

QPR for FY 2023-24 for Provincial Institution of Health of location KwaZulu Natal as of (Tuesday, August 1, 2023 10:17:23 AM)

Frequency	Programme	Sub Programme	Indicator	Indicator Type	Output	Data Type	MTSF Priority	Provincial Priority	Cluster	Audited outcome FY 2022 - 23	Quarter - 1				Annual Performance							
											Target Q1	Actual Output Q1	Reason for Deviation Q1	Corrective Action Q1	Annual Target	Aggregate Output	Reason for Deviation	Corrective Action				
Annually	Programme 1: Administration	Administration	Audit opinion of Provincial DoH	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster										Unqualified			
			Contingent liability of medico-legal cases	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											R 31 Bn		
			UHC Service Index	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											73.5		
			Professional nurses per 100 000 population	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											152.5/100 000		
	Programme 2: District Health Services	Disease Prevention and Care	Medical officers per 100 000 population	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											27.4/100 000		
			Malaria case fatality rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											0.0		
			Malaria incidence per 1000 population at risk	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											0/1000		
			Covid-19 Case Fatality Rate - Total	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											1.2		
		District Hospitals	Patient Experience of Care satisfaction rate - District Hospitals	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												81	
			[Number of] Maternal death in facility - District Hospitals	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												49	
		HIV/TB and Sexually Transmitted Infections (HAST)	[Number of] All DS-TB Deaths	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												3000	
			ART client remain on ART end of month - sum	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												1622676	
		Maternal, Women and Child Health Including Nutrition (MCWMA)	Maternal Mortality in Facility ratio - Total	Maternal Mortality in Facility ratio - Total	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												90.5 / 100 000
				Death in facility under 5 years rate - total	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											6.1	
			Death in facility under 1 years rate - total	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											8.2		
			Child under 5 years diarrhoea case fatality rate - total	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											1.7		
			Child under 5 years Pneumonia case fatality rate - total	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												1.9	
			Child under 5 years Severe acute malnutrition case fatality rate - total	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												8	
			Still Birth in Facility Rate - total	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												23.2/1000	
			Primary Health Care	Ideal Clinic Status obtained rate	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												85.1
	Patient Experience of Care satisfaction rate - PHC			Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												88	
	Programme 4: Provincial Hospital Services		Chronic Hospitals	Patient Experience of Care satisfaction rate - Chronic/Sub acute Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												80
		Patient Experience of Care satisfaction rate - Psychiatric Hospital		Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												90	
		Regional Hospitals	Patient Experience of Care satisfaction rate - Regional Hospitals	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												83	
			[Number of] Maternal deaths in facility - Regional Hospitals	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												109	
	TB Hospitals	Patient Experience of Care satisfaction rate - TB Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster													97.3	
		Patient Experience of Care satisfaction rate - Central Hospitals	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster													93.7	
	Programme 5: Central Hospital Services	Central Hospitals	[Number of] maternal deaths in facility - Central Hospital	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												9	
			Patient Experience of Care satisfaction rate - Tertiary Hospitals	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												85	
	Tertiary Hospitals	[Number of] maternal deaths in facility - Tertiary Hospital	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster													23	
		Patient Experience of Care satisfaction rate - Tertiary Hospitals	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster													120	
	Programme 6: Health Sciences and Training	Health Sciences and Training	Number of Bursaries awarded to first year nursing students	Non-Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												480	
	Programme 8: Health Facilities Management	Health Facilities Management	Percentage of public health facilities refurbished, repaired and maintained	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster												100	
			Number of CHW's contracted into the Health System	Non-Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		10350										10048	
	Quarterly	Programme 1: Administration	Administration	Percentage of supplier invoices paid within 30 Days	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		95	96	High turnover rates	Fast track the renewal of	10350	10048				95	
