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PROGRAMME 1: ADMINISTRATION

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	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	Outcome	Annual	None	No	Unqualified audit opinion from the Auditor General of SA.	CFO; All Senior Managers Provincial Departments of Health
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 are not yet live	ICT database	**Numerator:** Total Number of hospitals with minimum 2 Mbps connectivity **Denominator** Total Number of Hospitals	%	Output	Quarterly	None	No	Higher Proportion of broadband access is more favorable for connectivity to ensure that South African health system can implement the eHealth Programme	ICT Directorate/ Chief Director

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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	%	Output	Quarterly	None	No	Higher Proportion of broadband access is more favourable for connectivity	ICT Directorate/ Chief Director
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	No	Annual costed Procurement Plan.	CFO and District/ Facility Managers
The number of organisational/ post structures that have been reviewed and approved	The number of organisational/ post structures that have been reviewed and approved	Ensures alignment of post establishments	Approved organisational structures	Approved organisational structures	**SUM:** Number of approved reviewed establishments. *The number includes structures for Head Office, Regional and District Offices, Clinics, CHCs and Hospitals*	Number		Annual	None	No	The ideal is to have all structures reviewed and approved.	HRMS Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
Implemented Community Based Training in a PHC Model	New Decentralised Community Based Training in a PHC Model for Health Sciences Students (doctors, nurses and allied workers) with focus on PHC re-engineering (formal training from community to level 3 platforms).	Monitors progress in implementation of the Model and the production of health care providers over time. Partnership between the Department of Health and UKZN.	Task Team Reports (DOH/UKZN)	Task Team Reports (DOH/UKZN)	**N/A**	Categorical		Annual	None	No	Model 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.	Tracks the availability of Medical Officers in the public sector.	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	Number per 100 000 population		Annual	Dependant on accuracy of Persal data and Stats SA estimates.	No	Increase in the number of Medical Officers contributes to improving access to and quality of clinical care.	HRMS Manager/ DDG's

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Professional Nurses per 100,000 people	The number of Professional Nurses in posts on the last day of March of the reporting year per 100 000 population.	Tracks the availability of Professional Nurses in the public sector.	Persal (Professional Nurses) DHIS (Stats SA population)	Persal (Professional Nurses) DHIS (Stats SA population)	**Numerator** Number of Professional Nurse posts filled **Denominator** Total population	Number per 100 000 population		Annual	Dependant on accuracy of Persal data and Stats SA estimates.	No	Increase in the number of Professional Nurses contributes to improving access to and quality of clinical care.	HRMS Manager/ DDG's
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.	Tracks the availability of Pharmacists in the public sector.	Persal (Pharmacists) DHIS (Stats SA population)	Persal (Pharmacists) DHIS (Stats SA population)	**Numerator** Number of Pharmacist posts filled **Denominator** Total population	Number per 100 000 population		Annual	Dependant on accuracy of Persal data and Stats SA estimates.	No	Increase in the number of Pharmacists contributes to improving access to and quality of clinical care.	HRMS Manager/ DDG's
Percent of Hospital Managers who have signed Performance Agreements (PA's)	Percent of Hospital Managers who have signed Performance Agreements (PA's)	Monitors compliance with HR prescripts.	Signed PA's	Signed PA's	**Numerator** Hospital Managers who signed PA's in the reporting cycle **Denominator** Number of Hospital Managers	Number		Annual	None	No	All staff sign annual PA's - aligned with Departmental priorities in Strategic, Annual Performance, District and Institutional Plans.	HRMS Manager; DDGs

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
Percent of District Managers who have signed PA's	Percent of District Managers who have signed PA's	Monitors compliance with HR prescripts.	Signed PA's	Signed PA's	**Numerator** District Managers who signed PA's in the reporting cycle **Denominator** Number of District Managers)	Number		Annual	None	No	All staff sign annual PA's - aligned with Departmental priorities in Strategic, Annual Performance, District and Institutional Plans.	HRMS Manager; DDGs
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.	Monitors compliance with HR prescripts	Signed PA's	Signed PA's	**Numerator** Head Office Managers (level 13 and above) who signed PA's in the reporting cycle **Denominator** Number of Head Office Managers (level 13 and above)	%		Annual	None	No	All staff sign annual PA's - aligned with Departmental priorities in Strategic, Annual Performance, District and Institutional Plans.	HRMS Manager: DDGs

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
Approved 2017-2027 Long Term Plan	Ten year health plan making provision for service transformation, system strengthening, service provision and clinical care based on imperial evidence.	Informs service transformation/ delivery and resource allocation over a ten year period.	Approved Long Term Plan	Approved Long Term Plan	**N/A**	Categorical		Annual	None	No	Approved Long Term Plan implemented and monitored.	Strategic Planning Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
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.	Improves hospital efficiencies and quality.	Approved Hospital Rationalisation Plan	Approved Hospital Rationalisation Plan	**N/A**	Categorical		Annual	None	No	Hospital Rationalisation Plan approved and implemented.	Specialised Services , DHS and Strategic Planning Managers
Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Monitors the quality of food services	Food services grading register	Food services grading register	**Numerator:** *Public health hospitals that score more than 75% on the FSMSGS* **Denominator:** *Number of public health hospitals assessed*	%		Quarterly	None	No	Higher percentage indicates better compliance to food services standards	Food Services Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
Number of Community care Givers (CCGs) appointed on contract ***New Indicator***	The number of CCGs appointed on contract during year of reporting.	Monitors the number of CCGs that participate in community-based services.	CCG database/ Persal	Persal	**SUM:** Number of CCGs on Persal	Number		Annual	None	Yes	Higher number improves coverage.	Executive Support Manager
Number of ethics workshops conducted ***New Indicator***	Number of ethics workshops conducted	Monitors coverage of ethics education in the workplace.	Attendance Registers	Attendance Registers	**SUM:** Total number of ethics workshops conducted	Number		Quarterly	None	Yes	Full compliance indicates adequate education on ethics in the workplace.	Executive Support Manager
Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance ***New Indicator***	Full disclosure of all donations, sponsorships and gifts received per month.	Monitors compliance to Legislation.	Gift registers/ Reports to Finance	Gift Registers/ Finance Reports	**SUM:** Number of disclosure reports submitted to Finance	Number		Quarterly	None	Yes	Twelve Reports.	Executive Support Manager

