OPR for FV 2025-26 for Provincial Institution of Health of location KwaZulu Natal as of (Monday Naturable 3 2025 2-32-22 4)

													arter - 2				nual Performance		
Frequency	Programme Programme 1: Administration	Sub Programme	Indicator Audit outcome for regulatory audit evonessed by AGSA	Indicator Type	Output Not Applicable	**	MTSF Priority Provincial Priority Priority 3: Build a Capable Phical and		Audited outcome FY 2024 - 25		Target Q2	Actual Output Q2	Reason for Deviation Q2 Corrective Action Q2	Annual Target	Aggregate Output	Pre-Audited Annual Performance	Reason for Deviation	Corrective Action	Audited Annual Peformance
Annually	Programme 1: Administration Programme 2: District Health Services	Programme 1: Administration Disease Prevention and Control (DPC)	Audit outcome for regulatory audit expressed by AGSA Malaria case fatality rate	Standardized Standardized	Not Applicable Not Applicable		Priority 3: Build a Capable, Ethical, and Developmental State Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	Governance and Administration cluster The Social Protection, Community and Human		Unqualified Audit Opinion Lower case fatality rate	<u>'</u>			onquaimed 2	-	<u></u>		 	·
1	C - Castres registri adrivices	Control (DPC)		aruteed	Applicable		Priority 2: Reduce Poverty and Tackle the High Cost of Living poverty and tackle the high cost of living	Development cluster	Į.		' I			1	1	l l	l	1	1
1	·	District Hospitals	Patient Experience of Care Survey rate - District hospitals	Standardized	Not Applicable	Percentage	Not Applicable Priority 2: Reduce	The Social Protection, Community and Human	+	Higher survey rate	Ь Н	 		100	 	+	 	+	
1		ļ					the high cost of living		Į.		' I			1	1	l l	l	1	i
1		Primary Health Care	Patient Experience of Care Survey rate - PHC	Standardized	Not Applicable	Percentage	poverty and tackle	The Social Protection, Community and Human Development cluster		Higher survey rate	1	1		100					
1	Ĺ	December 2- No.	Malaria care femilia.	Chander "	Not 1	Day	the high cost of living			I country country to the	<u>'</u>					<u> </u>	<u> </u>		1
1		Programme 2: District Health Services	Malaria case fatality rate	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the High Cost of Living Priority 2: Reduce poverty and tackle the high cost of living	The Social Protection, Community and Human Development cluster	[Lower case fatality rate	' -	1 7	' <u> </u>	1	-	T _[1	1
1		ļ	Patient Experience of Care survey rate	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	The Social Protection, Community and Human		Higher satisfaction survey rate	4	<u> </u>	1	1	-	<u> </u>	L	\longmapsto	
1							High Cost of Living poverty and tackle the high cost of living	Development cluster	Į.		' 1			1	1	I J	I	1	I
1	Programme 4: Provincial Hospital Services	Sub-Programme 4.1: General (Regional) Hospitals	Patient Experience of Care survey rate - Regional Hospitals	Standardized	Not Applicable	Percentage	poverty and tackle	The Social Protection, Community and Human Development cluster		Higher survey rate		 		100.0		1		1	+
1				<u></u>		Щ.	the high cost of living				' I			·	L i	11		<u> </u>	1
1		Sub-Programme 4.2: Tuberculosis Hospitals	Patient Experience of Care survey rate - Tuberculosis hospitals	Standardized	Not Applicable	Percentage	Not Applicable Priority 2: Reduce poverty and tackle the high cost of living	The Social Protection, Community and Human Development cluster		Higher survey rate	<u> </u>	1 =		100.0		I			1
1	ļ	Sub-Programme 4.3: Psychiatric/Mental Hospitals	s Patient Experience of Care survey rate - Psychiatric/Mental	Standardized	Not Applicable	Percentage	Not Applicable Priority 2: Reduce	The Social Protection, Community and Human		Higher survey rate		<u> </u>		100.0	 	<u> </u>	<u> </u>	 	
1			hospitals				poverty and tackle the high cost of living	Development cluster	Į.		' I			1	1	I I	1	1	I
1	1	Sub-Programme 4.4: Sub-acute, Step down and Chronic Medical Hospitals	Patient Experience of Care survey rate - Sub-acute, Step down and Chronic Medical hospital	Standardized	Not Applicable	Percentage	poverty and tackle	The Social Protection, Community and Human Development cluster		Higher survey rate		1		100.0		1		1	1
