Planning, monitoring & evaluation Disputement Disputeme

| y F | | Sub Programme | Indicator | Indicator Type | Output | DataType | MTSF Priority | Provincial Priority | Cluster | Tarnet O3 | Quarter Actual Output 03 | Reason for Deviation O3 | Corrective Action O3 | Annual Target | Aggregate Output | Pre-Audited Annual Performance | nual Performance Reason for Deviation | Corrective Action | Audited Annual Pefo |
|----------|---|---|--|--|--|--|--|--|--|--|-----------------------------|--|--|-----------------------------------|--|--------------------------------|--|-------------------|---------------------|
| | Programme 1: Administration | Programme 1: Administration | Audit outcome for regulatory audit expressed by AGSA f | or Standardized | Not Applicable | Text | Priority 3: Education, Skills And Health | | The Social Protection, Community and Human | Unqualified | | | Conceine Action Q5 | Unqualified | Aggregate Output | | | Confective Action | Addited Aimadi Fero |
| | | | the previous FY Contingent liability of medico-legal cases | Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | | | | | 32000000000 | | | | | |
| | Programme 2: District Health Services | Disease Prevention and Control (DPC) | Malaria case fatality rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human The Social Protection, Community and Human | | | | | 0.0 | | | | | |
| | | District Health Services (PHC, CHC and District | Ideal clinic status obtained rate | Standardized | | | | | | | | | | 94.9 | | | | | |
| | | Hospitals) | Patient Experience of Care satisfaction rate | Standardized | | | | | The Social Protection, Community and Human | | | | | 89.6 | | | | | |
| | | HIV/TB and Sexually Transmitted Infections (HAST) | All DS -TB Deaths ART client remain on ART end of month – sum | Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | | | | | 2840 | | | | | |
| | | (11651) | ART death rate (6 months) | Standardized Standardized | Not Applicable | Number Percentage | Priority 3: Education, Skills And Health Priority 2: Education Skills And Health | Basic Services | The Social Protection, Community and Human The Social Protection, Community and Human | | | | | 1677836 | | | | | _ |
| | | Maternal, Woman and Child Health Including | Maternal Mortality in facility Ratio - per 100 000 live birt | | Not Applicable | Text | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | | | | | 98.0/100000 | | | | | |
| | | Nutrition (MCWHN) | | | | | | | Development cluster | | | | | | | | | | |
| | Programme 4: Provincial Hospital Services | Programme 4: Provincial Hospital Services | Death in facility under 5 years rate Maternal deaths in facility | Standardized Standardized | Not Applicable | | Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health | | The Social Protection, Community and Human The Social Protection, Community and Human | | | | | 5.4 | | | | | |
| ľ | Togramme 4. 1 Tovincial Hospital Sci Vices | rogramme 4. Fromicial Hospital Scivices | Patient Experience of Care satisfaction rate | Standardized | | | Priority 3: Education, Skills And Health | | The Social Protection, Community and Human | | | | | 86.1 | | | | | |
| 1 | Programme 5: Central and Tertiary Hospitals | Central and Tertiary Hospitals | Patient Experience of Care satisfaction rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | | | | | 88.2 | | | | | |
| | | | Maternal deaths in facility | Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | | | | | 13 | | | | | |
| Pr Pr Pr | Programme 6: Health Sciences and Training | Programme 6: Health Sciences and Training | Number of Bursaries awarded to first year nursing | Non-Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | | | | | 120 | | | | | |
| | | | students Number of internal employees awarded bursaries | Non-Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 480 | - | | | 480 | | | | | + |
| | | | | | | | | | Development cluster | | | | | | | | | | |
| | Programme 1: Administration | Programme 1: Administration | Percentage of hospitals implementing E-Health beyond Module 1 (Phase 1) | Non-Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human Development cluster | 76.2 | 92.9 | Equipment has been procured and training on basic computer literacy | | 90.5 | 71.4 | | | | |
| | | | Percentage of hospitals implementing E-Health for the | Non-Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 22.2 | 0 | Implementation delayed by | Secure adequate budget for | 55.6 | 0 | | | | |
| | | | first time (At least Module 1) | | | | | | Development cluster | | | budgetary constraints. | network upgrades and hardware, | | | | | | |
| | | | | | | | | | | | | | provision of additional resources and implementing change | | | | | | |
| | | | | | | | | | | | | | management. | | | | | | |
| | | | Percentage of supplier invoices paid within 30 Days | Non Standardized | Not Applicable | Dercentore | Dringiby 2: Education Chills and Houlth | Darie Caprisas | The Social Destaction Community and Manage | 06.3 | 42.0 | Overviewin Tenarrows show and the | Additional function to be | 06.3 | 66.7 | | | | |
| | | | Percentage or supplier involces paid within 30 Days | Non-Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human Development cluster | 96.2 | 42.8 | Provincial Treasury changed the methodology used for payments | | 90.2 | 00.7 | | | | |
| | | | | | | | | | | | | to be made within 30 days, | disburse payments timeously. | | | | | | |
| | | | Annual to the second se | N | No. A. Contracto | 2 | Dr. D. D. Calverton (1971 4 - 411 - 111 | B | The Control Broad of the Community and the con- | 440 | 22.2 | thereby reducing the number of | | 44.7 | 22.2 | | | | |
| | | | Proportion of expenditure paid to businesses owned by women | Non-Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human Development cluster | 14.8 | 23.2 | Increased compliance by female business owners to competitive | | 14.7 | 23.2 | | | | |
| F | Programme 2: District Health Services | Disease Prevention and Control (DPC) | PHC Mental Disorders Treatment Rate New | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 0.01 | 0.04 | Continued training on Mental | | 0.01 | 0.04 | | | | |
| | | District Health Services (PHC, CHC and District | Patient Safety Incident (PSI) case closure rate -District | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 97.9 | 97.2 | Contributing factors include | | 97.8 | 97.2 | | | | |
| | | Hospitals) | Health Services | | | | | | Development cluster | | | vacant Quality Assurance (QA) Co- ordinator posts, unsustainable PSI | technical support visits. • Districts to continue with | | | | | | |
| | | | | | | | | | | | | Committees, and poor supervision | weekly monitoring, review | | | | | | |
| | | | | 1 | | 1 | | 1 | | | | of PHC facilities. | strategies and conduct support | | | | | | 1 |
| | | | | 1 | | 1 | | 1 | | | | | visits to poor performing facilities. | | | | | | 1 |
| | | | | | | | | | 1 | | | | | | | | | | |
| | | | Severity assessment code (SAC) 1 incident reported with | in Standardinad | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Racin Servines | The Social Protection, Community and Human | 100.0 | 93.7 | Non-compliance to PSI guidelines. | Implementation of the matrice | 100.0 | 95 | | | | + |
| | | | 24 hours rate | Junious dized | - Applicable | Coccomage | | 2.755 | Development cluster | [· | | comprised to rai guidelines. | hand-over SOP and the PSI | | [| | | | |
| - 1 | | | | 1 | | 1 | | 1 | 1 | | | | Guidelines. | | | | | | 1 |
| - 1 | | | | 1 | | 1 | | 1 | | | | | | | | | | | 1 |
| | | HIV/TB and Sexually Transmitted Infections | All DS-TB client treatment success rate TB Rifampicin Resistant / Multidrug - resistant treatment | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 72.1 | 75.8 | Improved linkage of patients down | | 72.1 | 75.7 | | | | 1 |
| | | (HAST) | TB Rifampicin Resistant / Multidrug - resistant treatment | t Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 72.0 | 68.6 | Performance negatively impacted | Update on clinical and mortality | 72.0 | 68.6 | | | | |
