

Frequency	Programme	Sub Programme	Indicator	Indicator Type	Output	Data Type	MTSF Priority	Provincial Priority	Cluster	Quarter - 4				Annual Performance					
Annually	Programme 1: Administration	Programme 1: Administration	Audit outcome for regulatory audit expressed by AGSA for the previous FY	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster					Unqualified					
			Contingent liability of medico-legal cases	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	3200000000	31708160893.67			3200000000	31708160893.67		The Department has contained costs	Community awareness campaigns on the importance of seeking treatment early.	
	Programme 2: District Health Services	Disease Prevention and Control (DPC)	Malaria case fatality rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	0.0	0.7			0.0	0.7		Mortality Audit report suggests a delay in patients seeking treatment.		
																	Ideal Clinic Realisation and		
		District Health Services (PHC, CHC and District Hospitals)	Ideal clinic status obtained rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	94.9	97.5			94.9	97.5		Clients unsatisfied with access to care, especially referral pathways and the unavailability of medication.	Quality Improvement Plans, training and strategies to focus on these areas.	
				Patient Experience of Care satisfaction rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	89.6	87.3			89.6	87.3		Late presentation among co-infected patients continues to contribute to high mortality.	• Mentoring of district health teams to institutionalize clinical and mortality audits, effectively analyse findings, plan and implement strategies to bridge the gaps giving priority to Ethekwini district. • Implementation of TB preventive treatment shorter regimens to all eligible co-infected patients and contacts. • Social mobilization campaigns to emphasize identification of symptoms, early diagnosis, and adherence to both TB and ART treatment.
		HIV/TB and Sexually Transmitted Infections (HAST)	All DS -TB Deaths	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	2840	2940			2840	2940		Retention in care remains the main problem as loss to follow up is still high.	• Implementation of data for action/verification for improving retention. • Scale up welcome back as per MOI and men's health strategy. • Decanting of eligible men and children to support retention of these sub populations. • Regional trainings on community ART were conducted with District Health Services, Health Systems Trust to revitalise mobile clinics and outreach services on improving access (a total of 152 Mobile, HTA and Outreach teams)	
				ART client remain on ART end of month – sum	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1677836	1568784			1677836	1568784		TB/HIV integration is not optimally implemented resulting in delayed and late diagnosis of TB due to low suspicion index.	• Monitor mentorship plan and adherence support through retention and viral load suppression indicators at Early warning indicator workshop. • Support implementation of quality Improvement plans (QIPs) on mortality.
				ART death rate (6 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1.0	1.7			1.0	1.7			
			Maternal, Woman and Child Health Including Nutrition (MCWHN)	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 Development cluster	98.0/100000	91.8/100000			98.0/100000	91.8/100000		Implementation of quality improvement project in health	
			Death in facility under 5 years rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	5.4	3.5			5.4	3.5		Implementation of the Essential		
	Programme 4: Provincial Hospital Services	Programme 4: Provincial Hospital Services	Maternal deaths in facility	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	25	71			25	71		Hypertension and Post Partum Haemorrhage continue to contribute to deaths.	Implementation of EMOTIVE protocol to reduce severe post-partum haemorrhage (PPH) in all labour wards, as part of minimum 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 Development cluster	86.1	80.7			86.1	80.7		Patients were unsatisfied with the information received when treatment is prescribed, and were not aware of the complaints management systems.	The District QA co-ordinators and Communications Officers to educate patients on complaints mechanisms.
	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 Development cluster	88.2	86.5			88.2	86.5		Clients expressed dissatisfaction with access to care, specifically the referral pathways.	Quality improvement plans, training and strategies to focus on educating clients so that they are better informed.	
				Maternal deaths in facility	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	13	27			13	27		Complex medical and surgical conditions contributed to maternal deaths.	Implementation of new national Maternal and perinatal care guidelines for improved case management and prompt referrals to higher levels of care.
