

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter EASTERN CAPE Sector: Health							
Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	50.0%	10.0%	0%	25.0%	0%	35.0%	0%
Percentage of fixed PHC facilities with broadband access	49.0%	10.0%	0%	25.0%	15.0%	34.0%	0%
Programme 2: District Health Services							
District Management							
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10.4%	2.0%	0%	5.0%	0%	8.0%	3.7%
Patient Experience of Care rate (PHC Facilities)	73.0%	73.0%	0%	73.0%	0%	73.0%	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	8	2	5	4	4	6	-
PHC utilisation rate	2.8	0.0	2.7	0.0	2.8	2.8	2.9
Complaints resolution rate	92.0%	92.0%	78.1%	92.0%	78.1%	92.0%	81.0%
Complaint resolution within 25 working days rate	80.0%	80.0%	96.9%	80.0%	96.3%	80.0%	97.4%
HIV and AIDS, TB and STI control							
Total clients remaining on ART	355,531	320,746	328,595	332,341	342,216	343,936	352,322
Client tested for HIV (incl ANC)	1,300,648	325,162	371,232	325,162	445,939	325,162	484,409
TB symptom 5yrs and older screened rate	70.0%	70.0%	0%	70.0%	0%	70.0%	49.1%
Male condom distribution Rate (annualised)	38	38	48	38	58	38	61
Female condom distribution Rate (annualised)	1	1	1	1	1	1	1
Medical male circumcision performed - Total	49,000	133	3,091	32	3,603	21,067	2,223
TB new client treatment success rate	82.0%	82.0%	83.5%	82.0%	83.6%	82.0%	83.9%
TB client lost to follow up rate	6.8%	6.8%	6.3%	6.8%	6.3%	6.8%	7.0%
Maternal, child and women health							
Antenatal 1st visit before 20 weeks rate	50.0%	50.0%	54.3%	50.0%	59.6%	50.0%	63.9%
Mother postnatal visit within 6 days rate	55.0%	55.0%	56.9%	55.0%	56.9%	55.0%	61.1%
Infant 1st PCR test positive around 6 weeks rate	1.5%	1.5%	0.7%	1.5%	1.6%	1.5%	1.8%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	82.4%	90.0%	85.9%	90.0%	88.2%
Measles 2nd dose coverage (annualised)	90.0%	90.0%	75.5%	90.0%	86.6%	90.0%	89.0%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	0.5%	0.5%	9.4%	0.5%	25.7%	0.5%	630.9%
Child under 5 years diarrhoea case fatality rate	5.6%	5.6%	4.9%	5.6%	3.3%	5.6%	2.3%
Child under 5 years pneumonia case fatality rate	4.0%	4.0%	2.4%	4.0%	3.7%	4.0%	3.9%
Child under 5 years severe acute malnutrition case fatality rate	10.0%	10.0%	13.2%	10.0%	10.8%	10.0%	9.0%
School Grade R screening coverage (annualised)	10.0%	2.0%	0%	3.0%	0.8%	6.0%	2.8%
School Grade 1 screening coverage (annualised)	27.4%	16.0%	7.0%	22.0%	9.9%	18.0%	18.5%
School Grade 8 screening coverage (annualised)	10.0%	2.0%	3.6%	4.0%	5.6%	8.0%	7.1%
Couple year protection rate (annualised)	63.0%	-	0%	-	0%	-	0%
Cervical cancer screening coverage (annualised)	44.0%	44.0%	64.9%	44.0%	65.0%	44.0%	68.5%
Vitamin A 12-59 months coverage (annualised)	55.0%	55.0%	57.2%	55.0%	73.5%	55.0%	67.3%
District Hospitals							
National Core Standards self assessment rate	75.0%	75.0%	0%	75.0%	4.5%	75.0%	83.3%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%	100.0%	90.9%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	35.0%	10.0%	0%	15.0%	0%	25.0%	0%
Patient Experience of Care Survey Rate	100.0%	100.0%	0%	100.0%	0%	100.0%	68.2%
Average Length of Stay	4.9 days	4.9 days	5.2 days	4.9 days	5.2 days	4.9 days	5.2 days
Inpatient Bed Utilisation Rate	65.0%	65.0%	57.8%	65.0%	58.9%	65.0%	57.7%
Expenditure per PDE	R 2,166	R 2,166	R 1,910	R 2,166	R 2,030	R 2,166	R 2,781
Complaints resolution rate	95.0%	95.0%	94.7%	95.0%	94.7%	95.0%	92.0%
Complaint resolution within 25 working days rate	90.0%	90.0%	99.5%	90.0%	99.4%	90.0%	100.0%
Disease Prevention and Control							
Clients screened for hypertension-25 years and older	80,000	10,000	507,260	35,000	758,181	55,000	759,342
Clients screened for diabetes- 5 years and older	80,000	10,000	353,706	35,000	589,330	55,000	614,868
Client screened for Mental disorders	1.1%	1.1%	0.9%	1.1%	2.1%	1.1%	2.5%
Client treated for Mental Disorders new	10.0%	2.5%	15.4%	5.0%	10.0%	7.5%	8.8%
Cataract Surgery Rate annualised	not measured	-	-	-	-	-	-
Malaria case fatality rate	not measured	-	0%	-	0%	-	0%
Programme 3: Emergency Medical Services							
EMS P1 urban response under 15 minutes rate	6,600.0%	66.0%	61.9%	66.0%	59.8%	6,600.0%	57.9%
EMS P1 rural response under 40 minutes rate	66.0%	66.0%	42.4%	66.0%	50.0%	66.0%	47.8%
EMS inter-facility transfer rate	30.0%	30.0%	27.5%	30.0%	29.3%	30.0%	30.3%
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
National Core Standards self assessment rate	75.0%	75.0%	0%	75.0%	0%	75.0%	60.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	35.0%	35.0%	0%	35.0%	0%	35.0%	0%
Patient Experience of Care Survey Rate	70.0%	-	0%	-	40.0%	-	0%

**QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter
EASTERN CAPE**

Sector: Health

Programme / Subprogramme / Performance Measures

Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	4.6 days	4.6 days	5.5 days	4.6 days	5.7 days	4.6 days	5.4 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	68.5%	75.0%	70.1%	75.0%	66.4%
Expenditure per PDE	R 2,181	R 2,181	R 1,320	R 2,181	R 1,556	R 2,181	R 2,247
Complaints resolution rate	90.0%	90.0%	89.1%	90.0%	83.8%	90.0%	86.8%
Complaint resolution within 25 working days rate	80.0%	80.0%	99.5%	80.0%	99.0%	80.0%	96.7%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	50.0%	100.0%	50.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%	100.0%	100.0%
Patient Experience of Care Survey Rate	80.0%	50.0%	0%	62.0%	50.0%	70.0%	50.0%
Average Length of Stay	5.5 days	5.5 days	6.0 days	5.5 days	5.9 days	5.5 days	5.7 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	75.6%	75.0%	77.4%	75.0%	77.9%
Expenditure per PDE	R 2,019	R 2,019	R 3,377	R 2,019	R 2,607	R 2,019	R 4,379
Complaints resolution rate	80.0%	80.0%	96.5%	80.0%	96.3%	80.0%	97.1%
Complaint resolution within 25 working days rate	90.0%	90.0%	100.0%	90.0%	100.0%	90.0%	100.0%
Central Hospital Services							
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	80.0%	60.0%	0%	70.0%	0%	75.0%	0%
Average Length of Stay	5.5 days	5.5 days	7.8 days	5.5 days	8.2 days	5.5 days	8.3 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	92.7%	75.0%	98.8%	75.0%	92.5%
Expenditure per PDE	R 2,019	R 2,019	R 4,402	R 2,019	R 4,119	R 2,019	R 6,327
Complaints resolution rate	80.0%	80.0%	100.0%	80.0%	96.8%	80.0%	98.6%
Complaint resolution within 25 working days rate	90.0%	90.0%	100.0%	90.0%	100.0%	90.0%	100.0%

