



health

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

DIRECTORATE:

Physical Address: 330 Langalibalele Street, Pietermaritzburg, 3201
Postal Address: Private Bag X9051, Pietermaritzburg, 3200
Tel: 033 - 395 2589 Fax: 033 - 345 0792 Email: kwezi.maphalala@kznhealth.gov.za
www.kznhealth.gov.za

Office of the Head: Health

Dr Nonhlanhla O. Mkhize
Director-General
Office of the Premier
Private Bag X9037
PIETERMARITZBURG
3201

Dear Dr Mkhize

DEPARTMENTAL PRELIMINARY QUARTERLY PERFORMANCE REPORT (Q3)

The above matter refers.

I, Dr S. Tshabalala (Head: Health) hereby submit the quarterly performance information for the 2nd quarter actual and the 3rd quarter (preliminary) 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

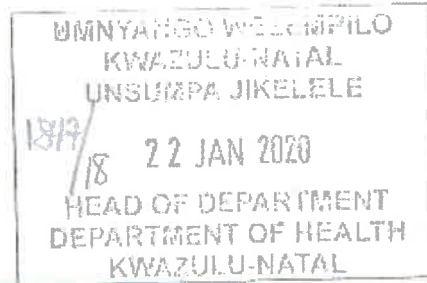
DR S. Tshabalala
HEAD; HEALTH
KWAZULU-NATAL

Date: 30/01/2020



health

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



DIRECTORATE:

Physical Address: 330 Langibalele Street, Pietermaritzburg, 3201
Postal Address: Private Bag X9051, Pietermaritzburg, 3200
Tel: 033 - 395 3288 Fax: 033 - 394 3287 Email: jack.govender@kznhealth.gov.za

Health Service Delivery Planning,
Monitoring and Evaluation

SUBMISSION

Date: 21.01.2020	File No:
To: Dr S. Tshabalala Head: Health	From: Mr. J Govender Chief Director: Health Service Delivery Planning, Monitoring and Evaluation
Subject: Quarterly Provincial Report for Treasury: 2019/20 Quarter 3 (Preliminary)	

Aim:

To obtain the signature of the Head: Health, for the submission of the Quarter 3 – 2019/20 Preliminary Quarterly Report to the Office of the Premier and the National Department of Health.

Background:

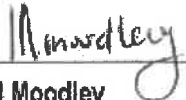
This submission contains the following Annexures:

A	3rd Quarterly Provincial Report: 2019/20 (Data Elements): Preliminary data
B	2nd Quarterly Provincial Report: 2019/20 (Data Elements): Actual data

- 1.1 The Head of the Health is requested to certify the data provided as correct.
- 1.2 The attachments must be submitted to Office of the Premier and the National Department of Health.
- 1.3 The attached document is prepared in line with the requirements determined by the National Departments of Treasury, and Health, and the Office of the Premier. Data for the reporting quarter (3rd) is preliminary. Data for the 2nd quarter is actual. Data sourced from the DHIS (the main source), HR and Finance.
- 1.4 The narrative provided in the attached document is based on data analysis, and narratives provided in historical reports and may not necessarily be a true reflection of the "reason for deviation".

Declaration

1. Routine data used for the compilation of this report has been submitted timeously to the National Department of Health as per the District Health Management Information System Policy. The data presented in the Treasury Report is seen as a minimum data set signed off by the HoH.



Mrs. N Moodley
Director: Data Management and GIS

Request:

It is requested that the Head: Health signs the Annexures as indicated.



Mr. J Govender
Chief Director: Health Service Delivery Planning, Monitoring and Evaluation

Date: 21/01/20

Quarterly Performance Report Q3 for KZN


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 Preliminary output	2nd Quarter Actual output - validated	3rd Quarter Preliminary output	Comments for the 3rd Quarter
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	66.7%	92.9%	80.3%	80.3%	80.3%	80.3%	
Percentage of fixed PHC facilities with broadband access	36.5%	50.2%	61.5%	61.5%	95.3%	95.3%	
Programme 2: District Health Services							
District Management	2.5	2.5	2.5	2.6	2.6	2.5	
PHC utilisation rate - Total	95.7%	95.0%	97.2%	95.3%	94.8%	94.5%	
Complaint resolution within 25 working days rate (PHC)							
District Hospitals							
Average Length of Stay (District Hospitals)	5.4 days	5.5 days	5.3 days	5.2 days	5.2 days	5.2 days	
Inpatient Bed Utilisation Rate (District Hospitals)	99.5%	62.7%	98.5%	61.1%	60.7%	58.4%	
Expenditure per PDE (District Hospitals)	R 2,582	R 2,781	R 3,043	R 2,796	R 2,856	R 3,019	
Complaint Resolution within 25 working days rate (District Hospitals)	92.0%	95.0%	96.8%	91.3%	90.9%	94.2%	
HIV & AIDS, STI & TB (HAST) CONTROL							
ART Client remain on ART end of month -total	1,387,688	1,576,737	1,421,590	1,436,117	1,447,173	1,448,106	TB data will only be available as actual data going forward.
	86.3%	95.0%	87.2%	0%	87.0%	0%	
TB/HIV co-infected client on ART rate	3 684 143	3 074 435	1 042 980	1 177 959	1 149 121	1 150 410	
HIV test done - total	111 028 599	170 755 053	18 865 200	22 098 630	28 486 120	19 717 050	
Male condom distributed	209 732	148 209	46 859	37 083	36 467	28 997	
Medical male circumcision - Total	104.6%	92.0%	98.7%	98.8%	98.1%	98.1%	
TB client 5yrs and older start on treatment rate	72.2%	87.0%	87.8%	87.8%	80.6%	0%	TB data will only be available as actual data going forward.
TB client treatment success rate	6.5%	5.0%	10.3%	10.3%	10.7%	0%	TB data will only be available as actual data going forward.
Maternal, Child and Women's Health and Nutrition (MCWH&N)							
TB client lost to follow up rate							
Antenatal 1st visit before 20 weeks rate	73.2%	75.0%	73.4%	76.3%	76.5%	76.2%	
Mother postnatal visit within 6 days rate	74.9%	81.0%	73.1%	76.3%	77.7%	76.3%	
Infant 1st PCR test positive around 10 weeks rate	0.6%	0.6%	0.6%	0.5%	0.4%	0.8%	
Immunisation under 1 year coverage	90.8%	88.0%	88.4%	80.4%	89.6%	93.0%	
Measles 2nd dose coverage	77.6%	90.0%	82.0%	82.5%	83.5%	83.7%	
Diarrhoea case fatality under 5 years rate	2.2%	2.0%	2.2%	1.8%	1.4%	1.4%	
Pneumonia case fatality under 5 years rate	2.3%	2.4%	2.5%	2.1%	1.9%	2.4%	
Severe acute malnutrition case fatality under 5 years rate	7.8%	6.0%	7.0%	8.5%	6.4%	10.7%	
School Grade 1 - learners screened	66 777	80 147	21 058	13 517	16 169	26 787	
School Grade 8 - learners screened	33 967	31 473	18 450	9 326	9 068	10 217	
Delivery in 10 to 19 years in facility rate	21.0%	21.0%	17.3%	16.8%	16.8%	15.7%	
Couple year protection rate (m)	59.6%	56.0%	48.2%	51.9%	55.9%	49.8%	
Vitamin A dose 12-59 months coverage	70.8%	70.0%	60.2%	66.8%	70.2%	72.6%	
Cervical cancer screening coverage 30 years and older	85.7%	84.0%	81.4%	86.9%	85.9%	97.5%	
Disease Prevention and Control							
Cataract Surgery Performed	1473/1mil	9,700	4,412	5,201	4,952	5,901	
Malaria case fatality rate	0.5%	0.5%	0.4%	0.5%	0.5%	1.3%	


