QPR for FY 2023-24 for Provincial Institution of Health of location KwaZulu Natal as of (Thursday, February 1, 2024 11:18:34 AM

					1	1						Quarter	r - 3			An	nual Performance		
Frequency	Programme	Sub Programme	Indicator	Indicator Type	Output	DataType	MTSF Priority	Provincial Priority	Cluster	Audited outcome FY 2022 - 23	Target Q3		Reason for Deviation Q3 Corrective Action	Q3 Annual Target	Aggregate Output	Pre-Audited Annual Performance	Reason for Deviation	Corrective Action	Audited Annual Peformance
Annually	Programme 1: Administration	Administration	Audit opinion of Provincial DoH		Not Applicable						- 5 5			Unqualified	33 13 11 11 11				
			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 The Social Protection, Community and Human					R 31 Bn					
			UHC Service Index Professional nurses per 100 000 population	Non-Standardized Non-Standardized	Not Applicable Not Applicable	Percentage Text	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human The Social Protection, Community and Human					73.5 152.5/100 000					
	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					27.4/100 000					
	rogamme z. osobie nesion services	Disease Frevention and Care	Malaria case fatality rate 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					0/1000					
		District Hospitals	Covid -19 Case Fatality Rate : Total Patient Experience of Care satisfaction rate - District	Non-Standardized Standardized	Not Applicable Not Applicable	Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	The Social Protection, Community and Human					1.2					
			Hospitals [Number of] Maternal death in facility - District Hospit		Not Applicable				Development cluster The Social Protection, Community and Human					**					
		HIV/TB and Sexually Transmitted Infections (HAST)	[Number of] All DS-TB Deaths	Chardenies d										2000					
			ART client remain on ART end of month - sum		Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human					1622676					
		Maternal, Women and Child Health including Nutrition (MCWHN)	Maternal Mortality in facility ratio - Total Death in facility under 5 years rate - total		Not Applicable Not Applicable	Text Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human					90.5 / 100 000					
			Death in facility under 1 years rate - total Child under 5 years diarrhoea case fatality rate - total	Non-Standardized	Not Applicable Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human					8.2					
			Child under 5 years Pneumonia case fatality rate - total		Not Applicable		Priority 3: Education, Skills And Health		The Social Protection, Community and Human					1.9					
			Child under 5 years Severe acute malnutrition case fat	tality Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human					8					
			rate - total Still Birth in Facility Rate - total	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human					23.2/1000					
		Primary Health Care	Ideal Clinic Status obtained rate Patient Experience of Care satisfaction rate - PHC	Non-Standardized Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human					85.1					
	Programme 4: Provincial Hospital Services	Chronic Hospitals	Patient Experience of Care satisfaction rate – Chronic/ acute Hospital	/Sub- Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster					80					
		Psychiatric Hospitals	Patient Experience of Care satisfaction rate - Psychiatr	tric Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human					90					
			Hospital						Development cluster										
		Regional Hospitals	Patient Experience of Care satisfaction rate – Regional Hospitals		Not Applicable	Percentage	Priority 3: Education, Skills And Health		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 Hospi	sital Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Rasir Services	The Social Protection, Community and Human					97.3					
			- To nospi			ge	yy Anny Anny Indiali		Development cluster										
	Programme 5: Central Hospital Services	Central Hospitals	Patient Experience of Care satisfaction rate – Central Hospitals [Number of] maternal deaths in facility - Central Hospi	Standardized	Not Applicable	Percentage		Basic Services	The Social Protection, Community and Human Development cluster The Social Protection, Community and Human					93.7					
			[Number of] maternal deaths in facility - Central Hospi	oital Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster					9					I I
		Tertiary Hospitals	Patient Experience of Care satisfaction rate – Tertiary	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human				 	85	+			+	
			Hospitals [Number of] maternal deaths in facility - Tertiary Hosp		Not Applicable	Number		Basic Services	Development cluster The Social Protection, Community and Human					23	-		-	-	
			, active - recovery mosp			1	-,		Development cluster						-		-	-	
	Programme 6: Health Sciences and Training	Health Sciences and Training	Number of Bursaries awarded to first year nursing students		Not Applicable		Priority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster					120					
			Number of internal employees awarded bursaries	Non-Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human					480				+	+
	Programme 8: Health Facilities Management	Health Facilities Management	Percentage of public health facilities refurbished, repa	aland Chandradiand	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Desir Consises	The Social Protection, Community and Human					100					
	Programme 6. Health Facilities Management	reacti ractices management	and maintained	arred Starioardized	Not Applicable	reiceitage	Priority 3. Education, Skills And Health	Basic Services	Development cluster					100					
Quarterly	Programme 1: Administration	Administration	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		10350	10048	Natural attrition and challenges To conduct a CHW v	s population 10350	10048			+	+
			Percentage of supplier invoices paid within 30 Days	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health		Development cluster The Social Protection, Community and Human		95	96	with the recruitment processes. coverage mapping e Improvement in processing of	xercise to 95	0			+	+
									Development cluster				payments is due to distribution of Payment Cycle Report on a						
													monthly basis to all Head Office Managers as well as District						
													Finance Managers with clear instructions to liaise with the						
													Finance Managers to ensure that delays in payment is investigated						
													and to address the cause(s) of late payments thus ensuring that						
													future payments are made within 30 days.						
			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		60	25.7	The number of hospitals using Operationalisation of eHealth fluctuate due network is ongoing with 27 or	f the system 67.1	0				
													connectivity challenges. now registering pati	ents digitally					
	Programme 2: District Health Services	District Hospitals	Severity assessment code (SAC) 1 incident reported w	vithin Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		82.7	89.2	Adherence to the National	83	0				
			24 hours rate – District Hospital						Development cluster				Guideline for PSI reporting.						
			Patient Safety Incident (PSI) case closure rate – District	ct Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		90	100.5	PSIs that were being investigated during quarter 2 (Q2) were closed	90	0				
			r mangement						percopinent cluster				during quarter 2 (Q2) were closed in quarter 3 (Q3).						
