ANNEXURE 1(E)

ANNUAL PERFORMANCE PLAN

2010/11 – 2012/13

ANNEXURE 1 (E): INDICATOR DEFINITIONS AND DATA ELEMENTS - ANNUAL PERFORMANCE PLAN

PART A

Table 2 (A1): Trends in Key Provincial Service Volumes – District Health Services

Indicator	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
PHC headcount in PHC facilities. *Output indicator*	Number of PHC patients seen during the reporting period in PHC facilities (Clinics and CHC's). Each patient is counted once for each day they visit the facility, regardless of the number of services provided on the day(s) they were seen.	Total headcount.	Total cumulative	DHIS	Quarterly	Track the PHC uptake at PHC facilities for the purpose of allocating budgets, staff and other resources. Also to monitor utilisation in relation to revitalisation of PHC services.	Increased PHC uptake may indicate a changing burden of disease, improved health seeking behaviour, greater reliance on public health services, improved availability of services at PHC level, clients accessing healthcare at the appropriate levels, effective referral system, etc.	Accuracy depends on the reliability of patient records at facility level, effective data flow, and effectiveness of the DHIS system.	DHS & District Managers.
OPD headcount in District Hospitals. *Output indicator*	The total number of patients visiting out-patients in District Hospitals.	Sum total of OPD specialist headcount + OPD general headcount in District Hospitals.	Total cumulative	DHIS	Quarterly	Monitor service volumes in District Hospitals to inform HR and other resource allocation. Might also refer to the effectiveness and utilisation of PHC services.	Higher levels of uptake may indicate an increased burden of disease and greater reliance on the public health system. Leveling off might be an indication of improved referral and utilisation of PHC services.	Accuracy depends on the reliability of hospital record management, effective data flow, verification and feedback.	DHS and Hospital Managers.
Hospital separations. *Output indicator*	Recorded completion of treatment and/or accommodation of patients in District Hospitals. Separations include in-patients that were discharged, transferred out to other hospitals or died (including day-patients).	Sum total of In-patient deaths + in-patient discharges + in-patient transfers out + day-patients in District Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in District Hospitals.	High levels of uptake may indicate an increased burden of disease, changed disease profiles, greater reliance on public health system, etc.	Accuracy depends on the quality of data from reporting facilities, effective data flow, verification & feedback.	DHS and Hospital Managers.

Table 3 (A2): Progress towards the Millennium Development Goals

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Prevalence of underweight children under-5 years. *Outcome indicator*	The percentage of children under-5 years that were weighed and presented with an episode of growth faltering or growth failure during the reporting period.	<u>Numerator</u> Number of children under-5 years weighed who had an episode of growth faltering/ failure during the reporting period. <u>Denominator</u> Number of children under-5 years weighed during the reporting period.	%	DHIS	Quarterly	Growth monitoring in children under-5 years to identify and manage children with signs of growth faltering or failure.	Monitor the prevalence of underweight in children under-5 years.	Accuracy and data quality from reporting facilities, effective data system, validation of data.	Nutrition & MC&WH Managers.
Incidence of severe malnutrition in children under-5 years. *Outcome indicator*	The number of children who weigh below 60% expected weight for age (new cases that month) per 1 000 children in the target population.	<u>Numerator</u> Severe malnutrition under 5 years - new ambulatory. <u>Denominator</u> Population under 5 years.	% per 1 000 population	DHIS Stats SA	Annual	Monitor incidence of severe malnutrition as part of monitoring the progress towards the MDG's.	To plan, evaluate and monitor the outcome of integrated nutrition programmes with lower incidence indicating improved nutritional status of children under-5 years.	Population estimates from Stats SA and accurate reporting from facilities.	MC&WH and Nutrition Managers.
Under-5 mortality rate. (New) *Outcome indicator*	The number of children who have died between birth and their fifth birthday, expressed per 1 000 live births.	<u>Numerator</u> Children less than 5 year old who die in one year. <u>Denominator</u> Live births during the reporting year.	Ratio per 1000 live births	SADHS	Annual	Routine monitoring of child deaths is very important to monitor progress towards MDG 4.	Tracking progress towards the MDG's.	Empirical data is provided by the SADHS every 5 years.	MC&WH Manager.
Child mortality rate. (New) *Outcome indicator*	The number of children who have died between birth and their fifth birthday, expressed per 1 000 live births.	<u>Numerator</u> Number of children who died before five years of age. <u>Denominator</u> Live births in facility.	Ratio per 1000 live births	SADHS	Annual	Monitor children deaths on a routine basis to monitor progress towards MDG 4.	Tracking progress towards the MDG's.	Empirical data is provided by the SADHS every 5 years.	MC&WH Manager.
Infant mortality rate. (New) *Outcome indicator*	Number of children less than one year old who die in one year, per 1 000 live births during that year.	<u>Numerator</u> Number of children less than one year old who die in one year. <u>Denominator</u> Total number of live births during that year.	Ratio per 1000 live births	SADHS	Annual	Monitor trends in infant mortality.	Tracking progress towards MDG's.	Empirical data are available from the SADHS, which is conducted every 5 years.	MC&WH Manager.
Proportion of 1-year old children immunised against measles. *Output indicator*	Percentage of children under 1 year who received their first measles dose at the age of 9 months.	<u>Numerator</u> Measles 1st dose before the age of 1 year. <u>Denominator</u> Population under 1 year.	%	DHIS Stats SA	Quarterly	Monitor the number of children who received their measles vaccine before the age of 1 year.	Increased proportion of children immunised against measles to eliminate measles.	Reliant on accurate population estimates from Stats SA and reliable reporting from facilities.	MC&WH & EPI Managers.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Maternal mortality rate. (New) *Impact indicator*	Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year, per 100 000 live births during that year.	Numerator Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year. Denominator Total number of live births during that year.	Rate per 100 000 live births	SADHS	Empirical data are provided by the SADHS every 5 years	Monitor trends in maternal mortality.	Lower maternal mortality rate to achieve MDG 5.	Data are not frequently available specifically referring to deaths outside public health facilities. Empirical data are available from the SADHS, which is conducted every 5 years.	MC&WH Manager.
Proportion of births attended by skilled health personnel. (New) *Quality indicator*	Percentage of women who gave birth in the 5 years preceding the South African Demographic Survey (SADHS) who reported medical assistance at delivery from a doctor, nurse or midwife.	Numerator Number of women who gave birth in the 5 years preceding the SADHS who reported medical assistance at delivery from a doctor, nurse or midwife. Denominator Total number of women who gave birth in the 5 years preceding the SADHS.	%	SADHS	Every 5 years	Monitor trends in maternal health.	More births attended to by skilled health personnel are desired to reduce complications during delivery and post partum period which may result in avoidable morbidity and mortality.	Data are not frequently available with empirical data from the SADHS every 5 years.	MC&WH Manager.
HIV prevalence among 15-24 year old pregnant women. (New) *Outcome indicator*	Percentage of women aged 15-24 years surveyed testing positive for HIV.	Data are available from the annual National HIV and Syphilis Prevalence Survey (conducted on antenatal women).	%	Antenatal HIV & Syphilis Survey	Annual	Track prevalence of HIV in women of reproductive age to determine the effectiveness of programmes to combat HIV and AIDS in South Africa.	Reduced incidence is expected with successful prevention programmes – prevalence will therefore be monitored.	Reflects prevalence in surveyed ANC women, not entire population.	MC&WH & HAST Managers.
Contraceptive prevalence rate. (New) *Output indicator*	Percentage of women of reproductive age (15-49) who are using (or whose partner is using) a modern contraceptive method.	Data available from the 5-year SADHS. The indicator is not monitored routinely.	%	SADHS	SADHS every 5 years	Track the use of modern contraception amongst women of reproductive age.	Higher contraceptive prevalence levels are desired to improve women's health and combat HIV & AIDS through use of dual contraception.	Empirical data are only available every 5 years from the SADHS.	MC&WH Manager.
Mother to child transmission rate. (New) *Outcome indicator*	The proportion of babies on the PMTCT Programme who tested positive for HIV.	Numerator Number of PMTCT babies tested positive for HIV. Denominator Number of PMTCT babies tested for HIV.	%	DHIS	Quarterly	Track mother-to-child transmission of HIV to determine effectiveness of prevention and treatment programme.	Increase number of mothers on PMTCT to reduce MTCT of HIV.	Data quality and completeness from reporting facilities.	HAST, MC&WH and PMTCT Managers.
Proportion of Tuberculosis cases detected and cured under directly observed treatment (DOTS). *Outcome indicator*	Percentage of patients who are proved to be cured using smear microscopy at the end of their treatment.	Numerator New smear positive cured. Denominator New smear positive newly registered.	**%**	ETR.net	Quarterly	Track the success of efforts to combat Tuberculosis in South Africa.	Higher percentage indicate better cure rate.	Accuracy and data quality from reporting facilities, effective data system, validation.	TB Manager.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Malaria fatality rate. *Outcome indicator*	Deaths from malaria as a percentage of the number of cases reported.	<u>Numerator</u> Deaths from malaria. <u>Denominator</u> Malaria cases reported.	Rate	Notifiable Conditions database	Quarterly	Monitor the number of deaths caused by malaria.	Lower percentage indicates a decrease in the burden of malaria.	Accuracy is dependent on the quality of data from health facilities.	CDC & Environmental Health Managers.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Medical Officers per 100 000 people. *Input indicator*	Number of filled Medical Officer (MO) posts on the last day of March per 100 000 people.	Numerator Filled Medical Officer posts. Denominator Total population.	Ratio per 100 000 population	Persal Stats SA	Annual	Track the number of filled MO posts to monitor the availability of Human Resources.	Increase in the number of MO contributes to improving access and quality of clinical care.	Dependant on accuracy of Persal data and population estimates from Stats SA.	HRMS Manager.
Number of Medical Officers per 100 000 people in rural districts. *Input indicator*	Number of filled MO posts in rural districts on the last day of March per 100 000 people.	Numerator Filled MO posts in rural districts. Denominator Total population in rural districts.	Ratio per 100 000 population in rural districts	Persal Stats SA	Annual	Track the number of filled MO posts in rural districts, as part of monitoring the availability of Human Resources in Rural Districts and assessing urban /rural equity.	Increase in the number of MO in rural districts contributes to improving equity, access to and quality of clinical care n rural district.	Dependant on accuracy of Persal data and population estimates from Stats SA.	HRMS Managers.
Number of Professional Nurses per 100 000 people. *Input indicator*	Number of filled Professional Nurse (PN) posts on the last day of March per 100 000 people.	Numerator Filled Professional Nurse posts. Denominator Total population.	Ratio per 100 000 population	Persal Stats SA:	Annual	Track the number of filled PN posts as part of monitoring the availability of Human Resources.	Increase in the number of PN's contributes to improved access and quality of health services.	Dependant on accuracy of Persal data and population estimates from Stats SA.	HRMS Manager.
Number of Professional Nurses per 100 000 people in rural districts. *Input indicator*	Number of filled PN posts in rural districts on last day of March per 100 000 people.	Numerator Filled Professional Nurse posts in rural districts. Denominator Total population in rural districts.	Ratio per 100 000 population in rural districts	Persal Stats SA:	Annual	Track the number of filled PN posts in rural districts to monitor the availability of Human Resources in Rural Districts and urban /rural equity.	Increase in the number of PN's in rural districts contributes to improving equity, access and quality of health services in rural districts.	Dependant on accuracy of Persal data and population estimates from Stats SA.	HRMS Manager.
Number Pharmacists per 100 000 people. *Input indicator*	Number of filled Pharmacist posts on last day of March per 100 000 people.	Numerator Filled Pharmacist posts. Denominator Total population.	Ratio per 100 000 population	Persal Stats SA	Annual	Track the number of filled Pharmacist posts to monitor availability of Human Resources.	Increase in the number of Pharmacists contributes to improved efficiency and quality of health services.	Dependant on accuracy of Persal data and population estimates from Stats SA.	HRMS Manager.
Number Pharmacists per 100 000 people in rural districts. *Input indicator*	Number of filled Pharmacist posts in rural districts on the 31st of March per 100 000 people.	Numerator Filled Pharmacist posts in rural districts. Denominator Total population.	Ratio per 100 000 population in rural districts	Persal Stats SA	Annual	Track the number of filled Pharmacist posts in rural districts to monitor the availability of Human Resources in Rural Districts and assessing urban / rural equity.	Increase in the number of Pharmacists in rural districts lead to better quality of care.	Dependant on accuracy of Persal data and population estimates from Stats SA.	HRMS Manager.
Vacancy rate for Professional Nurses. *Process indicator*	Percentage of vacant PN posts, against funded posts on the staff establishment on the 31st of March.	Numerator Total number of vacant PN posts on 31st of March. Denominator Total number of funded PN posts on the establishment.	%	Persal	Quarterly	Track the number of filled PN posts to monitor availability of PN's to render services as per service delivery platform.	Decreased vacancy rates will improve availability and quality of services.	Dependant on accuracy of Persal data.	HRMS Manager.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Vacancy rate for Doctors. *Process indicator*	Percentage of vacant Doctors posts against funded posts on the staff establishment on the 31st of March.	Numerator Total number of vacant Doctors posts on 31 March. Denominator Total number of funded Doctors posts on the establishment.	%	Persal	Quarterly	Track the number of filled Doctors posts to monitor availability of Doctors to render services as per service delivery platform.	Decreased vacancy rates will improve availability and quality of services.	Dependant on accuracy of Persal data.	HRMS Manager.
Vacancy rate for Medical Specialists. *Process indicator*	Percentage of vacant Medical Specialists posts against funded posts on the establishment on the 31st of March.	Numerator Total number of vacant Medical Specialists posts on 31st of March. Denominator Total number of funded Medical Specialist posts on the establishment.	%	Persal	Quarterly	Track the number of filled Medical Specialists posts to monitor availability of Human Resources to render the appropriate package of services.	Decreased vacancy rates will improve availability and quality of services.	Dependant on accuracy of Persal data.	HRMS Manager.
Vacancy rate for Pharmacists. *Process indicator* .	Percentage of vacant Pharmacists posts against funded posts on the establishment on the 31st of March.	Numerator Total Number of vacant Pharmacists posts on 31st of March. Denominator Total number of funded Pharmacist posts on the establishment.	%	Persal	Annual	Track the number of filled Pharmacist posts to monitor availability of Human Resources to respond to service delivery needs.	Decreased vacancy rates will improve availability and quality of services.	Dependant on accuracy of Persal data.	HRMS Manager.
Attrition rate for Professional Nurses. *Process indicator*	Percentage of PN's in a post at the start of the reporting period that leave the province during the reporting period.	Numerator Professional Nurse posts that becomes vacant during the reporting period. Denominator Filled Professional Nurse posts at the start of the reporting period.	%	Persal	Annual	Track the rate at which the Department loses Professional Nurses.	Reporting of lower figures is desired because it reflects lower rates of attrition (losses) which is to the benefit of services.	Dependant on accuracy of leave management systems and Persal data.	HRMS Manager.
Absenteeism for Professional Nurses. *Process indicator*	Percentage of working days lost through sickness of PN's.	Numerator Sick days for Professional Nurses. Denominator Total working days for Professional Nurses.	%	Persal	Annual	To monitor the number of working days lost through absenteeism of PN's.	Low absenteeism reflects better management of sick leave and healthier workforce.	Depends on a well functioning leave management system.	HRMS Manager.
Aligned and approved Strategic Plan implemented. (New) *Process indicator*	Strategic Plan (2010-2014) aligned with NHS 10-Point Plan and MTSF Priorities signed off and tabled as per Treasury Regulations.	Approved Strategic Plan for 2010-2014 tabled as per Treasury Regulations.	Yes/ No	Strategic Planning records	Quarter 1 2010/11	Monitor compliance with Treasury Regulations and National DOH requirements.	Provide strategic vision for the 5-year planning cycle.	None.	Strategic Planning Manager.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Aligned and approved Annual Performance Plan (APP) tabled. *Process indicator*	Annual APP aligned with Strategic Plan, NHS 10-Point Plan and MTSF Priorities signed off and tabled annually as per National Health Act 2003 and Treasury Regulations.	Approved annual APP tabled as per Treasury Regulations.	Yes/ No	Strategic Planning records	Annual (Quarter 1)	Monitor compliance with National Health Act 2003 and Treasury Regulations.	Provide necessary leadership in implementation and monitoring of national and provincial priorities based on evidence-based needs.	None.	Strategic Planning Manager.
Number of District Health Plans (DHP's) aligned and approved. (New) *Process indicator*	Annual DHP's developed and approved in line with National Health Act 2003 requirements and incorporating Provincial priorities as per APP.	Approved annual DHP's as per National Health Act 2003 requirements and National DOH submission dates.	Yes/ No	Strategic Planning records	Annual (Quarter 1)	Monitor compliance with National Health Act 2003 and National DOH requirements.	Unified action in addressing health priorities and needs.	None.	Strategic Planning & District Managers.
Approved STP implemented. *Process indicator*	Long-term transformation plan for Provincial health services, aligned with the NHS 10-Point Plan, to improve effectiveness and efficiency of public health services in the Province.[1]	Approved and published STP.	Yes/ No	Strategic Planning records	Annual 2010/11	To provide long-term strategic leadership for transformation of Provincial health services.	Improved equity, effectiveness and efficiency of public health services in response to health needs in the Province.	Financial resource limitations (due to over-expenditure and current cost saving measures) may impact on intended implementation schedule.	Strategic Planning Manager.
Number of District Managers who have signed national delegations of authorities. (New) *Input indicator*	Delegations make provision for a decentralised operation model to improve service delivery, reduce bottlenecks and improve accountability.	Number of District Managers who formally signed delegation of authorities.	Number	HRMS records	Annual	Monitor compliance with management practices.	Reduce bottlenecks in service delivery and improve accountability.	Delays in approval of reviewed delegations (National Health Council – National DOH process).	HRMS and District Managers.
Number of Hospital Managers who have signed Performance Agreements. (New) *Input indicator*	Hospital Managers sign Performance Agreements aligned with the APP priorities.	Number of Hospital Managers with signed Performance Agreements.	Number	HRMS records	Annual	Monitor compliance.	Improve accountability for service delivery outcomes as per Performance Agreements at operational level.	None.	HRMS & Hospital Managers.
Number of Head Office Managers (level 13 and above) who have signed Performance Agreements. *Input indicator*	Managers sign Performance Agreements aligned with priorities referred to in the Annual Performance Plan.	Number of Head Office Managers with signed Performance Agreements.	Number	HRMS records	Annual	Monitor compliance.	Improve accountability for service delivery outcomes as per Performance Agreements.	None.	HRMS Manager.
KZN Health Act (1 of 2009) Regulations promulgated. (New) *Output indicator*	Regulations finalised and promulgated for commencement of the KZN Health Act of 2009.	Regulations promulgated.	Regulations promulgated	Legal Service database	Annual 2010/11	Monitor completion and promulgation of Regulations.	Commencement of the KZN Health Act (1 of 2009).	None.	Legal Service Manager.