L				land 1	land of the second		the high cost of living				<u>'</u>			100.0	L	<u> </u>	I		1
1	Programme 5: Central Hospital Services	Sub-Programme 5.1: Central Hospital Services	Patient Experience of Care survey rate - Central Hospitals	Standardized	Not Applicable	Percentage	Not Applicable Priority 2: Reduce poverty and tackle the high cost of living	The Social Protection, Community and Human Development cluster	[Higher survey rate	' -	ι 7	'	200.0	-	1 _1		1	1
1	ļ	Sub-Programme 5.2: Provincial Tertiary Hospital	Patient Experience of Care survey rate - Tertiary Hospitals	Standardized	Not Applicable	Percentage	Not Applicable Priority 2: Reduce	The Social Protection, Community and Human	 	Higher survey rate			-	100.0	+	<u> </u>	<u> </u>	 	
1		Services					poverty and tackle the high cost of living	Development cluster	Į.		'	·	1	1	1	1	I	1	t
1	Programme 6: Health Sciences and Training	Programme 6: Health Sciences and Training	Number of Bursaries awarded to first year nursing students	Non-Standardized	Not Applicable	Number	Priority 2: Reduce Poverty and Tackle the High Cost of Living poverty and tackle	The Social Protection, Community and Human Development cluster		Higher or equal to target		 		240		1		1	+
1		ļ			1		the high cost of living	5			!I			1	<u></u> i	<u> </u>		<u> </u>	1
1	1	ļ	Number of Internal employees awarded bursaries	Non-Standardized	Not Applicable	Number	Priority 2: Reduce Poverty and Tackle the High Cost of Living Priority 2: Reduce poverty and tackle the high cost of living	The Social Protection, Community and Human Development cluster		Higher or equal to target	<u> </u>			240		<u> </u>			1
- I	Programme 8: Health Facilities Management	Programme 8: Health Facilities Management	Number of public health facilities (clinics, hospitals, nursing	Non-Standardized	Not Applicable	Number	Not Applicable Priority 2: Reduce	The Social Protection, Community and Human	1	Higher or equal to target				500	-	<u> </u>		\longmapsto	[
1			colleges, EMS base station) maintained or refurbished				poverty and tackle the high cost of living	Development cluster	Į.		' I			1	1	I I	1	1	1
1			Number of Renovations, Refurbishment & Rehabilitation projects completed	Non-Standardized	Not Applicable	Number	poverty and tackle	The Social Protection, Community and Human Development cluster	<u> </u>	Higher or equal to target		 		12	 	1		1	+
				<u></u>		Щ.	the high cost of living	5			' I			·	L i	11		<u> </u>	1
Quarterly	Programme 1: Administration	Programme 1: Administration	Number of districts capacitated to implement NHI Contracting unit sites	Non-Standardized	Not Applicable	Number	High Cost of Living poverty and tackle	The Social Protection, Community and Human Development cluster		Higher number	2	6 4	Additional to uMzinyathi, Ugu, Amajuba and uThukela Districts; Zululand and Kine Cetshwavo	14	6	I			1
- L	Programme 2: District Health Services	Disease Prevention and Control (DPC)	PHC Mental Disorders Treatment Rate New	Standardized	Not Applicable	Percentage		The Social Protection, Community and Human	1	Higher detection of new mental	0.01	0.09	Zululand and King Cetshwayo districts have been trained on Enhanced knowledge and	0.01	0.09	L		\longmapsto	<u> </u>
1								Development cluster	Į.	cases in the PHC setting	'	ļ ļ	understanding of the mental health screening tool and recording	1	1	1	I	1	1
1			Percentage of Community Health Centres (CHCs) with at least one mental health provider appointed	Non-Standardized	Not Applicable	Percentage	Not Applicable Priority 2: Reduce	The Social Protection, Community and Human Development cluster	+	All CHCs to have at least one : mental health provider appointed	100	100	process through the 3 training No deviation	100	100	1		+ 1	+
1					\perp		the high cost of living				' <u> </u>	'		1	i	I	·	1	1
1		HIV/TB and Sexually Transmitted Infections (HAST)	T) HIV positive 5-14 years (excl ANC) rate	Standardized	Not Applicable	Percentage	High Cost of Living poverty and tackle	The Social Protection, Community and Human Development cluster		Lower rate (0.6	0.49	Improved management of children and implementation of the Matrix Of Intersection (MAII) to improve	0.6	0.49	[