1. Information submitted by: Dr T. Mbangashe Head of Department: Health Eastern Cape. Tel: (042) 608 1114

Ms N.T.M Mbirwa-Mtembu Director General: Office of the Premier Eastern Cape

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter							
FREE STATE							
Sector: Health							
Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	25.0%	0%	0%	0%	0%	0%	0%
Percentage of fixed PHC facilities with broadband access	75.0%	0%	0%	0%	0%	0%	0%
Programme 2: District Health Services							
District Management							
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10.0%	2.0%	8.2%	3.0%	1.0%	3.0%	4.0%
Patient Experience of Care rate (PHC Facilities)	85.0%	85.0%	0%	85.0%	0%	85.0%	30.9%
Number of Districts with District Clinical Specialist Teams (DCSTs)	5	5	5	-	-	-	-
PHC utilisation rate	3.0	3.0	2.4	3.0	2.5	3.0	2.4
Complaints resolution rate	85.0%	85.0%	95.3%	85.0%	80.1%	85.0%	59.7%
Complaint resolution within 25 working days rate	85.0%	85.0%	88.4%	85.0%	97.7%	85.0%	97.6%
HIV and AIDS, TB and STI control							
Total clients remaining on ART	191,180	172,632	174,191	178,814	184,340	184,996	182,536
Client tested for HIV (incl ANC)	606,343	151,585	138,183	151,585	180,862	151,588	185,343
TB symptom 5yrs and older screened rate	65.0%	65.0%	92.6%	65.0%	86.5%	65.0%	105.6%
Male condom distribution Rate (annualised)	46	46	33	46	69	46	59
Female condom distribution Rate (annualised)	1	1	1	1	2	1	2
Medical male circumcision performed - Total	74,496	11,640	10,384	34,920	11,243	6,984	6,659
TB new client treatment success rate	84.0%	84.0%	80.5%	84.0%	79.8%	84.0%	77.1%
TB client lost to follow up rate	4.5%	4.5%	5.3%	4.5%	5.4%	4.5%	5.4%
Maternal, child and women health							
Antenatal 1st visit before 20 weeks rate	65.0%	65.0%	62.2%	65.0%	60.4%	65.0%	66.0%
Mother postnatal visit within 6 days rate	82.0%	82.0%	74.2%	82.0%	72.3%	82.0%	75.2%
Infant 1st PCR test positive around 6 weeks rate	<2%	<2%	1.4%	<2%	1.3%	<2%	1.8%
Immunisation coverage under 1 year (annualised)	95.0%	95.0%	84.2%	95.0%	83.7%	95.0%	85.2%
Measles 2nd dose coverage (annualised)	85.0%	85.0%	86.5%	85.0%	84.8%	85.0%	89.5%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<10%	<10%	109.5%	<10%	103.2%	<10%	102.0%
Child under 5 years diarrhoea case fatality rate	<3%	<3%	3.3%	<3%	1.8%	<3%	2.7%
Child under 5 years pneumonia case fatality rate	<3%	<3%	1.5%	<3%	2.3%	<3%	1.7%
Child under 5 years severe acute malnutrition case fatality rate	11.4%	11.4%	10.3%	11.4%	10.1%	11.4%	4.1%
School Grade R screening coverage (annualised)	30.0%	30.0%	32.6%	30.0%	16.2%	30.0%	42.3%
School Grade 1 screening coverage (annualised)	40.0%	40.0%	35.4%	40.0%	25.1%	40.0%	46.7%
School Grade 8 screening coverage (annualised)	35.0%	35.0%	48.0%	35.0%	23.2%	35.0%	31.9%
Couple year protection rate (annualised)	55.0%	55.0%	44.9%	55.0%	68.5%	55.0%	61.2%
Cervical cancer screening coverage (annualised)	60.0%	60.0%	49.0%	60.0%	72.6%	60.0%	62.8%
Vitamin A 12-59 months coverage (annualised)	60.0%	60.0%	60.9%	60.0%	61.0%	60.0%	55.1%
District Hospitals							
National Core Standards self assessment rate	50.0%	10.0%	12.5%	20.0%	16.7%	15.0%	4.2%
Quality improvement plan after self assessment rate	50.0%	10.0%	100.0%	20.0%	100.0%	15.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	50.0%	0%	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	45.8%	85.0%	58.3%	85.0%	41.7%
Average Length of Stay	3.5 days	3.5 days	3.5 days	3.5 days	3.0 days	3.5 days	3.1 days
Inpatient Bed Utilisation Rate	70.0%	70.0%	60.1%	70.0%	56.4%	70.0%	57.6%
Expenditure per PDE	R 2,000	R 2,000	R 2,038	R 2,000	R 2,464	R 2,000	R 2,307
Complaints resolution rate	85.0%	85.0%	86.0%	85.0%	85.6%	85.0%	62.0%
Complaint resolution within 25 working days rate	85.0%	85.0%	89.2%	85.0%	94.1%	85.0%	100.0%
Disease Prevention and Control							
Clients screened for hypertension-25 years and older	630,673	157,688	121,428	157,688	184,125	157,688	235,442
Clients screened for diabetes- 5 years and older	630,673	157,688	74,105	157,688	120,780	157,688	142,505
Client screened for Mental disorders	20.0%	20.0%	4.3%	20.0%	9.2%	20.0%	13.1%
Client treated for Mental Disorders new	90.0%	90.0%	1.4%	90.0%	1.2%	90.0%	1.7%
Cataract Surgery rate annualised	1,535.0	1,535.0	553.7	1,535.0	909.9	1,535.0	923.1
Malaria case fatality rate	0%	0%	0%	0%	0%	0%	0%
Programme 3: Emergency Medical Services							
EMS P1 urban response under 15 minutes rate	50.0%	50.0%	30.5%	50.0%	29.7%	50.0%	25.6%
EMS P1 rural response under 40 minutes rate	68.0%	68.0%	67.0%	68.0%	67.3%	68.0%	73.3%
EMS inter-facility transfer rate	12.0%	12.0%	9.4%	12.0%	9.2%	12.0%	8.7%
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
National Core Standards self assessment rate	100.0%	25.0%	50.0%	25.0%	25.0%	25.0%	0%
Quality improvement plan after self assessment rate	100.0%	25.0%	100.0%	25.0%	100.0%	25.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	50.0%	0%	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	100.0%	85.0%	100.0%	85.0%	100.0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter

FREE STATE

Sector: Health

Programme / Subprogramme / Performance Measures

	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	5.0 days	5.0 days	5.2 days	5.0 days	5.4 days	5.0 days	5.4 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	65.2%	75.0%	66.6%	75.0%	69.9%
Expenditure per PDE	R 2,480	R 2,480	R 2,340	R 2,480	R 2,560	R 2,480	R 2,368
Complaints resolution rate	85.0%	85.0%	82.3%	85.0%	69.7%	85.0%	94.6%
Complaint resolution within 25 working days rate	85.0%	85.0%	77.8%	85.0%	104.6%	85.0%	100.0%
Programme 5: Central Hospital Services							
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	100.0%	0%	100.0%	0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	0%	100.0%	0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	0%	0%	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	100.0%	85.0%	100.0%	85.0%	100.0%
Average Length of Stay	8.5 days	8.5 days	6.7 days	8.5 days	6.3 days	8.5 days	6.2 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	77.1%	80.0%	82.9%	80.0%	80.8%
Expenditure per PDE	R 2,800	R 2,800	R 2,755	R 2,800	R 3,091	R 2,800	R 3,020
Complaints resolution rate	85.0%	85.0%	82.6%	85.0%	33.3%	85.0%	71.4%
Complaint resolution within 25 working days rate	85.0%	85.0%	42.1%	85.0%	100.0%	85.0%	100.0%
Central Hospital Services							
National Core Standards self assessment rate	100.0%	0%	100.0%	0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	0%	100.0%	0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	0%	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	100.0%	85.0%	0%	85.0%	100.0%
Average Length of Stay	7.5 days	7.5 days	7.3 days	7.5 days	6.7 days	7.5 days	7.8 days
Inpatient Bed Utilisation Rate	77.0%	77.0%	74.3%	77.0%	72.7%	77.0%	72.3%
Expenditure per PDE	R 4,652	R 4,652	R 5,180	R 4,652	R 5,988	R 4,652	R 6,036
Complaints resolution rate	85.0%	85.0%	100.0%	85.0%	100.0%	85.0%	100.0%
Complaint resolution within 25 working days rate	85.0%	85.0%	95.3%	85.0%	97.9%	85.0%	100.0%