| | | | success rate | | | | | | Development cluster | | | by the non-adherence to treatment and high death rate | audits targeting districts that | | | | | | |
| | | | | | | | | | | | | which is associated with late | have partially implemented audits. | | | | | | |
| | | | | | | | | | | | | presentation for treatment and | Orientation of the new staff on | | | | | | |
| | | | | | | | | | | | | limited skills on drug resistant | linkage to care SOP at the centre | | | | | | |
| | | | | | | | | | | | | management associated with staff rotation and high staff turnover. | Implementation of the bring | | | | | | |
| | | | | | | | | | | | | | back 25% patients lost to follow | | | | | | |
| | | | | | | | | | | | | | up project. | | | | | | |
| | | | TB Pre-XDR treatment success rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 55.6 | 47.7 | High death and lost-to-follow-up | | 55.0 | 47.7 | | | | |
| | | | | | | | | | Development cluster | | | rates have contributed to the non- | | | | | | | |
| | | | | | | | | | | | | achievement of the success rate target, with Ethekwini reporting | | | | | | | |
| | | | | | | | | | | | | the highest rates. | treatment. | | | | | | |
| | | | | | | | | | | | | | Implementation of: | | | | | | |
| | | | | | | | | | | | | | o drug-resistant clinical audit guidelines. | | | | | | |
| | | | | | | | | | | | | | o DRTB literacy material. | | | | | | |
| | | | | | | | | | | | | | o district technical advisory | | | | | | |
| | | | | | | | | | | | | | meetings to ensure that all clinicians are updated on Drug | | | | | | |
| | | | | | | | | | | | | | resistant TB management. | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | | | | | | | |
| | | | ART adult viral load suppressed rate - below 50 (12 months) | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 95.0 | 83 | | Adherence planning. Implementation of | 95.0 | 82.6 | | | | |
| | | | ART adult viral load suppressed rate - below 50 (12 months) | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human Development cluster | 95.0 | 83 | Poor adherence due to a combination of factors such as insufficient treatment literacy and | Implementation of | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | Implementation of Undetectable Equals Untransmittable (U = U) in | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and | Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy. U=U training was conducted by | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy. U=U training was conducted by National Department of Health | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy. U=U training was conducted by National Department of Health (NDOH) with a total of 70 health | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy. "U=U training was conducted by National Department of Health (NDOH) with a total of 70 health care workers and Civil Society members. | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | Implementation of Undetectable Equals Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy. Use Utraining was conducted by National Department of Health (NDOH) with a total of 70 health care workers and Civil Society members. Supporting viral load literacy in | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 2: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | • Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to floater treatment literacy. • U-U training was conducted by National Department of Health (NDOH) with a total of 70 health care workers and Civil Society members. • Supporting viral load literacy in communities through | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | Implementation of Undetectable Equals Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy. Use Utraining was conducted by National Department of Health (NDOH) with a total of 70 health care workers and Civil Society members. Supporting viral load literacy in | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | • Implementation of Undetectable Equals Undranomittable (U = U) in Collaboration with Coll Society to foster treatment literacy. • Usil training was conducted by National Department of Health (NDOIs) with a total of 70 health care workers and Civil Society members. • Supporting viral load literacy in communities through psychosocial support (Vacility and Drychosocial support (Vacility and Management of the control of psychosocial support (Vacility and Management of Management of | 95.0 | 82.6 | | | | |
| | | | | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | | 95.0 | 83 | combination of factors such as insufficient treatment literacy and sub-optimal implementation of | • Implementation of Undetectable Equals Undranomittable (U = U) in Collaboration with Cu's Society to foster treatment literacy. • Usu'l training was conducted by National Department of Health (NDOIs) with a total of 70 health care workers and Cuil Society members. • Supporting viral load literacy in communities through psychosocial support (Vacility and Drychosocial support (Vacility and Management of the Society of the Society of the Society of the Society of the Society of Society of Society | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as insufficient treatment literary and sub-optimal implementation of atherence planning. | * Implementation of Undertextable Figuals Underschaftle Figuals Underschaftle Figuals Underschaftle Figuals * Under State Figuals * Under State Figuals * Underschaftle Figuals * Underschaftle Figuals * Migrand Lond Clark Society members. * Supporting visit and Execution ocommunities through psychosocial support (Facility and in community). | 95.0 | 82.6 | | | | |
| | | | | | | | | | | 95.0 | 83 | combination of factors such as insufficient treatment literary and sub-optimal implementation of adherence planning. | Implementation of Underectable Fepals Untransmittable (U = UI) in Conderectable Fepals Untransmittable (U = UI) in Conderectable Fepals Fepal | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as usufficient restance thereby and sub-optimal implementation of altherence planning. Non-Disclosure contributes to poor virus suppression in children. | Implementation of Underectable Figuals Untransmittable (U- UI) in contilibration with CoVI Society to foster treatment iteracy. In the CoVI Society in C | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | Implementation of Underectable Figuals Untransmittable (U- UI) in conditionation with CoVI Society to foster treatment iteracy, and the CoVI Society to foster treatment iteracy, and the CoVI Society Multical Department of Health (NOOH) with a total of 70 health or workers and CoVI Society members. - Supporting viral load literacy in communities through psycholocial support (facility and in community). - To coordinate psycho social activities at hospital/CVI-C to improve support a FVI Endities. | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | * Implementation of Underectable Equals Untransmittable (U = U) in conditionation with CN scienty to collideration with CN scienty to Market | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | Implementation of Underectable Figuals Untransmittable (U - UI) in conditionation with CNV Society to floater treatment Iteracy. *-UI training was conducted by Viol. Untransmittable (U - UI) training was conducted by Viol. Untraining was conducted by Viol. Viol | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | *Implementation of Underectable Equals Untransmittable (U - U) in conclideration with Volscolety to foster treatment Berary. National Department of Health (NDOH) with a total of 70 health valued and Volscolety to Month (NDOH) with a total of 70 health very workers and CAM Spottly members. - Supporting viral load literary in communities through produced lapper (facility and in communities through and in communities through produced lapper (facility and in communities). - To coordinate psycho social activities at thought (Vict. to improve support as NF Cadilets and communities (family visib.) prounding on VIV Immagnment to improve support. - Training of Racities and | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | *Implementation of Underectable Figuals Untransmittable (U - U) in contilibration with Vol Society to foster treatment Beracy. A Volume of V | 95.0 | 82.6 55 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | Implementation of Underectable Fequals Untransmittable (UI - UI) in Condense table Fequals Untransmittable (UI - UI) in Condense table with Child Society to foster treatment Iteracy. - UI-UI training was conducted by National Department of Neath National Polyment of Neath National Polyment of Neath National Act of Neath National Act of Neath National Nati | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 55 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | *Implementation of Underectable Figuals Untransmittable (U - U) in contilibration with Vol Society to foster treatment Beracy. A Volume of V | 95.0 | 82.6 | | | | |