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[1] The STP includes the following long-term plans (chapters): Service Delivery Plan; Service Delivery Platform; Human Resources Plan; Quality Improvement Plan; Infrastructure Plan; Infrastructure Plan; Medicine Supply and Management Plan; Information, Communication, Technology & Health Information Systems Plan; Communication and Mass Mobilisation Plan; Research & Development Plan; and Health Financing Plan

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Unqualified audit opinion for financial statements. (New) *Outcome indicator*	The Auditor General of South Africa (AGSA) declares the Annual Financial Statements compliant with the PFMA and Treasury Regulations.	Unqualified audit opinion by the AGSA.	Audit opinion	Annual Report	Annual	Monitor improved financial management and compliance with the PFMA.	Improved financial management and compliance with PFMA.	Accuracy of financial data (especially at district/ facility level).	CFO & Finance Manager.
Expenditure within budget. (New) *Outcome indicator*	Expenditure within allocated budget.	Numerator Expenditure. Denominator Allocated budget.	Rand	BAS	Annual	Monitor expenditure trends.	Expenditure within budget in compliance with PFMA and Treasury Regulations.	Accuracy of financial data (especially capturing at district/ facility level).	CFO & Finance Manager.
Annual District Health Expenditure Reviews (DHER's) completed. *Input indicator*	Analysis and review of expenditure trends at district/ facility level in compliance with the National Health Act 2003 and PFMA imperatives.	Number of approved DHER's submitted.	Number	Strategic Planning records	Annual	Monitor compliance with the National Health Act 2003 and PFMA imperatives in respect of DHER submissions.	Annual review and analysis of expenditure trends at district & facility levels.	Limited technical support at Provincial level. Being addressed by partnership with Health Systems Trust (HST).	CFO & District, Facility Managers.
% contracts compliant with legal prescripts. (New) *Output indicator*	All contracts compliant with legal prescripts.	Numerator Number of contracts compliant with legal prescripts. Denominator Number of contracts.	%	Contract database	Quarterly	Monitor compliance with legal prescripts.	Improved compliance and value for money.	Accuracy of database and monitoring schedule.	Supply Chain & Legal Services Managers.
Percentage assets accounted for in composite Asset Register. (New) *Output indicator*	All assets recorded in Asset registers in compliance with National & Provincial prescripts.	Numerator Assets accounted for in Asset Registers. Denominator Number of transactions.	%	Asset Register	Quarterly	Monitor compliance with National & Provincial prescripts.	Accurate financial disclosure of assets in the Annual Financial Statements.	Accuracy of Asset Registers.	Supply Chain Manager.
Accurate financial disclosure of inventory and assets in Annual Financial Statements. (New) *Output indicator*	Financial disclosure of assets based on actual.	Financial disclosure based on assets in Asset Register.	Yes/ No	Annual Financial Statements	Annual	Monitor financial disclosure for Annual Financial Statements.	Unqualified audit opinion.	Accuracy of Asset Registers.	Supply Chain Manager.
Annual Departmental Risk Profile (Operational & Strategic). (New) *Output indicator*	Identify strategic and operational risks in the Department and monitor interventions to mitigate identified risks.	Risk Profile.	Yes/ No	Audit & Risk records	Quarterly	Monitor strategic & operational risks.	Timeous identification and response to strategic and operational risks.	Appropriate systems and processes to identify risks.	Audit & Risk Manager.
Number of audit queries attended to before 31st of July annually. (New) *Output indicator*	Audit queries by the AGSA and Treasury investigated and reports submitted to the AGSA and Treasury.	Audit query reports.	Number	Audit & Risk records	Annual	Track responses to audit queries.	All audit queries adequately investigated and reported.	None.	Audit & Risk Manager.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Review audits conducted before 31 March annually. (New) *Output indicator*	Follow-up on audit queries by the AGSA and Treasury to determine if necessary control measures have been put in place.	<u>Numerator</u> Number of audit queries followed up. <u>Denominator</u> Number of audit queries.	Number	Audit & Risk database	Annual	Track follow-up of audit queries.	All audit queries attended to appropriately to address challenges.	None.	Audit & Risk Manager.
Aligned Human Resources Plan (HRP) published. *Output indicator*	HRP based on the Public Service Regulations of 2001 (as amended) and aligned with the STP making provision for adequate human resources for delivery of effective and efficient health services.	Approved and published HRP.	Yes/ No	HRMS records	Annual	Monitor implementation of aligned HRP in support of transformation of Provincial health services.	Adequate provision for and development of human resources ensures effective and efficient service delivery at all levels of care.	Translation of provisions made in the HRP.	HRMS Manager.
Approved District HRP's. *Output indicator*	District HRP's based on the Public Service Regulations of 2001 (as amended), the Provincial HRP and district Human Resources needs.	Approved District HRP's.	Number	HRMS records	Annual	Track development and submission of District HRP's.	Adequate provision for and development of human resources at district level to ensure effective and efficient service delivery at operational level.	Translation of provisions in HRP.	HRMS Manager.
Persal data verified. (New) *Output indicator*	All personnel records verified in the Persal system.	Persal system aligned with actual personnel records.	Yes/ No	Persal	Annual	Verify Persal data to ensure accurate account of employees in the Department.	Verified records to reduce wasteful expenditure.	Persal data.	HRMS Manager.
Registrar training and retention included in Programme 6: Health Sciences and Training									
Unqualified audit opinion on performance information. (New) *Outcome indicator*	The AGSA declare the performance information in published reports accurate and a true reflection of performance.	Unqualified audit opinion by the AGSA.	Audit opinion	Annual Report	Annual	Monitor quality and accuracy of performance information.	Improved information management and reporting.	Effective systems and processes to ensure data completeness and quality at all levels of service delivery.	Data Management Manager.
Provincial Health Information Committee established and functional. (New) *Output indicator*	Committee established as per KZN Health Act (1 of 2009) to provide technical guidance and oversight in support of improved data management.	Provincial Health Information Committee.	Yes/ No	Provincial Health Information Committee minutes of meetings	Quarterly progress	Monitor compliance with the KZN Health Act (1 of 2009).	Committee provides technical guidance re information systems and management.	None.	Data Management Manager.
National PQRS total score. (New) *Output indicator*	National quality control process in support of improved data completeness and quality (relevant to Treasury indicators).	Total score.	%	Quarterly report[2]	Quarterly	Monitor improved data completeness and quality.	Improved data completeness and quality.	Reporting systems and accurate reporting from facilities.	M&E & Data Management Managers.

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[2] National DOH submit quarterly feedback on the quality of PQRS - scored according to specific national scoring criteria

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Master Systems Plan implemented. *Output indicator*	A comprehensive plan to coordinate implementation of information systems and processes to ensure effective utilisation of resources and improved data quality and utilisation.	Master Systems Plan (MSP).	Yes/ No	Master Systems Plan	Quarterly progress	Monitor implementation of the MSP as per approved Implementation Plan.	Effective utilisation of resources.	Funding to implement MSP.	Information Technology Manager.
Approved Monitoring & Evaluation (M&E) Framework implemented. (New) *Output indicator*	A framework to guide and accommodate results-based performance monitoring to track performance against strategic goals and objectives (aligned with NHS 10-Point Plan).	M&E Framework.	Yes/ No	M&E Framework	Annual	Monitor implementation of Framework as per Implementation Plan.	Improved results-based performance monitoring.	None.	Monitoring & Evaluation Manager.
Tabled Annual Report. *Output indicator*	Annual Report as per National Health Act 2003 to report on performance information relevant to the strategic goals, objectives and targets set in the Provincial Strategic Plan and APP.	Approved and tabled Annual Report.	Yes/ No	Tabled Annual Report	Annual	Monitor compliance with the National Health Act of 2003.	Compliance with National Health Act 2003 and Treasury timelines for submission of reports.	None.	Strategic Planning Manager.
4 Quarterly progress reports on the 10-Point Plan. (New) *Output indicator*	Results-based performance monitoring as per M&E Framework to track performance against targets set in the Strategic Plan and APP (aligned with the NHS 10-Point Plan).	Quarterly Reports.	Number	Quarterly Reports	Quarterly	Monitor submission of performance reports to track progress towards targets in APP (aligned with NHS 10-Point Plan).	Improved performance monitoring.	Recording and reporting from Programmes, Districts and Facilities.	Monitoring & Evaluation Manager.
Number of Clinic Committees (PHC and CHC) appointed.[3] (New) *Output indicator*	Clinic Committees established as per KZN Health Act (1 of 2009).	Number of Clinic Committees appointed.	Number cumulative (at 10% per annum)	Corporate Services database	Quarterly	Track appointment of Clinic Committees as per KZN Health Act (1 of 2009) imperatives.	Improved compliance with legislation to improve community consultation and participation at clinic level.	None.	Corporate Services & District Managers.
Number of Hospital Boards appointed. (New) *Output indicator*	Hospital Boards established as per KZN Health Act (1 of 2009).	Number of Hospital Boards appointed.	Number cumulative	Corporate Services database	Quarterly	Track appointment of Hospital Boards as per KZN Health Act (1 of 2009) imperatives.	Improved compliance with legislation to improve community consultation and participation at hospital level.	None.	Corporate Services & Hospital Managers.
Provincial Health Council established. (New) *Output indicator*	Provincial governance structure as per National Health Act 2003.	Provincial Health Council established.	Yes/ No	Corporate Services database	Annual	Monitor establishment of Council as per KZN Health Act (1 of 2009).	Compliance with KZN Health Act (1 of 2009) to improve community consultation & participation to improve health outcomes.	None.	Corporate Services Manager.

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[3] The appointment of Clinic Committees and Hospital Boards are included under Programme 1 as appointment is actioned at Head Office level. The appointment of interim committees/boards (currently in place) is actioned at district level

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Provincial Consultative Health Council convened annually. (New) *Output indicator*	Provincial governance structure convened as per National Health Act 2003 to improve social compact for health through participation and consultation.	Provincial Health Council convened.	Yes/ No	Corporate Services database	Annual	Monitor meetings with Provincial Health Council as per KZN Health Act (1 of 2009).	Improved social compact for better health outcomes.	None.	Corporate Services Manager.
Number of District Health Councils established. (New) *Output indicator*	District governance structures as per National Health Act 2003.	Number of District Health Councils established.	Number cumulative	Corporate Services database	Annual	Monitor establishment of District Councils as per KZN Health Act (1 of 2009).	Compliance with KZN Health Act (1 of 2009).	None.	Corporate Services Manager.
Number of District Consultative Health Councils convened annually. (New) *Output indicator*	District governance structure convened as per National Health Act 2003 to improve social compact for health through participation and consultation.	Number of District health Forums convened.	Number cumulative	Corporate Services database	Annual	Monitor meetings with District Health Councils as per KZN Health Act (1 of 2009).	Improved social compact for better health outcomes.	None.	Corporate Services Manager.

