

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter
EASTERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

| Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|

QUARTERLY OUTPUTS

| | | | | | | | | |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|
| Programme 1: Administration | | | | | | | | |
| Percentage of Hospitals with broadband access | 50.0% | 10.0% | 0% | 25.0% | 0% | 35.0% | 0% | 65.6% |
| Percentage of fixed PHC facilities with broadband access | 49.0% | 10.0% | 0% | 25.0% | 15.0% | 34.0% | 0% | 13.6% |
| Programme 2: District Health Services | | | | | | | | |
| District Management | | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard | 10.4% | 2.0% | 0% | 5.0% | 0% | 8.0% | 3.7% | 0% |
| Patient Experience of Care rate (PHC Facilities) | 73.0% | 73.0% | 0% | 73.0% | 0% | 73.0% | 0% | 54.4% |
| Number of Districts with District Clinical Specialist Teams (DCSTs) | 8 | 2 | 5 | 4 | 6 | - | 8 | - |
| PHC utilisation rate | 2.8 | 0.0 | 2.7 | 0.0 | 2.8 | 2.8 | 2.7 | 2.7 |
| Complaints resolution rate | 92.0% | 92.0% | 78.1% | 92.0% | 78.1% | 92.0% | 82.4% | 83.9% |
| Complaint resolution within 25 working days rate | 80.0% | 80.0% | 96.9% | 80.0% | 96.3% | 80.0% | 97.8% | 98.2% |
| HIV and AIDS, TB and STI control | | | | | | | | |
| Total clients remaining on ART | 355 531 | 320 748 | 328 595 | 332 341 | 342 216 | 343 936 | 351 068 | 352 485 |
| Client tested for HIV (incl ANC) | 1 300 648 | 325 162 | 371 232 | 325 162 | 445 939 | 325 162 | 441 988 | 455 289 |
| TB symptom Svrs and older screened rate | 70.0% | 70.0% | 0% | 70.0% | 0% | 70.0% | 0% | 49.1% |
| Male condom distribution Rate (annualised) | 38 | 38 | 48 | 38 | 58 | 38 | 60 | 50 |
| Female condom distribution Rate (annualised) | 1 | 1 | 1 | 32 | 1 | 1 | 1 | 1 |
| Medical male circumcision performed - Total | 49 000 | 133 | 3 091 | 1 | 3 603 | 21 067 | 7 961 | 1 245 |
| TB new client treatment success rate | 82.0% | 82.0% | 83.5% | 82.0% | 83.6% | 82.0% | 84.0% | 82.0% |
| TB client lost to follow up rate | 6.8% | 6.8% | 6.3% | 6.8% | 6.3% | 6.8% | 6.9% | 6.8% |
| Maternal, child and women health | | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 50.0% | 50.0% | 54.3% | 50.0% | 59.6% | 50.0% | 62.8% | 61.9% |
| Mother postnatal visit within 6 days rate | 55.0% | 55.0% | 56.9% | 55.0% | 56.9% | 55.0% | 59.2% | 60.6% |
| Infant 1st PCR test positive around 6 weeks rate | 1.5% | 1.5% | 0.7% | 1.5% | 1.6% | 1.5% | 1.8% | 3.4% |
| Immunisation coverage under 1 year (annualised) | 90.0% | 90.0% | 82.4% | 90.0% | 85.9% | 90.0% | 86.8% | 89.2% |
| Measles 2nd dose coverage (annualised) | 90.0% | 90.0% | 75.5% | 90.0% | 88.6% | 90.0% | 83.0% | 86.0% |
| DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | 0.5% | 0.5% | 9.4% | 0.5% | 25.7% | 0.5% | 25.0% | 34.8% |
| Child under 5 years diarrhoea case fatality rate | 5.6% | 5.6% | 4.9% | 5.6% | 3.3% | 5.6% | 3.0% | 3.0% |
| Child under 5 years pneumonia case fatality rate | 4.0% | 4.0% | 2.4% | 4.0% | 3.7% | 4.0% | 3.9% | 4.1% |
| Child under 5 years severe acute malnutrition case fatality rate | 10.0% | 10.0% | 13.2% | 10.0% | 10.8% | 10.0% | 8.6% | 8.1% |
| School Grade R screening coverage (annualised) | 10.0% | 2.0% | 0% | 3.0% | 0.8% | 6.0% | 9.8% | 3.4% |
| School Grade 1 screening coverage (annualised) | 27.4% | 16.0% | 7.0% | 22.0% | 9.9% | 18.0% | 15.7% | 3.4% |
| School Grade 8 screening coverage (annualised) | 10.0% | 2.0% | 3.6% | 4.0% | 5.6% | 8.0% | 5.4% | 1.5% |
| Couple year protection rate (annualised) | 63.0% | - | 0% | - | 0% | - | 0% | 48.8% |
| Cervical cancer screening coverage (annualised) | 44.0% | 44.0% | 64.9% | 44.0% | 65.0% | 44.0% | 58.4% | 55.5% |
| Vitamin A 12-59 months coverage (annualised) | 55.0% | 55.0% | 57.2% | 55.0% | 73.5% | 55.0% | 60.5% | 51.0% |
| District Hospitals | | | | | | | | |
| National Core Standards self assessment rate | 75.0% | 75.0% | 0% | 75.0% | 4.5% | 75.0% | 83.3% | 22.0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 90.9% | 63.6% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 35.0% | 10.0% | 0% | 15.0% | 0% | 25.0% | 0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 68.2% | 0% |
| Average Length of Stay | 4.9 days | 4.9 days | 5.2 days | 4.9 days | 5.2 days | 4.9 days | 5.0 days | 5.0 days |
| Inpatient Bed Utilisation Rate | 65.0% | 65.0% | 57.8% | 65.0% | 58.9% | 65.0% | 57.2% | 54.4% |
| Expenditure per PDE | R 2.166 | R 2.166 | R 1.910 | R 2.166 | R 2.030 | R 2.166 | R 1.842 | R 1.915 |
| Complaints resolution rate | 95.0% | 95.0% | 94.7% | 95.0% | 94.7% | 95.0% | 99.7% | 93.7% |
| Complaint resolution within 25 working days rate | 90.0% | 90.0% | 99.5% | 90.0% | 99.4% | 90.0% | 100.0% | 100.0% |
| Disease Prevention and Control | | | | | | | | |
| Clients screened for hypertension-25 years and older | 80 000 | 10 000 | 507 260 | 35 000 | 758 181 | 55 000 | 770 323 | 80 000 |
| Clients screened for diabetes- 5 years and older | 80 000 | 10 000 | 353 706 | 35 000 | 589 330 | 55 000 | 622 713 | 80 000 |
| Client screened for Mental disorders | 1.1% | 1.1% | 0.9% | 1.1% | 2.1% | 1.1% | 2.7% | 3.1% |
| Client treated for Mental Disorders new | 10.0% | 2.5% | 15.4% | 5.0% | 10.0% | 7.5% | 8.2% | 7.2% |
| Cataract Surgery Rate annualised | not measured | - | - | - | - | - | - | - |
| Malaria case fatality rate | not measured | - | 0% | - | 0% | - | 0% | 0% |
| Programme 3: Emergency Medical Services | | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 6.600.0% | 66.0% | 61.9% | 66.0% | 59.8% | 6.600.0% | 52.0% | 42.5% |
| EMS P1 rural response under 40 minutes rate | 66.0% | 66.0% | 42.4% | 66.0% | 50.0% | 66.0% | 45.0% | 53.5% |
| EMS inter-facility transfer rate | 30.0% | 30.0% | 27.5% | 30.0% | 29.3% | 30.0% | 29.2% | 31.3% |
| Programme 4: Provincial Hospital Services | | | | | | | | |
| General (regional) hospitals | | | | | | | | |
| National Core Standards self assessment rate | 75.0% | 75.0% | 0% | 75.0% | 0% | 75.0% | 60.0% | 40.0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 35.0% | 35.0% | 0% | 35.0% | 0% | 35.0% | 0% | 0% |
| Patient Experience of Care Survey Rate | 70.0% | 0% | 0% | - | 40.0% | - | 0% | 0% |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter
EASTERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 4.6 days | 4.6 days | 5.5 days | 4.6 days | 5.7 days | 4.6 days | 5.3 days | 4.6 days | 5.5 days |
| Inpatient Bed Utilisation Rate | 75.0% | 75.0% | 68.5% | 75.0% | 70.1% | 75.0% | 64.5% | 75.0% | 63.2% |
| Expenditure per PDE | R 2,181 | R 2,181 | R 1,320 | R 2,181 | R 1,556 | R 2,181 | R 1,318 | R 2,181 | R 1,615 |
| Complaints resolution rate | 90.0% | 90.0% | 89.1% | 90.0% | 83.8% | 90.0% | 89.2% | 90.0% | 83.3% |
| Complaint resolution within 25 working days rate | 80.0% | 80.0% | 99.5% | 80.0% | 99.0% | 80.0% | 98.4% | 80.0% | 100.0% |
| Programme 5: Central Hospital Services | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 50.0% | 100.0% | 50.0% | 100.0% | 100.0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Patient Experience of Care Survey Rate | 80.0% | 50.0% | 0% | 62.0% | 50.0% | 70.0% | 50.0% | 80.0% | 100.0% |
| Average Length of Stay | 5.5 days | 5.5 days | 6.0 days | 5.5 days | 5.9 days | 5.5 days | 5.7 days | 5.5 days | 6.1 days |
| Inpatient Bed Utilisation Rate | 75.0% | 75.0% | 75.6% | 75.0% | 77.4% | 75.0% | 75.9% | 75.0% | 74.7% |
| Expenditure per PDE | R 2,019 | R 2,019 | R 3,377 | R 2,019 | R 2,607 | R 2,019 | R 2,926 | R 2,019 | R 2,592 |
| Complaints resolution rate | 80.0% | 80.0% | 96.5% | 80.0% | 98.3% | 80.0% | 96.0% | 80.0% | 97.9% |
| Complaint resolution within 25 working days rate | 90.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 100.0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100.0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% | 100.0% | 0% |
| Patient Experience of Care Survey Rate | 80.0% | 60.0% | 0% | 70.0% | 0% | 75.0% | 0% | 80.0% | 0% |
| Average Length of Stay | 5.5 days | 5.5 days | 7.8 days | 5.5 days | 8.2 days | 5.5 days | 8.0 days | 5.5 days | 8.8 days |
| Inpatient Bed Utilisation Rate | 75.0% | 75.0% | 92.7% | 75.0% | 98.8% | 75.0% | 89.3% | 75.0% | 83.5% |
| Expenditure per PDE | R 2,019 | R 2,019 | R 4,402 | R 2,019 | R 4,119 | R 2,019 | R 3,834 | R 2,019 | R 4,065 |
| Complaints resolution rate | 80.0% | 80.0% | 100.0% | 80.0% | 96.8% | 80.0% | 99.2% | 80.0% | 82.7% |
| Complaint resolution within 25 working days rate | 90.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% | 90.0% | 100.0% |

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

Ms N.Y.M. Mhina-Mhembu - Director General: Office of the Premier: Eastern Cape

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

FREE STATE

Sector: Health

Programme / Subprogramme / Performance Measures

Target for
2015/16 as per
Annual
Performance
Plan (APP)

1st Quarter
Planned output
as per APP

1st Quarter
Actual output -
validated

2nd Quarter
Planned output
as per APP

2nd Quarter
Actual output -
validated

3rd Quarter
Planned output
as per APP

3rd Quarter
Actual output -
validated

4th Quarter
Planned output
as per APP

4th Quarter
Preliminary
output

QUARTERLY OUTPUTS

Programme 1: Administration

Percentage of Hospitals with broadband access
Percentage of fixed PHC facilities with broadband access

Programme 2: District Health Services

District Management

Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard
Patient Experience of Care rate (PHC Facilities)
Number of Districts with District Clinical Specialist Teams (DCSTs)
PHC utilisation rate
Complaints resolution rate
Complaint resolution within 25 working days rate

HIV and AIDS, TB and STI control

Total clients remaining on ART
Client tested for HIV (incl ANC)
TB symptom 5yrs and older screened rate
Male condom distribution Rate (annualised)
Female condom distribution Rate (annualised)
Medical male circumcision performed - Total
TB new client treatment success rate
TB client lost to follow up rate

