



# **GHANA HEALTH SECTOR**

**Monitoring and Evaluation Framework  
Ministry of Health**

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April, 2014

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### 3. LIST OF ABBREVIATIONS

CMA	Common Management Arrangement
CSO'S	Civil Society Organizations
DHS	Demographic and Health Survey
DP'S	Development Partners
HSMTDP	Health Sector Medium Term Development Plan
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
NGO'S	Non-Governmental Organizations
PPME	Policy, Planning, Monitoring and Evaluation
RSIM	Research, Statistics and Information Management

## 4. INTRODUCTION

### 4.1. BACKGROUND

The Ministry of Health is committed to prudent management and accountability practices within the health sector. This will result in effective and efficient delivery of services for the benefit of all people living in Ghana. The development of the sector Monitoring and Evaluation (M&E) framework therefore seeks to place the practice of M&E within a broader health sector management and accountability framework.

While this M&E framework provides direction to the monitoring and evaluation of future medium term plans, each Health Sector Medium Term Development Plan contains specific M&E requirements including a list of sector wide indicators and milestones. The framework will further facilitate assessment of whether the broader objectives of the health sector are being met, improve service delivery and influence allocation of resources within the sector. The framework also aims to demonstrate results to stakeholders as part of the accountability and transparency processes.

The M&E Framework is based on the premise that agencies of the MOH have M&E systems in place and that all Agencies and relevant stakeholders report periodically on the services provided within the framework of agreed indicators and formats.

**The first section** of the M&E Framework outlines the pillars and broad principles of M&E within the sector. While these principles reflect a larger health sector framework to which all HSMTDPs support, they are not necessarily limited to the scope of the current Health Sector Medium Term Plan, and may span across future plans.

**The second section** of the M&E Framework describes the implementation arrangements and outlines requirements for reporting, collaboration and accountability expected from all Agencies and relevant stakeholders.

**The first annex** to the M&E framework outlines the agreed reporting formats for quarterly and half-yearly reporting to MOH. **The second annex** lists the agreed set of sector-wide indicators for the current HSMTDP. The sector-wide indicators include primary, outcome and impact indicators that measure the sector performance at a glance. **Annex three** contains secondary indicators, i.e. all agency specific indicators as well as selected indicators from other key sector stakeholders. Annex three is constantly developed and updated as the capacity of M&E within the MOH, its agencies and other key sector partners improves. Consequently, the nature of all annexes is dynamic, and the content may be adapted to future sector plans and strategies.

#### 4.2. PROCESS OF DEVELOPING THE M&E FRAMEWORK

The M&E framework was built on the review of existing M&E structures and processes in the health sector. This involved

elaborate consultations with a wide range of stakeholders to agree on the broad principles, implementation arrangements as well as selection of indicators for assessing the performance of the health sector. The process started with internal consultations at agency level after which submissions were made to the Ministry of Health on the need to either modify tools for assessment or modify targets, indicators or milestones. These submissions were consolidated and circulated widely to sector agencies for consideration and comments. Additional contributions were received from other stakeholders, particularly the health sector development partners. Through various consultative meetings, consensus was reached on the M&E framework for the sector. The M&E Framework was approved by the MOH and its Partners.

## **5. GOAL AND OBJECTIVES OF THE M&E FRAMEWORK**

### **5.1. GOAL**

The main goal of the M&E framework is to have a coordinated and effective M&E mechanism that will support evidence-based decision-making and accountability in the health sector.

### **5.2. OBJECTIVES**

The objectives of the M&E framework are to:

- Provide a comprehensive and objective basis for measuring health sector performance
- Define roles and responsibilities of stakeholders

The success of the framework builds upon five pillars (figure 1):

- Stakeholder collaboration and accountability (WHO?)
- Timely, reliable and accurate data (HOW?)
- Comprehensive data repositories (WHAT?)
- Timely analysis and use of information (ANALYSIS)
- Feedback, supportive monitoring and supervision (REACTION AND FEEDBACK)

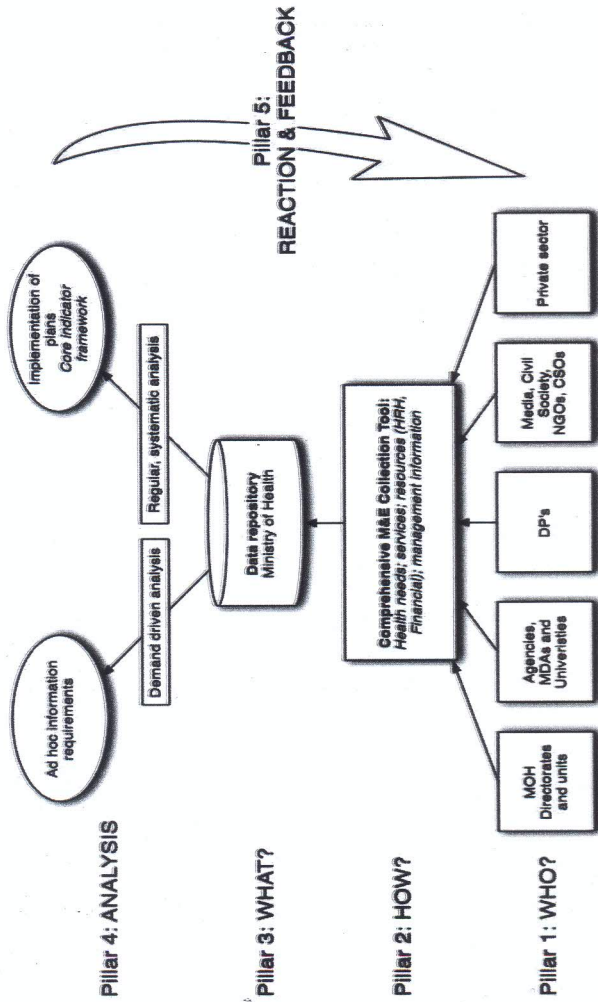


Figure 1: Pillar 1-5 and their relation

## **6. PILLARS OF THE M&E FRAMEWORK**

### **6.1. PILLAR 1: STAKEHOLDER COLLABORATION AND ACCOUNTABILITY**

The determinants of health are not exclusively under influence of the health sector. There is therefore the need to effectively engage other relevant Ministries, Departments and Agencies and the wider private sector in the health sector M&E process. Key sector stakeholder must translate sector policies and plans into operational plans to guide their agency specific programs of work. Each of these stakeholders generates and requires specific information related to their functions and responsibilities. The information generated by all these stakeholders is collectively required for the overall assessment of sector performance. It is also important to define clear accountability relationships among all stakeholders in the sector to support performance management. In this regard, the sector recognizes stakeholders in the following functional areas:

- Policy Formulation and implementation
- Resource Mobilization
- Regulation
- Health Service Delivery

## **6.2. POLICY FORMULATION AND IMPLEMENTATION**

The Civil Service Act 327 mandates the Ministry of Health to lead in the development, implementation, monitoring and evaluation of sector policies. These policies are mainly derived from overall government policies. Their implementation is facilitated through statutory agencies such as NDPC, MOFEP, Policy Evaluation and Oversight Unit of Office of the President. The Ministry of Health therefore has the responsibility for:

- Identifying sector priorities based on overall national priorities
- Coordinating the development of sector policies
- Monitoring and evaluation of sector policies and plans

### **6.2.1. RESOURCE MOBILIZATION**

The Ministry of Health is responsible for mobilizing resources for the implementation of sector policies and priorities. The Ministry of Health also coordinates the development of sector plans and budgets and ensures equitable and efficient allocation of resources.