PROGRAMME 2: DISTRICT HEALTH SERVICES

PRIMARY HEALTH CARE SERVICES

Table 17 (DHS 3) and Table 18 (DHS 4)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Provincial PHC Strategy. (New) *Process indicator*	Revitalisation of PHC services to improve equity, availability, utilisation and effective utilisation of available resources. Establish PHC as primary vehicle for service delivery.	Reporting based on Implementation Plan. All PHC indicators will be relevant to assess impact of strategy.	Progress reports	Quarterly reports	Quarterly	Track progress with PHC revitalisation included as part of the STP Implementation Plan.	Improved equity and availability of PHC services to reduce service volumes at hospital level and improve community out-reach services.	Accuracy of reporting.	DHS & District Managers.
PHC budget as % of total budget. (New) *Input indicator*	PHC budget responding to revitalisation of PHC services to improve access, effectiveness and efficiency of PHC services based on the burden of disease and service delivery needs.	<u>Numerator</u> PHC budget per annum. <u>Denominator</u> Total budget per annum.	%	BAS Annual Financial Statements	Annual	Track financial allocation for PHC as percentage of total budget in response to PHC revitalisation plan.	Improved funding effect appropriate resource allocation in line with revitalisation plans.	None.	CFO & Finance Manager.
Expenditure per PHC headcount. *Efficiency indicator*	Expenditure on PHC per PHC headcount at Provincial PHC facilities.	<u>Numerator</u> Expenditure on PHC. <u>Denominator</u> PHC total headcount.	Rand	DHIS BAS	Quarterly	Track the cost of PHC visits to PHC facilities.	Lower expenditure could indicate efficient use of financial resources, inadequate budget allocation for PHC services, or inadequate provision for the basic package of PHC services.	Accuracy of headcount depends on the reliability of PHC records at facility level, and expenditure depends on the accuracy of financial records.	DHS and Finance Managers.
PHC total headcount. *Output indicator*	Number of PHC patients seen during the reporting period. Each patient is counted once for each day they attend the PHC facility, regardless of the number of services provided on the day(s) they were seen.	Sum total of PHC headcount during the reporting period.	Total cumulative	DHIS	Quarterly	Track the uptake of PHC services per PHC facility to inform resource allocation, assess overall utilisation patterns and monitor the shift towards improved equity of health services – in line with revitalisation of PHC services.	Increased uptake may indicate an increased burden of disease, greater reliance on the public health system, improved quality and more effective and efficient PHC services.	Accuracy of data depends on PHC record management at facility level as well as effective data flow and verification.	DHS and District Managers.
PHC total headcount – under-5 years. *Output indicator*	Number of PHC patients (under-5 years) seen during the reporting period. Each patient is counted once for each day they attend at the PHC facility, regardless of the number of services provided on the day(s) they were seen.	Sum total of PHC headcounts for under- 5 year old clients during the reporting period.	Total cumulative	DHIS	Quarterly	Track uptake of PHC services per PHC facility to inform resource allocation, assess the overall utilisation of PHC services and monitor the shift towards improved equity of health services and improved health behaviour – in line with revitalisation of PHC services.	Higher levels of uptake may indicate an increase in the burden of disease amongst children, greater reliance on the public health system, improved PHC and community-based services resulting in improved utilisation and entering the health system at appropriate levels.	Accuracy of data depends on PHC record management at facility level as well as effective data flow and verification.	DHS, District & MC&WH Managers.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Utilisation rate – PHC. *Output indicator*	Rate at which services are utilised by the target population, as the average number of visits per person (in the target population) per period.	Numerator PHC total headcount. Denominator Total population.	Rate annualised	DHIS Stats SA	Quarterly	Track the uptake of PHC services per PHC facility to inform allocation of resources and assess effectiveness of PHC revitalisation.	Higher uptake may indicate an increased burden of disease, greater reliance on public health system, improved health care system or improved community-based services.	Dependant on the accuracy of population estimates of the total population (Stats SA) as well as health records at facility level and appropriate verification processes.	DHS & District Managers.
Utilisation rate - PHC under 5 years. *Output indicator*	Rate at which services are utilised by children under-5 years, represented as the average number of visits per person (in the target population) per period.	Numerator PHC total headcount under-5 years. Denominator Total population under-5 years.	Rate annualised	DHIS Stats SA	Quarterly	Track the uptake of PHC services per PHC facility to inform the allocation of resources and assess effectiveness of PHC revitalisation.	Higher levels of uptake may indicate an increased burden of disease, greater reliance on public health system, improved health care system or improved community-based services.	Dependant on the accuracy of population estimates (Stats SA) as well as health records at facility level and appropriate verification processes.	DHS, District & MC&WH Managers.
Professional Nurse clinical workload . *Efficiency indicator*	The average number of patients a Professional Nurse (PN) consults per day. The average number of actual work days, used to perform PHC services in facilities, is used to calculate the indicator assuming that one actual workday is equivalent to an 8-hour day and 40 hours per week.	Numerator PHC total headcount minus curative cases seen by doctor (not referred). Denominator Professional Nurse clinical work days.	Average	DHIS	Quarterly	Track the number of patients a Professional Nurse consults per day.	Higher workload indicates better use of human recourses, although it may also be one of the reasons for poor quality of care. This must be assessed in relation to the disease profile and appropriate skills mix.	Accuracy depends on facility reporting as well as interpretation of the indicator.	DHS, District & HRMS Managers.
Doctor clinical workload. *Efficiency indicator*	Average number of patients a doctor (irrespective of rank) consults per day. The number of actual work days for doctors used to perform PHC services is used. One actual work day is equivalent to an 8-hour work day (40 hours per week).	Numerator PHC total headcount. Denominator Doctor clinical work days.	Average	DHIS	Quarterly	Track the number of patients a doctor consults per day.	Higher workload indicates better use of human recourses, although this must be assessed with due consideration to disease profiles, etc.	Accuracy dependant on quality of data from reporting facility and interpretation of indicator.	DHS, District & HRMS Managers.
Percentage of Community Health Centres (CHC's) with a resident doctor. (New) *Input indicator*	Percentage of CHC's that are supported by a resident doctor – a resident doctor being a doctor that is on the staff establishment of the CHC.	Numerator Total number of CHC's with a resident doctor. Denominator Total number of CHC's.	%	Persal	Quarterly	Track compliance with the national norms for PHC services.	All CHC's have a resident doctor in compliance with national norms and in line with the Provincial revitalisation strategy for PHC.	Accuracy dependant on the quality of Persal data.	DHS, District & HRMS Managers.
Percentage of fixed clinics supported by a doctor at least once a week. *Input indicator*	Percentage of fixed clinics (excluding CHC's) supported by a doctor at least once a week.	Numerator Total number of fixed clinics supported by a doctor once a week (excluding CHC's). Denominator Total number of fixed clinics (excluding CHC's).	%	Facility records	Quarterly	Track compliance with national norms for PHC.	All PHC services are supported by a doctor at least once a week in compliance with the revitalisation plan for PHC and the national norms.	Accuracy dependant on the quality of data from the reporting facility.	DHS and District Managers.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Community Health Workers (CHW's) receiving stipends. (New) *Input indicator*	Number of CHW's rendering health services at community level that are receiving stipends from the Department.	Sum total of registered CHW's that receive stipends.	Number	BAS District quarterly reports[4]	Quarterly	Monitor CHW's receiving stipends to improve the sustainability of CHW Programmes.	Increase the number of CHW's that receives monthly stipends.	Reporting at district level.	DHS and District Managers.
Number of accredited Health Promoting Schools (HPS). *Output indicator*	The number of schools that are formally accredited by an external Assessment Team as fully compliant with the national norms and standards for HPS.	Sum of the total number of schools formally accredited by an external assessment team as HPS.	Number cumulative	HPS database	Quarterly	Monitor implementation of HPS in line with the Ottawa Charter's 5 Action Areas to expand the role of learners as partners in health and improve accountability for health at household level.	Increase community participation in health programmes through partnerships and active community involvement.	Accuracy of database.	DHS, District and Health Promotion Managers.
School Health Services (SHS) coverage. *Output indicator*	The total number of schools (out of total number of schools) visited by a School Health Team for basic screening services and health promoting/ education during the reporting period.	<u>Numerator</u> Number of schools visited. <u>Denominator</u> Total number of schools.	% cumulative	District reporting[5]	Quarterly	Track the total number of schools that receive at least one SHS visit per year from an integrated School Health Team to render services as per Provincial School Health Services Policy.	Improved school health coverage as per Provincial School Health Services Policy Implementation Plan.	Accurate reporting at district level.	DHS, District & MC&WH Managers.
% of fixed PHC facilities with a monthly supervisory visit. *Quality indicator*	Percentage of fixed PHC facilities (PHC clinics and CHC's) that were visited by a supervisor at least once every month (official supervisor report completed).	<u>Numerator</u> Number of fixed PHC facilities visited by a supervisor this month. <u>Denominator</u> Total number of fixed PHC facilities times the number of months in the reporting period.	%	DHIS	Quarterly	Track the supervision visits to PHC facilities. Implicit in such a visit is a written visit report, feedback to facility staff and a Quality Improvement Plan.	Improved supervision and support to facilitate improved compliance with clinical protocols and quality standards.	Dependant on accurate reporting and monitoring of support visits.	All Managers.
Number of PHC clinics and CHC's accredited (by the National Accreditation Body). (New) *Outcome indicator*	The total number of PHC clinics/ CHC's accredited (out of the total number) by the National Accreditation Body as being compliant with the National Core Standards for Quality.[6]	Number of PHC clinics/ CHC's accredited.	Number cumulative	Quality Assurance database	Annual	Monitor implementation of Quality Improvement Plans towards compliance with National Core Standards to improve quality and deficiency of health services.	All PHC clinics and CHC's implement the National Core Standards towards accreditation.	Accuracy of National & Provincial database.	DHS, District & Quality Assurance Managers.

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[4] In the process to include the indicator as part of the web-based reporting system
[5] In the process of including data elements in DHIS and web-based reporting
[6] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of CHC's conducting annual Patient Satisfaction Surveys. *Output indicator*	The number of CHC's that conducted a Patient Satisfaction Survey (using the standard national template) in the last 12 months.	Number CHC's that conducted a Patient Satisfaction Survey the last 12 months.	Number	Quality Assurance database[7]	Annual	Measure patient satisfaction with health services.	Annual surveys inform Quality Improvement Plans and track performance towards improved quality and patient satisfaction.	Limitation not related to number of surveys conducted – rather the response to surveys and monitoring of outcomes.	Quality Assurance Managers.
Average patient waiting time in CHC's. (New) *Outcome indicator*	The average time that clients spent in CHC's from the time of arrival to the time that they receive the appropriate service.	**Numerator** Waiting time (in minutes/hours) during reporting period. **Denominator** Total patients visiting CHC during reporting period.	Hours	Waiting time survey	Annual	Monitor average patient waiting time to determine the efficiency and effectiveness of health services in direct relation to patient numbers and delivery of appropriate package of services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services. This is however directly related to appropriate placement of staff, skills mix and availability of appropriate resources to render services as per service delivery package.	Reporting on regular surveys.	District & CHC Managers.

DISTRICT HOSPITALS

Table 20 (DHS 6) and Table 21 (DHS 7)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of District Hospitals accredited. (New) *Outcome indicator*	The total number of District Hospitals accredited as compliant with the National Core Standards for Quality by the National Accreditation Body.[8]	Number of District Hospitals accredited.	Number cumulative	Provincial & National Database	Annual	Monitor implementation of the National Core Standards to improve the quality of services.	All District Hospitals implement the National Core Standards towards accreditation as per identified targets.	Accuracy of National & Provincial database.	District & Facility Managers.
Number of District Hospitals conducting annual Patient Satisfaction Surveys. *Quality indicator*	Number District Hospitals with a published Patient Satisfaction Survey in the last 12 months.	District Hospitals with a published Patient Satisfaction Survey in the last 12 months.	Number cumulative	Quality Assurance database	Annual	Measure the degree of patient satisfaction with service delivery in District Hospitals.	Improved patient satisfaction and quality in compliance with Batho Pele and Patient Rights Principles.	Accuracy dependant on quality of data from reporting facility.	Quality Assurance, Hospital & District Managers.
Average patient waiting time at OPD. (New) *Outcome indicator*	The average time that clients spent in OPD from the time they arrive to the time that they receive the appropriate health service.	**Numerator** Waiting time (in minutes/hours) during reporting period. **Denominator** Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor the efficiency and effectiveness of health services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services.[9]	Reporting on regular surveys.	District & CHC Managers.

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[7] This will be included in the web-based reporting system once operational – planned for 2010/11
[8] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure
[9] Waiting times also directly related to appropriate placement of staff, skills mix and availability of resources for the rendering of the appropriate package of services. Assessment will take this into consideration during analysis of performance

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Average patient waiting time at admissions. (New) *Outcome indicator*	The average time that clients spent in admissions from the time they arrive to the time that they are admitted.	<u>Numerator</u> Waiting time (in minutes/ hours) during reporting period. <u>Denominator</u> Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor the efficiency and effectiveness of health services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services.	Reporting on regular surveys.	District & CHC Managers.
Caesarean section rate at District Hospitals. *Output indicator*	Caesarean section deliveries in District Hospitals expressed as a percentage of all the deliveries in District Hospitals.	<u>Numerator</u> Number of caesarean sections performed in District Hospitals. <u>Denominator</u> Total number of deliveries in District Hospitals.	%	DHIS	Quarterly	Track the performance of obstetric care in District Hospitals.	Higher percentage of caesarean sections may be indicative of the burden of disease, and/or poorer quality of antenatal care.	Accuracy dependant on quality of data from the reporting facility and effective information system.	Hospital and MCWH Managers.
Number of District Hospitals with cost centres. (New) *Input indicator*	The number of District Hospitals with established cost centres to track expenditure.	Cumulative number of hospitals with cost centres.	Number cumulative	Finance quarterly report	Annual	Track the number of hospitals with cost centres to improve financial management.	All hospitals able to accurately monitor expenditure against allocated budgets.	None.	CFO & Finance Managers.
Number of CEO's who have signed the national delegation of authorities. (New) *Input indicator*	The number of Hospital Managers who signed the reviewed delegation of authorities in support of a decentralised operational model.[10]	Number of Hospital Managers who signed the national delegation of authorities.	Number cumulative	HRMS database	Annual	Track the number of Hospital Managers who officially signed the national delegation of authorities.	Improved accountability and reduction of bottlenecks in service delivery by implementing the decentralised operational model.	None.	HRMS & District Managers.
Average length of stay in District Hospitals. *Efficiency indicator*	Average number of patient days that an admitted patient spent in a District Hospital before separation.	<u>Numerator</u> In-patient days + 1/2 day patients in District Hospital. <u>Denominator</u> Total separations in District Hospital.	Days	DHIS	Quarterly	Monitor the efficiency of District Hospitals.	A low average reflects high levels of efficiency, although it must be interpreted in the context of the burden of disease and available resources. High levels of efficiency (length of stay) might compromise quality of care in some instances.	Dependent on facility reporting, effective data systems and verification processes.	DHS and Hospital Managers.
Bed utilisation rate (based on usable beds) in District Hospitals. *Efficiency indicator*	Patient days during the reporting period expressed as a percentage of the sum of daily number of usable beds.	<u>Numerator</u> In-patient days + 1/2 day patients in District Hospital. <u>Denominator</u> Number of usable bed days in District Hospital. (Usable beds x number of days in the reporting period).	%	DHIS	Quarterly	Track the over/ under utilisation of District Hospital beds.	Higher bed utilisation indicates efficient use of resources and/or increased burden of disease.	Accurate reporting of daily usable beds.	DHS and Hospital Managers.

