



Ministry of Health

# A Baseline Assessment on the State of the Community Health Information System in Kenya

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March 2014

*“In Africa, if development doesn’t happen at the community level, it doesn’t happen—however loudly we may shout from our capital cities. And when it happens in the community, it then happens in the nation.” Prof. Miriam Were, Goodwill Ambassador for Community Health Strategy, Kenya*



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## ACRONYMS AND ABBREVIATIONS

AIM	Assessment Improvement Matrix
APHIA	AIDS, Population and Health Integrated Assistance Program
ACSM	Advocacy, Communication and Social Mobilization
CB	Capacity Building
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHW	Community Health Worker
CHIS	Community Health Information System
CHMT	County Health Management Teams
CHS	Community Health Services
CoE	Center of Excellence
CU	Community Unit
DCHS	Division of Community Health Strategy
DDU	Data Demand and Use
DHIS	District Health Information System
DHMT	District Health Management Team
DRH	Division of Reproductive Health
GOK	Government of Kenya
HIS	Health Information System
ICC	Interagency Coordinating Committee
IR	Intermediate Result
JPWF	Joint Programme of Work and Funding
KEMRI	Kenya Medical Research Institute
M&E	Monitoring and Evaluation

MDGs	Millennium Development Goals
MDR	Maternal Death Review
MEASURE	Monitoring and Evaluation to Assess and Use Results
MESST	Monitoring and Evaluation System Strengthening tool
mHealth	Mobile Health
MOH	Ministry of Health
MoH 513	Ministry of Health Community Health Information System Household Register
MoH 514	Ministry of Health Community Health Worker Service Delivery Log Book
MoH 515	Ministry of Health Community Health Extension Worker Summary sheet
MoH 516	Ministry of Health Community chalkboard
NHSSP I	National Health Sector Strategic Plan I
NHSSP II	National Health Sector Strategic Plan II
PMP	Performance Management Plan
PHMT	Provincial Health Management Team
PMST	Provincial Medical Services Team
TWG	Technical Working Groups
USAID	U.S. Agency for International Development
USG	United States Government

## TABLE OF CONTENTS

Acknowledgements.....	i
Acronyms and Abbreviations.....	ii
Table of Contents.....	iv
LIST OF TABLES.....	vi
List of Figures.....	vi
Executive summary.....	1
CHAPTER 1: BACKGROUND.....	2
1.1 A Global Overview.....	2
1.2 Community Health: The Kenyan Context.....	2
1.3 Problem Statement and Rationale for This Study.....	4
1.4 Objectives of the CHIS Baseline Assessment.....	5
CHAPTER 2: Assessment METHODOLOGY.....	6
2.1. Assessment Elements.....	6
2.2 Ethical Approval and Study Limitations.....	6
CHAPTER 3: FINDINGS.....	8
3.1: Introduction.....	8
3.2: Background.....	8
3.3: Status of the Community Units.....	8
3.4: Training.....	9
3.5: Partner Support.....	10
3.6: Involvement with Income-generating Activities.....	11
3.7: Community Unit Infrastructure.....	12
3.8: Community Unit Governance.....	13
3.9: CHIS Training.....	15
3.10: CHIS Data Collection.....	16
3.11: mHealth.....	18
3.12: Data Storage.....	18
3.13: Data Analysis and Use.....	20
3.14: Data Quality.....	21
3.15: Activity Reporting.....	23

3.16: CHIS Functionality Scores for Each of the Sampled CUs.....	25
CHAPTER 4: DISCUSSION AND RECOMMENDATIONS.....	28
5.0. References .....	30
Appendix 1: Protocol Forwarding Form.....	1
Appendix 2: Protocol Forwarding Form .....	3
Appendix 3: CHIS Functionality Assessment Tool .....	5
Appendix 4: CHIS Baseline Assessment Data Tabulations .....	7
Appendix 5: CHIS Community Unit Profiles .....	22

## LIST OF TABLES

Table 1: Trends in key health indicators in Kenya .....	3
Table 2: CoE background information .....	8
Table 3: Functionality of 31 sampled county units in eight counties .....	9
Table 4: CHIS functionality status of potential CoEs.....	9
Table 5: CoE training days and number of workers trained .....	10
Table 6: CoE partner support.....	11
Table 7: Counties with income-generating activities.....	12
Table 8: CoEs with income-generating activities .....	12
Table 9: County infrastructure ownership.....	13
Table 10: Average total infrastructure score by county .....	13
Table 11: Average total governance score by county.....	14
Table 12: Total average governance element score by county .....	14
Table 13: CoE governance element scores .....	15
Table 14: By county, average total CHIS training score .....	15
Table 15: Average County CHIS training element scores.....	16
Table 16: Average CoE CHIS training element scores .....	16
Table 17: Average County CHIS data collection score .....	17
Table 18: Total average county CHIS data collection element score.....	17
Table 19: Total average CoE CHIS data collection element score.....	18
Table 20: Average total data storage score by county .....	19
Table 21: Total average data storage element score by county.....	19
Table 22: Total CoE average data storage element score .....	20
Table 23: Average county total data analysis and use score .....	20
Table 24: Total average data analysis and use element score by county.....	21
Table 25: Total average data analysis and use element score by CoE.....	21
Table 26: Average total data quality score by county .....	22
Table 27: Total average data quality element score by county.....	22
Table 28: Total average data quality element score by CoE.....	23
Table 29: Average total activity reporting score by county.....	24
Table 30: Summary scores on CHIS reporting by county.....	24
Table 31: CoE summary scores on CHIS reporting.....	25
Table 32: Levels and total score by CU .....	26
Table 33: Average total score by county.....	27

## LIST OF FIGURES

Figure 1: Map of Regions by Stage.....	29
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## EXECUTIVE SUMMARY

The National Community Health Strategy, recognized as one of the national flagship projects that could propel Kenya forward in its quest to achieve Vision 2030,<sup>1</sup> is hampered by a lack of information on the existing functionality of the Community Health Information System (CHIS) at the tier 1 community unit (CU) level. The purpose of this baseline assessment is to gauge the level of CHIS functionality in a number of elements among 31 sampled community units (CUs) in eight counties to suggest how to address gaps in the delivery of community health services (CHS). This baseline assessment addresses the lack of information on CHIS functionality.

The design of this baseline assessment included two main phases: (1) a literature desk review to gauge what information exists on community health interventions regionally and in Kenya and (2) information collection by community health extension workers (CHEWs) at the CU level through a structured questionnaire. Results showed that while remarkable efforts were gained in the roll out of the community health strategy in Kenya in 2006, gaps still exist in the system and program elements. System gaps include underuse of mHealth technology to implement CHIS, limited infrastructure facilities for CHIS, training gaps among key CU personnel, low rates of reporting, substandard reporting to the District Health Information System, general poor data quality, and limited evidence of data use for decision making.

Based on its findings, this baseline study recommends that a comprehensive package of CHS elements should be provided to the designated project CUs to strengthen them to be centers of excellence. The elements in this package of services should range from providing refresher training to addressing training gaps in the use of CHIS tools; training community health workers and CHEWs on the integrated community case management module and other technical modules, and, when appropriate, formulating stakeholder engagement plans to ensure that the priority activities that fall outside the mandate of MEASURE Evaluation PIMA are addressed by partners. More elements in the plan are developing routine data quality assurance checks on priority indicators to track progress among the designated CUs across time; providing guidance on steps to be taken in data quality concerns, such as missing or unreported data; designing data tracking tools to determine the extent CUs use data for decision making; and encouraging use of mHealth technology to capture tier 1 data for easier and timely reporting to CHEWs. The use of mHealth is also critical to help solve the perennial problems of a lack of available CHIS tools in CUs and ensure real-time data accessibility for decision making. The study also recommends that for further improvement in the quality of community health data, a clear scheme of service is needed for tier 1 personnel and development of standards with clear mechanisms for adherence. The report recommends that stakeholders under the leadership of the community strategy unit and county and sub-county health management teams should ensure that the study findings inform the development of annual workplans.

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<sup>1</sup> Kenya's Vision 2030 seeks to accelerate development to make Kenya globally competitive and prosperous and to provide a high-quality life for all citizens. The Vision aims to transform Kenya into an industrialized, middle-income country by 2030.



## CHAPTER 1: BACKGROUND

The National Community Health Strategy, recognized as one of the national flagship projects that could propel Kenya forward in its quest to achieve Vision 2030,<sup>2</sup> is hampered by a lack of information on the existing functionality of the Community Health Information System (CHIS) at the tier 1 community unit (CU) level. The purpose of this baseline assessment is to gauge the level of CHIS functionality in a number of elements among 31 sampled community units (CUs) in eight counties to suggest how to address gaps in the delivery of community health services (CHS). This baseline assessment addresses the lack of information on CHIS functionality.

### 1.1 A GLOBAL OVERVIEW

The concept of community health was brought to the fore globally during the Alma Ata Declaration of 1978, which embraced primary health care as a means of achieving health for all by the year 2000. Community health workers (CHWs), or lay workers, were identified as critical in the roll out of the primary health care implementation. Almost 35 years later, results are mixed on the actual contribution of CHWs in improving community health. Reviews conducted in the late 1980s and 1990s pointed out that the quality of the then large-scale program was poor as a result of routine training and poor logistical and financial support (Heggenhougen et al., 1987; Walt, 1992; Frankel, 1992).

In Sub Saharan Africa, minimal progress was noted in some countries that embraced primary health care. Arguments ensued that even where the national CHW program failed, the causes were not a result of the failure of the concept of CHWs or primary health care; rather, the support and necessary supervision to make them effective were lacking (Christopher et al., 2011). In addition, structural and technical factors, such as a lack of resources and practical implementation strategies, were cited as key impediments to the community strategy implementation.

A literature review on Sub Saharan Africa has shown mixed results on the role of primary health care in improving community health. On one hand, some evidence indicates an improvement in health outcomes resulting from the implementation of various community health initiatives. For example, in Gambia, a primary health care program assessment that followed 13 CHWs during a distribution of antimalarial chemoprophylaxis and health education for 9–21 months showed a 36% reduction in child mortality and an 86% reduction in fever and parasitaemia (Greenwood et al., 1988).

On the other hand, in Ghana, the Navrongo cluster randomized control trial that entailed health education, curative treatments, and referrals resulted in an 87% increase in mortality among children under age 2 after a 3–5 year follow-up period (Pence, 2005). The authors speculated that mothers with children with diarrhea and respiratory infections may have sought advice and basic treatment from CHWs at the expense of seeking more professional treatment at the formal health facilities, and hence delaying and exposing the children to greater risk of dying (Christopher et al., 2011). Generally, little evidence exists on the effectiveness of CHWs in improving community health because of scarce or limited randomized control trials.

### 1.2 COMMUNITY HEALTH: THE KENYAN CONTEXT

As a response to deteriorating health outcomes, the Kenya government formulated the community strategy in 2006 with a view to step up efforts to improve health outcomes at tier 1 (i.e., at the community level). Table 1 summarizes the trends in some selected key health indicators before and after the implementation of the community strategy. It is important to note that the introduction and implementation of the community strategy in 2006 coincides with an improvement in key health indicators.

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The community strategy was anchored on the second National Health Sector Strategic Plan II (NHSSP II 2005–2010). One of the outstanding changes in the NHSSP II was a shift from the burden of disease to the promotion of individual and community health through implementation of the Kenya Essential Package for Health (KEPH), which recognized that the community had a role in promoting health at the community level. It recognized Community Own Resource Persons, popularly known as CHWs, and Community Health Extension Workers (CHEWs), as the key personnel in implementing community health services. The objective of KEPH at tier 1 is to build the capacity of communities to enable them to assess, analyze, plan, implement, and manage health-related development actions. It also aims to create demand for services and accountability from the formal institutionalized part of the system.

**Table 1: Trends in key health indicators in Kenya**

	1988	1993	1998	2003	2008–2009
<b>IMR/1000</b>	61	62	74	77	52
<b>CMR/1000</b>	90	96	111	115	74
<b>% children 12–23 months fully vaccinated</b>	44	78.2	59.5	51.8	68.3
<b>% of health facility deliveries</b>	n.a.	42.4	42.1	39.8	43.4
<b>ANC coverage (%)</b>	78	95	92	90	92
<b>TFR</b>	6.7	5.4	4.7	4.9	4.6

Note: IMR = infant mortality rate, CMR = child mortality rate, ANC = antenatal care, TFR = total fertility rate

The community strategy in line with KEPH objectives for tier 1 sought to improve the health status of Kenyan communities by initiating and implementing these life-cycle–focused health actions:

- Providing tier 1 services for all cohorts and socioeconomic groups, including the differently-abled, and taking into account their needs and priorities.
- Building the capacity of CHEWs and CHWs to provide services at tier 1.
- Strengthening health facility–community linkages through effective decentralization and partnership for the implementation of services at tier 1.
- Strengthening the community to progressively realize citizens’ rights for accessible, quality care and seeking accountability from facility-based health services.

The strategy recognized various structural and operational arrangements as necessary for the successful delivery of the community health services: formation of community units (CUs) to coordinate the delivery of CHS at the household level, each targeting about 5,000 catchment population; formation of Community Health Committees (CHCs) for each CU to coordinate CHS with the linked facility; employment of CHEWS to supervise CHWs; provision of training curricula and training for CHWs to support the rollout of the community health strategy; and establishment of the Community Health Information System (CHIS). The CHIS ensured that, for the first time, accurate data would be harnessed from tier 1 to inform and empower the community and feed into higher levels of the health sector to inform planning and decision making.

Remarkable progress has been made since the community strategy was established in Kenya in 2006. An evaluation conducted by UNICEF (2010) found that areas where the community strategy had been rolled out enjoyed better health outcomes compared with areas where the strategy had not been implemented. In particular, intervention areas recorded a much higher improvement in childhood vaccination, use of insecticide-treated nets, high knowledge and use of family planning methods, increased use of antenatal care, and facility-based delivery compared with non-CHIS areas. Information from other community-based health care programs indicated that CHWs who were adequately trained, provisioned, and supervised were capable of collecting, analyzing, and using data in the health

information system to address health issues and also provided community feedback. For example, a study carried out on the reliability of data collected by CHWs for decision making in a peri-urban setting of Kisumu in Kenya concluded that CHWs can accurately and reliably collect household data useful for health decisions and actions in resource-poor settings where alternative approaches to population-based data would be too expensive (Otieno, et al., 2012).

Studies also have shown that CHW programs could influence community health outcomes positively. A study conducted by Wangalwa (et al., 2012), which was based on a non-randomized pre-test post-test design, also revealed that the community health strategy had a positive impact on maternal and newborn indicators in Busia District in Kenya. In particular, the work of CHWs and CHEWs positively influenced maternal health care, which resulted in an upsurge in mothers who undertook four ANC visits, sought deliveries by skilled health workers, received up to two doses of antimalarial drugs for intermittent preventive treatment in pregnancy during ANC, and showed an increased knowledge of HIV status. In addition, their work created an upsurge in the proportion of lactating mothers who practiced exclusive breastfeeding ( $p < 0.05$ ). The effectiveness of the community strategy to transform community health in Kenya resulted in its recognition as one of Kenya's flagship projects under the social pillar for the attainment of Vision 2030.<sup>3</sup>

As a result of some of the demonstrated evidence of the usefulness of the community strategy, the Ministry of Health (MoH) through the community strategy unit has worked with partners to set up the right infrastructural framework for the accelerated implementation of CHS, which includes the following actions: a setup of the master community unit that lists websites with 2,934 community units by February 2014, restructuring of the Division of Community Health Services to the community strategy unit under the Division of Family Health, a change in top leadership at the national level, and development of CHIS materials, such as training guidelines and national policy documents. In addition, the unit has increased its visibility by setting up a functional website ([chs.health.go.ke](http://chs.health.go.ke)).

Despite the important role the community strategy plays in improving community health, past studies have found implementation gaps that need to be addressed urgently. For example, the community strategy was not accompanied by a nationally accepted and standardized monitoring and evaluation (M&E) framework and plan for CHIS, which resulted in multiple plans and systems by different implementing partners (MoH, 2007). Additional gaps included inadequate resource allocation for community health-related activities, limited M&E capacity among tier 1 personnel, and lack of systematic and effective data management and quality assurance procedures, which resulted in incomplete, untimely, and unreliable data (MoH, 2007). Further gaps confirmed that the CHW records were not collected, analyzed, or used routinely at the CU level (UNICEF 2010). An evaluation study conducted by the APHIA II (2011) also found that CHIS lacked systematic and consistent implementation to ensure that clean and complete data were available for use at each level of the health system. Some CUs also lacked tools (guidelines, standards, and data collection forms) and experienced high turnover among CHWs. Demand and use of CHIS data was limited (APHIA II, 2011; MoH 2007).

### **1.3 PROBLEM STATEMENT AND RATIONALE FOR THIS STUDY**

The beneficial role of implementing community health strategy is not in doubt in the Kenyan context (Wangalwa, et al., 2011; UNICEF, 2010). The major concern is that the functional status of CHIS, which directly affects community health, is poorly understood at the CU level. Consequently, implementers of community health do not know the current level of CHIS functionality at the CU or how the current functionality status influences community health indicators at the CU level. At the national level, a CU is categorized as functional if it has the following three major packages of CHIS elements: (1) it reports to DHIS monthly, (2) it conducts dialog days quarterly, and (3) it conducts health action days monthly. If a CU misses any one of the three events, then it is defined as semi-functional; if it misses all three events, then it is regarded as non-functional. Even CUs that are categorized as functional according to the

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<sup>3</sup> Kenya's Vision 2030 seeks to accelerate development in the country to make Kenya globally competitive and prosperous and to provide a high-quality life for all citizens. The Vision aims to transform Kenya into an industrialized, middle-income country by 2030.

national guidelines sometimes experience critical gaps that mean they perform CHS activities at suboptimal levels.

Efforts to address this categorization system abound. For example, according to AMREF (2011), a CU should have at least a score of 80% in the three functional elements to be regarded as functional. On the other hand, a CU is regarded as semi-functional if it scores between 50–79% and non-functional if it scores 49% and below. The biggest shortcoming with the AMREF (2011) scorecard is that it assigns equal weight to all elements that affect the functionality of CHIS; however, the reality is that some elements play a more critical role than others. This study builds on past literature in coming up with a functionality score at the CU that recognizes that some elements play a more critical role in the effective functioning of CHIS at the CU level.

This baseline study provides some critical information for benchmarking. CHIS functionality status at the CU level is critical for this program intervention; with this information, specific gaps in CHIS functionality at the CU level can be addressed.

#### **1.4 OBJECTIVES OF THE CHIS BASELINE ASSESSMENT**

To help strengthen CHIS, PIMA conducted a baseline assessment in June–July 2013 to ascertain the status of CHIS functionality. The information from that assessment will be used to guide the development of a framework to strengthen selected CUs into national centers of excellence (COEs).<sup>4</sup> Specifically, the assessment had the following objectives:

1. To establish a baseline profile of the sampled CUs on different elements of CHIS, such as availability of CHIS tools, data quality, reporting, data access, and use for decision making.
2. To compute the CHIS functionality index at the level of the CU.
3. To use baseline data to refine standards for COEs.
4. To identify key gaps in capacity and systems at the CU level with a view to inform interventions at selected CUs earmarked as COEs.

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<sup>4</sup>According to PIMA, a CU can be a center of excellence if it is strengthened to address the existing gaps using the following CHIS package: refresher training for CHWs; training on data demand and use; training CHWs on technical modules in CHIS; availing CHIS tools to all target CUs; identifying and documenting best practices; providing support for monthly dialog days, action days, data review, and feedback meetings; printing of information, education, and communication materials; providing performance-based stipend; providing infrastructure, including use of mHealth technology; providing transport for CHWs while submitting reports; and providing supportive supervision.

## CHAPTER 2: ASSESSMENT METHODOLOGY

### 2.1. ASSESSMENT ELEMENTS

This chapter highlights the methodology used to assess CHIS functionality at the CU level. It describes how the assessment was conducted and puts the information into perspective for the data analysis. This baseline assessment involved a literature desk review and administration of a structured interview tool.

**Desk Review:** A preliminary desk review of literature helped put this study into context by indicating functional elements that are critical for a CU's CHIS. The review provided background for the study and a foundation for revision of the CHIS assessment tool. It also added context to the data analysis.

**Assessment Instrument, Questionnaire:** The main tool used to collect data was a structured interview tool that covered all program elements considered critical for a functional CU. Appendix 3 contains a sample of the Chis Functionality Assessment Tool.

**Sampling:** PIMA sampled eight counties, chosen on the basis of convenience: Garissa, Kakamega, Kilifi, Kirinyaga, Machakos, Nairobi, Nakuru, and Siaya for CHIS assessment. In each county, four CUs were selected for the assessment, except in Nakuru, where three CUs were assessed. Consequently, the survey gathered baseline data on 31 out of the expected 32 CUs (97% response rate). County health management teams selected one CU in each county and designated it for strengthening to become a model CU, known as a center of excellence (CoE). The project design is to work with model CUs to upgrade them to CoEs, and then strengthened the CoEs to become resource centers for surrounding CUs. The CoEs will provide a one-stop-shop for CHIS, including mentoring and sharing innovations in community health.

In each county, a survey team of five people comprising PIMA and regional MOH staff collected data in June and July 2013. The CHIS assessment questionnaire was administered to the CHEW in each CU.

**Data Management and Analysis:** The CHIS data were double entered in Microsoft Access data entry screens and analyzed in Excel. County profiles were produced for the sampled 31 CUs to gauge the level of CHIS functionality. Weights were assigned to measure elements, such as the existing infrastructure in each CU, the personnel mix, and types of community health training undertaken; the existence of CHIS tools and the reporting rates; existing data storage and archiving arrangements; existing data quality dimensions; and the extent CUs use data for decision making.

Summary statistics on some CHIS program elements also were computed and presented as percentages, proportions, and graphs to provide a comparative analysis of potential CoEs (n=8) out of all 31 CUs in the survey. This analysis approach was based on a project-specific predetermined criterion for selecting potential CoEs, and thus it was necessary to ascertain whether the selected CoEs were significantly different from the rest of the sampled CUs. The CU functionality scores were computed after all of the CU's CHS elements were assessed. This can be summarized in the following notation:

$$\text{CU functionality score} = \frac{\text{Total actual score on each CHIS element}}{\text{total possible points (expected) for the elements}} * 100$$

### 2.2 ETHICAL APPROVAL AND STUDY LIMITATIONS

PIMA jointly prepared and approved the study protocols with the Division of Community Health Services (DCHS) for ethical approval by the Kenya Medical Research Institute (KEMRI) Ethical Review Committee. Appendix 1 shows the study protocol letter. Appendix 2 shows the request for expedited ethics review. Each of the eight county health departments gave additional approval to conduct the assessment, and informed consent was obtained from all CHEWs and CHWs in the CUs before the questionnaire tool was administered.

One limitation in this study is the sample selection. Sampled CUs were selected on the basis of convenience, and thus the assessment results cannot be generalized because not all CUs in each county

were given an equal or non-zero chance of inclusion in the assessment. In addition, only CHEWs linked to the sampled CUs were interviewed during the baseline study, and the study could have missed some divergent and rich information that other stakeholders might have provided, such as CHWs and influential people in the community strategy. Despite this limitation, we believe that the use of triangulation methods to countercheck CHEW responses through a desk review of literature, use of the online Master Community Unit Listing and DHIS, and use of community chalk boards and DHIS should provide rich information to understand CHIS in Kenya.

## CHAPTER 3: FINDINGS

### 3.1: INTRODUCTION

This chapter presents an analysis of data collected from the 8 counties, 31 CUs, and 8 CUs selected to become CoEs. The analysis is based on the literature desk review and information collected in the assessment questionnaire. The chapter concludes with a summary of inferences drawn.

### 3.2: BACKGROUND

Of the 31 CUs, 30 could report on the catchment population for their CU. The catchment populations varied from the largest (18,750 people) in Mathare 3C CU in Nairobi County to the smallest (3,074 people) in Kotile CU in Garissa County. Of the 31 CUs, 27 could give the number of households in the CU catchment area. The largest (3,750 households) was in Mathare 3C CU in Nairobi County; the smallest (200 households) was in Sango CU in Kakamega County. Of the 31 CUs, only 26 CUs reported the number of CHEWs, for a total of 47 CHEWs. Conventionally, each CU should have two CHEWs, one that works at the CU and another based at the link facility. Results show that the number of CHEWs at the CUs varied from 1 to 4 among the CUs that reported. As expected, the average number of CHEWS per CU was two, one at the CU and the other based at the link facility. The total number of CHEWs from the sampled counties varied from 3 in Nairobi to 14 in Siaya. Appendix 4, Table 1 lists the 31 CUs, their county, the catchment area population, the number of households, the number of CHEWs, date established, and functionality status. The table shows that 15 of the 31 CUs were established more than 3 years ago, and now 5 of those CUs are COE candidates. The establishment date is unknown for 4 of the CUs.

While a CU should have an estimated 5,000 catchment population, Table 2 shows this baseline assessment found that the eight potential CoEs have catchment populations that vary from the largest in Mathare 3C CU in Nairobi County, with 18,750 people, to the smallest in Kotile CU in Garissa County, with 3,074 people. The number of households also varied from the largest (3,750 households) in Mathare 3C CU in Nairobi County to the smallest (560 households) in Kotile CU in Garissa County. Of the potential CoEs, Mathare 3C in Nairobi County has the largest catchment population (18,750 people) and number of households (3,750); Kotile CU in Garissa County has the smallest catchment population (3,074 people) and fewest households (555). Only five of the eight potential CoEs could give the number of CHEWs assigned to their CUs, and those five CoEs had either one or two CHEWs. Table 2 summarizes the sizes of the eight potential CoEs.