### **6.2.2. REGULATION**

Functions of the Regulatory Agencies are intended to ensure public safety in the delivery of health services and include:

- Ensuring that standards of professional practices are adhered to

- Ensuring that standards of food and medical products are of the highest quality
- Ensuring that health facilities meet the required standards for operation

### 6.2.3. *HEALTH SERVICES*

Health services involve the provision of curative, preventive, promotive and rehabilitative care, which is provided by public and private service providers including traditional and alternate medicine practitioners.

In the context of monitoring and evaluation, these service providers are required to:

- Provide services related to their mandate
- Effectively utilize available resources to ensure that sector priorities and targets are met

### 6.2.4. *THE ROLE OF OTHER KEY STAKEHOLDERS*

Several other key stakeholders are relevant in the monitoring and evaluation arrangement of the health sector. These include:

- Development Partners
- Non-Governmental Organizations
- Other Ministries, Departments and Agencies
- Private Sector
- Parliament

- General Population
- Media

Roles and responsibilities of key sector stakeholders are defined within the Common Management Arrangements (CMA). The CMA defines management arrangements including requirements for information sharing between the DPs and the MOH.

The NGOs and CSOs in the health sector provide some aspects of health service delivery. Moreover, these organizations provide and require information to facilitate the achievement of their mandates. Thus they relate to the MOH and its agencies at all levels through the exchange of health information.

### 6.3. PILLAR 2: TIMELY, RELIABLE AND ACCURATE DATA (HOW)

Timely, reliable and accurate data is a prerequisite to ensuring the validity of conclusions and decisions made from M&E findings.

#### 6.3.1. *TIMELINESS*

Data flow from the primary source through the levels of aggregation to the national level is guided by policy decisions it should influence, hence the need for deadlines. Data from all reporting agencies should reach MOH by agreed timelines for all levels. These timelines should be aligned to the statutory reports required from the Ministry to the Government and other organizations.

The reporting areas that are not captured in the routine reporting systems will be identified and negotiated with agencies to define reporting times.

**6.3.2. DATA ACCURACY AND RELIABILITY**

The need for decisions to be made based on data that reflects the reality in the sector cannot be over emphasized. It is therefore important to minimize errors in the process of data collection and collation through the development of appropriate data collection tools, training on the use of the tools and periodic validation.

**6.4. PILLAR 3: COMPREHENSIVE DATA REPOSITORY (WHAT)**

In recognition of the need for data from multiple stakeholders (Public, private and multi-sector), for comprehensive assessment of sector performance, there is the need for existing data systems to capture all relevant data generated from the multiple stakeholders.

The repository must contain all data needed to generate the relevant indicators for management decisions, research, and performance monitoring. Apart from routine data, the M&E framework relies on data from periodic health surveys such as the Demographic Health Survey (DHS) and the Multi-indicator Cluster Survey (MICS) and in-depth reviews and relevant research from all agencies and other stakeholders.

The M&E framework is structured around two sets of indicators:

- A comprehensive set of indicators, which comprises all agency specific indicators and selected indicators from key stakeholders including development partners, coalition of NGOs in health among others. (Annex 3)
- A list of sector wide indicators. The list of sector wide indicators is a negotiated subset of the comprehensive indicator set, which will provide a balanced measure of the implementation of the current Health Sector Medium Term Plan. (Annex 2)

In addition to information about indicators, the M&E framework will guide collection of information related to implementation of planned activities.

#### 6.5. PILLAR 4: TIMELY ANALYSIS AND USE OF INFORMATION (ANALYSIS)

The effectiveness of sector responses to deviations from expected performance depends on its ability to analyze and use information on time. This M&E framework recognizes three levels of data analysis and use namely, operational, managerial and strategic.

- **Operational Level Analysis:** This type of analysis relates to day-to-day performance assessment of the agency or stakeholder institution at all levels. It enables the detection of deviations and the taking of

appropriate remedial actions. The data required here is primarily agency or stakeholder specific and must be clearly defined by them.

- **Managerial Level Analysis:** This level of analysis is for the assessment of the efficient and effective implementation of agency or stakeholder plans. This process involves the assessment of the implementation of plans.
- **Strategic Level Analysis:** This analysis addresses strategic policy consideration of access, quality and equity.

## 6.6. PILLAR 5: FEEDBACK AND DISSEMINATION (REACTION)

### 6.6.1. FEEDBACK

An appropriate feedback system motivates stakeholders to improve performance in general and specifically in respect to improve of quality information.

This M&E framework recognizes that there are explicit and implicit relationships within and between stakeholders at different levels of the health sector. A reciprocal feedback approach is desired, in line with Pillar 1: Stakeholder collaboration and accountability.

Feedback should be carried out after an analysis of the received information, in a supportive manner, with the intent to motivate, correct deviations and ensure improved performance. Feedback should be done in the most

appropriate way that facilitates two-way feedback and capacity development. Supportive monitoring and supervision with a focus on capacity development is expected to improve the overall performance and accountability of the sector.

#### 6.6.2. *DISSEMINATION*

Information collected and analyzed within the M&E framework will be routinely disseminated to key sector stakeholders and the public as part of the annual reviews (Holistic Assessment) and half-yearly reviews. The review findings will be presented and discussed at the Health Summit and business meetings as described in the Common Management Arrangements (CMA). Annual and half-yearly review reports will be made available for download on the ministry's website together with any other relevant in-depth review reports.

## **7. IMPLEMENTATION ARRANGEMENTS**

In the context of Monitoring and Evaluation, all Agencies and relevant stakeholders are required to report periodically on the services provided within the framework of agreed indicators and formats. These responsibilities will require that the leadership of Agencies and relevant stakeholders put in place mechanisms for collaboration and accountability. The CMA defines the current requirements for collaboration and accountability in the sector.

### **7.1. PILLAR 1: STAKEHOLDER COLLABORATION AND ACCOUNTABILITY**

- MOH will engage its stakeholders through defined fora as prescribed in the CMA and as may be required from time to time
- Agencies shall sign performance contracts with the MOH in line with their mandates, responsibilities and contributions to the M&E framework
- Routine data from Faith Based Organizations, Private health services and quasi-government health institutions will be routed through GHS.
- Information from the Teaching Hospitals and other Agencies will be sent directly to the Director of PPME, MOH, copied to Director of RSIM, MOH. Meanwhile, Teaching Hospitals shall share their data on services and other relevant information with

Regional Health Administration within their catchment area. Regional Health Administrations shall ensure that information from Teaching Hospitals is not double counted in reports to head quarters

- Managerial reports and data shall be sent directly to the Ministry from all Agencies
- The MOH will provide support to private providers in order to achieve comprehensive data
- Joint Field Monitoring Visits between the Ministry and its Stakeholders shall be carried out as specified in the CMA in addition to any other supportive visits that will be agreed on.