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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	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
Ideal clinic status rate	Fixed PHC health facilities that have obtained Ideal Clinic status	Monitors outcomes of PPTICRM assessments to ensure they 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])	%	Process / Activity	Annual	Poor reporting using the Ideal Clinic Dashboard tool.	Yes	Higher Ideal clinic status rates ensures clinics will have positive outcomes and is ready for inspections conducted by Office of Health Standards Compliance.	Ideal clinic review tools
PHC utilisation rate - total	Average number of PHC visits per person per year in the population	Monitors PHC access and utilisation.	Daily reception headcount register (or HPRS where available) and 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	Output	Quarterly	Dependant on the accuracy of reporting and estimated population from Stats SA.	No	Higher levels of utilisation may indicate improved health seeking behaviour, an increased burden of disease, or greater reliance on the public health system.	DHS Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
Complaint resolution within 25 working days rate	Complaints resolved within 25 working days as a proportion of all complaints resolved.	Monitors the time frame in which the public health system responds to customer complaints.	Complaints register; DHIS	DHIS	**Numerator**: SUM([Complaint resolved within 25 working days]) **Denominator**: SUM([Complaint resolved])	%	Quality	Quarterly	Accuracy of information is dependent on the accuracy of time stamp for each complaint.	No	Higher percentage suggest better management of complaints in PHC Facilities	PHC & QA Managers; Facility Managers; Ombuds
Complaints resolution rate	Complaints resolved as a proportion of complaints received.	Monitors the public health system response to customer concerns	Complaints register; DHIS	DHIS	**Numerator**: SUM([Complaints resolved]) **Denominator**: SUM([Complaints received])	%	Quality	Quarterly	Accuracy of reporting at facility level.	No	Higher percentage suggest better management of complaints in PHC Facilities	PHC & QA Managers; Facility Managers; Ombuds
Life expectancy at birth – Total	The average number of years a person can expect to live from birth (age from birth to death).	Tracks improved quality of life – people living longer.	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Outcome	Annual	Accuracy of estimation.	No	Increase in life expectancy indicates improved quality of life.	Planning, M&E Managers
Life expectancy at birth – Male	The average number of years a male can expect to live from birth (age from birth to death).	Tracks improved quality of life - people living longer.	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Outcome	Annual	Accuracy of estimation.	No	Increase in life expectancy indicates improved quality of life.	Planning, M&E Managers

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Life expectancy at birth – Female	The average number of years a female can expect to live from birth (age from birth to death).	Tracks improved quality of life - people living longer.	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Outcome	Annual	Accuracy of estimation.	No	Increase in life expectancy indicates improved quality of life.	Planning, M&E Managers
PHC utilisation rate under 5 years (annualised)	Average number of PHC visits per year per person under the age of 5 years in the population.	Monitors PHC access and utilisation by children under the age of 5 years.	PHC register; DHIS; Stats SA	DHIS	**Numerator** PHC headcount under 5 years **Denominator** Population under 5 years	Number	Output	Quarterly (annualised)	Dependant on the accuracy of collected data and estimated population under 5 years from Stats SA.	No	Higher levels of uptake may indicate improved health seeking behaviour, increased burden of disease, or greater reliance on public health system.	PHC Manager; Strategic Health Programme Mangers
Expenditure per PHC headcount	Provincial expenditure including Sub-Programmes 2.2 – 2.7 per person visiting public health PHC services.	Monitors PHC expenditure trends per patient visiting PHC clinics and CHCs.	BAS; PHC register	DHIS; BAS	**Numerator** Total expenditure PHC for Sub-Programmes 2.2 - 2.7 **Denominator** PHC headcount total	Rand	Outcome	Quarterly	Efficient record management at facility level.	No	Lower expenditure may indicate efficient use of resources; higher expenditure may indicate improved access to PHC without concomitant resources.	PHC and Finance Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
Number of School Health Teams (cumulative)	Number of School Health Teams appointed to render health services at schools as part of PHC re-engineering. Minimum composition of team: PN, EN and Health Promoter – may include additional members. In absence of a PN, an EN may head the team.	Monitors services rendered at schools as part of PHC re-engineering.	Persal; BAS District Management	Persal; BAS District Management	**SUM:** Total number of appointed School Health Teams (cumulative)	Number	Input	Quarterly (cumulative)	School Health Teams not correctly linked on BAS or Persal.	No	Higher number desired for improved school coverage.	PHC Manager
Number of Ward-Based Outreach Teams (cumulative)	The number of ward-based outreach teams appointed to render PHC outreach services. Team composition includes PN, EN, Health Promoter or CCGs. If no PN is available, EN can fulfil that position until PN can be appointed.	Monitors community-based outreach services rendered by teams as part of PHC re-engineering.	Persal; BAS; District Management	Persal; BAS; District Management	**SUM:** Total number of Ward Based Outreach Teams (cumulative)	Number	Input	Quarterly (cumulative)	Teams not accurately linked with BAS/ Persal.	No	Higher number desired for improved ward based coverage of health services.	PHC Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	Data Limitations	New indicator	Desired Performance	Indicator Responsibility
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.	Monitors implementation of community ownership for health promotion at schools in line with the Ottawa Charter's 5 Action Areas to expand the role of learners as partners in health and to improve accountability 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	Input	Quarterly (cumulative)	Accuracy and completeness of the HPS database.	No	Higher number desired to support community ownership for health promotion.	PHC Manager
Outreach Households (OHH) registration visit coverage	OHH registered by Ward Based Outreach Teams as a proportion of households in the population.	Monitors implementation of the PHC re-engineering strategy – community-based services.	Household registration visit registers	DHIS	**Numerator**: SUM([OHH registration visit]) **Denominator**: Households in population	%	Output	Quarterly	Household data from Stats SA.	No	Higher percentage indicates better access to services.	PHC Manager

