PART C

Links to other plans

PART C: LINKS TO THE LONG-TERM INFRASTRUCTURE AND OTHER CAPITAL PLANS

No	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO-PRIATION	ADJUSTED APPRO-PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2009/10	2010/11	2011/12	2012/13			2013 /14	2014/15	2015/16
1	**New and replacement assets (R'thousand)**				226 400	215 056	244 558	253 385	251 885	132 114	228 301	124 545	193 571
Total new and replacement assets		All			226 400	215 056	244 558	253 385	251 885	132 114	228 301	124 545	193 571
2	**Upgrades and additions**				529 223	434 187	711 857	591 597	307 336	343 797	489 846	369 120	333 621
Total upgrades and additions		All			529 223	434 187	711 857	591 597	307 336	343 797	489 846	369 120	333 621
3	**Rehabilitation, renovations and refurbishments (R'thousand)**				23 307	27 579	76 418	73 910	560 997	558 540	8 000	-	-
Total rehabilitation, renovations and refurbishments		All			23 307	27 579	76 418	73 910	560 997	558 540	8 000	-	-
4	**Maintenance and repairs (R'thousand)**				200 964	204 992	223 634	239 602	58 350	213 967	318 860	305 560	322 885
Total maintenance and repairs		All			200 964	204 992	223 634	239 602	58 350	213 967	318 860	305 560	322

2. Public Entities

The Eastern Cape Department of Health does not have any Public Entities.

3. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
1.Humansdorp PPP	To construct a 30 bed private facility, enlarge current entrance and administration, enlarge causality and out-patient ward including two consulting room and a dentist room, upgrade and/or build two new operating theatre, a new CSSD, an new Radiology Unit and a new Laboratory.	30 bedded hospital Upgraded existing clinical areas	R10,239,008.47	27 June 2023 20 year period	Management of Contract by the Department assisted by National and Provincial Treasury
2. Lusikisiki St Elizabeth Hospital PPP	To design, construct and financing of serviced accommodation for clinical staff at St Elizabeth Hospital	Staff quarters for Clinical staff	PPP process discontinued	PPP process discontinued due to unavailability of land	Not applicable

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
3. Port Alfred and Settlers Hospital PPP	To build and/or upgrade 30 private beds, private pharmacy, private administration, two private consulting rooms, 60 public beds, public out-patient facility, public pharmacy, public administration, Shared services facilities, maternity ward, radiology, casualty, theatres, CSSD, kitchen and staff facilities, mortuary, stores, linen areas, plant and workshop areas.	30 Private and 60 Public bedded hospital Upgraded existing clinical areas Upgraded existing administration, kitchen and staff and general areas	Budget combined = R46,200,344.76	07 May 2022 15 year period	Management of Contract by the Department assisted by National and Provincial Treasury

4. CONDITIONAL GRANTS

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS 2013/14	INDICATOR TARGETS
COMPREHENSIVE HIV AIDS CONDITIONAL GRANT	• To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counseling and Testing • To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care • To subsidize in-part funding for the antiretroviral treatment plan	Total Number of fixed public health facilities offering ART Services	845
		1. Number of new patients that started on ART	75 000
		2. Total number of patients on ART remaining in care.	275 498
		3. Number of beneficiaries served by home-based categories	371 664
		4. Number of active home-based carers receiving stipends	2 922
		5. Number of male and female condoms distributed	Male: 135 000 000 Female: 810 000
		6. Number of High Transmission Areas (HTA) intervention sites	50
		7. Number of Antenatal Care (ANC) clients initiated on lifelong ART	21250
		8. Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks	25000
		9. Number of HIV positive clients screened for TB	111 000
		10. Number of HIV positive patients that started on IPT	44 000
		11. Number of active lay councilors on stipends	1700
		12. Number of clients pre-test counseled on HIV testing (including Antenatal)	3 087 228

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS 2013/14	INDICATOR TARGETS FOR 2013/14
		13. Number of HIV tests done	2 806 572
		14. Number of health facilities offering MMC services	84
		15. Number of Medical Male Circumcisions performed	32 102
		16. Sexual assault cases offered ARV prophylaxis	5560
		17. Step down care (SDC) facilities/units	17
		18. Doctors and professional nurses training on HIV/AIDS, STIs, TB and chronic diseases	Doctors: 332 Nurses: 5329
NATIONAL TERTIARY SERVICES GRANT	• To ensure provision of tertiary health services for all south African citizens • To compensate tertiary facilities for the costs associated with provision of these services including cross border patients	1. Number of National Central and Tertiary hospitals providing components of Tertiary services	5
HEALTH PROFESSIONAL TRAINING AND DEVELOPMENT GRANT	• Support provinces to fund service costs associated with training of health science trainees on the public service platform • Co-funding of the National Human Resources Plan for Health in expanding undergraduate medical education for 2012 and beyond (2025)	1. Number of undergraduate health sciences trainees supervised	112
		2. Number of postgraduate health sciences trainees (excluding registrars) supervised	90
		3. Number of registrars supervised	125
		4. Number of community services health professionals and other health sciences trainees supervised	78

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS 2013/14	INDICATOR TARGETS FOR 2013/14
NURSING COLLAGES AND SCHOOLS GRANTS FRAMEWORK	• To help accelerate construction, maintenance, upgrading, and rehabilitation of new and existing nursing collages and schools infrastructure in health inter alia office furniture and related equipment. • To enhance capacity to deliver infrastructure for health	1. Number of health nursing colleges and school facilities designed	0
		2. Number of health nursing colleges and school facilities constructed	0
		3. Number of health nursing colleges and school facilities maintained	0
		4. Number of work opportunities created in planning, designing, constructing, operationalizing and maintaining health nursing colleges and schools.	0
HOSPITAL REVITALISATION CONDITIONAL GRANT FRAMEWORK	• To help accelerate construction, maintenance, upgrading, and rehabilitation of new and existing infrastructure in health including, inter alia, medical equipment, organisational systems (OD), quality assurance (QA) an health technology (HT) • Supplement expenditure on health infrastructure delivered through Public-Private partnerships.	1. Number of health facilities planned	0
		2. Number of health facilities designed	0
		3. Number of health facilities constructed	0
		4. Number of health facilities operationalized	0
		5. Number of health facilities maintained	0
		6. Number of work opportunities created in planning, designing, constructing, operationalizing and maintaining health facilities.	2100

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS 2013/14	INDICATOR TARGETS FOR 2013/14
NATIONAL HEALTH GRANT	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA). • Supplement expenditure on health infrastructure delivered through public-private partnerships	1. Number of health facilities planned,	6
		2. Number of Health facilities designed,	6
		3. Number of Health facilities constructed,	6

ANNEXURE A - NON NEGOTIABLES

NON NEGOTIABLE ITEM	ESTIMATED EXPENDITURE 2012/13	ESTIMATED BUDGET 2013/14	NON FINANCIAL MEASURES/ INDICATORS
INFECTION CONTROL AND CLEANING	121 968	205 988	1. Nosocomial infection Rate
			2. Neonatal Nosocomial infection rate
			3. Proportion of clients not satisfied with cleanliness as per the client satisfaction survey
			4. Proportion of facilities that score at least 80% compliance with cleanliness as per the core standards
MEDICINES, MEDICAL SUPPLIES INCLUDING DRY DISPENSARY	685 964	1 007 936	5. Proportion of health facilities with Tracer Drugs
			6. Drug Stock-out rate at drug depots
			7. Total Rand value of disposed/ expired drugs
			8. Total Rand value of drugs that had to be bought out of contract
MEDICAL WASTE	35 908	52 565	9. Proportion of SLAs for waste management contracts that were monitored for compliance regulations
LABORATORY SERVICES: NATIONAL HEALTH LABORATORY SERVICES (NHLS)	377 211	465 329	10. Proportion of hospitals (district, regional, tertiary, central) implementing Electronic Gate Keeping system within the Province.
			11. Percentage of selected tests (CD4, HIV PCR, HIV VL, TB Directs and cervical smears) performed and results available within the agreed turnaround times.
BLOOD SUPPLY SERVICES	94 328	134 277	12. Percentage of Hospitals (District, Regional, Tertiary, Central) having emergency fridges with emergency blood stock available on site.
			13. Proportion of blood units (RBC) ordered that was not transfused and discarded.
FOOD SERVICES AND RELEVANT SUPPLIES	113 282	163 173	14. Proportion of facilities with food service units that were monitored (using the Food Service Management Monitoring Tool).
			15. Proportion of facilities that scored >75% on the Food Service Monitoring Standards Grading System
LAUNDRY SERVICES	13 616	23 309	16. Average cost per piece laundered: In-house
			17. Average cost per piece laundered: Outsourced
			18. Value of linen procured

NON NEGOTIABLE ITEM	ESTIMATED EXPENDITURE 2012/13	ESTIMATED BUDGET 2013/14	NON FINANCIAL MEASURES/ INDICATORS
SECURITY SERVICES	166 161	213 236	19. Number of districts with operational security committees
			20. Proportion of health facilities fenced with access control at the gate
			21. Number of safety and security audits conducted annually
ESSENTIAL EQUIPMENT AND MAINTENANCE OF EQUIPMENT	75 169	189 551	22. Proportion of facilities operating with 100% of essential equipment (as per checklist on Essential Equipment)
			23. Proportion of facilities with a essential equipment maintenance plan
			24. Number of facilities monitoring Service Level Agreement (SLA) with service providers appointed to maintain all fixed equipment
MAINTENANCE OF INFRASTRUCTURE	397 783	375 854	25. Number of districts spending more than 90% of maintenance budget
			26. Proportion of infrastructure budget allocated to maintenance
			27. Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)
CHILDRENS VACCINE	127 001	93 715	28. Immunization coverage
			29. Vitamin A coverage 12 – 59 months
			30. Measles 1st dose under 1 year coverage
			31. Pneumococcal Vaccine (PCV) 3rd Dose Coverage
			32. Rota Virus (RV) 2nd Dose Coverage

10. CONCLUSION

The Eastern Cape department of Health's Annual Performance Plan has been developed in the spirit of Batho Pele principles, and ensuring the delivery of the NSDA outputs that the Health sector has committed to. The plan will go a long way in addressing the needs of the populace of the Eastern Cape Province and that the Department meets its mandate within the available resources. The targets that the department has set itself are a reflection of the commitment that the department has in delivering quality health services in the Province.

In the next three years, the department will continue to:
- Making Health services accessible by accelerating the establishment of more Ward Based Teams in the local sphere and strengthening School Health services
- Improve the quality of care in all institutions and facilities
- Improve governance and compliance by strengthening its planning, budgeting, financial control and management of human resources.

