

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 1st Quarter

EASTERN CAPE

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 | 51.0% | 17.0% | 0% | 26.0% | 0% | 26.0% | 0% |
| Percentage of fixed PHC facilities with broadband access | 49.0% | 25.0% | 0% | 25.0% | 0% | 25.0% | 0% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 10.0% | 25.0% | 0% | 25.0% | 6.2% | 25.0% | 0% |
| Client Satisfaction Survey Rate (PHC) | 75.0% | 6.5% | 6.5% | 32.4% | 4.7% | 58.3% | 0% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | 8 | - | - | - | - | - | - |
| PHC utilisation rate | 2.8 | 2.8 | 2.8 | 2.8 | 2.8 | 2.8 | 2.8 |
| Complaints resolution rate (PHC) | 94.0% | 80.0% | 82.8% | 80.0% | 87.1% | 80.0% | 86.6% |
| Complaint resolution within 25 working days rate (PHC) | 99.0% | 80.0% | 120.8% | 80.0% | 96.6% | 80.0% | 96.9% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 91.0% | 25.0% | 6.1% | 25.0% | 38.3% | 25.0% | 0% |
| Quality improvement plan after self assessment rate (District Hospitals) | 100.0% | - | 0% | 50.0% | 0% | 50.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 12.0% | 25.0% | 12.5% | 25.0% | 0% | 25.0% | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 91.0% | 50.0% | 4.5% | 50.0% | 33.3% | - | 0% |
| Average Length of Stay (District Hospitals) | 490.0% | 490.0% | 5.0 days | 490.0% | 5.0 days | 490.0% | 5.2 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 65.0% | 65.0% | 35.9% | 65.0% | 58.3% | 65.0% | 56.0% |
| Expenditure per PDE (District Hospitals) | R 2 382 | R 2 382 | R 2 443 | R 2 382 | R 2 243 | R 2 382 | R 2 136 |
| Complaints resolution rate (District Hospitals) | 80.0% | 80.0% | 94.1% | 80.0% | 94.9% | 80.0% | 93.0% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 80.0% | 80.0% | 97.0% | 80.0% | 99.7% | 80.0% | 99.4% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART - Total | 473 089 | 390 089 | 349 030 | 418 187 | 361 783 | 445 638 | 374 973 |
| Total Children (under 15 years) remaining on ART - Total | 24 786 | 21 736 | 19 647 | 22 754 | 19 925 | 23 770 | 20 352 |
| TB/HIV co-infected client on ART rate | 90.0% | 90.0% | 96.6% | 90.0% | 42.4% | 90.0% | 49.4% |
| Client tested for HIV (incl ANC) | 1453 837 | 363 459 | 446 426 | 363 459 | 539 706 | 363 459 | 506 388 |
| TB symptom 5yrs and older screened rate | 70.0% | 70.0% | 27.2% | 70.0% | 36.0% | 70.0% | 33.4% |
| Male condom distribution Coverage | 50 | 50 | 56 | 50 | 63 | 50 | 63 |
| Medical male circumcision performed - Total | 63 556 | 15 352 | 2 898 | 11 425 | 3 072 | 26 779 | 6 122 |
| TB client treatment success rate | 83.0% | 83.0% | 82.6% | 83.0% | 84.3% | 83.0% | 84.3% |
| TB client lost to follow up rate | 7.2% | 7.2% | 7.8% | 7.2% | 6.7% | 7.2% | 6.9% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 65.0% | 65.0% | 62.8% | 65.0% | 65.0% | 65.0% | 65.2% |
| Mother postnatal visit within 6 days rate | 60.0% | 60.0% | 59.0% | 60.0% | 60.6% | 60.0% | 62.8% |
| Infant 1st PCR test positive around 10 weeks rate | 1.4% | 1.4% | 1.5% | 1.4% | 1.8% | 1.4% | 1.5% |
| Immunisation under 1 year coverage (annualised) | 85.0% | 82.0% | 77.5% | 82.0% | 77.2% | 82.0% | 77.4% |
| Measles 2nd dose coverage (annualised) | 85.0% | 85.0% | 84.4% | 85.0% | 105.1% | 85.0% | 91.9% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | 0.5% | 0.5% | 0% | 0.5% | 0% | 0.5% | 0% |
| Child under 5 years diarrhoea case fatality rate | 5.0% | 5.0% | 3.1% | 5.0% | 3.7% | 5.0% | 2.9% |
| Child under 5 years pneumonia case fatality rate | 3.8% | 3.8% | 2.4% | 3.8% | 3.2% | 3.8% | 3.0% |
| Child under 5 years severe acute malnutrition case fatality rate | 8.0% | 10.0% | 11.0% | 9.5% | 10.5% | 9.0% | 8.7% |
| School Grade 1 screening coverage (annualised) | 10.0% | 5.0% | 14.5% | 7.0% | 35.0% | 8.0% | 35.3% |
| School Grade 8 screening coverage (annualised) | 10.0% | 5.0% | 11.5% | 7.0% | 22.1% | 8.0% | 24.0% |
| Couple year protection rate (annualised) | 55.0% | - | 0% | - | 0% | - | 0% |
| Cervical cancer screening coverage (annualised) | 60.0% | 25.0% | 57.5% | 25.0% | 68.8% | 25.0% | 70.1% |
| Vitamin A 12-59 months coverage (annualised) | 61.0% | 61.0% | 63.7% | 61.0% | 72.0% | 61.0% | 57.2% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 50.0% | 25.0% | 24.2% | 25.0% | 34.4% | 25.0% | 36.1% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 800 000 | 200 000 | 825 870 | 200 000 | 923 396 | 200 000 | 915 711 |
| Clients screened for diabetes | 800 000 | 200 000 | 717 515 | 200 000 | 843 001 | 200 000 | 975 987 |
| Client screened for Mental Health | 160 000 | 40 000 | 165 844 | 40 000 | 257 206 | 40 000 | 349 946 |
| Cataract Surgery Rate annualised | - | - | - | - | - | - | - |
| Malaria case fatality rate | - | - | 0% | - | 0% | - | 0% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 68.0% | 68.0% | 43.7% | 68.0% | 39.4% | 68.0% | 41.8% |
| EMS P1 rural response under 40 minutes rate | 68.0% | 68.0% | 62.2% | 68.0% | 53.9% | 68.0% | 57.1% |
| EMS inter-facility transfer rate | 70.0% | 70.0% | 34.2% | 70.0% | 33.7% | 70.0% | 31.9% |

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|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | |
| Programme 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 80.0% | 25.0% | 0% | 25.0% | 100.0% | 25.0% | 25.0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 100.0% | 25.0% | 0% | 25.0% | 100.0% | 25.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals) | 75.0% | - | 0% | 25.0% | 0% | 50.0% | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 80.0% | 25.0% | 0% | 25.0% | 20.0% | 25.0% | 0% |
| Average Length of Stay (Regional Hospitals) | 4.6 days | 4.6 days | 5.8 days | 4.6 days | 5.4 days | 4.6 days | 5.4 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 75.0% | 75.0% | 67.3% | 75.0% | 65.6% | 75.0% | 61.7% |
| Expenditure per PDE (Regional Hospitals) | R 2 243 | R 2 243 | R 1 740 | R 2 243 | R 1 888 | R 2 243 | R 1 962 |
| Complaints resolution rate (Regional Hospitals) | 80.0% | 80.0% | 94.3% | 80.0% | 93.3% | 80.0% | 95.2% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 80.0% | 80.0% | 94.6% | 80.0% | 98.6% | 80.0% | 98.0% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100.0% | 36.0% | 50.0% | 27.0% | 70.0% | 18.0% | 70.0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 100.0% | 36.0% | 100.0% | 27.0% | 100.0% | 18.0% | 70.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospitals) | 45.3% | 20.0% | 60.0% | 40.0% | 0% | 20.0% | 70.0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | 36.0% | 0% | 27.0% | 70.0% | 18.0% | 0% |
| Complaints resolution rate (Specialised Hospitals) | 80.0% | 80.0% | 100.0% | 80.0% | 90.0% | 80.0% | 92.9% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | 100.0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 80.0% | 100.0% | 50.0% | - | 100.0% | - | 0% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 80.0% | - | 0% | 100.0% | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospitals) | 50.0% | - | 0% | - | 0% | 50.0% | 0% |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | 80.0% | 80.0% | 0% | 80.0% | 0% | 80.0% | 0% |
| Average Length of Stay (Tertiary Hospitals) | 5.5 days | 5.5 days | 5.7 days | 5.5 days | 5.8 days | 5.5 days | 5.7 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 75.0% | 75.0% | 112.8% | 75.0% | 76.6% | 75.0% | 75.6% |
| Expenditure per PDE (Tertiary Hospitals) | R 2 843 | R 2 843 | R 4 413 | R 2 843 | R 2 977 | R 2 843 | R 5 097 |
| Complaints resolution rate (Tertiary Hospitals) | 90.0% | 90.0% | 100.0% | 90.0% | 96.5% | 90.0% | 100.0% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 80.0% | 80.0% | 96.7% | 80.0% | 96.4% | 80.0% | 100.0% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Central Hospitals) | 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 (Central Hospitals) | 50.0% | 80.0% | 0% | 80.0% | 0% | 80.0% | 0% |
| Patient Satisfaction Survey Rate (Central Hospitals) | 80.0% | 80.0% | 0% | 80.0% | 0% | 80.0% | 0% |
| Average Length of Stay (Central Hospitals) | 5.5 days | 5.5 days | 11.0 days | 5.5 days | 10.0 days | 5.5 days | 9.2 days |
| Inpatient Bed Utilisation Rate (Central Hospitals) | 75.0% | 75.0% | 84.3% | 75.0% | 91.7% | 75.0% | 84.5% |
| Expenditure per PDE (Central Hospitals) | R 2 843 | R 3 266 | R 4 539 | R 3 266 | R 4 427 | R 3 266 | R 5 091 |
| Complaints resolution rate (Central Hospitals) | 85.0% | 85.0% | 99.1% | 85.0% | 100.0% | 85.0% | 100.0% |
| Complaint Resolution within 25 working days rate (Central Hospitals) | 80.0% | 80.0% | 100.0% | 80.0% | 100.0% | 80.0% | 100.0% |

