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AdvertQuote

KWAZULU-NATAL PROVINCE
HEALTH
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Quotation Advert

Opening Date: 2022-08-29 Closing Date: 2022-09-02

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Mfundo Arnold Lushaba CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Mfundo Arnold Lushaba CHC

Date Submitted: 2022-08-26

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
ZNQ/MAL/0123/23Item Category: Goods

Item Description: TICK REGISTERS

Quantity (if supplies) 120 UNITS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

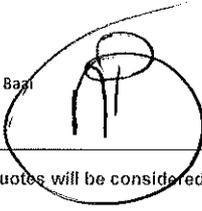
Name: NOMBALI NDLOVU

Email: nombali.ndlovu@kznhealth.gov.za

Contact Number: 039 972 8254

Finance Manager Name:

N. Bassi

A handwritten signature in black ink, appearing to be 'N. Bassi', is written over a horizontal line. The signature is enclosed within a hand-drawn circle.

Finance Manager Signature:

No late quotes will be considered

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
- (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
- (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.
- 4.5. Any alteration made by the bidder must be initialed; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
 - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
 - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
 - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

- 7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.
 - (i) The institution has determined that a compulsory site meeting take place.
 - (ii) Date ____ / ____ / ____ Time ____ : ____ Place _____

Institution Stamp:	Institution Site Inspection / briefing session Official Full Name: Signature: Date:
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8. STATEMENT OF SUPPLIES AND SERVICES

- 8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

- 9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, **it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.**
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

TAX INVOICE

10.3. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- | | |
|--|--|
| (i) the name, address and registration number of the supplier; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (vi) the value of the supply, the amount of tax charged; |
| | (vii) the words tax invoice in a prominent place. |

11. PATENT RIGHTS

The supplier shall indemnify the **KZN Department of Health** (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

12. PENALTIES

- 12.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 12.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 12.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 12.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

13. TERMINATION FOR DEFAULT

- 13.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
 - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 13.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 13.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

14. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to all quotes:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

1.3 Points for this quote shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left(1 - \frac{Pt - P \text{ min}}{P \text{ min}} \right) \text{ Where}$$

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING applicable box)

(Tick

YES	NO	
-----	----	--

7.1 Will any portion of the contract be sub-contracted?

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

YES	NO	
-----	----	--

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1.</p> <p>2.</p>
--

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p> <p>DATE:</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p>

REG. NO.

KWAZULU-NATAL DEPARTMENT OF HEALTH



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

PHC COMPREHENSIVE TICK REGISTER

NATIONAL AND PROVINCIAL DATA ELEMENTS

VERSION 1.0 OF 2022

PROVINCE:

FACILITY NAME:

FACILITY UNIQUE IDENTIFIER:

START DATE:

END DATE:

C COMPREHENSIVE TICK REGISTER

Item Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
by nurse	A PHC client of any age consulted and/or treated by a professional nurse (PN) for a Primary Health Care service	Any client seen by a Professional nurse should be counted. Each client is counted every time they are seen by a Professional Nurse, even if a client is seen by more than one PN per day or client visit facility more than once per day and seen by a PN	Monitor PN workload	INCLUDE clients seen for preventative, promotive and curative services; INCLUDE clients seen by PN that issue CCMDD medication at facility that is also a CCMDD site	EXCLUDE telephonic consultations with clients; EXCLUDE clients seen by other categories of staff
by (public)	A PHC client consulted and/or treated by a doctor employed in the public sector to render general clinical services	This data element should be collected in all PHC facilities with full time doctors. Clients might originally be seen by a professional nurse for a PHC service or may be seen directly by the doctor; Each client is counted every time they are seen by a doctor, even if a client is seen by more than one doctor per day or client visit facility more than once per day and seen by a doctor; ONLY clients seen for preventative, promotive and curative must be counted	Monitoring of services rendered by public full time doctors to consult PHC clients in public health facilities in accordance with the NHI objectives to increase doctor coverage	INCLUDE patient seen for renewal of prescriptions	EXCLUDE any facility that does not have Full Time doctors
by or	A PHC client of any age consulted and/or treated by a doctor employed sessional in the public sector to render general clinical services	This data element should be collected in all PHC facilities with sessional doctors. Clients might originally be seen by a professional nurse for a PHC service or may be seen directly by the doctor; Each client is counted every time they are seen by a sessional doctor, even if a client is seen by more than one doctor per day or client visit facility more than once per day and seen by a doctor; ONLY clients seen for preventative, promotive and curative must be counted	Monitoring of services rendered by sessional doctors to consult PHC clients in public health facilities in accordance with the NHI objectives to increase doctor coverage	INCLUDE patient seen for renewal of prescriptions	EXCLUDE any facility that does not have sessional doctors
	BCG (tuberculosis) vaccine given to a child under one year of age-at birth. The cut-off age is under 12 months	All babies/infants receiving BCG should be counted, including babies coming to clinics after home deliveries and babies/infants who receive their BCG later than usual due to e.g. temporary shortages of vaccine. BCG should still be given to HIV exposed children. Tuberculosis (TB) is a mycobacterial disease caused by Mycobacterium tuberculosis and is a major cause of disability and death in many parts of the world. Do not give BCG vaccine to children who are sick with AIDS and other immune suppressing conditions. Do not give BCG to a new-born if the mother is on anti-TB drugs. Do not give BCG to a child who is older than 12 months. For Hospitals: BCG dose under 1 year should be in line with number of live births in the facility	Monitors the Expanded Programme on Immunisation policy	INCLUDE BBAs if they are given BCG	None
1 year	Oral polio Vaccine 0 dose given to a child under 1 year at birth. The cut-off age is 10 weeks	Opv is given to children at birth and 6 weeks. OPV0 is given together with BCG at birth	Monitors protection of children against Polio.	INCLUDE BBAs if they are given BCG	EXCLUDE vaccines given as part of a national mass vaccination campaign
1 year	DTap-IPV-Hib-HBV (also known as Hexavalent) 1st dose vaccination given to a child under one year-at 6 weeks after birth. The cut-off age is under 12 months.	The numerator includes children under one year receiving their 1st dose of Hexavalent. DTap-IPV-Hib-HBV 1st dose is given together with OPV, PCV and RV. DTap-IPV-Hib-HBV is given to children at 6, 10 and 14 weeks and at 18 months	Monitors the Expanded Programme on Immunisation Policy	None	EXCLUDE vaccines given as part of a national mass vaccination campaign

