



health

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

DIRECTORATE:

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Office of the Head: Health

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

Dear Dr Mkhize

DEPARTMENTAL PRELIMINARY QUARTERLY PERFORMANCE REPORT (Q2)

The above matter refers.

I, Dr S. Tshabalala (Head: Health) hereby submit the quarterly performance information report for the 1st Quarter actual performance and the 2nd quarter (preliminary) of 2019/20 for publication.

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

Yours sincerely

DR S. Tshabalala
HEAD: HEALTH
KWAZULU-NATAL

Date:

Quarterly Performance Report KZN - Q2


KWAZULU-NATAL
QUARTERLY PERFORMANCE REPORTS: 2019/20 - 2nd Quarter
 Sector: Health

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output	Comments for the 2nd Quarter
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	66.7%	92.9%	70.0%	80.3%	80.0%	80.3%	
Percentage of fixed PHC facilities with broadband access	36.5%	50.2%	30.0%	61.5%	40.0%	61.5%	
Programme 2: District Health Services							
District Management							
PHC utilisation rate - Total	2.5	2.5	2.5	2.5	2.5	2.6	
Complaint resolution within 25 working days (PHC)	95.7%	96.0%	96.0%	97.2%	95.0%	95.3%	
District Hospitals							
Average Length of Stay (District Hospitals)	5.4 days	5.5 days	5.5 days	5.3 days	5.5 days	5.2 days	
Inpatient Bed Utilisation Rate (District Hospitals)	59.5%	62.7%	60.8%	58.5%	61.5%	61.1%	
Expenditure per PDE (District Hospitals)	R 2,582	R 2,781	R 2,781	R 3,043	R 2,781	R 2,796	
Complaint Resolution within 25 working days rate (District Hospitals)	92.0%	95.0%	95.0%	96.8%	95.0%	91.3%	
HIV & AIDS, STI & TB (HAST) CONTROL							
ART Client remain on ART end of month -total	1,387,698	1,578,737	1,394,216	1,421,590	1,440,082	1,438,117	
TB/HIV co-infected client on ART rate	86.3%	95.0%	95.0%	67.2%	95.0%	0%	
HIV test done - total	3,694,143	3,074,435	768,609	1,042,960	768,610	1,177,959	
Male condom distributed	111,028,593	170,755,053	42,688,763	16,865,200	42,688,763	22,098,630	
Medical male circumcision - Total	209,732	148,209	35,566	46,859	50,390	37,083	
TB client sys and older start on treatment rate	104.6%	92.0%	88.0%	98.7%	89.0%	98.8%	
TB client treatment success rate	72.2%	87.0%	80.0%	87.8%	83.0%	87.8%	
TB client lost to follow up rate	6.5%	5.0%	6.5%	10.3%	6.0%	10.3%	
Maternal, Child and Women's Health and Nutrition (MCW&N)							
Antenatal 1st visit before 20 weeks rate	73.2%	75.0%	75.0%	73.4%	75.0%	76.3%	
Mother postnatal visit within 6 days rate	74.9%	81.0%	77.0%	73.1%	79.0%	76.3%	
Infant 1st PCR test positive around 10 weeks rate	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	
Immunisation under 1 year coverage	90.8%	88.0%	88.0%	88.4%	88.0%	90.4%	
Measles 2nd dose coverage	77.8%	90.0%	90.0%	82.0%	90.0%	82.5%	
Diarrhoea case fatality under 5 years rate	2.2%	2.0%	2.0%	2.2%	2.0%	1.8%	
Pneumonia case fatality under 5 years rate	2.3%	2.4%	2.5%	2.5%	2.4%	2.1%	
Severe acute malnutrition case fatality under 5 years rate	7.8%	6.0%	5.9%	7.0%	6.0%	8.5%	
School Grade 1 - learners screened	66,777	60,147	11,743	21,058	13,023	13,517	
School Grade 6 - learners screened	33,867	31,473	11,475	18,450	8,064	9,326	
Delivery in 10 to 19 years in facility rate	17.3%	21.0%	21.0%	17.0%	21.0%	17.4%	
Couple year protection rate (fnt)	59.6%	55.0%	56.0%	46.2%	56.0%	51.9%	

Quarterly Performance Report KZN - Q2

Programme / Subprogramme / Performance Measures	Audited Outcome for 2016/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output	Comments for the 2nd Quarter
<p>Report on Non-Standard Items</p> <p>Vitamin A dose 12-59 months coverage Cervical cancer screening coverage 30 years and older Disease Prevention and Control Cataract Surgery Performed Malaria case fatality rate</p> <p>Programme 3: Emergency Medical Services (EMS) EMS P1 urban response under 15 minutes rate EMS P1 rural response under 40 minutes rate EMS inter-facility transfer rate</p> <p>Programme 4: Provincial Hospital Services Regional Hospitals Average Length of Stay (Regional Hospitals) Inpatient Bed Utilisation Rate (Regional Hospitals) Expenditure per patient day equivalent (PDE) (Regional Hospitals) Complaint resolution within 25 working days rate (Regional Hospitals)</p> <p>Specialised Hospitals Complaint resolution within 25 working days rate</p> <p>Programme 5: Central Hospital Services (CHHS) Provincial Tertiary Hospitals Services Average Length of Stay (Tertiary Hospitals) Inpatient Bed Utilisation Rate (Tertiary Hospitals) Expenditure per patient day equivalent (PDE) (Tertiary Hospitals) Complaint resolution within 25 working days rate (Tertiary Hospitals)</p> <p>Provincial Central Hospitals Services Average Length of Stay (Central Hospitals) Inpatient Bed Utilisation Rate (Central Hospitals) Expenditure per patient day equivalent (PDE) (Central Hospitals) Complaint resolution within 25 working days rate (Central Hospitals)</p>	<p>70.8% 85.7% 1473/1mil 0.5% 35.7% 50.0% 40.6% 6.3 days 73.3% R 3,068 87.3%</p>	<p>70.0% 84.0% 9,700 0.5% 26.0% 36.0% 39.0% 6.3 days 74.7% R 3,245 95.0%</p>	<p>70.0% 78.0% 3,053 0.5% 26.0% 34.0% 43.0% 6.2 days 70.4% R 3,319 95.0%</p>	<p>60.2% 61.4% 4,412 0.4% 36.0% 32.9% 43.8% 6.3 days 73.4% R 3,176 96.1% 100.0%</p>	<p>70.0% 81.0% 2,799 0.5% 26.0% 36.0% 40.0% 6.3 days 77.0% R 3,174 95.0%</p>	<p>66.8% 86.9% 5,201 0.5% 37.1% 43.9% 41.8% 6.3 days 77.0% R 2,302 96.3% 100.0%</p>	
ANNUAL OUTPUT							
Programme 1: Administration Audit opinion from Auditor General	awaiting AG response	unqualified Audit					
Programme 2: District Health Services Ideal clinic status rate	81.8%	100.0%					
HIV and AIDS, STI and TB TB Client death rate	5.2%	5.0%					
TB MDR treatment success rate Maternal, Child and Women's Health and Nutrition	58.7%	60.0%					