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[10] The National DOH is reviewing the delegations after which it will be approved by the NHC before it can be implemented at provincial level. Until such time as it is approved, the Managers will sign Provincial delegations

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Total separations in District Hospitals. *Output indicator*	Recorded completion of treatment and/or the accommodation of a patient in District Hospitals. Separations include in-patients who were discharged, transferred out to other hospitals or who died and includes day-patients.	Sum of In-patient deaths + in-patient discharges + in-patient transfers out + day-patients in District Hospital.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in District Hospitals.	High levels of uptake may be an indication of the burden of disease or greater reliance on the public health system.	Dependent on facility reporting, effective data systems and verification processes.	DHS and Hospital Managers.
Patient day equivalent in District Hospitals. *Output indicator*	Patient day equivalent is a weighted combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[11]	Sum of In-patient days + 1/2 day patients + 1/3 OPD total headcount + 1/3 emergency headcount in District Hospital.	Total cumulative	DHIS	Quarterly	Monitor the service volumes at District Hospitals.	High levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Dependent on facility reporting, effective data systems and verification processes.	DHS and Hospital Managers.
OPD total headcount in District Hospitals. *Output indicator*	Headcount of all out-patients attending the out-patient clinic at District Hospital.	Sum of OPD specialist headcount + OPD general headcount in District Hospital.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in District Hospitals.	High levels of uptake may indicate an increased burden of disease, or greater reliance on public health system.	Dependent on facility reporting, effective data systems and verification processes.	DHS Manager.
Expenditure per patient day equivalent (PDE) in District Hospitals. *Efficiency indicator*	Average cost per patient day equivalent in District Hospitals. This is a weighted combination of in-patient days, day-patients, and OPD and emergency headcount. All hospital activity is expressed as equivalent to 1 in-patient day.	Numerator Total expenditure in District Hospital. Denominator Patient day equivalent (PDE).	Rate	BAS DHIS	Quarterly	Track the expenditure per PDE in District Hospitals.	Lower rate indicate efficient use of financial resources.	Dependent on facility reporting, effective data systems (including BAS) and verification processes.	DHS and Hospital Managers.

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[11] In-patient 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 is expressed as a equivalent to one in-patient day

HIV & AIDS, STI'S AND TB CONTROL

Table 24 (HIV 1) and Table 25 (HIV 2)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
HIV incidence. (New) *Impact indicator*	New HIV infections.	<u>Numerator</u> New HIV infections. <u>Denominator</u> Total population.	%	Scientific Community	Annual projections	Monitor the impact of HIV & AIDS Programmes on HIV incidence.	Reduction in HIV incidence will indicate positive behaviour change.	Dependence on external data sources for information.	HAST Manager.
Total number of registered ART clients on treatment. *Output indicator*	Number of HIV+ qualifying patients on an ART.	Cumulative total of the number of patients on ART.	Total cumulative	CCMT[12]	Quarterly	Track the number of patients receiving ART.	Higher total indicates a larger HIV+ population on treatment.	Data quality and completeness from reporting facilities.	District & HAST Managers.
% qualifying HIV-positive patients on ART. (New) *Output indicator*	The proportion of HIV-positive clients who qualify for ART based on the HIV policy (including new changes announced on the 1st of December 2009) on the appropriate treatment regime.	<u>Numerator</u> The number of HIV-positive qualifying patients on a treatment regime. <u>Denominator</u> The total number of HIV-positive clients qualifying for treatment.	%	HIV database[13]	Annual	Track performance against the National Strategic Plan targets and monitor the effectiveness of the HIV & AIDS Programme.	HIV-positive qualifying patients have access to appropriate treatment.	Data quality and completeness from reporting facilities.	District & HAST Managers.
% people with HIV-TB co-morbidity initiated on ART at a CD4 count of 350 or less. (New) *Output indicator*	The proportion of HIV-TB co-infected clients initiated on ART at a CD4 count of 350 or less.	<u>Numerator</u> HIV-TB co-infected clients with a CD4 count of 350 or less on ART. <u>Denominator</u> Total HIV-TB co-infected clients.	%	HIV database	Quarterly	Track implementation of the HIV & AIDS policy and monitor management of integrated HIV and TB programmes.	All HIV-TB co-infected patients receive treatment and care as per policy guidelines.	Data quality and completeness from reporting facilities.	District, HAST and TB Managers.
Fixed facilities with any ARV medicine stock out. *Process indicator*	Percentage of facilities with stock outs of any ARV medicines at any time during the reporting period.	<u>Numerator</u> Fixed facilities with any ARV medicines stock out. <u>Denominator</u> Number of fixed facilities.	%	DHIS	Quarterly	Monitor shortages in ARV medicines.	Targeting zero stock out rate to ensure availability of medicines for all qualifying patients.	Data quality and completeness from reporting facilities.	District, HAST and Pharmacy Managers.
Percentage of clients tested for HIV to those counselled (excluding antenatal). *Input indicator*	The percentage of clients (excluding antenatal clients) that received pre-test counselling that accepted testing and was tested for HIV.	<u>Numerator</u> Number of clients tested for HIV (excluding antenatal clients). <u>Denominator</u> Number of clients that receive pre-test counselling (excluding antenatal clients).	%	DHIS	Quarterly	Monitor the HIV testing rate (excluding antenatal).	Improved testing rate is an indication of increased awareness and less missed opportunities.	Data quality and completeness from reporting facilities.	District & HAST Managers.

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[12] Included in DHIS for monitoring in 2010/11
[13] All HIV indicators will be incorporated into DHIS and the web-based reporting system

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Male condom distribution rate. *Process indicator*	Number of male condoms distributed per male population 15 years and older.	**Numerator** Male condoms distributed within the Province. **Denominator** Male population 15 years and older.	Rate	DHIS	Quarterly	Track condom distribution especially in relation to new HCT strategy.	Higher distribution rate indicates better contraceptive measures which should lead to a decrease in the HIV incidence.	Indicator reliant on accuracy of population estimates from Stats SA.	HAST & MC&WH Managers.
STI partner treatment rate. *Output indicator*	The percentage of partners of STI cases that receive treatment.	**Numerator** STI partner treated new episode. **Denominator** STI treated new episode.	%	DHIS	Quarterly	Monitor successful treatment of STI's i.e. treatment of both the index patient and partners.	Improved partner treatment rates should contribute to decrease in STI's and HIV.	Accurate capturing and reporting of new episodes of STI's.	HAST Manager.
Number of neonatal males circumcised (male medical circumcision). (New) *Output indicator*	The number of male newborns circumcised as proportion of total male live births.	**Numerator** Number of neonates circumcised. **Denominator** Number of male live births.	Total cumulative	DHIS	Quarterly	Monitor male medical circumcision strategy to reduce HIV incidence.	Reduce HIV incidence.	Data quality and completeness from reporting facilities.	HAST and MC&WH Managers.
Number of adult males circumcised (male medical circumcision). (New) *Output indicator*	The number of males circumcised (male medical circumcision) as proportion of males between 15 – 49 years old – assuming an acceptance rate of 80%.	**Numerator** The number of males 15 – 49 years circumcised. **Denominator** Number of males 15 – 49 years.	Total cumulative	DHIS Stats SA	Quarterly	Strategy to reduce HIV incidence and transmission.	Reduce HIV incidence and transmission.	Data quality and completeness from reporting facilities. Accurate population estimates by Stats SA.	HAST Manager.
Mother to child transmission rate. (New) *Outcome indicator*	The proportion of babies on the PMTCT Programme who tested positive for HIV.	**Numerator** Number of PMTCT babies tested positive for HIV. **Denominator** Number of PMTCT babies tested for HIV.	%	DHIS	Quarterly	Track mother-to-child transmission of HIV to determine effectiveness of prevention and treatment programmes.	Increase number of mothers on PMTCT to reduce MTCT of HIV.	Data quality and completeness from reporting facilities.	HAST and PMTCT Managers.
% of pregnant women tested for HIV. *Output indicator*	The proportion of pregnant women who are tested for HIV during the ANC period.	**Numerator** Number of ANC clients tested for HIV. **Denominator** Total number of ANC clients.	%	DHIS	Quarterly	Track the number of ANC clients tested for HIV in support of improved PMTCT Programme and reduction of maternal mortality.	Increased testing will have an impact on the success of the PMTCT and HIV Programme.	Data quality and completeness from reporting facilities.	MC&WH, PMTCT & HAST Managers.
% of eligible pregnant women placed on HAART. *Output indicator*	HIV-positive antenatal (ANC) clients initiated on HAART as a proportion of HIV-positive antenatal clients with CD4 count under the specified threshold and/or WHO staging of 4.	**Numerator** Number of HIV-positive ANC clients initiated on HAART during current pregnancy. **Denominator** Number of HIV-positive ANC clients with a CD4 count under the specified threshold and/or a WHO staging of 4.	%	DHIS	Quarterly	Monitor the effective implementation of the PMTCT Programme.	All pregnant HIV-positive or exposed women receive appropriate treatment as per PMTCT Policy & Protocol.	Data quality and completeness from reporting facilities.	MC&WH and PMTCT Managers.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Antenatal client Nevirapine uptake. *Output indicator*	HIV positive antenatal clients (not on HAART) who took Nevirapine (NVP) during labour as a proportion of live births to HIV positive women.[14]	**Numerator** Number of ANC client who took Nevirapine during labour. (Only clients who took NVP during labour counted). **Denominator** Live births to HIV-positive women.	%	DHIS	Quarterly	Monitor implementation of dual therapy.	Increased uptake to prevent MTCT.	Data quality and completeness from reporting facilities.	PMTCT Manager.
Antenatal client initiated on AZT during antenatal care. *Process indicator*	Antenatal clients who tested positive for HIV during current pregnancy (not on HAART) initiated on AZT during antenatal care.	**Numerator** Number of ANC clients initiated on AZT. **Denominator** Number of ANC clients (not on HAART) HIV test positive – total.	%	DHIS	Quarterly	Monitor implementation of dual therapy.	Increased uptake of AZT to prevent MTCT.	Data quality and completeness from reporting facilities.	PMTCT Manager.
Proportion of HIV exposed babies initiated on AZT prophylaxis. *Output indicator*	The proportion of live babies born to known HIV positive mothers who were initiated on AZT prophylaxis for 7 or 28 days after birth. The treatment lasts for 7 days in cases where the mother received optimal PMTCT or HAART prophylaxis; and for 28 days where the mother received sub-optimal PMTCT or HAART.	**Numerator** Number of babies born to HIV positive women receiving AZT prophylaxis for 7 or 28 days. **Denominator** Number of live births to HIV positive women.	%	DHIS	Quarterly	Track the provision of AZT prophylaxis to babies born to known HIV positive mothers.	Increased uptake reflects improved access to AZT for babies born to HIV+ mothers.	Data quality and completeness from reporting facilities.	PMTCT Manager.
Newborn baby AZT uptake. **NB:** This indicator was identified as a Treasury indicator. Due to a policy change it will however not be monitored.	Babies (including BBA's and known home deliveries) initiated on AZT within 72 hours after birth as a proportion of live births to HIV positive women.	**Numerator** Babies given AZT within 72 hours after birth. **Denominator** Live births to HIV positive women.	%	DHIS	Quarterly	Monitor implementation of dual therapy.	Higher percentage indicate better AZT uptake for babies.	Data quality and completeness from reporting facilities.	PMTCT Manager.
Newborn baby NVP uptake. *Process indicator*	Babies (including BBA's and known home deliveries) receiving Nevirapine within 72 hours after birth as a proportion of live births to HIV positive women.	**Numerator** Babies given Nevirapine within 72 hours after birth. **Denominator** Live births to HIV positive women.	%	DHIS	Quarterly	Monitor implementation of dual therapy.	Higher percentage indicate better NVP uptake for babies.	Data quality and completeness from reporting facilities.	PMTCT Manager.

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[14] Live births include babies born before arrival (BBA) at health facilities and babies born outside health facilities. Live birth is a baby, irrespective of the duration of the pregnancy, who breathes or shows any other signs of life after birth

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
TB cure rate. *Outcome indicator*	Percentage of new smear positive PTB cases cured at first attempt.	<u>Numerator</u> New smear positive TB cases cured. <u>Denominator</u> New smear positive TB cases newly registered.	%	ETBR	Quarterly	Monitor the TB cure rate to determine the effectiveness of the TB Programme.	Improved cure rate.	Accuracy dependant on quality of data from reporting facilities.	TB Manager.
PTB 2month smear conversion rate. *Outcome indicator*	The percentage of new smear positive PTB clients who converted to smear negative after being on treatment for 2 months.	<u>Numerator</u> New smear positive PTB clients who converted to smear negative at 2 months. <u>Denominator</u> New smear positive PTB clients registered.	%	ETBR	Quarterly	Track the morbidity and mortality due to TB and the routine sputum collection in all TB patients at 2 months.	Higher smear conversion rates will lead to better TB outcomes.	Accuracy is dependent on accurate completion of the ETBR at facility level.	TB Manager.
TB treatment interruption rate. *Output indicator*	Percentage of smear positive PTB cases that interrupt or default on their TB treatment.	<u>Numerator</u> All smear positive TB cases defaulted. <u>Denominator</u> All smear positive newly registered TB cases.	%	ETBR	Annual	Monitor treatment compliance of TB patients in support of treatment programmes success.	Lower levels of interruption reflect improved case holding.	Accuracy is dependent on accurate completion of the ETBR at facility level.	TB Manager.
TB sputa results received in less than 48 hours. *Quality indicator*	Percentage of TB sputa tests completed with turn-around time of less than 48 hours.	<u>Numerator</u> TB sputa specimens with turn-around time less than 48 hours. <u>Denominator</u> All TB sputa specimens.	%	ETBR	Quarterly	Monitor the turnaround times of sputa samples as part of successful treatment programmes.	Higher percentage indicate effective treatment programme.	Accuracy of capturing the date/time sampled dispatched and/or received.	TB Manager.
New MDR TB cases reported (% change).	The number of new MDR TB cases reported in a specific period compared to previous reporting period.	<u>Numerator</u> New MDR TB cases reported. <u>Denominator</u> Number of MDR TB cases in previous reporting period.	%	ETBR	Annual	Monitor the new MDR TB cases reported.	Reduced number of MDR TB expected with scaled up TB Programme.	Accuracy of reporting and recording.	TB Manager.
New XDR TB cases reported (% change).	The number of new XDR TB cases reported in a specific reporting period compared with previous reporting period.	<u>Numerator</u> Number XDR TB cases reported. <u>Denominator</u> Number of XDR TB cases in previous reporting period.	%	ETBR	Annual	Monitor the new XDR TB cases reported.	Reduced number of XDR TB expected with scaled up TB Programme.	Accuracy of reporting and recording.	TB Manager.

