

**2016/2017 Performance Analysis for (**

No	Activity	Unit	Weight	Target for Year	Cumulative Target
<b>A</b>	<b>Financial &amp; Stewardship Indicators</b>				
1	Utilization of allocated funds	%	4%	100%	100%
2	Income	Kshs	3%	340,095,856	255,071,892
3	Expenditure	Kshs	3%	249,222,262	186,916,696
	<b>Sub Total Weight</b>		<b>10%</b>		
<b>B</b>	<b>Service Delivery Indicators</b>				
1	Customer satisfaction index	%	2%	100%	100%
2	Service Delivery Innovation	Nos	2%	2	2
3	Service Delivery Innovation and Implementation	Nos	2%	100%	100%
4	Resolution of complaints	%	5%	100%	100%
5	ISO certification	%	2%	100%	100%
6	Automation	%	2%	75%	66%
	<b>Sub Total Weight</b>		<b>15%</b>		
<b>C</b>	<b>Non-Financial Indicators</b>				
1	Implementation of Hospital Strategic Plan	%	2%	100%	100%

2	<b>Asset Management</b>	%	2%	100%	100%
3	<b>Youth Internship/nindustrial attachment/Apprenticeship</b>	Nos	1%	550	413
	empowerment of youth,women and person with disabilities	%	2%	100%	100%
4	Compliance with Constitution of Kenya	%	2%	100%	100%
	Compliance with Statutory Obligation	%	1%	100%	100%

d	Safety Measures	%	1%	100%	100%
	<b>Sub Total Weight</b>		<b>11%</b>		
<b>D</b>	<b>Operational Indicators</b>				
	<b>Vision 2030 Flagship Projects</b>				
	installation of security grills on windows in postnatal ward 1st floor	%	5%	100%	100%
	Reinforce of doors in RMBH	%	5%	100%	100%
	<b>Division Priority Indicators</b>				
	<b>Meetings</b>				
a	departmental meetings	Nos	2%	12	9
b	divisional meetings	Nos	2%	4	3
	<b>Reporting</b>				
	activity reports to Chief Nurse	Nos	2%	12	9
	reports to M&E	Nos	2%	12	9
a	Activity Reports to DDFA	Nos	2%	12	9
b	Staff Returns to HR Monthly	Nos	1%	12	9
c	To ISO Secretariat Monthly	Nos	2%	12	9
1	Reduce Maternal Mortality	%	5%	0.16	0.16
2	Increase number of Deliveries Occuring in the Hospital	Nos	5%	13700	10,275
3	Increase uptake of family planning services	Nos	3%	2,000	1,500
4	Conduct 24hr case review for maternal deaths	Time	2%	100%	100%
5	formulate protocols	Nos	5%	5	4
6	reduce HIV/AIDS Morbidity and Mortality	%	2%	100%	100%
7	risk management	%	1%	100%	100%
7	<b>Project imlementation</b>				
	<b>completion rate</b>	%	2%	100%	100%

	<b>cost effectiveness</b>	%	2%	100%	100%
	<b>Sub Total Weight</b>		<b>50%</b>		
<b>E</b>	<b>Dynamic/Qualitative</b>				
	<b>Human Resource Strategy</b>				
1	<b>Staff training</b>				
a	<b>Competence development</b>	%	2%	100%	100%
5	<b>Prevention of alcohol and drug abuse</b>	%	1%	100%	100%
6	<b>Prevention of HIV infection</b>	%	1%	100%	100%
	Work environment	%	1%	100%	100%
	<b>Sub Total Weight</b>		<b>5%</b>		
<b>F</b>	<b>Corruption Prevention and Eradication</b>				
	<b>Corruption Eradication</b>	%	3%	100%	100%
	<b>officers Code of Conduct</b>	%	2%	100%	100%
	<b>Sub Total Weight</b>		<b>5%</b>		
<b>G</b>	<b>National Cohesion and National Values</b>				

1	<b>Implementation Measures to promote the realization of national Cohesion and National Values</b>	%	2.5%	100%	100%
2	<b>Implement commitments in the presidents Annual Report on National Values and Principles of Governance</b>	%	2.5%	100%	100%
	<b>Sub Total Weight</b>		<b>5%</b>		
	<b>Total weight</b>		<b>100%</b>		

**Overall Performance**

### Chairman Division of Reproductive Health -3RD Qtr

Cumulative Actual	Variance	Achievement	Raw Score	Weighted Score	Performance Grade	Remarks
89%	-11%	89%	3.22	0.13	GOOD	Approved Financial Report with detailed explanation on any variance observed
272,829,234	17757342	107%	2.86	0.09	VERY GOOD	Approved Financial Report with detailed explanation on any variance observed
166,795,876	-20120820	89%	3.22	0.10	UNDER SPENT	Approved Financial Report with detailed explanation on any variance observed
75%	-25%	75%	3.50	0.07	GOOD	a)Report on implementation of the 5 recommendations from 2015/2016 customer survey b)customer survey report for 2016/2017 Fy(by 4th qrt)
1	-1	67%	3.67	0.07	FAIR	1) 24 hour discharge reister 2) Patient Information System printout/reports
50%	-50%	50%	4.00	0.08	FAIR	1) 24 hour discharge reister 2) Patient Information System printout/reports
60%	-40%	60%	3.80	0.19	FAIR	1)Complains/compliments register,TQM . 2)Service charters displayed and Quarterly analysis of turnaround time.
50%	-50%	50%	4.00	0.08	FAIR	a) 2 sets of Management Review Meetings(MRM) b)2 sets of InternalQuality Audit(IQA)Reports c)Surveillance Report d)IQA Notices e)MRM notices f)quarterly evaluation of quality objectives
49%	-17%	74%	3.52	0.07	GOOD	Report on automation
100%	Nil	100%	3.00	0.06	VERY GOOD	a)2012-2017 Strategic Plan b)Departmental Annual Work Plan