Quarterly Performance Report Q3 for KZN

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 Preliminary output	2nd Quarter Actual output - validated	3rd Quarter Preliminary output	Comments for the 3rd Quarter
Programme 3: Emergency Medical Services (EMS) EMS P1 urban response under 15 minutes rate EMS P1 rural response under 40 minutes rate EMS inter-facility transfer rate Programme 4: Provincial Hospital Services Regional Hospitals Average Length of Stay (Regional Hospitals) Inpatient Bed Utilisation Rate (Regional Hospitals) Expenditure per patient day equivalent (PDE) (Regional Hospitals) Complaint resolution within 25 working days rate (Regional Hospitals) Specialised Hospitals Complaint resolution within 25 working days rate Programme 5: Central Hospital Services (C&HS) Provincial Tertiary Hospitals Services 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)	35.7%	26.0%	36.0%	37.1%	37.1%	36.2%	
	50.0%	35.0%	32.9%	43.9%	43.9%	36.5%	
	40.8%	39.0%	43.8%	41.6%	41.6%	49.2%	
	6.3 days	6.3 days	6.3 days	6.3 days	6.2 days	6.2 days	
	73.3%	74.7%	73.4%	77.0%	75.8%	72.9%	
	R 3,068	R 3,245	R 3,176	R 2,902	R 3,215	R 3,247	
	87.3%	95.0%	95.1%	96.3%	96.0%	81.1%	
			100.0%	100.0%	100.0%	100.0%	
	7.9 days	7.2 days	7.6 days	7.6 days	7.8 days	7.5 days	
	69.7%	71.7%	74.5%	76.0%	76.3%	74.8%	
R 4,050	R 4,129	R 4,185	R 4,161	R 4,100	R 4,237		
	95.0%	92.6%	100.0%	100.0%	100.0%		
8.7 days	8.4 days	8.7 days	8.4 days	8.5 days	8.3 days		
65.8%	66.8%	63.3%	65.3%	64.5%	65.6%		
R 9,456	R 9,960	R 9,796	R 8,992	R 8,987	R 9,103		
100.0%	95.0%	100.0%	100.0%	100.0%	100.0%		
ANNUAL OUTPUT							
Programme 1: Administration	awaiting AG response	unqualified Audit					
Programme 2: District Health Services	81.8%	100.0%					
HIV and AIDS, STI and TB	6.2%	5.0%					
TB Client death rate	68.7%	60.0%					
Maternal, Child and Women's Health and Nutrition	98.9%	97.0%					
Antenatal client start on ART rate	71,109	60,000					
HPV 1st dose	98,759	60,000					
HPV 2nd dose	88,410,000	95,100,000					
Maternal mortality in facility rate	11,511,000	11,311,000					
Neonatal death in facility rate							
Programme 6: Health Sciences and Training (HST)	12	30					
Number of Bursaries awarded to first year medicine students	120	100					
Number of Bursaries awarded to first year nursing students							
Programme 8: Health Facilities Management							
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	148	151					
Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	464	529					

Quarterly Performance Report Q3 for KZN

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 Preliminary output	2nd Quarter Actual output - validated	3rd Quarter Preliminary output	Comments for the 3rd Quarter
							
Programme 1: Administration							
Raw data							
Percentage of Hospitals with broadband access			57	57	57	57	
Total number of hospitals with minimum 2 Mbps connectivity			71	71	71	71	
Percentage of fixed PHC facilities with broadband access			375	375	582	582	
Total Number of fixed PHC facilities with minimum 1Mbps connectivity			610	610	611	611	
Programme 2: District Health Services							
District Management							
PHC utilisation rate - Total			7,068,271	6,076,660	7,410,245	4,761,367	
PHC headcount under 5 years + PHC headcount 5-9 years + PHC headcount 10-19 years - PHC headcount 20 years and older			11,528,878	11,528,879	11,528,879	11,527,879	
Population - Total			2,284	1,640	2,438	1,385	
Complaint resolution within 25 working days rate (PHC)			2,329	1,720	2,571	1,465	
Complaint resolved within 25 working days							
Complaint resolved							
District Hospitals							
Average Length of Stay (District Hospitals)			440,860	306,363	457,726	282,121	
Inpatient day total			4,705	3,567	4,467	2,821	
Day patient total			63,932	59,523	69,025	56,876	
Inpatient separations			74,833	52,987	79,478	50,736	
Inpatient discharges-total			4,150	3,024	4,330	2,957	
Inpatient deaths-total			4,949	3,512	5,209	3,489	
Inpatient transfers out - total							
Inpatient Bed Utilisation Rate (District Hospitals)			440,860	306,363	457,724	282,121	
Inpatient day total			4,705	3,567	4,467	2,821	
Day patient total			8,306	8,280	8,306	8,262	
Usable (inpatient) beds							
Expenditure per PDE (District Hospitals)			1,825,339,939	1,245,747,857	1,691,360,963	1,286,675,630	
Expenditure - total							