MATERNAL, CHILD & WOMEN'S HEALTH AND NUTRITION

Table 28 (MCWH 1) and Table 29 (MCWH 2)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Severe malnutrition under 5 year incidence. *Output indicator*	The number of children who weigh below 60% expected weight for age (new cases that month) per 1 000 children in the target population.	Numerator Severe malnutrition under 5 years - new ambulatory. Denominator Population under 5 years.	Per 1000 population	DHIS Stats SA	Annual	Monitor the incidence of severe malnutrition as part of monitoring progress towards MDG 1 and 4.	To plan, evaluate and monitor the outcome of integrated nutrition programmes with lower incidence indicating improved nutritional status of children less than 5 years.	Accurate population estimates from Stats SA.	MC&WH and Nutrition Managers.
Vitamin A coverage under 1 year. *Output indicator*	Percentage of children under 1 year who received Vitamin A supplement at the age of 6 months (before 12 months).	Numerator Vitamin A supplement to 6-11 months infant. Denominator Population under 1 year.	%	DHIS Stats SA	Quarterly	Monitor the Vitamin A coverage of children less than 1 year as component of programmes to improve child health.	Higher coverage indicates better nutritional support to children less than 1 year.	Reliant on accurate population estimates from Stats SA, accurate reporting from facilities and effective data system.	Nutrition & MC&WH Managers.
Vitamin A coverage 12–59 months. *Output indicator*	Percentage of children 12-59 months receiving vitamin A 200,000 units twice a year.	Numerator Vitamin A supplements to 12-59 months children. Denominator Population under-5 years.	%	DHIS Stats SA	Annual	Monitor the Vitamin A coverage of children less than 5 years as component of programmes to improve child health.	Higher coverage indicates better supplementation to children less than 5 years in support of improved child health.	Reliant on accurate population estimates from Stats SA, accurate reporting from facilities and effective data system.	Nutrition & MC&WH Managers.
Infant mortality rate (under 1 year). (New) *Outcome indicator*	Number of children less than one year old who die in one year, per 1000 live births during that year.	Numerator Number of children less than one year old who die in one year. Denominator Total number of live births during that year.	Ratio per 1000 live births	SADHS	Annual	Monitors trends in infant mortality to determine progress towards MDG 4.	Tracking progress towards MDG's.	Empirical data are available from the SADHS, which is conducted every 5 years.	MC&WH Manager.
Child mortality rate (under-5 years). (New) *Outcome indicator*	Number of children under 5 years who die in one year, per 1000 live births during that year.	Numerator Number of children under 5 years who die in one year. Denominator Total number of live births during that year.	Ratio per 1000 live births	SADHS	Annual	Monitors trends in child mortality to track performance towards MDG 4.	Tracking progress towards MDG's.	Data are not frequently available with empirical data available every 5 years from the SADHS.	MC&WH Manager.
Number of diarrhoea cases – children under 5 years. (New) *Outcome indicator*	The total number of diarrhoea cases (children under 5 years) seen in public health facilities.	Number of children under 5 years reporting with diarrhoea during reporting period.	Number	DHIS	Quarterly	Monitor the trend in diarrhoea cases – link with rotavirus vaccine coverage and child mortality (MDG 4).	Track progress towards MDG's.	Quality of data from reporting facility and effective reporting system.	MC&WH Manager.
Number of pneumonia cases – children under 5 years. (New) *Outcome indicator*	The total number of pneumonia cases (children under 5 years) seen in public health facilities.	Number of children under 5 years reporting with pneumonia in reporting period.	Number	DHIS	Quarterly	Monitor the trend in pneumonia cases – link with pneumococcal vaccine coverage and child mortality (MDG 4).	Track progress towards MDG's.	Quality of data from reporting facility and effective reporting system.	MC&WH Manager.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Immunisation coverage under 1 year. *Output indicator*	Percentage of all children under 1 year that complete their primary course of immunisation during the reporting period.[15]	<u>Numerator</u> Children fully immunised under 1 year. <u>Denominator</u> Population under 1 year.	% annualised	DHIS Stats SA	Quarterly	Monitor effective implementation of the Extended Programme in Immunisation (EPI).	Higher percentage indicates better immunisation coverage reducing the risk of vaccine preventable conditions (MDG 4).	Reliant on accurate population estimates from Stats SA.	MC&WH & EPI Managers.
Measles coverage under 1 year. *Output indicator*	Percentage of children under 1 year who received their first measles vaccine at 9 months (under 1 year).	<u>Numerator</u> Measles 1st dose before 1 year. <u>Denominator</u> Population under 1 year.	%	DHIS Stats SA	Quarterly	Monitor the measles coverage.	Higher percentage indicates better measles coverage to eliminate measles (MDG 4).	Reliant on accurate population estimates from Stats SA.	MC&WH & EPI Managers.
Pneumococcal 1st dose coverage under 1 year. (New) *Output indicator*	Percentage of children under 1 year who received the Pneumococcal 1st dose at 6 weeks.	<u>Numerator</u> Pneumococcal vaccine at 6 weeks (under 1 year). <u>Denominator</u> Population under 1 year.	%	DHIS Stats SA	Quarterly	Monitor the Pneumococcal vaccine coverage and trends in pneumonia cases seen at facility level.	Higher coverage is expected to have an impact on infant and child morbidity and mortality (MDG 4).	Reliant on under-1 population estimates from Stats SA as well as accuracy of reporting and reliable information system.	MC&WH & EPI Managers.
Rota Virus 1st dose coverage under 1 year. (New) *Output indicator*	Percentage of children under 1 year who received the Rotavirus 1st dose at the age of 6 weeks.	<u>Numerator</u> Rotavirus vaccine at 6 weeks (under 1 year). <u>Denominator</u> Population under 1 year.	%	DHIS Stats SA	Quarterly	Monitor the Rotavirus vaccine coverage and diarrhoea cases seen at facility level.	Higher coverage is expected to have an impact on infant and child morbidity and mortality (MDG 4).	Reliant on under-1 population estimates from Stats SA as well as accuracy of reporting and reliable information system.	MC&WH & EPI Managers.
Institutional Maternal Mortality Ratio (MMR). *Outcome indicator*	Number of maternal deaths in facilities expressed per 100000 live births.[16]	<u>Numerator</u> Maternal death in facilities. <u>Denominator</u> Live births in facilities.	Ratio per 100 000 live births	DHIS	Annual	Monitor maternal deaths through morbidity & mortality meetings. Confidential enquiry into maternal deaths report released every 3 years.	Lower rate indicate fewer avoidable deaths (MDG 5).	Reliant on accuracy of classification of inpatient death.	MCWH Manager.
Antenatal visits before 20 weeks rate. *Process indicator*	The percentage of pregnant women who visit a health facility before their 20th week of pregnancy (first visit or booking visit) for specifically antenatal care.	<u>Numerator</u> Antenatal 1st visits before 20 weeks. <u>Denominator</u> Antenatal 1st visits[17]	%	DHIS	Quarterly	Track the proportion of women who book for ANC before 20 weeks of their pregnancy.	Higher percentage indicates improved early booking that is considered core to improved maternal care (MDG 5).	Reliant on accuracy of gestation period as well as reporting from facilities and reliable information systems.	MC&WH Manager.
Vitamin A coverage – new mothers. (New) *Output indicator*	Percentage of newly delivered mothers receiving a single dose of 200,000 units' vitamin A within 8 weeks after delivery.	<u>Numerator</u> Vitamin A supplement to women within 8 weeks after delivery. <u>Denominator</u> Total deliveries (includes deliveries in facility + BBA + delivery outside the facility).	%	**DHIS**	Quarterly	Monitor the Vitamin A coverage of mothers within 8 hours after delivery.	Higher percentage indicates better Vitamin A coverage, and better nutritional support.	Reliant on accuracy of total deliveries in facility.	Nutrition Manager.

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[15] This includes BCG, OPV 1,2 & 3, DTP-Hib 1,2 & 3, HepB 1,2 & 3, and 1st measles at 9 months

[16] A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accident or incidental causes (as cited in ICD 10)

[17] The sum of first visits before and after 20weeks of gestation

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
% of mothers and babies who receive post partum care within 6 days after delivery. (New) *Output indicator*	The proportion of mothers and babies, compared to total deliveries that receive a follow-up visit at a health facility within 6 days of delivery.	**Numerator** Percentage mothers and babies receiving postpartum care within 6 days after delivery. **Denominator** Total deliveries in facilities.	%	DHIS	Quarterly	Monitor the effectiveness and utilisation of postpartum health services as part of effective maternal health care.	Increased utilisation of postpartum services will improve maternal & infant health outcomes (MDG 4 and 5).	Reliant on accuracy of gestation period as well as reporting from facilities and reliable information systems.	MC&WH Manager.
Total deliveries in facilities. *Output indicator*	Number of deliveries in facilities including normal deliveries, assisted deliveries and caesarean sections.	Total deliveries including normal deliveries, assisted deliveries and caesarean sections.	Total cumulative	DHIS	Quarterly	Monitor obstetric service volumes.	Higher numbers indicate improved utilisation of public health services and increased number of deliveries with skilled providers.	Quality of data from reporting facility and effective reporting system.	MCWH Manager.
Number of maternity care units that review maternal and peri-natal deaths and address identified deficiencies.[18] *Quality indicator*	Number of maternity units that conduct monthly maternal & perinatal morbidity and mortality meetings and have quality improvement plans to address identified challenges.	Number of maternity units that conduct monthly morbidity and mortality meetings and implement quality improvement plans to address deficiencies.	Number	District Quarterly Reports Web-based system	Quarterly	Monitor the quality of services specifically related to preventable causes of neonatal, child and maternal deaths.	Higher number suggests better clinical governance and compliance with National Core Standards and best practice models.	Accuracy dependant on quality of data from reporting facilities and effective information system.	Hospital & MC&WH Manager.
Delivery rate for women under 18 years. *Outcome indicator*	The number of deliveries where the mother is under the age of 18 years on the day of delivery.	**Numerator** Deliveries to women under 18 years. **Denominator** Total deliveries. (Including normal deliveries, assisted deliveries & caesarean sections).	%	DHIS	Quarterly	Monitor the percentage of births to women under the age of 18 years in public facilities to determine effectiveness of programmes to reduce teenage pregnancy (MDG 5).	Higher percentage indicates increase in the number of women under the age of 18 years that are pregnant.	Accuracy dependant on quality of data from reporting facilities and effective information system.	MCWH Manager.
Cervical cancer screening coverage. *Output indicator*	Percentage of women over the age of 30 years who were screened for cervical cancer as prescribed in the Cervical Cancer Screening Policy.	**Numerator** Cervical smear in woman 30 years and older screened for cervical cancer. **Denominator** Female population 30 years and older.	% annualised	DHIS Stats SA	Quarterly	Monitor cervical cancer screening coverage as per Phila Ma Campaign targets.	Increased coverage will improve management of abnormal smears and reduce incidence of cervical cancer.	Reliant on population estimates from Stats SA for target population and quality of data from reporting facilities.	MCWH Manager.
Women Year Protection Rate. *Input indicator*	The rate at which couples (specifically women) are protected against unwanted and unsafe pregnancy using modern contraceptive methods, excluding sterilisations.	**Numerator** Contraceptive years dispensed.[19] **Denominator** Female target population 15-44 years.	%	DHIS Stats SA	Quarterly	Monitor the proportion of women (in their reproductive years) that is protected against unwanted or unsafe pregnancy.	Higher percentage indicates better protection against unwanted and unsafe pregnancy.	Reliant on population estimates from Stats SA and record keeping from reporting facilities.	MC&WH Manager.

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[18] PHC clinics and CHC's join hospitals for morbidity and mortality meetings although they are encouraged to review their own records
[19] Oral pill cycle x0.077 + IUCD inserted x4 + male condoms distributed x 0.005 + medroxyprogesterone injection x 0.25 + Norethisterone enanthate injection x0.166

DISEASE PREVENTION AND CONTROL

Table 31 (DCP 1) and Table 32 (DCP 2)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Malaria incidence per 1000 population at risk. (New) *Outcome indicator*	New malaria cases as proportion of 1000 population at risk.	<u>Numerator</u> Number of new malaria cases reported. <u>Denominator</u> Population at risk.	% per 1000 population	CDC database Stats SA	Annual	Monitor the new malaria cases as proportion of the population at risk to monitor performance in relation to MDG 6.	Reduced incidence indicates improved prevention strategies.	Accuracy dependant on quality of data and effective information systems.	CDC & Environmental Health Managers.
Malaria fatality rate. *Outcome indicator*	Deaths from malaria as a percentage of the total number of cases reported.	<u>Numerator</u> Deaths from malaria. <u>Denominator</u> Number of malaria cases reported.	%	CDC database	Quarterly	Monitor the number deaths caused by malaria.	Lower percentage indicates a decreasing burden of malaria (MDG 6).	Accuracy dependant on quality of data and effective information systems.	CDC & Environmental Health Managers.
% of households sprayed. (New) *Output Indicator*	The percentage of houses sprayed in malaria areas as preventative measure against malaria.	<u>Numerator</u> Houses sprayed. <u>Denominator</u> Total number of houses.	%	DHIS GIS	Quarterly	Monitor spraying coverage as preventative measure against malaria.	Increased coverage indicates improved preventative measures against malaria (MDG 6).	Accuracy dependant on quality of data and effective information systems.	Environmental Health Manager.
Outbreaks responded to within 24 hours. *Quality indicator*	The percentage of outbreaks responded to within 24 hours of declaration.	<u>Numerator</u> Outbreaks responded to within 24 hours of declaration. <u>Denominator</u> All outbreaks reported.	%	CDC & EPI databases	Quarterly	Monitor the effectiveness of outbreak response systems.	Higher percentage indicates an effective outbreak response system.	Reliant on time calculations of the outbreak and response times.	CDC, MC&WH & EPI Manager.
Cholera fatality rate. *Outcome indicator*	Deaths from cholera as a percentage of the number of cases reported.	<u>Numerator</u> Deaths from cholera. <u>Denominator</u> Total number of cholera cases reported.	%	CDC Notifiable Conditions database	Quarterly	Monitor the number deaths caused by cholera.	Lower percentage indicates a decreasing burden of cholera and/or improved management of cholera cases.	Accuracy dependant on quality of data and effective information system.	CDC Manager.
Cataract surgery rate. *Output indicator*	Cataract operations performed per 1mil population.	<u>Numerator</u> Cataract operations performed. <u>Denominator</u> Total population.	Rate per 1mil population	DHIS and Cataract database Stats SA	Annual	Monitor the number of cataract surgeries performed.	Higher levels reflect a good contribution to sight restoration, especially amongst the elderly population.	Accuracy dependant on quality of data and effective information system.	Chronic Diseases Manager.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES & PATIENT TRANSPORT

Table 34 (EMS 1) and Table 36 (EMS 2)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
P1 calls with a response time of <15 minutes in urban areas. *Quality indicator*	Percentage of Priority 1 (emergency) call outs to urban locations (build up) with a response time of less than 15 minutes.	Numerator Number of P1 calls with response time <15 minutes in urban areas. Denominator Total ambulance response in urban areas.	%	EMS Information Systems	Quarterly	Monitor EMS response times compared with national norms.	A higher percentage indicates more efficient EMS.	Accuracy dependant on quality of data from reporting EMS stations.	EMS Manager.
P1 calls with a response time of <40 minutes in rural areas. *Quality indicator*	Percentage of Priority 1 (emergency) call outs to rural locations (farming areas or areas outside town) with a response time of less than 40 minutes.	Numerator Number of P1 calls with response time <40 minutes in rural areas. Denominator Total ambulance response in rural areas.	%	EMS Information Systems	Quarterly	Monitor EMS response times compared with national norms.	A higher percentage indicates more efficient EMS.	Accuracy dependant on quality of data from reporting EMS stations.	EMS Manager.
All calls with response time within 60 minutes. *Quality indicator*	Percentage of responses with a response time within 60 minutes.	Numerator No of calls with response times within 60min. Denominator All call outs.	%	EMS Information Systems	Quarterly	Monitor ambulance response times for all calls.	Higher percentage indicates more efficient EMS.	Accuracy dependant on quality of data from reporting EMS stations.	EMS Manager.
Rostered ambulances per 10 000 people. *Input indicator*	Number of rostered ambulances per 10 000 population.	Numerator Total number of rostered ambulances. Denominator Total population.	Rate per 10 000 population	EMS Information System Stats SA	Annual	Track the proportion of rostered ambulances per 10 000 population against the national norm.	Higher number of rostered ambulances will improve efficiency and effectiveness of EMS.	Reliant on accuracy of population estimates by Stats SA.	EMS Manager.
EMS emergency cases. *Output indicator*	Number of patients transported by ambulance.	Number of patients transported by ambulance.	Number cumulative	EMS Information System	Quarterly	Monitor the service volumes and capacity.	Increasing numbers may indicate increased dependence on public health services or more efficient EMS.	Accuracy dependant on quality of data from reporting EMS stations.	EMS Manager.

