

Quarterly Performance Report for KZN
Annual Report - 2018/19

KWAZULU-NATAL

QUARTERLY PERFORMANCE REPORTS: 2018/19 - 3rd Quarter

Sector: Health

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Report on Non									
QUARTERLY OUTPUTS									
Programme 1: Administration									
Percentage of Hospitals with broadband access	52.1%	58.3%	60.3%	60.3%	66.7%	66.7%	66.7%	66.7%	
Percentage of fixed PHC facilities with broadband access	21.5%	26.9%	23.7%	23.7%	23.7%	36.5%	36.5%	36.5%	
Programme 2: District Health Services									
District Management									
PHC utilisation rate - total	2.5	2.6	2.6	2.5	2.5	2.5	2.5	2.5	
Complaint resolution within 25 working days rate	89.8%	96.0%	96.5%	95.8%	95.7%	95.8%	95.8%	95.7%	
District Hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)	81.8%	39.0%	80.0%	75.0%	81.8%	81.8%	81.8%	81.6%	
Average Length of Stay (District Hospitals)	5.4 days	5.6 days	5.4 days	5.4 days	5.4 days	5.4 days	5.4 days	5.4 days	
Inpatient Bed Utilisation Rate (District Hospitals)	57.2%	60.2%	59.6%	59.7%	59.0%	59.5%	59.5%	59.5%	
Expenditure per patient day equivalent (PDE) (District Hospitals)	R 2,482	R 2,542	R 2,528	R 2,624	R 2,629	R 2,599	R 2,599	R 2,582	
Complaint resolution within 25 working days rate (District Hospitals)	92.3%	94.0%	89.1%	89.4%	90.3%	92.0%	92.0%	92.0%	
HIV & AIDS, STI & TB (HAST) CONTROL									
ART client remain on ART end of month - total	1,271,116	1,313,804	1,304,196	1,326,413	1,353,846	1,375,016	1,375,016	1,387,688	
TB/HIV co-infected client on ART rate	89.8%	95.0%	87.6%	92.4%	74.4%	69.0%	69.0%	86.3%	
HIV test done - total	3 050 729	2 982 771	847 394	929 108	882 881	1 009 467	3 680 478	3 684 143	
Male Condoms Distributed	75 557 900	199 500 000	30 749 210	28 946 518	27 251 140	21 703 531	106 888 599	111 028 599	
Medical male circumcision - Total	985 126	140 038	51 698	52 859	29 994	53 289	206 916	209 732	
TB client 5 years and older start on treatment rate	106.8%	90.0%	109.9%	108.2%	105.8%	103.9%	103.9%	104.6%	
TB client treatment success rate	86.6%	87.6%	76.3%	74.9%	78.6%	78.5%	78.5%	72.2%	
TB Client lost to follow up rate	4.9%	5.0%	5.8%	5.7%	6.4%	6.7%	6.7%	6.5%	
Maternal, Child and Women's Health and Nutrition (MCWH&N)									
Antenatal 1st visit before 20 weeks rate	72.1%	71.0%	71.6%	73.3%	73.2%	73.1%	73.1%	73.2%	
Mother postnatal visit within 6 days rate	76.8%	75.0%	79.4%	77.3%	74.8%	74.9%	74.9%	74.9%	
Infant 1st PCR test positive around 10 weeks rate	0.7%	0.8%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	
Immunisation under 1 year coverage	81.5%	80.0%	92.5%	90.4%	89.9%	91.0%	91.0%	90.8%	
Measles 2nd dose coverage	77.5%	80.0%	80.7%	79.2%	75.4%	77.8%	77.8%	77.8%	
Diarrhoea case fatality under 5 years rate	2.0%	2.0%	2.4%	2.1%	2.1%	2.2%	2.2%	2.2%	
Pneumonia case fatality under 5 years rate	2.5%	2.6%	1.9%	2.8%	2.8%	2.3%	2.3%	2.3%	
Severe acute malnutrition case fatality under 5 years rate	7.7%	6.5%	7.0%	6.6%	7.6%	7.8%	7.8%	7.8%	
School Grade 1 - learners screened	56 372	85 525	15 817	12 085	19 034	13 070	66 729	66 777	
School Grade 8 – learners screened	28 209	55 506	7 811	5 647	6 476	8 537	33 967	33 967	
Delivery in 10 to 19 years in facility rate	17.6%	22.0%	17.8%	17.9%	17.3%	17.3%	17.3%	17.3%	
Couple Year Protection Rate (Int)	46.4%	35.0%	64.3%	62.7%	60.6%	59.6%	59.6%	59.6%	
Vitamin A dose 12-59 months coverage	68.6%	60.0%	74.7%	73.2%	71.4%	70.6%	70.6%	70.8%	
Cervical cancer screening coverage 30years and older	79.4%	82.0%	83.3%	73.3%	83.1%	86.1%	86.1%	85.7%	
Disease Prevention and Control									
Cataract Surgery Rate	1,034	944.5/1mil	906	1,124	1,534	1,471	1,471	1,473	
Malaria case fatality rate	4.4%	0.6%	1.1%	0.9%	0.7%	0.5%	0.5%	2.0%	
Programme 3: Emergency Medical Services (EMS)									

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Report on Non									
EMS P1 urban response under 15 minutes rate	23.0%	23.0%	33.2%	34.9%	35.0%	35.7%	35.7%	35.7%	
EMS P1 rural response under 40 minutes rate	36.2%	38.0%	36.1%	40.4%	45.3%	50.0%	50.0%	50.0%	
EMS inter-facility transfer rate	39.0%	46.0%	38.2%	40.7%	40.9%	40.8%	40.8%	40.8%	
Programme 4: Provincial Hospital Services									
Regional Hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Regional Hospitals)	81.8%	46.2%	90.9%	91.7%	91.7%	91.7%	91.7%	91.7%	
Average Length of Stay (Regional Hospitals)	6.3 days	5.6 days	6.3 days	6.3 days	6.3 days	6.3 days	6.3%	6.3 days	
Inpatient Bed Utilisation Rate (Regional Hospitals)	71.7%	75.2%	75.0%	76.0%	73.3%	73.3%	73.3%	73.3%	
Expenditure per patient day equivalent (PDE) (Regional Hospitals)	R 3,030	R 3,377	R 3,037	R 3,140	R 3,121	R 3,068	R3068	R 3,068	
Complaint resolution within 25 working days rate (Regional Hospitals)	94.2%	95.0%	79.3%	84.9%	87.4%	87.3%	87.3 days	87.3%	
Specialised Hospitals									
Hospitals that achieved a performance of 75% or more on National Core Standards self assessment			90.0%	90.0%	81.8%	81.8%	81.8%	81.8%	
Complaint resolution within 25 working days rate			104.5%	96.6%	95.4%	96.9%	96.9%	96.9%	
Programme 5: Central Hospital Services (C&THS)									
Provincial Tertiary Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Tertiary Hospitals)	100.0%	66.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Average Length of Stay (Tertiary Hospitals)	7.5 days	9.4 days	8.1 days	8.1 days	7.9 days	7.9 days	7.9 days	7.9 days	
Inpatient Bed Utilisation Rate (Tertiary Hospitals)	67.8%	75.0%	70.4%	72.9%	70.1%	69.7%	69.7%	69.7%	
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)	R 3,990	R 4,029	R 3,851	R 3,970	R 4,031	R 4,051	R 4,051	R 4,050	
Complaint resolution within 25 working days rate (Tertiary Hospitals)	94.2%	97.0%	92.9%	65.8%	86.3%	89.5%	89.5%	89.5%	
Provincial Central Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals)	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Average Length of Stay (Central Hospitals)	8.4 days	8.8 days	8.9 days	8.8 days	8.6 days	8.7 days	867.3%	8.7 days	
Inpatient Bed Utilisation Rate (Central Hospitals)	65.6%	66.8%	67.4%	68.0%	66.8%	65.8%	65.8%	65.8%	
Expenditure per patient day equivalent (PDE) (Central Hospitals)	R 9,340	R 8,373	R 8,745	R 9,147	R 9,253	R 9,455	R9455	R 9,456	
Complaint resolution within 25 working days rate (Central Hospitals)	93.0%	95.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
ANNUAL OUTPUT									
Programme 1: Administration	Not yet finalised	Unqualified				awaiting AG report	Awaiting AG report	Awaiting AG report	
Audit opinion from Auditor General									
Programme 2: District Health Services									
Ideal clinic status rate	100	87				82%	82%	81.8	
HIV and AIDS, STI and TB									
TB Client death rate	3.2%	5.0%				6.2%	6.2%	6.2%	
TB MDR treatment success rate	63.1%	60.0%				58.3%	58.3%	58.7%	
Maternal, Child and Women's Health and Nutrition									
Antenatal client start on ART rate	97.2%	97.0%				98.7%	98.7%	98.9%	
HPV 1st dose	37,754	84,150				71,165	71,165	71,109	
HPV 2nd dose	70,224	84,150				98,759	98,759	98,759	
Maternal mortality in facility ratio	101.9	100.0				85/100k	85/100k	88.4	

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Report on Non									
Neonatal death in facility rate	12.4	11.5				11.3/1000	11.3/1000	11.5	
Programme 6: Health Sciences and Training (HST)									
Central Hospital Services									
Number of Bursaries awarded to first year medicine students	8	30				12	12	12	
Number of Bursaries awarded to first year nursing students	199	150				120	120	120	
Programme 8: Health Facilities Management									
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	148	148				148	148	148	
Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	464	464				464	464	464	

Raw data									
Programme 1: Administration									
Percentage of Hospitals with broadband access									
Total Number of hospitals with minimum 2 Mbps connectivity			44	44	48	48	48	48	
Total Number of Hospitals			73	73	72	72	72	72	
Percentage of fixed PHC facilities with broadband access									
Total Number of fixed PHC facilities with minimum 1Mbps connectivity			144	144	144	222	222	222	
Total Number of fixed PHC Facilities			608	608	608	608	608	608	
Programme 2: District Health Services									
District Management									
PHC utilisation rate - total									
PHC headcount under 5 years + PHC headcount 5-9 years + PHC headcount 10-19 years + PHC headcount 20 years and older			7,265,005	14,319,181	21,239,298	28,219,282	28,219,282	28,368,964	
Population - Total			11,379,875	11,379,875	11,379,875	11,379,875	11,379,875	11,417,132	
Complaint resolution within 25 working days rate									
Complaint resolved within 25 working days			857	1 843	2 734	3 767	3 767	3 824	
Complaint resolved			888	1 924	2 856	3 932	3 932	3 996	
District Hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)									
Hospital achieved 75% and more on National Core Standards self assessment			20	24	27	27	27	31	
Hospitals conducted National Core Standards self assessment			25	32	33	33	33	38	
Average Length of Stay (District Hospitals)									

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Report on Non									
Inpatient day total			437 077	888 088	1332 133	1786 530	1786 530	1787 781	
Day patient total			4 266	8 500	13 079	17 343	17 343	17 345	
Inpatient separations			80 714	165 188	249 194	334 847	334 847		
Inpatient discharges-total			71 169	145 874	220 011	296 529	296 529		not in AR
Inpatient deaths -total			4 332	8 505	12 833	16 828	16 828		not in AR
Inpatient transfers out - total			5 213	10 809	16 350	21 490	21 490		not in AR
Inpatient Bed Utilisation Rate (District Hospitals)									
Inpatient day total			437 077	888 088	1332 133	1786 530	1786 530		
Day patient total			4 266	8 500	13 079	17 343	17 343		
Usable (Inpatient) beds			8 077	8 183	8 291	8 267	8 267	3019 888	Inpatient bed days
Expenditure per patient day equivalent (PDE) (District Hospitals)									
Expenditure total			1600696 185	3360055 882	5022062 638	6649556 755	6649556 755	6649557 000	
Patient day equivalent			633 230	1280 511	1909 966	2558 148	2558 148	1934 878	
OPD headcount not referred new			101 641	199 321	300 288	407 926	407 926	415 274	
OPD headcount referred new			93 967	187 881	277 614	375 882	375 882		not in AR
OPD headcount follow-up			319 310	637 129	922 345	1216 561	1216 561		not in AR
Emergency Headcount total			67 143	140 188	213 633	288 470	288 470		not in AR
Complaint resolution within 25 working days rate (District Hospitals)									
Complaint resolved within 25 working days			488	1 035	1 498	2 252	2 252	2 265	
Complaint resolved			548	1 158	1 658	2 448	2 448	2 462	
HIV and AIDS, STI and TB (HAST)									
ART client remain on ART end of month - total									
ART adult remain on ART end of			1254 562	1277 860	1305 649	1327 400	1327 400	1339 651	
ART child under 15 years remain on ART end of period			49 634	48 553	48 197	47 616	47 616	48 037	
TB/HIV co-infected client on ART rate									
TB/HIV co-infected client on ART			8 887	16 468	22 935	28 729	28 729	31 247	
TB client known HIV positive			10 150	17 828	30 826	41 613	41 613	36 204	
HIV test done - total			847 394	929 108	882 881	1009 467	3668 850		
Antenatal client HIV 1st test			39 320	40 350	39 341	46 711	165 722		not in AR
Antenatal client HIV re-test			43 384	45 404	42 138	44 423	175 349		not in AR
HIV test 19-59 months			29 453	31 329	34 291	36 767	131 840		not in AR
HIV test 5-14 years			57 307	62 789	63 308	66 641	250 045		not in AR
HIV test 15 years and older (excl ANC)			677 930	749 236	703 803	814 925	2945 894		not in AR
Male Condoms Distributed									
Male condoms distributed			30749 210	28946 518	27251 140	21703 531	106888 599	111028 599	
Medical male circumcision - Total									
Males 10 to 14 years who are circumcised under medical supervision			32,470	27,698	15,370	32,806	113,153		not in AR
Males 15 years and older who are circumcised under medical supervision			19,228	25,161	14,624	20,483	93,763		not in AR
TB client 5 years and older start on treatment rate									
TB client 5 years and older start on treatment			9 962	20 549	31 584	42 476	42 476	42 918	
TB symptomatic client 5 years and older tested positive			9 067	18 995	29 839	40 879	40 879	41 014	
TB client treatment success rate									
TB client successfully completed treatment			12 289	21 934	33 151	43 159	43 159	42 178	
TB client start on treatment			16 107	29 277	42 174	54 981	54 981	58 411	
TB Client lost to follow up rate									