PART D

Definition of Provincial Indicators

PART D: ANNEXURE E: DEFINITION OF INDICATORS AND DATA ELEMENTS FOR 2013/14 -2015/16 ANNUAL PERFORMANCE PLAN

PROGRAMME ONE: ADMINISTRATION AND MANAGEMENT

TABLE MEC 1: PERFORMANCE INDICATORS FOR THE OFFICE OF THE MEC

Indicator Title	Short Definition	Purpose/ Importance	Attendance Register	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.1.1 Number of NHC meetings attended by the Hon. MEC	Consultative national meetings with the national Minister and provincial MECs of Health	Drive policy direction and monitor the performance of the health sector	Attendance Register & Minutes	Count of NHC meetings attended by the MEC	Unforeseen commitments by the MEC	Process	Number	Quarterly	No	Compliance with the National Health Act	Office of the MEC
5.1.2 Number of Eastern Cape Provincial Health Council (ECPHC) meetings hosted by the Hon MEC	MEC consultative forum with district councillors	Community consultative monitoring structure	Attendance Register & Minutes	Count of ECPHC meetings attended by the MEC	Unforeseen commitments by the MEC	Process	Number	Quarterly	No	Compliance with the National Health Act and transparency	Office of the MEC

Indicator Title	Short Definition	Purpose/ Importance	Attendance Register	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.1.3 Number of Lilitha Nursing College Council Meetings attended by the Hon. MEC	Consultative meetings with Lilitha Nursing College Council attended by the MEC	Guides and Monitors the performance of the Nursing College in the province	Attendance Register, Minutes	Count of NHC meetings attended by the MEC	Unforeseen commitments by the MEC	Process	Number	Bi-Annually	No	Compliance with the National Health Act	Office of the MEC
5.1.4 Number of sessions held with hospital boards and clinic committees by the Hon. MEC	MEC consultative forum with hospital boards and clinic committees	Community consultative monitoring structure	Attendance Register & Report	Count of hospital boards and clinic committees meetings hosted by the MEC	Unforeseen commitments by the MEC	Process	Number	Quarterly	No	Compliance with the National Health Act and transparency	Office of the MEC

TABLE ADMIN 1: SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES [1]

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Medical officers per 100,000 people	Medical officers in posts on last day of March per 100 000 people.	Tracks the number of filled Medical officer's posts as part of monitoring availability of Human Resources for Health	Persal	Medical Officers in posts Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per ··· \·· population	Annual	No	Increase in the number of medical officers contributes to improving access to and quality of clinical care	HRM
2. Medical officers per 100,000 people in rural districts	Medical officers in posts employed in the Rural districts on last day of March per 100 000 people.	Tracks the number of filled Medical officer employed in the rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.	Persal	Medical Officers in posts- Rural Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers in rural districts contributes to improving access to and quality of clinical care n rural district.	HRM

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Professional nurses per 100,000 people	Professional Nurses in posts on last day of March per 100 000 people.	Tracks the number of filled Professional Nurses posts , as part of monitoring availability of Human Resources for Health	Persal	Professional Nurses in posts Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses contributes to improving access to and quality of health services	HRM
4. Professional nurses per 100,000 people in rural districts	Professional Nurses in posts employed in rural districts on last day of March per 100 000 people.	Tracks the number Professional Nurses posts filled in rural districts , as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.	Persal	Professional Nurses in posts- Rural Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses in rural districts contributes to improving access to and quality of health services rural districts	HRD

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5. Pharmacists per 100,000 people	Pharmacists in posts on last day of March per 100 000 people.	Tracks the number of filled Pharmacists posts to monitor availability of Human Resources	Persal	Pharmacists in posts Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists lead to better quality of care	HRD
6. Pharmacists per 100,000 people in rural districts	Pharmacists in posts employed in rural districts on last day of March per 100 000 people.	Tracks the number Pharmacists posts filled in rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity	Persal	Pharmacists in posts - Rural Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists in rural districts lead to better quality of care in these rural districts	HRD

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
7. Vacancy rate for professional nurses	Percentage of funded vacant professional Nurses posts on the last day of the reporting period	Tracks the number of funded vacant Professional Nurses posts to monitor availability of Human Resources	Persal	Total Number of funded vacant Professional Nurses posts

Total number of funded professional nurse posts in the province | Dependant on accuracy of Persal data | Process | Rate | Quarterly | No | Increase in the number of professional nurses lead to better quality of care | HRD |
| 8. Vacancy rate for doctors | Percentage of **funded** vacant doctors posts on the last day of the reporting period | Tracks the number of **funded** vacant Doctors posts to monitor availability of Human Resources | Persal | Total Number of **funded** vacant Doctors posts on the last day of the reporting period

Total number of doctors funded posts in the province | Dependant on accuracy of Persal data | Process | Rate | Quarterly | No | Decrease in the vacancy rate lead to better quality of care | Human Resources Management |

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
9.Vacancy rate for medical specialists	Percentage of **funded** vacant medical specialists posts on the last day of the reporting period	Tracks the number of **funded** vacant medical specialists posts to monitor availability of Human Resources	Persal	Total Number of **funded** vacant medical specialists posts on the last day of the reporting period Total number of medical specialists **funded** posts in the province	Dependant on accuracy of Persal data	Process	Rate e	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management
10.Vacancy rate for pharmacists	Percentage of **funded** vacant pharmacists posts on the last day of the reporting period	Tracks the number of **funded** vacant pharmacists posts to monitor availability of Human Resources	Persal	Total Number of **funded** vacant Pharmacists posts on the last day of the reporting period Total number of **funded** pharmacists posts in the province	Dependant on accuracy of Persal data	Process	Rate	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management

TABLE ADMIN 2: PERFORMANCE INDICATORS FOR MANAGEMENT

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.1.5 Level of compliance by the department with the Management Performance Assessment Tool (MPAT)	The level of compliance (out of four levels in the tool) that the department of Health has achieved	The tool is used by the Presidency to monitor compliance by departments with the four management practices domains	MPAT Report, Proof of submission to the Office of the Presidency	The tool has structured questionnair	Minimal as there are controls	Output	Number	Annual	No	Level 4	SOP
5.2.1 Number of statutory planning & reporting compliance documents submitted to the Executive Authority	Four Statutory Planning & Reporting documents developed by the Strategic Planning and M&E Units and submit-ted to the Executive Authority of the Depart-ment annually (APP, SDIP, AR, Half Yearly report)	Inform and account on the Department al mandate to the Executive Authority	Signed Copies of submission Letters & Copies of Documents	Count: Number of statutory planning & reporting compliance documents	Lack of submission of timely inputs from responsible managers	Output	Number	Annual	No	Full compliance with Provincial Legislature Requirements	SOP

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.3.1 Proportion of valid invoices paid within 30 days	Service providers paid within 30 days of submission of the invoices	Tracks compliance with Treasury Regulations	BAS, LOGIS & Invoice Registries	*Numerator* Number of invoices paid within 30 days of receipt

Denominator Total invoices submitted during the same time period (expressed as percentage) | Late or non-submission of invoices by suppliers | Output | Percentage | Quarterly | No | Compliance with PFMA; payment of submitted invoices to be done within 30 days of receipt | Supply Chain Management |
| 5.3.2 Over expenditure (%) | Percentage by which the department has over spent the allocated budget | Compliance with PFMA | BAS & IYM reports | *Numerator* Total expenditure in a given time period

Denominator Allocated Budget (expressed as percentage) | BAS versus Logis interface | Process | Percentage | Quarterly | No | Expenditure in line with Treasury Regulations | Financial Management |
| 5.3.3 Number of procurement hubs established | The number of the units (hubs) that provide financial and procurement services to the line managers | To strengthen support services by establishing these units in the department | LOGIS implementation & utilisation | Count of number of established hubs | LOGIS system not functioning | Output | Number | Quarterly | No | 14 fully functioning procurement hubs established | Supply Chain Management |

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.2.1 Amount (Rand value) of revenue generated provincially	Revenue generated through payment for services rendered	Tracks the revenue generated by the Department	BAS & Delta 9	Count of total sum generated during reporting period	Dependant on accuracy of revenue collection.	Output	Rands	Quarterly	No	Improved revenue collection	Budget Planning
5.4.1 Number of District Hospitals (Prioritised in RSDP) with reliable connectivity	District hospitals with installed VPN (network that provides telecommunication infrastructure, e.g. internet services to provide remote areas as access to a central organisation network)	Provides reduced costs for physical leased lines	Delivery Note	Count of number of District Hospitals (Prioritised in RSDP) that have reliable technology installed	Unavailability of network with installed VPN	Output	Number	Quarterly	Yes	Sharing of data and improved access to network resources by all	ICT

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.1 Vacancy rate	Percentage of **funded** vacant posts on the last day of the reporting period	Tracks the number of **funded** vacant posts to monitor availability of Human Resources	Persal	Total Number of **funded** vacant posts Total number of **funded** posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	Yes	Increase in the number of posts lead to better quality of care	Integrated Human Resources Management
5.5.2 Percentage of PERSAL sites (institutions) with a minimum of trained PERSAL users per site	Percentage of PERSAL sites (institutions) with a minimum of trained PERSAL users per site	Tracks the number of PERSAL sites (institutions) with a minimum of trained PERSAL users per site	Training attendance certificate	Total Number of PERSAL sites (institutions) with a minimum of trained PERSAL users per site Total number of all PERSAL users in PERSAL sites	Dependant on accuracy of information from the reporting PERSAL sites	Process	Percentage	Quarterly	Yes	Increase in the PERSAL users trained lead to better functionality of HRM	Integrated Human Resources Management

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.3 Utilisation rate – Employee Relations	Employees using the Employee Relations programme	Tracks the utilisation of the Employee Relations programme by employees	Case registers; Employee relations database, files	*Numerator:* Number of employees that utilised Employee Relations Programme *Denominator* Total Number of employees in the Department (expressed as percentage)	Dependent on the accuracy of the Case registers & files	Output	Rate	Quarterly	Yes	Improved utilisation of the Employee Relations Programme	Integrated Human Resources Management
5.5.4 Percentage of employment relation's cases finalised within 30 days	Reported cases about incidences occurring at workplace that are resolved in 30 days	Measures the rate at which the reported cases are resolved	Case Management System Reports	*Numerator:* Number of cases finalised within 30 days of receipt *Denominator* Total Number of cases received within the same time period (expressed as percentage)	Dependent on cases reported timeously	Output	Percentage	Quarterly	No	Timeous finalisation of employee relations cases	Integrated Human Resources Management

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.5 Percentage of employees whose exit benefit claims are paid within 3 months of termination	Payment of benefits that are due to employees within 3 months	Measures the rate in which the claimed benefits of employees are paid	Persal system HR SLA/SOPs	*Numerator* Number of employee benefit claims paid within 3 months *Denominator* Total Number of employee benefit claims received in the same time period (expressed as percentage)	Dependant on the claims received from employees	Output	Percentage	Quarterly	No	Timeous payment of employee benefits	Integrated Human Resources Management
5.5.6 Employee wellness utilisation rate	Employees using the employee wellness programme	Tracks the utilisation of the employee wellness programme by employees	Case Load Statistics/ Case registers & files	*Numerator* Number of employees that utilised Employee Wellness Programme *Denominator* Total Number of employees in the Department (expressed as percentage)	Dependent on the accuracy of the Case registers & files	Output	Rate	Quarterly	No	Improved utilisation of the Employee Wellness Programme	Integrated Human Resources Management

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.7 Percentage of employees out of adjustment	Employees whose appointments are abnormal on the system	Tracks abnormal appointments on Persal	Persal data, Vulindlela data, National and Provincial Treasuries HR data	**Numerator** Number of employees out of adjustment does this mean employees appointed abnormally on Persal **Denominator** Total Number of employees in the Department (expressed as percentage)	Dependent of accuracy of Persal	Output	Percentage	Quarterly	No	Updated and accurate Persal	Integrated Human Resources Management