				Percentage of hospitals using the E-Health System	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		4.3	25.7	Operationalization is dependent on network upgrade, resources for data capturing and user buy-in. Of the 42 hospitals that have been trained on basic computer literacy and system navigation, the system is operational in 18 hospitals, as the other 24 have network challenges.		67.1	0					
				Severity assessment code (SAC) 1 incident reported within 24 hours rate - District Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		82.7	87.9	Adherence to the National Guidelines on PSI Management		83	0					
		Programme 2: District Health Services	District Hospitals	Patient Safety Incident (PSI) case closure rate - District Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		90	83	PSI's received late in the quarter were under investigation at the time of reporting	Fast track investigations for cases received towards end of quarter	90	83					
				[Number of] Death in facility under 5 years - District Hospital	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		369	370	Outside the neonatal period, late presentation to the health system and lack of resources to provide respiratory support contributed to the high number of deaths.	In addition to responding to neonatal deaths improved respiratory support and emergency care is required.	1476	370					
				Child under 5 years diarrhoea case fatality rate - District Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.6	1.6	No deviation.		1.6	0					
				Child under 5 years pneumonia case fatality rate - District Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.4	1.2	Improved outreach support, referral systems and access to oxygen contributed to improved survival rates.		1.4	0					
				Child under 5 years Severe Acute Malnutrition case fatality rate - District Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		8.5	8	Good inpatient management of admitted cases provided through the training of medical interns and professional nurses.		8.5	8					

Indicator	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		7	9									
HIV/TB and Sexually Transmitted Infections	All DS-TB client lost to follow up rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster											
	TB Rifampicin resistant / Multidrug - Resistant lost to follow up rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		15.1	15.3	<ul style="list-style-type: none"> • Duplicate patient records, incorrect outcomes, poor tracking and tracing of patients impacted negatively on performance. • High turnover of District TB coordinators. 	<ul style="list-style-type: none"> • Mentor new TB Coordinators at Iembe and Ugu on data clean-up and monitoring of the line lists monthly. • Engage Africa Health Research Institute (AHRI), Isibani and Aurum (TB support partners) to assist Districts with the data clean-up, and development and implementation of continuous quality improvement plans to improve timeous data cleaning and follow up on gaps. • Engage districts to re-orientate outreach teams on tracking and tracing standard operational policy. • Monitor implementation of the adherence guidelines. • Coordinate community awareness campaigns on importance of adherence to treatment. • Monitor the actioning of 	7	0				
	TB Pre-XDR Loss to Follow-up Rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		18.2	23.1	<ul style="list-style-type: none"> • Poor referral system between DRTB decentralised sites, PHC and community. • Of the 57 patients who were lost to follow up 30 (53%) were from ETHEKWINI District. 	<ul style="list-style-type: none"> • Engage districts to identify linkage officers at DRTB sites and link back to PHC all referred patients. • Engage districts to facilitate linking of patients to TB outreach teams. • Support ETHEKWINI District with the training of outreach teams per cluster on community management of DR-TB. • Coordinate central training of TB outreach teams on community management of DR-TB. • Monitor implementation of the DR-TB literacy material to promote adherence to treatment. 	15	0				
	TB Pre-XDR Loss to Follow-up Rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		18.2	23.1	<ul style="list-style-type: none"> • The target was not met as a result of poor linkage of patients to TB outreach teams. 	<ul style="list-style-type: none"> • Engage districts to link all DRTB active patients to TB Tracer teams. • Monitor implementation of the DRTB literacy material. • Coordinate social mobilization in collaboration with civil society on the importance of adherence to treatment. 	16	0				
	ART adult remain in care rate (12 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		75	69.1	<ul style="list-style-type: none"> • High "Loss to follow up" is the main factor in the failure of achieving targets. 	<ul style="list-style-type: none"> • Enhanced adherence counselling with detailed individual plans shall be accelerated, especially following adherence guidelines (AGL) Provincial engagement update. • Stakeholder collaboration especially through the Office of the Premier. 	75	0				
	ART child remain in care rate (12 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		75	77.5	<ul style="list-style-type: none"> • Paediatric and Adolescent Capacity Building workshops conducted across 6 districts, namely eThekweni, Iembe, King Cetshwayo, uMkhanyakude, and Zululand. 		75	0				