**Table 2: CoE background information**

CoE Name	County	Catchment Population	Number of Households	Total CHEWs
Eshibinga	Kakamega	4644	1109	1
Githiori	Nakuru	4600	930	2
Kiratina	Kirinyaga	14250	2500	2
Kotile	Garissa	3074	555	2
Mathare 3C	Nairobi	18750	3750	1
Mutituni	Machakos	6201	1007	2
Mwele	Kilifi	4042	1292	1
Omia Diere	Siaya	6227	1458	2

### 3.3: STATUS OF THE COMMUNITY UNITS

According to the DCHS, a CU is defined as functional if it fulfills three aspects of the CHIS elements: (1) it conducts quarterly dialog days, (2) it conducts monthly action days, and (3) it reports to DHIS monthly. If a CU misses any of these three elements, it is categorized as semi-functional, and if it misses all three,

then it is categorized as non-functional. On the basis of this classification, results showed that 15 out of the 31 CUs were semi-functional, and the other 16 were fully functional. No CU was categorized as non-functional. Table 3 shows the functionality categorization of the CUs by county.

Overall, results indicate that the sampled Kilifi County CUs had the weakest overall functionality status, with all four being categorized as semi-functional. On the other hand, CUs in Machakos and Siaya Counties had the strongest overall CHIS functionality status, with all eight CUs in the fully functional category. A detailed account of all the 31 CUs appears in Appendix 4, Table 1.

**Table 3: Functionality of 31 sampled county units in eight counties**

County (n=number of CUs)	Fully Functional	Semi- Functional	Non- Functional
Garissa (n= 4)	2	2	0
Kakamega (n= 4)	1	3	0
Kilifi (n= 4)	0	4	0
Kirinyaga (n= 4)	2	2	0
Machakos (n= 4)	4	0	0
Nairobi (n= 4)	1	3	0
Nakuru (n= 3)	2	1	0
Siaya (n= 4)	4	0	0
<b>Total status of CUs by county (%)</b>	<b>16 (51.6%)</b>	<b>15 (48.4%)</b>	<b>0 (0%)</b>

Among the eight CUs chosen to be CoEs, only Mwele in Kilifi County was categorized as semi-functional; the remaining seven potential CoEs rated in the fully functional category. Five of the eight CoEs were established more than 3 years ago, and the establishment date is unknown for two of the potential CoEs (Kiratina and Mwele). Table 4 lists the CoE candidates, their counties, CHIS functionality status, and date of establishment.

**Table 4: CHIS functionality status of potential CoEs**

CoE	County	CHIS Functionality Status	Date Established
Eshibinga	Kakamega	Fully functional	January 2008
Githiori	Nakuru	Fully functional	February 2009
Kiratina	Kirinyaga	Fully functional	Unknown
Kotile	Garissa	Fully functional	November 2010
Mathare 3C	Nairobi	Fully functional	October 2010
Mutituni	Machakos	Fully functional	October 2007
Mwele	Kilifi	Semi functional	Unknown
Omia Diere	Siaya	Fully functional	June 2011

### 3.4: TRAINING

The baseline assessment established that all 31 CUs have active CHWs. The average number of active CHWs in a CU is 28.4. On the other hand, one of the critical activities done at the CU level is training CHWs, CHEWS, and CHCs. In particular, the CHWs are required to undergo a mandatory basic training on community health for 10 days. In addition, based on need, they can be trained on technical modules that range from HIV/AIDS, tuberculosis, malaria, non-communicable diseases, integrated community case management, water, sanitation, hygiene, community nutrition, maternal and newborn health, and family planning. Results show that Mutituni CU had the highest number of training days at 26. The average number of training days was 10, which indicates that most CUs had conducted the standard basic module training for CHWs. Kiraruri is the only CU that had no CHW training in the basic and technical modules. Table 2 in Appendix 4 shows the number of training days and the number of workers trained by county.

The eight potential CoEs have a higher average number of training days, 11.5, compared to an average of 10 days in all 31 CUs. The eight potential CoEs have more trained personnel on average than the 31



CUs. Table 5, which summarizes the number of trainings the potential CoEs conducted, shows that all potential CoEs have conducted the basic training module in CHIS; however, potential CoEs Kotile, Kiratina, and Mutituni have conducted no training in any of the seven CHIS technical modules.

**Table 5: CoE training days and number of workers trained**

CoE	County	Date CHW Community Strategy Training Conducted	Number of Training Days	CHWs Trained in Basic Module	CHWs Trained in Technical Module	Total Active CHWs
Eshibinga	Kakamega	January 2008	10	50	14	15
Githiori	Nakuru	December 2008	10	50	5	25
Kiratina	Kirinyaga	September 2011	10	50	0	40
Kotile	Garissa	November 2010	10	46	0	30
Mathare 3C	Nairobi	November 2010	10	45	24	30
Mutituni	Machakos	October 2007	26	50	0	45
Mwele	Kilifi	November 2010	5	50	40	32
Omia Diere	Siaya	April 2011	11	16	16	17

### 3.5: PARTNER SUPPORT

The baseline assessment established that 10 of the 31 CUs were receiving partner support. An additional eight CUs were receiving partial partner support. The two most common types of partner support are the supply of CHIS data collection tools to the CUs and training of CU personnel, such as CHWs, CHWEs, and CHCs. A full breakdown of the partner support for all 31 CUs appears in Table 3, Appendix 4.

In Garissa County, none of the four CUs was supported by a partner. In comparison, all four CUs in Nairobi and Machakos Counties received some level of partner support. Eight of the potential CoEs, or 75%, received partner support, half of which is partial support. Two potential CoEs, Eshibinga and Kotile CUs, reported no partner support. The most common type of partner support is training. None of the CoEs received partner support in the form of communication. It is also important to note that partners provided CHWs with a stipend in four out of the eight potential CoEs. Table 6 shows a breakdown of partner support for the eight potential CoEs.

**Table 6: CoE partner support**

CoE	Currently partner supported	Areas of Partner Support										Partners supporting the CoEs	
		CHW kit commodities	CHIS tools	CHW volunteer stipends	Communication	Transportation	Training	Monthly Dialog Days	Monthly Action Days	None	Other		
Eshibinga	No										x		
Githiori	Yes		x	x		x	x	x	x				Aphia Plus Nuru ya Bonde
Kiratina	Partial		x				x	x				x	Aphia Plus Kamili
Kotile	No										x		-
Mathare 3C	Yes	x	x	x				x					Aphia Plus-Nairobi/ Coast Tupange MSF France Concern Worldwide NEPHAK
Mutituni	Partial								x				BIDII Tupange
Mwele	Partial		x	x		x	x	x					Aphiaplus Nairobi/Coast, Marie Sstopes, CACC, DSW
Omia Diere	Yes			x		x	x						Impact Research & Development Organization
<b>Total partner support by CoE</b>	<b>Yes: 37.5%</b> <b>Partial: 37.5%</b> <b>No: 25%</b>	<b>12.5%</b>	<b>50%</b>	<b>50%</b>	<b>0%</b>	<b>37.5%</b>	<b>62.5%</b>	<b>50%</b>	<b>12.5%</b>	<b>25%</b>	<b>25%</b>		

### 3.6: INVOLVEMENT WITH INCOME-GENERATING ACTIVITIES

The baseline assessment established that 48.4% of the CUs (15 of 31) were involved in income-generating activities (IGAs). The remaining 16 CUs were not involved in any IGAs. Some of the most common IGAs cited by respondents included poultry keeping, pig rearing, and table banking. A full breakdown of the CUs that were involved in IGAs can be found in Table 4, Appendix 4.

The three counties where the most IGAs were occurring among the 31 sampled CUs are Kilifi, Kirinyaga, and Machakos; 75% of the sampled CUs in these counties were conducting IGAs. The four CUs in Garissa County have no IGAs. Table 7 summarizes county IGAs. Table 4 in Appendix 4, gives a detailed account of IGAs in all 31 sampled CUs.

**Table 7: Counties with income-generating activities**

County Name (n=number of CUs)	CU Currently Conducts Income-generating Activities	
	Yes percentage (N)	No percentage (N)
Garissa (n= 4)	0 (0)	100 (4)
Kakamega (n= 4)	25 (1)	75 (3)
Kilifi (n= 4)	75 (3)	25 (1)
Kirinyaga (n= 4)	75 (3)	25 (1)
Machakos (n= 4)	75 (3)	25 (1)
Nairobi (n= 4)	25 (1)	75 (3)
Nakuru (n= 3)	33 (1)	67 (2)
Siaya (n= 4)	50 (2)	50 (2)
<b>Income-generating activities for all CUs by county</b>	<b>45.2% (14)</b>	<b>55% (17)</b>

Overall, 62.5% of the potential CoEs conduct income-generating activities, and they are more common in the potential CoEs than in the other CUs.

**Table 8: CoEs with income-generating activities**

CoE	County	CU Currently Conducts Income-generating Activities
Eshibinga	Kakamega	Yes
Githiori	Nakuru	No
Kiratina	Kirinyaga	Yes
Kotile	Garissa	No
Mathare 3C	Nairobi	Yes
Mutituni	Machakos	No
Mwele	Kilifi	Yes
Omia Diere	Siaya	Yes

### 3.7: COMMUNITY UNIT INFRASTRUCTURE

CUs were asked about access to eight modern infrastructure items that strengthen CU operations, especially while making home visits, reporting, and using data for decision making. The infrastructure items included CHEW motorcycle, CHW bicycle, CHW monthly stipends, CU electricity, CU computer access, CU Internet access, CHW badges, and CU mobile phones. Across all 31 sampled CUs, the total average infrastructure ownership score was 31.7%, which indicates that ownership of requisite infrastructure items was low. The assessment shows that bicycles are the most common infrastructure item; Internet access is the least common. CHWs use bicycles while they conduct monitoring visits in the community and to submit reports to CHEWs. Among the CHWs, 83.9% have access to a bicycle, but only 1.6% of the CU's had Internet access. The average infrastructure ownership is similar for the eight potential CoEs.

We calculated the infrastructure ownership score for the eight counties by awarding weighted points.

For owning a computer, having access to the Internet, and having a mobile phone, we awarded two points for exclusive access, one point for shared access, and zero points for no access. For owning a motorcycle, bicycle, badge, and monthly stipend, we awarded one point. If the CU did not own the item, we gave a score of zero. Table 9 summarizes infrastructure ownership in the eight sampled counties. A breakdown of infrastructure ownership in the sampled 31 CUs appears in Table 5 in Appendix 4.

**Table 9: County infrastructure ownership**

County Name (n=number of CUs)	CHEW Motorcycle <sup>a</sup>	CHEW Bicycle <sup>a</sup>	CHEW Badges <sup>a</sup>	CHEW Monthly Stipend <sup>a</sup>	Electricity <sup>a</sup>	Computer Access <sup>b</sup>	Internet Access <sup>b</sup>	Mobile Phone <sup>b</sup>
Garissa (n=4)	1	1	2	0	0	0	0	0
Kakamega (n=4)	3	4	2	2	2	0	0	2
Kilifi (n=4)	3	4	3	1	2	2	0	0
Kirinyaga (n=4)	3	4	3	2	4	2	1	1
Machakos (n=4)	3	3	1	0	4	0	0	0
Nairobi (n=4)	1	4	4	4	4	0	0	0
Nakuru (n=3)	2	3	1	2	3	0	0	0
Siaya (n=4)	3	3	3	2	0	0	0	4
<b>County average infrastructure ownership score (percentage) by item</b>	<b>61.3%</b>	<b>83.9%</b>	<b>61.3%</b>	<b>41.9%</b>	<b>61.3%</b>	<b>6.5%</b>	<b>1.6%</b>	<b>11.3%</b>

<sup>a</sup> Based on County Infrastructure points awarded (1 for “Yes” and 0 for “No”), the highest potential number of points is 31.

<sup>b</sup> Based on County Infrastructure points awarded (2 for “Exclusive,” 1 for “Shared,” and 0 for “No”), the highest potential number of points is 62.

A comparison of infrastructure across counties revealed that the sampled CUs from Kirinyaga had the most (45.5%), and the CUs in Garissa County had the least (9.1%), as shown in Table 10.

**Table 10: Average total infrastructure score by county**

County Name (n= number of CUs)	Average Total Infrastructure Score (%)
Garissa (n=4)	9.1
Kakamega (n=4)	34.1
Kilifi (n=4)	34.1
Kirinyaga (n=4)	45.5
Machakos (n=4)	25.0
Nairobi (n=4)	36.4
Nakuru (n=3)	33.3
Siaya (n=4)	34.1

### 3.8: Community Unit Governance

To assess the leadership and governance structures in the CUs, we asked the CHEW responsible for each CU a series of questions about whether monthly supervision visits were conducted and if supervision visits were documented, CHC composition, whether monthly meetings were conducted in the last 3 months, and if meeting minutes were taken at monthly meetings. We calculated the average total governance scores for the counties by awarding weighted points. For CHC composition, we awarded two points for all, 1 point for partial, and zero points for none; for CHC meetings conducted monthly and existence of CHC meeting minutes, we awarded two points for yes, one point for partial, and zero points for no; and for monthly CHEW supervision visits and documentation on the supervision visits, we awarded one point for yes and zero points for no. If the CU did not have the governance structure, we gave a score of zero. We then summed the average total governance score for each CU and divided the result by the number of CUs in the county. We then computed an index score. Table 11 summarizes the scores for the eight counties. On average, the total governance scores were higher than the total infrastructure scores. Garissa County had the highest governance score (81.3%); Kilifi County had the lowest governance score (40.6%).

**Table 11: Average total governance score by county**

County (n= number of CUs)	Average Total Governance Score (%)
Garissa (n= 4)	81.3
Kakamega (n= 4)	50.0
Kilifi (n= 4)	40.6
Kirinyaga (n= 4)	59.4
Machakos (n= 4)	62.5
Nairobi (n= 4)	75.0
Nakuru (n= 3)	62.5
Siaya (n= 4)	65.6

We calculated the total average governance element score by dividing the score for each CU by the possible score on governance issues and multiplied by 100. Across all 31 CUs, the total average governance score was 64.1%. Results show that monthly supervision visits are the most common governance element, 80.7%; however, documentation of the supervision visit is the least common, at only 54.8%. Table 12 shows a breakdown of governance elements in the sampled CUs in the eight counties. Table 6 in Appendix 4 shows the details of the assessment of governance elements in the county CUs.

**Table 12: Total average governance element score by county**

County (n= number of CUs)	CHC Composition <sup>a</sup>	CHC Meetings Conducted Monthly <sup>a</sup>	CHC Meeting Minutes Exist <sup>a</sup>	CHEW Supervision Visits Conducted Monthly <sup>b</sup>	Documentation on Supervision Visits Exist <sup>b</sup>
Garissa (n= 4)	5	7	7	4	3
Kakamega (n= 4)	4	3	4	3	2
Kilifi (n= 4)	4	3	2	2	2
Kirinyaga (n= 4)	5	4	4	4	2
Machakos (n= 4)	3	7	6	3	1
Nairobi (n= 4)	6	7	8	4	4
Nakuru (n= 3)	3	3	4	3	2
Siaya (n= 4)	5	6	7	2	1
<b>Total average governance element score by county</b>	<b>56.5%</b>	<b>64.5%</b>	<b>67.7%</b>	<b>80.7%</b>	<b>54.8%</b>

<sup>a</sup> Based on governance points awarded (2 for “Yes” or “All”, 1 for “Partial,” and 0 for “No”), the highest potential number of points is 62.

<sup>b</sup> Based on governance points awarded (1 for “Yes” and 0 for “No”), the highest potential number of points is 31.

The eight potential CoEs generally scored slightly higher than the rest of the CUs in total average governance element scores, On three of the governance elements (CHC Meetings Conducted Monthly, CHC Meeting Minutes Exist, and CHEW Supervision Visits Conducted Monthly) they had an average score of 87.5%. Table 13 shows a breakdown of governance element scores for the eight potential CoEs.

**Table 13: CoE governance element scores**

CoE	County	CHC Composition <sup>a</sup>	CHC Meetings Conducted Monthly <sup>a</sup>	CHC Meeting Minutes Exist <sup>a</sup>	CHEW Supervision Visits Conducted Monthly <sup>b</sup>	Documentation on Supervision Visits Exist <sup>b</sup>
Eshibinga	Kakamega	1	2	2	1	1
Githiori	Nakuru	1	1	2	1	1
Kiratina	Kirinyaga	1	2	2	1	1
Kotile	Garissa	2	2	2	1	1
Mathare 3C	Nairobi	2	2	2	1	1
Mutituni	Machakos	1	2	0	1	0
Mwele	Kilifi	1	1	2	1	0
Omia Diere	Siaya	2	2	2	0	0
<b>Total Average Governance Element Score by COE</b>		<b>68.8%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>62.5%</b>

<sup>a</sup> Based on governance points awarded (2 for “Yes” or “All”, 1 for “Partial,” and 0 for “No”), the highest potential number of points is 16.

<sup>b</sup> Based on governance points awarded (1 for “Yes” and 0 for “No”), the highest potential number of points is 8.

### 3.9: CHIS TRAINING

To assess CHIS training in the CUs, we asked about staff training (CHWs, CHCs, and CHEWs) on reporting tools, data collection and aggregation, data collation and cleaning, and data use for decision making. We calculated average CHIS training scores by awarding weighted points. “Yes” responses were awarded two points, “Partial” responses were awarded 1 point, and “No” responses received zero points. We calculated the average CHIS training scores by taking individual CU scores for each CHIS training element and then divided it by the possible maximum score for the element. Across all 31 sampled CUs, the average CHIS training score was 43.9%. Machakos County was the strongest in CHIS training (59.7%); Kilifi County was the weakest in CHIS training (8.3%). Analysis of the sampled CUs by county showed that the most common CHW training is on data collection and aggregation (80.6%). The least common CHC training is on data collation and cleaning (14.5%). Table 14 shows a breakdown of the average total CHIS training score by county. Table 7 in Appendix 4 shows the complete breakdown of all 31 CUs’ CHIS training scores.

**Table 14: By county, average total CHIS training score**

County (n= number of CUs)	Average Score for CHIS training (%)
Garissa (n= 4)	23.6
Kakamega (n= 4)	56.9
Kilifi (n= 4)	8.3
Kirinyaga (n= 4)	51.4
Machakos (n= 4)	59.7
Nairobi (n= 4)	48.6
Nakuru (n= 3)	53.7
Siaya (n= 4)	45.8

The scores for the eight potential CoEs generally were similar in total average CHIS training. Table 15 shows the county scores for various trainings. Table 16 shows average CHIS training scores for the potential CoEs.

**Table 15: Average County CHIS training element scores**

County (n= number of CUs)	CHWs Trained in Data Collection and Aggregation <sup>a</sup>	CHEWs Trained in Data Collection and Aggregation <sup>a</sup>	CHCs Trained in Data Collection and Aggregation <sup>a</sup>	CHWs Trained in Data Collation and Cleaning <sup>a</sup>	CHEWs Trained in Data Collation and Cleaning <sup>a</sup>	CHCs Trained in Data Collation and Cleaning <sup>a</sup>	CHCs Trained in Data Use and M&E <sup>a</sup>	CHWs Trained in Data Use and M&E <sup>a</sup>	CHEWs Trained in Data Use and M&E <sup>a</sup>
Garissa (n= 4)	5	6	6	0	0	0	0	0	0
Kakamega (n= 4)	8	8	8	4		4	1	2	2
Kilifi (n=4)	4	0	2	0	0	0	0	0	0
Kirinyaga (n= 4)	6	6	4	3	3	2	4	4	5
Machakos (n= 4)	8	8	3	2	4	0	5	6	7
Nairobi (n= 4)	7	8	7	2	6	2	2	1	4
Nakuru (n= 3)	5	5	5	3	1	1	3	4	2
Siaya (n= 4)	7	8	1	6	8	0	0	1	2
<b>Total average CHIS training element score by county</b>	<b>80.6%</b>	<b>79.0%</b>	<b>58.1%</b>	<b>32.3%</b>	<b>41.9%</b>	<b>14.5%</b>	<b>24.2%</b>	<b>29.0%</b>	<b>35.5%</b>

<sup>a</sup>Based on CHIS training points awarded (2 for “Yes,” 1 for “Partial,” and 0 for “No”), the highest potential number of points is 62.

**Table 16: Average CoE CHIS training element scores**

CoE	County	CHW Training in Data collection and Aggregation <sup>a</sup>	CHEWs Trained in Data Collection and Aggregation <sup>a</sup>	CHC Trained in Data Collection and Aggregation <sup>a</sup>	CHW Trained in Data Collation and Cleaning <sup>a</sup>	CHEW Trained in Data Collation and Cleaning <sup>a</sup>	CHC Trained in Data Collation and Cleaning <sup>a</sup>	CHC Trained In Data Use <sup>a</sup>	CHW Trained in Data Use <sup>a</sup>	CHEW Trained in Data Use <sup>a</sup>
Eshibinga	Kakamega	2	2	2	2	2	2	1	0	0
Githiori	Nakuru	2	2	2	2	0	0	2	2	2
Kiratina	Kirinyaga	2	2	2	0	0	0	2	2	2
Kotile	Garissa	2	2	2	0	0	0	0	0	0
Mathare 3C	Nairobi	1	2	1	1	2	1	1	1	2
Mutituni	Machakos	2	2	0	0	2	0	0	2	2
Mwele	Kilifi	2	0	2	0	0	0	0	0	0
Omia Diere	Siaya	2	2	0	2	2	0	0	0	0
<b>Average CHIS training element score by CoE</b>		<b>93.8%</b>	<b>87.5%</b>	<b>68.8%</b>	<b>43.8%</b>	<b>50.0%</b>	<b>18.8%</b>	<b>37.5%</b>	<b>43.8%</b>	<b>50.0%</b>

<sup>a</sup>Based on CHIS training points awarded (2 for “Yes,” 1 for “Partial,” and 0 for “No”), the highest potential number of points is 16.

### 3.10: CHIS DATA COLLECTION

We asked CUs about the availability of data collection and reporting tools that are based on the National Community Health Strategy guidelines. The questions asked if CHIS data are collected according to the National Community Health Strategy guidelines and if the CHIS data collection and reporting tools available at the CU follow the National Community Health Strategy guidelines. The second question asked if the sampled CU had the following CHIS tools: MOH 513, MOH 514, MOH 515, and MOH 516.

To calculate the scores, we weighted the answers. We awarded “Yes” answers two points, “Partial” answers one point, and “No” answers zero points. We calculated the average total CHIS data collection score for the CUs by taking the total score for each CHIS data collection element and dividing by all possible CHIS data collection elements. We calculated the average total CHIS data collection scores for the counties by summing the average total CHIS data collection score for the CUs and dividing it by the number of CUs in the county.

By county, the average total CHIS data collection scores were higher than the average total infrastructure, governance, and CHIS training scores. Machakos and Siaya Counties had the highest CHIS data collection scores (100%); Kilifi County had the weakest score (52.5%). Table 17 summarizes the average total CHIS data collection score by county.

**Table 17: Average County CHIS data collection score**

County	Average Score (%)
Garissa (n= 4)	90.0
Kakamega (n= 4)	72.5
Kilifi (n= 4)	52.5
Kirinyaga (n= 4)	90.0
Machakos (n= 4)	100.0
Nairobi (n= 4)	72.5
Nakuru (n= 3)	73.3
Siaya (n= 4)	100.0

Table 18 summarizes CHIS data collection scores for all 31 CUs. Generally, CHW data availability for MOH 515 is the most common CHIS data collection element (98.4%); CHIS data collected according to the National Community Health Strategy is the least common element (71%). Across all 31 CUs, the average total CHIS data collection score was 82.9%.

**Table 18: Total average county CHIS data collection element score**

County (n= number of CUs)	CHIS Data is Collected according to the guidelines of the National Community strategy <sup>a</sup>	Data Collection Form MOH513 Available <sup>a</sup>	Data Collection Form MOH514 Available <sup>a</sup>	Data Collection Form MOH515 Available <sup>a</sup>	Data Collection Form MOH 516 Available <sup>a</sup>
Garissa (n= 4)	8	7	7	8	6
Kakamega (n= 4)	3	5	5	8	8
Kilifi (n= 4)	2	3	4	8	4
Kirinyaga (n= 4)	4	8	8	8	8
Machakos (n= 4)	8	8	8	8	8
Nairobi (n= 4)	7	6	6	8	6
Nakuru (n= 3)	4	5	5	5	3
Siaya (n= 4)	8	8	8	8	8
<b>Total Average CHIS Data Collection Element Score by County</b>	<b>71.0%</b>	<b>80.6%</b>	<b>82.3%</b>	<b>98.4%</b>	<b>82.3%</b>

<sup>a</sup>Based on CHIS data collection points awarded (2 for “Yes,” 1 for “Partial,” and 0 for “No”), the highest potential number of points is 62.

The eight potential CoEs generally scored slightly higher than the rest of the CUs in total average CHIS data collection element scores. Table 19 shows the average CoE CHIS data collection element scores.



**Table 19: Total average CoE CHIS data collection element score**

CoE	County	CHIS Data Collected According to National Community Strategy Guidelines <sup>a</sup>	Data Collection Form MOH513 Available <sup>a</sup>	Data Collection Form MOH514 Available <sup>a</sup>	Data Collection Form MOH515 Available <sup>a</sup>	Data Collection Form MOH 516 Available <sup>a</sup>
Eshibinga	Kakamega	0	2	2	2	2
Githiori	Nakuru	1	2	2	2	0
Kiratina	Kirinyaga	2	2	2	2	2
Kotile	Garissa	2	2	2	2	2
Mathare 3 C	Nairobi	2	2	2	2	2
Mutituni	Machakos	2	2	2	2	2
Mwele	Kilifi	1	0	0	2	2
Omia Diere	Siaya	2	2	2	2	2
<b>Total average CHIS data collection element score by CoE</b>		<b>75.0%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>100.0%</b>	<b>87.5%</b>

<sup>a</sup>Based on CHIS data collection points awarded (2 for “Yes,” 1 for “Partial,” and 0 for “No”), the highest potential number of points is 16.