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Report on Non									
TB client lost to follow up			942	1 657	2 699	3 692	3 692	3 792	
TB client start on treatment			16 107	29 277	42 174	54 981	54 981	58 411	
Maternal, Child and Women's Health and Nutrition (MCWH&N)									
Antenatal 1st visit before 20 weeks rate									
Antenatal 1st visit before 20 weeks			38 144	78 692	116 875	162 584	162 584	162 296	
Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks			53 243	107 369	159 581	222 506	222 506	221 857	
Mother postnatal visit within 6 days rate									
Mother postnatal visit within 6 days after delivery			38 169	77 399	114 687	153 219	153 219	153 369	
Delivery in facility total			48 086	100 133	153 399	204 443	204 443	204 635	
Infant 1st PCR test positive around 10 weeks rate									
Infant PCR test positive around 10 weeks			83	163	260	326	326	332	
Infant PCR test around 10 weeks			13 663	27 169	40 787	53 313	53 313	53 330	
Immunisation under 1 year coverage									
Immunised fully under 1 year new			59 338	116 080	173 097	233 586	233 586	233 732	
Female under 1 year + Male under 1 year			256 707	256 707	256 707	256 707	256 707	257 461	
Measles 2nd dose coverage									
Measles 2nd dose			53 042	104 222	148 799	204 653	204 653	204 737	
Female 1 year + Male 1 year			263 038	263 038	263 038	263 038	263 038	262 993	
Diarrhoea case fatality under 5 years rate									
Diarrhoea death under 5 years			35	83	121	171	171	171	
Diarrhoea separation under 5 years			1 443	4 007	5 643	7 699	7 699	7 702	
Pneumonia case fatality under 5 years rate									
Pneumonia death under 5 years			57	143	214	279	279	279	
Pneumonia separation under 5 years			2 935	5 186	7 707	12 369	12 369	12 370	
Severe acute malnutrition case fatality under 5 years rate									
Severe acute malnutrition (SAM) death in facility under 5 years			55	88	126	179	179	179	
Severe Acute Malnutrition under 5 years			782	1 341	1 656	2 289	2 289	2 289	
School Grade 1 - learners screened									
School Grade 1 - learners screened			15 817	12 085	19 034	13 070	66 729	66 777	
School Grade 8 – learners screened									
School Grade 8 - learners screened			7 811	5 647	6 476	8 537	33 967	33 967	
Delivery in 10 to 19 years in facility rate									
Delivery 10–14 years in facility + Delivery 15–19 years in facility			8 565	17 914	26 594	35 467	35 467	35 471	
Delivery in facility total			48 086	100 133	153 399	204 443	204 443	204 635	
Couple Year Protection Rate (Int)									
Contraceptive years equivalent			491 393	957 679	1388 988	1820 671	1820 671		
Male sterilisation			9	66	400	531	531		not in AR
Female sterilisations			2 718	5 559	8 994	11 882	11 882		not in AR
Medroxyprogesterone injection			298 285	634 061	996 426	1376 613	1376 613		not in AR
Norethisterone enanthate injection			84 339	144 415	172 218	196 690	196 690		not in AR
Oral pill cycle			105 592	224 372	341 186	451 514	451 514		not in AR
IUCD			6 617	12 271	18 026	24 127	24 127		not in AR
Male condoms			30749 210	59695 728	84267 068	106888 599	106888 599		not in AR
Subdermal implant			30 264	55 037	75 377	93 387	93 387		not in AR
Female condoms			813 120	1633 234	2724 901	6807 318	6807 318		not in AR
Female 15–44 years + Female 45–49 years			3054 781	3054 781	3054 781	3054 781	3054 781	3066 343	

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Report on Non									
Vitamin A dose 12-59 months coverage									
Vitamin A dose 12-59 months			402 141	788 170	1152 433	1519 260	1519 260	1520 604	
(Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2			1076 034	1076 034	1076 034	1076 034	1076 034	1073 441	
Cervical cancer screening coverage 30 years and older									
Cervical cancer screening 30 years and older			49 161	103 648	150 620	203 166	203 166	203 457	
(Female 30-34 years + Female 35-39 years + Female 40-44 years + Female 45 years and older) / 10			2359 710	235 791	235 791	235 971	235 791	237 412	
Disease Prevention and Control									
Cataract Surgery Rate									
Cataract surgery total			2 269	5 630	11 523	14 734	14 734	14 816	
Population uninsured total			10014 290	10014 290	10014 290	10014 290	10014 290	10058 493	
Malaria case fatality rate									
Deaths from malaria			4	5	6	7	7	14	
Total number of Malaria cases reported			353	578	880	1 503	1 503	685	
Programme 3: Emergency Medical Services (EMS)									
EMS P1 urban response under 15 minutes rate									
EMS P1 urban response under 15 minutes			9 079	19 638	33 049	46 492	46 492	46 492	
EMS P1 urban calls			27 380	56 304	94 539	130 168	130 168	130 168	
EMS P1 rural response under 40 minutes rate									
EMS P1 rural response under 40 minutes			17 947	39 547	66 248	119 792	119 792	119 792	
EMS P1 rural calls			49 657	97 972	146 262	239 472	239 472	239 472	
EMS inter-facility transfer rate									
EMS inter-facility transfer			47 113	96 073	144 478	199 449	199 449	199 449	
EMS clients total			123 335	236 123	353 127	489 059	489 059	489 059	
Programme 4: Provincial Hospital Services									
General (regional) hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Regional Hospitals)									
Hospital achieved 75% and more on National Core Standards self assessment			10	11	11	11	11	11	
Hospitals conducted National Core Standards self assessment			11	12	12	12	12	12	
Average Length of Stay (Regional Hospitals)									
Inpatient day total			450 625	920 968	1373 402	1831 609	1831 609	1831 609	
Day patient total			13 576	26 689	38 084	49 816	49 816	49 816	
Inpatient separations			72 498	147 417	220 947	296 548			
Inpatient discharges-total			64 931	131 811	196 777	264 375	264 375		not in AR
Inpatient deaths -total			3 610	7 324	11 106	14 632	14 632		not in AR
Inpatient transfers out - total			3 957	8 282	13 064	17 541	17 541		not in AR
Inpatient Bed Utilisation Rate (Regional Hospitals)									
Inpatient day total			450 625	920 968	1373 402	1831 609	1831 609		
Day patient total			13 576	26 689	38 084	49 816	49 816		
Usable (Inpatient) beds			6 680	6 738	6 935	6 937	6 937	2532 070	inpatient bed days
Expenditure per patient day equivalent (PDE) (Regional Hospitals)									
Expenditure total			2071282 211	4363736 515	6496005 113	8543972 575	8543972 575	8543973 000	
Patient day equivalent			681 915	1389 566	2081 241	2784 817	2784 817	1938 775	
OPD headcount not referred new			60 296	122 380	182 995	246 774	246 774	246 774	
OPD headcount referred new			73 118	147 876	221 787	306 122	306 122		not in AR
OPD headcount follow-up			459 099	930 869	1406 192	1887 344	1887 344		not in AR

Quarterly Performance Report for KZN

Annual Report - 2018/19

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Report on Non									
Emergency Headcount total			80 994	164 635	255 418	344 659	344 659		not in AR
Complaint resolution within 25 working days rate (Regional Hospitals)									
Complaint resolved within 25 working days			410	866	1 202	1 655	1 655	1 655	
Complaint resolved			517	1 020	1 375	1 895	1 895	1 895	
Specialised Hospital									
Hospitals that achieved a performance of 75% or more on National Core Standards self assessment									
Hospital achieved 75% and more on National Core Standards self assessment			9	9	9	9	9		see non standardised report
			10	10	11	11	11		see non standardised report
Hospitals conducted National Core Standards self assessment									
Complaint resolution within 25 working days rate									
Complaint resolved within 25 working days			23	86	145	187	187		see non standardised report
Complaint resolved			22	89	152	193	193		see non standardised report
Programme 5: Central Hospital Services (C&THS)									
Provincial Tertiary Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Tertiary Hospitals)									
Hospital achieved 75% and more on National Core Standards self assessment			1	1	1	1	1	1	
Hospitals conducted National Core Standards self assessment			1	1	1	1	1	-	
Average Length of Stay (Tertiary Hospitals)									
Inpatient day total			110 919	222 914	328 869	437 216	437 216	437 438	
Day patient total			2 090	7 374	12 049	13 822	13 822	13 822	
Inpatient separations			13 854	27 976	42 340	56 302			
Inpatient discharges-total			10 117	20 436	30 864	41 180	41 180		not in AR
Inpatient deaths -total			848	1 681	2 460	3 250	3 250		not in AR
Inpatient transfers out - total			2 889	5 859	9 016	11 872	11 872		not in AR
Inpatient Bed Utilisation Rate (Tertiary Hospitals)									
Inpatient day total			110 919	222 914	328 869	437 216	437 216		
Day patient total			2 090	7 374	12 049	13 822	13 822		
Usable (Inpatient) beds			1 742	1 702	1 745	1 746	1 746	637 269	inpatient bed days
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)									
Expenditure total			579794 626	1209209 347	1823924 175	2435582 208	2435582 208	2435582 000	
Patient day equivalent			150 546	304 564	452 429	601 211	601 211	455 001	
OPD headcount not referred new			8 258	16 463	24 212	31 956	31 956	31 956	
OPD headcount referred new			18 125	37 771	55 995	74 045	74 045		not in AR
OPD headcount follow-up			74 359	149 993	226 371	305 004	305 004		not in AR
Emergency Headcount total			15 004	29 662	46 028	60 247	60 247		not in AR
Complaint resolution within 25 working days rate (Tertiary Hospitals)									
Complaint resolved within 25 working days			39	50	101	171	171	171	
Complaint resolved			42	76	117	191	191	191	
Provincial Central Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals)									

Quarterly Performance Report for KZN

Annual Report - 2018/19

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Report on Non									
Hospital achieved 75% and more on National Core Standards self assessment			-	1	1	1	1	1	
Hospitals conducted National Core Standards self assessment			-	1	1	1	1	1	
Average Length of Stay (Central Hospitals)									
Inpatient day total			51 869	104 600	154 192	202 388	202 388	202 355	
Day patient total			386	764	1 179	1 598	1 598	1 598	
Inpatient separations			5 854	11 885	18 030	23 428			
Inpatient discharges-total			4 088	8 202	12 499	16 240	16 240		not in AR
Inpatient deaths -total			226	454	625	799	799		not in AR
Inpatient transfers out - total			1 540	3 229	4 906	6 389	6 389		not in AR
Inpatient Bed Utilisation Rate (Central Hospitals)									
Inpatient day total			51 869	104 600	154 192	202 388	202 388		
Day patient total			386	764	1 179	1 598	1 598		
Usable (Inpatient) beds			846	846	846	846	846	308 824	inpatient bed days
Expenditure per patient day equivalent (PDE) (Central Hospitals)									
Expenditure total			592493 197	1254000 773	1871506 381	2525312 305	2525312 305	2525312 000	
Patient day equivalent			67 750	137 100	202 269	267 101	267 101		
OPD headcount not referred new			6	21	30	44	44		not in AR
OPD headcount referred new			4 396	8 964	12 941	17 223	17 223		not in AR
OPD headcount follow-up			41 551	85 184	126 049	169 784	169 784		not in AR
Emergency Headcount total			1 111	2 184	3 443	4 691	4 691		not in AR
Complaint resolution within 25 working days rate (Central Hospitals)									
Complaint resolved within 25 working days			32	67	103	138	138	138	
Complaint resolved			32	67	103	138	138	138	

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

Signed by: Head of the Department

Date:/...../.....