Data Element Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
/ 1st dose under 1 year	Rota Virus (RV) vaccine 1st dose given to a child at 6 weeks after birth. The cut-off age is under 20 weeks.	RV is given to children at 6 and 14 weeks. RV 1st dose is given together with OPV1, DTap-IPV-Hib_HBV 1 and PCV1 at 6 weeks	Monitors protection of children against Rotaviruses.	None	EXCLUDE vaccines given as part of a national mass vaccination campaign
/ 1st dose under 1 year	Pneumococcal conjugate vaccine 1st dose given to a child under 1 year at 6 weeks. The cut-off age is under 12 months	PCV is given to children at 6, 14 weeks and 9 months. PCV 1st dose is given together with OPV1, DTap-IPV-Hib_HBV 1 and RV1 at 6 weeks	Monitors protection of children against Streptococcus pneumoniae.	None	EXCLUDE vaccines given as part of a national mass vaccination campaign
aP-IPV-Hib-HBV (also known as Hexavalent) 2nd dose	DTaP-IPV-Hib-HBV (also known as Hexavalent) 2nd dose vaccination given to a child under one year-at 10 weeks after birth. The cut-off age is under 12 months.	The numerator includes children under one year receiving their 4th dose of Hexavalent. DTap-IPV-Hib-HBV 2nd dose is given at 10 weeks	Monitors protection of children against diphtheria, tetanus, acellular pertussis, polio, Haemophilus influenzae and Hepatitis B.	None	EXCLUDE vaccines given as part of a national mass vaccination campaign
2nd dose under 1 year	Rota Virus (RV) vaccine 2nd dose given to a child under one year, at 14 weeks after birth and NOT later than 24 weeks after birth.	if the child missed the 1st dose of RV at 6 weeks of age and is younger than 20 weeks, give the 1st dose and the 2nd dose 4 weeks later. Keep a minimum interval of 4 weeks between the 2 doses of RV. RV 2nd dose is given together with DTap-IPV-Hib-HBV and PCV	Monitors the Expanded Programme on Immunisation policy	None	EXCLUDE vaccines given as part of a national mass vaccination campaign
/ 2nd dose under 1 year	Pneumococcal (PCV) vaccine 2nd dose given to a child under one year, at 14 weeks. The cut-off age is under 12 months	PCV is given to children at 6, 14 weeks and 9 months. PCV2 is given together with RV2 and DTap-IPV-Hib-HBV 3 at 14 weeks	Monitors protection of children against Streptococcus pneumoniae.	None	EXCLUDE vaccines given as part of a national mass vaccination campaign
P-IPV-Hib-HBV (also known as Hexavalent) 3rd dose	DTaP-IPV-Hib-HBV (also known as Hexavalent) 3rd dose vaccination given to a child under one year-at 14 weeks after birth. The cut-off age is under 12 months. Refer to the Standard Treatment Guidelines for Immunisation.	The numerator includes children under one year receiving their 3rd dose of Hexavalent. DTap-IPV-Hib-HBV 3rd dose is given together with PCV2 and RV2. DTap-IPV-Hib-HBV is given to children at 6, 10 and 14 weeks and at 18 months	Monitors the Expanded Programme on Immunisation policy	None	EXCLUDE vaccines given as part of a national mass vaccination campaign
3rd dose	Measles vaccine 1st dose given to a child under one year of age at 6 months after birth. The cut-off age is under 12 months.	Measles is an acute viral infection transmitted by close respiratory contact and may also spread via inhaled droplets. All children older than 12 months who have missed the 1st measles dose at 6 months, should receive this dose immediately and receive the second dose with a 4 week interval. Do not give measles vaccine to children who are sick with AIDS and other immune suppressing conditions. Do not give measles vaccine to children who are sick with AIDS and other immune suppressing conditions	Monitors the Expanded Programme on Immunisation policy	INCLUDE 1st doses given to children between 6 and 12 months	EXCLUDE vaccines given as part of a national mass vaccination campaign
3rd dose under 1 year	Pneumococcal (PCV) vaccine 3rd dose given to a child under one year, at 9 months after birth. The cut-off age is under 12 months	PCV is given to children at 6 and 14 weeks and at 9 months. PCV 3rd dose is usually the last vaccine to be given for a child to be fully immunised	Monitors the Expanded Programme on Immunisation policy	None	EXCLUDE vaccines given as part of a national mass vaccination campaign

Item Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
1st dose	A child who have completed his/her primary course of immunisation before the age of one year.	A primary course comprises: BCG OPV 0 & 1 DTaP-IPV-Hib-HBV 1, 2 and 3 Hep B 1, 2 and 3 RV 1 and 2 PCV 1, 2 and 3 Measles 1 All doses before 1 year. The child should only be counted ONCE as fully immunised when receiving the last vaccine in the course AND there is documentary proof of all required vaccines.	Monitors the Expanded Programme on Immunisation policy	None	None
2nd dose	Measles vaccine 2nd dose given to a child at 12 months after birth. The cut-off age is under 23 months	All children older than 12 months who have missed the 1st measles dose at 6 months, should receive this dose immediately and receive the second dose with a 4 week interval. If any child older than 2 years has not received an 1st and 2nd dose of Measles vaccine, it should be given but not recorded here	Monitors the Expanded Programme on Immunisation policy	None	EXCLUDE vaccines given as part of a national mass vaccination campaign; EXCLUDE 2nd dose given after the age of 2 years
3rd dose	DTaP-IPV-Hib-HBV (also known as Hexavalent) 4th dose vaccination given to a child at 18 months after birth. The cut-off age is under 2 years.	The numerator includes children up to 2 years of age receiving their 4th dose of Hexavalent. DTaP-IPV-Hib-HBV is given to children at 6, 10 and 14 weeks and at 18 months	Monitors the Expanded Programme on Immunisation policy	None	EXCLUDE vaccines given as part of a national mass vaccination campaign
4th dose	Td booster dose given to a child at 6 years of age. The cut-off age is under 9 years	Td is tetanus plus diluted diphtheria. Do not administer Td for children who are younger than 6 years of age	Monitors the Expanded Programme on Immunisation policy	INCLUDE doses given in 'mopping-up' awareness programs; INCLUDE Td doses given routinely; INCLUDE Td dose at 6 years given at schools as part of school health services	EXCLUDE vaccines given as part of a national mass vaccination campaign
5th dose	Td booster dose given to a child at 12 years of age. The cut-off age is under 14 years	None	Monitors the Expanded Programme on Immunisation policy	None	None
6th dose	Infant reported to be exclusively breastfed at DTaP-IPV-Hep B-Hib (Hexavalent) 3rd dose immunisation (preferably 14 weeks after birth).	If immunisation is delayed the data item must still be recorded at the time when DTaP-IPV-Hep B-Hib is given. Information should be obtained from the mother/caregiver by means of a 24-hour recall on what the infant drank/ate the previous day (ask specifically about water), and not by using a YES or NO, closed ended question. Only record as exclusively breastfed if the child received breastmilk ONLY (the child may have received medicines/vaccines prescribed by a health professional). A child who has received ANY solids, milk (other than breastmilk) or other liquids (including water) should not be counted. All providers that contribute to the number of hexavalent must report on the number of infants exclusively breastfed.	Monitors infants on exclusively breastfeeding up till the age of 14 weeks after birth	INCLUDE: intake of breastmilk only, and only medications approved by health professional for 1st 6 months.	EXCLUDE: intake of water and formula for first 6 months

Data Element Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
Vitamin A dose 12-59 months	Vitamin A dose given to a child, preferably every six months from 12 to 59 months	Deworming medication must be given together with the Vitamin A. Consisting of a single dose of 200,000 IU. Routine Vitamin A supplementation strengthens the immune system of children. Routine Vitamin A supplementation consisting of a single dose every 6 months until 59 months (4 year 11 months). Children receiving routine multivitamin syrup can still receive routine Vitamin A supplementation. If a child is scheduled to receive a routine prophylactic dose of Vitamin A and has received a treatment dose within the past month, the routine dose should be postponed for one month. Record only the doses given as part of the Vitamin A immunisation schedule. The dose given should also be recorded on the Road to Health booklet	Monitors the implementation of the Vit A policy for children under 5 years of age	INCLUDE Vitamin A dose given by CHWs as part of community service; INCLUDE Vitamin A given at schools/crèches as part of school health service; INCLUDE local mop-up activities	EXCLUDE Vitamin A supplement given as part of a mass national campaign; EXCLUDE any doses given for therapeutic reasons; EXCLUDE local mop-up activities; EXCLUDE Vitamin A given at schools/crèches as part of school health services
Deworming dose 12-59 months	Deworming medication given to a child, preferably every six months from 12 to 59 months	None	Monitors the 6-monthly deworming of children 12-59 months	INCLUDE deworming medication given as part of community services	EXCLUDE deworming medication given during a national campaign; EXCLUDE deworming medication given at schools as part of school health services
Diarrhoea with dehydration new in child under 5 years	Child under 5 years diagnosed with diarrhoea with some or severe dehydration (IMCI definitions)	Diarrhoea occurs when stools contain more water than normal. Mothers usually know whether their children have diarrhoea. Dehydration is present when diarrhoea is accompanied by any 2 of the following: Lethargy or unconscious state, sunken eyes, unable to drink/drinking poorly/hot drinking eagerly, pinched skin goes back very slowly, restless/irritable and/or thirsty. Only record children presenting for the first time for the current episode of diarrhoea with dehydration (i.e. new case)	Monitors diarrhoea incidence in children under 5 years of age	INCLUDE referrals from a private general practitioner	EXCLUDE follow-up visits for diarrhoea diagnosed with dehydration during a previous visit; EXCLUDE diarrhoea without dehydration under 5 years; EXCLUDE referrals from other public health facilities since these facilities would have already recorded a new case of diarrhoea with dehydration under 5 years-new
Pneumonia new in child under 5 years	Child under 5 years classified as pneumonia according to the IMCI definition	Pneumonia is defined as cough or chest in drawing or stridor in calm child or difficult and fast breathing. The definition of fast breathing depends on the age of the child: age 1 week up to 2 months: 60 breaths per minute or more = fast breathing age 2 months up to 12 months: 50 breaths per minute or more age 12 months up to 5 years: 40 breaths per minute or more. Only record children presenting for the first time with the current episode of pneumonia (i.e. new cases), not those coming for follow-up	Monitors pneumonia incidence in children under 5 years of age	INCLUDE referrals from a private general practitioner	EXCLUDE children under 5 years diagnosed with other respiratory infections; EXCLUDE referrals from other state health facilities, since these facilities would have already recorded a new case of pneumonia under 5 years-new