											100								
			[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		303	211	Implementation of Integrated Management of Childhood	1476	1945				
													Illnesses (IMCI) and early referral from PHC level to district hospital.						
			Child under 5 years diarrhoea case fatality rate –Distric	ict Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		1.6	0.81	Improved availability and use of	1.6	0			+	
			Hospital						Development cluster				oral re-hydration solution, effective assessment and referral						
													and improved case management of diarrheal disease and						
			Child under 5 years pneumonia case fatality rate –Dist	trict Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		1.4	1.8	dehydration. Fewer deaths than projected, as Complete the roll or	t of 1.4	0			+	
			Hospital						Development cluster				well as fewer separations, which is respiratory support attributed to the impact of including high flow it	equipment numidified					
			Child under 5 years Severe Acute Malnutrition case fat	stality Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		8.5	7.2	pneumococcal vaccination. oxygen to all hospital Compliance with the management	ls. Most 8.5	8			+	
			rate – District Hospital						Development cluster				of patients admitted with severe acute malnutrition at hospital.						
		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		7	8.3	Duplicates and poor tracking and Monitor implement	ation of the 7	0				
		,					,		Development cluster				tracing of patients contributes to poor performance. tracking and tracing operational procedu	standard					
													operation phuthum: Engage districts to o	visits.					
													social mobilisation of adherence to trea	n importance					
													Sometime to the						
			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	13.2	Improvement in implementing patient literacy classes, linkage to	15	0				
			p rece										patient literacy classes, linkage to care, tracking and tracing of clients for treatment follow up visits.						
													not creatificat rollow up visits.						
			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	14.3	Improvement in implementing patient literacy classes, linkage to	16	0				
													care, tracking and tracing of clients						
1	1	I .					l		1		I	I	for treatment follow up visits.			1	I .	I .	

OPR for for Including Federal 2014 (Section Report Pager 1)

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	ART adult remain in care rate (12 months)	Standardized	Not Applicable	Dercentana Driv	ority 3: Education, Skills And Health	Darir Sandrar	The Social Protection, Community and Human		75	68.0	Lorr to follow up (LTELL at 12	Support tracking and tracing
	AKT addit remain in care rate (12 mondis)	Stalloalulzeu	Not Applicable	rercentage Fin	only 5. Education, Skills And Health	Basic services	Development cluster	I I	i" l'	00.7	Loss to follow up (LTFU at 12 months above 30% in Amajuba,	Support tracking and tracing plans with tailored male specific
						ľ		1	ı		eThekwini, iLembe,	interventions, and monitor
								1	ı		uMgungundlovu and	through "bring back 25% of
								1	ı		UMkhanyakude) remains the main	unconfirmed Loss to Follow Up
								1	ı		contributing factor. Sub-optimal uptake of HIV services among	campaign". Facilitate extension of mobile men health services and
								1	ı		males, and adolescents.	monitoring of improved HAST
								1	ı			services for men. Facilitate and
								1	ı			provide technical assistance in
								1	ı			establishing multi stakeholder
								1	ı			coordination with other departments and civil society for
								1	ı			retention in care plans.
								1	ı			recention in care plans.
	ART child remain in care rate (12 months)	Standardized	Not Applicable	Percentage Pric	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		75	80.9	Implementation of the Step by	
			''			l.	Development cluster	1	ı		Step pediatric toolkit for retention	
								1	ı		in care.	
								1	ı			
								1	ı			
								1	ı			
	HIV positive 15-24 years (excl ANC) rate	Standardized	Not Applicable	Percentage Pric	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		1.8	1.8	No deviation	
						Į.	Development cluster	1	ı			
								1	ı			
								1	ı			
								1	ı			
								1	ı			
								1	ı			
	All DS-TB client treatment success rate	Standardized	Not Applicable	Percentage Pric	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		es	77.4	Unaccounted patients who	Develop the standard operational
	All D3-10 Cheffe treatment success rate	Staroardized	Not Applicable	r crccinage	arry a coucation, acres and meaning	Dayle Services	Development cluster		r l'	12.4	transfer in and out, and duplicates	procedure to guide districts on
								1	ı		on the system contributes to non	management of patients
								1	ı		attainment of the target.	transferred out.
								1	ı			Monitor implementation of adherence guidelines.
								1	ı			autierence guidennes.
								1	ı			
								1	ı			
	TB Rifampicin Resistant / Multidrug resistant treatment success rate	Standardized	Not Applicable	Percentage Prio	ority 3: Education, Skills And Health	DWNC SELVICES	The Social Protection, Community and Human Development cluster	T F	,~ [*]	0.7	Under performing districts (Amajuba, Uthukela and	Districts to conduct social mobilisation in collaboration with
		1				ľ		1			Umgungundlovu) are affected by	civil society on importance of
	1	1		I		- 1		1			the loss to follow up of between	adherence to treatment.
						- 1		1			19% to 31% and death rate ranging	
	TB Pre-XDR treatment success rate	Standardized	Not Applicable	Decreations	with 2: Education Chills And Health	Davic Sanders	The Social Protection, Community and Human	+	65.0	42.0	from 21% to 43%.	Districts to continue with all 1.
	- CAUN treatment success rate	stanuardized.	Not Applicable	- cruentage Pris	army on coucacion, oxiss And Health	wast. 3erVICES	The Social Protection, Community and Human Development cluster	1	, l'	42.9	High loss to follow up rate and death rate. EThekwini accounts for	audits and to refer early
	1	1				ľ		1			75% loss to follow up and all	complicated cases to the Centre
						- 1		1			deaths.	of Excellence.
	and the state of t										ett - t	Ethekwini district and Aurum (TB
	ART Adult Viral load suppressed rate (Below 50) [12	Standardized	Not Applicable	Percentage Pric	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1	5	80.1	Clients have treatment adherence	Enhanced adherence support
	months]					ľ	ouver-printing crosself	1			challenges caused by treatment fatigue, substance use and other	modality.
						I		1			social factors.	