### 3.11: MHEALTH

mHealth technology can help solve the problems of inadequate CHIS tools, delayed reporting, inaccurate reporting, and workload on CHWs and CHEWs by reducing travel time to physically submit reports. We asked CHEWs in the sampled CUs about the availability and use of mHealth tools for data collection. To calculate the scores, we weighted the answers. We awarded “Yes” answers two points, “Partial” answers 1 point, and “No” answers zero points. We asked if the CU has been provided with mHealth tools and if the CU uses mHealth tools for data collection.

None of the sampled 31 CUs has mHealth tools available; and consequently, none of the CUs uses mHealth technology or tools for data collection. The score was 0%, including among the potential CoEs.

### 3.12: DATA STORAGE

We asked the sampled CUs about data storage and data archiving to identify the availability of data storage procedures and protocols on data archiving. We asked if the facility has dedicated storage space for CHIS, storage space has security measures in place to limit access according to guidelines, guidelines in place to guide access to data, written policy on how source documents are to be archived and managed, and if archived or stored data are accessible for routine use. We also asked about methods of data storage and archiving.

We calculated average CHIS data storage scores by awarding weighted points: “Yes” responses were awarded two points and “No” responses received zero points; “Electronic” responses were awarded two points, “Mixed electronic and manual” responses were awarded one point, “Manual” responses were awarded half a point, and “None” responses were awarded zero points. We calculated the average total data storage scores by summing the average total data storage score of each individual CU in the county and dividing it by the number of CUs in the county. The average total data storage scores varied from the highest in Garissa County (42.9%) to the weakest in Siaya County (14.3%). Table 20 shows the county average total data storage scores.

**Table 20: Average total data storage score by county**

County (n= number of CUs)	Average Score (%)
Garissa (n= 4)	42.9
Kakamega (n= 4)	17.9
Kilifi (n= 4)	21.4
Kirinyaga (n= 4)	39.3
Machakos (n= 4)	32.1
Nairobi (n= 4)	39.3
Nakuru (n= 3)	28.6
Siaya (n= 4)	14.3

Across all 31 CUs, the total average data storage score was 30%. The total average data storage score was calculated by dividing a CUs total score for each data storage element by the seven possible data storage elements. Table 21 shows a summary of data storage by county for the sampled CUs. Table 23 shows a summary of data storage for the potential CoEs. Appendix 4, Table 9 shows a breakdown by CUs. Summary scores show that the archived or stored data accessible for routine use is the most common data storage element (61.3%); the least common element is having a written policy in place on how source documents are to be archived (0%).

**Table 21: Total average data storage element score by county**

County (n= number of CUs)	Link Facility has dedicated storage space for CHIS storage <sup>a</sup> (n=31)	Method of data storage & archiving <sup>b</sup> (n=62)	Storage space has security measures in place to limit access according to policy <sup>a</sup> (n=31)	Guidelines in place to guide access to data <sup>a</sup> (n=31)	There is written policy in place on how source documents are to be archived and managed <sup>a</sup> (n=31)	Archived/Stored Data is accessible for routine use <sup>a</sup> (n=31)
Garissa (n= 4)	2	4	2	0	0	4
Kakamega (n= 4)	1	4	0	0	0	0
Kilifi (n= 4)	2	3	0	0	0	1
Kirinyaga (n= 4)	2	5	1	0	0	3
Machakos (n= 4)	2	3	1	0	0	3
Nairobi (n= 4)	2	3	3	1	0	3
Nakuru (n= 3)	0	2	0	1	0	3
Siaya (n= 4)	1	1	0	0	0	2
<b>Total Average Data Storage Element Score by County</b>	<b>38.7%</b>	<b>40.3%</b>	<b>22.6%</b>	<b>6.5%</b>	<b>0.0%</b>	<b>61.3%</b>

<sup>a</sup>Based on CHIS data storage points awarded (2 for "Yes," 1 for "Partial," and 0 for "No"), the highest potential number of points is 31.

<sup>b</sup>Based on CHIS data storage points awarded (2 for "Electronic," 1 for "Mixed electronic and manual," 0.5 points for "Manual," and 0 for "None"), the highest potential number of points is 62.

Table 22 lists the eight potential CoEs, which generally scored slightly lower in total average data storage elements compared to all CUs.

**Table 22: Total CoE average data storage element score**

CoE	County	Link Facility has Dedicated Storage for CHIS Storage <sup>a</sup>	Method of Data Storage and Archiving <sup>b</sup>	Storage has Security Measures in Place to Limit Access According to Policy <sup>a</sup>	Guidelines in Place to Guide Data Access <sup>a</sup>	Written Policy on How Source Documents are to be Archived and Managed <sup>a</sup>	Archived, Stored Data Accessible for Routine Use <sup>a</sup>
Kotile	Garissa	1	1	0	0	0	1
Eshibinga	Kakamega	1	1	0	0	0	0
Mwele	Kilifi	0	1	0	0	0	0
Kiratina	Kirinyaga	0	2	0	0	0	1
Mutituni	Machakos	1	1	0	0	0	1
Mathare 3C	Nairobi	0	0	0	0	0	0
Githiori	Nakuru	0	0	0	0	0	1
Omia Diere	Siaya	0	0	0	0	0	1
<b>Total average data storage element score by CoE</b>		<b>37.5%</b>	<b>37.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>62.5%</b>

<sup>a</sup>Based on CHIS data storage points awarded (2 for “Yes,” 1 for “Partial,” and 0 for “No”), the highest potential number of points is 8.

<sup>b</sup>Based on CHIS data storage points awarded (2 for “Electronic,” 1 for “Mixed electronic and manual,” 0.5 points for “Manual,” and 0 for “None”), the highest potential number of points is 16.

### 3.13: DATA ANALYSIS AND USE

We asked the CUs about data analysis and use in decision making. We asked if the CU conducted additional analysis on data to assist in decision making and if they could provide evidence of data use in decision making.

We calculated average CHIS data analysis and use scores by awarding weighted points: “Yes” responses were awarded one point and “No” responses received zero points. We calculated the average total data analysis scores by summing the average total data analysis and use score for each CU in the county and dividing it by the four possible data analysis and use elements. Across all 31 CUs, the total average data analysis and use score was 51.6%. The average county total data analysis scores varied from the highest in Kirinyaga County (87.5%) to the lowest in Kilifi County (6.25%). Table 23 shows the data analysis and use scores by county. Table 10 in Appendix 4 shows the complete breakdown of data analysis and use scores for all 31 CUs.

**Table 23: Average county total data analysis and use score**

County (n= number of CUs)	Average Score (%)
Garissa (n= 4)	43.75
Kakamega (n= 4)	37.5
Kilifi (n= 4)	6.25
Kirinyaga (n= 4)	87.5
Machakos (n= 4)	81.25
Nairobi (n= 4)	31.25
Nakuru (n= 3)	50
Siaya (n= 4)	75

A summary score among the sampled CUs by county shows that data use by CHEWs in decision making is the most common data analysis and use element (67.7%); the least common element is data use elements by the CHC in decision making (29.0%). Table 24 shows the four data analysis and use scores by county.

**Table 24: Total average data analysis and use element score by county**

County (n= number of CUs)	Supplemental analysis is conducted on the data for use in decision-making processes? <sup>a</sup>	Evidence of data use by CHC in decision making <sup>a</sup>	Evidence of data use by CHEW in decision making <sup>a</sup>	Evidence of data use by CHW in decision making <sup>a</sup>
Garissa (n= 4)	3	0	2	2
Kakamega (n= 4)	1	0	2	3
Kilifi (n= 4)	0	0	1	0
Kirinyaga (n= 4)	4	3	4	3
Machakos (n= 4)	2	3	4	4
Nairobi (n= 4)	2	1	1	1
Nakuru (n= 3)	0	0	3	3
Siaya (n= 4)	3	2	4	3
<b>Total Average Data Analysis and Use Element Score by County</b>	<b>48.4%</b>	<b>29.0%</b>	<b>67.7%</b>	<b>61.3%</b>

<sup>a</sup>Based on CHIS data analysis and use points awarded (1 for “Yes,” and 0 for “No”), the highest potential number of points is 31.

Table 25 lists the scores for data analysis and use for the eight potential CoEs, which generally scored higher in the four elements compared to all CUs.

**Table 25: Total average data analysis and use element score by CoE**

County	CoE	Supplemental Analysis Conducted on Data for Use in Decision Making Processes? <sup>a</sup>	Evidence of Data Use by CHC in Decision Making <sup>a</sup>	Evidence of Data Use by CHEW in Decision Making <sup>a</sup>	Evidence of Data Use by CHW in Decision Making <sup>a</sup>
Garissa	Kotile	1	0	1	1
Kakamega	Eshibinga	0	0	0	0
Kilifi	Mwele	0	0	0	0
Kirinyaga	Kiratina	1	1	1	1
Machakos	Mutituni	1	0	1	1
Nairobi	Mathare 3C	0	1	1	1
Nakuru	Githiori	0	0	1	1
Siaya	Omia Diere	1	1	1	1
<b>Total average data analysis and use element score by CoE</b>		<b>50.0%</b>	<b>37.5%</b>	<b>75.0%</b>	<b>75.0%</b>

<sup>a</sup>Based on CHIS data analysis and use points awarded (1 for “Yes” and 0 for “No”), the highest potential number of points is 8.

### 3.14: DATA QUALITY

We asked CUs about data quality issues based on the key dimensions of data quality: whether reporting is timely, as required in the national guidelines, and whether consistency exists between tools, accuracy, and availability of the tools.

To calculate the scores, we weighted the answers. We awarded “Yes” answers two points, “Partial” answers one point, and “No” answers zero points for these five questions: (1) CU has clearly documented data processing steps performed at each level of the system for quality purposes and CU can demonstrate that data quality has been reviewed; (2–5) Do you have the following CHIS tools: MOH 513, MOH 514, MOH 515, and MOH 516. Two questions had possible “Yes” (one point) and “No” (zero points) responses: (1) Is there a written procedure on how to address late, incomplete, missing, or inaccurate reports? and (2) Is feedback systematically provided to all sub-reporting levels on the quality of their reporting?

Across all 31 CUs, the total average data quality score was 43.0%. We calculated the score by taking the total for each CU's data quality element and then divided by all 12 possible data quality elements. Table 11 in Appendix 4 gives a complete breakdown of data quality scores for all 31 CUs.

The average total data quality scores among the sampled CUs by county shows that the average data quality scores ranged from a high in Nakuru County (80.6%) to a low in Kilifi County (0.0%). Table 26 shows a summary of the average scores on data quality by county.

**Table 26: Average total data quality score by county**

County Name (n= number of CUs)	Average Score (%)
Garissa (n= 4)	58.3
Kakamega (n= 4)	37.5
Kilifi (n= 4)	0.0
Kirinyaga (n= 4)	41.7
Machakos (n= 4)	16.7
Nairobi (n= 4)	64.6
Nakuru (n= 3)	80.6
Siaya (n= 4)	66.7

The summary scores for the sampled CUs by county showed that providing systematic feedback to all sub-reporting levels on the quality of their reporting is the most common data quality element (67.7%) and having a written procedure on how to address late or missing data is the least common (16.1%). Table 27 shows a full breakdown of data quality element scores by county.

**Table 27: Total average data quality element score by county**

County (n= number of CUs)	The CU has clearly documented data processing steps performed at each level of the system for quality purposes <sup>a</sup>	The CU can demonstrate that data quality has been reviewed by MOH 513 <sup>a</sup>	The CU can demonstrate that data quality has been reviewed by MOH 514 <sup>a</sup>	The CU can demonstrate that data quality has been reviewed by MOH 515 <sup>a</sup>	The CU can demonstrate that data quality has been reviewed by MOH 516 <sup>a</sup>	There is a written procedure on how to address late or missing (unreported) data <sup>b</sup>	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting <sup>b</sup>
Garissa (n= 4)	2	5	5	6	6	0	4
Kakamega (n= 4)	2	3	3	3	4	1	2
Kilifi (n= 4)	0	0	0	0	0	0	0
Kirinyaga (n= 4)	1	4	4	4	4	0	3
Machakos (n= 4)	0	1	1	1	1	1	3
Nairobi (n= 4)	6	4	4	4	2	2	3
Nakuru (n= 3)	4	6	6	6	4	1	2
Siaya (n= 4)	1	5	7	7	8	0	4
<b>Total Average Data Quality Element Score by County</b>	<b>25.8%</b>	<b>45.2%</b>	<b>48.4%</b>	<b>50.0%</b>	<b>46.8%</b>	<b>16.1%</b>	<b>67.7%</b>

<sup>a</sup>Based on CHIS data quality points awarded (2 for "Yes," 1 for "Partial," and 0 for "No"), the highest potential number of points is 62.

<sup>b</sup>Based on CHIS data quality points awarded (1 for "Yes" and 0 for "No"), the highest potential number of points is 31.

The eight potential CoEs generally scored higher on data quality than the other sampled CUs. Table 28 shows the scores for the eight potential CoEs on data quality.

**Table 28: Total average data quality element score by CoE**

County	CoE	The CU has clearly documented data processing steps performed at each level of the system for quality purposes? <sup>a</sup>	The CU can demonstrate that data quality has been reviewed MOH 513 <sup>a</sup>	The CU can demonstrate that data quality has been reviewed MOH 514 <sup>a</sup>	The CU can demonstrate that data quality has been reviewed MOH 515 <sup>a</sup>	The CU can demonstrate that data quality has been reviewed MOH 516 <sup>a</sup>	There is a written procedure on how to address late or missing data <sup>b</sup>	Feedback is systematically provided to all subreporting levels on the quality of their reporting <sup>b</sup>
Garissa	Kotile	0	2	2	2	2	0	1
Kakamega	Eshibinga	2	2	2	2	2	0	1
Kilifi	Mwele	0	0	0	0	0	0	0
Kirinyaga	Kiratina	0	2	2	2	2	0	1
Machakos	Mutituni	0	1	1	1	1	1	0
Nairobi	Mathare 3C	0	2	2	2	2	1	1
Nakuru	Githiori	2	2	2	2	0	1	1
Siaya	Omia Diere	0	2	2	2	2	0	1
<b>Total average data quality element score by CoE</b>		<b>25.0%</b>	<b>81.3%</b>	<b>81.3%</b>	<b>81.3%</b>	<b>68.8%</b>	<b>37.5%</b>	<b>75.0%</b>

<sup>a</sup>Based on CHIS data quality points awarded (2 for “Yes,” 1 for “Partial,” and 0 for “No”), the highest potential number of points is 16.

<sup>b</sup>Based on CHIS data quality points awarded (1 for “Yes” and 0 for “No”), the highest potential number of points is 8.

### 3.15: ACTIVITY REPORTING

We asked the CUs about their activity reporting. According to the national guidelines, MoH 513, popularly called the “household register,” should be administered every six months (biannually). It collects both household-level information and individual-level information for all the household members. On the other hand, MoH 514, known as the “household logbook,” is used every time a CHW visits a household for any health-related service. This tool is reported monthly on the second day of the subsequent month of reporting. The MoH 515, called the “CHEW summary,” summarizes data collected from MoH 513, MoH 514, and the treatment and commodity register. The CHEW summary is reported monthly by the fifth of every subsequent month to the District Health Records and Information Officer, DHRIO, for reporting to DHIS. Summary information from MoH 515 is used to update the community chalkboard (MoH 516).

During the assessment, we asked questions about the following reporting issues: whether action days were conducted in the last quarter, where data were shared at sub-county-level forums, whether the CU receives feedback on monthly reports, whether the CU had on-site access to DHIS, and whether the CU reports to non-Government of Kenya (GOK) entities. We asked other questions that sought information on the following activities: whether a monthly dialog was conducted in the last quarter, whether the CU was reporting using MoH 513, 514, 515, and 516, and, more important, whether the MoH 515 data are entered into DHIS monthly.

We calculated the activity reporting score by taking the total score for each activity reporting element for a CU and then divided by all possible activity reporting elements.

Machakos County had the strongest level of activity reporting (88.3%); Kilifi County had the weakest score (33.3%). We calculated the average total activity reporting scores by summing the average total activity reporting score of each individual CU in the county and dividing it by the number of CUs in the county. Table 29 shows the average total activity reporting score by county.

**Table 29: Average total activity reporting score by county**

County Name (n= number of CUs)	Average Score (%)
Garissa (n= 4)	71.7
Kakamega (n= 4)	66.7
Kilifi (n= 4)	33.3
Kirinyaga (n= 4)	71.7
Machakos (n= 4)	88.3
Nairobi (n= 4)	81.7
Nakuru (n= 3)	68.9
Siaya (n= 4)	83.3

Across all 31 CUs, the total average activity reporting score was 70.5%. The most common activity reporting element was monthly reporting of the MOH 515(95.2%); the least common activity was having on-site access to the DHIS (6.5%). Across the counties, 95.2% said they report the MoH 515 monthly, but only 6.5% reported having had on-site access to the DHIS. Table 30 summarizes the activity reporting scores by county. Table 12 in Appendix 4 shows a complete breakdown of all 31 CUs activity reporting scores.

**Table 30: Summary scores on CHIS reporting by county**

County (n= number of CUs)	Monthly Dialog Days Conducted in the last quarter	Action Days conducted in the Last Quarter	Reported Monthly			MOH 515 Entered into DHIS	Data Shared at sub- County level forums	CU receives feedback on Monthly reports	Unit has on-site access to DHIS	CU Reports to Non GOK entities
			MOH 514	MOH 515	MOH 516					
Garissa (n= 4)	6	2	6	8	6	8	3	4	0	0
Kakamega (n= 4)	8	4	8	8	7	1	1	3	0	0
Kilifi (n= 4)	7	1	1	5	2	0	0	2	0	2
Kirinyaga (n= 4)	2	3	7	8	7	8	3	3	1	1
Machakos (n= 4)	8	4	8	8	8	8	2	4	1	2
Nairobi (n= 4)	7	4	8	8	4	8	3	3	0	3
Nakuru (n= 3)	6	3	5	6	3	4	2	2	0	0
Siaya (n= 4)	7	4	8	8	8	8	4	3	0	0
<b>Total Average Activity Reporting Element Score by County</b>	<b>82.3%</b>	<b>80.6%</b>	<b>82.3%</b>	<b>95.2%</b>	<b>72.6%</b>	<b>72.6%</b>	<b>58.1%</b>	<b>77.4%</b>	<b>6.5%</b>	<b>25.8%</b>

The eight CoEs generally scored slightly higher in total average activity reporting elements, with two activity reporting elements having an average score of 100%; however, none of the CoEs had on-site access to DHIS. Table 31 summarizes the activity reporting scores by CoEs.

**Table 31: CoE summary scores on CHIS reporting**

CoE	Monthly Dialog Days Conducted in Last Quarter	Action Days Conducted in Last Quarter	Reported Monthly			MOH 515 Entered in DHIS	Data Shared at Sub-County Level Forums	CU Receives Feedback on Monthly Reports	Unit has Onsite Access to DHIS	CU Reports to Non GOK Entities
			MOH 514	MOH 515	MOH 516					
Eshibinga	2	1	2	2	2	1	0	1	0	0
Githiori	2	1	2	2	0	0	0	1	0	0
Kiratina	1	1	2	2	2	2	1	1	0	1
Kotile	2	1	2	2	2	2	1	1	0	0
Mathare 3C	2	1	2	2	1	2	1	1	0	1
Mutituni	2	1	2	2	2	2	1	1	0	0
Mwele	2	0	0	2	2	0	0	1	0	1
Omia Diere	2	1	2	2	2	2	1	1	0	0
<b>Total Average Activity Reporting Element Score by CoE</b>	<b>93.8%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>100%</b>	<b>81.3%</b>	<b>68.8%</b>	<b>62.5%</b>	<b>100.0%</b>	<b>0%</b>	<b>37.5%</b>

### 3.16: CHIS FUNCTIONALITY SCORES FOR EACH OF THE SAMPLED CUs

The baseline assessment shed more light on CHIS functionality. According to DCHS, a CU is considered fully functional if it exhibits three main traits: (1) it is conducting quarterly action days, (2) it is conducting monthly dialog days, and (3) it is reporting to DHIS. If a CU lacks any one of the three traits, it is considered to be semi-functional. A CU that has none of the three attributes is considered non-functional. Experience among the PIMA staff has shown, however, that even among the CUs that are categorized as fully functional according to the national guidelines, some critical gaps still exist and stymie the ability of CUs to fully execute community health at a tier 1 level. Consequently, we used a new categorization to gauge CHIS functionality at the CU level. Table 32 lists stages of functionality and categorizes 31 sampled CUs by score ranges.

We calculated the CHIS functionality score by adding all the scores for each CHIS element assessed and then divided by the total overall scores multiplied by 100. The score totals placed CUs into one of four functionality levels: (1) beginning, (2) developing, (3) expanding, and (4) sustaining. Of the 31 CUs, only 2 CUs were in the beginning level; 8 were in the developing level; 16 were in the expanding level; and 4 were in the sustaining level. No potential CoE was in the beginning level, and only one CoE, Mwele, was in the developing level. Like the CUs as a whole, the majority of potential CoEs (5 of 8), was in the expanding level. Table 13 in Appendix 4 gives a full breakdown of the total scores for all 31 CUs.



**Table 32: Levels and total score by CU**

Level	Raw Score	Percentage	CU (Score)*
<p><b>Beginning</b> Community Units exhibit limited or negligible CHIS capacity as expressed by inadequately trained staff, systems and structures, and staffing support systems. They lack the basic understanding of the expectations and parameters of CHIS implementation and use. CUs in this level are prioritized for receiving technical support.</p>	0–21	0–25	Kwale (14.9) Bura (18.4)
<p><b>Developing</b> Community Units exhibit basic CHIS capacity as expressed by the presence of some trained staff with basic knowledge of CHIS and M&amp;E concepts for routine programming, systems and structures, and staffing support systems. They have a basic understanding of the expectations and parameters of CHIS implementation and use. CUs in this level require significant technical support. They are second in priority to those in the beginning stage.</p>	22–43	26–50	Dabaso (27.6) Korisa (27.6) <b>Mwele (33.3)</b> Kithumbu (35.6) Kiraruri (36.8) Ikuywa (41.4) Matioli (42.5) Keringet (43.7)
<p><b>Expanding</b> Community Units exhibit more specialized CHIS capacity beyond basic skills and understanding as expressed by the presence of an expanded number trained staff, developed systems and structures, and staffing support systems. They meet all minimum expectations and parameters of CHIS implementation and use. These CUs are capable of diversifying data use practices beyond standard activities at this current capacity level. CUs in this level require specified and advanced technical support beyond the basic requirements of CHIS.</p>	44–65	51–75	Sango (48.3) Kangurue (51.7) Sankuri (52.9) Kivaa (52.9) Kwapi (54.0) Slota (55.2) Medina (56.3) <b>Mutituni (58.6)</b> Ndori (58.6) Thinu (59.8) <b>Kotile (60.9)</b> <b>Githiori (60.9)</b> Nyaguda (62.1) <b>Eshibinga (63.2)</b> Mathare 3B (63.2) <b>Omia Diere (63.2)</b>
<p><b>Sustaining</b> Community Units exhibit strong, specialized CHIS capacity as expressed by the presence of most or all trained staff with advanced knowledge of CHIS and M&amp;E concepts beyond the basic program needs, established systems and structures, and staffing support systems that operate in a sustained manner. They exceed the minimum expectations and parameters of the CHIS implementation and use according to the national policy. CUs in this level require the least technical support; any support is mainly in the form of continued updates on new developments, exploration of new opportunities in programming, and teaching in other CUs.</p>	66–87	76–100	Makutano (66.7) <b>Mathare 3C (70.1)</b> <b>Kiratina (74.7)</b> Gitaku (82.8)

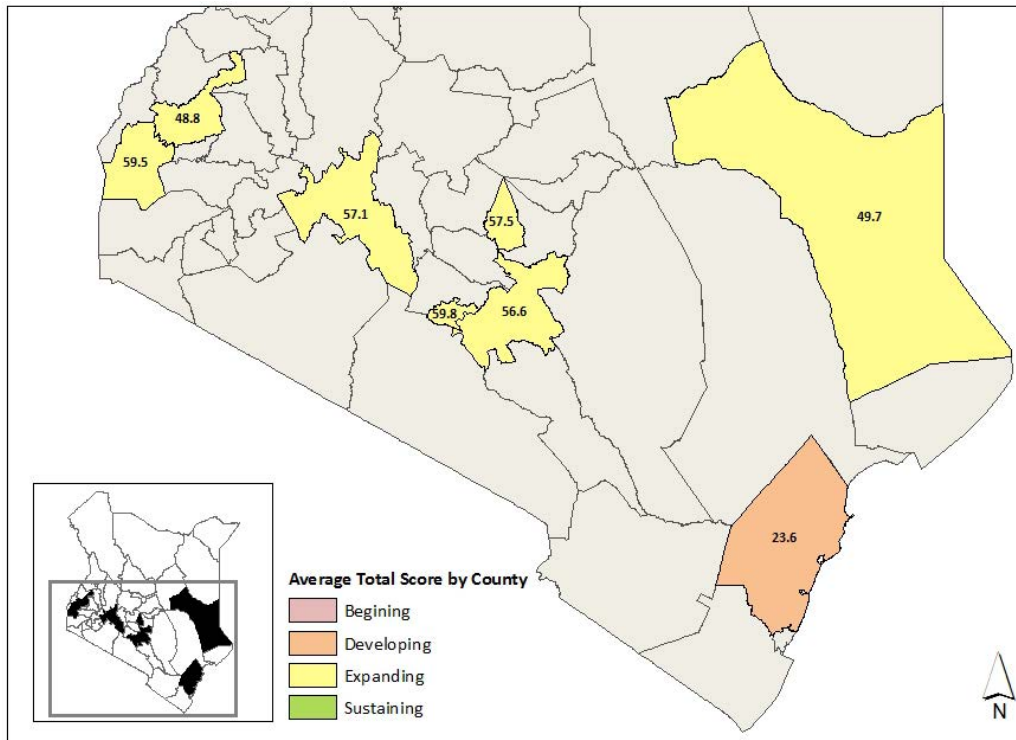
\*Bolded names under the CU score column are the designated CoEs.