Item Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
Severe acute malnutrition (SAM) in children under 5 years new	Child under-5 years with weight-for-length/height between -2 and -3 Z-score and/or child (6-59 months) has a mid-upper arm circumference (MUAC) from 11.5 to 12.4 cm (among 6-59mo) and No oedema	A child under-5 years with a weight-for-height between -2 and -3 Z-score and/or child (6-59 months) has a mid-upper arm circumference (MUAC) from 11.5 to 12.4 cm and no oedema. Only record children presenting for the first time with moderate acute malnutrition (MAM) during this episode (i.e. new cases), not those coming for follow-up. A child previously identified with MAM that was cured (completed nutritional rehabilitation successfully), but who later develops MAM again should be counted again as a new case. Count the child regardless of the cause of MAM.	Monitors prevention and diagnoses of moderate acute malnutrition in children under 5 years	INCLUDE referrals from a private general practitioner	EXCLUDE referrals from other state health facilities since these facilities would have already reported a new case of MAM under-5 years new
Malnutrition under 5 years new	Child under 5 years with weight-for-length/height below -3 Z-score (all US children) or with MUAC <11.5 cm (among 6-59mo) or nutritional oedema of both feet (all US children)	Only record children presenting for the first time with severe acute malnutrition (SAM) during this episode (i.e. new cases), not those coming for follow-up. A child previously identified with SAM that was cured (completed nutritional rehabilitation successfully), but who develops SAM again should be counted again as a new case. Count the child regardless of the cause of the severe malnutrition.	Monitors prevention and diagnosis of severe acute malnutrition in children under 5 years.	INCLUDE referrals from a private general practitioner	EXCLUDE referrals from other state health facilities, since these facilities would have already reported a case of severe malnutrition under 5 years-new
Severe acute malnutrition (SAM) in children under 5 years new	Child under 5 years newly started on a food supplementation program	Child under 5 years newly started on a food supplementation program. Count once on the day the child was started on the food supplementation program. The food supplementation indicator should state that supplementation should be given to the following children (new cases): (1) SAM in rehabilitation (SAM without medical complications). (2) MAM (ALL). (3). Children with growth faltering on weight for age chart (not growing well AND losing weight OR stopped growing (static weight gain)	Monitors the indications for supplementation to follow IM/AM and IMCI guidelines. This includes children under 5 years with SAM, MAM and not growing well (read further on criteria for inclusion)	None	EXCLUDE repeat visits for the same episode; EXCLUDE clients referred from another facility for continuation of food supplementation
Severe acute malnutrition (SAM) in children under 5 years new	Child under 5 years identified as being above +2 (overweight) and/or above +3 (obese) weight-for-length/height	Include children under-5 years overweight and obese. Children will be weighed and the length/height measured and the weight for length/height plotted on the weight-for-length/height chart in the RHB. Only record children presenting for the first time as overweight/obese for age (i.e. new cases), not those coming for follow-up. A child previously identified as overweight/obese, but was cured (completed nutritional rehabilitation successfully), but who becomes overweight again should be counted again. Count the child regardless of the cause of the overweight	Monitors prevention and diagnoses of overweight/obesity in children under 5 years.	INCLUDE referrals from a private general practitioner.	EXCLUDE referrals from other state health facilities, since these facilities would have already reported a new case of overweight
Oral contraceptive pills (OCP) for women aged 15-49 years	A packet (cycle) of oral contraceptives issued to a woman aged 15-49 years	Count each packet issued. Each cycle containing pills for one cycle (28 days). The packets issued per client would normally range from around 3 given to e.g. new/young users that need closer monitoring for side effects and up to 6 given to older women that have used pills for many years without known side-effects	Monitors the couple year protection rate	None	EXCLUDE oral contraceptive pills given for the treatment of breakthrough bleedings on Medroxyprogesterone injection; EXCLUDE oral cycle given to women younger than 15 years of age and older than 49 years of age

Interventive Element Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
Norethisterone enanthate injection	Norethisterone enanthate injection given to a woman aged 15-49 years	Count each injection given. This injection provides protection against pregnancy for 2 months. Do not mix up Medroxyprogesterone and Norethisterone enanthate injections	Monitors the couple year protection rate	None	EXCLUDE Norethisterone enanthate injection given to women younger than 15 years of age and older than 49 years of age
Medroxyprogesterone acetate (Depo Provera/Petogen) injection	Medroxyprogesterone acetate (Depo Provera/Petogen) injection given to a woman aged 15-49 years	Count each injection given. This injection provides protection against pregnancy for 3 months. Do not mix up the Medroxyprogesterone and Norethisterone enanthate injections	Monitors the couple year protection rate	None	EXCLUDE Medroxyprogesterone acetate (Depo Provera/Petogen) injection given to women younger than 15 years of age and older than 49 years of age
IUD inserted	Intra Uterine Contraceptive Device (IUCD) inserted into a woman aged 15-49 years	Count each IUCD inserted. IUCD's are relatively uncommon in developing countries, and the numbers are small compared to e.g. injectable or oral contraceptives. Facility numbers above 10 during one reporting period should be verified	Monitors the couple year protection rate	INCLUDE referrals to a General Practitioner to insert the IUCD when the IUCD is supplied by the facility	EXCLUDE IUCD inserted to women younger than 15 years of age and older than 49 years of age
Sub-dermal contraceptive implant	Sub-dermal contraceptive implant inserted just under the skin of a woman aged 15-49 years upper arm	Count each contraceptive implant inserted. The subdermal contraceptive implant is active for 2.5 years	Monitors the couple year protection rate	None	EXCLUDE sub-dermal contraceptive implants inserted to women younger than 15 years of age and older than 49 years of age
Cervical cancer screening for HIV positive women 30 years and older	Women aged between 30 years and older who had a cervical cancer screen using any method (Pap Smear, VIA, OR LBC are included)	The policy states that HIV women must be screened for cervical cancer every 3 years from the age of 20 years. Only smears and liquid base done for women in the specified age category should be counted here. The smear must be sufficient to enable quality screening (e.g. include endo-cervical cells)	Monitors the implementation of the cervical cancer screening policy	INCLUDE smears done during antenatal care; INCLUDE smears done during post-natal care; INCLUDE cervical cancer screening of all new non HIV positive clients; INCLUDE diagnostic smears	EXCLUDE repeat smears where smear is insufficient due to lack of endo-cervical cells. EXCLUDE cervical cancer screening of all HIV prevalent cases every three years
Cervical cancer screening for HIV positive women 20 years and older	Cervical cancer screening done in HIV positive women at three years intervals using any method (Pap Smear, VIA, OR LBC are included)	The cervical cancer policy states that HIV women must be screened for cervical cancer every 3 years from the age of 20 years. Only smears and liquid base done for women in the specified age category should be counted here. The smear must be sufficient to enable quality screening (e.g. include endo and exo-cervical cells)	Monitors the implementation of the cervical cancer screening policy	INCLUDE diagnostic smears irrespective of intervals	EXCLUDE repeat smears where smear is insufficient due to lack of endo-cervical cells.
Diabetes client 18-40 years new	Client 18-40 years who is newly diagnosed with diabetes in the facility	Diagnosis made according to the Diabetes Treatment Guidelines. Count only ONCE when the client is diagnosed with diabetes. Newly diagnosed clients 18-40 years with a fasting blood glucose of $\geq 7\text{mmol/L}$ or random blood glucose $\geq 11.1\text{mmol/L}$.	This should assist with increasing the number of people detected and referred for treatment - SDG target 3.4: Reduce by one third premature mortality from NCDs	None	EXCLUDE existing diabetes clients 18-40 years