1. Information submitted by: Dr. D. Motau Head of Department: Health Free State. Tel: (051) 408 1107

M. K. Ralekotsane Director General: Office of the Premier Free State

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter							
GAUTENG							
Sector: Health							
Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	50.0%	28.0%	0%	38.0%	50.0%	11.0%	88.2%
Percentage of fixed PHC facilities with broadband access	1.0%	0%	0%	0%	10.8%	0%	0%
Programme 2: District Health Services							
District Management							
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	1.3%	0.3%	2.8%	0.3%	7.9%	0.3%	4.5%
Patient Experience of Care rate (PHC Facilities)	100.0%	0%	0%	35.0%	0%	65.0%	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	5	5	5	5	5	5	5
PHC utilisation rate	2.5	-	1.7	-	1.7	-	1.7
Complaints resolution rate	90.0%	0%	85.7%	0%	86.8%	0%	80.6%
Complaint resolution within 25 working days rate	80.0%	0%	98.1%	0%	78.1%	0%	87.9%
HIV and AIDS, TB and STI control							
Total clients remaining on ART	746,678	674,169	701,219	698,338	723,773	722,508	727,195
Client tested for HIV (incl ANC)	2,119,906	529,976	541,376	529,978	625,347	529,976	792,902
TB symptom 5yrs and older screened rate	30.0%	24.0%	52.5%	26.0%	35.6%	28.0%	40.2%
Male condom distribution Rate (annualised)	919,782,721	47,945,680	44	47,945,680	41	47,945,680	36
Female condom distribution Rate (annualised)	4,097,326	1,024,481	1	1,024,481	2	1,024,481	1
Medical male circumcision performed - Total	151,082	37,770	-	37,771	-	37,771	-
TB new client treatment success rate	86.0%	86.0%	86.1%	86.0%	86.9%	86.0%	86.9%
TB client lost to follow up rate	<5%	<5%	8.6%	8.6%	5.0%	<5%	4.8%
Maternal, child and women health							
Antenatal 1st visit before 20 weeks rate	55.0%	55.0%	50.3%	55.0%	54.6%	55.0%	56.1%
Mother postnatal visit within 6 days rate	87.0%	87.0%	79.0%	87.0%	83.3%	87.0%	86.6%
Infant 1st PCR test positive around 6 weeks rate	<2%	<2%	1.4%	<2%	1.3%	<2%	1.7%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	108.7%	90.0%	104.5%	90.0%	108.0%
Measles 2nd dose coverage (annualised)	90.0%	90.0%	86.3%	90.0%	94.0%	90.0%	98.7%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<10%	<10%	3.4%	<10%	93.5%	<10%	783.2%
Child under 5 years diarrhoea case fatality rate	3.0%	3.0%	2.0%	3.0%	1.7%	3.0%	2.2%
Child under 5 years pneumonia case fatality rate	2.5%	2.5%	1.7%	2.5%	1.8%	2.5%	2.1%
Child under 5 years severe acute malnutrition case fatality rate	7.0%	7.0%	10.2%	7.0%	6.4%	7.0%	6.6%
School Grade R screening coverage (annualised)	10.0%	10.0%	3.8%	10.0%	6.6%	10.0%	15.2%
School Grade 1 screening coverage (annualised)	40.0%	40.0%	27.3%	40.0%	14.6%	40.0%	31.3%
School Grade 8 screening coverage (annualised)	20.0%	20.0%	10.0%	20.0%	9.7%	20.0%	7.4%
Couple year protection rate (annualised)	50.0%	50.0%	46.8%	50.0%	45.5%	50.0%	40.7%
Cervical cancer screening coverage (annualised)	55.0%	55.0%	42.2%	55.0%	46.7%	55.0%	54.4%
Vitamin A 12-59 months coverage (annualised)	0%	60.0%	42.7%	60.0%	46.9%	60.0%	50.0%
District Hospitals							
National Core Standards self assessment rate	100.0%	100.0%	36.4%	100.0%	27.3%	100.0%	72.7%
Quality improvement plan after self assessment rate	80.0%	80.0%	25.0%	80.0%	100.0%	80.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	27.0%	27.0%	0%	27.0%	0%	27.0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	45.0%	0%	75.0%	0%
Average Length of Stay	4.0 days	4.0 days	3.4 days	4.0 days	3.2 days	4.0 days	3.2 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	65.8%	80.0%	66.2%	80.0%	70.1%
Expenditure per PDE	R 2,500	R 2,500	R 2,366	R 2,500	R 2,406	R 2,500	R 2,594
Complaints resolution rate	80.0%	80.0%	92.4%	80.0%	91.7%	80.0%	88.1%
Complaint resolution within 25 working days rate	68.0%	68.0%	99.2%	68.0%	100.0%	68.0%	100.0%
Disease Prevention and Control							
Clients screened for hypertension-25 years and older	58,800	14,000	7,613	14,000	683,943	14,000	1,198,941
Clients screened for diabetes- 5 years and older	58,800	14,000	7,613	14,000	335,245	14,000	623,105
Client screened for Mental disorders	2.0%	2.0%	0%	2.0%	1.8%	2.0%	3.6%
Client treated for Mental Disorders new	3.0%	3.0%	0%	3.0%	2.1%	3.0%	1.5%
Cataract Surgery Rate annualised	1300mil	1300mil	-	1300mil	-	1300mil	-
Malaria case fatality rate	<0.3%	<0.3%	0%	<0.3%	1.4%	<0.3%	1.8%
Programme 3: Emergency Medical Services							
EMS P1 urban response under 15 minutes rate	85.0%	85.0%	79.6%	85.0%	76.7%	85.0%	75.1%
EMS P1 rural response under 40 minutes rate	100.0%	100.0%	69.8%	100.0%	100.0%	100.0%	95.7%
EMS inter-facility transfer rate	12.0%	10.5%	26.0%	11.0%	27.7%	11.5%	29.3%
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
National Core Standards self assessment rate	100.0%	100.0%	33.3%	100.0%	22.2%	100.0%	100.0%
Quality improvement plan after self assessment rate	0%	35.0%	33.3%	50.0%	100.0%	55.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	33.0%	22.0%	0%	22.0%	0%	22.0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	40.0%	0%	60.0%	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter

GAUTENG

Sector: Health

Programme / Subprogramme / Performance Measures

	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	4.8 days	4.8 days	3.6 days	4.8 days	3.7 days	4.8 days	3.5 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	86.1%	80.0%	86.1%	80.0%	85.9%
Expenditure per PDE	R 2,250	R 2,250	R 2,476	R 2,250	R 2,566	R 2,250	R 2,416
Complaints resolution rate	86.0%	86.0%	89.0%	86.0%	92.1%	86.0%	93.6%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.5%	80.0%	100.0%	80.0%	100.0%
Programme 5: Central Hospital Services							
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	100.0%	33.0%	33.3%	66.0%	33.3%	100.0%	66.7%
Quality improvement plan after self assessment rate	100.0%	33.0%	0%	66.0%	100.0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	33.0%	0%	0%	0%	0%	33.0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	33.0%	0%	66.0%	0%
Average Length of Stay	5.4 days	5.4 days	5.0 days	5.4 days	5.0 days	5.4 days	5.1 days
Inpatient Bed Utilisation Rate	82.0%	80.0%	84.3%	80.0%	85.2%	82.0%	87.4%
Expenditure per PDE	R 2,625	R 2,625	R 2,729	R 2,625	R 2,476	R 2,625	R 2,677
Complaints resolution rate	85.6%	85.6%	92.1%	85.6%	86.7%	85.6%	88.2%
Complaint resolution within 25 working days rate	68.0%	68.0%	100.0%	68.0%	100.0%	68.0%	100.0%
Central Hospital Services							
National Core Standards self assessment rate	100.0%	100.0%	50.0%	100.0%	25.0%	100.0%	75.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	66.7%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	75.0%	0%	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	0%	0%	25.0%	0%
Average Length of Stay	6.0 days	6.0 days	5.5 days	6.0 days	5.3 days	6.0 days	5.6 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	79.3%	80.0%	79.6%	80.0%	80.7%
Expenditure per PDE	R 2,250	R 2,250	R 3,737	R 2,250	R 2,607	R 2,250	R 2,888
Complaints resolution rate	80.0%	80.0%	80.3%	80.0%	88.6%	80.0%	87.9%
Complaint resolution within 25 working days rate	90.0%	90.0%	77.9%	90.0%	100.0%	90.0%	100.0%

1. Information submitted by: Dr T.E. Sibane Head of Department: Health Gauteng Tel: (011) 355 3057

Ms. P. Baten Director General: Office of the Premier Gauteng

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter
KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures

Target for
2015/16 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
Actual output -
validated

3rd Quarter
Planned output
as per APP

3rd Quarter
Preliminary
output

QUARTERLY OUTPUTS

Programme 1: Administration

Percentage of Hospitals with broadband access 90.0% 50.0% 47.4% 65.0% 48.7% 80.0% 51.3%
Percentage of fixed PHC facilities with broadband access 45.0% 32.0% 24.0% 35.0% 24.0% 40.0% 22.5%

