

ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

INDICATOR DESCRIPTIONS

PROGRAMME 1: ADMINISTRATION

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Audit opinion from Auditor General	Audit opinion for Provincial Departments of Health for financial performance.	To strengthen financial management monitoring and evaluation.	Documented Evidence: Annual Report Auditor General's Report	Annual Report – AGSA Findings	N/A	Categorical	Annual	None	Unqualified audit opinion from the Auditor General of SA.	CFO; All Senior Managers
Percentage of Hospitals with broadband access	Percentage of hospitals with broadband access.	To track broadband access to hospitals.	Network reports that confirm availability of broadband; OR Network rollout report for sites that is not yet live.	ICT database	Numerator Total number of hospitals with minimum 2 Mbps connectivity Denominator Total number of hospitals	%	Quarterly	None	Higher Proportion of broadband access is more favourable for connectivity to ensure that South African health system can implement the eHealth Programme.	ICT Chief Directorate
Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access.	To ensure broadband access to PHC facilities.	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	ICT database	Numerator Total number of fixed PHC facilities with minimum 1Mbps connectivity Denominator Total number of fixed PHC facilities	%	Quarterly	None	Higher Proportion of broadband access is more favourable for connectivity	ICT Chief Directorate
Approved annual Procurement Plan	A costed Procurement Plan making provision for minor and major assets for a specific reporting cycle (financial year).	To inform budget allocation and effective budget/ financial management and control in procurement of goods.	Approved annual Procurement Plan	Approved annual Procurement Plan	N/A	Categorical	Annual	None	Annual costed Procurement Plan.	CFO and SCM Chief Directorate
Number of organisational structures reviewed & submitted for approval	The number of organisational/ post structures that have been reviewed and submitted for approval by the MEC for Health.	Ensure updated post structures aligned with function.	Approved organisational structures	Approved organisational structures	SUM Number of organisational structures reviewed and submitted for approval	Number	Annual	None	The ideal is to have all structures reviewed and approved.	HRMS: OES Chief Directorate

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Implement the Community Based Training in a PHC Model	New Decentralised Community Based Training for Health Sciences Students (doctors, nurses and allied workers) with focus on PHC re-engineering (formal training from community to level 3 platforms) in Partnership between the Department and UKZN.	Monitor progress in implementation of the Model and the production of health care providers over time.	Task Team Reports (DOH/UKZN)	Task Team Reports (DOH/UKZN)	N/A	Categorical	Annual	None	Decentralised training implemented.	Provincial Task Team (DOH/UKZN)
Medical Officers per 100 000 people	The number of Medical Officers in posts on the last day of March of the reporting year per 100 000 population.	Track the availability of Medical Officers in the public sector as proportion of the total population.	Persal (Medical Officers) DHIS (Stats SA population)	Persal (Medical Officers) DHIS (Stats SA population)	Numerator Number of Medical Officer posts filled in reporting year Denominator Total population *100,000	Number per 100 000 population	Annual	None	Increase in the number of Medical Officers contributes to improved access and quality of clinical care.	HRMS: Chief Director Practices, Development & Planning
Professional Nurses per 100,000 people	The number of Professional Nurses (PNs) in posts on the last day of March of the reporting year per 100 000 population.	Track the availability of Professional Nurses in the public sector as proportion of the total population.	Persal (Professional Nurses) DHIS (Stats SA population)	Persal (Professional Nurses) DHIS (Stats SA population)	Numerator Number of Professional Nurse posts filled Denominator Total population *100,000	Number per 100 000 population	Annual	None	Increase in the number of PNs contributes to improved access and quality of clinical care.	HRMS: Chief Director Practices, Development & Planning
Pharmacists per 100,000 people	The number of Pharmacists in posts on the last day of March of the reporting year per 100,000 population.	Track the availability of Pharmacists in the public sector as proportion of the total population	Persal (Pharmacists) DHIS (Stats SA population)	Persal (Pharmacists) DHIS (Stats SA population)	Numerator Number of Pharmacist posts filled Denominator Total population *100,000	Number per 100 000 population	Annual	None	Increase in the number of Pharmacists contributes to improved access and quality of clinical care.	HRMS: Chief Director Practices, Development & Planning
Number of Hospital Managers who have signed Performance Agreements (PA's)	The number of Hospital Managers who have signed PA's with supervisors by April each year.	Monitor compliance with HR prescripts.	Signed PA's	Signed PA's	SUM Number of Hospital Managers with signed Performance Agreements for the reporting period	Number	Annual	None	All staff sign annual PA's - aligned with Departmental priorities.	HRMS: Chief Director Practices, Development & Planning

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Number of District Managers who have signed PA's	The number of District Managers who have signed PA's with supervisors by April each year.	Monitor compliance with HR prescripts.	Signed PA's	Signed PA's	SUM Number of District Managers with signed Performance Agreements for the reporting period	Number	Annual	None	All staff sign annual PA's - aligned with Departmental priorities.	HRMS: Chief Director Practices, Development & Planning
Percentage of Head Office Managers (Level 13 and above) who have signed PA's	The percentage of Senior Managers (level 13 and above) who have signed PA's with supervisors by April each year.	Monitor compliance with HR prescripts.	Signed PA's	Signed PA's	Numerator Number of Head Office Managers (level 13 and above) who signed PA's for the reporting period Denominator Number of Head Office Managers (level 13 and above)	%	Annual	None	All staff sign annual PA's - aligned with Departmental priorities.	HRMS: Chief Director Practices, Development & Planning
Approved 2017-2027 Long Term Plan	Ten year health transformation plan.	Inform service transformation/ delivery and resource allocation over a ten year period.	Approved Long Term Plan	Approved Long Term Plan	N/A	Categorical	Annual	None	Approved Long Term Plan implemented and monitored.	Chief Directorate Integrated Service Delivery Planning, M&E
Approved Hospital Rationalisation Plan	Integrated and comprehensive hospital plan making provision for rationalisation and optimisation of hospital services and resources including classification, package of services, staffing (according to staffing norms), bed allocation per clinical domain, specialities, complexes and centres of excellence, etc.	Improve hospital efficiencies and quality.	Approved Hospital Rationalisation Plan	Approved Hospital Rationalisation Plan	N/A	Categorical	Annual	None	Hospital Rationalisation Plan approved and implemented.	Chief Directorates: Specialised Services: Clinical Support: DHS

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Proportion of public health hospitals that score more than 75% on the Food Service Monitoring Standards Grading System	The proportion of facilities that comply with more than 75% of the food service standards using a customised grading system.	Monitor the quality of food services.	Food services grading register	Food services grading register	Numerator Number of public health hospitals scoring more than 75% on the Food Service Monitoring Grading System Denominator Number public health hospitals assessed	%	Quarterly	None	Higher percentage indicates better compliance to food services standards.	Chief Directorate: Clinical Support
Number of Community Care Givers (CCGs) appointed on contract	The number of CCGs appointed on contract during year of reporting.	Monitor the number of CCGs that participate in community-based services.	CCG database/ Peral	Peral	SUM Number of CCGs on Peral	Number	Annual	None	Higher number improves community-based coverage.	Chief Directorate: Executive Support Services
Number of ethics workshops conducted	Workshops with a focus on ethics in the workplace and the role and responsibility of health workers.	Monitor coverage of ethics education in the workplace.	Attendance Registers	Attendance Registers	SUM Total number of ethics workshops conducted	Number	Quarterly	None	Full compliance indicates adequate education on ethics in the workplace.	Chief Directorate: Executive Support Services
Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance	Full disclosure of all donations, sponsorships and gifts received per month as required by the Public Finance Management Act.	Monitor compliance to legislative prescripts.	Gift registers/ Reports to Finance	Gift Registers/ Finance Reports	SUM Number of disclosure reports submitted to Finance	Number	Quarterly	None	Twelve Reports with full disclosure as prescribed by legislation.	Chief Directorate: Executive Support Services