Among the 31 sampled CUs in the eight counties, only those from Kilifi County had an average total score in the developing level. The other seven counties had average scores in the expanding level. No county average total score was in the beginning or sustaining level. Table 33 shows a full breakdown of the average total score by county. Figure 1 shows a map with counties designated by functionality

**Table 33: Average total score by county**

County (n= number of CUs)	Total Score	Average Total Score (%)
Garissa (n= 4)	198.85	49.71
Kakamega (n= 4)	195.40	48.85
Kilifi (n= 4)	94.25	23.56
Kirinyaga (n= 4)	229.89	57.47
Machakos (n= 4)	226.44	56.61
Nairobi (n= 4)	239.08	59.77
Nakuru (n= 3)	171.26	57.09
Siaya (n= 4)	237.93	59.48
<b>Average Total Score</b>	<b>1593.10</b>	<b>51.39</b>

**Figure 1: Map of Regions by Stage**



## CHAPTER 4: DISCUSSION AND RECOMMENDATIONS

Kenya renewed an interest in primary health in 2006 when it rolled out the community health strategy. Several aspects of Kenya's health strategy sparked this renewed interest. First, the Government of Kenya implemented the community health strategy as one of the flagship programs under the social pillar for the realization of Kenya's Vision 2030. Second, the community health strategy ensures that each and every Kenyan has a right to better health as enshrined in the Kenyan constitution enacted in 2010. Third, the government's commitment to the community health strategy implementation appears in the current NHSSP III 2012–2017, which defines community health services as tier 1 in the revised four-tier service delivery. Fourth, the community health strategy implementation aligns with major international public health initiatives that have revitalized the importance of primary health.

In rolling out the community health strategy, the MoH Community Health Committee has established CUs all over the country with the intention of using them to coordinate the implementation of community health services. Ideally, each CU should serve an estimated population of 5,000, or about 1,000 households. Further, to provide effective community health services, the intention is that each CU should be coordinated by at least one CHEW and a number of CHWs. The number of CHWs varies, based on the population, but ideally, should not exceed 50 for each CU. Each CHW is supposed to undergo a mandatory training in the basic module for community health. Further, to ensure effective referrals, tier one CUs are linked to tier two health facilities through coordination with the CHEW stationed at each respective link facility.

The community health strategy appears to be succeeding in improving health outcomes in communities; however, the reports of that success are anecdotal, and little is known about the level of CHIS functionality at the CU level. Correlation is unsubstantiated between the national standard definition of what constitutes a functional CU and observed community health outcomes in the respective catchment population. Previous studies have assessed the role of community health strategy, but they have not been comprehensive in assessing gaps in the various CHIS elements or they were based on weak research designs that could compromise study findings. The link is weak between those research findings and their use to influence policy and practice at the national and sub-national level.

PIMA's contribution to strengthen the community health information system is this baseline assessment, conducted in June–July 2013, to ascertain CHIS functionality and provide data to inform the development of a framework to strengthen selected CUs into national CoEs. This baseline assessment had the following specific objectives:

1. To establish a baseline profile of the sampled CUs for the different CHIS elements, such as availability of CHIS tools, data quality, reporting, data access, and use for decision making.
2. To compute the CHIS functionality index at the CU level.
3. To use the baseline data to refine standards for CoEs.
4. To provide some critical baseline information for project benchmarking.
5. To formulate an action plan to help CUs address key CHIS gaps in an effort to provide effective community health services at a level expected of CoEs.

To achieve these objectives, PIMA used a number of triangulation techniques: a desk review of literature on what exists on community health programming, focus group discussions with CHWs at the sampled CUs, and structured interviews with CHEWs that are linked to the sampled CUs.

The baseline CHIS assessment found that only half of the 31 sampled CUs could be categorized as fully functional under the national strategy guidelines, and some of the CUs that came under the

functional definition had system gaps that limited their ability to fully execute basic community health services. The assessment shows a need for a comprehensive action plan, and identified eight potential CoEs as a focal point. This concerted approach by the GOK and the development partners will establish a systematic approach to establishing fully functional CHIS in CUs.

The assessment noted remarkable gains during the roll out of the community health strategy in Kenya; however, it also points out gaps in the CHIS system and programs that present barriers to effective community health services. These gaps include the lack of use of mHealth technology in implementing CHIS, limited infrastructural facilities, training gaps among key CU personnel, low reporting rates, especially at the DHIS level, poor data quality, and limited evidence of data use to inform policy and practice.

The following recommendations are based on the baseline assessment findings:

- Focus on development of a comprehensive package of community health services to strengthen the eight designed Centers of Excellence.
- The package of services should range from refresher training to addressing training gaps in using CHIS tools to training CHWs and CHEWs on the integrated community case management module and other technical modules.
- As appropriate, formulate stakeholder engagement plans to ensure development partners address priority activities outside the project mandate.
- Develop routine data quality assurance checks on priority indicators to track progress among the designated CoEs across time and provide guidance on steps to be taken in case of missing or unreported data.
- Design data tracking tools to track CU data use for decision making.
- Encourage the use of mHealth technology to capture tier 1 data for easier, timely reporting to CHEWs. Apply mHealth technology to help solve the perennial problem of lack of CHIS tools at tier 1 and make real-time data accessible for decision making.

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## APPENDIX 1: PROTOCOL FORWARDING FORM

Title: System Assessment of CHIS data availability, quality and use at 47 Counties

Originating organization: MEASURE Evaluation-PIMA Project

Name of Principal Investigator(s): EDWARD KUNYANGA

Contact phone number for Principal Investigator: 0716 455267

E-mail address for Principal Investigator: [Edward.kunyanga@icfi.com](mailto:Edward.kunyanga@icfi.com)

Institutional Affiliation: MEASURE Evaluation-PIMA Project

The following investigators will participate in this study:

Name	Institution	Email contact	Signature
Dr. James Mwitari	Division of Community Health Services	<a href="mailto:jmwitari@yahoo.com">jmwitari@yahoo.com</a>	
Dr Amos Oyoko	MEASURE Evaluation	<a href="mailto:Amos.oyoko@icfi.com">Amos.oyoko@icfi.com</a>	
Edward Kunyanga	ICF International Kenya	<a href="mailto:Edward.kunyanga@icfi.com">Edward.kunyanga@icfi.com</a>	

Edward Kunyanga, Country Director

Tel. Office: 254-20-3861362/3, 254-0705-978612 Cell: 254-0716-455267

E-mail: K-REP Centre, 5th Floor Wood Avenue, Off Argwings Kodhek Road

PO Box 39804-00623 Nairobi, Kenya

Signature:

(Principal Investigator)

Date: February 12, 2013

The Secretary,

National Ethics Review Committee,

Kenya Medical Research Institute

PO BOX 54840-00200

Nairobi

Monday, 11 February 2013

Dear Sir

RE: Request for Expedited Ethics Review

We are writing to request for an expedited ethics review of a protocol titled *System Assessment of CHIS data availability, quality and use at 47 Counties*

The protocol proposes to understand and document the application of the CHIS at selected Community Units to inform a framework for creating standardized Centers of Excellence and then monitor changes over time in their data access and use practices, replicability and value added. The MOH Division of Community Health Services (DCHS) will be the key beneficiary.

This assessment seeks to inform the implementation of a five year USAID-funded MEASURE Evaluation-PIMA Project, designed to support the Government of Kenya to build sustainable M&E capacity in using evidence-based decision making to improve the effectiveness of the Kenya Health System.

This assessment is the first step in establishing a baseline for capacities for various M&E functional areas such as the organizational, the technical and the behavioral within the targeted programs. It will also identify key gaps under the stated functional areas that the project needs to address during its 5-year implementation period. The assessment will involve in-depth interviews and discussions with Heads of the above programs and the staff working in the monitoring and evaluation unit, and other relevant stakeholders as appropriate, regarding their views, opinions and suggestions on the capacity for M&E, gaps and what areas require strengthening.

We are requesting for expedited review on two accounts. First, the assessment will have minimal risk or harm to participants if any, and that the information generated will only be used for the purpose of informing strategies and tools and approaches for strengthening the capacity of these programs to undertake monitoring and evaluation. The findings will therefore not be used for research purposes but rather as a key part of the project implementation process.

Second, the target programs are expected to change as a result of the devolved governance system expected after the forthcoming general elections. As part of documenting changes in organizational capacity, we hope to undertake the assessments now and document changes in capacity through the transition period and after as the new structures evolve and ultimately make an informed approach to building sustainable M&E capacity for the targeted programs.

We look forward to a favorable consideration

Yours faithfully



Edward Kunyanga

February 12, 2013

## APPENDIX 2: PROTOCOL FORWARDING FORM

Title: System Assessment of CHIS data availability, quality and use at 47 Counties

Originating organization: MEASURE Evaluation-PIMA Project



Name of Principal Investigator(s): EDWARD KUNYANGA

Contact phone number for Principal Investigator: 0716 455267

E-mail address for Principal Investigator: [Edward.kunyanga@icfi.com](mailto:Edward.kunyanga@icfi.com)

Institutional Affiliation: MEASURE Evaluation-PIMA Project

The following investigators will participate in this study:

Name	Institution	Email contact	Signature
Dr. James Mwitari	Division of Community Health Services	<a href="mailto:jmwitari@yahoo.com">jmwitari@yahoo.com</a>	
Dr Amos Oyoko	MEASURE Evaluation	<a href="mailto:Amos.oyoko@icfi.com">Amos.oyoko@icfi.com</a>	

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We are requesting for expedited review on two accounts. First, the assessment will have minimal risk or harm to participants if any, and that the information generated will only be used for the purpose of informing strategies and tools and approaches for strengthening the capacity of these programs to undertake monitoring and evaluation. The findings will therefore not be used for research purposes but rather as a key part of the project implementation process.



Second, the target programs are expected to change as a result of the devolved governance system expected after the forthcoming general elections. As part of documenting changes in organizational capacity, we hope to undertake the assessments now and document changes in capacity through the transition period and after as the new structures evolve and ultimately make an informed approach to building sustainable M&E capacity for the targeted programs.

We look forward to a favorable consideration

Yours faithfully



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Edward Kunyanga

February 12, 2013

## APPENDIX 3: CHIS FUNCTIONALITY ASSESSMENT TOOL

Questions (numbering taken from questionnaire)	Scoring Procedure
22a. CHEW Motorcycle	Yes=1 No=0
22b. CHEW Bicycle	Yes=1 No=0
22c. CHEW Badges	Yes=1 No=0
22d. CHEW Monthly Stipend	Yes=1 No=0
23. Electricity	Yes=1 No=0
24. Computer Access	Exclusive=2 Shared=1 No=0
25. Internet Access	Exclusive=2 Shared=1 No=1
26. Mobile Phone	Exclusive=2 Shared=1 No=2
67. Access to DHIS	Yes=1 No=0
28. CHC Composition	Yes=2 Partial =1 NO = 0
29. CHC Meetings Conducted Monthly	Yes=2 Partial =1 NO = 0
30. CHC Meeting Minutes Exist	Meeting and Minutes Matching =1 not matching =0
31a. CHEW Supervision Visits Conducted Monthly	Yes=1 No=0
32. Documentation on Supervision Visits Exist	Yes=1 No=0
34a. ALL CHW Training on Data Collection and Aggregation	Yes=2 Partial =1 NO = 0
34b. All CHEW Trained on Data Collection and Aggregation	Yes=2 Partial =1 NO = 0
34c. All CHC Trained on Data Collection and Aggregation	Yes=2 Partial =1 NO = 0
46a. All CHW Staff Have Been Trained on Data Collation and Cleaning	Yes=2 Partial =1 NO = 0
46b. All CHEW Staff Have Been Trained on Data Collation and Cleaning	Yes=2 Partial =1 NO = 0
46c. All CHC staff have been trained on data collation and cleaning:	Yes=2 Partial =1 NO = 0
58. CHC Ever Trained on Data Use and M&E	Yes=2 Partial =1 NO = 0
61. CHW Ever Trained on Data Use and M&E	Yes=2 Partial =1 NO = 0
64. CHEW Trained on Data Use and M&E	Yes=2 Partial =1 NO = 0
35. CHIS Data is Collected According to the Guidelines of the National Community Strategy	Yes=2 Partial =1 NO = 0
32a. MOH513 Available	Yes=2 Partial =1 NO = 0
32b. MOH514 Available	Yes=2 Partial =1 NO = 0
32c. MOH515 Available	Yes=2 Partial =1 NO = 0
32d. MOH 516 Available	Yes=2 Partial =1 NO = 0
36. CU Provided with mHealth Tools	Yes=1 No=0
37. CU Applying mHealth Tools for Data Collection	Yes=1 No=0
38. Link Facility has Dedicated Storage Space for CHIS Storage	Yes=1 No=0

<b>39. Method of Data Storage and Archiving</b>	0= none, 1= manual, 2= electronic or mixed
<b>40. Storage Space Has Security Measures in Place to Limit Access According to Policy</b>	Yes=1 No=0
<b>41. Guidelines in Place to Guide Access to Data</b>	Yes=1 No=0
<b>42. There is Written Policy in Place on How Source Documents are to be Archived and Managed</b>	Yes=1 No=0
<b>43. Archived and Stored Data are Accessible for Routine Use</b>	Yes= 1 No= 0
<b>45. Supplemental Analysis is Conducted on the Data for Use in Decision-making Processes?</b>	Yes=1 No=0
<b>59. Evidence of Data Use by CHC in Decision Making</b>	Yes=1 No=0
<b>65. Evidence of Data Use by CHEW in Decision Making</b>	Yes=1 No=0 Unknown=0
<b>62. Evidence of Data Use by CHW in Decision Making</b>	Yes=1 No=0 Unknown=0
<b>44. The CU Has Clearly Documented Data Processing Steps Performed at Each Level of the System for Quality Purposes?</b>	Yes=2 Partial =1 NO = 0
<b>47a. The CU Can Demonstrate That Data Quality Has Been Reviewed (MOH 513)</b>	Yes=1 No=0
<b>47b. The CU Can Demonstrate That Data Quality Has Been Reviewed (MOH 514)</b>	Yes=1 No=0
<b>47c. The CU Can Demonstrate That Data Quality Has Been Reviewed (MOH 515)</b>	Yes=1 No=0
<b>47d. The CU Can Demonstrate That Data Quality Has Been Reviewed (MOH 516)</b>	Yes=1 No=0
<b>48. There is a Written Procedure on How to Address Late or Missing (Unreported) Data</b>	Yes=1 No=0
<b>49. Feedback is Systematically Provided to All Sub-reporting Levels on the Quality of Their Reporting</b>	Yes=1 No=0
<b>50. Monthly Dialog Days Conducted in the Last Quarter</b>	Yes=2 Partial =1 NO = 0
<b>51. Number of Action Days Conducted in the Last Quarter</b>	Yes=2 Partial =1 NO = 0
<b>52. MOH 514 Reported Monthly</b>	Yes=2 Partial =1 NO = 0
<b>53. MOH 515 Reported Monthly</b>	Yes=2 Partial =1 NO = 0
<b>54. MOH 516 Reported Monthly</b>	Yes=2 Partial =1 NO = 0
<b>55. MOH 515 Entered into DHIS</b>	Yes=2 Partial =1 NO = 0
<b>56. Data Shared at Sub-county Level Forums</b>	Yes=1 No=0
<b>57. CU Receives Feedback on Monthly Reports</b>	Yes=1 No=0
<b>67. Unit Has On-site Access to DHIS</b>	Yes=1 No=0
<b>68. CU Reports to Non GOK Entities</b>	Yes= 1, No=0
<b>Total Possible Score</b>	84

The functionality score for each community unit was computed as follows:

CU functionality score = Total scores (Actual) / number of total possible points (expected) \* 100.

The CU functionality scores for all the 31 sampled CUs are shown in Appendix 4, Table 13.

## APPENDIX 4. CHIS BASELINE ASSESSMENT DATA TABULATIONS

**Table 1: Background Information for all 31 sampled CUs**

CU Name	County	Catchment Population	Number of Households	Total Number of CHEWs	Date CU Established	Status of Unit
Bura	Kilifi	11305	Unknown	2	May/2011	Semi Functional
Dabaso	Kilifi	13047	2444	1	Feb/2008	Semi Functional
Eshibinga	Kakamega	4644	1109	1	Jan/2008	Fully Functional
Gitaku	Kirinyaga	7048	2049	2	Aug/2011	Fully Functional
Githiori	Nakuru	4600	930	2	Feb/2009	Fully Functional
Gombe	Siaya	3980	923	2	Dec/2011	Fully Functional
Ikuywa	Kakamega	3000	Unknown	2	Jul/2011	Semi Functional
Kangurue	Nairobi	6676	2750	Unknown	Nov/2011	Semi Functional
Keringet	Nakuru	4110	906	4	Mar/2009	Semi Functional
Kiraruri	Kirinyaga	5245	1310	4	Mar/2010	Semi Functional
Kiratina	Kirinyaga	14250	2500	2	Unknown	Fully Functional
Kithumbu	Kirinyaga	8950	1580	2	May/2010	Semi Functional
Kivaa	Machakos	Unknown	1000	2	Feb/2011	Fully Functional
Korisa	Garissa	692	Unknown	1	Feb/2013	Semi Functional
Kotile	Garissa	3074	560	Unknown	Nov/2010	Fully Functional
Kwale	Kilifi	4221	1200	1	Jun/2009	Semi Functional
Kwapi One	Nairobi	7242	3025	1	Jun/2011	Semi Functional
Makutano	Nakuru	5088	1110	2	Nov/2011	Fully Functional
Mathare 3B	Nairobi	5762	2610	1	Jul/2009	Semi Functional
Mathare 3C	Nairobi	18750	3750	1	Oct/2010	Fully Functional
Matioli	Kakamega	6338	Unknown	3	Feb/2009	Semi Functional
Medina	Garissa	3891	620	1	Unknown	Fully Functional
Mutituni	Machakos	6201	1007	2	Oct/2007	Fully Functional
Mwele	Kilifi	40422	1049	Unknown	Unknown	Semi Functional
Ndori	Siaya	5820	1195	2	Unknown	Fully Functional
Nyaguda	Siaya	8277	2186	Unknown	Mar/2011	Fully Functional

Omia Diere	Siaya	6227	1458	Unknown	Jun/2011	Fully Functional
Sango	Kakamega	11163	200	2	Jan/2010	Semi Functional
Sankuri	Garissa	2218	398	2	Jun/2010	Semi Functional
Slota	Machakos	2065	1060	2	April/2011	Fully Functional
Thinu	Machakos	4886	1000	2	May/2010	Fully Functional

**Table 2: Training across all 31 sampled CUs**

CU Name	County	Date that CHW Community Strategy Training was Conducted	Number of training days	Number of CHW trained in basic module	Total number CHW trained in technical module	Total number of active CHWs
Bura	Kilifi	May/2011	10	Unknown	1	40
Dabaso	Kilifi	Feb/2008	10	50	Unknown	38
Eshibinga	Kakamega	Jan/2008	10	50	14	15
Gitaku	Kirinyaga	Oct/2011	10	50	30	33
Githiori	Nakuru	Dec/2008	10	50	5	25
Gombe	Siaya	Dec/2011	10	8	0	8
Ikuywa	Kakamega	Jul/2011	10	17	17	10
Kangurue	Nairobi	Unknown/2011	Unknown	50	0	35
Keringet	Nakuru	May/2009	7	57	8	18
Kiraruri	Kirinyaga	Mar/2010	10	0	0	24
Kiratina	Kirinyaga	Sep/2011	10	50	0	40
Kithumbu	Kirinyaga	May/2010	10	50	50	20
Kivaa	Machakos	Feb/2011	10	50	12	42
Korisa	Garissa	Feb/2013	10	40	0	36
Kotile	Garissa	Nov/2010	10	46	0	30
Kwale	Kilifi	Jun/2009	5	50	36	28
Kwapi One	Nairobi	Aug/2011	5	50	0	38
Makutano	Nakuru	Nov/2011	10	50	8	25
Mathare 3B	Nairobi	Aug/2008	10	50	0	46
Mathare 3C	Nairobi	Nov/2010	10	45	24	30
Matioli	Kakamega	Feb/2009	10	17	0	12
Medina	Garissa	May/2010	10	40	0	27
Mutituni	Machakos	Oct/2007	26	50	0	45
Mwele	Kilifi	Nov/2010	5	50	40	32

Ndori	Siaya	Unknown/Unknown	10	12	0	12
Nyaguda	Siaya	Mar/2011	10	25	Unknown	25
Omia Diere	Siaya	Apr/2011	11	16	16	17
Sango	Kakamega	Jan/2010	10	12	12	12
Sankuri	Garissa	Jun/2010	Unknown	Unknown	0	28
Slota	Machakos	July/2011	10	50	0	40
Thinu	Machakos	May/2010	10	50	0	48
<b>Average Training Numbers Across All 31 Sampled CUs</b>			<b>10</b>	<b>39.1</b>	<b>9.4</b>	<b>28.4</b>

**Table 3: Partner support across all 31 sampled CUs**

CU Name	County	Currently partner supported	Areas of Partner Support										
			CHW kit commodities	CHIS tools	CHW volunteer stipends	Communication	Transportation	Training	Monthly Dialogue Days	Monthly Action Days	None	Other	
Bura	Kilifi	No										x	
Dabaso	Kilifi	Partial		x	x								x
Eshibinga	Kakamega	No										x	
Gitaku	Kirinyaga	Yes	x	x				x	x	x			x
Githiori	Nakuru	Yes		x	x		x	x	x	x			
Gombe	Siaya	No										x	
Ikuywa	Kakamega	No										x	
Kangurue	Nairobi	Partial	x	x	x			x	x	x			x
Keringet	Nakuru	No										x	
Kiraruri	Kirinyaga	No										x	
Kiratina	Kirinyaga	Partial		x				x	x				x
Kithumbu	Kirinyaga	No										x	
Kivaa	Machakos	Partial		x				x			x		
Korisa	Garissa	No										x	
Kotile	Garissa	No										x	
Kwale	Kilifi	No										x	
Kwapi One	Nairobi	Yes	x	x	x		x	x	x	x	x		x
Makutano	Nakuru	Partial		x	x	x	x	x	x	x			x
Mathare 3B	Nairobi	Partial	x	x	x		x	x	x	x			x
Mathare 3C	Nairobi	Yes	x	x	x			x					

Matioli	Kakamega	Yes			x			x	x	x		
Medina	Garissa	No									x	
Mutituni	Machakos	Partial							x			
Mwele	Kilifi	Partial		x	x		x	x	x			x
Ndori	Siaya	No									x	
Nyaguda	Siaya	Yes			x	x						x
Omia Diere	Siaya	Yes			x		x	x				
Sango	Kakamega	Yes		x	x			x	x	x		
Sankuri	Garissa	No									x	
Slota	Machakos	Yes		x			x	x	x			
Thinu	Machakos	Yes		x			x	x	x	x		x

**Table 4: Income-generating activities across all 31 sampled CUs**

CU Name	County	CU currently conducts IGAs (True or False)
Bura	Kilifi	False
Dabaso	Kilifi	True
Eshibinga	Kakamega	True
Gitaku	Kirinyaga	True
Githiori	Nakuru	False
Gombe	Siaya	False
Ikuywa	Kakamega	False
Kangurue	Nairobi	False
Keringet	Nakuru	False
Kiraruri	Kirinyaga	True
Kiratina	Kirinyaga	True
Kithumbu	Kirinyaga	False
Kivaa	Machakos	True
Korisa	Garissa	False
Kotile	Garissa	False
Kwale	Kilifi	True
Kwapi One	Nairobi	False
Makutano	Nakuru	True
Mathare 3B	Nairobi	False

Mathare 3C	Nairobi	True
Matioli	Kakamega	True
Medina	Garissa	False
Mutituni	Machakos	False
Mwele	Kilifi	True
Ndori	Siaya	False
Nyaguda	Siaya	True
Omia Diere	Siaya	True
Sango	Kakamega	False
Sankuri	Garissa	False
Slota	Machakos	True
Thinu	Machakos	True

**Table 5: Total average infrastructure scores across all 31 sampled CUs**

CU Name	County	CHEW Motorcycle	CHEW Bicycle	CHEW Badges	CHEW Monthly stipend	Electricity	Computer Access	Internet Access	Mobile Phone	Score (%)
Bura	Kilifi	1	1	1	0	0	0	0	0	27.27
Dabaso	Kilifi	1	1	1	0	1	0	0	0	36.36
Eshibinga	Kakamega	1	1	0	0	0	0	0	1	27.27
Gitaku	Kirinyaga	1	1	1	1	1	1	1	0	63.64
Githiori	Nakuru	1	1	1	1	1	0	0	0	45.45
Gombe	Siaya	1	1	1	0	0	0	0	1	36.36
Ikuywa	Kakamega	1	1	0	0	1	0	0	0	27.27
Kangurue	Nairobi	0	1	1	1	1	0	0	0	36.36
Keringet	Nakuru	1	1	0	0	1	0	0	0	27.27
Kiraruri	Kirinyaga	1	1	1	0	1	0	0	0	36.36
Kiratina	Kirinyaga	1	1	1	1	1	1	0	1	63.64
Kithumbu	Kirinyaga	0	1	0	0	1	0	0	0	18.18
Kivaa	Machakos	1	1	0	0	1	0	0	0	27.27
Korisa	Garissa	0	0	0	0	0	0	0	0	0.00
Kotile	Garissa	0	0	1	0	0	0	0	0	9.09
Kwale	Kilifi	1	1	0	0	0	0	0	0	18.18
Kwapi One	Nairobi	0	1	1	1	1	0	0	0	36.36