TABLE DHS3: PERFORMANCE INDICATORS FOR DISTRICT MANAGEMENT

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Provincial PHC expenditure per uninsured person	Total expenditure by the Provincial DoH on PHC services	To monitor adequacy of funding levels for PHC services	BAS, DHIS, facility registers	*Numerator* Total expenditure of the Province on PHC services (Programme 2) *Denominator* Number of uninsured people in the Provinces as indicated in STATSSA or Council for Medical Scheme data	Contamination of expenditure figures with accurals	Input	Rate	Annual	No	Higher levels of expenditure reflect prioritisation of PHC services	DHS Programme Manager Financial Management Officials
2. PHC headcount total	Clients of all ages attending the facility for Primary Health Care. Each client is counted once a day regardless of the number of services provided on that day	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS, facility registers	Sum total of PHC headcounts during the reporting period **Sum:** • PHC Headcount under 5 years, and • PHC headcount 5 years and older	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	DHS Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. PHC total headcount under 5 years	Number of PHC patients under the age of 5 years seen during the reporting period. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the children under 5 uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS, Facility Register	*Sum* of PHC headcount under 5 years during the reporting period	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease amongst children, or greater reliance on public health system	DHS Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4. PHC utilisation rate	Rate at which services are utilised by the target population, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS, Facility Register	**Numerator** PHC total headcount **Denominator** Total Population	Dependant on the accuracy of estimated total population from StatsSA	Output	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
5. PHC utilisation rate under 5 years	Rate at which services are utilised by the target population under 5 years, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS, Facility Register	**Numerator** PHC headcount under 5 years **Denominator** Population under 5 years	Dependant on the accuracy of estimated population 5 years an under from StatsSA	Output	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
6. PHC supervisor visit rate (fixed clinic/CHC/CDC)	Proportion fixed clinics, CHCs and CDCs visited by a dedicated supervisor according to the PHC Supervision Manual (official supervisor report completed)	Monitors supervision according to the PHC Supervision manual (once a month) in clinics, CHCs and CDCs	DHIS, Supervisor reports	*Numerator* PHC supervisor visit (fixed clinic/CHC/CDC) *Denominator* Total number of fixed PHC (clinics + CHCs/CDC) facilities	Dependant on the reporting the purpose of the visit by the supervisor to the PHC facility.	Quality	Percentage	Quarterly	No	Higher levels indicate better support to the PHC facility	QA Programme Manager
7. Complaint resolution within 25 working days rate	Percentage of complaints of users of District Hospital Services resolved within 25 days	To monitor the management of the complaints in District Hospitals	DHIS, complaints register	*Numerator* Total number of complaints resolved within 25 days *Denominator* Total number of complaints received	Accuracy of information is dependant on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	Yes	Higher percentage suggest better management of complaints in District Hospitals	Quality Assurance

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.1 Number of PHC teams established	PHC Teams that have been formed in terms of national guidelines with the responsibility to visit homesteads in their municipality ward	To visit homesteads providing basic PHC services	PHC Teams Database, PHC Teams' audit tool	*Numerator* Number of PHC teams established	Availability of data collection tools and transport for outreach	Input	Number	Quarterly	No	Increasing number of PHC teams to improve performance at PHC level	DHS Programme Manager
1.3.2 Percentage of PHC facilities conducting gap assessments for compliance with the National Core Standards	Number of PHC facilities that have submitted results of one self-assessment conducted of compliance with standards as a proportion of all PHC facilities	Monitors whether PHC facilities are measuring their own level of compliance with standards in order to close gaps n preparation for external audit	Assessment tool, Assessment reports	*Numerator* Number of PHC facilities submitting self assessment reports *Denominator* Total number of PHC facilities	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in PHC facilities	Quality Assurance Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.3 Percentage of PHC Facilities that have developed annual QIPs based on their assessment	Number of PHC Facilities that have submitted a plan to improve quality as a proportion of all PHC facilities	Monitors whether PHC Facilities are developing a plan to close gaps identified during self-assessment	Signed quality improvement plans	**Numerator** Number of PHC Facilities submitting a quality improvement plan **Denominator** Number of PHC Facilities conducting a self-assessment	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in PHC facilities	Quality Assurance Manager
1.2.2 Number of GPs contracted with RPHC programme	A count of GPs contracted by the depart-ment in line with the Minister's mandate to drive imple-mentation of RPHC	To strengthen and revitalise PHC in preparation for the implementa-tion of NHI	PERSAL, signed contracts	**Numerator** Number of GPs contracted	Indicator may be affected by shortage of budget	Input	Number	Quarterly	Yes	Increase in number of contracted GPs to meet the doctor demand at PHc level	DHS manager
1.2.3 Number of District Clinical Specialist Team Members appointed	A count of Clinical Specialists appointed into DCST by the department in line with the Minister's mandate to revitalise PHC	To strengthen and revitalise PHC in preparation for the implementat ion of NHI	PERSAL, signed contracts	**Numerator** Number of District Clinical Specialist Team Members appointed	Indicator may be affected by shortage of budget or recruitment challenges	Input	Number	Quarterly	Yes	Increase in number of District Clinical Specialist Team Members to meet the clinical specialist demand at PHC level for better treatment outcomes	DHS manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
8. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Total number of PHC facilities assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	Core Standard compliance self-assessment tool, Self-assessment Report	Total number of PHC facilities assessed against the core standards.	Accuracy of information is dependant on the accuracy of the assessment tool used	Process	Number	Annual	No	Higher number indicates better compliance with the core standards	Quality Assurance

PROGRAMME 2.4: PERFORMANCE INDICATORS FOR COMMUNITY BASED SERVICES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.4 Mortality rate among traditional male circumcision initiates (expressed per 1000 initiates)	Indicator measures the rate of death among initiates that perform traditional male circumcision	Monitors traditional surgeons' efficiency and compliance with the implementation of the Provincial Circumcision ACT	Traditional Male Circumcision (TMC) Database; Input summary sheets	***Numerator*** Number of deaths among traditional circumcision initiates in a given time period ***Denominator*** Total Number of traditional male circumcision clients during the same time period (expressed per 1000 initiates)	Dependent on the accuracy of TMC Database	Outcome with specific focus on efficiency	Rate expressed as Number of deaths per 1000 initiates	Quarterly	No	Increase in number of traditional surgeons complying with the Circumcision Act in order to reduce deaths due to traditional male circumcision	Traditional Health Services manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.4.1 Percentage of CHCs providing oral health services	This is a proportion of Community Health Centres that provide oral health services	Measures progress in the implementation of the comprehensive PHC package	DHIS, facility registers	***Numerator*** Number of Community Health Centres providing oral health services ***Denominator*** Total number of CHCs	Inaccuracy of the actual % providing oral health service due to poor reporting	Output – with specific focus on access	Percentage	Quarterly	No (indicator revised)	Improved implementation of comprehensive package for Community Health Centres contributing towards access to Oral Health Services at PHC level	Oral Health Services manager
1.4.2 Number of hospitals (prioritised in RSDP) providing oral health services	This is a count of District hospitals that provide oral health services	Measures progress in the implementation of the district hospital package	DHIS, facility registers RSDP document	Count of district hospitals providing oral health services	Inaccuracy of the actual number providing oral health service due to poor reporting	Output – with specific focus on access	Number	Quarterly	No	Improved implementation of core package for district hospitals contributing towards access to Oral Health Services	Oral Health Services manager

DISEASE PREVENTION AND CONTROL - PROVINCIAL INDICATORS FOR 2012/13 -2014/15 ANNUAL PERFORMANCE PLAN (INC NATIONAL INDICATORS)

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Malaria case fatality rate	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria	Malaria Surveillance database	***Numerator*** Number of deaths due to malaria ***Denominator*** Total number of Malaria cases reported (Expressed as a percentage)	Accuracy dependant on quality of data from health facilities	Outcome	Percentage	Quarterly	No	Lower percentage indicates a decreasing burden of malaria	Disease surveillance manager
2. Cholera case fatality rate	Deaths from cholera as a percentage of total number of cholera cases reported	Monitor the number of deaths caused by Cholera	DHIS, Notifiable Disease Surveillance database	***Numerator*** Number of Deaths due to Cholera in given time period ***Denominator*** Total number of cholera cases reported in the same time period (expressed as a percentage)	Accuracy dependant on quality of data from health facilities	Outcome	Percentage	Annual	No	Lower percentage indicates a decreasing burden of cholera	Disease surveillance manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4.3.1 Diabetes mellitus detection rate	Measures headcount of diabetes clients as a proportion of the total PHC facility headcount 5 years and older	Reflects burden service volume re: diabetes in facility PHC service	DHIS, facility register	*Numerator* Diabetes mellitus case put on treatment - new *Denominator* total PHC facility headcount 5 years and older in the same time period (expressed as a percentage)	Accuracy dependant on quality of data from health facilities	Output	Percentage	Quarterly	No	Whilst the key programme objective is to reduce burden of disease, higher case load shows improved access to services as well as client compliance with treatment	Disease prevention and control manager
4.3.2 Hypertension detection rate	Measures headcount of hypertension clients as a proportion of the total PHC facility headcount 5 years and older	Reflects burden & service volume re: diabetes in facility PHC service	DHIS, Facility Registers	Hypertension cases put on treatment *Denominator* total PHC facility headcount 5 years and older in the same time period (expressed as a percentage)	Accuracy dependant on quality of data from health facilities	Output	Percentage	Quarterly	No	Whilst the key programme objective is to reduce burden of disease, higher hypertension case load shows improved access to services as well as client compliance with treatment	Disease prevention and control manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Cataract surgery rate (expressed per million uninsured population)	Cataract operations completed per 1,000,000 uninsured population	Monitor the number of cataract surgery	DHIS, Facility Registers	**Numerator** Cataract operations completed **Denominator** uninsured population in catchment area	Accuracy dependant on quality of data from health facilities	Outcome	Rate expressed as No per 1mil uninsured population	Quarterly	No	Higher levels reflects a good contribution to sight restoration, especially amongst the elderly population	Disease Prevention & Control

PROGRAMME 2.5: PERFORMANCE INDICATORS FOR OTHER COMMUNITY SERVICES -

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.5 Percentage of health facilities segregating waste in line with SANS 10248	This measures health facilities that segregates waste in line with SANS 10248 regulations as a proportion of the total facilities sampled at any given point in time	To track compliance of health facilities with SANS 10248 regulations on waste management	Waste Segregation Audit Tool, Audit Report	***Numerator*** Number of health facilities segregating waste in line with waste management regulations at a given reporting period ***Denominator*** Number of facilities sampled during same time period	No specific limitations anticipated	Output	Percentage	Quarterly	No	Compliance with waste management for purposes of infection control and sustaining a healthy environment	Environ- mental Health manager
1.3.6 Percentage of hospitals complying with SANS waste disposal requirements	This measures health facilities that dispose waste in line with SANS 10248 regulations as a proportion of the total health facilities	To track compliance of health facilities with SANS 10248 regulations on waste management	Waste disposal certificate	***Numerator*** Number of health facilities (hospitals) that dispose waste in line with SANS 10248 regulations at a given reporting period ***Denominator*** Number of facilities (hospitals) during same time period	No specific limitations anticipated	Output	Percentage	Quarterly	Yes	Compliance with waste management for purposes of infection control and sustaining a healthy environment	Environ- mental Health manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.7 Percentage of PHC facilities complying with SANS waste disposal requirements	This measures health facilities that dispose waste in line with SANS 10248 regulations as a proportion of the total health facilities	To track compliance of health facilities with SANS 10248 regulations on waste management	Waste disposal certificate	*Numerator* Number of health facilities (PHC facilities) that dispose waste in line with SANS 10248 regulations at a given reporting period *Denominator* Number of facilities (PHC facilities) during same time period	No specific limitations anticipated	Output	Percentage	Quarterly	Yes	Compliance with waste management for purposes of infection control and sustaining a healthy environment	Environmental Health manager