SUBMISSION

Date: 30 May 2019	File No:
To:	From:
Dr M. Gumede Acting Head: Health	Mr. J Govender Chief Director: Health Service Delivery Planning, Monitoring and Evaluation
Subject: Provincial Report for Treasury: 2018/19 (Preliminary)	

Aim:

To obtain the signature of the Acting Head: Health, for the submission of the 2018/19 Preliminary Report to Office of the Premier and the National Department of Health.

Background:

This submission contains the following Annexures:

A	Annual Provincial Report: 2018/19 (Data Elements): Pre-audited actual data
B	4 th Quarterly Provincial Report: 2018/19 (Data Elements): Actual data

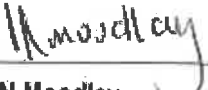
- 1.1 The Acting Head of the Health is requested to certify the data provided as correct.
- 1.2 The attachments must be submitted to Office of the Premier and the National Department of Health.
- 1.3 The attached document is prepared in line with the requirements determined by the National Departments of Treasury, and Health, and the Office of the Premier. Data for the annual reporting and the 4th quarter is actual and has been sourced from the pre-audited data file of the webDHIS. There have been no changes to the data from the NDoH since the compilation of this report. Data is sourced from the DHIS (the main source), TB, HR and Finance.

Key Challenges

1. Condom distribution remains below target due to the non-availability of a service provider.
2. Late presentation and ineffective TB screening especially in vulnerable groups resulted in high death rate.
3. Target not achieved on Measles 2nd dose coverage
4. Resource constraints and the commitment to the HPV campaign negatively impacted learner screening
5. Tracer medicine stock-outs due to challenges with suppliers.

Declaration

6. 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 Acting HoH.


Mrs. N Moodley
Director: Data Management and GIS

Request:

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


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

Date: 30/05/2019

Quarterly Performance Report for KZN
Annual Report - 2018/19

KWAZULU-NATAL
QUARTERLY PERFORMANCE REPORTS: 2018/19 - 3rd Quarter
Sector: Health

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Programme 1: Administration									
Percentage of Hospitals with broadband access	52.1%	58.3%	60.3%	60.3%	66.7%	66.7%	66.7%	66.7%	
Percentage of fixed PHC facilities with broadband access	21.5%	26.9%	23.7%	23.7%	23.7%	36.5%	36.5%	36.5%	
Programme 2: District Health Services									
District Management									
PHC utilisation rate - total	2.5	2.6	2.6	2.5	2.5	2.5	2.5	2.5	
Complaint resolution within 25 working days rate	89.8%	96.0%	86.6%	95.8%	95.7%	95.8%	95.8%	95.7%	
District Hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)	81.6%	38.0%	80.0%	75.0%	81.8%	81.8%	81.8%	81.8%	
Average Length of Stay (District Hospitals)	5.4 days	5.6 days	5.4 days	5.4 days	5.4 days	5.4 days	5.4 days	5.4 days	
Inpatient Bed Utilisation Rate (District Hospitals)	57.2%	60.2%	59.6%	59.7%	59.0%	59.5%	59.5%	59.5%	
Expenditure per patient day equivalent (PDE) (District Hospitals)	R 2,487	R 2,542	R 2,528	R 2,624	R 2,629	R 2,569	R 2,599	R 2,582	
Complaint resolution within 25 working days rate (District Hospitals)	92.3%	94.0%	89.1%	89.4%	90.3%	92.0%	92.0%	92.0%	
HIV & AIDS, STI & TB (HAST) CONTROL									
ART client remain on ART and of month - total	1,271,116	1,313,804	1,304,196	1,326,413	1,353,946	1,373,016	1,375,016	1,387,688	
TB+HIV co-infected client on ART rate	88.8%	95.0%	87.6%	92.4%	74.4%	69.0%	69.0%	86.3%	
HIV test done - total	3,030,729	2,982,771	847,594	929,108	882,881	1,009,467	3,680,478	3,684,143	
Male Condoms Distributed	75,557,900	159,500,000	30,749,210	28,946,518	27,251,140	21,703,531	106,888,599	111,028,500	
Medical male circumcision - Total	985,126	140,035	51,698	52,859	28,994	53,289	206,916	209,782	
TB client 5 years and older start on treatment rate	106.0%	90.0%	109.9%	108.2%	105.9%	103.9%	103.9%	104.6%	
TB client treatment success rate	86.0%	87.6%	76.3%	74.9%	78.6%	78.5%	78.5%	72.2%	
TB Client lost to follow up rate	4.9%	5.0%	5.8%	5.7%	6.4%	6.7%	6.7%	6.5%	
Maternal, Child and Woman's Health and Nutrition (MCWH&N)									
Antenatal 1st visit before 20 weeks rate	72.1%	71.0%	71.6%	73.3%	73.2%	73.1%	73.1%	73.2%	
Mother postnatal visit within 6 days rate	76.8%	75.0%	76.4%	77.3%	74.8%	74.9%	74.9%	74.9%	
Infant 1st PCR test positive around 10 weeks rate	0.7%	0.8%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	
Immunisation under 1 year coverage	81.0%	80.0%	92.5%	90.4%	88.9%	91.0%	91.0%	90.8%	
Measles 2nd dose coverage	77.5%	80.0%	80.7%	78.2%	75.4%	77.8%	77.8%	77.8%	
Diarrhoea case fatality under 5 years rate	2.0%	2.0%	2.4%	2.1%	2.1%	2.2%	2.2%	2.2%	
Pneumonia case fatality under 5 years rate	2.5%	2.6%	1.9%	2.8%	2.8%	2.3%	2.3%	2.3%	
Severe acute malnutrition case fatality under 5 years rate	7.7%	6.5%	7.0%	6.6%	7.6%	7.8%	7.8%	7.8%	
School Grade 1 - learners screened	56,372	95,525	15,817	12,085	19,034	49,070	66,729	66,777	
School Grade 8 - learners screened	28,208	55,506	7,811	5,647	8,476	8,537	33,957	33,967	
Delivery in 10 to 19 years in facility rate	17.6%	22.0%	17.8%	17.9%	17.3%	17.3%	17.3%	17.3%	
Couple Year Protection Ratio (int)	46.4%	35.0%	64.3%	62.7%	60.6%	59.6%	59.6%	59.6%	

Quarterly Performance Report for KZN
Annual Report - 2018/19

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Record on Non									
Disease Prevention and Control									
Vitamin A dose 12-59 months coverage	88.6%	80.0%	74.7%	73.2%	71.4%	70.6%	70.6%	70.6%	
Cervical cancer screening coverage 30years and older	79.4%	82.0%	83.3%	73.3%	83.1%	86.1%	86.1%	85.7%	
Programme 3: Emergency Medical Services (EMS)									
Catastroph Surgery Rate	1.034	944,511mil	906	1,124	1,534	1,471	1,471	1,473	
Malaria case fatality rate	4.1%	0.6%	1.1%	0.3%	0.7%	0.5%	0.5%	2.0%	
Programme 4: Provincial Hospital Services									
Regional Hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Regional Hospitals)	81.8%	46.2%	90.9%	91.7%	91.7%	91.7%	91.7%	91.7%	
Average Length of Stay (Regional Hospitals)	6.3 days	5.5 days	6.3 days	6.3 days	6.3 days	6.3 days	6.3 days	6.3 days	
Inpatient Bed Utilisation Rate (Regional Hospitals)	71.7%	75.2%	75.0%	76.0%	73.3%	73.3%	73.3%	73.3%	
Expenditure per patient day equivalent (PDE) (Regional Hospitals)	R 3,030	R 3,377	R 3,037	R 3,140	R 3,121	R 3,068	R 3,068	R 3,068	
Complaint resolution within 25 working days rate (Regional Hospitals)	94.2%	95.0%	79.3%	84.9%	87.4%	87.3%	87.3%	87.3%	
Specialised Hospitals									
Hospitals that achieved a performance of 75% or more on National Core Standards self assessment			90.0%	90.0%	81.8%	81.8%	81.8%	81.8%	
Complaint resolution within 25 working days rate			104.5%	98.6%	96.4%	96.9%	96.9%	96.9%	
Programme 5: Central Hospital Services (CHTS)									
Provincial Tertiary Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Tertiary Hospitals)	100.0%	66.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Average Length of Stay (Tertiary Hospitals)	7.5 days	9.4 days	8.1 days	8.1 days	7.9 days	7.9 days	7.9 days	7.9 days	
Inpatient Bed Utilisation Rate (Tertiary Hospitals)	67.8%	75.0%	70.4%	72.9%	70.1%	69.7%	69.7%	69.7%	
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)	R 3,990	R 4,029	R 3,851	R 3,970	R 4,031	R 4,051	R 4,051	R 4,050	
Complaint resolution within 25 working days rate (Tertiary Hospitals)	94.2%	97.0%	92.9%	65.8%	86.3%	89.5%	89.5%	89.5%	
Provincial Central Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals)	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Average Length of Stay (Central Hospitals)	8.4 days	8.8 days	8.9 days	8.8 days	8.6 days	8.7 days	8.7 days	8.7 days	
Inpatient Bed Utilisation Rate (Central Hospitals)	65.0%	66.8%	67.4%	68.0%	66.8%	65.8%	65.8%	65.8%	
Expenditure per patient day equivalent (PDE) (Central Hospitals)	R 9,340	R 8,373	R 8,745	R 9,147	R 9,253	R 9,455	R 9,455	R 9,456	
Complaint resolution within 25 working days rate (Central Hospitals)	93.0%	95.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
ANNUAL OUTPUT									
Programme 1: Administration									

Quarterly Performance Report for KZN
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Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Report on Non									
Audit opinion from Auditor General									
Programme 2: District Health Services									
Ideal clinic status rate	100	87							
HIV and AIDS, STI and TB									
TB Client death rate	3.2%	5.0%							
TB MDR treatment success rate	63.1%	60.0%							
Maternal, Child and Women's Health and Nutrition									
Antenatal client start on ART rate	97.2%	97.0%							
HPV 1st dose	37,754	84,150							
HPV 2nd dose	70,224	84,150							
Maternal mortality in facility ratio	101.9	100.0							
Neonatal death in facility ratio	12.4	11.5							
Programme 6: Health Sciences and Training (HST)									
Central Hospital Services									
Number of Bursaries awarded to first year medicine students	8	30							
Number of Bursaries awarded to first year nursing students	199	150							
Programme 6: Health Facilities Management									
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	148	148							
Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	464	464							

Raw data									
Programme 1: Administration									
Percentage of Hospitals with broadband access									
Total Number of hospitals with minimum 2 Mbps connectivity	44	44	48	48	48	48	48	48	
Total Number of Hospitals	73	73	72	72	72	72	72	72	

Quarterly Performance Report for KZN
Annual Report - 2018/19

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Information Note									
Percentage of fixed PHC facilities with broadband access			144	144	144	222	222	222	
Total Number of fixed PHC facilities with minimum 1Mbps connectivity			608	608	608	608	608	608	
Programme 2: District Health Services									
District Management									
PHC utilisation rate - total			7 265 005	14 319 181	21 239 298	28 219 282	28 219 282	28 368 964	
PHC headcount under 5 years + PHC headcount 5-9 years + PHC headcount 10-19 years + PHC headcount 20 years and older									
Population - Total									
Complaint resolution within 25 working days rate			11 370 876	11 379 875	11 379 875	11 379 875	11 379 875	11 417 132	
Complaint resolved within 25 working days									
Complaint resolved			857	1 843	2 734	3 767	3 767	3 824	
			888	1 924	2 856	3 932	3 932	3 986	
District Hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)			20	24	27	27	27	31	
Hospital achieved 75% and more on National Core Standards self assessment			25	32	33	33	33	38	
Hospitals conducted National Core Standards self assessment									
Average Length of Stay (District Hospitals)									
Inpatient day total			437 077	888 088	1 332 133	1 786 530	1 786 530	1 787 781	
Day patient total			4 266	8 500	13 079	17 343	17 343	17 345	
Inpatient separations			80 714	185 188	249 194	334 847	334 847		
Inpatient discharges-total			71 189	145 874	220 011	296 629	296 529		not in AR
Inpatient deaths -total			4 332	8 505	12 833	16 828	16 828		not in AR
Inpatient transfers out - total			5 213	10 808	16 350	21 490	21 490		not in AR
Inpatient Bed Utilisation Rate (District Hospitals)									
Inpatient day total			437 077	888 088	1 332 133	1 786 530	1 786 530		
Day patient total			4 266	8 500	13 079	17 343	17 343		
Usable (Inpatient) beds			8 077	8 183	8 281	8 287	8 287	3019 888	inpatient bed days
Expenditure per patient day equivalent (PDE) (District Hospitals)									
Expenditure total			1 800 693 185	3 360 066 882	5 022 062 638	6 649 656 755	6 649 656 755	6 649 656 755	
Patient day equivalent			633 230	1 280 511	1 908 966	2 558 148	2 558 148	1934 878	
OPD headcount not referred new			101 841	198 321	300 288	407 926	407 926	415 274	
OPD headcount referred new			93 967	187 881	277 614	375 882	375 882		not in AR
OPD headcount follow-up			319 310	637 129	922 345	1 216 561	1 216 561		not in AR
Emergency Headcount total			67 143	140 188	213 633	288 470	288 470		not in AR
Complaint resolution within 25 working days rate (District Hospitals)									
Complaint resolved within 25 working days			488	1 035	1 498	2 252	2 252	2 265	
Complaint resolved			548	1 158	1 658	2 448	2 448	2 482	
HIV and AIDS, STI and TB (HAST)									
ART client remain on ART end of month - total									