Makutano	Nakuru	0	1	0	1	1	0	0	0	27.27
Mathare 3B	Nairobi	0	1	1	1	1	0	0	0	36.36
Mathare 3C	Nairobi	1	1	1	1	1	0	0	0	45.45
Matioli	Kakamega	0	1	1	1	1	0	0	1	45.45
Medina	Garissa	0	0	1	0	0	0	0	0	9.09
Mutituni	Machakos	1	1	0	0	1	0	0	0	27.27
Mwele	Kilifi	0	1	1	1	1	2	0	0	54.55
Ndori	Siaya	1	0	1	0	0	0	0	1	27.27
Nyaguda	Siaya	0	1	1	1	0	0	0	1	36.36
Omia Diere	Siaya	1	1	0	1	0	0	0	1	36.36
Sango	Kakamega	1	1	1	1	0	0	0	0	36.36
Sankuri	Garissa	1	1	0	0	0	0	0	0	18.18
Slota	Machakos	0	1	0	0	1	0	0	0	18.18
Thinu	Machakos	1	0	1	0	1	0	0	0	27.27
<b>Total Average Infrastructure Scores Across All CUs</b>										<b>31.67</b>

**Table 6: Total governance scores across all 31 sampled CUs**

CU Name	County	CHC Composition	CHC Meetings Conducted Monthly	CHC Meeting Minutes exist	CHEW Supervision Visits conducted Monthly	Documentation on Supervision Visits exist	Score (%)
Bura	Kilifi	1	0	0	0	1	25.00
Dabaso	Kilifi	1	2	0	0	0	37.50
Eshibinga	Kakamega	1	2	2	1	1	87.50
Gitaku	Kirinyaga	2	2	2	1	0	87.50
Githiori	Nakuru	1	1	2	1	1	75.00
Gombe	Siaya	1	1	2	1	0	62.50
Ikuywa	Kakamega	1	1	2	0	0	50.00
Kangurue	Nairobi	2	1	2	1	1	87.50
Keringet	Nakuru	1	0	0	1	0	25.00
Kiraruri	Kirinyaga	1	0	0	1	1	37.50
Kiratina	Kirinyaga	1	2	2	1	1	87.50
Kithumbu	Kirinyaga	1	0	0	1	0	25.00
Kivaa	Machakos	0	2	2	0	0	50.00

Korisa	Garissa	1	2	2	1	1	87.50
Kotile	Garissa	2	2	2	1	1	100.00
Kwale	Kilifi	1	0	0	1	1	37.50
Kwapi One	Nairobi	1	2	2	1	1	87.50
Makutano	Nakuru	1	2	2	1	1	87.50
Mathare 3B	Nairobi	1	2	2	1	1	87.50
Mathare 3C	Nairobi	2	2	2	1	1	100.00
Matioli	Kakamega	1	0	0	1	0	25.00
Medina	Garissa	1	2	2	1	1	87.50
Mutituni	Machakos	1	2	0	1	0	50.00
Mwele	Kilifi	1	1	2	1	0	62.50
Ndori	Siaya	1	2	2	0	1	75.00
Nyaguda	Siaya	1	1	1	1	0	50.00
Omia Diere	Siaya	2	2	2	0	0	75.00
Sango	Kakamega	1	0	0	1	1	37.50
Sankuri	Garissa	1	1	1	1	0	50.00
Slota	Machakos	1	1	2	1	1	75.00
Thinu	Machakos	1	2	2	1	0	75.00
<b>Total Average Governance Scores Across All 31 Sampled CUs</b>							<b>64.11</b>

**Table 7: Total average CHIS training scores across all 31 sampled CUs**

CU Name	County	CHW Trained on Data collection/ aggregation	CHEW Trained on Data Collection/ aggregation	CHC Trained on Data collection/ aggregation	CHW trained on data collation and cleaning	CHEW trained on data collation and cleaning	CHC trained on data collation and cleaning	CHC Ever Trained on Data Use / M&E	CHW Ever Trained on Data Use/ M&E	CHEW Trained on Data Use/ M&E	Score
Bura	Kilifi	0	0	0	0	0	0	0	0	0	0.0
Dabaso	Kilifi	2	0	0	0	0	0	0	0	0	11.1
Eshibinga	Kakamega	2	2	2	2	2	2	1	0	0	72.2
Gitaku	Kirinyaga	2	2	2	2	2	2	2	2	2	100
Githiori	Nakuru	2	2	2	2	0	0	2	2	2	77.8
Gombe	Siaya	1	2	0	1	2	0	0	1	0	38.9
Ikuywa	Kakamega	2	2	2	2	2	2	0	0	0	66.7
Kangurue	Nairobi	2	2	2	1	2	1	0	0	0	55.6

Keringet	Nakuru	1	1	1	0	0	0	1	2	0	33.3
Kirururi	Kirinyaga	0	0	0	0	0	0	0	0	0	0.0
Kiratina	Kirinyaga	2	2	2	0	0	0	2	2	2	66.7
Kithumbu	Kirinyaga	2	2	0	1	1	0	0	0	1	38.9
Kivaa	Machakos	2	2	1	0	0	0	2	1	2	55.6
Korisa	Garissa	0	0	0	0	0	0	0	0	0	0.0
Kotile	Garissa	2	2	2	0	0	0	0	0	0	33.3
Kwale	Kilifi	0	0	0	0	0	0	0	0	0	0.0
Kwapi One	Nairobi	2	2	2	0	0	0	0	0	0	33.3
Makutano	Nakuru	2	2	2	1	1	1	0	0	0	50.0
Mathare 3B	Nairobi	2	2	2	0	2	0	1	0	2	61.1
Mathare 3C	Nairobi	1	2	1	1	2	1	1	1	2	66.7
Matioli	Kakamega	2	2	2	0	0	0	0	0	0	33.3
Medina	Garissa	2	2	2	0	0	0	0	0	0	33.3
Mutituni	Machakos	2	2	0	0	2	0	0	2	2	55.6
Mwele	Kilifi	2	0	2	0	0	0	0	0	0	22.2
Ndori	Siaya	2	2	1	1	2	0	0	0	2	55.6
Nyaguda	Siaya	2	2	0	2	2	0	0	0	0	44.4
Omia Diere	Siaya	2	2	0	2	2	0	0	0	0	44.4
Sango	Kakamega	2	2	2	0	0	0	0	2	2	55.6
Sankuri	Garissa	1	2	2	0	0	0	0	0	0	27.8
Slota	Machakos	2	2	2	0	0	0	2	2	2	66.7
Thinu	Machakos	2	2	0	2	2	0	1	1	1	61.1
<b>Total Average CHIS Training Scores Across All 31 Sampled CUs</b>											<b>43.9</b>

**Table 8: Total average CHIS data collection scores across all 31 sampled CUs**

CU Name	County	CHIS Data is Collected according to the guidelines of the National Community strategy	Data Collection Form MOH513 Available	Data Collection Form MOH514 Available	Data Collection Form MOH515 Available	Data Collection Form MOH 516 Available	Score (%)
Bura	Kilifi	0	2	2	2	2	80.0
Dabaso	Kilifi	1	1	2	2	0	60.0
Eshibinga	Kakamega	0	2	2	2	2	80.0

Gitaku	Kirinyaga	2	2	2	2	2	100.0
Githiori	Nakuru	1	2	2	2	0	70.0
Gombe	Siaya	2	2	2	2	2	100.0
Ikuywa	Kakamega	1	1	1	2	2	70.0
Kangurue	Nairobi	1	2	2	2	2	90.0
Keringet	Nakuru	1	1	1	1	1	50.0
Kiraruri	Kirinyaga	0	2	2	2	2	80.0
Kiratina	Kirinyaga	2	2	2	2	2	100.0
Kithumbu	Kirinyaga	0	2	2	2	2	80.0
Kivaa	Machakos	2	2	2	2	2	100.0
Korisa	Garissa	2	1	1	2	0	60.0
Kotile	Garissa	2	2	2	2	2	100.0
Kwale	Kilifi	0	0	0	2	0	20.0
Kwapi One	Nairobi	2	1	1	2	2	80.0
Makutano	Nakuru	2	2	2	2	2	100.0
Mathare 3B	Nairobi	2	1	1	2	0	60.0
Mathare 3C	Nairobi	2	2	2	2	2	100.0
Matioli	Kakamega	0	0	0	2	2	40.0
Medina	Garissa	2	2	2	2	2	100.0
Mutituni	Machakos	2	2	2	2	2	100.0
Mwele	Kilifi	1	0	0	2	2	50.0
Ndori	Siaya	2	2	2	2	2	100.0
Nyaguda	Siaya	2	2	2	2	2	100.0
Omia Diere	Siaya	2	2	2	2	2	100.0
Sango	Kakamega	2	2	2	2	2	100.0
Sankuri	Garissa	2	2	2	2	2	100.0
Slota	Machakos	2	2	2	2	2	100.0
Thinu	Machakos	2	2	2	2	2	100.0
<b>Total Average CHIS Data Collection Score Across All 31 Sampled CUs</b>							<b>82.9</b>

**Table 9: Total average data storage scores across all 31 sampled CUs**

CU Name	County	Link Facility has dedicated storage space for CHIS storage	Method of data storage & archiving	Storage space has security measures in place to limit access according to policy	Guidelines in place to guide access to data	There is written policy on how source documents should be archived/ managed	Archived/ Stored Data is accessible for routine use	Score
Bura	Kilifi	0	0	0	0	0	0	0.0

Dabaso	Kilifi	1	1	0	0	0	1	42.9
Eshibinga	Kakamega	1	1	0	0	0	0	28.6
Gitaku	Kirinyaga	1	1	1	0	0	1	57.1
Githiori	Nakuru	0	0	0	0	0	1	14.3
Gombe	Siaya	0	0	0	0	0	0	0.0
Ikuywa	Kakamega	0	1	0	0	0	0	14.3
Kangurue	Nairobi	0	1	1	0	0	1	42.9
Keringet	Nakuru	0	1	0	0	0	1	28.6
Kiraruri	Kirinyaga	1	1	0	0	0	1	42.9
Kiratina	Kirinyaga	0	2	0	0	0	1	42.9
Kithumbu	Kirinyaga	0	1	0	0	0	0	14.3
Kivaa	Machakos	0	0	0	0	0	1	14.3
Korisa	Garissa	0	1	0	0	0	1	28.6
Kotile	Garissa	1	1	0	0	0	1	42.9
Kwale	Kilifi	1	1	0	0	0	0	28.6
Kwapi One	Nairobi	1	1	1	1	0	1	71.4
Makutano	Nakuru	0	1	0	1	0	1	42.9
Mathare 3B	Nairobi	1	1	1	0	0	1	57.1
Mathare 3C	Nairobi	0	0	0	0	0	0	0.0
Matioli	Kakamega	0	1	0	0	0	0	14.3
Medina	Garissa	0	1	1	0	0	1	42.9
Mutituni	Machakos	1	1	0	0	0	1	42.9
Mwele	Kilifi	0	1	0	0	0	0	14.3
Ndori	Siaya	0	0	0	0	0	0	0.0
Nyaguda	Siaya	1	1	0	0	0	1	42.9
Omia Diere	Siaya	0	0	0	0	0	1	14.3
Sango	Kakamega	0	1	0	0	0	0	14.3
Sankuri	Garissa	1	1	1	0	0	1	57.1
Slota	Machakos	0	1	0	0	0	0	14.3
Thinu	Machakos	1	1	1	0	0	1	57.1
<b>Total Average Data Storage Scores Across All 31 Sampled CUs</b>								<b>30.0</b>

**Table 10: Total average data analysis and use scores across all 31 sampled CUs**

CU Name	County	4Supplemental analysis is conducted on the data for use in decision-making	Evidence of data use by CHC in decision making	Evidence of data use by CHEW in decision	Evidence of data use by CHW in decision making	Score (%)
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		processes?		making		
Bura	Kilifi	0	0	0	0	0.0
Dabaso	Kilifi	0	0	0	0	0.0
Eshibinga	Kakamega	0	0	0	0	0.0
Gitaku	Kirinyaga	1	1	1	1	100.0
Githiori	Nakuru	0	0	1	1	50.0
Gombe	Siaya	1	0	1	1	75.0
Ikuywa	Kakamega	0	0	0	1	25.0
Kangurue	Nairobi	1	0	0	0	25.0
Keringet	Nakuru	0	0	1	1	50.0
Kiraruri	Kirinyaga	1	1	1	1	100.0
Kiratina	Kirinyaga	1	1	1	1	100.0
Kithumbu	Kirinyaga	1	0	1	0	50.0
Kivaa	Machakos	1	1	1	1	100.0
Korisa	Garissa	0	0	0	0	0.0
Kotile	Garissa	1	0	1	1	75.0
Kwale	Kilifi	0	0	1	0	25.0
Kwapi One	Nairobi	0	0	0	0	0.0
Makutano	Nakuru	0	0	1	1	50.0
Mathare 3B	Nairobi	1	0	0	0	25.0
Mathare 3C	Nairobi	0	1	1	1	75.0
Matioli	Kakamega	1	0	1	1	75.0
Medina	Garissa	1	0	0	0	25.0
Mutituni	Machakos	1	0	1	1	75.0
Mwele	Kilifi	0	0	0	0	0.0
Ndori	Siaya	1	0	1	0	50.0
Nyaguda	Siaya	0	1	1	1	75.0
Omia Diere	Siaya	1	1	1	1	100.0
Sango	Kakamega	0	0	1	1	50.0
Sankuri	Garissa	1	0	1	1	75.0
Slota	Machakos	0	1	1	1	75.0
Thinu	Machakos	0	1	1	1	75.0
<b>Total Average Data Analysis and Use Scores Across All 31 Sampled CUs</b>						51.6

**Table 11: Total average data quality scores across all CUs**

CU Name	County	The CU has documented data processing steps performed at each level of the system for quality purposes?	The CU can demonstrate that data quality has been reviewed				There is a written procedure on how to address late or missing data	Feedback is systematically provided to all subreporting levels on the quality of their reporting	Score (%)
			MOH 513	MOH 514	MOH 515	MOH 516			
Bura	Kilifi	0	0	0	0	0	0	0.0	
Dabaso	Kilifi	0	0	0	0	0	0	0.0	
Eshibinga	Kakamega	2	2	2	2	0	1	91.7	
Gitaku	Kirinyaga	1	2	2	2	0	1	83.3	
Githiori	Nakuru	2	2	2	0	1	1	83.3	
Gombe	Siaya	1	1	1	2	0	1	58.3	
Ikuywa	Kakamega	0	0	0	0	0	0	0.0	
Kangurue	Nairobi	2	0	0	0	0	0	16.7	
Keringet	Nakuru	0	2	2	2	0	0	66.7	
Kiraruri	Kirinyaga	0	0	0	0	0	0	0.0	
Kiratina	Kirinyaga	0	2	2	2	0	1	75.0	
Kithumbu	Kirinyaga	0	0	0	0	0	1	8.3	
Kivaa	Machakos	0	0	0	0	0	1	8.3	
Korisa	Garissa	0	0	0	0	0	1	8.3	
Kotile	Garissa	0	2	2	2	0	1	75.0	
Kwale	Kilifi	0	0	0	0	0	0	0.0	
Kwapi One	Nairobi	2	0	0	0	0	1	25.0	
Makutano	Nakuru	2	2	2	2	0	1	91.7	
Mathare 3B	Nairobi	2	2	2	0	1	1	83.3	
Mathare 3C	Nairobi	0	2	2	2	1	1	83.3	
Matioli	Kakamega	0	1	1	1	2	0	41.7	
Medina	Garissa	1	1	1	2	2	0	66.7	
Mutituni	Machakos	0	1	1	1	1	0	41.7	
Mwele	Kilifi	0	0	0	0	0	0	0.0	
Ndori	Siaya	0	0	2	2	2	0	58.3	
Nyaguda	Siaya	0	2	2	2	2	0	75.0	
Omia Diere	Siaya	0	2	2	2	2	0	75.0	
Sango	Kakamega	0	0	0	0	0	1	16.7	
Sankuri	Garissa	1	2	2	2	2	0	83.3	
Slota	Machakos	0	0	0	0	0	1	8.3	

Thinu	Machakos	0	0	0	0	0	0	0	1	8.3
<b>Total Average Data Quality Scores Across All 31 Sampled CUs</b>										43.0

**Table 12: Total average activity reporting scores across all 31 sampled CUs**

CU Name	County	Monthly Dialog Days Conducted in the last quarter	Action Days conducted in the Last Quarter	MOH514 Reported Monthly	MOH515 Reported Monthly	MOH 516 Reported Monthly	MOH 515 Entered into DHIS	Data Shared at sub-County level forums	CU receives feedback on Monthly reports	Unit has on-site access to DHIS	CU Reports to Non GOK entities	Score (%)
Bura	Kilifi	2	0	0	0	0	0	0	1	0	0	20.0
Dabaso	Kilifi	2	1	1	1	0	0	0	0	0	1	40.0
Eshibinga	Kakamega	2	1	2	2	2	1	0	1	0	0	73.3
Gitaku	Kirinyaga	0	1	2	2	2	2	1	1	1	0	80.0
Githiori	Nakuru	2	1	2	2	0	0	0	1	0	0	53.3
Gombe	Siaya	1	1	2	2	2	2	1	0	0	0	73.3
Ikuywa	Kakamega	2	1	2	2	1	0	0	0	0	0	53.3
Kangurue	Nairobi	1	1	2	2	1	2	0	0	0	0	60.0
Keringet	Nakuru	2	1	1	2	1	2	1	0	0	0	66.7
Kiraruri	Kirinyaga	0	1	2	2	2	2	0	1	0	0	66.7
Kiratina	Kirinyaga	1	1	2	2	2	2	1	1	0	1	86.7
Kithumbu	Kirinyaga	1	0	1	2	1	2	1	0	0	0	53.3
Kivaa	Machakos	2	1	2	2	2	2	0	1	1	0	86.7
Korisa	Garissa	2	0	1	2	0	2	1	1	0	0	60.0
Kotile	Garissa	2	1	2	2	2	2	1	1	0	0	86.7
Kwale	Kilifi	1	0	0	2	0	0	0	0	0	0	20.0
Kwapi One	Nairobi	2	1	2	2	2	2	1	1	0	1	93.3
Makutano	Nakuru	2	1	2	2	2	2	1	1	0	0	86.7
Mathare 3B	Nairobi	2	1	2	2	0	2	1	1	0	1	80.0
Mathare 3C	Nairobi	2	1	2	2	1	2	1	1	0	1	86.7
Matioli	Kakamega	2	1	2	2	2	0	1	1	0	0	73.3
Medina	Garissa	2	1	2	2	2	2	1	1	0	0	86.7
Mutituni	Machakos	2	1	2	2	2	2	1	1	0	0	86.7
Mwele	Kilifi	2	0	0	2	2	0	0	1	0	1	53.3
Ndori	Siaya	2	1	2	2	2	2	1	1	0	0	86.7
Nyaguda	Siaya	2	1	2	2	2	2	1	1	0	0	86.7



Omia Diere	Siaya	2	1	2	2	2	2	1	1	0	0	86.7
Sango	Kakamega	2	1	2	2	2	0	0	1	0	0	66.7
Sankuri	Garissa	0	0	1	2	2	2	0	1	0	0	53.3
Slota	Machakos	2	1	2	2	2	2	0	1	0	1	86.7
Thinu	Machakos	2	1	2	2	2	2	1	1	0	1	93.3

**Table 13: CHIS functionality scores for all 31 sampled CUs**

CU Name	County	Actual	Possible	CHIS Functionality Score
Bura	Kilifi	16	87	18.4
Dabaso	Kilifi	24	87	27.6
Eshibinga	Kakamega	55	87	63.2
Gitaku	Kirinyaga	72	87	82.8
Githiori	Nakuru	53	87	60.9
Gombe	Siaya	47	87	54.0
Ikuywa	Kakamega	36	87	41.4
Kangurue	Nairobi	45	87	51.7
Keringet	Nakuru	38	87	43.7
Kiraruri	Kirinyaga	32	87	36.8
Kiratina	Kirinyaga	65	87	74.7
Kithumbu	Kirinyaga	31	87	35.6
Kivaa	Machakos	46	87	52.9
Korisa	Garissa	25	87	28.7
Kotile	Garissa	53	87	60.9
Kwale	Kilifi	13	87	14.9
Kwapi One	Nairobi	47	87	54.0
Makutano	Nakuru	58	87	66.7
Mathare 3B	Nairobi	55	87	63.2
Mathare 3C	Nairobi	61	87	70.1
Matioli	Kakamega	37	87	42.5
Medina	Garissa	49	87	56.3
Mutituni	Machakos	51	87	58.6
Mwele	Kilifi	29	87	33.3
Ndori	Siaya	51	87	58.6

Nyaguda	Siaya	54	87	62.1
Omia Diere	Siaya	55	87	63.2
Sango	Kakamega	42	87	48.3
Sankuri	Garissa	46	87	52.9
Slota	Machakos	48	87	55.2
Thinu	Machakos	52	87	59.8
<b>Average Total Score</b>				<b>51.4</b>

## APPENDIX 5. CHIS COMMUNITY UNIT PROFILES



### Bura Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>18.4%</b>
<b>Catchment Population:</b>	11305	<b>Date Updated:</b>	06/25/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	Unknown
<b>CHIS Capacity Stage:</b>	Beginning	<b>Number of active CHWs:</b>	40
<b>Information</b>			
<b>County:</b>	Kilifi	<b>MCUL Code:</b>	601820
<b>Sub County:</b>	Magarini	<b>MFL Code:</b>	11297
<b>Ward:</b>	Garashi	<b>Link Facility Name:</b>	Dagamra Dispensary
<b>Established:</b>	May/2011		
<b>CHW Preparedness</b>		<b>Partner Support</b>	
<b>CHW training conducted:</b>	May/2011	<b>Name(s) of partners:</b>	Unknown
<b>CHW trained in national basic module:</b>	Unknown	<b>Support received:</b>	None
<b>CHW trained in technical modules:</b>	Yes	<b>CU reports to non-GOK:</b>	Unknown
		<b>CU Services:</b>	Unknown
<b>CU Infrastructure</b>		<b>Overall Score:</b>	<b>27.3%</b>
<b>Access to DHIS:</b>	No	<b>Badges:</b>	Yes
<b>Motorcycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Bicycle:</b>	Yes	<b>Computer access:</b>	No
<b>Electricity:</b>	No	<b>Mobile phone:</b>	No
<b>Internet Access:</b>	No		
<b>Leadership and Governance</b>		<b>Overall Score:</b>	<b>25.0%</b>
<b>Number of CHC members:</b>	8	<b>Membership composition:</b>	Partial
<b>Monthly meeting conducted in last 3 months:</b>	No	<b>CHC Meeting Minutes Exist:</b>	No
<b>Monthly supervision from CHEW:</b>	No	<b>Documentation of Visit:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown		



<b>CHIS</b>	<b>Overall Score:</b>	<b>18.4%</b>
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**CHIS Training**

**Overall Score:** 0.0%

	<b>Collection</b>	<b>Data use</b>	<b>Collation and Cleaning</b>
<b>CHW</b>	No	No	No
<b>CHEW</b>	No	No	No
<b>CHC</b>	No	No	No

**CHIS Data Collection**

**Overall Score:** 80.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes

**Data Collected According to National Guideline:** No

**mHealth Tools**

**Overall Score:** 0.0

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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**Data Storage and Archiving**

**Overall Score:** 0.00

<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
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<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Not Applicable
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<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	None
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**Data Analysis for Decision Making**

**Overall Score:** 0.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	No	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	No
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Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	No
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**Data Quality**

Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	No
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	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

**Activity Reporting**

Overall Score: 20.0%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	No
MOH514 Reported Monthly:	No	MOH516 Reported Monthly:	No
MOH515 Reported Monthly:	No	MOH 515 Entered into DHIS:	No
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Dabaso Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>27.6%</b>
<b>Catchment Population:</b>	13047	<b>Date Updated:</b>	06/27/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	2444
<b>CHIS Capacity Scale:</b>	Developing	<b>Number of active CHWs:</b>	38

## Information

<b>County:</b>	Kilifi	<b>MCUL Code:</b>	601821
<b>Sub County:</b>	Malindi	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Kilifi North	<b>Link Facility Name:</b>	Gede Health Centre
<b>Established:</b>	Feb/2008		

## CHW Preparedness Partner Support

<b>CHW training conducted:</b>		Aphia Plus (Support stopped)	
	Feb/2008	<b>Name(s) of partners:</b>	KANCO (110 CHWs)
<b>CHW trained in national basic module:</b>	50	<b>Support received:</b>	CHIS Tools, CHW Volunteer Stipend, Other
<b>CHW trained in technical modules:</b>	Unknown	<b>CU reports to non-GOK:</b>	MUAC Reports, KANCO
		<b>CU Services:</b>	Farming (Cassava)

## CU Infrastructure Overall Score: 36.4%

<b>Access to DHIS:</b>	No	<b>Badges:</b>	Yes
<b>Motorcycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Bicycle:</b>	Yes	<b>Computer access:</b>	No
<b>Electricity:</b>	Yes	<b>Mobile phone:</b>	No
<b>Internet Access:</b>	No		

## Leadership and Governance Overall Score: 37.5%

<b>Number of CHC members:</b>	7	<b>Membership composition:</b>	Partial
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	No
<b>Monthly supervision from CHEW:</b>	No	<b>Documentation of Visit:</b>	No
<b>Reasons for no supervision:</b>	Unknown		

## CHIS Overall Score: 27.6%

### CHIS Training

<b>Overall Score:</b>	60.0%		
	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>