Quarterly Performance Report Q3 for KZN

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 Preliminary output	2nd Quarter Actual output - validated	3rd Quarter Preliminary output	Comments for the 3rd Quarter	
 <p>Patient day equivalent OPD headcount not referred new OPD headcount referred new OPD headcount follow-up Emergency Headcount total Complaint Resolution within 25 working days rate (District Hospitals) Complaint resolved within 25 working days Complaint resolved HIV and AIDS, STI and TB (HAST) ART client remain on ART end of month -total ART adult remain on ART end of period ART child under 15 years remain on ART end of period TB/HIV co-infected client on ART rate TB/HIV co-infected client on ART TB client known HIV positive HIV test done - total Antenatal client HIV 1st test Antenatal client HIV re-test HIV test 15-59 months HIV test 5-14 years HIV test 15 years and older (excl ANC) Male condom distributed Male condoms distributed Medical male circumcision - Total Males 10 to 14 years who are circumcised under medical supervision Males 15 years and older who are circumcised under medical supervision</p>			632 683 106 735 90 772 307 197 63 407 664 686 1373 446 48 144 3 848 5 726 1042 960 39 646 50 048 33 957 65 727 853 582 16985 200 27 972 18 887 9 215 9 340 9 570 10 901 1 128 10 901 39 658 54 048 41 314 56 489 80 13 805 57 422 259 716	445 591 72 979 65 408 227 147 46 789 348 361 1388 994 47 123 785 306 28 434 34 538 26 537 48 522 648 275 14732 420 11 500 12 922 7 723 7 816 9 570 10 901 1 128 10 901 29 781 39 030 28 284 37 040 53 9 767 39 115 259 716	662 199 109 472 95 668 333 567 68 917 558 614 1400 532 46 641 4 319 6 449 1149 121 41 711 54 220 37 357 69 074 946 759 28486 120 16 772 17 665 11 392 11 497 10 226 12 688 1 352 12 688 43 895 57 959 44 273 56 952 59 14 326 58 187 259 716	426 125 68 196 64 455 220 968 44 172 341 362 1401 320 46 786 766 943 28 892 38 475 23 879 38 463 639 331 13 44 700 8 020 9 978 7 243 7 382 - - - - 28 282 37 131 25 516 33 422 74 9 433 60 249 259 716		
	<p>TB client 5yrs and older start on treatment rate TB client 5 years and older start on treatment TB symptomatic client 5 years and older tested positive TB client treatment success rate All TB client successfully completed treatment All TB client start on treatment TB client lost to follow up rate All TB client lost to follow up All TB client start on treatment Maternal, Child and Women's Health and Nutrition (MCW&N) Antenatal 1st visit before 20 weeks rate Antenatal 1st visit before 20 weeks rate Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks Mother postnatal visit within 6 days rate Mother postnatal visit within 6 days after delivery Delivery in facility total Infant 1st PCR test positive around 10 weeks rate Infant PCR test positive around 10 weeks Infant PCR test around 10 weeks Immunisation under 1 year coverage Immunisation fully under 1 year new Female under 1 year + Male under 1 year</p>			9 570 10 901 1 128 10 901 39 658 54 048 41 314 56 489 80 13 805 57 422 259 716	9 570 10 901 1 128 10 901 29 781 39 030 28 284 37 040 53 9 767 39 115 259 716	11 392 11 497 10 226 12 688 1 352 12 688 43 895 57 959 44 273 56 952 59 14 326 58 187 259 716	- - - - 28 282 37 131 25 516 33 422 74 9 433 60 249 259 716	- TB data not available - TB data not available - TB data not available - TB data not available

Quarterly Performance Report Q3 for KZN

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 Preliminary output	2nd Quarter Actual output - validated	3rd Quarter Preliminary output	Comments for the 3rd Quarter
Measles 2nd dose coverage							
Measles 2nd dose			53 872	36 110	54 830	36 657	
Female 1 year + Male 1 year			262 747	262 747	262 747	262 747	
Diarrhoea case fatality under 5 years rate							
Diarrhoea death under 5 years			38	35	40	19	
Diarrhoea separation under 5 years			1 668	1 916	2 951	1 407	
Pneumonia case fatality under 5 years rate							
Pneumonia death under 5 years			62	32	46	42	
Pneumonia separation under 5 years			2 499	1 529	2 464	1 722	
Severe acute malnutrition (SAM) death in facility under 5 years							
Severe acute malnutrition (SAM) death in facility under 5 years rate			45	27	30	31	
Severe Acute Malnutrition under 5 years			699	317	471	291	
School Grade 1 - learners screened							
School Grade 1 - learners screened			21 058	9 011	16 169	17 858	
School Grade 3 - learners screened							
School Grade 3 - learners screened			18 450	6 217	9 068	6 811	
Delivery in 10 to 19 years in facility rate							
Delivery 10-14 years in facility + Delivery 15-19 years in facility			9 596	6 444	9 548	6 282	
Delivery in facility total			56 489	37 040	56 952	38 422	
Couple Year Protraction Rate (int)							
Contraceptive years equivalent			358 239	268 379	441 095	256 192	
Male sterilisation			196	126	189	73	
Female sterilisations			3 295	2 081	3 170	2 040	
Methoxyprogesterone injection			378 318	265 638	390 486	215 406	
Norethisterone enanthate injection			44 604	42 003	63 661	79 708	
Oral pill cycle			106 079	64 574	92 915	68 435	
IUCD			6 474	5 016	7 755	5 359	
Male condoms			16865 200	14732 420	25486 120	13144 700	
Subdermal implant			16 002	8 329	12 490	7 368	
Female condoms			547 493	294 525	1749 813	1354 618	
Female 15-44 years + Female 45-49 years			3101 056	3101 056	3101 056	3101 056	
Vitamin A dose 12-59 months coverage							
Vitamin A dose 12-59 months			320 911	237 328	373 907	257 886	
(Female 1 year + Female 02-04 years - Male 1 year + Male 02-04 years) * 2			1065 646	1065 646	1065 646	1065 646	
Cervical cancer screening coverage 30 years and older							
Cervical cancer screening 30 years and older			49 213	35 010	51 949	39 278	
(Female 30-34 years + Female 35-39 years + Female 40-44 years + Female 45 years and older) / 10			2417 747	2417 747	2417 747	2417 747	
Disease Prevention and Control							
Cataract Surgery Performed							
Cataract surgery total			4 412	3 467	4 982	3 934	
Malaria case fatality rate			1	1	1	1	
Deaths from malaria			269	205	210	78	
Total number of Malaria cases reported							
Programme 3: Emergency Medical Services (EMS)							
EMS P1 urban response under 15 minutes rate			13 224	13 148	13 149	12 032	
EMS P1 urban response under 15 minutes rate			38 706	35 443	35 443	35 283	
EMS P1 urban calls							
EMS P1 rural response under 40 minutes rate			15 078	19 813	19 813	19 816	
EMS P1 rural response under 40 minutes rate							