Quarterly Performance Report KZN - Q2

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output	Comments for the 2nd Quarter
 <p>Antenatal client start on ART rate HPV 1st dose HPV 2nd dose Maternal mortality in facility ratio Neonatal death in facility rate</p>	98.9%	97.0%					
	71,108	60,000					
	98,759	60,000					
	98.4/100000 11.5/1000	95/100000 11.3/1000					
<p>Programme 8: Health Sciences and Training (HST) Number of Bursaries awarded to first year medicine students Number of Bursaries awarded to first year nursing students</p>	12 120	30 100					
	148 464	151 529					
<p>Programme 8: Health Facilities Management Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District</p>							

Raw data	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output	Comments for the 2nd Quarter
<p>Programme 1: Administration Percentage of Hospitals with broadband access Total Number of hospitals with minimum 2 Mbps connectivity Total Number of Hospitals</p>		57 71	57 71	57 71	Excludes KZN Childrenrens Hospital
<p>Percentage of fixed PHC facilities with broadband access Total Number of fixed PHC facilities with minimum 1Mbps connectivity Total Number of fixed PHC Facilities</p>		375 610	375 610	375 610	
<p>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 Population - Total</p>		7,068,271 11,528,879	7,068,271 11,528,879	5,076,630 11,528,879	
<p>Complaint resolution within 25 working days rate (PHC) Complaint resolved within 25 working days Complaint resolved District Hospitals</p>		2,264 2,329	2,264 2,329	1,640 1,720	
<p>Average Length of Stay (District Hospitals) inpatient day total Day patient total Inpatient separations</p>		440,960 4,705 83,932	440,960 4,705 83,932	306,363 3,567 59,523	

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Report on Non Standardized Items							
Inpatient discharges-total				74 833		52 987	
Inpatient deaths -total				4 150		3 024	
Inpatient transfers out - total				4 949		3 512	
Inpatient Bed Utilisation Rate (District Hospitals)							
Inpatient day total				440 960		306 363	
Day patient total				4 705		3 567	
Usable (inpatient) beds				8 306		8 290	
Expenditure per PDE (District Hospitals)							
Expenditure - total				1925339 939		1245747 897	
Patient day equivalent				632 683		445 591	
OPD headcount not referred new				106 735		72 979	
OPD headcount referred new				90 772		65 408	
OPD headcount follow-up				307 187		227 147	
Emergency Headcount total				63 407		46 799	
Complaint Resolution within 25 working days rate (District Hospitals)							
Complaint resolved within 25 working days				564		348	
Complaint resolved				666		381	
HIV and AIDS, STI and TB (HAST)							
ART Client remain on ART end of month -total							
ART adult remain on ART end of period				1373 446		1388 994	
ART child under 15 years remain on ART end of period				48 144		47 123	
TB/HIV co-infected client on ART rate							
TB/HIV co-infected client on ART				3 646			
TB client known HIV positive				5 726			
HIV test done - total							
Antenatal client HIV 1st test				1042 960		785 306	
Antenatal client HIV re-test				39 646		28 434	
HIV test 19-59 months				50 048		34 538	
HIV test 5-14 years				33 957		25 537	
HIV test 15 years and older (excl ANC)				65 727		48 522	
Male condom distributed				853 582		548 275	
Medical male circumcision - Total							
Males 10 to 14 years who are circumcised under medical supervision				16865 200		14732 420	
Males 15 years and older who are circumcised under medical supervision				27,972		11,800	
TB client 5ys and older start on treatment rate							
TB client 5 years and older start on treatment				18,887		12,922	
TB symptomatic client 5 years and older tested positive				9 215		7 723	
				9 340		7 816	

Quarterly Performance Report KZN - Q2

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TB client treatment success rate All TB client successfully completed treatment All TB client start on treatment TB client lost to follow up rate All TB client lost to follow up All TB client start on treatment Maternal, Child and Women's Health and Nutrition (MCWH&N) Antenatal 1st visit before 20 weeks rate Antenatal 1st visit before 20 weeks Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks Mother postnatal visit within 5 days rate Mother postnatal visit within 6 days after delivery Delivery in facility total Infant 1st PCR test positive around 10 weeks rate Infant PCR test positive around 10 weeks Infant PCR test around 10 weeks Immunisation under 1 year coverage Immunised fully under 1 year new Female under 1 year + Male under 1 year Measles 2nd dose coverage Measles 2nd dose Female 1 year + Male 1 year Diarrhoea case fatality under 5 years rate Diarrhoea death under 5 years Diarrhoea separation under 5 years Pneumonia case fatality under 5 years rate Pneumonia death under 5 years Pneumonia separation under 5 years Severe acute malnutrition case fatality under 5 years rate Severe acute malnutrition (SAM) death in facility under 5 years Severe Acute Malnutrition under 5 years School Grade 1 - learners screened School Grade 8 - learners screened Delivery in 10 to 19 years in facility rate Delivery 10-14 years in facility + Delivery 15-19 years in facility Delivery in facility total Couple Year Protection Rate (Int)							
				9 570 10 901	TB data not available TB data not available	9 570 10 901	
			1 128 10 901	1 128 10 901	1 128 10 901	1 128 10 901	TB data not available TB data not available
			39 658 54 046	39 658 54 046	39 658 54 046	29 781 39 030	
			41 314 56 489	41 314 56 489	41 314 56 489	28 264 37 040	
			80 13 805	80 13 805	80 13 805	53 9 767	
			57 422 259 716	57 422 259 716	57 422 259 716	39 115 259 716	
			53 872 262 747	53 872 262 747	53 872 262 747	36 110 262 747	
			36 1 666	36 1 666	36 1 666	35 1 916	
			62 2 499	62 2 499	62 2 499	32 1 529	
			45 639	45 639	45 639	27 317	
			21 058	21 058	21 058	9 011	
			18 450	18 450	18 450	6 217	
			9 596 56 489	9 596 56 489	9 596 56 489	6 444 37 040	