PROGRAMME 2.6: PERFORMANCE INDICATORS FOR HIV & AIDS & TB

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.Total clients remaining on ART (TROA) at the end of the month	Number of clients remaining on ART. This includes all the clients that are on current regiment fortune month reported and clients	Track the number of patients on ARV Treatment	DHIS, Clinical Record. Tier.Net	Cumulative total of Number of patients on an ARV regimen	Accuracy dependant on quality of data from health facilitie	Input	Number	Quarterly	No	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
2. Male condom distribution rate	Number of male condoms distributed within the province at public health facilities per male population 15 years and over	Track the contraceptive measures	DHIS	**Numerator** Male condoms distributed within province **Denominator** Male population 15 and older	Indicator reliant on accuracy of population estimates from StatsSA	Process	rate	Quarterly	No	Higher rate indicates better contraceptive measures which should lead to decrease in HIV/AIDS incidence.	HIV/AIDS Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. TB (new pulmonary) defaulter rate	Percentage of smear positive PTB cases who interrupted (defaulted) treatment	Monitors the number of TB patients started on treatment (that are in a cohort) that default treatment during the course of treatment	ETR.Net, TB Register	**Numerator:** TB (new pulmonary) treatment defaulter **Denominator** TB (new pulmonary) client initiated on treatment	Timeliness – the capturing of data that might result in some cases being not evaluated and poor recording of data	Output	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Programme manager
4. TB AFB sputum result turn-around time under 48 hours rate	Percentage of TB sputa tests completed and received within 48 hours	Monitor the turnaround times of the sputa samples	DHIS, TB Register	**Numerator** TB AFB sputum result received within 48 hours **Denominator** TB AFB sputum sample sent	Accuracy of capturing the date/time sampled dispatched and/or received	Quality	Percentage	Quarterly	Yes	Higher percentage indicate faster turnaround	TB Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5. TB new client Success Rate	Proportion of new TB patients cured plus those who completed treatment	Monitors success of TB treatment for ALL types of TB	ETR.net ,TB Register	*Numerator* TB client cured and completed treatment *Denominator* TB client (new pulmonary) initiated on treatment	Dependant on accuracy of data by reporting facilities	Outcome	Percentage	Quarterly	Yes	Higher percentage indicate higher TB cure rate	TB Programme manager
6. Percentage of HIV & TB Co-infected patients put on ART	Percentage of TB & HIV Co-infected patients put on ART out of the number of TB & HIV Co-infected patients eligible for ART in the reporting period	To monitor provision of ART to TB & HIV co infected patients can improve both TB and HIV program performance	ETR.net, TB Register	*Numerator* Number of TB & HIV Co-infected patients put on ART *Denominator* Number of TB & HIV Co-infected patients eligible for ART X 100	Data collecting tools. It is recorded in ART register and also TB register and TB register is used for reporting so if it is recorded only in ART register then it is not reported	Output	Percentage	Quarterly	No	All TB & HIV positive patients to be placed on ART in order improve their quality of life and TB and HIV outcomes.	TB Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
2.2.1 Percentage of TB & HIV co-infected patients started on Cotrimoxa-zole -	Percentage of TB & HIV co-infected patients on Cotrimoxa-zole out of all the TB & HIV co infected patients	Preventing TB & HIV co-infected patients from developing other opportunistic infections	ETR.net, TB Register	Number of TB & HIV co-infected patients on Cotrimoxa-zole divided by number of TB & HIV co-infected patients X100	Poor Recording as data may be kept in patient blue file and not recorded in TB register	Output	Percentage	Quarterly	No	All TB & HIV patients should be on CPT	
2.2.2 Percentage of TB cases tested for HIV	Percentage of TB cases tested for HIV out of all the TB patients registered in that reporting period	All TB patients should know their HIV status in order access relevant services	ETR.net, TB Register	Number of TB cases tested for HIV divided by number of all TB cases registered in that reporting period	Recording	Process	Percentage	Quarterly	No	All TB patients should know their HIV status	TB Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
2.2.3 Percentage of MDR-TB co-infected patients started on ART	Number of MDR TB patients co-infected started on ART as a proportion of all MDR co-infected patients	Tracks the number of MDR TB patients co-infected started on ART	EDR Web and paper based MDR, XDR & TB registers	Total number of MDR & TB co-infected patients started on ART during the reporting period over all MDR & TB co-infected patients.	Timeliness and poor recording on data collection tools.	Output	Percentage	Quarterly	No	Increased uptake of ART by co-infected MDR & XDR TB patients co-infected with HIV may reduce death rate.	TB Programme Manager
2.2.4 Percentage of XDR-TB & HIV co-infected patients started on ART	Number of XDR TB & HIV patients co-infected started on ART	Tracks the number of XDR TB & HIV patients co-infected started on ART	EDR Web and paper based MDR & XDR registers	Total number of XDR & TB co-infected patients started on ART during the reporting period over all XDR & TB co-infected patients.	Timeliness and poor recording on data collection tools.	Output	Percentage	Quarterly	No	Increased uptake of ART by co-infected MDR & XDR TB patients c0-infected with HIV may reduce death rate.	TB Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
7. HIV testing coverage (annualised)	Percentage of clients tested to those counselled.	Monitors the number of people convinced to test for HIV	DHIS, facility Register	**Numerator** Total number of HCT clients tested for HIV **Denominator** Total number of HCT clients pre-test counselled	Dependant on the accuracy of tick and tally sheets	Process	Percentage	Quarterly	No	Higher percentage indicate increased population knowing their HIV status.	HIV/AIDS Programme Manager
8. TB (new pulmonary) cure rate	Proportion of new TB smear positive and culture positive (pulmonary TB) clients cured	Tracks the success of efforts to combat Tuberculosis in South Africa	ETR.net Electronic (TB Register)	**Numerator** TB (new pulmonary) client cured **Denominator** TB (new pulmonary) client initiated on treatment	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Annual	No	Higher percentage indicate better cure rate for the province	TB Programme Manager

PROGRAMME 2.7: PERFORMANCE INDICATORS FOR MCWH & N

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.2.5 School health service coverage in OR Tambo district	Percentage of schools screened by a School Health Team in a given time period	To monitor adequacy of provision of school health services	School health team attendance registers; data collection tools	**Numerator** Number of schools screened by School Health Teams in a given time period **Denominator** Total number of Schools	None	Output	Ratio	Quarterly	Yes	Increase number of school health teams for greater coverage of school	School Health Services manager
1.2.6 Number of learners screened in OR Tambo District	Count of learners screened under school health services programme	Monitors implementation of the Integrated School Health Program (ISHP)	School health team attendance registers; data collection tools	Sum of all the learners screened in OR Tambo District	None	Output	Number	Quarterly	Yes	Increase in number of learners screened indicates greater coverage of learners	School Health Services manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Immunisation coverage under 1 year	Percentage of all children in the target area under one year who complete their primary course of immunisation during the month (annualised). The child should only be counted ONCE as fully immunised when receiving the last vaccine in the course (usually the 1st measles and PCV3 vaccines) AND if there is documented proof of all required vaccines (BCG,	Monitor the implemen-tation of Extended Programme in Immunisa-tion (EPI)	DHIS, Facility Registers	**Numerator** Immunised fully under 1 year **Denominator** Population under 1- year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better immunisation coverage	EPI Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
	OPV1, DTaP-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1,2,3, RV 1,2 and measles 1) on the Road to Health Card/Bookle t AND the child is under 1 year old										
2.Vitamin A coverage under 12 – 59 months (OR 1-4 years)	Percentage of children 12-59 months receiving vitamin A 200,000 units twice a year.(The denominato r is therefore the target population 1-4 years multiplied by 2.)	Monitors vitamin A supplementa tion to children aged 12-59 months.	DHIS, Facility Registers	**Numerator** Vitamin A supplement to 12-59 months child **Denominator** Target population 1-4 years x 2	Reliant on Child population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Vitamin A coverage, and better nutritional support to children	Nutrition Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Measles 1st dose under 1 year coverage (annualised)	Percentage of children under 1 year who received measles dose	Monitor the measles coverage	DHIS, Facility Registers	**Numerator** Measles 1st dose under 1 year **Denominator** Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Measles coverage	EPI Programme manager
4. Pneumococcal 3rd dose coverage	Percentage of children under 1 year who received Pneumococc-al 3rd dose, normally at 9 months	Monitor the Pneumococc-al coverage	DHIS, Facility Registers	**Numerator** Pneumococcal 3rd doses before 1 year **Denominator** Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Pneumococc-al coverage	EPI Programme manager
5. Rota Virus 2nd dose coverage	Percentage of children under 1 year who received Rota Virus 2nd dose	Monitor the Rota Virus coverage	DHIS, Facility Registers	**Numerator** Rota Virus 2nd doses before 1 year **Denominator** Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Rota Virus Coverage	EPI Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
6. Diarrhoea incidence under 5 years	Children under the age of 5 newly diagnosed with diarrhoea	This indicator can be used to measure incidence of water borne diseases	DHIS, Facility Registers	***Numerator*** Child under 5 years diarrhoea with dehydration new (annualized) ***Denominator*** Population under 5 years	Reliant on accuracy of diagnosis	Outcome	Rate: No/ 1000 U5 annualized	Quarterly	Yes	Decreasing incidence rates	MCWH
7. Pneumonia incidence under 5 years	The number of children under 5 years newly diagnosed with pneumonia, per 1,000 children under 5 in the catchment population	This indicator can be used to measure incidence of water borne diseases	DHIS, Facility Registers	***Numerator*** Child under 5 years with pneumonia new ***Denominator*** Pupulation under 5 years	Reliant on accuracy of diagnosis	Outcome	Rate: No/ 1000 U5 annualized	Quarterly	No	Decreasing incidence rates	MCWH Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
8. Cervical cancer screening coverage	Percentage of women from 30 years and older who were screened for cervical cancer	Monitor cervical cancer screening coverage	DHIS, Facility Registers	**Numerator** Cervical smear in woman 30-years and older screened for cervical cancer **Denominator** Female population 30-59 years	Reliant on population estimates from Stats SA for women in age category 30-59 years	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MNCWH Programme Manager
9. Antenatal 1st visit before 20 weeks rate	The percentage of women who have a booking visit (first visit) before they are 20 weeks (about half way) into their pregnancy.	Utilisation of ANC services	DHIS, Facility Registers	**Numerator** Antenatal 1st visits before 20 weeks **Denominator** Antenatal 1st visits	Reliant on accuracy of number of weeks the client is pregnant	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care.	MNCWH programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
10. Infant 1st PCR test positive within 2 months rate	Babies PCR test positive within 2 months as a proportion of infants 1st tested with PCR within 2 months	This indicator is used to measure mother to child transmission rate	DHIS, Facility Registers	*Numerator* Infant 1st PCR test positive within 2 months *Denominator* Infant 1st PCR test within 2 months	Accuracy dependant on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Decreasing	PMTCT Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3.1.1 Postnatal Care mother visits within 6 days rate	Mothers who received post natal; care within 6 days after delivery as proportion of deliveries in health facilities	Monitors access to and utilisation of post natal services. maybe more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used post natal visits within 6 days after delivery	DHIS, Facility Registers	*Numerator* Mother post-natal visits within 6 days after delivery *Denominator* Total Delivery in facility	Reliant on accuracy of data collection	Output	Percentage	Quarterly	No Reported in 2011/12	Higher number of mothers indicates functionality of post natal care services	MCWH&N Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3.1.2 Postnatal Care baby visits within 6 days rate	Babies who received post natal; care within 6 days after birth as proportion of deliveries in health facilities	Monitors access to and utilisation of post natal services. maybe more than 100% in areas with low delivery in facility rates if many babies who were delivered outside health facilities used post natal visits within 6 days after delivery	DHIS, Facility Registers	**Numerator** Baby post-natal visits within 6 days after delivery **Denominator** Total Delivery in facility	Reliant on accuracy of data collection	Output	Percentage	Quarterly	Yes	Higher number of babies indicates functionality of post natal care services	MCWH&N Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
11. Couple Year Protection Rate	Percentage of women of reproductive age (15-44) who are using (or whose partner is using) a modern contraceptive method. Contraceptive methods include female and male sterilisation, injectable, and oral hormones, intrauterine devices, diaphragms, spemicides and condoms	Track the extent of the use of contraception (any method) amongst women of child bearing age	DHIS, Facility Registers	Couple year protection rate: **Numerator** Contraceptive years equivalent = **Sum:** • Male sterilisations x 20 • Female sterilisations x10 • Medroxy-progesterone injection /4 • Norethisterone enanthate injection /6 • Oral pill cycles /13 • IUCD x 4 • Male condoms /200 **Denominator** Female target population 15-44 years	Reliant on accuracy of data collection	Output	Percentage	Annual	No	Higher protection levels are desired	Health Information, Epidemiology and Research Programme MCWH&N Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
12. Maternal Mortality in facility Ratio (MMR)	Number of maternal deaths in facility expressed per 100 000 live births. A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (as cited in ICD 10).	Confidential enquiry into maternal deaths report only released every 3-5 years, so monitoring of maternal deaths on a routine basis is very important to monitor progress towards MDG target. Mortality and causes of death report does not give exact figures for maternal deaths.	DHIS, Facility Registers	**Numerator** Maternal death in facility **Denominator** Live births in facility	Reliant on accuracy of classification of inpatient death	Outcome	Ratio per 100 000 live births	Annual	No	Lower institutional rate indicate fewer avoidable deaths.	MNCWH programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
13. Delivery in facility under 18 years rate	Percentage of deliveries where the mother is under 18 years on the day of delivery.	Monitor the percentage of deliveries among teenagers	DHIS, Facility Registers	**Numerator** Total number of Deliveries to woman under 18 years **Denominator** Total Deliveries in province	Reliant on accuracy of data collection	Outcome	Percentage	Annual	No	Higher percentage indicates increase in the number deliveries among teenagers.	MCWH Programme manager
14. Child under 1 year mortality in facility rate	Admitted children under 1 year of age who died per estimated 1,000 live births. Estimated live births in population is calculated by multiplying estimated population under 1 year by 1.03 to compensate for infant mortality	Monitoring of infant deaths on a routine basis is very important to monitor progress towards MDG.\n\nIncludes neonatal deaths. Estimated live births in population is calculated by multiplying estimated population under 1 year	DHIS, Facility Registers	**Numerator** Total number of inpatient death under one year\n\n**Denominator** Population under 1 year x 1.03	Reliant on accuracy of in facility live births reporting	Outcome	Rate per 1000 live births	Annual	This change from the number of children less than 1 dying as a proportion of total separations to number dying in hospital in every 1000 live births	decreasing death rate in children under 1	Saving Mothers Saving Babies