Item Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
clients 40 new	Client 40 years and older who is newly diagnosed with diabetes in the facility	Diagnosis made according to the Diabetes Treatment Guidelines. Count only ONCE when the client is diagnosed with diabetes. Newly diagnosed clients 40 years and older with a fasting blood glucose of ≥ 7 mmol/L or random blood glucose ≥ 11.1 mmol/L.	This should assist with increasing the number of people detected and referred for treatment - SDG target 3.4: Reduce by one third premature mortality from NCDs	None	EXCLUDE existing diabetes clients 40 years and older
clients 18-40 new	Client 18-40 years newly diagnosed with hypertension at the facility	Diagnosis made according to the Hypertension Treatment Guidelines. Count only ONCE when the client (18-40 years) is diagnosed with hypertension. Newly diagnosed clients with a BP $\geq 140/90$	Monitor the management of non-communicable disease - SDG target 3.4: Reduce by one third premature mortality from NCDs	None	Exclude existing clients with hypertension 18-40 years
clients 40 new	Client 40 years and older newly diagnosed with hypertension at the facility	Diagnosis made according to the Hypertension Treatment Guidelines. Count only ONCE when the client (40 years and older) is diagnosed with hypertension. Newly diagnosed clients with a BP $\geq 140/90$	Monitor the management of non-communicable disease - SDG target 3.4: Reduce by one third premature mortality from NCDs	None	Exclude existing clients with hypertension 40 years and older
clients 18-40 new	All clients under 18 years who attended ambulatory (non-inpatient) services for mental health conditions	Count every visit ONCE per day even if a client is visiting the facility more than once on the same calendar day; Count every client visit that is occurring on a different calendar day. These cases relate to those with psychological, emotional, and/or physical problem, requiring: Mental health intervention, including counselling/psychotherapy for rape /sexual assault cases, substance abuse cases, physical abuse cases, behavioural problems in children and adolescents; Psychotropic medication; Referral to a mental health worker; Examples of such conditions are: Mood disorders; Anxiety disorders, trauma and stressor related disorders, substance related and addictive disorders, impulse control and conduct disorders; Severe psychiatric conditions e.g. schizophrenia spectrum and other psychotic disorders, organic brain disease, neurocognitive disorders like dementia and organic brain disease, intellectual disability, disruptive, neurodevelopmental disorders like attention deficit hyperactivity disorders, autism spectrum disorders etc.	Monitors mental health workload at ambulatory services	INCLUDE clients seen by Psychiatric Nurse who see the clients on behalf of the Professional Nurses of the facility; INCLUDE clients seen by a psychiatrist or psychologist	EXCLUDE HIV and pre-and post-test counselling done by Lay-Health Counsellors; EXCLUDE first counselling session for TOP; EXCLUDE epilepsy cases seen without any mental health problem EXCLUDE screening for mental health

Data Element Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
Mental health visit 18 18 years and older	All clients 18 years and older who attended ambulatory (non-inpatient) services for mental health conditions	Count every visit ONCE if a client is visiting more than once on the same calendar day; Count every client visit that is occurring on a different calendar day. These cases relate to those with psychological, emotional, and/or physical problem, requiring: Mental health intervention, including counselling/psychotherapy for rape /sexual assault cases, substance abuse cases, physical abuse cases, behavioural problems in children and adolescents; Psychotropic medication follow ups. Referral to a mental health worker; Examples of such conditions are: Mood disorders; Anxiety disorders, trauma and stressor related disorders, substance related and addictive disorders, impulse control and conduct disorders; Severe psychiatric conditions e.g. schizophrenia spectrum and other psychotic disorders, organic brain disease, neurocognitive disorders like dementia and organic brain disease, intellectual disability, disruptive, neurodevelopmental disorders like attention deficit hyperactivity disorders, autism spectrum disorders etc.	Monitors mental health workload at ambulatory services	INCLUDE clients seen by Psychiatric Nurse who see the clients on behalf of the Professional Nurses of the facility; INCLUDE clients seen by a psychiatrist or psychologist	EXCLUDE HIV and pre-and post-test counselling done by Lay-Health Counsellors; EXCLUDE first counselling session for TOP; EXCLUDE epilepsy cases seen without any mental health problem EXCLUDE screening for mental health
Male Urethritis Syndrome New episodes	A new episode of Male Urethritis Syndrome (MUS)	Count the new episode, not the client. Newly developed symptoms and signs of MUS although the patient may previously have had MUS; If a patient received treatment for MUS and adhered to treatment and the MUS got resolved; but comes again with similar symptoms due to re-exposure, then it means he presents with a new episode of MUS. So one patient can have more than one episode.	Monitoring of MUS informs of sexual behaviour It is helpful in terms of measuring public health prevention strategies aimed at reducing high sexual behaviour and increasing use of condoms.	None	None
antenatal 1st visit before 20 weeks	A first visit by a pregnant woman to a health facility that occurs before 20 weeks after conception to primarily receive antenatal care according to BANAC. The first antenatal visit is often referred to as a 'booking visit'	The first visit by a pregnant woman within 20 weeks after conception to primarily receive antenatal care according to BANAC. The first antenatal visit is often referred to as a 'booking visit'. The actual protocol followed during the visit might vary but it should include. Relevant screening procedures, laboratory tests (e.g. for syphilis), counselling and health promotion (often done in groups)	Monitors early utilisation of antenatal services	None	None
antenatal 1st visit 20 weeks or later	A first visit by a pregnant woman to a health facility that occurs 20 weeks after conception or later to primarily receive antenatal care according to BANAC. The first antenatal visit is often referred to as a 'booking visit'	The first visit by a pregnant woman to a health facility 20 weeks or more after conception to primarily receive antenatal care according to BANAC. The first antenatal visit is often referred to as a 'booking visit'. The actual protocol followed during the visit might vary but it should include: Relevant screening procedures, laboratory tests (e.g. for syphilis), counselling and health promotion (often done in groups)	Monitors early utilisation of antenatal services	None	None