Quarterly Performance Report KZN - Q2

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output	Comments for the 2nd Quarter
Report on Non-Standardised Items							
Contraceptive years equivalent				358 239		268 379	
Male sterilisation				196		126	
Female sterilisations				3 295		2 081	
Medroxyprogesterone injection				378 318		265 538	
Norethisterone enanthate injection				44 604		42 003	
Oral pill cycle				106 079		64 574	
IUCD				6 474		5 016	
Male condoms				16865 200		14732 420	
Subdermal implant				16 002		8 329	
Female condoms				547 493		294 525	
Female 15-44 years + Female 45-49 years				3101 056		3101 056	
Vitamin A dose 12-59 months coverage							
Vitamin A dose 12-59 months				320 911		237 328	
(Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2				1065 648		1055 646	
Cervical cancer screening coverage 30 years and older							
Cervical cancer screening 30 years and older				49 213		35 010	
(Female 30-34 years + Female 35-39 years + Female 40-44 years + Female 45 years and older) / 10				2417 747		2417 747	
Disease Prevention and Control							
Cataract Surgery Performed							
Cataract surgery total				4 412		3 467	
Malaria case fatality rate							
Deaths from malaria				1		1	
Total number of Malaria cases reported				269		205	
Programme 3: Emergency Medical Services (EMS)							
EMS P1 urban response under 15 minutes rate							
EMS P1 urban response under 15 minutes				13 224		13 146	
EMS P1 urban calls				36 706		35 443	
EMS P1 rural response under 40 minutes rate							
EMS P1 rural response under 40 minutes				15 076		19 613	
EMS P1 rural calls				45 832		45 162	
EMS Inter-facility transfer rate							
EMS inter-facility transfers				49 602		50 453	
EMS clients total				113 355		121 165	
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
Average Length of Stay (Regional Hospitals)							
Inpatient day total				459 696		322 056	
Day patient total				12 172		7 855	

Quarterly Performance Report KZN - Q2

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output	Comments for the 2nd Quarter
Report on Non Standardized Items							
Inpatient separations				74 328		51 994	
Inpatient discharges-total				86 638		46 320	
Inpatient deaths -total				3 673		2 588	
Inpatient transfers out - total				4 017		3 086	
Inpatient Bed Utilisation Rate (Regional Hospitals)							
Inpatient day total				459 696		322 058	
Day patient total				12 172		7 855	
Usable (Inpatient) beds				6 957		6 955	
Expenditure per patient day equivalent (PDE) (Regional Hospitals)							
Expenditure total				2226911 737		1543828 143	
Patient day equivalent				701 251		670 644	
OPD headcount not referred new				71 113		47 170	
OPD headcount referred new				83 056		599 952	
OPD headcount follow-up				464 890		327 024	
Emergency Headcount total				87 347		59 830	
Complaint resolution within 25 working days rate (Regional Hospitals)							
Complaint resolved within 25 working days				440		415	
Complaint resolved				458		431	
Specialised Hospital							
Complaint resolution within 25 working days rate							
Complaint resolved within 25 working days				42		57	
Complaint resolved				42		57	
Programme 5: Central Hospital Services (C&THS)							
Provincial Tertiary Hospitals Services							
Average Length of Stay (Tertiary Hospitals)							
Inpatient day total				110 049		75 712	
Day patient total				2 326		877	
Inpatient separations				14 676		10 057	
Inpatient discharges-total				11 208		7 729	
Inpatient deaths -total				308		594	
Inpatient transfers out - total				2 560		1 744	
Inpatient Bed Utilisation Rate (Tertiary Hospitals)							
Inpatient day total				110 049		75 712	
Day patient total				2 326		877	
Usable (Inpatient) beds				1 636		1 646	
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)							
Expenditure total				628224 087		445564 509	
Patient day equivalent				150 112		107 084	
OPD headcount not referred new				9 152		7 140	

Quarterly Performance Report KZN - Q2

Programme / Subprogramme / Performance Measures	Audited Outcome for 2018/19 as per Annual Report	Target for 2019/20 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output	Comments for the 2nd Quarter
 <p>OPD headcount referred new OPD headcount follow-up Emergency Headcount total Complaint resolution within 25 working days rate (Tertiary Hospitals) Complaint resolved within 25 working days Complaint resolved</p>				20 065 73 663 13 821		15 235 60 025 10 399	
<p>Provincial Central Hospitals Services Average Length of Stay (Central Hospitals) Inpatient day total Day patient total Inpatient separations Inpatient discharges-total Inpatient deaths -total Inpatient transfers out - total</p>				48 642 397 5 640 3 989 190 1 461		33 448 298 4 005 2 892 117 996	
<p>Inpatient Bed Utilisation Rate (Central Hospitals) Inpatient day total Day patient total Usable (inpatient) beds</p>				48 642 397 846		33 448 298 846	
<p>Expenditure per patient day equivalent (PDE) (Central Hospitals) Expenditure total Patient day equivalent</p>				635658 301 64 908		409782 288 45 572	
<p>OPD headcount not referred new OPD headcount referred new OPD headcount follow-up Emergency Headcount total</p>				4 133 42 690 1 380		3 083 31 921 921	
<p>Complaint resolution within 25 working days rate (Central Hospitals) Complaint resolved within 25 working days Complaint resolved</p>				29 29		25 25	

I, **Dr. Sc. Ishababb** hereby certify that the non-financial data submitted for the current quarter is correct and gives an overview of the performance of the department

Signed by: Head of the Department
 Date: **31** / **10** / **2019**



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

PROVINCE:

KwaZulu-Natal

QUARTER:

One

NAME OF THE PERSON CONSOLIDATING THE REPORT:

Mrs S. Naidoo

BUDGET PROGRAMME:

Health

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
Programme 1: Administration					
1. Percentage of hospitals with broadband access	70%	80.3%	14.1%	Deployment and configuration of LTE Routers has contributed to improved broadband access at facilities	
2. Percentage of fixed PHC facilities with broadband access	30%	61.5%	105%		
3. Percentage of supplier invoices paid within 30 days	80%	66.9%	21.1%	Improved investigation and mitigation of delays in payments	Monthly payment cycle analysis report being compiled and distributed to all districts requesting that they investigate delays in payment so that they can identify and address the cause(s) of late payments to ensure future payments are made within 30 days as required by section 38(1)(f) of the PFMA and Treasury Regulation 8.2.3
4. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	75%	18%	76.7%	Late and non-submission of assessment reports Resource constraints i.e. vacant posts and insufficient vehicles Ethekwini & King Cetshwayo Districts assessed less than targeted number	<ul style="list-style-type: none"> Conduct district support visits and workshops at District Health Management Team forums Food Services Transition Project for insourcing of hospital kitchens: New Procurement Agent has been appointed. (Ngokusa Trading)
5. Number of ethics workshops	0	3	100%	Even though exceeded targeted performance, there are currently only 3 Certified Ethics Officers conducting	The Department has trained a further 12 officials (from Head Office and Districts) to be certified Ethics Officers

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
conducted				the workshops and during Q1 work constraints relating to change over of administration prevented the scheduling of more workshops.	and this should assist with the rollout of workshops in 2019-20 once they receive certification.
Programme 2: District Health Services					
Primary Health Care					
6. PHC Utilisation rate - total	2.5	2.5	0	No deviation.	Facilitate the institutionalization of Health Patient Registration System (HPRS) in all facilities and fast track migration from the current headcount registration to HPRS
7. PHC utilisation rate under 5 (annualised)	3.9	3.5	10.3%	Some districts attributed this decline to poor recording, and reporting.	To continue strengthening the implementation of Community Based Model (CBM) in order to reach more children. CBM aims to improve health service utilization. The outreach teams implementing the CBM are able to screen for pregnant women early, test for HIV (health promotion and diseases prevention), screen for malnutrition, abuse, TB, HIV and other chronic conditions in children, trace all defaulters and refer them to the facility. This increases the utilization.
8. Complaint resolution rate (PHC)	95%	91.9%	3.3%	Delays in initiating the process of managing complaints (which leads to delays in resolving complaints) identified in Amajuba, Ethekwini, Hlanganani, Hlabisa, King Cetshwayo and Umkhanyakude Districts.	A template on weekly monitoring developed to ensure that deviations are picked up in time to ensure that intervention is done timeously
9. Complaint resolution within 25 working days rate (PHC)	96%	97.2%	1.3%	Active clinical governance structures assist in speedy complaints resolutions and commitment to addressing issues timely. Adherence to complaints management guidelines is improved.	Implement complaints management guidelines
10. Expenditure per PHC headcount	380	R431	13.4%	The over-expenditure is attributed to the accruals from the previous financial year	To encourage districts to do journals and payments in time
11. Number of school health teams (cumulative)	205	206	0.5%	Sharing of available vehicles to allow more teams to go out to schools	
12. Number of ward-based outreach teams (cumulative)	130	133	2.3%	Although performance target exceeded, the program noted that Umzinyathi and Zululand have teams that did not report. Some teams have no vehicles therefore not reporting.	Follow up on the 2 districts whose teams did not report on WebDHIS. District Health Services and Provincial Fleet Management have procured some vehicles in 2018 and has order more in this financial year

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
13. Number of accredited health promoting schools (cumulative)	408	412	1%	The Department of Health continues to work with Department of Education and Social Development to ensure that schools are assisted to get accredited	Implement the inter-sectoral collaboration strategy which is key in this achievement
District Hospitals					
14. Average Length of Stay – total	5.5 Days	5.3 Days	3.6%	The doctors are now doing the daily ward rounds to assess the condition of each patient hence the improvement in daily discharges.	
15. Inpatient Bed Utilisation Rate – total	60.8%	58.5%	3.6%	Shortage of medical officers in rural hospitals such as St Marys KwaMagwaza, Umphumulo, Untunjambill and Ekombe hospitals. Majority of the district hospitals are not providing all basic district level of care services such as appendicectomy, minor orthopaedic procedures and patients requiring these services are then referred to high level of care.	Rural hospitals are being prioritised for allocation of community service medical doctors. The province has taken a resolution to rationalise family medicine to provide at a first level of care such that the family physicians from regional hospitals are now moved to the district level of care to build capacity of the junior medical officers that are mostly practising in district hospitals.
16. Expenditure per patient day equivalent (PDE)	R 2 781	R3 043	9.4%	Shortage of skills in district hospitals does influence bed occupancy rate which results into low PDE. As indicated under ALOS the department is recruiting family physicians to cover all districts offices.	Rationalisation of family physicians from regional hospitals level of care has already commence in order to improve skills at district level that will influence positively the number of patients that are being referred to the next level of care which is regional and further improve PDE.
17. Complaint resolution rate	94.7%	92.1%	2.7%	Delays in initiating the process of managing complaints (which leads to delays in resolving complaints) identified in Amajuba, EThekweni, Harry Gwala, Ilembe, King Cetshwayo and Umkhanyakude Districts. Areas like Greater Kokstad, EThekweni and others do not have PRO's, which result in delayed or non-capturing of complaints.	A template on weekly monitoring developed to ensure that deviations are picked up on time to ensure that intervention is done timeously
18. Complaint Resolution within 25 working days rate	95%	96.8%	1.9%	Active clinical governance structures assist in speedy complaints resolutions and commitment to addressing issues timely. Adherence to complaints management guidelines is improved.	Implement complaints management guidelines
19. Delivery by Caesarean Section rate	27.5%	26.9%	2.2%	The provincial specialist team is supporting the district hospitals on matters around Caesarean Section.	
20. OPD Headcount – Total	574 846	504 704	12.2%	A positive deviation which is a decrease in OPD headcount is being observed. This could be attributed to Primary health Care (PHC) programmes such as Centralised Chronic Medication Dispensing and	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
21. OPD Headcount not referred new	95 003	106 735	12.3%	Distribution (CCMDD) Programme and Ward-Based Outreach Teams (WBOTS) The culture in SA is that most patients want to be seen by their doctors hence they bypass PHC facilities where there is no medical coverage.	Continuous education by the department to the public on PHC facility utilisation
HIV, AIDS, STI and TB Control					
22. ART Client remain on ART end of month – total	1 394 216	1 421 590	2%	<p>Performed well on this indicator as a result of all Catch up plan activities which are listed below:</p> <ul style="list-style-type: none"> ▪ Same day initiation on Catch Weekly Report and discuss with all district through skype meeting. ▪ Monitor that all HIV positive clients are accompanied by Lay Counsellors to NIMART nurses for same day initiation ▪ Monitor the initiation targets for each NIMART nurse as per the set daily norms using Vantage System. • Monitor the waiting list for ART at facility level for prompt weekly intervention for patients not receptive to same day initiation on ART. • Communicate with all districts those Clients who are not ready for initiation to be referred to the Medical Officer / Clinician, social Worker for ART readiness counselling & to produce proof of referral & outcomes. 	Implement and monitor Catch up performance through weekly reporting and monthly provincial wellness meetings
23. TB / HIV co-infected clients on ART rate	95%	67.2%	29.3%	Incomplete recording of the TB/HIV on primary source documents.	Re-orientate facility staff on accurate recording in clinical TB and HIV record.
24. HIV test done – total	768 609	1 042 960	35.7%	Operation Siyenza and the provincial Hiola Manje Campaigns have contributed to a higher performance.	Implement and monitor HIV Testing Services (HTS).
25. Male condoms distributed	42 688 763	16 865 200	60.5%	There are challenges with recording and reporting at the primary distribution site as districts do not have CONDOM Logistics, management information system (LMIS) officers. This challenge is also coupled with the unavailability of condom service providers in all districts as a result of contract termination with the	Appointments of district and provincial LMIS officers immediately. Facilitate the finalisation of the legal process to appoint new service providers.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
				service provider who could not meet the agreed upon activities.	
26. Medical Male Circumcision – total	35 568	46 859	31.7%	Target has been met which is attributed to marked improvement in advocacy by traditional leadership, monthly iSibaya Samatodia, and monthly validation of partner data against DHIS	To continue working with strategies as indicated
27. Male Urethritis syndrome incidence	26.2/1 000	28.1/1 000	7.3%	The increase in MUS incidence was due to poor condom distribution within health facilities because of unavailability of service providers in different districts. There are 3 districts that have an increase of more than a provincial target i.e. EThekweni, UMkhanyakude and King Cetshwayo	To distribute more condoms in all health facilities using available resources, e.g. school health, WBOTS, and tracing team cars in all districts focussing mainly on the 3 districts with high incidence of MUS.
28. TB client 5 years and older start on treatment rate	88%	88.7%	12.2%	The performance is not a true reflection as the capturing is not done correctly.	Facilities per Sub-district will be trained on TB iHIV data management from August to September 2019
29. TB client treatment success rate	80%	87.8%	9.8%	Possibly as a result of the transition from ETR to WebDHIS. Facilities now have an information system on site with line listing reports.	
30. TB client lost to follow up rate	6.5%	10.3%	58.5%	Late updating of data in Tier.net due to competing data demands with limited human resources.	Train operational managers on management reports so as to follow up gaps daily, weekly and monthly from August to September 2019.
31. TB XDR confirmed client start on treatment	40	14	65%	There is a low number of patients diagnosed with XDR on NHLS interim data.	Follow up and verify number of patients diagnosed with XDR in NHLS, and ensure that all patients are registered by the 15th of August 2019.
32. TB New smear positive PTB cure rate	78%	Data not available		Data not available, Awaiting NDOH to assist with consolidated provincial data.	Follow up with national on consolidated provincial data set.
Maternal, Neonatal, Child and Women's Health and Nutrition					
33. Antenatal 1st visits before 20 weeks rate	75%	73.4%	2.1%	Most teenagers report late as they hide pregnancy. Shortage of pregnancy test strips was reported in districts like Harry Gwala.	Shortage of pregnancy test strips resolved. Community awareness and health education activations are continuing