## 7.2. PILLAR 2: TIMELY, RELIABLE AND ACCURATE DATA

- MOH agencies and other stakeholders (DPs, NGOs, Private sector, quasi government institutions, faith based organizations, traditional and alternate medical practitioners, etc.) shall submit reports on their performance to the MOH based on agreed reporting timelines
- Agencies and key sector partners shall be required to submit special reports on implementation of planned activities, program and project reports based on agreed formats (Annex 1)
- All Agencies and stakeholders shall ensure that all data submitted are validated

	TYPE OF REPORT	DUE DATE
1.	Monthly	End of the ensuing month
2.	Quarterly	End of ensuing month at the end of the quarter
3.	Mid year	End of August
4.	Annual	End of March of the ensuing year

### 7.3.

#### 7.4. PILLAR 3: COMPREHENSIVE DATA REPOSITORY

- The MOH will establish a central data repository located and managed by MOH and accessible to all its Agencies
- All agencies must have their database, which will feed into the central repository according to defined formats and timelines
- Data transfer from one level to the other shall be by electronic media
- Request for data from the MOH shall be through a formal request to the Minister of Health

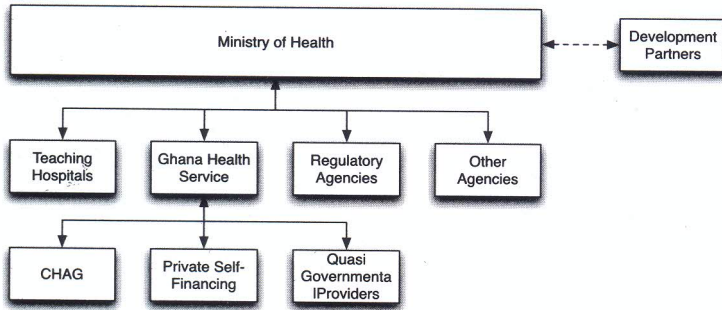
#### 7.5. PILLAR 4: TIMELY ANALYSIS AND USE OF INFORMATION

- All Agencies and their stakeholders shall collate, analyze and interpret data to inform decision making within the institutions
- The MOH will collate, analyze and interpret the data from Agencies and stakeholders and generate reports on sector priorities half yearly and annually MOH shall convene a forum with agencies and stakeholders to discuss the implications of the analyzed data at least half yearly

#### 7.6. PILLAR 5: FEEDBACK AND DISSEMINATION

- The MOH shall provide feedback to the reporting agencies about the quality of the data and reports (completeness, accuracy, and timeliness). Where there are issues for clarification, agencies shall respond to the feedback according to agreed timelines
- The MOH will periodically disseminate information on health sector performance as collated from agencies and stakeholders

Figure 2: Reporting channels



## **8. ANNEX 1: GUIDELINES FOR AGENCY REPORTING TO MOH**

All agencies are expected to have a set of agency specific indicators as well as an annual plan (log frame) in line with the broad sector objectives. Agencies must comply with the following guidelines for reporting

- Report on progress of agency specific indicators on quarterly basis
- Report based on implementation of planned activities on half yearly-basis

### **8.1. REPORT ON PROGRESS OF INTERNAL INDICATORS**

Agencies shall report on progress of indicators on quarterly basis. Trend analysis should be included for each indicator, compared to the same period of the previous 2 years.

Following format can be used for reporting.

Indicator	Performance year n-2	Performance year n-1	Performance year n	Performance trend (year n/ year n-1)-1	Target year n
Example indicator 1	75%	78%	80%	2.6%	80%
Example indicator 2	2,873	2,345	2,231	-4.9%	2,200
...					

## 8.2. REPORT BASED ON IMPLEMENTATION OF PLANNED ACTIVITIES

Agencies are expected to assess implementation of their annual plan on a half-yearly basis. The agency must assess each planned activity and report on the status of implementation. Moreover, the agency is expected to specify reasons for the observed status of implementation. Implementation status should be score from 0 to 4:

- 0 – Implementation not started
- 1 – Implementation less than half complete

- 2 – Implementation half complete
- 3 – Implementation over half complete
- 4 – Fully implemented

Following format can be used for reporting.

Plan objective	Planned activity	Implementation status 0-4	Comments
Objective 1	Example activity 1	4	Completed in April
	Example activity 2	2	Late arrival of funds
	...		
Objective 2	Example activity 1	0	Planned for last quarter

**Annex 2: Sector wide indicators for HSM TDP 2014-2017**

Indicator	Measurement	Source	Frequency	Baseline	
				2012	2013
<b>Objective 1: Bridge the equity gaps in geographical access to health services</b>					
1.1	Proportion of functional ambulance service centres	No. of functional ambulance centres / total no. of expected ambulance centres	Routine	Annual	
1.2	Proportion functional CHPS zones	No. of functional CHPS zones/ total no. of demarcated CHPS zones	Routine	Annual	
1.3	Per capita OPD attendance	Total OPD attendants / population	Routine	Annual	1.17
1.4	Equity poverty: U5MR	U5MR in lowest wealth quintile / U5MR in highest wealth quintile			2.04
1.5	Equity geography: Supervised deliveries	Region with highest coverage / region with lowest coverage	Routine	Annual	1.48
1.6	Equity geography: Nurse to population	Region with highest ratio / region with lowest ratio	Routine	Annual	1.75
1.7	Equity gender: Male/ female NHS active membership	Female active NHS members / male active NHS members	Routine	Annual	1.23
1.8	Equity poverty: NHS members	NHS active membership among female 15-49 years in lowest wealth quintile / NHS active	Survey	Every 3-5 years	0.69

		membership among females 15-49 years in population				
<b>Objective 2: Ensure sustainable financing for health care delivery and financial protection for the poor</b>						
2.1	Proportion of total MTEF allocation to health	Total GOG budget incl. IGF to health / total GOG budget incl. IGF	Routine	Annual	15.4%	
2.2	Per capita expenditure on health	Total health expenditure / population	Routine	Annual	50.69	
2.3	Budget execution rate (Goods and Service as proxy)	Total disbursement from MOFEP to MOH and agencies / total budget	Routine	Annual	86.8%	
2.4	Proportion of population with active NHS membership	Number of active NHS members / population	Routine	Annual	34.0%	
2.5	Proportion of total budget financed through IGF	Total IGF in budget / total budget	Routine	Annual		
<b>Objective 3: Improve efficiency in governance and management of the health system</b>						
3.1	Proportion of restaurants and food vendors in good standing	No. of restaurants and food vendors in good standing / no. of restaurants and food vendors ever registered with FDA	Routine	Annual		
3.2	Doctor : Population ratio	Number of doctors / population	Routine	Annual	1:10,452	
3.3	Nurse : Population ratio	Number of nurses incl. community	Routine	Annual	1:1,251	

