

QPR for FY 2024-25 for Provincial Institution of Health of location KwaZulu Natal as of ( Friday, May 2, 2025 11:20:28 AM )

| Programme                         | Sub Programme  | Indicator  | Indicator Type               | Output                           | DataType   | MTSF Priority  | Provincial Priority | / Cluster  | Target Q4   | Actual Ouput Q4 F | rter - 4<br>Reason for Deviation Q4  | Corrective Action Q4   | Annual Target | Aggregate Output Pre-Audited Annual Performance | nnual Performance<br>Reason for Deviation                                    | Corrective Action Audited Annual Pe                                      |
|-----------------------------------|--|--|------------------------------|----------------------------------|------------|--|---------------------|--|-------------|-------------------|--|--|---------------|---|--|--|
| Programme 1: Administration       | Programme 1: Administration                          | Audit outcome for regulatory audit expressed by AG<br>for the previous FY                            | SA Standardized              | Not Applicable                   | Text       | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human<br>Development cluster                        |             |                   |  |  | Unqualified   |   |  |  |
| Programme 2: District Health Serv | ces Disease Prevention and Control (DPC)             | Contingent liability of medico-legal cases<br>Malaria case fatality rate                             | Standardized<br>Standardized | Not Applicable                   |            | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health |                     | The Social Protection, Community and Human<br>The Social Protection, Community and Human | 3200000000  | 31708160893.67    |  |  | 3200000000    | 31708160893.67                                  | The Department has contained costs   |  |
| Programme 2: District Health Serv | ces Disease Prevention and Control (DPC)             | Malaria case fatality rate   | Standardized                 | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | Development cluster  | 0.0         | 0.7               |  |  | 0.0           | 0.7   |  | Community awareness campaigns on<br>the importance of seeking treatment  |
|                                   | District Health Services (PHC, CHC and               | istrict Ideal clinic status obtained rate  | Standardized                 | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human   | 94.9        | 97.5              |  |  | 94.9          | 97.5  | Ideal Clinic Realisation and   | early.   |
|                                   | Hospitals)   | Patient Experience of Care satisfaction rate   | Standardized                 | Not Applicable                   |            | Priority 3: Education, Skills And Health   |                     | The Social Protection, Community and Human<br>Development cluster                        | 89.6        | 87.3              |  |  | 89.6          | 87.3  | Clients unsatisfied with access to<br>care, especially referral pathways and | Quality Improvement Plans, training                                      |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   | the unavailability of medication.  | areas.   |
|                                   | HIV/TB and Sexually Transmitted Infe<br>(HAST)       | ons All DS -TB Deaths  | Standardized                 | Not Applicable                   | Number     | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human<br>Development cluster                        | 2840        | 2940              |  |  | 2840          | 2940  | patients continues to contribute to  | Mentoring of district health teams to institutionalize clinical and      |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   | high mortality.  | mortality audits, effectively analyse<br>findings, plan and implement    |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | strategies to bridge the gaps giving                                     |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | priority to EThekwini district.<br>• Implementation of TB preventive     |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | treatment shorter regimens to all<br>eligible co-infected patients and   |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | contacts.  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | Social mobilization campaigns to<br>emphasize identification of          |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | symptoms, early diagnosis, and<br>adherence to both TB and ART           |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | treatment.   |
|                                   |  | 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   | 1677836     | 1568784           |  |  | 1677836       | 1568784   | Retention in care remains the main   | Implementation of data for   |
|                                   |  |  |                              |                                  |            |  |                     | Development cluster  |             |                   |  |  |               |   | problem as loss to follow up is still<br>high                                | action/verification for improving  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | Scale up welcome back as per MOI   |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | and men's health strategy.<br>• Decanting of eligible men and            |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | children to support retention of<br>these sub populations.               |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | <ul> <li>Regional trainings on community</li> </ul>                      |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | ART were conducted with District<br>Health Services, Health Systems      |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | Trust to revitalise mobile clinics and<br>outreach services on improving |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | access (a total of 152 Mobile, HTA                                       |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | and Outreach teams)  |
|                                   |  | ART death rate (6 months)  | Standardized                 | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human<br>Development cluster                        | 1.0         | 1.7               |  |  | 1.0           | 1.7   | TB/HIV integration is not optimally<br>implemented resulting in delayed      |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   | and late diagnosis of TB due to low  | retention and viral load suppression                                     |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   | suspicion index.   | indicators at Early warning indicator<br>workshop.                       |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | Support implementation of quality Improvement plans (QIPs) on            |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | mortality.   |
|                                   | Maternal, Woman and Child Health In                  | uding Maternal Mortality in facility Ratio - per 100 000 live  | births Standardized          | Not Applicable                   | Text       | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human   | 98.0/100000 | 91.8/100000       |  |  | 98.0/100000   | 91.8/100000                                     | Implementation of quality  |  |
|                                   | Nutrition (MCWHN)                                    | Death in facility under 5 years rate   | Standardized                 | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | Development cluster<br>The Social Protection, Community and Human                        | 5.4         | 3.5               |  |  | 5.4           | 3.5   | improvement project in health<br>Implementation of the Essential             |  |
| Programme 4: Provincial Hospital  | ervices Programme 4: Provincial Hospital Serv        | es Maternal deaths in facility   | Standardized                 | Not Applicable                   | Number     | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human   | 25          | 71                |  |  | 25            | 71  | Hypertension and Post Partum   | Implementation of EMOTIVE  |
|                                   |  |  |                              |                                  |            |  |                     | Development cluster  |             |                   |  |  |               |   | Haemorrhage continue to contribute<br>to deaths.                             | protocol to reduce severe post-<br>partum haemorrhage (PPH) in all       |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   |  | labour wards, as part of minimum<br>standards for safe and respectful    |
|                                   |  |  |                              |                                  | -          |  |                     |  |             |                   |  |  |               |   |  | care during labour.  |
|                                   |  | Patient Experience of Care satisfaction rate   | Standardized                 | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | -                   | The Social Protection, Community and Human<br>Development cluster                        | 86.1        | 80.7              |  |  | 86.1          | 80.7  | Patients were unsatisfied with the<br>information received when              | The District QA co-ordinators and<br>Communications Officers to educate  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   | treatment is prescribed, and were<br>not aware of the complaints             | patients on complaints mechanisms.                                       |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   | management systems.  |  |
| 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        | 86.5              |  |  | 88.2          | 86.5  | Clients expressed dissatisfaction with                                       | Quality improvement plans, training                                      |
|                                   |  |  |                              |                                  |            |  |                     | Development cluster  |             |                   |  |  |               |   | access to care, specifically the<br>referral pathways.                       | and strategies to focus on educating<br>clients so that they are better  |
|                                   |  | Maternal deaths in facility  | Standardized                 | Not Applicable                   | Number     | Priority 3: Education, Skills And Health   | Paris Sonicos       | The Social Protection, Community and Human   | 12          | 27                |  |  | 12            | 27  | Complex medical and surgical   | informed.<br>Implementation of new national                              |
|                                   |  | Material deaths in facility  | Stanuardized                 | NOL Applicable                   | Number     | Priority 5: Education, Skills And Health   | Basic Services      | Development cluster  | 13          | 21                |  |  | 15            | 27  | conditions contributed to maternal   | Maternal and perinatal care  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  |               |   | deaths.  | guidelines for improved case<br>management and prompt referrals to       |