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
		by 1.03 to compensate for infant mortality. This indicator will be useful at national, provincial and district levels									
15. Inpatient death under 5 years rate	Proportion of children under 5 years admitted/separated who died during their stay in the facility. Inpatient separations under 5 years is the total of of inpatient discharges, inpatient deaths and inpatient transfer outs.	Monitoring of children deaths on a routine basis is very important to monitor progress towards MDG.

IMonitors treatment outcome for admitted children under 5 years. Includes under 1 year deaths | DHIS, Facility Registers | *Numerator* Total number of inpatient deaths under 5 years

Denominator Inpatient separations under 5 years | Reliant on accuracy of in facility live births reporting | Outcome | Percentage | Annual | No | Decrease in child deaths | SMSB Manager |

PROGRAMME 2.8: PERFORMANCE INDICATORS FOR CORONER SERVICES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.8.1 Percentage of post-mortem performed within 72hrs	Measures number of post-mortems performed by Forensic Pathologists within a period of 72 hours of receiving the body from the SAPS as a percentage of the total number of bodies received	Tracks the Turnaround Time for post-mortems	Death register, Forensic pathology database	***Numerator*** Number of cold bodies with post-mortem performed within 72 hrs of receipt of body ***Denominator*** Total number of cold bodies received from SAPS (expressed as percentage)	Dependant on accuracy of Forensic Pathology Services Database	Output	Percentage	Quarterly	No	Improved and short Turnaround Times for post-mortems	Coroner Services Programme Manager

PROGRAMME 2.9: - PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Delivery by Caesarean section rate -	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care of the district hospitals	DHIS, Facility Registers	**Numerator** Number of Caesarean sections performed **Denominator** Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager
2 Inpatient separations - Total	Recorded completion of treatment and/or the accommo-dation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS, Facility Registers	**Sum of:** • Inpatient deaths • Inpatient discharges • Inpatient transfer out	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Patient Day Equivalent – Total	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS, Facility Registers	**Sum of:** • Inpatient days -total • 1/2 Day patients • 1/3 OPD headcount - total • 1/3 Emergency Headcount *OPD Headcount total = sum of:* • OPD new case not referred • OPD new case referred • OPD follow-up	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4. OPD Headcount - Total in district hospitals	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS, Facility Registers	**Sum of:** • OPD new case not referred • OPD new case referred • OPD follow-up	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services
5. Average length of stay	Average number of patient days that an admitted patient in the district hospital before separation.	To monitor the efficiency of the district hospital	DHIS, Facility Registers	*Numerator* Inpatient days + 1/2 Day patients *Denominator* Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out	High levels of efficiency could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District Health Services
6. Inpatient Bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of district hospital beds	DHIS, Facility Registers	*Numerator* Inpatient days + 1/2 Day patients *Denominator* Number of usable bed days (Inpatient beds * 30.42)	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
7. Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in district hospitals in the province	BAS, DHIS, Facility Registers	**Numerator** Total Expenditure in district hospitals **Denominator** Patient Day Equivalent (PDE) as defined above	Quality and accurate reporting of both hospital expenditure and PDE	Efficiency	Ratio	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
8. Complaint Resolution within 25 working days rate	Percentage of complaints of users of District Hospital Services resolved within 25 days	To monitor the management of the complaints in District Hospitals	DHIS, Complaints Registers	**Numerator** Total number of complaints resolved within 25 days **Denominator** Total number of complaints received	Accuracy of information is dependant on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in District Hospitals	Quality Assurance
9. Mortality and morbidity review rate	Percentage of district hospitals conducting monthly Maternal Mortality and Morbidity Reviews (Mortality and morbidity reviews that should include, but not limited to, (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and (d) anaesthetic death)	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Record of minutes of meeting held by the health facility	**Numerator** Mortality and morbidity review conducted **Denominator** Planned mortality and morbidity review	Accuracy dependant on quality of data from reporting facility	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Quality Assurance)QA)

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.8 Percentage of District Hospitals conducting gap assessments for compliance with the National Core Standards	Number of District Hospitals that have submitted results of one self-assessment conducted of compliance with standards as a proportion of all Districts	Monitors whether District Hospitals are measuring their own level of compliance with standards in order to close gaps n preparation for external audit	Assessment tool, Assessment Reports	***Numerator*** Number of District Hospitals submitting self assessment reports ***Denominator*** Total number of District Hospitals	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in District Hospitals	Quality Assurance Manager
1.3.9 Percentage of District Hospitals that have developed annual QIPs based on their assessment	Number of District Hospitals that have submitted a plan to improve quality as a proportion of all District Hospitals	Monitors whether District Hospitals are developing a plan to close gaps identified during self-assessment	Signed quality improvement plans	***Numerator*** Number of District Hospitals submitting a quality improvement plan ***Denominator*** Number of District Hospitals conducting a self-assessment	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in District Hospitals	Quality Assurance Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3.1.1 Perinatal mortality rate (expressed per 1000 total births)	This is the sum of early neonatal deaths (deaths of a baby within the 1st 7 days of life) and fetal deaths (stillbirths) expressed per 1000 total births.	Monitors trends in pregnancy outcomes and efficiencies in obstetric service delivery	DHIS, Facility registers	***Numerator*** Sum of still births and early neonatal deaths in facility during reporting period ***Denominator*** Total births at facility during the same time period (x1000)	Indicator relies on quality of data and reporting	Outcome with special focus on efficiency	Rate No per 1000 total births)	Quarterly	No	Low perinatal Mortality rate that will reflect favourable pregnancy outcomes and improved maternal and obstetric service	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
10. Hospital Patient Satisfaction rate	The percentage of users that participated in District Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the District Hospital users	PSS Forms, PSS Report	***Numerator*** Total number of users that were satisfied with the services rendered in District Hospital ***Denominator*** Total number of users that participated in the Client Satisfaction Survey in District hospital	Generalisability depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction with Hospital services	Hospital Programme Manager
11. Number of Hospitals assessed for compliance against the 6 priorities of the core standards	Account of District Hospitals assessed for compliance against the core standards as	Tracks the levels of compliance against the 6 priority areas of the core standards	Core standard self Compliance assessment tool; Self assessment report	***Numerator*** Number of District hospitals assessed against the core standards ***Denominator*** Total number of district hospitals	Not implementing self-assessments due to competing priorities	Process	Percentage	Annual	No	Higher percentage indicates better compliance with the core standards in District Hospitals	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4.2.1 Percentage of RSDP Prioritised District Hospitals providing 72 hour Mental Health Services	District hospitals rendering 72 hour mental services as a percentage of the total number of district hospitals	To monitor district hospitals that are rendering 72 hour mental services as part of the core district hospital package	DHIS, Facility Registers	*Numerator* Percentage of RSDP Prioritised District Hospitals providing 72 hour Mental Health Services *Denominator* All District hospitals prioritised in RSDP	Inaccurate data from the admission registers	Output	Percentage	Quarterly	No	Expectation is a higher percentage of hospitals that will show improved access to mental health services in the province	District Hospitals manager

PROGRAMME 3: PERFORMANCE INDICATORS FOR EMERGENCY MEDICAL SERVICES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. EMS operational ambulance coverage	Number of all operational ambulances per 10 000 people in the province	Track the availability of operational ambulances	DHIS, Institutional EMS Registers	***Numerator*** EMS Operational Ambulances ***Denominator*** Total population in the province (divided by 10 000)	Accuracy dependant on quality of data from reporting EMS station	Input	Ratio No/ 10 000	Quarterly	Yes	Higher number of operational ambulances may lead to faster response time	EMS Manager
2. EMS P1 urban response under 15 minutes rate	Percentage of P1 call outs to urban locations with response times within national urban target (15 mins)	Monitors compliance with the norm for critically ill or injured clients to receive EMS within 40 minutes in rural areas	DHIS, Institutional EMS Registers	***Numerator*** No priority 1 urban calls where Response times within national urban target ***Denominator*** All priority 1 urban Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No (indicator rephrased)	Higher percentage indicate better response times in the urban area	EMS Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. EMS P1 rural response under 40 minutes rate	Percentage of P1 call outs to rural locations with response times within national rural target (40 mins)	Monitors compliance with the norm for critically ill or injured clients to receive EMS within 40 minutes in rural areas	DHIS, Institutional EMS Registers	**Numerator** No priority 1 rural calls where Response times within national rural target **Denominator** All priority 1 rural Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No (indicator rephrased)	Higher percentage indicate better response times in the rural areas	EMS Manager
4. EMS P1 call response under 60 minutes rate	P1 (life threatening) calls with response times under 60 minutes as a proportion of total P1 calls	Monitors compliance with the norm for all critically ill or injured clients to receive EMS within 60 minutes. This includes P1 (life threatening) urban responses under 15 minutes and P1 (life threatening)rural calls under 40 minutes. Low rates indicate inadequate resources	DHIS, Institutional EMS Registers	**Numerator** EMS P1 (life threatening) response under 60 minutes **Denominator** All Priority 1 Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No (indicator rephrased)	Higher percentage indicate better response times	EMS Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.6.1 Number of districts with computerised call-tracking and dispatching system	Account of Districts with computerised call-tracking and dispatching system	Monitors use and whereabouts of ambulance at all times	Service Provider Delivery Note	Total of all districts with computerised call-tracking and dispatching system	Accuracy dependant on quality of data from reporting Districts	Output	Number	Quarterly	Yes	Higher number of districts indicate better functioning of EMS	EMS Manager