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Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard	The fixed PHC facilities (including clinics and CHCs) that score 70% and more in compliance with the Ideal Clinic core standards included on the Ideal Clinic Dashboard as a proportion of the total PHC fixed facilities.	Monitors the service quality on PHC facility.	Ideal Clinic assessments	Ideal Clinic National Dashboard	**Numerator** Number of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard **Denominator** Number of fixed PHC facilities (including clinics and CHCs)	%	Quality	Quarterly (cumulative)	None	No	Higher percentage indicates better compliance to core standards.	DHS Manager

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PROGRAMMES 2, 4 AND 5: ALL HOSPITAL SERVICES

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (All Hospitals) ***New indicator***	Fixed health facilities (category) that have conducted annual National Core Standards self-assessment as a proportion of (category) public health hospitals.	Monitors whether health establishments are measuring their own level of compliance with core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Assessment records; QA reports DHIS, NCS Reports	DHIS	**Numerator**: SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator**: SUM([Hospitals conducted National Core Standards self-assessment])	%	Quality	Quarterly	No	Immature QA information system and process.	Higher assessment indicates commitment of facilities to comply with NCS	QA, DHS & SS&CS Managers
Average Length of Stay (All Hospitals)	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Monitors effectiveness and efficiency of inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use 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	Efficiency	Quarterly	No	None	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care.	Hospital Services Manager DHS & SS&CS Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
Inpatient Bed Utilisation Rate (All Hospitals)	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	Track the over/under utilisation of district hospital beds	Midnight census; Admission & Discharge Register; DHIS	DHIS	**Numerator**: Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator**: Inpatient bed days (Inpatient beds * 30.42) available	%	Efficiency	Quarterly	No	Accurate reporting sum of daily usable beds	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	Hospital Services Manager DHS & SS&CS Managers

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Expenditure per patient day equivalent (PDE) (all Hospitals)	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3.	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, 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])	R	Outcome	Quarterly	No	None	Lower rate indicates effective use of resources.	Hospital Services Manager DHS, SS&CS & Finance Mangers
Complaint resolution within 25 working days rate (All Hospitals)	Complaints resolved within 25 working days as a proportion of all complaints resolved.	Monitors the time frame in which the public health system responds to complaints.	Complaints register; QA registers.	DHIS	**Numerator**: SUM([Complaint resolved within 25 working days]) **Denominator**: SUM([Complaint resolved])	%	Quality	Quarterly	No	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Higher percentage suggest better management of complaints in Hospitals	Hospital Services QA, DHS & SS&CS Managers
Complaints resolution rate (All Hospitals)	Complaints resolved as a proportion of complaints received.	Monitors public health system response to customer concerns.	Complaints register; QA registers.	DHIS	**Numerator**: SUM([Complaint resolved]) **Denominator**: SUM([Complaint received])	%	Quality	Quarterly	No	Immature information system and processes.	Higher percentage indicates high level response to patient complaints.	QA, DHS & SS&CS Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
Delivery by caesarean section rate (District, Regional, Tertiary & Central Hospitals)	Delivery by caesarean section as proportion of total deliveries in (Category) Hospitals.	Monitors caesarean section trends in all categories of hospitals.	Theatre register; Delivery register	DHIS	**Numerator** Delivery by caesarean section **Denominator** Delivery in facility total	%	Efficiency	Quarterly	No	None	Lower percentage may be an indication of improved antenatal care – the burden of disease may increase %	DHS & SS&CS Managers
OPD headcount – total (All Hospitals)	Total clients attending general or specialist outpatient clinics.	Monitors patient activity (numbers) at outpatient clinics partly to track burden of disease trends, workload and utilisation/ allocation of resources.	OPD registers	DHIS	**SUM:** OPD specialist clinic headcount + OPD general clinic headcount (including follow-up and new cases not referred)	No	Efficiency	Quarterly	No	None	Decrease in numbers may be an indication of improved management at lower levels of care – the burden of disease will impact on actual numbers.	DHS & SS&CS Managers
OPD headcount not referred new (All hospitals except Central)	New clients attending a general or specialist outpatient clinic without a referral letter from a PHC facility or a doctor.	Monitors utilisation trends of PHC clients at both hospital and PHC level - not including OPD follow-up and emergency clients.	OPD registers	DHIS	**SUM:** OPD headcount not referred new	No	Efficiency	Quarterly	No	None	Lower numbers an indication of clients/ patients entering the health system at the appropriate level of care.	DHS & SS&CS Managers