	ART Child viral load suppressed rate (Below 50) [12	Standardized	Not Applicable	Percentage Pric	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		70	50.8	Psycho-social and mental health	Implementation of Standing
	months]	1		I		Į.	Development cluster	1			issues including disclosure and treatment support remain one of	Operating Procedures to identify, engage or re-engage Children
								1	ı		the key barriers towards	Living With HIV (CLHIV) who are
								1	ı		adherence.	not in care or not virally
								1	ı		Low pDTG uptake among eligible	suppressed. Implementation of
								1	ı		children.	the Pediatric and Adolescent
								1	ı			Matrix of Interventions.
								1	ı			
								1	ı			
								1	ı			
								1	ı			
								1	ı			
								1	ı			
								1	ı			
								1	ı			
								1				
Maternal, Women and Child Health including	Couple year protection rate	Standardized	Not Applicable	Percentage Pric	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human	+	63	59.2	Poor capacitation of the newly	Conduct training on long-acting
Nutrition	, ., ,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Development cluster	1	(employed health care workers on	reversible contraception (IUCD
								1	ı		insertion of long acting reversible	and sub-dermal implants).
								1	ı		contraceptives (LARC's).	Sustain strategies for demand
								1	ı		Poor marketing of contraceptives	creation to ensure that
								1	ı		especially LARC's during the festive season.	options is heightened, and that
								1	ı			under-used but important barrier
								1	ı			methods such as the female
								1	ı			condom are promoted.
								1	ı			
	Delivery 10 to 19 years in facility rate	Standardized	Not Applicable	Daniel Daie	ority 3: Education, Skills And Health	Davis Caralina	The Social Protection, Community and Human	+	15.3	16.9	Parameters of another setting by	Market and annual and a
	Delivery 10 to 19 years in racinty rate	Stalloalulzeu	Not Applicable	rercentage Fin	only 5. Education, Skills And Health	Basic services	Development cluster	I I	133	10.9	Poor uptake of contraceptives by teenagers as they avoid going to	more appealing way for youth.
								1	ı		the clinic, and not all facilities are	redesign information, education
								1	ı		youth friendly.	and communication (IEC)
								1	ı		Rural districts (Umzinyathi; Harry	
								1	ı		Gwala; Zululand and uMkhanyakude) remain with	more instead of leaflets as these are more popular.
								1	ı		teenage delivery rates above 20%.	Litilise "Peer educators" or the
								1	ı		Early marriages and ukuthwala	239 Youth Friendly facilities
								1	ı		remains a challenge in these areas.	educate teenagers on sexual
								1				
								1				reproductive health (SRH).
									1			Continue collaboration with
	1	1		I .				1				Continue collaboration with Department of Social Development (DSD) and
	1				I							Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE)
	l .											Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage
i i												Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct
												Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
												Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct
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	Antenatal 1st with before 20 weeks rate	Standardized	Not Applicable	Percentage Pri	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		5	78.1	House hold community pregnancy	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antenatal 1st visit before 20 weeks rate	Standardized	Not Applicable I	Percentage Pri	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Perdogment duster		5	78.1	House hold community pregnancy testing is dowly monitored.	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antenatal 3st visit before 20 weeks rate	Standardized	Not Applicable	Percentage Pris	ority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		3	78.1	Nauve half community pregnancy, bastings forough monitored integration with outreach seam limital meeting was conducted to	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antensatal 1st visit before 20 weeks rate	Standardized	Not Applicable (Percentage Pris	ority 3: Education, Skills And Health	Basic Services	the Social Protection, Community and Human bevelopment cluster		2 2		House hold community pregnancy testing is closely monitored. Initial menting was conducted to monitoring a conducted to monitoring makes awareness on monitoring makes awareness on monitoring makes awareness on monitoring	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antenutal 3st visit before 20 weeks rate	Standardized	Not Applicable (Percentage Prid	only J. Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		3		House hold community pregnancy testing is closely monitored. Integration with protects have noted integration with protects have noted in energy was conducted by the conducting the conducting of the conducting the conducting of the conducting the	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antenatal 1st visit before 20 weeks rate	Standardized	Not Applicable	Percentage Pris	porty 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human evelopment cluster		75		House hold community pregnancy testing is downly monitored. Integration with outreach team intelligence of the control of the	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antenutal 3st visit before 20 weeks rate	Standardized	Not Applicable II	Percentage Pri	only 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Revelopment cluster		35		House hold community pregnancy testing is closely monitored. Integration with protects have noted integration with protects have noted in energy was conducted by the conducting the conducting of the conducting the conducting of the conducting the	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antenatal 1st visit before 20 weeks rate	Standardized	Not Applicable I			Basic Services	The Social Protection, Community and Human Development cluster		75		House hold community pregnancy testing is downly monitored. Integration with outreach team intelligence of the control of the	Continue collaboration with Department of Social Development (DSD) and Department of Education (DoE) to visit schools with high teenage pregnancy and conduct awareness campaigns and
	Antenutal 3st visit before 20 weeks rate Mother postmatal visit within 6 days rate	Standardized Standardized	Not Applicable		orty 3: Education, Skills And Health only 3: Education, Skills And Health	ı	Development cluster		25		House hold community pregnancy testing is closely monitored. Integration with orizontal hosen in case awareness on monitoring that all womes including teenages; are referred immediately for antensatid circ. Cross borders contribute to the	Coetinue collaboration with Department of Social Development (200) and Development (200)
						ı	Development cluster		75	78.6	House hold community pregnancy testing is closely menitored. In the control of th	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75	78.6	House hold community pregnancy testing is closely monitored. Integration with priceas has an initial intentity was conducted to a monitoring manual and a monitoring manual and a monitoring tengages are referred immediately for artenatal circ. Cross bedders contribute to the college (I)(s), of the first priceasing and with priceasing and without priceasing and with	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75	78.6	House hold community pregnancy testing is closely monitored, integration with outreach team or a more and the same and the	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75 80	78.6	House hold community pregnancy testing is closely monitored, integration with outeast hearn in things afrow with outeast hearn in raise awareness on monitoring teenages; are referred immediately for attendancy are referred immediately for attendancy are referred integrated and an accordance of the challenge (Lips, utfluelack, Annabad and Authripsysh) as orders return to their homes part delivery, to the challenge (Say post delivery amounts a 5-day post delivery amounts a 5-day post delivery amounts a 5-day post delivery.	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75 70 70 70 70 70 70 70 70 70 70 70 70 70	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75 75 70 70 70 70 70 70 70 70 70 70 70 70 70	78.6	House hold community pregnancy testing is closely monitored, integration with outeast hearn in things afrow with outeast hearn in raise awareness on monitoring teenages; are referred immediately for attendancy are referred immediately for attendancy are referred integrated and an accordance of the challenge (Lips, utfluelack, Annabad and Authripsysh) as orders return to their homes part delivery, to the challenge (Say post delivery amounts a 5-day post delivery amounts a 5-day post delivery amounts a 5-day post delivery.	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster		75 50 50 50 50 50 50 50 50 50 50 50 50 50	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster The Social Protection, Community and Human		75	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