| Programme 6: Health Sciences and  | Training Programme 6: Health Sciences and Tra        | ing Number of Bursaries awarded to first year nursing  | Non Standardized             | Not Applicable                   | Number     | Priority 3: Education, Skills And Health   | Paris Somisor       | The Social Protection, Community and Human   | 120         | 220               |  |  | 120           | 220   | The increased demand for General   | higher levels of care.   |
| Programme o. Health Sciences and  | Training Programme 0. Health Sciences and Tra        | students   |                              |                                  |            |  |                     | Development cluster  | 120         | 237               |  |  | 120           | 237   | Nurses to be trained to meet the   |  |
| Programme 1: Administration       | Programme 1: Administration                          | Number of internal employees awarded bursaries<br>Percentage of hospitals implementing E-Health bey  |                              | Not Applicable<br>Not Applicable |            | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health |                     | The Social Protection, Community and Human<br>The Social Protection, Community and Human | 90.5        | 92.9              | Equipment has been procured and  |  | 480           | 71.4  |  |  |
|                                   |  | Module 1 (Phase 1)   |                              |                                  |            |  |                     | Development cluster  |             |                   | training on basic computer literacy  |  |               |   |  |  |
|                                   |  | Percentage of hospitals implementing E-Health for<br>first time (At least Module 1)                  | ne Non-Standardized          | NOT Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human<br>Development cluster                        | 55.6        | b b               | Implementation delayed by<br>budgetary constraints.                        | Motivate for adequate budget<br>in 2025/26 for network                       | 55.6          | 0   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  | upgrades and hardware,<br>provision of additional                            |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  | resources and implementing   |               |   |  |  |
|                                   |  | Percentage of supplier invoices paid within 30 Days  | Non-Standardized             | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human   | 96.2        | 41.3              | The Department has cash-flow   | change management.<br>Continue to implement the cos                          | t 96.2        | 66.7  | 1  |  |
|                                   |  |  |                              |                                  |            |  |                     | Development cluster  |             | r                 | restrictions, thereby reducing the<br>number of supplier invoices that car | saving measures to ensure<br>adequate cash flow in the new                   |               |   |  |  |
|                                   |  | Proportion of expenditure paid to businesses owne<br>women   | by Non-Standardized          | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human<br>Development cluster                        | 14.8        | 7.2               | There is no Supply Chain<br>Management (SCM) Legislation for               | - Continued use of supplier  | 14.7          | 23.2  |  |  |
| Programme 2: District Health Serv |  | PHC Mental Disorders Treatment Rate New  |                              |                                  |            | Priority 3: Education, Skills And Health   |                     | The Social Protection, Community and Human   |             |                   | Continued training on Mental Health  | 1  | 0.01          | 0.04  |  |  |
|                                   | District Health Services (PHC, CHC and<br>Hospitals) | istrict Patient Safety Incident (PSI) case closure rate –Distr<br>Health Services                    | ict Standardized             | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human<br>Development cluster                        | 97.8        |                   | Vacant Quality Assurance (QA) Co-<br>ordinator posts, and network          | Districts to continue with<br>weekly monitoring, review                      | 97.8          | 97.2  |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             | c                 | challenges impact negatively on PSI  | strategies to mitigate risk  |               |   |  |  |
|                                   |  |  |                              | 1                                |            |  |                     |  |             | ľ                 | management.  | factors and conduct support<br>visits.                                       |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  | <ul> <li>Provincial QA to undertake<br/>technical support visits.</li> </ul> |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  |  | 100.0         |   |  |  |
|                                   |  | Severity assessment code (SAC) 1 incident reported<br>within 24 hours rate                           | Standardized                 | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human<br>Development cluster                        | 100.0       |                   | Vacant Quality Assurance (QA) Co-<br>ordinator posts, and network          | weekly monitoring, review  | 100.0         | ce  |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             | c                 | challenges impact negatively on PSI<br>management.                         | strategies to mitigate risk<br>factors and conduct support                   |               |   |  |  |
|                                   | HIV/TB and Sexually Transmitted Infe                 | ons All DS-TB client treatment success rate  | Chanada and                  | Not Arral                        | Borrente   | Dringity 2: Education Clam + 111   | Paris Carris        | The Social Protection, Community and Human   | 72.1        |                   | Consistent improvement in linkage  | visits.  | 72.1          | 75.7  |  |  |
|                                   | (HAST)   | ons All DS-TB client treatment success rate<br>TB Rifampicin Resistant / Multidrug - resistant treat |                              | Not Applicable<br>Not Applicable | -          | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health |                     | The Social Protection, Community and Human<br>The Social Protection, Community and Human |             |                   | Consistent improvement in linkage<br>Performance negatively impacted by    |  | 72.0          | 75.7<br>68.6                                    | +  |  |
|                                   |  | success rate   |                              |                                  |            |  |                     | Development cluster  |             | t                 | the high lost to follow-up and death<br>rates due to late presentation for | campaigns on early clinic  |               |   |  |  |
|                                   |  |  |                              | 1                                |            |  |                     |  |             | t t               | treatment, resulting in delayed  | and treatment, with emphasize  |               |   |  |  |
|                                   |  |  |                              | 1                                |            |  |                     |  |             | r                 | referrals to the Centre of Excellence                                      | on the importance of<br>adherence throughout                                 |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  | treatment.<br>• Convene regular District                                     |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  | Technical Advisory Committee   |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  | (DTAC) meetings to update<br>clinicians on DR-TB                             |               |   |  |  |
|                                   |  | TB Pre-XDR treatment success rate  | Standardized                 | Not Applicable                   | Percentage | Priority 3: Education, Skills And Health   | Basic Services      | The Social Protection, Community and Human   | 55.0        | 49.4              | High death and lost-to-follow-up     store have contributed to the near    | Community awareness  | 55.0          | 47.7  |  |  |
|                                   |  |  |                              | 1                                |            |  |                     | Development cluster  |             | r<br>a            | rates have contributed to the non-<br>achievement of the success rate      |  |               |   |  |  |
|                                   |  |  |                              | 1                                |            |  |                     |  |             | t                 | target.<br>• Treatment failure as patients                                 | and treatment, with emphasize  |               |   |  |  |
|                                   |  |  |                              | 1                                |            |  |                     |  |             | 5                 | present late with advanced disease   | adherence throughout   |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   | and demise within a short period of<br>being referred to the Centres of    |  |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   | Excellence.  | Technical Advisory Committee   |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             |                   |  | (DTAC) meetings to update<br>clinicians on DR-TB                             |               |   |  |  |
| 1                                 |  |  |                              | 1                                |            |  |                     |  |             |                   |  | management.<br>• Implementation of the                                       |               |   |  |  |
|                                   |  |  |                              |                                  |            |  |                     |  |             | 1                 |  | shorter DR-TB regimen which  |               |   |  |  |

|   |   | 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<br>Development cluster  | 95.0   | 82.7   | Poor adherence by patients to their<br>treatment plan.   | Implementation of 9<br>Undetectable Equals   | 5.0   | 82.6  |      |  |
|---|---|---|--|--|--|--|---|--|--|--|--|--|---|---|------|--|
|   |   |   |  |  |  |  |   |  |  |  |  | Untransmittable (U = U) in<br>collaboration with Civil Society   |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | to foster treatment literacy.  |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
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|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