Maternal, child and women health

Antenatal 1st visit before 20 weeks rate
Mother postnatal visit within 6 days rate
Infant 1st PCR test positive around 6 weeks rate
Immunisation coverage under 1 year (annualised)
Measles 2nd dose coverage (annualised)
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate
Child under 5 years diarrhoea case fatality rate
Child under 5 years pneumonia case fatality rate
Child under 5 years severe acute malnutrition case fatality rate
School Grade R screening coverage (annualised)
School Grade 1 screening coverage (annualised)
School Grade 8 screening coverage (annualised)
Contraception rate (annualised)
Cervical cancer screening coverage (annualised)
Vitamin A 12-59 months coverage (annualised)

District Hospitals

National Core Standards self assessment rate
Quality improvement plan after self assessment rate
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards
Patient Experience of Care Survey Rate
Average Length of Stay
Inpatient Bed Utilisation Rate
Expenditure per PDE
Complaints resolution rate
Complaint resolution within 25 working days rate

Disease Prevention and Control

Clients screened for hypertension-25 years and older
Clients screened for diabetes- 5 years and older
Client screened for Mental disorders
Client treated for Mental Disorders new
Cataract Surgery Rate annualised
Malaria case fatality rate

Programme 3: Emergency Medical Services

EMS P1 urban response under 15 minutes rate
EMS P1 rural response under 40 minutes rate
EMS inter-facility transfer rate

Programme 4: Provincial Hospital Services

General (regional) hospitals

National Core Standards self assessment rate
Quality improvement plan after self assessment rate
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards
Patient Experience of Care Survey Rate

| | | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | 25.0% | 0% | 0% | 0% | 0% | 0% | 0% | 25.0% | 6.5% |
| | 75.0% | 0% | 0% | 0% | 0% | 0% | 0% | 75.0% | 9.1% |
| | 10.0% | 2.0% | 8.2% | 3.0% | 1.0% | 3.0% | 4.0% | 2.0% | 21.0% |
| | 85.0% | 85.0% | 0% | 85.0% | 0% | 85.0% | 30.9% | 85.0% | 49.1% |
| | 5 | 5 | 5 | - | - | - | - | - | - |
| | 3.0 | 3.0 | 2.4 | 3.0 | 2.5 | 3.0 | 2.3 | 3.0 | 2.3 |
| | 85.0% | 85.0% | 95.3% | 85.0% | 80.1% | 85.0% | 64.3% | 85.0% | 77.7% |
| | 85.0% | 85.0% | 88.4% | 85.0% | 97.7% | 85.0% | 100.0% | 85.0% | 97.9% |
| | 191,180 | 172,832 | 174,191 | 178,814 | 184,340 | 184,986 | 189,067 | 191,180 | 190,269 |
| | 606,343 | 151,585 | 138,183 | 151,585 | 180,862 | 151,588 | 165,181 | 151,585 | 164,697 |
| | 65.0% | 65.0% | 92.6% | 65.0% | 86.5% | 65.0% | 113.8% | 65.0% | 91.6% |
| | 46 | 46 | 33 | 46 | 69 | 46 | 56 | 46 | 39 |
| | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 1 |
| | 74,498 | 11,640 | 10,384 | 34,920 | 11,243 | 6,984 | 6,052 | 20,952 | 4,214 |
| | 84.0% | 84.0% | 80.5% | 84.0% | 79.8% | 84.0% | 80.4% | 84.0% | 82.4% |
| | 4.5% | 4.5% | 5.3% | 4.5% | 5.4% | 4.5% | 5.4% | 4.5% | 5.0% |
| | 65.0% | 65.0% | 62.2% | 65.0% | 60.4% | 65.0% | 65.7% | 65.0% | 63.9% |
| | 82.0% | 82.0% | 74.2% | 82.0% | 72.3% | 82.0% | 72.8% | 82.0% | 74.1% |
| | <2% | <2% | 1.4% | <2% | 1.3% | <2% | 1.8% | <2% | 1.8% |
| | 95.0% | 95.0% | 84.2% | 95.0% | 83.7% | 95.0% | 84.0% | 95.0% | 84.0% |
| | 85.0% | 85.0% | 86.5% | 85.0% | 84.8% | 85.0% | 91.4% | 85.0% | 104.2% |
| | <10% | <10% | 109.5% | <10% | 103.2% | <10% | 12.9% | <10% | 44.8% |
| | <3% | <3% | 3.3% | <3% | 1.8% | <3% | 2.8% | <3% | 4.5% |
| | <3% | <3% | 1.5% | <3% | 2.3% | <3% | 3.2% | <3% | 4.5% |
| | 11.4% | 11.4% | 10.3% | 11.4% | 10.1% | 11.4% | 7.6% | 11.4% | 5.8% |
| | 30.0% | 30.0% | 32.6% | 30.0% | 16.2% | 30.0% | 29.0% | 30.0% | 5.7% |
| | 40.0% | 40.0% | 35.4% | 40.0% | 25.1% | 40.0% | 32.6% | 40.0% | 2.4% |
| | 35.0% | 35.0% | 48.0% | 35.0% | 23.2% | 35.0% | 21.3% | 35.0% | 11.4% |
| | 55.0% | 55.0% | 44.9% | 55.0% | 68.5% | 55.0% | 58.6% | 55.0% | 45.7% |
| | 60.0% | 60.0% | 49.0% | 60.0% | 72.6% | 60.0% | 53.5% | 60.0% | 61.5% |
| | 60.0% | 60.0% | 60.9% | 60.0% | 61.0% | 60.0% | 53.9% | 60.0% | 57.0% |
| | 50.0% | 10.0% | 12.5% | 20.0% | 16.7% | 15.0% | 4.2% | 5.0% | 0% |
| | 50.0% | 10.0% | 100.0% | 20.0% | 100.0% | 15.0% | 100.0% | 5.0% | 0% |
| | 50.0% | 0% | 0% | 0% | 0% | 0% | 0% | 50.0% | 0% |
| | 85.0% | 85.0% | 45.8% | 85.0% | 58.3% | 85.0% | 41.7% | 85.0% | 79.2% |
| | 3.5 days | 3.5 days | 3.3 days | 3.5 days | 3.0 days | 3.5 days | 3.3 days | 3.5 days | 3.4 days |
| | 70.0% | 70.0% | 70.0% | 70.0% | 56.4% | 70.0% | 63.1% | 70.0% | 59.5% |
| | R 2,000 | R 2,000 | R 2,038 | R 2,000 | R 2,464 | R 2,000 | R 2,039 | R 2,000 | R 2,224 |
| | 85.0% | 85.0% | 86.0% | 85.0% | 85.6% | 85.0% | 70.0% | 85.0% | 72.9% |
| | 85.0% | 85.0% | 89.2% | 85.0% | 94.1% | 85.0% | 97.4% | 85.0% | 98.0% |
| | 630,673 | 157,688 | 121,428 | 157,688 | 184,125 | 157,688 | 227,343 | 157,689 | 271,775 |
| | 630,673 | 157,688 | 74,105 | 157,688 | 120,780 | 157,688 | 141,125 | 157,689 | 186,779 |
| | 20.0% | 20.0% | 4.3% | 20.0% | 9.2% | 20.0% | 13.4% | 20.0% | 23.8% |
| | 90.0% | 90.0% | 1.4% | 90.0% | 1.2% | 90.0% | 1.6% | 90.0% | 0.8% |
| | 1,535.0 | 1,535.0 | 553.7 | 1,535.0 | 909.9 | 1,535.0 | 615.4 | 1,535.0 | 1,110.9 |
| | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | 50.0% | 50.0% | 30.5% | 50.0% | 29.7% | 50.0% | 29.8% | 50.0% | 32.6% |
| | 68.0% | 68.0% | 67.0% | 68.0% | 67.3% | 68.0% | 74.1% | 68.0% | 81.3% |
| | 12.0% | 12.0% | 9.4% | 12.0% | 9.2% | 12.0% | 7.8% | 12.0% | 10.3% |
| | 100.0% | 25.0% | 50.0% | 25.0% | 25.0% | 25.0% | 25.0% | 25.0% | 0% |
| | 100.0% | 25.0% | 100.0% | 25.0% | 100.0% | 25.0% | 100.0% | 25.0% | 0% |
| | 50.0% | 0% | 0% | 0% | 0% | 0% | 0% | 50.0% | 0% |
| | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

FREE STATE

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 5.0 days | 5.0 days | 5.2 days | 5.0 days | 5.4 days | 5.0 days | 5.0 days | 5.0 days | 5.1 days |
| Inpatient Bed Utilisation Rate | 75.0% | 75.0% | 65.2% | 75.0% | 66.6% | 75.0% | 64.2% | 75.0% | 57.9% |
| Expenditure per PDE | R 2,480 | R 2,480 | R 2,340 | R 2,480 | R 2,560 | R 2,480 | R 2,513 | R 2,480 | R 2,570 |
| Complaints resolution rate | 85.0% | 85.0% | 82.3% | 85.0% | 69.7% | 85.0% | 83.8% | 85.0% | 77.7% |
| Complaint resolution within 25 working days rate | 85.0% | 85.0% | 77.8% | 85.0% | 104.6% | 85.0% | 100.0% | 85.0% | 100.0% |
| Programme 5: Central Hospital Services | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 0% | 100.0% | 0% | 0% | 100.0% | 0% | 0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | 0% | 100.0% | 0% | 0% | 100.0% | 0% | 0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Patient Experience of Care Survey Rate | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% |
| Average Length of Stay | 8.5 days | 8.5 days | 6.7 days | 8.5 days | 6.3 days | 8.5 days | 5.4 days | 8.5 days | 5.8 days |
| Inpatient Bed Utilisation Rate | 80.0% | 80.0% | 77.1% | 80.0% | 82.9% | 80.0% | 78.7% | 80.0% | 75.6% |
| Expenditure per PDE | R 2,800 | R 2,800 | R 2,755 | R 2,800 | R 3,091 | R 2,800 | R 3,281 | R 2,800 | R 3,059 |
| Complaints resolution rate | 85.0% | 85.0% | 82.6% | 85.0% | 33.3% | 85.0% | 57.1% | 85.0% | 80.0% |
| Complaint resolution within 25 working days rate | 85.0% | 85.0% | 42.1% | 85.0% | 100.0% | 85.0% | 75.0% | 85.0% | 100.0% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 0% | 100.0% | 0% | 0% | 100.0% | 0% | 0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | 0% | 100.0% | 0% | 0% | 100.0% | 0% | 0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100.0% | 0% | 0% | 0% | 0% | 0% | 0% | 100.0% | 0% |
| Patient Experience of Care Survey Rate | 85.0% | 85.0% | 100.0% | 85.0% | 0% | 85.0% | 0% | 85.0% | 100.0% |
| Average Length of Stay | 7.5 days | 7.5 days | 7.3 days | 7.5 days | 6.7 days | 7.5 days | 7.3 days | 7.5 days | 7.4 days |
| Inpatient Bed Utilisation Rate | 77.0% | 77.0% | 74.3% | 77.0% | 72.7% | 77.0% | 65.8% | 77.0% | 62.6% |
| Expenditure per PDE | R 4,652 | R 4,652 | R 5,180 | R 4,652 | R 5,988 | R 4,652 | R 5,979 | R 4,652 | R 6,385 |
| Complaints resolution rate | 85.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 100.0% | 85.0% | 92.9% |
| Complaint resolution within 25 working days rate | 85.0% | 85.0% | 95.3% | 85.0% | 97.9% | 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. Rabibonane Director General- Office of the Premier Free State