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PROGRAMME 2: SUB-PROGRAMME: PRIMARY HEALTH CARE (DISTRICT HEALTH SERVICES)

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Ideal clinic status rate <i>New indicator</i>	Fixed PHC health facilities that have obtained Ideal Clinic status measured against Ideal Clinic Dashboard standards.	Monitor outcomes of Perfect Permanent Teams for Ideal Clinic Realisation & Maintenance (PPTICRM) assessments to ensure that clinics are ready for inspections conducted by Office of Health Standards Compliance.	Ideal Clinic review tools	Ideal Clinic Dashboard; DHIS	Numerator SUM([Ideal clinic status determinations conducted by PPTICRM]) Denominator SUM([Fixed PHC clinics/ fixed CHCs/CDCs])	%	Annual	Incomplete reporting on the Ideal Clinic information system.	Higher Ideal clinic status indicates better compliance to standards and readiness for external inspections conducted by Office of Health Standards Compliance.	Chief Directorate: DHS/ PHC
PHC utilisation rate - total	The average number of PHC visits per person per year in the population.	Monitor PHC access and utilisation.	Numerator: Daily reception headcount register (or HPRS where available); DHIS Denominator: Stats SA	DHIS	Numerator: SUM([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + [PHC headcount 20 years and older]) Denominator: Sum([Population – Total])	Number	Quarterly	None	Higher levels of utilisation may be an indication of improved access or better health seeking behaviour. Lower utilisation may be an indication of improved services and access at community-based locations.	Chief Directorate: DHS/ PHC
Complaint resolution within 25 working days rate	Client complaints resolved within 25 working days as a proportion of all complaints resolved.	Monitor the time in which the public health system responds to and resolve customer complaints.	Complaints Register; DHIS	DHIS	Numerator SUM([Complaints resolved within 25 working days]) Denominator SUM([Complaints resolved])	%	Quarterly	Accuracy of information is dependent on the accuracy of time stamp per complaint.	Higher percentage suggests better management of complaints.	Chief Directorate: Clinical Support
Complaints resolution rate	Complaints resolved as a proportion of the total complaints received.	Monitor the public health system response to customer concerns/ complaints.	Complaints Register; DHIS	DHIS	Numerator SUM([Complaints resolved]) Denominator SUM([Complaints received])	%	Quarterly	Accuracy of reporting at facility level.	Higher percentage suggests better management of complaints.	Chief Directorate: Clinical Support

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Life expectancy at birth – Total	The average number of years a person can expect to live from birth to death.	Track improved quality of life and people living longer.	Stats SA Mid-Year Population Estimates	Stats SA Mid-Year Population Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Annual	None - estimate	Increase in life expectancy indicates improved quality of life.	All Branches
Life expectancy at birth – Male	The average number of years a male can expect to live from birth to death.	Track improved quality of life and males living longer.	Stats SA Mid-Year Population Estimates	Stats SA Mid-Year Population Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Annual	None - estimate	Increase in life expectancy indicates improved quality of life.	All Branches
Life expectancy at birth – Female	The average number of years a female can expect to live from birth to death.	Track improved quality of life and females living longer.	Stats SA Mid-Year Population Estimates	Stats SA Mid-Year Population Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Annual	None - estimate	Increase in life expectancy indicates improved quality of life.	All Branches
PHC utilisation rate under 5 years (annualised)	Average number of PHC visits per year per child under the age of 5 years in the total population.	Monitor PHC access and utilisation by children under the age of 5 years.	PHC register; DHIS; Stats SA (denominator)	DHIS	Numerator PHC headcount under 5 years Denominator Population under 5 years	Number	Quarterly (annualised)	None	Higher levels of uptake may indicate improved health seeking behaviour, increased burden of disease, or greater reliance on the public health system. Decrease may indicate improved access and services at community-based locations.	Chief Directorate: DHS/ PHC

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Expenditure per PHC headcount	Provincial expenditure including Sub-Programmes 2.2, 2.3, 2.6 and 2.7 per person visiting public health clinics and CHCs.	Monitor PHC expenditure trends per patient visiting PHC clinics and CHCs.	BAS; PHC Register	DHIS; BAS	<p>Numerator</p> <p>Total expenditure PHC (Sub-Programmes 2.2, 2.3, 2.6, 2.7)</p> <p>Denominator</p> <p>PHC headcount total (clinics & CHCs)</p>	Rand	Quarterly	None	Lower expenditure may indicate efficient use of resources; higher expenditure may indicate improved access to PHC without concomitant resources.	Chief Directorate: DHS/ PHC CFO
Number of School Health Teams (cumulative)	Number of School Health Teams appointed to render school-based health services as part of PHC re-engineering. Composition of team (minimum requirement): PN, EN and Health Promoter (may include additional members). In the absence of a PN, an EN may head the team.	Monitor services rendered at schools as part of PHC re-engineering.	Persal; BAS; District Management	Persal; BAS; District Management	<p>SUM</p> <p>Total number of appointed and functional School Health Teams (cumulative)</p>	Number	Quarterly (cumulative)	Incorrect linking of appointed School Health Members on BAS (also influenced by functionality of teams based on availability of resources e.g. vehicles).	Higher number desired for improved school coverage.	Chief Directorate: DHS/ PHC
Number of Ward-Based Outreach Teams (cumulative)	The number of ward-based outreach teams appointed to render PHC outreach services. Team composition includes (at minimum) PN, EN, Health Promoter or CCGs. If no PN is available, EN can fulfil that position until PN can be appointed.	Monitor community-based outreach services rendered by teams as part of PHC re-engineering.	Persal; BAS; District Management	Persal; BAS; District Management	<p>SUM</p> <p>Total number of Ward Based Outreach Teams (cumulative)</p>	Number	Quarterly (cumulative)	Incorrect linking of appointed School Health Members on BAS (also influenced by functionality of teams based on availability of resources e.g. vehicles).	Higher number desired for improved ward/ community based coverage of health services.	Chief Directorate: DHS/ PHC

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Number of accredited Health Promoting Schools (cumulative)	The number of schools that have been officially accredited as Health Promoting Schools by an external Assessment Authority Accreditation is based on full compliance to the national norms and standards for Health Promoting Schools.	Monitor implementation of school-based health promotion initiatives owned by schools and communities in line with the Ottawa Charter's 5 Action Areas to expand the role of learners, parents, caregivers and communities and to improve ownership for health at household level.	School accreditation certificate	Health Promoting Schools database	SUM Total number of schools accredited as Health Promoting Schools by an external assessment authority (cumulative)	Number	Quarterly (cumulative)	None	Higher number desired to support community ownership for health.	Chief Directorate: DHS/ PHC
Outreach household (OHH) registration visit coverage (annualised)	OHH registered by Ward Based Outreach Teams as a proportion of households in the catchment population.	Monitor implementation of PHC re-engineering with specific reference to community-based services	Household registration visit registers Stats SA projected households	DHIS	Numerator SUM([OHH registration visit]) Denominator Number of households in population (catchment)	%	Quarterly	None	Higher percentage indicates improved coverage of households with community-based services.	Chief Directorate: DHS/ PHC

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PROGRAMME 2, 4 AND 5: SUB-PROGRAMMES DISTRICT, REGIONAL, SPECIALISED, TERTIARY AND CENTRAL HOSPITALS