|   |   | ART child viral load suppressed rate - below 50 (12<br>months)  | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster  | 90.0   | 55.7   | Non-Disclosure contributes to poor<br>viral suppression in children.   | Implementation of disclosure 9 and enhanced adherence  | 0.0   | 55  |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | counselling (EAC) in all facilities.<br>• Co-ordinate psycho- social   |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | activities at hospital/CHC to  |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | improve support at facilities and<br>in communities (family visits).   |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | Facilitate Allied Worker grounding on HIV management   |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | to improve support.  |   |   |      |  |
|   |   | HIV positive 15-24 years (excl ANC) rate  | Standardized   | Not Applicable   | 0  | Priority 3: Education, Skills And Health   | Denia Cara inte   | The Social Protection. Community and Human   | 1.0  | 1.6  | Promotion of HIV prevention  | (The Department has not met  | .8  | 1.6   |      |  |
|   |   | All DS-TB client LTF rate   | Standardized   | Not Applicable   |  | Priority 3: Education, Skills And Health   |   | The Social Protection, Community and Human<br>The Social Protection, Community and Human   |  | 6.8  | Improved adherence to treatment,   | 9  |   | 7.1   |      |  |
|   |   | TB Rifampicin resistant / Multidrug - Resistant lost to<br>follow up rate   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster  | 15.0   | 15.3   | Limitations to linking of all drug<br>resistant TB patients to outreach  | Implementation of the TB     Iteracy material especially at  | 5.0   | 15.3  |      |  |
|   |   | ionow up race   |  |  |  |  |   |  |  |  | teams and non-adherence by   | Ugu, EThekwini and Harry   |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  | patients to the appointment system<br>has impact on lost to follow up.   | Gwala Districts.<br>• Social mobilisation on   |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | importance of adherence to<br>treatment.   |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
|   |   | TB Pre-XDR Loss to follow up Rate   | Chandray"  | Not An I' I'   | 0  | Delaying 2. Februaria - 4110 - 111   | Paula Caul  | The Casial Protection Co   | 21.7   | 165  | Internet follow  | (The December 21 11  |   | 0   |      |  |
|   |   | TB Pre-XDR Loss to follow up Rate<br>ART adult remain in care rate [12 months]  | Standardized<br>Standardized   | Not Applicable<br>Not Applicable   |  | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   |   | The Social Protection, Community and Human<br>The Social Protection, Community and Human   |  | 16.5<br>67.8   | Improved follow-up on patients<br>Retention in care remains the main   | Che Department met the 2     Decanting of eligible men and 7   |   | 68.4  |      |  |
|   |   |   |  |  |  |  |   | Development cluster  |  |  | challenge as loss to follow up is still<br>high.   |  |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  | community ART in all districts.  |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
|   |   | ART child remain in care rate [12 months]   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human   | 80.0   | 80.3   | Implementation of the "Know Your   | 8  | 0.0   | 80.7  |      |  |
|   |   |   |  |  |  |  |   |  |  |  |  |  |   |   |      |  |
|   | Maternal, Woman and Child Health including<br>Nutrition (MCWHN) | Neonatal death in facility rate (per 1 000 live births)<br>Death under 5 years against live birth rate  | Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Text<br>Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services<br>Basic Services  | The Social Protection, Community and Human<br>The Social Protection, Community and Human   | 13.9/1000<br>2.0   | 12.9/1000<br>1.8   | Improved case management<br>Implementation of the Essential  |  | 3.9/1000  | 3   | <br> |  |
|   |   | Child under 5 years diarrhoea case fatality rate  | Standardized   |  | Percentage   | Priority 3: Education, Skills And Health   |   | The Social Protection, Community and Human   | 1.6  | 1.2  | Effective case management and  | 1  | .6  | 0   |      |  |
|   |   |   |  |  |  |  |   | Development cluster  |  |  | compliance with clinical guidelines.   |  |   |   |      |  |
|   |   | 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<br>Development cluster  | 1.8  | 1.5  | Increased access to respiratory<br>support equipment, early  | 1  | .8  | 1   |      |  |
|   |   | Child under 5 years Severe acute malnutrition case fata   | lity Standardized  | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human   | 7.1  | 6.4  | Uptake of the SAM inpatient training   | g 7  | .1  | 0   |      |  |
|   |   | 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  | 23/1000  | course and implementation of the     implementation of the new   | 2  | 6.8/1000  | -   |      |  |
|   |   | IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device   | ce) Standardized   | Not Applicable   | Number   | Priority 3: Education, Skills And Health   | Basic Services  | Development cluster<br>The Social Protection, Community and Human  | 27216  | 38 426   | vertical transmission program (VTP)<br>Health education in communities   | 2  | 7216  | 38426   |      |  |
|   |   |   |  |  |  |  |   | Development cluster  |  |  | and facilities increased demand for<br>IUCD services.  |  |   |   |      |  |
|   |   | Delivery 10 - 14 years in facility  | Standardized   | Not Applicable   | Number   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human   | 632  | 523  | Implementation of the KZN Strategy   | 6  | 32  | 523   |      |  |
|   |   |   | _  |  |  |  |   | Development cluster  |  |  | to curb early pregnancies and<br>Integrated Multi Stakeholder Health   |  |   |   |      |  |
|   |   | Antenatal 1st visit before 20 weeks rate  | Standardized   | Not Applicable   | Percentage   |  |   | The Social Protection, Community and Human<br>Development cluster  | 75.0   | 78.5   | Household and in-facility pregnancy<br>testing with improved linkage to  |  | 5.0   | 0   |      |  |
|   |   | Mother postnatal visit within 6 days rate   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster  | 73.6   | 86.9   | <ul> <li>Implementation of Post-natal care<br/>register, including at delivering</li> </ul>  | (The Department has met the 7<br>revised APP target of 80.0%)  | 3.6   | 0   |      |  |
|   |   | Infant PCR test positive around 6 months rate   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster  | 1.0  | 0.29   | <ul> <li>Education to mothers to avoid<br/>mixed feeding continues.</li> </ul>   | 1  | .0  | 0   |      |  |
|   |   | HIV Test positive around 18 months rate   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human   | 1.5  | 0.13   | Education to mothers to avoid     mixed feeding continues.   | 1  | .5  | 0   |      |  |
|   |   | Immunisation under 1 year coverage  |  |  |  |  |   | Development cluster  |  |  |  |  |   |   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human   | 95.0   | 85.5   | Expanded Programme on  | Implement the Reach Every 9  | 5.0   | 0   |      |  |
|   |   | Measles 2nd dose 1 year coverage  | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services<br>Basic Services  |  | 95.0<br>95.0   | 85.5<br>88.2   | Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>Expanded Programme on  | District (RED) strategy to reach<br>Implement the Reach Every 9  | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster   | 95.0<br>95.0<br>70.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>Expanded Programme on<br>Immunisation (EPI) catch-up drive   | District (RED) strategy to reach<br>Implement the Reach Every 9<br>District (RED) strategy to reach  | 5.0   | 0   |      |  |
|   |   | Measles 2nd dose 1 year coverage<br>Cervical Cancer Screening Coverage  |  |  | -  |  | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human  | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>• Eligible women may face barriers<br>in accessing cervical cancer   | District (RED) strategy to reach<br>Implement the Reach Every 9<br>District (RED) strategy to reach<br>• Expand screening services to 7<br>more locations, including rural   | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>• Eligible women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.   | District (RED) strategy to reach<br>Implement the Reach Every 9<br>District (RED) strategy to reach<br>• Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units  | 5.0   | 0<br>0<br>62.4  |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>- Eligible women may face barriers<br>in accessing cervical cancer<br>screening servical, such as lack of<br>transportation.<br>• Some women may not be aware o<br>the importance of cervical cancer   | District (RED) strategy to reach<br>Implement the Reach Every 9<br>District (RED) strategy to reach<br>• Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>for outreach programs to reach<br>eligible women.   | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 88.5<br>88.2<br>69.7   | Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>Expanded Programme on<br>Immunisation (EPI) catch-up drive<br>• Eligible women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>• Some women may not be aware o  | District (RED) strategy to reach<br>Implement the Reach Every 9<br>District (RED) strategy to reach<br>• Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>for outreach programs to reach<br>eligible women.   | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>immunisation (29) tact-bu prive<br>Expanded Programme on<br>immunisation (29) tact-bu prive<br>servening services, such as lack of<br>transportation.<br>• Some women may not be aware of<br>the importance of cervical cancer<br>screening or protocol<br>to be services, such as lack of<br>transportation.<br>• Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruse. (HPV)   | District (RED) strategy to reach<br>Implement the Reach Every 9<br>District (RED) strategy to reach<br>• Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>• Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer  | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>immunisation (29) tacth-up drive<br>Expanded Programme on<br>immunisation (29) tacth-up drive<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening on may charter and<br>the benefits of human<br>papilomarivizes (HVV)<br>deoxyribonuckic acid (DNA) testing<br>eading to low uptate of screening  | District (RED) strategy to reach<br>Implement the Neach Evry = 9<br>District (RED) strategy to reach<br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide  | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Epanded Programme on<br>immunisation (EPI) catch- optime<br>Epanded Programme on<br>immunisation (EPI) catch- optime<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>+ Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papiliomaviruse. (HPV)  | District (RED) strategy to reach<br>implement the keach Yewy = 9<br>District (RED) strategy to reach<br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide<br>educational materials and<br>counselling to women at  | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>immunisation (29) tacth-up drive<br>Expanded Programme on<br>immunisation (29) tacth-up drive<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening on may charter and<br>the benefits of human<br>papilomarivizes (HVV)<br>deoxyribonuckic acid (DNA) testing<br>eading to low uptate of screening  | District (RED) strategy to reach<br>implement the Bach Yewr, 9<br>District (RED) strategy to reach<br>4 Expand screening sarvies to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>• Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide<br>educational materials and  | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>immunisation (29) tacth-up drive<br>Expanded Programme on<br>immunisation (29) tacth-up drive<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening on may charter and<br>the benefits of human<br>papilomarivizes (HVV)<br>deoxyribonuckic acid (DNA) testing<br>eading to low uptate of screening  | District (RED) strategy to reach<br>implement the keach Yewy = 9<br>District (RED) strategy to reach<br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide<br>educational materials and<br>counselling to women at  | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>immunisation (29) tacth-up drive<br>Expanded Programme on<br>immunisation (29) tacth-up drive<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening on may charter and<br>the benefits of human<br>papilomarivizes (HVV)<br>deoxyribonuckic acid (DNA) testing<br>eading to low uptate of screening  | District (RED) strategy to reach<br>implement the keach Yewy = 9<br>District (RED) strategy to reach<br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide<br>educational materials and<br>counselling to women at  | 5.0   | 0   |      |  |