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

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
ART client remain on ART end of month - total	Total clients remaining on ART are the sum of the following: Any client who has a current regiment in the column designating the month reported on. Any client who has a star without a circle in the column designating the month reported on. Clients remaining on ART equal [naïve (including PEP and PMTCT) + Experienced + transfer in + Restart] minus [Died + loss to follow up + Transfer out].	Monitors 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	Output	Quarterly	No	None	Higher total indicates a larger population on ART treatment	HIV/ AIDS Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	Monitors ART coverage for TB clients	TB register; ETR.Net; Tier.Net	DHIS	**Numerator:** SUM([TB/HIV co-infected client on ART]) **Denominator:** SUM([TB client known HIV positive])	%		Quarterly		Availability of data in ETR.net, TB register, patient records	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates	HIV/AIDS and TB Managers
HIV test done - total	The total number of HIV tests done in all age groups.	Monitors the impact of the pandemic and assists in better planning for effective combatting of HIV and AIDS and decreasing the burden of diseases from TB.	PHC Comprehensive Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net	DHIS	**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 (excl ANC)]	Number		Quarterly		~~None~~ Dependent on the accuracy of facility register	Higher percentage number indicates an increased population, knowing their HIV status.	HIV/AIDS Managers
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.	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes (dual protection).	Stock/Bin cards; Stats SA	DHIS	**SUM:** ([Male condoms distributed])	Number	Process	Quarterly	No	None	Higher number indicates wide distribution as part of the prevention of HIV, STIs and unwanted pregnancy (dual protection).	HIV/AIDS Cluster & MC&WH Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
Medical male circumcision - Total	Medical male circumcisions performed ~~10~~ 15 years and older.	Monitors medical male circumcisions performed under supervision	Theatre Register PHC tick register, DHIS	DHIS	**SUM**: ([Medical male circumcision 10 to 14 years + Medical male circumcision 15 years and older])	Number	Output	Quarterly (annualised)	No	~~None~~ Assumed that all MMCs reported on DHIS are conducted under supervision	Higher number indicates greater availability of the service or greater uptake of the service	HIV/AIDS Programme Manager.
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.	Monitors trends in early identification of children with TB symptoms in health care facilities	PHC Comprehensive tick register & TB Registers; TIER.Net	DHIS	**Numerator**: SUM([TB client 5 years and older start on treatment]) **Denominator:** SUM([TB symptomatic client 5 years and older tested positive])	%	Process / activity	Quarterly (cumulative)	No	None	Screening will enable early identification of TB suspect in health facilities	TB Programme Managers
TB client treatment success rate	-TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)	Monitors 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	DHIS	**Numerator**: SUM([TB client successfully completed treatment]) **Denominator:** SUM([New smear positive pulmonary TB client start on treatment])	%	Outcome	Quarterly	No	None	Higher percentage ~~indicates~~ suggests better treatment outcomes.	TB Programme Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
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 started on treatment. This applies to all TB clients (New, Retreatment, Other, Pulmonary and Extra-Pulmonary).	Monitors effectiveness of the 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	DHIS	**Numerator**: SUM [TB client lost to follow up] **Denominator**: SUM [TB client start on treatment]	%	Outcome	Quarterly	No	None	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Programme Manager
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, Other, Pulmonary and Extra Pulmonary).	Monitors death during 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	DHIS	**Numerator**: SUM([TB client died during treatment]) **Denominator**: SUM([TB client start on treatment])	%	Outcome	Annual	No	Accuracy dependent on quality of data from reporting facility	Lower levels of death desired	TB Programme Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
TB MDR treatment success rate	TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment.	Monitors success of MDR TB treatment.	TB Register; EDR Web	DHIS	**Numerator**: SUM([TB MDR client successfully complete treatment]) **Denominator**: SUM([TB MDR confirmed client start on treatment])	%	Outcome	Annual	No	Accuracy dependent on quality of data submitted health facilities	Higher percentage indicates a better treatment rate	TB Manager
TB incidence (per 100 000 population)	The number of new TB infections per 100,000 population	Monitors new TB infections to determine effectiveness of prevention strategies and the burden of disease.	TB Register; TIER.Net	ETR.Net; DHIS (population)	**Numerator** New confirmed TB cases **Denominator** Total population in KZN	Number per 100,000 population		Annual	No	None	Reduced incidence desired to indicate a reduction in new infections.	TB Manager
TB XDR confirmed client start on treatment	Confirmed XDR-TB client started on treatment during the reporting period.	Monitors management and outcomes of drug-resistant TB.	XDR-TB Register; EDR.Web; TIER.Net	EDR.Web; TIER.Net	**SUM:** Total number of confirmed XDR TB patients that started on the XDR-TB treatment regime	Number		Annual	No	None	A higher number might indicate good case finding while lower number, regardless of intensified case finding, may indicate decreasing XDR-TB incidence.	TB Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
New smear positive PTB cure rate	New smear positive pulmonary TB clients cured as a proportion of new smear positive pulmonary TB clients who started on treatment.	Monitor cure of new infectious TB cases. The aim is to effectively treat and cure all new infectious cases at first attempt. Follows a cohort analysis, therefore the clients would have been started on treatment at least 6 months prior.	TB Register; ETR.Net; TIER.Net	ETR.Net	**Numerator** SUM [(New smear positive pulmonary TB client cured)] **Denominator** SUM [(New smear positive pulmonary TB client start on treatment)]	%		Quarterly	No	None	Higher percentage indicates better TB outcomes.	TB Manager
HIV incidence	New HIV infections in the general population.	Monitor new infections as part of monitoring impact of prevention strategies.	ASSA2008 projections	ASSA2008 projections	ASSA2008 published projections (the Department is not collecting this indicator – dependent on research and projections)	%		Annual	No	Not routinely collected therefore using ASSA2008 or Stats SA projections.	Reduced incidence indicating effective prevention programmes.	HIV/AIDS Manager
Male urethritis syndrome incidence ***New Indicator***	Male urethritis syndrome cases reported per 1000 male population 15-49 years.	Male urethritis syndrome is the most accurate way to reflect on newly acquired STIs.	PHC Register	DHIS	**Numerator** SUM [(Male urethritis syndrome treated – new episode)] **Denominator** SUM [(Male population 15-49 years)]	Number per 1000		Quarterly (annualised)	No	None	Decrease in male urethritis incidence indicates effective prevention programmes and safer sexual behaviour.	HIV/AIDS Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
ART adult remain on ART end of period ***New Indicator***	Total adults remaining on ART at the end of the reporting month are 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.	To monitor the burden of HIV and treatment programmes.	HIV registers; TIER.Net	TIER.Net	**SUM:** SUM ([Adults (naïve (including PEP & PMTCT) + Experienced + Transfer in + Restart] minus (Died + Lost to follow up + Transfer out])	Number		Quarterly	No	None	Increase in number shows improved access to treatment.	HIV/AIDS Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New indicator	Data Limitations	Desired Performance	Indicator Responsibility
ART child under 15 years remain on ART end of period ***New Indicator***	Total children under 15 years remaining on ART at the end of the reporting month are 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.	To monitor the burden of HIV and treatment programmes.	HIV registers; TIER.Net	TIER.Net	**SUM:** SUM [Children under 15 (naïve (including PEP & PMTCT) + Experienced + Transfer in + Restart] minus (Died + Lost to follow up + Transfer out]	Number		Quarterly	No	None	Increase in number shows improved access to treatment.	HIV/AIDS Manager