Quarterly Performance Report Q3 for KZN

Programme / Subprogramme / Performance Measures	Audited Outcomes for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Preliminary output	2nd Quarter Actual output - validated	3rd Quarter Preliminary output	Comments for the 3rd Quarter
Report on Non Standard Items							
EMS P1 rural calls			45 832	45 162	45 162	51 482	
EMS Inter-facility transfer rate			49 602	50 453	50 453	58 887	
EMS inter-facility transfer			113 355	121 165	121 165	119 623	
EMS clients total							
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
Average Length of Stay (Regional Hospitals)							
Inpatient day total			459 696	322 058	475 280	374 585	
Day patient total			12 172	7 856	11 646	7 708	
Inpatient separations			74 326	51 994	77 052	50 049	
Inpatient discharges-total			66 638	46 320	68 732	44 757	
Inpatient deaths -total			3 673	2 588	3 828	2 337	
Inpatient transfers out - total			4 017	3 086	4 492	2 955	
Inpatient Bed Utilisation Rate (Regional Hospitals)							
Inpatient day total			459 696	322 058	475 280	374 585	
Day patient total			12 172	7 856	11 646	7 708	
Usable (inpatient) beds			6 957	6 955	6 956	6 957	
Expenditure per patient day equivalent (PDE) (Regional Hospitals)							
Expenditure total			2226911 737	1543828 143	2319483 570	1513826 451	
Patient day equivalent			701 251	670 844	721 392	486 268	
OPD headcount not referred new			71 113	47 170	68 519	41 808	
OPD headcount referred new			83 056	589 852	89 053	58 350	
OPD headcount follow-up			484 890	327 024	477 473	318 386	
Emergency Headcount total			87 347	59 830	86 823	54 906	
Complaint resolution within 25 working days (Regional Hospitals)							
Complaint resolved within 25 working days			440	415	523	202	
Complaint resolved			458	431	545	249	
Specialised Hospital							
Complaint resolution within 25 working days rate			42	57	96	40	
Complaint resolved within 25 working days			42	57	96	40	
Complaint resolved							
Programme 5: Central Hospital Services (CHHS)							
Provincial Tertiary Hospitals Services							
Average Length of Stay (Tertiary Hospitals)							
Inpatient day total			110 049	75 712	113 283	73 904	
Day patient total			2 326	877	1 293	796	
Inpatient separations			14 576	10 057	14 877	9 905	
Inpatient discharges-total			11 208	7 729	11 269	7 496	
Inpatient deaths -total			908	584	884	500	
Inpatient transfers out - total			2 560	1 744	2 525	1 849	
Inpatient Bed Utilisation Rate (Tertiary Hospitals)							
Inpatient day total			110 049	75 712	113 283	73 904	
Day patient total			2 326	877	1 293	796	
Usable (inpatient) beds			1 636	1 646	1 637	1 633	
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)							
Expenditure total			628224 087	445564 509	651014 438	447879 621	
Patient day equivalent			160 112	107 084	158 791	105 719	
OPD headcount not referred new			9 152	7 140	10 430	8 239	
OPD headcount referred new			20 065	15 236	22 318	16 718	
OPD headcount follow-up			73 663	80 025	86 590	59 525	

Quarterly Performance Report Q3 for KZN

Programmes / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2018/20 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Preliminary output	2nd Quarter Actual output - validated	3rd Quarter Preliminary output	Comments for the 3rd Quarter
Emergency Headcount total			13 821	10 399	15 177	9 772	
Complaint resolution within 25 working days rate (Tertiary Hospitals)			25	27	39	23	
Complaint resolved within 25 working days			27	27	39	23	
Complaint resolved							
Provincial Central Hospitals Services							
Average Length of Stay (Central Hospitals)							
Inpatient day total			48 842	33 448	49 597	38 634	
Day patient total			397	298	446	234	
Inpatient separations			5 640	4 005	5 854	4 059	
Inpatient discharges-total			3 989	2 892	4 249	2 893	
Inpatient deaths -total			190	117	182	145	
Inpatient transfers out - total			1 461	986	1 423	1 021	
Inpatient Bed Utilisation Rate (Central Hospitals)							
Inpatient day total			48 842	33 448	49 597	38 634	
Day patient total			397	298	446	234	
Usable (inpatient) beds			946	846	846	846	
Expenditure per patient day equivalent (PDE) (Central Hospitals)							
Expenditure total			63858 301	409782 266	597517 917	416838 867	
Patient day equivalent			84 308	45 572	67 236	45 789	
OPD headcount not referred new			4 133	3 063	4 626	3 088	
OPD headcount referred new			42 690	31 821	46 387	32 232	
OPD headcount follow-up			1 380	921	1 314	774	
Emergency Headcount total							
Complaint resolution within 25 working days rate (Central Hospitals)			29	25	37	25	
Complaint resolved within 25 working days			29	25	37	25	
Complaint resolved							

I, **Priscilla Esphah** hereby certify that the non-financial data submitted for Q2 is correct and is preliminary for Q3 and gives an overview of the performance of the department.

Signed by: Head of the Department
 Date: 30.01.2020.....