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

GAUTENG

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Programme 1: Administration | | | | | | | | | |
| Percentage of Hospitals with broadband access | 50.0% | 28.0% | 0% | 38.0% | 50.0% | 11.0% | 88.2% | 22.0% | 74.3% |
| Percentage of fixed PHC facilities with broadband access | 1.0% | 0% | 0% | 0% | 10.8% | 0% | 0% | 1.0% | 45.3% |
| Programme 2: District Health Services | | | | | | | | | |
| District Management | | | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard | 1.3% | 0.3% | 2.8% | 0.3% | 7.9% | 0.3% | 4.5% | 0.3% | 25.7% |
| Patient Experience of Care rate (PHC Facilities) | 100.0% | 0% | 0% | 35.0% | 0% | 65.0% | 0% | 100.0% | 0% |
| Number of Districts with District Clinical Specialist Teams (DCSTs) | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| PHC utilisation rate | 2.5 | - | 1.7 | - | 1.7 | - | 1.8 | 2.5 | 1.8 |
| Complaints resolution rate | 90.0% | 0% | 85.7% | 0% | 86.8% | 0% | 78.8% | 90.0% | 88.8% |
| Complaint resolution within 25 working days rate | 80.0% | 0% | 98.1% | 0% | 78.1% | 0% | 91.0% | 80.0% | 91.8% |
| HIV and AIDS, TB and STI control | | | | | | | | | |
| Total clients remaining on ART | 746,678 | 674,169 | 701,219 | 696,338 | 723,773 | 722,568 | 742,807 | 746,678 | 740,220 |
| Client tested for HIV (incl ANC) | 2,119,906 | 529,976 | 541,378 | 529,978 | 625,347 | 529,976 | 840,999 | 529,976 | 735,399 |
| TB symptom 5yrs and older screened rate | 30.0% | 24.0% | 52.5% | 26.0% | 35.6% | 28.0% | 45.4% | 30.0% | 52.3% |
| Male condom distribution Rate (annualised) | 919,782,721 | 47,945,680 | 44 | 47,945,680 | 41 | 47,945,680 | 42 | 47,945,680 | 26 |
| Female condom distribution Rate (annualised) | 4,097,928 | 1,024,481 | 1 | 1,024,481 | 2 | 1,024,481 | 1 | 1,024,481 | 1 |
| Medical male circumcision performed - Total | 151 082 | 37 770 | - | 37 771 | - | 37 771 | - | 37 771 | - |
| TB new client treatment success rate | 86.0% | 86.0% | 86.1% | 86.0% | 86.9% | 86.0% | 87.0% | 86.0% | 87.0% |
| TB client lost to follow up rate | <5% | <5% | 5.2% | <5% | 5.0% | <5% | 5.2% | <5% | 5.2% |
| Maternal, child and women health | | | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 56.0% | 55.0% | 50.3% | 55.0% | 54.6% | 55.0% | 56.3% | 55.0% | 55.8% |
| Mother postnatal visit within 6 days rate | 87.0% | 87.0% | 79.0% | 87.0% | 83.3% | 87.0% | 83.5% | 87.0% | 94.5% |
| Infant 1st PCR test positive around 6 weeks rate | <2% | <2% | 1.4% | <2% | 1.3% | <2% | 1.7% | <2% | 1.8% |
| Immunisation coverage under 1 year (annualised) | 90.0% | 90.0% | 108.7% | 90.0% | 104.5% | 90.0% | 106.8% | 90.0% | 95.8% |
| Measles 2nd dose coverage (annualised) | 90.0% | 90.0% | 86.3% | 90.0% | 94.0% | 90.0% | 95.9% | 90.0% | 87.7% |
| DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | <10% | <10% | 3.4% | <10% | 93.5% | <10% | 11.2% | <10% | 0% |
| Child under 5 years diarrhoea case fatality rate | 3.0% | 3.0% | 2.0% | 3.0% | 1.7% | 3.0% | 1.7% | 3.0% | 1.7% |
| Child under 5 years pneumonia case fatality rate | 2.5% | 2.5% | 1.7% | 2.5% | 1.8% | 2.5% | 2.2% | 2.5% | 3.1% |
| Child under 5 years severe acute malnutrition case fatality rate | 7.0% | 7.0% | 10.2% | 7.0% | 6.4% | 7.0% | 7.0% | 7.0% | 4.4% |
| School Grade R screening coverage (annualised) | 10.0% | 10.0% | 3.8% | 10.0% | 6.6% | 10.0% | 21.9% | 10.0% | 5.9% |
| School Grade 1 screening coverage (annualised) | 40.0% | 40.0% | 27.3% | 40.0% | 14.6% | 40.0% | 23.4% | 40.0% | 2.6% |
| School Grade 8 screening coverage (annualised) | 20.0% | 20.0% | 10.0% | 20.0% | 9.7% | 20.0% | 66.5% | 20.0% | 52.3% |
| Couple year protection rate (annualised) | 50.0% | 50.0% | 46.8% | 50.0% | 45.5% | 50.0% | 44.1% | 50.0% | 32.5% |
| Cervical cancer screening coverage (annualised) | 55.0% | 55.0% | 42.2% | 55.0% | 46.7% | 55.0% | 46.6% | 55.0% | 44.8% |
| Vitamin A 12-59 months coverage (annualised) | 0% | 60.0% | 42.7% | 60.0% | 46.9% | 60.0% | 47.9% | 60.0% | 49.5% |
| District Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 36.4% | 100.0% | 27.3% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 80.0% | 80.0% | 25.0% | 80.0% | 100.0% | 80.0% | 0% | 80.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 27.0% | 27.0% | 0% | 27.0% | 0% | 27.0% | 0% | 27.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 0% | 0% | 45.0% | 0% | 75.0% | 0% | 100.0% | 0% |
| Average Length of Stay | 4.0 days | 4.0 days | 3.4 days | 4.0 days | 3.2 days | 4.0 days | 3.3 days | 4.0 days | 3.5 days |
| Inpatient Bed Utilisation Rate | 80.0% | 80.0% | 65.8% | 80.0% | 66.2% | 80.0% | 65.1% | 80.0% | 66.8% |
| Expenditure per PDE | R 2,500 | R 2,500 | R 2,366 | R 2,500 | R 2,406 | R 2,500 | R 2,592 | R 2,500 | R 2,363 |
| Complaints resolution rate | 80.0% | 80.0% | 92.4% | 80.0% | 91.7% | 80.0% | 89.8% | 80.0% | 78.1% |
| Complaint resolution within 25 working days rate | 68.0% | 68.0% | 99.2% | 68.0% | 100.0% | 68.0% | 99.5% | 68.0% | 94.7% |
| Disease Prevention and Control | | | | | | | | | |
| Clients screened for hypertension-25 years and older | 58,800 | 14,000 | 7,613 | 14,000 | 683,943 | 14,000 | 1,162,750 | 14,000 | 1,329,285 |
| Clients screened for diabetes- 5 years and older | 58,800 | 14,000 | 7,613 | 14,000 | 335,245 | 14,000 | 671,554 | 14,000 | 812,040 |
| Client screened for Mental disorders | 2.0% | 2.0% | 0% | 2.0% | 1.8% | 2.0% | 5.4% | 2.0% | 7.6% |
| Client treated for Mental Disorders new | 3.0% | 3.0% | 0% | 3.0% | 2.1% | 3.0% | 1.2% | 3.0% | 1.7% |
| Cesarean Surgery Rate annualised | 1300mil | 1300mil | - | 1300mil | - | 1300mil | - | 1300mil | - |
| Malaria case fatality rate | <0.3% | <0.3% | 0% | <0.3% | 1.4% | <0.3% | 1.0% | <0.3% | 1.4% |
| Programme 3: Emergency Medical Services | | | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 85.0% | 85.0% | 79.6% | 85.0% | 76.7% | 85.0% | 80.1% | 85.0% | 84.8% |
| EMS P1 rural response under 40 minutes rate | 100.0% | 100.0% | 69.8% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 86.4% |
| EMS inter-facility transfer rate | 12.0% | 10.5% | 26.0% | 11.0% | 27.7% | 11.5% | 29.4% | 12.0% | 29.4% |
| Programme 4: Provincial Hospital Services | | | | | | | | | |
| General (regional) hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 33.3% | 100.0% | 22.2% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 0% | 35.0% | 33.3% | 50.0% | 100.0% | 55.0% | 0% | 70.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 33.0% | 22.0% | 0% | 22.0% | 0% | 22.0% | 0% | 33.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 0% | 0% | 40.0% | 0% | 60.0% | 0% | 100.0% | 0% |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

GAUTENG

Sector: Health

Programme / Subprogramme / Performance Measures

| | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 4.8 days | 4.8 days | 3.6 days | 4.8 days | 3.7 days | 4.8 days | 3.4 days | 4.8 days | 3.6 days |
| Inpatient Bed Utilisation Rate | 80.0% | 80.0% | 86.1% | 80.0% | 86.1% | 80.0% | 81.7% | 80.0% | 80.1% |
| Expenditure per PDE | R 2,250 | R 2,250 | R 2,476 | R 2,250 | R 2,566 | R 2,250 | R 2,466 | R 2,250 | R 2,166 |
| Complaints resolution rate | 86.0% | 86.0% | 86.0% | 86.0% | 92.1% | 86.0% | 93.4% | 86.0% | 94.8% |
| Complaint resolution within 25 working days rate | 80.0% | 80.0% | 100.5% | 80.0% | 100.0% | 80.0% | 99.6% | 80.0% | 102.0% |
| Programme 5: Central Hospital Services | | | | | | | | | |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 33.0% | 33.3% | 66.0% | 33.3% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | 33.0% | 0% | 66.0% | 100.0% | 100.0% | 0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 33.0% | 0% | 0% | 0% | 0% | 33.0% | 0% | 33.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 0% | 0% | 33.0% | 0% | 66.0% | 0% | 100.0% | 0% |
| Average Length of Stay | 5.4 days | 5.4 days | 5.0 days | 5.4 days | 5.0 days | 5.4 days | 4.9 days | 5.4 days | 5.0 days |
| Inpatient Bed Utilisation Rate | 82.0% | 80.0% | 84.3% | 80.0% | 86.2% | 82.0% | 85.0% | 82.0% | 80.9% |
| Expenditure per PDE | R 2,625 | R 2,625 | R 2,729 | R 2,625 | R 2,476 | R 2,625 | R 2,704 | R 2,625 | R 2,323 |
| Complaints resolution rate | 85.6% | 85.6% | 92.1% | 85.6% | 86.7% | 85.6% | 86.1% | 85.6% | 73.2% |
| Complaint resolution within 25 working days rate | 68.0% | 68.0% | 100.0% | 68.0% | 100.0% | 68.0% | 82.2% | 68.0% | 100.0% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 50.0% | 100.0% | 25.0% | 100.0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 75.0% | 0% | 0% | 0% | 0% | 0% | 0% | 75.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 0% | 0% | 0% | 0% | 25.0% | 0% | 100.0% | 0% |
| Average Length of Stay | 6.0 days | 6.0 days | 5.5 days | 6.0 days | 5.3 days | 6.0 days | 5.5 days | 6.0 days | 5.7 days |
| Inpatient Bed Utilisation Rate | 80.0% | 80.0% | 79.3% | 80.0% | 79.6% | 80.0% | 78.3% | 80.0% | 74.6% |
| Expenditure per PDE | R 2,250 | R 2,250 | R 3,737 | R 2,250 | R 2,607 | R 2,250 | R 3,944 | R 2,250 | R 3,767 |
| Complaints resolution rate | 80.0% | 80.0% | 80.3% | 80.0% | 88.6% | 80.0% | 86.1% | 80.0% | 97.8% |
| Complaint resolution within 25 working days rate | 90.0% | 90.0% | 77.9% | 90.0% | 100.0% | 90.0% | 95.5% | 90.0% | 82.0% |