Quarterly Performance Report for KZN

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments to pre-audited data
Report on Non									
ART adult remain on ART end of period			1254 562	1277 860	1305 849	1327 400	1327 400	1338 661	
ART child under 15 years remain on ART end of period			49 634	48 653	48 187	47 816	47 616	48 037	
TB/HIV co-infected client on ART rate									
TB/HIV co-infected client on ART			8 887	16 468	22 935	28 723	28 729	31 247	
TB client known HIV positive			10 150	17 828	30 826	41 613	41 613	36 204	
HIV test done - total			847 304	929 108	862 881	1009 467	3688 850		
Antenatal client HIV 1st test			39 320	40 350	39 341	46 711	165 722		not in AR
Antenatal client HIV re-test			43 384	45 404	42 138	44 423	175 349		not in AR
HIV test 19-59 months			20 453	31 329	34 291	36 767	131 840		not in AR
HIV test 5-14 years			57 307	62 769	63 308	66 641	250 045		not in AR
HIV test 15 years and older (excl ANC)			677 930	749 236	703 803	814 925	2945 894		not in AR
Male Condoms Distributed									
Male condoms distributed			30749 210	28946 518	27251 140	21703 531	105880 598	111028 599	
Medical male circumcision - Total									
Males 10 to 14 years who are circumcised under medical supervision			32 470	27 898	15 370	32 806	113,153		not in AR
Males 15 years and older who are circumcised under medical supervision			18 228	25,181	14,624	20,483	93,753		not in AR
TB client 5 years and older start on treatment rate									
TB client 5 years and older start on treatment			9 962	20 549	31 584	42 476	42 476	42 818	
TB symptomatic client 5 years and older tested positive			9 087	18 835	29 839	40 879	40 879	41 014	
TB client treatment success rate									
TB client successfully completed treatment			12 289	21 934	33 151	43 159	43 159	42 179	
TB client start on treatment			16 107	20 277	42 174	54 961	54 961	55 411	
TB Client lost to follow up rate									
TB client lost to follow up			842	1 857	2 639	3 692	3 692	3 792	
TB client start on treatment			16 107	29 277	42 174	54 981	54 981	58 411	
Maternal, Child and Women's Health and Nutrition (MCWH&N)									
Antenatal 1st visit before 20 weeks rate									
Antenatal 1st visit before 20 weeks			38 144	75 092	118 875	102 594	162 584	182 296	
Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks			53 243	107 369	159 581	222 506	222 506	221 857	
Mother postnatal visit within 6 days rate									
Mother postnatal visit within 6 days after delivery			38 169	77 399	114 687	153 219	153 219	153 368	
Delivery in facility total			48 006	100 133	153 399	204 443	204 443	204 635	
Infant 1st PCR test positive around 10 weeks rate									
Infant PCR test positive around 10 weeks			83	163	260	326	326	332	
Infant PCR test around 10 weeks			13 663	27 189	40 787	53 313	53 313	53 330	
Immunisation under 1 year coverage									
Immunised fully under 1 year new			59 338	116 030	173 087	233 586	233 586	233 732	
Female under 1 year + Male under 1 year			256 707	256 707	256 707	256 707	256 707	257 461	
Measles 2nd dose coverage									
Measles 2nd dose			53 042	104 222	148 799	204 653	204 653	204 737	

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Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Reaction Plan									
Female 1 year + Male 1 year			263 038	263 038	263 038	263 038	263 038	262 993	
Diarrhoea case fatality under 5 years rate			35	83		171	171	171	
Diarrhoea death under 5 years			1 443	4 007	5 643	7 698	7 099	7 702	
Diarrhoea separation under 5 years									
Pneumonia case fatality under 5 years rate			57	143	214	278	279	279	
Pneumonia death under 5 years			2 935	5 186	7 707	12 368	12 369	12 370	
Pneumonia separation under 5 years									
Severe acute malnutrition case fatality under 5 years rate			55	88	128	179	179	179	
Severe acute malnutrition (SAM) death in facility under 5 years			782	1 341	1 656	2 289	2 290	2 289	
Severe Acute Malnutrition under 5 years									
School Grade 1 - learners screened			15 817	12 085	19 034	13 070	66 729	66 777	
School Grade 2 - learners screened			7 811	5 647	8 476	8 537	33 967	33 967	
School Grade 3 - learners screened									
Delivery in 10 to 19 years in facility rate			5 565	17 914	20 594	35 467	35 487	35 471	
Delivery 10-14 years in facility + Delivery 15-19 years in facility			48 086	100 103	153 399	204 443	204 443	204 635	
Delivery in facility total									
Couple Year Protection Rate (nri)			491 393	957 679	1388 988	1820 671	1820 671		
Contraceptive years equivalent									
Male sterilisation			9	66	400	531	531		not in AR
Female sterilisation			2 718	5 559	8 994	11 982	11 982		not in AR
Medroxyprogesterone injection			238 285	634 061	996 426	1376 813	1376 813		not in AR
Nonethisterone anantrate injection			84 339	144 415	172 218	196 690	196 690		not in AR
Oral pill cycle			165 692	284 372	347 186	451 514	451 514		not in AR
IUCD			6 617	12 271	19 026	24 127	24 127		not in AR
Male condoms			30749 210	59085 728	87267 088	106888 599	106988 598		not in AR
Subdermal implant			30 264	55 037	75 377	91 087	93 357		not in AR
Female condoms			813 120	1633 234	2724 901	3807 318	6807 316		not in AR
Female 15-44 years + Female 45-49 years			3034 781	3054 781	3054 781	3054 781	3054 781	3086 343	not in AR
Vitamin A dose 12-59 months coverage									
Vitamin A dose 12-59 months			402 141	788 170	1152 433	1513 260	1519 260	1520 604	
(Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2			1079 034	1076 034	1076 034	1076 034	1076 034	1073 441	
Cervical cancer screening coverage 30 years and older									
Cervical cancer screening 30 years and older			49 181	103 648	150 620	203 166	203 166	203 457	
(Female 30-34 years + Female 35-38 years + Female 40-44 years + Female 45 years and older) / 10			2359 710	235 791	235 791	235 971	235 791	237 412	
Disease Prevention and Control									
Cataract Surgery Rate									
Cataract surgery total			2 269	5 630	11 523	14 734	14 734	14 816	
Population uninsured total			10014 290	10014 290	10014 290	10014 290	10014 290	10038 493	

Quarterly Performance Report for KZN
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Report on Non									
Malaria case fatality rate			4	5	6	7	7	14	
Deaths from malaria			353	578	880	1 503	1 503	686	
Total number of Malaria cases reported									
Programme 3: Emergency Medical Services (EMS)									
EMS P1 urban response under 15 minutes rate			9 079	19 638	33 049	48 492	48 492	48 492	
EMS P1 urban response under 15 minutes rate			27 350	56 304	94 539	130 168	130 168	130 168	
EMS P1 urban calls									
EMS P1 rural response under 40 minutes rate			17 947	30 547	68 248	119 792	119 792	119 792	
EMS P1 rural response under 40 minutes rate			49 657	97 972	148 282	239 472	239 472	239 472	
EMS P1 rural calls									
EMS inter-facility transfer rate			47 113	98 073	141 478	189 449	189 449	189 449	
EMS inter-facility transfer			123 385	236 123	353 127	489 059	489 059	489 059	
EMS clients total									
Programme 4: Provincial Hospital Services									
General (regional) hospitals									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Regional Hospitals)			10	11	11	11	11	11	
Hospital achieved 75% and more on National Core Standards self assessment			11	12	12	12	12	12	
Hospitals conducted National Core Standards self assessment									
Average Length of Stay (Regional Hospitals)									
Inpatient day total			450 625	920 968	1373 402	1831 609	1831 609	1831 609	
Day patient total			13 576	26 888	38 084	49 816	49 816	49 816	
Inpatient separations			72 498	147 417	220 847	286 548	286 548	286 548	
Inpatient discharges-total			64 931	131 811	198 777	204 375	204 375	204 375	not in AH
Inpatient deaths -total			3 519	7 324	11 106	14 652	14 652	14 652	not in AH
Inpatient transfers out - total			3 957	8 282	13 064	17 541	17 541	17 541	not in AH
Inpatient Bed Utilisation Rate (Regional Hospitals)									
Inpatient day total			450 625	920 968	1373 402	1831 609	1831 609	1831 609	
Day patient total			13 576	26 888	38 084	49 816	49 816	49 816	
Usable (inpatient) beds			8 680	6 738	6 935	6 937	6 937	2532 070	inpatient bed days
Expenditure per patient day equivalent (PDE) (Regional Hospitals)									
Expenditure total			2071282 211	4363736 515	6438005 113	8543972 575	8543972 575	8543972 000	
Patient day equivalent			681 915	1389 586	2081 241	2784 817	2784 817	1938 775	
OPD headcount not referred new			60 296	122 380	182 995	246 774	246 774	246 774	
OPD headcount referred new			73 118	147 876	221 787	306 122	306 122	306 122	not in AH
OPD headcount follow-up			459 059	930 869	1406 132	1887 344	1887 344	1887 344	not in AH
Emergency Headcount total			80 884	184 635	255 418	341 659	341 659	341 659	not in AH
Complaint resolution within 25 working days rate (Regional Hospitals)									
Complaint resolved within 25 working days			410	866	1 202	1 655	1 655	1 655	
Complaint resolved			517	1 020	1 375	1 885	1 895	1 895	

Quarterly Performance Report for KZN
Annual Report - 2018/19

Programme ; Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Specialised Hospital									
Hospitals that achieved a performance of 75% or more on National Core Standards self assessment			9	9	9	9	9		See non standardised report
Hospital achieved 75% and more on National Core Standards self assessment			10	10	11	11	11		See non standardised report
Hospital's conducted National Core Standards self assessment									
Complaint resolution within 25 working days rate			23	86	145	187	187		See non standardised report
Complaint resolved within 25 working days			22	89	152	193	193		See non standardised report
Complaint resolved									
Programme B: Central Hospital Services (CHTS)									
Provincial Tertiary Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Tertiary Hospitals)			1	1	1	1	1	1	
Hospital achieved 75% and more on National Core Standards self assessment			1	1	1	1	1		
Average Length of Stay (Tertiary Hospitals)									
Inpatient day total			110 910	222 914	328 869	437 216	437 216	437 438	
Day patient total			2 090	7 374	12 049	13 822	13 822	13 822	
Inpatient separations			13 854	27 976	42 340	56 302			
Inpatient discharges-total			10 117	20 436	30 884	41 180	41 180		not in AR
Inpatient deaths -total			848	1 881	2 480	3 250	3 250		not in AR
Inpatient transfers out - total			2 889	5 859	8 016	11 872	11 872		not in AR
Inpatient Bed Utilisation Rate (Tertiary Hospitals)									
Inpatient day total			110 919	222 914	328 869	437 216	437 216		
Day patient total			2 090	7 374	12 049	13 822	13 822		
Usable (inpatient) beds			1 742	1 702	1 745	1 746	1 746	637 269	inpatient bed days
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)									
Expenditure total			574794 628	1 200 209 347	1 823 924 175	2 435 552 208	2 435 552 208	2 435 552 000	
Patient day equivalent			150 546	304 564	452 429	601 211	601 211	455 001	
OPD headcount not referred new			8 258	16 463	24 212	31 956	31 956	31 956	
OPD headcount referred new			18 125	37 771	55 995	74 045	74 045		not in AR
OPD headcount follow-up			74 359	149 993	226 371	305 004	305 004		not in AR
Emergency Headcount total			15 004	29 662	48 026	60 247	60 247		not in AR
Complaint resolution within 25 working days rate (Tertiary Hospitals)									
Complaint resolved within 25 working days			39	50	101	171	171	171	
Complaint resolved			42	76	117	191	191	191	

Quarterly Performance Report for KZN
Annual Report - 2018/19

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Actual output - validated	Preliminary output for 2018/19	Pre-audited output for 2018/19 as per Annual Report	Comments for pre-audited data
Provincial Central Hospitals Services									
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals)									
Hospital achieved 75% and more on National Core Standards self assessment									
Hospitals conducted National Core Standards self assessment									
Average Length of Stay (Central Hospitals)									
Inpatient day total									
Day patient total									
Inpatient separations									
Inpatient discharges-total									
Inpatient deaths -total									
Inpatient transfers out - total									
Inpatient Bed Utilisation Rate (Central Hospitals)									
Inpatient day total									
Day patient total									
Usable (Inpatient) beds									
Expenditure per patient day equivalent (PDE) (Central Hospitals)									
Expenditure total									
Patient day equivalent									
OPD headcount not referred now									
OPD headcount referred now									
OPD headcount follow-up									
Emergency Headcount total									
Complaint resolution within 25 working days rate (Central Hospitals)									
Complaint resolved within 25 working days									
Complaint resolved									