PROGRAMME 4.1: PERFORMANCE INDICATORS REGIONAL HOSPITALS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Delivery by Caesarean section rate -	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care of the district hospitals	DHIS, facility registers	*Numerator* Number of Caesarean sections performed *Denominator* Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Hospital Programme Manager
2. Inpatient Separations – Total	Recorded completion of treatment and/or the accommodation of a patient in hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died as well as day Patients.	Monitoring the service volumes	DHIS, facility registers	**Sum of:** • Inpatient deaths, • Inpatient discharges, • Inpatient transfer out and • Day patients in hospitals	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Less patient deaths and an increase in cured patients or those who complete treatment and are discharged	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Patient Day Equivalent (PDE)	Patient day equivalent is weighted combination of inpatient days, day patients, OPD and Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD & Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as an equivalent to one inpatient day	Monitoring the service volumes	DHIS, facility registers	*Sum of:* Inpatient days –total, 1/2 Day patients 1/3 OPD headcount – total and 1/3 Emergency Headcount	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Efficient use and improved utilisation of hospitals and greater reliance on public health system	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4. OPD Headcount - Total	A headcount of all outpatients attending an outpatient clinic in a hospital.	Monitoring the service volumes	DHIS & Facility Registers	Sum of patient headcount from various OPD clinics in a hospitals	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Increased access to appropriate levels of care and greater reliance on public health system	Hospitals Programme Manager
5. Average length of stay (ALOS)	Average number of patient days that an admitted patient spends in hospital before s/he is separated.	To monitor the efficiency of the hospital	DHIS & Facility Registers	*Numerator* Inpatient days + 1/2 Day patients *Denominator* Separations = Sum of: Inpatient deaths Inpatient discharges Inpatient transfer out Day patient	Accuracy dependant on quality of data from reporting facility	Output	Ratio	Quarterly	No	High efficiency levels and good quality of hospital care	Hospital Programme Manager
6. Inpatient Bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of Regional hospital beds	BAS, DHIS, Facility Register	*Numerator* Inpatient days + 1/2 Day patients *Denominator* Number of usable bed days (Inpatient beds * 30.42)	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
7.Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Tracks the average cost to hospital to manage a patient	BAS, DHIS, Facility Register	*Numerator* Total Expenditure in hospital *Denominator* Patient Day Equivalent (PDE)*	Quality and accurate reporting of both hospital expenditure and PDE	Output	Ratio	Quarterly	No	Reasonable cost that demonstrate efficient use of financial resources whilst providing quality health care	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
8. Complaint Resolution within 25 working days rate	Complaints of clients of Regional Hospital Services resolved within 25 days of receipt as a percentage of the total complaints received in a given time period	To monitor the management of clients' complaints in hospitals	DHIS, complaints register	**Numerator** Total number of complaints resolved within 25 days of receiving complaint **Denominator** Total number of complaints during the same time period	Accuracy of information is dependent on the completeness of reporting	Output	Percentage	Quarterly	No	High percentage resolution levels that reflects good clinical governance	Hospital Programme Manager
9. Mortality and morbidity review rate	Percentage of Regional hospitals conducting monthly Maternal Mortality and Morbidity Meetings	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Record or minutes of meetings held by the health facility	**Numerator** Number of Regional hospitals conducting Mortality and Morbidity meetings every month **Denominator** Total number of Regional hospitals	Accuracy dependant on quality of data from reporting facility	Process	Percentage	Quarterly	No	Higher percentage suggests good clinical governance	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.10 Percentage of Regional Hospitals conducting gap assessments for compliance with the National Core Standards	Number of Regional Hospitals that have submitted results of one self-assessment conducted of compliance with standards as a proportion of all Regional Hospitals	Monitors whether Regional Hospitals are measuring their own level of compliance with standards in order to close gaps n preparation for external audit	Assessment tool, Assessment Report	***Numerator*** Number of Regional Hospitals submitting self assessment reports ***Denominator*** Total number of Regional Hospitals	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in Regional Hospitals	Quality Assurance Manager
1.3.11 Percentage of Regional Hospitals that have developed annual QIPs based on their assessment	Number of Regional Hospitals that have submitted a plan to improve quality as a proportion of all Regional Hospitals	Monitors whether Regional Hospitals are developing a plan to close gaps identified during self-assessment	Signed quality improvement plans	***Numerator*** Number of Regional Hospitals submitting a quality improvement plan ***Denominator*** Number of Regional Hospitals conducting a self-assessment	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in Regional Hospitals	Quality Assurance Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3.1.2 Perinatal mortality rate (expressed per 1000 total births)	This is the sum of early neonatal deaths (deaths of a baby within the 1st 7 days of life) and fetal deaths (stillbirths) expressed per 1000 total births.	Monitors trends in pregnancy outcomes and efficiencies in obstetric service delivery	DHIS, hospital registers	***Numerator*** Sum of still births and early neonatal deaths in facility during reporting period ***Denominator*** Total births at facility during the same time period (x 1000)	Indicator relies on quality of data and reporting	Outcome with special focus on efficiency	Rate (No per 1000 total births)	Quarterly	No	Low perinatal Mortality rate that will reflect favourable pregnancy outcomes and improved maternal and obstetric service	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
10. Hospital Patient Satisfaction rate	The percentage of users that participated in Regional Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Regional Hospital users	Patient Satisfaction Survey Forms, PSS Report	**Numerator** Total number of users that were satisfied with the services rendered in Regional Hospital **Denominator** Total number of users that participated in the Client Satisfaction Survey in Regional hospital	Generalisa- bility depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction with Hospital services	Hospital Programme Manager
11. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Account of Regional Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the 6 priority areas of the core standards	Core standard Compliance- self assess- ment tool; Self assessment report	A count of Regional hospitals assessed against the core standards.	Not implementing self- assessments due to competing priorities	Process	Number	Annual	No	Higher number indicates better compliance with the core standards in Regional Hospitals	Hospital Programme Manager

PROGRAMME 4.2: PERFORMANCE INDICATORS FOR TB HOSPITALS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Inpatient Separations – Total	Recorded completion of treatment and/or the accommodation of a patient in hospital. Separations include inpatients who were discharged, transferred out to other hospitals or who died as well as day Patients.	Monitoring the service volumes	DHIS, facility registers	**Sum of:** • Inpatient deaths, • Inpatient discharges, • Inpatient transfer out and • Day patients in hospitals	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Less patient deaths and an increase in cured patients or those who complete treatment and are discharged	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
2. Patient Day Equivalent (PDE)	Patient day equivalent is weighted combination of inpatient days, day patients, OPD and Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD & Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as an equivalent to one inpatient day	Monitoring the service volumes	DHIS, facility registers	**Sum of:** • Inpatient days –total, • 1/2 Day patients • 1/3 OPD headcount – total and • 1/3 Emergency Headcount	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Efficient use and improved utilisation of hospitals and greater reliance on public health system	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Average length of stay in TB hospitals	Average number of patient days that an admitted normal TB patient spends in TB hospital before s/he is separated.	To monitor the efficiency of TB hospitals	DHIS & Facility Registers	**Numerator** Inpatient days + 1/2 Day patients **Denominator** Separations = **Sum of** • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Ratio	Quarterly	No	High efficiency levels and good quality of hospital care	Hospital Programme Manager
4. Average length of stay in TB hospital for MDR TB patients	Average number of patient days that an admitted MDR TB patient spends in TB hospital before s/he is separated.	To monitor the efficiency of TB hospitals	DHIS & Facility Registers	**Numerator** Inpatient days + 1/2 Day patients **Denominator** Separations = **Sum of:** • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Ratio	Quarterly	No	High efficiency levels and good quality of hospital care	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5. Average length of stay in TB Hospitals for XDR patients	Average number of patient days that an admitted XDR TB patient spends in TB hospital before s/he is separated.	To monitor the efficiency of TB hospitals	DHIS & Facility Registers	**Numerator** Inpatient days + 1/2 Day patients **Denominator** Separations = **Sum of** • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Ratio	Quarterly	No	High efficiency levels and good quality of hospital care	Hospital Programme Manager
6. Inpatient Bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of TB hospital beds	DHIS & Facility Registers	**Numerator** Inpatient days + 1/2 Day patients **Denominator** Number of usable bed days (Inpatient beds * 30.42)	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Inpatient Bed utilisation rate

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
7.Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Tracks the average cost to hospital to manage a patient	BAS, DHIS, facility registers	*Numerator* Total Expenditure in hospital *Denominator* Patient Day Equivalent (PDE)*	Quality and accurate reporting of both hospital expenditure and PDE	Output	Ratio	Quarterly	No	Reasonable cost that demonstrate efficient use of financial resources whilst providing quality health care	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
8. Complaint Resolution within 25 working days rate	Complaints of clients of TB Hospital Services resolved within 25 days of receipt as a percentage of the total complaints received in a given time period	To monitor the management of clients' complaints in hospitals	DHIS, Complaints Registers	**Numerator** Total number of complaints resolved within 25 days of receiving complaint **Denominator** Total number of complaints during the same time period	Accuracy of information is dependent on the completeness of reporting	Output	Percentage	Quarterly	No	High percentage resolution levels that reflects good clinical governance	Hospital Programme Manager
9. Mortality and morbidity review rate	Percentage of TB hospitals conducting monthly Mortality and Morbidity Meetings (3 per quarter)	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Record or minutes of meetings	**Numerator** Number of TB hospitals holding Mortality and Morbidity meetings every month **Denominator** Constant of 1	Accuracy dependant on quality of data from reporting facility	Process	Percentage	Quarterly	No	Higher percentage suggests good clinical governance	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
2.2.5 Number of TB Hospitals conducting clinical audits	A count of TB hospitals conducting clinical audits at least once a month	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Clinical Audit Reports	***Numerator*** Number of TB hospitals conducting clinical audits at least once a month ***Denominator*** Constant of 1	Accuracy dependant on quality of data from reporting facilities	Process indicator with focus on Quality and efficiency	Number	Quarterly	No	Higher percentage suggests better clinical governance	Hospitals Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.12 Percentage of TB Hospitals conducting gap assessments for compliance with the National Core Standards	Number of TB Hospitals that have submitted results of one self-assessment conducted of compliance with standards as a proportion of all TB Hospitals	Monitors whether TB Hospitals are measuring their own level of compliance with standards in order to close gaps in preparation for external audit	Assessment tool, assessment reports	**Numerator** Number of TB Hospitals submitting self assessment reports **Denominator** Total number of TB Hospitals	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in TB Hospitals	Quality Assurance Manager
1.3.13 Percentage of TB Hospitals that have developed annual QIPs based on their assessment	Numbers of TB Hospitals hat have submitted a plan to improve quality as a proportion of all TB Hospitals	Monitors whether TB Hospitals are developing a plan to close gaps identified during self-assessment	Signed quality improvement plans	**Numerator** Number of TB Hospitals submitting a quality improvement plan **Denominator** Number of TB Hospitals conducting a self-assessment	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in TB Hospitals	Quality Assurance Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Annual Indicators											
10. Hospital Patient Satisfaction rate	The percentage of users that participated in the TB Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the TB Hospital users	PSS Forms, PSS Report	***Numerator*** Total number of users that were satisfied with the services rendered in TB Hospitals ***Denominator*** Total number of users that participated in the Client Satisfaction Survey (in TB Hospitals)	Generalizabi lity depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in TB Hospital services	Hospitals Programme Manager
11. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Account of TB Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the 6 priority areas of the core standards	Core standard Compliance self-assessment tool; assessment report	***Numerator*** Total number of TB hospitals assessed against the core standards. ***Denominator*** Total number of TB hospitals in the province	Not implementing self assessments due to completing priorities	Process	Number	Annual	No	Higher number indicates better compliance with the core standards in TB Hospitals	Hospital Programme Manager