CHW	Yes	No	No
CHEW	Unknown	No	No
CHC	No	No	No

### CHIS Data Collection

Overall Score: 60.0%

	Data available		Data available
MOH 513	Partial	MOH 515	Yes
MOH 514	Yes	MOH 516	No

Collected According to National Guideline: Partial

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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### Data Storage and Archiving

Overall Score: 42.9%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

### Data Analysis for Decision Making

Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	No
Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	No

### Data Quality



Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

### Activity Reporting

Overall Score: 40.0%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Partial	MOH516 Reported Monthly:	No
MOH515 Reported Monthly:	Partial	MOH 515 Entered into DHIS:	No
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	No
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	Yes







# Eshibinga Community Unit Functionality Summary



**Total Functionality Score: 63.2%**

<b>Catchment Population:</b>	4644	<b>Date Updated:</b>	06/24/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1109
<b>CHIS Capacity Score:</b>	Expanding	<b>Number of active CHWs:</b>	15

### Information

<b>County:</b>	Kakamega	<b>MCUL Code:</b>	600735
<b>Sub County:</b>	Khwisero	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Unknown	<b>Link Facility Name:</b>	Unknown
<b>Established:</b>	Jan/2008		

### CHW Preparedness Partner Support

<b>CHW training conducted:</b>	Jan/2008	<b>Name(s) of partners:</b>	Unknown
<b>CHW trained in national basic module:</b>	50	<b>Support received:</b>	No
<b>CHW trained in technical modules:</b>	14	<b>CU reports to non-GOK:</b>	Unknown
		<b>CU Services:</b>	Poultry keeping, local vegetable

### Partner Support

<b>Name(s) of partners:</b>	Unknown
<b>Support received:</b>	No
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	Poultry keeping, local vegetable

### CU Infrastructure Overall Score: 27.3%

<b>Access to DHIS:</b>	No	<b>Badges:</b>	No
<b>Motorcycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Bicycle:</b>	Yes	<b>Computer access:</b>	No
<b>Electricity:</b>	No	<b>Mobile phone:</b>	Yes
<b>Internet Access:</b>	No		

### Leadership and Governance Overall Score: 87.5%

<b>Number of CHC members:</b>	11	<b>Membership composition:</b>	Partial
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Monthly supervision from CHEW:</b>	Yes	<b>Documentation of Visit:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown		

### CHIS Overall Score: 63.2%



**CHIS Training**

Overall Score: 72.2%

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
CHW	Yes	Yes	No
CHEW	Yes	Yes	No
CHC	Yes	Yes	Partial

**CHIS Data Collection**

Overall Score: 80.0%

	<b>Data available</b>		<b>Data available</b>
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Unknown		

**mHealth Tools**

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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**Data Storage and Archiving**

Overall Score: 28.6%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Not Applicable
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

**Data Analysis for Decision Making**

Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for	Yes	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Unknown
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quality purposes:

Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown
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### Data Quality

Overall Score: 91.7%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? Yes

	Data quality reviewed		Data quality reviewed
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

### Activity Reporting

Overall Score: 73.3%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Partial
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Gitaku Community Unit Functionality Summary



**Total Functionality Score: 82.8%**

**Catchment Population:** 7048  
**Current Status of Unit:** Fully Functional  
**CHIS Capacity Scale:** Sustaining

**Date Updated:** 06/18/13  
**Households:** 2049  
**Number of active CHWs:** 33

**Information**

**County:** Kirinyaga  
**Sub County:** Kirinyaga West  
**Ward:** Mukure

**MCUL Code:** 601430  
**MFL Code:** 10049  
**Link Facility Name:** Baricho Health Centre

**Established:** Aug/2011

**CHW Preparedness**

**Partner Support**

**CHW training conducted:** Oct/2011

**Name(s) of partners:** Aphia Plus  
**Support received:** Kamili  
 CHIS Tools, CHW Kit  
 Commodities, Monthly Dialogue Days, Other, Training  
**CU reports to non-GOK:** Unknown

**CHW trained in national basic module:** 50

**CHW trained in technical modules:** 30

**CU Services:** Tree Nursery; table banking.

**CU Infrastructure**

**Overall Score:** 63.3%

**Access to DHIS:** Yes  
**Motorcycle:** Yes  
**Bicycle:** Yes  
**Electricity:** Yes  
**Internet Access:** Yes

**Badges:** Yes  
**Monthly stipend:** Yes  
**Computer access:** Yes  
**Mobile phone:** No

**Leadership and Governance**

**Overall Score:** 87.5%

**Number of CHC members:** 13  
**Monthly meeting conducted in last 3 months:** Yes  
**Monthly supervision from CHEW:** Yes  
**Reasons for no supervision:** Unknown

**Membership composition:** All  
**CHC Meeting Minutes Exist:** Yes  
**Documentation of Visit:** No

**CHIS**

**Overall Score:** 82.8%

**CHIS Training**

**Overall Score:** 100.0%



	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	Yes	Yes
<b>CHEW</b>	Yes	Yes	Yes
<b>CHC</b>	Yes	Yes	Yes
<b><u>CHIS Data Collection</u></b>			
<b>Overall Score:</b>	100.0%		
	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>Collected According to National Guideline:</b>	Yes		
<b><u>mHealth Tools</u></b>			
<b>Overall Score:</b>	0.0%		
<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
<b><u>Data Storage and Archiving</u></b>			
<b>Overall Score:</b>	57.1%		
<b>Link Facility has dedicated storage space for CHIS storage:</b>	Yes	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Yes
<b>Storage space has security measures in place to limit access according to policy:</b>	Yes	<b>Method of data storage &amp; archiving:</b>	All Manual
<b><u>Data Analysis for Decision Making</u></b>			
<b>Overall Score:</b>	100.0%		
<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	Partial	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Yes	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes
<b><u>Data Quality</u></b>			
<b>Overall Score:</b>	83.3%		
<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes?</b>			<b>Partial</b>



	Data quality reviewed		Data quality reviewed
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

### Activity Reporting

Overall Score:	80.0%		
Monthly dialogue days conducted in last quarter:	No	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	Yes	CU Reports to Non GOK entities:	No





# Githiori Community Unit Functionality Summary



**Total Functionality Score: 60.9%**

**Catchment Population:** 4600

**Date Updated:** 09/07/13

**Current Status of Unit:** Fully Functional

**Households:** 930

**CHIS Capacity Scale:** Expanding

**Number of active CHWs:** 25

## Information

**County:** Nakuru  
**Sub County:** Nakuru North  
**Ward:** Ndundori

**MCUL Code:** 999905  
**MFL Code:** Unknown  
**Link Facility Name:** Ndundori Health Center

**Established:** Feb/2009

## CHW Preparedness

**CHW training conducted:** Dec/2008  
**CHW trained in national basic module:**

50

**CHW trained in technical modules:**

5

## Partner Support

**Name(s) of partners:** Aphia Plus  
**Support received:** CHIS Tools, CHW Volunteer Stipend, Monthly Action Days, Monthly Dialogue Days, Training, Transportation

**CU reports to non-GOK:** Unknown

**CU Services:** Planning to form IGA

## CU Infrastructure

**Access to DHIS:** No  
**Motorcycle:** Yes  
**Bicycle:** Yes  
**Electricity:** Yes  
**Internet Access:** No

**Overall Score:** 45.5%

**Badges:** Yes  
**Monthly stipend:** Yes  
**Computer access:** No  
**Mobile phone:** No

## Leadership and Governance

**Number of CHC members:** Unknown

**Membership composition:** Partial

**Monthly meeting conducted in last 3 months:** Partial

**CHC Meeting Minutes Exist:** Yes

**Monthly supervision from CHEW:** Yes

**Documentation of Visit:** Yes

**Reasons for no supervision:** Unknown



<b>CHIS</b>	<b>Overall Score:</b>	<b>60.9%</b>
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**CHIS Training**

**Overall Score:** 77.8%

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	Yes	Yes
<b>CHEW</b>	Yes	No	Yes
<b>CHC</b>	Yes	Unknown	Yes

**CHIS Data Collection**

**Overall Score:** 70.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	No
<b>Collected According to National Guideline:</b>	Partial		

**mHealth Tools**

**Overall Score:** 0.0%

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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**Data Storage and Archiving**

**Overall Score:** 14.3%

<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Yes
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	None

**Data Analysis for Decision Making**

**Overall Score:** 50.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	Yes	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	No
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Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	No
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### Data Quality

Overall Score: 83.3%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	Yes
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	Data quality reviewed		Data quality reviewed
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	Yes	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

### Activity Reporting

Overall Score: 53.3%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	No
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Unknown
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Gombe Community Unit Functionality Summary



**Total Functionality Score: 54.0%**

<b>Catchment Population:</b>	3980	<b>Date Updated:</b>	12/06/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	923
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	8

### Information

<b>County:</b>	Siaya	<b>MCUL Code:</b>	600036
<b>Sub County:</b>	Gem	<b>MFL Code:</b>	13966
<b>Ward:</b>	Gem	<b>Link Facility Name:</b>	Ogero dispensary
<b>Established:</b>	Dec/2011		

### CHW Preparedness

<b>CHW training conducted:</b>	Dec/2011
<b>CHW trained in national basic module:</b>	8
<b>CHW trained in technical modules:</b>	None

### Partner Support

<b>Name(s) of partners:</b>	N/A
<b>Support received:</b>	No
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	Unknown

### CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	Yes
<b>Bicycle:</b>	Yes
<b>Electricity:</b>	No
<b>Internet Access:</b>	No

**Overall Score: 36.4%**

<b>Badges:</b>	Yes
<b>Monthly stipend:</b>	No
<b>Computer access:</b>	No
<b>Mobile phone:</b>	Yes

### Leadership and Governance

**Overall Score: 62.5%**

<b>Number of CHC members:</b>	Unknown
<b>Monthly meeting conducted in last 3 months:</b>	Partial
<b>Monthly supervision from CHEW:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown

<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Documentation of Visit:</b>	No

### CHIS

**Overall Score: 54.0%**

### CHIS Training

**Overall Score: 38.9%**

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Partial	Partial	Partial
<b>CHEW</b>	Yes	Yes	No



CHC	No	No	No
<b><u>CHIS Data Collection</u></b>			
Overall Score:	100.0%		
	<b>Data available</b>		<b>Data available</b>
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		
<b><u>mHealth Tools</u></b>			
Overall Score:	0.0%		
Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
<b><u>Data Storage and Archiving</u></b>			
Overall Score:	0.0%		
Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	No
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	None
<b><u>Data Analysis for Decision Making</u></b>			
Overall Score:	75.0%		
The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	Partial	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	Yes
<b><u>Data Quality</u></b>			
Overall Score:	58.3%		
The CU has clearly documented data processing steps performed at each level of the system for quality purposes?			Partial



	<b>Data quality reviewed</b>		<b>Data quality reviewed</b>
<b>MOH 513</b>	Partial	<b>MOH 515</b>	Partial
<b>MOH 514</b>	Partial	<b>MOH 516</b>	Yes
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes
<b><u>Activity Reporting</u></b>			
<b>Overall Score:</b>	73.3%		
<b>Monthly dialogue days conducted in last quarter:</b>	Partial	<b>Action days conducted in last quarter:</b>	Yes
<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	Yes
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes
<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	No
<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	No





# Ikuywa Community Unit Functionality Summary



**Total Functionality Score: 41.4%**

<b>Catchment Population:</b>	3000	<b>Date Updated:</b>	05/07/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	Unknown
<b>CHIS Capacity Scale:</b>	Developing	<b>Number of active CHWs:</b>	10

### Information

<b>County:</b>	Kakamega	<b>MCUL Code:</b>	600684
<b>Sub County:</b>	Kakamega East	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Vihiga	<b>Link Facility Name:</b>	Ikuywa Dispensary
<b>Established:</b>	Jul/2011		

### CHW Preparedness

**CHW training conducted:** Jul/2011  
**CHW trained in national basic module:** 17  
**CHW trained in technical modules:** 17

### Partner Support

**Name(s) of partners:** Unknown  
**Support received:** None  
**CU reports to non-GOK:** Unknown  
**CU Services:** No, they are in the process of identifying one

### CU Infrastructure

**Access to DHIS:** No  
**Motorcycle:** Yes  
**Bicycle:** Yes  
**Electricity:** Yes  
**Internet Access:** No

**Overall Score:** 27.3%

**Badges:** No  
**Monthly stipend:** No  
**Computer access:** No  
**Mobile phone:** No

### Leadership and Governance

**Number of CHC members:** Unknown  
**Monthly meeting conducted in last 3 months:** Partial  
**Monthly supervision from CHEW:** No  
**Reasons for no supervision:** This is not done on a monthly basis as he is also attached to other 3 Cus

**Overall Score:** 50.0%

**Membership composition:** Partial  
**CHC Meeting Minutes Exist:** Yes  
**Documentation of Visit:** No

### CHIS

**Overall Score:** 41.4%

### CHIS Training



<b>Overall Score:</b>	66.7%		
	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	Yes	No
<b>CHEW</b>	Yes	Yes	No
<b>CHC</b>	Yes	Yes	No

### CHIS Data Collection

<b>Overall Score:</b>	70.0%		
	<b>Data available</b>	<b>Data available</b>	<b>Data available</b>
<b>MOH 513</b>	Partial	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Partial	<b>MOH 516</b>	Yes
<b>Collected According to National Guideline:</b>	Partial		

### mHealth Tools

<b>Overall Score:</b>	0.0%		
<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No

### Data Storage and Archiving

<b>Overall Score:</b>	14.3%		
<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	No
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	All Manual

### Data Analysis for Decision Making

<b>Overall Score:</b>	25.0%		
<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	Unknown	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Unknown
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Unknown	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Unknown

### Data Quality



Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

**Activity Reporting**

Overall Score: 53.3%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Partial
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	No
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	No
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Kangurue Community Unit Functionality Summary



**Total Functionality Score: 51.7%**

<b>Catchment Population:</b>	6676	<b>Date Updated:</b>	07/13/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	2750
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	35

### Information

<b>County:</b>	Nairobi	<b>MCUL Code:</b>	601623
<b>Sub County:</b>	Embakasi	<b>MFL Code:</b>	13015
<b>Ward:</b>	Unknown	<b>Link Facility Name:</b>	Kayole 1 Dispensary
<b>Established:</b>	Nov/2011		

### CHW Preparedness

**CHW training conducted:** Unknown/2011

**CHW trained in national basic module:** 50

**CHW trained in technical modules:** None

### Partner Support

**Name(s) of partners:** World Vision, Aphia Plus, Global Fund, Maryland, Tupange, Concern, Ederp, Multis

**Support received:** CHIS Tools, CHW Kit Commodities, CHW Volunteer Stipend, Monthly Action Days, Monthly Dialogue Days, Other, Training

**CU reports to non-GOK:** Unknown

**CU Services:** Unknown

### CU Infrastructure

**Overall Score:** 36.4%

<b>Access to DHIS:</b>	No	<b>Badges:</b>	Yes
<b>Motorcycle:</b>	No	<b>Monthly stipend:</b>	Yes
<b>Bicycle:</b>	Yes	<b>Computer access:</b>	No
<b>Electricity:</b>	Yes	<b>Mobile phone:</b>	No
<b>Internet Access:</b>	No		

### Leadership and Governance

**Overall Score:** 87.5%

<b>Number of CHC members:</b>	12	<b>Membership composition:</b>	All
<b>Monthly meeting conducted in last 3 months:</b>	Partial	<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Monthly supervision from CHEW:</b>	Yes	<b>Documentation of Visit:</b>	Yes





Reasons for no supervision: Unknown

**CHIS** Overall Score: 51.7%

### CHIS Training

Overall Score: 55.6%

	Collection	Collation and Cleaning	Data use
CHW	Yes	Partial	No
CHEW	Yes	Yes	No
CHC	Yes	Partial	No

### CHIS Data Collection

Overall Score: 90.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes

Collected According to National Guideline: Partial

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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### Data Storage and Archiving

Overall Score: 42.9%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
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Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
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Storage space has security measures in place to limit access according to policy:	Yes	Method of data storage & archiving:	All Manual
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### Data Analysis for Decision Making

Overall Score: 25.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	Yes	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	No
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Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	No
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### Data Quality

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	Yes
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Overall Score:	16.7%
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	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

### Activity Reporting

Overall Score:	60.0%
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Monthly dialogue days conducted in last quarter:	Partial	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Partial
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	No
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Keringet Community Unit Functionality Summary



**Total Functionality Score: 43.7%**

<b>Catchment Population:</b>	4110	<b>Date Updated:</b>	06/24/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	906
<b>CHIS Capacity Scale:</b>	Developing	<b>Number of active CHWs:</b>	18

### Information

<b>County:</b>	Nakuru	<b>MCUL Code:</b>	999906
<b>Sub County:</b>	Kuresoi	<b>MFL Code:</b>	14836
<b>Ward:</b>	Keringet	<b>Link Facility Name:</b>	Unknown
<b>Established:</b>	Mar/2009		

### CHW Preparedness

<b>CHW training conducted:</b>	May/2009
<b>CHW trained in national basic module:</b>	57
<b>CHW trained in technical modules:</b>	8

### Partner Support

<b>Name(s) of partners:</b>	Unknown
<b>Support received:</b>	No
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	Unknown

### CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	Yes
<b>Bicycle:</b>	Yes
<b>Electricity:</b>	Yes
<b>Internet Access:</b>	No

**Overall Score: 27.3%**

<b>Badges:</b>	No
<b>Monthly stipend:</b>	No
<b>Computer access:</b>	No
<b>Mobile phone:</b>	No

### Leadership and Governance

<b>Number of CHC members:</b>	10
<b>Monthly meeting conducted in last 3 months:</b>	No
<b>Monthly supervision from CHEW:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown

**Overall Score: 25.0%**

<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	No
<b>Documentation of Visit:</b>	No

### CHIS

**Overall Score: 43.7%**

### CHIS Training

**Overall Score: 33.3%**

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Partial	No	Yes
<b>CHEW</b>	Partial	No	No
<b>CHC</b>	Partial	No	Partial

### CHIS Data Collection



Overall Score: 50.0%

	Data available		Data available
MOH 513	Partial	MOH 515	Partial
MOH 514	Partial	MOH 516	Partial
Collected According to National Guideline:	Partial		

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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### Data Storage and Archiving

Overall Score: 28.6%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

### Data Analysis for Decision Making

Overall Score: 50.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Unknown
Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown

### Data Quality

Overall Score: 66.7%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	No
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	Data quality reviewed		Data quality reviewed
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes



There is a written procedure on how to address late or missing (unreported) data: 0

Feedback is systematically provided to all sub-reporting levels on the quality of their reporting : No

### Activity Reporting

Overall Score: 66.7%

Monthly dialogue days conducted in last quarter: Yes

Action days conducted in last quarter: Yes

MOH514 Reported Monthly: Partial

MOH516 Reported Monthly: Partial

MOH515 Reported Monthly: Yes

MOH 515 Entered into DHIS: Yes

Data shared at sub-county forums: Yes

CU receives feedback on monthly reports: No

Unit has on-site access to DHIS: No

CU Reports to Non GOK entities: No





# Kiraruri Community Unit Functionality Summary



**Total Functionality Score: 36.8%**

<b>Catchment Population:</b>	5245	<b>Date Updated:</b>	06/12/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	1310
<b>CHIS Capacity Scale:</b>	Developing	<b>Number of active CHWs:</b>	24

## Information

<b>County:</b>	Kirinyaga	<b>MCUL Code:</b>	601417
<b>Sub County:</b>	Kirinyaga East	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Karumandi	<b>Link Facility Name:</b>	Karumandi Dispensary
<b>Established:</b>	Mar/2010		

## CHW Preparedness

<b>CHW training conducted:</b>	Mar/2010
<b>CHW trained in national basic module:</b>	None
<b>CHW trained in technical modules:</b>	None

## Partner Support

<b>Name(s) of partners:</b>	N/A
<b>Support received:</b>	None
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	Tree nursery

## CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	Yes
<b>Bicycle:</b>	Yes
<b>Electricity:</b>	Yes
<b>Internet Access:</b>	No

**Overall Score: 36.4%**

<b>Badges:</b>	Yes
<b>Monthly stipend:</b>	No
<b>Computer access:</b>	No
<b>Mobile phone:</b>	No

## Leadership and Governance

<b>Number of CHC members:</b>	10
<b>Monthly meeting conducted in last 3 months:</b>	No
<b>Monthly supervision from CHEW:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown

**Overall Score: 37.5%**

<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	No
<b>Documentation of Visit:</b>	Yes

## CHIS

**Overall Score: 36.8%**

### CHIS Training

**Overall Score: 0.0%**

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	No	No	No
<b>CHEW</b>	No	No	No
<b>CHC</b>	No	No	No



**CHIS Data Collection**

Overall Score: 80.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	No		

**mHealth Tools**

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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**Data Storage and Archiving**

Overall Score: 42.9%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

**Data Analysis for Decision Making**

Overall Score: 100.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	No

**Data Quality**

Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	No
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	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

### Activity Reporting

Overall Score: 66.7%

Monthly dialogue days conducted in last quarter: No

MOH514 Reported Monthly: Yes

MOH515 Reported Monthly: Yes

Data shared at sub-county forums: Unknown

Unit has on-site access to DHIS: No

Action days conducted in last quarter: Yes

MOH516 Reported Monthly: Yes

MOH 515 Entered into DHIS: Yes

CU receives feedback on monthly reports: Yes

CU Reports to Non GOK entities: No







# Kiratina Community Unit Functionality Summary



**Total Functionality Score: 74.4%**

<b>Catchment Population:</b> 14250	<b>Date Updated:</b> 06/11/13
<b>Current Status of Unit:</b> Fully Functional	<b>Households:</b> 2500
<b>CHIS Capacity Scale:</b> Sustaining	<b>Number of active CHWs:</b> 40

## Information

<b>County:</b> Kirinyaga	<b>MCUL Code:</b> 601529
<b>Sub County:</b> Kirinyaga North	<b>MFL Code:</b> 11092
<b>Ward:</b> Thiba	<b>Link Facility Name:</b> Thiba Health Centre
<b>Established:</b> Unknown	

## CHW Preparedness

<b>CHW training conducted:</b>	Sep/2011
<b>CHW trained in national basic module:</b>	50
<b>CHW trained in technical modules:</b>	0

## Partner Support

<b>Name(s) of partners:</b>	Aphia Plus Kamili
<b>Support received:</b>	CHIS Tools, Monthly Dialogue Days, Other, Training
<b>CU reports to non-GOK:</b>	NGOs (Aphia Plus Kamili)
<b>CU Services:</b>	Pig rearing; banking

## CU Infrastructure

<b>Access to DHIS:</b> No	<b>Badges:</b> Yes
<b>Motorcycle:</b> Yes	<b>Monthly stipend:</b> Yes
<b>Bicycle:</b> Yes	<b>Computer access:</b> Yes
<b>Electricity:</b> Yes	<b>Mobile phone:</b> Yes
<b>Internet Access:</b> No	

**Overall Score: 63.6%**

## Leadership and Governance

<b>Number of CHC members:</b> 13	<b>Membership composition:</b> Partial
<b>Monthly meeting conducted in last 3 months:</b> Yes	<b>CHC Meeting Minutes Exist:</b> Yes
<b>Monthly supervision from CHEW:</b> Yes	<b>Documentation of Visit:</b> Yes
<b>Reasons for no supervision:</b> Unknown	

**Overall Score: 87.5%**

**CHIS Overall Score: 74.7%**

## CHIS Training

**Overall Score: 66.7%**



	Collection	Collation and Cleaning	Data use
CHW	Yes	No	Yes
CHEW	Yes	No	Yes
CHC	Yes	No	Yes

### CHIS Data Collection

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes

Collected According to National Guideline: Yes

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	Unknown	Using mHealth tools for collection:	Unknown

### Data Storage and Archiving

Overall Score: 42.9%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No

Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes

Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	Mixed

### Data Analysis for Decision Making

Overall Score: 100.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes



<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Yes	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes
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### Data Quality

**Overall Score:** 75.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes?</b>	No
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	<b>Data quality reviewed</b>		<b>Data quality reviewed</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

### Activity Reporting

**Overall Score:** 86.7%

<b>Monthly dialogue days conducted in last quarter:</b>	Partial	<b>Action days conducted in last quarter:</b>	Yes
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<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	Yes
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes

<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	Yes
<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	Yes





# Kithumbu Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>35.6%</b>
<b>Catchment Population:</b>	8950	<b>Date Updated:</b>	06/17/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	1580
<b>CHIS Capacity Scale:</b>	Developing	<b>Number of active CHWs:</b>	20

## Information

<b>County:</b>	Kirinyaga	<b>MCUL Code:</b>	601434
<b>Sub County:</b>	Kirinyaga West	<b>MFL Code:</b>	10468
<b>Ward:</b>	Mwerua	<b>Link Facility Name:</b>	Kangaru Dispensary
<b>Established:</b>	May/2010		

## CHW Preparedness

<b>CHW training conducted:</b>	May/2010	<b>Partner Support</b>	
<b>CHW trained in national basic module:</b>	50	<b>Name(s) of partners:</b>	Unknown
<b>CHW trained in technical modules:</b>	50	<b>Support received:</b>	No
		<b>CU reports to non-GOK:</b>	Unknown
		<b>CU Services:</b>	Unknown

## CU Infrastructure

<b>Access to DHIS:</b>	No	<b>Overall Score:</b>	18.2%
<b>Motorcycle:</b>	No	<b>Badges:</b>	No
<b>Bicycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Electricity:</b>	Yes	<b>Computer access:</b>	No
<b>Internet Access:</b>	No	<b>Mobile phone:</b>	No

## Leadership and Governance

<b>Number of CHC members:</b>	13	<b>Overall Score:</b>	25.0%
<b>Monthly meeting conducted in last 3 months:</b>	No	<b>Membership composition:</b>	Partial
<b>Monthly supervision from CHEW:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	No
<b>Reasons for no supervision:</b>	Unknown	<b>Documentation of Visit:</b>	No