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

Signed by: Head of the Department

Date:



PROVINCE:

KwaZulu-Natal

QUARTER: Annual

NAME OF THE PERSON CONSOLIDATING THE REPORT:

Mrs S. Naidoo

BUDGET PROGRAMME:

Health

Performance Measures		Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
Programme 1: Administration						
1.	Audit opinion from Auditor-General	Unqualified	Awaiting AG Report			
2.	Percentage of hospitals with broadband access	58.3%	66.7%	14.4%	<ul style="list-style-type: none">Equipment is deployed in 3 sites: Pietermaritzburg, Durban and Ulundi	<ul style="list-style-type: none">IT Technicians now available to support IT equipment maintenance in the department.
3.	Percentage of fixed PHC facilities with broadband access	26.9%	36.5%	35.7%	<ul style="list-style-type: none">Pietermaritzburg and Durban equipment is deployed and functional, data loss risk at the site is almost 0%.The Ulundi Data Centre is getting an electrical upgrade in order to host our Servers on the 1st May 2019.LTE Routers configuration improving broadband access at PHC facilitiesElectrical failures are also other challenges beyond ICT control that impact on server functionality thus poor access. Another challenge is that there are no technicians to assist on the ground.	<ul style="list-style-type: none">Deployment and configuration of LTE Routers to identified sites in progress.There is a risk that a few Clinics with limited network reception (none/edge/2g) might still not have adequate broadband access. A plan is being developed however those sites will slightly delay the project completion.
4.	Approved annual Procurement Plan	Approved Plan	Approved Plan	0	No deviation	
5.	Number of organisational structures reviewed & submitted for approval	10	10	0	No deviation	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
6. Implement the Community Based Training in a PHC Model	Implement Model	Model Implemented	0	100% district master trainers trained in facilitation of Ward Based Primary Health Care Outreach Team (WBPHCOT) and Community Oriented Primary Care (COPC)	
7. Medical Officers per 100 000 population	27.7	34.1	23.1%	The Department was able to employ more Medical Practitioners (Registrars) due to the Presidential Stimulus Package. The Department also appointed additional Medical Interns, Community Services and filled other critical Medical Practitioner posts.	To sustain the improvement by timeously filling posts.
8. Professional Nurses per 100 000 population	153.5	153.3	0.1%	Results are within acceptable deviation range.	Allocation of community service professional nurses contributed to the improved coverage. The Department commenced with the development of a Minimum Staff Establishment to identify critical gaps and minimum staffing needs that will inform re-prioritisation and equitable distribution of human resources.
9. Pharmacists per 100 000 population	7.4	7.9	6.8%	Target exceeded. Institutions are able to attract and fill posts. Placement of bursary holders also assisted in the filling of posts.	To sustain the improvement by timeously filling posts.
10. Number of Hospital Managers who have signed Performance Agreements (PA's)	72	73	1.4%	Inclusive of St Mary's Marianhill which was taken over by the Province late in 2017/18 financial year. Although all CEO posts are not filled, Managers acting in those posts have complied with PMDS.	
11. Number of District Managers who have signed PA's	12 ¹	12	0	No deviation	
12. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	100%	98%	2%	1 Manager did not sign due to his displacement.	A reminder has been issued to the employee's Manager to resolve the matter
13. Approved 2017-2027 Long Term Plan	Approved Plan	Plan not approved	100%	Timelines were reviewed as per that of the Provincial Growth and Development Plan (PGDP)	Draft Long Term Plan available. Circulated to MANCO members on the 2nd April 2019. Plan to be Finalised in 2019/20 (Updated draft 1 to be

¹ Includes 11 Districts and one Chief Director for the eThekweni Metro

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
14. Approved Hospital Rationalisation Plan	Approved Plan	Not approved	100%	<p>The department has taken a stand to approach the rationalisation process in phases. The facilities mentioned below were part of the first phase:</p> <ul style="list-style-type: none"> • Rationalisation of Dunstan Farrell Hospital completed. • Siloah Hospital has been closed down • Siloah Hospital has been rationalised to be a clinic and now is functioning as such. • Ceza and Thulasizwe hospital is now under one management i.e. no longer two separate hospitals • Discussions to rationalize Nkonjeni Hospital and St. Francis has already commenced 	presented to MANCO for inputs 30 June 2019) Rationalisation framework has been developed and presented to HOC with inputs received from HOC. It will soon be presented to MANCO.
15. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	86.1%	76%	11.7%	<ul style="list-style-type: none"> • Province is still facing the challenge of late and non-submission of assessment reports • There was a total shutdown of 2 kitchens EThekweni. (Osindisweni & Wentworth) during quarter 4 • Resource constraints i.e. vacant posts and insufficient vehicles 	<ul style="list-style-type: none"> • Support visits of District Forums meetings. • Forums involved in Kitchen assessments were workshopped (Nutrition Coordinators and District Quality Assurance Managers). • Plan for 2019/20: Workshop DM&E Teams • Food Services Transition Project for insourcing of hospital kitchens: New Procurement Agent has been appointed. (Ngokusa Trading)
16. Number of Community Care Givers appointed on contract	10 000	10 080	0.8%	The 10 080 contracted CCG's have been finalised and captured on PERSAL. As per the Directive no additional CCG's will be appointed at this stage.	No remedial action required.
17. Number of ethics workshops conducted	40	34	15%	There are only three (3) facilitators currently and due to prior commitments by the Facilitators and the lack of participation it was not possible to reach the set target of 40 workshops for the 2018/19 financial year.	The roll out to the Districts is well in progress and workshops will be scheduled for the current financial year. The Department has trained a further 12 officials (from Head Office and Districts) to be certified Ethics Officers and this should assist with the rollout of workshops once they receive certification.
18. Number of complete submissions of disclosures of donations, sponsorships and	12	12	0	No deviation	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
gifts submitted to Finance					
Programme 2: District Health Services					
Primary Health Care					
19. Ideal Clinic status rate	87%	82%	5.7%	Target for 2018/19 not met since some facilities failed to retain their previously achieved ideal status.	Planned targeted interventions for those facilities that have regressed or lost the ideal status and those that have failed to achieve the status over the past 4 years. Facilitate the development and implementation of sustainability strategy
20. PHC Utilisation rate (annualised)	2.6	2.5	3.8%	Although results are below target, some improvement is noted which may be due to active management of data in different districts. Some facilities have been affected by service delivery protests like in uThukela district. Despite the service disruptions, services provided in communities contributed positively to utilisation rate inclusive of outreach services. OHH Total Headcount = 7,591,101 Utilisation inclusive of OHH = 3.1	Institutionalization of HPRS will help improve client registration and correct headcount. Work with Data Management unit in improving alignment between Web-DHIS and HPRS
21. PHC utilisation rate under 5 (annualised)	3.9	3.5	10.3%	Although the target is not met, the inclusion of the outreach headcounts helped boost the utilization rate OHH <5 Headcount = 1,927,421 Utilisation <5 inclusive of OHH = 5.0	Community Based Model implementation in progress
22. Complaint resolution rate (PHC)	93%	94.4%	1.5%	Provincial QA conducted a roadshow on compliance with national guidelines on complaints management and Patient Safety Incidence (PSI).	Compliance with national guidelines on management of complaints and PSI's being assessed on an ongoing basis.
23. Complaint resolution within 25 working days rate (PHC)	96%	95.8%	0.2%	Complaints Management Committees not functional in some areas.	Complaints management evaluation results shared with districts and improvement plans to improve committees functionality are being implemented. Best performing facilities also shared in the evaluation reports and struggling districts were to engage these facilities to learn from best practices.
24. Expenditure per PHC headcount	R405	R407	0.5%	Challenges related to clients using the CHCs instead of clinics still cited as contributing to slightly high expenditure per PHC headcount, however performance within	Education of PHC clients on levels of health care at which to access specific services

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
25. Number of school health teams	210	206	1.9%	acceptable deviation. Although there are 206 teams, only 200 teams are functional. Teams are incomplete due to: nurses leaving the services for "greener pastures"; nurses on study leave, insufficient vehicles and other resources.	Districts to prioritise improving functionality of teams through recruitment of staff and procurement of resources including dedicated school health vehicles.
26. Number of ward-based outreach teams	150	146	2.7%	Although the target is not met, there is improvement as some districts have managed to move staff to form part of WBOTs. These teams currently share the limited vehicles the districts have.	The supporting partners have started the recruitment processes for the Enrolled Nurses who will form part of these teams. The districts with no partners will be assisted by the provincial office but vehicles will remain a challenge as there are few vehicles provided for them.
27. Number of accredited health promoting schools	342	406	18.7%	The result of the collaboration between Health, Social Development and Education departments.	Sustain the collaboration between these departments
28. Outreach household registration visit coverage	31.4%	22.8%	27.4%	The decline could be attributed to the disruption of Community Care Giver (CCGs) services as they were receiving training that was supported by Wild Flower contracted by Global Fund	Monitor the activities of the CCGs in the coming quarter since more training of Outreach Team Leaders and CCGs will be taking place in the next few months
District Hospitals					
29. Hospital achieved 75% and more on National Core Standards self-assessment rate	39%	81.8%	109.7%	Quality assurance teams are functional and the Implementation of Quality Improvement Plans is being monitored continuously.	
30. Average Length of Stay – total	5.6days	5.4days	3.6%	Although performance is positive, in some hospitals: <ul style="list-style-type: none"> Chronic patients presenting late with complications. Long stays due to social problems. Failure to adhere to the admission and discharge criteria by some doctors. Challenges with mental health users in some hospitals. 	<ul style="list-style-type: none"> Increase awareness of early presentation to health facilities through community engagements and governance structures including Operation Sukuma Sakhe structures. To motivate for consideration of stepdown facilities in Districts Hospitals where indicated.
31. Inpatient Bed	60.2%	59.5%	1.2%	Results within the acceptable deviation range.	Adherence to admission and discharge criteria

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
Utilisation Rate – total				Indicator is also dependent on referrals from PHC.	
32. Expenditure per patient day equivalent (PDE)	R2 542	R2 599	2.2%	Contributing factors include Litigation settlement; high expenditure on cost drivers like medicine; and incorrect staff linkage	Legal Services presented litigation reports per hospital as well as recommended mitigation process during January and March 2019 District Roadshows. Implementation being monitored.
33. Complaint resolution rate	87.1%	91.8%	5.4%	Provincial QA conducted a roadshow on compliance with national guidelines on complaint management and PSI's Results within the acceptable deviation range.	Correct staff linkage according to responsibility. Ongoing assessment of compliance with national guidelines on management of complaints and PSI's
34. Complaint Resolution within 25 working days rate	94%	92%	2.1%		
35. Delivery by caesarean section rate	27.5%	27.5%	0	Improved client management from early pregnancy, thereby reducing the need for caesarean section.	
36. OPD Headcount – Total	2 309 775	2 000 369	13.4%	Patients are redirected to the relevant levels of care. Stable patients are transferred to CCMD at PHC Level.	Decant qualifying patients to CCMD programme
37. OPD Headcount not referred new	408 616	407 926	0.2%		To use community events and governance structures to encourage communities to use PHC facilities as first contact health care and only be referred to hospitals for the next level of health care
HIV, AIDS, STI and TB Control					
38. ART Client remain on ART end of month – total	1 313 804 ²	1 375 016	4.7%	According to the provincial APP target the target was achieved, but the Province is below the National Target of 1 444 558 due to a high loss to follow up. A marked increase in Total Remaining on ART (TROA) was realized due the February and March 2019 frenzy activities.	Province will launch the Pre-ART Guideline to increase patient readiness before start of treatment. Province to continue with project phuthuma/siyenza with a focus on finding clients who are lost in care and bringing them back. Province aiming at increasing the number of HIV Counselors to conduct literacy classes and comprehensive HIV counselling inclusive of treatment adherence. National and Provincial Department of health is currently embarking on a 10 point catch up plan (as directed by the National Minister).
39. ART adult remain on ART end of period	1 259 491	1 327 400	5.4%	A marked increase in TROA was realized due the February frenzy activities.	Create child friendly spaces in 6 high priority districts (unfinished business). Emphasize the availability of
40. ART Child under 15 years remain on ART	54 313	47 616	12.3%	There was a high loss to follow up as paediatric patients depend on adults to take them for medical attention.	