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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	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
Antenatal 1st visit before 20 weeks rate	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits.	Monitors 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])	%	Process	Quarterly	No	Accuracy dependent on quality of data submitted health facilities	Higher percentage indicates better access to and uptake of antenatal care.	MNCWH Programme Manager
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities.	Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery.	PHC Comprehensive tick Register	DHIS	**Numerator**: SUM([Mother postnatal visit within 6 days after delivery]) **Denominator**: SUM([Delivery in facility total])	%	Process	Quarterly	No	Accuracy dependent on quality of data submitted health facilities	Higher percentage indicates better uptake of postnatal services	MC&WH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	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 on ART.	Monitors implementation of PMTCT 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])	%	Output	Annual	No	Accuracy dependent on quality of data Reported by health facilities	Higher percentage indicates greater coverage of HIV positive clients on HIV treatment.	MC&WH and HIV/AIDS Managers
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 on ART	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients.	ART Register, Tier.Net	ART;PHC Register; 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])	%	Output	Annual	No	Accuracy dependent on quality of data Reported by health facilities		MNCWH programme manager
Infant 1st PCR test positive around 10 weeks rate	Infants tested PCR positive for follow up test as a proportion of infants PCR tested around 10 weeks.	Monitors 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])	%	Output	Quarterly	No	Accuracy dependent on quality of data submitted health facilities	Lower percentage indicates fewer HIV transmissions from mother to child.	MC&WH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Track coverage of immunization 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])	%	0utput	Quarterly (annualised)	No	None	Higher percentage indicates better immunisation coverage.	EPI Programme Manager
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])	%	Output	Quarterly (annualised)	No	Accuracy dependent on quality of data submitted health facilities	Higher coverage rate indicate greater protection against measles	MC&WH Manager EPI

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
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.	Monitors treatment outcome for children under-5 years ~~that~~ who were separated with diarrhoea.	Ward register	DHIS	**Numerator**: SUM([Diarrhoea death under 5 years]) **Denominator**: SUM([Diarrhoea separation under 5 years])	%	Impact	Quarterly	No	Reliant on accuracy of diagnosis / cause of death Accuracy dependent on quality of data submitted health facilities	Lower children mortality rate is desired	MC&WH Programme Manager
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.	Monitors treatment outcome for children under-5 years that were separated with pneumonia.	Ward register	DHIS	**Numerator**: SUM([Pneumonia death under 5 years]) **Denominator**: SUM([Pneumonia separation under 5 years])	%	Impact	Quarterly	Yes	None	Lower percentage indicates improved quality of care and management of pneumonia.	MC&WH Manager
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.	Monitors treatment outcome for children under-5 years who were separated with severe acute malnutrition.	Ward register	DHIS	**Numerator**: SUM([Severe acute malnutrition death in facility under 5 years]) **Denominator**: SUM([Severe acute malnutrition separation under 5 years])	%	Impact	Quarterly (annualised)	Yes	None	Lower children mortality rate is desired	Nutrition & MC&WH Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
School Grade 1 learners screened	Grade 1 learner in the school screened by a nurse in line with the Integrated school Health Programme (ISHP) service package.	Monitors implementation of the ISHP.[1]	School Health register	DHIS	**SUM:** [School Grade 1 learners screened]	No	Process	Quarterly (annualised)	Yes	None	Increased number indicates better learner coverage and access to health services.	PHC & MC&WH Managers
School Grade 8 learners screened	Grade 8 learner in the school screened by a nurse in line with the Integrated school Health Programme (ISHP) service package.	Monitors implementation of the ISHP.[2]	School Health register	DHIS	**SUM:** [School Grade 8 - learners screened]	No	Process	Quarterly (annualised)	Yes	None	Increased number indicates better learner coverage and access to health services.	PHC & MC&WH Managers
Delivery in 10 to 19 years in facility rate ***New Indicator***	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).	Health Facility Delivery register	DHIS	**Numerator**: SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] **Denominator**: SUM([Delivery in facility total])	%	Process	Quarterly (annualised)	Yes	None	Lower percentage indicates better family planning	HIV & Adolescent Health MC&WH Manager

[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	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
Couple year protection rate (Int)	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	Monitors 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 surveys.	PHC Comprehensive Tick Register; Stats SA	DHIS; Stats SA	**Numerator** (SUM([Oral pill cycle]) / 15) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5) **Denominator**: SUM ([Female 15-44 years]} + SUM{[Female 45-49 years])	%	Outcome	~~Annual~~ Quarterly	No	~~None~~ Accuracy dependent on quality of data submitted health facilities	Higher percentage indicates higher usage of contraceptive methods.	MC&WH&N Programme Manager,