|   |   |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human   | 95.0   | 85.5<br>88.2<br>69.7   | Expanded Programme on<br>immunisation (29) tacth-up drive<br>Expanded Programme on<br>immunisation (29) tacth-up drive<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening on may charter and<br>the benefits of human<br>papilomarivizes (HVV)<br>deoxyribonuckic acid (DNA) testing<br>eading to low uptate of screening  | District (RED) strategy to reach<br>implement the keach Yewy = 9<br>District (RED) strategy to reach<br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide<br>educational materials and<br>counselling to women at  | 5.0   | 0   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         |   | Standardized   | Not Applicable   | Percentage   | Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster  | 95.0   | 85.5<br>88.2<br>69.7<br>26.8   | Epandel Programme on<br>Immunisation (EPI) acth-by drive<br>Epandel Programme on<br>Immunisation (EPI) acth-by drive<br>• Eligible women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>• Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>deoxyribouncide: add (DNA) testing<br>leading to low uptake of screening<br>services.  | District (RED) strategy to reach.<br>Implement the Reach Yewy & 9<br>District (RED) strategy to reach<br>+ Expand screening services to 7<br>more locations, including rural<br>and undersenved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Vabile amagements campaigns<br>to educate women on the<br>Importance of cervical cancer<br>screening and the benefits of<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet.  | 5.0   | 0                           |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage  | Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster  | 95.0   | 66.7   | Expanded Programme on<br>Immunisation (201) catch-up drive<br>Expanded Programme on<br>Immunisation (201) catch-up drive<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>+ Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the barrefits of human<br>paillomaviruses (HPV)<br>decarythomuckie.acd (DNA) testing<br>leading to low uptake of screening<br>services.  | District(RED) strategy to reach  <br>implement the Reach Yewr, 9<br>District(RED) strategy to reach  <br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYP UNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet   | 5.0   |   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage  | Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster  | 95.0   | 66.7   | Epandel Programme on<br>Immunistial OEIN (act-b. gdrb) (act-b. gdrb<br>Epandel Programme on<br>Immunistial OEIN (act-b. gdrbw<br>• Eligible women may face barriers in<br>accessing cervical cancer<br>screening services, such as lack of<br>ransportation.<br>• Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaritues (HPV)<br>leading to low uptake of screening<br>services.   | District(RED) strategy to reach  <br>implement the Reach Yewr, 9<br>District(RED) strategy to reach  <br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYP UNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet   | 5.0   |   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage  | Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster  | 95.0   | 66.7   | Epandel Programme on<br>Immunistial OEIN (act-b. gdrb) (act-b. gdrb<br>Epandel Programme on<br>Immunistial OEIN (act-b. gdrbw<br>+ Eligible women may face barriers in<br>accessing cervical cancer<br>screening services, such as lack of<br>ransportation.<br>+ Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomarizues (HPV)<br>dearythomacitics and (DNA) testing<br>leading to low uptake of screening<br>services.<br>+ Insufficient operational<br>ambulances and response units<br>malable to attend to the demand<br>for services.<br>+ The majority of emergency<br>whicks are again creasing the  | District(RED) strategy to reach  <br>implement the Reach Yewr, 9<br>District(RED) strategy to reach  <br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYP UNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet   | 5.0   |   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage<br>EMS P1 urban response under 30 minutes rate   | Standardized<br>Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage<br>Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services<br>Basic Services<br>Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster  | 95.0<br>70.0<br>42.0   | 26.8<br>26.8   | Epandel Programme on<br>Immunisation (EPI) catch-g prive<br>Epandel Programme on<br>Immunisation (EPI) catch-g prive<br>= Eigble women may face barriers in<br>accessing evolved, accessing evolved accessing<br>transportation.<br>= Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilionaviruse. (PPV)<br>decarytomucica col (DNA) testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>ambulances and response units<br>mabulable to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again consults.  | District(RED) strategy to reach  <br>implement the Reach Yewy = 9<br>District(RED) strategy to reach =<br>4 Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYV DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.  | 2.0   | 118.7   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage  | Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage<br>Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services<br>Basic Services<br>Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster  | 95.0<br>70.0<br>42.0   | 66.7   | Expanded Programme on<br>Immunisation (EVI) catch-up drive<br>Expanded Programme on<br>Immunisation (EVI) catch-up drive<br>= Eligible women may face barriers in<br>a accessing eventical cancer<br>screening envices, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of envical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>decarythouncide: add (DNA) testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>ambulances and response units<br>available to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again cincrusing the<br>frequency of repairs and whiched<br>downtime.  | District(RED) strategy to reach  <br>Implement the Reach Yewr, 9<br>District(RED) strategy to reach  <br>+ Expand screening services to 2<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>screening and the benefits of<br>HYV DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet  | 2.0   |   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage<br>EMS P1 urban response under 30 minutes rate   | Standardized<br>Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage<br>Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services<br>Basic Services<br>Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human   | 95.0<br>70.0<br>42.0   | 26.8<br>26.8   | Epandel Programme on<br>immunisation (EPI) acth-0 pdfb) (acth-0 pdfb)<br>Epanded Programme on<br>immunisation (EPI) acth-0 pdfbe<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>+ Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>deoxyribouncies and Postania<br>leading to low uptake of screening<br>services.<br>+ The majority of emergency<br>vehicles are aged increasing the<br>frequency of regulars and which<br>downtime.   | District(RED) strategy to reach I<br>Implement the Neach Yewy O<br>District(RED) strategy to reach<br>4: Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>4: Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>PVD NA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.   | 2.0   | 118.7   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage<br>EMS P1 urban response under 30 minutes rate   | Standardized<br>Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage<br>Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services<br>Basic Services<br>Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human   | 95.0<br>70.0<br>42.0   | 26.8<br>26.8   | Epandel Programme on<br>immunisation (EPI) catch- gdreb<br>Epandel Programme on<br>immunisation (EPI) catch- gdreb<br>et al. (EPI) catch- gdreb<br>in catcsnig cervical cancer<br>screening services, such as lack of<br>transportation.<br>• Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruse. (HPV)<br>deconyribouncies and Positon<br>deconyribouncies and Positon<br>et al. (EPI)<br>deconyribouncies and response units<br>pavaibable to attend to the demand<br>for services.<br>• The majority of emergency<br>vehicles are aged increasing the<br>frequency of regains and vehicle<br>downtime.  | District(RED) strategy to reach  <br>Implement the Reach Yewr, 9<br>District(RED) strategy to reach  <br>+ Expand screening services to 2<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>screening and the benefits of<br>HYV DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet  | 2.0   | 118.7   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage<br>EMS P1 urban response under 30 minutes rate   | Standardized<br>Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage<br>Percentage   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services<br>Basic Services<br>Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human   | 95.0<br>70.0<br>42.0   | 26.8<br>26.8   | Epandel Programme on<br>Immunisation (EPI) catch-g drive<br>Epandel Programme on<br>Immunisation (EPI) catch-g drive<br>= Eigble women may face barriers in<br>a accessing erevical cancer<br>screening erwices, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (PPV)<br>decarythouncide: add (DNA) testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>ambulances and response units<br>malable to attend to the demand<br>for services.<br>= Insufficient operational<br>ambulances and response units<br>malable to attend to the demand<br>for services.  | District(RED) strategy to reach  <br>Implement the Reach Yewr, 9<br>District(RED) strategy to reach  <br>+ Expand screening services to 2<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>screening and the benefits of<br>HYV DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet  | 2.0   | 118.7   |      |  |