including CHNs	health nurses / population			
3.4 Midwife : Population ratio	Number of midwives / population	Routine	Annual	1:1,611
3.5 Proportion nursing and midwifery licensure exam pass rate	Number of nurse and midwifery students passing exam / number of registrants for exam	Routine	Annual	
3.6 Proportion of health facilities duly registered	No. of health facilities registered with Health Institutions and Facilities Regulation Authority / total no. of health facilities	Routine	Annual	
3.7 Proportion of NHIF budget released to NHIS	NHIF releases from MOFEP to NHIS / NHIF budget	Routine	Annual	
3.8 Proportion of NHIS claims settled within 12 weeks	No. claims settled within 12 weeks / total no. claims settled	Routine	Annual	N/A
3.9 Proportion of health budget (goods and services) allocated to research activities	Amount of MOH budget allocated for research / total MOH budget	Routine	Annual	
<b>Objective 4: Improve quality of health services delivery including mental health services</b>				
4.1 Institutional all cause mortality	All institutional deaths / all discharges and deaths	Routine	Annual	
4.2 Proportion of regional and district public hospitals offering Traditional medicine practice	No. of regional and district public hospitals offering traditional medicine practice / total no. of	Routine	Annual	

		regional and district public hospitals				
4.3	Proportion of public hospitals with a mental health unit	No. of public hospitals with mental health unit / total no. of public hospitals	Routine	Annual		
4.4	Institutional Malaria Under 5 Case Fatality Rate	No. of children U5 deaths from malaria per year / total no. children under 5 years admitted and diagnosed with malaria	Routine	Annual		
4.5	Surgical site infection rate	No. of surgical site infections / total no. of patient trips to the operating theatre	Routine	Annual		
4.6	Percentage of public hospitals with trained emergency team	No. public hospitals with trained emergency team / total number of public hospitals	Routine	Annual		
<b>Objective 5: Enhance national capacity for the attainment of the health related MDGs and sustain the gains</b>						
5.1	Unmet need for contraception	No. of women aged 15-49 years who are married or in union with unmet need for family planning / no. women aged 15-49 who are married or in union	Survey	Every 3-5 years	26.4%	
5.2	Couple Year Protection (CYP)	The estimated protection provided by family planning services during a	Routine	Annual	1,922,289	

		one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period				
5.3	Infant Mortality Rate	No. of deaths of infants below 1 year / 1,000 live births	Survey	Every 3-5 years	53	
5.4	Institutional Neonatal Mortality Rate	No. of institutional deaths of neonates before the age of 28 days / institutional live births	Routine	Annual		
5.5	Under-5 Mortality Rate	No. of deaths of children below 5 years / 1,000 live births	Survey	Every 3-5 years	82	
5.6	Neonatal Mortality Rate	No. of deaths within the first 28 days of life / 1,000 live births	Survey	Every 3-5 years	32	
5.7	Maternal Mortality Ratio	No. of maternal deaths / 100,000 live births	Survey	Every 5-7 years	N/A	
5.8	Institutional Maternal Mortality Ratio	Institutional maternal deaths / institutional live births	Routine	Annual	193	
5.9	HIV prevalence rate	Proportion of the ANC clients aged 15-24 years who are tested HIV+ at NACP sentinel sites	Routine	Annual		

			Routine	Annual	
5.10	Proportion of eligible adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Number of adults and children receiving ARV therapy / Total number of adults and children eligible for treatment	Routine	Annual	
5.11	Proportion of pregnant women tested for HIV and received results for PMTCT	Number of pregnant women tested for HIV through ANC services/ Total number of expected pregnancies.	Routine	Annual	
5.12	Proportion of infected pregnant women who received ARVs for PMTCT	Number of HIV positive pregnant women who received ARV for PMTCT/ Projected HIV positive pregnant women as per NACP sentinel survey	Routine	Annual	
5.13	Proportion of children U5 who are stunted	Total no. of children too short for their age / total no. of children	Survey	Every 3-5 years	22.7%
5.14	Proportion of children fully immunized (proxy Penta 3 coverage)	Number received Penta 3 / projected population of children under 1 years	Routine	Annual	87.8%
5.15	Antenatal Care Coverage 4+	No. of women undergoing ANC service by a skilled health provider at least four times during pregnancy / total number of expected	Routine	Annual	72.3%

5.16	Exclusive breast feeding for six months	pregnancies No. of infants aged who are exclusively breastfed / total no. infants	Survey	Every 3-5 years	45.7%	
5.17	Proportion of deliveries attended by a trained health worker	No. of deliveries attended by a trained health worker / expected number of deliveries	Routine	Annual	58.5%	
5.18	Still birth rate	Number of still births (fresh and macerated) / expected number of deliveries	Routine	Annual		
5.19	Postnatal care coverage for newborn babies	No. of newborn babies getting the services of skilled health providers within 2 and 7 days of birth/ Total number of live births	Routine	Annual		
5.20	Proportion of children under 5 years sleeping under ITN	No. of children under 5 years who slept under an ITN during the previous night / total number of children under 5 years	Survey	Every 3-5 years	41.5%	
5.21	TB treatment success rate	No. of patients who are proven cured using smeared microscopy at the end of treatment / total number of patients who initiated treatment	Routine	Annual	86.2%	

Objective 6: Intensify prevention and control of non-communicable and other

communicable diseases					
6.1	Non-AFP polio rate	No. of non-polio AFP cases reported / 100,000 children 0 - 15 years	Routine	Annual	
6.2	Guinea worm surveillance system	No. of suspected guinea worm cases investigated / no. of suspected guinea worm cases reported	Routine	Annual	
6.3	Proportion OPD attendance due to malaria	No. of OPD attendants diagnosed as malaria / total OPD attendants	Routine	Annual	
6.4	Population prevalence of hypertension	No. persons BP above specified level / total no. persons surveyed	Survey	Every 3-5 years	

**Table 1: Sector wide indicators HSM TDP 2014-2017. Baseline figures to be updated after completion of the Holistic Assessment of 2013 Programme of Work.**

**ANNEX 3: Comprehensive set of indicators in the health sector**

No.	Indicator	Definition
<b>OPD</b>		
1	Per capita OPD attendance	(Total OPD attendants / population)X100
2	Total OPD	
3	Total Insured (male)	
4	Total insured (females)	
5	Total insured	
6	Percentage of OPD Insured (males)	
7	Percentage of OPD insured (females)	Total female insured/Total females OPD
8	Percentage OPD attendants having insurance	Total Insured / Total OPD
9	OPD Attendance - Total new patients	
10	Total new patients insured	
11	Percentage of new OPD patients insured	
12	Percentage of outpatients and admitted inpatients having insurance	
<b>Inpatient</b>		
1	Hospital beds per 1000 population	(Total number of hospital beds/ Total population)x1,000
2	Hospital Admission Rate	Total admissions/total population
3	Hospital Admission Rate - Male	Total admissions males/Total pop males
4	Hospital Admission Rate -Female	Total admissions females/Total pop females
5	Total Inpatient	
6	Total inpatient Insured(male)	
7	Total Inpatient insured (females)	
8	Total inpatient insured	
9	Percentage of Inpatient Insured (males)	Total inpatients insured/Total inpatients