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						ı	Development cluster The Social Protection, Community and Human		75	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster The Social Protection, Community and Human		75	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster The Social Protection, Community and Human		75.	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster The Social Protection, Community and Human		75	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster The Social Protection, Community and Human		75	78.6	Nature hold community programs; testings is density monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terrorapps are refered monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report endal	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
						ı	Development cluster The Social Protection, Community and Human		75 50 50 50 50 50 50 50 50 50 50 50 50 50	78.6	Nature hold community programs; testings is densyl monitored integration with outwards team initial meeting was conducted to race awareness on monitoring that all women including terroraps; are referred monedately for antenantic care. Cross borders contribute to the challenge (Digs, Urbaids, Amayaha and sublamyahi) as mothers return to their humap part delivery. 6 days post delivery are sometimes missed report entail sometimes missed proportional.	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
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	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human evolopment cluster		75 75 75 75 75 75 75 75 75 75 75 75 75 7	78.6	House hold community pregrancy testing is closely monitored. Integration with orderach team initial intenting was conducted to a consistent or the control of the control o	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
		Standardized	Next Applicable (Persontage Pro	only 3. Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		75	78.6	House hold community pregnancy testing is closely monitored. Integration with priceab team initial intenting was conducted to initial intenting was conducted by the second of the secon	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human evolopment cluster		75 50	78.6	House hold community pregnancy testing is closely monitored. Intelligence of the control of the	Coetime collaboration with Department of South Conditions of Coetime (ISSI) and ISSI Development (ISSI Dev
	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		75. 350	78.6	House hold community pregnancy testing is closely monitored, integration with orizontal natural integration with orizontal natural integration with orizontal natural	Continue collaboration with Department of Social Development (SID) and Development (SID) and Development (SID) and Development (SID) and Social Development (SID)
	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		75 00 00 00 00 00 00 00 00 00 00 00 00 00	78.6	House hold community pregramy testing is closely monitored. Integration with outward harm initial integration with outward harm initial intenting was conducted to access awareness on monitoring intensignate are referred immediately for antensial care. Cross borders contribute to the challenge (Tops, which was a referred in the contribute to their homes part delivery, which was a contribute to their homes part delivery to their homes part delivery and the contribute to their homes part delivery and the contribute to their homes part delivery are sometimes missed for post-natal care. * Education to mothers who are breastfeeding to avoid missed feeding contributed and care of the contribute of the contribu	Continue collaboration with Department of Social Development (SID) and Development (SID) and Development (SID) and Development (SID) and Social Development (SID)
	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		75	78.6	House hold community pregnancy testing is closely monitored, integration with orizontal natural integration with orizontal natural integration with orizontal natural	Continue collaboration with Department of Social Development (SID) and Development (SID) and Development (SID) and Development (SID) and Social Development (SID)
	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		75	78.6	House hold community pregramy testing is closely monitored. Integration with outward harm initial integration with outward harm initial intenting was conducted to access awareness on monitoring intensignate are referred immediately for antensial care. Cross borders contribute to the challenge (Tops, which was a referred in the contribute to their homes part delivery, which was a contribute to their homes part delivery to their homes part delivery and the contribute to their homes part delivery and the contribute to their homes part delivery are sometimes missed for post-natal care. * Education to mothers who are breastfeeding to avoid missed feeding contributed and care of the contribute of the contribu	Continue collaboration with Department of Social Development (SID) and Development (SID) and Development (SID) and Development (SID) and Social Development (SID)
	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		75	78.6	House hold community pregramy testing is closely monitored. Integration with outward harm initial integration with outward harm initial intenting was conducted to access awareness on monitoring intensignate are referred immediately for antensial care. Cross borders contribute to the challenge (Tops, which was a referred in the contribute to their homes part delivery, which was a contribute to their homes part delivery to their homes part delivery and the contribute to their homes part delivery and the contribute to their homes part delivery are sometimes missed for post-natal care. * Education to mothers who are breastfeeding to avoid missed feeding contributed and care of the contribute of the contribu	Continue collaboration with Department of Social Development (SID) and Development (SID) and Development (SID) and Development (SID) and Social Development (SID)
	Mother postnatal visit within 6 days rate	Standardized	Next Applicable (Persontage Pro	only 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		75	78.6	House hold community pregramy testing is closely monitored. Integration with outward harm initial integration with outward harm initial intenting was conducted to access awareness on monitoring intensignate are referred immediately for antensial care. Cross borders contribute to the challenge (Tops, which was a referred in the contribute to their homes part delivery, which was a contribute to their homes part delivery to their homes part delivery and the contribute to their homes part delivery and the contribute to their homes part delivery are sometimes missed for post-natal care. * Education to mothers who are breastfeeding to avoid missed feeding contributed and care of the contribute of the contribu	Continue collaboration with Department of Social Development (SID) and Development (SID) and Development (SID) and Development (SID) and Social Development (SID)

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1		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	0.43 81.9% of pregnant women who started antenatal care were		1.5		
											already on ART and 72.9% (11 238/15 426) were virally				
											suppressed which reduced the rate of transmission.				
											rate of transmission.				