1. Information submitted by: Dr T. Mbengashe Head of Department: Health Eastern Cape: Tel: (040) 608 1114

Ms N.T.M. Mbina-Mihembu Director General: Office of the Premier Eastern Cape

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 2nd Quarter

FREE STATE

Sector: Health

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|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | |
| Programme 1: Administration | | | | | | | |
| Percentage of Hospitals with broadband access | 25.0% | - | 0% | - | 0% | - | 0% |
| Percentage of fixed PHC facilities with broadband access | 14.0% | - | 0% | - | 0% | - | 0% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 65.0% | 17.0% | 27.0% | 33.0% | 29.0% | 50.0% | 40.0% |
| Client Satisfaction Survey Rate (PHC) | 85.0% | 16.0% | 17.7% | 34.0% | 18.2% | 34.0% | 19.5% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | 5 | 5 | 5 | - | 5 | 5 | 5 |
| PHC utilisation rate | 3.2 | 3.2 | 2.3 | 3.2 | 2.3 | 3.2 | 2.3 |
| Complaints resolution rate (PHC) | 85.0% | 85.0% | 79.9% | 85.0% | 82.9% | 85.0% | 66.9% |
| Complaint resolution within 25 working days rate (PHC) | 85.0% | 85.0% | 99.0% | 85.0% | 98.7% | 85.0% | 96.6% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100.0% | 25.0% | 16.7% | 25.0% | 66.7% | 25.0% | 25.0% |
| Quality improvement plan after self assessment rate (District Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 87.5% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | - | - | 0% | - | 0% | - | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | 25.0% | 83.3% | 25.0% | 79.2% | 25.0% | 79.2% |
| Average Length of Stay (District Hospitals) | 300.0% | 300.0% | 3.4 days | 300.0% | 3.3 days | 300.0% | 3.3 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 75.0% | 75.0% | 60.2% | 75.0% | 63.2% | 75.0% | 62.1% |
| Expenditure per PDE (District Hospitals) | R 2 300 | R 2 300 | R 2 408 | R 2 300 | R 2 562 | R 2 300 | R 2 633 |
| Complaints resolution rate (District Hospitals) | 85.0% | 85.0% | 86.7% | 85.0% | 79.7% | 85.0% | 88.7% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 85.0% | 85.0% | 97.6% | 85.0% | 100.9% | 85.0% | 98.2% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART – Total | 237 953 | 193 876 | 193 260 | 208 568 | 197 383 | 223 260 | 199 616 |
| Total Children (under 15 years) remaining on ART – Total | 12 878 | 12 216 | 9 868 | 12 436 | 10 082 | 12 657 | 10 881 |
| TB/HIV co-infected client on ART rate | 85.0% | 85.0% | 90.3% | 85.0% | 86.2% | 85.0% | 86.9% |
| Client tested for HIV (incl ANC) | 652 059 | 163 015 | 161 344 | 163 015 | 183 244 | 163 015 | 184 173 |
| TB symptom 5yrs and older screened rate | 70.0% | 70.0% | 65.0% | 70.0% | 67.1% | 70.0% | 63.2% |
| Male condom distribution Coverage | 50 | 50 | 40 | 50 | 35 | 50 | 42 |
| Medical male circumcision performed - Total | 40 997 | 8 199 | 13 697 | 12 299 | 11 135 | 8 199 | 4 434 |
| TB client treatment success rate | 85.0% | 85.0% | 84.3% | 85.0% | 80.5% | 85.0% | 82.3% |
| TB client lost to follow up rate | 5.0% | 5.0% | 4.9% | 5.0% | 5.6% | 5.0% | 5.2% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 65.0% | 65.0% | 65.7% | 65.0% | 67.0% | 65.0% | 65.4% |
| Mother postnatal visit within 6 days rate | 85.0% | 85.0% | 71.2% | 85.0% | 73.7% | 85.0% | 69.3% |
| Infant 1st PCR test positive around 10 weeks rate | <2% | <2% | 1.3% | <2% | 1.6% | <2% | 1.5% |
| Immunisation under 1 year coverage (annualised) | 95.0% | 95.0% | 76.2% | 95.0% | 72.4% | 95.0% | 72.4% |
| Measles 2nd dose coverage (annualised) | 87.0% | 87.0% | 101.1% | 87.0% | 116.9% | 87.0% | 110.7% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | 5.5% | 5.5% | 13.3% | 5.5% | 12.9% | 5.5% | 0.0% |
| Child under 5 years diarrhoea case fatality rate | <3% | <3% | 6.9% | <3% | 1.7% | <3% | 2.0% |
| Child under 5 years pneumonia case fatality rate | <3% | <3% | 2.3% | <3% | 3.4% | <3% | 4.5% |
| Child under 5 years severe acute malnutrition case fatality rate | 11.0% | 11.0% | 12.1% | 11.0% | 8.9% | 11.0% | 8.5% |
| School Grade 1 screening coverage (annualised) | 50.0% | 50.0% | 61.5% | 50.0% | 37.5% | 50.0% | 28.8% |
| School Grade 8 screening coverage (annualised) | 45.0% | 45.0% | 26.7% | 45.0% | 38.6% | 45.0% | 29.2% |
| Couple year protection rate (annualised) | 60.0% | 60.0% | 47.0% | 60.0% | 45.4% | 60.0% | 49.1% |
| Cervical cancer screening coverage (annualised) | 60.0% | 60.0% | 54.7% | 60.0% | 64.3% | 60.0% | 62.3% |
| Vitamin A 12-59 months coverage (annualised) | 65.0% | 65.0% | 45.3% | 65.0% | 52.5% | 65.0% | 52.5% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 87.0% | 87.0% | 37.4% | 87.0% | 48.9% | 87.0% | 51.5% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 700 000 | 175 000 | 325 326 | 175 000 | 406 421 | 175 000 | 479 931 |
| Clients screened for diabetes | 700 000 | 175 000 | 228 955 | 175 000 | 324 722 | 175 000 | 410 268 |
| Client screened for Mental Health | 632 558 | 158 139 | 357 713 | 158 139 | 460 250 | 158 140 | 513 092 |
| Cataract Surgery Rate annualised | 1 500.0 | 1 500.0 | 735.3 | 1 500.0 | 1 112.7 | 1 500.0 | 1 478.5 |
| Malaria case fatality rate | - | - | 0% | - | 0% | - | 0% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 55.0% | 55.0% | 53.9% | 55.0% | 55.5% | 55.0% | 55.7% |
| EMS P1 rural response under 40 minutes rate | 71.0% | 71.0% | 72.6% | 71.0% | 73.1% | 71.0% | 65.7% |
| EMS inter-facility transfer rate | 10.0% | 10.0% | 26.0% | 10.0% | 12.0% | 10.0% | 21.2% |

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| QUARTERLY OUTPUTS | | | | | | | |
| Programme 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100.0% | 25.0% | 0% | 25.0% | 75.0% | 25.0% | 0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals) | - | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Average Length of Stay (Regional Hospitals) | 5.0 days | 5.0 days | 5.3 days | 5.0 days | 5.2 days | 5.0 days | 5.0 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 75.0% | 75.0% | 59.6% | 75.0% | 55.5% | 75.0% | 54.9% |
| Expenditure per PDE (Regional Hospitals) | R 2 600 | R 2 600 | R 2 655 | R 2 600 | R 3 134 | R 2 600 | R 3 005 |
| Complaints resolution rate (Regional Hospitals) | 85.0% | 85.0% | 92.9% | 85.0% | 85.7% | 85.0% | 73.9% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 97.1% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100.0% | - | 100.0% | - | 0% | - | 0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 100.0% | - | 100.0% | - | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospitals) | - | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0% |
| Complaints resolution rate (Specialised Hospitals) | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 100.0% | - | 0% | - | 0% | 100.0% | 100.0% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 100.0% | - | 0% | - | 0% | 100.0% | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospitals) | - | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0% |
| Average Length of Stay (Tertiary Hospitals) | 7.5 days | 7.5 days | 5.8 days | 7.5 days | 5.5 days | 7.5 days | 5.4 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 80.0% | 80.0% | 78.6% | 80.0% | 76.3% | 80.0% | 72.6% |
| Expenditure per PDE (Tertiary Hospitals) | R 3 000 | R 3 000 | R 2 993 | R 3 000 | R 3 743 | R 3 000 | R 3 549 |
| Complaints resolution rate (Tertiary Hospitals) | 85.0% | 85.0% | 66.7% | 85.0% | 57.1% | 85.0% | 57.1% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | 100.0% | - | 0% | 100.0% | 100.0% | - | 0% |
| Quality improvement plan after self assessment rate (Central Hospitals) | 100.0% | - | 0% | 100.0% | 100.0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Central Hospitals) | - | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Central Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Average Length of Stay (Central Hospitals) | 7.5 days | 7.5 days | 7.9 days | 7.5 days | 7.6 days | 7.5 days | 6.9 days |
| Inpatient Bed Utilisation Rate (Central Hospitals) | 78.0% | 78.0% | 70.6% | 78.0% | 68.4% | 78.0% | 68.7% |
| Expenditure per PDE (Central Hospitals) | R 5 500 | R 5 500 | R 5 511 | R 5 500 | R 6 824 | R 5 500 | R 6 909 |
| Complaints resolution rate (Central Hospitals) | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% |
| Complaint Resolution within 25 working days rate (Central Hospitals) | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% |