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (All Hospitals)	Public health hospitals that have conducted annual NCS self-assessments as a proportion of the total number of hospitals (in that classification).	Monitor whether hospitals are measuring and monitoring their level of compliance with the NCS in order to close gaps in preparation for the external assessment conducted by the Office of Health Standards Compliance.	Assessment records: QA reports DHIS, NCS Reports	DHIS	Numerator SUM([Hospitals that achieved 75% and more on NCS self-assessment]) Denominator SUM([Number of hospitals that conducted NCS self-assessments])	%	Quarterly	Incomplete reporting on self-assessments.	Higher self-assessment and compliance indicates positive progress towards compliance with NCS.	Chief Directorates: Clinical Support; Specialised Services; DHS
Average length of stay (All Hospitals)	The average number of patient days an admitted patient spends in hospital before separation. Inpatient separation is the total of inpatient discharges, deaths and transfers out.	Monitor the efficiency of inpatient management; and serves as proxy because ideally it should only include inpatient days for those patients separated during the reporting month. This is used in all hospitals and CHCs with inpatient beds.	Midnight Census; Admission & Discharge Register; DHIS	DHIS	Numerator Sum (([Inpatient days total x 1]) + ([Day patient total x 0.5])) Denominator SUM([inpatient deaths-total]) + ([inpatient discharges-total]) + ([inpatient transfers out-total])	Days	Quarterly	None	Short stay may reflect high levels of efficiency, although the length of stay is directly linked with the burden of disease which is difficult to predict.	Chief Directorates: Clinical Support; Specialised Services; DHS
Inpatient bed utilisation rate (All Hospitals)	Inpatient bed days used as proportion of the maximum inpatient bed days (inpatient beds x days in that period) available.	Monitor the efficient utilisation of allocated hospital beds	Midnight Census; Admission & Discharge Register; DHIS	DHIS	Numerator Sum (([Inpatient days total x 1]) + ([Day patient total x 0.5])) Denominator Usable beds (Inpatient beds * 30.42) available	%	Quarterly	None	Higher bed utilisation rates indicate more efficient use of available beds. This is directly related to the burden of disease and up and down referral of patients.	Chief Directorates: Clinical Support; Specialised Services; DHS

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Expenditure per patient day equivalent (PDE) (All Hospitals)	Average cost per PDE – PDE is the inpatient days total + day patients * 0.5 + (emergency headcount + OPD headcount total) * 0.3333333	Monitor effective and efficient management of inpatients and average cost per patient.	Admissions, Expenditure Reports, Midnight Census	DHIS; BAS	Numerator SUM((Expenditure - total)) Denominator Sum((Inpatient days total x 1) + ((Day patient total x 0.5) + ((OPD headcount not referred new x 0.3333333) + SUM((OPD headcount referred new x 0.3333333) + ((OPD headcount follow-up x 0.3333333) + ((Emergency headcount - total x 0.3333333))	Rand	Quarterly	None	Lower cost may be an indication of more efficient utilisation of resources.	Chief Directorates: Clinical Support; Specialised Services; DHS CFO/ Finance
Complaint resolution within 25 working days rate (All Hospitals)	Complaints resolved within 25 working days as a proportion of all complaints resolved.	Monitor the time in which the public health system responds to complaints from clients.	Complaints Register; QA Registers	DHIS	Numerator SUM((Number of complaint resolved within 25 working days)) Denominator SUM((Number of complaint resolved))	%	Quarterly	Accuracy of information depends on the time stamp for each complaint.	Higher percentage suggests better management of complaints.	Chief Directorates: Clinical Support; Specialised Services; DHS
Complaints resolution rate (All Hospitals)	Complaints resolved as a proportion of complaints received.	Monitor the public health system response to customer concerns/ complaints.	Complaints Register; QA Registers.	DHIS	Numerator SUM((Number of complaints resolved)) Denominator SUM((Number of complaints received))	%	Quarterly	Accuracy of information depends on the time stamp for each complaint.	Higher percentage suggests better management of complaints.	Chief Directorates: Clinical Support; Specialised Services; DHS

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Delivery by caesarean section rate (District, Regional, Tertiary & Central Hospitals)	Delivery by caesarean section as proportion of total deliveries in hospital.	Monitor access to caesarean section (and other surgery) as well as use of resources at delivery hospital.	Theatre Register; Delivery Register	DHIS	Numerator SUM([Number of deliveries by caesarean section]) Denominator SUM([Number of deliveries in hospital total])	%	Quarterly	None	Percentages will differ in the different levels of hospitals with higher percentage in higher levels of care (based on management of high risk cases) – will also relate to the burden of disease.	Chief Directorates: Specialised Services; DHS
OPD headcount – total (All Hospitals)	Total clients attending general or specialist outpatient clinics including new and follow up visits.	Monitor patient activity (numbers) at outpatient clinics partly to track burden of disease trends, referral, workload and utilisation/ allocation of resources.	OPD Registers	DHIS	SUM SUM([OPD headcount not referred new]) + SUM([OPD headcount referred new]) + ([OPD headcount follow up])	Number	Quarterly	None	Decrease in number may be an indication of improved patient management at lower levels of care or be related to a change in the burden of disease. Increase in numbers may be an indication of ineffective referral from referral facilities or ineffective management of patients at lower levels of care (which might be an indication of inadequate resources, etc.	Chief Directorates: Specialised Services; DHS
OPD headcount not referred new (All hospitals excluding Central)	New OPD clients not referred to OPD.	Monitor utilisation trends of PHC clients' by-passing clinics and CHCs and the effect of PHC re-engineering on OPD utilisation.	OPD Registers	DHIS	SUM SUM([Total OPD headcount not referred new])	Number	Quarterly	None	Lower numbers an indication of clients/ patients entering the health system at the appropriate level of care.	Chief Directorates: Specialised Services; DHS

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Number of dentures issued per annum (Programme 4: Oral & Dental Training Centre only)	The number of dentures issued.	Monitor the response to demand for dentures.	Denture Register	Denture Register	SUM SUM([Total number of dentures issued])	Number	Annual	None	Higher number indicates increased response to demand.	Chief Directorate: NCD
Number of Oral Hygienist and Dental Therapists trained per annum (Programme 4: Oral & Dental Training Centre only)	The combined number of Oral Hygienists and Dental Therapists trained per annum. Number of students (intake) remains as per target but proportion of Hygienists and Therapists may differ.	Monitor production of Oral Hygienists and Dental Therapists.	Training Records	Training Records	SUM SUM([Total number of Oral Hygienists and Dental Therapists trained])	Number	Annual	None	Intake as per annual target.	Chief Directorate: NCD

PROGRAMME 2: SUB-PROGRAMME: HIV, AIDS, STI AND TB CONTROL

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
ART client remain on ART end of month - total	The sum of: Client with current regiment in column of the month reported on. Client with a star without a circle in the column of reporting month. Clients remaining on ART equal [naive (including PEP and PMCT) + Experienced + Transfer in + Restart] minus [Died + Loss to follow up + Transfer out].	Monitor the total clients remaining on life-long ART at the month.	ART Register; TIER.Net	DHIS, ART Register, Tier.Net	SUM SUM([ART adult remain on ART end of period]) + SUM([ART child under 15 years remain on ART end of period])	Number	Quarterly	None	Higher number indicates a larger population on ART treatment.	Chief Directorate: Strategic Health Programmes