Measure Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
HIV on ART at first test	Antenatal clients with known HIV positive status but not on ART at their first antenatal visit. In the absence of documented proof, verbal confirmation of HIV status is acceptable and a CD4 count test must be done	None	Monitors the women who fell pregnant while on ART	None	None
HIV on ART at first test	HIV positive antenatal client who is on ART at the time of her first antenatal visit	None	Monitors the women who fell pregnant while on ART	None	None
HIV re-test	Antenatal client who was tested for the first time during her current pregnancy	Each antenatal client who is not known HIV positive should be tested during her 1st antenatal visit	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients	INCLUDE ANC adolescents (15 to 19 years) tested for HIV	EXCLUDE HIV re-tests; EXCLUDE HIV tests done prior to current pregnancy
HIV re-test	Antenatal clients who tested positive for the first HIV test done during the current pregnancy	Count ONLY once on the day the HIV test was confirmed positive	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients	INCLUDE ANC adolescents (15 to 19 years) tested positive for HIV	EXCLUDE HIV positive re-tests; EXCLUDE HIV tests done previously confirmed positive
HIV re-test	Antenatal clients who tested negative for HIV during an earlier antenatal visit and were re-tested for HIV during the pregnancy	Each antenatal client whose previous HIV test was negative should be re-tested every 12 weeks during pregnancy to detect late sero-converters	None	None	None
HIV re-test	Antenatal client who was tested positive for HIV at 2nd or later test after testing negative for HIV during an earlier antenatal visit during the current pregnancy (including and ending at delivery)	Count ONLY once on the day the HIV test was done	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients	INCLUDE ANC adolescents (15-19 years) testing positive on HIV re-test	EXCLUDE ANC HIV positive first test
Weight at arrival at	Live infant born to a woman who had intended/booked a facility delivery but delivered before arrival and reached a health facility within 72 hours for normal post-delivery care (BBAs)	The assumption is that the mother will proceed to the (nearest) facility for medical care as soon as possible after delivering, and in general arrive within a few hours. Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of involuntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Live births (BBA) should only be counted when the foetus is of 26 or more weeks gestational age and/or weighs 500g or more. Multiple births are counted as several live births	Monitors the babies born before the mother arrives at a health facility	None	EXCLUDE infants weighing less than 500g

dataElementName	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
Infant PCR test at birth	Infants born to HIV positive mothers who are PCR tested at birth	Ideally HIV exposed infants must be tested within the first 7 days after birth. In cases where infants have been missed, any test done before 6 weeks is still counted as a birth PCR test. This data element will fast track diagnosis of HIV exposed infants and initiation into treatment as recommended by the latest National consolidated guidelines for PMTCT and management of HIV in children, adolescents and adults.	Monitors the implementation of the National consolidated HIV policy guidelines	INCLUDE 1st PCR tests done before 6 weeks after birth	EXCLUDE confirmatory PCR tests done
Infant PCR test positive at birth	Infants born to HIV positive mothers who tested PCR positive at birth	Ideally HIV exposed infants must be tested within the first 7 days after birth. In cases where infants have been missed, positive results on tests done before 6 weeks is still counted as PCR positive tests at birth. Infants who tested positive need to be linked to care to ensure they are initiated on treatment as per the latest National consolidated HIV policy guidelines	Monitors the implementation of the National consolidated HIV policy guidelines	INCLUDE PCR positive results from 1st PCR tests done before 6 weeks after birth	EXCLUDE confirmatory PCR positive results
Infant PCR test around 10 weeks	Infants born to HIV positive women who are PCR tested around 10 weeks	All PCR tests done on HIV exposed infants from 6 to 17 weeks after birth can be counted. Until May 2015 the PCR test was only done around 6 weeks. The criteria for PCR testing was revised to test infants at birth and a follow-up test around 10 weeks on infants who tested negative at birth. PCR tests done around 10 weeks allow sufficient time to test HIV exposed infants as a follow up test from birth. The time period expansion will ensure that infants on 12 weeks Nevirapine can be counted when tested at 18 weeks.	Monitors the implementation of the National consolidated HIV policy guidelines	INCLUDE PCR tests done from 6 to 16 weeks after birth	EXCLUDE confirmatory PCR tests done EXCLUDE tests for infants who had positive results in the birth test
Infant PCR test positive around 10 weeks	Infants born to HIV positive women with PCR positive results around 10 weeks	All PCR positive results on tests done on HIV exposed infants from 6 to 16 weeks after birth can be counted. Infants who tested positive need to be linked to care to ensure they are initiated on treatment as per the latest National consolidated HIV policy guidelines	Monitors the implementation of the National consolidated HIV policy guidelines	INCLUDE PCR positive results from PCR tests done from 6 to 16 weeks after birth	EXCLUDE confirmatory PCR positive results
Other postnatal visit in 6 days after delivery	Postnatal visits by a mother within 6 days after delivery The visit can be at a PHC facility or a postnatal home visit by facility staff and include mother who are hospitalised within 6 days. The purpose of the visit is for a postnatal check-up. Count only the first visit after delivery. The postnatal protocol should be followed. Although there may be slight differences, this element serves as a proxy for infant postnatal visit within 6 days after delivery	The visit can be at a PHC facility or a postnatal home visit by facility staff and include mother who are hospitalised within 6 days. The purpose of the visit is for a postnatal check-up. Count only the first visit after delivery. The postnatal protocol should be followed. Although there may be slight differences, this element serves as a proxy for infant postnatal visit within 6 days after delivery	Monitors access to and utilisation of postnatal services.	Include postnatal check up around 3-6 days	None
Maternal death in facility	Maternal death is death occurring during pregnancy, childbirth and puerperium within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and the cause of death (obstetric and non-obstetric)	This should be collected in all units of a health facility	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys.	INCLUDE the additional category "pregnancy-related death" to facilitate identification of maternal deaths in circumstances in which cause of death attribution is inadequate INCLUDE Maternal deaths to infants born alive before arrival at health facilities.	None

Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
visit within 6 days after delivery	Postnatal visits by a mother within 6 days after delivery The visit can be at a PHC facility or a postnatal home visit by facility staff and within 6 days. The purpose of the visit is for a postnatal check-up	The visit can be at a PHC facility or a postnatal home visit by facility staff and within 6 days. The purpose of the visit is for a postnatal check-up. Count only the first visit after delivery. The postnatal protocol should be followed. Although there may be slight differences, this element serves as a proxy for infant postnatal visit within 6 days after delivery	Monitors access to and utilisation of postnatal services.	Include postnatal check up around 3-6 days	None
eligible for TB screening tool	All HIV positive new clients eligible for Tuberculosis preventive therapy (TPT). A client is eligible for TPT when they have screened negative for TB using the TB screening tool	Count new clients who are eligible for tuberculosis prevention therapy only once. Criteria for excluding active TB refer to the 4 questions on the TB screening tool: Cough of any duration in HIV positive; Unintentional Weight loss (e.g. >1.5kg in last month) Fever >2 weeks; Drenching night sweats	Monitors initiation of TB preventive therapy in newly diagnosed HIV positive clients	INCLUDE HIV positive antenatal clients; INCLUDE asymptomatic HIV positive TB contact children older than 5 years and younger than 15 years	EXCLUDE Asymptomatic TB contact children younger than 5 years
eligible for TPT	All HIV positive new eligible clients started on Tuberculosis preventive therapy (TPT) for the first time	Count only new clients starting on Tuberculosis preventive therapy for the first time. Criteria for excluding active TB refer to the 4 questions on the TB screening : Cough of any duration in HIV positive; Unintentional Weight loss (e.g. >1.5kg in last month) Fever >2 weeks; Drenching night sweats	Monitors initiation of TB preventive therapy in new HIV positive clients	INCLUDE HIV positive antenatal clients; INCLUDE asymptomatic HIV positive TB contact children older than 5 years and less than 15 years; INCLUDE HIV positive children between 5 - 15 years without TB contact	EXCLUDE the continuous issuing of INH to HIV-positive clients on a monthly basis EXCLUDE Asymptomatic TB contact children younger than 5 years
case seen	Male and female sexual assault cases should be counted.	Sexual assault encompass a range of acts to which consent has not been given and is usually accompanied by emotional or physical violence. Sexual assault encompass a range of acts to which consent has not been given and is usually accompanied by emotional or physical violence	Monitors HIV status of sexual assault cases	INCLUDE rape cases. Includes unwanted or coercive sexual contact and sexual exploitation	None
case HIV with Post visits	Male and female sexual assault cases of all age groupings should be counted	Sexual assault encompass a range of acts to which consent has not been given and is usually accompanied by emotional or physical violence	Monitors HIV status of sexual assault cases	INCLUDE PEP issued to a client who was sexual assaulted.	None
screened	All HIV positive clients seen during follow up visits in health facility who were screened for TB symptoms using the standard TB screening tool as per National TB Guideline	Count each person once for each day they are seen at the facility. Screening should be done once regardless of the number of services provided on that day. All HIV positive clients must be screened during the follow up monthly or six monthly visits. Those who are found to be asymptomatic at any stage must be triaged for testing. Clients found to be asymptomatic must be started on LTBI treatment; if eligible	Monitors TB screening amongst HIV positive clients seen during follow up visits	INCLUDE clients with already known HIV-positive status irrespective of age; INCLUDE HIV-positive antenatal clients	EXCLUDE clients already on TB treatment; EXCLUDE TB household contacts screened for TB symptoms
clients 5	Clients 5 years and older who were screened in health facilities for TB symptoms using the standard TB screening tool as per National TB Guideline	Screening should be counted once, regardless of the number of services provided on that day. Screening does not need to be repeated if already done in the past four weeks.	Monitors efforts towards the early identification of clients 5 years and older with TB symptoms in health care facilities	INCLUDE HIV positive and negative clients; INCLUDE pregnant clients; INCLUDE diabetic clients; INCLUDE household contacts screened in health facilities; INCLUDE clients on treatment for latent TB infection	EXCLUDE Clients already on TB treatment; EXCLUDE Clients screened in communities; EXCLUDE Clients already screened within the past four weeks; EXCLUDE Clients on CQWDD programme EXCLUDE Antenatal clients screened for TB EXCLUDE Diabetic clients screened for TB EXCLUDE HIV+ clients screened for TB