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

Mr. K. Ralikhansane Director General: Office of the Premier Free State

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

GAUTENG

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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%(36/36) | 100.0% | 97.1% | 100.0% | 97.1% | 100.0% | 100.0% |
| Percentage of fixed PHC facilities with broadband access | 27%(100/372) | 27%(100) | 20.2% | 27%(100) | 39.2% | 27%(100) | 39.2% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 100%372/272 | 100.0% | 64.2% | 100.0% | 64.2% | 100.0% | 82.4% |
| Client Satisfaction Survey Rate (PHC) | 100%372/372 | 100.0% | 0% | 100.0% | 1.3% | 100.0% | 1.9% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | 5 of 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| PHC utilisation rate | 2.8 | 2.8 | 1.6 | 2.8 | 1.7 | 2.8 | 1.7 |
| Complaints resolution rate (PHC) | 95.0% | 95.0% | 88.1% | 95.0% | 90.8% | 95.0% | 91.8% |
| Complaint resolution within 25 working days rate (PHC) | 82.0% | 82.0% | 97.3% | 82.0% | 97.9% | 82.0% | 98.3% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100%(11 of 11) | 100%(11 of 11) | 9.1% | 100.0% | 72.7% | 100.0% | 90.9% |
| Quality improvement plan after self assessment rate (District Hospitals) | 85%(9 of 11) | 85%(9 of 11) | 9.1% | 85%(9 of 11) | 0% | 85%(9 of 11) | 81.8% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 20%(2 of 11) | 20%(2 of 11) | 0% | 20%(2 of 11) | 0% | 20%(2 of 11) | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | 100%(11 of 11) | 0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Average Length of Stay (District Hospitals) | 450.0% | - | 4.5 days | 450.0% | 4.3 days | 450.0% | 3.3 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 80.0% | - | 69.0% | 80.0% | 67.0% | 80.0% | 66.1% |
| Expenditure per PDE (District Hospitals) | R 2650 | R 2650 | R 2 960 | R 2650 | R 2 822 | R 2650 | R 3 922 |
| Complaints resolution rate (District Hospitals) | 85.0% | 85.0% | 81.5% | 85.0% | 94.3% | 85.0% | 84.9% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 85.0% | 85.0% | 99.2% | 85.0% | 98.2% | 85.0% | 98.9% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART - Total | 829 643 | 767 419 | 730 757 | 788 160 | 795 426 | 808 901 | 770 911 |
| Total Children (under 15 years) remaining on ART - Total | 38 521 | 32 150 | 28 170 | 34 274 | 31 817 | 36 398 | 30 936 |
| TB/HIV co-infected client on ART rate | 85.0% | 21.0% | 91.3% | 42.0% | 75.9% | 63.0% | 83.0% |
| Client tested for HIV (incl ANC) | 3592 943 | 2488 165 | 692 498 | 2856 424 | 1563 154 | 3224 683 | 3119 783 |
| TB symptom 5yrs and older screened rate | 5M | 1.5 M | 60.9% | 3M | 71.3% | 4 M | 70.5% |
| Male condom distribution Coverage | 210960 993 | 52740 248 | 33 | 105480 497 | 68 | 158220 745 | 143 |
| Medical male circumcision performed - Total | 209 190 | 72 297 | 45 270 | 144 594 | 76 898 | 176 892 | 130 350 |
| TB client treatment success rate | 90.0% | 90.0% | 88.1% | 90.0% | 86.8% | 90.0% | 86.9% |
| TB client lost to follow up rate | 5.1% | 5.1% | 4.9% | 5.1% | 5.8% | 5.1% | 5.3% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 60.0% | 60.0% | 57.5% | 60.0% | 59.6% | 60.0% | 60.0% |
| Mother postnatal visit within 6 days rate | 90.0% | 90.0% | 82.2% | 90.0% | 82.8% | 90.0% | 83.7% |
| Infant 1st PCR test positive around 10 weeks rate | <1.5% | <1.5% | 2.7% | <1.5% | 1.9% | <1.5% | 1.4% |
| Immunisation under 1 year coverage (annualised) | 92.0% | 92.0% | 93.3% | 92.0% | 100.3% | 92.0% | 102.8% |
| Measles 2nd dose coverage (annualised) | 95.0% | 95.0% | 98.7% | 95.0% | 126.5% | 95.0% | 108.6% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | <10% | <10% | 0.5% | <10% | 14.5% | <10% | 6.7% |
| Child under 5 years diarrhoea case fatality rate | 2.5% | 2.5% | 2.4% | 2.5% | 1.4% | 2.5% | 1.5% |
| Child under 5 years pneumonia case fatality rate | <2% | <2% | 0.7% | <2% | 1.8% | <2% | 1.6% |
| Child under 5 years severe acute malnutrition case fatality rate | <10% | <10% | 7.5% | <10% | 5.6% | <10% | 8.0% |
| School Grade 1 screening coverage (annualised) | 40.0% | 20.0% | 57.0% | 25.0% | 48.1% | 30.0% | 63.0% |
| School Grade 8 screening coverage (annualised) | 5.0% | 5.0% | 45.0% | 7.0% | 29.7% | 10.0% | 21.6% |
| Couple year protection rate (annualised) | 60.0% | 60.0% | 38.3% | 60.0% | 40.2% | 60.0% | 57.8% |
| Cervical cancer screening coverage (annualised) | 60.0% | 60.0% | 44.6% | 60.0% | 56.1% | 60.0% | 56.8% |
| Vitamin A 12-59 months coverage (annualised) | 60.0% | 60.0% | 63.6% | 60.0% | 63.1% | 60.0% | 63.5% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 60.0% | 60.0% | 36.0% | 60.0% | 44.7% | 60.0% | 48.8% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 474 000 | 119 500 | 1989 489 | 239 000 | 2353 668 | 358 500 | 2472 480 |
| Clients screened for diabetes | 400 000 | 100 000 | 1387 416 | 200 000 | 1771 298 | 300 000 | 1898 591 |
| Client screened for Mental Health | 1 | 1 | 800 079 | 1 | 1237 521 | 1 | 1611 835 |
| Cataract Surgery Rate annualised | 1300/Ml | 1500/Ml | - | 1500/Ml | - | 1500/Ml | 2 067.2 |
| Malaria case fatality rate | 1.7% | - | 1.8% | - | 1.3% | - | 0.6% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 99%(19822/19962) | 99.0% | 59.3% | 99.0% | 60.5% | 99.0% | 56.2% |
| EMS P1 rural response under 40 minutes rate | 100%(304/304) | 100.0% | 92.9% | 100.0% | 95.3% | 100.0% | 69.2% |
| EMS inter-facility transfer rate | 13%(110342/799683) | 10.5% | 31.2% | 11.0% | 32.4% | 11.5% | 33.0% |

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

GAUTENG

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100%(9/9) | 100.0% | 22.2% | 100.0% | 66.7% | 100.0% | 22.2% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 40%(3/9) | 40.0% | 0% | 40.0% | 0% | 40.0% | 33.3% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 33%(3/9) | 33.0% | 0% | 33.0% | 0% | 33.0% | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 100%(9/9) | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Average Length of Stay (Regional Hospitals) | 4.9 days | 4.9 days | 5.0 days | 4.9 days | 5.1 days | 4.9 days | 4.9 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 82%(300/400) | 82.0% | 81.2% | 82.0% | 83.8% | 82.0% | 78.8% |
| Expenditure per PDE (Regional Hospitals) | R 3000 | R 3000 | R 2 653 | R 3000 | R 2 317 | R 3000 | R 2 445 |
| Complaints resolution rate (Regional Hospitals) | 88.0% | 88.0% | 93.7% | 88.0% | 95.3% | 88.0% | 93.7% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 82.0% | 82.0% | 99.0% | 82.0% | 99.4% | 82.0% | 99.3% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100%(9/9) | 100%(9/9) | 0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 40%(3/9) | 40.0% | 0% | 40.0% | 0% | 40.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Spec | 41%(3/9) | 41.0% | 0% | 41.0% | 0% | 41.0% | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 0% |
| Complaints resolution rate (Specialised Hospitals) | 88.0% | 88.0% | 78.3% | 88.0% | 87.5% | 88.0% | 84.0% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 82.0% | 82.0% | 100.0% | 82.0% | 95.2% | 82.0% | 100.0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 100%(3/3) | 100.0% | 33.3% | 100.0% | 33.3% | 100.0% | 66.7% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 100%(3/3) | 100.0% | 0% | 100.0% | 33.3% | 100.0% | 33.3% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100%(3/3) | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | 100%(3/3) | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Average Length of Stay (Tertiary Hospitals) | 5.5 days | 5.5 days | 6.2 days | 5.5 days | 6.2 days | 5.5 days | 5.6 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 82.0% | 82.0% | 86.0% | 82.0% | 87.6% | 82.0% | 85.2% |
| Expenditure per PDE (Tertiary Hospitals) | R 2760 | R 2760 | R 3 027 | R 2760 | R 2 931 | R 2760 | R 2 535 |
| Complaints resolution rate (Tertiary Hospitals) | 95.0% | 95.0% | 84.7% | 95.0% | 87.4% | 95.0% | 85.6% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 80.0% | 80.0% | 95.7% | 80.0% | 98.1% | 80.0% | 100.0% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | 100%(4/4) | 100.0% | 50.0% | 100.0% | 50.0% | 100.0% | 75.0% |
| Quality improvement plan after self assessment rate (Central Hospitals) | 100%(4/4) | 100.0% | 0% | 100.0% | 25.0% | 100.0% | 25.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100%(4/4) | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Patient Satisfaction Survey Rate (Central Hospitals) | 100%(4/4) | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Average Length of Stay (Central Hospitals) | 5.6 days | 5.6 days | 8.0 days | 5.6 days | 7.9 days | 5.6 days | 7.6 days |
| Inpatient Bed Utilisation Rate (Central Hospitals) | 78.0% | 78.0% | 78.5% | 78.0% | 83.8% | 78.0% | 81.0% |
| Expenditure per PDE (Central Hospitals) | R 3 500 | R 3 500 | R 4 474 | R 3 500 | R 3 985 | R 3 500 | R 3 351 |
| Complaints resolution rate (Central Hospitals) | 80.0% | 80.0% | 83.7% | 80.0% | 84.8% | 80.0% | 98.9% |
| Complaint Resolution within 25 working days rate (Central Hospitals) | 90.0% | 90.0% | 97.9% | 90.0% | 95.9% | 90.0% | 94.1% |