| | | | months) | | | | | | Development cluster | 95.0 | 83 55 | combination of factors such as insufficient restance liberary and sub-optimal implementation of aitherence planning. Non-Disclosure contributes to poor viral suppression in children. This can be further attributed to poor psycho social support of | *Implementation of Underectable Figuals Untransmittable (U - U) in contilibration with Vol Society to foster treatment Beracy. A Volume of V | 95.0 | 82.6 | | | | |
| | | | months) ART child viral load suppressed rate - below 50 (12 months) | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human Development cluster | 90.0 | 83 55 | combination of factors such as unsufficient restance tileracy and sub-optimal implementation of abherence planning. Non-Disclosure contributes to poor visit suppression in children. The can be further artificiate in children and caregivers. | * Implementation of Underectable Equals Untransmittable (U = U) in conditionation with CN scienty to conditionation with CN scienty to CN scienty members. * Supporting vital load literacy in conditionation of CN scienty members, considered by CN scienty members, considered to CN scienty members, considered to CN scienty members, considered to considered to CN scientific and continuity, and considered to community, part of CN scientific and communities (Institute social worker grounding on NFI vinauge entered to improve support. * Tacking of Endities and communities (Institute or Scientific and communities) facilities and Communities (Institute or Scientific and Communities) (Institute | | 82.6 | | | | |
| | | | months) ART child siral load suppressed rate - below 50 (12 months) HIV positive 15-24 years (excl ANC) rate | Standardized Standardized | Net Applicable Net Applicable | Percentage Percentage | Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health | Basic Services Basic Services | The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human | 90.0 | 83 55 | combination of factors such as useful ficial restance thereby and sub-optimal implementation of adherence planning. Non-Disclosure contributes to poor virial suppression in children. This can be further attributed to poor psychosodia support of children and caregivers. Promotion of RNV prevention | * Implementation of Underectable Equals Untransmittable (U = U) in conditionation with CN scienty to conditionation with CN scienty to CN scienty members. * Supporting vital load literacy in conditionation of CN scienty members, considered by CN scienty members, considered to CN scienty members, considered to CN scienty members, considered to considered to CN scientific and continuity, and considered to community, part of CN scientific and communities (Institute social worker grounding on NFI vinauge entered to improve support. * Tacking of Endities and communities (Institute or Scientific and communities) facilities and Communities (Institute or Scientific and Communities) (Institute | 95.0 | 55 | | | | |
| | | | months) ART child viral load suppressed rate - below 50 (12 months) HIV positive 15-24 years (sext ANC) rate Ad 55-Till client LTF rate | Standardized Standardized Standardized Standardized | Not Applicable Not Applicable Not Applicable | Percentage Percentage Percentage | 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 The S | 90.0 | 83 55 55 | combination of factors such as usualification tearnine tilenery and sub-optimal implementation of sub-optimal implementation of antherence planning. Non-Disclosure contributes to poor visit suppression in children, and suppression in children and caregivers. Promotion of HIV prevention improved follow-up on patients. | * Implementation of Underectable Equals Untransmittable (U = U) in conditionation with CN scienty to conditionation with CN scienty to CN scienty members. * Supporting vital load literacy in conditionation of CN scienty members, and conditionation of CN scienty members, and constructionation of CN scienty members, and construction of the CN scientific vital load literacy in community, vital load literacy in community, vital scientific vital load literacy in community, vital conditionation of CN scientific vital load literacy in community, vital conditionation of CN scientific vital load communities (Institute vital community based organisations and communities (Institute vital load communities) (Institute vital load literacy) (Institute vital literacy) (Ins | | 55 55 | | | | |
| | | | months) ART child siral load suppressed rate - below 50 (12 months) HIV positive 15-24 years (excl ANC) rate ARD 5-17 client LTF rate RR Silfampion restant / Multifurg - Resistant lost to | Standardized Standardized | Net Applicable Net Applicable | Percentage Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services | The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection Community and Human The Social Protect | 90.0 | | combination of factors such as usefulficient restained there ye and sub-optimal implementation of adherence planning. Non-Disclosure contributes to poor virial suppression in children. This can be further attributed to poor psycho social support of children and caregivers. Promotion of HNV prevention improved follow-up on patients. | *Implementation of Underectable Figuals Untransmittable (U - U) in conditionation with Visionative to foster treatment iteracy. *In Conditionation with Visionation Visionation State Interest (Visionation Progress on Health (NOOH) with a total of 70 health rew enders and Cut Society members. *Supporting visionation State Visionation Progress of Health (NOOH) with a total of 70 health communities through psychosocial support (fig. diffix) and in community). *To coordinate psychosocial support (fig. diffix) and in community). *To coordinate psychosocial support (fig. diffix) and communities (fiamily visite). *Taxing on NVI management to improve support a PSIC facilities and communities (fiamily visite). *Taxing of facilities and in support of facilities and communities of the progress of the progress and mentoring thereof. *The number and rate of drug. *The number and rate of drug. | | 55 55 | | | | |
| | | | months) ART child viral load suppressed rate - below 50 (12 months) HIV positive 15-24 years (sext ANC) rate Ad 55-Till client LTF rate | Standardized Standardized Standardized Standardized | Not Applicable Not Applicable Not Applicable | Percentage Percentage Percentage | 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 The S | 90.0 | | combination of factors such as usuallificiant restained therapy and sub-optimal implementation of author-optimal implementation in author-optimal implementation in a contract of the property of the contract of HTML prevention improved follow-up on patients coefficies inskage of all drug resistant 18 patients to outherschild to outher contracts of the property of the propert | *Implementation of Underectable Equals Untransmittable (U = U) in continuation (V = U) in continu | | 82.6 82.6 55 | | | | |