Data Element Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
Screen for TB symptoms under 5 years	Children under 5 years who were screened in health facilities for TB symptoms using the standard TB screening tool as per National TB Guideline	Screening should be counted once, regardless of the number of services provided on that day. Screening does not need to be repeated if already done in the past four weeks.	Monitors efforts towards the early identification of children with TB symptoms in health care facilities	INCLUDE HIV positive and negative clients; INCLUDE household contacts screened in health facilities; INCLUDE neonates; INCLUDE children on treatment for latent TB infection	EXCLUDE children already on TB treatment; EXCLUDE children screened in the community; EXCLUDE HIV+ children EXCLUDE children already screened within the past four weeks
asymptomatic contact under 5 years	Contact under 5 years with a negative symptom screen	Negative symptom screen is defined as the absence of all the symptoms in the screening tool. Clients who have been exposed to TB but have a negative symptom screen. Primary infection is usually asymptomatic and a positive tuberculin skin test 4-6 weeks after infection is the only evidence of infection. Count each case only once.	Monitors the National TB Guidelines	INCLUDE HIV positive clients, INCLUDE HIV negative clients, INCLUDE HIV unknown clients, INCLUDE contacts of DS-TB and DR-TB clients	EXCLUDE clients already on IPT, EXCLUDE clients on TB treatment
wheelchair required adult 19 years and older	All wheelchair requests received at the facility for adults 19 years and older	Count all wheelchair requests received by the facility, whether new or replacement for adults 19 years and older. Also recorded as clients on register for requiring wheelchairs	Planning and budgeting of services	INCLUDE all types of chairs, motorised, self propelled or pushed and buggies for adults	None
wheelchair issued adult 19 years and older	All wheelchair issued to adults 19 years and older	Count all the wheelchairs issued by the facility, to new clients or as replacement, new or refurbished for adults 19 years and older. This data must be collected by the facility who issues the wheelchair to the client which may not necessarily be the facility that is ordering the wheelchairs	Planning and budgeting of services	INCLUDE all types of chairs, motorised, self propelled or pushed and buggies for adults	None
aring aid required adult 19 years and older	All hearing aids required by adults 19 years and older	Count all hearing aids needed by adults 19 years and older who are on register of requests	Access to hearing aids	INCLUDE all hearing aids issued for adults should be recorded, new or replacement	None
aring aid issued adult 19 years and older	All hearing aid issued to adults 19 years and older	Count all hearing aids issued to all clients who need them, whether new or replacement for adults 19 years and older. All issued devices have budget implications	Access to hearing aids	INCLUDE all hearing aids issued for adults should be recorded, new or replacement	None
wheelchair required child 8 years	All wheelchair requests received at the facility for children 0-18 years	Count all wheelchair requests received by the facility, whether new or replacement for children 0-18 years. Also recorded as clients on register for requiring wheelchairs	Planning and budgeting of services	INCLUDE all types of chairs, motorised, self propelled or pushed and buggies for children	None
wheelchair issued child 0-18 years	All wheelchair issued to children 0-18 years	Count all the wheelchairs issued by the facility, to new clients or as replacement, new or refurbished for children 0-18 years. This data must be collected by the facility who issues the wheelchair to the client which may not necessarily be the facility that is ordering the wheelchairs	Planning and budgeting of services	INCLUDE all types of chairs, motorised, self propelled or pushed and buggies for children	None
aring aid required child 8 years	All hearing aids required by children 0-18 years	Count all hearing aids needed by children 0-18 years who are on register of requests	Access to hearing aids	INCLUDE all hearing aids issued for children should be recorded, new or replacement	None
aring aid issued child 0-18 years	All hearing aid issued to children 0 to 18 years	Count all hearing aids issued to all clients who need them, whether new or replacement for children 0-18 years. All issued devices have budget implications	Access to hearing aids	INCLUDE all hearing aids issued for children should be recorded, new or replacement	None
total headcount - total	All clients attending the facility who received dental or oral health services	Count the client only once for each day they appear at the facility. Include any clients given individual services during e.g. at a school or crèche visit. These services must then be reported against the nearest health facility with a comment that the service was rendered outside the health facility and the data collection tools must be sent to the health facility for recordkeeping	Monitors access to dental/oral health services.	INCLUDE clients seen at a facility by a Doctor or Professional Nurse with a tooth abscess	None

Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
	The actual number of teeth extracted by a Dental Therapist, Dentist or Dental Specialist	Count the number of teeth extracted, NOT the number of clients	Monitors overall quality of dental services.	INCLUDE tooth extracted by a doctor in the absence of an oral health worker; INCLUDE tooth extractions done in theatres at hospitals	None
	Dental Therapist, Dentist or Dental Specialist	Count the number of teeth restored, NOT the number of clients	Monitors overall quality of dental services.	INCLUDE tooth restorations done in theatres at hospitals	None
Permanent or Molar (child)	Children (normally 6 and 12 years old) who received fissure sealant applications on their first and second permanent molar teeth by a Oral Hygienist, Dental Therapist, Dentist or Dental Specialist	Count the number of children and not tooth fissure sealant applications	Monitors fissure sealant applications in children	INCLUDE tooth fissure sealant applied in children of other ages. Applications are normally needed at age 6 and 12, but can also occur be before or after	None
Ordered by child	Spectacles (ordered) required for clients aged 7-18 years of age	This should exclude re-orders based on the fault of the lab making spectacles.	Monitors access to eye care services	INCLUDE all spectacles ordered i.e. ready made and custom made spectacles for children aged 7-18 years.	EXCLUDE spectacles re ordered due to wrong script or not working as expected.
Ordered by child	Number of spectacles issued to clients aged 7-18 years of age	This should include all new spectacles issued to children including a new pair every 2 years. However, this should exclude spectacles re-issued due to the original pair not working for the patient. These data must be collected by a facility that orders spectacles for clients	Monitors access to eye care services	INCLUDE all children aged 7-18 years who receive spectacles (both ready made and custom made spectacles) at public health facilities	EXCLUDE re-ordered spectacles due to 1st pair not working for the client
Ordered by an adult	Spectacles (ordered) required for clients aged 19 years and above	This should exclude re-orders based on the fault of the lab making spectacles.	Monitors access to eye care services	INCLUDE all spectacles ordered i.e. ready made and custom made spectacles for adults 19 years and above.	EXCLUDE re-ordered spectacles due to 1st pair not working for the client
Ordered by an adult	Number of spectacles issued to clients aged 19 years and older	This should include all new spectacles issued to adults including a new pair every 2 years. However, this should exclude spectacles re-issued due to the original pair not working for the patient. These data must be collected by a facility that orders spectacles for clients	Monitors access to eye care services	INCLUDE all adults 19 years and older who receive spectacles (both ready made and custom made spectacles) at public health facilities	EXCLUDE spectacles re ordered due to wrong script or not working as expected.
Client	All new STABLE clients with chronic diseases enrolled on the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme for the first time, for the current month	All CCMDD clients who have received a CCMDD chronic prescription and have not been registered on the program previously. Facility must supply first cycle of medication (one or two months)	New stable clients with chronic diseases enrolled on the CCMDD programme - first cycle of medication supply provided at the facility	none	If clients do not have SA identity, Passport, Asylum seeker number, they are not registered on the programme.
Client	All STABLE clients with chronic diseases with a renewed prescription for the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme for the current month	All CCMDD clients who have received a CCMDD chronic prescription and have been registered on the program previously, including those patients that were dormant and have a renewed CCMDD prescription. Facility must supply first cycle of medication (one or two months)	Stable patients with chronic diseases re-enrolled on the CCMDD programme - first cycle of medication supply again provided at the facility	Includes all clients that were dormant	If clients do not have SA identity, Passport, Asylum seeker number, they are not registered on the programme.
Client	Central Chronic Medicines Dispensing and Distribution (CCMDD) clients who opted to collect their patient medicine parcels from CCMDD contracted external Pick up Points (PUP)	CCMDD clients registered to collect at contracted External Pickup Points	The external pick up point must be contracted	External Pick up Points include all pick up points contracted by the National Department of Health, with an active contract to provide Pick up Point services for CCMDD. This includes all compensated and non remunerated contracts.	-Clients collecting at any Pick up Point not contracted by the National Department of Health. -Clients collecting from internal Pick up Points (Internal pick up points include Adherence clubs, out reach PUPs, Community outreach, CCMDD lanes in facility, WBP/COT where parcels are delivered to facilities (parcels delivered to patients) -If unique identification (SA IDENTITY, PASSPORT, Asylum seeker number) not available