1			HIV positive 15-24 years (excl.ANC) rate	Standardized	Not Applicable	Percentage	the high cost of living Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	The Social Protection, Community and Human	<u></u>	Lower rate	1.8	1.4	Of Intervention (MOI) to improve Human Immuno-Deficiency Virus Implementation of interventions to	1.8	1.4			\vdash	1
1								Development cluster	Į.		1		curb the spread of HIV including Pre-Exposure Prophylaxis (PrEP)	1 -	1	I I	1	1	1
1		ļ	ART adult remain in care rate [12months]	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	The Social Protection, Community and Human	+	Higher or equal to target	67.9	68.8 h	and condom distribution. Improved adherence by newly	67.9	68.8	1		+ + + + + + + + + + + + + + + + + + + +	
1		ļ					High Cost of Living poverty and tackle the high cost of living				' <u> </u>	·	Initiated patients to their Treatment Plans.	1	<u></u>	<u> </u>	<u> </u>	l	1
1		ļ	ART child remain in care rate [12 months]	Standardized	Not Applicable	Percentage	High Cost of Living poverty and tackle	The Social Protection, Community and Human Development cluster		Higher or equal to target	78.9		"Know Your Child strategy" is yielding positive results in children	78.9	84.1	<u> </u>			1
1			ART adult viral load suppressed rate (below 50) [12	Standardized	Not Applicable	Percentage	the high cost of living Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce		<u></u>	Higher suppressed rate	81.5	82	retention. Improvements noted in the	91.5	162.2			\vdash	1
1			months)	uunuuced	Appricable	contidge	Priority 2: Reduce Poverty and Tackle the High Cost of Living Priority 2: Reduce poverty and tackle the high cost of living	Development cluster	Į.	-g anygo-coseu i 300		r.	Improvements noted in the implementation of treatment literacy and patient adherence plan.	r		1	I	1	1
1		ļ	ART child viral load suppressed rate (below 50)[12 months]	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	The Social Protection, Community and Human	+	Higher suppressed rate	52	60.8	Implementation of "Know Your	51.9	60.8	1		+ + + + + + + + + + + + + + + + + + + +	
1		ļ		L	L	L	the high cost of living		<u></u>		' <u> </u>	s	Child strategy" is continuing to show results. • Disclosure Counselling	1	L	l	I	1	1 <u></u>
1		ļ	All DS-TB client Treatment Success Rate	Standardized	Not Applicable	Percentage	High Cost of Living poverty and tackle	The Social Protection, Community and Human Development cluster		Higher success rate	74.9	78.1 (Consistent improvement in linkage to care and accuracy in recording	74.9	78.1	<u> </u>			1
1		ļ	TB - Rifampicin resistant/Multidrug-Resistant Treatment	Standardized	Not Applicable	Percentare	the high cost of living	The Social Protection, Community and Human	<u></u>	Higher success rate	58.1	85.8	transferred-out patients. Unaccounted- patients decreased Successful implementation of the	58.1	85.8	<u></u>			1
1			TB - Rifampicin resistant/Multidrug-Resistant Treatment Success Rate	uunuuced	Appricable	Percentage		Development cluster	Į.	-y mand life	·-	E	Bedaquiline, Pretomanid, Linezolid And Moxifioxacin (BPaLM), six-	I		I I	1	1	1
1		ļ	Number of DS-TB treatment start 5 years and older	Standardized	Not Applicable	Number	Not Applicable Priority 2: Reduce	The Social Protection, Community and Human		Higher numbers	24638		month shorter regimen, with TB Nucleic Acid Amplification Test Four additional mobile chest X-Rays -	49276	18160	 		+	
1		ļ					poverty and tackle the high cost of living		Į.		' I	1	(NAAT) Testing coverage is low at 73%, indicating that fewer patients are being tested, which limits case Zululand Districts to increase TB case	1	1	l l	l	1	1
1		ļ	Number of DS-TB treatment start under 5 years	Standardized	Not Applicable	Number	poverty and tackle	The Social Protection, Community and Human Development cluster	T	Higher numbers	1296	708 L	Inadequate TB screening, incorrect * District TB Coordinators to monitor recording on standardized tools and implementation of Targeted Universal	2592	708				T
1		ļ	TR Rifamojcin osolot(N.SIN* *	Standardin	Not 1	Number	the high cost of living		<u></u>	Higher numb	109	P	poor capturing of data in Tier.net TB Testing in children, particularly in system and on Drug Resistant hospitals.	1617	679	<u></u>			1