1. Information submitted by: Dr T.E. Sibane Head of Department: Health Gauteng; Tel (011) 355 387

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

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

KWAZULU-NATAL

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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% | 45.0% | 47.1% | 46.0% | 47.1% | 48.0% | 47.1% |
| Percentage of fixed PHC facilities with broadband access | 50.0% | 45.0% | 4.7% | 47.0% | 19.7% | 48.0% | 19.7% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 40.0% | 15.0% | 24.6% | 20.0% | 40.4% | 30.0% | 40.4% |
| Client Satisfaction Survey Rate (PHC) | 100.0% | 25.0% | 38.5% | 50.0% | 14.0% | 75.0% | 7.2% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | 2 | 3.0 | 2.8 | 3.0 | 2.8 | 3.0 | 2.8 |
| PHC utilisation rate | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 |
| Complaints resolution rate (PHC) | 85.0% | 80.0% | 84.9% | 80.0% | 86.5% | 83.0% | 86.2% |
| Complaint resolution within 25 working days rate (PHC) | 95.0% | 94.5% | 94.7% | 95.0% | 95.1% | 95.0% | 99.0% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100.0% | 25.0% | 42.1% | 50.0% | 5.3% | 75.0% | 5.3% |
| Quality improvement plan after self assessment rate (District Hospitals) | 100.0% | 25.0% | 56.3% | 50.0% | 0% | 75.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 21.0% | 5.0% | 25.0% | 10.0% | 0% | 15.0% | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | 25.0% | 73.7% | 50.0% | 23.7% | 75.0% | 10.5% |
| Average Length of Stay (District Hospitals) | 600.0% | 630.0% | 5.5 days | 620.0% | 5.5 days | 620.0% | 5.6 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 65.8% | 63.0% | 58.4% | 64.0% | 58.8% | 65.0% | 56.3% |
| Expenditure per PDE (District Hospitals) | R 1 947 | R 2 000 | R 2 229 | R 1 967 | R 2 171 | R 1 957 | R 2 303 |
| Complaints resolution rate (District Hospitals) | 80.0% | 75.0% | 86.5% | 77.0% | 84.8% | 79.0% | 83.0% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 95.0% | 92.0% | 92.1% | 93.0% | 95.1% | 94.0% | 97.2% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART – Total | 1205 438 | 1027 525 | 1025 723 | 1086 829 | 1073 062 | 1146 133 | 1038 086 |
| Total Children (under 15 years) remaining on ART – Total | 69 286 | 60 153 | 53 665 | 62 864 | 55 011 | 65 575 | 53 588 |
| TB/HIV co-infected client on ART rate | 90.0% | 85.0% | 86.3% | 87.0% | 61.5% | 89.0% | 60.4% |
| Client tested for HIV (incl ANC) | 2659 268 | 664 817 | 690 985 | 1329 634 | 834 732 | 1994 451 | 849 318 |
| TB symptom 5yrs and older screened rate | 35.0% | 9.0% | 69.3% | 18.0% | 77.9% | 27.0% | 70.5% |
| Male condom distribution Coverage | 62 | 50 | 49 | 54 | 58 | 58 | 51 |
| Medical male circumcision performed - Total | 793 528 | 652 814 | 33 850 | 699 718 | 35 275 | 746 622 | 24 647 |
| TB client treatment success rate | 86.0% | 86.0% | 86.3% | 86.0% | 86.6% | 86.0% | 87.1% |
| TB client lost to follow up rate | 3.4% | 3.8% | 4.0% | 3.6% | 3.7% | 3.5% | 4.4% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 62.6% | 62.0% | 67.2% | 62.3% | 70.9% | 62.5% | 72.8% |
| Mother postnatal visit within 6 days rate | 82.0% | 73.0% | 62.3% | 76.0% | 65.9% | 79.0% | 70.2% |
| Infant 1st PCR test positive around 10 weeks rate | <1% | <1% | 1.6% | <1% | 0.5% | <1% | 1.1% |
| Immunisation under 1 year coverage (annualised) | 92.0% | 90.0% | 80.8% | 90.1% | 88.3% | 90.5% | 84.6% |
| Measles 2nd dose coverage (annualised) | 90.0% | 88.5% | 97.9% | 89.0% | 110.7% | 89.5% | 97.7% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | 6.0% | 7.1% | 32.2% | 6.8% | 15.8% | 6.4% | 8.9% |
| Child under 5 years diarrhoea case fatality rate | 2.8% | 2.9% | 2.2% | 2.9% | 1.5% | 2.9% | 2.4% |
| Child under 5 years pneumonia case fatality rate | 3.0% | 3.2% | 2.1% | 3.1% | 2.2% | 3.1% | 1.2% |
| Child under 5 years severe acute malnutrition case fatality rate | 8.0% | 8.7% | 6.2% | 8.4% | 8.5% | 8.2% | 7.5% |
| School Grade 1 screening coverage (annualised) | 25.0% | 6.5% | 55.1% | 13.0% | 19.1% | 19.5% | 27.7% |
| School Grade 8 screening coverage (annualised) | 20.0% | 5.0% | 40.0% | 10.0% | 9.9% | 15.0% | 11.3% |
| Couple year protection rate (annualised) | 60.0% | 50.0% | 49.5% | 53.0% | 55.4% | 57.0% | 51.3% |
| Cervical cancer screening coverage (annualised) | 75.0% | 73.4% | 75.5% | 74.0% | 92.6% | 75.0% | 94.6% |
| Vitamin A 12-59 months coverage (annualised) | 65.0% | 65.0% | 64.3% | 65.0% | 65.9% | 65.0% | 91.4% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 55.0% | 52.0% | 54.2% | 53.0% | 55.3% | 54.0% | 57.6% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 7980 052 | 1995 013 | 2480 126 | 3990 026 | 2715 393 | 5985 039 | 2692 194 |
| Clients screened for diabetes | 5127 276 | 1281 819 | 2305 898 | 2563 638 | 2592 412 | 3845 457 | 2626 136 |
| Client screened for Mental Health | 100 000 | 25 000 | 1162 508 | 50 000 | 1544 689 | 75 000 | 1885 151 |
| Cataract Surgery Rate annualised | 1154/1mil | 683/1mil | 510.6 | 809/1mil | 518.7 | 935/1mil | 879.0 |
| Malaria case fatality rate | <0.5% | <0.5% | 2.1% | <0.5% | 0% | <0.5% | 0% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 6.0% | 5.0% | 4.4% | 5.0% | 4.6% | 6.0% | 4.8% |
| EMS P1 rural response under 40 minutes rate | 34.0% | 33.0% | 34.4% | 33.0% | 37.5% | 34.0% | 34.9% |
| EMS inter-facility transfer rate | 40.0% | 41.0% | 31.0% | 40.0% | 31.0% | 40.0% | 41.8% |

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

KWAZULU-NATAL

Sector: Health

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|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | |
| Programme 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100.0% | 25.0% | 76.9% | 50.0% | 7.7% | 75.0% | 0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 100.0% | 25.0% | 50.0% | 50.0% | 0% | 75.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals) | 25.0% | - | 30.0% | - | 0% | 15.0% | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 100.0% | 25.0% | 76.9% | 50.0% | 15.4% | 75.0% | 7.7% |
| Average Length of Stay (Regional Hospitals) | 6.5 days | 6.3 days | 6.1 days | 6.3 days | 6.4 days | 6.5 days | 6.6 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 70.5% | 67.6% | 73.9% | 68.0% | 72.5% | 69.5% | 72.8% |
| Expenditure per PDE (Regional Hospitals) | R 2 822 | R 2 822 | R 3 031 | R 2 822 | R 2 863 | R 2 522 | R 2 737 |
| Complaints resolution rate (Regional Hospitals) | 86.0% | 83.0% | 75.1% | 83.5% | 58.2% | 84.5% | 81.2% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 97.5% | 97.2% | 97.9% | 97.3% | 86.3% | 97.4% | 0% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100.0% | 25.0% | 36.8% | 50.0% | 10.5% | 75.0% | 0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 100.0% | 25.0% | 14.3% | 50.0% | 0% | 75.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospitals) | 22.0% | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | 25.0% | 47.4% | 50.0% | 15.8% | 75.0% | 0% |
| Complaints resolution rate (Specialised Hospitals) | 83.2% | 82.0% | 46.8% | 82.5% | 90.8% | 83.0% | 83.3% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 94.4% | 94.4% | 82.4% | 94.4% | 100.0% | 94.4% | 100.0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 100.0% | - | 33.3% | - | 0% | 33.0% | 0% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 100.0% | - | 0% | - | 0% | 33.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospitals) | 33.0% | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | 100.0% | - | 100.0% | - | 33.3% | 33.0% | 0% |
| Average Length of Stay (Tertiary Hospitals) | 7.7 days | 7.7 days | 8.0 days | 7.7 days | 7.7 days | 7.7 days | 7.8 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 78.9% | 77.0% | 76.7% | 77.5% | 76.2% | 78.0% | 75.2% |
| Expenditure per PDE (Tertiary Hospitals) | R 2 894 | R 2 894 | R 3 203 | R 2 894 | R 3 348 | R 2 894 | R 3 383 |
| Complaints resolution rate (Tertiary Hospitals) | 85.0% | 84.0% | 66.0% | 84.5% | 60.0% | 84.5% | 65.4% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 100.0% | 100.0% | 93.9% | 100.0% | 95.6% | 100.0% | 100.0% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | 100.0% | - | 100.0% | - | 100.0% | - | 0% |
| Quality improvement plan after self assessment rate (Central Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Central Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Central Hospitals) | 100.0% | - | 0% | - | 100.0% | - | 0% |
| Average Length of Stay (Central Hospitals) | 8.5 days | 8.6 days | 8.8 days | 8.6 days | 8.6 days | 8.6 days | 8.8 days |
| Inpatient Bed Utilisation Rate (Central Hospitals) | 67.1% | 67.1% | 66.0% | 67.1% | 67.7% | 67.1% | 70.2% |
| Expenditure per PDE (Central Hospitals) | R 8 173 | R 8 100 | R 9 493 | R 8 150 | R 7 976 | R 8 161 | R 8 878 |
| Complaints resolution rate (Central Hospitals) | 80.0% | 75.0% | 90.5% | 76.0% | 87.5% | 78.0% | 88.9% |
| Complaint Resolution within 25 working days rate (Central Hospitals) | 96.5% | 95.5% | 100.0% | 96.5% | 100.0% | 96.5% | 100.0% |

1. Information submitted by: Dr S.T. Mshali Head of Department: Health Kwazulu Natal Tel: (033) 395 2799

Mrs. P.D. Khumalo Acting Director General: Office of the Premier Kwazulu Natal

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

LIMPOPO

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 | 35.0% | 30.0% | 24.7% | 31.0% | 24.7% | 33.0% | 24.7% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 15.0% | 10.0% | 14.5% | 12.0% | 14.5% | 13.0% | 14.5% |
| Client Satisfaction Survey Rate (PHC) | 30.0% | 30.0% | 10.7% | 30.0% | 10.7% | 30.0% | 10.7% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| PHC utilisation rate | 2.6 | 2.6 | 2.7 | 2.6 | 2.4 | 2.6 | 2.3 |
| Complaints resolution rate (PHC) | 95.0% | 95.0% | 71.3% | 95.0% | 77.3% | 95.0% | 64.6% |
| Complaint resolution within 25 working days rate (PHC) | 95.0% | 95.0% | 96.6% | 95.0% | 100.0% | 95.0% | 98.8% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100.0% | 23.0% | 23.3% | 50.0% | 23.3% | 77.0% | 23.3% |
| Quality improvement plan after self assessment rate (District Hospitals) | 100.0% | 23.0% | 28.6% | 50.0% | 0% | 77.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 70.0% | 16.7% | 0% | 33.0% | 0% | 50.0% | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | - | 20.0% | - | 0% | - | 0% |
| Average Length of Stay (District Hospitals) | 430.0% | 430.0% | 4.4 days | 430.0% | 4.0 days | 430.0% | 4.0 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 70.0% | 70.0% | 64.7% | 70.0% | 23.5% | 70.0% | 42.3% |
| Expenditure per PDE (District Hospitals) | R 2 200 | R 2 200 | R 2 875 | R 2 200 | R 2 921 | R 2 200 | R 2 608 |
| Complaints resolution rate (District Hospitals) | 100.0% | 100.0% | 87.4% | 100.0% | 91.8% | 100.0% | 94.0% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 100.0% | 100.0% | 99.7% | 100.0% | 100.3% | 100.0% | 97.1% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART - Total | 311 206 | 269 168 | 255 253 | 263 180 | 267 411 | 297 192 | 529 628 |
| Total Children (under 15 years) remaining on ART - Total | 19 434 | 16 406 | 14 044 | 17 465 | 14 632 | 18 524 | 31 172 |
| TB/HIV co-infected client on ART rate | 85.0% | 85.0% | 90.0% | 85.0% | 90.9% | 85.0% | 0% |
| Client tested for HIV (incl ANC) | 1406 507 | 351 626 | 474 821 | 351 627 | 960 686 | 351 627 | 753 384 |
| TB symptom 5yrs and older screened rate | 75.0% | 75.0% | 82.3% | 75.0% | 85.0% | 75.0% | 0% |
| Male condom distribution Coverage | 43 | 43 | 61 | 43 | 77 | 43 | 5 |
| Medical male circumcision performed - Total | 69 231 | 14 000 | 17 661 | 47 231 | 35 085 | 4 000 | 10 125 |
| TB client treatment success rate | 80.0% | 80.0% | 78.2% | 80.0% | 82.6% | 80.0% | 0% |
| TB client lost to follow up rate | 4.5% | 4.5% | 5.2% | 4.5% | 5.4% | 4.5% | 0% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 50.0% | 50.0% | 64.1% | 50.0% | 67.7% | 50.0% | 67.1% |
| Mother postnatal visit within 6 days rate | 80.0% | 80.0% | 70.2% | 80.0% | 71.4% | 80.0% | 68.9% |
| Infant 1st PCR test positive around 10 weeks rate | 1.4% | 1.4% | 1.7% | 1.4% | 1.4% | 1.4% | 2.4% |
| Immunisation under 1 year coverage (annualised) | 90.0% | 90.0% | 64.1% | 90.0% | 58.5% | 90.0% | 55.5% |
| Measles 2nd dose coverage (annualised) | 85.0% | 85.0% | 0% | 85.0% | 94.3% | 85.0% | 81.4% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | 6.0% | 6.0% | 54.6% | 6.0% | 38.8% | 6.0% | 56.7% |
| Child under 5 years diarrhoea case fatality rate | 4.5% | 4.5% | 2.2% | 4.5% | 1.7% | 4.5% | 3.4% |
| Child under 5 years pneumonia case fatality rate | 4.3% | 4.3% | 2.5% | 4.3% | 3.6% | 4.3% | 3.2% |
| Child under 5 years severe acute malnutrition case fatality rate | 14.0% | 14.0% | 11.2% | 14.0% | 6.2% | 14.0% | 4.4% |
| School Grade 1 screening coverage (annualised) | 20.0% | 20.0% | 62.9% | 20.0% | 101.1% | 20.0% | 0% |
| School Grade 8 screening coverage (annualised) | 10.0% | 10.0% | 32.6% | 10.0% | 66.1% | 10.0% | 0% |
| Couple year protection rate (annualised) | 48.0% | 48.0% | 0% | 48.0% | 660.3% | 48.0% | 212.7% |
| Cervical cancer screening coverage (annualised) | 50.0% | 50.0% | 0% | 50.0% | 61.9% | 50.0% | 63.9% |
| Vitamin A 12-59 months coverage (annualised) | 45.0% | 45.0% | 0% | 45.0% | 51.6% | 45.0% | 56.4% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 55.0% | 55.0% | 20.6% | 55.0% | 33.7% | 55.0% | 39.2% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 500 000 | 125 000 | 891 300 | 125 000 | 1033 573 | 125 000 | 998 736 |
| Clients screened for diabetes | 230 000 | 57 500 | 554 416 | 57 500 | 720 525 | 57 500 | 897 653 |
| Client screened for Mental Health | 30 | 30 | 354 343 | 30 | 494 229 | 30 | 57 110 |
| 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% | 1.2% | 0% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 68.0% | 68.0% | 62.2% | 68.0% | 43.8% | 68.0% | 40.4% |
| EMS P1 rural response under 40 minutes rate | 70.0% | 70.0% | 65.0% | 70.0% | 74.4% | 70.0% | 67.2% |
| EMS inter-facility transfer rate | 22.0% | 22.0% | 14.3% | 22.0% | 18.1% | 22.0% | 11.2% |

