

P QPR for FY 2023-24 for Provincial Institution of Health of location KwaZulu Natal as of (Thursday, May 2, 2024 10:46:10 AM)

												Qua	arter - 4			An	ual Performance		
Frequency	Programme	Sub Programme	Indicator	Indicator Type	Output Dat	aType N	ATSF Priority	Provincial Priority	Cluster	Audited outcome FY 2022 - 23	Target Q4	Actual Ouput Q4	Reason for Deviation Q4	Corrective Action Q4	Annual Target Aggregate Output			Corrective Action Audite	ted Annual Peformance
Annually	Pressan and 1. Administration		Audit opinion of Provincial DoH						The Social Destantion Community and Usersa		inger ge	Actual Ouplit Q4		Contecute Action Q4	Insuration of the second secon				Co Annou Peronnance
Annoany	Programme 1. Administration	Administration	Contingent liability of medico-legal cases		Not Applicable Tex Not Applicable Tex	t Pi	riority 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	Non-Standardized	Not Applicable Tex Not Applicable Peri	centage Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						73.5				
			Professional nurses per 100 000 population Medical officers per 100 000 population	Non-Standardized	Not Applicable Tex Not Applicable Tex	t Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human						152.5/100 000 27.4/100 000				
5	Programme 2: District Health Services	Disease Prevention and Care	Malaria case fatality rate	Standardized	Not Applicable Peri	centage Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human						0.0				
			Malaria incidence per 1000 population at risk	Non-Standardized	Not Applicable Peri Not Applicable Tex	Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human The Social Protection, Community and Human The Social Protection, Community and Human Development Jourtsm						0/1000				
			Covid -19 Case Fatality Rate : Total	Non-Standardized	Not Applicable Peri	centage Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						1.2				
		District Hospitals	Patient Experience of Care satisfaction rate - District Hospitals	Standardized	Not Applicable Peri				The Social Protection, Community and Human Development cluster						81				
			[Number of] Maternal death in facility - District Hospital	ls Standardized	Not Applicable Nur	nber Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster						49				
		HIV/TB and Sexually Transmitted Infections (HAST	[Number of] All DS-TB Deaths	Standardized	Not Applicable Nur	nber Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						3000				
			ART client remain on ART end of month - sum	Standardized	Not Applicable Nur	nber Pi	riority 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	Standardized	Not Applicable Tex Not Applicable Peri	t Procentage Pr	riority 3: Education, Skills And Health riority 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 The Social Protection, Community and Human						90.5 / 100 000				
			Death in facility under 1 years rate - total	Non-Standardized	Not Applicable Per	centage Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						8.2				
			Child under 5 years diarrhoea case fatality rate - total	Standardized	Not Applicable Peri	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						1.7				
			Child under 5 years Pneumonia case fatality rate - total	Standardized	Not Applicable Per		riority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster						1.9				
			Child under 5 years Severe acute malnutrition case fatal	lity Standardized	Not Applicable Peri	centage Pr	riority 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 Tex	t Pi	riority 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	Non-Standardized	Not Applicable Peri	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human 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 - PHC Patient Experience of Care satisfaction rate - Chronic/Su	Staliualuizeu	Not Applicable Per	centage Pr centage Pr	nority 3: Education, Skills And Health riority 3: Education, Skills And Health	Basic Services Basic Services	The Social Protection, Community and Human The Social Protection, Community and Human						80				
			acute Hospital			-			Development cluster										
		Psychiatric Hospitals	Patient Experience of Care satisfaction rate – Psychiatric Hospital					Basic Services	The Social Protection, Community and Human Development cluster						90				
		Regional Hospitals	Patient Experience of Care satisfaction rate – Regional Hospitals	Standardized	Not Applicable Per	centage Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster						83				
			[Number of] Maternal deaths in facility - Regional Hospi	itals Standardized	Not Applicable Nur	nber Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						109				
		TB Hospitals	Patient Experience of Care satisfaction rate – TB Hospita	al Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human						97.3				
	Programme 5: Central Hospital Services	Central Hospitals	Patient Experience of Care satisfaction rate – Central	Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human						93.7				
			Hospitals						Development cluster						0				
			[Number of] maternal deaths in facility - Central Hospita	al Standardized	Not Applicable Nur	nuet Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster						7				
		Tertiary Hospitals	Patient Experience of Care estimation and Table	Standardined	Not Applicable	antina	riority 2- Education (Lille And Mark)	Davir Sanires	The Social Protection, Community and Human				<u> </u>		20]
		recoally mospitals	Patient Experience of Care satisfaction rate – Tertiary Hospitals					Basic Services	Development cluster										
			[Number of] maternal deaths in facility - Tertiary Hospit	tal Standardized	Not Applicable Nur	nber Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster						23				
	Programme 6: Health Sciences and Training	Health Sciences and Training	Number of Bursaries awarded to first year nursing stude	ents Non-Standardized	Not Applicable Nur	nber Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						120				
	Programme 6. Health Sciences and Training	Reards Sciences and Training				nuel Pi	noncy 5. Education, Skills And Health	Dasic del Vices	Development cluster The Social Protection, Community and Human						120				
			Number of internal employees awarded bursaries	Non-Standardized	Not Applicable Nur	nber Pi	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human						480				
F	Programme 8: Health Facilities Management	Health Facilities Management	Percentage of public health facilities refurbished, repain	ed Standardized	Not Applicable Peri	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster						100				
			and maintained						Development ouster										
Quarterly F	Programme 1: Administration	Administration	Number of CHW's contracted into the Health System	Non-Standardized	Not Applicable Nur	nher P	riority 3: Education Skills And Health	Rasic Services	The Social Protection, Community and Human		10350	10 048	CHWs exit the system due to natural	Recruitment of CHWs will be	10350 10048				
Quarterry			Number of CTW 3 conducted into the realth 3/34cm	Non-Standardized	not oppicable into		noncy 5. Laboration, Shins And Heanti	addie del troca	Development cluster			10040	attrition.	informed by the community	20040				
														mapping currently underway, that will determine coverage in					
				No. 6	No. A. Fastin				10		or.	of 0		each municipal ward.	A.F. A.				