| | | | months) ART child siral load suppressed rate - below 50 (12 months) HIV positive 15-24 years (excl ANC) rate ARD 5-17 client LTF rate RR Silfampion restant / Multifurg - Resistant lost to | Standardized Standardized Standardized Standardized | Not Applicable Not Applicable Not Applicable | Percentage Percentage Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services Basic Services | The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection Community and Human The Social Protect | 90.0 | | combination of factors such as usuallificiant restained there yet and sub-optional implementation of authorized primarial implementation of authorized primarial implementation of authorized yet and the provided primarial implementation of authorized yet and provided primarial implementation of the provided primarial implementation of the provided primarial implementation of the proportion of the provided primarial implementation of the apportmentation of | *Implementation of Underectable Figuals Untransmittable (U - U) in conclideration with Vol Society to foster treatment Berary. Author Society and Control of Co | | 555 55 1.6 7.1 15.3 | | | | |
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| | | | months) ART child viral load suppressed rate - below 50 (12 months) HNV positive 15-24 years (sext ANC) rate AB 05-TB client LTF rate TB Milampion resistant / Multidrug - Resistant lost to follow up rate TB Pre-XDR Loss to follow up Rate | Standardined Standardined Standardined Standardined Standardined Standardined | Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable | Percentage Percentage Percentage Percentage Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services Basic Services Basic Services Basic Services Basic Services | The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster | 90.0 | 6.9 15.3 | combination of factors such as usuallificiant teatment thereby and sub-optional implementation of author-processing and sub-optional implementation of author-processing and sub-optional implementation of author-processing and support of control implementation of the processing and support of control implementation of the appointment processing and p | *Implementation of Underectable Equals Untransmittable (U = U) in conclideration with CM scienty to foster to retainers therapy. On the Committable (U = U) in conclideration with CM scienty to foster to retainers therapy. Notice the Committable (U = U) in conclideration of Health (NOOH) with a total of 70 health (NOOH) with a total of 70 health communities through members. *To coordinate psycho social activities at hospital/CIK to improve support at Political and communities (Imply wide) and communities (Imply wide) and communities (Imply wide) and communities (Imply wide) and communities (Imply wide). *The number and stell of facilities and community based organisations on disclosure processes and mentioning thereof. *The number and stell of dring committees (Imply wide) and community based organisations on disclosure processes and mentioning thereof. *The number and stell of dring continued to the conclusion of the communities (Imply wide) and science in the communities (Imply wide) and science in the communities (Imply wide) and communities (Imply wide) and communities (Imply wide). *The number and stell of dring wide in the conclusion of the communities (Imply wide) and communities (Imply wide). *The number and stell of dring wide in the conclusion of the communities (Imply wide) and wide in the control of the conclusion of the control of the cont | 1.8 90 15.0 | 55.5 55.5 1.6 7.1 11.3 | | | | |
| | | | months) ART child viral load suppressed rate - below 50 (12 months) HNV positive 15-24 years (sext ANC) rate AB 05-TB client LTF rate TB Milampion resistant / Multidrug - Resistant lost to follow up rate TB Pre-XDR Loss to follow up Rate | Standardined Standardined Standardined Standardined Standardined Standardined | Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable | Percentage Percentage Percentage Percentage Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services Basic Services Basic Services Basic Services Basic Services | The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster | 90.0 | 6.9 15.3 | combination of factors such as usual financial residence transmit flexes yard sub-optimal implementation of autherence planning. Non-Disclosure contributes to poor visit suppression in children. The properties of the poor visit suppression in children. The can be further attributed to poor psycho social support of children and caregivers. Promotion of HIV prevention improved follow-up on patients. Interest and poor impression of a direct patients to outleach teams and poor implementation of the appointment system has impact on lost to follow-up. Improved follow-up on patients. Reterrition in care remains the impact on lost to follow-up on patients. Reterrition in care remains the impact on lost to follow-up on patients. | *Implementation of Underectable Fquals Untransmittable (U - U) in concluderation and understanding for the Confidence of the Confiden | 1.8 90 15.0 | 1.6 7.1 15.3 | | | | |
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| | | | months) ART child viral load suppressed rate - below 50 (12 months) HNV positive 15-24 years (sext ANC) rate AB 05-TB client LTF rate TB Milampion resistant / Multidrug - Resistant lost to follow up rate TB Pre-XDR Loss to follow up Rate | Standardined Standardined Standardined Standardined Standardined Standardined | Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable | Percentage Percentage Percentage Percentage Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services Basic Services Basic Services Basic Services Basic Services | The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster | 90.0 | 6.9 15.3 | combination of factors such as usual financial residence transmit flexes yard sub-optimal implementation of autherence planning. Non-Disclosure contributes to poor visit suppression in children. The properties of the poor visit suppression in children. The can be further attributed to poor psycho social support of children and caregivers. Promotion of HIV prevention improved follow-up on patients. Interest and poor impression of a direct patients to outleach teams and poor implementation of the appointment system has impact on lost to follow-up. Improved follow-up on patients. Reterrition in care remains the impact on lost to follow-up on patients. Reterrition in care remains the impact on lost to follow-up on patients. | * Implementation of Underectable Equals Untransmittable (U = U) in conditionation with CN scienty to accomplishment of the CN scienty to CN scienty members. * Supporting visit load literacy in CN scienty members with the CN scienty paychosocial support (flacility and in community). * To coordinate psychosocial support (flacility and in community) psychosocial support (flacility and in community). * To coordinate psychosocial scienty of the CN scienty of th | 1.8 90 15.0 | 1.6 7.1 11.3 | | | | |