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
34. Mother postnatal visit within 6 days rate	77%	73.1%	5.1%	Teenagers return back to school post-delivery and do not come back for post-natal follow up visit Poor linkage of mothers to PHC for post-natal check up	Community awareness and education in these areas that involve teenager and adolescents. Post-natal wards in hospitals to link mothers to PHC. WBOTS to assist where mothers miss their return dates. Interventions continue.
35. Delivery in 10 to 19 years in facility rate	21%	17%	19%	Activations and consultative meetings are done in areas where there is high teenage pregnancy rate. School governing bodies (SGBs) in these areas are actively involved in reducing teenage pregnancy in schools.	
36. Couple year protection rate (international)	56%	46.2%	17.5%	Data analysis indicated a low distribution of condoms, the reason for which is narrated in indicator 25 above.	As per indicator 25 above.
37. Cervical cancer screening coverage 30 years and older (annualised)	79%	81.4%	3%	Target achieved due to the implementation of Pap drive campaigns around the province and full implementation of National Cancer Policy	To continue with cancer awareness in the province.
38. Infant PCR Test positive around 10 weeks rate	0.6%	0.6%	0	No deviation. Indicator monitored on the KZN EMTCT Dashboard and Real Time monitoring closing all gaps that lead to transmission at local area.	Implement Real Time PCR monitoring, support districts to close gaps in the PMTCT programme that lead to MTCT. Keep the indicator on the KZN Dashboard.
39. Immunisation under 1 year coverage	88%	88.4%	0.5%	Target achieved due to improvement in the performance of mobile clinics, catch-up campaigns and constant monitoring of vaccine stock by facilities and depot	Continuous support more especially in poorly performing districts and facilities. Ongoing catch-up campaigns and constant vaccine stock monitoring in the facilities to prevent vaccine stock outs
40. Measles 2nd dose coverage	90%	82%	8.9%	Target not achieved however a marked improvement when compared to 2018-19 actual performance of 77.8%. This marked improvement is due to improvement in the performance of mobile clinics, catch-up campaigns and constant monitoring of vaccine stock by facilities and depot	Implement catch-up campaign plans, setting and monitoring of facility targets. Improve recording of the antigens given in the source register and data verification by the managers
41. Diarrhoea case fatality under 5 years rate	2%	2.2%	10%	Target not achieved due 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.
42. Pneumonia case fatality under 5 years	2.5%	2.5%	0	No deviation. Integrated management of childhood illnesses (IMCI).	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
43. Severe acute malnutrition case fatality under 5 years rate	5.9%	7%	18.6%	non-rotation of staff, facility support visits. Target not met due to poor implementation of the WHO protocol for inpatient management of SAM is a key contributing factor to the reduction in SAM Case Fatality rate at hospital level.	Implement INP Dietetics & Nutrition monitoring and support visits to facilities. Encourage more health workers to complete the SAM Inpatient Management Course before December 2019. Nineteen health workers completed the SAM inpatient management course in Q1, and 35 doctors were trained in May 2019. Three districts (Uthukela, Ethekwini and Harry Gwala) were supported with the update of their Malnutrition Implementation Plans. Three facilities (Benedictine, Osindisweni and Nkandla) mentored and supported on SAM inpatient management during INP Support visits. Continue supporting districts with the updating and review of the Malnutrition Implementation Plans. To strengthen the inpatient management of children with Severe Acute Malnutrition (SAM) across the province, the Nutrition Directorate has developed an online course to assist health professionals, both medical and nursing, to acquire the necessary knowledge and skills to manage children with SAM.
44. Vitamin A dose 12-59 months coverage	70%	60.2%	14%	This is due to challenges with supply of Vitamin A across the province.	Engagements with Provincial Pharmacy Services are ongoing. Facilities are supported and requested to ensure that stock is redistributed within the Districts and that Vitamin A 100 000IU x 2 doses is used at fixed and mobile clinics when available.
45. School Grade 1 - learners screened	11 743	21 058	79.3%	Sharing of available resources such as vehicles contributed to positive performance	Implement integrated School Health Program policy
46. School Grade 8 - learners screened	11 475	18 450	60.8%		
Disease Prevention and Control					
47. Cataract surgery - total	3 053	4 412	44.5%	Public Private Partnership resulted in positive performance and these partnerships were with: <ul style="list-style-type: none"> • Al-Imdaad • Active Citizens Movement • Islamic Relief Organisation of South Africa 	Maintain partnerships where functional.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
48. Malaria case fatality rate	0.5%	0.4%	20%	(IIROSA) <ul style="list-style-type: none"> Zimbabwe Rotary Club Intensified community health education to present early at health care facilities if they develop the signs and symptoms of malaria	
49. Clients 40 years and older screened for hypertension	638 891	1 364 397	113.6%	National Wellness Campaign i.e. routine screening on a daily basis has created demand for screening services.	Strengthening adherence to the screening tool by Health Care Providers
50. Clients 40 years and older screened for Diabetes	638 891	1 426 837	123.3%		
51. Mental disorders screening rate	35%	43.4%	24%	Training Screening, Brief Intervention and Referral to Treatment (SBIRT) contributed to improved mental health screening.	An SOP will be piloted in Amajuba and then rolled out to other districts to standardise processes and also address the issue of variance in target-setting identified with some districts
52. Wheelchairs issued	875	942	7.7%	The reason for exceeding target is that most institutions may have purchased wheelchairs in bulk during 1st quarter 2019/20 to address backlogs from the 2018/19 financial year. The department also received some donated wheelchairs from private partners	Implement and monitor compliance to departmental assistive devices issuing policies and guidelines
53. Dental extraction to restoration ratio	18:1	11.7:1	35%	Head Office Oral Health Directorate has produced an Oral Health Turn-around Strategy and in-service training on the use of transversal contract to order material. Seven Districts performed really well during the first quarter.	During the second quarter, Head Office to visit the four districts that did not perform well, and will develop interventions to improve performance in the coming quarters
Programme 3: Emergency Medical Services					
54. EMS P1 urban response under 15 minutes rate	26%	36%	38.5%	Ambulances previously issued to operations continue to yield positive results by reducing the downtime of ambulances for maintenance and repairs as majority of the ambulances are old with high mileage and therefore require frequent repairs in order to keep them on the road.	
55. EMS P1 rural response under 40 minutes rate	34%	32.9%	3.2%	Resource constraints continue to negatively impact on this programme in rural areas.	Awaiting approval of a turn-around strategy