: Primary Health Care, OPD and Casualty

	Definition
<p>Years naïve this month</p>	<p>Children 1 to under 5 years ART naïve who started treatment during this quarter. Naïve clients are the sum of the following: - Clients never been exposed to ART for more than 30 days in total This also includes clients initiated on life-long triple therapy ART from the: - PEP programme</p>
<p>First year naïve this month</p>	<p>Children under 1 year ART naïve who started life-long treatment during this quarter. Naïve clients are the sum of the following: - Clients never been exposed to ART for more than 30 days in total This also includes clients initiated on life-long triple therapy ART from the: - PEP programme</p>
<p>Collecting from internal PUPs</p>	<p>Central Chronic Medicines Dispensing and Distribution (CCMDD) clients who opted to collect their patient medicine parcels from CCMDD contracted external Pick up Points (PuP) NB: Include: External Pick up Points include all pick up points contracted by the National Department of Health, with an active contract to provide Pick up Point services for CCMDD. This includes all compensated and non remunerated contracts. - Clients collecting from any Pick up Point not contracted by the National Department of Health. - Clients collecting from internal Pick up Points (Internal pick up points include Adherence clubs, out reach PUPs, Community outreach, CCMDD lanes in facility, WBPHCOT where parcels are delivered to facilities (parcels delivered to patients) - If unique identification (SA IDENTITY, PASSPORT, Asylum seeker number) not available</p>
<p>(thick) case</p>	<p>A condition caused by parasitic worms that produce a wide range of symptoms including intestinal manifestations (Diarrhoea, abdominal pain) general malaise and weakness).</p>
<p>Years weighed</p>	<p>A child under 5 years of age weighed and the weight plotted onto the Road to Health Card/Booklet, the patient folder and a relevant register for the first time this month.</p>
<p>0 - new / clients on</p>	<p>The total number of clients diagnosed with Obesity (Body mass index greater than 30) and put on the programme for the first time Every visit for routine care by all clients on treatment for diabetes.</p>
<p>Years hypertension</p>	<p>Client under 18 years not currently on hypertension treatment that were screened for hypertension. Clients are screened according to the Algorithm for Diabetes Screening contained in the Standard Operating Procedure (SOP) for Screening of Hypertension and Diabetes.</p>
<p>Years diabetes</p>	<p>Client under 18 years not currently on diabetes treatment that were screened for diabetes. Clients are screened according to the Algorithm for Diabetes Screening contained in the Standard Operating Procedure (SOP) for Screening of Hypertension and Diabetes.</p>
<p>Under 18 years</p>	<p>Client below 18 years of age, who is newly diagnosed with diabetes in the facility.</p>
<p>With HB1c</p>	<p>The number of Diabetic client with Haemoglobin A1c tests conducted. The test is used to indicate whether diabetes is controlled.</p>
<p>With HB1c <7</p>	<p>The number of clients with Haemoglobin A1c (HbA1c) <7, which indicates that diabetes is controlled.</p>
<p>It by clients on</p>	<p>Every visit for routine care by all clients on treatment for hypertension</p>
<p>Ant with</p>	<p>The number of clients with Blood Pressure of 140/90 mmHg and below; which indicates that hypertension is controlled on treatment</p>
<p>Devices issued</p>	<p>Assistive devices viz: White canes, ADL devices, communication devices issued, and Walking Aids to a client that has been found eligible after assessment by a Therapist/practitioner. Exclude: wheelchairs, buggies, hearing aids, motorised wheelchairs.</p>
<p></p>	<p>All clients seen by Physiotherapist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base.</p>

clients seen by Occupational Therapist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base .
clients seen by Speech Therapist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base .
clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base .
male condoms from the stock of the Facility placed at distribution point in facility. Count the condoms per box once they leave the store of the Facility (bin card)
female condoms from the stock of the Facility placed at distribution point in facility. Count the condoms per box once they leave the store of the Facility (bin card)
theatre operations that were conducted for the reporting month
number of Ultrasounds done at the hospital for the reporting month
number of X-rays done. One patient can have more than one X-ray.
clients that have been pre-test counselled for HIV/AIDS and then offered testing. This excludes antenatal clients.
female client aged tested positive for HIV excluding antenatal clients
female client tested for HIV excluding antenatal clients
male client tested for HIV .
male client aged tested positive for HIV .
natal check of a baby in a facility within 6 days after delivery. Count only the first visit after birth.
assisted delivery in facility is a vaginal delivery using an instrument, including forceps, rotations, and vacuum extractions, taking place in a health facility under the supervision of trained medical/nursing
men who are under the age of 19 years who have a booking visit for ANC. This should include follow up visits.
number of pregnant women who have received at least the 1st dose of COVID-19 vaccination when coming for their ANC 1st visit where JNJ: 1st dose is documented on the vaccine card OR Pfizer: At least 1 dose is documented on the vaccination card client should produce their manual vaccination card or an electronic vaccination certificate
number of Deliveries who have received at least the 1st dose of Covid-19 vaccination at time of delivery where JNJ: 1st dose is documented on the vaccine card OR Pfizer: At least 1st Pfizer doses is documented on the vaccination card client should produce their manual vaccination card or an electronic vaccination certificate
aged 18 years and older screened for symptoms of mental illness and Substance use Disorders. Only count patients screened for listed mental and substance abuse disorders . Screening refers to the systematic use of Mental Health screening tools .

