39%	Contributing factors to SAM deaths included a history of poor infant and young child feeding practices, presentation of co-morbid chronic conditions and gaps in management at health facility level. Majority of deaths in Uthukela were due to late presentation. 2 patients were previously using private health facilities.	Train to capacitate health care workers on the prevention and management of malnutrition (SAM). Orientate newly appointed medical interns, officers, community service officers and sessional doctors in Q4 to address poor performance at health facilities and ensure implementation of WHO protocol on the inpatient management of SAM. Conduct mentoring and support visits on Integrated Nutrition Programme to improve nutrition services at 8 PHCs and 3 hospitals during this quarter. Engage community based model task team to integrate nutrition into the ward based outreach team scope of work. Appoint Outreach Team Leader (OTL) in Zululand to improve household screening for malnutrition. Train newly employed OTLs on delivery of nutrition preventative interventions as part of their outreach activities.
44. Vitamin A dose 12-59 months coverage	70%	86.7%	4.7%	Target not met. Challenges with supply improved, but not yet stabilised. Lower PHC headcount in December and most ECD sites being closed also contributed to poorer performance in Q3.	Districts have been sensitized to prioritise Vitamin A outreach activities at ECD sites in Q4 to improve performance.
45. School Grade 1 - learners screened	25 066	18 966	24.3%	The primary schools close in the first week of December, resulting in school health teams not reaching most Grade 1 learners. The HPV campaign limits the time for the school health teams to reach most of the schools during this quarter.	The school Health teams should conduct screening of Grade 1 learners along with the Grade 4 targeted HPV campaign in August and September of each year.
46. School Grade 8 - learners screened	7 169	7 383	3%	School Health Week was in October and teams were encouraged to visit as many schools as possible to increase coverage.	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
Disease Prevention and Control					
47. Cataract surgery - total	2 544	5 031	97.8%	Private public Partnership initiative contributed to performance	
48. Malaria case fatality rate	0.5%	1.2%	140%	1 patient presented late at a health facility in Ethekwini and passed away before treatment could commence.	Implement malaria case management at health facilities including increasing health promotion activities to raise awareness on malaria prevention and control within the communities.
49. Clients 40 years and older screened for hypertension	638 891	1 287 872	103.1%	Implementation of National Wellness campaign contributed to continuously improving performance	Implement screening guidelines
50. Clients 40 years and older screened for Diabetes	638 891	1 373 508	115%		
51. Mental disorders screening rate	35%	45.3%	29.4%	Target met for overall province due to intensified screening training	UMgungundlovu and KCD lagging slightly behind. To be mentored.
52. Wheelchairs issued	875	1 027	17.4%	Improvement in district procurement of assistive devices, donations, and repairs to damaged wheelchairs that are re-issued to clients	Audit district procurement of assistive devices and provide support
53. Dental extraction to restoration ratio	18:1	9.9:1	45%	Most districts have maintained good performance in the third quarter; however this may also be a result of the shortage of Xylotox at facilities, resulting in a focus on restorations as clients had booked appointments. Patients still visiting our facilities for cleaning and Oral Health Education.	
Programme 3: Emergency Medical Services					
54. EMS P1 urban response under 15 minutes rate	26%	36.2%	39.2%	Although target achieved for the quarter possibly through the addition of ambulances in Q3, the Department is still far from achieving the national norm and therefore improvement is still required.	
55. EMS P1 rural response under 40 minutes rate	36%	38.5%	6.9%		