1. Information submitted by: Dr T.E. Sibane Head of Department: Health: Gauteng: Tel: (011) 355 3857

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

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Programme 1: Administration | | | | | | | | | |
| Percentage of Hospitals with broadband access | 90.0% | 50.0% | 47.4% | 65.0% | 48.7% | 80.0% | 51.3% | 90.0% | 51.3% |
| Percentage of fixed PHC facilities with broadband access | 45.0% | 32.0% | 24.0% | 35.0% | 24.0% | 40.0% | 22.5% | 45.0% | 22.5% |
| Programme 2: District Health Services | | | | | | | | | |
| District Management | | | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard | 20.0% | 8.0% | 0% | 12.0% | 10.1% | 15.0% | 16.4% | 20.0% | 93.4% |
| Patient Experience of Care rate (PHC Facilities) | 100.0% | 25.0% | 31.7% | 50.0% | 30.8% | 75.0% | 23.5% | 100.0% | 30.3% |
| Number of Districts with District Clinical Specialist Teams (DCSTs) | 2 | 1 | - | 1 | - | 1 | - | 2 | - |
| PHC utilisation rate | 3.0 | 3.0 | 3.0 | 3.0 | 2.9 | 3.0 | 2.7 | 3.0 | 2.8 |
| Complaints resolution rate | 80.0% | 77.0% | 78.0% | 78.0% | 84.4% | 79.0% | 78.6% | 80.0% | 83.7% |
| Complaint resolution within 25 working days rate | 90.0% | 90.0% | 95.4% | 90.0% | 95.1% | 90.0% | 88.9% | 90.0% | 93.4% |
| HIV and AIDS, TB and STI control | | | | | | | | | |
| Total clients remaining on ART | 1,276,200 | 1,097,968 | 991,700 | 1,157,380 | 1,028,595 | 1,216,792 | 1,047,868 | 1,276,200 | 1,042,818 |
| Client tested for HIV (incl ANC) | 2,067,065 | 516,766 | 593,193 | 1,033,532 | 634,843 | 1,550,299 | 853,143 | 2,067,065 | 652,514 |
| TB symptom 5yrs and older screened rate | 20.0% | 5.0% | 0% | 10.0% | 0% | 15.0% | 16.4% | 20.0% | 17.1% |
| Male condom distribution Rate (annualised) | 63 | 16 | 47 | 32 | 50 | 48 | 58 | 63 | 50 |
| Female condom distribution Rate (annualised) | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 1 |
| Medical male circumcision performed - Total | 631 374 | 460 000 | 40 305 | 520 000 | 38 998 | 570 000 | 22 545 | 631 374 | 22 190 |
| TB new client treatment success rate | 85.0% | 85.0% | 85.0% | 85.0% | 76.2% | 85.0% | 83.2% | 85.0% | 81.3% |
| TB client lost to follow up rate | 3.9% | 3.9% | 4.2% | 3.9% | 3.4% | 3.9% | 4.0% | 3.9% | 4.2% |
| Maternal, child and women health | | | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 60.0% | 57.0% | 60.1% | 58.0% | 66.3% | 59.0% | 66.2% | 60.0% | 64.8% |
| Mother postnatal visit within 6 days rate | 74.4% | 72.0% | 69.9% | 73.0% | 70.5% | 74.0% | 69.9% | 74.4% | 74.1% |
| Infant 1st PCR test positive around 6 weeks rate | <1 | 1.4% | 1.0% | 1.2% | 1.2% | 1.0% | 1.2% | <1 | 1.7% |
| Immunisation coverage under 1 year (annualised) | 90.0% | 89.0% | 92.4% | 90.0% | 85.1% | 90.0% | 86.1% | 90.0% | 76.0% |
| Measles 2nd dose coverage (annualised) | 85.0% | 79.0% | 85.7% | 81.0% | 86.1% | 83.0% | 82.1% | 85.0% | 78.6% |
| DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | 7.0% | 8.0% | 3.7% | 7.8% | 13.5% | 7.4% | 16.5% | 7.0% | 22.4% |
| Child under 5 years diarrhoea case fatality rate | 3.2% | 3.3% | 3.0% | 3.2% | 2.0% | 3.2% | 2.1% | 3.2% | 1.9% |
| Child under 5 years pneumonia case fatality rate | 2.4% | 3.0% | 3.2% | 2.8% | 3.2% | 2.6% | 3.1% | 2.4% | 2.2% |
| Child under 5 years severe acute malnutrition case fatality rate | 8.0% | 8.0% | 9.3% | 8.0% | 7.7% | 8.0% | 7.6% | 8.0% | 5.5% |
| School Grade R screening coverage (annualised) | 40.0% | 35.0% | 57.2% | 37.0% | 4.9% | 38.0% | 6.7% | 40.0% | 1.5% |
| School Grade 1 screening coverage (annualised) | 55.0% | 42.0% | 0% | 47.0% | 19.1% | 50.0% | 20.3% | 55.0% | 6.7% |
| School Grade 8 screening coverage (annualised) | 40.0% | 35.0% | 18.6% | 37.0% | 8.3% | 38.0% | 7.4% | 40.0% | 5.0% |
| Couple year protection rate (annualised) | 55.0% | 46.0% | 47.5% | 48.0% | 50.0% | 49.0% | 53.8% | 55.0% | 48.4% |
| Cervical cancer screening coverage (annualised) | 75.0% | 75.0% | 63.9% | 75.0% | 81.9% | 75.0% | 74.0% | 75.0% | 72.3% |
| Vitamin A 12-59 months coverage (annualised) | 60.0% | 50.0% | 70.6% | 54.0% | 68.6% | 56.0% | 53.3% | 60.0% | 59.2% |
| District Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 25.0% | 36.8% | 50.0% | 7.9% | 75.0% | 34.2% | 100.0% | 7.9% |
| Quality improvement plan after self assessment rate | 100.0% | 25.0% | 85.7% | 50.0% | 0% | 75.0% | 69.2% | 100.0% | 166.7% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 14.0% | 0% | 0% | 3.0% | 0% | 10.0% | 7.7% | 14.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 25.0% | 68.8% | 50.0% | 50.0% | 75.0% | 81.6% | 100.0% | 57.9% |
| Average Length of Stay | 5.8 days | 5.8 days | 5.8 days | 5.8 days | 5.7 days | 5.8 days | 5.7 days | 5.8 days | 5.7 days |
| Inpatient Bed Utilisation Rate | 64.7% | 64.0% | 62.3% | 64.3% | 64.3% | 64.3% | 59.1% | 64.7% | 58.1% |
| Expenditure per PDE | R 1,808 | R 1,930 | R 2,019 | R 1,900 | R 1,979 | R 1,850 | R 2,006 | R 1,808 | R 2,281 |
| Complaints resolution rate | 75.0% | 75.0% | 80.4% | 75.0% | 71.4% | 75.0% | 85.0% | 75.0% | 83.6% |
| Complaint resolution within 25 working days rate | 85.0% | 85.0% | 86.0% | 85.0% | 95.5% | 85.0% | 94.0% | 85.0% | 90.0% |
| Disease Prevention and Control | | | | | | | | | |
| Clients screened for hypertension-25 years and older | establish b/l | establish b/l | 1,417,215 | establish b/l | 1,823,742 | establish b/l | 2,040,907 | B/l established | 2,136,438 |
| Clients screened for diabetes- 5 years and older | establish b/l | establish b/l | 859,545 | establish b/l | 1,225,814 | establish b/l | 1,600,703 | B/l established | 1,773,480 |
| Client screened for Mental disorders | establish b/l | establish b/l | 1.3% | establish b/l | 2.3% | establish b/l | 4.0% | B/l established | 6.5% |
| Client treated for Mental Disorders new | establish b/l | establish b/l | 2.5% | establish b/l | 3.1% | establish b/l | 1.3% | B/l established | 1.1% |
| Cataract Surgery Rate annualised | 930.0 | 233.0 | 635.0 | 466.0 | 600.0 | 699.0 | 559.4 | 930.0 | - |
| Malaria case fatality rate | <0.5 | <0.5 | 0.8% | <0.5 | 0% | <0.5 | 2.1% | <0.5 | 1.1% |
| Programme 3: Emergency Medical Services | | | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 6.5% | 6.0% | 4.8% | 6.2% | 5.1% | 6.4% | 5.0% | 6.5% | 5.0% |
| EMS P1 rural response under 40 minutes rate | 33.0% | 31.0% | 33.3% | 31.6% | 32.4% | 32.4% | 32.6% | 33.0% | 32.6% |
| EMS inter-facility transfer rate | 37.0% | 32.0% | 40.6% | 34.0% | 41.6% | 36.0% | 40.7% | 37.0% | 40.7% |
| Programme 4: Provincial Hospital Services | | | | | | | | | |
| General (regional) hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 25.0% | 61.5% | 50.0% | 0% | 75.0% | 38.5% | 100.0% | 7.7% |
| Quality improvement plan after self assessment rate | 100.0% | 25.0% | 0% | 50.0% | 0% | 75.0% | 60.0% | 100.0% | 200.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 23.0% | 10.0% | 37.5% | 10.0% | 0% | 23.0% | 0% | 23.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 25.0% | 100.0% | 50.0% | 38.5% | 75.0% | 100.0% | 100.0% | 53.8% |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 6.1 days | 6.1 days | 6.4 days | 6.1 days | 6.4 days | 6.1 days | 6.2 days | 6.1 days | 6.3 days |
| Inpatient Bed Utilisation Rate | 76.1% | 76.7% | 78.0% | 76.5% | 76.1% | 76.3% | 73.3% | 76.1% | 64.4% |
| Expenditure per PDE | R 2,225 | R 2,300 | R 2,733 | R 2,280 | R 2,623 | R 2,260 | R 2,925 | R 2,225 | R 3,428 |
| Complaints resolution rate | 80.0% | 80.0% | 78.1% | 80.0% | 86.3% | 80.0% | 84.1% | 80.0% | 76.3% |
| Complaint resolution within 25 working days rate | 95.0% | 94.0% | 98.0% | 94.0% | 98.0% | 94.5% | 100.0% | 95.0% | 95.3% |
| Programme 5: Central Hospital Services | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 50.0% | 33.3% | 50.0% | 0% | 50.0% | 66.7% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | 50.0% | 0% | 50.0% | 0% | 50.0% | 0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 50.0% | 0% | 100.0% | 0% | 0% | 0% | 50.0% | 50.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 50.0% | 66.7% | 50.0% | 66.7% | 50.0% | 66.7% | 100.0% | 0% |
| Average Length of Stay | 9.6 days | 9.9 days | 7.7 days | 9.8 days | 7.8 days | 9.7 days | 7.5 days | 9.6 days | 8.1 days |
| Inpatient Bed Utilisation Rate | 84.0% | 84.0% | 76.4% | 84.0% | 73.0% | 84.0% | 71.6% | 84.0% | 54.3% |
| Expenditure per PDE | R 4,377 | R 5,000 | R 2,685 | R 4,800 | R 2,876 | R 4,500 | R 3,492 | R 4,377 | R 4,749 |
| Complaints resolution rate | 78.0% | 74.5% | 81.1% | 75.0% | 84.8% | 75.0% | 75.5% | 78.0% | 76.5% |
| Complaint resolution within 25 working days rate | 100.0% | 100.0% | 100.0% | 100.0% | 98.1% | 100.0% | 92.8% | 100.0% | 96.2% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 0% | 0% | 0% | 0% | 0% | 0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 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 | 100.0% | 0% | 0% | 0% | 0% | 0% | 100.0% | 100.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 0% | 0% | 0% | 0% | 0% | 100.0% | 100.0% | 0% |
| Average Length of Stay | 8.5 days | 8.5 days | 8.7 days | 8.5 days | 8.5 days | 8.5 days | 8.2 days | 8.5 days | 9.3 days |
| Inpatient Bed Utilisation Rate | 70.0% | 69.0% | 66.8% | 69.3% | 67.1% | 69.7% | 64.8% | 70.0% | 64.8% |
| Expenditure per PDE | R 7,651 | R 7,651 | R 8,791 | R 7,651 | R 8,033 | R 7,651 | R 8,062 | R 7,651 | R 7,806 |
| Complaints resolution rate | 80.0% | 75.0% | 25.0% | 76.0% | 96.2% | 78.0% | 84.6% | 80.0% | 100.0% |
| Complaint resolution within 25 working days rate | 100.0% | 100.0% | 100.0% | 100.0% | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% |

1. Information submitted by: Dr S.T. Mthali Head of Department: Health KwaZulu Natal Tel: (033) 305 2199

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

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

LIMPOPO

Sector: Health

Programme / Subprogramme / Performance Measures

Target for 2015/16 as per Annual Performance Plan (APP)

1st Quarter Planned output as per APP

1st Quarter Actual output - validated

2nd Quarter Planned output as per APP

2nd Quarter Actual output - validated

3rd Quarter Planned output as per APP

3rd Quarter Actual output - validated

4th Quarter Planned output as per APP

4th Quarter Preliminary output

QUARTERLY OUTPUTS

Programme 1: Administration

Percentage of Hospitals with broadband access
Percentage of fixed PHC facilities with broadband access

Programme 2: District Health Services

District Management

Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard
Patient Experience of Care rate (PHC Facilities)
Number of Districts with District Clinical Specialist Teams (DCSTs)
PHC utilisation rate
Complaints resolution rate
Complaint resolution within 25 working days rate

HIV and AIDS, TB and STI control

Total clients remaining on ART
Client tested for HIV (incl ANC)
TB symptom 5yrs and older screened rate
Male condom distribution Rate (annualised)
Female condom distribution Rate (annualised)
Medical male circumcision performed - Total
TB new client treatment success rate
TB client lost to follow up rate