| Programme 3: Emergency Medical Services   | Programme 3: Emergency Medical Services                         | Cervical Cancer Screening Coverage<br>EMS P1 urban response under 30 minutes rate   | Standardized<br>Standardized<br>Standardized   | Not Applicable<br>Not Applicable   | Percentage Percentage Percentage Percentage  | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services Basic Services Basic Services Basic Services   | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster   | 95.0<br>70.0<br>42.0   | 26.8<br>26.8   | Epandel Programme on<br>immunisation (EPI) acth-0 pdfb) (acth-0 pdfb)<br>Epandel Programme on<br>immunisation (EPI) acth-0 pdfbe<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>+ Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>deoxyribouncies and response units<br>available to attend to the demand<br>for services.<br>+ The majority of emergency<br>vehicles are aged increasing the<br>frequency of regulars and vehicle<br>downtime.<br>- In terminoty of emergency<br>vehicles are aged increasing the<br>frequency of regulars and vehicle<br>downtime.   | District(RED) strategy to reach  <br>Implement the Reach Yewr, 9<br>District(RED) strategy to reach  <br>+ Expand screening services to 2<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>screening and the benefits of<br>HYV DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet  | 2.0   | 118.7   |      |  |
|   |   | Cervical Cancer Screening Coverage EMS P1 urban response under 30 minutes rate EMS P1 nural response under 60 minutes rate  | Standardized Standardized Standardized Standardized  | Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable  | Percentage Percentage Percentage Percentage  | Priority 3: Education, Skills And Health   | Basic Services Basic Services Basic Services Basic Services   | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community Social Protection<br>Community Social Pro                         | 95.0<br>70.0<br>42.0   | 26.8<br>26.8   | Epandel Programme on<br>Immunisation (EPI) catch-g drive<br>Epandel Programme on<br>Immunisation (EPI) catch-g drive<br>= Eiglible women may face barriers in<br>a cacessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruse. (HVV)<br>desnyribouncies and response units<br>mabulances and response units<br>mabulances and response units<br>mabulahet to attend to the demand<br>for services.<br>= Insufficient operational<br>ambulances and response units<br>mabulahet to attend to the demand<br>for services.<br>= Insufficient operational<br>ambulances and response units<br>mabulahet to attend to the demand<br>for services.<br>= Insufficient operational<br>ambulances and response units<br>mabulahet to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again creasing the<br>frequency of repairs and wehilel<br>downtime.<br>= The majority of emergency<br>whicks are again creasing the<br>services are undefined.<br>= The majority of emergency<br>whicks are again creasing the<br>services are undefined.<br>= The majority of emergency<br>whicks are again creasing the<br>services are undefined.<br>= The majority of emergency<br>whicks are again creasing the<br>services are undefined.   | District(RED) strategy to reach  <br>Implement the Reach Every = 9<br>District(RED) strategy to reach =<br>4 Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>screening and the benefits of<br>HY/ DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>maintenance service provider.  | 5.0<br>0.0<br>2.0<br>8.0  | 118.7   |      |  |
|   |   | Cervical Cancer Screening Coverage       EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 60 minutes rate       EMS P1 rural response under 60 minutes rate         EMS P1 rural response under 50 minutes rate       EMS P1 rural response under 50 minutes rate  | Standardized Standardized Standardized Standardized Standardized Standardized  | Not Applicable  | Percentage Percentage Percentage Percentage  | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services Basic Services Basic Services Basic Services Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development cluster  | 95.0<br>70.0<br>42.0   | 26.8<br>26.8   | Epandel Programme on<br>Immunisation (EPI) catch-gather<br>Epandel Programme on<br>Immunisation (EPI) catch-gather<br>= Eigible women may face barriers in<br>a accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruse. (HPV)<br>decorythouncide: add (DNA) testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>ambulances and response units<br>mabalabe to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again cressing the<br>frequency of repairs and vehicle<br>downtime.<br>= The majority of emergency<br>whicks are again cressing the<br>frequency of repairs and vehicle<br>downtime.<br>= The majority of emergency<br>whicks are again cressing the<br>frequency of repairs and vehicle<br>downtime.<br>= The majority of emergency<br>whicks are again cressing the<br>frequency of repairs and vehicle<br>downtime.<br>= The majority of emergency<br>whicks are again cressing the<br>frequency of repairs and vehicle<br>downtime.<br>= The majority of emergency<br>whicks are again cressing the<br>frequency of repairs and vehicle<br>downtime.<br>= Compliance with clinical<br>management guidelines.  | District(RED) strategy to reach  <br>implement the Neach Every = 9<br>District(RED) strategy to reach =<br>4:Eparad streening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women<br>Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYU DAN testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>(The Department has met the 1   | 5.0<br>0.0<br>2.0<br>8.0  | 118.7   |      |  |
|   |   | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years  | Standardized Standardized Standardized Standardized Standardized Standardized Standardized   | Not Applicable  | Percentage Percentage Percentage Percentage Percentage Number Number Number Number   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster   | 42.0<br>48.0<br>48.0<br>49   | 26.8<br>43.6<br>43<br>43<br>43<br>43   | Epandel Programme on<br>Immunisation (EPI) catch-gather<br>Epandel Programme on<br>Immunisation (EPI) catch-gather<br>= Eiglible women may face barriers in<br>a accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>desnynthouncies and response units<br>mabulances and response units<br>mabulances and response units<br>mabulances and response units<br>mabulances and response units<br>mabulance and response units<br>and and response u   | District(RED) strategy to reach  <br>implement the Reach Every = 9<br>District(RED) strategy to reach =<br>4 Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYP UNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>maintenance service provider.   | 5.0<br>0.0<br>2.0<br>8.0<br>8<br>0<br>3<br>9                          | 118.7<br>135.8<br>43<br>53<br>45                                  |      |  |
|   |   | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 nural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years  | Standardized Standardized Standardized Standardized Standardized Standardized  | Not Applicable  | Percentage Percentage Percentage Percentage Percentage Number Number   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster<br>Community and Human<br>Development Cluster<br>Community Advection<br>Community Adv | 42.0<br>48.0<br>48.0<br>49   | 26.8<br>26.8   | Epandel Programme on<br>Immunisation (EPI) tach-to prive<br>Epandel Programme on<br>Immunisation (EPI) tach-to prive<br>= Eiglibe women may face barriers in<br>a accessing eventical cancer<br>screening envices, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of envical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>deconytionucidica add (DNA) testing,<br>leading to low uptake of screening<br>services.<br>= In bufficient operational<br>ambulances and response units,<br>mabalie to astrond to the demand<br>for services.<br>= The majority of emergency<br>whicks are again circuising the<br>requency of repairs and weblick<br>downtime.<br>= The majority of emergency<br>whicks are again circuising the<br>requency of repairs and weblick<br>downtime.<br>= The majority of emergency<br>whicks are again circuising the<br>requency of repairs and weblick<br>downtime.<br>= The majority of emergency<br>whicks are again circuising the<br>requency of repairs and weblick<br>downtime.<br>= Compliance with clinical<br>management guidelines.<br>Reduction in deaths are associated<br>with a functional referent system and<br>= Training on inpatient management<br>of SAM.  | District(RED) strategy to reach  <br>implement the Reach Every = 9<br>District(RED) strategy to reach =<br>4 Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYP UNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>Maintenance service provider.<br>Regular engagement with Fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>maintenance service provider.<br>(The Department has met the 1<br>(The Department has met the 1<br>Public awareness campaigns to 6<br>educate women on the  | 5.0<br>0.0<br>2.0<br>8.0<br>8<br>0<br>3<br>9                          | 118.7   |      |  |
|   |   | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years  | Standardized Standardized Standardized Standardized Standardized Standardized Standardized   | Not Applicable  | Percentage Percentage Percentage Percentage Percentage Number Number Number Number   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster   | 42.0<br>48.0<br>48.0<br>49   | 26.8<br>43.6<br>43<br>43<br>43<br>43   | Epandel Programme on<br>Immunisation (EPI) catch-gather<br>Epandel Programme on<br>Immunisation (EPI) catch-gather<br>= Eiglibe women may face barriers in<br>a accessing evolves, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of envial cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>decorythouncides and (PAI) testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>multicles and response units<br>makable to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again cressing the<br>response of the experiment<br>multicles and vehicle<br>downtime.<br>= The majority of emergency<br>whicks are again cressing the<br>response of the experiment<br>available to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again cressing the<br>response of the experiment<br>management guidelines.<br>Reduction in deaths are associated<br>with a functional referent system and<br>= Training on inpatient management<br>of SAM.<br>Some women may not understand   | District(RED) strategy to reach  <br>implement the Neach Every = 9<br>District(RED) strategy to reach =<br>4:Eparad streening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women<br>Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYP UAN testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>(The Department has met the<br>1<br>ervised APP target of 55) 4<br>Public awareness campaigns to 6  | 5.0<br>0.0<br>2.0<br>8.0<br>8<br>9<br>700                             | 118.7<br>135.8<br>43<br>53<br>45                                  |      |  |