		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	91.3 Consistent data monitoring, verification and defaulter tracing.		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	89.5 Failure by the districts to conduct catch-up drive activities and	drive activities to be conducted	95 0		
											defaulter tracing to reach children missed their doses.	parallel to ongoing routine services.			
		Live Birth under 2 500 g in facility rate - Total	Standardized	Not Applicable	Darrantana	Priority 3: Education, Skills And Health	Darir Canvinar	The Social Protection, Community and Human		11.8	13.5 Hypertension, Non Pregnancy	Addragging bahasinung	11.8 13		
		EWE BILLI GILGE 2 300 g III facility face - Total	Stalloaldized	Not Applicable	Percentage	Priority 5. Education, 3kilis And Health	Basic Services	Development cluster		11.0	13.5 Hypertension, Non Pregnancy Related Infections (NPRIs) and other Infections including syphilis	Addressing behavioural challenges during antenatal care that contribute to preterm e.g.	11.0		
											in pregnancy remain a challenge	heavy smoking and substance			
											and contribute to low birth weight, often because of preterm	use. Treatment of syphilis positive			
											delivery.	pregnant women ensuring the administration of Benzathine			
												Penicillin timeously. Implementation of the new			
												provincial guidelines which includes dual syphilis and HIV test			
												and treat.			
												Continue O&G outreach education sessions to improve			
												management of common conditions.			
												Community awareness and advocacy on prevention of			
		Neonatal death in facility rate – Total	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		13.3/1000	13.8 Deaths caused by prematurity	Complete roll out of respiratory	13.3/1000		
								Development cluster			related to high low birth weight rate; high teenage pregnancy rate;	support equipment and ensure all hospitals receive training by			
											inadequate coverage of antenatal steroids and inadequate	suppliers on the use and support materials.			
											respiratory support.	Redeployment of some equipment is needed.			
												Continue to advocate for the commissioning of neonatal beds			
												at Pixley Ka Isaka Seme and King			
												Dinizulu hospitals. Collaboration with other			
												programmes like maternal health to raise awareness to prevent			
												teenage pregnancy.			
		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	+	1.9	2 Major factors contributing to	Increase capacity of regional level	1.9 0		
								Development cluster			Major factors contributing to under-5 deaths relate to the opening limited capacity of	neonatal services			
1								Development cluster			ongoing limited capacity of regional level neonatal services	neonatal services Revive neonatal and emergency triage, assessment and treatment			
								Development cluster			ongoing limited capacity of regional level neonatal services and late presentation of infants and young children with advanced	neonatal services Revive neonatal and emergency triage, assessment and treatment			
								Development cluster			ongoing limited capacity of regional level neonatal services and late presentation of infants	neonatal services Revive neonatal and emergency triage, assessment and treatment			
								Development cluster			ongoing limited capacity of regional level neonatal services and late presentation of infants and young children with advanced	neonatal services Revive neonatal and emergency triage, assessment and treatment			
								Development cluster			ongoing limited capacity of regional level neonatal services and late presentation of infants and young children with advanced	neonatal services Revive neonatal and emergency triage, assessment and treatment			
								Development cluster			ongoing limited capacity of regional level neonatal services and late presentation of infants and young children with advanced	neonatal services Revive neonatal and emergency triage, assessment and treatment			
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								Development cluster			ongoing limited capacity of regional level neonatal services and late presentation of infants and young children with advanced	neonatal services Revive neonatal and emergency triage, assessment and treatment			
	Primary Mealth Care	Severity assessment code (SAC) 1 incident reported within	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Ruman		55	ongoing limited capacity of regions let effect except a virginal real reconstal services and the presentation of infanct and the presentation of infanct with the capacity of	neonatal services Revive reconstal and energency triags, succument and treatment (ETAT) training programmes. Training on the PSI National	25 84		
	Primary Health Care	24 hours rate – PHC						Development cluster The Social Protection, Community and Human Development cluster		25	ongoing limited capacity of regions leter reconstal services and far promoted services and far presentation of infanct used far presentation of infanct used for the capacity of the capacity	neonatal services Revive reconstal and energency triags, succument and treatment (ETAT) training programmes. Training on the PSI National	25 64		
	Primary Health Cure	Severity assessment code (SAC) I incident reported within 24 hours rate –PMC. Patient Safety Incident (IPSI) case closure rate –PMC facility.		Not Applicable Not Applicable		Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health		Development cluster The Social Protection, Community and Ruman		ED 95	ongoing limited capacity of regional reaf resountal services and far presentation services and far presentation of distinct and far provided and distinct and far provided distinct	incondati services Review recordat and emergency services and an emergency services and an emergency (ETA) training programmes.	85 B4 95 0		
	Primary Health Care	24 hours rate – PHC						The Social Protection, Community and Human Development cluster		85 95	ongoing limited capacity of regional real resounts arrived in remotal services and target presentation of infants and target presentation of infants and quarge shidness with advanced disease. 10 Indiana recording and reporting to infants and present presentation of the presentation of	incondati services Review recordat and emergency services and an emergency services and an emergency (ETA) training programmes.	85 84 95 0		
	Primary Health Care	24 hours rate – PHC						The Social Protection, Community and Human Development cluster		85 95	ongoing limited capacity of regional reaf resountal services and far presentation services and far presentation of distinct and far provided and distinct and far provided distinct	incondati services Review recordat and emergency services and an emergency services and an emergency (ETA) training programmes.	85 Ø4 95 O		