			Percentage of supplier invoices paid within 30 Days	Non-Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		25	32.3	Improvement in processing of payments is due to distribution of		95 0				
													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	1					
													payments thus ensuring that future						
													payments are made within 30 days.						
			Percentage of hospitals using the E-Health System	Non-Standardized	Not Applicable Per	centage Pi	riority 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		67.1 0				
													phases. Network connectivity is one of the	hospitals will be procured in the 2024/25 financial year.					
													challenges impacting the full	2024/25 financial year.					
													utilisation of the E-Health system.						
														1					
1	Programme 2: District Health Services	District Hospitals	Severity assessment code (SAC) 1 incident reported with	hin Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		83.3	96.2	Adherence to the National Guideline		83 0				
			24 hours rate – District Hospital						Development cluster				for PSI reporting.						
			Patient Safety Incident (PSI) case closure rate – District	Standardined	Not Applicable Per	antina	riority 3: Education, Skills And Health	Davir Sanir-	The Social Protection, Community and Human		90	106	PSIs that occurred in previous		an n				
			Hospital	scanuar dized	Peri Peri	amage Pi	noncy 3. coucedon, skills And Health	unaria del VICES	The Social Protection, Community and Human Development cluster		Ĩ~	4070 -	quarters and were still under		~ [
													investigation were closed in quarter 4 (Q4).	1					
														1					
			[Number of] Death in facility under 5 years – District Hospital	Standardized	Not Applicable Nur	nber Pi	riority 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		1476 1258				
													system all contributed to the						
													reduction in deaths.						
			Child under 5 years diarrhoea case fatality rate -District	t Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		1.6	1	Earlier entry into the health system		1.6 0				
			Hospital						Development duster				contributed to reduced deaths.						
			Child under 5 years pneumonia case fatality rate –Distri Hospital	ict Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		1.4	11	Improved outreach support, referral systems and access to oxygen		1.4 0				
													contributed to improved survival						
			Child under 5 years Severe Acute Malnutrition case fata	lity Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		8.5	5.8	rates. Compliance with the management of		8.5 0			<u> </u>	
			rate –District Hospital			-			Development duster				patients admitted with severe acute malnutrition at hospital.		l l				
													menturnum at nospital.						
					+ +														
		HIV/TB and Sexually Transmitted Infections	All DS-TB client lost to follow up rate	Standardized	Not Applicable Per	centage Pr	riority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		7	8.2	Duplicates as patients register at	Continue with data clean-up.	7 0				
									Development cluster				more than one facility, and challenges in the tracking and tracing	 Implementation of the tracking and tracing standard 					
													of patients contributes to poor performance.	operational procedure during operation phuthuma visits.					
														Engage districts to continue					
														with social mobilisation on importance of adherence to					
														treatment.					
									-	-		-		-	-		-		

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	TB Rifampicin resistant / Multidrug - Resistant lost to follow up rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster	14.8	16	Duplicated patients between facilities as patients register in more than one	Districts to conduct mortality audits and implement quality	15 (0		
										facility as new.	improvement plans.				
	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	9.1	i.3	Improved linkage to care with only		16 0	0		
							Development cluster			one patient being lost to follow up.					
	ART adult remain in care rate (12 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Daric Senicer	The Social Protection, Community and Human	75	8.8	 Loss to follow up remains a 	Implementation of aligned	75			
	Art odde termini in care rate (22 moneta)	Junuarazea	not oppressie	rereenage	There a care and she had the	Course Services	Development cluster			 contributing factor. Sub-optimal uptake of HIV services 	tracking and tracing with all stakeholders.		-		
										 Sub-optimal uptake of HIV services among males, and adolescents. 	Facilitate extension of mobile				
											men health services and monitoring of improved HAST				
											services for men.				
	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	19.9	Although it appears as if the Target was met, there is actual decline of	 Intensify case-finding by optimising all available 	75	0		
										Total Child Remaining on ART (TROA). Child TROA Q1- 33 736; Q2 -	modalities at all point of care				
										29 396; Q3 - 28 522 and in Q4 - 27968. This is observed through	 Build capacity of community- 				
										consistent Loss to Follow Up at 17%	based organisations, sectors and community health care workers				
										against the target of 10% for the province. Incomplete implementation	to trace and link children in care. • Oversight support and				
										of matrix of interventions framework (focusing on case finding, retention in	technical assistance to quality				
										care and viral load suppression.)	districts, inclusive of providing technical guidance in using Step				
											by Step paediatric tool-kits for				
											retention in care.				
	HIV positive 15-24 years (excl ANC) rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1.8	2.1	 It is difficult for the Department of Health to reach all young people with 	Educational talks targeting	1.8	0		
							oursephicit, upper			HIV prevention education especially	and marketing HIV testing on				
										in High (Secondary) Schools due to the Department of Basic Education	assist in giving relevant				
										policy on providing more prevention methodologies.	 information to this group. Working with the Department 				
										Encouraging more young people to know their HIV status is critical so	of Basic Education in giving				
										that they can protect themselves	learners during Life Orientation				
										against HIV, and if infected they can stay healthy through adherence to	periods will assist and also forging working relations				
										HIV treatment and use this information to curb the spread of	(through renewal of Memorandums of Agreements)				
										HIV.	with all tertiary institutions in K2N will yield positive results in				
											accessing this group.				
											 Community activations to target youth who are out of 				
											school.				
											school.				