² Adjusted target that aligns to National APP = 1 444 558

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
end of period				Paediatrics not disclosed to, normally stop taking treatment. Adolescents also stop taking treatment due to pill burden and lack of understanding of their treatment.	child support, implement PMTCT adolescence programme starting with the high priority district. (Ethekwini, Zululand, Umgungundlovu, Uthukela and Ilembe)
41. TB / HIV co-infected clients on ART rate	95%	69%	27.4%	Backlog in TB data capturing in facilities where priority is given to HIV data capturing. There is also missing information from 16 facilities in Ethekwini which have not digitised TB data in TIER.net as part of the integration of the TB and HIV information systems.	Advocate for timeous capturing for both HIV and TB data at facility level during SHP facility visits. Engage District directors to assist with integration of data capturing in facilities. Fast track digitalization of TB data into tier in all hospitals.
42. HIV test done – total	Q4 = 745 692 2 982 771	Q4 = 1 009 467 3 680 478	35.4% 23.4%	Targets was achieved due to Hlotla Manje Zivikele campaign and Operation Siyenza project (Catch up plan intervention in February and March 2019)	Conduct site support visits to audit and monitor performance
43. Male condom distribution	Q4 = 49 874 996 199 500 000 ³	Q4 = 21 703 531 106 888 599	56.5% 46.4%	Unavailability of condom distributor service provider is badly affecting provincial performance. In addition Capturing of condom data is still a challenge compounded by the absence of Logistics Management Information System (LMIS) officers at primary distribution sites.	The legal process with condom service provider is underway. Province is looking at appointing a condom distributor once the legal process has been concluded with current service provider. The submission for the creating of LMIS officers' posts at primary distribution sites is sent for approval by principals.
44. Medical Male Circumcision performed – total	Q4 = 30 809 140 038 ⁴	Q4 = 53 289 206 916	73% 47.6%	Annual Target met, attributed to: <ul style="list-style-type: none"> Continued sustainability of advocacy by traditional leadership, Monthly (Sibaya Samadoda, Expansion on men friendly services in 2 facilities of PEPFAR partners and Department of Health. Monthly information meetings monitoring data variance, identification and assisting of facilities with poor capacity to capture data. 	Expansion of men-friendly health services
45. Male Urethritis syndrome Incidence	27.2/1 000	28.3/1 000	4%	Target not met due to active case finding that was targeted for 2018/19 and treatment of all males with MUS	Marketing and distribution of both male and female condoms

³ Adjusted target that aligns to National APP = 220 917 212

⁴ Adjusted target that aligns to National APP = 147 414

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
46. TB client 5years and older start on treatment rate	90%	103.9%	15.4%	The target was met, although a follow up of data mapping at Umgungundlovu is required.	Facilities to timeously record and report information.
47. TB client treatment success rate	87.6%	78.5%	10.4%	Delays in laboratory TB data capturing at facility level leading to high rate of unevaluated patients 926 (6.3%). Different information system (ETR.net and TIER.net) algorithm resulting in high transferred out rate of 10%. The province is still compelled to run provincial reports on ETR.net while national is setting up the provincial TIER.net data base.	Fast track implementation of TB Tier module in all districts by 30 May 2019. Re-train operational managers on TB management to improve supervision of data captures. Share reports quarterly with SHP managers on facilities that are poorly performing to strengthen integrated HIV/TB monitoring in high burden facilities. Retire ETR.net as per directive from NDOH. Re-generate reports on Tier provincial database and update report by 30 June 2019
48. TB client lost to follow up rate	5%	6.7%	34%	High rate of car hijacking. Poor utilisation of the line lists reports on TB Tier. Module to identify early and follow up early missed appointments. Poor capturing of the TB data into Tier.	Liaise with transport office to fast track installation of trackers and to avoid procuring high risk vehicles. Train operational managers on TB management including update on THIS (TB HIV information system). Monitor TB data capturing in high burden facilities once a month.
49. TB XDR confirmed client start on treatment	50	259	418%	Support partner (Aurum) has assisted with a part-time data capturer whilst district ensures that the post is filled, to address backlog. District coordinator has been tasked to orientate Monitoring and Evaluation manager on Drug Resistant (DR)-TB programme indicators and reporting timelines to improve supervision.	
50. TB client death rate	5%	6.2%	24%	Late presentation and ineffective TB screening especially in vulnerable groups. Missed TB cases especially extra pulmonary TB cases and very ill patients who fail to produce sputa.	Continue to engage Traditional leaders and multi-disciplinary teams through Operation Sukuma Sakhe (OSS) on TB awareness and finding TB cases. Monitor implementation of new diagnostic tools in finding cases in vulnerable groups. Continue to reorientation staff on proper TB screening and use of case identification tools to ensure follow up of all TB suspected cases until TB is ruled out.

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
51. TB MDR treatment success rate	60%	58.3%	2.8%	High death and lost to follow up rate negatively affected the success rate. The target was however met on patients initiated on short regimen (65%) where loss to follow is at 11.3%. Death rate remains high (15.4%) on shorter regimen.	Revive household visits by tracer teams at least two to three times a week during the intensive phase to monitor adverse reactions. 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 by the end of June 2019.
52. TB Incidence (Notifications)	500/100 000	509/100 000	1.8%	This target was set based on the implemented TB crisis plan in the province which intensified TB case finding, linkage to care and improved treatment adherence. A new Finding missing TB patients strategy has been introduced by national hence the additional TB cases are found.	Revise the TB notification rate target to align to the Finding missing TB patients' strategy being implemented.
Maternal, Neonatal, Child and Women's Health and Nutrition					
53. Antenatal 1st visits before 20 weeks rate (annualised)	71%	73.1%	3%	House hold pregnancy testing by CCGs is continuing and assist in increasing early booking	Household pregnancy testing will continue
54. Mother postnatal visit within 6 days rate	75%	74.9%	0.1%	Below target performance was noted in Q2 (June & July 2019), which negatively influenced overall performance.	Continue educating mothers on the importance of post-natal care. Hospitals are going to be continuously assisted in offering post-natal care within 6 days, and monitoring of implementation will continue.
55. Delivery in 10 to 19 years in facility rate	22%	17.3%	21.4%	Implementation of the teenage pregnancy reduction strategy was started in the last quarter, and currently this is being implemented in 10 areas in 8 districts, which include making contraceptives available outside the schools and in higher learning institutions.	Implementation of teenage pregnancy strategy will continue in all districts.
56. Antenatal client start on ART rate	97%	98.7%	1.8%	Good monitoring of capturing of the Antenatal clients clinical files assisted in achieving the target	Capturing of Antenatal clients initiated on ART monitoring will continue, with data capturers collecting the clinical files 2 hourly from the MCWH Stream
57. Couple year protection rate (international)	35%	59.6%	70.3%	Target reached due to ongoing mentorship of health care providers and encouraging nurses to insert two Long acting reversible contraceptives	Train and mentor poorly performing districts
58. Cervical cancer screening coverage 30 years and older	82%	86.1%	5%	Target achieved due to pap drive campaigns conducted in all districts and health care workers commitment of taking at least two pap smears per day	Districts to raise awareness and conducting pap drive campaigns

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
(annualised)					
59. Maternal mortality in facility ratio (annualised)	100/100 000	85/100 000	15%	More hospitals have been evaluated on C/S safety minimum standards and are improving, which might contribute to lesser mothers dying; Essential Steps in Management Obstetric Emergencies (ESMOE) trainings are continuing; use of Non-pneumatic Anti Shock Garment (NASG) in certain hospitals also assist in reducing maternal deaths due to Postpartum haemorrhage (PPH).	Interventions will continue to sustain the achievement. Plans to sustain are in place. i.e. evaluation of institutions will continue. Perinatal mortality review meetings are done to strengthen monitoring.
60. Infant 1st PCR Test positive around 10 weeks rate	0.8%	0.6%	25%	Target achieved with implementation of Elimination of Mother to Child Transmission of HIV (EMTCT) last Mile activities	Implement EMTCT Last Mile activities, with focus on Real Time PCR Monitoring, Safer Conception, Safe Infant Feeding Practices
61. Immunisation under 1 year coverage (annualised)	80%	91%	13.8%	Coverage has been achieved due to catch-up drives and the sustainability thereof at the Early Childhood Development (ECD) sites, hard to reach areas and community mushroom points	Conduct catch-up campaigns at hard to reach areas and ECD sites
62. Measles 2nd dose coverage (annualised)	80%	77.8%	2.8%	Although the target has not been achieved, coverage has been improved due to the effective vaccine management system and supervision at facility level	To improve recording in the source register and data verification as Measles 2nd dose vaccine given is recorded as catch-up dose not as due dose below 24 months by some facilities
63. Diarrhoea case fatality under 5 years rate	2%	2.2%	10%	Target not achieved due largely to late entry into the health service, delays in transfers between clinics and hospitals, poor care on arrival in hospital and inadequate or infrequent review of dehydrated children in the wards	Reinforce existing programmes namely; integrated management of childhood illnesses (IMCI), Emergency triage, Assessment and treatment (ETAT), Red-Blue flag system and early warning scoring systems and use of community caregivers to educate carers on red flags.
64. Pneumonia case fatality under 5 years rate	2.6%	2.3%	11.5%	Reduction in deaths in line with target but increased number of admissions resulted in lower case fatality rate. This was due to an increase in respiratory syncytial virus (RSV) infections in children	Conduct clinical support visits to enforce management according to guidelines
65. Severe acute malnutrition case fatality under 5 years rate	6.5%	7.8%	20%	Deaths due to late presentation at facility level, social challenges, children with disabilities and chronic conditions continue to reflect in Severe Acute Malnutrition Death audits. The most number of deaths occurred at Rik Khan (5) and	Interventions such as training on the implementation of malnutrition guidelines, Integrated Management of Childhood Illnesses guidelines to continue. Monitoring of implementation of the guidelines will continue

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
66. Vitamin A dose 12-59months coverage (annualised)	60%	70.6%	17.7%	King Edward (5), with 60% of the children presenting with chronic disease states (trisomy & cerebral palsy). Outreach activities contributed positively to meeting the target	prioritising Districts with higher number of deaths such as Ethekwini District. Conduct outreach activities especially at hard to reach areas
67. School Grade 1 learners screened	Q4 = 21 382 85 625	Q4 = 13 070 66 729	38.9% 22%	When considering the resource constraints and the commitments required for the HPV campaigns, it was determined that the screening targets were rather ambitious.	Targets for 2019/2020 financial year, has been revised, taking into consideration the previous years' trend and set targets not being met.
68. School Grade 8 learners screened	Q4 = 13 875 55 506	Q4 = 8 537 33 967	38.5% 38.8%		
69. HPV 1st Dose ⁵	84 150	71 165	15.4%	Approximately 21 000 learners were underage and therefore the vaccine could not be administered to them. Other factors include: <ul style="list-style-type: none"> • 3 216 learners previously immunized • 4 665 learners with no consent • 1 192 learners absent 	Due to the large number of underage girl learners in grade 4, NDOH is in the process of changing the target group to Grade 5 girl learners, as more grade 5 learners would be 9 years old and eligible for the HPV Vaccine. With regards to learners with no consent, mobilization to be strengthened at all levels
70. HPV 2nd Dose	84 150	98 759	17.4%	Performance is inclusive of grade 5 girl learners who would have received their 1 st dose during August/Sept 2017.	From the new financial year facilities will be required to submit monthly dashboard reports on implementation of the national HHAPINESS (Improve Health systems and Human resources and reduce deaths from asphyxia, prematurity and infection) plan and the KZN Essential Package of New-born Care. This will hopefully raise awareness of what is required to reduce neonatal mortality, ensure sustained implementation and encourage compliance through the annual MASEA service excellence awards.
71. Neonatal death in facility rate	11.5/1 000	11.3/1 000	1.7%	Province wide verification process was undertaken in order to improve data management Implementation of the national HHAPINESS (Improve Health systems and Human resources and reduce deaths from asphyxia, prematurity and infection) plan and the KZN Essential Package of New-born Care.	