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

LIMPOPO

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100.0% | 40.0% | 40.0% | 60.0% | 40.0% | 80.0% | 40.0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 100.0% | 40.0% | 50.0% | 60.0% | 50.0% | 80.0% | 50.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 60.0% | 60.0% | 0% | 60.0% | 0% | 60.0% | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 100.0% | - | 0% | - | 20.0% | - | 20.0% |
| Average Length of Stay (Regional Hospitals) | 5.0 days | 5.0 days | 4.9 days | 5.0 days | 5.0 days | 5.0 days | 4.2 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 70.0% | 70.0% | 67.5% | 70.0% | 24.7% | 70.0% | 32.4% |
| Expenditure per PDE (Regional Hospitals) | R 2 700 | R 2 700 | R 3 064 | R 2 700 | R 2 871 | R 2 700 | R 2 868 |
| Complaints resolution rate (Regional Hospitals) | 100.0% | 100.0% | 80.1% | 100.0% | 88.1% | 100.0% | 82.3% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 95.0% | 95.0% | 100.0% | 95.0% | 100.0% | 95.0% | 100.0% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100.0% | - | 0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 100.0% | - | 0% | 100.0% | 0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospitals) | 60.0% | 60.0% | 0% | 60.0% | 0% | 60.0% | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Complaints resolution rate (Specialised Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 0% | 100.0% | 0% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 0% | 100.0% | 0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 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% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | 100.0% | - | 0% | - | 50.0% | - | 50.0% |
| Average Length of Stay (Tertiary Hospitals) | 7.0 days | 7.0 days | 7.4 days | 7.0 days | 7.4 days | 7.0 days | - |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 78.0% | 78.0% | 75.9% | 78.0% | 24.6% | 78.0% | 0% |
| Expenditure per PDE (Tertiary Hospitals) | R 3 800 | R 3 800 | R 4 658 | R 3 800 | R 4 522 | R 3 800 | R 0 |
| Complaints resolution rate (Tertiary Hospitals) | 100.0% | 100.0% | 90.5% | 100.0% | 76.8% | 100.0% | 0% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Quality improvement plan after self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | - | - | - | - | - | - | - |
| Patient Satisfaction Survey Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Average Length of Stay (Central Hospitals) | - | - | - | - | - | - | - |
| Inpatient Bed Utilisation Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Expenditure per PDE (Central Hospitals) | - | - | - | - | - | - | - |
| Complaints resolution rate (Central Hospitals) | - | - | - | - | - | - | - |
| Complaint Resolution within 25 working days rate (Central Hospitals) | - | - | - | - | - | - | - |

1. Information submitted by: Dr. MP Kgapola Head of Department: Health Limpopo. Tel: (015) 2936234

MR N. Nchabeleng Director General Office of the Premier Limpopo

* This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

MPUMALANGA

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 | 80.0% | 35.0% | 35.8% | 53.0% | 35.8% | 70.0% | 35.8% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 80.0% | 35.0% | 0% | 53.0% | 0% | 70.0% | 0% |
| Client Satisfaction Survey Rate (PHC) | 100.0% | - | 0% | - | 0% | 100.0% | 0% |
| OHH registration visit coverage (annualised) | 39.0% | 39.0% | 1.4% | 39.0% | 1.2% | 39.0% | 0.4% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | 1 | - | - | - | - | - | - |
| PHC utilisation rate | 2.5 | 2.5 | 2.2 | 2.5 | 2.3 | 2.5 | 2.0 |
| Complaints resolution rate (PHC) | 86.0% | 86.0% | 54.3% | 86.0% | 98.7% | 86.0% | 68.3% |
| Complaint resolution within 25 working days rate (PHC) | 90.0% | 90.0% | 96.0% | 90.0% | 63.7% | 90.0% | 95.3% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Quality improvement plan after self assessment rate (District Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 30.0% | - | 0% | - | 0% | - | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Average Length of Stay (District Hospitals) | 370.0% | 370.0% | 4.6 days | 370.0% | 4.6 days | 370.0% | 4.7 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 75.0% | 74.0% | 23.0% | 74.0% | 25.0% | 74.0% | 37.6% |
| Expenditure per PDE (District Hospitals) | R 2 114 | R 2 114 | R 2 346 | R 2 114 | R 2 436 | R 2 114 | R 3 160 |
| Complaints resolution rate (District Hospitals) | 90.0% | 90.0% | 66.2% | 90.0% | 74.7% | 90.0% | 84.5% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 96.0% | 96.0% | 97.1% | 96.0% | 97.3% | 96.0% | 98.6% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART - Total | 372 014 | 339 747 | 316 624 | 350 185 | 329 038 | 360 625 | 335 335 |
| Total Children (under 15 years) remaining on ART - Total | 28 001 | 25 572 | 16 677 | 26 358 | 16 550 | 27 144 | 16 711 |
| TB/HIV co-infected client on ART rate | 100.0% | 100.0% | 36.7% | 100.0% | 38.4% | 100.0% | 37.7% |
| Client tested for HIV (incl ANC) | 1074 568 | 288 642 | 265 369 | 268 642 | 254 670 | 268 642 | 236 877 |
| TB symptom 5yrs and older screened rate | 90.0% | 90.0% | 24.6% | 90.0% | 37.0% | 90.0% | 160.2% |
| Male condom distribution Coverage | 50 | 50 | 359 | 50 | 515 | 50 | 536 |
| Medical male circumcision performed - Total | 85 084 | 26 000 | 14 590 | 30 000 | 9 791 | 10 000 | 3 152 |
| TB client treatment success rate | >85% | >85% | 86.4% | >85% | 88.0% | >85% | 85.9% |
| TB client lost to follow up rate | <5% | <5% | 3.9% | <5% | 5.0% | <5% | 5.0% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 70.0% | 70.0% | 69.5% | 70.0% | 74.2% | 70.0% | 74.3% |
| Mother postnatal visit within 6 days rate | 70.0% | 70.0% | 58.8% | 70.0% | 63.0% | 70.0% | 69.3% |
| Infant 1st PCR test positive around 10 weeks rate | <1.6% | <1.6% | 1.9% | <1.6% | 1.3% | <1.6 | 1.8% |
| Immunisation under 1 year coverage (annualised) | 90.0% | 90.0% | 79.8% | 90.0% | 76.0% | 90.0% | 74.0% |
| Measles 2nd dose coverage (annualised) | 90.0% | 90.0% | 87.8% | 90.0% | 90.1% | 90.0% | 78.9% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | <10% | <10% | 31.3% | <10% | 10.4% | <10% | 16.9% |
| Child under 5 years diarrhoea case fatality rate | 4.0% | 4.0% | 3.2% | 4.0% | 1.3% | 4.0% | 0.8% |
| Child under 5 years pneumonia case fatality rate | 3.6% | 360.0% | 3.3% | 3.6% | 4.2% | 3.6% | 3.5% |
| Child under 5 years severe acute malnutrition case fatality rate | 15.0% | 15.0% | 7.6% | 15.0% | 9.1% | 15.0% | 3.6% |
| School Grade 1 screening coverage (annualised) | 28.0% | 28.0% | 26.2% | 28.0% | 20.8% | 28.0% | 10.9% |
| School Grade 8 screening coverage (annualised) | 15.0% | 15.0% | 9.3% | 15.0% | 7.8% | 15.0% | 2.9% |
| Couple year protection rate (annualised) | 45.0% | 45.0% | 70.6% | 45.0% | 93.9% | 45.0% | 122.1% |
| Cervical cancer screening coverage (annualised) | 70.0% | 70.0% | 64.6% | 70.0% | 74.9% | 70.0% | 67.3% |
| Vitamin A 12-59 months coverage (annualised) | 55.0% | 55.0% | 47.4% | 55.0% | 43.4% | 55.0% | 57.9% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 55.0% | 55.0% | 33.1% | 55.0% | 37.1% | 55.0% | 36.7% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 100 000 | 15 000 | 607 551 | 35 000 | 756 148 | 35 000 | 80 826 |
| Clients screened for diabetes | 80 000 | 20 000 | 275 410 | 20 000 | 421 068 | 20 000 | 521 118 |
| Client screened for Mental Health | 1 | 1 | 103 864 | 1 | 216 889 | 1 | 498 944 |
| Cataract Surgery Rate annualised | 3 600.0 | 600.0 | 1 611.2 | 1 200.0 | 3 289.5 | 1 200.0 | 6 327.3 |
| Malaria case fatality rate | 0.5% | 0.5% | 0.2% | 0.5% | 0.8% | 0.5% | 0.4% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 85.0% | 85.0% | 75.5% | 85.0% | 71.1% | 85.0% | 72.3% |
| EMS P1 rural response under 40 minutes rate | 75.0% | 75.0% | 74.7% | 75.0% | 65.9% | 75.0% | 71.0% |
| EMS inter-facility transfer rate | 30.0% | 30.0% | 3.7% | 30.0% | 5.9% | 30.0% | 4.5% |