Client diagnosed- substance abuse disorder NEW	Clients assessed positive with mental illness. Clients aged 18 years and older assessed positive for mental illness to be referred for treatment. NB: Include all clients (18 years and older) that have been assessed positive for mental illness to be referred for treatment
Client referred for mental illness	Clients assessed positive with substance abuse. Clients aged 18 years and older assessed positive for substance abuse to be referred for treatment. NB: Include all clients (18 years and older) that have been assessed positive for substance to be referred for treatment
Client referred for substance abuse disorders - new	Clients treated for mental illness/disorder (NEW). Treatment includes psycho-social; pharmacological interventions and referral.
Client referred for substance abuse disorders - new	Clients treated for substance abuse disorders (NEW). Treatment includes brief interventions such as motivational interviewing, psycho-social counselling and pharmacotherapy and referral
Client referred for substance abuse disorders - new	Reporting of adverse events post circumcision. Minor adverse events are noted. Moderate and severe adverse events are reported according to reporting system from facility to district and up to province
Client referred for substance abuse disorders - new	Circumcision of males without HIV testing with the understanding that the clients will be persuaded to test for HIV and know their status
Client referred for substance abuse disorders - new	Males 4 months to 9 years who are circumcised under medical supervision
Client referred for substance abuse disorders - new	Infant males 0-3 months who are circumcised under medical supervision
Client referred for substance abuse disorders - new	Male circumcision performed using Conventional Method
Client referred for substance abuse disorders - new	Male circumcision performed using Klamp method
Client referred for substance abuse disorders - new	Total number of children < 5yrs diagnosed as undernourished receiving therapeutic supplement package.
Client referred for substance abuse disorders - new	New cases of children under 5 years not gaining weight, losing weight or have poor weight gain over two consecutive visits.
Client referred for substance abuse disorders - new	All undernourished patients 5 years and older receiving therapeutic supplements
Client referred for substance abuse disorders - new	A child under 2 years identified as being BELOW the -2 SD line but equal to or ABOVE the -3 SD line in the Road to Health Booklet (RTHB)
Client referred for substance abuse disorders - new	All outpatient clients seen by Dietitian/s for dietetics services in hospital outpatient services as well as Community Health Center as outpatients
Client referred for substance abuse disorders - new	All inpatients seen by Dietitian/s

<p>inpatients seen for nutrition support for a disability or neurodevelopment disorder Count each client once for each day they present at the facility (outpatient) for a dietetics consult</p>
<p>outpatients seen for nutrition support for a disability or neurodevelopment disorder</p>
<p>number of sexual assault cases who were given comfort pack and signed for it at the facility. These are packs given to client who has been sexually assaulted and presented at the facility, usually containing medics and clean underwear, to be used by the client after tests have been conducted.</p>
<p>client under 12 years presenting with physical or emotional trauma related to sexual assault (commonly referred to as a rape survivor). This includes emergency cases, even if data for such cases are acted separately.</p>
<p>sexual assault cases reported after 72 hours.</p>
<p>number of sexual assault cases who reported at the facility with a known HIV positive status</p>
<p>number of suspected Sexually assault cases referred from the clinic to the hospital</p>
<p>number of tracer medicine as per identified list in current use has been out of stock from storeroom for ANY period during the month</p>
<p>supervisory visit done by a dedicated clinic supervisor and programme manager according to the ideal clinic checklist. A dedicated clinic supervisor is the equivalent of the PHC manager and PHC advisors. A visit according to the policy on clinic supervision will entail the use of the red flag and/or regular review tools. Record 1 (one) regardless of the number of supervisory visits during the reporting period and 0 (Zero) if no supervisory visit was conducted. Do not leave this field blank</p>
<p>number of Fixed Clinics open at least 4 days per week for at least 8 hours per day where a Doctor is supporting clinical services at least once per week</p>
<p>natal client with suppressed viral load of under 50 copies per millilitre, as per new ART guideline</p>
<p>natal client on ART with viral load done at specific interval</p>
<p>breastfeeding client with suppressed viral load of under 50 copies per millilitre, as per new ART guideline</p>
<p>breastfeeding client on ART with viral load done at specific interval</p>
<p>✓ negative women who are breastfeeding retested for HIV at 12 weekly interval.</p>
<p>✓ negative women who are breastfeeding retested positive for HIV at 12 weekly interval.</p>

Weeks post breast feeding	Number of PCR taken from babies after 6 weeks of breastfeeding
Number of babies 6 weeks of breast	Number of baby PCR positive results after 6 weeks of breastfeeding.
Number of children tested for HIV at 6 months	Number of children tested for HIV at 6 months using PCR test. These are children that were born to HIV positive woman, and tested negative for previous PCR tests.
Number of children tested positive for HIV at 6 months	Number of children that tested positive for HIV at 6 months, tested using PCR test. These are children that were born to HIV positive woman, and tested negative for previous PCR tests.
Number of children eligible for ART	A child aged between 1 -5 years of age who is eligible for ART according to ART guidelines eligibility criteria
Number of children eligible for ART in 1 month	A child under 1 year of age who is eligible for ART according to ART guidelines eligibility criteria
Number of children on Prep	All clients that have been counselled and offered Prep in facility as well as communities.
Number of children on Prep who start on Prep	Clients (male and female) 15-24 years old initiated on PrEP - excluding re-initiations (this information should be recorded on patients folder AND can also be asked directly from the client)
Number of women start on Prep	Antenatal clients initiated on PrEP, irrespective of gestational age. It excludes clients that were already on PrEP when they conceived as well as re-initiations (This information should be recorded on patients folder AND can also be asked directly from the client)
Number of new initiated -new / episode	Breastfeeding women initiated on PrEP at any point during the Postnatal Period. This excluding re-initiations (this information should be recorded on patients folder AND can also be asked directly from the client)
Number of women tested for syphilis	Any patient/client that presented with a notification for STI treatment and received treatment for a suspected or confirmed STI. ONLY the FIRST visit after a notification is counted. The patient/client can be symptomatically or asymptomatic. If the patient presents with a new episode of a symptomatic STI, the new episode must ALSO be counted under 'STI treated - new episode'. If the client is asymptomatic, NO tally should be made.
Number of pregnant Benz-penicillin	A new episode of a symptomatic Sexually Transmitted Infection (STI) treated according to the Syndromic Approach. One client can have more than one new episode at the same time, e.g. vaginal discharge, genital ulcer or MUS and genital ulcer, etc. Count each episode. Count ONLY NEW episodes of a SYMPTOMATIC STI
Number of pregnant Benz-penicillin	A pregnant female who tested positive for a syphilis episode
Number of pregnant Benz-penicillin	Syphilis positive pregnant female who received benzathine penicillin 1st dose
Number of pregnant Benz-penicillin	Syphilis positive pregnant female who received the third dose of benzathine penicillin
Number of pregnant Benz-penicillin	Number of antenatal client regardless of HIV status diagnosed with TB and are initiated on TB treatment.
Number of pregnant Benz-penicillin	Number of antenatal client regardless of HIV status screened for TB during this pregnancy. This also includes follow up visits
Number of pregnant Benz-penicillin	All clients who present to a health facility that has already received at least one dose of any type of vaccine against Covid-19.



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SPEC FOR SURGICAL STORES CONSUMABLES, FURNITURE & EQUIPMENT

SPEC NO: 1000
 DATE APPROVED:

ITEM: TICK REGISTER
 REVIEW DATE:

ITEM DESCRIPTION	UNIT OF ISSUE	SIZE	QUANTITY REQUIRED	QUALITY STANDARDS
TICK REGISTER	UNIT		120	SABS APPROVED

WHAT IS THIS ITEM/PRODUCT USED FOR?

TO BE USED FOR DATA COLLECTION

SPECIAL CONDITIONS

- Please submit sample when requested to do so, should you fail to submit, your quotation will be disqualified
- The Department is not compelled to accept lowest price only, evaluation criteria of your bid / quote will be based on Price, Functionality, and as prescribed on Broad Based Black Economic Act and Preferential Procurement Policy

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

AS PER ATTACHED SPECIFICATION

GROWING KWAZULU-NATAL TOGETHER

Initials and Surname	Portfolio	Signature	Date
Mr. Diamini PP	Chairperson		
Ms. Pillay D	Member		
Mrs. Ngcobo N L	Member		
Mrs. Diamini TP	Member		
Mr. Mkhize M J	Member		

MFUNDO ARNOLD
 LUSHABA CHC
 2022-07-07
BID SPECIFICATION COMMITTEE

AUTHORISED BY BID SPECIFICATION COMMITTEE / RESPONSIBILITY MANAGER