	HIV positive 15-24 years (excl ANC) rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.8	2.1	<ul style="list-style-type: none"> • Although target not achieved, actual facility data shows a decrease in HIV positive youth. HIV educational programmes and testing for this age group is showing positive results even though the target has not yet been met. 	<ul style="list-style-type: none"> • To continue implementation of HIV educational programmes that are relevant to the young people through printed material (game formats), radio infomercials and popular social media platforms. To intensify targeted testing. 	1.8	0				
	All DS-TB client treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		85	72.8	<ul style="list-style-type: none"> • Deaths remain high among the TB Co-infected patients. • High turnover of TB Coordinators affects performance. 	<ul style="list-style-type: none"> • Engage districts to conduct clinical audits to improve quality management of TB/HIV co-infected patients. • Coordinate and support districts to orientate HAST 	85	0				
	TB Rifampicin Resistant / Multidrug resistant treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		70	66.1	<ul style="list-style-type: none"> • Death, especially in HIV positive co-infected patients, and Loss to follow-up rates remain high (57 patients died and 57 were lost to follow up). 	<ul style="list-style-type: none"> • Mentor Districts on clinical audits, development and implementation of continuous quality improvement plans to improve clinical 	70	0				
	TB Pre-XDR treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		65.9	53.9	<ul style="list-style-type: none"> • The deviation from target is at 11% owing to loss to follow up rate of 23% (3/13) and death rate of 15.4% (2/13). 	<ul style="list-style-type: none"> • Engage districts to link all DR-TB patients on treatment to outreach teams. • Reinforce regular 	65.9	0				
	ART Adult Viral load suppressed rate (Below 50) [12 months]	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		95	79.7	<ul style="list-style-type: none"> • Viral load coverage remains a continuous challenge. 	<ul style="list-style-type: none"> • Monitor Adherence guidelines implementation 	95	0				
	ART Child viral load suppressed rate (Below 50) [12 months]	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		70	50.2	<ul style="list-style-type: none"> • Suboptimal viral suppression rates among HIV-infected children. Lower suppression noted amongst the 0-4 years and 5-9 years. • Psychosocial and mental health issues including disclosure and treatment support remain one of the key barriers towards adherence. • Dosing complexities and not timely identifying virological and treatment failure. 	<ul style="list-style-type: none"> • Training, workshops and webinars is being conducted on the new consolidated 2023 ART guidelines to upskill clinicians on the new Paediatric Dolutegravir (pDTG) dispersible drug. • Fast track transitioning of children to DTG-containing regimens post trainings. • Monitor the pDTG transition and implementation according to the phases within the circular that was distributed. 	70	0				

Maternal, Women and Child Health including Nutrition	Couple year protection rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		63	63.3	<ul style="list-style-type: none"> Target met as the result of the implementation of the following activities: <ul style="list-style-type: none"> Male and female sterilizations done, and a high number of both male and female condoms issued. Integration of contraception and dual protection actively promoted. 		63	0		
	Delivery 10 to 19 years in facility rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		15.3	18.1	<ul style="list-style-type: none"> Poor uptake of contraceptives by teenagers as they avoid going to the clinic. Poor knowledge on sexual and reproductive health (SRH) which exposes them to high risk of falling pregnant and contracting infections. Peer pressure to have boyfriends, also multi-factorial societal issues like early marriages in areas where it is still practiced (UThukela and Harry Gwala), and poverty where older men promise young girls money and fashion. Of the 8 627 teenagers who delivered this quarter, 161 were aged 10 – 14 yrs. and highest numbers were in EThekweni, uMkhanyakude, uMgungundlovu and King Cetshwayo District. 	<ul style="list-style-type: none"> Market contraceptives uses in a more appealing way for youth e.g. utilize social media instead of leaflets. Develop posters and leaflets in a language that is more understandable especially for areas where social media is not as rife and in line with their way of communication. Utilise "Peer educators" or Youth Friendly Professional Nurses where available to educate teenagers on SRH. Continue collaboration with Department of Social Development (DSD) and Department of Education (DOE) to visit schools with high teenage pregnancy. 	15.3	0		
	Antenatal 1st visit before 20 weeks rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		75	74.1	<ul style="list-style-type: none"> Target not met due to poor linkage to antenatal care of women who test positive during household pregnancy testing. 	<ul style="list-style-type: none"> Implement a tracking tool as referral slips to the clinic from household testing to ensure that antenatal care is started immediately. Strengthen integration with outreach teams to 	75	0		