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
Cervical cancer screening coverage 30 years and older	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.	Monitors implementation of the Cervical Cancer Screening and Policy.	PHC Comprehensive Tick Register / OPD Tick Registers; Stats SA	DHIS; Stats SA	**Numerator**: SUM([Cervical cancer screening 30 years and older]) **Denominator**: SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older]) / 10	%	Output	Annual	No	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data submitted health facilities	Higher percentage indicates better cervical cancer coverage.	MNC&WH Programme Manager
HPV 1st dose	Girls 9 years and older that received HPV 1st dose.	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	HPV Campaign Register – captured electronically on HPV system	DHIS	**SUM:** ([Agg_Girl 09 yrs HPV 1st dose]) + SUM([Agg_Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg_Girl 13 yrs HPV 1st dose]) + SUM([Agg_Girl 14 yrs HPV 1st dose]) + SUM([Agg_Girl 15 yrs and older HPV 1st dose])	No	Output	Annual	No	None	Higher number indicates better coverage.	PHC & MNCWH Programme Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
HPV 2nd dose ***New Indicator***	Girls 9 years and older that received HPV 2nd dose.	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	HPV Campaign Register – captured electronically on HPV system	DHIS	**SUM:** ([Agg_Girl 09 yrs HPV 2nd dose]) + SUM([Agg_Girl 10 yrs HPV 2nd dose]) + SUM([Agg_Girl 11 yrs HPV 2nd dose]) + SUM([Agg_Girl 12 yrs HPV 2nd dose]) + SUM([Agg_Girl 13 yrs HPV 2nd dose]) + SUM([Agg_Girl 14 yrs HPV 2nd dose]) + SUM([Agg_Girl 15 yrs and older HPV 2nd dose])	No	Output	Annual	No	None	Higher number indicates better coverage.	PHC & MNCWH Programme Managers
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.	Monitors Vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year.	PHC Comprehensive Tick Register; Stats SA	DHIS	**Numerator:** SUM([Vitamin A dose 12-59 months]) **Denominator:** (SUM([Female 1 year]) + SUM([Female 02-04 years]) + SUM([Male 1 year]) + SUM([Male 02-04 years])) * 2	%	Output	Quarterly	No	PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have received two doses based on this calculation	Higher proportion of children 12-29 months who received Vit A will increase health	MNCWH Programme Manager Nutrition Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
Maternal mortality in facility ratio	Maternal death is 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, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services.	Maternal death register, Delivery Register	DHIS	**Numerator**: SUM([Maternal death in facility]) **Denominator**: SUM([Live birth in facility])+SUM([Born alive before arrival at facility])	Number per 100 000	Impact	Annual	No	Completeness of reporting	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care	MNCWH Programme Manager
Neonatal death in facility rate	Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility.	Monitors treatment and health outcome for neonates' under-28 days.	Delivery register; Midnight report; death register	DHIS	**Numerator**: SUM([Inpatient death 0-7 days]) + SUM([Inpatient death 8-28 days]) **Denominator**: SUM([Live birth in facility])	Number per 1000 population	Impact	Annual	No	None	Lower death rate required.	MNCWH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
Infant mortality rate	Proportion of children less than 1 year old that died in one year per 1000 population under 1-years.	Monitor trends in infant mortality.	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Stats SA and RMS from 2012 onwards	**Numerator** Children less than 1 year that die in one year in the province **Denominator** Total population under 1 year *Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator*	Number per 1000 population	Impact	Annual	No	Empirical population-based data are not frequently available – reporting estimates.	Lower mortality rate desired.	MNCWH Manager
Under 5 mortality rate	Proportion of children less than five years old that died in one year per 1000 population under 5 years.	Monitor trends in under-5 mortality.	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Stats SA and RMS from 2012 onwards	**Numerator** Children less than five years that die in one year in the province **Denominator** Total population under 5 years *Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator*	Number per 1000 population	Impact	Annual	No	Empirical population-based data are not frequently available – reporting estimates.	Lower mortality rate desired.	MNCWH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	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 1000 children under-5 years in the population.	Monitors prevention of diarrhoea with dehydration (IMCI classification) in children under-5 years. Count only once when diagnosed. Follow-up visits for the same episode of diarrhoea will not be counted here.	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])	Number per 1000		Annual	No	None	Lower incidence desired indicating improved child health.	MC&WH Manager
Pneumonia in child under 5 years incidence (annualised)	Children under 5 years newly diagnosed with pneumonia per 1000 children under-5 years in the population.	Monitor prevention and diagnosis of pneumonia (IMCI definition) in children under-5 years. Count only once when diagnosed. Follow-up visits for the same episode of pneumonia will not be counted here.	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])	Number per 1000		Annual	No	None	Lower incidence desired indicating improved child health.	MC&WH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
Sever acute malnutrition in child under 5 incidence (annualised)	Children under 5 years newly diagnosed with severe acute malnutrition per 1000 children under-5 years in the population.	Monitors prevention and diagnosis of severe acute malnutrition in children under-5 years. Count only once when diagnosed. Follow-up visits for the same episode of malnutrition will not be counted here.	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])	Number per 1000		Annual	No	None	Lower incidence desired indicating improved child health.	Nutrition & MCWH Managers
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. Includes 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 desired – fewer children under-1 year dying in public health facilities.	MNCWH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Indicator Type	Reporting Cycle	New Indicator	Data Limitations	Desired Performance	Indicator Responsibility
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])	%	Impact	Annual	No	None	Lower rate desired – fewer children under-5 years dying in public health facilities.	MNCWH Manager

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 populations.	Monitors access to cataract surgery (theatres & human resources) and prevention of disability as result of blindness.	Theatre register; General Household Survey	DHIS	**Numerator** SUM([cataract surgery total]) **Denominator** SUM([Total population]) minus SUM([Total population on Medical AIDS])	Number per 1 million uninsured population	Quarterly (annualised)	None	Increased rate indicates improved access to cataract services and prevention of blindness.	Chronic Diseases 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
Malaria case fatality rate	Deaths from malaria as a proportion of the number of malaria cases reported.	Monitors the number of deaths caused by malaria.	Malaria database	Malaria database	**Numerator** SUM([Number of deaths from malaria]) **Denominator** SUM([Total number of malaria cases reported])	%	Quarterly	None	Lower percentage indicates a decreasing burden of malaria and improved management of malaria cases.	Malaria Control Manager
Malaria incidence per 1 000 population at risk	New malaria cases as proportion of 1000 population at risk (high-risk malaria areas (Umkhanyakude) based on malaria cases.	Monitors the new malaria cases in endemic areas as proportion of the population at risk in that area.	PHC register; CDC Surveillance database; Malaria database; Stats SA; GHS	Malaria database	**Numerator** SUM([Number of malaria cases – new]) **Denominator** SUM([Total population of Umkhanyakude District])	Number per 1000 population at risk	Annual	None	Lower incidence desired – improved prevention towards elimination of malaria.	Malaria Control Manager
Clients 40 years and older screened for hypertension	Clients 40 years and older, not diagnosed with or on treatment for hypertension, screened for hypertension in the facility.	This should assist with increasing the number of clients detected and referred for treatment.	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 detection of clients with hypertension.	Chronic Diseases Managers