	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	85	73.8	Unaccounted patients who transfer	• Implementation of the	85 0	2		
	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	in and out, and duplicates on the system.	monthly transfer out tracking and tracing tool.	85 (5		
	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	Unaccounted patients who transfer in and out, and duplicates on the system. High loss to follow-up.	monthly transfer out tracking and tracing tool. • Continued data clean-up.	85 1	2		
	All D5-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	in and out, and duplicates on the system.	monthly transfer out tracking and tracing tool. • Continued data clean-up. • Implementation of the bring back 25% of lost to follow up	85 (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	in and out, and duplicates on the system.	monthly transfer out tracking and tracing tool. • Continued data clean-up. • Implementation of the bring back 25% of lost to follow up patients per week during Operation Phuthuma visits.	85 1	2		
	All D5-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	in and out, and duplicates on the system.	monthly transfer out tracking and tracing tool. • Continued data clean-up. • Implementation of the bring back 25% of lost to follow up patients per week during	85 1	2		
							Development cluster	85	72.6	in and out, and duplicates on the system. • High loss to follow-up.	monthly transfer out tracking and tracing tool. • Continued data clean-up. • Implementation of the bring back 25% of lost to follow up patients per week during Operation Phuthuma visits. • Implementation of the adherence guidelines.	85 1	3		
	Al DS-TB client breatment success rate TB R/Ampion Resistant / Multidrug resistant treatment success rate		Not Applicable	Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health		The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster	85	73.8	in and out, and duplicates on the system.	monthly transfer out tracking and tracing tool. • Continued data clean up. • Implementation of the bring back 25% of lost to follow up patients per week during Operation Phuthuma visits. • Implementation of the adherence guidelines. Districts to conduct mortality audits and implement quality	85 1	2		
	18 Rifampion Resistant / Multidrug resistant teatment						Development cluster	85	73.8	in and out, and duplicates on the system. • High loss to follow-up.	monthly transfer out tracking and tracing tool. • Continued data clean-up. • Implementation of the bring back 25% of locat to follow up patients per week during Operation Phuthuma viots. • Implementation of the adherence guidelines. Districts to conduct mortality	85 i 70 i	2		
	TB Rifampicin Resistant / Multidrug resistant treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Suits And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster	85	73.6	in and out, and duplicates on the system. • High loss to follow-up. High loss to follow-up and death rates.	monthy traveler out tracking and trazing tool. • Continued data clean-up. • Indiversation of the bring back 25% of lost to follow up patients per week during Operation Phuthuma violit. • Indiversation of the adherence guidelines. Districts to conduct mortality improvement plans.	85 1	0		
	18 Rifampion Resistant / Multidrug resistant teatment			Percentage		Basic Services	Development cluster	85 20 65.9	23.8 27 22.5	in and out, and duplicates on the system. • High loss to follow-up.	monthy transfer out tracking and tracking tool - Continued data clean up. - Indemonstration of the bring backeting par week during Operation Phuthana volta. - Independent audit mortality audits and implement quality improvement plans. - Linkage of all drug resistant TB	25 (70 (55.9 (2		
	TB Rifampicin Resistant / Multidrug resistant treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Suits And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human	85 70 65.9	918 27 23	In and our, and displaces on the system. • High loss to follow-up. High loss to follow-up and death rates. High death rate due to late	monthy transfer out tracking and tracing tool - Continued data clean-up. - Individual data clean-up. - Linkage of all dwg resistant 10 - Linkage of all dwg resistant	25 r 70 r 25.9 r	2		
	TB Rifampicin Resistant / Multidrug resistant treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Suits And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human	15 70 65.9	21.8 27 22.5	In and our, and displaces on the system. • High loss to follow-up. High loss to follow-up and death rates. High death rate due to late	monthly transfer out tracking and tracking tool. • Continued data class or pri- data class of the second data of the data class of late to class or pri- patients per week during Operation Phutuma volus. • Implementation of the adherence publishing. Districts to conduct menutality improvement plans. • Includes of all drug resistant 18 publishis to outbrack teams to complications early and refer to hospital.	85 0 70 0 65.9 0	2		
	TB Rifampicin Resistant / Multidrug resistant treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Suits And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human	25 70 65.9	93.6	In and our, and displaces on the system. • High loss to follow-up. High loss to follow-up and death rates. High death rate due to late	monthly transfer out tracking and tracking tool - Continued data clean op, - Continued data clean op, data class of other data class of other op patients per week during Operators Prutuma volta. - Inderenza publiches. Districts to conduct mortality audits and implement quality mprovement plan. - Linkager of all orgenisators 108 dentify patients to out-exp ments to dentify patients with the out-off of thompatal. - Community passness	85 (20 86.9 (2		
	TB Rifampicin Resistant / Multidrug resistant treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Suits And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human	85 70 65.9	22.5	In and our, and displaces on the system. • High loss to follow-up. High loss to follow-up and death rates. High death rate due to late	monthy transfer out tracking and tracing tool. • Continued data clean op- endication of the forg particular per week during Operation Pruture value. • Independent works. • Independent of the additional displayment quality improvement plans. • Linkage of all drug resistor TB patients to outwach steams to identify patients on thoreas the endiplant of the outwach the endiplants outwach the outwach endiplants outwach endiplants of endiplants outwach endiplants of endiplants outwach endiplants outwach endiplants outwach endiplants out	85 (70 (85.9 (2		