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

MPUMALANGA

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Average Length of Stay (Regional Hospitals) | 4.7 days | 4.7 days | 4.3 days | 4.7 days | 4.6 days | 4.7 days | 5.2 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 75.0% | 75.0% | 25.2% | 75.0% | 27.1% | 75.0% | 42.7% |
| Expenditure per PDE (Regional Hospitals) | R 2 722 | R 2 722 | R 3 198 | R 2 722 | R 3 199 | R 2 722 | R 3 857 |
| Complaints resolution rate (Regional Hospitals) | 90.0% | 90.0% | 77.2% | 90.0% | 78.6% | 90.0% | 25.0% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 90.0% | 90.0% | 93.2% | 90.0% | 100.0% | 90.0% | 100.0% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 90.0% | 90.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospitals) | 90.0% | 90.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Complaints resolution rate (Specialised Hospitals) | 90.0% | 90.0% | 40.0% | 90.0% | 100.0% | 90.0% | 100.0% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 90.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 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 (Tertiary Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | 100.0% | - | 0% | - | 0% | 100.0% | 0% |
| Average Length of Stay (Tertiary Hospitals) | 5.6 days | 5.6 days | 7.3 days | 5.6 days | 7.1 days | 5.6 days | 8.3 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 75.0% | 75.0% | 27.0% | 75.0% | 28.5% | 75.0% | 50.4% |
| Expenditure per PDE (Tertiary Hospitals) | R 3 414 | R 3 414 | R 3 013 | R 3 414 | R 3 079 | R 3 414 | R 2 711 |
| Complaints resolution rate (Tertiary Hospitals) | 90.0% | 90.0% | 75.9% | 90.0% | 87.2% | 90.0% | 83.8% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 90.0% | 90.0% | 100.0% | 90.0% | 76.5% | 90.0% | 58.1% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Quality improvement plan after self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Central Hospitals) | - | - | - | - | - | - | - |
| Patient Satisfaction Survey Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Average Length of Stay (Central Hospitals) | - | - | - | - | - | - | - |
| Inpatient Bed Utilisation Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Expenditure per PDE (Central Hospitals) | - | - | - | - | - | - | - |
| Complaints resolution rate (Central Hospitals) | - | - | - | - | - | - | - |
| Complaint Resolution within 25 working days rate (Central Hospitals) | - | - | - | - | - | - | - |

1. Information submitted by: Dr. S. Mohangi Head of Department: Health Mpumalanga: Tel (013) 766 3298

Mr. T. Mdzakane Director General: Office of the Premier Mpumalanga

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

NORTHERN CAPE

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 | 21.0% | - | 0% | 7.0% | 0% | 14.0% | 0% |
| Percentage of fixed PHC facilities with broadband access | 6.0% | - | 0% | 2.0% | 0% | 4.0% | 0% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 100.0% | 19.0% | 21.2% | 25.0% | 26.0% | 27.0% | 36.5% |
| Client Satisfaction Survey Rate (PHC) | 100.0% | 100.0% | 51.8% | 100.0% | 34.8% | 100.0% | 34.8% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| PHC utilisation rate | 2.5 | 2.5 | 2.5 | 2.5 | 2.4 | 2.5 | 2.2 |
| Complaints resolution rate (PHC) | 100.0% | 100.0% | 54.5% | 100.0% | 78.4% | 100.0% | 69.2% |
| Complaint resolution within 25 working days rate (PHC) | 80.0% | 80.0% | 96.4% | 80.0% | 86.9% | 80.0% | 127.0% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (District Hospitals) | 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% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Average Length of Stay (District Hospitals) | 350.0% | 350.0% | 3.5 days | 350.0% | 3.4 days | 350.0% | 1.9 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 60.0% | 60.0% | 60.4% | 60.0% | 62.8% | 60.0% | 52.0% |
| Expenditure per PDE (District Hospitals) | R 1 815 | R 1 815 | R 0 | R 1 815 | R 922 | R 1 815 | R 4 074 |
| Complaints resolution rate (District Hospitals) | 100.0% | 100.0% | 23.1% | 100.0% | 84.9% | 100.0% | 60.0% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 80.0% | 80.0% | 108.3% | 80.0% | 95.6% | 80.0% | 100.0% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART - Total | 55 575 | 46 127 | 46 468 | 49 461 | 46 005 | 52 240 | 42 885 |
| Total Children (under 15 years) remaining on ART - Total | 3 570 | 2 963 | 3 511 | 3 177 | 3 307 | 3 356 | 1 945 |
| TB/HIV co-infected client on ART rate | 100.0% | 100.0% | 77.7% | 100.0% | 83.4% | 100.0% | 75.6% |
| Client tested for HIV (incl ANC) | 215 259 | 60 273 | 68 972 | 62 425 | 56 454 | 45 204 | 34 925 |
| TB symptom 5yrs and older screened rate | 60.0% | 60.0% | 37.9% | 60.0% | 49.7% | 60.0% | 49.7% |
| Male condom distribution Coverage | 37 | 15 | 22 | 26 | 24 | 30 | 24 |
| Medical male circumcision performed - Total | 14 000 | 3 080 | 1 329 | 5 040 | 794 | 3 360 | 98 |
| TB client treatment success rate | 95.0% | 95.0% | 74.8% | 95.0% | 73.3% | 95.0% | 55.1% |
| TB client lost to follow up rate | 5.5% | 5.5% | 5.9% | 5.5% | 7.4% | 5.5% | 7.8% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 64.0% | 64.0% | 6.1% | 64.0% | 6.1% | 64.0% | 4.1% |
| Mother postnatal visit within 6 days rate | 60.0% | 60.0% | 57.4% | 60.0% | 59.9% | 60.0% | 73.3% |
| Infant 1st PCR test positive around 10 weeks rate | 1.7% | 1.7% | 2.2% | 1.7% | 1.4% | 1.7% | 0% |
| Immunisation under 1 year coverage (annualised) | 85.0% | 85.0% | 26.8% | 85.0% | 72.5% | 85.0% | 65.4% |
| Measles 2nd dose coverage (annualised) | 85.0% | 85.0% | 21.2% | 85.0% | 94.3% | 85.0% | 83.9% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | <13% | <13% | 28.8% | <13% | 36.8% | <13% | 38.3% |
| Child under 5 years diarrhoea case fatality rate | 2.5% | 2.5% | 14.0% | 2.5% | 2.4% | 2.5% | 7.2% |
| Child under 5 years pneumonia case fatality rate | 2.5% | 2.5% | 0% | 2.5% | 1.2% | 2.5% | 0% |
| Child under 5 years severe acute malnutrition case fatality rate | 8.5% | 8.5% | 8.7% | 8.5% | 2.9% | 8.5% | 3.2% |
| School Grade 1 screening coverage (annualised) | 10.0% | 10.0% | 24.6% | 10.0% | 12.5% | 10.0% | 6.6% |
| School Grade 8 screening coverage (annualised) | 10.0% | 10.0% | 11.0% | 10.0% | 13.2% | 10.0% | 0% |
| Couple year protection rate (annualised) | 45.0% | 45.0% | 39.9% | 45.0% | 39.7% | 45.0% | 32.0% |
| Cervical cancer screening coverage (annualised) | 40.0% | 40.0% | 23.8% | 40.0% | 31.4% | 40.0% | 27.9% |
| Vitamin A 12-59 months coverage (annualised) | 45.0% | 45.0% | 14.9% | 45.0% | 36.7% | 45.0% | 39.4% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 65.0% | 65.0% | 53.7% | 65.0% | 115.1% | 65.0% | 68.5% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 111 162 | 27 791 | 85 505 | 27 791 | 88 115 | 27 790 | 86 090 |
| Clients screened for diabetes | 98 071 | 20 595 | 36 678 | 25 126 | 37 896 | 21 948 | 43 214 |
| Client screened for Mental Health | 27 568 | 4 675 | 9 960 | 7 889 | 17 742 | 6 385 | 24 684 |
| Cataract Surgery Rate annualised | 1395/1000000 | 349/1000000 | 664.4 | 349/1000000 | 1 003.4 | 349/1000000 | 669.5 |
| Malaria case fatality rate | - | - | 0% | - | 0% | - | 0% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 60.0% | 60.0% | 40.2% | 60.0% | 49.7% | 60.0% | 22.4% |
| EMS P1 rural response under 40 minutes rate | 50.0% | 50.0% | 29.4% | 50.0% | 46.1% | 50.0% | 37.7% |
| EMS inter-facility transfer rate | 10.0% | 10.0% | 11.4% | 10.0% | 8.1% | 10.0% | 5.0% |

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter
 NORTHERN CAPE
 Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 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 Satisfaction Survey Rate (Regional Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Average Length of Stay (Regional Hospitals) | 4.8 days | 4.8 days | 5.7 days | 4.8 days | 6.6 days | 4.8 days | - |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 72.0% | 72.0% | 88.4% | 72.0% | 22.3% | 72.0% | 0% |
| Expenditure per PDE (Regional Hospitals) | R 3 400 | R 3 400 | R 0 | R 3 400 | R 13 447 | R 3 400 | R 0 |
| Complaints resolution rate (Regional Hospitals) | 100.0% | 100.0% | 37.5% | 100.0% | 37.5% | 100.0% | 0% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 80.0% | 80.0% | 100.0% | 80.0% | 0% | 80.0% | 0% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 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 (Spec | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 0% |
| Complaints resolution rate (Specialised Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 0% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 80.0% | 80.0% | 0% | 80.0% | 100.0% | 80.0% | 0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 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 Satisfaction Survey Rate (Tertiary Hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 0% | 100.0% | 0% |
| Average Length of Stay (Tertiary Hospitals) | 6.2 days | 6.2 days | 6.7 days | 6.2 days | 6.8 days | 6.2 days | 6.8 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 72.0% | 72.0% | 72.3% | 72.0% | 70.7% | 72.0% | 71.4% |
| Expenditure per PDE (Tertiary Hospitals) | R 3 923 | R 3 923 | R 4 319 | R 3 923 | R 3 779 | R 3 923 | R 3 510 |
| Complaints resolution rate (Tertiary Hospitals) | 100.0% | 100.0% | 68.0% | 100.0% | 100.0% | 100.0% | 125.0% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 80.0% | 80.0% | 94.1% | 80.0% | 64.3% | 80.0% | 66.7% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Quality improvement plan after self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | - | - | - | - | - | - | - |
| Patient Satisfaction Survey Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Average Length of Stay (Central Hospitals) | - | - | - | - | - | - | - |
| Inpatient Bed Utilisation Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Expenditure per PDE (Central Hospitals) | - | - | - | - | - | - | - |
| Complaints resolution rate (Central Hospitals) | - | - | - | - | - | - | - |
| Complaint Resolution within 25 working days rate (Central Hospitals) | - | - | - | - | - | - | - |