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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
Hypertension incidence (annualised)	Newly diagnosed hypertension cases initiated on treatment per 1000 population 40 years and older. The number of hypertension clients under 40 years is very small hence monitoring population 40 years and older as the main risk group.	Monitors hypertension trends to inform preventative strategies.	PHC & OPD registers; Stats SA	DHIS	**Numerator** SUM([Hypertension client 40 years and older treatment new]) **Denominator** SUM([Total population 40 years and older])	Number per 1000 population	Quarterly (annualised)	None	Lower incidence desired – improved prevention and management of hypertensive patients.	Chronic Diseases Manager
Clients 40 years and older screened for diabetes	Clients 40 years and older, not on treatment for diabetes, screened for diabetes in the facility according to diabetes Treatment Guidelines.	This should assist with increasing the number of people detected and referred for treatment 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 detection of clients with diabetes.	Chronic Diseases Manager
Diabetes Incidence (annualised)	Newly diagnosed diabetes clients initiated on treatment per 1000 population.	Monitors diabetes trends to inform preventative strategies.	PHC & OPD registers; Stats SA	DHIS	**Numerator** SUM([Diabetes clients treatment - new]) **Denominator** SUM([Total population])	Number per 1000 population	Quarterly (annualised)	None	Lower incidence desired – improved prevention and management of diabetic patients.	Chronic Diseases Manager

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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
Mental disorders screening rate ***New Indicator***	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders) at PHC facilities.	Monitors access and quality of mental health services in PHC facilities.	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 improved detection of mental disorders.	Mental Health Manager
Dental extraction to restoration ratio	The ratio between the number of teeth extracted and the number of teeth restored by a health worker (includes the actual number of teeth extracted or restored and not the number of patients – includes PHC and hospital data).	Monitors overall quality of dental services. Poor quality dental services if many extractions and few restorations are reflected (acceptable ratio is 10:1).	PHC & OPD registers; Theatre registers	DHIS	**Numerator** SUM([Tooth extraction]) **Denominator** SUM([Tooth restoration])	Number	Quarterly	None	Decreased ratio indicates improvement in dental health services (lower ratio indicates improved management).	Oral Health Manager

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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	Proportion P1 calls in urban locations with response times under 15 minutes. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene.	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas.	EMS Registers	DHIS/ EMS database	**Numerator** EMS P1 urban response under 15 minutes **Denominator** EMS P1 urban calls	%	Quarterly	Accuracy dependant on quality of data from reporting EMS station.	Higher percentage indicates improved efficiency and quality.	EMS Manager
EMS P1 rural response under 40 minutes rate	Proportion P1 calls in rural locations with response times under 40 minutes. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas	EMS Registers	DHIS/ EMS database	**Numerator** EMS P1 rural response under 40 minutes **Denominator** EMS P1 rural calls	%	Quarterly	Accuracy dependant on quality of data from reporting EMS station.	Higher percentage indicates improved efficiency and quality.	EMS Manager
EMS inter-facility transfer rate	Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported.	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses.	EMS inter-facility register	DHIS/ EMS database	**Numerator** EMS inter-facility transfer **Denominator** EMS clients total	%	Quarterly	Accuracy of reported data.	Increase percentage might be an indication of effective referral system or increasing burden of disease.	EMS Manager

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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
Approved EMS Turn-Around Strategy	Approved EMS Turn-Around Strategy	Monitors short, medium and long term EMS plan(s).	Approved EMS Turn-Around Strategy	Approved EMS Turn-Around Strategy	**N/A**	Categorical	Annual	N/A	Implement approved EMS Turn-Around Strategy	EMS Manager
Average number of daily operational ambulances	The total number of operational ambulances at an ambulance station for the reporting period.	Monitors the number of operational ambulances versus the number of available ambulances.	EMS database EMS call centre records EMS tick register	EMS database	**SUM:** Average number of operational ambulances per day (average of total number of ambulances available per day)	Number	Annual	None	Higher number indicates improved management of available ambulances.	EMS Manager
Number of bases with access to computers and intranet/ e-mail	The number of EMS bases with connectivity and computers.	Monitors connectivity and improved information management.	ICT database	ICT database	**SUM:** Number of EMS bases with access to computers and intranet	Number	Annual	None	Higher number indicates improved information management.	EMS Manager

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 for first year medicine students	Number of bursaries awarded for first year medicine students.	Monitors bursary allocation in relation to need and demand.	Bursary records	Bursary records	**SUM:** Number of bursaries awarded to first year medicine students	Number	Annual	None	Increased number indicates appropriate response to need/ demand.	HRMS Manager
Number of bursaries awarded for first year nursing student	Number of bursaries awarded for first year nursing students.	Monitor bursary allocation in relation to need and demand.	Bursary records	DHIS/ Bursary records	**SUM:** Number of bursaries awarded to first year nursing students	Number	Annual	None	Increased number increase pool of resources.	HRMS Manager

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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
KZNCN accredited as Institution of Higher Education	KZNCN accredited by external Accreditation Body as compliant to standards for Institution of Higher Education.	Monitors compliance with Regulations.	Accreditation certificate	Accreditation certificate	**N/A**	Categorical	Annual	None	KZNCN accredited.	KZNCN Principal
Number of advanced midwifes graduating per annum	Number of students that obtained a post basic nursing qualification in Advanced Midwifery.	Monitors production of Advanced Midwifes	Student registration	KZNCN student records	**SUM:** Number of Advanced Midwife graduates per annum	Number	Annual	None	Increased number implies increased human resources for health.	KZNCN Principal
Number of MOPs that successfully completed the degree course at DUT	Medical Orthotic and Prosthetic (MOP) students that completed the prescribed training course successfully.	Monitors pool of resources.	Qualification	Training register – Qualification	**SUM:** Number of MOP students successfully completed the prescribed training course at Institution of Higher Education	Number	Annual	None	Increase in students who completed course indicate increased in resource pool.	Orthotic and Prosthetic Manager
Number of new mid-level workers enrolled in training courses per category	Number of new mid-level workers enrolled in training courses per category	Monitors human resources for health.	HRD Training Records	HRD Training Records	**SUM:** Number of new mid-level workers enrolled in training courses per category	Number	Annual	None	Improved human resources for health.	Pharmacy Manager
Number of new Clinical Associates enrolled in training courses	The number of Clinical Associate students enrolled for training.	Monitors human resources for health.	HRD Training Records	HRD Training Records	**SUM:** Number of Clinical Associates enrolled in training courses	Number	Annual	Dependent on reporting of students	Improved human resources for health	HRMS Manager
Number of Intermediate Life Support graduates per annum	Number of Intermediate Life Support graduates per annum	Monitors human resources for health.	HRD Training Records	HRD Training Records	**SUM:** Number of Intermediate Life Support graduates per annum	Number	Annual	Dependent on reporting of students	Improved human resources for health	EMS Manager