⁵ HPV Data Source is the HPV Register

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
72. Diarrhoea with dehydration in child under 5 years incidence (annualised)	10.5/1 000	7.9/1 000	24.8%	Integrated management of childhood illnesses (IMCI), Emergency triage, Assessment and treatment (ETAT), Red-Blue flag system and early warning scoring systems and use of community caregivers to educate carers on red flags.	Reinforce existing programmes
73. Pneumonia in child under 5 years incidence (annualised)	55/1 000	39.3/1 000	28.5%	Target achieved due to early identification of children at community level and early referral	Implementation of IMCI, Health education
74. Severe acute malnutrition in child under 5 incidence (annualised)	4.3/1 000	1.9/1 000	55.8%	Target met. Early detection of Moderate Acute Malnutrition cases at community and Primary Health Care contributes to the reduction in development of Severe Acute Malnutrition. Vitamin A supplementation and improved immunisation coverage contributed to reduction in Severe Acute Malnutrition new cases.	Implementation of nutrition guidelines at Early Childhood Development programmes in collaboration with Department of Social Development
75. Death in facility under 1 year rate (annualised)	6.1%	5.3%	13.1%	Target achieved - Implementation of Kangaroo Mother Care (KMC) in all district and regional hospitals.	Continue Kangaroo Mother Care programs.
76. Death in facility under 5 years rate (annualised)	4.4%	3.8%	13.6%	Province wide verification process was undertaken in order to improve data management Implementation of the national HHAPINESS (Improve Health systems and Human resources and reduce deaths from asphyxia, prematurity and infection) plan and the KZN Essential Package of New-born Care.	
Disease Prevention and Control					
77. Cataract surgery rate (annualised)	944.5/1mil	1 471/1mil	55.7%	More operations were conducted during Eye Care Week in partnership with NGO and Private Health facilities	To set target per facility to be achieved in partnership with NGO and Private sector.
78. Malaria ⁶ case fatality rate	0.6%	0.5%	16.7%	<ul style="list-style-type: none"> On-going health education and spraying of households Testing and treatment services provided by Humana People to People at the border 	
79. Malaria incidence per 1 000 population at	0.1/1 000	0.6/1 000	500%	Majority of cases are imported.	<ul style="list-style-type: none"> Clinical Support Services to strengthen case management training for all clinical staff in all

⁶ Data source for all related indicators is the Malaria Information System (MIS)

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
risk					<p>hospitals in the Malaria affected districts.</p> <ul style="list-style-type: none"> The Malaria Control Programme (MCP) has with NDOH initiated a MOSASWA Global Fund and appointed a service provider station along the SA/ Mozambique border to screen and treat malaria cases. The MCP has also initiated a cross-border malaria control inter-country team to jointly fight malaria from both countries. <p>Increase health promotion and prevention</p>
80. Clients 40 years and older screened for hypertension	2 535 282	5 514 478	117.5%	Active case finding due to National Screening Campaign	
81. Clients 40 years and older screened for Diabetes	2 535 282	5 470 833	115.8%		
82. Hypertension incidence (annualised)	23/1 000	16.1/1 000	30%		
83. Diabetes incidence (annualised)	3.1/1 000	3/1 000	3.2%	Despite active case finding due to National Screening Campaign, less new clients were found with Diabetes.	Intensify the screening in patients with other illnesses for co-morbidity
84. Mental disorders screening rate	33.5%	41.2%	22.6%	Quarterly and annual target met due to increased uptake on screening techniques and brief interventions.	All districts to use standardised screening tool which is available and waiting for the finalization of SOP development process. Estimated time frame is 31 May 2019
85. Wheelchairs issued	4 100	3 836	6.4%	Insufficient budget allocated for assistive devices and high turnover of Therapists	The Programme will continue to lobby relevant stakeholders for sufficient resources as well as recruitment and retention of Therapists
86. Dental extraction to restoration ratio	19:1	19.2:1	1.1%	Within acceptable deviation range. Influencing factors include availability of resources and health seeking behaviour of clients.	To encourage dental staff to explore other treatment options in order to avoid performing too many extractions
Programme 3: Emergency Medical Services					
87. EMS P1 urban response under 15 minutes rate	23%	35.7%	55.2%	79 new ambulances were issued to operations during the second quarter which assisted in reducing the downtime of ambulances for maintenance and repairs as majority of the	

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
88. EMS P1 rural response under 40 minutes rate	38%	50%	31.6%	ambulances are old with high mileage and therefore require frequent repairs in order to keep them on the road.	
89. EMS inter-facility transfer rate	46%	40.8%	11.3%	Demand driven indicator.	
90. Average number of daily operational ambulances	200	171	14.5%	Contributing factors includes: <ul style="list-style-type: none"> An ageing fleet with high downtime due to repairs High Accident rates Shortage of operational staff which is further impacted by overtime restrictions	Much as 79 ambulances were procured, these were not necessarily for expansion of services but rather for replacement of obsolete ambulances. To lobby for additional HR, equipment and ambulances in order to expand services
91. Number of bases with access to computers and intranet/e-mail	40	22	45%	Resource constraints.	IT have indicated that the private network roll out will commence in the new financial year (2019-20)
92. Approved EMS Turn-Around Strategy	Approved EMS Turn-Around Strategy	Not Approved	100%	The EMS turnaround strategy document was developed by EMS and has been submitted for approval. The structure will be determined by National once approved by the National Health Council Technical Committee	Once the revised structure is approved, it will be implemented accordingly.
Programme 4: Regional and Specialised Hospitals					
Regional Hospitals					
93. Hospital achieved 75% and more on National Core Standards self-assessment rate	46.2%	91.7%	98.5%	Quality assurance teams are functional and implementation of Quality Improvement Plans is monitored continuously	
94. Average Length of Stay – total	5.6days	6.3days	12.5%	<ul style="list-style-type: none"> Shortage and difficulty to attract and retain medical specialists at Regional Hospitals in the peripheral areas remains a challenge Hospitals providing a mixed package of services within a designated package further exacerbate this challenge 	<ul style="list-style-type: none"> Specialists' posts are being advertised since the filling of clinical posts is an exemption in order to improve access to specialized clinical services Processes to recruit foreign specialists still being explored The Registrar training Steering Committee to decide on targeted training posts to cover specialist gaps in peripheral hospitals Innovative strategies such as e-ICU and e-Psychiatry is being explored
95. Inpatient Bed	75.2%	73.3%	2.5%	Due to improved access to regional package of services by	

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PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
Utilisation Rate – total				lower levels of care, however the mixed package of services remains a confounder in this indicator.	
96. Expenditure per PDE	R3 377	R3 068	9.2%	Performances is related to decreased SCM activities in hospitals during this reporting period	
97. Complaint resolution rate	86%	89.2%	3.7%	Provincial QA conducted a roadshow on compliance with national guidelines on complaint management and PSI's. UThukela district has to assist with functionality of the committee at Ladysmith hospital	Functionality of committee at Ladysmith Hospital and compliance with national guidelines on management of complaints and PSI's to be assessed
98. Complaint Resolution within 25 working days rate	95%	87.3%	8.1%	Some complaints still under investigation due to their clinical nature, which takes longer to resolve and Uthukela District committee not fully functional	
99. Delivery by caesarean section rate	39%	41.2%	5.6%	Most caesarean sections performed at Regional Hospitals are clinically indicated	Conduct clinical audits to ascertain and monitor indication for caesarean sections at perinatal mortality meetings
100. OPD Headcount – total	2 001 357	2 440 240	21.9%	<ul style="list-style-type: none"> Influencing factors include the lack of a PHC facility in close proximity to the hospital. Most clinics do not operate 24hours or on weekends resulting in clients seeking services at hospital OPDs, which are accessible 24 hours a day. 	<ul style="list-style-type: none"> The engagement with local government is encouraged to continue to encourage patients to utilize referral pathways. An analysis will be made of the most affected hospitals and discussions on intervention strategies will ensue.
101. OPD Headcount new case not referred	203 644	246 774	21.2%		
Specialised TB Hospitals					
102. Hospital achieved 75% and more on National Core Standards self-assessment rate	40%	100%	150%	Quality assurance teams are functional and Quality Improvement Plans are monitored continuously	
103. Average Length of Stay	40.1days	44.9days	12%	<ul style="list-style-type: none"> Influenced by change in TB treatment regimen Indicator is influenced by the nature and number of referrals to this facility 	<ul style="list-style-type: none"> To conduct standard treatment protocols and guidelines compliance audits Implement clinical governance policy including compliance with admission and discharge policies To finalise discussions and implement rationalisation plan Adherence to admission and discharge policies May need to review this target due to changes in
104. Inpatient Bed Utilisation Rate – total	56.2%	36.5%	35.1%		

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
105. Expenditure per patient day equivalent (PDE)	R2 932	R6 190	111.1%	<ul style="list-style-type: none"> Influenced by BUR, since the change in treatment regimen has led to less patients treated as inpatients 	protocol for management of Drug Resistant TB patients.
106. Complaint resolution rate	86.9%	100%	15.1%	Provincial QA conducted a roadshow on compliance with national guidelines on complaint management and PSI's	To finalise discussions and implement rationalisation plan
107. Complaint Resolution within 25 working days rate	96.5%	97.7%	1.2%		Compliance with national guidelines on management of complaints and PSI's being assessed on an ongoing basis.
108. OPD Headcount – total	198 872	74 824	62.4%	<ul style="list-style-type: none"> Head count is dependent on referrals Changes in treatment protocols has also influenced performance 	<ul style="list-style-type: none"> To finalise rationalisation plan implementation To review target for 2019/2020
109. OPD Headcount – new case not referred	24 172	3 746	84.5%	Some hospitals have opened PHC Services to improve utilisation rates	To finalise rationalisation plan implementation
Specialised Psychiatric Hospitals					
110. Hospital achieved 75% and more on National Core Standards self-assessment rate	33%	60%	81.8%	Quality assurance teams are functional and implementation of Quality Improvement Plans is monitored continuously	
111. Average Length of Stay	289.2days	399.4days	38.1%	Shortage of psychiatrists especially in peripheral hospitals	<ul style="list-style-type: none"> Filling of clinical posts in order to improve access to specialized clinical services Processes to recruit foreign specialists still being explored e-Psychiatry is being explored
112. Inpatient Bed Utilisation Rate – total	72.1%	72.1%	0	Although the target is met, this should be viewed in comparison to ALOS. High number of state patients and thus increased demand for forensic beds noted. Indicator is also influenced by the nature and number of referrals to this facility.	<ul style="list-style-type: none"> Implement admission and discharge criteria To improve specialist coverage
113. Expenditure per patient day equivalent (PDE)	R1 311	R1 449	10.5%	Main cost drivers included COE especially since this is a specialist driven service requiring medical specialists and specialised nurses	Identify key cost drivers and review next APP target where applicable and implement developed improvement plans

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
114. Complaint resolution rate	97%	86.9%	10.4%	Influencing factors includes the nature of the complaint, the availability of records and the functionality of the Complaints Management Committee	Compliance with national guidelines on management of complaints and PSI's being assessed on an ongoing basis.
115. Complaint Resolution within 25 working days rate	90.6%	98.1%	8.3%	Provincial QA conducted a roadshow on compliance with national guidelines on complaint management and PSI's	
116. OPD Headcount – total	13 592	10 328	24%	Head count is based on referrals to this level of care	To review target at end of financial year
117. OPD Headcount – new case not referred	932	457	51%	Specialised package of services offered.	
Specialised Chronic Hospitals					
118. Hospital achieved 75% and more on National Core Standards self-assessment rate	100%	100%	0	Quality assurance teams are functional and implementation of Quality Improvement Plans is monitored continuously	
119. Average Length of Stay	33.8days	35.9days	6.2%	Inequity exists in the affected hospitals	Assessment on utilisation of Clairwood hospital has been completed and a phased approach to rationalisation plan will be implemented in 2019-20. A proposal has been made that in the 248 useable beds at Clairwood, a ward be identified for the following services: 2 male and female palliative care wards. 1 palliative care ward for children Increase number of postnatal beds from the current 20 to 40 beds To monitor indicator performance in the 2019/2010 financial year and implement developed improvement plans
120. Inpatient Bed Utilisation Rate – total	65.6%	51.5%	21.5%	Assessment revealed that Clairwood has a bed occupancy rate of 38% as it is not fully utilised as a referral/step-down institution by other hospitals.	
121. Expenditure per patient day equivalent (PDE)	R2 727	R3 277	20.2%	Indicator is influenced negatively by low bed utilisation rates.	To review target
122. Complaint resolution rate	98.3%	93%	5.4%	Influencing factors includes the nature of the complaint, the availability of records and the functionality of the Complaints Management Committee	Compliance with national guidelines on management of complaints and PSI's being assessed on an ongoing basis.
123. Complaint Resolution within 25 working	100%	94.3%	5.7%		

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Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
days rate					
124. OPD Headcount – total	139 872	78 039	44.2%	Due to poor utilisation rates, some hospitals are now providing PHC services	Patients at this level should be seen on referral basis To clarify reporting system of the head count and to review target in 2019-20
125. OPD Headcount – new case not referred	44 708	41 373	7.5%	Although the target is met, performance is still high due to PHC services introduced against package of services for this level of care	To review definition of package of services at this level of care.
Oral and Dental Training Centre					
126. Number of dentures issued per annum	300	129	57%	Addington and King Dinuzulu hospitals which are key facilities in providing this service lost some clinicians.	To advocate for the recruitment /replacement of the clinicians at Addington and King Dinuzulu who will be key in improving service delivery.
127. Number of Oral Hygienist and Dental Therapists trained per annum	40	122	205%	During the financial year 2018/19 King Dinuzulu Hospital Complex (Oral and Dental Training Centre) are currently training 122 students at all levels i.e.: • 43 (1 st Year) • 36 (2 nd Year) • 34 (3 rd Year) There were no Oral Hygienists who completed training during the financial year 2018/19	UKZN has upgraded the Oral Hygienist programme from a Diploma programme to a Degree programme, in light of this there will be 20 students in the first year for the Degree course in 2020. The intake of Dental Therapist for 2020/21 will be 30 students.
Programme 5: Central and Tertiary Hospitals					
Tertiary Hospitals					
128. Hospital achieved 75% and more on National Core Standards self-assessment rate	66%	100%	51.5%	Quality assurance teams are functional and implementation of Quality Improvement Plans is monitored continuously	
129. Average Length of Stay	9.4days	7.9days	16%	Due to adherence to referral protocols and adherence to clinical guidelines	To continue to capacitate referring facilities
130. Inpatient Bed Utilisation Rate – total	75%	69.7%	7.1%		Implement admission and discharge criteria. To monitor and compare trends in the next financial year and implementation developed improvement plans.