Programme 3: Emergency Medical Services	Primary Health Care Programme 3: Emergency Medical Services	24 hours rate – PHC						The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		E5 55 55 55 56 56 56 56 56 56 56 56 56 56	ongoing limited capacity of regions let re-incontal services and regions let re-incontal services and law presentation of infants and law presentation of infants are let received and the services of the services of infants and distance. 101 Incomment receiving and reporting services are let received and reporting services and reporting services are let received and services and response to the services are let received and receiv	incondati services Review reconstal and emergency triags, succument and treatment (EAR) training programmes. Training on the PSI National Guideline will be re-enforced during regional training in the Allocation of infrastructure	25 84 95 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Programme 3: Emergency Medical Sarvices		24 hours rate – PHC Patient Safety Incident (PSI) case closure rate – PHC facility	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster		ES 55 55 55 55 55 55 55 55 55 55 55 55 55	anguing limited capacity of regional real resounts services and law presentations of resounts services and law presentation of infants and law presentation of infants and law presentation of infants and law properties of the services of t	monatal services flower programment for the programment (ETAT) training programment (ETAT) training on the PSI National Guideline will be re-enforced during regional training in the Abboardina of Infrastructure Audige to increase number of customers death or i	55 84 95 95 95 95 95 95 95 95 95 95 95 95 95		
Programme 3: Emergency Medical Services		24 hours rate – PHC Patient Safety Incident (PSI) case closure rate – PHC facility	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		65 55 56	ongoing limited capacity of regions let re-incontal services and target presentation of infanct and disease. 10 Indicates recording and reporting disease with advanced disease. 10 Indicates recording and reporting torsing a disease, and a second disease. 10 Indicates recording and reporting torsing a disease, and a second disease. 10 Indicates recording and reporting torsing a disease and a second disease. 10 Indicates recording and reporting torsing a second disease. 10 Indicates recording and reporting torsing a second disease. 10 Indicates recording and reporting torsing a second disease. 10 Indicates recording and reporting torsing a second reporting and reporting torsing a second disease. 10 Indicates recording and reporting torsing a second reporting and reporting torsing a second report of the second reporting and reporting and reporting torsing a second report of the second reporting and r	Inconditi services for the property of the pro	85 86 85 95 90 95 95 95 95 95 95 95 95 95 95 95 95 95		
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Programme 3: Emergency Medical Services		24 hours rate - PHC Patient Safety Incident (IPSI) case closure rate - PHC facility EMS PS whan response under 30 minutes rate EMS PS whan response under 30 minutes rate	Standardized Standardized	Not Applicable Not Applicable	Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster		55 95 50 55	ongoing limited capacity of regions leter reconstal services and regions leter reconstal services and law presentation of infanct and law presentation of infanct and law process and law proc	Insonatial services Review angual and emergency Review records and emergency recor	55 34 35 35 35 35 35 35 37 37 37 37 37 37 37 37 37 37 37 37 37		
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	Programme 3: Emergency Medical Services	24 hours rate – PHC Patient Safety Incident (PSI) case closure rate – PHC facility EMS P1 whan response under 30 minutes rate EMS P1 nural response under 60 minutes rate	Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		95 95 50 50	anguing limited capacity of regional series reconstal services and law presentation of distance and law properties of the distance of the d	Training on the PS National Gardens PS National California (PS Nationa) (PS National California (PS Na	55 64 95 0 0 55 40 47		
Programme 3: Emergency Medical Services Programme 4: Provincial Mospital Services		24 hours rate - PHC Patient Safety Incident (PSI) case closure rate - PHC facility EMS PS whan response under 30 minutes rate EMS PS whan response under 30 minutes rate EMS PS rural response under 60 minutes rate EMS PS rural response under 60 minutes rate	Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		55 55 55	anguing limited capacity of regions leter in-constal services and the presentation of infanct and disease. 10 Infanction of the presentation of infanct and disease. 10 Infanction of the presentation of infanction of infanc	Training on the PS National Gardens PS National California (PS Nationa) (PS National California (PS Na	63 84 85 95 90 90 90 90 90 90 90 90 90 90 90 90 90		
	Programme 3: Emergency Medical Services	24 hours rate – PHC Patient Safety Incident (PSI) case closure rate – PHC facility EMS P1 whan response under 30 minutes rate EMS P1 nural response under 60 minutes rate	Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		55 55 50 50 50	anguing limited capacity of regional series reconstal services and law presentation of distance and law properties of the distance of the d	Training on the PS National Gardens PS National California (PS Nationa) (PS National California (PS Na	55 84 95 95 95 95 95 95 95 95 95 95 95 95 95		
	Programme 3: Emergency Medical Services Covenic Hospitals	24 hours rate – PHC Patters Safety Incident (PSI) case closure rate – PHC facility EMS PS unban response under 30 minutes rate EMS PS unban response under 60 minutes rate EMS PS rural response under 60 minutes rate Severity assessment code (SMC) 3 incident reported within the context of t	Standardized Standardized Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services	The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Covelopment cluster The Social Protection, Community and Human Development cluster		55 55 55 50 50	ongoing limited capacity of regional seri-reconstal services and larg presentation of infants and larg presentation of infants and larg presentation of infants and large presen	Training on the PSI National Reviews reported and energency Review reported and energency Review reported and energency Reviews reported and energy reported has been engined to increase supervision of feer matters. Allocation of infrastructure budget to increase supervision of the matter, and increase supervision of the matter. Allocation of infrastructure budget to increase supervision of the supervision and supervision of the provider has been engaged to provider and the resolution of fleet matters. Buds operational staff roster and	55 54 55 55 55 55 55 55 55 55 55 55 55 5		
	Programme 3: Emergency Medical Services	24 hours rate – PHC Patient Safety Incident (PSI) case closure rate – PHC facility EMS P1 urban response under 30 minutes rate EMS P1 urban response under 30 minutes rate EMS P1 rural response under 60 minutes rate Severity assessment code (DAC) 1 incident reported within 24 hours rate – Chronic/Link and te loogical 24 hours rate – Chronic/Link and te loogical 24 hours rate – Chronic/Link and te loogical	Standardized Standardized Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster The Social Protection Community and Human Development cluster The Social Protection Community and Human Development cluster		55 55 55 55 55 55 55 55 55 55 55 55 55	any organization of responsibility of regional series recording and reporting and large presentation of distance and large presentation of the presenta	Training on the FS National Guideline with the Commence of Commenc	55 44 55 47 47 47 47 40 40 40 40 40 40 40 40 40 40 40 40 40		