Maternal, child and women health

Antenatal 1st visit before 20 weeks rate
Mother postnatal visit within 6 days rate
Infant 1st PCR test positive around 6 weeks rate
Immunisation coverage under 1 year (annualised)
Measles 2nd dose coverage (annualised)
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate
Child under 5 years diarrhoea case fatality rate
Child under 5 years pneumonia case fatality rate
Child under 5 years severe acute malnutrition case fatality rate
School Grade R screening coverage (annualised)
School Grade 1 screening coverage (annualised)
School Grade 8 screening coverage (annualised)
Contraception rate (annualised)
Cervical cancer screening coverage (annualised)
Vitamin A 12-59 months coverage (annualised)

District Hospitals

National Core Standards self assessment rate
Quality improvement plan after self assessment rate
Patient Experience of Care Survey Rate
Average Length of Stay
Inpatient Bed Utilisation Rate
Expenditure per PDE
Complaints resolution rate
Complaint resolution within 25 working days rate

Disease Prevention and Control

Clients screened for hypertension-25 years and older
Clients screened for diabetes- 5 years and older
Client screened for Mental disorders
Client treated for Mental Disorders new
Cataract Surgery Rate annualised
Malaria case fatality rate

Programme 3: Emergency Medical Services

EMS P1 urban response under 15 minutes rate
EMS P1 rural response under 40 minutes rate
EMS inter-facility transfer rate

Programme 4: Provincial Hospital Services

General (regional) hospitals

National Core Standards self assessment rate
Quality improvement plan after self assessment rate
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards
Patient Experience of Care Survey Rate

| | | | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| Percentage of Hospitals with broadband access | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |
| Percentage of fixed PHC facilities with broadband access | 30.0% | 5.0% | 18.2% | 5.0% | 20.3% | 5.0% | 26.6% | 15.0% | 27.0% | |
| Programme 2: District Health Services | | | | | | | | | | |
| District Management | | | | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard | 10.0% | 2.0% | 5.0% | 4.0% | 0% | 6.0% | 1.1% | 10.0% | 10.6% | |
| Patient Experience of Care rate (PHC Facilities) | 70.0% | N/A | 0% | N/A | 0% | N/A | 0% | 25.0% | 75.0% | |
| Number of Districts with District Clinical Specialist Teams (DCSTs) | 5 | 5 | - | 5 | - | 5 | - | 5 | 5 | |
| PHC utilisation rate | 2.8 | 2.8 | 2.5 | 2.8 | 2.6 | 2.8 | 2.5 | 2.8 | 2.3 | |
| Complaints resolution rate | 100.0% | 100.0% | 68.0% | 100.0% | 80.5% | 100.0% | 76.5% | 100.0% | 79.7% | |
| Complaint resolution within 25 working days rate | 94.0% | 94.0% | 96.0% | 94.0% | 96.5% | 94.0% | 98.0% | 94.0% | 91.2% | |
| HIV and AIDS, TB and STI control | | | | | | | | | | |
| Total clients remaining on ART | 248,500 | 221,500 | 235,000 | 230,500 | 246,228 | 239,500 | 248,578 | 248,500 | 253,093 | |
| Client tested for HIV (incl ANC) | 995,342 | 248,836 | 172,931 | 248,836 | 367,136 | 248,835 | 362,593 | 248,835 | 393,945 | |
| TB symptom 5yrs and older screened rate | 70.0% | 70.0% | 64.1% | 70.0% | 70.2% | 70.0% | 74.8% | 70.0% | 70.1% | |
| Male condom distribution Rate (annualised) | 36 | 36 | 38 | 36 | 49 | 36 | 53 | 36 | 50 | |
| Female condom distribution Rate (annualised) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Medical male circumcision performed - Total | 62,000 | 4,000 | 12,578 | 52,000 | 50,721 | 4,000 | 7,132 | 2,000 | 2,567 | |
| TB new client treatment success rate | 7,605.0% | 76.5% | 75.5% | 76.5% | 81.9% | 76.5% | 80.0% | 76.5% | 82.2% | |
| TB client lost to follow up rate | <5 | <5 | 4.1% | <5 | 5.4% | <5 | 6.1% | <5 | 4.5% | |
| Maternal, child and women health | | | | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 46.0% | 46.0% | 78.7% | 46.0% | 62.1% | 46.0% | 64.3% | 46.0% | 62.3% | |
| Mother postnatal visit within 6 days rate | 75.0% | 75.0% | 63.3% | 75.0% | 68.0% | 75.0% | 68.4% | 75.0% | 68.8% | |
| Infant 1st PCR test positive around 6 weeks rate | <1 | <1 | 2.5% | <1 | 2.1% | <1 | 2.1% | <1 | 1.6% | |
| Immunisation coverage under 1 year (annualised) | 90.0% | 90.0% | 79.2% | 90.0% | 78.8% | 90.0% | 80.3% | 90.0% | 74.2% | |
| Measles 2nd dose coverage (annualised) | 85.0% | 85.0% | 73.6% | 85.0% | 85.2% | 85.0% | 89.0% | 85.0% | 98.6% | |
| DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | 15.0% | 18.0% | 276.9% | 17.0% | 13.9% | 16.0% | 48.0% | 15.0% | 56.0% | |
| Child under 5 years diarrhoea case fatality rate | 5.0% | 5.0% | 4.4% | 5.0% | 2.5% | 5.0% | 3.3% | 5.0% | 2.1% | |
| Child under 5 years pneumonia case fatality rate | 4.5% | 4.5% | 2.8% | 4.5% | 3.3% | 4.5% | 2.7% | 4.5% | 5.5% | |
| Child under 5 years severe acute malnutrition case fatality rate | 15.0% | 15.0% | 16.5% | 15.0% | 10.5% | 15.0% | 10.2% | 5.0% | 7.8% | |
| School Grade R screening coverage (annualised) | 20.0% | 10.0% | 0% | 15.0% | 0.9% | 18.0% | 20.7% | 20.0% | 3.7% | |
| School Grade 1 screening coverage (annualised) | 20.0% | 10.0% | 46.4% | 15.0% | 30.6% | 20.0% | 20.3% | 20.0% | 5.8% | |
| School Grade 8 screening coverage (annualised) | 20.0% | 10.0% | 16.3% | 15.0% | 16.6% | 20.0% | 7.2% | 20.0% | 2.7% | |
| Contraception rate (annualised) | 46.0% | 46.0% | 21.4% | 46.0% | 49.8% | 46.0% | 51.6% | 46.0% | 49.2% | |
| Cervical cancer screening coverage (annualised) | 57.0% | 57.0% | 44.8% | 57.0% | 55.5% | 57.0% | 48.6% | 57.0% | 48.5% | |
| Vitamin A 12-59 months coverage (annualised) | 38.0% | 38.0% | 48.1% | 38.0% | 53.9% | 38.0% | 44.1% | 38.0% | 52.3% | |
| District Hospitals | | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 23.0% | 23.3% | 50.0% | 70.0% | 77.0% | 73.3% | 100.0% | 96.7% | |
| Quality improvement plan after self assessment rate | 100.0% | 23.0% | 71.4% | 50.0% | 0% | 77.0% | 90.9% | 100.0% | 100.0% | |
| Patient Experience of Care Survey Rate | 66.7% | 16.7% | 0% | 33.0% | 0% | 50.0% | 0% | 66.7% | 0% | |
| Average Length of Stay | 100.0% | N/A | 0% | N/A | 0% | N/A | 0% | 100.0% | 100.0% | |
| Inpatient Bed Utilisation Rate | 4.3 days | 4.3 days | 4.1 days | 4.3 days | 4.1 days | 4.3 days | 4.1 days | 4.3 days | 4.0 days | |
| Expenditure per PDE | 72.0% | 72.0% | 23.4% | 72.0% | 23.4% | 72.0% | 23.7% | 72.0% | 35.5% | |
| Complaints resolution rate | R 2,200 | R 2,200 | R 2,231 | R 2,200 | R 2,300 | R 2,200 | R 2,076 | R 2,200 | R 2,866 | |
| Complaint resolution within 25 working days rate | 100.0% | 100.0% | 89.6% | 100.0% | 92.2% | 100.0% | 94.4% | 100.0% | 83.3% | |
| Complaint resolution within 25 working days rate | 100.0% | 100.0% | 91.7% | 100.0% | 97.3% | 100.0% | 99.7% | 100.0% | 100.5% | |
| Disease Prevention and Control | | | | | | | | | | |
| Clients screened for hypertension-25 years and older | 250,000 | 62,500 | - | 62,500 | 619,868 | 62,500 | 597,605 | 62,500 | 844,211 | |
| Clients screened for diabetes- 5 years and older | 200,000 | 50,000 | - | 50,000 | 245,081 | 50,000 | 323,251 | 50,000 | 402,347 | |
| Client screened for Mental disorders | 28.0% | 28.0% | 1.5% | 28.0% | 4.4% | 28.0% | 6.2% | 28.0% | 7.2% | |
| Client treated for Mental Disorders new | 28.0% | 28.0% | 3.6% | 28.0% | 1.9% | 28.0% | 1.5% | 28.0% | 2.0% | |
| Cataract Surgery Rate annualised | 1,500.0 | 375.0 | - | 375.0 | - | 375.0 | - | 375.0 | - | |
| Malaria case fatality rate | 1.2% | 1.2% | 0.7% | 1.2% | 0.5% | 1.2% | 1.9% | 1.2% | 1.0% | |
| Programme 3: Emergency Medical Services | | | | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 59.5% | 50.0% | 87.7% | 53.0% | 73.7% | 56.0% | 61.7% | 59.5% | 52.1% | |
| EMS P1 rural response under 40 minutes rate | 61.5% | 53.0% | 72.1% | 55.0% | 6.7% | 57.0% | 71.4% | 61.0% | 67.1% | |
| EMS inter-facility transfer rate | 7.9% | 7.9% | 22.9% | 7.9% | 19.7% | 7.9% | 18.0% | 7.9% | 14.1% | |
| Programme 4: Provincial Hospital Services | | | | | | | | | | |
| General (regional) hospitals | | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 40.0% | 40.0% | 60.0% | 40.0% | 80.0% | 60.0% | 100.0% | 100.0% | |
| Quality improvement plan after self assessment rate | 100.0% | 40.0% | 50.0% | 60.0% | 100.0% | 80.0% | 0% | 100.0% | 100.0% | |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 40.0% | 40.0% | 0% | 40.0% | 0% | 40.0% | 0% | 40.0% | 0% | |
| Patient Experience of Care Survey Rate | 100.0% | N/A | 0% | N/A | 0% | N/A | 0% | 100.0% | 100.0% | |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

LIMPOPO

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 5.0 days | 5.0 days | 4.7 days | 5.0 days | 4.8 days | 5.0 days | 4.6 days | 5.0 days | 5.0 days |
| Inpatient Bed Utilisation Rate | 68.0% | 68.0% | 20.5% | 68.0% | 25.0% | 68.0% | 24.1% | 68.0% | 37.8% |
| Expenditure per PDE | R 2,697 | R 2,697 | R 2,472 | R 2,697 | R 1,831 | R 2,697 | R 1,831 | R 2,697 | R 218 |
| Complaints resolution rate | 100.0% | 100.0% | 89.4% | 100.0% | 92.0% | 100.0% | 80.0% | 100.0% | 89.4% |
| Complaint resolution within 25 working days rate | 100.0% | 100.0% | 95.5% | 100.0% | 94.6% | 100.0% | 100.0% | 100.0% | 100.0% |
| Programme 5: Central Hospital Services | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 50.0% | 50.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100.0% | 50.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% |
| Patient Experience of Care Survey Rate | 100.0% | N/A | 0% | N/A | 0% | N/A | 0% | 100.0% | 100.0% |
| Average Length of Stay | 7.0 days | 7.0 days | 6.8 days | 7.0 days | 7.1 days | 7.0 days | 6.6 days | 7.0 days | 7.1 days |
| Inpatient Bed Utilisation Rate | 77.0% | 77.0% | 25.2% | 77.0% | 27.2% | 77.0% | 26.0% | 77.0% | 36.9% |
| Expenditure per PDE | R 3,600 | R 3,600 | R 3,624 | R 3,600 | R 3,666 | R 3,600 | R 3,589 | R 3,600 | R 2,641 |
| Complaints resolution rate | 100.0% | 100.0% | 100.0% | 100.0% | 94.3% | 100.0% | 85.9% | 100.0% | 89.1% |
| Complaint resolution within 25 working days rate | 95.0% | 95.0% | 100.0% | 95.0% | 100.0% | 95.0% | 98.4% | 95.0% | 100.0% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | | | | | | | | | |
| Quality improvement plan after self assessment rate | | | | | | | | | |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | | | | | | | | | |
| Patient Experience of Care Survey Rate | | | | | | | | | |
| Average Length of Stay | | | | | | | | | |
| Inpatient Bed Utilisation Rate | | | | | | | | | |
| Expenditure per PDE | | | | | | | | | |
| Complaints resolution rate | | | | | | | | | |
| Complaint resolution within 25 working days rate | | | | | | | | | |