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PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
131. Expenditure per patient day equivalent (PDE)	R4 029	R4 051	0.5%	High cost drivers are consumables for Renal Dialysis, Implants and Prosthesis.	Identify key cost drivers and implement developed improvement plans
132. Complaint resolution rate	86.9%	84.5%	2.8%	Influencing factors include the nature of the complaint, the availability of records and the functionality of the Complaints Management Committee	Compliance with national guidelines on management of complaints and PSI's being assessed on an ongoing basis.
133. Complaint Resolution within 25 working days rate	97%	89.5%	7.7%		
134. Delivery by caesarean section rate	69%	51.7%	25.1%	Caesarean sections performed at Tertiary Hospitals are clinically indicated.	Conduct audits to verify compliance with protocols
135. OPD Headcount – total	380 152	411 005	8.1%	Indicator is based on referrals	Implement referral protocols
136. OPD headcount new cases not referred	28 824	31 956	10.9%	PHC Patients access services at Ngwlezana and King Edward VIII Hospital mainly after hours due to their accessibility	Adhere to admission and discharge criteria for this level of care. King Edward has since opened a Gateway clinic to support PHC clients. To explore possibility of increasing number of service hours at the Gateway Clinic.
Central Hospital					
137. Hospital achieved 75% and more on National Core Standards self-assessment rate	100%	100%	0	Quality assurance teams are functional and Implementation of Quality Improvement Plans is monitored continuously	
138. Average Length of Stay – total	8.8days	8.7days	1.1%	Improved clinical management and down referral of patients. The department has made efforts to improve the availability and functionality of investigative medical equipment such as CT Scanners, X Rays Ultrasound etc. The availability of the essential medical equipment improves clinical care and clinical outcomes.	Filling of clinical posts is being expedited in order to improve capacity and quality of care at Regional and District Hospitals thus reducing inappropriate referrals
139. Inpatient Bed Utilisation Rate – total	66.8%	65.8%	1.5%	Improved BUR due to patients being assessed and treated at the appropriate Level of Care	Implement admission and discharge criteria
140. Expenditure per patient day equivalent (PDE)	R8 373	R9 455	12.9%	Overspending on Surgical Implants, Prosthesis and accruals due to increased patients clinical procedures and surgical services to reduce waiting times.	Identify key cost drivers and implement developed improvement plans

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
141. Complaint resolution rate	99.2%	100%	0.8%	Provincial QA conducted a roadshow on compliance with national guidelines on complaint management and PSI's	Compliance with national guidelines on management of complaints and PSI's being assessed on an ongoing basis.
142. Complaint Resolution within 25 working days rate	95.9%	100%	4.3%		
143. Delivery by caesarean section rate	75%	77.8%	3.7%	All caesarean sections performed at IALCH meet the entry criteria which are at Tertiary services level 2 and Tertiary services level 3 as clinically indicated.	Conduct clinical audits to verify indication for caesarean deliveries
144. OPD Headcount – total	191 464	187 051	2.3%	<ul style="list-style-type: none"> Influenced by referrals by Regional and Tertiary hospitals, and review cases Normally less cases are booked during the festive period 	
Programme 6: Health Sciences and Training					
145. Number of bursaries awarded for first year medicine students	30	12	60%	Financial constraints impacted on the number of bursaries awarded.	To review number of bursaries awarded when the financial situation of the Department improves.
146. Number of bursaries awarded for first year nursing students	150	120	20%	The total number of students which were taken is 120, 20 were in-service employees according to Departmental policy	Nil
147. KZNCN accredited as Institution of Higher Education	Accredited	Not accredited	100%	Accreditation process is dependent on the accreditation bodies, namely SANC and CHE	All processes and activities towards accreditation of the College will continue, according to the accreditation process of SANC and CHE.
148. Number of Advanced Midwives graduating per annum	30	80	166.7%	The target of 60 as an annual target was exceeded, as an additional 2 campuses commenced with training in this programme.	N/A
149. Number of MOP's that successfully completed the degree course at DUT	18	22	22.2%	Students from the previous academic year that re-wrote to complete their studies were included in the current academic year hence, the target was exceeded.	
150. Number of new Pharmacy Assistants enrolled in training courses	20	70	250%	<ul style="list-style-type: none"> Target 70 Pharmacist Assistants enrolled in the 4th quarter exceeded. 	Others funded themselves. Few passed assessment test

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
151. Number of Intermediate Life Support graduates per annum	72	70	2.8%	<ul style="list-style-type: none"> There is a new ILS course that commenced on the 04/01/2019 includes 30 students. The course that is underway will finish during the 1st quarter of the next financial year. 	
Programme 7: Health Care Support Services					
152. Forensic Pathology Rationalisation Plan	Approved Plan	Not Approved	100%	Minimum Staff establishment within FPS facilities has started.	
153. Number of operational Orthotic Centres (cumulative)	3	2	33.3%	Awaiting the nomination of consultants to demolish and build.	
154. Percentage of Pharmacies that obtained A and B grading on inspection	95.8%	97.9%	2.2%	Bruntville CHC and Doris Goodwin have infrastructural challenges.	Improve infrastructure for Bruntville CHC and Doris Goodwin Hospital.
155. Percentage of facilities reporting clean linen stock outs	1.4%	8%	471.4%	Only Harry Gwala District submitted that all 6 of their Hospitals experienced incidents of clean linen stock outs due to faulty water pump that supplies water to laundry machines. All hospitals are cited to have a similar reason for stock-outs.	Harry Gwala submission for incidents of clean linen stock outs strengthen their case for verification Data Management is still awaited to finalise development of a data collection tool to be implemented in 2019/20 financial year.
156. Tracer medicine stock-out rate (PPSD)	3%	10.1%	238.7%	Supply challenges and follow up with suppliers with regard to contract management is not optimal due to staff shortage.	Motivate for the filling of the vacancies for Demand Management and Contract Management functions. The submission is with Human Resource Management Services
157. Tracer medicine stock-out rate (institutions)	1.5%	3.2%	113.3%	Supply challenges	Follow up suppliers regarding deliveries
158. Percentage facilities on Direct Delivery Model for Procurement and Distribution of	100%	100%	0	No deviation	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
Pharmaceuticals					
159. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	40%	0	100%	The bid for the Distribution Contract that will accommodate Cross-docking services has been cancelled.	The bid process may be recommenced by Central Supply Chain Management
160. Percentage of items on Direct Delivery and Cross Docking Model	70%	71.7%	2.4%	There was reasonable number of high volume items that were put on contract.	
161. Number of facilities implementing the CCMDD Programme (cumulative)	717	735	2.5%	Some districts have initiated CCMDD enrolment in some of the outstanding facilities, such as Grey's (Tertiary) Hospital, Townhill (Psychiatric) Hospital and Mobile Clinics.	The outstanding facilities will be enrolled in the new financial year. (The new service provider had to adjust and stabilise current processes)
162. Number of patients enrolled on CCMDD Programme (cumulative)	1 350 000	994 263	26.4%	Districts / Facilities could not provide "cumulative" data as the change in the service provider made it difficult to track this data as the information is currently extracted from the service provider system. Active patients' data has been provided.	The Department is working with the service provider to implement Synchronised National Communication in Health (SynCH) (NDOH IT System) to be able to keep track of this large data in a manner that can be analysed.
163. Number of pick-up points linked to CCMDD	3 000	4 390	46.3%	The facilities have aggressively established pick-up-points that are convenient to the patients. Some Adherence Clubs have become dysfunctional, e.g. at uThukela District.	Focus interventions on the maintenance of these established pick-up-points.
Programme 8: Health Facilities Management					
164. Number of jobs created through the EPWP	4 971	3 747	24.6%	Job creation through the Department's Gardens and Grounds Programme and Dr Pixley Ka Isaka Seme Hospital project, which is informed by available funding.	Employment of EPWPs is informed by funds availability and allocation. The target will be revised in 2019-20.
165. Percentage of maintenance and repairs budget spent	100%	117.1%	17.1%	The delegation allocated to institutions was overspent because institutions were able to spend more than was initially anticipated. Also, corrective maintenance expenditure was higher than initially anticipated as corrective maintenance actions cannot be planned.	
166. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot Districts	148	148	0	No deviations as all health facilities are being maintained.	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
167. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot Districts (excluding the facilities in NHI Pilot Districts)	464	464	0		
168. Number of new and replacement projects completed	11	14	27.3%	<p>The target was surpassed due to the additional funding that was received during the adjustment period.</p> <p>Projects completed in 2018/19:</p> <ol style="list-style-type: none"> 1. Stanger Hospital: Replacement of Theatre/ Wards Chillers 2. Osindisweni: Replace Hand-wash Basins to various Wards 3. Thokotho Port Shepstone Container Clinic: Transportation and Installation 4. Amadlalathi Clinic: Replacement of Septic tank 5. Replacement of Autoclaves: <ol style="list-style-type: none"> a. Clairwood Hospital; b. GJ Crooke's Hospital c. Mahatma Ghandi d. Queen Nandi Hospital e. Ngwelezane Hospital f. Northdale Hospital g. Estcourt h. St Andrews Hospital i. Hillcrest Hospital 6. Ekuhlengeni Psychiatric Hospital: Installation of new laundry machines and equipment. 	
169. Number of upgrade and additional projects completed	14	15	7.1%	<p>Projects completed in 2018/19:</p> <ol style="list-style-type: none"> 1. Ntshongweni Clinic: Partial Covering of the Roof. Replace Warr Out Flooring, Build Pedestrian Gate 2. Fredville Clinic: Build Pedestrian Gate 3. Ekuhlengeni Psych Hospital: Replacement of perimeter concrete fence, entrance gates, guard house, driveway 	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
				<p>4. Ngwelezane Hospital: Construct new 3 storey 192 adult in-patient surgical wards</p> <p>5. Drilling of new Borehole:</p> <p>a. Yumani Clinic</p> <p>b. Sornkhele Clinic</p> <p>c. Dakuza Clinic</p> <p>d. Felani Clinic</p> <p>e. Manxili Clinic</p> <p>f. KwaSenge Clinic</p> <p>g. Nkande Clinic</p> <p>h. Mwelokohlo Clinic</p> <p>6. Osindisweni Hospital: Roof Repair and Building Works</p> <p>7. Ladysmith Hospital: Replace switchgear at MUF1 and Theatre</p> <p>8. Manguzi Hospital: Low Voltage Distribution Electricity upgrade.</p>	
170. Number of renovation and refurbishment projects completed	12	12	0	<p>No deviation</p> <p>Projects completed in 2018/19:</p> <p>1. Untunjambili Hospital: Repairs to Collapsing Wall at Male Ward</p> <p>2. Ex Old Boys Model: School: Major Repairs and Renovations / Conversions of Existing building to SCM Offices and Stores.</p> <p>3. Addington Hospital: Storm damage recovery project (Oncology)</p> <p>4. Addington Hospital: Repair tarred surface in mortuary and transport area, Re-tarring main Entrance to "Q" Block</p> <p>5. Osindisweni Hospital: Renovate laundry</p> <p>6. St Aidans: Hospital Storm damage Phase 1: Repairs to sky lights & roof at Admin Building</p> <p>7. Vryheid Hospital: Reconfigure existing building to provide for a neonatal nursery.</p> <p>8. Ntuzuma Clinic: Painting of internal and external</p> <p>9. Ladysmith Hospital: Roof Replacement and associated works on a Fire Damaged Services Building</p>	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – ANNUAL

Performance Measures	Target 2018/19	Annual	Deviation	Reason for Deviation	Interventions
				10. Prince Mshiyeni Memorial Hospital: Refurbishment And Remedial Work To Maternity Ward A/C Chiller Pipes 11. Mahatma Gandhi Hospital: Epoxy flooring to a Mortuary 12. Prince Mshiyeni Memorial Hospital: Repaint Duty Rooms and Doctor's Rooms to wards A1 to A6 and B1 to B6	

SUBMITTED BY:



Mr. J GOVENDER
Chief Director: HSDPM&E

30/05/2019

DATE

OFFICIAL SIGN-OFF:



DR. M GUMEDE
Acting Head: Health

30/5/2019

DATE

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Office of the Head: Health

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Dear Dr Mkhize

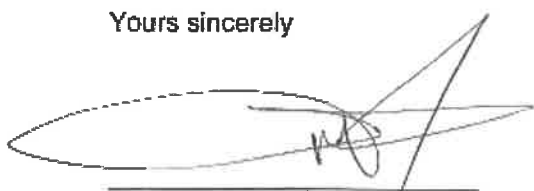
DEPARTMENTAL ACTUAL QUARTERLY PERFORMANCE REPORT (Q4)

The above matter refers.

I, Dr M. Gumedde (Acting Head: Health) hereby submit the quarterly performance information for the 4th quarter actual and the annual (preliminary) of 2018/19 for publication.

The report accurately reflects the preliminary performance against the targets as set out in the 2018/19 APP of the Department.

Yours sincerely



DR M. GUMEDE
ACTING HEAD; HEALTH
KWAZULU-NATAL

Date: 30/05/2019