	Mother postnatal visit within 6 days rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		80	82.6	<ul style="list-style-type: none"> Post-natal care for women who delivered by Caesarean Delivery is done in hospitals, depending on that they are not sick, so that they do not miss their 3 - 6 day post-delivery visit. Registers are kept in facilities for summaries end of the month. Even though target is met, there are still women who come to deliver in our facilities from outside province and country especially in districts that are at the borders and their performance rates are a bit lower (UGu 65.5%, Harry Gwala 77%, and uMkhanyakude 73.4%) as these women return to their homes for post-natal care. 		80	0		
	Infant PCR test positive around 6 months rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1	0.63	<ul style="list-style-type: none"> Districts continue with Facility PCR Meetings to identify early deviations and implement interventions. Fewer babies seroconverted which is an indication that PREP is becoming effective. 		1	0		
	HIV Test positive around 18 months rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.5	0.61	<ul style="list-style-type: none"> Target is met due to improving uptake of PREP for antenatal clients however uptake amongst breastfeeding women is still lower and viral load done for this category is low due to poor use of Electronic Gate Keeping (EGK) codes. Only about 20% of babies are still breastfed at this age so seroconversion through breastfeeding has decreased 		1.5	0		
	Immunisation under 1 year coverage	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		90	98.9	<ul style="list-style-type: none"> Ongoing implementation of Expanded Programme on Immunisation (EPI) catch up drives by the districts to reach every child in the community who missed their doses when due. 		90	0		
	Measles 2nd dose coverage	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		95	101.2	<ul style="list-style-type: none"> Ongoing implementation of Expanded Programme on Immunisation (EPI) catch up drives by the districts to reach every child in the community who missed their doses when due. 		95	0		

		Live Birth under 2 500 g in facility rate – Total	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		11.8	13	<ul style="list-style-type: none"> Hypertension, Non Pregnancy Related Infections (NPRIs) and other infections in pregnancy remain a challenge and contribute to low birth weight, often because of preterm delivery. Approximately 7.4% (1 949) of pregnant women tested positive for syphilis in quarter 1. High teenage pregnancy also contributes to low birth weight, as these teenagers have increased complications including preterm labour and preeclampsia. 	<ul style="list-style-type: none"> Continue to monitor treatment of syphilis positive pregnant women and ensure that they receive Benzathine Penicillin timely. Strengthen implementation and monitor monthly improved screening for syphilis according to new provincial guidelines which includes dual syphilis and HIV test and treat. Disseminate and orientate newly revised VTP (PMTCT) guidelines to improve management of NPRIs. Continue with monthly Obstetric + Gynea outreach educational scenario sessions on common conditions including Hypertensive Disorders of Pregnancy (HDP) to improve management of these conditions and perinatal outcomes. 	11.8	13		
		Neonatal death in facility rate – Total	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		13.3/1000	14.5	<ul style="list-style-type: none"> Death of preterm babies. Factors that contribute to these prematurity deaths include a high number of babies weighing less than 1000g at birth and a high teenage pregnancy rate. Further contributing factors to these deaths include: inadequate coverage of antenatal steroids; inadequate respiratory support due to a reported lack of budget to procure circuits; and inadequate coverage of kangaroo mother care (KMC) possibly due to inadequate access to KMC beds. Most deaths occurred within the first week of life due to inadequate respiratory support and limited access to high care/intensive care unit (ICU) beds. Only 54% of required PICU/ICU beds are available (325/600). Approximately half of these deaths occurred at Regional Hospitals due to overcrowding & high patient:staff ratios. This quarter, the District with the highest death rate was uMgungundlovu. Approximately 50% of these 	<ul style="list-style-type: none"> Respiratory support equipment was ordered from the supplier; awaiting delivery and acceptance Renovations/repairs are underway at HGRH. Provincial meeting with eThekweni District and DPKSMH management team was held to discuss opening of maternity and paediatric departments. Commission services in DPKSMH as well as the second nursery at King Dinuzulu Hospital. Conduct 3 facility/District support visits to support implementation of the Essential Package of Neonatal Care. Conduct 1 District Clinical Records workshop. Finalize remaining 2 well baby neonatal training modules (not completed in Q1 due to competing priorities). 	13.3/1000	-		
		Death under 5 years against live birth rate - Total	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.9	2.1	<ul style="list-style-type: none"> Most of the deaths occurred in the new-born period, approximately 20.9% between 1 and 11 months of age and approximately 10.4% deaths occurred between 1 and 4 years of age. In addition to neonatal conditions, other causes included diarrhoeal disease, pneumonia, severe acute malnutrition and surgical conditions. Major factors contributing to under-5 deaths relate to the late presentation of infants and young children with advanced disease and the initial standard of care on presentation to health facilities. 	<ul style="list-style-type: none"> Engage with the PHC component to strengthen community based services with a greater contribution of Community Health Workers to maternal and child health issues during household visits. 	1.9	0		
