

Frequency	Programme	Sub Programme	Indicator	Indicator Type	Output	DataType	MTSF Priority	Provincial Priority	Cluster	Audited outcome FY 2022 - 23	Quarter - 4				Annual Performance														
											Target Q4	Actual Output Q4	Reason for Deviation Q4	Corrective Action Q4	Annual Target	Aggregate Output	Pre-Audited Annual Performance	Reason for Deviation	Corrective Action	Audited Annual Performance									
Annually	Programme 1: Administration	Administration	Health opinion of Provincial Dept	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																				
			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																				
			LHC Service Index	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																				
			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																				
			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																				
			Malaria case fatality rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																				
			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																				
			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																				
			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																				
			(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																				
	Programme 2: District Health Services	Disease Prevention and Care	District Hospitals	HW/TB and Sexually Transmitted Infections (HAST)	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				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																			
				Maternal Mortality in facility rate - Total	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				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																			
				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																			
				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																			
				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																			
				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																			
				SAB Births 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																			
				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																			
	Programme 4: Provincial Hospital Services	Primary Health Care	District Hospitals	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																			
				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																			
				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																			
				Patient Experience of Care satisfaction rate - Regional Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				(Number of) Maternal deaths in facility - Regional Hospital	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				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																			
				Patient Experience of Care satisfaction rate - Central Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				(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																			
				Patient Experience of Care satisfaction rate - Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				(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																			
	Programme 5: Central Hospital Services	Central Hospitals	Central Hospitals	Patient Experience of Care satisfaction rate - Central Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				(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																			
				Patient Experience of Care satisfaction rate - Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster																			
				(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																			
				Programme 6: Health Sciences and Training	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																
							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 Development cluster																
							Programme 8: Health Facilities Management	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													
										Quarterly	Programme 1: Administration	Administration	Number of CHW's contacted 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	10 048	CHWs exit the system due to natural attrition.	Recruitment of CHWs will be informed by the community mapping currently underway, that will determine coverage in each municipal ward.	10350	10048				
													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	95.9	Improvement in processing of 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.		95	0				
													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	67	52.9	Due to budget constraints, the project could only be implemented in phases. Network connectivity is one of the challenges impacting the full utilisation of the E-Health system.	Equipment for the use of the E-Health system for additional phases. Equipment for the use of the E-Health system will be procured in the 2024/25 financial year.	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	83.3	86.2	Adherence to the National Guideline for PSI reporting.		83	0								
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	106	PSIs that occurred in previous quarters and were still under investigation were closed in quarter 4 (24).		90	0								
(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	313	Improved access to oxygen, outreach support and a functioning referral system all contributed to the reduction in deaths.		1476	1258								
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	Earlier entry into the health system contributed to reduced deaths.		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	1.1	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	5.8	Compliance with the management of patients admitted with severe acute malnutrition at hospital.		8.5	0											
Programme 2: District Health Services	District Hospitals	District Hospitals	HW/TB and Sexually Transmitted Infections	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster				7	8.2	Duplicates as patients register at more than one facility, and challenges in the tracking and tracing of patients contributes to poor performance.	• Continue with data clean-up. • Implementation of the tracking and tracing standard operational procedure during operation phuthuma visits. • Engage districts to continue with social mobilisation on importance of adherence to treatment.	7	0											