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| | | Maternal, Woman and Child Health including | MAT child viral load suppressed rate - below 50 (12 months) INV positive 15-24 years (excl ANC) rate AN 5-18 Allent LTF rate This Ratemous resistant / Multifring - Resistant lost to follow up rate TIB Pre-XOR Loss to follow up Rate ART adult remain in care rate [12 months] ART child remain in care rate [12 months] | Standardized Standardized Standardized Standardized Standardized Standardized | Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable | Percentage Percentage Percentage Percentage Percentage Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services Basic Services Basic Services Basic Services Basic Services Basic Services | The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster | 90.0 1.8 9.0 15.0 22.2 74.0 | 6.9 15.3 | combination of factors such as usual financial residence transmit flexes yard sub-optimal implementation of autherence planning. Non-Disclosure contributes to poor visit suppression in children. The properties of the poor visit suppression in children. The can be further attributed to poor psycho social support of children and caregivers. Promotion of HIV prevention improved follow-up on patients. Interest and poor impression of a direct patients to outleach teams and poor implementation of the appointment system has impact on lost to follow-up. Improved follow-up on patients. Reterrition in care remains the impact on lost to follow-up on patients. Reterrition in care remains the impact on lost to follow-up on patients. | * Implementation of Underectable Equals Untransmittable (U = U) in conditionation with CN scienty to accomplishment of the CN scienty to CN scienty members. * Supporting visit load literacy in CN scienty members with the CN scientific with the CN scientif | 1.8 90 15.0 | 1.6 7.1 15.3 0 68.4 | | | | |

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| | | | Death under 5 years against live birth rate Child under 5 years diarrhoea case fatality rate | | Not Applicable Not Applicable | | Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health | | The Social Protection, Community and Human The Social Protection, Community and Human | 2.2 | 1.8 | Implementation of the Essential Effective case management and | 2.0 | 3 | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------|-------|---|--|
| | | | Cliffu diffuel 3 years diarrifoed case ratality rate | Standardized | Not Applicable | Percentage | Priority 3. Education, 3kiis And Health | basic services | Development cluster | 1.0 | 1.2 | compliance with clinical guidelines. | 1.0 | | | | | |
| | | | Child under 5 years Pneumonia case fatality rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 1.8 | 1.4 | Increased access to respiratory | 1.8 | 1 | | | | |
| | | | Child under 5 years Severe acute malnutrition case fatal | ity Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 6.9 | 6.1 | support equipment and early Ongoing training of paediatric | 7.1 | 0 | | | | |
| | | | rate Still Birth in Facility Rate (Per 1 000 births) | Standardized | Not Applicable | Text | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 26.8/1000 | 22.7 | ward health workers on inpatient Implementation of the new | 26.8/1000 | - | | | | |
| | | | IUCD Uptake (*IUCD - Intra Uterine Contraceptive Devic | e) Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 20412 | 28 628 | vertical transmission program Increased uptake as a result of | 27216 | 28628 | | | | |
| | | | | | | | | | Development cluster | | | continuous promotion of the method at District forums and | | | | | | |
| | | | Delivery 10 - 14 years in facility | Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human Development cluster | 474 | 398 | Multi-disciplinary focus in KZN to reduce teenage pregnancy | 632 | 398 | | | | |
| | | | 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 | 75.0 | 79.1 | implemented together with other Household pregnancy testing | 75.0 | 0 | | | | |
| | | | Mother postnatal visit within 6 days rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 73.6 | 86.6 | continues and linkage to care is Implementation of Post-natal care | 73.6 | 0 | | | | |
| | | | Infant PCR test positive around 6 months rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 1.0 | 0.28 | register, including at delivering • Education to mothers to avoid | 1.0 | 0 | | | | |
| | | | HIV Test positive around 18 months rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 1.5 | 0.13 | mixed feeding continues. • Education to mothers to avoid | 1.5 | 0 | | | | |
| | | | Immunisation under 1 year coverage | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 95.0 | 84.7 | mixed feeding continues. EPI catch-up drive activities not All districts to implement catch- | 95.0 | 0 | | | | |
| | | | Measles 2nd dose 1 year coverage | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 95.0 | 89 | fully implemented by all districts. up drive activities. EPI catch-up drive activities not All districts to implement catch- | 95.0 | 0 | | | | |
| | | | Cervical Cancer Screening Coverage | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | 70.0 | 67.9 | fully implemented by all districts. up drive activities. • Although KZN has implemented • Ensure that all healthcare | 70.0 | 62.4 | | | | |
| | | | CELVER CARCE SCIENTING COVERING | Junuaruscu | THUS PAPAILLUIC | T Crccmage | Trong J. Education, Juni And Treati | Dusic Screeces | Development cluster | 76.0 | 0,3 | the transition from pap smear to facilities in KZN have fully human papillomaviruses (HPV) transitioned to HPV DNA testing | 1 | 02.4 | | | | |
| | | | | | | | | | | | | deoxyribonucleic acid (DNA) and that healthcare providers are | : | | | | | |
| | | | | | | | | | | | | testing, not all facilities have fully adequately trained to use the transitioned, leading to new technology. | | | | | | |
| | | | | | | | | | | | | inconsistencies in screening Expand screening services to methods and coverage. • Expand screening services to more locations, including rural | | | | | | |
| | | | | | | | | | | | | Eligible women may face barriers and underserved areas, and in accessing cervical cancer consider mobile screening units | | | | | | |
| | | | | | | | | | | | | screening services, such as lack of transportation, long waiting times, eligible women. | | | | | | |
| | | | | | | | | | | | | or limited availability of screening Public awareness campaigns to facilities. | | | | | | |
| | | | | | | | | | | | | Some women may not be aware importance of cervical cancer | | | | | | |
| | | | | | | | | | | | | cancer screening or may not HPV DNA testing. Provide | | | | | 1 | |
| | | | | | | | | | | | | understand the benefits of HPV educational materials and DNA testing, leading to low uptake counselling to women at | | | | | 1 | |
| | | | | | | | | | | | | of screening services. healthcare facilities. | | | | | 1 | |
| | | | | | | | | | | | | | | | | | 1 | |
| Programme 3: | : Emergency Medical Services Programme | 3: Emergency Medical Services | EMS P1 urban response under 30 minutes rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human | 42.0 | 32.7 | Ambulances are aged and Engagement with the fleet | 42.0 | 118.7 | | | | |
| | | | | | | | | | Development cluster | | | require repairs frequently which increases their downtime. management service provider is ongoing. | | | | | | |
| | | | | | | | | | | | | Fleet repair and maintenance merchants were not operating at and 2 rapid response vehicles | | | | | 1 | |
| | | | | | | | | | | | | full capacity during the festive period. were issued to districts in December 2024. | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | EMS P1 rural response under 60 minutes rate | Standardized | Not Applicable | Percentage | Priority 3: Education, Skills And Health | Basic Services | The Social Protection, Community and Human Development cluster | 48.0 | 45.5 | Ambulances are aged and require repairs frequently which management service provider is | 48.0 | 135.8 | | | | |
| | | | | | | | | | | | | increases their downtime. ongoing. • Fleet repair and maintenance • A total of 38 new ambulances | | | | | | |
| | | | | | | | | | | | | merchants were not operating at and 2 rapid response vehicles full capacity during the festive were issued to districts in | | | | | | |
| | | | | | | | | | | | | period. Were asseed to districts in December 2024. | | | | | | |
| Programme 4: | : Provincial Hospital Services Programme | 4: Provincial Hospital Services | Diarrhoea death under 5 years | Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Rasir Servines | The Social Protection, Community and Human | 36 | 31 | Compliance with clinical | 48 | 31 | | | | |
| | | | Pneumonia death under 5 years | Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human | | 12 | management guidelines. Reduction in deaths are associated | 102 | 42 | | | | |