Programme 2: District Health Services

District Management

Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard 20.0% 8.0% 0% 12.0% 10.1% 15.0% 16.4%
Patient Experience of Care rate (PHC Facilities) 100.0% 25.0% 31.7% 50.0% 30.8% 75.0% 22.5%
Number of Districts with District Clinical Specialist Teams (DCSTs) 2 1 - 1 - 1 -
PHC utilisation rate 3.0 3.0 3.0 3.0 2.9 3.0 2.8
Complaints resolution rate 80.0% 77.0% 79.0% 78.0% 84.4% 79.0% 73.4%
Complaint resolution within 25 working days rate 90.0% 90.0% 95.4% 90.0% 95.1% 90.0% 88.0%

HIV and AIDS, TB and STI control

Total clients remaining on ART 1,276,200 1,097,968 991,700 1,157,380 1,028,595 1,216,792 1,029,505
Client tested for HIV (incl ANC) 2,067,065 516,766 593,193 1,033,532 634,843 1,550,299 638,946
TB symptom 5yrs and older screened rate 20.0% 5.0% 0% 10.0% 0% 15.0% 0%
Male condom distribution Rate (annualised) 63 16 47 32 50 48 48
Female condom distribution Rate (annualised) -1 1 1 1 2 1 1
Medical male circumcision performed - Total 631 374 460 000 40 305 520 000 38 998 570 000 25 452
TB new client treatment success rate 85.0% 85.0% 85.0% 85.0% 76.2% 85.0% 83.2%
TB client lost to follow up rate 3.9% 3.9% 4.2% 3.9% 3.4% 3.9% 4.0%

Maternal, child and women health

Antenatal 1st visit before 20 weeks rate 60.0% 57.0% 60.1% 58.0% 66.3% 59.0% 67.4%
Mother postnatal visit within 6 days rate 74.4% 72.0% 69.9% 73.0% 70.5% 74.0% 72.4%
Infant 1st PCR test positive around 6 weeks rate <1 1.4% 1.0% 1.2% 1.0% 1.1%
Immunisation coverage under 1 year (annualised) 90.0% 89.0% 92.4% 90.0% 88.1% 90.0% 87.3%
Measles 2nd dose coverage (annualised) 85.0% 79.0% 85.7% 81.0% 86.1% 83.0% 82.8%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate 7.0% 8.0% 3.7% 7.8% 13.5% 7.4% 10.3%
Child under 5 years diarrhoea case fatality rate 3.2% 3.3% 3.0% 3.2% 2.0% 3.2% 2.0%
Child under 5 years pneumonia case fatality rate 2.4% 3.0% 3.2% 2.8% 3.2% 2.6% 2.6%
Child under 5 years severe acute malnutrition case fatality rate 8.0% 8.0% 9.3% 8.0% 7.7% 8.0% 6.7%
School Grade R screening coverage (annualised) 40.0% 35.0% 57.2% 37.0% 4.9% 38.0% 9.7%
School Grade 1 screening coverage (annualised) 55.0% 42.0% 0% 47.0% 19.1% 50.0% 22.9%
School Grade 8 screening coverage (annualised) 40.0% 35.0% 18.6% 37.0% 8.3% 38.0% 8.7%
Couple year protection rate (annualised) 55.0% 46.0% 47.5% 48.0% 50.0% 49.0% 47.7%
Cervical cancer screening coverage (annualised) 75.0% 75.0% 63.9% 75.0% 81.9% 75.0% 83.7%
Vitamin A 12-59 months coverage (annualised) 60.0% 50.0% 70.8% 54.0% 68.6% 56.0% 55.7%

District Hospitals

National Core Standards self assessment rate 100.0% 25.0% 36.8% 50.0% 7.9% 75.0% 0%
Quality improvement plan after self assessment rate 100.0% 25.0% 85.7% 50.0% 0% 75.0% 0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards 14.0% 0% 0% 3.0% 0% 10.0% 0%
Patient Experience of Care Survey Rate 100.0% 25.0% 65.8% 50.0% 50.0% 75.0% 71.1%
Average Length of Stay 5.8 days 5.8 days 5.8 days 5.8 days 5.7 days 5.8 days 5.9 days
Inpatient Bed Utilisation Rate 64.7% 64.0% 62.3% 64.3% 61.3% 64.5% 60.7%
Expenditure per PDE R 1,808 R 1,930 R 2,019 R 1,900 R 1,979 R 1,850 R 2,010
Complaints resolution rate 75.0% 75.0% 80.4% 75.0% 71.4% 75.0% 83.4%
Complaint resolution within 25 working days rate 85.0% 85.0% 86.0% 85.0% 95.5% 85.0% 90.5%

Disease Prevention and Control

Clients screened for hypertension-25 years and older establish b/l establish b/l 1,417,215 establish b/l 1,823,742 establish b/l 1,951,833
Clients screened for diabetes- 5 years and older establish b/l establish b/l 859,545 establish b/l 1,225,614 establish b/l 1,501,743
Client screened for Mental Disorders establish b/l establish b/l 1.3% establish b/l 2.3% establish b/l 3.2%
Client treated for Mental Disorders new establish b/l establish b/l 2.5% establish b/l 3.1% establish b/l 1.7%
Cataract Surgery Rate annualised 930.0 233.0 635.0 466.0 600.0 699.0 665.0
Malaria case fatality rate <0.5 <0.5 0.8% <0.5 0% <0.5 1.3%

Programme 3: Emergency Medical Services

EMS P1 urban response under 15 minutes rate 6.5% 6.0% 4.8% 6.2% 5.1% 6.4% 5.1%
EMS P1 rural response under 40 minutes rate 33.0% 31.0% 33.3% 31.6% 32.4% 32.4% 32.4%
EMS inter-facility transfer rate 37.0% 32.0% 40.6% 34.0% 41.6% 36.0% 41.6%

Programme 4: Provincial Hospital Services

General (regional) hospitals

National Core Standards self assessment rate 100.0% 25.0% 61.5% 50.0% 0% 75.0% 0%
Quality improvement plan after self assessment rate 100.0% 25.0% 0% 50.0% 0% 75.0% 0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards 23.0% 10.0% 37.5% 10.0% 0% 23.0% 0%
Patient Experience of Care Survey Rate 100.0% 25.0% 100.0% 50.0% 38.5% 75.0% 61.5%

**QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter
KWAZULU-NATAL**

Sector: Health

Programme / Subprogramme / Performance Measures

	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	6.1 days	6.1 days	6.4 days	6.1 days	6.4 days	6.1 days	6.4 days
Inpatient Bed Utilisation Rate	76.1%	76.7%	78.0%	76.5%	76.1%	76.3%	74.4%
Expenditure per PDE	R 2,225	R 2,300	R 2,733	R 2,280	R 2,623	R 2,260	R 3,067
Complaints resolution rate	80.0%	80.0%	78.1%	80.0%	86.3%	80.0%	86.6%
Complaint resolution within 25 working days rate	95.0%	94.0%	98.0%	94.0%	96.0%	94.5%	100.0%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	100.0%	50.0%	33.3%	50.0%	0%	50.0%	0%
Quality improvement plan after self assessment rate	100.0%	50.0%	0%	50.0%	0%	50.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	50.0%	0%	100.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	50.0%	66.7%	50.0%	66.7%	50.0%	66.7%
Average Length of Stay	9.6 days	9.9 days	7.7 days	9.8 days	7.8 days	9.7 days	7.4 days
Inpatient Bed Utilisation Rate	84.0%	84.0%	76.4%	84.0%	73.0%	84.0%	63.4%
Expenditure per PDE	R 4,377	R 5,000	R 2,685	R 4,800	R 2,876	R 4,500	R 4,691
Complaints resolution rate	78.0%	74.5%	81.1%	75.0%	84.8%	75.0%	78.0%
Complaint resolution within 25 working days rate	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	90.6%
Central Hospital Services							
National Core Standards self assessment rate	100.0%	0%	0%	0%	0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	0%	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	0%	0%	0%	100.0%
Average Length of Stay	8.5 days	8.5 days	8.7 days	8.5 days	8.5 days	8.5 days	8.4 days
Inpatient Bed Utilisation Rate	70.0%	69.0%	66.8%	69.3%	67.1%	69.7%	68.7%
Expenditure per PDE	R 7,651	R 7,651	R 8,791	R 7,651	R 8,033	R 7,651	R 7,576
Complaints resolution rate	80.0%	75.0%	25.0%	76.0%	96.2%	78.0%	77.8%
Complaint resolution within 25 working days rate	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%