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
56. EMS inter-facility transfer rate	43%	43.0%	1.9%	Demand driven indicator that cannot be influenced or controlled.	
57. Average number of daily operational ambulances	190	158	16.8%	Shortage of service providers for fleet maintenance increases the down time of ambulances for routine servicing and repairs contributing to limited operational ambulances available, particularly in rural districts. High rate of accidents. Higher percentage rural terrain contributes to increased vehicle wear and tear. A shortage of operational staff, the national norm is 10 staff per operational ambulance and KZN EMS is currently operating below 8 staff per ambulance. Ageing fleet which has not been replaced as per the vehicle replacement policy resulting in increased downtime and continuous repairs required. The restriction placed on overtime above 30% of personnel salary has placed strain on operations as staff availability is decreased. The current ambulance fleet is old and requires constant repairs increasing the downtime of available resources.	Transit Solutions has been engaged to increase the pool of service providers and increase supervision of fleet matters. Continue defensive driver training conducted by the college of emergency care. District Fleet officers to engage with service providers regularly to limit ambulance downtime. Implementation and adherence to the vehicle replacement policy. Motivate for the BOS of old ambulances above 400 000km and utilise saved budget for purchasing of new ambulances. A total of 88 ambulances have been ordered, once received these will be issued with medical equipment and therefore should contribute towards improved response times
58. Number of bases with access to computers and intranet/e-mail	30	22	26.7%	IT indicated that the private network roll out will commence this financial year 92019-20}	Engage IT on the progress of the project
Programme 4: Regional and Specialised Hospitals					
Regional Hospitals					
59. Average Length of Stay – total	6.2 Days	6.3 Days	1.6%	Shortage of specialists in the peripheral hospitals. Mixed package of services in hospitals such as Madadeni and King Dinuzulu adds to the challenge.	To implement activities of the Operational plan. Meeting planned with Planning unit to review alternatives for target setting for 2020/2021
60. Inpatient Bed Utilisation Rate – total	70.4%	73.4%	4.3%	Although target was achieved, there is still a sizeable portion of district level of care patients seen at regional level	
61. Expenditure per PDE	R3 319	R3 176	4.3%	Influenced by low bed utilisation rates in this quarter. Regional hospitals still seeing quite a number of district level of care patients	To discuss targets with Planning directorate. Exploring a need for opening of gateway clinics in Regional hospitals
62. Complaint resolution rate	95%	88.4%	6.9%	Newcastle, Matadeni and Port Shepstone Hospitals delayed in completing the complaints management process leading to regional hospitals not meeting the	A template on weekly monitoring developed to ensure that deviations are picked up on time to ensure that intervention is done timeously