| | | | | | | | | | | | | | | | | | | |
| 1 1 | | | | Standardized | Not Applicable | Nombre | | | Development cluster | 77 | 20 | with a functional referral system | 40 | 20 | | - | | |
| | | | Severe acute malnutrition (SAM) death under 5 years | Standardized | Not Applicable | Number | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human Development cluster | 36 | 30 | with a functional referral system Implementation of training on inpatient management of SAM for | 49 | 30 | | | | |
| | | | | Standardized Standardized | Not Applicable Not Applicable | Number Number | | | Development cluster The Social Protection, Community and Human | 36 5025 | 30 4 968 | with a functional referral system Implementation of training on inpatient management of SAM for Marketing of cervical cancer screening at the community and cancer awareness campaigns | 49 | 30 4968 | | | | |
| | | | Severe acute mainutrition (SAM) death under 5 years Cervical Cancer screening | | Not Applicable | | 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 | 36 5025 | 30 4 968 | with a functional referral system Implementation of training on Inpatient management of SAM for Marketing of cervical cancer screening at the community and facility level is a gradual process within the available resources | 49 | 30 4968 | | | | |
| | | | Severe acute malnutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years | Standardized | Not Applicable Not Applicable | Number | Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human Development cluster | 36 5025 | 4968 977 | with a functional referral system implementation of training on insplient management of SAM for Marketing of cervical cancer screening at the community and cancer assertions campaign cancer assertion cancer cance | 49 6700 | 30 4968 977 | | | | |
| | | | Severe acute mainutrition (SAM) death under 5 years Cervical Cancer screening | Standardized | Not Applicable | Number | 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 The Social Protection, Community and Human Development cluster | 36 5025 1282 100.0 | 30 4 968 977 98.1 | with a functional referral system implementation of training on insplient management of SAM for insplient management of SAM for Marketing of cervical cancer screening at the community and cancer awareness campaign cancer awareness cancer | 49 6700 1710 100.0 | 30 4968 977 98.1 | | | | |
| | | | Severe acute mainutriition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severily assessment code (SAC) 1 incident reported with | Standardized | Not Applicable Not Applicable | Number | Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health | Basic Services Basic Services | Development Auster The Social Protection, Community and Human Development Auster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development Auster The Social Protection, Community and Human | 36 5025 1282 100.0 | 981 30 | with a functional referral system implementation of training on insatient management of 54M for management of 54M for screening at the community and cancer awwereness campaigns (acity level is a gradual process within the available resources Decreased number of preterm admissions resulting in increased Non-compliance with FSI On-site and virtual support and | 49 6700 1710 100.0 | 30 4968 977 98.1 | | | | |
| | | | Severe acute mainutriition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severily assessment code (SAC) 1 incident reported with | Standardized | Not Applicable Not Applicable | Number | Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health | Basic Services Basic Services | Development Auster The Social Protection, Community and Human Development Auster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development Auster The Social Protection, Community and Human | 36 5025 1282 100.0 | 98.1 | suith a functional referral system implementation of training on seathers in assessment of Add Foreign consenses and a seather of the Add Foreign consenses and a seather of the Add Foreign consenses and a seather of the Add Foreign consenses and a seather of preterm of the Add Foreign consenses and the Ad | 49 6700 1710 100.0 | 977 98.1 | | | | |
| | | | Severe acute mainutriition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severily assessment code (SAC) 1 incident reported with | Standardized | Not Applicable Not Applicable | Number | Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health Priority 3: Education, Skills And Health | Basic Services Basic Services | Development Auster The Social Protection, Community and Human Development Auster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development Auster The Social Protection, Community and Human | 36 5025 1282 100.0 | 977 98.1 | with a functional referral system implementation of training on insplient management of SAM for Marketing of cervical cancer screening at the community and cancer awareness campaign cancer awareness cancer cancer awareness cancer cancer cancer cancer canc | 49 6700 1710 100.0 | 977 98.1 | | | | |
| | | | Severe acute mahutrition (SAM) death under S years Cervical Cancer screening Death in facility under S years Severity assessment code (SAC) 1 incident reported wild Abours rate | Standardized standardized | Not Applicable Not Applicable Not Applicable | Number Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services | Development skulet The Social Protection, Community and Human Development skulet The Social Protection of the Social Prot | 27 36 5025 1282 100.0 | 95.5 | with a functional referral system implementation of training on insplient management of SAM for insplient management of SAM for insplient management of SAM for instruction of the system of the syste | 1710 100.0 | 99.5 99.5 | | | | |
| Programms 5: | : Central and Tertiary Hospitals Central and | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate | Standardized hin Standardized Standardized Standardized Standardized | Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable | Number Percentage Percentage Percentage | Priority 3: Education, Skills And Health | Basic Services Basic Services Basic Services Basic Services | Development skuler The Social Protection, Community and Human Development cluster The Social Protection, Community and Human | 27 36 5025 1282 100.0 | 98.1 995.1 | swith a functional referral system implementation of training on transferrent management of SAM for interest coverage of ceroical Marketing of ceroical cancer and training on the system of the system of sacrifly level is a gradual process. Oecressed number of preferrent administration sequella in increased Non-compliance with PSI guidelines with reparts to trimmous recording. On-site and virtual support and conscipling provided by the District to facilities on RS guidelines with reparts to trimmous recording. Implementation of PSI guidelines. Compliance with guidelines. | 49 6700 1710 100.0 98.1 97.4 | 977 98.1 99.5 99.8 | | | | |
| Programme 5: | : Central and Tertiary Hospitals Central and 1 | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported wild 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under 5 years | Standardized ini Standardized Standardized Standardized Standardized Standardized | Not Applicable | Number Percentage Percentage Percentage Percentage Number | Priority 3: Education, Skills And Health | Basic Services Basic Services Basic Services Basic Services Basic Services | Development skulet The Social Protection, Community and Human Development cluster The Social Protection, Community and Human | 26 5025 1282 100.0 | 98.1 99.5 100.1 93.7 | with a functional referral system implementation of training on installent management of SAM for in | 49 6700 12720 1200.0 98.1 97.4 458 | 95.5 96.8 137 | | | | |