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
56. EMS inter-facility transfer rate	38%	49.2%	29.5%	Demand driven indicator influenced by the demand for services.	
57. Average number of daily operational ambulances	200	171	14.5%	The current ambulance fleet is old with high mileage which contributes to increased downtime for repairs and maintenance. The new ambulances issued for operations have contributed to an improvement in the 3rd quarter	
58. Number of bases with access to computers and Intranet/e-mail	43	22	48.8%	IT have indicated that the private network roll out will commence later this financial year	IT engaging SITTA on this matter
Programme 4: Regional and Specialised Hospitals					
Regional Hospitals					
59. Average Length of Stay – total	6.4 days	6.2 days	3.1%	Functional clinical governance committees	Institutional support to improve the effectiveness of clinical governance committees.
60. Inpatient Bed Utilisation Rate – total	74.3%	71.3%	4%	Shortage of medical specialist continue to threaten performance	Filling of clinical posts is an exemption in order to improve access to specialized clinical services. Processes to recruit specialists being explored.
61. Expenditure per PDE	R3 293	R3 263	0.9%	Most regional hospitals are resourced as Regional Hospitals but render a sizable percentage of district level of care.	Review implementation of referral system at district level.
62. Complaint resolution rate	95%	98.8%	4%	Complaints management committee monitor complaints management process.	Continue to provide institutional support regarding complaints management.
63. Complaint Resolution within 25 working days rate	95%	86.2%	9.3%	The outcome of investigations of certain clinical complaints do not often meet predetermined expectations of complainants' as a result some complaints are referred to OHSC.	Provide service information at the time the client accesses a service in order to manage client expectations.
64. Delivery by Caesarean Section rate	41.7%	41.5%	0.5%	Within the norm, complicated deliveries are managed at regional level and caesarean sections are clinically indicated.	
65. OPD Headcount – total	562 565	596 105	6%	High OPD headcount at PMMH, RK Khan Hospital (OPD Headcount more than 80 000) - there is no	Convene referral management meetings at district level.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
66. OPD Headcount new case not referred	54 319	64 941	19.6%	district hospital within the catchment area, PHCs do not open 24 hours. Low utilisation of district hospitals contributes to this performance due to patients' bypassing lower levels of care to access services at higher levels. Some regional hospitals such as General Justice Gizenga Mpanza, RK Khan have no nearby PHC facilities operational on a 24hour basis and patients access these hospitals directly especially after hours	
Specialised TB Hospitals					
67. Average Length of Stay - total	40.8 days	43 days	5.4%	Significant progress has been made although Charles James and Richmond Hospital have ALOS above 50 days. Charles James receives down referrals mainly from King Dinuzulu which are often complicated cases.	Through the rationalization process, move Charles James patients to Don McKenzie but due consultation processes will have to be followed.
68. Inpatient Bed Utilisation Rate - total	45.3%	26.3%	41.9%	New treatment guidelines including community based treatment of TB patients has resulted in low BUR	
69. Expenditure per patient day equivalent (PDE)	R4 320	R9 050	109.5%	Low BUR is a contributory factor to this performance	Commence consultation for rationalization process
70. Complaint resolution rate	94.7%	45.5%	52%	Delays in investigating clinical complaints contributing to later resolution and spill over to next quarter	Provide in-service on the complaints management guidelines so as to improve the resolution rate.
71. Complaint Resolution within 25 working days rate	95%	100%	5.3%	The availability of necessary documents and the nature of the complaint are contributing factors.	
72. OPD Headcount - total	22 091	11 418	48.3%	New treatment guidelines including community based treatment of TB patients	Set targets for down referrals
73. OPD Headcount - new case not referred	1 448	280	80.7%	New treatment guidelines including community based treatment of TB patients. Charles James contributed 246 cases, reason there	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
				is no CHC or district hospital in the area	
Specialised Psychiatric Hospitals					
74. Average Length of Stay	328.4 days	372.2 days	13.3%	Long stay patients at Ekluhlangeni and Umngeni Hospitals have large in-patient numbers and this skews the performance of Mental Health Hospitals.	Review service and plan rationalisation.
75. Inpatient Bed Utilisation Rate – total	72.8%	72.3%	0.7%	St Frances has the lowest BUR at 13.3%	Implement rationalization plan.
76. Expenditure per patient day equivalent (PDE)	R2 333	R1 508	35.4%	St Frances has very high PDE whereas Town Hill PDE has decreased	To audit per hospital performance and plan necessary focused interventions
77. Complaint resolution rate	97.1%	106.3%	9.5%	Complaints management committees are effective	
78. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
79. OPD Headcount – total	2 877	2 632	8.5%	Down referral of patients especially in Town Hill	To audit per hospital performance and plan necessary focused interventions
80. OPD Headcount – new case not referred	147	85	42.2%	Adherence with referral protocols	
Specialised Chronic Hospitals					
81. Average Length of Stay	42.2 days	27.2 days	35.5%	Below target performance at Clairwood Hospital.	Social development patients have been identified, negotiations are due to commence.
82. Inpatient Bed Utilisation Rate – total	46.6%	45.2%	3%	Low BUR at Clairwood is contributing to this low BUR.	Meeting is planned with eThekweni Regional and Tertiary Hospitals to discuss bed utilization at Clairwood Hospital.
83. Expenditure per patient day equivalent (PDE)	R3 027	R4 122	36.2%	Low BUR at Clairwood is contributing to this high PDE	Review the utilization of Clairwood Hospital.
84. Complaint resolution rate	98.3%	100%	1.7%	Complaints management committee effectively monitors complaints management process	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
85. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
86. OPD Headcount – total	32 023	15 151	52.7%	Down referral of patients to PHC for follow up care.	
87. OPD Headcount – new case not referred	9 803	5 879	40%	Clairwood has PHC services within the premises	Account for these numbers under PHC
Programme 5: Central and Tertiary Hospitals					
Tertiary Hospitals					
88. Average Length of Stay	7.4 days	7.1days	4.1%	Attributed to improved functionality of essential equipment.	
89. Inpatient Bed Utilisation Rate – total	63.1%	72.3%	14.6%	More referrals from regional hospitals due to specialist shortages	
90. Expenditure per patient day equivalent (PDE)	R4 497	R4 305	4.3%	Target was achieved however it is noted that Greys Hospital has the highest cost per PDE as it renders full tertiary services package, costs are related to high costs of consumables such as implants, renal dialysis and other sundries. Most specialised equipment and consumables prices are influenced by rand dollar exchange.	
91. Complaint resolution rate	95.7%	75.5%	21.1%	The outcome of investigations of certain clinical complaints do not often meet predetermined expectations of complainants' as a result some complaints are referred to OHSC.	Provide service information at the time the client accesses a service in order to manage client expectations.
92. Complaint Resolution within 25 working days rate	93%	97.5%	2.6%	Complaints management committee monitor complaints management process.	
93. Delivery by Caesarean Section rate	52.5%	57.1%	8.8%	Caesarean deliveries at this level of care are clinically indicated.	Conduct Caesarean Section (C/S) audits