TB Rifampin 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	14.8	16	Duplicated patients between facilities as patients register in more than one facility as new.	Districts to conduct mortality audits and implement quality improvement plans.	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	9.1	6.3	Improved linkage to care with only one patient being lost to follow up.		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	79	68.8	<ul style="list-style-type: none"> <li>Loss to follow up remains a contributing factor.</li> <li>Sub-optimal uptake of HIV services among males, and adolescents.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of aligned tracking and tracing with all stakeholders.</li> <li>Facilitate extension of mobile men health services and monitoring of improved HAST services for men.</li> </ul>	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	79.9	<ul style="list-style-type: none"> <li>Although it appears as if the Target was met, there is actual decline of Total Child Remaining on ART (TRCA). Child TRCA Q1- Q3 736, Q2- Q3 396, Q3- Q4 522 and Q4- Q1 27968. This is observed through consistent Loss to Follow Up at 17% against the target of 10% for the province. Incomplete implementation of matrix of interventions framework (focusing on case finding, retention in care and viral load suppression.)</li> </ul>	<ul style="list-style-type: none"> <li>Intensify case-finding by optimising all available modalities at all point of care platforms.</li> <li>Build capacity of community-based organisations, sectors and community health care workers to trace and link children in care.</li> <li>Overnight support and technical assistance to quality improvement activities of Districts, inclusive of providing technical guidance in using Step by Step paediatric tool-kits for retention in care.</li> </ul>	75	0						
HIV positive 15-24 years (incl 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"> <li>It is difficult for the Department of Health to reach all young people with HIV prevention education especially in High (Secondary) Schools due to the Department of Basic Education policy on providing more prevention methodologies.</li> <li>Encouraging more young people to know their HIV status is critical so that they can protect themselves against HIV, and if infected they can stay healthy through adherence to HIV treatment and use this information to curb the spread of HIV.</li> </ul>	<ul style="list-style-type: none"> <li>Educational talks targeting young people, youth dialogues and marketing HIV testing on print and electronic media will assist in giving relevant information to this group.</li> <li>Working with the Department of Basic Education in giving more HIV information to learners during Life Orientation periods will assist and also engage working relations (through renewal of Memorandums of Agreements) with all tertiary institutions in KZN will yield positive results in accessing this group.</li> <li>Community activations to target youth who are out of school.</li> </ul>	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	73.8	<ul style="list-style-type: none"> <li>Unaccounted patients who transfer in and out, and duplicates on the system.</li> <li>High loss to follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the monthly transfer-out tracking and tracing tool.</li> <li>Continued data clean-up.</li> <li>Implementation of the bring back 25% of lost to follow up patients per week during Operation Phuthuma visits.</li> <li>Implementation of the adherence guidelines.</li> </ul>	85	0						
TB Rifampin 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	67	High loss to follow-up and death rates.	Districts to conduct mortality audits and implement quality improvement plans.	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	62.5	High death rate due to late presentation for treatment.	<ul style="list-style-type: none"> <li>Linkage of all drug resistant TB patients to outreach teams to identify patients with complications early and refer to hospital.</li> <li>Community awareness campaigns on importance of early presentation to clinic for TB treatment and adherence to treatment.</li> </ul>	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	83.2	Clients have treatment adherence challenges caused by treatment fatigue, substance use and other social factors.	<ul style="list-style-type: none"> <li>Implementation of intense enhanced adherence counselling in the form of the ABCDE approach (A-Adherence, B-Bugs/Concomitant, C-Correct dosage, D-Drug vs Drug interaction, E-Resistance).</li> </ul>	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	51.2	Disengagement and inadequate Dolutegravir (DTG) contributed towards not achieving optimal viral load suppression.	<ul style="list-style-type: none"> <li>Phased in implementation of Dolutegravir (DTG), especially monitoring stock levels of legacy regimens.</li> <li>Implementation of adherence guidelines, especially the Disclosure standard operating procedures (SOP).</li> <li>Revitalisation of support groups targeting children and their caregivers.</li> </ul>	70	0						
Maternal, Women and Child Health including Nutrition	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	63	69	Improved marketing of Long Acting Reversible contraceptives at the community and facility level		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	17.2	<ul style="list-style-type: none"> <li>• Poor uptake of contraceptives by teenagers as they avoid going to the clinic, and not all facilities are youth friendly.</li> <li>• Even though it is being addressed, societal issues such as early marriage remain and it will take some time before any impact is seen.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the Integrated Multi Stakeholder Health Promotion Strategy championed by DPH and coordinated within Office of the Premier (OTF).</li> <li>• Educate and raise awareness on Dual Protection.</li> <li>• Pilot user friendly services for youth to access contraceptives in Ethekwini, Zululand, uThukela and uMgungundlovu higher learning institutions and TVETs.</li> </ul>	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	76	<ul style="list-style-type: none"> <li>• House hold community pregnancy testing done by Outreach teams is closely monitored.</li> <li>• Referral of positive pregnancy tests is facilitated where feedback is documented on the referral form to ensure that clients actually present to the clinic for linkage to antenatal care.</li> </ul>		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	80.9	<ul style="list-style-type: none"> <li>• Provision of post-natal care for mothers who are still in hospital.</li> </ul>		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	0.35	<ul style="list-style-type: none"> <li>• Education to mothers who are breastfeeding to avoid mixed feeding.