1. Information submitted by: Dr NP Ngaphola Head of Department: Health Limpopo. Tel: (015) 2936294

Mr Nchababeng Acting Director General Office of the Premier Limpopo

* This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

MPUMALANGA

Sector: Health

Programme / Subprogramme / Performance Measures

| Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|

QUARTERLY OUTPUTS

Programme 1: Administration

Percentage of Hospitals with broadband access
 Percentage of fixed PHC facilities with broadband access

Programme 2: District Health Services

District Management

Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard
 Patient Experience of Care rate (PHC Facilities)
 Number of Districts with District Clinical Specialist Teams (DCSTs)
 PHC utilisation rate
 Complaints resolution rate
 Complaint resolution within 25 working days rate

HIV and AIDS, TB and STI control

Total clients remaining on ART
 Client tested for HIV (incl ANC)
 TB symptom 5yrs and older screened rate
 Male condom distribution Rate (annualised)
 Female condom distribution Rate (annualised)
 Medical male circumcision performed - Total
 TB new client treatment success rate
 TB client lost to follow up rate

Maternal, child and women health

Antenatal 1st visit before 20 weeks rate
 Mother postnatal visit within 6 days rate
 Infant 1st PCR test positive around 6 weeks rate
 Immunisation coverage under 1 year (annualised)
 Measles 2nd dose coverage (annualised)
 DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate
 Child under 5 years diarrhoea case fatality rate
 Child under 5 years pneumonia case fatality rate
 Child under 5 years severe acute malnutrition case fatality rate
 School Grade R screening coverage (annualised)
 School Grade 1 screening coverage (annualised)
 School Grade 8 screening coverage (annualised)
 Couple year protection rate (annualised)
 Cervical cancer screening coverage (annualised)
 Vitamin A 12-59 months coverage (annualised)

District Hospitals

National Core Standards self assessment rate
 Quality improvement plan after self assessment rate
 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards
 Patient Experience of Care Survey Rate
 Average Length of Stay
 Inpatient Bed Utilisation Rate
 Expenditure per PDE
 Complaints resolution rate
 Complaint resolution within 25 working days rate

Disease Prevention and Control

Clients screened for hypertension-25 years and older
 Clients screened for diabetes - 5 years and older
 Client screened for Mental disorders
 Client treated for Mental Disorders new
 Cataract Surgery Rate annualised
 Malaria case fatality rate

Programme 3: Emergency Medical Services

EMS P1 urban response under 15 minutes rate
 EMS P1 rural response under 40 minutes rate
 EMS inter-facility transfer rate

Programme 4: Provincial Hospital Services

General (regional) hospitals

National Core Standards self assessment rate
 Quality improvement plan after self assessment rate
 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards
 Patient Experience of Care Survey Rate

| | | | | | | | | |
|--------------|---------------|----------|---------------|----------|---------------|----------|--------------|----------|
| 100.0% | 100.0% | 100.0% | 100.0% | 15.2% | 100.0% | 15.2% | 100.0% | 15.2% |
| 50.0% | 35.0% | 35.8% | 43.0% | 28.5% | 46.0% | 28.5% | 50.0% | 28.5% |
| 10% (28/278) | Annual Target | 0% | Annual Target | 0% | Annual Target | 0% | 10% (28/278) | 0% |
| 75.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 81.0% | 75.0% | 81.0% |
| 1 | Annual Target | - | Annual Target | - | Annual Target | - | 1 | - |
| 2.5 | 2.5 | 2.3 | 2.5 | 2.2 | 2.5 | 2.2 | 2.5 | 1.9 |
| 85.0% | 85.0% | 55.3% | 85.0% | 69.1% | 85.0% | 65.6% | 85.0% | 61.5% |
| 85.0% | 85.0% | 92.4% | 85.0% | 98.9% | 85.0% | 97.5% | 85.0% | 90.2% |
| 354,991 | 88,745 | 257,217 | 88,745 | 308,226 | 88,745 | 318,298 | 88,745 | 322,546 |
| 1,949,598 | 487,399 | 220,824 | 487,399 | 249,014 | 487,399 | 240,657 | 487,399 | 216,641 |
| >95% | >95% | 2.9% | >95% | 0% | >95% | 0% | >95% | 0% |
| 20 per male | 20 per male | 49 | 20 per male | 66 | 20 per male | 75 | 20 per male | 67 |
| 1,238,628 | 309,657 | 1 | 309,657 | 1 | 309,657 | 1 | 309,657 | 1 |
| 150,000 | 35,000 | 8,278 | 60,000 | 11,205 | 20,000 | 3,062 | 35,000 | 2,517 |
| >85% | >85% | 85.8% | >85% | 86.1% | >85% | 90.6% | >85% | 90.0% |
| <5% | <5% | 4.7% | <5% | 3.9% | <5% | 3.4% | <5% | 4.2% |
| 55.0% | 51.3% | 58.8% | 52.5% | 67.4% | 53.8% | 68.0% | 55.0% | 69.2% |
| 60.0% | 52.5% | 62.9% | 55.0% | 62.2% | 57.5% | 65.5% | 60.0% | 59.4% |
| <2% | <2% | 1.3% | <2% | 1.7% | <2% | 2.0% | <2% | 1.8% |
| 90.0% | 90.0% | 88.3% | 90.0% | 84.0% | 90.0% | 87.0% | 90.0% | 79.5% |
| 90.0% | 90.0% | 70.4% | 90.0% | 77.8% | 90.0% | 79.2% | 90.0% | 81.0% |
| <15% | <15% | 0.7% | <15% | 24.5% | <15% | 22.9% | <15% | 7.9% |
| 11.5% | 12.0% | 4.7% | 11.8% | 2.2% | 11.7% | 2.5% | 11.5% | 1.9% |
| 5.5% | 5.5% | 3.6% | 5.5% | 4.2% | 5.5% | 3.0% | 5.5% | 3.9% |
| 11.5% | 12.0% | 16.3% | 11.8% | 11.0% | 11.7% | 9.8% | 11.5% | 13.3% |
| 2.0% | 0.5% | 0% | 1.0% | 0% | 1.5% | 0% | 2.0% | 0% |
| 24.0% | 21.0% | 6.6% | 22.0% | 10.0% | 23.0% | 8.9% | 24.0% | 1.9% |
| 10.0% | 6.3% | 1.6% | 7.5% | 4.5% | 8.8% | 3.4% | 10.0% | 1.8% |
| 45.0% | 45.0% | 47.6% | 45.0% | 59.6% | 45.0% | 65.0% | 45.0% | 57.9% |
| 70.0% | 62.8% | 59.6% | 65.0% | 73.8% | 67.5% | 67.8% | 70.0% | 67.2% |
| 50.0% | 45.0% | 38.8% | 47.0% | 42.8% | 49.0% | 41.3% | 59.0% | 36.3% |
| 100.0% | Annual Target | 0% | Annual Target | 69.6% | Annual Target | 69.6% | 100.0% | 69.6% |
| 100.0% | Annual Target | 0% | Annual Target | 100.0% | Annual Target | 100.0% | 100.0% | 100.0% |
| 25.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 0% | 25.0% | 0% |
| 100.0% | Annual Target | 0% | Annual Target | 4.3% | Annual Target | 100.0% | 100.0% | 0% |
| 3.7 days | 3.7 days | 4.4 days | 3.7 days | 4.6 days | 3.7 days | 3.9 days | 3.7 days | 4.5 days |
| 73.5% | 73.5% | 23.9% | 73.5% | 73.3% | 73.5% | 70.8% | 73.5% | 65.9% |
| R 1,985 | R 1,985 | R 1,993 | R 1,985 | R 1,409 | R 1,985 | R 2,232 | R 1,985 | R 1,305 |
| 95.0% | 95.0% | 62.0% | 95.0% | 74.9% | 95.0% | 74.5% | 95.0% | 70.9% |
| 95.0% | 95.0% | 97.2% | 95.0% | 86.9% | 95.0% | 95.4% | 95.0% | 79.4% |
| 70,000 | 20,000 | 61,700 | 20,000 | 383,856 | 20,000 | 375,859 | 10,000 | 374,325 |
| 70,000 | 20,000 | 15,773 | 20,000 | 98,470 | 20,000 | 90,761 | 10,000 | 131,190 |
| 0.5% | 0.5% | 0.1% | 0.5% | 0.3% | 0.5% | 0.6% | 0.5% | 1.2% |
| 0.5% | 0.5% | 9.0% | 0.5% | 6.0% | 0.5% | 6.9% | 0.5% | 1.1% |
| 1,000.0 | 1,000.0 | 412.0 | 1,000.0 | 1,064.8 | 1,000.0 | 618.6 | 1,000.0 | 148.7 |
| 0.5% | 0.5% | 0% | 0.5% | 0.2% | 0.5% | 0.9% | 0.5% | 0.2% |
| 85.0% | 85.0% | 59.1% | 85.0% | 73.8% | 85.0% | 72.8% | 85.0% | 73.7% |
| 75.0% | 75.0% | 17.5% | 75.0% | 78.5% | 75.0% | 74.7% | 75.0% | 75.4% |
| 10.0% | 10.0% | 4.1% | 10.0% | 43.1% | 10.0% | 3.1% | 10.0% | 3.8% |
| 100.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 100.0% | 100.0% | 0% |
| 100.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 100.0% | 100.0% | 0% |
| 100.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 0% | 100.0% | 0% |
| 100.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 100.0% | 100.0% | 100.0% |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

MPUMALANGA

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 4.7 days | 4.7 days | 4.6 days | 4.7 days | 4.9 days | 4.7 days | 4.4 days | 4.7 days | 4.8 days |
| Inpatient Bed Utilisation Rate | 75.0% | 75.0% | 27.5% | 75.0% | 81.8% | 75.0% | 76.9% | 75.0% | 68.4% |
| Expenditure per PDE | R 2,568 | R 2,368 | R 2,520 | R 2,768 | R 2,668 | R 2,768 | R 3,559 | R 2,368 | R 4,409 |
| Complaints resolution rate | 85.0% | 85.0% | 55.6% | 85.0% | 55.1% | 85.0% | 54.0% | 85.0% | 20.0% |
| Complaint resolution within 25 working days rate | 85.0% | 85.0% | 100.0% | 85.0% | 96.3% | 85.0% | 100.0% | 85.0% | 100.0% |
| Programme 5: Central Hospital Services | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 100.0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 100.0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 0% | 100.0% | 0% |
| Patient Experience of Care Survey Rate | 85.0% | Annual Target | 0% | Annual Target | 0% | Annual Target | 100.0% | 85.0% | 0% |
| Average Length of Stay | 5.3 days | 5.3 days | 5.9 days | 5.3 days | 6.4 days | 5.3 days | 7.3 days | 5.3 days | 7.0 days |
| Inpatient Bed Utilisation Rate | 75.0% | 75.0% | 17.0% | 75.0% | 82.2% | 75.0% | 84.7% | 75.0% | 75.5% |
| Expenditure per PDE | R 3,221 | R 3,000 | R 3,656 | R 3,442 | R 3,142 | R 3,442 | R 2,798 | R 3,000 | R 3,180 |
| Complaints resolution rate | 85.0% | 85.0% | 90.9% | 85.0% | 94.6% | 85.0% | 79.5% | 85.0% | 85.7% |
| Complaint resolution within 25 working days rate | 85.0% | 85.0% | 95.0% | 85.0% | 100.0% | 85.0% | 125.0% | 85.0% | 100.0% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | | | | | | | | | |
| Quality improvement plan after self assessment rate | | | | | | | | | |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | | | | | | | | | |
| Patient Experience of Care Survey Rate | | | | | | | | | |
| Average Length of Stay | | | | | | | | | |
| Inpatient Bed Utilisation Rate | | | | | | | | | |
| Expenditure per PDE | | | | | | | | | |
| Complaints resolution rate | | | | | | | | | |
| Complaint resolution within 25 working days rate | | | | | | | | | |