	TB Rifampion Resistant / Multidrug resistant treatment success rate TB Pre-XDR treatment success rate	Standardized	Not Applicable	Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human	85 70 65.9	77	In and our, and displaces on the system. • High loss to follow-up. High loss to follow-up and death rates. High death rate due to late	monthly transfer out tracking and tracing good. • Continued data data was the data data data data data data the data data data data data data bada data data data data data bada data data data data data badata and implement qualidat improvement plans. • Linkage of all drug resistant 15 patients to outrack teams to campitations eshy and refer to complations eshy and refer to patations en importance of entry presentes to obic for	85 (70 (85.9 (2		
	TB REsemption Resistant / Multidrug resistant treatment access rate TB Pre-XDR treatment success rate ART Adult Viral load suppressed rate (Below 50) [12	Standardized	Not Applicable	Percentage Percentage	Priority 3: Education, Suits And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human	85 70 65.9 75	23.8 27 23.5	In and our, and displaces on the system. * High loss to follow-up and death rates. High loss to follow-up and death rates. High death rate due to late processation for treatment. Clarets have treatment adherence	monthly transfer out tracking and tracking tool. • Continued data class on pro- tool of the second data class on pro- back 25% of last or follow sep patients per week during Operation PNUH was volta. • Implementation of the address and implement address and implement address and implement address and implement address and implement address and implementation • Community asserties • Community asserties and planterest on the class • Community asserties complexations of intense transferress • Explanterest on the class • Community asserties • Community assertie	85 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	2		
	TB Rifampion Resistant / Multidrug resistant treatment success rate TB Pre-XDR treatment success rate	Standardized Standardized	Not Applicable	Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster	25 70 65.9 75	72 225	In and our, and displaces on the system.	monthly transfer out tracking and tracking tool. • Continued data clean op, • Continued data clean op, data 2355 of loan tool data op patients per week during. Operators Pruthum volta. • Inderenzation of the addits and implement quality mprovement plan. • Linkager of all drug resistant 18 dentify patients to outweek teams to dentify patients with the service of the strapplanet plan. • Community patients with • Comparison of the service of the strapplanet service of the service of the trapplanet service of the service of the strapplanet service of the service of the strapplanet service of the service of the strapplanet service of the service of the service of the strapplanet service of the service	85 (70 (65.9 (95 (
	TB REsemption Resistant / Multidrug resistant treatment access rate TB Pre-XDR treatment success rate ART Adult Viral load suppressed rate (Below 50) [12	Standardized Standardized	Not Applicable	Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human	85 70 65.9 95	23.8 27 22.5	In and our, and displaces on the system. * High less to follow up, and death rates to follow up, and death rates to be presentation for treatment. Clearts have treatment adherested exclusions of treatment.	monthly transfer out tracking and tracking tool - Continued data clean op- site of the second data of the second second data of the second data of the second data of the second data of the advectors products mortality audits and implement quality impreventer plans. - Linkager of all drug resistant TB - Linkager of all drug resistant TB - Statistics to conduct mortality audits and implement quality impreventer plans. - Linkager of all drug resistant TB - Statistics and advectors the amonglications early and refer to complications early and refer to trastment. - Community parametes complexements datherence to trastment. - Determination of intense in whore on the AACO approach (A-Aberence, B- Bug/Concembrace, Cornet	85 (70 (85.9 (85.9 (85 (
	TB REsemption Resistant / Multidrug resistant treatment access rate TB Pre-XDR treatment success rate ART Adult Viral load suppressed rate (Below 50) [12	Standardized Standardized	Not Applicable	Percentage Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human	85 70 65.9 95	225 222	In and our, and displaces on the system.	monthly transfer out tracking and tracking tool: • Continued data cleve on back 2354 of lost tool tool tool back 2354 of lost tool	25 (70 (65.9 (85.9 (85.) (
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Delivery 10 to 19 years in facility rate										-		1		
	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	15.3	17.2	 Poor uptake of contraceptives by teenagers as they avoid going to the 	 Implement the Integrated Multi Stakeholder Health 	15.3	0			
								clinic, and not all facilities are youth friendly	Promotion Strategy championed					
								 Even though it is being addressed. 	by DOH and coordinated within Office of the Premier (OTP).					
								societal issues such as early marriage remain and it will take some time	on Dual Protection.					
								before any impact is seen.	 Pilot user friendly services for youth to access contraceptives 					
									in EThekwini, Zululand, uThukela					
									and uMgungundlovu higher learning institutions and TVETs.					
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	House hold community pregnancy testing done by Outreach teams is		75	0			
					Development cluster			testing done by Outreach teams is closely monitored.						
								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.						
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	80	80.9	Provision of post-natal care for mothers who are still in hospital.		80	0			
					Development cluster			mothers who are still in hospital.						
Infant PCR test positive around 6 months rate	Standardized	Met Ameliani *-	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human	 1	0.35	Education to mothers who are		1	0			
Infant PCR test positive around 6 months rate	Standardized	Not Applicable	Percentage	Phonty 3: Education, Skills And Health Basic Services	Development cluster	1	0.35	breastfeeding to avoid mixed feeding		1	0			
								Electronic Gate Keeping is strictly monitored to monitor viral load at						
								ANC and delivery.						
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	 Education to mothers who are breastfeeding to avoid mixed feeding 		1.5	0			
					Development cluster			Electronic Gate Keeping is strictly	F					
								monitored to monitor viral load at ANC and delivery.						
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	Consistent data monitoring, verification and defaulter tracing.		90	0			
								Catch-up drive activities conducted to reach children who missed						
								immunisation.						
Measles 2nd dose coverage								immunisation.						