PROGRAMME 4.3: PERFORMANCE INDICATORS FOR SPECIALISED PSYCHIATRIC HOSPITALS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Average length of stay	Average number of patient days that an admitted patient spends in hospital before s/he is separated.	To monitor the efficiency of the hospital	DHIS & Facility Registers	***Numerator*** Inpatient days + 1/2 Day patients ***Denominator*** Separations = ***Sum of*** • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Ratio	Quarterly	No	High efficiency levels and good quality of hospital care	Specialised Hospitals Programme Manager
2. Inpatient Bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of specialised hospital beds	DHIS & Facility Registers	***Numerator*** Inpatient days + 1/2 Day patients ***Denominator*** Number of usable bed	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Specialised Hospitals Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Patient Day Equivalent (PDE)	Patient day equivalent is weighted combination of inpatient days, day patients, OPD and Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD & Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as an equivalent to one inpatient day	Monitoring the service volumes	DHIS, facility registers	***Sum of:*** • Inpatient days –total, • 1/2 Day patients • 1/3 OPD headcount – total and • 1/3 Emergency Headcount	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Efficient use and improved utilisation of hospitals and greater reliance on public health system	Specialised Hospitals Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4.Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, OPD, and Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in mental hospitals in the province	BAS, DHIS, facility registers	**Numerator** Total Expenditure in specialised hospitals **Denominator** Patient Day Equivalent (PDE)*	Quality and accurate reporting of both hospital expenditure and PDE	Process	Ratio	Quarterly	No	Lower rate indicating efficient use of financial resources.	Specialised Hospitals Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5. Complaint Resolution within 25 working days rate	Percentage of complaints of users of Mental Hospital Services resolved within 25 days of receipt	To monitor the management of the complaints in Mental Hospitals	DHIS, Complaints register	**Numerator** Total number of complaints resolved within 25 days of receipt during the quarter **Denominator** Total number of complaints received during the quarter	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Process	Percentage	Quarterly	No	Higher percentage suggest better management of complaints	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4.2.2 Number of Mental Hospitals conducting clinical audits	A count of Mental hospitals conducting clinical audits at least once a month	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Clinical Audit Reports	Number of Mental hospitals conducting clinical audits at least once a month	Accuracy dependant on quality of data from reporting facilities	Process indicator with focus on quality and efficiency	Number	Quarterly	No	Higher percentage suggests better clinical governance	Specialised Hospitals Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.3.14 Percentage of Psychiatry Hospitalsconducting gap assessments for compliance with the National Core Standards	Number of Psychiatry Hospitals that have submitted results of one self-assessment conducted of compliance with standards as a proportion of all Psychiatry Hospitals	Monitors whether Psychiatry Hospitals are measuring their own level of compliance with standards in order to close gaps n preparation for external audit	Assessment tool, assessment reports	**Numerator** Number of Psychiatry Hospitalssubmitting self assessment reports **Denominator** Total number of Psychiatry Hospitals	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in Psychiatry Hospitals	Quality Assurance Manager
1.3.3 Percentage of Psychiatry Hospitals that have developed annual QIPs based on their assessment	Number of Psychiatry Hospitals that have submitted a plan to improve quality as a proportion of Psychiatry Hospitals	Monitors whether Psychiatry Hospitals are developing a plan to close gaps identified during self-assessment	Signed Quality Improvement plans	**Numerator** Number of Psychiatry Hospitals submitting a quality improvement plan **Denominator** Number of Psychiatry Hospitals conducting a self-assessment	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in Psychiatry Hospitals	Quality Assurance Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Annual Indicators											
6. Hospital Patient Satisfaction rate	The percentage of users that participated in the Mental Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the specialised Hospital users	PSS Forms, PSS Reports	*Numerator* Total number of users that were satisfied with the services rendered in Mental Hospitals *Denominator* Total number of users that participated in the Client Satisfaction Survey	Generaliza-bility depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Regional Hospital services	Hospital Programme Manager
7. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	A count of Mental Hospitals assessed for compliance against the 6 priorities of core standards	Tracks the levels of compliance against the 6 priority areas of the core standards	Core standard compliance self-assessment tool; Self-assessment report	*Numerator* Total number of Mental hospitals assessed against the core standards. *Denominator* Constant of 1	Not implementing self assessment due to completing priorities	Process	Number	Annual	No	Higher number indicates better compliance with the core standards in Specialised Hospitals	Hospital Programme Manager

PROGRAMME 5: PERFORMANCE INDICATORS FOR TERTIARY HOSPITAL SERVICES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Delivery by Caesarean section rate	Caesarean section deliveries in hospital expressed as a percentage of all deliveries in that hospital	Track the performance of obstetric care in hospitals	DHIS, facility registers	**Numerator** Number of Caesarean sections performed in hospital **Denominator** Total number of deliveries in hospital	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Safe delivery for both mother and baby	Hospitals Programme Manager
2. Inpatient Separations - Total	Recorded completion of treatment and/or the accommodation of a patient in hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died as well as day Patients.	Monitoring the service volumes	DHIS, facility registers	**Sum of:** • Inpatient deaths, • Inpatient discharges, • Inpatient transfer out and • Day patients in hospitals	Accuracy dependant on quality of data from reporting facility	Output	Numbers	Quarterly	No	Less patient deaths and an increase in cured patients or those who complete treatment and are discharged	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
3. Patient Day Equivalent (PDE)	Patient day equivalent is weighted combination of inpatient days, day patients, OPD and Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD & Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as an equivalent to one inpatient day	Monitoring the service volumes	DHIS, facility registers	*Sum of:* • Inpatient days –total, • 1/2 Day patients • 1/3 OPD headcount – total and • 1/3 Emergency Headcount	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Efficient use and improved utilisation of hospitals and greater reliance on public health system	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
4. OPD Headcount - Total	A headcount of all outpatients attending an outpatient clinic in a hospital.	Monitoring the service volumes	DHIS & Facility Registers	Sum of patient headcount from various OPD clinics in a hospitals	Accuracy dependant on quality of data from reporting facility	Output	Number	Quarterly	No	Increased access to appropriate levels of care and greater reliance on public health system	Hospitals Programme Manager
5. Average length of stay (ALOS)	Average number of patient days that an admitted patient spends in hospital before s/he is separated.	To monitor the efficiency of the hospital	DHIS & Facility Registers	**Numerator** Inpatient days + 1/2 Day patients **Denominator** Separations = **Sum of** • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Ratio	Quarterly	No	High efficiency levels and good quality of hospital care	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
6. Inpatient Bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of district hospital beds	DHIS & Facility Registers	**Numerator** Inpatient days + 1/2 Day patients **Denominator** Number of usable bed days (Inpatient beds * 30.42)	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Inpatient Bed utilisation rate
7. Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, OPD, and emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of	Tracks the average cost to hospital to manage a patient	BAS, DHIS, facility registers	**Numerator** Total Expenditure in hospital **Denominator** Patient Day Equivalent (PDE)	Quality and accurate reporting of both hospital expenditure and PDE	Output	Ratio	Quarterly	No	Reasonable cost that demonstrate efficient use of financial resources whilst providing quality health care	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
	0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day										
8. Complaint Resolution within 25 working days rate	Complaints of clients of Central / Tertiary Hospital Services resolved within 25 days of receipt as a percentage of the total complaints received in a given time period	To monitor the management of clients' complaints in hospitals	DHIS, Complaints Registers,	**Numerator** Total number of complaints resolved within 25 days of receiving complaint **Denominator** Total number of complaints during the same time period	Accuracy of information is dependent on the completeness of reporting	Output	Percentage	Quarterly	No	High percentage resolution levels that reflects good clinical governance	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
9. Mortality and morbidity review rate	Percentage of Central/Tertiary hospitals conducting monthly Maternal Mortality and Morbidity Meetings	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Record or minutes of meetings held by the health facility	***Numerator*** Number of Regional hospitals conducting Maternal Mortality and Morbidity meetings every month ***Denominator*** Total number of Central/ Tertiary hospitals	Accuracy dependant on quality of data from reporting facility	Process	Percentage	Quarterly	No	Higher percentage suggests good clinical governance	Hospital Programme Manager
1.1.11 Percentage of Tertiary Hospitals conducting gap assessments for compliance with the National Core Standards	Number of Tertiary Hospitals that have submitted results of one self-assessment conducted of compliance with standards as a proportion of all Tertiary Hospitals	Monitors whether Tertiary Hospitals are measuring their own level of compliance with standards in order to close gaps n preparation for external audit	Assessment tool, assessment Report	***Numerator*** Number of Tertiary Hospitals submitting self assessment reports ***Denominator*** Total number of Tertiary Hospitals	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in Tertiary Hospitals	Quality Assurance Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.1.12 Percentage of Tertiary Hospitals that have developed annual QIPs based on their assessment	Number of Tertiary Hospitals that have submitted a plan to improve quality as a proportion of all Tertiary Hospitals	Monitors whether Tertiary Hospitals re developing a plan to close gaps identified during self-assessment	Signed Quality Improvement Plans	***Numerator*** Number of Tertiary Hospitals submitting a quality improvement plan ***Denominator*** Number of Tertiary Hospitals conducting a self-assessment	Dependent on accuracy of reporting facilities	Process	Percentage	Annual	Yes	High Numbers indicates better compliance with core standards in Tertiary Hospitals	Quality Assurance Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.7.1 Number of oncology patients treated	Count of patients with cancer treated in Central/Tertiary hospitals	Tracks the cancer patient volume treated in Central/Tertiary hospitals	DHIS (1.3 NTSG data file), Facility Register	**Numerator** Number off oncology patients treated **Denominator** Constant of 1	Relies on accurate collection and reporting of data	Output with special focus to access	Number	Quarterly	No	Improved access to tertiary services for cancer patients in the province	Hospitals Programme Manager
1.7.2 Number of haematology patients treated	Count of haematology patients treated in Central/Tertiary hospitals	Tracks the haematology patients volumes in Central/Tertiary hospitals	DHIS (1.3 NTSG data file), Facility Register	**Numerator** Number of hematology patients treated **Denominator** Constant of 1	Relies on accurate collection and reporting of data	Output with special focus on access	Number	Quarterly	No	Improved access to tertiary services for EC population	Hospitals Programme Manager
3.1.2 Perinatal mortality rate (expressed per 1000 total births)	This is the sum of early neonatal deaths (deaths of a baby within the 1st 7 days of life) and fetal deaths (stillbirths) expressed per 1000 total births.	Monitors trends in pregnancy outcomes and efficiencies in obstetric service delivery	DHIS, facility registers	**Numerator** Sum of still births and early neonatal deaths in facility during reporting period **Denominator** Total births at facility during the same time period (x 1000)	Indicator relies on quality of data and reporting	Outcome with special focus on efficiency	Rate (No per 1000 total births)	Quarterly	No	Low perinatal Mortality rate that will reflect favourable pregnancy outcomes and improved maternal and obstetric service	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
10. Hospital Patient Satisfaction Rate	The percentage of users that participated in tertiary Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the tertiary Hospital users	PSS Forms, PSS Report	**Numerator** Total number of users that were satisfied with the services rendered in tertiary Hospital **Denominator** Total number of users that participated in the Client Satisfaction Survey in Central/ tertiary hospital	Generalisability depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction with Hospital services	Hospital Programme Manager
11. No of Hospitals assessed for compliance with the core standards	A count of Tertiary Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the 6 priority areas of the core standards	Core standard Compliance self-assessment tool; Self-assessment report	A count of Tertiary hospitals assessed against the core standards.	Not implementing self-assessments due to competing priorities	Process	Number	Annual	No	Higher number indicates better compliance with the core standards in Tertiary Hospitals	Hospital Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.7.3 Minimum number of designated tertiary services provided per tertiary hospital	This is a count of tertiary services provided in the province's tertiary hospitals	Tracks the progress in implementation of designated tertiary service's package in Central/ Tertiary hospitals	DHIS (1.3 NTSG data file), Facility Register	*Numerator* Number of designated tertiary services provided *Denominator* Constant of 1	Non-availability of specialised doctors may hinder provision of some services	Output with focus on access	Number	Quarterly	Yes	Provision of full tertiary service package by EC tertiary hospitals and to increase access to tertiary service for EC population	Central / Tertiary hospitals Programme Manager