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TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients.	Monitor ART coverage for TB clients.	TB Register; ETR.Net; Tier.Net	DHIS	Numerator SUM([Number of TB/HIV co-infected clients on ART]) Denominator SUM([Number of TB clients known to be HIV positive])	%	Quarterly	None	Higher percentage indicates improved coverage of TB clients known to be HIV positive.	Chief Directorate: Strategic Health Programmes
HIV test done - total	The total number of HIV tests done in all age groups.	Monitor the impact of HIV to assist in planning effective initiatives to combat HIV and AIDS and to decrease the burden of disease.	PHC Register; HTS Register (HIV Testing Services); HCT Module in TIER.Net	DHIS	SUM SUM([Antenatal client HIV 1st test]) + ([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excluding ANC)])	Number	Quarterly	Dependent on the accuracy of facility register	Higher number indicates more people knowing their HIV status.	Chief Directorate: Strategic Health Programmes
Male condoms distributed	Male condoms distributed from a primary distribution site to health facilities or other points in the community e.g. during campaigns, at non-traditional outlets, etc.	Monitor distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes (dual protection).	Stock/Bin Cards	DHIS	SUM SUM([Male condoms distributed])	Number	Quarterly	None	Higher number indicates increased number of people having access to condoms.	Chief Directorate: Strategic Health Programmes
Medical male circumcision - Total	Medical male circumcisions performed for age 10 years and older.	Monitor medical male circumcisions performed as part of the prevention strategy for HIV.	Theatre Registers; PHC Tick Register	DHIS	SUM SUM([Medical male circumcision 10 to 14 years]) + ([Medical male circumcision 15 years and older])	Number	Quarterly (annualised)	None	Higher number indicates more men access the service – improved coverage.	Chief Directorate: Strategic Health Programmes
TB client 5 years and older start on treatment rate	TB client 5 years and older start on treatment as a proportion of TB symptomatic clients 5 years older test positive.	Monitor trends in early identification of children with TB symptoms in health care facilities.	PHC Tick Register; TB Register; ETR.Net TIER.Net	ETR.Net	Numerator SUM([Number of TB clients 5 years and older start on treatment]) Denominator SUM([Number of TB symptomatic client 5 years and older tested positive])	%	Quarterly (cumulative)	None	Increased percentage indicates improved coverage for children under 5 years with TB.	Chief Directorate: Strategic Health Programmes

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TB client treatment success rate	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of all TB clients that started on treatment. This applies to all TB clients (new, retreatment, other, pulmonary and extra pulmonary).	Monitor success of TB treatment for all types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior.	TB Register; ETR.Net	ETR.Net	Numerator SUM([Number TB clients successfully completed treatment]) Denominator SUM([Number new smear positive pulmonary TB client start on treatment])	%	Quarterly	None	Higher percentage suggests better treatment outcomes.	Chief Directorate: Strategic Health Programmes
TB client lost to follow up rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients that started on treatment. This applies to all TB clients (New, Retreatment, Other, Pulmonary and Extra-Pulmonary).	Monitor retention in care strategies. This follows a cohort analysis; therefore clients would have been started on treatment at least 6 months prior.	TB Register; ETR.Net	ETR.Net	Numerator SUM([Number TB clients lost to follow up]) Denominator SUM([Number TB clients start on treatment])	%	Quarterly	None	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment.	Chief Directorate: Strategic Health Programmes
TB client death rate	TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to all TB clients (New, Retreatment, and Other, Pulmonary and Extra Pulmonary).	Monitor death during the TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior.	TB Register; ETR.Net	ETR.Net	Numerator SUM([Number TB client died during treatment]) Denominator SUM([Number TB client start on treatment])	%	Annual	None	Lower percentage indicates improved compliance to treatment regimens and improved TB outcomes.	Chief Directorate: Strategic Health Programmes

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
TB MDR treatment success rate	MDR-TB clients successfully completing treatment as a proportion of MDR-TB confirmed clients started on treatment.	Monitor success of MDR-TB treatment programme.	TB Register; EDR. Web	EDR.Web	Numerator SUM((Number TB MDR clients successfully completed treatment)) Denominator SUM((Number TB MDR confirmed clients start on treatment))	%	Annual	None	Higher percentage indicates improved treatment outcomes.	Chief Directorate: Strategic Health Programmes
TB incidence	The number of new TB infections detected per 100,000 population.	Monitor the number of new TB infections to determine the effectiveness of the TB Programme and monitors the impact of interventions on the burden of disease.	TB Register; TIER.Net; ETR.Net	ETR.Net; DHIS (population)	Numerator New confirmed TB cases Denominator Total population in KZN *100,000	Number per 100,000 population	Annual	None	Desire a reduction in new infections.	Chief Directorate: Strategic Health Programmes
TB-XDR confirmed client start on treatment	Confirmed XDR-TB clients that started on treatment during the reporting period.	Monitor the management and outcomes of TB-XDR.	XDR Register; EDR.Web; TIER.Net	EDR.Web; TIER.Net	SUM SUM((Total number of confirmed XDR TB patients that started on the XDR-TB treatment regime))	Number	Annual	None	A higher number might indicate good case finding and lower number, regardless of intensified case finding, may indicate decreasing XDR-TB incidence.	Chief Directorate: Strategic Health Programmes
HIV incidence	New HIV infections in the general population.	Monitor new infections as part of monitoring impact of prevention strategies.	Thembisa Model projections	Themba Model projections	The Thembisa Model includes various health projections that are officially used by the Department for especially HIV and AIDS data.	%	Annual	Not collected routinely – uses projections from the Thembisa Model.	Reduced incidence indicating effective prevention programmes.	Chief Directorate: Strategic Health Programmes

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Male urethritis syndrome incidence	Male urethritis syndrome cases reported per 1,000 male population between the ages 15-49 years.	Monitor male urethritis syndrome new cases to determine impact of prevention strategies on sexually transmitted infections.	PHC Register	DHIS	Numerator SUM[(Male urethritis syndrome treated – new episode)] Denominator SUM[(Male population 15-49 years)] *1,000	Number per 1,000 population	Quarterly (annualised)	None	Decrease indicates safer sexual health behaviour.	Chief Directorate: Strategic Health Programmes
ART adult remain on ART end of period	The sum of: Any adult who has a current regimen in the column designating the month of reporting. Any adult who has a star without a circle (not yet considered lost to follow up in the month of reporting.	Monitor the burden of HIV and success of treatment programmes.	HIV Register; TIER.Net	TIER.Net	SUM SUM([Adults (naive including PEP & PMTCT) + (Experienced + Transfer in) + (Restart) minus (Died + Lost to follow up + Transfer out)])	Number	Quarterly	None	Increased number indicates improved coverage and access.	Chief Directorate: Strategic Health Programmes
ART child under 15 years remain on ART end of period	The sum of: Any child under 15 who has a current regimen in the column designating the month of reporting. Any child under 15 who has a star without a circle (not yet considered lost to follow up in the month of reporting.	Monitor the burden of HIV and treatment programmes – with focus on children under 15 years of age.	HIV registers; TIER.Net	TIER.Net	SUM SUM[Children under 15 (naive (including PEP & PMTCT) + Experienced + Transfer in + Restart] minus (Died + Lost to follow up + Transfer out)])	Number	Quarterly	None	Increased number indicates improved access to treatment.	Chief Directorate: Strategic Health Programmes

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INDICATOR DESCRIPTIONS

PROGRAMME 2: SUB-PROGRAMME: MATERNAL, NEONATAL, CHILD & WOMEN'S HEALTH AND NUTRITION

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Antenatal 1st visit before 20 weeks rate	Women who have a booked visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits.	Monitor early utilisation of antenatal services.	PHC Comprehensive Tick Register	DHIS	Numerator SUM([Antenatal 1st visit before 20 weeks]) Denominator SUM([Antenatal 1st visit 20 weeks or later]) + SUM([Antenatal 1st visit before 20 weeks])	%	Quarterly	None	Higher percentage indicates improved access and utilisation of early antenatal care.	Chief Directorate: Strategic Health Programmes
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities.	Monitor access to and utilisation of postnatal services.	PHC Comprehensive Tick Register	DHIS	Numerator SUM([Mother postnatal visit within 6 days after delivery]) Denominator SUM([Delivery in facility total])	%	Quarterly	None	Higher percentage indicates improved uptake of postnatal services within 6 days of delivery. May be more than 100% in areas with low deliveries in facilities with mothers giving birth outside facilities access postnatal services in that facility.	Chief Directorate: Strategic Health Programmes
Delivery in 10 to 19 years in facility rate	Deliveries to women between the ages of 10 to 19 years as proportion of total deliveries in health facilities.	Monitor the trends in deliveries for women between 10 to 19 years to inform strategies.	Delivery Register	DHIS	Numerator SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] Denominator SUM([Delivery in facility total])	%	Quarterly (annualised)	None	Lower percentage indicates improved fertility management for youth.	Chief Directorate: Strategic Health Programmes