## CHIS

<b>Overall Score:</b>	38.9%	<b>Overall Score:</b>	35.6%
<b>CHIS Training</b>			
	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	Partial	No
<b>CHEW</b>	Yes	Partial	Partial



CHC	No	No	No
<b><u>CHIS Data Collection</u></b>			
Overall Score:	80.0%		
	<b>Data available</b>		<b>Data available</b>
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	No		
<b><u>mHealth Tools</u></b>			
Overall Score:	0.0%		
Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
<b><u>Data Storage and Archiving</u></b>			
Overall Score:	14.3%		
Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	No
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual
<b><u>Data Analysis for Decision Making</u></b>			
Overall Score:	50.0%		
The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown
<b><u>Data Quality</u></b>			
Overall Score:	8.3%		



The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

Activity Reporting

Overall Score:	53.3%		
Monthly dialogue days conducted in last quarter:	Partial	Action days conducted in last quarter:	No
MOH514 Reported Monthly:	Partial	MOH516 Reported Monthly:	Partial
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	No
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Kivaa Community Unit Functionality Summary



**Total Functionality Score: 52.9%**

<b>Catchment Population:</b>	Unknown	<b>Date Updated:</b>	07/02/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1000
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	42

### Information

<b>County:</b>	Machakos	<b>MCUL Code:</b>	602052
<b>Sub County:</b>	Masinga	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Kivaa	<b>Link Facility Name:</b>	Kivaa Health Centre
<b>Established:</b>	Feb/2011		

### CHW Preparedness

<b>CHW training conducted:</b>	Feb/2011
<b>CHW trained in national basic module:</b>	50
<b>CHW trained in technical modules:</b>	12

### Partner Support

<b>Name(s) of partners:</b>	IPDK, MEASURE, Plan International, Gavi
<b>Support received:</b>	CHIS Tools, Monthly Action Days, Training
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	Table banking , Every CHW has a goat

### CU Infrastructure

<b>Access to DHIS:</b>	Yes	<b>Badges:</b>	No
<b>Motorcycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Bicycle:</b>	Yes	<b>Computer access:</b>	No
<b>Electricity:</b>	Yes	<b>Mobile phone:</b>	No
<b>Internet Access:</b>	No		

**Overall Score: 27.3%**

### Leadership and Governance

<b>Number of CHC members:</b>	11	<b>Membership composition:</b>	Unknown
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Monthly supervision from CHEW:</b>	False	<b>Documentation of Visit:</b>	False
<b>Reasons for no supervision:</b>	CHEW is asmatic, can't ride a motorbike		

**Overall Score: 50.0%**

### CHIS

**Overall Score: 52.9%**

### CHIS Training

**Overall Score: 55.6%**



	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
CHW	Yes	No	Partial
CHEW	Yes	No	Yes
CHC	Partial	No	Yes

### CHIS Data Collection

Overall Score: 100.0%

	<b>Data available</b>		<b>Data available</b>
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes

Collected According to National Guideline: Yes

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection: No      Using mHealth tools for collection: No

### Data Storage and Archiving

Overall Score: 14.3%

Link Facility has dedicated storage space for CHIS storage: No      There is written policy in place on how source documents are to be archived and managed): No

Policy in place to guide access to data: No      Archived/Stored Data is accessible for routine use: Yes

Storage space has security measures in place to limit access according to policy: No      Method of data storage & archiving: None

### Data Analysis for Decision Making

Overall Score: 100.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes: No      CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?): Unknown

Supplemental analysis is conducted on the data for use in decision-making processes: Yes      Does the sub-CHMT use CHIS data to inform routine decision making: Unknown

### Data Quality





**Overall Score:** 8.3%

**The CU has clearly documented data processing steps performed at each level of the system for quality purposes?** **No**

	<b>Data quality reviewed</b>		<b>Data quality reviewed</b>
<b>MOH 513</b>	No	<b>MOH 515</b>	No
<b>MOH 514</b>	No	<b>MOH 516</b>	No
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

### Activity Reporting

**Overall Score:** 86.7%

<b>Monthly dialogue days conducted in last quarter:</b>	Yes	<b>Action days conducted in last quarter:</b>	Yes
<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	Yes
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes
<b>Data shared at sub-county forums:</b>	Unknown	<b>CU receives feedback on monthly reports:</b>	Yes
<b>Unit has on-site access to DHIS:</b>	Yes	<b>CU Reports to Non GOK entities:</b>	No





# Korisa Community Unit Functionality Summary



**Total Functionality Score: 28.7%**

<b>Catchment Population:</b> 692	<b>Date Updated:</b> 06/26/13
<b>Current Status of Unit:</b> Semi Functional	<b>Households:</b> Unknown
<b>CHIS Capacity Scale:</b> Developing	<b>Number of active CHWs:</b> 36

### Information

<b>County:</b> Garissa	<b>MCUL Code:</b> 999901
<b>Sub County:</b> Ijara	<b>MFL Code:</b> 13383
<b>Ward:</b> Masalani	<b>Link Facility Name:</b> Koris Dispensary
<b>Established:</b> Feb/2013	

### CHW Preparedness

**CHW training conducted:** Feb/2013  
**CHW trained in national basic module:** 40  
**CHW trained in technical modules:** None

### Partner Support

**Name(s) of partners:** N/A  
**Support received:** None  
**CU reports to non-GOK:** Unknown  
**CU Services:** Unknown

### CU Infrastructure

**Access to DHIS:** No  
**Motorcycle:** No  
**Bicycle:** No  
**Electricity:** No  
**Internet Access:** No

**Overall Score:** 0.0%

**Badges:** No  
**Monthly stipend:** No  
**Computer access:** No  
**Mobile phone:** No

### Leadership and Governance

**Number of CHC members:** Unknown  
**Monthly meeting conducted in last 3 months:** Yes  
**Monthly supervision from CHEW:** Yes  
**Reasons for no supervision:** N/A

**Overall Score:** 87.5%

**Membership composition:** Partial  
**CHC Meeting Minutes Exist:** Yes  
**Documentation of Visit:** Yes

### CHIS

**Overall Score:** 28.7%

### CHIS Training

**Overall Score:** 0.0%

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	No	No	No



<b>CHEW</b>	Unknown	No	No
<b>CHC</b>	No	No	No

### CHIS Data Collection

**Overall Score:** 60.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Partial	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Partial	<b>MOH 516</b>	No
<b>Collected According to National Guideline:</b>	Yes		

### mHealth Tools

**Overall Score:** 0.0%

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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### Data Storage and Archiving

**Overall Score:** 28.6%

<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Yes
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	All Manual

### Data Analysis for Decision Making

**Overall Score:** 0.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	No	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	No	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Unknown

### Data Quality



**Overall Score:** 8.3%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? **No**

	<b>Data quality reviewed</b>		<b>Data quality reviewed</b>
<b>MOH 513</b>	No	<b>MOH 515</b>	No
<b>MOH 514</b>	No	<b>MOH 516</b>	No
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

### Activity Reporting

**Overall Score:** 60.0%

<b>Monthly dialogue days conducted in last quarter:</b>	Yes	<b>Action days conducted in last quarter:</b>	No
<b>MOH514 Reported Monthly:</b>	Partial	<b>MOH516 Reported Monthly:</b>	No
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes
<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	Yes
<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	No





# Kotile Community Unit Functionality Summary



**Total Functionality Score: 60.9%**

<b>Catchment Population:</b>	3074	<b>Date Updated:</b>	06/25/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	560
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	30

## Information

<b>County:</b>	Garissa	<b>MCUL Code:</b>	601714
<b>Sub County:</b>	Ijara	<b>MFL Code:</b>	13385
<b>Ward:</b>	Masalani	<b>Link Facility Name:</b>	Kotile Health Centre
<b>Established:</b>	Nov/2010		

## CHW Preparedness

**CHW training conducted:** Nov/2010  
**CHW trained in national basic module:** 46  
**CHW trained in technical modules:** None

## Partner Support

**Name(s) of partners:** N/A  
**Support received:** None  
**CU reports to non-GOK:** Unknown  
**CU Services:** No

## CU Infrastructure

**Overall Score:** 9.1%

<b>Access to DHIS:</b>	No	<b>Badges:</b>	Yes
<b>Motorcycle:</b>	No	<b>Monthly stipend:</b>	No
<b>Bicycle:</b>	No	<b>Computer access:</b>	No
<b>Electricity:</b>	No	<b>Mobile phone:</b>	No
<b>Internet Access:</b>	No		

## Leadership and Governance

**Overall Score:** 100.0%

<b>Number of CHC members:</b>	12	<b>Membership composition:</b>	All
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Monthly supervision from CHEW:</b>	Yes	<b>Documentation of Visit:</b>	Yes
<b>Reasons for no supervision:</b>	N/A		

## CHIS

**Overall Score:** 60.9%

### CHIS Training

**Overall Score:** 33.3%

	<b>Collection</b>	<b>Data use</b>	<b>Collation and Cleaning</b>
<b>CHW</b>	Yes	No	No



CHEW	Yes	No	No
CHC	Yes	No	No

### CHIS Data Collection

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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### Data Storage and Archiving

Overall Score: 42.9%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

### Data Analysis for Decision Making

Overall Score: 75.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown

### Data Quality

Overall Score: 75.0%



The CU has clearly documented data processing steps performed at each level of the system for quality purposes? **No**

	<b>Data quality reviewed</b>		<b>Data quality reviewed</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

**Activity Reporting**

<b>Overall Score:</b>	86.7%		
<b>Monthly dialogue days conducted in last quarter:</b>	Yes	<b>Action days conducted in last quarter:</b>	Yes
<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	Yes
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes
<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	Yes
<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	No







CHW	No	No	No
CHEW	No	No	No
CHC	No	No	No

### CHIS Data Collection

Overall Score:	20.0%		
	<b>Data available</b>		<b>Data available</b>
MOH 513	No	MOH 515	Yes
MOH 514	No	MOH 516	No
Collected According to National Guideline:	No		

### mHealth Tools

Overall Score:	0.0%		
Has mHealth tools for collection:	No	Using mHealth tools for collection:	No

### Data Storage and Archiving

Overall Score:	28.6%		
Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Unknown
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

### Data Analysis for Decision Making

Overall Score:	25.0%		
The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Unknown
Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown

### Data Quality



Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? **No**

	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

### Activity Reporting

Overall Score: 20.0%

Monthly dialogue days conducted in last quarter:	Partial	Action days conducted in last quarter:	No
MOH514 Reported Monthly:	No	MOH516 Reported Monthly:	No
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	No
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	No
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Kwapi Community Unit Functionality Summary



**Total Functionality Score: 54.0%**

<b>Catchment Population:</b>	7242	<b>Date Updated:</b>	12/06/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	3025
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	38

## Information

<b>County:</b>	Nairobi	<b>MCUL Code:</b>	999909
<b>Sub County:</b>	Embakasi	<b>MFL Code:</b>	18463
<b>Ward:</b>	Kwa Njenga	<b>Link Facility Name:</b>	Mukuru Health Centre
<b>Established:</b>	Jun/2011		

## CHW Preparedness

<b>CHW training conducted:</b>	Aug/2011
<b>CHW trained in national basic module:</b>	50
<b>CHW trained in technical modules:</b>	None

## Partner Support

<b>Name(s) of partners:</b>	Aphia Plus, Tupange, Global Fund, Red Cross, Edarps, Multisa
<b>Support received:</b>	CHIS Tools, CHW Kit Commodities, CHW Volunteer Stipend, Monthly Action Days, Monthly Dialogue Days, Other, Training, Transportation
<b>CU reports to non-GOK:</b>	Tupange monthly report
<b>CU Services:</b>	Unknown

## CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	No
<b>Bicycle:</b>	Yes
<b>Electricity:</b>	Yes
<b>Internet Access:</b>	No

**Overall Score: 36.4%**

<b>Badges:</b>	Yes
<b>Monthly stipend:</b>	Yes
<b>Computer access:</b>	No
<b>Mobile phone:</b>	No

## Leadership and Governance

<b>Number of CHC members:</b>	15
<b>Monthly meeting conducted in last 3 months:</b>	Yes
<b>Monthly supervision from CHEW:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown

**Overall Score: 87.5%**

<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Documentation of Visit:</b>	Yes

## CHIS

**Overall Score: 54.0%**



**CHIS Training**

Overall Score: 33.3%

	Collection	Collation and Cleaning	Data use
CHW	Yes	No	No
CHEW	Yes	No	No
CHC	Yes	No	No

**CHIS Data Collection**

Overall Score: 80.0%

	Data available		Data available
MOH 513	Partial	MOH 515	Yes
MOH 514	Partial	MOH 516	Yes
Collected According to National Guideline:	Yes		

**mHealth Tools**

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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**Data Storage and Archiving**

Overall Score: 71.4%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	Yes
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	Yes	Method of data storage & archiving:	All Manual

**Data Analysis for Decision Making**

Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	Yes	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
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<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	No	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes
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### Data Quality

**Overall Score:** 25.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes?</b>	Yes
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	<b>Data quality reviewed</b>		<b>Data quality reviewed</b>
<b>MOH 513</b>	0	<b>MOH 515</b>	0
<b>MOH 514</b>	0	<b>MOH 516</b>	Unknown
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

### Activity Reporting

**Overall Score:** 93.3%

<b>Monthly dialogue days conducted in last quarter:</b>	Yes	<b>Action days conducted in last quarter:</b>	Yes
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<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	Yes
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes

<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	Yes
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<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	Yes
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# Makutano Community Unit Functionality Summary



**Total Functionality Score: 66.7%**

<b>Catchment Population:</b>	5088	<b>Date Updated:</b>	06/18/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1110
<b>CHIS Capacity Scale:</b>	Sustaining	<b>Number of active CHWs:</b>	25

## Information

<b>County:</b>	Nakuru	<b>MCUL Code:</b>	999908
<b>Sub County:</b>	Rongai	<b>MFL Code:</b>	14922
<b>Ward:</b>	Soi	<b>Link Facility Name:</b>	Kipsyenan
<b>Established:</b>	Nov/2011		

## CHW Preparedness

**CHW training conducted:** Nov/2011

**CHW trained in national basic module:** 50

**CHW trained in technical modules:** 8

## Partner Support

**Name(s) of partners:** Aphia Plus (Nuru ya Bonde)

**Support received:** CHIS Tools, CHW Volunteer Stipend, Communication, Monthly Dialogue Days, Other, Training, Transportation

**CU reports to non-GOK:** Aphia Plus access their reports through the ministry

**CU Services:** Maize and beans farming at the facility farm

Chairs for hire

## CU Infrastructure

**Overall Score:** 27.3%

<b>Access to DHIS:</b>	No	<b>Badges:</b>	No
<b>Motorcycle:</b>	No	<b>Monthly stipend:</b>	Yes
<b>Bicycle:</b>	Yes	<b>Computer access:</b>	No
<b>Electricity:</b>	Yes	<b>Mobile phone:</b>	No
<b>Internet Access:</b>	No		

## Leadership and Governance

**Overall Score:** 87.5%

**Number of CHC members:** 13

**Membership composition:** Partial



Monthly meeting conducted in last 3 months:	Yes	CHC Meeting Minutes Exist:	Yes
Monthly supervision from CHEW:	Yes	Documentation of Visit:	Yes
Reasons for no supervision:	Unknown		

<b>CHIS</b>	<b>Overall Score:</b>	<b>66.7%</b>
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#### CHIS Training

Overall Score: 50.0%

	Collection	Collation and Cleaning	Data use
CHW	Yes	Partial	Unknown
CHEW	Yes	Partial	No
CHC	Yes	Partial	No

#### CHIS Data Collection

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

#### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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#### Data Storage and Archiving

Overall Score: 42.9%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	Yes
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

#### Data Analysis for Decision Making



<b>Overall Score:</b>	50.0%		
<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	Yes	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	No
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	No	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	No

### Data Quality

<b>Overall Score:</b>	91.7%		
<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes?</b>			Yes
	<b>Data quality reviewed</b>		<b>Data quality reviewed</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

### **Activity Reporting**

<b>Overall Score:</b>	86.7%		
<b>Monthly dialogue days conducted in last quarter:</b>	Yes	<b>Action days conducted in last quarter:</b>	Yes
<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	Yes
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes
<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	Yes
<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	No







# Mathare 3B Community Unit Functionality Summary



**Total Functionality Score: 63.2%**

<b>Catchment Population:</b>	5762	<b>Date Updated:</b>	02/07/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	2610
<b>CHIS Capacity Score:</b>	Expanding	<b>Number of active CHWs:</b>	46

### Information

<b>County:</b>	Nairobi	<b>MCUL Code:</b>	999910
<b>Sub County:</b>	Starehe	<b>MFL Code:</b>	13138
<b>Ward:</b>	Pangani	<b>Link Facility Name:</b>	Pangani Clinic
<b>Established:</b>	Jul/2009		

### CHW Preparedness

<b>CHW training conducted:</b>	Aug/2008	<b>Partner Support</b>	
		<b>Name(s) of partners:</b>	Aphia Plus
<b>CHW trained in national basic module:</b>	50	<b>Support received:</b>	Tupange CHIS Tools, CHW Kit Commodities, CHW Volunteer Stipend, Monthly Dialogue Days, Other, Training, Transportation
<b>CHW trained in technical modules:</b>	None	<b>CU reports to non-GOK:</b>	They report to other NGOs when they have an activity with them
		<b>CU Services:</b>	No

### CU Infrastructure

<b>Access to DHIS:</b>	No	<b>Overall Score:</b>	36.4%
<b>Motorcycle:</b>	No	<b>Badges:</b>	Yes
<b>Bicycle:</b>	Yes	<b>Monthly stipend:</b>	Yes
<b>Electricity:</b>	Yes	<b>Computer access:</b>	No
<b>Internet Access:</b>	No	<b>Mobile phone:</b>	No

### Leadership and Governance

<b>Number of CHC members:</b>	15	<b>Overall Score:</b>	87.5%
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>Membership composition:</b>	Partial
<b>Monthly supervision from CHEW:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown	<b>Documentation of Visit:</b>	Yes



<b>CHIS</b>	<b>Overall Score:</b>	<b>63.2%</b>
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### CHIS Training

Overall Score: 61.1%

	Collection	Collation and Cleaning	Data use
CHW	Yes	No	No
CHEW	Yes	Yes	Yes
CHC	Yes	No	Partial

### CHIS Data Collection

Overall Score: 60.0%

	Data available		Data available
MOH 513	Partial	MOH 515	Yes
MOH 514	Partial	MOH 516	No
Collected According to National Guideline:	Yes		

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No

### Data Storage and Archiving

Overall Score: 57.1%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	Yes	Method of data storage & archiving:	All Manual

### Data Analysis for Decision Making

Overall Score: 25.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	Yes	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
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<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Yes	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Unknown
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### Data Quality

**Overall Score:** 83.3%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes?</b>	Yes
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	<b>Data quality reviewed</b>	<b>Data quality reviewed</b>	
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	No
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	Yes	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

### Activity Reporting

**Overall Score:** 80.0%

<b>Monthly dialogue days conducted in last quarter:</b>	Yes	<b>Action days conducted in last quarter:</b>	Yes
<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	No
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes
<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	Yes
<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	Yes





# Mathare 3C Community Unit Functionality Summary



**Total Functionality Score: 70.1%**

<b>Catchment Population:</b>	18750	<b>Date Updated:</b>	01/07/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	3750
<b>CHIS Capacity Scale:</b>	Sustaining	<b>Number of active CHWs:</b>	30

### Information

<b>County:</b>	Nairobi	<b>MCUL Code:</b>	601699
<b>Sub County:</b>	Starehe	<b>MFL Code:</b>	12974
<b>Ward:</b>	Mabatini	<b>Link Facility Name:</b>	Huruma Lions
<b>Established:</b>	Oct/2010		

### CHW Preparedness

**CHW training conducted:** Nov/2010

**CHW trained in national basic module:** 45

**CHW trained in technical modules:** 24

### Partner Support

**Name(s) of partners:** Aphia Plus, Tupange, MSF France, Concern Worldwide, NEPHAK

**Support received:** CHIS Tools, CHW Kit Commodities, CHW Volunteer Stipend, Training

**CU reports to non-GOK:** Unknown

**CU Services:** Rabbit Rearing

### CU Infrastructure

**Overall Score:** 45.5%

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	Yes
<b>Bicycle:</b>	Yes
<b>Electricity:</b>	Yes
<b>Internet Access:</b>	No

<b>Badges:</b>	Yes
<b>Monthly stipend:</b>	Yes
<b>Computer access:</b>	No
<b>Mobile phone:</b>	No

### Leadership and Governance

**Overall Score:** 100.0%

**Number of CHC members:** 13

**Membership composition:** All

**Monthly meeting conducted in last 3 months:** Yes

**CHC Meeting Minutes Exist:** Yes

**Monthly supervision from CHEW:** Yes

**Documentation of Visit:** Yes

**Reasons for no supervision:** Unknown



<b>CHIS</b>	<b>Overall Score:</b>	<b>70.0%</b>
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### CHIS Training

Overall Score: 66.7%

	Collection	Collation and Cleaning	Data use
CHW	Partial	Partial	Partial
CHEW	Yes	Yes	Yes
CHC	Partial	Partial	Partial

### CHIS Data Collection

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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### Data Storage and Archiving

Overall Score: 0.0%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	No
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	None

### Data Analysis for Decision Making

Overall Score: 75.0%



The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
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Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	Yes
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### Data Quality

Overall Score: 86.7%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	No
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	Data quality reviewed	Data quality reviewed	
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	Yes	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

### Activity Reporting

Overall Score: 83.3%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
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MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Partial
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MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
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Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
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Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	Yes
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# Matioli Community Unit Functionality Summary



**Total Functionality Score: 42.5%**

<b>Catchment Population:</b>	6338	<b>Date Updated:</b>	07/05/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	Unknown
<b>CHIS Capacity Scale:</b>	Developing	<b>Number of active CHWs:</b>	12

## Information

<b>County:</b>	Kakamega	<b>MCUL Code:</b>	600678
<b>Sub County:</b>	Kakamega Central	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Butsoso South	<b>Link Facility Name:</b>	Matioli
<b>Established:</b>	Feb/2009		

## CHW Preparedness

**CHW training conducted:** Feb/2009  
**CHW trained in national basic module:** 17

**CHW trained in technical modules:** None

## Partner Support

**Name(s) of partners:** CABDA, GAVI  
**Support received:** CHW Volunteer Stipend, Monthly Action Days, Monthly Dialogue Days, Transportation  
**CU reports to non-GOK:** Unknown

**CU Services:** Yes: Poultry farming, Merry go round to buy cows

## CU Infrastructure

**Access to DHIS:** No  
**Motorcycle:** No  
**Bicycle:** Yes  
**Electricity:** Yes  
**Internet Access:** No

**Overall Score:** 45.5%

**Badges:** Yes  
**Monthly stipend:** Yes  
**Computer access:** No  
**Mobile phone:** Yes

## Leadership and Governance

**Number of CHC members:** 9  
**Monthly meeting conducted in last 3 months:** No  
**Monthly supervision from CHEW:** Yes  
**Reasons for no supervision:** Unknown

**Overall Score:** 25.0%

**Membership composition:** Partial  
**CHC Meeting Minutes Exist:** No  
**Documentation of Visit:** No

## CHIS

**Overall Score:** 42.5%

## CHIS Training



<b>Overall Score:</b>	33.3%		
	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
CHW	Yes	No	No
CHEW	Yes	No	No
CHC	Yes	No	No

### CHIS Data Collection

<b>Overall Score:</b>	40.0%		
	<b>Data available</b>		<b>Data available</b>
MOH 513	No	MOH 515	Yes
MOH 514	No	MOH 516	Yes
<b>Collected According to National Guideline:</b>	No		

### mHealth Tools

<b>Overall Score:</b>	0.0%		
<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No

### Data Storage and Archiving

<b>Overall Score:</b>	14.3%		
<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	No
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	All Manual

### Data Analysis for Decision Making

<b>Overall Score:</b>	75.0%		
<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	No	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Yes	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Unknown

### Data Quality





Overall Score: 41.7%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed	Data quality reviewed	
MOH 513	Partial	MOH 515	Partial
MOH 514	Partial	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

### Activity Reporting

Overall Score: 73.3%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Unknown
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Medina Community Unit Functionality Summary



**Total Functionality Score: 56.3%**

<b>Catchment Population:</b>	3891	<b>Date Updated:</b>	06/13/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	620
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	27

## Information

<b>County:</b>	Garissa	<b>MCUL Code:</b>	999902
<b>Sub County:</b>	Garissa	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	warkaberi	<b>Link Facility Name:</b>	Medina Health Centre
<b>Established:</b>	Unknown		

## CHW Preparedness

<b>CHW training conducted:</b>	May/2010
<b>CHW trained in national basic module:</b>	40
<b>CHW trained in technical modules:</b>	None

## Partner Support

<b>Name(s) of partners:</b>	Unknown
<b>Support received:</b>	None
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	Unknown

## CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	No
<b>Bicycle:</b>	No
<b>Electricity:</b>	No
<b>Internet Access:</b>	No

**Overall Score: 9.1%**

<b>Badges:</b>	Yes
<b>Monthly stipend:</b>	No
<b>Computer access:</b>	No
<b>Mobile phone:</b>	No

## Leadership and Governance

<b>Number of CHC members:</b>	Unknown
<b>Monthly meeting conducted in last 3 months:</b>	Yes
<b>Monthly supervision from CHEW:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown

**Overall Score: 87.5%**

<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Documentation of Visit:</b>	Yes

## CHIS

**Overall Score: 56.3%**

### CHIS Training

**Overall Score: 33.3%**

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	No	No
<b>CHEW</b>	Yes	No	No
<b>CHC</b>	Yes	No	No



**CHIS Data Collection**

Overall Score: 100.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>Collected According to National Guideline:</b>	Yes		

**mHealth Tools**

Overall Score: 0.0%

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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**Data Storage and Archiving**