	Programme 6: Health Sciences and Training	Programme 6: Health Sciences and Training	Number of Bursaries awarded to first year nursing students	Non-Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	120	239			120	239		The increased demand for General Nurses to be trained to meet the		
				Number of internal employees awarded bursaries	Non-Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster					480				
Quarterly	Programme 1: Administration	Programme 1: Administration	Percentage of hospitals implementing E-Health beyond Module 1 (Phase 1)	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	90.5	92.9	Equipment has been procured and training on basic computer literacy		90.5	71.4				
					Percentage of hospitals implementing E-Health for the first time (At least Module 1)	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	55.6	0	Implementation delayed by budgetary constraints.	Motivate for adequate budget in 2025/26 for network upgrades and hardware, provision of additional resources and implementing change management.	55.6	0		
					Percentage of supplier invoices paid within 30 Days	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	96.2	41.3	The Department has cash-flow restrictions, thereby reducing the number of supplier invoices that can	Continue to implement the cost saving measures to ensure adequate cash flow in the new	96.2	66.7		
					Proportion of expenditure paid to businesses owned by women	Non-Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	14.8	7.2	There is no Supply Chain Management (SCM) Legislation for	- Continued use of supplier development information	14.7	23.2		
	Programme 2: District Health Services	Disease Prevention and Control (DPC)	PHC Mental Disorders Treatment Rate New	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	0.01	0.04	Continued training on Mental Health		0.01	0.04				
				Patient Safety Incident (PSI) case closure rate –District Health Services	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	97.8	97.7	Vacant Quality Assurance (QA) Co-ordinator posts, and network challenges impact negatively on PSI management.	• Districts to continue with weekly monitoring, review strategies to mitigate risk factors and conduct support visits. • Provincial QA to undertake technical support visits.	97.8	97.2			
				Severity assessment code (SAC) 1 incident reported within 24 hours rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	100.0	94.0	Vacant Quality Assurance (QA) Co-ordinator posts, and network challenges impact negatively on PSI management.	Districts to continue with weekly monitoring, review strategies to mitigate risk factors and conduct support visits.	100.0	95			
		HIV/TB and Sexually Transmitted Infections (HAST)	All DS-TB client treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	72.1	75.5	Consistent improvement in linkage	(The Department met the	72.1	75.7				
				TB Rifampicin Resistant / Multidrug - resistant treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	72.0	69.2	Performance negatively impacted by the high lost to follow-up and death rates due to late presentation for treatment, resulting in delayed referrals to the Centre of Excellence.	• Community awareness campaigns on early clinic presentation for TB screening and treatment, with emphasize on the importance of adherence throughout treatment. • Convene regular District Technical Advisory Committee (DTAC) meetings to update clinicians on DR-TB management.	72.0	68.6			
					TB Pre-XDR treatment success rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	55.0	49.4	• High death and lost-to-follow-up rates have contributed to the non-achievement of the success rate target. • Treatment failure as patients present late with advanced disease and demise within a short period of being referred to the Centres of Excellence.	• Community awareness campaigns on early clinic presentation for TB screening and treatment, with emphasize on the importance of adherence throughout treatment. • Convene regular District Technical Advisory Committee (DTAC) meetings to update clinicians on DR-TB management. • Implementation of the shorter DR-TB regimen which	55.0	47.7		

			ART adult viral load suppressed rate - below 50 (12 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	95.0	82.7	Poor adherence by patients to their treatment plan.	Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy.	95.0	82.6				
			ART child viral load suppressed rate - below 50 (12 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	90.0	55.7	Non-Disclosure contributes to poor viral suppression in children.	<ul style="list-style-type: none"> • Implementation of disclosure and enhanced adherence counselling (EAC) in all facilities. • Co-ordinate psycho- social activities at hospital/CHC to improve support at facilities and in communities (family visits). • Facilitate Allied Worker grounding on HIV management to improve support. 	90.0	55				
			HIV positive 15-24 years (excl ANC) rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1.8	1.6	Promotion of HIV prevention	(The Department has not met	1.8	1.6				
			AIH DS-TB client LTF rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	9.0	6.8	Improved adherence to treatment.		9.0	7.1				
			TB Rifampicin resistant / Multidrug- Resistant lost to follow up rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	15.0	15.3	<ul style="list-style-type: none"> • Limitations to linking of all drug resistant TB patients to outreach teams and non-adherence by patients to the appointment system has impact on lost to follow up. 	<ul style="list-style-type: none"> • Implementation of the TB literacy material especially at Ugu, EThekweni and Harry Gwala Districts. • Social mobilisation on importance of adherence to treatment. 	15.0	15.3				
			TB Pre-XDR Loss to follow up Rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	21.7	16.5	Improved follow-up on patients	(The Department met the	21.7	0				
			ART adult remain in care rate (12 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	75.0	67.8	<ul style="list-style-type: none"> • Retention in care remains the main challenge as loss to follow up is still high. 	<ul style="list-style-type: none"> • Decanting of eligible men and children to support retention. • Implementation of community ART in all districts. 	75.0	68.4				
			ART child remain in care rate (12 months)	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	80.0	80.3	Implementation of the "Know Your		80.0	80.7				
			Neonatal death in facility rate (per 1 000 live births)	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	13.9/1000	12.9/1000	Improved case management		13.9/1000	-				
			Death under 5 years against live birth rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	2.0	1.8	Implementation of the Essential		2.0	3				