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

Mr Thulani Mokoane Director General: Office of the Premier Mpumalanga

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

NORTHERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Programme 1: Administration | | | | | | | | | |
| Percentage of Hospitals with broadband access | 30.0% | 30.0% | 7.1% | 30.0% | 7.1% | 30.0% | 7.1% | 30.0% | 7.1% |
| Percentage of fixed PHC facilities with broadband access | 26.0% | 0% | 0% | 0% | 0% | 13.0% | 0% | 26.0% | 0% |
| Programme 2: District Health Services | | | | | | | | | |
| District Management | | | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard | 27.0% | 7.0% | 0% | 14.0% | 0.6% | 20.0% | 0% | 27.0% | 0.6% |
| Patient Experience of Care rate (PHC Facilities) | 80.0% | 80.0% | 1.2% | 80.0% | 54.3% | 80.0% | 61.6% | 80.0% | 61.6% |
| Number of Districts with District Clinical Specialist Teams (DCSTs) | 1 | 1 | - | 1 | 5 | 1 | 5 | 1 | 5 |
| PHC utilisation rate | 3.0 | 3.0 | 2.6 | 3.0 | 2.6 | 3.0 | 2.5 | 3.0 | 2.4 |
| Complaints resolution rate | 80.0% | 80.0% | 73.1% | 80.0% | 75.8% | 80.0% | 62.6% | 80.0% | 53.6% |
| Complaint resolution within 25 working days rate | 80.0% | 80.0% | 94.7% | 80.0% | 91.4% | 80.0% | 92.0% | 80.0% | 100.0% |
| HIV and AIDS, TB and STI control | | | | | | | | | |
| Total clients remaining on ART | 52,999 | 46,959 | 43,530 | 46,979 | 45,812 | 50,989 | 45,296 | 52,999 | 28,888 |
| Client tested for HIV (incl ANC) | 241,037 | 67,490 | 50,078 | 69,901 | 57,299 | 48,207 | 55,350 | 55,439 | 53,120 |
| TB symptom 5yrs and older screened rate | 30.0% | 30.0% | 38.5% | 30.0% | 41.0% | 30.0% | 41.3% | 30.0% | 51.2% |
| Male condom distribution Rate (annualised) | 37 | 37 | 1 | 37 | 21 | 37 | 22 | 37 | 15 |
| Female condom distribution Rate (annualised) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| Medical male circumcision performed - Total | 24 279 | 5 794 | 6 687 | 11 381 | 1 925 | 2 276 | 588 | 4 828 | 290 |
| TB new client treatment success rate | 95.0% | 95.0% | 75.7% | 95.0% | 76.8% | 95.0% | 75.0% | 95.0% | 82.4% |
| TB client lost to follow up rate | 6.0% | 6.0% | 7.4% | 6.0% | 5.5% | 6.0% | 7.1% | 6.0% | 6.8% |
| Maternal, child and women health | | | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 62.0% | 62.0% | 60.8% | 62.0% | 62.9% | 62.0% | 63.2% | 62.0% | 61.7% |
| Mother postnatal visit within 6 days rate | 56.0% | 50.0% | 55.6% | 53.0% | 51.8% | 55.0% | 54.0% | 55.0% | 51.7% |
| Infant 1st PCR test positive around 6 weeks rate | 1.9% | 1.9% | 2.4% | 1.9% | 3.6% | 1.9% | 2.5% | 1.9% | 2.1% |
| Immunisation coverage under 1 year (annualised) | 98.0% | 98.0% | 85.3% | 98.0% | 80.7% | 98.0% | 80.2% | 98.0% | 72.2% |
| Measles 2nd dose coverage (annualised) | 85.0% | 85.0% | 69.2% | 85.0% | 77.5% | 85.0% | 73.9% | 85.0% | 65.7% |
| DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | <20% | <20% | 6.2% | <20% | 13.9% | <20% | 5.0% | <20% | 63.4% |
| Child under 5 years diarrhoea case fatality rate | 2.8/1000 | 2.8/1000 | 1.6% | 2.8/1000 | 1.0% | 2.8/1000 | 2.7% | 2.8/1000 | 0.9% |
| Child under 5 years pneumonia case fatality rate | 2.8/1000 | 2.8/1000 | 1.1% | 2.8/1000 | 1.2% | 2.8/1000 | 1.3% | 2.8/1000 | 2.9% |
| Child under 5 years severe acute malnutrition case fatality rate | 10.0% | 10.0% | 8.6% | 10.0% | 7.4% | 10.0% | 9.9% | 10.0% | 4.6% |
| School Grade R screening coverage (annualised) | 30.0% | 30.0% | 3.3% | 30.0% | 11.3% | 30.0% | 2.8% | 30.0% | 0% |
| School Grade 1 screening coverage (annualised) | 30.0% | 30.0% | 31.2% | 30.0% | 19.2% | 30.0% | 10.6% | 30.0% | 3.1% |
| School Grade 8 screening coverage (annualised) | 25.0% | 25.0% | 12.4% | 25.0% | 7.8% | 25.0% | 6.3% | 25.0% | 3.1% |
| Couple year protection rate (annualised) | 45.0% | 45.0% | 24.1% | 45.0% | 28.2% | 45.0% | 27.8% | 45.0% | 21.5% |
| Cervical cancer screening coverage (annualised) | 55.0% | 55.0% | 41.1% | 55.0% | 50.9% | 55.0% | 41.7% | 55.0% | 27.5% |
| Vitamin A 12-59 months coverage (annualised) | 42.0% | 42.0% | 44.2% | 42.0% | 47.0% | 42.0% | 45.8% | 42.0% | 38.2% |
| District Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 27.0% | 9.0% | 0% | 9.0% | 100.0% | 9.0% | 9.1% | 9.0% | 9.1% |
| Patient Experience of Care Survey Rate | 80.0% | 80.0% | 0% | 80.0% | 72.7% | 80.0% | 81.8% | 80.0% | 90.9% |
| Average Length of Stay | 3.5 days | 3.5 days | 3.5 days | 3.5 days | 3.3 days | 3.5 days | 3.1 days | 3.5 days | 3.4 days |
| Inpatient Bed Utilisation Rate | 63.0% | 63.0% | 60.4% | 63.0% | 61.0% | 63.0% | 57.5% | 63.0% | 60.9% |
| Expenditure per PDE | R 1,720 | R 1,720 | R 2,668 | R 1,720 | R 2,475 | R 1,720 | R 2,352 | R 1,720 | R 2,369 |
| Complaints resolution rate | 80.0% | 80.0% | 73.7% | 80.0% | 87.0% | 80.0% | 40.6% | 80.0% | 72.2% |
| Complaint resolution within 25 working days rate | 80.0% | 80.0% | 100.0% | 80.0% | 100.0% | 80.0% | 100.0% | 80.0% | 100.0% |
| Disease Prevention and Control | | | | | | | | | |
| Clients screened for hypertension-25 years and older | 108,759 | 27,951 | 40,792 | 27,190 | 46,549 | 26,646 | 53,822 | 26,972 | 46,566 |
| Clients screened for diabetes- 5 years and older | 108,759 | 27,951 | 14,171 | 27,190 | 17,310 | 26,646 | 27,462 | 26,972 | 17,412 |
| Client screened for Mental disorders | 15.0% | 15.0% | 0.4% | 15.0% | 0.5% | 15.0% | 1.1% | 15.0% | 0.8% |
| Client treated for Mental Disorders new | 2.0% | 2.0% | 100.0% | 2.0% | 23.6% | 2.0% | 20.4% | 2.0% | 24.9% |
| Cataract Surgery Rate annualised | 1395/1000000 | 349/1000000 | 822.8 | 349/1000000 | 947.1 | 348/1000000 | 1,122.8 | 349/1000000 | 707.1 |
| Malaria case fatality rate | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Programme 3: Emergency Medical Services | | | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 60.0% | 60.0% | 53.5% | 60.0% | 69.1% | 60.0% | 61.9% | 60.0% | 82.2% |
| EMS P1 rural response under 40 minutes rate | 40.0% | 40.0% | 53.5% | 40.0% | 39.4% | 40.0% | 52.0% | 40.0% | 55.0% |
| EMS inter-facility transfer rate | 10.0% | 10.0% | 14.4% | 10.0% | 16.1% | 10.0% | 12.7% | 10.0% | 6.5% |
| Programme 4: Provincial Hospital Services | | | | | | | | | |
| General (regional) hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 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% | 0% | 100.0% | 0% | 100.0% | 0% |
| Patient Experience of Care Survey Rate | 80.0% | 80.0% | 0% | 80.0% | 100.0% | 80.0% | 100.0% | 80.0% | 100.0% |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

NORTHERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 4.8 days | 4.8 days | 4.7 days | 4.8 days | 4.4 days | 4.8 days | 4.8 days | 4.8 days | 5.2 days |
| Inpatient Bed Utilisation Rate | 72.0% | 72.0% | 102.9% | 72.0% | 97.4% | 72.0% | 98.8% | 72.0% | 56.8% |
| Expenditure per PDE | R 2,570 | R 2,570 | R 3,410 | R 2,570 | R 2,531 | R 2,570 | R 3,426 | R 2,570 | R 5,271 |
| Complaints resolution rate | 80.0% | 80.0% | 57.1% | 80.0% | 0% | 80.0% | 27.3% | 80.0% | 0% |
| Complaint resolution within 25 working days rate | 80.0% | 80.0% | 100.0% | 80.0% | 0% | 80.0% | 100.0% | 80.0% | 0% |
| Programme 5: Central Hospital Services | | | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 100.0% | 0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 0% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 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% | 100.0% | 0% |
| Patient Experience of Care Survey Rate | 80.0% | 80.0% | 100.0% | 80.0% | 100.0% | 80.0% | 100.0% | 80.0% | 0% |
| Average Length of Stay | 5.5 days | 5.5 days | 6.2 days | 5.5 days | 6.0 days | 5.5 days | 6.2 days | 5.5 days | 6.4 days |
| Inpatient Bed Utilisation Rate | 74.0% | 74.0% | 71.8% | 74.0% | 74.6% | 74.0% | 72.7% | 74.0% | 71.2% |
| Expenditure per PDE | R 3,736 | R 3,736 | R 4,502 | R 3,736 | R 3,504 | R 3,736 | R 3,479 | R 3,736 | R 3,780 |
| Complaints resolution rate | 80.0% | 80.0% | 14.3% | 80.0% | 100.0% | 80.0% | 87.5% | 80.0% | 86.7% |
| Complaint resolution within 25 working days rate | 80.0% | 80.0% | 100.0% | 80.0% | 77.1% | 80.0% | 100.0% | 80.0% | 100.0% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | | | | | | | | | |
| Quality improvement plan after self assessment rate | | | | | | | | | |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | | | | | | | | | |
| Patient Experience of Care Survey Rate | | | | | | | | | |
| Average Length of Stay | | | | | | | | | |
| Inpatient Bed Utilisation Rate | | | | | | | | | |
| Expenditure per PDE | | | | | | | | | |
| Complaints resolution rate | | | | | | | | | |
| Complaint resolution within 25 working days rate | | | | | | | | | |