</li> <li>• Electronic Gate Keeping is strictly monitored to monitor viral load at ANC and delivery.</li> </ul>		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	0.24	<ul style="list-style-type: none"> <li>• Education to mothers who are breastfeeding to avoid mixed feeding.</li> <li>• Electronic Gate Keeping is strictly monitored to monitor viral load at ANC and delivery.</li> </ul>		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	92.2	<ul style="list-style-type: none"> <li>• Consistent data monitoring, verification and defaulter tracing.</li> <li>• Catch-up drive activities conducted to reach children who missed immunisation.</li> </ul>		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	92.8	<ul style="list-style-type: none"> <li>• Failure by districts to conduct outreach activities during holidays (January 2024).</li> </ul>	<ul style="list-style-type: none"> <li>• Defaulter tracing and catch-up drive activities to be conducted parallel to ongoing routine services.</li> </ul>	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	13.5	<ul style="list-style-type: none"> <li>• Contributory factors include the high number of teenage pregnancies, conditions like Hypertension in pregnancy including among teenagers, Non-Pregnancy Related Infections (NPIs) and other infections including syphilis in pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate and collaborate with all departments and partners to address societal challenges.</li> <li>• Improve early booking in districts with low antenatal booking before 20 weeks by conducting dialogues in King Cetshwayo, Amajuba and uThukela Districts.</li> <li>• Trace defaulters amongst pregnant women.</li> <li>• Monitor syphilis management at facility level.</li> </ul>	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	14.7	<ul style="list-style-type: none"> <li>• Deaths caused by prematurity related to high low birth weight rate, high teenage pregnancy rate, inadequate coverage of antenatal steroids.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate for the commissioning of neonatal beds at Pieter Ka Iuka Seme and King Dinuzulu hospitals.</li> <li>• Collaboration with all stakeholders to raise awareness on the prevention of teenage pregnancy.</li> </ul>	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	Major factor contributing to under-5 deaths relate to the late presentation of infants and young children with advanced disease.	* PHC component to strengthen community based services with greater contribution to maternal and child health team during household visits. * Staff to complete Emergency Triage, Assessment and Treatment (ETAT) and integrated management of malnutrition (IMAM) training.	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	89.5	Improved implementation of the PSI guidelines with the actoring of identified interventions.		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	91.9	PSIs occurred late in the quarter with insufficient time being available to complete investigations and close cases.	In-service training on importance of timely investigation of PSIs to be done at institutional level during PSI Committee meetings.	95	0				
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	39.6	Various resource constraints remain the key challenge impacting Emergency Medical Services. These include among others human resources, vehicles (specifically operational ambulances), base infrastructure, budget, etc.	* Allocation of infrastructure budget to increase number of customized built bases. * Identify satellite bases that are strategically placed. * Vehicle management service provider has been engaged to increase the pool of service providers and increase supervision of fleet matters. * 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	44.7	Various resource constraints remain the key challenge impacting Emergency Medical Services. These include among others human resources, vehicles (specifically operational ambulances), base infrastructure, budget, etc.	* Allocation of infrastructure budget to increase number of customized built bases. * Identify satellite bases that are strategically placed. * Vehicle management service provider has been engaged to increase the pool of service providers and increase supervision of fleet matters. * 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	120	The additional PSI from Clarewood Hospital which is now a district hospital.	Intervention required from the National Department of Health to correct the designation of facilities on the system.	100	120				
	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		100	100	No deviation		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	125	PSIs that occurred in previous quarters and were still under investigation were closed in quarter 4 (24).		92	0				
	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		89.1	94.9	Improved adherence to guidelines following the intervention of the Chief Director: Hospital Services.		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	99.4	Functional PSI committees and implementation of interventions from previous quarters assisted in the closure of most PSIs.		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		438	406	Earlier referrals and better access to respiratory support and oxygen resulted in reduced deaths.		1754	1664				
		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	1.8	Deaths were associated with late entry into the health service with advanced disease.	Strengthen referral systems and case management of diarrhoea.	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	1.3	Reduction in deaths are associated with a functional referral system and increased access to respiratory support.		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	4.1	Compliance with the management of patients admitted with severe acute malnutrition at hospital.		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		87.5	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	66.7	Non-adherence to PSI guidelines.	In-service training on importance of timely investigation of PSIs to be done at institutional level during PSI Committee meetings.	100	200					
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		90	66.7	Non-adherence to PSI guidelines.	PSI management committee to conduct in-service training on the PSI guidelines.	95	100				
		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	99	1 PSI was still under investigation at the end of the quarter.	The request the facility to close the case by Friday 30 April 2024.	100	97				