1. Information submitted by: Dr S.T. Mshali Head of Department: Health KwaZulu Natal Tel: (033) 305 2799

M. F. Brooks Acting Director General: Office of the Premier KwaZulu Natal

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter							
LIMPOPO							
Sector: Health							
Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Percentage of fixed PHC facilities with broadband access	30.0%	5.0%	18.2%	5.0%	20.3%	5.0%	26.6%
Programme 2: District Health Services							
District Management							
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10.0%	2.0%	5.0%	4.0%	0%	6.0%	1.1%
Patient Experience of Care rate (PHC Facilities)	70.0%	N/A	0%	N/A	0%	N/A	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	5	5	-	5	-	5	-
PHC utilisation rate	2.8	2.8	2.5	2.8	2.6	2.8	2.5
Complaints resolution rate	100.0%	100.0%	68.0%	100.0%	80.5%	100.0%	76.3%
Complaint resolution within 25 working days rate	94.0%	94.0%	96.0%	94.0%	96.5%	94.0%	96.5%
HIV and AIDS, TB and STI control							
Total clients remaining on ART	248,500	221,500	235,000	230,500	246,228	239,500	248,578
Client tested for HIV (incl ANC)	995,342	248,836	172,931	248,836	367,136	248,835	374,202
TB symptom 5yrs and older screened rate	70.0%	70.0%	64.1%	70.0%	70.2%	70.0%	74.8%
Male condom distribution Rate (annualised)	36	36	38	36	49	36	55
Female condom distribution Rate (annualised)	<1	1	1	<1	1	<1	1
Medical male circumcision performed - Total	62,000	4,000	12,578	52,000	50,721	4,000	9,825
TB new client treatment success rate	7,605.0%	76.5%	75.5%	76.5%	81.9%	76.5%	80.0%
TB client lost to follow up rate	<5	<5	4.1%	<5	5.4%	<5	6.1%
Maternal, child and women health							
Antenatal 1st visit before 20 weeks rate	46.0%	46.0%	78.7%	46.0%	62.1%	46.0%	64.5%
Mother postnatal visit within 6 days rate	75.0%	75.0%	63.3%	75.0%	68.0%	75.0%	68.6%
Infant 1st PCR test positive around 6 weeks rate	<1	<1	2.5%	<1	2.1%	<1	1.9%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	78.2%	90.0%	78.8%	90.0%	79.1%
Measles 2nd dose coverage (annualised)	85.0%	85.0%	73.6%	85.0%	85.2%	85.0%	87.4%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	15.0%	18.0%	276.9%	17.0%	13.9%	16.0%	29.4%
Child under 5 years diarrhoea case fatality rate	5.0%	5.0%	4.4%	5.0%	2.5%	5.0%	3.1%
Child under 5 years pneumonia case fatality rate	4.5%	4.5%	4.5%	4.5%	3.2%	4.5%	3.0%
Child under 5 years severe acute malnutrition case fatality rate	15.0%	15.0%	16.5%	15.0%	10.5%	15.0%	11.1%
School Grade R screening coverage (annualised)	20.0%	10.0%	0%	15.0%	0.9%	18.0%	31.1%
School Grade 1 screening coverage (annualised)	20.0%	10.0%	46.4%	15.0%	30.6%	20.0%	30.4%
School Grade 8 screening coverage (annualised)	20.0%	10.0%	16.3%	15.0%	16.6%	20.0%	10.8%
Couple year protection rate (annualised)	46.0%	46.0%	21.4%	46.0%	49.8%	46.0%	52.0%
Cervical cancer screening coverage (annualised)	57.0%	57.0%	44.8%	57.0%	55.5%	57.0%	55.1%
Vitamin A 12-59 months coverage (annualised)	38.0%	38.0%	48.1%	38.0%	53.9%	38.0%	47.0%
District Hospitals							
National Core Standards self assessment rate	100.0%	23.0%	23.3%	50.0%	70.0%	77.0%	73.3%
Quality improvement plan after self assessment rate	100.0%	23.0%	71.4%	50.0%	0%	77.0%	90.9%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	66.7%	16.7%	0%	33.0%	0%	50.0%	0%
Patient Experience of Care Survey Rate	100.0%	N/A	0%	N/A	0%	N/A	0%
Average Length of Stay	4.3 days	4.3 days	4.1 days	4.3 days	4.1 days	4.3 days	4.2 days
Inpatient Bed Utilisation Rate	72.0%	72.0%	23.4%	72.0%	23.4%	72.0%	36.0%
Expenditure per PDE	R 2,200	R 2,200	R 2,231	R 2,200	R 2,300	R 2,200	R 1,423
Complaints resolution rate	100.0%	100.0%	89.6%	100.0%	92.2%	100.0%	92.7%
Complaint resolution within 25 working days rate	100.0%	100.0%	91.7%	100.0%	97.3%	100.0%	97.6%
Disease Prevention and Control							
Clients screened for hypertension-25 years and older	250,000	62,500	-	62,500	618,868	62,500	564,581
Clients screened for diabetes- 5 years and older	200,000	50,000	-	50,000	245,081	50,000	298,343
Client screened for Mental disorders	28.0%	28.0%	1.5%	28.0%	4.4%	28.0%	5.5%
Client treated for Mental Disorders new	28.0%	28.0%	3.6%	28.0%	1.9%	28.0%	1.7%
Cataract Surgery Rate annualised	1,500.0	375.0	-	375.0	-	375.0	-
Malaria case fatality rate	1.2%	1.2%	0.7%	1.2%	0.5%	1.2%	1.9%
Programme 3: Emergency Medical Services							
EMS P1 urban response under 15 minutes rate	59.5%	50.0%	87.7%	53.0%	73.7%	56.0%	61.7%
EMS P1 rural response under 40 minutes rate	61.5%	53.0%	72.1%	55.0%	6.7%	57.0%	71.4%
EMS inter-facility transfer rate	7.9%	7.9%	22.9%	7.9%	19.7%	7.9%	18.0%
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
National Core Standards self assessment rate	100.0%	40.0%	40.0%	60.0%	40.0%	80.0%	60.0%
Quality improvement plan after self assessment rate	100.0%	40.0%	50.0%	60.0%	100.0%	80.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	40.0%	40.0%	0%	40.0%	0%	40.0%	0%
Patient Experience of Care Survey Rate	100.0%	N/A	0%	N/A	0%	N/A	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter

LIMPOPO

Sector: Health

Programme / Subprogramme / Performance Measures

	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	5.0 days	5.0 days	4.7 days	5.0 days	4.8 days	5.0 days	4.7 days
Inpatient Bed Utilisation Rate	68.0%	68.0%	20.5%	68.0%	25.0%	68.0%	35.9%
Expenditure per PDE	R 2,697	R 2,697	R 2,472	R 2,697	R 2,313	R 2,697	R 1,494
Complaints resolution rate	100.0%	100.0%	89.4%	100.0%	92.0%	100.0%	79.0%
Complaint resolution within 25 working days rate	100.0%	100.0%	95.5%	100.0%	94.6%	100.0%	100.0%
Programme 5: Central Hospital Services							
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	100.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	50.0%	0%	100.0%	100.0%	100.0%	100.0%
Patient Experience of Care Survey Rate	100.0%	N/A	0%	N/A	0%	N/A	0%
Average Length of Stay	7.0 days	7.0 days	6.8 days	7.0 days	7.1 days	7.0 days	6.6 days
Inpatient Bed Utilisation Rate	77.0%	77.0%	25.2%	77.0%	27.2%	77.0%	41.0%
Expenditure per PDE	R 3,600	R 3,600	R 3,624	R 3,600	R 3,666	R 3,600	R 1,575
Complaints resolution rate	100.0%	100.0%	100.0%	100.0%	94.3%	100.0%	94.2%
Complaint resolution within 25 working days rate	95.0%	95.0%	100.0%	95.0%	100.0%	95.0%	98.0%
Central Hospital Services							
National Core Standards self assessment rate							
Quality improvement plan after self assessment rate							
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards							
Patient Experience of Care Survey Rate							
Average Length of Stay							
Inpatient Bed Utilisation Rate							
Expenditure per PDE							
Complaints resolution rate							
Complaint resolution within 25 working days rate							