20%	-1	20%	4.60	0.09	POOR	a)Inventory of Assets (20%) b)Maintenance Schedule of Equipment and Buildings(20%) c)Job cards (20%) d)List of Assets for Disposal (20%)
0	-413	0%	5.00	0.05	POOR	a)Attachment register b)students duty rota
100%	Nil	100%	3.00	0.06	VERY GOOD	Procurement plan
80%	0	80%	3.40	0.07	GOOD	a)Report on implementation of the Health Bill b)Sensitization of staff on Health Bill 2014
30%	-70%	30%	4.40	0.04	POOR	I)Registration with Professional regulatory/licensing bodies(20%) ii)Annual Procurement Plan 2015/2016 FY(20%) iii) <u>Disability Mainstreaming(20%):</u> a)Disaggregated data on persons with disabilities by age,gender and forms b)sensitization of 130 members of staff c) Quarterly reports to Disability mainstreaming committee d) implementation of the policy III) <u>Gender Mainstreaming Committee(20%):</u> a) sensitization of 140 members of staff b)Quarterly Reports to Gender mainstreaming Committee c)implementation of the policy IV) <u>Environmental Sustainability(20%):</u> Report on implementation of recommendations from the Hospital Environmental Sustainability Audit Report 2015/2016 FY availed

0%	-100%	0%	5.00	0.03	POOR	a)List of training 3 staff on disaster management b)Evidence of participation on one multi-sectoral drill(fire/safety/disaster) c)Sensitization of 15 members of staff on handling of agitated mentally ill patients
100%	Nil	100%	3.00	0.15	VERY GOOD	1)Budget drawn 2)Request for funds 3)Handing over report/ project completion report
0%	-100%	0%	5.00	0.25	POOR	1)Budget drawn 2)Request for funds 3)Handing over report/ project completion report
9	Nil	100%	3.00	0.06	VERY GOOD	1) meeting minutes.
2	-1	67%	3.67	0.07	FAIR	1) meeting minutes.
0	-9	0%	5.00	0.08	POOR	Report
9	Nil	100%	3.00	0.06	VERY GOOD	Report
9	Nil	100%	3.00	0.06	VERY GOOD	Report
0	-9	0%	5.00	0.05	POOR	Report
9	Nil	100%	3.00	0.06	VERY GOOD	Report
0.16	Nil	100%	3.00	0.48	VERY GOOD	1) Referral Policy Adopted-report 2) Consultants 24hr call system rota.
6,612	-3663	64%	3.71	0.19	FAIR	1) IEC Materials 2) visits schedules, reports
1,664	164	111%	2.78	0.08	VERY GOOD	1)Certificates of trained staff on FP services. 2) IEC Materials. 3)Quarterly community outreach reports.
100%	Nil	100%	3.00	0.06	VERY GOOD	1) meeting minutes.
3	-75%	80%	3.40	0.17	GOOD	1) 2016/17 approved protocols
0%	-100%	0%	5.00	0.10	POOR	1)Sensitization attendance list, report. 2)Quarterly report on intervention programs for CPA
100%	Nil	100%	3.00	0.03	VERY GOOD	Risk management reports
0%	-100%	0%	5.00	0.10	POOR	Completion Report



0%	-100%	0%	5.00	0.10	POOR	Report(cost effectiveness-value for money in project implementation and whether the ultimate cost was within the budget
35%	-65%	35%	4.30	0.09	POOR	1)TNA Reports 2) Certificates of staff trained on Root Cause Analysis, Maternal Perinatal Death Response Surveillance, EPI,EMONC. 3)Certificate of staff trained on Supervisory skills, Senior Management Course,Strategic Leadership Development at KSG. 4)CPD Registers, readership register 5)Signed individual PC,Appraisal system linked to PC. 6)knowledge management
100%	Nil	100%	3.00	0.03	VERY GOOD	1) List of sensitized staff on ADA, attendance register.
0%	-100%	0%	5.00	0.05	POOR	1)work place policy on HIV/AIDS-Implementation report . 2)Sensitization attendance list, memo.
0%	-100%	0%	5.00	0.05	POOR	1)) Baseline survey report 2) Quarterly survey finding implementation report.
100%	Nil	100%	3.00	0.09	VERY GOOD	Report on how have enhanced integrity in public procurement,promoted high standards of ethical culture and capacity building on corruption prevention,ethics& integrity
70%	-30%	70%	3.60	0.07	GOOD	A Copy of officers code of conduct.

0%	-100%	0%	5.00	0.13	POOR	
12%	-88%	12%	4.76	0.12	POOR	<p>1) Report on implementation of National Values and Principles of Governance.</p> <p>2) 6 Reviewed Protocols</p> <p>3) List of staff trained on National Values and Principles of Governance, certificates.</p> <p>3) List of all staff who have signed officers code of conduct with copies.</p> <p>4) Quarterly reports to M&amp;E on National Values and Principles of Governance.</p>
		<b>47.85%</b>		<b>4.043</b>	<b>POOR</b>	-

Score	Grade	Number
>=130%	Excellent	0
100% < 130%	Very Good	14
70% < 100%	Good	6
<100%	Overspent	0
<100%	Under spent	1
50% < 70%	Fair	6
0% < 50%	Poor	15
Activities done/reported so far		42
Activities not yet done/reported		0
Total activities to be done		42