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INDICATOR DESCRIPTIONS

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Antenatal client start on ART rate	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously or currently on ART.	Monitor implementation of the PMICT guidelines in terms of ART initiation of eligible HIV positive antenatal clients.	ART Register; Tier.Net	DHIS	Numerator SUM([Antenatal client start on ART]) Denominator Sum([Antenatal client known HIV positive but not on ART at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])	%	Annual	None	Higher percentage indicates better coverage of HIV positive clients on ART.	Chief Directorate: Strategic Health Programmes
Maternal mortality in facility ratio	Maternal death is any death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility.	This is a proxy for the population-based maternal mortality ratio. Monitor trends in maternal deaths and causes of deaths.	Death Reports.	DHIS	Numerator SUM([Maternal death in facility]) Denominator SUM([Live birth in facility]) + SUM([Born alive before arrival at facility])	Number per 100,000 live births	Annual	Completeness of reporting	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care	Chief Directorate: Strategic Health Programmes

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Couple year protection rate (International)	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 years.	Monitor access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official population surveys.	PHC Comprehensive Tick Register; Stats SA (denominator)	DHIS; Stats SA	<p>Numerator</p> $\frac{\text{SUM}([\text{Oral pill cycle}]) / 15 + \text{SUM}([\text{Medroxyprogesterone injection}]) / 4 + \text{SUM}([\text{Norethisterone enanthate injection}]) / 6 + \text{SUM}([\text{IUCD inserted}]) * 4.5 + \text{SUM}([\text{Male condoms distributed}]) / 120 + \text{SUM}([\text{Sterilisation - male}]) * 10 + \text{SUM}([\text{Sterilisation - female}]) * 10 + \text{SUM}([\text{Female condoms distributed}]) / 120 + \text{SUM}([\text{Sub-dermal implant inserted}]) * 2.5}{\text{SUM}([\text{Female 15-44 years}]) + \text{SUM}([\text{Female 45-49 years}])}$ <p>Denominator</p>	%	Quarterly	None	Higher percentage indicates improved uptake of modern contraceptive methods.	Chief Directorate: Strategic Health Programmes
Cervical cancer screening coverage 30 years and older	Routine cervical cancer screening for women 30 years and older (repeated every 10 years for 3 years) as a proportion of the female population 30 years and older.	Monitor implementation of the Cervical Cancer Screening Policy and impact on cervical cancer.	PHC Comprehensive Tick Register; OPD Tick Registers; Stats SA (denominator)	DHIS; Stats SA	<p>Numerator</p> $\text{SUM}([\text{Cervical cancer screening 30 years and older}])$ <p>Denominator</p> $\text{SUM}([\text{Female 30-34 years}]) + \text{SUM}([\text{Female 35-39 years}]) + \text{SUM}([\text{Female 40-44 years}]) + \text{SUM}([\text{Female 45 years and older}]) / 10$	%	Annual	None	Higher percentage indicates greater coverage and uptake of service.	Chief Directorate: Strategic Health Programmes

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
HPV 1st dose	Girls 9 years and older that received the HPV 1 st dose.	Monitor HPV coverage of girls 9-15 years as part of prevention of cervical cancer.	HPV Campaign Register	DHIS	SUM SUM((Girl 9 years HPV 1st dose)) + SUM((Girl 10 to 14 years HPV 1 st dose)) + SUM((Girl 15 years HPV 1 st dose))	Number	Annual	None	Higher number indicates better coverage.	Chief Directorate: Strategic Health Programmes
HPV 2nd dose	Girls 9 years and older that received the HPV 2 nd dose.	Monitor HPV coverage of girls 9-15 years as part of prevention of cervical cancer.	HPV Campaign Register	DHIS	SUM SUM((Girl 9 years HPV 1st dose)) + SUM((Girl 10 to 14 years HPV 1 st dose)) + SUM((Girl 15 years HPV 1 st dose))	Number	Annual	None	Higher number indicates better coverage.	Chief Directorate: Strategic Health Programmes
Infant 1 st PCR test positive around 10 weeks rate	Infants testing PCR positive in follow up test as a proportion of infants PCR tested around 10 weeks.	Monitor PCR positivity rate in HIV exposed infants around 10 weeks.	PHC Comprehensive Tick Register	DHIS	Numerator SUM((Infant PCR test positive around 10 weeks)) Denominator SUM((Infant PCR test around 10 weeks))	%	Quarterly	None	Lower percentage indicates a reduction in HIV transmission from mother to child.	Chief Directorate: Strategic Health Programmes
Neonatal death in facility rate	Babies between 0-28 days who died during their stay in the hospital as a proportion of live births in the facility.	Monitors treatment and health outcome for neonates' under-28 days.	Delivery register; Midnight report; death register	DHIS	Numerator SUM((Inpatient deaths 0-7 days)) + SUM((Inpatient deaths 8-28 days)) Denominator SUM((Live births in facility)) *1,000	Number per 1,000 live births	Annual	None	Lower death rate indicates improved management and care.	Chief Directorate: Strategic Health Programmes
Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Monitor coverage of immunisation services.	PHC Comprehensive Tick Register	DHIS: Stats SA	Numerator SUM((Immunised fully under 1 year new)) Denominator SUM((Female under 1 year)) + SUM((Male under 1 year))	%	Quarterly (annualised)	None	Higher percentage indicates better immunisation coverage.	Chief Directorate: Strategic Health Programmes

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INDICATOR DESCRIPTIONS

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here.	PHC Comprehensive tick Register	DHIS; Stats SA	Numerator SUM((Measles 2nd dose)) Denominator SUM((Female 1 year)) + SUM((Male 1 year))	%	Quarterly (annualised)	Accuracy dependent on quality of data submitted health facilities	Higher coverage rate indicate greater protection against measles	Chief Directorate: Strategic Health Programmes
Diarrhoea case fatality under 5 years rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities.	Monitor treatment outcomes for children under-5 years.	Ward Register	DHIS	Numerator SUM((Diarrhoea death under 5 years)) Denominator SUM((Diarrhoea separation under 5 years))	%	Quarterly	Reliant on accuracy of diagnosis / cause of death.	Lower case fatality indicates improved prevention and management of diarrhoea in children.	Chief Directorate: Strategic Health Programmes
Pneumonia case fatality under 5 years rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities.	Monitor treatment outcomes for children under-5 years.	Ward Register	DHIS	Numerator SUM((Pneumonia death under 5 years)) Denominator SUM((Pneumonia separation under 5 years))	%	Quarterly	Reliant on accuracy of diagnosis / cause of death.	Lower case fatality indicates improved prevention and management of pneumonia in children.	Chief Directorate: Strategic Health Programmes
Severe acute malnutrition case fatality under 5 years rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) separations under 5 years in health facilities.	Monitor treatment outcomes for children under-5 years.	Ward Register	DHIS	Numerator SUM((Severe acute malnutrition death in facility under 5 years)) Denominator SUM((Severe acute malnutrition separation under 5 years))	%	Quarterly (annualised)	Reliant on accuracy of diagnosis / cause of death.	Lower case fatality indicates improved prevention and management of severe acute malnutrition in children.	Chief Directorate: Strategic Health Programmes