1. Information submitted by: Mr J. Ledwaba Acting Head of Department: Health Limpopo: Tel: (015) 2930294

Mr Nkhabeleg Nape Solomon Acting Director General Office of the Premier Limpopo

* This province does not have Central Hospitals

**QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter
MPUMALANGA**

Sector: Health

Programme / Subprogramme / Performance Measures

	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	100.0%	100.0%	100.0%	100.0%	15.2%	100.0%	15.2%
Percentage of fixed PHC facilities with broadband access	50.0%	35.0%	35.8%	43.0%	28.5%	40.0%	28.5%
Programme 2: District Health Services							
District Management							
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10% (28/279)	Annual Target	0%	Annual Target	0%	Annual Target	0%
Patient Experience of Care rate (PHC Facilities)	75.0%	Annual Target	0%	Annual Target	0%	Annual Target	81.0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	1	Annual Target	2.3	Annual Target	2.2	Annual Target	2.3
PHC utilisation rate	2.5	Annual Target	2.5	Annual Target	2.5	Annual Target	2.5
Complaints resolution rate	85.0%	85.0%	55.3%	85.0%	69.1%	85.0%	61.8%
Complaint resolution within 25 working days rate	85.0%	85.0%	92.4%	85.0%	98.9%	85.0%	97.9%
HIV and AIDS, TB and STI control							
Total clients remaining on ART	354,991	88,745	257,217	88,745	308,226	88,745	318,202
Client tested for HIV (incl ANC)	1,949,598	487,399	220,824	487,399	249,014	487,399	242,702
TB symptom 5yrs and older screened rate	>95%	>95%	2.9%	>95%	0%	>95%	0%
Male condom distribution Rate (annualised)	20 per male	20 per male	49	20 per male	66	20 per male	83
Female condom distribution Rate (annualised)	1,238,628	309,657	1	309,657	1	309,657	1
Medical male circumcision performed - Total	150 000	35 000	8 278	60 000	11 205	20 000	3 611
TB new client treatment success rate	>85%	>85%	85.8%	>85%	86.1%	>85%	88.9%
TB client lost to follow up rate	<5%	<5%	4.7%	<5%	3.9%	<5%	3.6%
Maternal, child and women health							
Antenatal 1st visit before 20 weeks rate	55.0%	51.3%	58.8%	52.5%	67.4%	53.8%	79.7%
Mother postnatal visit within 6 days rate	60.0%	52.5%	62.9%	55.0%	62.2%	57.5%	70.6%
Infant 1st PCR test positive around 6 weeks rate	<2%	<2%	1.3%	<2%	1.7%	<2%	2.2%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	88.3%	90.0%	84.0%	90.0%	87.7%
Measles 2nd dose coverage (annualised)	90.0%	90.0%	70.4%	90.0%	77.8%	90.0%	80.0%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<15%	<15%	0.7%	<15%	24.5%	<15%	12.4%
Child under 5 years diarrhoea case fatality rate	11.5%	12.0%	4.7%	11.8%	2.2%	11.7%	2.0%
Child under 5 years pneumonia case fatality rate	5.5%	5.5%	3.6%	5.5%	4.2%	5.5%	3.1%
Child under 5 years severe acute malnutrition case fatality rate	11.5%	12.0%	16.3%	11.8%	11.0%	11.7%	8.9%
School Grade R screening coverage (annualised)	2.0%	0.5%	0%	1.0%	0%	1.5%	0%
School Grade 1 screening coverage (annualised)	24.0%	21.0%	6.6%	22.0%	10.0%	23.0%	13.3%
School Grade 8 screening coverage (annualised)	10.0%	6.3%	1.6%	7.5%	4.5%	8.8%	5.1%
Couple year protection rate (annualised)	45.0%	45.0%	47.6%	45.0%	59.6%	45.0%	70.1%
Cervical cancer screening coverage (annualised)	70.0%	62.5%	59.6%	65.0%	73.6%	67.5%	74.9%
Vitamin A 12-59 months coverage (annualised)	50.0%	45.0%	38.8%	47.0%	42.8%	49.0%	44.2%
District Hospitals							
National Core Standards self assessment rate	100.0%	Annual Target	0%	Annual Target	69.6%	Annual Target	69.6%
Quality improvement plan after self assessment rate	100.0%	Annual Target	0%	Annual Target	100.0%	Annual Target	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	25.0%	Annual Target	0%	Annual Target	0%	Annual Target	0%
Patient Experience of Care Survey Rate	100.0%	Annual Target	0%	Annual Target	4.3%	Annual Target	100.0%
Average Length of Stay	3.7 days	3.7 days	4.4 days	3.7 days	4.6 days	3.7 days	4.5 days
Inpatient Bed Utilisation Rate	73.5%	73.5%	23.9%	73.5%	73.3%	73.5%	71.3%
Expenditure per PDE	R 1,985	R 1,985	R 1,993	R 1,985	R 1,409	R 1,985	R 2,278
Complaints resolution rate	95.0%	95.0%	62.0%	95.0%	74.9%	95.0%	73.4%
Complaint resolution within 25 working days rate	95.0%	95.0%	97.2%	95.0%	86.9%	95.0%	94.4%
Disease Prevention and Control							
Clients screened for hypertension-25 years and older	70,000	20,000	61,700	20,000	383,856	20,000	411,483
Clients screened for diabetes- 5 years and older	70,000	20,000	15,773	20,000	98,470	20,000	94,736
Client screened for Mental disorders	0.5%	0.5%	0.1%	0.5%	0.3%	0.5%	0.6%
Client treated for Mental Disorders new	0.5%	0.5%	9.0%	0.5%	6.0%	0.5%	3.4%
Cataract Surgery Rate annualised	1,000.0	1,000.0	412.0	1,000.0	1,064.8	1,000.0	1,356.4
Malaria case fatality rate	0.5%	5.0%	0%	0.5%	0.2%	0.5%	0.7%
Programme 3: Emergency Medical Services							
EMS P1 urban response under 15 minutes rate	85.0%	85.0%	59.1%	85.0%	73.8%	85.0%	72.8%
EMS P1 rural response under 40 minutes rate	75.0%	75.0%	17.5%	75.0%	78.5%	75.0%	74.7%
EMS inter-facility transfer rate	10.0%	10.0%	4.1%	10.0%	43.1%	10.0%	3.1%
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
National Core Standards self assessment rate	100.0%	Annual Target	0%	Annual Target	0%	Annual Target	0%
Quality improvement plan after self assessment rate	100.0%	Annual Target	0%	Annual Target	0%	Annual Target	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	Annual Target	0%	Annual Target	0%	Annual Target	0%
Patient Experience of Care Survey Rate	100.0%	Annual Target	0%	Annual Target	0%	Annual Target	100.0%

**QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter
MPUMALANGA**

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	4.7 days	4.7 days	4.6 days	4.7 days	4.9 days	4.7 days	4.7 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	27.5%	75.0%	81.8%	75.0%	80.8%
Expenditure per PDE	R 2.568	R 2.368	R 2.520	R 2.768	R 2.668	R 2.768	R 2.743
Complaints resolution rate	85.0%	85.0%	55.0%	85.0%	55.1%	85.0%	57.7%
Complaint resolution within 25 working days rate	85.0%	85.0%	100.0%	85.0%	96.3%	85.0%	100.0%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	100.0%	Annual Target	0%	Annual Target	0%	Annual Target	0%
Quality improvement plan after self assessment rate	100.0%	Annual Target	0%	Annual Target	0%	Annual Target	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	Annual Target	0%	Annual Target	0%	Annual Target	0%
Patient Experience of Care Survey Rate	85.0%	Annual Target	0%	Annual Target	0%	Annual Target	100.0%
Average Length of Stay	5.3 days	5.3 days	5.9 days	5.3 days	6.4 days	5.3 days	7.6 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	17.0%	75.0%	82.2%	75.0%	83.3%
Expenditure per PDE	R 3.221	R 3.000	R 3.656	R 3.442	R 3.142	R 3.442	R 2.817
Complaints resolution rate	85.0%	85.0%	90.9%	85.0%	94.6%	85.0%	77.8%
Complaint resolution within 25 working days rate	85.0%	85.0%	95.0%	85.0%	100.0%	85.0%	100.0%
Central Hospital Services							
National Core Standards self assessment rate							
Quality improvement plan after self assessment rate							
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards							
Patient Experience of Care Survey Rate							
Average Length of Stay							
Inpatient Bed Utilisation Rate							
Expenditure per PDE							
Complaints resolution rate							
Complaint resolution within 25 working days rate							