1. Information submitted by: Ms G. Malingane Head of Department: Health Northern Cape: Tel: (053) 830 0806

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

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

WESTERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Programme 1: Administration | | | | | | | | | |
| Percentage of Hospitals with broadband access | 46.3% | 38.9% | 37.0% | 40.7% | 37.0% | 42.6% | 42.6% | 46.3% | 48.1% |
| Percentage of fixed PHC facilities with broadband access | 54.2% | 15.2% | 15.4% | 28.2% | 30.9% | 41.2% | 49.3% | 54.2% | 61.4% |
| Programme 2: District Health Services | | | | | | | | | |
| District Management | | | | | | | | | |
| Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard | Implementation delayed | Implementation delayed | 0% | Implementation delayed | 0% | Implementation delayed | 0% | Implementation delayed | 0% |
| Patient Experience of Care rate (PHC Facilities) | 39.4% | 4.3% | 0% | 8.7% | 5.4% | 13.0% | 12.9% | 13.4% | 19.3% |
| Number of Districts with District Clinical Specialist Teams (DCSTs) | Not applicable in W Cape | Not applicable in W Cape | N/A | Not applicable in W Cape | N/A | Not applicable in W Cape | N/A | Not applicable in W Cape | N/A |
| PHC utilisation rate | 2.3 | 2.3 | 2.3 | 2.3 | 2.3 | 2.2 | 2.2 | 2.3 | 2.2 |
| Complaints resolution rate | 93.7% | 93.8% | 95.7% | 93.8% | 94.3% | 93.7% | 94.1% | 93.7% | 93.5% |
| Complaint resolution within 25 working days rate | 93.7% | 93.7% | 95.8% | 93.6% | 96.6% | 93.8% | 97.8% | 93.7% | 92.7% |
| HIV and AIDS, TB and STI control | | | | | | | | | |
| Total clients remaining on ART | 188,983 | 168,769 | 187,686 | 176,433 | 189,458 | 183,318 | 195,076 | 188,983 | 194,248 |
| Client tested for HIV (incl ANC) | 1,103,372 | 262,768 | 300,610 | 283,632 | 357,530 | 282,215 | 367,463 | 274,758 | 277,257 |
| TB symptom 5yrs and older screened rate | 3.1% | 3.1% | 8.7% | 3.1% | 12.3% | 3.1% | 16.4% | 3.1% | 18.6% |
| Male condom distribution Rate (annualised) | 58 | 58 | 50 | 58 | 51 | 58 | 52 | 58 | 45 |
| Female condom distribution Rate (annualised) | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 |
| Medical male circumcision performed - Total | 22,899 | 2,061 | 3,508 | 5,496 | 3,821 | 5,954 | 3,059 | 9,388 | 2,541 |
| TB new client treatment success rate | 84.6% | 84.6% | 84.6% | 84.6% | 83.7% | 84.6% | 84.1% | 84.6% | 83.2% |
| TB client lost to follow up rate | 7.3% | 7.3% | 9.0% | 7.3% | 8.6% | 7.3% | 8.9% | 7.3% | 9.2% |
| Maternal, child and women health | | | | | | | | | |
| Antenatal 1st visit before 20 weeks rate | 63.2% | 63.2% | 65.4% | 63.2% | 67.5% | 63.2% | 69.2% | 63.2% | 68.3% |
| Mother postnatal visit within 6 days rate | 78.7% | 78.7% | 87.3% | 78.7% | 85.5% | 78.7% | 71.5% | 78.7% | 86.6% |
| Infant 1st PCR test positive around 6 weeks rate | 1.4% | 1.4% | 1.1% | 1.4% | 0.8% | 1.4% | 1.0% | 1.4% | 1.4% |
| Immunisation coverage under 1 year (annualised) | 93.8% | 94.4% | 90.9% | 94.4% | 91.9% | 89.8% | 90.1% | 96.7% | 79.5% |
| Measles 2nd dose coverage (annualised) | 77.5% | 78.0% | 71.8% | 77.9% | 0% | 74.1% | 86.0% | 79.8% | 108.8% |
| DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | 4.3% | 4.3% | 5.3% | 4.3% | 7.4% | 4.3% | 14.7% | 4.3% | 31.1% |
| Child under 5 years diarrhoea case fatality rate | 0.2% | 0.2% | 0.1% | 0.2% | 0.1% | 0.2% | 0.2% | 0.2% | 0.2% |
| Child under 5 years pneumonia case fatality rate | 0.5% | 0.5% | 0.3% | 0.5% | 0.3% | 0.5% | 0.5% | 0.5% | 0.6% |
| Child under 5 years severe acute malnutrition case fatality rate | 4.2% | 4.5% | 2.0% | 4.5% | 0.4% | 3.9% | 0.5% | 3.9% | 3.4% |
| School Grade R screening coverage (annualised) | 9.5% | 9.6% | 33.1% | 9.6% | 22.6% | 9.3% | 22.4% | 9.4% | 11.3% |
| School Grade 1 screening coverage (annualised) | 24.2% | 24.5% | 68.6% | 24.6% | 42.5% | 23.8% | 52.2% | 23.9% | 29.9% |
| School Grade 8 screening coverage (annualised) | 0.1% | 0.1% | 10.0% | 0.1% | 11.5% | 0.1% | 42.8% | 0.1% | 5.4% |
| Couple year protection rate (annualised) | 74.3% | 75.3% | 60.1% | 75.4% | 61.2% | 73.1% | 58.5% | 73.4% | 53.6% |
| Cervical cancer screening coverage (annualised) | 59.2% | 60.0% | 52.3% | 60.1% | 58.3% | 58.3% | 54.4% | 58.5% | 50.9% |
| Vitamin A 12-59 months coverage (annualised) | 44.0% | 44.3% | 45.5% | 44.3% | 45.9% | 42.1% | 48.6% | 45.4% | 47.2% |
| District Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | 11.8% | 2.9% | 20.6% | 0% | 32.4% | 35.3% | 35.3% | 26.5% |
| Quality improvement plan after self assessment rate | 100.0% | 100.0% | 100.0% | 100.0% | 0% | 100.0% | 33.3% | 100.0% | 100.0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 38.2% | 25.0% | 0% | 42.9% | 0% | 36.4% | 0% | 41.7% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | 11.8% | 0% | 20.6% | 2.9% | 32.4% | 38.2% | 35.3% | 26.5% |
| Average Length of Stay | 3.1 days | 3.1 days | 3.5 days | 3.1 days | 3.4 days | 3.0 days | 3.2 days | 3.1 days | 3.7 days |
| Inpatient Bed Utilisation Rate | 86.9% | 87.2% | 93.2% | 87.4% | 91.4% | 84.3% | 83.3% | 88.8% | 85.1% |
| Expenditure per PDE | R 1,945 | R 1,883 | R 1,747 | R 1,995 | R 1,943 | R 1,929 | R 1,998 | R 1,971 | R 1,910 |
| Complaints resolution rate | 94.1% | 94.1% | 87.4% | 94.1% | 90.4% | 94.1% | 89.5% | 94.1% | 90.3% |
| Complaint resolution within 25 working days rate | 93.5% | 93.6% | 87.4% | 93.6% | 93.6% | 93.6% | 93.6% | 93.6% | 91.2% |
| Disease Prevention and Control | | | | | | | | | |
| Clients screened for hypertension-25 years and older | Data system to be established | Data system to be established | - | Data system to be established | - | Data system to be established | - | Data system to be established | - |
| Clients screened for diabetes- 5 years and older | Data system to be established | Data system to be established | - | Data system to be established | - | Data system to be established | - | Data system to be established | - |
| Client screened for Mental disorders | Data system to be established | Data system to be established | 0% | Data system to be established | 0% | Data system to be established | 0% | Data system to be established | 0% |
| Client treated for Mental Disorders new | Data system to be established | Data system to be established | 0% | Data system to be established | 0% | Data system to be established | 0% | Data system to be established | 0% |
| Cataract Surgery Rate annualised | 1,725.4 | 1,667.9 | 1,607.9 | 1,977.8 | 1,629.3 | 1,640.5 | 1,674.7 | 1,615.6 | 1,681.1 |
| Malaria case fatality rate | 2.3% | 3.0% | 3.0% | 3.0% | 0% | 3.1% | 0% | 0% | 0% |
| Programme 3: Emergency Medical Services | | | | | | | | | |
| EMS P1 urban response under 15 minutes rate | 75.0% | 75.0% | 62.2% | 75.0% | 66.3% | 75.0% | 58.3% | 75.0% | 69.7% |
| EMS P1 rural response under 40 minutes rate | 90.0% | 90.0% | 81.6% | 90.0% | 82.3% | 90.0% | 80.1% | 90.0% | 78.6% |
| EMS inter-facility transfer rate | 23.0% | 23.0% | 42.1% | 23.0% | 42.0% | 23.0% | 38.1% | 23.0% | 39.7% |
| Programme 4: Provincial Hospital Services | | | | | | | | | |
| General (regional) hospitals | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | - | 0% | 0% | 0% | 0% | 20.0% | 100.0% | 20.0% |
| Quality improvement plan after self assessment rate | 100.0% | - | 0% | 0% | 0% | 0% | 0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 60.0% | - | 0% | 0% | 0% | 0% | 0% | 60.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | - | 0% | 0% | 0% | 0% | 40.0% | 100.0% | 20.0% |

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 4th Quarter

WESTERN CAPE

Sector: Health

| Programme / Subprogramme / Performance Measures | Target for 2015/16 as per Annual Performance Plan (APP) | 1st Quarter Planned output as per APP | 1st Quarter Actual output - validated | 2nd Quarter Planned output as per APP | 2nd Quarter Actual output - validated | 3rd Quarter Planned output as per APP | 3rd Quarter Actual output - validated | 4th Quarter Planned output as per APP | 4th Quarter Preliminary output |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| QUARTERLY OUTPUTS | | | | | | | | | |
| Average Length of Stay | 3.7 days | 3.7 days | 3.9 days | 3.7 days | 3.8 days | 3.7 days | 3.8 days | 3.7 days | 4.0 days |
| Inpatient Bed Utilisation Rate | 87.0% | 86.8% | 89.6% | 86.8% | 89.5% | 86.8% | 87.4% | 87.6% | 88.9% |
| Expenditure per PDE | R 2,787 | R 2,826 | R 2,601 | R 2,804 | R 2,773 | R 2,805 | R 2,770 | R 2,715 | R 2,667 |
| Complaints resolution rate | 98.4% | 98.9% | 95.8% | 98.9% | 100.0% | 96.8% | 100.0% | 98.2% | 100.0% |
| Complaint resolution within 25 working days rate | 98.3% | 98.9% | 100.0% | 97.8% | 96.9% | 98.3% | 96.9% | 98.2% | 100.0% |
| Programme 5: Central Hospital Services | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Provincial Tertiary Hospitals | | | | | | | | | |
| National Core Standards self assessment rate | Yes | No | 0% | No | 0% | No | 0% | - | 0% |
| Quality improvement plan after self assessment rate | Yes | No | 0% | No | 0% | No | 0% | Yes | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | Yes | No | 0% | No | 0% | No | 0% | Yes | 0% |
| Patient Experience of Care Survey Rate | Yes | No | 0% | No | 0% | No | 0% | Yes | 0% |
| Average Length of Stay | 3.8 days | 3.8 days | 4.0 days | 3.9 days | 4.0 days | 3.7 days | 4.0 days | 3.7 days | 4.0 days |
| Inpatient Bed Utilisation Rate | 84.0% | 87.7% | 86.5% | 85.3% | 82.3% | 79.2% | 75.4% | 83.8% | 75.0% |
| Expenditure per PDE | R 5,217 | R 5,046 | R 4,548 | R 5,060 | R 5,624 | R 5,434 | R 5,720 | R 5,351 | R 5,335 |
| Complaints resolution rate | 92.1% | 92.1% | 100.0% | 92.1% | 100.0% | 92.1% | 100.0% | 91.9% | 100.0% |
| Complaint resolution within 25 working days rate | 109.4% | 108.6% | 79.6% | 108.6% | 100.0% | 108.6% | 100.0% | 111.8% | 100.0% |
| Central Hospital Services | | | | | | | | | |
| National Core Standards self assessment rate | 100.0% | - | 0% | 0% | 0% | 0% | 0% | 100.0% | 50.0% |
| Quality improvement plan after self assessment rate | 100.0% | - | 0% | 0% | 0% | 0% | 0% | 100.0% | 0% |
| Percentage of Hospitals compliant with all extreme and vital measures of the national core standards | 100.0% | - | 0% | 0% | 0% | 0% | 0% | 100.0% | 0% |
| Patient Experience of Care Survey Rate | 100.0% | - | 0% | 0% | 0% | 0% | 50.0% | 100.0% | 50.0% |
| Average Length of Stay | 6.2 days | 6.1 days | 6.3 days | 6.1 days | 6.3 days | 6.1 days | 6.2 days | 6.3 days | 6.5 days |
| Inpatient Bed Utilisation Rate | 85.9% | 85.0% | 87.8% | 87.4% | 88.6% | 86.2% | 84.9% | 85.1% | 83.3% |
| Expenditure per PDE | R 4,532 | R 4,564 | R 4,292 | R 4,393 | R 4,444 | R 4,575 | R 4,773 | R 4,601 | R 4,533 |
| Complaints resolution rate | 98.5% | 98.2% | 91.4% | 98.2% | 91.7% | 98.2% | 94.8% | 99.6% | 96.7% |
| Complaint resolution within 25 working days rate | 85.0% | 84.9% | 84.2% | 84.9% | 86.1% | 84.9% | 90.7% | 85.3% | 91.4% |

1. Information submitted by: Dr. Beth Engelbreth Head of Department: Health Western Cape: Tel: (021) 483 3547

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