**ANNEX 3: Comprehensive set of indicators in the health sector**

10	Percentage of Inpatient insured (females)	Total female insured/Total females OPD
11	Percentage of Total Inpatient insured	Total Insured / Total OPD
12	Total discharge	
13	Average length of stay - Psychiatry Ward	Total bed days/Total number of patients-
14	Average length of stay - Emergency/Accident Ward	Total bed days/Total number of patients-
15	Average length of stay - Medical Ward	Total bed days/Total number of patients-
16	Average length of stay - Maternity ward	Total bed days/Total number of patients-
17	Percentage of admitted inpatients having insurance	Total bed days/Total number of patients-
18	Average length of stay - Surgical Ward	Total bed days/Total number of patients-
19	Average length of stay - Orthopedic ward	Total bed days/Total number of patients-
20	Average length of stay - Isolation Ward	Total bed days/Total number of patients-
21	Average length of stay - Gynaecological Ward	Total bed days/Total number of patients-
22	Average length of stay - Nursery Ward	Total bed days/Total number of patients-
23	Average length of stay - Intensive Care Unit	Total bed days/Total number of patients-
24	Average length of stay - Paediatric Ward	Total bed days/Total number of patients-
25	Average length of stay - all wards	Total bed days/Total number of patients-
26	Bed occupancy rate - emergency/accident	Total IPD/ Total beds x total days in the period) x100
27	Bed occupancy rate - gynaecological	Total IPD/ Total beds x total days in the period) x100
28	Bed occupancy rate - intensive care unit	Total IPD/ Total beds x total days in the period) x100
29	Bed occupancy rate - isolation	Total IPD/ Total beds x total days in the period) x100
30	Bed occupancy rate - medical ward	Total IPD/ Total beds x total days in the period) x100
31	Bed occupancy rate - nursery	Total IPD/ Total beds x total days in the period) x100
32	Bed occupancy rate - orthopedic	Total IPD/ Total beds x total days in the period) x100
33	Bed occupancy rate - psychiatric	Total IPD/ Total beds x total days in the period) x100
34	Bed occupancy rate - surgical	Total IPD/ Total beds x total days in the period) x100
35	Bed occupancy rate - surgical	Total IPD/ Total beds x total days in the period) x100
36	Bed occupancy rate - Paediatric ward	Total IPD/ Total beds x total days in the period) x100

**ANNEX 3: Comprehensive set of indicators in the health sector**

37	Bed occupancy rate - All Wards	Total IPD/ Total beds x total days in the period) x100
38	Bed occupancy rate - Maternity	Total IPD/ Total beds x total days in the period) x100
39	Inpatients Attendance - Total new patients	All Admissions
40	Total of new inpatients insured	
41	Percentage of total new patients insured.	
42	Total old patients- inpatients	
43	Total old patients insured	
44	Bed turnover rate - Surgical ward	Total Disch + Total Deaths / Number of beds
45	Bed turnover rate - Medical Ward	Total Disch + Total Deaths / Number of beds
46	Bed turnover rate - Emergency/accident Ward	Total Disch + Total Deaths / Number of beds
47	Bed turnover rate - Paediatric Ward	Total Disch + Total Deaths / Number of beds
48	Bed turnover rate - Maternity Ward	Total Disch + Total Deaths / Number of beds
49	Bed turnover rate - Intensive Care Unit Ward	Total Disch + Total Deaths / Number of beds
50	Bed turnover rate - Orthopedic Ward	Total Disch + Total Deaths / Number of beds
51	Bed turnover rate - Isolation Ward	Total Disch + Total Deaths / Number of beds
52	Bed turnover rate - Gynaecological Ward	Total Disch + Total Deaths / Number of beds
53	Bed turnover rate - Psychiatry Ward	Total Disch + Total Deaths / Number of beds
54	Bed turnover rate - Nursery Ward	Total Disch + Total Deaths / Number of beds
55	Bed turnover rate- All wards	Total Disch + Total Deaths / Number of beds
56	All cause institutional mortality rate(male)	Total Deaths (mal)/ Total Deaths and Disch (mal)
57	All cause institutional mortality rate(female)	Total Deaths (fem)/ Total Deaths and Disch (fem)
58	All cause institutional mortality rate	Total mortality / Total deaths and total discharged
59	All cause of institutional mortality rate (insured)	Total Deaths (Insured)/ Total Deaths and Disch (Insured)
60	All cause of institutional mortality(non-insured)	Total Deaths (Non-Insured)/ Total Deaths and Disch (Non-Insured)
<b>RATIONALE USE OF MEDICINES</b>		
1	Percentage of medicines prescribed by generic name	Total number of medicines prescribed by generic name for

**ANNEX 3: Comprehensive set of indicators in the health sector**

		the total patients encounters sampled/Total number of medicines prescribed for all patients encountered ( 3/2)
2	Percentage of encounters with an antibiotic prescribed	Total number of encounters with antibiotic prescribed/ Total number of encounters sampled (4/1)
3	Percentage of encounters with an injection prescribed	Total number of encounters with injections prescribed/ Total number of encounters sampled(5/1)
4	Percentage of medicines prescribed from an EML	Total number of medicines prescribed from EML/ Total number of medicines prescribed for all patients encountered (6/1)
5	Average number of medicines per encounter	Total number of medicines prescribed for all patients encounters/Total number of encounters sampled (2/1)
<b>BLOOD TRANSFUSION SERVICE</b>		
1	Percentage of blood donors, static clinic	Total blood donors at static site/Total Blood donors
2	Percentage of blood donors, mobile clinic	Total blood donors at mobile clinic/Total blood donors
3	Percentage of voluntary blood donors	Total voluntary donors/ Total blood donors
4	Percentage of Autologous Blood donors	Total autologous blood donors/ Total blood donors
5	Percentage voluntary blood donors	Total voluntary donors/ Total blood donors
6	Percentage of family replacement donors	Total family replacement/Total blood donors
7	Percentage issued to Adults	Total blood issued to adults/ Total blood issued
8	Percentage issued to Children	Total blood issued to children/Total blood issued
9	Percentage of Blood issued to females	Total blood issued to females/Total blood issued
10	Percentage of Blood issued to males	Total blood issued to males/Total blood issued
11	Percentage of Blood discarded from family replacement	Total blood discarded from family replacement/Total replacement
12	Percentage of donated blood discarded	Total blood discarded/ Total blood donated
13	Percentage of family replacement blood discarded	Total family replacement discarded/ Total family blood donated