	Programme 3: Emergency Medical Services Covenic Hospitals	28 hours rate - PHC Pattent Safety Incident (PSG) case closure rate - PHC facility EMS PS whan response under 30 minutes rate EMS PS urban response under 60 minutes rate EMS PS naral response under 60 minutes rate Severity assumment code (SAC) 1 incident reported within Pattent Safety incident (PSG) case closure rate (Commonly Safety Incident Reported within Safety Inciden	Standardized Standardized Standardized Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services Basic Services	The Social Protection, Community and Human Development cluster		55 55 55 55 55 55 55 55 55 55 55 55 55	anguing limited capacity of regions leter in-constal services and tap presentation of infanct and tap	Incomatilities revices for the programmes. Seekive recording and emergency for the programmes. Seekive recording and emergency for the programmes. Seekive recording and the programmes of the p	55 0 47 55 47 100 100 100 100 100 100 100 100 100 10		
	Programme 3: Emergency Medical Services Covenic Hospitals	24 hours rate - PHC Patient Safety incident (PSG) case closure rate - PHC facility EMS PS whan response under 30 minutes rate EMS PS whan response under 60 minutes rate EMS PS rural response under 60 minutes rate Severity assessment code (SAC) I incident reported within rate of the code of th	Standardized Standardized Standardized Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services Basic Services	The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development Cluster		55 95 50 50 50 50 50 50 50 50 50	anguing limited capacity of regions leter insociated services and trapporting and inspecting fine of indicate and trap presentation of indicate and trapporting publishers with advanced disease. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting facilities are some facilities. 10. Indicates recording and reporting training and present and analysis of the present of t	reconstal services for services and services (ECLAT) training on the PSI National Control of the	55 04 05 05 05 05 05 05 05 05 05 05 05 05 05		
	Programme 3: Emergency Medical Services Covenic Hospitals	28 hours rate - PHC Pattent Safety Incident (PSG) case closure rate - PHC facility EMS PS whan response under 30 minutes rate EMS PS urban response under 60 minutes rate EMS PS naral response under 60 minutes rate Severity assumment code (SAC) 1 incident reported within Pattent Safety incident (PSG) case closure rate (Commonly Safety Incident Reported within Safety Inciden	Standardized Standardized Standardized Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services Basic Services	The Social Protection, Community and Human Development cluster		55 55 55 55 55 55 55 55 55 55 55 55 55	anguing limited capacity of regions leter in-constal services and tap presentation of infanct and tap	reconstal services for services and services (ECLAT) training on the PSI National Control of the	65		
	Programme 3: Emergency Medical Services Covenic Hospitals	28 hours rate - PHC Pattent Safety Incident (PSG) case closure rate - PHC facility EMS PS whan response under 30 minutes rate EMS PS urban response under 60 minutes rate EMS PS naral response under 60 minutes rate Severity assumment code (SAC) 1 incident reported within Pattent Safety incident (PSG) case closure rate (Commonly Safety Incident Reported within Safety Inciden	Standardized Standardized Standardized Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services Basic Services	The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development Cluster		55 55 55 55 55 55 55 55 55 55 55 55 55	anguing limited capacity of regions leter insociated services and trapporting and inspecting fine of indicate and trap presentation of indicate and trapporting publishers with advanced disease. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting facilities are some facilities. 10. Indicates recording and reporting training and present and analysis of the present of t	reconstal services for services and services (ECLAT) training on the PSI National Control of the	63 84 85 95 96 97 97 97 97 97 97 97 97 97 97 97 97 97		
	Programme 3: Emergency Medical Services Covenic Hospitals	28 hours rate - PHC Pattent Safety Incident (PSG) case closure rate - PHC facility EMS PS whan response under 30 minutes rate EMS PS urban response under 60 minutes rate EMS PS naral response under 60 minutes rate Severity assumment code (SAC) 1 incident reported within Pattent Safety incident (PSG) case closure rate (Commonly Safety Incident Reported within Safety Inciden	Standardized Standardized Standardized Standardized Standardized Standardized Standardized	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	Percentage Percentage Percentage Percentage Percentage Percentage	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services Basic Services	The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development Cluster		95 95 95 95 95 95 95 95 95 95 95 95 95 9	anguing limited capacity of regions leter insociated services and trapporting and inspecting fine of indicate and trap presentation of indicate and trapporting publishers with advanced disease. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting training a dullenge with some facilities. 10. Indicates recording and reporting facilities are some facilities. 10. Indicates recording and reporting training and present and analysis of the present of t	reconstal services for services and services (ECLAT) training on the PSI National Control of the	253 284 295 0 0 2 2 2 0 0 2 2 2 0 2 2 2 2 2 2 2 2		

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		Regional Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Regional Hospital	1 Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		90.2	100	Improved adherence to guidelines following the intervention of the		100			
							ļ						Chief Director: Hospital Services					
							ļ	'	1									
			Patient Safety Incident (PSI) case closure rate - Regional Hospital	Standardized	Not Applicable	Percentage P	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		97	100.3	PSIs that were under investigation 97 were closed during this quarter.		93			
			1 to Special				ļ	'	Development Classes				were closed during and quarter.					
			[Number of] Deaths in facility under 5 years - Regional Hospitals	Standardized	Not Applicable	Number Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		439	371	Strengthening of regional level paediatric critical care services and		1278			
							ļ	'					roll-out of Essential Packages of Care and dashboards.					
							ļ	'										
			Child under 5 years diarrhoea case fatality rate – Regional Hospital	Standardized	Not Applicable	Percentage P	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.7	0.78	Improved availability and use of oral rehydration solution, effective		0			
							ļ	'					assessment and referral, and improved case management of					
			Child under 5 years pneumonia case fatality rate – Regional Hospital	Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		2.2	2.2	No deviation. 2.2		0			
			Child under 5 years Severe Acute Malnutrition case fatalit rate – Regional Hospital	y Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		7.6	6.4	Compliance with the management 7.6 of patients admitted with severe		0			
							ļ	'					acute malnutrition at hospital.					
					'	\perp												
		TB Hospitals	Severity assessment code (SAC) 1 incident reported within	in Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health		The Social Protection, Community and Human		100	0	There were no SAC1 incidents to 95		0			
			24 hours rate – TB Hospital Patient Safety Incident (PSI) case closure rate – TB Hospita	al Standardized			Priority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human		100	200	report. 1 PSI which was under 100		200			
							ļ	'	Development cluster				investigation from Q1, was closed in quarter 3.					