PROGRAMME 4: REGIONAL & SPECIALISED HOSPITALS

REGIONAL HOSPITALS

Table 40 (RHS 1)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Regional Hospitals accredited. (New) *Outcome indicator*	The total number of Regional Hospitals accredited by the National Accreditation Body as compliant with the National Core Standards for Quality.[20]	Number of Regional Hospitals accredited.	Number cumulative	Provincial & National Database	Annual	Monitor compliance with the National Core Standards and improved quality, efficiency and effectiveness of health service delivery.	All Regional Hospitals implement the National Core Standards towards accreditation as per identified targets.	Accuracy of National & Provincial database.	District & Hospital Managers.
Number Regional Hospitals conducting annual Patient satisfaction Surveys. *Quality indicator*	Number of Regional Hospitals with a published Patient Satisfaction Survey in the last 12 months.	Regional Hospitals with a published Patient Satisfaction Survey in the last 12 months.	Number cumulative	Quality Assurance database	Annual	Monitor patient satisfaction with health service delivery.	Patient satisfaction may be an indication of compliance with Batho Pele and Patient Rights Principles.	Accuracy dependant on quality of data from reporting facility.	Quality Assurance, Hospital & District Managers.
Average waiting time at OPD. (New) *Outcome indicator*	The average time that clients spent in OPD from the time they arrive to the time that they receive the appropriate health service.	<u>Numerator</u> Waiting time (in minutes/ hours) during reporting period in OPD. <u>Denominator</u> Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor the efficiency and effectiveness of health services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services. This is related to appropriate placement of staff, skills mix and availability of appropriate resources to render the appropriate package of services.	Reporting on regular surveys and identified challenges - monitoring of interventions to address challenges.	District & CHC Managers.
Average waiting time at admissions. (New) *Outcome indicator*	The average time that clients spent in admissions from the time they arrive to the time that they are admitted or appropriately attended to.	<u>Numerator</u> Waiting time (in minutes/ hours) during reporting period in admissions. <u>Denominator</u> Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor efficiency and effectiveness of health services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services. This is related to appropriate placement of staff, skills mix and availability of appropriate resources to render the appropriate package of services.	Reporting on regular surveys and identified challenges - monitoring of interventions to address challenges.	District & CHC Managers.
Caesarean section rate in Regional Hospitals. *Output indicator*	Caesarean section deliveries in Regional Hospitals expressed as a percentage of all deliveries in Regional Hospitals.	<u>Numerator</u> Number of caesarean sections performed in Regional Hospitals. <u>Denominator</u> Total number of deliveries in Regional Hospitals.	%	DHIS	Quarterly	Track the performance of obstetric care in Regional Hospitals.	Higher percentage of caesarean sections may be indicative of the burden of disease, and/or poorer quality of antenatal care.	Dependent on facility reporting, effective data systems and verification processes.	District, Hospital & MC&WH Managers.

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[20] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Regional Hospitals with cost centres. (New) *Input indicator*	The number of Regional Hospitals with established cost centres to track expenditure.	Cumulative number of Regional Hospitals with cost centres.	Number cumulative	Finance quarterly report	Annual	Track the number of hospitals with cost centres to monitor expenditure and improve financial management.	All hospitals able to monitor expenditure against allocated budgets.	None.	CFO & Finance Manager.
Number of CEO's who have signed the national delegation of authorities. (New) *Input indicator*	The number of Hospital Managers who signed the reviewed delegation of authorities in support of a decentralised operational model.[21]	Number of Hospital Managers who signed the national delegation of authorities.	Number cumulative	HRMS	Annual	Monitor the number of Hospital Managers who officially signed national delegation of authorities.	Decentralised operational model to reduce bottlenecks in service delivery and improve accountability.	None.	HRMS & District Managers.
Average length of stay in Regional Hospitals. *Efficiency indicator*	Average number of patient days that an admitted patient spent in a Regional Hospital before separation.	<u>Numerator</u> In-patient days + 1/2 day patients in Regional Hospitals. <u>Denominator</u> Total separations in Regional Hospitals.	Days	DHIS	Quarterly	Monitor efficiency in Regional Hospitals.	A low average length of stay may reflect high levels of efficiency, although the burden of disease might impact on length of stay and should be factored into analysis.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.
Bed utilisation rate (based on usable beds) in Regional Hospitals. *Efficiency indicator*	Patient days in Regional Hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Regional Hospitals.	<u>Numerator</u> In-patient days + 1/2 day patients in Regional Hospital. <u>Denominator</u> Number of usable bed days in Regional Hospital.	%	DHIS	Quarterly	Track the over/ under utilisation of Regional Hospital beds.	Higher bed utilisation indicates efficient use of resources and/or higher burden of disease and/or better service levels.	Accurate reporting on the daily usable beds.	District & Hospital Managers.
Total separations in Regional Hospitals. *Output indicator*	Recorded completion of treatment and/or the accommodation of a patient in Regional Hospitals. Separations include in-patients who were discharged, transferred out to other hospitals or who died and includes day patients.	<u>Sum of</u> In-patient deaths + in-patient discharges + in-patient transfer out + day patients in Regional Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Regional Hospitals.	Higher uptake may indicate an increase in the burden of disease, or greater reliance on the public health system.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.
Patient day equivalents in Regional Hospitals. *Output indicator*	Patient day equivalent is a weighted combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[22]	<u>Sum of</u> In-patient days + 1/2 day patients + 1/3 OPD total headcount in Regional Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Regional Hospitals.	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.
OPD total headcounts in Regional Hospitals. *Output indicator*	A headcount of all out-patients attending an outpatient clinic in Regional Hospitals.	<u>Sum of</u> OPD specialist headcount + OPD general headcount in Regional Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Regional Hospitals.	Higher levels of uptake may indicate an increase in the burden of disease, or greater reliance on public health services.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.

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[21] The National DOH is reviewing the delegations after which it will be approved by the NHC before it can be implemented at provincial level. Until such time as it is approved, the Managers will sign Provincial delegations

[22] In-patient days are multiplied by a factor of 1, day-patients multiplied by a factor of 0.5 and OPD/ emergency total headcount multiplied by a factor of 0.33. All hospital activity is expressed as equivalent to one in-patient day

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Expenditure per patient day equivalent (PDE) in Regional Hospitals. *Efficiency indicator*	Expenditure per patient day is a weighted combination of in-patient days, day-patient days, and OPD/emergency total headcount.[23]	<u>Numerator</u> Total expenditure in Regional Hospitals. <u>Denominator</u> Patient day equivalent (PDE) in Regional Hospitals.	Rand	BAS DHIS	Quarterly	Track the expenditure per PDE in Regional Hospitals.	Lower rate indicate more efficient use of financial resources.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.

SPECIALISED TB HOSPITALS

Table 42 (RHS 3)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Specialised TB Hospitals accredited. (New) *Outcome indicator*	The total number of Specialised TB Hospitals accredited by the National Accreditation Body as compliant with the National Core Standards for Quality.[24]	Number of Specialised TB Hospitals accredited.	Number cumulative	Provincial & National Database	Annual	Monitor compliance with the National Core Standards.	All Specialised TB Hospitals implement the National Core Standards towards accreditation as per identified targets.	Accuracy of National & Provincial database.	District & Hospital Managers.
Number of CEO's who have signed the national delegation of authorities. (New) *Input indicator*	The number of Hospital Managers who signed the reviewed delegation of authorities in support of a decentralised operational model.[25]	Number of Hospital Managers who signed the national delegation of authorities.	Number cumulative	HRMS	Annual	Monitor the number of Hospital Managers who officially signed national delegation of authorities.	Decentralised operational model to reduce bottlenecks in service delivery and improve accountability.	None.	HRMS & District Managers.
Average length of stay in Specialised TB Hospitals. *Efficiency indicator*	The average number of patient days that an admitted patient spent in a Specialised TB Hospital before separation.	<u>Numerator</u> In-patient days + 1/2 day patients in Specialised TB Hospitals. <u>Denominator</u> Total separations in Specialised TB Hospitals.	Days	DHIS	Quarterly	Monitor the efficiency of Specialised TB Hospitals.	A low average length of stay reflects high levels of efficiency, although it should be considered in the context of the TB burden in the Province as well as step-down facilities.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & TB Managers.
Bed utilisation rate (based on usable beds) in Specialised TB Hospitals. *Efficiency indicator*	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Specialised TB Hospitals.	<u>Numerator</u> In-patient days + 1/2 day patients in Specialised TB Hospitals. <u>Denominator</u> Number of usable bed days in Specialised TB Hospitals.	%	DHIS	Quarterly	Track the over/ under utilisation of Specialised TB Hospital beds.	Higher bed utilisation indicates efficient use of resources and/or high burden of disease.	Accurate reporting on the daily usable beds.	Hospital & TB Managers.

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[23] In-patient 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

[24] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure

[25] The National DOH is reviewing the delegations after which it will be approved by the NHC before it can be implemented at provincial level. Until such time as it is approved, the Managers will sign Provincial delegations

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Expenditure per patient day equivalent (PDE) in Specialised TB Hospitals. *Efficiency indicator*	Expenditure per patient day which is a weighted as a combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[26]	<u>Numerator</u> Total expenditure in Specialised TB Hospitals. <u>Denominator</u> Patient day equivalent (PDE) in Specialised TB Hospitals.	Rand	BAS DHIS	Quarterly	Track the expenditure per PDE in Specialised TB Hospitals.	Lower rate indicates efficient use of resources.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & TB Managers.
Patient day equivalent in Specialised TB Hospitals. *Output indicator*	Patient day equivalent is a weighted combination of in-patient days, day patient days, and OPD/emergency total headcount.	<u>Sum of</u> In-patient days + 1/2 day patients + 1/3 OPD total headcount.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Specialised TB Hospitals.	Higher levels of patient uptake may indicate an increase in the burden of disease, or greater reliance on public health services.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & TB Managers.

SPECIALISED PSYCHIATRIC HOSPITALS

Table 44 (RHS 5)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Specialised Psychiatric Hospitals accredited. (New) *Outcome indicator*	The total number of Specialised Psychiatric Hospitals accredited by the National Accreditation Body as compliant with the National Core Standards for Quality.[27]	Number of Specialised Psychiatric Hospitals accredited.	Number cumulative	Provincial & National Database	Annual	Monitor compliance with the National Core Standards.	All Specialised Psychiatric Hospitals implement the National Core Standards towards accreditation as per identified targets.	Accuracy of National & Provincial database.	District & Hospital Managers.
Number of CEO's who have signed national delegation of authorities. (New) *Input indicator*	The number of Hospital Managers who signed the reviewed delegation of authorities in support of a decentralised operational model.[28]	Number of Hospital Managers who signed the national delegation of authorities.	Number cumulative	HRM	Annual	Track the number of Hospital Managers who officially signed national delegation of authorities.	Decentralised operational model to reduce bottlenecks in service delivery and improve accountability.	None.	HRMS & District Managers.
Average length of stay in Specialised Psychiatric Hospitals. *Efficiency indicator*	Average number of patient days that an admitted patient spent in a Specialised Psychiatric Hospital before separation.	<u>Numerator</u> In-patient days + 1/2 day patients in Specialised Psychiatric Hospitals. <u>Denominator</u> Total separations in Specialised Psychiatric Hospitals.	Days	DHIS	Quarterly	Monitor the efficiency in Specialised Psychiatric Hospitals.	A low average length of stay reflects high levels of efficiency although it should be considered in the context of burden of disease and availability of resources.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & Mental Health Managers.

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[26] In-patient 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

[27] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure

[28] The National DOH is reviewing the delegations after which it will be approved by the NHC before it can be implemented at provincial level. Until such time as it is approved, the Managers will sign Provincial delegations

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Bed utilisation rate (based on usable beds) in Specialised Psychiatric Hospitals. *Efficiency indicator*	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Specialised Psychiatric Hospitals.	<u>Numerator</u> In-patient days + 1/2 day patients in Specialised Psychiatric Hospitals. <u>Denominator</u> Number of usable bed days in Specialised Psychiatric Hospitals.	%	DHIS	Quarterly	Track the over/ under utilisation of Specialised Psychiatric Hospital beds.	Higher bed utilisation indicates efficient use of resources, higher burden of disease and/or better service delivery.	Accurate reporting on the sum of daily usable beds.	Hospital & Mental Health Managers.
Expenditure per patient day equivalent (PDE) in Specialised Psychiatric Hospitals. *Efficiency indicator*	Expenditure per patient day which is a weighted combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[29]	<u>Numerator</u> Total expenditure in Specialised Psychiatric Hospitals. <u>Denominator</u> Patient day equivalent (PDE) in Specialised Psychiatric Hospitals.	Rand	BAS DHIS	Quarterly	Track the expenditure per PDE in Specialised Psychiatric Hospitals.	Lower rate may indicate efficient use of resources.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & Mental Health Managers.
Patient day equivalent in Specialised Psychiatric Hospitals. *Output indicator*	Patient day equivalent is weighted as a combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[30]	<u>Sum of</u> In-patient days + 1/2 day patients + 1/3 OPD total headcount in Specialised Psychiatric Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Specialised Psychiatric Hospitals.	Higher levels of uptake may indicate an increase in the burden of disease or greater reliance on public health services.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & Mental Health Managers.

SPECIALISED CHRONIC HOSPITALS INCLUDING STEP-DOWN

Table 46 (RHS 7)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Specialised Chronic Hospitals accredited. (New) *Outcome indicator*	The total number of Specialised Chronic Hospitals accredited by the National Accreditation Body as compliant with the National Core Standards for Quality.[31]	Number of Specialised Chronic Hospitals accredited.	Number cumulative	Provincial & National Database	Annual	Monitor compliance to the National Core Standards.	All Specialised Chronic Hospitals implement the National Core Standards towards accreditation as per identified targets.	Accuracy of National & Provincial database.	District & Hospital Managers.