	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human	95	92.8	immunisation.	Defaulter tracing and catch-up	95	0			
	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	95	92.8	Failure by districts to conduct outreach activities during holidays (January 2024).	Defaulter tracing and catch-up drive activities to be conducted parallel to ongoing routine	95	0			
	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	95	92.8	immunisation. Failure by districts to conduct outreach activities during holidays	Defaulter tracing and catch-up drive activities to be conducted parallel to ongoing routine services.	95	0			
	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	95	92.8	immunisation. Failure by districts to conduct outreach activities during holidays	parallel to ongoing routine	95	0			
Live Birth under 2 500 g in facility rate - Total	Standardized Standardized		Percentage Percentage	Priority 3: Education, Skills And Health Basic Services -	Development cluster The Social Protection, Community and Human	95	92.8	immunisation. Failure by districts to conduct outreach activities during holidays (January 2024). Contributory factors include the high	parallel to ongoing routine services.	95	0			
Live Birth under 2 500 g in facility rate - Total					Development cluster	95	13.5	immunisation. Failure by districts to conduct outreach activities during holidays (January 2024). Contributory factors include the high number of teenage pregnancies, constituous like Moneteration in	parallel to ongoing routine services. • Integrate and collaborate with all departments and partners to andress contral challences	95	0			
Live Birth under 2 500 g in facility rate - Total					Development cluster The Social Protection, Community and Human	95	13.5	immunisation. Failure by districts to conduct outreach activities during holidays (January 2024). Contributory factors include the high number of teenage pregnancies, constituous like Moneteration in	parallel to ongoing routine services. • Integrate and collaborate with all departments and partners to andress contral challences	95	0			
Live Birth under 2 500 g in facility rate - Total					Development cluster The Social Protection, Community and Human	95	13.5	Immunization. Failure by districts to conduct outware better during halidays Qanuary 2024). Contributory factors include the high number of teenage pregnancies, conditions like hypertension in presnagers, Non Pregnancy Robated Infections (NPR) and other	parallel to ongoing routine services. * Integrate and collaborate with all departments and partners to address sociate challenges. * Improve early booking in districts with low antenatal booking before 20 weeks by	95	0			
Live Birth under 2 500 g in facility rate - Total					Development cluster The Social Protection, Community and Human	95	13.5	Immunization. Failure by districts to conduct outrasch activities during holidays (January 2024). Contributory factors include the high number of temage programories, conditions like Mypertension in programory including among temagers, Non-Pregnancy Reister infections (NPRIs) and other infections (NPRIs) and other	parallel to ongoing routine services. • Integrate and collaborate with all departments and partners to address societal challenges. • Improve early booking in districts with owartenatal booking before 20 weeks by conducting dialogues in King	95	0			
Live Birth under 2 500 g in facility rate - Total					Development cluster The Social Protection, Community and Human	95	13.5	Immunization. Failure by districts to conduct outware better during halidays Qanuary 2024). Contributory factors include the high number of teenage pregnancies, conditions like hypertension in presnagers, Non Pregnancy Robated Infections (NPIN) and other	parallel to ongoing routine services. • Integrate and collaborate with all departments and partners to address sociate challenges. • Improve early booking in districts with owartenatal booking before 20 weeks by conducting dialogues in King Cetshwayo, Amajuba and UThukeb Districts.	95	0			
Live Birth under 2 500 g in facility orde - Total					Development cluster The Social Protection, Community and Human	95	13.5	Interplation. Faller by district to conduct actends activity of a strange by the panuary 2024. Contributory fastes includes the high member of transpe programmers, and form, like Hypertension in genance including signals in other infections linking and other infections linking signals in pregnancy.	parallel to ongoing routine services. • Integrate and collaborate with all departments and partners to address societal challenges. • Improve early bodding in districts with low antentaal bodding before 20 weeks by conducting dialogues in King Cethwaya, Anajaba and Umbaekb Districts. • Trace defaulters amongst • Trace defaulters amongst • Trace defaulters amongst	95	0			
Une Birth under 2 500 g in facility rate - Yotal					Development cluster The Social Protection, Community and Human	95 11.8	13.5	Interplation. Faller by district to conduct actends activity of a strange by the panuary 2024. Contributory fastes includes the high member of transpe programmers, and form, like Hypertension in genance including signals in other infections linking and other infections linking signals in pregnancy.	parallel to ongoing routine services. • Integrate and collaborate with all departments and partners to address societal challenges. • Improve early bodding in districts with low antentaal bodding before 20 weeks by conducting dialogues in King Cethwaya, Anajaba and Umbaekb Districts. • Trace defaulters amongst • Trace defaulters amongst • Trace defaulters amongst	95	0			
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	Standardined	Not Applicable	Percentage	Prigrity 3: Education, Skills And Health Basic Services	Development duster The Social Protection, Community and Human Development duster The Social Protection, Community and Human The Social Protection, Community and Human		135	Interplation. Falser by districts to conduct for an extend excitation to conduct for a contract and excitation of the set	parallel to organize routine services. • Integrate and collaborate with all departments and partners to address societal challenges. • Improve entry booling in the organized services and the booling before 20 weeks by cestimyee, Amajoba and "Thicke Datations. • Trace defunitions amongst • Trace defunitions amongst at facility level • Advocate for the commissioning of secontal beds, at Place to the commissioning of secontal beds	13.3/1000	0			
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	Standardined	Not Applicable	Percentage	Prigrity 3: Education, Skills And Health Basic Services	Development duster The Social Protection, Community and Human Development duster The Social Protection, Community and Human The Social Protection, Community and Human		135	Interplation. Follow by distributes to conduct Follow by distributes to conduct Follow by distributes to conduct Construction and the big by the big b	parallel to organize routine anvices. • Integrate and collaborate with address societal challenges. • Integrate and collaborate with address societal challenges. • Integrate and yoologing in social particle and address of cestimways. A majoba and uncludes Datrices. • Trace defunders amongst myganite works. • Tacke defunders amongst myganite works. • Advocate for the commissioning of neonatal backs at facility level • Advocate for the commissioning of neonatal backs at Reality fas taba Seema and Engre • Cathering of neonatal backs at Reality fas taba Seema and Engre • Cathering of neonatal backs at Reality fas taba Seema and Engre	13.3/1000	0			
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	Standardined	Not Applicable	Percentage	Prigrity 3: Education, Skills And Health Basic Services	Development duster The Social Protection, Community and Human Development duster The Social Protection, Community and Human The Social Protection, Community and Human		135	Interplation. Follow by distributes to conduct Follow by distributes to conduct Follow by distributes to conduct Construction and the big by the big b	parallel to organize routine anvices. • Integrate and collaborate with address societal challenges. • Integrate and collaborate with address societal challenges. • Integrate and yoologing in social particle and address of cestimways. A majoba and uncludes Datrices. • Trace defunders amongst myganite works. • Tacke defunders amongst myganite works. • Advocate for the commissioning of neonatal backs at facility level • Advocate for the commissioning of neonatal backs at Reality fas taba Seema and Engre • Cathering of neonatal backs at Reality fas taba Seema and Engre • Cathering of neonatal backs at Reality fas taba Seema and Engre	13.3/1000	0 13			
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	Standardined	Not Applicable	Percentage	Prigrity 3: Education, Skills And Health Basic Services	Development duster The Social Protection, Community and Human Development duster The Social Protection, Community and Human The Social Protection, Community and Human		135	Interplation. Follow by distributes to conduct Follow by distributes to conduct Follow by distributes to conduct Construction and the big by the big b	parallel to organize routine anvices. • Integrate and collaborate with address societal challenges. • Integrate and collaborate with address societal challenges. • Integrate and yoologing in social particle and address of cestimways. A majoba and uncludes Datrices. • Trace defunders amongst myganite works. • Tacke defunders amongst myganite works. • Advocate for the commissioning of neonatal backs at facility level • Advocate for the commissioning of neonatal backs at Reality fas taba Seema and Engre • Cathering of neonatal backs at Reality fas taba Seema and Engre • Cathering of neonatal backs at Reality fas taba Seema and Engre	13.3/1000	0			
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			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	19	11	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 issues during household visits. Staff to complete Emergency Triage, Assessment and Treatment (ETAT) and	1.9 0		
												Integrated management of malnutrition (IMAM) training.			