PROGRAMME 6: PERFORMANCE INDICATORS FOR HEALTH SCIENCES TRAINING

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1. Intake of nurse students	Number of nurses entering the first year of nursing college	Tracks the training volumes of nurses	Registers	Count of first year intake	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges	Process	Number	Annual	No	Higher levels of intake are desired, to increase the availability of nurses in future	Lilitha Nursing College Principal
2. Students with bursaries from the province	Number of students awarded bursaries by the provincial department of health	Tracks the numbers of health science students sponsored by the Province to undergo training as future health care providers	DoH bursars database	Count of bursars	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	Number	Annual	No	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	HRD Programme Manager
3. Basic nurse students graduating	Number of students who graduate from the basic nursing course	Tracks the production of nurses	Mark schedule	Count of basic nurse students who will be graduating from the basic nursing course	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges	Output	Number	Annual	No	Desired performance level is that higher numbers of nursing students should be graduating	Lilitha Nursing College Principal

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.5 Number of Post-basic nurses graduated	Number of post basic nurses graduated from Lilitha College of Nursing in a year	Tracks the number of post basic nurses graduated in the Province	Mark Schedules	Count of post basic nurse students who graduated	Database of post basic nurses not updated	Output	Number	Annual	No	Higher number indicates increase in the post basic number of nurses in the Province in order to improve quality of health care	Lilitha Nursing College Principal
5.5.6 Number of one year midwifery course nurses graduated	Number of one year midwifery course nurses graduated	Tracks the number of one year midwifery course nurses graduated in the Province	Mark Schedules	Count of one year midwifery course nurses who graduated	Database of one year midwifery course nurses not updated	Output	Number	Annual	No	Higher number indicates increase in the number of one year midwifery course nurses in the Province in order to improve quality of health care	Lilitha Nursing College Principal

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.7 Number of Clinical associate students graduated,	Students studying clinical associate programme at university	Tracks number of students studying clinical associate programme	Registers	Count of students graduated on clinical associate studies If you say graduated here then the indicator must reflect that as well like the other indicators above	Lack of access to the enrolment database at the University	Output	Number	Annual	No	Higher number indicates increase in the number of clinical associate students in the Province	HRD Programme Manager
5.5.8 Number of Registrars in training	Count of medical officers undergoing training to be specialists	Tracks number of doctors who are undergoing in the Province	Persal	Count of registrars	Delays in Persal update	Process	Number	Annual	No	Higher number would lead to increased numbers of specialists in the Province	HRD Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.9 Number of clinical technicians trained	Count of students trained as clinical technicians	Tracks capacity building efforts of province of clinical technicians	Registers	Count of clinical technicians trained	Database of clinical care technicians	Output	Number	Annual	No	Higher number indicates increase in the number of clinical technicians in the Province	HRD Programme Manager
5.5.10 Number of emergency care technicians undergoing training	Students doing emergency care programme	Tracks number of students studying emergency care programme	Mark Schedules	Count of students undergoing training on emergency care	Database of intermediate life support not updated	Output	Number	Annual	No	Higher number indicates increase in the number of emergency care technicians students in the Province	EMS Training College Principal
5.5.11 Number of intermediate life support practitioners graduated	Count of students completing and graduating intermediate life support programme	Tracks number of students completing intermediate life support programme	Mark Schedules	Count of students graduated on intermediate life support programme	Database of intermediate life support see indicator below not updated	Output	Number	Annual	No	Higher number indicates increase in the number of intermediate life support students in the Province	EMS Training College Principal

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
5.5.12 Number of rescue practitioners graduated	Count of students completing training and graduating in rescue programme	Tracks number of students completing rescue programme	Mark Schedules	Count of students graduated on rescue programme	Lack of access to the Mark Schedules	Output	Number	Annual	No	Higher number indicates increase in the number of rescue practitioners students in the Province	EMS Training College Principal

PROGRAMME 7: PERFORMANCE INDICATORS FOR HEALTH CARE AND SUPPORT

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.9.1 Percentage of eligible applicants supplied with wheelchairs	Clients supplied with wheelchair as a proportion of the total clients applying for wheelchairs expressed as a percentage	Tracks the degree to which the department is meeting the need for assistive devices in Province	DHIS, facility register	***Numerator*** Number of clients supplied with wheelchairs during reporting period ***Denominator*** Total clients applied and on waiting list to receive wheelchairs during same time period	Dependent on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to wheelchairs	Clinical support manager
1.9.2 Percentage of eligible clients supplied with hearing aids	Clients supplied with hearing aid as a proportion of the total clients applying for hearing, expressed as percentage aid	Tracks the degree to which the department is meeting the need for assistive devices in the Province	DHIS, facility register	***Numerator*** Number of clients supplied with hearing aid during reporting period ***Denominator*** Total clients applied and on waiting list to receive hearing aid during the same time period.	Dependent on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to hearing aid	Clinical support manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.9.3 Percentage of eligible applicants supplied with prostheses	Clients supplied with prostheses as a proportion of the total clients applying for prostheses, expressed as percentage	Tracks the degree to which the department is meeting the need for assistive devices in the Province	DHIS, facility register	**Numerator** Number of clients supplied with protheses during reporting period **Denominator** Total clients applied and on waiting list to receive protheses during the same time period.	Dependent on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to Protheses	Clinical support manager
1.9.4 Percentage of eligible applicants supplied with orthoses	Clients supplied with orthoses as	Tracks the degree to which the department is meeting the need for assistive devices in the Province	DHIS, facility register	**Numerator** Number of clients supplied with orthoses during reporting period **Denominator** Total clients applied and on waiting list to receive orthoses during the same time period.	Dependent on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to orthoses	Clinical support

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.10.1 Percentage of order fulfillment of essential drugs at the depots.	Drug orders fulfilled completely	Ensure availability essential drug in all facilities	MEDSAS	*Numerator* Number of order fulfilled completely *Denominator* Number of orders received X100	Poor maintenance of stock levels by depot	Output	Percentage	Quarterly	No	Availability of essential drugs at all facilities	Pharmaceutical services
1.10.2 Tracer drug stock out rate at the Depots	Hospital with drug stock out	Ensure availability of tracer drugs	Pharm asset register	*Numerator* Supplies/drugs out of stock *Denominator* All facilities reporting multiplied by the number x100	Poor maintenance of stock levels by depot	Output	Percentage	Quarterly	No	Low stock out rates	Pharmaceutical services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.10.3 Percentage supplies to depots received within contract lead time.	Depot supplies received from the suppliers	Ensure availability of drugs	MEDSAS	**Numerator** Drug supplies received by depot **Denominator** Total number of drugs supplies received X100	Failure to adhere to contractual agreement by supplier	Output	Percentage		No	Timely distribution of drugs from the supplier	Pharmaceutical services
1.10.4 Percentage facilities received their order supplies from depots within 5days	Drug supplies received by facilities within 5 days from the depot	Ensure availability of drugs	MEDSAS	**Numerator** Drug supplies received by facilities **Denominator** Total number of drugs supplies received X100	Unavailability of drugs and transport	Output	Percentage	Quarterly	No	Timely distribution of drugs from depot	Pharmaceutical services

PROGRAMME 8: PERFORMANCE INDICATORS FOR HEALTH FACILITIES MANAGEMENT

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.11.1 Number of clinics under renovation	Count of clinics where existing conditions were improved	Monitors infrastructur	Practical Completion Certificates	Count of clinics that are renovated	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of construction of clinics to improve access to PHC services	Infrastructure manager
1.11.2 Number of clinics under upgrading programme	Count of clinics where structural changes were made to the buildings	Monitor number of clinics upgraded to increase working space	Practical Completion Certificates	Count of clinics upgraded	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of upgrading of clinics to improve access to PHC services	Infrastructure manager
1.11.3 Number of district hospitals under upgrading programme	Count of district hospitals where structural changes were made to the buildings	Monitor number of district hospitals upgraded to increase accommo-dation for better service provision	Practical Completion Certificates	Count of District Hospitals upgraded	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of upgrading of district hospitals to improve District Hospitals services	Infrastructure manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.11.4 Number of TB hospitals under upgrading programme	Count of TB hospitals where structural changes were made to the buildings	Monitor number of TB hospitals upgraded to increase accommodation for better service provision	Practical Completion Certificates	Count of TB Hospitals upgraded	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of upgrading of district hospitals to improve TB Hospitals services	Infrastructure manager
1.11.5 Number of Provincial and tertiary hospitals under upgrading programme	Count of secondary and tertiary hospitals where structural changes were made to the buildings	Monitor number of secondary and tertiary hospitals upgraded	Practical Completion Certificates	Count of secondary and tertiary Hospitals upgraded	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of upgrading of secondary and tertiary hospitals to improve secondary and tertiary Hospital services	Infrastructure manager
1.11.6 Number of Psychiatric hospitals under upgrading programme	Count of Psychiatric hospitals where structural changes were made to the buildings	Monitor number of Psychiatric hospitals upgraded to increase accommodation for better service provision	Practical Completion Certificates	Count of Psychiatric Hospitals upgraded	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of upgrading of Psychiatric hospitals to improve Psychiatric Hospitals services	Infrastructure manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.11.7 Number of Nursing Colleges under renovation prpgramme	Count of clinics where existing conditions were improved	Monitors infrastructur	Practical Completion Certificates	Count of Nursing Colleges that are renovated	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of construction of Nursing Colleges to improve functionality of Nursing Colleges	Infrastructure manager
1.11.8 Number of hospitals under revitalization programme	Count of hospitals with structural changes and improvement of conditions are done under the national DOH revitalization programme	Monitor number of hospitals under revitalization programme	Practical Completion Certificates	Count of hospitals revitalised	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Improved functionality of hospitals	Infrastructure manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
1.11.9 Number Emergency Medical Services under upgrading programme	Count of Emergency Medical Services where structural changes were made to the buildings	Monitor number of Emergency Medical Services upgraded to increase accommodation for better service provision	Practical Completion Certificates	Count of Emergency Medical Services upgraded	Accuracy and adherence to B6	Process with specific focus on access	Number	Quarterly	No	Completion of upgrading of district hospitals to improve functionality of Emergency Medical Services	Infrastructure manager
1.12.1 Number of water and sanitation plants upgraded	Water and sanitation plants that are upgraded	Monitor number of water and sanitation plants upgraded	Practical Completion Certificates	Number of sanitation plants upgraded	Accuracy and adherence to B6	Output	Number	Quarterly	No	Completion of water and sanitation plants upgrading	Infrastructure manager
1.12.2 Number of facilities provided with engineering services (electro-mechanical)	Count of facilities that have been provided with engineering services (& general and equipment maintenance, electricity etc.)	Tracks the number of facilities provided with engineering services	Monthly report per region	Count of facilities provided with engineering services	Accuracy and adherence to B6	Process	Number	Quarterly	Yes	Large number of facilities provided with engineering services lead to improved functionality of health facilities	Infrastructure manager