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
63. Complaint Resolution within 25 working days rate	95%	96.1%	1.2%	target Although resolution of complaints within 25 days is positive, King Cetiswayo and Ugu Districts did not meet the target. Complaints resolution process not started on time leading to delayed resolution.	Implement complaints management guidelines
64. Delivery by Caesarean Section rate	37.4%	39.7%	6.1%	Complicated cases of pregnancy attended to at higher levels of care. Caesarean Section performed is clinically indicated.	Caesarean Section audits will be done to monitor compliance
65. OPD Headcount – total	565 001	619 059	9.6%	Low utilisation of district hospitals contributes to this performance due to patients bypassing lower levels of care to access services at higher levels. Some regional hospitals such as General Justice Gizenga Mpanza, RK Khan have no nearby PHC facilities operational on a 24-hour basis and patients access these hospitals directly especially after hours	Finalise assessment of Regional hospitals that need Gateway clinics established and then report head counts separately
66. OPD Headcount new case not referred	54 139	71 113	31.4%		
Specialised TB Hospitals					
67. Average Length of Stay - total	54.7 Days	50.1 Days	8.4%	Target met. Adherence to TB treatment protocols is a contributory factor	Review and monitor this performance against adherence to treatment guidelines
68. Inpatient Bed Utilisation Rate – total	46.6%	33.9%	27.3%	New treatment guidelines including community based treatment of TB patients has resulted in low BUR	To implement rationalisation plan of TB hospitals. Phase 1 of rationalisation already agreed upon in the rationalisation meeting held in June 2019
69. Expenditure per patient day equivalent (PDE)	R 4 320	R7 652	77.1%	Low BUR is a contributory factor to this performance	
70. Complaint resolution rate	94.7%	66.7%	29.6%	Delays in initiating the process of managing complaints, which leads to delays in resolving complaints.	A template on weekly monitoring developed to ensure that deviations are picked up on time to ensure that intervention is done timeously
71. Complaint Resolution within 25 working days rate	95%	100%	5.3%	Although Q1 performance reported is positive Thulasizwe Hospital in Zululand District does not monitor complaints as per National Guidelines. The reason behind that non-compliance is poor support by the mother hospital, Ceza.	The Zululand District PRO to institute close- monitoring on the facility. A template on weekly monitoring developed to ensure that deviations are picked up on time to ensure that intervention is done timeously
72. OPD Headcount – total	24 981	12 564	49.7%	Good performance in line with preparatory process for rationalisation by down referring patients to correct levels of care. These include patients on ARV therapy	Implement referral of ART clients to correct level of care

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
73. OPD Headcount – new case not referred	2 334	166	92.9%	Good performance related to active adherence to treatment guidelines as well as process of down referring patients in preparation for rationalisation of TB Hospitals	Implement activities in line with rationalisation preparatory process
Specialised & Psychiatric Hospitals					
74. Average Length of Stay	201.5 Days	387.8Days	33%	Target not met. This indicator compared different acuity levels of patients. Umngeni and Ekuhlerengi Hospitals are a huge confounder in this performance.	Meeting planned with PM&E to review indicators and targets. Proposing that hospital to be assessed separately. Long term and short term hospitals to be measured separately
75. Inpatient Bed Utilisation Rate – total	72.1%	70.9%	1.7%	Performance within acceptable deviation range. Townhill Hospital had some wards under renovation thus 20 beds were not in use.	Analyse performance of similar hospitals with same acuity of patients independently
76. Expenditure per patient day equivalent (PDE)	R 1 554	R1 534	1.3%	Target met. Whilst this target was met, hospitals that are majored in this indicator have different patient acuity levels. For example Umngeni and Ekuhlerengi admit chronic patients whereas Townhill and For Napier have a portion of acute patients.	
77. Complaint resolution rate	97.1%	100%	3%	Active clinical governance structures assist in speedy complaints resolutions and commitment to addressing issues timely. Adherence to complaints management guidelines is improved.	Implement complaints management guidelines
78. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
79. OPD Headcount – total	3 121	2 833	15.6%	Head count is determined by a number of referrals. Training of staff on mental health care at lower levels of care has helped contribute to reducing inappropriate referrals	
80. OPD Headcount – new case not referred	189	63	66.7%	Good performance. Strict adherence to protocols with patients seen on a referral basis	Audit adherence to protocols.
Specialised Chronic Hospitals					
81. Average Length of Stay	36.3 Days	39.2 Days	8%	Hillcrest admits chronic patients and contributes significantly to this ALOS.	
82. Inpatient Bed Utilisation Rate – total	53.6%	46.6%	13.1%	Clairwood hospital has chronic low bed utilisation rate thus contributing negatively to performance of chronic hospitals. Hospital is also currently under renovations following	Both Hillcrest and Clairwood hospitals are part of the rationalisation plan. To review and agree on realistic targets with Planning section

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
83. Expenditure per patient day equivalent (PDE)	R2 745	R3 620	31.9%	which palliative care wards will be opened. Target not achieved. Performance is related to BUR at Clairwood Hospital.	Decision taken on classification of Clairwood Hospital. Plan for infrastructure refurbishment needs submitted
84. Complaint resolution rate	98.3%	81.5%	17.1%	Delays in initiating the process of managing complaints, which leads to delays in resolving complaints.	A template on weekly monitoring developed to ensure that deviations are picked up on time to ensure that intervention is done timeously
85. Complaint Resolution within 25 working days rate	95%	100%	5.3%	Even though performance reported for Q1 is positive, Hillcrest and Clairwood Hospitals in EThekweni District does not monitor complaints as per National Guidelines.	The District QA to support facility PRO's to institute close monitoring on facility complaints management system. A template on weekly monitoring developed to ensure that deviations are picked up on time to ensure that intervention is done timeously
86. OPD Headcount – total	25 912	16 849	37%	Much as performance is positive the hospital management directorate considering data accuracy review as this hospital level should only be receiving referred cases.	To review data, target and indicator with data management and planning directorate as it cannot be measured at this level of care. Review results to be shared next quarter.
87. OPD Headcount – new case not referred	9 903	8 257	16.6%		
Programme 5: Central and Tertiary Hospitals					
Tertiary Hospitals					
88. Average Length of Stay	7.5 Days	7.6 Days	1.3%	Performance within acceptable deviation range. More patients are being referred back to base hospitals and managed at the right level of care. Outreach has been strengthened to referring hospitals	Develop and strengthen tertiary package of services at Ngwelezane Hospital
89. Inpatient Bed Utilisation Rate – total	75.6%	74.5%	1.5%	Some beds closed at King Edward due to wards under renovation.	To increase capacity of Ngwelezane with opening of the new burns unit, thereby increasing the Provincial inpatient bed utilisation rate.
90. Expenditure per patient day equivalent (PDE)	R3 880	R4 185	7.9%	Related to high costs of consumables such as implants, renal dialysis and other sundries	Build package of services at Ngwelezane. Performance will improve with return of useable beds at King Edward VIII hospital
91. Complaint resolution rate	95.7%	69.2%	27.7%	Reports from Umgungundlovu and Ethekeweni Districts are not monitoring Complaints management as per guideline. The hospital management in King Cetshwayo is not actively involved in complaints management; everything is expected to be done by an Intern.	A template on weekly monitoring developed to ensure that deviations are picked up on time to ensure that intervention is done timeously
92. Complaint Resolution within 25 working days rate	95%	92.6%	2.6%		