1		ļ	TB Rifampicin resistant/Multidrug-Resistant treatment start	Junuardized	Not Applicable	Number		The Social Protection, Community and Human Development cluster	Į.	Higher numbers	· ·	F	Although the target is not met, this Monitoring of the Electronic Drug is a sign of the general decline in drug-resistant TB case detection Register (EDRWeb) dashboard and			l l	l	1	1
1			ART adult remain on ART end of period	Non-Standardized	Not Applicable	Number	Not Applicable Priority 2: Reduce	The Social Protection, Community and Human	+	As per targets above	1595616	1559487 L	nationally which is an indication of follow up with districts to action all Lost to follow up is persistently high + Implementation of the "1.1 million	1646150	1559487	 	<u> </u>	+	
		ļ					poverty and tackle the high cost of living	Development cluster	Į.		'	ļ ·	due to poor treatment adherence. closing the treatment gap" activities directed at improving linkage and refertion	1	1	l l	1	1	1
			ART child under 15 years remain on ART end of period	Non-Standardized	Not Applicable	Number	poverty and tackle	The Social Protection, Community and Human Development cluster	 	As per targets above	26846	24007	retention. • Low case finding is a challenge. Scale up "Know Your Child strategy" in collaboration with Global Alliance	28470	24007	1		1	+
1					1		the high cost of living	5		<u> </u>	<u>'</u>		children graduating to adult age activities to end HIV Epidemic in	1	L i	<u> </u>	l	<u> </u>	1
		Maternal, Woman and Child Health including Nutrition (MCWHN)	Couple Year Protection Rate	Standardized	Not Applicable	Percentage	Not Applicable Priority 2: Reduce poverty and tackle the high cost of living	The Social Protection, Community and Human Development cluster		Equal or higher than target	64	A	Insufficient marketing of Long Acting Reversable Contraceptives childbearing age when they visit the	64.0	52	I			1
			Number of deliveries 10 -14 years in facility	Standardized	Not Applicable	Number	Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	The Social Protection, Community and Human	<u></u>	Equal or lower than target :	269		(LARCs) to women of childbearing clinic. age who visit the clinics. * Limited use of contraceptives by Continue to raise awareness and	537	284	<u></u>	<u> </u>	\longmapsto	<u> </u>
1			- yeard in manny		- yp ande	-	High Cost of Living Priority 2: Reduce Poverty and Tackle the high cost of living	Development cluster	Į.	- sanger	' 1	! <u> </u>	teenagers. monitor implementation of two Insufficient knowledge on Sexual strategies: Integrated Multi-	1	1	I J	I	1	1
1			Antenatal 1st visit before 20 weeks rate	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	The Social Protection, Community and Human	+	Higher or equal to target	76.5	78.5	Reproductive Health Services Stakeholder Health Promotion and Implementation of in-facility	76.5	78.6	 	ļ	+	
1							High Cost of Living poverty and tackle the high cost of living	Development cluster	Į.		' 1	-	pregnancy testing and prompt referral for antenatal care continues yield positive results.	1	1	I I	I	1	1
1			Mother postnatal visit within 6 days rate	Standardized	Not Applicable	Percentage	poverty and tackle	The Social Protection, Community and Human Development cluster		Higher or equal to target	83.4	85.3	continues yield positive results. Mothers educated on the importance of returning with their	83.4	85.3				
1		ļ	Infrart Let D ^{on} and a	Charaker **	Not 5	Day	the high cost of living		<u></u>	Louise code	125	1 27	bables for post-natal care within 6 days of delivery.	125	0.27	<u> </u>			1
1		ļ	Infant 1st PCR test positive at birth rate	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the High Cost of Living poverty and tackle the high cost of living	The Social Protection, Community and Human Development cluster	Į.	Lower rate (v.33	d	Pregnant women present at delivery from Differential Model of Care (DMOC), having defaulted Promote Contraceptives for childbearing age women who are at DMOC to prevent pregnancy with high	v.33	U.37	l l	l	1	1
1		ļ	Immunisation under 1 year coverage	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the Priority 2: Reduce	The Social Protection, Community and Human		Higher or equal to target	95.0	77.5 H	antiviral treatment and never viral load (VL). Health facilities did not conduct * Ensure implementation of catch-up	95	77.6	<u> </u>	<u> </u>	 	