1. Information submitted by: E. Botes Head of Department: Health Northern Cape: Tel: (053) 830 0806

Adv. J. Bekkebeke Director General: Office of the Premier Northern Cape

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter
NORTH WEST
Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 | 33.0% | - | 0% | 20.0% | 0% | - | 0% |
| Percentage of fixed PHC facilities with broadband access | 15.0% | - | 0% | 10.0% | 0% | - | 0% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 40.0% | 25.0% | 19.6% | 30.0% | 50.5% | 35.0% | 63.3% |
| Client Satisfaction Survey Rate (PHC) | 75.0% | - | 0% | - | 3.8% | - | 0% |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | - | - | - | - | - | - | - |
| PHC utilisation rate | 2.2 | 2.2 | 2.3 | 2.2 | 2.2 | 2.2 | 2.9 |
| Complaints resolution rate (PHC) | 86.0% | 86.0% | 92.7% | 86.0% | 92.8% | 86.0% | 92.7% |
| Complaint resolution within 25 working days rate (PHC) | 85.0% | 85.0% | 100.4% | 85.0% | 99.3% | 85.0% | 98.2% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100.0% | 100.0% | 100.0% | - | 0% | - | 0% |
| Quality improvement plan after self assessment rate (District Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 33.0% | - | 0% | 16.0% | 0% | - | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Average Length of Stay (District Hospitals) | 2-4 days | 2-4 days | 4.9 days | 2-4 days | 4.7 days | 2-4 days | 4.7 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 65%-70% | 65%-70% | 22.6% | 65%-70% | 22.4% | 65%-70% | 33.1% |
| Expenditure per PDE (District Hospitals) | R2400 - R2500 | R2400-R2500 | R 2 506 | R2400-R2500 | R 2 571 | R2400-R2500 | R 2 437 |
| Complaints resolution rate (District Hospitals) | 85.0% | 85.0% | 95.2% | 85.0% | 94.9% | 85.0% | 95.2% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 93.0% | 93.0% | 99.0% | 93.0% | 100.0% | 93.0% | 100.0% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART – Total | 209 931 | 178 441 | 200 823 | 193 136 | 205 310 | 197 335 | 181 150 |
| Total Children (under 15 years) remaining on ART – Total | 13 400 | 11 390 | 11 444 | 12 328 | 12 344 | 12 596 | 7 752 |
| TB/HIV co-infected client on ART rate | 85.0% | 85.0% | 57.7% | 85.0% | 0% | 85.0% | 0% |
| Client tested for HIV (incl ANC) | 843 193 | 210 798 | 206 494 | 210 798 | 230 117 | 210 798 | 274 125 |
| TB symptom 5yrs and older screened rate | 75.0% | 75.0% | 17.7% | 75.0% | 0.2% | 75.0% | 47.2% |
| Male condom distribution Coverage | 38 | 38 | 35 | 38 | 40 | 38 | 61 |
| Medical male circumcision performed - Total | 48 774 | 12 194 | 8 111 | 12 194 | 10 838 | 12 194 | 3 519 |
| TB client treatment success rate | 85.0% | 85.0% | 84.9% | 85.0% | 81.0% | 85.0% | 73.7% |
| TB client lost to follow up rate | 5.0% | 5.0% | 5.5% | 5.0% | 6.6% | 5.0% | 3.6% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 65.0% | 65.0% | 64.6% | 65.0% | 66.3% | 65.0% | 62.7% |
| Mother postnatal visit within 6 days rate | 80.0% | 80.0% | 73.8% | 80.0% | 76.2% | 80.0% | 82.1% |
| Infant 1st PCR test positive around 10 weeks rate | 2.0% | 2.0% | 1.7% | 2.0% | 1.1% | 2.0% | 1.0% |
| Immunisation under 1 year coverage (annualised) | 90.0% | 90.0% | 73.8% | 90.0% | 72.3% | 90.0% | 101.0% |
| Measles 2nd dose coverage (annualised) | 90.0% | 90.0% | 78.5% | 90.0% | 85.4% | 90.0% | 113.6% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | 5.0% | 5.0% | - 612.5% | 5.0% | - 9.4% | 5.0% | - 14.0% |
| Child under 5 years diarrhoea case fatality rate | 3.2% | 3.2% | 5.7% | 3.2% | 2.4% | 3.2% | 3.6% |
| Child under 5 years pneumonia case fatality rate | 3.0% | 3.0% | 2.2% | 3.0% | 3.5% | 3.0% | 2.3% |
| Child under 5 years severe acute malnutrition case fatality rate | 10.0% | 10.0% | 15.6% | 10.0% | 9.9% | 10.0% | 7.7% |
| School Grade 1 screening coverage (annualised) | 50.0% | 20.0% | 105.9% | 10.0% | 35.1% | 10.0% | 77.3% |
| School Grade 8 screening coverage (annualised) | 30.0% | 10.0% | 66.9% | 5.0% | 49.1% | 3.0% | 31.6% |
| Couple year protection rate (annualised) | 40.0% | 40.0% | 41.9% | 40.0% | 46.0% | 40.0% | 66.8% |
| Cervical cancer screening coverage (annualised) | 70.0% | 70.0% | 61.5% | 70.0% | 71.8% | 70.0% | 77.4% |
| Vitamin A 12-59 months coverage (annualised) | 55.0% | 55.0% | 56.0% | 55.0% | 49.7% | 55.0% | 60.7% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 40.0% | 40.0% | 34.2% | 40.0% | 46.2% | 40.0% | 49.2% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 700 000 | 180 000 | 374 496 | 180 000 | 472 713 | 165 000 | 694 611 |
| Clients screened for diabetes | 415 000 | 100 000 | 257 110 | 125 000 | 331 576 | 90 000 | 509 105 |
| Client screened for Mental Health | 145 000 | 30 000 | 113 816 | 40 000 | 164 288 | 35 000 | 308 726 |
| Cataract Surgery Rate annualised | 600.0 | 600.0 | 640.5 | 600.0 | 884.5 | 600.0 | 915.0 |
| Malaria case fatality rate | - | - | 0% | - | 0% | - | 0% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 50.0% | 50.0% | 43.5% | 50.0% | 46.3% | 50.0% | 47.3% |
| EMS P1 rural response under 40 minutes rate | 50.0% | 50.0% | 50.4% | 50.0% | 51.3% | 50.0% | 57.2% |
| EMS inter-facility transfer rate | 30.0% | 30.0% | 33.3% | 30.0% | 34.2% | 30.0% | 25.1% |

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

NORTH WEST

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals) | 66.0% | - | 0% | 66.0% | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Average Length of Stay (Regional Hospitals) | 7 days | 7 days | 5.5 days | 7 days | 5.4 days | 7 days | 5.2 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 85.0% | - | 29.9% | 85.0% | 28.9% | 85.0% | 44.4% |
| Expenditure per PDE (Regional Hospitals) | R 2 500 | R 2 500 | R 2 746 | R 2 500 | R 2 911 | R 2 500 | R 3 988 |
| Complaints resolution rate (Regional Hospitals) | 75.0% | 75.0% | 95.6% | 75.0% | 94.4% | 75.0% | 97.3% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 90.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospitals) | 50.0% | - | 0% | 50.0% | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Complaints resolution rate (Specialised Hospitals) | 90.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 90.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospitals) | 100.0% | - | 0% | 100.0% | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Average Length of Stay (Tertiary Hospitals) | 7 days | 7 days | 7.0 days | 7 days | 7.3 days | 7 days | 7.1 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 83%-88% | 83%-88% | 25.9% | 83%-88% | 25.0% | 83%-88% | 42.4% |
| Expenditure per PDE (Tertiary Hospitals) | R 2 600 | R 2 600 | R 2 644 | R 2 600 | R 3 175 | R 2 600 | R 5 229 |
| Complaints resolution rate (Tertiary Hospitals) | 80.0% | 80.0% | 95.0% | 80.0% | 96.0% | 80.0% | 95.3% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 90.0% | 90.0% | 100.0% | 90.0% | 97.9% | 90.0% | 100.0% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Quality improvement plan after self assessment rate (Central Hospitals) | - | - | - | - | - | - | - |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Central Hospitals) | - | - | - | - | - | - | - |
| Patient Satisfaction Survey Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Average Length of Stay (Central Hospitals) | - | - | - | - | - | - | - |
| Inpatient Bed Utilisation Rate (Central Hospitals) | - | - | - | - | - | - | - |
| Expenditure per PDE (Central Hospitals) | - | - | - | - | - | - | - |
| Complaints resolution rate (Central Hospitals) | - | - | - | - | - | - | - |
| Complaint Resolution within 25 working days rate (Central Hospitals) | - | - | - | - | - | - | - |