			Child under 5 years diarrhoea case fatality rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1.6	1.2	Effective case management and compliance with clinical guidelines.		1.6	0				
			Child under 5 years Pneumonia case fatality rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1.8	1.5	Increased access to respiratory support equipment, early		1.8	1				
			Child under 5 years Severe acute malnutrition case fatality rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	7.1	6.4	Uptake of the SAM inpatient training course and implementation of the		7.1	0				
			Still Birth in Facility Rate (Per 1 000 births)	Standardized	Not Applicable	Text	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	26.8/1000	23/1000	<ul style="list-style-type: none"> • Implementation of the new vertical transmission program (VTP) 		26.8/1000	-				
			IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	27216	38 426	Health education in communities and facilities increased demand for IUCD services.		27216	38426				
			Delivery 10 - 14 years in facility	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	632	523	Implementation of the KZN Strategy to curb early pregnancies and Integrated Multi Stakeholder Health		632	523				
			Antenatal 1st visit before 20 weeks rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	75.0	78.5	Household and in-facility pregnancy testing with improved linkage to		75.0	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 Development cluster	73.6	86.9	<ul style="list-style-type: none"> • Implementation of Post-natal care register, including at delivering 	(The Department has met the revised APP target of 80.0%)	73.6	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 Development cluster	1.0	0.29	<ul style="list-style-type: none"> • Education to mothers to avoid mixed feeding continues. 		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 Development cluster	1.5	0.13	<ul style="list-style-type: none"> • Education to mothers to avoid mixed feeding continues. 		1.5	0				
			Immunisation under 1 year coverage	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	95.0	85.5	Expanded Programme on Immunisation (EPI) catch-up drive	Implement the Reach Every District (RED) strategy to reach	95.0	0				
			Measles 2nd dose 1 year coverage	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	95.0	88.2	Expanded Programme on Immunisation (EPI) catch-up drive	Implement the Reach Every District (RED) strategy to reach	95.0	0				
			Cervical Cancer Screening Coverage	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	70.0	69.7	<ul style="list-style-type: none"> • Eligible women may face barriers in accessing cervical cancer screening services, such as lack of transportation. • Some women may not be aware of the importance of cervical cancer screening or may not understand the benefits of human papillomaviruses (HPV) deoxyribonucleic acid (DNA) testing, leading to low uptake of screening services. 	<ul style="list-style-type: none"> • Expand screening services to more locations, including rural and underserved areas, and consider mobile screening units or outreach programs to reach eligible women. • Public awareness campaigns to educate women on the importance of cervical cancer screening and the benefits of HPV DNA testing. Provide educational materials and counselling to women at healthcare facilities. 	70.0	62.4				
			EMS P1 urban response under 30 minutes rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	42.0	26.8	<ul style="list-style-type: none"> • Insufficient operational ambulances and response units available to attend to the demand for services. • The majority of emergency vehicles are aged increasing the frequency of repairs and vehicle downtime. 	Regular engagement with Fleet Section and the fleet maintenance service provider.	42.0	118.7				
			EMS P1 rural response under 60 minutes rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	48.0	43.6	<ul style="list-style-type: none"> • Insufficient operational ambulances and response units available to attend to the demand for services. • The majority of emergency vehicles are aged increasing the frequency of repairs and vehicle downtime. 	Regular engagement with Fleet Section and the fleet maintenance service provider.	48.0	135.8				
			Diarrhoea death under 5 years	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	48	43	Compliance with clinical management guidelines.		48	43				
			Pneumonia death under 5 years	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	103	53	Reduction in deaths are associated with a functional referral system and	(The Department has met the revised APP target of 95)	103	53				
			Severe acute malnutrition (SAM) death under 5 years	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	49	45	<ul style="list-style-type: none"> • Training on inpatient management of SAM. 		49	45				
			Cervical Cancer screening	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	6700	6 427	Some women may not be aware of the importance of cervical cancer screening or may not understand	Public awareness campaigns to educate women on the importance of cervical cancer	6700	6427				
			Death in facility under 5 years	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	1710	1 258	Improved triage and case management, and increased access		1710	1258				
			Severity assessment code (SAC) 1 incident reported within 24 hours rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	-	The Social Protection, Community and Human Development cluster	100.0	99.5	Timeous recording is negatively impacted by network challenges.	District to continue to monitor timing of reporting as per PSI Guidelines.	100.0	98.1				
			Patient Safety Incident (PSI) case closure rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	-	The Social Protection, Community and Human Development cluster	98.1	99.96	Implementation of PSI guidelines.	(The Department has met the	98.1	99.5				
			Patient Safety Incident (PSI) case closure rate	Standardized	Not Applicable	Percentage	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	97.4	99.6	Compliance with PSI guidelines.	(The Department has met the	97.4	99.8				
			Death in facility under 5 years	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	458	433	Earlier referrals, better access to respiratory support and oxygen		458	433				
			Diarrhoea death under 5 years	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	4	6	Late presentation for treatment with	• Community awareness	4	6				
			Pneumonia death under 5 years	Standardized	Not Applicable	Number	Priority 3: Education, Skills And Health	Basic Services	The Social Protection, Community and Human Development cluster	34	20	Improved access to respiratory	(The Department has met the	34	20				