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

PROVINCE: KwaZulu-Natal

QUARTER: Two

NAME OF THE PERSON CONSOLIDATING THE REPORT: Mrs S. Ndlovu

BUDGET PROGRAMME: Health

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
Programme 1: Administration					
1. Percentage of hospitals with broadband access	80%	80.3%	0.4%	An upgrade of already qualified hospitals from 2Mbps to a bigger capacity. There were 4 upgrades done in Q2.	
2. Percentage of fixed PHC facilities with broadband access	40%	35.3%	138.3%	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%	96.12%	20.2%	Improved investigation and mitigation of delays in payments	Monthly payment cycle analysis report being compiled and to be 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% on the Food Service Monitoring Standards Grading System	85%	32%	62.4%	High attrition rate of hospital Food Service Managers (FSM). Currently there are 14 hospitals without FSMs, who are the technical implementers of this operation.	2020/21 targets to be revised in line with available resources to implement this operation.
5. Number of ethics workshops conducted	0	20	100%	Target was exceeded due to demand for workshops	
Programme 2: District Health Services					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Pratim Q2	Deviation	Reason for Deviation	Interventions
Primary Health Care					
6. PHC Utilisation rate - total	2.5	2.6	4%	Although the target has been met, the performance of some facilities as observed during facility visits has regressed.	PHC and Data Management to focus their attention on facilities that have regressed in performance
7. PHC utilisation rate under 5 (annualised)	3.9	3.7	5.1%	Limited focused interventions to mobilise for health care seeking behaviour targeting mothers and child minders of under 5	Implement Community Based Model (CBM) in order to reach more children. CBM aims to improve health service utilization. The outreach teams implementing the CBM are able to screen for pregnant women early, test for HIV (health promotion and diseases prevention), screen for malnutrition, abuse, TB, HIV and other chronic, trace all defaulters and refer them to the facility. This increases the utilization.
8. Complaint resolution rate (PHC)	95%	93.8%	1.3%	King Cetshwayo District experienced challenges tracing some complainants; Edumbe had challenges on the implementation of guidelines. Ethekeini clinics reported software challenges.	KCD encouraged to fast-track the tracing of complainants and resolve the complaints. Zululand to support Edumbe CHC closely in the marketing strategy to be able to close the complaints
9. Complaint resolution within 25 working days rate (PHC)	96%	94.8%	1.3%		
10. Expenditure per PHC headcount	R400	R401	0.3%	Performance within acceptable deviation. There has been improvement in monitoring and reporting on PHC expenditure due to the support from Provincial Budget office.	District HPV Coordinators, Finance Manager and the provincial HPV management team to pay special attention to the HPV grant management that was underspent last financial year
11. Number of school health teams (cumulative)	210	215	2.4%	The implementation of the Community Based Model (CBM) has facilitated the relocation of some nurses to the School Health services and WBOTs	Further strengthen and maintain the CBM strategy used to increase the number of teams
12. Number of ward-based outreach teams (cumulative)	145	125	13.8%	Districts and District supporting partners have recruited additional teams but only 125 have reported on WDHIS	PHC unit has requested districts to ensure that all the recruited teams are registered and report on WDHIS. Some districts have already responded positively but this will show in Q3
13. Number of accredited health promoting schools (cumulative)	412	415	0.7%	The Health Promoting Unit and School Health Teams continued to work with Department of Education, Social Development and School Governing Body to prepare and award schools that have applied to be Health Promoting Schools	Enrol, support, audit and award health promoting status to schools
District Hospitals					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
14. Average Length of Stay – total	5.5 Days	5.2 Days	5.5%	Provincially the Department is on target in this indicator with almost all districts within target. The only districts which are slightly above target are Umgungundlovu and Umzinyathi. Some of reasons cited are: late presentation by patients resulting in long stay; Rural-ness of the areas lead to late collection of discharged patients.	Awareness creation among community using community outreach teams on health seeking behaviour and promotion of early presentation by patients
15. Inpatient Bed Utilisation Rate – total	61.5%	60.7%	1.3%	Performance within acceptable deviation, most of the districts are performing well. The only districts that are not performing well are King Cetshwayo at 47% and iLembe at 49%	Focused intervention on iLembe and King Cetshwayo Districts with Family Physicians focusing on improving skills of medical officers at the district hospital level and monitor the performance of the doctors in terms of performing minor operations and reducing unnecessary transfers to the next level of care. A system is required to differentiate between levels of care when calculating cost of PDE. I.T Section to attend to poor connectivity resulting in increased travelling costs.
16. Expenditure per patient day equivalent (PDE)	R 2 781	R2 856	2.7%	The province is still not performing well in this indicator, poor performing districts include eThekweni, Amajuba and iLembe. Reasons cited are calculations of PDE where more than one level of service is being offered. Non-linking of Gateway staff to Gateway clinics. Low BUR and high transport cost.	
17. Complaint resolution rate	94.7%	93.2%	1.6%	Outstanding complaints due to committees not meeting regularly leading to delay in complaint investigations and tracing of complainants.	<ul style="list-style-type: none"> Committees to have schedule for complaints resolutions meetings and adhere to it. Keep track of captured complaints and organise ad hoc meetings. Reports to be submitted on time on all complaints captured. Fast track investigation of outstanding complaints.
18. Complaint Resolution within 25 working days rate	95%	90.9%	4.3%	Ethekweni Wentworth received complaints towards the end of the quarter, Oshinisweni were still investigating some of the complaints and Umkhanyakude experienced challenges with implementing guidelines	Provincial QA to support and monitor closely the two districts, namely; Ethekwini and Umkhanyakude, in the implementation of Complaints Management guidelines
19. Delivery by Caesarean Section rate	27.5%	28.2%	2.5%	Within acceptable deviation of the target, however there are districts that are way above target, these are Ugu, Umgungundlovu, and iLembe. Reasons include cross border patients, and herbal medications use. Clinical indicated e.g. Foetal distress or previous Caeser.	Conduct cross border meetings to strengthen relationship amongst affected clinics. Engage community and Traditional Health Practitioners on the use of Herbal medication during pregnancy
20. OPD Headcount – Total	574 846	538 707	6.3%	DHS has guided the districts to ensure that there is medical coverage at the primary health care level. Umgungundlovu, Umzinyathi, Amajuba, and part of Harry Gwala Districts have already started visits to clinics by medical practitioners.	Districts to increase medical coverage at the primary health care level. A task team led by Pholela CHC CEO has been established to look at different model that KZN Health can use to ensure proper coverage at primary health care level and further sustain it.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
21. OPD Headcount not referred new	95 003	109 472	15.2%	Patients still bypass PHC levels due to the fact that majority still prefer to be consulted by a medical practitioner and not a nurse.	The strategy of improving medical coverage at PHC will lead to decreased number of patients bypassing the PHC services
HIV, AIDS, STI and TB Control					
22. ART Client remain on ART end of month – total	1 440 082	1 447 173	0.5%	<p>Performance on this indicator has continuously improved as a result of sustaining activities initiated in the first quarter.</p> <ul style="list-style-type: none"> Same day initiation on Catch Weekly Report and discuss with all district through skype meeting. Monitor that all HIV positive clients are accompanied by the lay counsellors to NIMART nurses for same day initiation Monitor the initiation targets for each NIMART nurse as per the set daily norms using Vantage System. Monitor the waiting for ART list at facility level for prompt intervention weekly in cases of clients not receptive to same day initiation on ART. Communicate with all districts that those Clients not are ready for initiation to be referred to the Medical Officer / Clinician, CG Social Worker for ART readiness counselling & to produce proof of referral & outcomes. 	Implement and monitor Same day initiations on Catch Weekly Report.
23. TB / HIV co-infected clients on ART rate	95%	67.0%	29.5%	Incomplete recording of the TB/HIV on primary source documents.	Re-orientate facility staff on accurate recording in clinical TB and HIV record.
24. HIV test done – total	768 610	1 149 121	49.5%	Operation Siyenza is vigorously implemented and Isibhedlela Kubantu is the new concept of testing and provision of health services at community level	The programme will continue and monitor the HIV Testing Services (HTS) numbers to ensure that targets are reached in the next quarter
25. Male condoms distributed	42 688 763	28 486 120	33.3%	Condom shortage due to delays in issuing of purchase orders and paying of suppliers as well as the challenge with the condom distribution.	Condom supply and distribution will be decentralised to all 11 districts to ensure better running of the program. The province with the support from Health Systems Trust is finalising the implementation plan which will be workshopped in the districts during the 4th quarter.
26. Medical Male Circumcision – total	50 390	36 467	27.6%	Department contracts for MMC medical services were expired in quarter two hence lower contribution from these service providers. External Quality Assurance assessments recommended some facilities to implement urgent	Application for extension of transversal and provincial MMC medical services contract has been submitted for approval by respective principals and current provincial service providers were allocated more numbers to cover