	Primary Health Care	Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		85	84	<ul style="list-style-type: none"> Incidence recording and reporting timing a challenge on the system 	<ul style="list-style-type: none"> Fast track investigations for cases received towards end of quarter PSI Indaba is also planned for August 2023, the objective of which will be to reaffirm roles and responsibilities as per the PSI National guidelines. 	85	84		
		Patient Safety Incident (PSI) case closure rate –PHC facility	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		95	92	<ul style="list-style-type: none"> PSIs received late in the quarter were under investigation at the time of reporting. 	<ul style="list-style-type: none"> PSI Indaba is also planned for August 2023, the objective of which will be to reaffirm roles and responsibilities as per the PSI National guidelines. 	95	92		
Programme 3: Emergency Medical Services	Programme 3: Emergency Medical Services	EMS P1 urban response under 30 minutes rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	-	The Social Protection, Community and Human Development cluster		50	40	<ul style="list-style-type: none"> Inadequate base infrastructure. Increased demand for inter-facility transfers. Insufficient resources (ambulances and staff) resulting in National norms not being met. High compulsory overtime expenditure. 	<ul style="list-style-type: none"> Allocation of infrastructure budget to increase number of customized built bases. Identify satellite bases that are strategically placed. EMS operational staff roster and working hours to be revised in order to reduce the compulsory overtime expenditure. If this is achieved, then EMS will have budget for voluntary overtime as well as employing of new staff to ensure the operational schedule is achieved. 	50	40		

		EMS P1 rural response under 60 minutes rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster		55	47	<ul style="list-style-type: none"> Inadequate base infrastructure. Increased demand for inter facility transfers. Insufficient resources (ambulances and staff) resulting in National norms not being met. High compulsory overtime expenditure. 	<ul style="list-style-type: none"> Allocation of infrastructure budget to increase number of customized built bases. Identify satellite bases that are strategically placed. EMS operational staff roster and working hours to be revised in order to reduce the compulsory overtime expenditure. If this is achieved, then EMS will have budget for voluntary overtime as well as employing of new staff to ensure the operational schedule is achieved. 	55	47			
Programme 4: Provincial Hospital Services	Chronic Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic/Sub-acute Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	0	There were no incidents to report.		100	0			
		Patient Safety Incident (PSI) case closure rate – Chronic/Sub-acute Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	100	No deviation		100	100			
	Psychiatric Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Psychiatric Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		90	100	Adherence of the National guidelines.		95	100			
		Patient Safety Incident (PSI) case closure rate – Psychiatric Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		92	96	Positive performance achieved through collaboration of stakeholders and implementation of the guidelines.		92	96			
	Regional Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Regional Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		91.2	100	Sharing of and discussions on facility performance information during Patient Experience of Care (PEC) Training yielded positive results.		90.2	100			
		Patient Safety Incident (PSI) case closure rate - Regional Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		97	93	PSI received late in the quarter were under investigation at the time of reporting.	PSI Indaba planned for August 2023, the objective of which will be to reaffirm roles and responsibilities as per the PSI National guidelines.	97	93			
		[Number of] Deaths in facility under 5 years - Regional Hospitals	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		439	502	76.1% of deaths were due to neonatal conditions, 4.2% to diarrhoeal disease, 6.8% to pneumonia, 5.0% to severe acute malnutrition, and five were postoperative deaths.	Strengthen regional level paediatric critical care services.	1754	502			
		Child under 5 years diarrhoea case fatality rate – Regional Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.7	2.7	Deaths were associated with late entry into the health service with advanced disease.	Maintain existing PHC programmes and oral rehydration corners in every clinic and CHC.	1.7	0			
		Child under 5 years pneumonia case fatality rate – Regional Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		2.2	2.1	Target was achieved as a result of increased separations		2.2	0			
		Child under 5 years Severe Acute Malnutrition case fatality rate – Regional Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		7.6	11.2	Target not met. Regional Hospital receive complicated cases e.g. with cerebral palsy and cardiac conditions, as well as underlying social issues of poverty.	Engagement with DSD on social security for children and their families.	7.6	0			
	TB Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	0	There were no incidents to report.		95	0			