							ļ	'										
				_														
	Programme 5: Central Hospital Services	Central Hospitals	Severity assessment code (SAC) 1 incident reported within	in Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		100	66.7	Incorrect classification of the PSI PSI management committee to 95		100			
			24 hours rate – Central Hospital						Development cluster				resulted in delayed reporting. conduct in-service training on the PSI guidelines.					
			Patient Safety Incident (PSI) case closure rate – Central Hospital					Basic Services	The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		100	101.4	1 PSI which was under investigation from the previous Critically ill patients with advanced The development of additional 185		97			
			[Number of] Death in facility under 5 years - Central Hospital	Standardized	Not Applicable	Number Pi	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		46	48	disease are admitted at this level critical care services for		145		1	
							ļ	1 '					of care. pediatrics.					
					'		ļ	1 '										
			Child under 5 years pneumonia case fatality rate – Central	J Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		8.4	63.6	Deaths were related to delayed Empower mothers with 8.4		0			
			Hospital				ļ	'	Development cluster				presentation with poor health knowledge of danger signs seeking behaviour, delayed through the support of					
							ļ	'					recognition of severity of illness by community care givers. the caregiver and delayed transfer Strengthen stabilization and					
													from lower levels of care. transfer systems in eThekwini. Some cases had also missed Continue to pursue the					
			Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital	j Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		8.3	0	Compliance with the management 8.3 of patients admitted with severe		0			
													acute malnutrition in hospital.					
		Tertiary Hospitals	Severity assessment code (SAC) 1 incident reported within	in Standardized	Not Applicable	Percentage P	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		100	100	No deviation 100		100			
			24 hours rate – Tertiary Hospital				ļ	'	Development cluster									
							ļ	'										
							ļ	'										
							ļ	'										
							ļ	'										
			Patient Safety Incident (PSI) case closure rate – Tertiary Hospital	Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		96.4	102	PSIs which were under investigation from previous 96.4		0			
							ļ	'					quarters, were closed in quarter 3.					
							ļ	'										
			[Number of] Death in facility under 5 years - Tertiary Hospital	Standardized	Not Applicable	Number Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		71	64	Improved paediatric critical care 285 services and roll-out of Essential		205			
							ļ	'					Packages of Care and dashboards.					
							ļ	'										
							ļ	'										
							ļ	'										
			Child under 5 years diarrhoea case fatality rate –Tertiary Hospital	Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.2	4.5	There are delays in referral for Maintain existing PHC 1.2 children due to inadequate high programmes and oral re-		0			
													care and intensive care beds in hydration corners in every clinic districts. and CHC.					
			Child under 5 years pneumonia case fatality rate –Tertiary Hospital	Standardized	Not Applicable	Percentage P	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		2.5	10.5	There are delays in referral for Maintain existing PHC 2.5 children due to inadequate high programmes and strengthen		0			
						\perp							care and intensive care beds in pediatric critical care services. districts.					
			Child under 5 years Severe acute malnutrition case fatality rate –Tertiary Hospital	/ Standardized	Not Applicable	Percentage P	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		6	23.8	There are delays in referral for Continue with training on IMCI to 6 children due to inadequate high encourage case detection of		0			
					'		ļ	1 '					care and intensive care beds in MAM and SAM at district hospital districts.					
				\pm		\Box												
	Programme 7: Health Care Support Services	Health Care Support Services	Tracer Medicine Stock-Out Rate at the Provincial	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		= 5%	4.8	Following up on suppliers with = 59:					
			Pharmaceutical Supply Depot (PPSD)		'		ļ	1 '	Development cluster				overdue orders. Rationing the stock of products					
							ļ	'					with supply constraints. Preparing for transitioning into					
					'		ļ	1 '					new contracts by stock pilling.					
							ļ	'										
			Tracer Medicine Stock-Out Rate at facilities (hospitals,	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		= 5%	1.6	PPSD rationed the stock of = 50 products with supply constraints					
			community health centres and clinics)		'		ļ	1 '	Development cluster				to ensure that all facilities were					
							ļ	'					covered.					
					'		ļ	1 '										
							l											
	Programme 8: Health Facilities Management	Health Facilities Management	Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Standardized	Not Applicable	Percentage Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		0	26.8	Introduction of NHI Compliance Clinic maintenance and upgrading		0			
							ļ	'					programme.					
					'	\perp												
			Number of jobs created through the EPWP	Non-Standardized	Not Applicable	Number Pr	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		625	265	The target was not met in Q3 due to limited job opportunities during in Q3, a total of 2 883 jobs were 2500		2883		1	
					'		ļ	1 '					the quarter. created for the period April to Dec 2023, exceeding the annual					
					'		ļ	1 '					target of 2500.					
							ļ	'										
Total:	95																	
Feedback																		
Usamana Of	Bala Of	Quarter - 1				2ma 02		Qu	arter - 2		Quarter 3	Qua	rter - 4 Pola Od Sandhark Od Stee	name Deli		Audited Annual		
Username Q1	Kole Q1	Feedback QT		Dated Q1	Userna Nirvasi	name Q2 sha Moodley	Role, Dep:	artment Coordinator	Peedback Q2 Dear Sir/Madam		Username Q4		Feedback Q4 Use	name Kole	Fe	reupatx	Dated	
					Roanda	da Pretorius	Natio	ional Oversight	Noted thanks									
										ote of the comments/recommendations								
					Nirvash.	na Sthembela Ndlazi sha Moodley	Depa	artment Coordinator	Dear Dr Tshabalala,	ote of the comments/recommendations.								
					Nirvast Dr Sanc	sha Moodley andile Tshabalala	Dep. Acco.	Coordinator Nartment Coordinator Counting Officer	Dear Sir/Madam Noted thanks Thank you for the report and do take no Dear Dr Tshabalaia, Approval Certificate: Q2- Dear Sir/Mada	ote of the comments/recommendations.	222222							

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Lulama Sthembela Ndlazi	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		·				

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