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
				interventions before they could resume MMC services. Lastly there is still data variance between DHIS and partner reports as shared by NDOH. There were also challenges with United States Agency for International Development (USAID) partners pulling out of districts (Ethekeini and Zululand) without notice thereby interrupting Medical Male Circumcision (MMC) service delivery.	for sites that had USAID partner. Districts are meeting with their respective service providers to mop up data entry where there is credibility of such data. USAID partner has been replaced where the previous partners had pulled out.
27. Male Urethritis syndrome Incidence	25.2/1 000	28.1/1 000	7.3%	Condom distribution is still a challenge in all districts even though there is slight improvement. Three districts that were high last quarter are still increasing in MUS incidence with EThekeini being the highest, followed by KCD, and UMkhanyakude. Six of the eleven Districts (6/11) had a decrease of MUS incidence compared to last quarter.	Monitor distribution of condoms in all facilities and use of available resources for distribution, e.g. school health, WBOTS, and tracing team cars in all districts. Mobilization will be done in 3 districts with high MUS, marketing and promoting condoms through ACSM.
28. TB client 5years and older start on treatment rate	89%	99.1%	11.3%	Training on TB/HIV management conducted in August to September 2019	Implement mentorship following previous training on TB/HIV data management
29. TB client treatment success rate	83%	80.6%	2.9%	Success rate is mainly affected by the high transfer/moved out rate, and high lost to follow up	Training on data demand and utilization will be conducted in August to improve monitoring data analysis and action at the facility level, as facilities now have information system on site with line listing reports.
30. TB client lost to follow up rate	6%	10.7%	78.3%	Late updating of data due to competing data demands with limited human resources.	Train operational managers on management reports so as to follow up gaps daily, weekly and monthly.
31. TB XDR confirmed client start on treatment	40	77	92.5%	Although target exceeded, there may be missed cases as the number of diagnosed XDR-TB patients is gradually declining when tracking previous financial year trends as well as line lists	Conduct active case finding by following up contacts and use weekly line lists to link all diagnosed patients to treatment and care.
32. TB New smear positive PTB cure rate	80%	46.7%	41.6%	Delays in laboratory TB data capturing at facility level leading to high rate of unevaluated patients. Late diagnosis TB of the HIV co-infected patients and high death and lost to follow up rate affected negatively on success rate.	To re-orientate facility staff during scheduled training on finding TB cases strategy in HIV positive clients. Fast track finalisation of the training curriculum for outreach teams. Re-orientate outreach teams on their roles whilst waiting for formal training according to standardised curriculum. Re-train operational managers on TB management to improve supervision of data captures. Implement mentorship following previous training on TB/HIV data management.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
Maternal, Neonatal, Child and Women's Health and Nutrition					
33. Antenatal 1st visits before 20 weeks rate	75%	76.5%	2.0%	Target reached due to availability of pregnancy test kits and continue to do "House-Hold pregnancy testing" by CCGs which was initiated in 2015	Ensure uninterrupted supply of test kits and ensure that pregnancy testing is conducted in all the streams at the facility level as well as by the CCGs at households. To conduct community awareness prioritizing the poorly performing sub-districts on the importance of early booking for antenatal care by facilities and by the District.
34. Mother postnatal visit within 6 days rate	79%	77.7%	1.6%	Performance within acceptable deviation. Cross-border women who deliver in KZN and return to their homes post-delivery. Mostly Ugu, Harry Gwala, UThukela and Zululand districts are affected. Teenagers return back to school post-delivery and care givers take long to bring to babies for post-natal care	Implement linkage to care post-delivery, booking and tracing system of postnatal patients. Ensure that the importance of postnatal care within 3 to 6 days is also discussed during the Community awareness campaigns and open days at facilities. Post-natal wards in hospitals to link mothers to PHC. WBOTS to assist where mothers miss their return dates Implementation of maternal post-natal card will start in December 2019 following orientation of midwives, to track and re-structure post-natal care for mothers at PHC.
35. Delivery in 10 to 19 years in facility rate	21%	16.8%	20%	Upscaling and accelerating access to Long Acting Reversible Contraceptives (LARCs) methods to students at all institutions of Higher learning using creative advocacy mediums and platforms such as LARC campaign.	LARC advocacy using platforms such as campaigns.
36. Couple year protection rate (international)	56%	58.9%	1.6%	Target achieved due to emphasis on Re-introduction of Intra-uterine device into the contraceptive methods mix and DJAL Protection Monthly Health service provided at "isibhedlela Kubantu" in all Districts.	Conduct community awareness on use of Dual Protection method
37. Cervical cancer screening coverage 30 years and older (annualised)	81%	85.9%	8%	Target reached due to increased community awareness about cancer of the cervix prevention and continuous screening	Integrate cervical screening into HIV/ART treatment services. Integrate cervical screening into antenatal care. Better promotion of screening within the community
38. Infant PCR Test positive around 10 weeks rate	0.6%	0.4%	33.3%	Target Achieved, Indicator monitored on the KZN Elimination of Mother To Child Transmission (EMTCT) of HIV Dashboard.	Keep the indicator on the KZN EMTCT Dashboard. Facilitate Facility visits for PCR Monitoring to identify and close gaps, with the Facility staff.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prs/im Q2	Deviation	Reason for Deviation	Interventions
39. Immunisation under 1 year coverage	88%	89.6%	1.8%	Catch-up drives assisted in achieving target as well as improved monitoring of vaccine stock outs	Conduct catch up drives and monitoring vaccines stock out
40. Measles 2nd dose coverage	90%	83.5%	7.2%	Although the target is not met, a slight improvement is noted from the previous quarter due to recording and data verification challenges being addressed	Implement catch-up campaign plans, including setting of and monitoring of facility targets. Improve recording of the antigens given in the source register and data verification by the managers
41. Diarrhoea case fatality under 5 years rate	2%	1.4%	30%	Target achieved due to strengthened PHC platform and improving social determinants of health	Implement integrated management of childhood illnesses (IMCI), non-rotation of staff and facility support visits.
42. Pneumonia case fatality under 5 years rate	2.4%	1.9%	20.8%	Target achieved as there were no outbreaks, and there was improved vaccine coverage and strengthening of IMCI with early referrals of sicker children	Implement integrated management of childhood illnesses (IMCI), non-rotation of staff and facility support visits.
43. Severe acute malnutrition case fatality under 5 years rate	6%	6.4%	6.7%	Poor implementation of the WHO protocol for inpatient management of SAM is a key contributing factor to the reduction in SAM Case Fatality rate at hospital level. Late identification and management of malnutrition exacerbated by social determinants of health.	Implement Integrated Nutrition Programme monitoring and support visits to facilities. Update the online SAM inpatient management course to allow more health workers to participate. Continue supporting districts with the updating and review of the Malnutrition Implementation Plans. Forty eight health workers completed the Severe Acute Malnutrition (SAM) inpatient management course in Q2. Three districts supported with SAM training. Three hospitals paediatric wards (Hlabisa, GJ Crookes, and Emmaus) supported on the SAM inpatient management.
44. Vitamin A dose 12-59months coverage	70%	70.2%	0.3%	Stock redistribution and utilising of 100 000IU units when available	Collaborate with Department of Social Development to address underlying social factors contributing to malnutrition. Training to improve counselling skills on infant and young child feeding (IYCF). Support districts with the updating and review of the Malnutrition Implementation Plans.
45. School Grade 1 -learners screened	13 023	16 169	24.2%	District teams implemented school learner screening once the HPV campaign was completed.	Provide Districts support regarding stock redistribution and utilising of 100 000IU units when available.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
46. School Grade 8 -learners screened	8 064	9 068	12.5%		
Disease Prevention and Control					
47. Cataract surgery - total	2 799	4 982	78%	Improved support and dedication on Eye Health Services	Implement strategies for improving Eye health services
48. Malaria case fatality rate	0.5%	0.5%	0	Improved malaria case management at health facilities including increasing health promotion activities to raise awareness on malaria prevention and control within the communities. More Screening was done outside health facilities	Implementation of key surveillance and Indoor Residual Spraying (IRS) Strategies
49. Clients 40 years and older screened for hypertension	1 277 782	1 406 574	10.1%		Increase early detection and case finding for people living with unknown Hypertension
50. Clients 40 years and older screened for Diabetes	1 277 782	1 480 096	15.8%		Early detection, case finding and early diagnosis reduce risk of Diabetes complications. Promotion of Adherence to medication and Improved quality of life living with Diabetes Mellitus.
51. Mental disorders screening rate	35%	43.7%	24.9%	<ul style="list-style-type: none"> • Training on mental health integration into PHC (MH-INT) project implemented • Screening, brief intervention and referral to treatment (SBIRT) training done for clinicians. • Districts also set different targets, based on previous performance, thereby self-motivating. 	Standard Operating Procedure (SOP) final draft plotted at Amajuba District. Target setting to be discussed at District Coordinator's meeting.
52. Wheelchairs issued	875	1 076	23%	Although target met, there is still a high turnover of Therapists and insufficient budget for assistive devices (e.g. wheelchairs)	Audit district procurement of assistive devices and provide support
53. Dental extraction to restoration ratio	18:1	13.4:1	25.8%	Implementation of the Oral Health Turn-around Strategy and in-service training on the use of transversal contract to order material has resulted in improving the extraction to restoration ratio in the second quarter. However there is still a shortage of material, dental lab assistants, and space as working areas.	The Head Office Oral Health Directorate will be visiting all eleven districts to engage with District Directors and oral health teams on oral and dental matters. To also motivate for the creation of more posts and expansion of work space. Already Uthukela and Umzimyathi district have been visited thus far as part of the oral health turn-around strategy
Programme 3: Emergency Medical Services					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
54. EMS P1 urban response under 15 minutes rate	26%	37.1%	42.7%	Although the target was achieved for the quarter, 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%	43.9%	21.9%		
56. EMS inter-facility transfer rate	40%	41.6%	4%	Demand driven indicator influenced by the demand for services.	
57. Average number of daily operational ambulances	200	160	20%	The current ambulance fleet is old with high mileage which contributes to increased downtime for repairs and maintenance.	The 88 ambulances that have been purchased have been delivered but are still being converted and having tracking devices and radios fitted. These were issued during the 3rd quarter.
58. Number of bases with access to computers and intranet/e-mail	38	22	42.1%	IT have indicated that the private network roll out will commence later this financial year	IT engaging SITA on this matter
Programme 4: Regional and Specialised Hospitals					
Regional Hospitals					
59. Average Length of Stay – total	6.3 Days	6.2 Days	1.6%	Performance within acceptable deviation	
60. Inpatient Bed Utilisation Rate – total	77%	75.8%	1.6%		
61. Expenditure per PDE	R3 174	R3 215	1.3%	Performance within acceptable deviation. There is still a sizeable portion of district level care patients seen at regional level.	Cost containment measures implemented and monitored actively.
62. Complaint resolution rate	95%	89.1%	6.2%	The outcomes of investigations of certain clinical complaints do not often meet pre-determined expectations of clients.	Provide service information at the time the client accesses a service in order to manage client expectations.
63. Complaint Resolution within 25 working days rate	95%	96%	1.1%	Management of complaints actively monitored.	
64. Delivery by Caesarean Section rate	40.3%	39.9%	1%	Within the norm, complicated deliveries are managed at regional level and caesarean sections are clinically indicated.	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 -- Q2