1			,				High Cost of Living Priority 2. Reduce the High Cost of Living poverty and tackle the high cost of living	Development cluster	Į.		' 1	! <u> </u>	catch-up drive activities to reach drives i.e. the Reach Every District unvaccinated and under- strategy (RED) to reach every child	1	1	I I	I	1	1
1		I					L				<u> </u>	L	vaccinated children. who missed their vaccination doses	1		<u> </u>	L	1	

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1 1		1	MR 2nd dose 1 year coverage	Standardized	Not Applicable	Percentage	Not Applicable	Priority 2: Reduce	The Social Protection	n, Community and Human		Higher coverage	95	81.4	Inadequate communication and	Implementat	tion of catch-up drives Le	95.0	81.4		
									Development cluste						education to mothers and care		very District Strategy	1			
								the high cost of living							givers to present their children for			1			
									1						vaccination.	vaccination (doses.				
			Child under 5 years diarrhoea case fatality rate	Standardized	Not Applicable	Percentage	Not Applicable	Priority 2: Reduce	The Social Protectio	n, Community and Human		Lower rate	1.2	13	Deaths were associated with late	Strengthen	rotavirus vaccine	1.2	1.3		
									Development cluste		1				presentation with advanced		d compliance with well	1			
								the high cost of living			1				disease.		ctional Oral Rehydration				
									1		1						IT) corners.				
			Child under 5 years pneumonia case fatality rate	Standardized	Not Applicable	Percentage	Not Applicable	Priority 2: Reduce	The Social Protectio	n, Community and Human		Lower rate	2	1.6	Increased access to respiratory			2	1.6		
								poverty and tackle			1				support equipment, together with						
								the high cost of living							early identification and effective						
									°						case management.						
			Child under 5 years severe acute malnutrition case fatality	ty Standardized	Not Applicable	Percentage	Not Applicable	Priority 2: Reduce	The Social Protection	n, Community and Human		Lower rate	6.7	79	Deaths related to complicated	* Continued	inpatient training of	6.7	7.9		
			rate	.,				poverty and tackle							underlying medical conditions.		SAM management.				
								the high cost of living									ining and finalize				
									°						1	quidelines					
			Cervical Cancer Screening Coverage	Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle th	Priority 2: Reduce	The Social Protection	n Community and Human		Higher or equal to target	69.6	67.2	Limited awareness at the	Raise awar	reness on early cervical	69.6	67.2		
							High Cost of Living	poverty and tackle							community level on the importance			1			
								the high cost of living							of cancer screening.	community I					
									°								cervical screening				
1		Primary Health Care	Number of school grade R learners screened	Non-Standardized	Not Applicable	Number	Not Applicable	Priority 2: Reduce	The Social Protection	n, Community and Human		Higher	41000	80960	All districts integrated the Human	1		63000	80960		
					- and a spiniture			poverty and tackle			1				Papilloma Virus (HPV) Campaign					1	
					1		1	the high cost of living			1	1		I	with Grade R learners screening.	1		1		1	
					1		1	and the state of the same	°		1	1		I	and a second	1		1		1	
Programme 3: Emerge	ncy Medical Services	Programme 3: Emergency Medical Services	EMS P1 urban response under 30 minutes rate	Non-Standardized	Not Applicable	Percentage	Not Applicable	Priority 2: Reduce	The Social Protection	n, Community and Human		Higher or equal to target	42.1	78.7	Challenges with the fleet	* Continuous	s engagement with Fleet	42.1	78.7		
Frogramme 3. Emerger	ncy medical services	Programme 3: Emergency medical Services	LWO F 2 Grown response Grover So minutes rate	Non-Januaruseu	THUL Applicable	rescenda	not Applicable	poverty and tackle				right of equal to target			management contract are ongoing.			1-2-2	20.2		
								the high cost of living							Approximately 60% of emergency			,			
								ane riigir coat or rarrig	•						vehicles are aged increasing the	repairs and r	maintenance.				