**ANNEX 3: Comprehensive set of indicators in the health sector**

14	percentage of voluntary donated blood discarded	Total voluntary blood discarded/Total voluntary donated
15	Percentage of Donated Blood testing positive for HIV	Total blood donated tested positive for HIV/Total blood donated
16	Percentage of Donated Blood testing positive for HBV	Total blood donated tested positive for HBV/Total blood donated
17	Percentage of Donated Blood testing positive for HCV	Total blood donated tested for HCV/Total blood donated
18	Percentage of Donated Blood testing positive for Syphilis	Total blood donated tested for Syphilis/Total blood donated
<b>Other Rates</b>		
1	Per capita OPD attendance	Total OPD attendants / population
2	Institutional Under five mortality	Number of under five deaths/live births x1000
3	Infant Mortality Rate	No. of deaths of infants below 1 year / 1,000 live births
4	Institutional Neonatal Mortality Rate	No. of institutional deaths of neonates before the age of 28 days / institutional live births
5	Under-5 Mortality Rate	No. of deaths of children below 5 years / 1,000 live births
6	Neonatal Mortality Rate	No. of deaths within the first 28 days of life / 1,000 live births
7	Maternal Mortality Ratio	No. of maternal deaths / 100,000 live births
8	Institutional Maternal Mortality Ratio	Institutional maternal deaths / institutional live births

**ANNEX 3: Comprehensive set of indicators in the health sector**

**List of Indicators – Group B: Reproductive Health**

No.	Indicator	Definition
	ANC	
1	Antenatal Care Coverage 4+	No. of women undergoing ANC service by a skilled health provider at least four times during pregnancy / total number of expected pregnancies
2	Average number of ANC visits per client	
3	ANC Coverage	
4	Percentage of clients whose HB was tested at registration	Total number of preg women whose HB was tested at registration / Total ANC registrants
5	Percentage of clients anaemic at registration(HB< 11g/dl)	Number of pregnant women anaemic at registration/ Total number tested at registration
6	Percentage of clients whose HB was tested at 36wks	Number of pregnant women whose HB was tested at 36wks/ Total ANC registrants
7	Percentage of clients anaemic at 36wks(HB <11g/dl)	Number of pregnant women anaemic at 36wks/Total number of tested at 36wks
8	Percentage of ANC registrants in 3rd trimester	Registrants in 3rd Trimester/ANC registrants
9	Percentage of pregnant women receiving IT2+	Total IT2+/Expected Pregnancies
10	Percentage of ANC registrants 35 years or above	Number of ANC registrants 35+/ANC registrants
11	Percentage of antenatal registrants with parity of 5+	Total number of ANC regis with parity 5/ Total no of ANC regis
12	Percentage of ANC registrants < 5 feet	Total number of ANC regist with < 5ft/ Total no of ANC regis
13	Percentage ITN use on first ANC visit	Total number of ITN users at first ANC/ Total ANC regis
14	Percentage ANC registrants registered in 1st trimester	Total number of ANC regist in 1st ANC regist/Total ANC regis

**ANNEX 3: Comprehensive set of indicators in the health sector**

15	Percentage of ANC registrants making 4th ANC visit	Number of pregnant women making 4th ANC visit with skilled attendant/ Total ANC registrants
1	Total Deliveries	
2	Mode of delivery total (non-natural deliveries)	
3	Percentage of skilled deliveries	No. of deliveries attended by a trained health worker / expected number of deliveries
4	Institutional Maternal Mortality Ratio	Total Institutional maternal deaths / institutional live births
5	Percentage of deliveries by C section	Total C sections/Total deliv
6	Percentage of deliveries by forceps	Percentage of forceps deliveries/ Total deliveries
7	Total maternal deaths	
8	Percentage of maternal deaths audited	Total maternal deaths audited/ Total mat deaths
9	Percentage of deliveries by vacuum	Total vacuum delivery/Total delivery
	PNC	
1.0	Total PNC registrants	
2.0	Percentage of PNC registrants seen within the first 48 hours after delivery	Total PNCseen 1-2/Total PNC regist
3.0	Maternal Vitamin A coverage (post-partum)	Post partumVit A/PNC registr
4.0	Percentage of postnatal registrants with no previous ANC attendance	PNC regist with no prev ANC attend/PNC registrants
5.0	Percentage of postnatal registrants delivered by trained TBA	Total PNC regis delivery by TBA/Total PNC regis
	Adolescent	
1	Percentage of adolescents attending PNC 10-19	Total PNC 10-19/Total PNC regis
2	Percentage of adolescents attending ANC 10-19	Total PNC regis10-19/Total ANC regis
3	Percentage of adolescents coming for family planning service 10-14	Total fam plan regis 10-14/Total FP regis

**ANNEX 3: Comprehensive set of indicators in the health sector**

4	Percentage of deliveries by vacuum	Total vacuum delivery/Total delivery
5	Percentage of adolescents attending ANC 10-14	Total ANC regis 10- 14/Total ANC regis
6	Percentage of adolescents attending ANC 15-19	Total ANC regis 15-19/Total ANC registrants
7	Percentage of adolescents having skilled delivery 15-19	Total skilled del 15-19/Total delivery
8	Percentage of adolescents attending PNC 10-14	Total PNC 10-14/Total PNC Regis
9	Percentage of adolescents attending PNC 15-19	Total PNC 15-19/Total PNC regis
10	Percentage of adolescents having abortion 10-14	Abortion 10-14/Total abortion
11	Percentage of adolescents having abortion 15-19	Abortion 15-19/Total abortion
12	Percentage of adolescents registering for family planning service 15-19	Total FP regist 15-19/Total FP registrants
13	Percentage of adolescents having skilled delivery 10-14	Total of del in 10-14yrs/Total delivery
14	Percentage of adolescents having abortion 10-19	Abortion 10-19/Total abortion

**List of Indicators – Group C: Family Planning**

No.	Indicator	Definition
1	Total Family Planning acceptors	Continuous acceptors + new acceptors
2	Total Couple Year Protection (CYP)	The estimated protection provided by family planning services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period
3	Family planning coverage	Total family planning acceptors/( new + continuing)/WIFA

**ANNEX 3: Comprehensive set of indicators in the health sector**

4	Percentage of new acceptors Percentage of continuous acceptors	Number of new acceptors for the period/ Total acceptors Number of continuous acceptors/ Total acceptors
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**List of Indicators – Group D: TB**

No.	Indicator	
<b>TB</b>		
1	Total TB cases	Smear positive, smear negative & extra pulmonary TB
2	TB treatment success rate	No. of patients who are proven cured using smeared microscopy at the end of treatment / total number of patients who initiated treatment
3	TB cure rate	Number of smear + cure/Total smear + cases for the period
4	TB defaulter rate	Total number of TB defaulters/ Total TB cases( + and
5	TB death rate	Total number of TB deaths/ Total TB cases
6	TB failure rate	
7	Proportion of TB clients screened for HIV	Total number of TB clients screened for HIV/ Total TB cases
8	Proportion of TB HIV positive	Total no of HIV+ TB clients/Total TB patients
9	Proportion of TB/HIV +ve on CPT	Total number of TB/HIV+ on CPT/Total TB cases

**List of Indicators – Group E: Child Health**

No.	Indicator	Definition
1	NEONATE Postnatal coverage for new born babies(48hours)	No. of newborn babies getting the services of skilled health providers within the first 48hours of birth/ Total