Performance Measures	Target Q2	Prefim Q2	Deviation	Reason for Deviation	Interventions
65. OPD Headcount – total	563 044	634 045	12.6%	High OPD headcount at PIMM.H, RK Khan Hospital (OPD Headcount more than 80 000) - there is no district hospital within the catchment area, PHCs do not open 24 hours.	Finalise assessment of Regional hospitals that need Gateway clinics established and then report head counts separately
66. OPD Headcount new case not referred	50 987	68 519	34.4%	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 hours	
Specialised TB Hospitals					
67. Average Length of Stay - total	55.5 Days	50.2 Days	9.5%	Even though the target is met, there are huge variances amongst the specialised TB Hospitals. Charles James, Richmond and St Margaret have ALOS above 70 days compared to others that have ALOS less than 48.5 days.	Convene a meeting of specialised TB Hospitals to encourage sharing of best practices. Provide targeted facility support to improve clinical governance practices.
68. Inpatient Bed Utilisation Rate – total	48.1%	34.5%	28.3%	New treatment guidelines including community based treatment of TB patients has resulted in low BUR	Implement rationalisation plan of TB hospitals. Phase 1 of rationalisation already agreed upon in the rationalisation meeting held in June 2019
69. Expenditure per patient day equivalent (PDE)	R 4 320	R7 545	74.7%	Low BUR is a contributory factor to this performance	
70. Complaint resolution rate	94.7%	102.6%	8.3%	Target exceeded due to carry over from the previous quarter. Complaints management committees at district and facility level monitor complaints management process.	
71. Complaint Resolution within 25 working days rate	95%	100%	5.3%	Complaints management committees at district and facility level monitor complaints management process.	
72. OPD Headcount – total	24 329	12 297	49.5%	Progressive down referrals is noted but the progress is slow.	Convene a meeting of specialised TB Hospitals and set targets for quarter 3 & 4
73. OPD Headcount – new case not referred	1 529	86	94.4%	Active referral of patients to the appropriate health service platform.	
Specialised Psychiatric Hospitals					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
74. Average Length of Stay	278.5 Days	423.6Days	52.1%	Long stay patients at Ekhulengeni and Umngeni Hospitals have large in-patient numbers and skew the performance of Mental Health Hospitals.	Long term and short term hospitals to be measured separately
75. Inpatient Bed Utilisation Rate – total	72.9%	74.1%	1.6%	Even though this indicates improvement on efficiency, long stay patients at Ekhulengeni and Umngeni distorts performance of this service platform, in addition there is a critical shortage of mental health beds in the province resulting in acute cases being managed at district hospitals.	
76. Expenditure per patient day equivalent (PDE)	R896	R1 512	68.8%	Townhill Hospital cost per PDE is R3 248.70 whereas others are less than R1 500.00	Analyse Townhill cost per PDE in comparison to other same level hospitals and implement necessary interventions
77. Complaint resolution rate	97.1%	100%	3%	Complaints management committee are effective	
78. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
79. OPD Headcount – total	3 045	2 580	15.9%	Even though patients have been down referred to appropriate levels of care, Townhill remains with 1933.	Townhill to down refer patients to lower levels of care.
80. OPD Headcount – new case not referred	160	53	66.9%	Active referral of patients to the appropriate health service platform.	
Specialised Chronic Hospitals					
81. Average Length of Stay	31.7 Days	30.6Days	3.5%	Hillcrest ALOS is 1275.4 days whereas Clairwood is 15.7 days, thereby reducing the overall Provincial performance.	Review service package through rationalization process.
82. Inpatient Bed Utilisation Rate – total	52.1%	50.5%	3.1%	Clairwood has BUR less than 40%	Finalize service package through rationalization of services and engage eThekweni Hospitals regarding this service platform.
83. Expenditure per patient day equivalent (PDE)	R2 698	R3 567	32.2%	Clairwood remains inefficient.	Improve utilization of Clairwood.
84. Complaint resolution rate	98.3%	96.7%	1.6%	Complaints management committee effectively monitors complaints management process	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
85. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
86. OPD Headcount – total	34 565	17 713	48.8%	OPD Headcount at Clairwood Hospital is as a result of ART patients on regimen 1 treatment	
87. OPD Headcount – new case not referred	10 337	7 556	26.9%	Clairwood has PHC services within the premises	
Programme 5: Central and Tertiary Hospitals:					
Tertiary Hospitals					
88. Average Length of Stay	7.7 Days	7.8 Days	1.3%	Theatre time due to shortage of staff causing long waiting time for orthopaedic cases in particular	Finalise minimum staff establishment
89. Inpatient Bed Utilisation Rate – total	72%	78.3%	6%	Ngwelezana Hospital has the highest BUR due to the fact that it provides district, regional and tertiary services	
90. Expenditure per patient day equivalent (PDE)	R3 971	R4 100	3.2%	Greys 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	
91. Complaint resolution rate	95.7%	90.7%	5.2%	The outcomes of investigations of certain clinical complaints do not often meet predetermined expectations of clients.	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	95%	100%	5.3%	Complaints management committees monitor complaints management process.	
93. Delivery by Caesarean Section rate	47.5%	54.3%	14.3%	Caesarean deliveries at this level of care are clinically indicated.	Conduct Caesarean Section [C/S] audits
94. OPD Headcount – total	97 219	119 359	22.9%	Ngwelezana Hospital renders district, regional and tertiary services	Conduct audit on indications for referrals and gaps to be discussed at referral meetings with lower levels of care
95. OPD headcount new cases not referred	8 284	10 450	26.5%	Ngwelezana and King Edward have no district level of care and PHC services nearby and are fully functional on a 24 hour basis. Some patients access the hospitals directly without referral especially after hours	Conduct assessment for the need of gateway clinic and engage district management office regarding opening of 24 hour clinics.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
Central Hospital					
96. Average Length of Stay – total	8.4 Days	8.5 Days	1.2%	Performance within acceptable deviation. Specialised services offered at this level which could result in longer stays.	
97. Inpatient Bed Utilisation Rate – total	68.9%	64.5%	6.4%	Critical staff shortages impacting on theatre utilization and ICU/High care beds as a result in many instances emergency cases are prioritized.	Finalize minimum staff establishment.
98. Expenditure per patient day equivalent (PDE)	R8 980	R8 887	1%	High costs of consumables for highly specialised medical equipment, implants and renal dialysis contribute to this cost	Expenditure to be reviewed for clinical indication
99. Complaint resolution rate	100%	100%	0	Target achieved. Complaints committees were revived.	
100. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
101. Delivery by Caesarean Section rate	76.9%	84.5%	9.9%	Caesarean Sections [C/S] done at this level are clinically indicated	Conduct C/S audits
102. OPD Headcount – total	49 363	50 933	3.2%	Prioritization of emergency cases resulting in the increased number of elective patients managed on outpatient bases due to staff shortage.	Finalize minimum staff establishment.
Programme 7: Health Care Support Services					
103. Percentage of facilities reporting clean linen stock outs	0%	2.2%	100%	<ol style="list-style-type: none"> Ladysmith reported experiencing stock out incidents due to reduced collection days of clean linen from a Durban regional laundry No data/report was submitted by uMgungundlovu and eThekweni districts skews results 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 uncontracted linen items and budgetary constraints impacts negatively on linen availability 	<ol 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 A follow up on uMgungundlovu and eThekweni districts on 'no submissions' has been done requesting District Directors interventions. Awaiting outcome on ratification process on filling of critical laundry posts from HR/MS. Infrastructure still working on developing SLAs for laundry machine repairs, servicing and maintenance to reduce downtime.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
5. Awaiting SCM process to be finalised. Specifications already shared with SCM. Linen budget decentralised to facilities.					
104. Tracer medicine stock-out rate (PPSD)	5%	6.06%	21.2%	The data extracted by SITA on MEDSAS is not reliable. 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.	The matter of data quality is being followed up with SITA. NDOH will convene a workshop/ meeting with the suppliers to discuss the supply constraints and solutions.
105. Tracer medicine stock-out rate (institutions)	3%	2.7%	10%	Although the target was met (on tracer medicines) as Stock was moved between facilities to mitigate for supply constraints; there are still challenges with medicine availability at facilities. The supply constraints relate to Non-Awards of Contracts/ No bids, Discontinuation of products, Active Pharmaceutical Ingredients (raw materials) shortages, Manufacturing capacity constraints, Packaging constraints, Regulatory matters, etc.	NDOH will convene a workshop/ meeting with the suppliers to discuss the supply constraints and solutions. RxSolution (electronic stock management system) is being rolled out for enforcing controls and standardisation across all facilities.
106. Percentage facilities on Direct Delivery Model	100%	99%	1%	Umzimkhulu Hospital has low volumes; thus it is not suitable for Direct Delivery (DD) System. It was therefore removed from DD facilities list.	The processes and systems are being continuously strengthened.
107. Number of facilities implementing the CCMDD Programme (cumulative)	735	744	1.2%	Some districts have enrolled mobile clinics on Central Chronic Medicines Dispensing and Distribution [CCMDD]	
108. Number of patients enrolled on CCMDD Programme (cumulative)	1 078 925	1 085 041	0.6%	Some districts have made good progress with implementing Synchronised National Communication in Health [SYNCH] at clinics.	Implement the IT System SYNCH at all facilities to better manage data.
109. Number of external pick-up points linked to CCMDD	New	520		There was an increased effort to establish external pick up points by Districts.	
Programme 8: Health Facilities Management					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q2