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[29] In-patient days multiplied by a factor of 1, day-patients multiplied by a factor of 0.5 and OPD/ Emergency total headcount multiplied by a factor of 0.33. All hospital activity is expressed as a equivalent to one in-patient day

[30] In-patient days are multiplied by a factor of 1, day-patients multiplied by a factor of 0.5 and OPD/ Emergency total headcount multiplied by a factor of 0.33. All hospital activity is expressed as a equivalent to one in-patient day

[31] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of CEO's who have signed national delegation of authorities. (New) *Input indicator*	The number of Hospital Managers who signed the reviewed delegation of authorities in support of a decentralised operational model.[32]	Number of Hospital Managers who signed the national delegation of authorities.	Number cumulative	HRM	Annual	Track the number of Hospital Managers who officially signed national delegation of authorities.	Decentralised operational model to reduce bottlenecks in service delivery and improve accountability.	None.	HRMS & District Managers.
Average length of stay in Specialised Chronic Hospitals. *Efficiency indicator*	Average number of patient days that an admitted patient spent in the Specialised Chronic Hospitals before separation.	Numerator In-patient days + 1/2 day patients in Specialised Chronic Hospitals. Denominator Total separations in Specialised Chronic Hospitals.	Days	DHIS	Quarterly	Monitor the efficiency of Specialised Chronic Hospitals.	A low average length of stay reflects high levels of efficiency – depending on resources and support structures.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & Chronic Diseases Managers.
Bed utilisation rate (based on usable beds) in Specialised Chronic Hospitals. *Efficiency indicator*	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Specialised Chronic Hospitals.	Numerator In-patient days + 1/2 day patients in Specialised Chronic Hospitals. Denominator Number of usable bed days in Specialised Chronic Hospitals.	%	DHIS	Quarterly	Track the over/ under utilisation of resources including Specialised Chronic Hospital beds.	Higher bed utilisation indicates efficient use of resources, higher burden of disease and/or better service delivery.	Accurate reporting on the sum of daily usable beds.	Hospital & Chronic Diseases Managers.
Expenditure per patient day equivalent (PDE) in Specialised Chronic Hospitals. *Efficiency indicator*	Expenditure per patient day which is a weighted combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[33]	Numerator Total expenditure in Specialised Chronic Hospitals. Denominator Patient day equivalent (PDE) in Specialised Chronic Hospitals.	Rand	BAS DHIS	Quarterly	Track the expenditure per PDE in Specialised Chronic Hospitals.	Lower rate indicating efficient use of financial resources.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & Chronic Diseases Managers.
Patient day equivalents in Specialised Chronic Hospitals. *Output indicator*	Patient day equivalent is a weighted combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[34]	Sum of In-patient days + 1/2 day patients + 1/3 OPD total headcount in Specialised Chronic Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Specialised Chronic Hospitals.	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health services.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & Chronic Diseases Managers.

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[32] The National DOH is reviewing the delegations after which it will be approved by the NHC before it can be implemented at provincial level. Until such time as it is approved, the Managers will sign Provincial delegations
[33] In-patient 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 is expressed as a equivalent to one in-patient day
[34] In-patient 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 is expressed as a equivalent to one in-patient day

Table 51 (CHS 1)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Tertiary Hospitals accredited. (New) *Outcome indicator*	The total number of Tertiary Hospitals accredited by the National Accreditation Body as compliant with the National Core Standards for Quality.[35]	Number of Tertiary Hospitals accredited.	Number cumulative	Provincial & National Database	Annual	Monitor compliance with National Core Standards.	All Tertiary Hospitals implement the National Core Standards towards accreditation as per identified targets.	Accuracy of National & Provincial database.	District & Hospital Managers.
Number of Tertiary Hospitals conducting annual Patient Satisfaction Surveys. *Quality indicator*	Number of Tertiary Hospitals with a published Patient Satisfaction Survey in the last 12 months.	Number of Tertiary Hospitals with a published Patient Satisfaction Survey in the last 12 months.	Number cumulative	Quality Assurance database & District Reports	Annual	Monitor patient satisfaction with public health services.	Improved patient satisfaction is an indication of compliance with the Batho Pele and Patient Rights Principles.	Accuracy dependant on quality of data from reporting facility.	Quality Assurance, Hospital & District Managers.
Average patient waiting time at OPD. (New) *Outcome indicator*	The average time that clients spent in OPD from the time they arrive to the time that they receive the appropriate health service.	Numerator Waiting time (in minutes/ hours) during reporting period in OPD. Denominator Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor the efficiency and effectiveness of health services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services. This is related to appropriate placement of staff, skills mix and availability of appropriate resources to render the appropriate package of services.	Reporting on regular surveys and identified challenges - monitoring of interventions to address challenges.	District & CHC Managers.
Average patient waiting time at admissions. (New) *Outcome indicator*	The average time that clients spent in admissions from the time they arrive to the time that they are admitted or receive appropriate service.	Numerator Waiting time (in minutes/ hours) during reporting period in admissions. Denominator Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor the efficiency and effectiveness of health services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services. This is related to appropriate placement of staff, skills mix and availability of appropriate resources to render the appropriate package of services.	Reporting on regular surveys and identified challenges - monitoring of interventions to address challenges.	District & CHC Managers.
Caesarean section rate in Tertiary Hospitals. *Output indicator*	Caesarean section deliveries in Tertiary Hospitals expressed as a percentage of all deliveries in Tertiary Hospitals.	Numerator Number of caesarean sections performed in Tertiary Hospitals. Denominator Total number of deliveries in Tertiary Hospitals.	%	DHIS	Quarterly	Track the performance of obstetric care in Tertiary Hospitals.	Higher percentage of caesarean sections may be indicative of the burden of disease, and/or poorer quality of obstetric care.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.

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[35] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Tertiary Hospitals with cost centres. (New) *Input indicator*	The number of Tertiary Hospitals with established cost centres to monitor expenditure.	Number of Tertiary Hospitals with cost centres.	Number	Finance quarterly report	Annual	Track the number of hospitals with cost centres to monitor expenditure and improve financial management.	All hospitals able to accurately monitor expenditure and thus improve financial management.	None.	CFO & Finance Manager.
Number of CEO's who have signed national delegation of authorities. (New) *Input indicator*	The number of Hospital Managers who signed the reviewed delegation of authorities in support of a decentralised operational model.[36]	Number of Hospital Managers who signed the national delegation of authorities.	Number cumulative	HRMS	Annual	Track the number of Hospital Managers who officially signed national delegation of authorities.	Decentralised operational model to reduce bottlenecks in service delivery and improve accountability.	None.	HRMS & District Managers.
Average length of stay in Tertiary Hospitals. *Efficiency indicator*	Average number of patient days that an admitted patient spent in a Tertiary Hospital before separation.	<u>Numerator</u> In-patient days + 1/2 day patients in Tertiary Hospitals. <u>Denominator</u> Total separations in Tertiary Hospitals.	Days	DHIS	Quarterly	Monitor the efficiency of Tertiary Hospitals.	A low average may reflect high levels of efficiency, although the burden of disease might impact on length of stay and should be factored into analysis.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.
Bed utilisation rate (based on usable beds) in Tertiary Hospitals *Efficiency indicator*	Patient days in Tertiary Hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Tertiary Hospitals.	<u>Numerator</u> In-patient days + 1/2 day patients in Tertiary Hospital. <u>Denominator</u> Number of usable bed days in Tertiary Hospital.	%	DHIS	Quarterly	Track the over/ under utilisation of Tertiary Hospital beds.	Higher bed utilisation indicates efficient use of resources and/or higher burden of disease and/or better service levels.	Accurate reporting on the daily usable beds.	District & Hospital Managers.
Total separations in Tertiary Hospitals. *Output indicator*	Recorded completion of treatment and/or the accommodation of a patient in Tertiary Hospitals.[37]	<u>Sum of</u> In-patient deaths + in-patient discharges + in-patient transfer out + day patients in Tertiary Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Tertiary Hospitals.	Higher uptake may indicate an increase in the burden of disease, or greater reliance on the public health system.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.
Patient day equivalents in Tertiary Hospitals. *Output indicator*	Patient day equivalent is a weighted combination of in-patient days, day-patient days, and OPD/ emergency total headcount.[38]	<u>Sum of</u> In-patient days + 1/2 day patients + 1/3 OPD total headcount in Tertiary Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Tertiary Hospitals.	Higher uptake may indicate an increased burden of disease, or greater reliance on public health system.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.
OPD headcount in Tertiary Hospitals *Output indicator*	A headcount of all out-patients attending an out-patient clinic in Tertiary Hospitals.	<u>Sum of</u> OPD specialist headcount + OPD general headcount in Tertiary Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Tertiary Hospitals.	Higher uptake may indicate an increase in the burden of disease, or greater reliance on public health services.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.

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[36] The National DOH is reviewing the delegations after which it will be approved by the NHC before it can be implemented at provincial level. Until such time as it is approved, the Managers will sign Provincial delegations

[37] Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients

[38] In-patient days are multiplied by a factor of 1, day-patients multiplied by a factor of 0.5 and OPD/ Emergency total headcount multiplied by a factor of 0.33. All hospital activity is expressed as a equivalent to one in-patient day

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Expenditure per patient day equivalent (PDE) in Tertiary Hospitals. *Efficiency indicator*	Expenditure per patient day which is a weighted combination of in-patient days, day patient days, and OPD/emergency total headcount.[39]	Numerator Total expenditure in Tertiary Hospitals. Denominator Patient day equivalent (PDE) in Tertiary Hospitals.	Rand	BAS DHIS	Quarterly	Track the expenditure per PDE in Tertiary Hospitals.	Lower rate indicate more efficient use of financial resources.	Dependent on facility reporting, effective data systems and verification processes.	District & Hospital Managers.

INKOSI ALBERT LUTHULI CENTRAL HOSPITAL

Table 53 (CHS 3)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Tertiary Hospitals accredited. (New) *Outcome indicator*	The total number of Central Hospitals accredited by the National Accreditation Body as compliant with the National Core Standards for Quality.[40]	Number of Central Hospitals accredited.	Number cumulative	Provincial & National Database	Annual	Monitor compliance with the National Core Standards.	All Central Hospitals implement the National Core Standards towards accreditation as per identified targets.	Accuracy of National & Provincial database.	District & Hospital Managers.
Number of Central Hospitals conducting annual Patient Satisfaction Surveys. *Quality indicator*	Number of Central Hospitals with a published Patient Satisfaction Survey in the last 12 months.	Central Hospitals with a published Patient Satisfaction Survey in the last 12 months.	Number cumulative	Quality Assurance database & District Reports	Annual	Monitor patient satisfaction with health service delivery.	Increased satisfaction is an indication of compliance with the Batho Pele and Patient Rights Principles.	Accuracy dependant on quality of data from reporting facility.	Quality Assurance, Hospital & District Managers.
Average patient waiting time at OPD. (New) *Outcome indicator*	The average time that clients spent in OPD from the time they arrive to the time that they receive the appropriate health service.	Numerator Waiting time (in minutes/ hours) during reporting period in OPD. Denominator Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor efficiency and effectiveness of health services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services. This is related to appropriate placement of staff, skills mix and availability of resources to render the package of services.	Reporting on regular surveys and identified challenges - monitoring of interventions to address challenges.	District & CHC Managers.
Average patient waiting time at admissions. (New) *Outcome indicator*	The average time that clients spent in admissions from the time they arrive to the time that they are admitted or receive the appropriate service.	Numerator Waiting time (in minutes/ hours) during reporting period in admissions. Denominator Total patients during reporting period.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor efficiency and effectiveness of health services.	Shorter waiting times are an indication of efficient and effective health services. This is related to appropriate placement of staff, skills mix and availability of resources to render the package of services.	Reporting on regular surveys and identified challenges - monitoring of interventions to address challenges.	District & CHC Managers.

[39] In-patient 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
[40] National Core Standards include the following domains: Patient Rights Charter and Batho Pele Principles; Patient Safety, Clinical Governance and Care; Clinical Support Services; Public Health; Leadership & Corporate Governance; Operational Management; and Facilities & Infrastructure

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Caesarean section rate for Central Hospitals. *Output indicator*	Caesarean section deliveries in Central Hospitals expressed as a percentage of all deliveries in Central Hospitals.	**Numerator** Number of caesarean sections performed in Central Hospitals. **Denominator** Total number of deliveries in Central Hospitals.	%	DHIS	Quarterly	Track the performance of obstetric care of Central Hospitals.	Higher percentage of caesarean section indicates higher burden of disease, and/or poorer quality of maternal care.	Dependent on facility reporting, effective data systems and verification processes.	Hospital & MC&WH Managers.
Number of Central Hospitals with cost centres. (New) *Input indicator*	The number of Central Hospitals with established cost centres to monitor expenditure.	Number of Central Hospitals with cost centres.	Number	Finance quarterly report	Annual	Track the number of Central Hospitals with cost centres and efficient finance management.	All hospitals able to monitor expenditure against allocated budgets to improve financial management.	None.	CFO & Finance Manager.
Number of CEO's who have signed national delegation of authorities. (New) *Input indicator*	The number of Hospital Managers who signed the reviewed delegation of authorities in support of a decentralised operational model.[41]	Number of Hospital Managers who signed the national delegation of authorities.	Number cumulative	HRMS	Annual	Track the number of Hospital Managers who officially signed national delegation of authorities.	Decentralised operational model to reduce bottlenecks in service delivery and improve accountability.	None.	HRMS & District Managers.
Average length of stay in Central Hospitals. *Efficiency indicator*	Average number of patient days that an admitted patient spent in a Central Hospital before separation.	**Numerator** In-patient days + 1/2 day patients in a Central Hospital. **Denominator** Separations in a Central Hospital.	Days	DHIS	Quarterly	Monitor the efficiency of Central Hospitals.	A low average reflects high levels of efficiency.	Dependent on facility reporting, effective data systems and verification processes.	Hospital Manager.
Bed utilisation rate (based on usable beds) in Central Hospitals. *Efficiency indicator*	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Central Hospitals.	**Numerator** In-patient days + 1/2 day patients in Central Hospitals. **Denominator** Number of usable bed days in Central Hospitals.	%	DHIS	Quarterly	Track the over/under utilisation of Central Hospital beds.	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	Accurate reporting sum of daily usable beds.	Hospital Manager.
Total separations in Central Hospitals. *Output indicator*	Recorded completion of treatment and/or the accommodation of a patient in Central Hospitals. Separations include in-patients who were discharged, transferred out to other hospitals or who died and includes day patients in Central Hospitals.	**Sum of** In-patient deaths + in-patient discharges + in-patient transfer out + day-patient in Central Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Central Hospitals.	Higher uptake may indicate an increased burden of disease, or greater reliance on public health system.	Dependent on facility reporting, effective data systems and verification processes.	Hospital Manager.

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[41] The National DOH is reviewing the delegations after which it will be approved by the NHC before it can be implemented at provincial level. Until such time as it is approved, the Managers will sign Provincial delegations

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Patient day equivalents in Central Hospitals. *Output indicator*	Patient day equivalent is a weighted combination of in-patient days, day patient days, and OPD/emergency total headcount.[42]	<u>Sum of</u> In-patient days + 1/2 day patients + 1/3 OPD total headcount in Central Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Central Hospitals.	Higher uptake may indicate an increased burden of disease, or greater reliance on public health system.	Dependent on facility reporting, effective data systems and verification processes.	Hospital Manager.
OPD total headcounts in Central Hospitals. *Output indicator*	A headcount of all out-patients attending an out-patient clinic in Central Hospitals.	<u>Sum of</u> OPD specialist headcount + OPD general headcount + emergency headcount in Central Hospitals.	Total cumulative	DHIS	Quarterly	Monitor the service volumes in Central Hospitals.	Higher uptake may indicate an increased burden of disease, or greater reliance on public health system.	Dependent on facility reporting, effective data systems and verification processes.	Hospital Manager.
Expenditure per patient day equivalent (PDE) in Central Hospitals. *Efficiency indicator*	Expenditure per patient day is a weighted combination of in-patient days, day patient days, and OPD/emergency total headcount.[43]	<u>Numerator</u> Total expenditure in Central Hospitals. <u>Denominator</u> Patient day equivalent (PDE) in Central Hospitals.	Rand	BAS DHIS	Annual	Track the expenditure per PDE in Central Hospitals.	Lower rate indicating efficient use of financial resources.	Dependent on facility reporting, effective data systems and verification processes.	Hospital Manager.