1. Information submitted by: Dr. A.M. Morake Head of Department Health Mpumalanga. Tel (013) 766 3298

Mi Thuleni Mtshane Acting Director General, Office of the Premier Mpumalanga

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter							
NORTHERN CAPE							
Sector: Health							
Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	30.0%	30.0%	7.1%	30.0%	7.1%	30.0%	7.1%
Percentage of fixed PHC facilities with broadband access	26.0%	0%	0%	0%	0%	13.0%	0%
Programme 2: District Health Services							
District Management							
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	27.0%	7.0%	0%	14.0%	0.6%	20.0%	0.6%
Patient Experience of Care rate (PHC Facilities)	80.0%	80.0%	1.2%	80.0%	54.3%	80.0%	61.6%
Number of Districts with District Clinical Specialist Teams (DCSTs)	1	1	-	1	5	1	5
PHC utilisation rate	3.0	3.0	2.6	3.0	2.6	3.0	2.6
Complaints resolution rate	80.0%	80.0%	73.1%	80.0%	75.8%	80.0%	57.4%
Complaint resolution within 25 working days rate	80.0%	80.0%	94.7%	80.0%	91.4%	80.0%	100.0%
HIV and AIDS, TB and STI control							
Total clients remaining on ART	52,999	46,959	43,530	48,979	45,812	50,989	39,812
Client tested for HIV (incl ANC)	241,037	67,490	50,078	69,901	57,299	48,207	56,321
TB symptom 5yrs and older screened rate	30.0%	30.0%	38.5%	30.0%	41.0%	30.0%	54.3%
Male condom distribution Rate (annualised)	37	37	1	37	21	37	21
Female condom distribution Rate (annualised)	1	1	1	1	1	1	1
Medical male circumcision performed - Total	24 279	5 794	6 687	11 381	1 925	2 276	500
TB new client treatment success rate	95.0%	95.0%	75.7%	95.0%	76.8%	95.0%	75.0%
TB client lost to follow up rate	6.0%	6.0%	7.4%	6.0%	5.5%	6.0%	7.1%
Maternal, child and women health							
Antenatal 1st visit before 20 weeks rate	62.0%	62.0%	60.8%	62.0%	82.9%	62.0%	62.9%
Mother postnatal visit within 6 days rate	55.0%	50.0%	55.6%	53.0%	51.8%	55.0%	53.4%
Infant 1st PCR test positive around 6 weeks rate	1.9%	1.9%	2.4%	1.9%	3.6%	1.9%	2.2%
Immunisation coverage under 1 year (annualised)	98.0%	98.0%	85.3%	98.0%	80.7%	98.0%	83.2%
Measles 2nd dose coverage (annualised)	85.0%	85.0%	69.2%	85.0%	77.5%	85.0%	74.6%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<20%	<20%	6.2%	<20%	13.9%	<20%	11.1%
Child under 5 years diarrhoea case fatality rate	2.8/1000	2.8/1000	1.6%	2.8/1000	1.0%	2.8/1000	2.0%
Child under 5 years pneumonia case fatality rate	2.8/1000	2.8/1000	1.1%	2.8/1000	1.2%	2.8/1000	0.9%
Child under 5 years severe acute malnutrition case fatality rate	10.0%	10.0%	8.6%	10.0%	7.4%	10.0%	9.8%
School Grade R screening coverage (annualised)	30.0%	30.0%	3.3%	30.0%	11.3%	30.0%	2.6%
School Grade 1 screening coverage (annualised)	30.0%	30.0%	31.2%	30.0%	19.2%	30.0%	10.5%
School Grade 8 screening coverage (annualised)	25.0%	25.0%	12.4%	25.0%	7.8%	25.0%	8.7%
Couple year protection rate (annualised)	45.0%	45.0%	24.1%	45.0%	28.2%	45.0%	27.1%
Cervical cancer screening coverage (annualised)	55.0%	55.0%	41.1%	55.0%	50.9%	55.0%	48.8%
Vitamin A 12-59 months coverage (annualised)	42.0%	42.0%	44.2%	42.0%	47.0%	42.0%	48.1%
District Hospitals							
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	27.0%	9.0%	0%	9.0%	100.0%	9.0%	100.0%
Patient Experience of Care Survey Rate	80.0%	80.0%	0%	80.0%	72.7%	80.0%	81.8%
Average Length of Stay	3.5 days	3.5 days	3.5 days	3.5 days	3.3 days	3.5 days	3.2 days
Inpatient Bed Utilisation Rate	63.0%	63.0%	60.4%	63.0%	61.0%	63.0%	58.6%
Expenditure per PDE	R 1,720	R 1,720	R 2,668	R 1,720	R 2,475	R 1,720	R 2,486
Complaints resolution rate	80.0%	80.0%	73.7%	80.0%	87.0%	80.0%	34.5%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.0%	80.0%	100.0%	80.0%	100.0%
Disease Prevention and Control							
Clients screened for hypertension-25 years and older	108,759	27,951	40,792	27,190	46,549	26,646	52,299
Clients screened for diabetes- 5 years and older	108,759	27,951	14,171	27,190	17,310	26,646	27,042
Client screened for Mental Disorders	15.0%	15.0%	0.4%	15.0%	0.5%	15.0%	1.1%
Client treated for Mental Disorders new	2.0%	2.0%	100.0%	2.0%	23.6%	2.0%	18.2%
Cataract Surgery Rate annualised	1395/1000000	349/1000000	822.8	349/1000000	947.1	348/1000000	1,497.8
Malaria case fatality rate	0%	0%	0%	0%	0%	0%	0%
Programme 3: Emergency Medical Services							
EMS P1 urban response under 15 minutes rate	60.0%	60.0%	53.5%	60.0%	69.1%	60.0%	53.4%
EMS P1 rural response under 40 minutes rate	40.0%	40.0%	53.5%	40.0%	39.4%	40.0%	39.2%
EMS inter-facility transfer rate	10.0%	10.0%	14.4%	10.0%	16.1%	10.0%	15.0%
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	80.0%	80.0%	0%	80.0%	100.0%	80.0%	100.0%

**QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter
NORTHERN CAPE**

Sector: Health

Programme / Subprogramme / Performance Measures

	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	4.8 days	4.8 days	4.7 days	4.8 days	4.4 days	4.8 days	5.1 days
Inpatient Bed Utilisation Rate	72.0%	72.0%	102.9%	72.0%	97.4%	72.0%	105.3%
Expenditure per PDE	R 2,570	R 2,570	R 3,410	R 2,570	R 2,531	R 2,570	R 2,936
Complaints resolution rate	80.0%	80.0%	57.1%	80.0%	0%	80.0%	0%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.0%	80.0%	0%	80.0%	0%
Programme 5: Central Hospital Services							
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	80.0%	80.0%	100.0%	80.0%	100.0%	80.0%	100.0%
Average Length of Stay	5.5 days	5.5 days	6.2 days	5.5 days	6.0 days	5.5 days	6.1 days
Inpatient Bed Utilisation Rate	74.0%	74.0%	71.8%	74.0%	74.6%	74.0%	75.3%
Expenditure per PDE	R 3,736	R 3,736	R 4,502	R 3,736	R 3,504	R 3,736	R 3,701
Complaints resolution rate	80.0%	80.0%	14.3%	80.0%	100.0%	80.0%	100.0%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.0%	80.0%	77.1%	80.0%	100.0%
Central Hospital Services							
National Core Standards self assessment rate							
Quality improvement plan after self assessment rate							
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards							
Patient Experience of Care Survey Rate							
Average Length of Stay							
Inpatient Bed Utilisation Rate							
Expenditure per PDE							
Complaints resolution rate							
Complaint resolution within 25 working days rate							