Performance Measures	Target Q2	Prelim Q2	Deviation	Reason for Deviation	Interventions
110. Number of jobs created through the EPWP	500	1 703	2408%	The positive deviation is due to improved replacement processes for expired contracts for the maintenance of gardens and grounds programme.	
111. Number of new and replacement projects completed	1	0	100%	There were various delays resulting from late information as well as subcontractor cash flow problems. The late information continues to hamper progress.	The project team is working on improving the flow of information. Regarding the sub-contractor cash flow problems, the main contractor has undertaken to pay the suppliers directly on materials ordered by the sub-contractors. The date for practical completion continues to be a moving target but the team is targeting to achieve practical completion by 30 November 2019. It is anticipated that other work that is not critical will continue after this date until 31 March 2020
112. Number of upgrade and addition projects completed	7	7	0	No deviation	
113. Number of renovation and refurbishment projects completed	3	3	0		
114. Percentage of maintenance and repairs budget spent	50%	49%	2%	Slow progress on Category C projects implemented by institutions	Institutions have been engaged to speed up implementation and expenditure is anticipated to improve in Q3.

SUBMITTED BY:



Mr. J GOVENDER
Chief Director: HSDPM&E

21/01/20
DATE

OFFICIAL SIGN-OFF:



Dr. SC Tshabalala
Head: Health

3/01/20
DATE