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
94. OPD Headcount – total	89 435	115 666	29.3%	Shortage of specialised clinical expertise at Regional Hospitals makes it difficult to down refer patients for follow up care. Most clinical disciplines have curtailed clinical outreach services due to shortage of staff.	Processes to recruit specialists being explored
95. OPD headcount new cases not referred	7 102	11 101	56.3%	Ngwelezane and King Edward have no district level services nearby thus still render a sizeable amount of district level care. There are also no 24 hour PHC services nearby. Some patients access the hospitals directly without referral especially after hours	CCGs to educate the communities in utilising PHC facilities before moving to hospital level.
Central Hospital					
96. Average Length of Stay – total	7.9 days	8.1days	2.5%	Staff shortages particularly the non-exempted posts which are critical in specialised areas such as Echo, theatres, MRI, CT Scan etc. causes delays of elective bookings as emergency cases are prioritized.	Implement minimum staff establishment
97. Inpatient Bed Utilisation Rate – total	66.3%	61.1%	7.8%	Less specialised interventions are booked between December and January as most staff takes leave during this period.	
98. Expenditure per patient day equivalent (PDE)	R8 980	R9 300	3.6%	Costs of consumables such as implants and renal dialysis contribute to this, most haemolysis machines were broken at Addington Hospital and patients are referred to LALCH	Fast track procurement of the new service provider to supply haemolysis machines at tertiary and regional hospitals
99. Complaint resolution rate	100%	100%	0	Complaints management committee monitor complaints management process.	
100. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
101. Delivery by Caesarean Section rate	66.2%	74.5%	12.5%	C/S done at this level are clinically indicated	Continue with C/S audits