		Patient Safety Incident (PSI) case closure rate – TB Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	100	Sharing of and discussions on facility performance information during Patient Experience of Care (PEC) Training yielded positive results.		100	100			
	Programme 5: Central Hospital Services	Central Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	70	Incidence recording and reporting timing a challenge on the system	PSI Indaba planned for August 2023, the objective of which will be to reaffirm roles and responsibilities as per the PSI National guidelines.	95	70		
			Patient Safety Incident (PSI) case closure rate – Central Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	100	No deviation		100	100		
[Number of] Death in facility under 5 years - Central Hospital			Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		46	55	34.5% of deaths were due to neonatal conditions, 18.2% to pneumonia, 36.4% were due to surgical conditions and none were due to severe acute malnutrition or diarrhoeal diseases	Explore expansion of tertiary paediatric surgical and sub-specialty services.	185	55			
Child under 5 years pneumonia case fatality rate – Central Hospital			Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		8.4	33.3	The central hospital accounted for 14.1% of under-5 pneumonia deaths in the province driven largely by other complexities and comorbidities often referred to this level.	The nature of cases referred to this level are clinically indicated and often complex. To continue monitoring and supporting clinical management at all other hospital levels to improve	8.4	0			
Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital			Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		8.3	0	Good inpatient management of SAM as a result of training provided to medical interns and professional nurses.		8.3	0			
Tertiary Hospitals		Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	88	<ul style="list-style-type: none"> Incorrect implementation of the guidelines i.e. o Facilities start by investigating SAC1 incidents before capturing on the system. Some record the date the incident was captured instead of the day it was reported. 	PSI Indaba planned for August 2023, the objective of which will be to reaffirm roles and responsibilities as per the PSI National guidelines.	100	88			
		Patient Safety Incident (PSI) case closure rate – Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		96.4	98.5	Sharing of and discussions on facility performance information during Patient Experience of Care (PEC) Training yielded positive results.		96.4	0			
		[Number of] Death in facility under 5 years - Tertiary Hospital	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		71	65	Improved outcomes at this level are associated with less severe disease on presentation to tertiary hospitals and possibly due to reduced referrals of sicker children from lower levels of care		285	65			
		Child under 5 years diarrhoea case fatality rate –Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.2	0	Improved clinical management of diarrhoeal cases		1.2	0			

		Child under 5 years pneumonia case fatality rate –Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		2.5	0.96	Improved outreach support to lower level hospitals by paediatric specialists		2.5	0		
		Child under 5 years Severe acute malnutrition case fatality rate –Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		6	2	Target met through improved inpatient management of SAM patients despite the higher number of admissions.		6	2		
Programme 7: Health Care Support Services	Health Care Support Services	Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		+ 5%	2	<ul style="list-style-type: none"> Stock piled towards the end of the contract to mitigate for stock outs during the transition between contracts. Some items (high volume products on contract) are on Direct Delivery providing relief for storage space constraints. 		+ 5%	-		
		Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		+ 5%	2	<ul style="list-style-type: none"> Improved follow up on suppliers with overdue orders. PPSD rationed the stock of products with supply constraints to ensure that all facilities were covered. 		+ 5%	-		
Programme 8: Health Facilities Management	Health Facilities Management	Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		0	414	Carry over of storm damage repair projects from 2022/23 completed in this quarter, against the quarterly activity target of 7 projects.	The activity targets will be revised to include projects that were identified during the storms that occurred in April 2023.	100	414		
		Number of jobs created through the EPWP	Non-Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		625	2089	<ul style="list-style-type: none"> Appointment of a new coordinator resulted in improved job creation reporting on Capital projects. Implementation and introduction of EPWP maintenance programme for Ethekwini clinics. 		2500	2089		
Total :		95															

Feedback													
Quarter - 1				Quarter - 2				Quarter - 3				Audited Annual	
Username Q1	Role Q1	Feedback Q1	Dated Q1	Username Q2	Role Q2	Feedback Q2	Dated Q2	Username Q3	Role Q3	Username	Role	Feedback	Dated
Lulama Sthembela Ndazi	OTP Coordinator	Thank you for the report, corrective action statements and positive variances are noted.	28/07/2023										
Nirvasha Moodley	Department Coordinator	Dear Sir/Madam	27/07/2023										
Nirvasha Moodley	Department Coordinator	Dear HoD, Kindly find attached Q1 performance report for the Department.	31/07/2023										
Roanda Pretorius	National Oversight	Report noted, thank you	28/07/2023										