			EMS P1 rural response under 60 minutes rate	Non-Standardized	Not Applicable	Percentage	Not Applicable	Priority 2: Reduce	The Social Protection	n, Community and Human		Higher or equal to target	46.9	44.7	Challenges with the fleet		s engagement with Fleet	46.9	44.7		
								poverty and tackle							management contract are ongoing.			1			
								the high cost of living							Approximately 60% of emergency						
									1						vehicles are aged increasing the						
Programme 7: Health (Care Support Services	Programme 7: Health Care Support Services	Tracer Medicine Stock-Out Rate at the Provincial	Non-Standardized	Not Applicable	Percentage	Not Applicable	Priority 2: Reduce	The Social Protection	n, Community and Human		Lower or equal to target	2.6	5.8	Some items had supply		edistribution and	2.4	5.8		
			Pharmaceutical Supply Depot (PPSD)						Development cluste						constraints emanating from	rationing of		T			
								the high cost of living							suppliers/manufacturers having		of therapeutic alternatives	:			
									1						shortage of raw materials, batch	ch to our patients.					
			Tracer Medicine Stock-Out Rate at facilities (hospitals,	Non-Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle the	Priority 2: Reduce	The Social Protectio	n, Community and Human		Lower or equal to target	1.6	2.9	 Some items had supply 	Maintain redistribution and		1.6 2.9			
			community health centres and clinics)				High Cost of Living	poverty and tackle	Development cluste		1				constraints emanating from	rationing of	stock.				
								the high cost of living			1				suppliers/manufacturers having		of therapeutic alternatives	:			
								1 -			1				shortage of raw materials, batch	to our patier	nts.				
Programme 8: Health F	Facilities Management	Programme 8: Health Facilities Management	Percentage of preventative maintenance expenditure	Non-Standardized	Not Applicable	Percentage	Priority 2: Reduce Poverty and Tackle th	Priority 2: Reduce	The Social Protectio	n, Community and Human		Higher or equal to target	47.6	42.6	Increased breakdowns reported		we been convened with all	47.6	42.6		
	-	-					High Cost of Living	poverty and tackle			1				resulting in higher expenditure in		ncourage the regular				
							1	the high cost of living				1		I	Category A and under-expenditure			1			
					1		1		1		1	1		I	on preventative maintenance.	prevent brea		1		1	
			Number of Capital Infrastructure Projects completed	Non-Standardized	Not Applicable	Number	Priority 2: Reduce Poverty and Tackle th	Priority 2: Reduce	The Social Protectio	n, Community and Human		Higher or equal to target	20	18	Delays in payments to service		tion of an invoice tracking	40	18		
					1		High Cost of Living	poverty and tackle	Development cluste	r	1			I	providers impacted negatively on	tool to fast-t	track payments and	1		1	
1 1			1		1		1	the high cost of living	8		1	1	1	I	the progress of projects.	continually o	engage Supply Chain	1			1
		<u> </u>	1				I					1			<u> </u>	Managemen	it (SCM).	<u> </u>			 1
Total:	50																				
Feedback			1	1 1			1		1 1		1	1 1	1	I	1 1	1	1	1 1			1
																_					+
		Quarter - 1							Quar	ter - 2				Quarter - 3			Quarter - 4		Audited Annual		
Username Q1	Role Q1	Feedback Q1		Dated	Q1 User		Ro		Feedl			Dated Q2			Dated Q3	3	Username Q4	Role F	eedback [Dated	
					Nine	asha Moodley	De	partment Coordinator	Dear 0	olleagues											
								Non-contribution and the formation and the forma													
	1				Koke	etso Sebanyoni	Na Na	Comments provided on 19 quarterly targets.													
	Lind Zwane 0				P Coordinator The Quarter 2 Performance Report has been received and acknowledged. Please review the comments assessment																
																					 +
Lindi Zwane	OTP Coordinator	Thank you for the report. Please not	e the comment. Kindly indicate that the indicators under Dist	strict Health	29/07/2025							1			I		1			1	
Nirvasha Moodley	Department Coordinator	Dear Sir/Madam			25/07/2025																
																					 -
Roanda Pretorius	National Oversight	Noted thank you		1 3	28/07/2025							1			I		1			1	1
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