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
93. Delivery by Caesarean Section rate	52.8%	53.2%	0.8%	Deviation within acceptable norm. Deliveries at this level are clinically indicated due to complications	Conduct Caesarean Section audits
94. OPD Headcount – total	89 396	102 890	15.1%	Based on both referred as well as non-referred patients	Audits to be conducted on indications for referrals and gaps to be discussed at referral meetings with lower levels of care
95. OPD headcount new cases not referred	7 814	9 152	17.1%	Ngwelezane and King Edward have no district level of care and PHC services nearby and fully functional on a 24 hour basis. Some patients access the hospitals directly without referral especially after hours	An audit will be performed on need for gateway clinics and hours of service of these clinics.
Central Hospital					
96. Average Length of Stay – total	8.8 Days	8.7 Days	1.1%	Adherence to admission protocols and outreach to hospitals in the periphery especially between Greys, Madadeni and Ladysmith hospitals	
97. Inpatient Bed Utilisation Rate – total	66.4%	63.3%	4.7%	Some wards not fully commissioned due to shortage of staff such as Critical care unit and theatres.	Hospital striving to commission more services as and when staff become available.
98. Expenditure per patient day equivalent (PDE)	R8 980	R9 796	9.1%	Costs of consumables such as implants and renal dialysis contribute to this cost	To increase bed utilisation rates and monitor performance
99. Complaint resolution rate	100%	100%	0	No deviation. Active clinical governance structures assist in speedy complaints resolutions and commitment to addressing issues timely. Adherence to complaints management guidelines is improved.	Implement complaints management guidelines
100. Complaint Resolution within 25 working days rate	95%	100%	5.3%	Active clinical governance structures assist in speedy complaints resolutions and commitment to addressing issues timely. Adherence to complaints management guidelines is improved.	
101. Delivery by Caesarean Section rate	75.8%	71.5%	5.4%	Target met. Caesarean Section done at this level are clinically indicated due to complications of pregnancy	Conduct Caesarean Section audits
102. OPD Headcount – total	47 888	46 823	2.2%	Performance within set target due to adherence to referral protocols.	Implement adherence to referral protocols as well as outreach support to referring levels of care.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
Programme 7: Health Care Support Services					
103. Percentage of facilities reporting clean linen stock outs	0%	22%	100%	<ol style="list-style-type: none"> 1. Incorrect targeting. Some districts (i.e. Amajuba, Harry Gwala and Ilembe) targeted 100% of clean linen stock out incidents. 2. Ladysmith experienced stock out incidents due to reduced collection days of clean linen from Durban district 3. No data/report was submitted by uMgungundlovu district 4. Inadequate infrastructure coupled with staff shortages 5. There are linen shortages at facilities exacerbated by budgetary constraints and 'uncontracted' items. 	<ol style="list-style-type: none"> 1. The meeting held with Laundry Managers on 15 July 2019 addressed an issue of incorrect setting of targets 2. Ladysmith to increase utilisation of increased in-house infrastructure capacity to complement soiled linen processed by Durban regional laundry 3. A follow up on uMgungundlovu district 'no submission' is tasked to a recently appointed district coordinator for Laundry Services. 4. A new submission to requesting creation, unfreezing and filling of critical laundry posts to be submitted through HRMS for approval by Provincial Treasury. At the same time, Infrastructure Development is committed to reducing downtime in existing laundry machinery. To this end, maintenance budget will be made available. Also, a database of pre-qualified service providers will be published for easy access by facilities to 'properly take care' of existing laundry machinery (i.e. servicing, maintenance and repairs). 5. Awaiting SCM process to be finalised. Specifications already shared with SCM.
104. Tracer medicine stock-out rate (PFSD)	5%	0.9%	82%	The performance is overstated as there were more items that were out of stock than what was extracted from MEDSAS. The data extracted by SITA on MEDSAS is not reliable.	The matter is being followed up with SITA.
105. Tracer medicine stock-out rate (Institutions)	3%	5%	66.7%	Supply constraints relating to Non-Awards of Contracts, Discontinuation of products, Active Pharmaceutical Ingredients shortages, Manufacturing capacity constraints, Packaging constraints, Regulatory matters, etc.	Implement adherence to stock control SOPs. Work with NDOH to enable early award of contracts.
106. Percentage facilities on Direct Delivery Model	100%	99%	1%	Umzimkhulu Hospital has low volumes; thus it is not suitable for Direct Delivery System.	Umzimkhulu Hospital has therefore been removed from Direct Delivery System facilities list.
107. Number of facilities implementing the CCMD Programme (cumulative)	735	727	1.1%	Zululand Mobile Clinics stopped implementing the CCMD programme due to operational reasons (collection dates clashing with Mobile Point visits), resulting in a decline from 735.	The district will review the situation and decide whether to re-enrol the mobile clinics.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2019/20 – Q1

Performance Measures	Target Q1	Results Q1	Deviation	Reason for Deviation	Interventions
108. Number of patients enrolled on CCMDD Programme (cumulative)	1 036 594	1 013 476	2.2%	The change over to a new service provider created a challenge with maintaining the cumulative numbers of enrolment.	Implement the IT System SYNCH at all facilities to better manage data.
109. Number of external pick-up points linked to CCMDD	New	491		There was an increased effort to establish external pick up points by Districts.	
Programme 8: Health Facilities Management					
110. Number of jobs created through the EPWP	1 500	1 581	5.4%	Improved replacement processes for expired contracts for the maintenance of gardens and grounds programme.	
111. Number of new and replacement projects completed	0	0	0	No deviation	
112. Number of upgrade and addition projects completed	5	5	0		
113. Number of renovation and refurbishment projects completed	3	3	0		
114. Percentage of maintenance and repairs budget spent	25%	24%	4%	Procurement delays on Category C projects implemented by Institutions.	Most projects have gone through procurement, expenditure to improve in quarter 2.

SUBMITTED BY:



Mr. J GOVENDER
Chief Director: HSDPM&E

OFFICIAL SIGN-OFF:



DR. S. Shabalala
Head: Health

26/10/19

DATE

31/10/19

DATE