1. Information submitted by: Ms G. Mallaopane Head of Department Health Northern Cape. Tel: (053) 630 0806

Adv. J. Bekhebe Director General, Office of the Premier Northern Cape

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter WESTERN CAPE							
Sector: Health							
Programme / Subprogramme / Performance Measures	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Programme 1: Administration							
Percentage of Hospitals with broadband access	46.3%	38.9%	37.0%	40.7%	37.0%	42.6%	42.6%
Percentage of fixed PHC facilities with broadband access	54.2%	15.2%	15.4%	28.2%	30.9%	41.2%	49.6%
Programme 2: District Health Services							
District Management							
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	Implementation delayed	Implementation delayed	0%	Implementation delayed	0%	Implementation delayed	0%
Patient Experience of Care rate (PHC Facilities)	39.4%	4.3%	0%	8.7%	5.4%	13.0%	9.0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	Not applicable in W Cape	Not applicable in W Cape	N/a	Not applicable in W Cape	N/a	Not applicable in W Cape	N/a
PHC utilisation rate	2.3	2.3	2.3	2.3	2.3	2.3	2.4
Complaints resolution rate	93.7%	93.8%	95.7%	93.8%	94.3%	93.7%	91.4%
Complaint resolution within 25 working days rate	93.7%	93.7%	95.8%	93.6%	96.6%	93.8%	98.5%
HIV and AIDS, TB and STI control							
Total clients remaining on ART	188,983	168,769	187,686	176,433	189,458	183,318	169,305
Client tested for HIV (incl ANC)	1,103,372	262,768	300,610	283,632	357,530	282,215	409,791
TB symptom 5yrs and older screened rate	3.1%	3.1%	8.7%	3.1%	12.3%	3.1%	16.1%
Male condom distribution Rate (annualised)	58	58	50	58	51	58	51
Female condom distribution Rate (annualised)	1	1	1	1	1	1	2
Medical male circumcision performed - Total	22,899	2,061	3,508	5,496	3,821	5,954	3,510
TB new client treatment success rate	84.6%	84.6%	84.6%	84.6%	83.7%	84.6%	84.1%
TB client lost to follow up rate	7.3%	7.3%	9.0%	7.3%	8.6%	7.3%	8.9%
Maternal, child and women health							
Antenatal 1st visit before 20 weeks rate	63.2%	63.2%	65.4%	63.2%	67.5%	63.2%	69.9%
Mother postnatal visit within 6 days rate	78.7%	78.7%	87.3%	78.7%	85.5%	74.3%	74.3%
Infant 1st PCR test positive around 6 weeks rate	1.4%	1.4%	1.1%	1.4%	0.8%	1.4%	0.9%
Immunisation coverage under 1 year (annualised)	93.8%	94.4%	90.9%	94.4%	91.9%	89.8%	98.3%
Measles 2nd dose coverage (annualised)	77.5%	78.0%	71.8%	77.9%	75.4%	74.1%	79.6%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	4.3%	4.3%	5.3%	4.3%	7.4%	4.3%	3.2%
Child under 5 years diarrhoea case fatality rate	0.2%	0.2%	0.1%	0.2%	0.1%	0.2%	0.4%
Child under 5 years pneumonia case fatality rate	0.5%	0.5%	0.3%	0.5%	0.3%	0.5%	0.2%
Child under 5 years severe acute malnutrition case fatality rate	4.2%	4.5%	2.0%	4.5%	2.0%	3.9%	0.8%
School Grade R screening coverage (annualised)	9.5%	9.6%	33.1%	9.6%	22.6%	9.3%	35.0%
School Grade 1 screening coverage (annualised)	24.2%	24.5%	68.6%	24.6%	42.5%	23.8%	78.0%
School Grade 8 screening coverage (annualised)	0.1%	0.1%	10.0%	0.1%	11.5%	0.1%	14.7%
Couple year protection rate (annualised)	74.3%	75.3%	60.1%	75.4%	61.2%	73.1%	58.9%
Cervical cancer screening coverage (annualised)	59.2%	60.0%	52.3%	60.1%	60.1%	58.3%	62.8%
Vitamin A 12-59 months coverage (annualised)	44.0%	44.3%	45.5%	44.3%	45.9%	42.1%	54.0%
District Hospitals							
National Core Standards self assessment rate	100.0%	11.8%	2.9%	20.6%	0%	32.4%	35.3%
Quality improvement plan after self assessment rate	100.0%	100.0%	100.0%	100.0%	0%	100.0%	33.3%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	38.2%	25.0%	0%	42.9%	0%	36.4%	25.0%
Patient Experience of Care Survey Rate	100.0%	11.8%	0%	20.6%	2.9%	32.4%	35.3%
Average Length of Stay	3.1 days	3.1 days	3.5 days	3.1 days	3.4 days	3.0 days	3.2 days
Inpatient Bed Utilisation Rate	86.9%	87.2%	93.2%	87.4%	91.4%	84.3%	83.9%
Expenditure per PDE	R 1,945	R 1,883	R 1,747	R 1,995	R 1,943	R 1,929	R 1,962
Complaints resolution rate	94.1%	94.1%	87.4%	94.1%	90.4%	94.1%	85.1%
Complaint resolution within 25 working days rate	93.5%	93.6%	87.4%	93.6%	93.6%	93.6%	96.4%
Disease Prevention and Control							
Clients screened for hypertension-25 years and older	Data system to be established	Data system to be established	-	Data system to be established	-	Data system to be established	-
Clients screened for diabetes- 5 years and older	Data system to be established	Data system to be established	-	Data system to be established	-	Data system to be established	-
Client screened for Mental disorders	Data system to be established	Data system to be established	0%	Data system to be established	0%	Data system to be established	0%
Client treated for Mental Disorders new	Data system to be established	Data system to be established	0%	Data system to be established	0%	Data system to be established	0%
Cataract Surgery Rate annualised	1,725.4	1,667.9	1,607.9	1,977.8	1,629.3	1,640.5	2,035.6
Malaria case fatality rate	2.3%	3.0%	9.5%	3.0%	0%	3.1%	0%
Programme 3: Emergency Medical Services							
EMS P1 urban response under 15 minutes rate	75.0%	75.0%	62.2%	75.0%	66.3%	75.0%	58.3%
EMS P1 rural response under 40 minutes rate	90.0%	90.0%	81.6%	90.0%	82.3%	90.0%	80.6%
EMS inter-facility transfer rate	23.0%	23.0%	42.1%	23.0%	42.0%	23.0%	38.8%
Programme 4: Provincial Hospital Services							
General (regional) hospitals							
National Core Standards self assessment rate	100.0%	-	0%	0%	0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	-	0%	0%	0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	60.0%	-	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	-	0%	0%	0%	0%	20.0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 3rd Quarter

WESTERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

	Target for 2015/16 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 Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS							
Average Length of Stay	3.7 days	3.7 days	3.9 days	3.7 days	3.8 days	3.7 days	3.8 days
Inpatient Bed Utilisation Rate	87.0%	86.8%	89.6%	86.8%	89.5%	86.8%	88.3%
Expenditure per PDE	R 2,787	R 2,826	R 2,601	R 2,804	R 2,773	R 2,805	R 2,749
Complaints resolution rate	98.4%	98.9%	95.8%	98.9%	100.0%	96.8%	100.0%
Complaint resolution within 25 working days rate	98.3%	98.9%	100.0%	97.8%	96.9%	98.3%	95.8%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals							
National Core Standards self assessment rate	Yes	No	0%	No	0%	No	0%
Quality improvement plan after self assessment rate	Yes	No	0%	No	0%	No	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Yes	No	0%	No	0%	No	0%
Patient Experience of Care Survey Rate	Yes	No	0%	No	0%	No	0%
Average Length of Stay	3.8 days	3.8 days	4.0 days	3.9 days	4.0 days	3.7 days	3.9 days
Inpatient Bed Utilisation Rate	84.0%	87.7%	86.5%	85.3%	82.3%	79.2%	79.1%
Expenditure per PDE	R 5,217	R 5,046	R 4,548	R 5,060	R 5,624	R 5,434	R 5,130
Complaints resolution rate	92.1%	92.1%	100.0%	92.1%	100.0%	92.1%	100.0%
Complaint resolution within 25 working days rate	109.4%	108.6%	79.6%	108.6%	100.0%	108.6%	100.0%
Central Hospital Services							
National Core Standards self assessment rate	100.0%	-	0%	0%	0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	-	0%	0%	0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	-	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	-	0%	0%	0%	0%	0%
Average Length of Stay	6.2 days	6.1 days	6.3 days	6.1 days	6.3 days	6.1 days	6.2 days
Inpatient Bed Utilisation Rate	85.9%	85.0%	87.8%	87.4%	88.6%	86.2%	86.6%
Expenditure per PDE	R 4,532	R 4,564	R 4,292	R 4,393	R 4,444	R 4,575	R 4,512
Complaints resolution rate	98.5%	98.2%	91.4%	98.2%	91.7%	98.2%	91.5%
Complaint resolution within 25 working days rate	85.0%	84.9%	84.2%	84.9%	86.1%	84.9%	91.6%

1. Information submitted by: Dr. Berth Engelbreth Head of Department: Health Western Cape: Tel: (021) 483 3647

Adv. B. Garber Director General Office of the Premier Western Cape