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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 reporting clean linen stock outs as proportion of the total number of facilities.	Monitors availability of clean linen at facility level.	Linen register at facility level	Provincial Laundry Reports	**Numerator** Number of facilities reporting clean linen stock out **Denominator** Facilities total	%	Quarterly	Accuracy of reporting at facility level and lack of appropriate data information system for laundry services.	Lower percentage indicates improved availability and management of linen.	Laundry Manager
Forensic Pathology Rationalisation Plan	Long term plan making provision for rationalisation of existing mortuaries and services to improve efficiency and cost benefit. The plan will make provision for a detailed Implementation Plan including allocation of relevant resources.	Monitors efficiencies and cost benefit.	Rationalisation Plan	FPS Reports/ Infrastructure Reports	**N/A**	Categorical	Annual	None	Rationalisation Plan approved and implemented.	Forensic Pathology Service Manager
Number of operational Orthotic Centres (cumulative)	Orthotic centres providing the package of services for Orthotic and Prosthetic services.	Monitors access to Orthotic and Prosthetic services.	Orthotic Centre data	Orthotic and Prosthetic database	**SUM:** Number of Orthotic Centres providing the basic package of services	Number (cumulative)	Annual	None	Decentralised access to the complete package of services.	Orthotic and Prosthetic Manager
Percentage of Pharmacies that obtained A and B grading on inspection	The number of Pharmacies that comply with Pharmaceutical prescripts on inspection as	Tracks compliance with Pharmaceutical prescripts.	Certificates	Certificates	**Numerator** Number of Pharmacies with A or B grading **Denominator** Number of Pharmacies	%	Annual	None	Improved compliance will improve quality and efficiency of Pharmaceutic	Pharmacy Manager

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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
	proportion of the total number of pharmacies.								al services.	
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.	Monitors 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	Targeting zero stock-out.	Pharmacy Manager
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).	Monitors 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	Targeting zero stock-out of all tracer medicines.	Pharmacy Manager
Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	The percentage of facilities that implement the direct delivery of pharmaceuticals.	Monitors strategies to improve procurement and distribution for pharmaceutical services.	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.	Pharmacy Manager

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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
Percentage facilities on Cross-docking Model for Procurement and Distribution of Pharmaceuticals	The percentage of facilities that are linked with the Cross Docking system.	Monitors strategies to improve procurement and distribution for pharmaceutical services.	Pharmacy records	Pharmacy records	**Numerator** Number of facilities on Cross-docking Model **Denominator** Total number of facilities eligible for Cross-docking Model	%	Quarterly	None	Expansion of Cross Docking Model.	Pharmacy Manager
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.	Monitors 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.	Pharmacy Manager
Number of facilities implementing the CCMDD Programme	The number of facilities that implement the CCMDD Programme to improve access to medication at community level.	Monitors strategies to increase community-based distribution of medication and impact on waiting times at facility level.	Pharmacy records	Pharmacy records	**SUM:** Total number of facilities implementing the CCMDD Programme	No	Quarterly	None	Increase in the number of facilities implementing the CCMDD Programme.	Pharmacy Manager
Number of patients enrolled on CCMDD programme (cumulative)	The total number of patients that receive medication via community-based distribution.	Monitors strategies to increase community-based distribution of medication and impact on waiting times.	Pharmacy records	Pharmacy records	**SUM:** Number of patients enrolled on the CCMDD programme	No	Quarterly	None	Increased number of patients benefiting from the CCMDD Programme.	Pharmacy Manager
Number of external pick-up points linked to CCMDD	The number of community-based pick-up points used for distribution of medicines (exclusion: Pick up	Monitors the increased access through the CCMDD Programme.	Pharmacy records	Pharmacy records	**SUM:** Total number of points linked to CCMDD (Exc DoH facilities)	No	Quarterly	None	Increase in the number of pick-up points linked to CCMDD.	Pharmacy Manager

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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
	points at DoH facilities)									

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 District	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).	Tracks 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:** Number of health facilities in NHI Pilot District that have undergone major and minor refurbishment	Number	Quarterly	None	A higher number will indicate that more facilities were refurbished.	Infrastructure Manager

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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 health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District.	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).	Tracks 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:** Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment	Number	Quarterly	None	A higher number will indicate that more facilities were refurbished.	Infrastructure Manager
Number of jobs created through the EPWP	The number of jobs created through EPWP.	Tracks job creation.	Project reports/ plan	IRS and EPWP Quarterly reports	**SUM:** Number of jobs created through the EPWP during the reporting period	Number	Quarterly	None	Higher number shows improved job opportunities.	Infrastructure Manager
Number of new or replacement projects completed ***New Indicator***	Number of new or replacement projects completed during the reporting period.	Monitors progress on replacement project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	**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 ***New Indicator***	Number of upgrade and addition projects completed.	Monitors project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	**SUM:** Number of upgrades and additions completed during reporting period	Number	Annual	None	Performance as per Project Plan.	Infrastructure Manager

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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 renovation and refurbishment projects completed ***New Indicator***	Number of renovation and refurbishment projects completed.	Monitors project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	**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 ***New Indicator***	Percentage of maintenance budget spent during the reporting period.	Monitors financial management and service delivery.	BAS	APP: IRM, PMIS and monthly reports	**Numerator** Maintenance budget spent **Denominator** Maintenance budget	%	Quarterly	None	100% budget spent.	Infrastructure Manager