|   |   | Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 60 minutes rate         EMS P1 rural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Cervical Cancer screening   | Standardized Standardized Standardized Standardized Standardized Standardized Standardized Standardized  | Not Applicable  | Percentage Percentage Percentage Percentage Percentage Number Number Number Number   | Priority 3: Education, Skills And Health<br>Priority 3: Education, Skills And Health   | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster  | 42.0<br>48.0<br>48.0<br>49   | 88.2<br>69.7<br>26.8<br>43.6<br>43.6<br>43.6<br>53<br>45<br>6.427  | Epandel Programme on<br>immunisation (EPI) acth-0 pdfve<br>Epandel Programme on<br>immunisation (EPI) acth-0 pdfve<br>+ Eligible women may face barriers<br>in accessing cervical cancer<br>screening envices, such as lack of<br>transportation.<br>+ Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>deoxyribouncies and response units<br>available to attend to the demand<br>for services.<br>+ The majority of emergency<br>vehicles are aged increasing the<br>frequency of regists and vehicle<br>downtime.<br>- Insufficient operational<br>ambulances and response units<br>available to attend to the demand<br>for services.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of regists and vehicle<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of regists and vehicle<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of regists and vehicle<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of regists and vehicle<br>downtime.<br>- Compliance with clinical<br>management guidelines.<br>- Training on inpaint management<br>of SAM.  | District (RED) strategy to reach I<br>Implement the Reach Every 0<br>District (RED) strategy to reach 0<br>+ Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>maintenance service provider.<br>(The Department has met the 1<br>(The Department has met the 1<br>urevised APP target of 55)<br>District to continue to monitor 1<br>District to continue to monitor 1   | 5.0<br>0.0<br>2.0<br>8.0<br>8.0<br>03<br>9<br>700<br>710              | 118.7<br>135.8<br>43<br>53<br>45<br>5427                          |      |  |
|   |   | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Cervical Cancer screening         Death in facility under 5 years  | Standardized  | Not Applicable  | Percentage Percentage Percentage Percentage Percentage Number Number Number Number Number  | Priority 3: Education, Skills And Health   | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster   | 95.0<br>70.0<br>42.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0   | 88.2<br>69.7<br>26.8<br>43.6<br>43.6<br>43.6<br>53<br>45<br>6.427  | Epandel Programme on<br>immunisation (EPI) catch-gather<br>Expandel Programme on<br>immunisation (EPI) catch-gather<br>expandel Programme on<br>immunisation (EPI) catch-gather<br>expension (EPI) catch-gather<br>expension (EPI) catch-gather<br>in cacessing exervical cancer<br>screening ernews, such as lack of<br>transportation<br>is some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomarituse (HPI)<br>desnythouncies (EPI)<br>estimation (EPI)<br>est | District(RED) strategy to reach  <br>implement the Neach Evry = 9<br>District(RED) strategy to reach =<br>4:Eparad streening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women<br>Public avareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPU DAN testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>(The Department has met the 1<br>revised APP target of 95) 4<br>Public awareness campaigns to 6<br>educate women on the<br>importance of cervical cancer   | 5.0<br>0.0<br>2.0<br>8.0<br>8.0<br>03<br>9<br>700<br>710              | 118.7<br>135.8<br>43<br>53<br>45<br>5427                          |      |  |
|   |   | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 nural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Cervical Cancer screening         Death in facility under 5 years         Severity assessment code (SAC) 1 incident reported   | Standardized  | Not Applicable  | Percentage Percentage Percentage Percentage Percentage Number Number Number Number Number  | Priority 3: Education, Skills And Health   | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster   | 95.0<br>70.0<br>42.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0   | 88.2<br>69.7<br>26.8<br>43.6<br>43.6<br>43.6<br>53<br>45<br>6.427  | Epandel Programme on<br>Immunisation (EPI) catch-gather<br>Epandel Programme on<br>Immunisation (EPI) catch-gather<br>= Eiglibe women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>decorythouncides add DNA testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>ambulances and response units<br>makable to attend to the demand<br>for services.<br>= The majority of emergency<br>+hicks are again cressing the<br>response of the experiment<br>malable to attend to the demand<br>for services.<br>= The majority of emergency<br>+hicks are again cressing the<br>response of the experiment<br>malable to attend to the demand<br>for services.<br>= The majority of emergency<br>+whicks are again cressing the<br>response of the experiment<br>malable to attend to the demand<br>for services.<br>= The majority of emergency<br>+whicks are again cressing the<br>response of the experiment<br>management general event and while<br>downtime.<br>= Compliance with clinical<br>management general event and<br>= Taning on inpatient management<br>of SAM.<br>Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>management ging in egathery  | District (RED) strategy to reach  <br>implement the Neach Evry = 9<br>District (RED) strategy to reach =<br>4:Eparad streening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women<br>Public avareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPU DAN testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>(The Department has met the 1<br>revised APP target of 95)<br>4<br>Public awareness campaigns to 6<br>educate women on the<br>importance of cervical cancer<br>1<br>District to continue to monitor 1<br>tuning of reporting as pr PSI<br>Guidelines.  | 5.0<br>0.0<br>2.0<br>8.0<br>8.0<br>03<br>9<br>700<br>710              | 118.7<br>135.8<br>43<br>53<br>45<br>5427                          |      |  |
|   |   | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 nural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Cervical Cancer screening         Death in facility under 5 years         Severity assessment code (SAC) 1 incident reported   | Standardized  | Not Applicable  | Percentage Percentage Percentage Percentage Percentage Number Number Number Number Number  | Priority 3: Education, Skills And Health   | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster   | 95.0<br>70.0<br>42.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0   | 88.2<br>69.7<br>26.8<br>43.6<br>43.6<br>43.6<br>53<br>45<br>6.427  | Epandel Programme on<br>Immunisation (EPI) catch-gather<br>Epandel Programme on<br>Immunisation (EPI) catch-gather<br>= Eiglibe women may face barriers<br>in accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>decorythouncides add DNA testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>ambulances and response units<br>makable to attend to the demand<br>for services.<br>= The majority of emergency<br>+hicks are again cressing the<br>response of the experiment<br>malable to attend to the demand<br>for services.<br>= The majority of emergency<br>+hicks are again cressing the<br>response of the experiment<br>malable to attend to the demand<br>for services.<br>= The majority of emergency<br>+whicks are again cressing the<br>response of the experiment<br>malable to attend to the demand<br>for services.<br>= The majority of emergency<br>+whicks are again cressing the<br>response of the experiment<br>management general event and while<br>downtime.<br>= Compliance with clinical<br>management general event and<br>= Taning on inpatient management<br>of SAM.<br>Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>management ging in egathery  | District (RED) strategy to reach  <br>implement the Neach Evry = 9<br>District (RED) strategy to reach =<br>4 Expand screening services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women<br>Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HPV DNA testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet 4<br>Section and the fleet<br>maintenance service provider.<br>(The Department has met the 1<br>revised APP target of 95).<br>4<br>Public awareness campaigns to 9<br>educate women on the<br>importance of cervical cancer<br>1<br>District to continue to monitor 1<br>thing of reporting as per F31  | 5.0<br>0.0<br>2.0<br>8.0<br>8.0<br>03<br>9<br>700<br>710              | 118.7<br>135.8<br>43<br>53<br>45<br>5427                          |      |  |
|   |   | Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 nural response under 60 minutes rate         Darrhoea death under 5 years         Pheumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Cervical Cancer screening         Death in facility under 5 years         Severey acute mainutrition (SAM) death under 5 years         Severey assessment code (SAC) 1 incident reported within 24 hours rate   | Standardized  | Not Applicable                               | Percentage Percentage Percentage Percentage Percentage Number Number Number Number Number Percentage   | Priority 3: Education, Skills And Health   | Basic Services Fasic | The Social Protection, Community and Human Development Cluster   | 42.0<br>48.0<br>48.0<br>48.0<br>48.0<br>48.0<br>103<br>49<br>6700<br>1710<br>100.0   | 88.2<br>69.7<br>26.8<br>43.6<br>43.6<br>43.6<br>53<br>45<br>6.427  | Epandel Programme on<br>Immunisiaio (EPI) acth-0 prive<br>Epandel Programme on<br>Immunisiaio (EPI) acth-0 prive<br>= Eiglibe women may face barriers in<br>a accessing errorika; such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance of envial camer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (IPV)<br>decorythouncides add DNA testing,<br>leading to low uptake of screening<br>services.<br>= Insufficient operational<br>ambulances and response units<br>makibile to attend to the demand<br>for bruckes.<br>= Insufficient operational<br>ambulances and response units<br>makibile to attend to the demand<br>for scrucks.<br>= Insufficient operational<br>= I   | District (RED) strategy to reach I<br>implement the Neach Yewy O<br>District (RED) strategy to reach<br>4: Expand screening services to<br>7: more locations, including rural<br>and underseved areas, and<br>consider mobile screening units<br>for outreach programs to reach<br>eligible women.<br>4: Public awareness campaigns<br>to educate women on the<br>Importance of cervical cancer<br>Screening and the benefits of<br>HPV DAN estim, Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>4: (The Department has met the<br>Importance of cervical cancer<br>1:<br>District to continue to monitor<br>1:<br>District to continue to monitor<br>1:<br>1:<br>1:<br>1:<br>1:<br>1:<br>1:<br>1:<br>1:<br>1:  | 5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0                  | 118.7<br>135.8<br>43<br>53<br>45<br>5427                          |      |  |