| Programme 5: | :- Central and Tertiary Hospitals | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Sevenity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under 5 years Danhous death under 5 years | Standardized hin Standardized Standardized Standardized Standardized | Not Applicable | Number Percentage Percentage Percentage Number Number | Priority 3: Education, Skills And Health Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health | Basic Services | Development skuler The Social Protection, Community and Human Development skuler The Social Protection Community and Human | 27 36 5025 1282 100.0 98.1 97.4 343 3 3 | 977 98.1 99.5 100.1 117 3.3 1.6 | swith a functional referral system implementation of training on transferrent management of SAM for interest coverage of ceroical Marketing of ceroical cancer and training on the system of the system of sacrifly level is a gradual process. Oecressed number of preferrent administration sequella in increased Non-compliance with PSI guidelines with reparts to trimmous recording. On-site and virtual support and conscipling provided by the District to facilities on RS guidelines with reparts to trimmous recording. Implementation of PSI guidelines. Compliance with guidelines. | 49 6700 1710 100.0 98.1 97.4 458 4 | 977 98.1 99.5 99.8 317 31 | | | | |
| Programme 5: | - Central and Tertlary Hospitals | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported wild 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under 5 years | Standardized in Standardized Standardized Standardized Standardized Standardized Standardized Standardized Standardized Standardized | Not Applicable | Number Percentage Percentage Percentage Number Number | Priority 3: Education, Skills And Health | Basic Services | Development skulet The Social Protection, Community and Human Development skulet The Social Protection, Community and Human The Social Protection, Communi | 27 36 5025 1282 100.0 96.1 97.4 343 3 3 25 5 | 995 9001 917 981 981 981 985 985 985 985 985 985 985 985 985 986 986 986 986 986 986 986 986 986 986 | swith a functional referral system implementation of training on september of sources coverage of enviced screening at the community and facility level is a gradual process and mumber of preferm admissions mustilized in increased coverage of enviced screening at the community and distributions should be sourced as the contract of the source of the so | 95 1 100 0 1 | 977 98.1 99.5 98.3 337 3 3 | | | | |
| Frogramme 5: | : Central and Tertiary Hospitals Central and 1 | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under 5 years Durnhoed death under 5 years Durnhoed death under 5 years | Standardized in Standardized Standardized Standardized Standardized Standardized Standardized Standardized Standardized Standardized | Not Applicable | Number Percentage Percentage Percentage Number Number | Priority 3: Education, Skills And Health | Basic Services | Development skalet The Social Protection, Community and Human Development skalet The Social Protection, Community and Human The Social Protection, Community and Human Development skalet The Social Protection, Community and Human The Social Protection (The Social Protection (The Soci | 98.1 97.4 98.1 98.1 97.4 98.2 98.5 98.5 98.5 98.5 98.5 98.5 | 93.5 99.5 100.1 217 3 16 | swith a functional referral system implementation of PSI guidelines. Compliance with pickfires. | 98.3 97.4 98.3 97.4 468 4 4 8 | 98.1 99.5 99.8 98.1 16 8 | | | | |
| Programme 5: | : Central and Yertlary Hospitals Central and \ | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under 5 years Durnhoed death under 5 years Durnhoed death under 5 years | Standardized in Standardized Standardized Standardized Standardized Standardized Standardized Standardized Standardized Standardized | Not Applicable | Number Percentage Percentage Percentage Number Number | Priority 3: Education, Skills And Health | Basic Services | Development skulet The Social Protection, Community and Human Development skulet The Social Protection, Community and Human The Social Protection, Communi | 27 36 5025 1282 100.0 98.1 97.4 343 3 25 5 | 98.1 99.5 100.1 99.5 100.1 3.1 16 | swith a functional referral system beinginementation of training on supplementation of training on supplementation and sections of training on the section of the community and facility level is a gradual process with the available resources when sections resulting in increased. Non-compliance with protein sections of proteins demands on sections of proteins demands on sections of the section o | 98 1 2720 2000 2000 2000 2000 2000 2000 20 | 905.5 998.8 337 316.6 | | | | |
| Programme 5: | : Central and Tertiary Hospitals Central and 1 | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety holdent (PSI) case closure rate Patient Safety holdent (PSI) case closure rate Death in facility under 5 years Death in facility under 5 years Severe acute mahutrition (SAM) death under 5 years Severe acute mahutrition (SAM) death under 5 years | Standardized | Not Applicable | Number Percentage Percentage Percentage Percentage Number Number Number | Priority 3: Education, Skills And Health | Basic Services | Development skalet The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster The Social Protection, Community and Human The Social Protection, Community and Human Development cluster | 96.1 97.4 349 3 3 25 5 | 927 927 98.1 99.5 100.1 337 3 8 | with a functional referral system implementation of training on staplent management of SAM for interest coverage of central formal formal formal formal formal formal formal facility level is a gradual process. Decreased number of preferral administrations resulting in increased. Non-compliance with PSI guidelines under the preferral formal fo | 961 974 458 4 34 8 | 99.5 99.8 99.8 91.1 99.5 99.8 317 31 16 8 | | | | |
| Programme 5: | - Central and Tertiary Hospitals Central and 1 | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under 5 years Durnhoed death under 5 years Durnhoed death under 5 years | Standardized | Not Applicable | Number Percentage Percentage Percentage Percentage Number Number Number | Priority 3: Education, Skills And Health | Basic Services | Development skulet The Social Protection, Community and Human Development skulet The Social Protection, Community and Human The Social Protection, Communi | 96.1 97.4 349 3 3 25 5 | 98.5 100.1 98.1 98.5 100.1 337 3 16 8 | swith a functional referral system beinginementation of training on sensitive minanements of adult or training on sensitive minanements of adult or training on sensitive minanements of adult or training or sensitive minanements of adult or training or traini | 961 974 458 4 34 8 | 985 988 981 981 985 988 317 316 8 | | | | |
| Programme 5: | : Central and Tertiary Hospitals Central and 1 | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity, assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Darnhoes death under 5 years Darnhoes death under 5 years Severe acute mahutrition (SAM) death under 5 years Severe acute mahutrition (SAM) death under 5 years Severe acute mahutrition (SAM) death under 5 years Severity assessment code (SAC) 1 incident reported will 24 hours rate | Standardized | Not Applicable | Number Percentage Percentage Percentage Percentage Number Number Number | Priority 3: Education, Skills And Health Priority 2: Education, Skills And Health Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human Development cluster | 96.1 97.4 349 3 3 25 5 | 98.5 90.0 90.5 90.0 90.5 90.0 90.5 90.0 90.5 90.0 90.5 90.0 | swith a functional referral system beinginementation of training on sensitive minanement of AdM in training on sensitive minanement of AdM in training or sensitive minanement of AdM in training or sensitive minanement of AdM in training or sensitive minanement of AdM in the Administration in successed guidelines with regards to timeous executions in the Administration of PSI guidelines. Implementation of PSI guidelines. Compliance with guidelines. Compliance with guidelines to the ideal System. Implementation of PSI guidelines. Compliance with guidel | 961 974 458 4 34 8 | 95.5 98.1 95.5 98.8 317 3 16 8 | | | | |