**ANNEX 3: Comprehensive set of indicators in the health sector**

		number of live births
2	Postnatal coverage for new born(2-7days)	No. of newborn babies getting the services of skilled health providers after 2days to 7 days of birth/ Total number of live births
3	Still birth rate	Number of still births (fresh and macerated) / expected number of deliveries
4	Institutional Neonatal Mortality Rate	No. of institutional deaths of neonates before the age of 28 days / institutional live births
5	Percentage still births	Total still births/ Total Delivery(Live +Still births)
6	Neonatal deaths per 1000 live births	(Total neonatal deaths/Total live births) x1,000
7	Percentage children weighed <2.5kg	
8	Percentage of mother/Infant pairs exclusively breast feeding at discharge	
9	Neonatal Tetanus case fatality	Neonatal tetanus deaths/Neonatal tetanus cases
10	Percentage LBW in Primigravidae	Total LBW in Primigravida/Total births in Primigravida
11	Percentage LBW in Multigravida	Total LBW in Multigravida/Total births in Primi-gravida
<b>UNDER FIVE</b>		
1	Institutional Under five mortality	(Number of under five deaths/live births) x1000
2	Institutional Infant Mortality Rate	(No. of deaths of institutional infants below 1 year / Total live births)x 1,000
3	Percentage of infants Exclusive breast feeding for six months	No. of infants aged who are exclusively breastfed / total no. infants
4	Total Inst. infant deaths	Total infant deaths(inpatients summary)
5	Total Inst. under-five deaths	Total under five deaths( inpatient summary)
<b>EPI</b>		
1	BCG coverage under 1	Number of children under 1 vaccinated against BCG/ Total number of children under 1

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2	OPV1 coverage under 1	Number of children under 1 vaccinated against OPV1/ Total number of children under 1
3	OPV 3 coverage under 1	Number of children under 1 vaccinated against OPV3/ Total number of children under 1
4	Penta 1 coverage under 1	Number of children under 1 vaccinated against Penta 1/ Total number of children under 1
5	Penta 3 coverage under 1	Number of children under 1 vaccinated against Penta 3/ Total number of children under 1
6	PCV 1 coverage under1	Number of children under 1 vaccinated against PCV1/ Total number of children under 1
7	PCV 3 coverage under1	Number of children under 1 vaccinated against PCV3/ Total number of children under 1
8	Rotarix 1 coverage under1	Number of children under 1 vaccinated against Rotarix 1/ Total number of children under 1
9	Rotarix 2 coverage under 1	Number of children under 1 vaccinated against Rotarix 2/ Total number of children under 1
10	Measles Rubella coverage under1	Number of children under 1 vaccinated against Measles Rubella/ Total number of children under 1
11	Measles 2 coverage at 18 months	Number of children under 1 vaccinated against Measles 2/ Total number of children under 1
12	Yellow fever coverage under 1	Number of children under 1 vaccinated against Yellow fever/ Total number of children under 1
13	Proportion of districts with Penta 3 coverage under1 above 90%	Number of districts Penta 3 coverage under1 above 90%/Total number of districts
14	Proportion of districts with Penta 3 coverage under1 >= 90%	Number of districts with Penta 3 coverage under1 >= 90%/Total number of districts
15	Proportion of districts with Penta 3 Coverage under 1 >= 80% and <	Number of districts with Penta 3 Coverage under 1 >= 80% and <

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	90%	80% and < 90%/Total number of districts
16	Proportion of districts with Penta 3 coverage under 1 >= 50% and < 80%	Number of districts with Penta 3 coverage under 1 >= 50% and < 80%/Total number of districts
17	Proportion of districts with Penta 3 coverage under 1 < 50%	Number of districts with Penta 3 coverage under 1 < 50%/Total number of districts
18	BCG /Measles Rubella dropout rate	BCG coverage -Measles Rubellacoverage/BCG coverage
19	Measles Rubella/YF gap	Measles Rubella coverage-YF coverage
20	Penta 1-Penta3 dropout rate	Penta 1-Penta3 /Penta 1
21	PCV1 - PCV3 dropout rate	(PCV1 coverage - PCV3 coverage)/PCV 1 coverage
22	Rotarix 1- Rotarix 2 dropout rate	(Rotarix 1 coverage- Rotarix 2 coverage)/Rotarix 1 coverage
23	OPV1 - OPV3 dropout rate	(OPV1 coverage - OPV3 coverage)/OPV1 coverage
24	Percentage of Children under five years receiving at least 1 dose of Vitamin A	
25	BCG - Measles1 Immunization gap < 1 years	BCG cov - Measles cov
26	Population < 15 years	
<b>CWC</b>		
1	Percentage Coverage Child Welfare Services for < 1 year	
2	Average Visits to CWC for < 1	
3	Average Visits to CWC for 12-23 Months	
4	Percentage Coverage Child Welfare Services for Children between 24-59 Months	
5	Percentage Coverage Child Welfare Services for Children between 12-23 Months	
6	Total educational talks performed	
7	Average Visits to CWC for 24-59 Months	
<b>School Health</b>		

**ANNEX 3: Comprehensive set of indicators in the health sector**

1	Schools w/Current ENV. Cert. (shs)	
2	Percentage of children examined in Pre-school	Number examined/No enrolled (preschool)
3	Percentage of children examined in P1	Number examined/No enrolled (P1)
4	Percentage of children examined in P3	Number examined/No enrolled (P3)
5	Percentage of children examined in JSS1	Number examined/No enrolled (JHS 1)
6	Percentage of schools visited	Number of schools visited/Number of schools
7	Percentage of schools receiving 3+ health talks	Number of schools receiving 3+ health talks/ Number of schools
8	Percent of total student enrolled in school health services that are examined	Total examined/ Total enrolled

**ANNEX 3: Comprehensive set of indicators in the health sector**

No.	Indicator	Definition
<b>MALARIA</b>		
1	Total OPD malaria ( ie Uncomplicated Malaria)	Total number of OPD cases diagnosed as malaria( clinical + RDT/Microscopy confirmed)
2	OPD Malaria cases receiving testing ie (RDT and microscopy)	Total number of suspected cases of malaria tested for malaria parasites (both RDTs and Microscopy)
3	OPD Malaria cases tested POSITIVE	Total number of suspected cases of malaria tested POSITIVE for malaria parasites(both RDTs and Microscopy)
4	Proportion of positive malaria cases to Total OPD	(Total tested positive/Total OPD)x100
5	Proportion OPD Cases due to malaria (ie due to Total OPD malaria)	Total OPD Malaria Cases (Number of OPD cases diagnosed as malaria) / Total OPD Cases
6	Percentage OPD Malaria cases receiving testing ie (RDT and microscopy)	[Number of OPD malaria cases tested (using RDT and microscope)/ Total OPD malaria cases]x100
7	Malaria test positivity rate	(Number of malaria cases tested positive (RDT and Microscope)/Number of OPD malaria cases tested using RDTs and Microscopy )x100
8	Malaria OPD cases by 1000 population	(Total OPD Malaria cases/Population)x1000
9	Percentage of OPD MALARIA CASES PUT ON ACTS	Total number of suspected malaria cases treated with ACTs ONLY/Total OPD malaria ( ie Uncomplicated Malaria)