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
102. OPD Headcount - total	46 433	47 840	3.0%	Prioritization of emergency cases resulting in the increased number of elective patients managed on outpatient basis due to staff shortage.	Finalize minimum staff establishment.
Programme 7: Health Care Support Services					
103. Percentage of facilities reporting clean linen stock outs	0%	8.7%	100%	<ul style="list-style-type: none"> Ladysmith Hospital claim to be experiencing stock out incidents due to reduced collection days of clean linen from a Durban regional laundry Laundry staff shortages reduce laundry output Inadequate infrastructure capacity exacerbated by longer downtime on machine repairs has an adverse effect on output Unavailability of a bulk of un-contracted linen items and budgetary constraints impacts negatively on linen availability 	<ul style="list-style-type: none"> Ladysmith advised to increase utilisation of in-house infrastructure capacity to reduce soiled linen sent for processing to a Durban regional laundry Awaiting outcome on ratification process on filling of critical laundry posts from HRMS. Infrastructure still working on developing SLAs for laundry machine repairs, servicing and maintenance to reduce downtime. Awaiting SCM process to be finalised on bulk un-contracted linen items. Specifications already shared with SCM. Linen budget decentralised to facilities.
104. Tracer medicine stock-out rate (PFSD)	5%	19.9%	298%	There has been concerning supply constraints attributed to: (a) shortage of raw materials, (b) manufacturing constraints; (c) packaging constraints; (d) demand higher than forecast; (e) Non-award of contracts / No bids; (f) regulatory constraints; etc.	<p>The NDOH is liaising with suppliers about resolution of the supply constraints.</p> <p>The KZN Department of Health has implemented the National Demand Planning model to assist with having accurate national forecast for use for contracting.</p>
105. Tracer medicine stock-out rate (institutions)	3%	2.4%	20%	Stock was moved between facilities to mitigate for supply constraints. There is still challenges with medicine availability at facilities, as listed above.	RxSolution (electronic stock management system) is being rolled out for enforcing controls and standardisation across all facilities. The processes and systems are being continuously strengthened.
106. Percentage facilities on Direct Delivery Model	100%	100%	0	No deviation.	
107. Number of facilities implementing the	735	744	1.2%	Maintenance of the achievement from previous quarter.	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
CCMDD Programme (cumulative)					
108. Number of patients enrolled on CCMDD Programme (cumulative)	1 121 256	1 213 963	8.3%	SWCH was implemented at clinics and that has improved maintenance of data.	
109. Number of external pick-up points linked to CCMDD	New	742		There was an increased effort to establish external pick up points by Districts.	
Programme 8: Health Facilities Management					
110. Number of jobs created through the EPWP	200	190	5%	Lower opportunities created in the quarter due to the over-achievement in the previous quarter.	
111. Number of new and replacement projects completed	1	0	100%	Delays in Grootville due to incorrect medical gases and unsatisfactory vinyl sheeting.	A practical completion meeting was scheduled for 28 January 2020. Practical Completion is anticipated in the 4th Quarter.
112. Number of upgrade and addition projects completed	9	9	0	No deviation	
113. Number of renovation and refurbishment projects completed	4	4	0	No deviation	
114. Percentage of maintenance and repairs budget spent	75%	81%	8%	Increased expenditure on Maintenance Category A (Day-to-day) by institutions.	

SUBMITTED BY:

Mr. J GOVENDER
Chief Director: HSDPM&E

DATE

11/5/2020

OFFICIAL SIGN-OFF:

DR. SC Tshabalala
Head: Health

DATE

24/09/2020