| Programme 5: | : Central and Tertiany Hospitals Central and 1 | Tertiary Hospitals | Severe acute mahutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Darnhous death under 5 years Darnhous death under 5 years Severe acute mahutrition (SAM) death under 5 years Severe acute mahutrition (SAM) death under 5 years | Standardized | Not Applicable | Number Percentage Percentage Percentage Percentage Number Number Number | Priority 3: Education, Skills And Health | Basic Services | Development skulet The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster | 96.1 97.4 349 3 3 25 5 | 93.5 99.5 100.1 217 3 16 8 8 | swith a functional referral system implementation of training on sensitive minastement of AdM or training on sensitive minastement of AdM or training on sensitive minastement of AdM or training or t | 961 974 458 4 34 8 | 98.1 99.5 99.8 98.1 16 8 96.6 | | | | |
| | | | Severe acute mahutrition (SAM) death under S years Cervical Cancer screening Death in facility under S years Severity assessment code (SAC) 1 incident reported will 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under S years Death in facility under S years Severe acute mahutrition (SAM) death under S years Severe acute mahutrition (SAM) death under S years Severe acute mahutrition (SAM) death under S years Severity assessment code (SAC) 1 incident reported with 24 hours rate Cervical cancer screening | Standardized | Not Applicable | Number Percentage Percentage Percentage Number Number Number Number Number Number | Priority 3: Education, Skills And Health | Basic Services | Development skulet The Social Protection, Community and Human Development cluster | 96.1 97.4 349 3 3 25 5 | 98.1 99.5 90.1 90.5 100.1 101.1 90.5 100.1 101.1 | swith a functional referral system implementation of training on supplementation of training on supplementation of training on supplementation of training on supplementation and supplementation of preferral systems of the supplementation of PSI guidelines. Compliance with piddlines. Compliance with guidelines. Compliance with guid | 961 974 458 4 34 8 | 803 | | | | |
| | Central and Tertiary Hospitals Central and 1 | | Severe acute malnutrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported with A hours rate Patient Safety Incident (PSI) case closure rate Patient Safety Incident (PSI) case closure rate Death in facility under 5 years Death in facility under 5 years Severity assessment code (SAC) 1 incident reported with A hours rate Severity assessment code (SAC) 1 incident reported with A hours rate Cervical cancer screening Tracer Medicine Stock- Out Rate at the Provincial Patienterical Stank-Deposit PPSID | Standardized | Not Applicable | Number Percentage Percentage Percentage Number Number Number Number Number Percentage | Priority 3: Education, Skills And Health | Basic Services | Development Koloter The Social Protection, Community and Human Development Guister The Social Protection, Community and Human Development Culture The Social Protection, Community and Human Development Culture The Social Protection, Community and Human Development cluster The Social Protection, Community and Human Development cluster | 96.1 97.4 349 3 3 25 5 | 925 995 901 981 985 1001 317 31 16 8 | with a functional referral system implementation of Training on stagistics management of SAMS or implementation of training on stagistics management of SAMS or implementation of training on stagistics management of SAMS or implementation of preferral administers resulting increased. On-other and virtual support and on-other provided by the District recording. On-other and virtual support and on-other provided by the District recording. Implementation of PSI guidelines. Complement access to respiratory. Implementation of PSI guidelines. Complement access to respiratory. Intelligence with guidelines. Complementation of PSI guidelines. Improved access to respiratory. Continues with MACI training for early case detection of illness in conditions cut as cardiac conditions, cerebraic palay and late diagnosis of PMI. Abon compliance at linkes Albert Luthuil Heighal on the implementation of PSI guidelines. In relation to stassification of Marketing of cerebral call cancer screening at the community and Marketing of cerebral call cancer screening at the community and Marketing of cerebral call cancer screening at the community and Marketing of cerebral call cancer screening of SACI including the screening of screening of SACI including the screening of | 961 974 458 4 34 8 | 98.5 99.8 91.5 98.6 98.6 98.6 | | | | |
| | | | Severe acute mahuritrition (SAM) death under 5 years Cervical Cancer screening Death in facility under 5 years Severity assessment code (SAC) 1 incident reported with 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Death in facility under 5 years Oberhoea death under 5 years Severe acute mahuritrition (SAM) death under 5 years Severe acute mahuritrition (SAM) death under 5 years Severity assessment code (SAC) 1 incident reported with 24 hours rate Cervical cancer screening | Standardized | Not Applicable | Number Percentage Percentage Percentage Number Number Number Number Number Number | Priority 3: Education, Skills And Health | Basic Services | Development cluster The Social Protection, Community and Human Development cluster | 96.1 97.4 349 3 3 25 5 | 98.5 99.5 100.1 337 34 35 36 37 38 31 31 31 31 31 31 31 31 31 31 | swith a functional referral system beinginementation of training on supplementation of training on supplementation assembled with the system of the system o | 961 974 458 4 34 8 | 803 | | | | |
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| Programme 9: Frod :: Feedback Username Q1 Or Sandle Tshabala Luliana Sheabala Reliani Nirvasha Moodley | - Health Care Support Services Programme: Health Facilities Management Programme: 69 Role Q1 Accounting Officer OTP Coordinator Department Coordinator | 7: Health Care Support Services 8: Health Facilities Management Quarter - 1 Feedback Q1 Approval Certificate: Q1- Dear Sir/M Thank you for the report, positive vi Good day | Severe acute mahuritrition (SAM) death under S years Cervical Carcer screening Death in facility under S years Severity assessment code (SAC) 1 incident reported with 24 hours rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Datent Safety incident (PSI) case closure rate Datent Safety incident (PSI) case closure rate Does in facility moder S years Diarrhoea death under S years Severe acute mahuritrition (SAM) death under S years Severe acute mahuritrition (SAM) death under S years Severity assessment code (SAC) 1 incident reported with 24 hours rate Cervical cancer screening Tracer Medicine Stock- Out Rate at the Provincial Pharmacopical Supok Denot (PSI) Tracer Medicine Stock- Out Rate at childres (hospitals, community health centres and chinci) Percentage of preventative maintenance expenditure Rumber of Capital Infrastructure Projects completed Munder of Capital Infrastructure Projects completed | Standardized Non-Standardized | Not Applicable | Number Percentage Percentage Percentage Percentage Number Number Number Number Number Number Percentage Percentage Percentage Percentage Aumber Aumber | Priority 3: Education, Skills And Health | Basic Services Causic Services Basic Services Causic Services Basic Services Causic S | Development cluster The Social Protection, Community and Human Development cluster The Social | 98.1 97.4 349 3 25 5 100.0 1110 5 5 48.0 25 | Quarter - | swith a functional referral system beinginementation of training on supplementation of training on supplementation of training on supplementation and supplementation of PSI guidelines. Compliance with with with a compliance with with the widelines of the care with the deal System. Continue with MMCI training for early case detection of illness in conditions with a guideline suppliance, exercised pulsy and the properties of a compliance of the c | 56.1 57.4 458 4 34 8 100.0 1480 5 5 5 | 1.7000000000000000000000000000000000000 | Sited Annual Oat | ted . | | |

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