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[42] In-patient 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
[43] In-patient 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

Table 57 (HST 1)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Professional Nurses graduating. *Output indicator*	Number of Professional Nurses who graduate from the basic nursing course.	Professional Nurses graduating.	Number cumulative	Nursing College records	Annual	Track the number of Professional Nurses graduating.	Desired performance level is that the number of student nurses graduating should be in direct response to Provincial needs.	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges.	HRMS Manager & Nursing College.
Number of Advanced Midwifes graduating per annum. (New) *Output indicator*	Number of Advanced Midwifes who graduate with a post basic nursing qualification in Advanced Midwifery.	Advanced Midwifes graduating.	Number cumulative	Nursing College records	Annual	Track the production of Advanced Midwifes.	Training more Advanced Midwifes in response to MC&WH Strategy to improve maternal health.	Data quality depends on good record keeping by the Provincial DoH and Training College.	HRMS, Nursing College and MC&WH Managers.
Students with bursaries from the Province. *Input indicator*	Number of students provided with bursaries by the Provincial Department of Health.	Number of students with bursaries from the Province.	Number	HRD database	Annual	Track the number of Health Science students sponsored by the Department to undergo training as future health care providers.	Higher numbers of students provided with bursaries will increase the potential pool of health care providers.	Data quality depends on good record keeping by both the Provincial DOH and Health Science Training institutions.	HRMS Manager.
Medical Registrars graduating. (New) *Output Indicator*	Number of Medical Registrars who graduate from post-graduate training.	Number of Medical Registrars graduating.	Number	HRD database	Annual	Track the production of new Medical Specialists.	Increase in the potential pool of Medical Specialists for public health services.	Data quality depends on good record keeping by both the Provincial DOH and training institutions	HRMS Manager.
Percentage of Registrars retained after qualifying. (New) *Outcome indicator*	Number of Medical Specialists that stays in the public health service after graduation.	<u>Numerator</u> Number of Registrars retained after graduation. <u>Denominator</u> Total number of Registrars graduating.	% cumulative	HRD database	Annual	Track retention of Registrars after graduation.	Increased pool of Medical Specialists.	Records of students and retention.	HRMS Manager.
Number of professional health care workers trained on Provider Initiated Counselling & Testing. (New) *Input indicator*	Training of professional health workers in Provider Initiated Counselling & Testing in response to the forthcoming national HCT campaign.	Number of professional health care workers trained in Provider Initiated Counselling & Testing.	Number cumulative	HAST & HRD database	Quarterly	Track the progress with training of health care providers.	All providers trained in Provider Initiated Counselling & Testing to ensure effective implementation of the HCT campaign.	Accuracy of training records.	HRMS & HAST Managers.
Develop a learning strategy. (New) *Input indicator*	A training & development strategy specifically targeting Hospital Managers based on identified needs and using internal expertise to ensure optimal utilisation of resources.	Learning Strategy.	Learning Strategy	HRD records	Quarterly progress	Monitor progress with the development and implementation of the learning strategy.	Improved management competencies.	Accurate record keeping.	HRD Manager.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of Managers accessing the Management Skills Programmes. (New) *Output indicator*	Managers attending Leadership & Management training programmes.	Managers attending Leadership & Management training programmes.	Total cumulative	HRD database	Quarterly	Track the number of Managers that attend Leadership & Management training programmes.	Training will improve governance and management competencies.	Data quality depends on record keeping by HRD and external service providers.	HRD Manager.
Number of SMS members trained on the Massified Induction Programme (MIP). (New) *Output indicator*	SMS members attending the MIP for Senior Managers.	SMS members attending the MIP.	Total cumulative	HRD database	Annual	Track the number of Senior Managers attending the MIP.	Higher attendance will improve service delivery.	Data quality depends on record keeping by HRD and the external training provider.	HRD Manager.
Locally based staff trained in BLS (BAA). *Input indicator*	The number of Emergency Medical Services (EMS) staff that completed an accredited training course for BLS.	EMS staff with BLS qualification.	Number	HRD database	Annual	Track the number of EMS staff with a BLS qualification.	Higher number of EMS staff with BLS qualification will improve efficiency of emergency services.	Data quality depends on record keeping of training college.	HRD & EMS Managers.
Locally based staff trained in ILS (AEA). *Input indicator*	The number of Emergency Medical Services (EMS) staff that completed accredited an accredited training course for ILS.	EMS staff with ILS qualification.	Number	HRD database	Annual	Track the number of EMS staff with an ILS qualification.	Higher number of EMS staff with BLS qualification will improve efficiency of emergency services.	Data quality depends on record keeping of training college.	HRD & EMS Managers.
Locally based staff trained in ALS (Paramedics). *Input indicator*	The number of Emergency Medical Services (EMS) staff that completed an accredited training course for ALS.	EMS staff with ALS qualification.	Number	HRD database	Annual	Track the number of EMS staff with an ALS qualification.	Higher number of EMS staff with BLS qualification will improve efficiency of emergency services.	Data quality depends on record keeping of training college.	HRD & EMS Managers.

PROGRAMME 7: HEALTH SUPPORT SERVICES – PHARMACY

Table 62 (SUP 1)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
% of Pharmacies that obtained an A or B grading on inspection. (New) *Quality indicator*	The number of Pharmacies (out of the total number of Pharmacies) that comply with Pharmaceutical prescripts on inspection.	<u>Numerator</u> Number of Pharmacies with A or B grading on inspection. <u>Denominator</u> Total number of Pharmacies.	% cumulative	Pharmacy database	Annual	Track compliance with Pharmaceutical prescripts.	Improved compliance will improve quality and efficiency of Pharmaceutical services.	Accurate records of inspections conducted.	Pharmacy Manager.
PPSD compliant with Good Manufacturing Practice Regulations. (New) *Output indicator*	PPSD (including infrastructure) compliant with Good Manufacturing Practice Regulations.	PPSD compliant with prescripts of Good Manufacturing Practice Regulations.	Yes/ No	Pharmacy reports	Annual progress	Track progress towards compliance.	PPSD compliant with prescripts.	None.	Pharmacy Manager.
Tracer medicine stock-out rate in bulk store (PPSD). *Efficiency indicator*	Any item on the Tracer Medicine List that had a zero balance in the Bulk Store (PPSD) on a Stock Control System.	Any tracer medicine stock-out in bulk store (PPSD).	%	Pharmacy records	Quarterly	Monitor shortages in tracer medicines.	Targeting zero stock-out.	Accuracy dependant on quality of data from reporting facility.	Pharmacy Manager.
Tracer medicine stock-out rate in bulk store (facilities).[44] *Efficiency indicator*	Any item on the Tracer Medicine List that had a zero balance in Bulk Store (facilities) on the Stock Control System. Percentage of fixed facilities with tracer medicine stock-outs (>0) during the reporting period. A facility should be counted once as having a stock-out during the reporting period.	<u>Numerator</u> Any tracer medicine stock-out in facilities. <u>Denominator</u> Number of fixed facilities.	%	DHIS	Quarterly	Monitor shortages in Tracer medicines.	Targeting zero stock-out of all tracer medicines.	Accuracy dependant on quality of data from reporting facilities.	District & Pharmacy Managers.
Average patient waiting time for Pharmacy. (New) *Outcome indicator*	The average time that clients have to wait for medicines from Pharmacy calculated from the time of arrival to the time they receive their medicines.	<u>Numerator</u> Waiting time (in minutes/ hours) per sample patients in Pharmacy. <u>Denominator</u> Total sample patients.	Minutes/ Hours	Waiting Time Surveys	Annual	Monitor average waiting time as proxy of quality and efficiency of Pharmaceutical services.	Shorter waiting times (under 1 hour) considered an indication of efficient and effective health services.	Reporting on regular surveys and identified challenges - monitoring of interventions to address challenges.	District & Pharmacy Managers.

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[44] Tracer medicines refer to all medicines including ART and TB medicines

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Table 67 (HFM 1)

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Equitable share capital programme as % of total health expenditure. (New) *Quality indicator*	Expenditure on buildings and equipment from the Provincial Equitable Share allocation (i.e. excluding Conditional Grants) as a percentage of total Provincial health expenditure.	<u>Numerator</u> Expenditure on building upgrade, renovation and construction. <u>Denominator</u> Total expenditure (Equitable Share).	Rand	Infrastructure BAS	Annual	Track expenditure on health infrastructure and equipment.	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Data quality is reliant on accurate costing and assessment of the condition of health facilities.	Health Facility Maintenance Programme.
Hospitals funded from the Revitalisation Programme. (New) *Input indicator*	Number of hospitals with funding from the Revitalisation Grant from 2003.	<u>Numerator</u> Hospitals funded from the Revitalisation Grant from 2003. <u>Denominator</u> Total number of hospitals.	%	Infrastructure DHIS	Annual	Track progress with the revitalisation of hospitals to improve service delivery.	Higher percentages of hospitals funded reflect progress with the revitalisation of hospitals.	Focus should be on hospitals that have actually been funded for planning or construction, or both, but not on approved business cases that have not been funded.	Health Facility Maintenance Programme.
Expenditure on facility maintenance as % of total health expenditure. (New) *Input indicator*	Expenditure on health buildings maintenance in the Province as a percentage of total health expenditure.	<u>Numerator</u> Expenditure on buildings maintenance expenditure. <u>Denominator</u> Total expenditure.	Rand	Infrastructure BAS	Annual	Track expenditure on the maintenance of health facilities.	Expenditure on facility maintenance is desired to be about 4% of total health expenditure.	Data quality is reliant on accurate costing of maintenance expenditure.	Health Facility Maintenance.
Fixed PHC facilities with access to piped water. (New) *Quality indicator*	Percentage of fixed clinics, visiting points and CHC's that have access to piped water.	<u>Numerator</u> Fixed PHC facilities with access to piped water. <u>Denominator</u> Total number of fixed PHC facilities.	%	Infrastructure DHIS	Annual	Track the provision of basic infrastructural services to PHC facilities.	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities.	Comprehensive data will be available where an audit of PHC facilities has been conducted. Without an audit, data might be incomplete.	Health Facility Maintenance Programme.
Fixed PHC facilities with access to mains electricity. (New) *Quality indicator*	Percentage of fixed clinics, visiting points and CHC's that have access to mains electricity.	<u>Numerator</u> Fixed PHC facilities with access to mains electricity. <u>Denominator</u> Total number of fixed PHC facilities.	%	Infrastructure DHIS	Annual	Track the provision of basic infrastructural services to PHC facilities.	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities.	Comprehensive data will be available where an audit of PHC facilities has been conducted. Without an audit, data might be incomplete.	Health Facility Maintenance Programme.
Fixed PHC facilities with access to fixed line telephone. (New) *Quality indicator*	Fixed PHC facilities with access to fixed line telephone.	<u>Numerator</u> Fixed PHC facilities with access to fixed line telephone. <u>Denominator</u> Total number of fixed PHC facilities.	%	Infrastructure DHIS	Annual	Track the provision of basic infrastructural services to PHC facilities.	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities.	Comprehensive data will be available where an audit of PHC facilities has been conducted. Without an audit, data might be incomplete.	Health Facility Maintenance Programme.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Average backlog of service platform in fixed PHC facilities. (New) *Quality indicator*	Expenditure required bringing all fixed Provincial health clinics and CHC's up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total.	Numerator Expenditure required for fixed PHC facilities to reach maintenance standard. Denominator Replacement cost for all PHC facilities.	Rand	Infrastructure BAS	Annual	Track the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Health Facility Maintenance Programme.
Average backlog of service platform in District Hospitals. (New) *Quality indicator*	Expenditure required bringing District Hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those.	Numerator Expenditure required for District Hospitals to reach maintenance standard. Denominator Replacement cost for all District Hospitals.	Rand	Infrastructure BAS	Annual	Track the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Health Facility Maintenance Programme.
Average backlog of service platform in Regional Hospitals. (New) *Quality indicator*	Expenditure required bringing Regional Hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those.	Numerator Expenditure required for Specialist Hospitals to reach maintenance standard. Denominator Replacement cost for all Regional Hospitals.	Rand	Infrastructure BAS	Annual	Track the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Health Facility Maintenance Programme.
Average backlog of service platform in Specialised Hospitals. (New) *Quality indicator*	Expenditure required bringing all Specialised Hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those.	Numerator Expenditure required for Specialized Hospitals to reach maintenance standard. Denominator Replacement cost for all Specialised Hospitals.	Rand	Infrastructure BAS	Annual	Track the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Health Facility Maintenance Programme.
Average backlog of service platform in Tertiary and Central Hospitals. (New) *Quality indicator*	Expenditure required bringing all Tertiary & Central Hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those.	Numerator Expenditure required for Tertiary & Central Hospitals to reach maintenance standard. Denominator Replacement cost for all Tertiary & Central Hospitals.	Rand	Infrastructure BAS	Annual	Track the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Health Facility Maintenance Programme.

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Average backlog of service platform in Provincially Aided Hospitals. (New) *Quality indicator*	Expenditure required bringing all Provincially Aided Hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those.	<u>Numerator</u> Expenditure required for Provincially Aided Hospitals to reach maintenance standard. <u>Denominator</u> Replacement cost for all Provincially Aided Hospitals.	Rand	Infrastructure BAS	Annual	Track the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Health Facility Maintenance Programme.
New clinical infrastructure planning, design, construction and commissioning complete. [45] (New) *Process indicator*	The number of new clinical infrastructure (clinics, etc.) in different stages of development to fully functional (commissioning).	Number of projects in planning, design, construction and commissioned.	Number	Infrastructure	Quarterly	Monitor progress with projects for new clinical infrastructure.	Effective monitoring of performance and progress.	Recording of progress.	Health Facility Maintenance Programme.
Upgrading & renovation projects planning, design, construction and commissioning completed. [46] (New) *Process indicator*	The number of upgrading and renovation projects in different stages of development to fully commissioned.	Number of projects in planning, design, construction and commissioned.	Number	Infrastructure	Quarterly	Monitor progress with upgrading and renovation projects.	Effective monitoring of performance and progress.	Recording of progress.	Health Facility Maintenance Programme.
Accommodation Plan available. (New) *Input indicator*	Develop and implement an Accommodation Plan to ensure effective intervention to address accommodation needs.	Accommodation Plan.	Yes/ No	Infrastructure	Annual progress	Monitor development and implementation of the Accommodation Plan.	Interventions based on Plan to address accommodation needs in most cost effective manner.	None.	Health Facility Maintenance Programme.
Lease, Acquisition and Disposal Management Policy. (New) *Input indicator*	Develop a Policy to guide interventions related to lease, acquisition and disposal management.	Lease, Acquisition and Disposal Management Policy.	Yes/ No	Infrastructure	Annual	Monitor development and implementation of Policy.	Policy informs interventions.	None.	Health Facility Maintenance Programme.
Number of lease agreements renewed. (New) *Input indicator*	Renewal of current leases.	Leases renewed.	Number	Infrastructure	Annual	Monitor lease renewal.	Compliance with lease agreements.	Record keeping.	Health Facility Maintenance Programme.

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[45] Reporting will be separate for planning, design, construction and commissioning as it is independent processes
[46] Reporting will be separate for planning, design, construction and commissioning

Indicator Title	Short Definition	Method of Calculation	Calculation Type	Data Source	Reporting Cycle	Purpose	Desired Performance	Data Limitations	Responsible
Number of properties acquisitioned including vacant land. (New) *Output indicator*	Acquisition of properties or land for purposes of accommodating departmental need.	Number of properties.	Number	Infrastructure	Annual	Monitor acquisition of land.	Appropriate response to departmental need.	Record keeping.	Health Facility Maintenance Programme.