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	Monitor Vitamin A supplementation to children aged 12-59 months - All children should receive supplementation twice a year.	PHC Comprehensive Tick Register; Stats SA	DHIS	Numerator SUM([Vitamin A dose 12-59 months]) Denominator Population 12-59 months *2	%	Quarterly	The PHC Register is not designed to collect longitudinal records of patients, which might impact on accuracy of data.	Higher percentage indicates improved coverage with Vit A.	Chief Directorate: Strategic Health Programmes
School Grade 1 learners screened	Learners in Grade 1 receiving health screening in line with the Integrated School Health Programme (ISHP) service package.	Monitor implementation of the ISHP. ¹	School Health Register	DHIS	SUM SUM([School Grade 1 learners screened])	Number	Quarterly (annualised)	None	Increased number screened indicates improved access to services at school level.	Chief Directorate: Strategic Health Programmes
School Grade 8 learners screened	Learners in Grade 8 receiving health screening in line with the Integrated School Health Programme (ISHP) service package.	Monitor implementation of the ISHP. ²	School Health Register	DHIS	SUM SUM([School Grade 8 - learners screened])	Number	Quarterly (annualised)	None	Increased number screened indicates improved access to services at school level.	Chief Directorate: Strategic Health Programmes
Infant mortality rate	Proportion of children less than 1 year old that died in one year per 1,000 population.	Monitor trends in infant mortality.	Thembisa Modelling (estimate)	Thembisa Modelling (estimate)	Numerator Children less than 1 year that die in one year in KZN Denominator Total population under 1 year *1,000	Number per 1000 population	Annual	Based on Thembisa Modelling estimates.	Lower mortality indicates improved maternal and child health.	Chief Directorate: Strategic Health Programmes
Under 5 mortality rate	Proportion of children less than five years old that died in one year per 1,000 population.	Monitor trends in under-5 mortality.	Thembisa Modelling (estimate)	Thembisa Modelling (estimate)	Numerator Children less than five years that die in one year in KZN Denominator Total population under 5 years *1,000	Number per 1000 population	Annual	Based on Thembisa Modelling estimates.	Lower mortality indicates improved maternal and child health.	Chief Directorate: Strategic Health Programmes

¹ Screening includes: oral health, vision, hearing, speech, height & weight, physical assessment, mental health, TB, chronic illnesses & psychological support. On-site services include: deworming, immunisation, oral health, & minor ailments. Health education: hand-washing, personal & environmental hygiene, nutrition, TB, road safety, poisoning, know your body and abuse

² Screening includes the same package of services as Grade 1 – mentioned above

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Diarrhoea with dehydration in child under 5 years incidence (annualised)	Children under 5 years newly diagnosed with diarrhoea with dehydration per 1,000 children under the age of 5 years in the population. Count only once when diagnosed. Follow-up visits for the same episode of diarrhoea will not be counted here.	Monitor prevention of diarrhoea with dehydration (IMCI classification) in children under the age of 5 years.	PHC Register; DHIS; Stats SA	DHIS; Stats SA	Numerator SUM([Child under 5 years diarrhoea with dehydration new]) Denominator SUM([Female under 5 years]) + ([Male under 5 years]) *1,000	Number per 1000 population	Annual	None	Lower incidence indicates improved child health.	Chief Directorate: Strategic Health Programmes
Pneumonia in child under 5 years incidence (annualised)	Children under 5 years newly diagnosed with pneumonia per 1,000 children under the age of 5 years in the population. Count only once when diagnosed. Follow-up visits for the same episode of pneumonia will not be counted here.	Monitor prevention and diagnosis of pneumonia (IMCI definition) in children under-5 years.	PHC Register; DHIS; Stats SA	DHIS; Stats SA	Numerator SUM([Child under 5 years with pneumonia new]) Denominator SUM([Female under 5 years]) + ([Male under 5 years]) *1,000	Number per 1,000 population	Annual	None	Lower incidence indicates improved child health.	Chief Directorate: Strategic Health Programmes
Sever acute malnutrition in child under 5 incidence (annualised)	Children under 5 years newly diagnosed with severe acute malnutrition per 1,000 children under the age of 5 years in the population. Count only once when diagnosed. Follow-up visits for the same episode of malnutrition will not be counted here.	Monitor prevention and diagnosis of severe acute malnutrition in children under-5 years.	PHC Register; DHIS; Stats Sa	DHIS; Stats SA	Numerator SUM([Child under 5 years with severe acute malnutrition new]) Denominator SUM([Female under 5 years]) + ([Male under 5 years]) *1,000	Number per 1,000 population	Annual	None	Lower incidence indicates improved child health.	Chief Directorate: Strategic Health Programmes

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INDICATOR DESCRIPTIONS

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Death in facility under 1 year rate (annualised)	Children under 1 year who died during their stay in the facility as a proportion of inpatient separations under 1 year. Inpatient separations under- year is the total of inpatient discharges, inpatient deaths and inpatient transfers out.	Monitors treatment outcomes for admitted children under-1 year – including neonatal deaths.	Midnight Census; Admission, Discharge & Death Registers	DHIS; Stats SA	Numerator SUM((Death in facility under 1 year total)) Denominator SUM((Death in facility 0-7 days)) + SUM((Death in facility 8-28 days)) + SUM((Death in facility 29 days-11 months)) + SUM((Inpatient discharge under 1 year)) + SUM((Inpatient transfer out under 1 year))	%	Annual	None	Lower rate indicates improved child health.	Chief Directorate: Strategic Health Programmes
Death in facility under 5 years rate (annualised)	Children under 5 years who died during their stay in the facility as a proportion of inpatient separations under 5 years. Inpatient separations under 5 years is the total of inpatient discharges, inpatient deaths and inpatient transfers out.	Monitors treatment outcome for admitted children under-5 years. Includes under 1 year deaths.	Midnight Census; Admission, Discharge & Death Registers	DHIS; Stats SA	Numerator SUM((Death in facility under 5 year total)) Denominator SUM((Death in facility 0-7 days)) + SUM((Death in facility 8-28 days)) + SUM((Death in facility 29 days-11 months)) + SUM((Death in facility 12-59 months)) + SUM((Inpatient discharge under 5 years)) + ((Inpatient transfers out under 5 years))	%	Annual	None	Lower rate indicates improved child health.	Chief Directorate: Strategic Health Programmes

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INDICATOR DESCRIPTIONS

PROGRAMME 2: SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Cataract surgery rate (annualised)	Clients who had cataract surgery per 1 million uninsured population.	Monitor access to cataract surgery as part of the strategy to prevent disability as result of blindness.	Theatre Register; General Household Survey (GHS)	DHIS	Numerator Cataract surgery total Denominator Total uninsured population *1 million	Number per 1 million uninsured population	Quarterly (annualised)	None	Increased rate indicates improved access to cataract services.	Chief Directorate: NCD
Malaria case fatality rate	Deaths from malaria as a proportion of the total number of malaria cases reported.	Monitor the number of malaria deaths to determine effectiveness of prevention programmes.	Malaria Database	Malaria Database	Numerator Number of deaths from malaria Denominator Total number of malaria cases reported	%	Quarterly	None	Lower percentage indicates improved malaria outcomes.	Chief Directorate: Support Services
Malaria incidence per 1,000 population at risk	New malaria cases as proportion of 1,000 population at risk (Umkhanyakude identified as high-risk area in KZN).	Monitor the new malaria cases in endemic area as proportion of the population at risk in that area.	PHC Register; CDC Surveillance Database; Malaria Database; Stats SA; GHS	Malaria Database	Numerator Number of malaria cases – new Denominator Total population of Umkhanyakude District *1,000	Number per 1,000 population at risk	Annual	None	Lower incidence indicates lower malaria disease burden.	Chief Directorate: Support Services
Clients 40 years and older screened for hypertension	Clients 40 years and older, not diagnosed with or on treatment for hypertension, screened for hypertension (facility data).	Monitor the number of clients screened for hypertension.	PHC & OPD Registers	DHIS	SUM SUM([Client 40 years and older not diagnosed with hypertension and not on hypertension treatment screened for hypertension])	Number	Quarterly	None	Increased screening indicates improved screening coverage.	Chief Directorate: NCD
Hypertension incidence (annualised)	Newly diagnosed hypertension cases initiated on treatment per 1,000 population 40 years and older.	Monitor hypertension trends to inform preventative and clinical strategies.	PHC & OPD Registers; Stats SA	DHIS	Numerator Hypertension client 40 years and older treatment new Denominator Total population 40 years and older *1,000	Number per 1,000 population	Quarterly (annualised)	None	Lower incidence indicates lower hypertension disease burden. It is suspected that improved screening & detection will initially increase new cases.	Chief Directorate: NCD