**ANNEX 3: Comprehensive set of indicators in the health sector**

10	Under five malaria case fatality rate (total malaria)	Number of deaths in under five due to malaria/Number of under-five admissions for malaria
11	Under five malaria case fatality rate (Complicated Malaria)	No. of deaths in <5 due to comp. malaria/<5 admission for comp. malaria
12	Pregnant women malaria case fatality rate	Number of deaths in preg women due to malaria/Number of admissions for pregnant woMEn with malaria
13	Percentage of admitted malaria cases in patients below five years that are complicated	Number of under-five admitted with complicated malaria/ Total under five admissions
14	Percentage of admitted malaria cases in patients above 5 years that are complicated	Number of patients above 5 years admitted with complicated malaria/ Total number of patients above 5 years admitted
15	Percentage of pregnant women admitted with malaria	Pregnant women admitted with malaria/ Total number of pregnant women admitted
16	Inpatient malaria cases per 1000 persons per year	Inpatients malaria cases x1000/number of people in the population
17	Inpatient malaria deaths per 1000 persons per year	Inpatients malaria DEATHS x1000/number of people in the population
18	Percentage of Pregnant women taking IPT1	(Number of preg women given IPT1/ ANC Registrants)x 100
19	Percentage of Pregnant women taking IPT2	(Number of preg women given IPT2/ ANC Registrants)x 100

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20	Percentage of Pregnant women taking IPT3	(Number of preg women given IPT3/ ANC Registrants)x 100
21	Percentage of Pregnant women taking IPT4	(Number of preg women given IPT4/ ANC Registrants)x 100
22	Percentage of Pregnant women taking IPT5	(Number of preg women given IPT5/ ANC Registrants)x 100

**List of Indicators – Group F: Malaria**

**List of Indicators – Group G: HIV/AIDS**

No.	Indicator	Definition
	<b>HIV/AIDS</b>	
1	proportion of pregnant women who tested positive for HIV	
	Proportion of pregnant women tested for HIV and received results for PMTCH- Number of pregnant women tested for HIV through HIV services who received their results / Expected pregnancies	
2	Proportion of infected pregnant who received ARV for PMTCT - Number of HIV + pregnant women put on treatment/ Total number of positive pregnant women.	
3	Proportion babies born to HIV mothers screened at 6wks using DNA PCR	
4	Proportion of babies born to HIV mothers screened at 6wks using DNA who tested positive	
5	Proportion babies born to HIV mothers screened at 6wks using	
6	Proportion babies born to HIV mothers screened at 6wks using	

ANNEX 3: Comprehensive set of indicators in the health sector

	DNA PCR-male	
7	Proportion of babies born to HIV mothers screened at 6wks using DNA who tested positive-male	
8	Proportion babies born to HIV mothers screened at 6wks using DNA PCR-female	
9	Proportion of HIV exposed infants having DNA PCR test at 18 months	
10	Proportion of HIV exposed infants who tested positive using DNA PCR at 18 months	
11	Proportion of HIV exposed infants having DNA PCR test at 18 months-male	
12	Proportion of HIV exposed infants who tested positive using DNA PCR at 18 months-male	
13	Proportion of HIV exposed infants having DNA PCR test at 18 months- female	
14	Proportion of HIV exposed infants who tested positive using DNA PCR at 18 months-female	
15	Proportion of those tested who were positive	Total positive/Total tested
16	Proportion of those tested who were positive-male	Total positive male/Total tested
17	Proportion of those tested who were positive-female	Total positive female/Total tested
18	Proportion receiving positive test results	Total positive receiving results/Total tested positive
19	Proportion receiving positive test results-male	Total positive receiving results- male/Total tested positive
20	Proportion receiving positive test results-female	Total positive receiving result females/Total tested positive
21	Proportion of HIV positive patients screened for TB	Total HIV + screened for TB/Total HIV+
22	Proportion of HIV positive patients screened for TB-male	Total HIV + screened for TB-male/Total HIV+
23	Proportion of HIV positive patients screened for TB-female	Total HIV + screened for TB/Total HIV+
24	Proportion of HIV positive patients screened and diagnosed	Total HIV+ screened + for TB/ Total HIV+ screened

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	with TB	
25	Proportion of HIV positive patients screened and diagnosed with TB-male	Total HIV+ screened + for TB male/ Total HIV+ screened
26	Proportion of HIV positive patients screened and diagnosed with TB-female	Total HIV+ screened + for TB-female/ Total HIV+ screened
27	Proportion of positive patients referred into care	Total + referred to care/ Total positive
28	Proportion of positive patients referred into care-male	Total + referred to care male/ Total positive
29	Proportion of positive patients referred into care-female	Total + referred to care female/ Total positive
30	Proportion of HIV+ with treatment failure	Total + failing treatment/ Total + in care
31	Proportion of HIV+ with treatment failure- male	Total + failing treatment -male/ Total + in care
32	Proportion of HIV+ with treatment failure- female	Total + failing treatment-female/ Total + in care

**List of Indicators – Group H: Human Resource**

No.	Indicator	Definition
<b>HUMAN RESOURCE</b>		
1	Doctor : Population ratio	Population/Total number of doctors( expressed as 1 doctor to ....
2	Nurse : Population ratio including CHNs	Population/Total number of nurses(expressed as 1 nurse to
3	Nurse :Population ratio excluding CHNs	
4	Midwife : Population ratio	WIFA/Total midwives
5	Total number of staff	All staff(contract, permanent and casual)

**ANNEX 3: Comprehensive set of indicators in the health sector**

6	Percentage of staff on leave	Total number of staff on leave/Total number of health staff
7	Percentage of staff on study leave	Total number of staff on study leave/ Total number of health staff
8	Percentage of casual staff	Total number of staff/Total number of staff
9	Percentage of contract staff	Total number of contract staff/Total number of staff
10	Percentage of permanent staff	Total number of permanent staff/ Total number of staff

**List of Indicators – Group I: Occupational Health**

No.	Indicator	Definition
	Occupational Health	
1	Percentage of needle stick injuries (females)	Total needle stick injuries female/Total needle stick injuries
2	Percentage of needle stick injuries (males)	Total needle stick injuries male/Total needle stick injuries
3	Percentage of thermal burn injuries(males)	Total thermal burn female/Total thermal burns
4	Percentage of thermal burn injuries(female)	Total thermal burns male/Total thermal burns

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5	Percentage of work related injuries resulting in deaths	Total work related injuries resulting in deaths/ Total work related injuries
6	Percentage of work related injuries resulting in deaths(male)	Total work related injuries resulting in deaths-male/ Total work related injuries
7	Percentage of work related injuries resulting in deaths(female)	Total work related injuries resulting in deaths-female/ Total work related injuries