|   | Programme 4: Provincial Hospital Services                       | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 30 minutes rate         Diarrhoea death under 5 years         Poeumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Cervical Cancer screening         Death in facility under 5 years         Severity assessment code (SAC) 1 incident reported within 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       Standardized | Not Applicable                | Percentage Percentage Percentage Percentage Percentage Percentage Number Number Number Number Number Percentage Percentage Percentage Percentage   | Priority 3: Education, Skills And Health | Basic Services  | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster   | 95.0<br>70.0<br>42.0<br>42.0<br>48.0<br>48.0<br>48.0<br>48.0<br>103<br>49<br>6700<br>1710<br>100.0                             | 26.8<br>43.6<br>43<br>53<br>45<br>6.427<br>1.258<br>99.5   | Epandel Programme on<br>Immunisiaio (EPI) acth-0 prive<br>Epandel Programme on<br>Immunisiaio (EPI) acth-0 prive<br>= Eiglibe women may face barriers in<br>accessing errorical cancer<br>screening envices, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance derival cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>desnyribouncies and Psay and the stand<br>the benefits of human<br>papilomaviruses (HPV)<br>desnyribouncies and response units<br>mabulances and response units<br>mabulances and response units<br>mabulances and response units<br>mabulance and response units<br>mabulahet to attend to the demand<br>for services.<br>= In unificient operational<br>ambulances and response units<br>mabulahet to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again creasing the<br>frequency of repairs and webliel<br>downtime.<br>= Training on inpatient management<br>of SAM.<br>Some women may not be aware of<br>the importance of cervical cancer<br>amangement guidelines.<br>= Tamangement guidelines.<br>= Tamangement guidelines.  | District (RED) strategy to reach I<br>implement the Neach Evry of<br>District (RED) strategy to reach<br>+ Expand strenging services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYU DAN testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>Assection and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>Section and the fleet<br>maintenance service provider.<br>(The Department has met the<br>importance of cervical cancer<br>1<br>District to continue to monitor<br>1<br>Guidelines.<br>(The Department has met the<br>revised APP target of 92.15()<br>(The Department has met the  | 5.0<br>0.0<br>2.0<br>8.0<br>8<br>03<br>9<br>700<br>710<br>00.0<br>8.1 | 118.7<br>135.8<br>43<br>53<br>54<br>5<br>54<br>27<br>1258<br>98.1 |      |  |
| Programme 4: Provincial Hospital Services | Programme 4: Provincial Hospital Services                       | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 60 minutes rate         Darrhoea death under 5 years         Pneumonia death under 5 years         Severe aute mainutrition (SMM) death under 5 years         Cervical Cancer screening         Death in facility under 5 years         Severity assessment code (SAC) 1 incident reported within 24 hours rate         Patient Safety incident (PSI) case closure rate   | Standardized  | Not Applicable | Percentage Percentage Percentage Percentage Percentage Number Number Number Number Percentage | Priority 3: Education, Skills And Health | Basic Services  | The Social Protection, Community and Human<br>Development cluster<br>The Social Protection, Community and Human<br>Development cluster   | 95.0<br>70.0<br>42.0<br>42.0<br>48.0<br>48.0<br>48.0<br>103<br>49<br>6700<br>1710<br>100.0                                     | 43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6 | Epandel Programme on<br>immunisation (EPI) acth-0 pdreb<br>Epandel Programme on<br>immunisation (EPI) acth-0 pdreb<br>munusitation (EPI) acth-0 pdreb<br>eta) accessing cervical cancer<br>screening services, such as lack of<br>transportation.<br>- Some women may not be aware of<br>the importance of cervical cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>decorytionucies and (PMA) testing,<br>leading to low uptake of screening<br>services.<br>- Insufficient operational<br>ambulances and response units<br>available to attend to the demand<br>for services.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of reprisma and which<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of reprisma and which<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of reprisma and which<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of reprisma and which<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of reprisma and which<br>downtime.<br>- The majority of emergency<br>vehicles are aged increasing the<br>frequency of reprisma and which<br>downtime.<br>- Compliance with chinical<br>management guidelines<br>distant management<br>distant.<br>Some women may not be aware of<br>the importance of cervical cancer<br>correling or major the age and cancer<br>distant.<br>Some women may not be aware of<br>the importance of cervical cancer<br>correling or major the age and cancer<br>cancer and increased access<br>Timeous recording in negatively<br>impacted by network challenges.  | District (RED) strategy to reach I<br>implement the Neach Evry of<br>District (RED) strategy to reach<br>+ Expand strenging services to 7<br>more locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening and the benefits of<br>HYU DAN testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>Assection and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>Section and the fleet<br>maintenance service provider.<br>(The Department has met the<br>importance of cervical cancer<br>1<br>District to continue to monitor<br>1<br>Guidelines.<br>(The Department has met the<br>revised APP target of 92.15()<br>(The Department has met the  | 5.0<br>0.0<br>2.0<br>8.0<br>8<br>03<br>9<br>700<br>710<br>00.0<br>8.1 | 118.7<br>135.8<br>43<br>53<br>45<br>6427<br>1258<br>98.1          |      |  |
| Programme 4: Provincial Hospital Services | Programme 4: Provincial Hospital Services                       | Cervical Cancer Screening Coverage         Cervical Cancer Screening Coverage         EMS P1 urban response under 30 minutes rate         EMS P1 rural response under 30 minutes rate         Diarrhoea death under 5 years         Poeumonia death under 5 years         Severe acute mainutrition (SAM) death under 5 years         Cervical Cancer screening         Death in facility under 5 years         Severity assessment code (SAC) 1 incident reported within 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       Standardized | Not Applicable                | Percentage Percentage Percentage Percentage Percentage Percentage Number Number Number Number Percentage Percentage Percentage Percentage Percentage Percentage Percentage Percentage Percentage Number                | Priority 3: Education, Skills And Health | Basic Services Basic | The Social Protection, Community and Human<br>Development Cluster<br>The Social Protection, Community and Human<br>Development Cluster   | 95.0<br>70.0<br>42.0<br>42.0<br>48.0<br>48.0<br>48.0<br>48.1<br>103<br>49<br>6700<br>1710<br>100.0<br>98.1<br>97.4<br>458<br>4 | 43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>43.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6<br>45.6 | Epandel Programme on<br>Immunisiaio (EPI) acth-0 prive<br>Epandel Programme on<br>Immunisiaio (EPI) acth-0 prive<br>= Eiglibe women may face barriers in<br>accessing errorical cancer<br>screening envices, such as lack of<br>transportation.<br>= Some women may not be aware of<br>the importance derival cancer<br>screening or may not understand<br>the benefits of human<br>papilomaviruses (HPV)<br>desnyribouncies and Psay and the stand<br>the benefits of human<br>papilomaviruses (HPV)<br>desnyribouncies and response units<br>mabulances and response units<br>mabulances and response units<br>mabulances and response units<br>mabulance and response units<br>mabulahet to attend to the demand<br>for services.<br>= In unificient operational<br>ambulances and response units<br>mabulahet to attend to the demand<br>for services.<br>= The majority of emergency<br>whicks are again creasing the<br>frequency of repairs and webliel<br>downtime.<br>= Training on inpatient management<br>of SAM.<br>Some women may not be aware of<br>the importance of cervical cancer<br>amangement guidelines.<br>= Tamangement guidelines.<br>= Tamangement guidelines.  | District (RED) strategy to reach<br>implement the Neach Every<br>District (RED) strategy to reach<br>* Expand strenging services to<br>rome locations, including rural<br>and underserved areas, and<br>consider mobile screening units<br>or outreach programs to reach<br>eligible women.<br>+ Public awareness campaigns<br>to educate women on the<br>importance of cervical cancer<br>screening, and the benefits of<br>HPV DAN testing. Provide<br>educational materials and<br>counselling to women at<br>healthcare facilities.<br>Regular engagement with Fleet<br>Section and the fleet<br>maintenance service provider.<br>Regular engagement with Fleet<br>4<br>(The Department has met the<br>importance of cervical cancer<br>1<br>District to continue to monitor<br>1<br>District to continue to monitor<br>1<br>(The Department has met the<br>9<br>(The Department has met | 5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0                  | 118.7<br>135.8<br>43<br>53<br>45<br>6427<br>1258<br>98.1          |      |  |

|                         |                                       |  | Severe acute malnutrition (SAM) death under 5 years         | Standardized     | Not Applicable | Number             | Priority 3: Education, Skills And Healt | h Basic Services       | The Social Protection, Community and Hun | an 8                        | 11             |            | Treatment failure due to co-morbid    |                                       | 11                 |   |       |      |
|-------------------------|---------------------------------------|--|---|------------------|----------------|--------------------|---|------------------------|--|-----------------------------|----------------|------------|---------------------------------------|---------------------------------------|--------------------|---|-------|------|
|                         |                                       |  |   |                  |                |                    |   |                        | Development cluster                      |                             |                |            | conditions such as cardiac            | early case detection of illness in    |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            | conditions, cerebral palsy and late   | children, and referral to higher      |                    |   |       |      |
|                         |                                       |  |   |                  | 1              |                    |   |                        |  |                             | 1              |            | diagnosis of HIV.                     | level of care as needed; and          |                    |   |       |      |
|                         |                                       |  |   |                  | 1              |                    |   |                        |  |                             | 1              |            | 1                                     | inpatient management of SAM.          |                    |   |       |      |
|                         |                                       |  | Severity assessment code (SAC) 1 incident reported          | Standardized     | Not Applicable | Percentage         | Priority 3: Education, Skills And Healt | h Basic Services       | The Social Protection, Community and Hun | an 100.0                    | 95.6           |            | Timeous recording is negatively       | District to continue to monitor 100.0 | 98.6               |   |       |      |
|                         |                                       |  | within 24 hours rate  |                  |                |                    |   |                        | Development cluster                      |                             |                |            | impacted by network challenges.       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | 1              |                    |   |                        |  |                             | 1              |            |                                       | Guidelines.                           |                    |   |       |      |