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Clients 40 years and older screened for diabetes	Clients 40 years and older, not on treatment for diabetes, screened for diabetes in accordance with Diabetes Treatment Guidelines.	Monitor the number of clients screened for diabetes.	PHC & OPD Registers	DHIS	SUM SUM((Client 40 years and older not on treatment for diabetes screened for diabetes))	Number	Quarterly	None	Increased screening indicates improved screening coverage.	Chief Directorate: NCD
Diabetes Incidence (annualised)	Newly diagnosed diabetes clients initiated on treatment per 1000 population.	Monitor hypertension trends to inform preventative and clinical strategies.	PHC & OPD Registers; Stats SA	DHIS	Numerator Diabetes clients treatment - new)) Denominator Total population)) *1,000	Number per 1,000 population	Quarterly (annualised)	None	Lower incidence indicates lower hypertension disease burden. It is suspected that improved screening & detection will initially increase new cases.	Chief Directorate: NCD
Mental disorders screening rate	Clients screened for mental disorders at fixed PHC facilities. Standardised tool for screening including: depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders.	Monitor routine screening of patients utilising PHC services.	PHC Register	DHIS	Numerator SUM((PHC client screened for mental disorders)) Denominator SUM((PHC headcount under 5 years)) + SUM((PHC headcount 5 years and older))	%	Quarterly	None	Increased screening numbers indicates better coverage for detection.	Chief Directorate: NCD
Wheelchairs issued	Wheelchairs issued to clients in need of wheelchairs.	Monitor access to rehabilitation services.	PHC & OPD Registers	DHIS	SUM SUM((Total number of wheelchairs issued))	Number	Quarterly	None	Increased number of wheelchairs indicates improved provision.	Chief Directorate: NCD

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Dental extraction to restoration ratio	The ratio between the number of teeth extracted and the number of teeth restored including the actual number of teeth extracted or restored and not the number of patients – includes PHC and hospital data.	Monitor the quality of dental services, which includes the ratio between extractions and restorations with acceptable ratio of 10:1.	PHC & OPD Registers; Theatre Registers	DHIS	Numerator Tooth extraction Denominator Tooth restoration	Number	Quarterly	None	Decreased extractions indicates improvement in dental practice at PHC level.	Chief Directorate: NCD

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
EMS P1 urban response under 15 minutes rate	Emergency P1 calls in urban area with response times under 15 minutes as a proportion of all EMS P1 urban calls. Response time is calculated from the time the call is received to the time that the first dispatched medical resource arrives on scene.	Monitor compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas.	EMS Registers	DHIS, Institutional EMS Registers OR DHIS, Patient and Vehicle Report.	Numerator EMS P1 urban response under 15 minutes Denominator EMS P1 urban calls	%	Quarterly	None	Higher percentage indicates improved efficiency and quality.	Chief Directorate: Clinical Support
EMS P1 rural response under 40 minutes rate	Emergency P1 calls in rural locations with response times under 40 minutes as a proportion of all EMS P1 rural call	Monitor compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas	EMS Registers	DHIS, Institutional EMS Registers OR DHIS, Patient and Vehicle Report.	Numerator EMS P1 rural response under 40 minutes Denominator EMS P1 rural calls	%	Quarterly	None	Higher percentage indicates improved efficiency and quality.	Chief Directorate: Clinical Support

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
EMS inter-facility transfer rate	Inter-facility transfer (from one inpatient facility to another) as proportion of total EMS patients transported.	Monitor the available capacity for inter-facility transfers and emergency transport against available vehicles.	EMS Inter-Facility Register	DHIS/ EMS Database	Numerator SUM((EMS emergency urban inter-facility transfer under 30 minutes)) + SUM((EMS emergency rural inter-facility transfer under 60 minutes)) Denominator SUM((EMS clients total))	%	Quarterly	None	Lower rate indicates improved balance between inter-facility transport and emergency transport.	Chief Directorate: Clinical Support
Approved EMS Turn-Around Strategy	Reviewed EMS Model to address current inefficiencies and alignment with new Regulations.	Monitor implementation of the reviewed EMS Model.	EMS Model	EMS Model	N/A	Categorical	Annual	None	Revised EMS Model approved and operationalised.	Chief Directorate: Clinical Support
Average number of daily operational ambulances	The total number of operational ambulances at an ambulance station for the reporting period.	Monitor availability of an adequate number of ambulances at all times to respond to patient demand.	EMS Database; EMS Call Centre Records; EMS Tick Register	EMS Database	SUM SUM((Average number of operational ambulances per day))	Number	Annual	None	Higher number indicates and increase in available resources.	Chief Directorate: Clinical Support
Number of bases with access to intranet/ e-mail	The number of EMS bases with connectivity and computers.	Monitor connectivity and improved information management.	ICT database	ICT database	SUM SUM((Number of EMS bases with access to computers and intranet))	Number	Annual	None	Higher number indicates improved information management.	Chief Directorate: Clinical Support

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of bursaries awarded to first year medicine students	Number of new medical students provided with bursaries by the Provincial Department of Health to study towards a Medical Degree	Monitor the numbers of bursaries issued to medical students – as well as monitoring the number completing their medical degrees	Bursary Contracts	Bursary Contracts	SUM SUM((Number of bursaries awarded to first year medicine students))	Number	Annual	None	Higher number of allocated bursaries to increase the pool of medical officers for absorption in the public health system	HRMS: Chief Directorate : Practices, Development & Planning

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of bursaries awarded to first year nursing student	Number of 1 st year students who received bursaries by the Provincial Department of Health to study in Health Sciences	Monitor the numbers of bursaries issued to 1 st year nursing students	SANC Registration	Bursary Records	SUM SUM((Number of bursaries awarded for first year nursing students))	Number	Annual	None	Higher number of allocated bursaries to increase the pool of health sciences graduates for absorption in the public health system	HRMS: Chief Directorate : Practices, Development & Planning
KZNCN accredited as Institution of Higher Education	Accreditation of the KZN College of Nursing by an external accreditation body as Institution of Higher Education (training of Nurse Practitioners)	Monitor compliance with Regulations	Accreditation Certificate	Accreditation Certificate	N/A	Categorical	Annual	None	Accreditation as Institution of Higher Learning	DDG: Corporate Management Services
Number of advanced midwives graduating per annum	Number of students that obtained a post basic nursing qualification in Advanced Midwifery	Monitor production of Advanced Midwives	Student Registration; SANC Registration	KZNCN Student Records	SUM SUM((Number of Advanced Midwife graduating))	Number	Annual	None	Increased number implies increased pool of Advanced Midwives	DDG: Corporate Management Services
Number of MOPs that successfully completed the degree course at DUT	Medical Orthotic and Prosthetic (MOP) students that successfully completed the prescribed 3-year Degree	Monitor pool of MOPs for absorption in the public health system	DUT Training Registers/ Registration	Registration (HRMS)	SUM SUM((Number of MOP students graduating from DUT))	Number	Annual	None	Increased number implies increased pool of MOPs	Chief Directorate: NCD
Number of new Pharmacy Assistants enrolled in training courses	The number of Pharmacy Assistant students enrolled for training	Monitor production of Pharmacy Assistants against identified demand	HRD Training Records	HRD Training Records	SUM SUM((Number of Pharmacy Assistants enrolled in training courses))	Number	Annual	None	Increase number implies increased pool of Pharmacy Assistants	DDG: Corporate Management Services
Number of Intermediate Life Support graduates per annum	The number of Intermediate Life Supports students successfully completing Diploma course	Monitor production of Intermediate Life Support professionals	College of Emergency Care Training Register	College of Emergency Care Training Register	SUM SUM((Number of Intermediate Life Support graduates))	Number	Annual	None	Intake as per target	Chief Directorate: Clinical Support