		Primary Health Care	Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC	n Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	85	19.5	Improved implementation of the PSI guidelines with the actioning of		85 84		
			Patient Safety Incident (PSI) case closure rate –PHC facility	y Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	95	89	Dentities interventions. PSIs occurred late in the quarter with insufficient time being available to complete investigations and close cases.	importance of timeous investigation of PSIs to be done at institutional level during PSI	95 0		
												Committee meetings.			
Pr	ogramme 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 duster	50	89.6	Various resource constraints remain the key challenge impacting Emergency Medical Services. These	 Allocation of infrastructure budget to increase number of customized built bases. 	50 40		
											Emergency Medical Services. Intese include among others human resources, vehicles (specifically operational ambulances), base infrastructure, budget, etc.	custommee oun oases. • Identify statellife 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 compulsary 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.			
			EMS P1 nural response under 60 minutes rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Sulls And Health -	The Social Protection, Community and Human Development duster	55	м.7	Various resource constraints remain the key challenge impacting Emergency Medical Services. These include among others human resources, vehicles (specifically operational amoliances), base infrastructure, budget, etc.	budget to increase number of customized built bases. I Identify satellite bases that are strategically placed. • Vehicle management service provider has been engaged to increase the pool of service providers and increase	55 47		
												supervision of fleet matters. • EMS operational staff roster and working hours to be revised in order to reduce the compulsary 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.			
Pr	ogramme 4: Provincial Hospital Services	Chronic Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic/Sub-acute Hospital	n Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development duster	100)	There were no incidents to report.		100 0		
			Patient Safety Incident (PSI) case closure rate – Chronic/Su acute Hospital	ub 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 is from Clainwood 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	n 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	c 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		92 0		
		Regional Hospitals	Severity assessment code (SAC) 1 incident reported within	n Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human	89.1	¥.9	(U4). Improved adherence to guidelines		90.2 100		
			24 hours rate – Regional Hospital					Development duster			following the intervention of the Chief Director: Hospital Services.				
			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	9.4	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	106	Earlier referrals and better access to respiratory support and oxygen resulted in reduced deaths.		1754 1684		
			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 S years pneumonia case fatality rate – Region Hospital	al 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		2.2 0		
			Child under 5 years Severe Acute Malnutrition case fatalit rate – Regional Hospital	y Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	7.6	11	In tender access to tenginatory support. 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			Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development duster	87.5	2%	There were no incidents to report.		95 0		
			Patient Safety Incident (PSI) case closure rate – TB Hospitz	al Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development duster	100	56.7	Non-adherence to PSI guidelines.	In-service training on importance of timeous investigation of PSIs to be done at institutional level during PSI Committee meetings.	100 200		
					+										
Pr	ogramme 5: Central Hospital Services	Central Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital	n Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human Development cluster	 80	56.7	Non-adherence to PSI guidelines.	PSI management committee to conduct in-service training on	95 100		
			Patient Safety Incident (PSI) case closure rate – Central	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health Basic Services	The Social Protection, Community and Human	 100	99	1 PSI was still under investigation at	the PSI guidelines. The request the facility to close	100 97		
			Hospital					Development duster			the end of the quarter.	the case by Friday 26 April 2024.			

			[Number of] Death in facility under 5 years - Central	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		47	32	Compliance with the management of		185	177			
			Hospital						Development cluster				patients.						
			Child under S years pneumonia case fatality rate - Central	I Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		8.4	33.3	Contributing factor to deaths is insufficient access to paediatric ICU	Development of additional	8.4	0			
			Hospital						Development cluster				beds.	paediatric critical care services.					
			Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital	y Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		8.3	0	Compliance with the management of patients admitted with severe acute		8.3	0			
													malnutrition in hospital.						
		Tertiary Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital	n Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		100	100	No deviation		100	100			
																-			
			Patient Safety Incident (PSI) case closure rate – Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		96.4	93.4	Ngwelezana and Grey's hospitals have PSIs which were still under	Facilities to conclude investigations and close the PSIs	96.4	0			
													investigation at the end of the quarter.	by Friday 22 April 2024.					
			[Number of] Death in facility under 5 years - Tertiary Hospital	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		72	76	Major factors contributing to deaths were complex chronic conditions with	Pursue the expansion of tertiary paediatric services.	285	281			
													poor access to comprehensive tertiary services.						
													terminy accurate						
			Child under S years diarrhoea case fatality rate –Tertiary	Standardized	Not Applicable	Percentage	Priority 3: Education Skille And Mashin	Basic Servicer	The Social Protection, Community and Human		1.2	1.5	Major factors contributing to deaths	Maintain existing PMC	1.2	0			
			Child under 5 years diarmoea case ratality rate – lertiary Hospital	3101100101200	.sos repaircaure	- crocrodge			Development cluster			-	wajor factors contributing to deaths were complex chronic conditions with poor access to comprehensive	 Maintain existing PHC programmes and oral rehydration corners in every 					
													poor access to comprehensive tertiary services.	clinic and CHC.					