1. Information submitted by: Dr. A. T. Lelakala Head of Department: Health North West: Tel: (018) 391 4053

Dr. K. L. Sebebo Director General: Office of the Premier North West

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

WESTERN CAPE

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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% | 42.9% | 50.0% | 42.9% | 57.1% | 42.9% | 64.3% |
| Percentage of fixed PHC facilities with broadband access | 25.3% | 26.1% | 66.7% | 26.1% | 73.5% | 26.1% | 80.9% |
| Programme 2: District Health Services | | | | | | | |
| District Management | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard | 14.5% | 5.0% | 0% | 13.6% | 0% | 18.8% | 0% |
| Client Satisfaction Survey Rate (PHC) | 84.4% | 1.1% | 4.0% | 1.9% | 25.3% | 46.3% | 24.9% |
| OHH registration visit coverage (annualised) | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape |
| Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape | Not applicable in the W Cape |
| PHC utilisation rate | 2.3 | 2.2 | 2.3 | 2.3 | 2.2 | 2.2 | 2.4 |
| Complaints resolution rate (PHC) | 92.4% | 91.9% | 93.6% | 92.8% | 97.2% | 92.6% | 96.0% |
| Complaint resolution within 25 working days rate (PHC) | 95.3% | 94.8% | 97.8% | 95.7% | 96.3% | 95.0% | 97.8% |
| District Hospitals | | | | | | | |
| National Core Standards self assessment rate (District Hospitals) | 100.0% | - | 14.7% | 2.9% | 17.6% | 58.8% | 35.3% |
| Quality improvement plan after self assessment rate (District Hospitals) | 97.1% | - | 20.0% | - | 50.0% | 55.9% | 25.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 8.8% | - | 20.0% | - | 0% | 5.9% | 0% |
| Client Satisfaction Survey Rate (District Hospitals) | 100.0% | - | 0% | 5.9% | 11.8% | 61.8% | 14.7% |
| Average Length of Stay (District Hospitals) | 330.0% | 330.0% | 3.2 days | 330.0% | 3.2 days | 330.0% | 3.2 days |
| Inpatient Bed Utilisation Rate (District Hospitals) | 90.4% | 90.9% | 85.3% | 90.3% | 85.7% | 90.2% | 83.9% |
| Expenditure per PDE (District Hospitals) | R 2 015 | R 2 032 | R 1 968 | R 2 037 | R 2 113 | R 2 044 | R 2 152 |
| Complaints resolution rate (District Hospitals) | 93.2% | 92.8% | 95.4% | 93.3% | 97.5% | 93.5% | 94.1% |
| Complaint Resolution within 25 working days rate (District Hospitals) | 92.4% | 92.8% | 90.1% | 93.1% | 89.8% | 92.0% | 92.9% |
| HIV and AIDS, STI and TB (HAST) | | | | | | | |
| Adults remaining on ART – Total | 214 978 | 185 872 | 201 432 | 195 458 | 207 551 | 204 970 | 212 331 |
| Total Children (under 15 years) remaining on ART – Total | 8 521 | 7 735 | 8 049 | 8 008 | 8 041 | 8 269 | 7 913 |
| TB/HIV co-infected client on ART rate | 88.3% | 87.5% | 89.5% | 89.3% | 85.0% | 87.6% | 86.9% |
| Client tested for HIV (incl ANC) | 1247 531 | 290 363 | 327 902 | 338 582 | 354 006 | 311 968 | 373 005 |
| TB symptom 5yrs and older screened rate | 14.6% | 14.4% | 25.1% | 14.8% | 30.5% | 14.5% | 31.9% |
| Male condom distribution Coverage | 43 | 41 | 52 | 43 | 52 | 44 | 46 |
| Medical male circumcision performed - Total | 23 560 | 6 022 | 2 932 | 6 010 | 3 619 | 5 642 | 2 975 |
| TB client treatment success rate | 86.0% | 85.4% | 83.8% | 86.9% | 83.9% | 84.5% | 83.2% |
| TB client lost to follow up rate | 7.9% | 7.1% | 9.6% | 7.6% | 9.4% | 8.7% | 9.5% |
| Maternal, Child and Women's Health and Nutrition (MCWH&N) | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 66.9% | 66.8% | 68.2% | 67.0% | 70.0% | 66.7% | 71.6% |
| Mother postnatal visit within 6 days rate | 77.4% | 76.7% | 56.9% | 77.6% | 60.7% | 77.7% | 61.3% |
| Infant 1st PCR test positive around 10 weeks rate | 1.3% | 1.3% | 0.7% | 1.3% | 0.9% | 1.3% | 1.0% |
| Immunisation under 1 year coverage (annualised) | 98.3% | 97.7% | 89.3% | 96.9% | 81.9% | 97.7% | 80.1% |
| Measles 2nd dose coverage (annualised) | 79.9% | 78.1% | 113.3% | 80.2% | 94.6% | 78.7% | 85.9% |
| DTaP-IPV-Hib-HBV 3- Measles 1st dose drop-out rate | 2.6% | 2.6% | 54.8% | 2.6% | 23.9% | 2.6% | 9.5% |
| Child under 5 years diarrhoea case fatality rate | 0.2% | 0.1% | 0.4% | 0.1% | 0.3% | 0.1% | 0.2% |
| Child under 5 years pneumonia case fatality rate | 0.3% | 0.3% | 0.4% | 0.3% | 0.2% | 0.3% | 0.4% |
| Child under 5 years severe acute malnutrition case fatality rate | 1.7% | 1.8% | 0% | 1.8% | 2.7% | 1.5% | 1.0% |
| School Grade 1 screening coverage (annualised) | 4589 000.0% | 1257 300.0% | 73.0% | 1460 100.0% | 1 299 100.0% | 933 000.0% | 1 123 300.0% |
| School Grade 8 screening coverage (annualised) | 784 500.0% | 177 900.0% | 18.0% | 217 200.0% | 171 900.0% | 230 100.0% | 139 500.0% |
| Couple year protection rate (annualised) | 58.4% | 59.6% | 58.7% | 59.2% | 59.2% | 57.3% | 54.1% |
| Cervical cancer screening coverage (annualised) | 57.6% | 54.8% | 52.4% | 61.7% | 61.9% | 56.4% | 59.8% |
| Vitamin A 12-59 months coverage (annualised) | 48.1% | 47.4% | 53.6% | 48.3% | 49.5% | 46.8% | 36.7% |
| Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate | 28.2% | 22.5% | 31.1% | 22.4% | 33.2% | 22.4% | 34.1% |
| Disease Prevention and Control | | | | | | | |
| Clients screened for hypertension | 8 210 | 2 053 | 27 983 | 2 053 | 95 778 | 2 053 | 136 787 |
| Clients screened for diabetes | 41 049 | 10 262 | 22 345 | 10 262 | 75 392 | 10 262 | 101 924 |
| Client screened for Mental Health | 0 | 0 | - | 0 | - | 0 | - |
| Cataract Surgery Rate annualised | 1 661.0 | 1 684.0 | 1 894.5 | 1 729.0 | 1 753.3 | 1 690.0 | 1 820.6 |
| Malaria case fatality rate | 2.3% | 1.7% | 0% | 1.7% | 0% | 1.7% | 2.6% |
| Programme 3: Emergency Medical Services (EMS) | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 67.0% | 67.0% | 58.7% | 67.0% | 56.6% | 67.0% | 56.9% |
| EMS P1 rural response under 40 minutes rate | 84.0% | 84.0% | 78.2% | 84.0% | 79.0% | 84.0% | 80.2% |
| EMS inter-facility transfer rate | 40.0% | 40.0% | 40.8% | 40.0% | 38.6% | 40.0% | 38.6% |

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 3rd Quarter

WESTERN CAPE

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2016/17 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 4: Provincial Hospital Services | | | | | | | |
| Regional Hospitals | | | | | | | |
| National Core Standards self assessment rate (Regional Hospitals) | 100.0% | - | 0% | - | 20.0% | - | 60.0% |
| Quality improvement plan after self assessment rate (Regional Hospitals) | 100.0% | - | 0% | - | 20.0% | - | 20.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals) | 100.0% | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Regional Hospitals) | 100.0% | - | 0% | - | 0% | - | 40.0% |
| Average Length of Stay (Regional Hospitals) | 3.9 days | 3.9 days | 4.0 days | 3.8 days | 3.9 days | 3.9 days | 4.0 days |
| Inpatient Bed Utilisation Rate (Regional Hospitals) | 84.7% | 86.7% | 89.6% | 84.3% | 88.2% | 84.4% | 90.7% |
| Expenditure per PDE (Regional Hospitals) | R 3 039 | R 2 927 | R 2 747 | R 2 842 | R 2 993 | R 2 862 | R 2 836 |
| Complaints resolution rate (Regional Hospitals) | 99.0% | 98.9% | 100.0% | 98.9% | 97.7% | 100.0% | 100.0% |
| Complaint Resolution within 25 working days rate (Regional Hospitals) | 98.3% | 98.9% | 96.3% | 98.9% | 98.8% | 96.8% | 97.1% |
| Specialised Hospitals | | | | | | | |
| National Core Standards self assessment rate (Specialised Hospitals) | 90.9% | - | 18.2% | - | 9.1% | - | 54.5% |
| Quality improvement plan after self assessment rate (Specialised Hospitals) | 100.0% | - | 0% | - | 100.0% | - | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospitals) | 40.0% | - | 0% | - | 0% | - | 0% |
| Patient Satisfaction Survey Rate (Specialised Hospitals) | 100.0% | - | 0% | - | 9.1% | - | 100.0% |
| Complaints resolution rate (Specialised Hospitals) | 99.5% | 98.0% | 100.0% | 100.0% | 100.0% | 100.0% | 90.9% |
| Complaint Resolution within 25 working days rate (Specialised Hospitals) | 98.4% | 98.0% | 100.0% | 97.8% | 95.9% | 98.1% | 100.0% |
| Programme 5: Central Hospital Services (C&THS) | | | | | | | |
| Provincial Tertiary Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Tertiary Hospitals) | Yes | No | - | No | - | No | - |
| Quality improvement plan after self assessment rate (Tertiary Hospitals) | Yes | No | - | No | - | No | - |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospitals) | Yes | No | - | No | - | No | - |
| Patient Satisfaction Survey Rate (Tertiary Hospitals) | Yes | No | - | No | - | No | - |
| Average Length of Stay (Tertiary Hospitals) | 4.0 days | 4.0 days | 4.0 days | 4.1 days | 4.2 days | 3.9 days | 4.0 days |
| Inpatient Bed Utilisation Rate (Tertiary Hospitals) | 83.0% | 83.6% | 83.2% | 84.3% | 80.4% | 80.9% | 78.4% |
| Expenditure per PDE (Tertiary Hospitals) | R 5 485 | R 5 485 | R 5 054 | R 5 274 | R 5 437 | R 5 485 | R 5 923 |
| Complaints resolution rate (Tertiary Hospitals) | 96.0% | 95.5% | 100.0% | 95.5% | 100.0% | 95.5% | 100.0% |
| Complaint Resolution within 25 working days rate (Tertiary Hospitals) | 83.0% | 83.3% | 93.5% | 83.3% | 95.7% | 83.3% | 97.2% |
| Provincial Central Hospitals Services | | | | | | | |
| National Core Standards self assessment rate (Central Hospitals) | 100.0% | - | - | - | - | - | - |
| Quality improvement plan after self assessment rate (Central Hospitals) | 100.0% | - | - | - | - | - | - |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Central Hospitals) | 100.0% | - | - | - | - | - | - |
| Patient Satisfaction Survey Rate (Central Hospitals) | 100.0% | - | - | - | - | - | - |
| Average Length of Stay (Central Hospitals) | 6.2 days | 6.2 days | 6.5 days | 6.4 days | 6.4 days | 6.1 days | 6.4 days |
| Inpatient Bed Utilisation Rate (Central Hospitals) | 86.5% | 86.9% | 87.5% | 87.6% | 89.1% | 84.7% | 87.3% |
| Expenditure per PDE (Central Hospitals) | R 4 870 | R 4 870 | R 4 569 | R 4 723 | R 4 724 | R 4 870 | R 4 823 |
| Complaints resolution rate (Central Hospitals) | 88.5% | 88.6% | 98.7% | 88.6% | 100.0% | 88.2% | 100.0% |
| Complaint Resolution within 25 working days rate (Central Hospitals) | 86.6% | 86.6% | 91.4% | 86.6% | 82.3% | 86.6% | 91.3% |

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

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