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INDICATOR DESCRIPTIONS

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Percentage of facilities reporting clean linen stock outs	The number of facilities that report stock out of clean linen as proportion of the total number of facilities	Monitor availability of clean linen at facility level	Linen Register at facilities	Provincial Laundry Reports	Numerator Number of facilities reporting clean linen stock outs Denominator Total number of facilities	%	Quarterly	None	Lower percentage indicates improved availability and management	Chief Directorate: Clinical Support
Forensic Pathology Rationalisation Plan	Costed long term plan informing the rationalisation of Forensic Pathology Services to improve efficiency	Costed implementation plan to monitor progress with rationalisation	Forensic Pathology Rationalisation Plan	Forensic Pathology Rationalisation Plan	N/A	Categorical	Annual	None	Rationalisation Plan approved and implemented	Chief Directorate: Clinical Support
Number of operational Orthotic Centres (cumulative)	Centres that provides the standard package of services for Orthotic and Prosthetic services	Monitor access to Orthotic and Prosthetic services	Operational Orthotic Centres	Operational Orthotic Centres	SUM SUM([Number of operational Orthotic Centres providing the package of services])	Number (cumulative)	Annual	None	Operational Centres as per target to improve decentralised access	Chief Directorate: NCD
Percentage of Pharmacies that obtained A and B grading on inspection	The number of Pharmacies that comply with Pharmaceutical prescripts on inspection as proportion of the total number of pharmacies	Monitor compliance of Pharmacies with Pharmaceutical and legislative prescripts	Certificates	Certificates	Numerator Number of Pharmacies with A or B grading Denominator Number of Pharmacies	%	Annual	None	Higher percentage indicates improved compliance to prescripts	Chief Directorate: Clinical Support
Tracer medicine stock-out rate (PPSD)	Number of tracer medicines out of stock as proportion of medicines expected to be in stock Any item on the Tracer Medicine List that had a zero balance in the Bulk Store on a Stock Control System	Monitor shortages in tracer medicines	Pharmacy Records	DHIS/ Pharmacy Records	Numerator Number of tracer medicines out of stock Denominator Total number of medicines expected to be in stock	%	Quarterly	None	Lower rate indicates improved stock management and control.	Chief Directorate: Clinical Support

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Tracer medicine stock-out rate (Institutions)	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any item on Tracer Medicine List that had a zero balance in Bulk Store (facilities) on the Stock Control System).	Monitor shortages in tracer medicines.	Pharmacy Records	DHIS; Pharmacy Records	Numerator Number of tracer medicines stock out in bulk store Denominator Number of tracer medicines expected to be stocked in the bulk store	%	Quarterly	None	Lower rate indicates improved stock management and control.	Chief Directorate: Clinical Support
Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	The percentage of facilities that implement the direct delivery model of pharmaceuticals.	Monitor strategies to improve procurement and distribution for pharmaceuticals.	Pharmacy Records	Pharmacy Records	Numerator Number of facilities on Direct Delivery Model Denominator Total number of facilities eligible for Direct Delivery Model	%	Quarterly	None	Targeting increase in facilities implementing the Direct Delivery Model.	Chief Directorate: Clinical Support
Percentage facilities on Cross-docking Model for Procurement and Distribution of Pharmaceuticals	The percentage of facilities that are linked with the Cross Docking system.	Monitor strategies to improve procurement and distribution for pharmaceutical.	Pharmacy records	Pharmacy records	Numerator Number of facilities on Cross-docking Model Denominator Total number of facilities eligible for Cross-docking Model	%	Quarterly	None	Increased percentage indicates expansion of Cross Docking.	Chief Directorate: Clinical Support
Percentage of items on Direct Delivery and Cross Docking Model	The number of items in the Provincial Essential Medicines Catalogue that are on Direct Delivery and Cross Docking	Monitor implementation of Direct Delivery and Cross Docking to improve pharmaceutical efficiencies	Pharmacy Records	Pharmacy Records	Numerator Number of items on Direct Delivery and Cross Docking Model Denominator Total number of items in the Provincial Essential Medicines Catalogue	%	Quarterly	None	Increase in the number of items on Direct Delivery and Cross Docking.	Chief Directorate: Clinical Support
Number of facilities implementing the CCMDD Programme	The number of facilities that implement the CCMDD Programme to improve access to medication at	Monitor strategies to increase community-based distribution of medication and impact on waiting	Pharmacy Records	Pharmacy Records	SUM SUM([Total number of facilities implementing the CCMDD	Number	Quarterly	None	Increase in the number indicates improved access and coverage	Chief Directorate: Clinical Support

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INDICATOR DESCRIPTIONS

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
	community level	times at facility level			Programme))					
Number of patients enrolled on CCMDD Programme (cumulative)	The total number of patients that receive chronic medication via community-based distribution	Monitor strategies to increase community-based distribution of medication and impact on waiting times in fixed facilities	Pharmacy Records	Pharmacy Records	SUM SUM((Number of patients enrolled in the CCMDD programme))	Number	Quarterly	None	Increase in the number indicates improved access to chronic medication at community level	Chief Directorate: Clinical Support
Number of pick-up points linked to CCMDD	The number of community-based pick-up points used for distribution of medicines	Monitor increased access to chronic medicines through the CCMDD Programme	Pharmacy Records	Pharmacy Records	SUM SUM((Total number of service points linked to CCMDD))	Number	Quarterly	None	Increase in the number indicates improved access to chronic medication at community level	Chief Directorate: Clinical Support

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INDICATOR DESCRIPTIONS

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot Districts	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Track overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list; Scheduled Maintenance project list; and Professional Day-to-day Maintenance project list (only Management Contract projects)	Infrastructure Report	SUM SUM((Number of health facilities in NHI Pilot District that have undergone major and minor refurbishment))	Number	Annual	Accuracy dependent on reliability of information captured on project lists.	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management
Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot Districts	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Track overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Infrastructure Report	SUM SUM((Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment))	Number	Annual	Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment.	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management
Number of jobs created through the EPWP	The number of jobs created through EPWP.	Track job creation.	Project reports/ plan	IRS and EPWP Quarterly reports	SUM SUM((Number of jobs created through the EPWP during the reporting period))	Number	Quarterly	None	Higher number shows improved job opportunities.	Infrastructure Manager

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INDICATOR DESCRIPTIONS

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of new and replacement projects completed	Number of new or replacement projects completed during the reporting period.	Monitor progress on replacement project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	SUM SUM([Number of replacement projects completed during the reporting period])	Number	Annual	None	Performance as per Project Plan.	Infrastructure Manager
Number of upgrade and addition projects completed	Number of upgrade and addition projects completed.	Monitor project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	SUM SUM([Number of upgrades and additions completed during reporting period])	Number	Annual	None	Performance as per Project Plan.	Infrastructure Manager
Number of renovation and refurbishment projects completed	Number of renovation and refurbishment projects completed.	Monitor project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	SUM SUM([Number of renovation and refurbishment projects completed during reporting period])	Number	Annual	None	Performance as per Project Plan.	Infrastructure Manager
Percentage of maintenance budget spent	Percentage of maintenance budget spent during the reporting period.	Monitor financial management and service delivery.	BAS	APP: IRM, PMIS and monthly reports	Numerator Total expenditure on maintenance budget Denominator Total maintenance budget	%	Quarterly	None	100% budget spent.	Infrastructure Manager