|                         |                                       |  | Cervical cancer screening                                   | Standardized     | Not Applicable | Number             | Priority 3: Education, Skills And Healt | h Basic Services       | The Social Protection, Community and Hun | an 1480                     | 1 102          |            | Some women may not be aware of        | Public awareness campaigns to 1480    | 1102               |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        | Development cluster                      |                             |                |            | the importance of cervical cancer     |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            | screening or may not understand       | importance of cervical cancer         |                    |   |       |      |
| Progr                   | ramme 7: Health Care Support Services | Programme 7: Health Care Support Services  | Tracer Medicine Stock- Out Rate at the Provincial           | Non-Standardized | Not Applicable | Percentage         | Priority 3: Education, Skills And Healt | h Basic Services       | The Social Protection, Community and Hun | an 5                        | 3.9            |            | Continuous engagement with            | 5                                     | 1.7000000000000002 |   |       |      |
|                         |                                       |  | Pharmaceutical Supply Depot (PPSD)                          |                  |                | -                  |   |                        | Development cluster                      |                             |                |            | suppliers to limit supply disruptions |                                       |                    |   |       |      |
|                         |                                       |  | Tracer Medicine Stock- Out Rate at facilities (hospitals,   | Non-Standardized | Not Applicable | Percentage         | Priority 3: Education, Skills And Healt | h Basic Services       | The Social Protection, Community and Hun | an 5                        | 2.6            |            | Stock levels were closely             | 5                                     | 3.3                |   |       |      |
|                         |                                       |  | community health centres and clinics)                       |                  |                |                    |   |                        | Development cluster                      |                             |                |            | monitored.                            |                                       |                    |   |       |      |
| Progr                   | ramme 8: Health Facilities Management | Programme 8: Health Facilities Management  |   | Non-Standardized | Not Applicable | Percentage         | Priority 3: Education, Skills And Healt | h Basic Services       | The Social Protection, Community and Hun | an 48.0                     | 2.4            |            | Major breakdowns reported during      | Institutions to service 48.0          | 0                  |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        | Development cluster                      |                             |                |            |                                       | machinery and equipment               | -                  |   |       |      |
|                         |                                       |  |   |                  | 1              |                    |   |                        |  |                             | 1              |            | expenditure in Category A and under   |                                       |                    |   |       |      |
|                         |                                       |  | Number of Capital Infrastructure Projects completed         | Non-Standardized | Not Applicable | Number             | Priority 3: Education, Skills And Healt | h Basic Services       | The Social Protection, Community and Hun | an 18                       | 18             |            |                                       | (The Department has not met 103       | 133                |   |       |      |
| Tetal                   | 69                                    |  | completed   |                  |                |                    |   |                        | y unu nun                                |                             |                |            |                                       |                                       |                    |   |       |      |
| Total :                 | 69                                    |  |   |                  |                |                    |   |                        |  |                             | -              |            |                                       |                                       |                    |   |       |      |
| Feedback                |                                       |  |   |                  |                |                    |   |                        |  |                             | 1              |            | 11                                    |                                       |                    |   |       |      |
|                         |                                       | Quarter - 1  | 1   |                  |                |                    |   | Quarter - 2            | I  |                             | Quarter - 4    |            |                                       | A                                     | d Annual           | 1 |       |      |
|                         |                                       | Quarter - 1  |   |                  |                |                    |   | Quarter - 2            |  |                             | Quarter - 4    |            |                                       | Audite                                | d Annual           |   |       |      |
| Username Q1             | Role Q1                               | Feedback Q1  |   | Dated Q1         | 1 User         |                    |   |                        | Feedback Q2                              |                             |                |            | Username                              | Role Feedb                            |                    |   | Dated |      |
|                         |                                       |  |   |                  | Ning           | asha Moodley       |   | Department Coordinator | Colleagues Please accept the             | 2                           |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  | 2                           |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | Roan           | nda Pretorius      |   | National Oversight     | Noted, thank you                         |                             | I              |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | Lube           | ma Sthembela Ndlaz |   | OTP Coordinator        | Thank you for the report                 |                             |                |            | -                                     |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | Luidi          | ma stnembela Nulaz | 1                                       | OTP COOLDINATOL        | Thank you for the report                 |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | Lular          | ma Sthembela Ndlaz | i i                                     | OTP Coordinator        | Thank you for the report                 |                             | I              |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | Ning           | asha Moodley       |   | Department Coordinator | Dear HoD. Kindly find Q2 repo            | t                           |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | Tell ve        | asita woodley      |   | Department Coordinator | collection of the Department'            | t as a                      |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  | Dr Sa          | andile Tshabalala  |   | Accounting Officer     | Approval Certificate: Q2- Dear           |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            | 1                                     |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       | <br> |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       | <br> |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  | Dear Colleagues             |                | 24/04/2025 |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  | Natad                       |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  | Noted                       |                | 25/04/2025 |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  | Thank you for the report.   | Kindly capture | 25/04/2025 |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  | Dear HoD. Kindly find perf  | ormance report | 29/04/2025 |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  | Approval Certificate: Q4- D | Dear Sir/Madam | 30/04/2025 |                                       |                                       |                    |   |       |      |
| De Canadila Tababala'   | A                                     | Annual Castilization of the state  | h fa da se  |                  |                |                    |   |                        |  | Viedb fied as formation     |                |            |                                       |                                       |                    |   |       | <br> |
| Dr Sandile Tshabalala   | Accounting Officer                    | Approval Certificate: Q1- Dear Sir/I   | Madam   |                  | 07/2024        |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
| Lulama Sthembela Ndlazi | OTP Coordinator                       | Thank you for the report. positive   | variances are noted and reasons for deviation where targets |                  | 07/2024        |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       | <br> |
| Nirvasha Moodley        | Department Coordinato                 | r Good day   |   | 26/0             | 07/2024        |                    |   |                        |  |                             |                |            | 1                                     |                                       |                    |   |       |      |
| Nirvasha Moodley        | Department Coordinato                 | r Dear Dr Tshabalala, Kindly find the  | performance report for Q1, completed in line with the natio | onal 31/(        | 07/2024        |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       | and all and a state of the set of |   | . , .            |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   | -     |      |
| Roanda Pretorius        | National Oversight                    | Noted thanks   |   | 27/0             | 07/2024        |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |
|                         |                                       |  |   |                  |                |                    |   |                        |  |                             |                |            |                                       |                                       |                    |   |       |      |