														 Establish high care beds in every district to improve 					
														referrals turnaround time. • Address gaps in the referral					
														system causing delays.					
			Child under S years pneumonia case fatality rate –Tertiary Hospital	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		2.5	1.7	Improved access to respiratory support in regional and district		2.5	0			
			nospital						Development ouster				hospitals contributed to the						
			Child under 5 years Severe acute malnutrition case fatality	y Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human		6	7.3	reduction in referrals to and deaths at Deaths were as a result of complex	Continue with training on IMCI	6	0			
			rate –Tertiary Hospital						Development cluster				chronic conditions.	to encourage case detection of					
								1						MAM and SAM at district					
														MAM and SAM at district hospital level.					
Programme 7: Hi	lealth 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%	1.7	 Following up on suppliers with 		=5%	-			
Programme 7: H	lealth Care Support Services	Health Care Support Services	Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster		= 5%	1.7	overdue orders.		= 5%	-			
Programme 7: H	iealth Care Support Services	Health Care Support Services		Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services			= 5%	1.7	overdue orders. • Rationing the stock of products with supply constraints.		= 5%	-			
Programme 7: H	iealth Care Support Services	Health Care Support Services		Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services			= 5%	1.7	overdue orders. • Rationing the stock of products		= 5%	-			
Programme 7: H	iealth Care Support Services	Health Care Support Services		Non-Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services			= 5%	17	overdue orders. • Rationing the stock of products with supply constraints. • Preparing for transitioning into new		= 5%	-			
Programme 7:16	tealth Care Support Services	Health Care Support Services	Pharmaceutical Supply Depot (PPSD)						Development duater		= 5%	17	overdue orders. • Rationing the stock of products with supply constraints. • Preparing for transitioning into new contracts by stock piling.		= 5%	-			
Programme 7:34	lealth Care Support Services	Health Care Support Services		Non-Standardized			Priority 3: Education, Suits And Health				= 5%	1.7	overdue orders. • Rationing the stock of products with supply constraints. • Preparing for transitioning into new contracts by stock pilling. • PPSD rationed the stock of products with supply constraints to ensure		= 5%				
Programme 7:16	ealth Care Support Services	Health Care Support Services	Pharmaceutical Supply Depot (PPSD) Tracer Medicine Stock-Out Rate at facilities (hospitals,						Development cluster		= 5%	1.7	overdue orden: • Rationing the stock of products with supply constraints. • Preparing for transitioning into new contracts by stock piling. • PPSD rationed the stock of products with supply constraints to ensure that all incidities were covered.		= 5% = 5%	-			
Programme 7:16	ealth Care Support Services	Health Care Support Services	Pharmaceutical Supply Depot (PPSD) Tracer Medicine Stock-Out Rate at facilities (hospitals,						Development cluster		= 5%	1.7	overdue orders. • Rationing the stock of products with supply constraints. • Preparing for transitioning into new contracts by stock pilling. • PPSD rationed the stock of products with supply constraints to ensure		= 5% = 5%				
Programme 7:14	realth Care Support Services	Health Care Support Services	Pharmaceutical Supply Depot (PPSD) Tracer Medicine Stock-Out Rate at facilities (hospitals,						Development cluster		= 5% = 5%	1.7	overdue orden: • Rationing the stock of products with supply constraints. • Preparing for transitioning into new contracts by stock pilling. • PPSD rationed the stock of products with supply constraints to ensure that all facilities were covered. • Redistribution of stock to facilities		= 5%				
			Pharmaceutical Supply Depot (PPSD) Tracer Medicine Stock-Out Rate at facilities (Pospitals, community health centres and clinics)	Non-Standardiced	Net Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster		= 5% = 5%		overdue orden + attaining the stack of products with supply constraints. - Hingsing for transitioning into new contracts by stack of product with supply constraints to ensure that all facilities were covered. with supply constraints to believe with bus stack levels.		= 5%				
	ealth Care Support Services		Pharmaceutical Supply Depot (PPSD) Tracer Medicine Stock-Out Rate at facilities (hospitals,			Text		Basic Services	Development cluster		= 5% = 5% = 5%	1.7	overdue orden: • Rationing the stock of products with supply constraints. • Preparing for transitioning into new contracts by stock pilling. • PPSD rationed the stock of products with supply constraints to ensure that all facilities were covered. • Redistribution of stock to facilities		= 5%				
			Pharmaceutical Sopply Depot (PPSD) Traver Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital	Non-Standardiced	Net Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		= 5% = 5%		overdae orden. * atsoining the stack of products with supply constraints. * Impaining for standarding into new contracts by stock pilling. * IMMS produced the stack of products with supply constraints to ensure that all facilities were covered. * additional environmentation stage. * shall a packaged projects were withunderful at the implementation stage.		= 5%				
			Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardiced	Net Applicable	Text	Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		= 5% = 5% = 5%	194.1	overdue orden. 		= 5% = 5%	-			
			Pharmaceutical Sopply Depot (PPSD) Traver Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital	Non-Standardiced	Net Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		= 5% = 5% = 5% = 5% = 5% = 5% = 5% = 5%	194.1	overdue orden. - Rationing the stack of products with supply constraints. - Preparing for transitioning into new contracts by stack of products - PPSD rationed the stack of product - PPSD rationed the stack of product - PPSD rationed the stack of products with supply constraints to ensure that all facilities were covered. - Initial packaged projects were withouted at the implementation rates. - Notice products were installed - Another the stack for the states. - Notice products were withouted at the implementation rates. - Notice products were installed during the framound years. - Notice products were installed during the framound years.		= 5% - 5% 100 2500	- - 0 3510			
			Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable	Text Percentage	Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development shutter The Social Protection, Community and Human Development shutter The Social Protection, Community and Human Development shutter		= 5% = 5% = 5% = 5%	194.1	overdia orden. 		= 5% = 5% 100	0			
			Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable	Text Percentage	Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		- 5% - 5% - 5% - 5%	194.1 627	overdia existent. I existioning the tack of products with supply constraints. I reparating for transitioning into new constraints by stock pling. I PPED rationed the stock of products with supply constraints to ensure that all facilities were covered. I existing packaged projects were unbundled at the implementation stage. I subting packaged projects were unbundled at the implementation stage. I subting packaged projects were information projects were identified during the financies, and storm during the financies, and storm during the financies of the information of the information reporting on I high projects were identified during the financies of the matterance programme for EThe have conditioners.		= 5% = 5% 200	0 3510			
			Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable	Text Percentage	Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		 - 5% <li< td=""><td>194.1 627</td><td>overdue orden. - Addotion the stock of products with supply constraints. - Physicing for standboling late new constraint by stock plane, - Physicing strandboling late new constraint by stock plane, - Physicing strandboling - Individual stock to bacilities with low stock levels. - Individual and stock to bacilities with low stock levels. - Individual and stock to bacilities - Individual and stock</td><td></td><td>= 5%</td><td>0</td><td></td><td></td><td></td></li<>	194.1 627	overdue orden. - Addotion the stock of products with supply constraints. - Physicing for standboling late new constraint by stock plane, - Physicing strandboling late new constraint by stock plane, - Physicing strandboling - Individual stock to bacilities with low stock levels. - Individual and stock to bacilities with low stock levels. - Individual and stock to bacilities - Individual and stock		= 5%	0			
			Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable	Text Percentage	Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		- 5% - 5% - 5% - 5% - 200 - 25	194.1 627	overdue orden. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were covered. * Additional study is to build with supply constraints to build with supply constraints * additional energy and stom * appoints for anowing data on * appoints for anowing data on * appoints for anowing data on		= 5% = 5% 100	0			
Programme 8:14			Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable	Text Percentage	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human		 - 5% - 5% - 5% - 5% - 2% <li< td=""><td>194.1 627</td><td>overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad</td><td></td><td>= 5% - 5% 100 2500</td><td>0</td><td></td><td></td><td></td></li<>	194.1 627	overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad		= 5% - 5% 100 2500	0			
		Health Facilities Management	Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable	Text Percentage	Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services	Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster		 5% 5% 5% 00 625 	194.1 627	overdue orden. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were covered. * Additional study is to build with supply constraints to build with supply constraints * additional energy and stom * appoints for anowing data on * appoints for anowing data on * appoints for anowing data on		= 5%	0			
Programme B: H		Health Facilities Management	Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable Not Applicable Not Applicable User	Test Percentage Number	Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services Q Q Q	Development chuster The Social Protection, Community and Human Development chuster		- 5% - 5% - 5% - 5% - 5% - 5% - 5% - 5%	194.1 627	overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad		= 5% = 5% 200 2500				
Programme B: H		Health Facilities Management	Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable Not Applicable Not Applicable Not Applicable User	Percentage Number	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services	Development duater The Social Protection, Community and Human Development duater		 5% 5% 5% 5% 5% 5% 625 Leschark Q4 	194.1 627	overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad		= 5% = 5% 100 2500				
Programme B: H		Health Facilities Management	Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable Not Applicable Not Applicable Not Applicable User	Percentage Number	Priority 3: Education, Skills And Health	Basic Services Basic Services Basic Services	Development chuster The Social Protection, Community and Human Development chuster	Le of the commendation.	- 5% - 5% - 5% - 5% - 5% - 5% - 5% - 5%	194.1 627	overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad		= 5% = 5% 100 2500				
Programme B: H		Health Facilities Management	Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable Not Applicable Not Applicable User Applicable U	Percentage Percentage Number Remot Q2 Remot Q2 Remot Q4 R	Priority 3: Education, Skills And Health Priority 4: Education, Skills And Hea	Basic Services Basic Services Basic Services Basic Services Control Co	Development chuster The Social Protection, Community and Human Development chuster	tota of the comment/recommendations.	 = 5% <li< td=""><td>194.1 627</td><td>overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad</td><td></td><td>= 5% - 5% 100 2500 2500</td><td></td><td></td><td></td><td></td></li<>	194.1 627	overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad		= 5% - 5% 100 2500 2500				
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Programme B: H		Health Facilities Management	Pharmaceutical Sopply Depot (PPSD) Tracer Medicine Stack-Out Rate at facilities (Inspirals, community health centres and clinics) Percentage of health facilities with completed capital infrastructure projects (Programme 8)	Non-Standardized	Not Applicable Not Applicable Not Applicable User Applicable U	Percentage Percentage Number Remot Q2 Remot Q2 Remot Q4 R	Priority 3: Education, Skills And Health Priority 4: Education, Skills And Hea	Basic Services Basic Services Basic Services Basic Services Control Co	Development chuster The Social Protection, Community and Human Development chuster	tote of the comment/recommentations.	 - 5% <li< td=""><td>194.1 627</td><td>overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad</td><td></td><td>= 5% = 5% 100 2300 7.00 7.00 100</td><td></td><td></td><td>на пробесси и пробеси</td><td></td></li<>	194.1 627	overdue ordent. * adioxing the stack of products with supply constraints. * Preparing for transitioning rist new contracts by study pling. * PSD rationed the stock of products with supply constraints to ensure that all facilities were convert. * Initial packaged projects were unbialed at the implementation attraction of the stock of the distribu- station of the stock levels. * Initial packaged projects were unbialed at the implementation and distribution of the stock of the distribu- * Additional energy and stome * Additional energy and stome reground for enground and an experimentation and * Additional energy and stome * Ad		= 5% = 5% 100 2300 7.00 7.00 100			на пробесси и пробеси	
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