Overall Score: 42.9%

<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Yes
<b>Storage space has security measures in place to limit access according to policy:</b>	Yes	<b>Method of data storage &amp; archiving:</b>	All Manual

**Data Analysis for Decision Making**

Overall Score: 25.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	Partial	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Yes	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes

**Data Quality**

Overall Score: 66.7%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes?</b>	Partial
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	<b>Data quality reviewed</b>	<b>Data quality reviewed</b>	
<b>MOH 513</b>	Partial	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Partial	<b>MOH 516</b>	Yes
<b>There is a written procedure on how to address late or missing (unreported) data:</b>	No	<b>Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :</b>	Yes

### Activity Reporting

<b>Overall Score:</b>	86.7%		
<b>Monthly dialogue days conducted in last quarter:</b>	Yes	<b>Action days conducted in last quarter:</b>	Yes
<b>MOH514 Reported Monthly:</b>	Yes	<b>MOH516 Reported Monthly:</b>	Yes
<b>MOH515 Reported Monthly:</b>	Yes	<b>MOH 515 Entered into DHIS:</b>	Yes
<b>Data shared at sub-county forums:</b>	Yes	<b>CU receives feedback on monthly reports:</b>	Yes
<b>Unit has on-site access to DHIS:</b>	No	<b>CU Reports to Non GOK entities:</b>	No





# Mutituni Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>58.6%</b>
<b>Catchment Population:</b>	6201	<b>Date Updated:</b>	06/12/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1007
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	45

## Information

<b>County:</b>	Machakos	<b>MCUL Code:</b>	602028
<b>Sub County:</b>	Machakos	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Mutituni	<b>Link Facility Name:</b>	Mutituni Health centre
<b>Established:</b>	Oct/2007		

## CHW Preparedness

<b>CHW training conducted:</b>	Oct/2007	<b>Partner Support</b>	
<b>CHW trained in national basic module:</b>	50	<b>Name(s) of partners:</b>	BIDII, TUPANGE
<b>CHW trained in technical modules:</b>	None	<b>Support received:</b>	Monthly Dialogue Days
		<b>CU reports to non-GOK:</b>	BIDII and TUPANGE
		<b>CU Services:</b>	No

## CU Infrastructure

<b>Access to DHIS:</b>	No	<b>Overall Score:</b>	27.3%
<b>Motorcycle:</b>	Yes	<b>Badges:</b>	No
<b>Bicycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Electricity:</b>	Yes	<b>Computer access:</b>	No
<b>Internet Access:</b>	No	<b>Mobile phone:</b>	No

## Leadership and Governance

<b>Number of CHC members:</b>	9	<b>Overall Score:</b>	50.0%
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>Membership composition:</b>	Partial
<b>Monthly supervision from CHEW:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	No
<b>Reasons for no supervision:</b>	Unknown	<b>Documentation of Visit:</b>	No

## CHIS

### CHIS Training

<b>Overall Score:</b>	55.6%		
	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	No	Yes
<b>CHEW</b>	Yes	Yes	Yes
<b>CHC</b>	No	No	No



**CHIS Data Collection**

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

**mHealth Tools**

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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**Data Storage and Archiving**

Overall Score: 42.9%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

**Data Analysis for Decision Making**

Overall Score: 75.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown

**Data Quality**

Overall Score: 41.7%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	No
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	Data quality reviewed		Data quality reviewed
MOH 513	Partial	MOH 515	Partial
MOH 514	Partial	MOH 516	Partial
There is a written procedure on how to address late or missing (unreported) data:	Yes	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Unknown
<b><u>Activity Reporting</u></b>			
Overall Score:	86.7%		
Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Mwele Community Unit Functionality Summary



**Total Functionality Score: 33.3%**

<b>Catchment Population:</b>	40422	<b>Date Updated:</b>	06/13/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	1049
<b>CHIS Capacity Scale:</b>	Developing	<b>Number of active CHWs:</b>	32

## Information

<b>County:</b>	Kilifi	<b>MCUL Code:</b>	601754
<b>Sub County:</b>	Rabai	<b>MFL Code:</b>	11748
<b>Ward:</b>	Unknown	<b>Link Facility Name:</b>	Rabai Health Centre
<b>Established:</b>	Unknown		

## CHW Preparedness

**CHW training conducted:** Nov/2010

**CHW trained in national basic module:** 50

**CHW trained in technical modules:** 40

## Partner Support

**Name(s) of partners:** Aphia Plus, Marie Stops, CACC, DSW

**Support received:** CHIS Tools, CHW Volunteer Stipend, Monthly Dialogue Days, Other, Training, Transportation

**CU reports to non-GOK:** Aphia Plus

**CU Services:** Silc program - Savings internal lending community, Photocopying services

## CU Infrastructure

**Access to DHIS:** No

**Motorcycle:** No

**Bicycle:** Yes

**Electricity:** Yes

**Internet Access:** No

**Overall Score:** 54.5%

**Badges:** No

**Monthly stipend:** Yes

**Computer access:** No

**Mobile phone:** No

## Leadership and Governance

**Number of CHC members:** 7

**Monthly meeting conducted in last 3 months:** Partial

**Monthly supervision from CHEW:** Yes

**Reasons for no supervision:** Most commonly for jiggers

**Overall Score:** 62.5%

**Membership composition:** Partial

**CHC Meeting Minutes Exist:** Yes

**Documentation of Visit:** No

## CHIS

**Overall Score:** 33.3%

## CHIS Training





<b>Overall Score:</b>	22.2%		
	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	No	No
<b>CHEW</b>	No	No	No
<b>CHC</b>	Yes	No	No
<b><u>CHIS Data Collection</u></b>			
<b>Overall Score:</b>	50.0%		
	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	No	<b>MOH 515</b>	Yes
<b>MOH 514</b>	No	<b>MOH 516</b>	Yes
<b>Collected According to National Guideline:</b>	Partial		
<b><u>mHealth Tools</u></b>			
<b>Overall Score:</b>	0.0%		
<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
<b><u>Data Storage and Archiving</u></b>			
<b>Overall Score:</b>	14.3%		
<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Unknown
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	All Manual
<b><u>Data Analysis for Decision Making</u></b>			
<b>Overall Score:</b>	0.0%		
<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	Unknown	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Unknown
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	No	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Unknown



**Data Quality**

Overall Score: 0.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	No

**Activity Reporting**

Overall Score: 53.3%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	No
MOH514 Reported Monthly:	No	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Unknown
Data shared at sub-county forums:	Unknown	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	Yes





# Ndori Community Unit Functionality Summary



**Total Functionality Score: 58.6%**

<b>Catchment Population:</b>	5820	<b>Date Updated:</b>	06/14/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1195
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	12

## Information

<b>County:</b>	Siaya	<b>MCUL Code:</b>	600048
<b>Sub County:</b>	Gem	<b>MFL Code:</b>	13471
<b>Ward:</b>	South Gem	<b>Link Facility Name:</b>	Akala
<b>Established:</b>	Unknown		

## CHW Preparedness

<b>CHW training conducted:</b>	Unknown/Unknown
<b>CHW trained in national basic module:</b>	12
<b>CHW trained in technical modules:</b>	None

## Partner Support

<b>Name(s) of partners:</b>	N/A
<b>Support received:</b>	None
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	N/A

## CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	Yes
<b>Bicycle:</b>	No
<b>Electricity:</b>	No
<b>Internet Access:</b>	No

**Overall Score: 27.3%**

<b>Badges:</b>	Yes
<b>Monthly stipend:</b>	No
<b>Computer access:</b>	No
<b>Mobile phone:</b>	Yes

## Leadership and Governance

<b>Number of CHC members:</b>	12
<b>Monthly meeting conducted in last 3 months:</b>	Yes
<b>Monthly supervision from CHEW:</b>	No
<b>Reasons for no supervision:</b>	N/A

**Overall Score: 75.0%**

<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Documentation of Visit:</b>	Yes

## CHIS

**Overall Score: 58.6%**

## CHIS Training

**Overall Score: 55.6%**

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	Partial	No
<b>CHEW</b>	Yes	Yes	Yes
<b>CHC</b>	Partial	No	No



**CHIS Data Collection**

Overall Score: 100.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>Collected According to National Guideline:</b>	Yes		

**mHealth Tools**

Overall Score: 0.0%

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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**Data Storage and Archiving**

Overall Score: 0.0%

<b>Link Facility has dedicated storage space for CHIS storage:</b>	No	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Not Applicable
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	None

**Data Analysis for Decision Making**

Overall Score: 50.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	No	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Yes	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes

**Data Quality**

Overall Score: 58.3%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes?</b>	No
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	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes
<b><u>Activity Reporting</u></b>			
Overall Score:	86.7%		
Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Nyaguda Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>62.1%</b>
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<b>Catchment Population:</b>	8277	<b>Date Updated:</b>	06/24/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	2186
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	25

### Information

<b>County:</b>	Siaya	<b>MCUL Code:</b>	600015
<b>Sub County:</b>	Bondo	<b>MFL Code:</b>	13877
<b>Ward:</b>	South Sakwa	<b>Link Facility Name:</b>	Nyaguda Dispensary
<b>Established:</b>	Mar/2011		

### CHW Preparedness

<b>CHW training conducted:</b>	Mar/2011
<b>CHW trained in national basic module:</b>	25
<b>CHW trained in technical modules:</b>	Unknown

### Partner Support

<b>Name(s) of partners:</b>	MCHIP
<b>Support received:</b>	CHW Volunteer Stipend, Communication, Other
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	Sheep rearing, Poultry farming

### CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	No
<b>Bicycle:</b>	Yes
<b>Electricity:</b>	No
<b>Internet Access:</b>	No

<b>Overall Score:</b>	36.4%
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<b>Badges:</b>	Yes
<b>Monthly stipend:</b>	Yes
<b>Computer access:</b>	No
<b>Mobile phone:</b>	Yes

### Leadership and Governance

<b>Number of CHC members:</b>	Unknown
<b>Monthly meeting conducted in last 3 months:</b>	Partial
<b>Monthly supervision from CHEW:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown

<b>Overall Score:</b>	50.0%
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<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	Partial
<b>Documentation of Visit:</b>	No

### CHIS

<b>Overall Score:</b>	62.1%
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### CHIS Training

<b>Overall Score:</b>	44.4%
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	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	Yes	No



<b>CHEW</b>	Yes	Yes	No
<b>CHC</b>	No	No	No

### CHIS Data Collection

**Overall Score:** 100.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>Collected According to National Guideline:</b>	Yes		

### mHealth Tools

**Overall Score:** 0.0%

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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### Data Storage and Archiving

**Overall Score:** 42.9%

<b>Link Facility has dedicated storage space for CHIS storage:</b>	Yes	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Yes
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	All Manual

### Data Analysis for Decision Making

**Overall Score:** 75.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	No	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	No	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes

### Data Quality

**Overall Score:** 75.0%



The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

### Activity Reporting

Overall Score: 86.7%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No







# Omia Diere Community Unit Functionality Summary



	<b>Total Functionality Score:</b>	<b>63.2%</b>
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<b>Catchment Population:</b>	6227	<b>Date Updated:</b>	01/07/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1458
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	17

### Information

<b>County:</b>	Siaya	<b>MCUL Code:</b>	600409
<b>Sub County:</b>	Rarieda	<b>MFL Code:</b>	13461
<b>Ward:</b>	East Asembo	<b>Link Facility Name:</b>	Abidha H/F
<b>Established:</b>	Jun/2011		

### CHW Preparedness

**CHW training conducted:** Apr/2011

**CHW trained in national basic module:** 16

**CHW trained in technical modules:** 16

### Partner Support

**Name(s) of partners:** Impact Research and Development Organization

**Support received:** CHW Volunteer Stipend, Training, Transportation  
**CU reports to non-GOK:** Unknown

**CU Services:** Table banking, Selling water guard

### CU Infrastructure

**Access to DHIS:** No  
**Motorcycle:** Yes  
**Bicycle:** Yes  
**Electricity:** No  
**Internet Access:** No

**Overall Score:** 36.4%

**Badges:** No  
**Monthly stipend:** Yes  
**Computer access:** No  
**Mobile phone:** Yes

### Leadership and Governance

**Number of CHC members:** Unknown  
**Monthly meeting conducted in last 3 months:** Yes  
**Monthly supervision from CHEW:** No  
**Reasons for no supervision:** N/A

**Overall Score:** 75.0%

**Membership composition:** All  
**CHC Meeting Minutes Exist:** Yes  
**Documentation of Visit:** No

### CHIS

**Overall Score:** 63.2%



**CHIS Training**

Overall Score: 44.4%

	Collection	Collation and Cleaning	Data use
CHW	Yes	Yes	No
CHEW	Yes	Yes	No
CHC	No	No	No

**CHIS Data Collection**

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

**mHealth Tools**

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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**Data Storage and Archiving**

Overall Score: 14.3%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	None

**Data Analysis for Decision Making**

Overall Score: 100.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	Yes



**Data Quality**

Overall Score: 75.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	Unknown	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

**Activity Reporting**

Overall Score: 86.7%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Sango Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>48.3%</b>
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<b>Catchment Population:</b>	11163	<b>Date Updated:</b>	06/18/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	200
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	12

### Information

<b>County:</b>	Kakamega	<b>MCUL Code:</b>	600738
<b>Sub County:</b>	Likuyani	<b>MFL Code:</b>	10016
<b>Ward:</b>	Sango	<b>Link Facility Name:</b>	Sango Dispensary
<b>Established:</b>	Jan/2010		

### CHW Preparedness

**CHW training conducted:** Jan/2010  
**CHW trained in national basic module:** 12

**CHW trained in technical modules:** 12

### Partner Support

**Name(s) of partners:** Unknown  
**Support received:** CHIS Tools, CHW Volunteer Stipend, Monthly Action Days, Monthly Dialogue Days, Training  
**CU reports to non-GOK:** Unknown

**CU Services:** No

### CU Infrastructure

**Access to DHIS:** No  
**Motorcycle:** Yes  
**Bicycle:** Yes  
**Electricity:** No  
**Internet Access:** No

**Overall Score:** 36.4%

**Badges:** Yes  
**Monthly stipend:** Yes  
**Computer access:** No  
**Mobile phone:** No

### Leadership and Governance

**Number of CHC members:** 10  
**Monthly meeting conducted in last 3 months:** No  
**Monthly supervision from CHEW:** Yes  
**Reasons for no supervision:** Unknown

**Overall Score:** 37.5%

**Membership composition:** Partial  
**CHC Meeting Minutes Exist:** No  
**Documentation of Visit:** Yes

### CHIS

**Overall Score:** 48.3%

### CHIS Training

**Overall Score:** 55.6%

**Collection**

**Collation and Cleaning**

**Data use**



CHW	Yes	No	Yes
CHEW	Yes	No	Yes
CHC	Yes	No	No

### CHIS Data Collection

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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### Data Storage and Archiving

Overall Score: 14.3%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Not Applicable
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

### Data Analysis for Decision Making

Overall Score: 50.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Unknown
Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown

### Data Quality

Overall Score: 16.7%



The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	Yes	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

### Activity Reporting

Overall Score:	66.7%		
Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Unknown
Data shared at sub-county forums:	Unknown	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Sankuri Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>52.9%</b>
<b>Catchment Population:</b>	2218	<b>Date Updated:</b>	06/19/13
<b>Current Status of Unit:</b>	Semi Functional	<b>Households:</b>	398
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	28

## Information

<b>County:</b>	Garissa	<b>MCUL Code:</b>	999903
<b>Sub County:</b>	Garissa	<b>MFL Code:</b>	13433
<b>Ward:</b>	Unknown	<b>Link Facility Name:</b>	Sankuri Health Centre
<b>Established:</b>	Jun/2010		

## CHW Preparedness

<b>CHW training conducted:</b>	Jun/2010	<b>Partner Support</b>	
<b>CHW trained in national basic module:</b>	Unknown	<b>Name(s) of partners:</b>	Unknown
<b>CHW trained in technical modules:</b>	None	<b>Support received:</b>	None
		<b>CU reports to non-GOK:</b>	Unknown
		<b>CU Services:</b>	Unknown

## CU Infrastructure

<b>Access to DHIS:</b>	No	<b>Overall Score:</b>	18.2%
<b>Motorcycle:</b>	Yes	<b>Badges:</b>	No
<b>Bicycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Electricity:</b>	No	<b>Computer access:</b>	No
<b>Internet Access:</b>	No	<b>Mobile phone:</b>	No

## Leadership and Governance

<b>Number of CHC members:</b>	Unknown	<b>Overall Score:</b>	50.0%
<b>Monthly meeting conducted in last 3 months:</b>	Partial	<b>Membership composition:</b>	Partial
<b>Monthly supervision from CHEW:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	Partial
<b>Reasons for no supervision:</b>	Unknown	<b>Documentation of Visit:</b>	No

## CHIS

**Overall Score:** 52.9%

## CHIS Training

<b>Overall Score:</b>	27.8%		
	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Partial	No	No
<b>CHEW</b>	Yes	No	No
<b>CHC</b>	Yes	No	No



**CHIS Data Collection**

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

**mHealth Tools**

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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**Data Storage and Archiving**

Overall Score: 57.1%

Link Facility has dedicated storage space for CHIS storage:	Yes	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	Yes
Storage space has security measures in place to limit access according to policy:	Yes	Method of data storage & archiving:	All Manual

**Data Analysis for Decision Making**

Overall Score: 75.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	Partial	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	No
Supplemental analysis is conducted on the data for use in decision-making processes:	Yes	Does the sub-CHMT use CHIS data to inform routine decision making:	Unknown

**Data Quality**

Overall Score: 83.3%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes?	Partial
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	Data quality reviewed		Data quality reviewed
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes
<b><u>Activity Reporting</u></b>			
Overall Score:	53.3%		
Monthly dialogue days conducted in last quarter:	No	Action days conducted in last quarter:	No
MOH514 Reported Monthly:	Partial	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Unknown	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	No





# Slota Community Unit Functionality Summary



**Total Functionality Score: 55.2%**

<b>Catchment Population:</b>	2065	<b>Date Updated:</b>	06/14/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1060
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	40

### Information

<b>County:</b>	Machakos	<b>MCUL Code:</b>	601923
<b>Sub County:</b>	Athi River	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Unknown	<b>Link Facility Name:</b>	Athi River HC
<b>Established:</b>	April/2011		

### CHW Preparedness

<b>CHW training conducted:</b>	July/2011
<b>CHW trained in national basic module:</b>	50
<b>CHW trained in technical modules:</b>	None

### Partner Support

<b>Name(s) of partners:</b>	Aphia Plus Kamili
<b>Support received:</b>	CHIS Tools, Monthly Dialogue Days, Training, Transportation
<b>CU reports to non-GOK:</b>	Unknown
<b>CU Services:</b>	LLIT Net Sales

### CU Infrastructure

<b>Access to DHIS:</b>	No
<b>Motorcycle:</b>	No
<b>Bicycle:</b>	Yes
<b>Electricity:</b>	Yes
<b>Internet Access:</b>	No

**Overall Score: 18.2%**

<b>Badges:</b>	No
<b>Monthly stipend:</b>	No
<b>Computer access:</b>	No
<b>Mobile phone:</b>	No

### Leadership and Governance

<b>Number of CHC members:</b>	12
<b>Monthly meeting conducted in last 3 months:</b>	Partial
<b>Monthly supervision from CHEW:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown

**Overall Score: 75.0%**

<b>Membership composition:</b>	Partial
<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Documentation of Visit:</b>	Yes

### CHIS

**Overall Score: 55.2%**

### CHIS Training

**Overall Score: 66.7%**

**Collection**

**Collation and Cleaning**

**Data use**



CHW	Yes	No	Yes
CHEW	Yes	No	Yes
CHC	Yes	No	Yes

### CHIS Data Collection

Overall Score: 100.0%

	Data available		Data available
MOH 513	Yes	MOH 515	Yes
MOH 514	Yes	MOH 516	Yes
Collected According to National Guideline:	Yes		

### mHealth Tools

Overall Score: 0.0%

Has mHealth tools for collection:	No	Using mHealth tools for collection:	No
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### Data Storage and Archiving

Overall Score: 14.3%

Link Facility has dedicated storage space for CHIS storage:	No	There is written policy in place on how source documents are to be archived and managed):	No
Policy in place to guide access to data:	No	Archived/Stored Data is accessible for routine use:	No
Storage space has security measures in place to limit access according to policy:	No	Method of data storage & archiving:	All Manual

### Data Analysis for Decision Making

Overall Score: 75.0%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes:	No	CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):	Yes
Supplemental analysis is conducted on the data for use in decision-making processes:	No	Does the sub-CHMT use CHIS data to inform routine decision making:	Yes

### Data Quality

Overall Score: 8.3%



The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	No	MOH 515	No
MOH 514	No	MOH 516	No
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

### Activity Reporting

Overall Score: 86.7%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	No	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	Yes





# Thinu Community Unit Functionality Summary



		<b>Total Functionality Score:</b>	<b>59.8%</b>
<b>Catchment Population:</b>	4886	<b>Date Updated:</b>	06/13/13
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	1000
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	48
<b>Information</b>			
<b>County:</b>	Machakos	<b>MCUL Code:</b>	999911
<b>Sub County:</b>	Unknown	<b>MFL Code:</b>	Unknown
<b>Ward:</b>	Mitaboni	<b>Link Facility Name:</b>	Thinu Health Centre
<b>Established:</b>	May/2010		
<b>CHW Preparedness</b>		<b>Partner Support</b>	
<b>CHW training conducted:</b>	May/2010	<b>Name(s) of partners:</b>	Aphia Plus Kamili, BIDII action days, tools
<b>CHW trained in national basic module:</b>	50	<b>Support received:</b>	CHIS Tools, Monthly Action Days, Monthly Dialogue Days, Other, Training, Transportation
<b>CHW trained in technical modules:</b>	None	<b>CU reports to non-GOK:</b>	Aphia Plus Kamili
		<b>CU Services:</b>	Table banking
<b>CU Infrastructure</b>		<b>Overall Score:</b>	<b>27.3%</b>
<b>Access to DHIS:</b>	No	<b>Badges:</b>	Yes
<b>Motorcycle:</b>	Yes	<b>Monthly stipend:</b>	No
<b>Bicycle:</b>	No	<b>Computer access:</b>	No
<b>Electricity:</b>	Yes	<b>Mobile phone:</b>	No
<b>Internet Access:</b>	No		
<b>Leadership and Governance</b>		<b>Overall Score:</b>	<b>75.0%</b>
<b>Number of CHC members:</b>	15	<b>Membership composition:</b>	Partial
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Monthly supervision from CHEW:</b>	Yes	<b>Documentation of Visit:</b>	No
<b>Reasons for no supervision:</b>	Unknown		
<b>CHIS</b>		<b>Overall Score:</b>	<b>59.8%</b>

## CHIS Training



**Overall Score:** 61.1%

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Yes	Yes	Partial
<b>CHEW</b>	Yes	Yes	Partial
<b>CHC</b>	No	No	Partial

#### CHIS Data Collection

**Overall Score:** 100.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Yes	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Yes	<b>MOH 516</b>	Yes
<b>Collected According to National Guideline:</b>	Yes		

#### mHealth Tools

**Overall Score:** 0.0%

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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#### Data Storage and Archiving

**Overall Score:** 57.1%

<b>Link Facility has dedicated storage space for CHIS storage:</b>	Yes	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Yes
<b>Storage space has security measures in place to limit access according to policy:</b>	Yes	<b>Method of data storage &amp; archiving:</b>	All Manual

#### Data Analysis for Decision Making

**Overall Score:** 75.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	No	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	No	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes



**Data Quality**

Overall Score: 8.3%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? No

	Data quality reviewed		Data quality reviewed
MOH 513	Unknown	MOH 515	Unknown
MOH 514	Unknown	MOH 516	Unknown
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

**Activity Reporting**

Overall Score: 93.3%

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	Yes





# Gikipa Community Unit Functionality Summary\*



**Total Functionality Score: 70.8%**

<b>Catchment Population:</b>	7890	<b>Date Updated:</b>	01/31/14
<b>Current Status of Unit:</b>	Fully Functional	<b>Households:</b>	3850
<b>CHIS Capacity Scale:</b>	Expanding	<b>Number of active CHWs:</b>	38

### Information

<b>County:</b>	Nairobi	<b>MCUL Code:</b>	601622
<b>Sub County:</b>	Embakasi	<b>MFL Code:</b>	13016
<b>Ward:</b>	Savannah	<b>Link Facility Name:</b>	Kayole 2 Sub District
<b>Established:</b>	Sept/2010		

### CHW Preparedness

<b>CHW training conducted:</b>		<b>Partner Support</b>	Tupange, Aphia Plus, Plan International, Concern World Wide, World Vision, Measure Evaluation
<b>CHW trained in national basic module:</b>	Nov/2010	<b>Name(s) of partners:</b>	CHIS Tools, Monthly Dialogue Days, Training
<b>CHW trained in technical modules:</b>	50	<b>CU reports to non-GOK:</b>	Implementing Partners e.g. Tupange
	50	<b>CU Services:</b>	Unknown

### CU Infrastructure

<b>Access to DHIS:</b>	No	<b>Overall Score:</b>	45.5%
<b>Motorcycle:</b>	Yes	<b>Badges:</b>	Yes
<b>Bicycle:</b>	Yes	<b>Monthly stipend:</b>	Yes
<b>Electricity:</b>	Yes	<b>Computer access:</b>	No
<b>Internet Access:</b>	No	<b>Mobile phone:</b>	No

### Leadership and Governance

<b>Number of CHC members:</b>	9	<b>Overall Score:</b>	100%
<b>Monthly meeting conducted in last 3 months:</b>	Yes	<b>Membership composition:</b>	All
<b>Monthly supervision from CHEW:</b>	Yes	<b>CHC Meeting Minutes Exist:</b>	Yes
<b>Reasons for no supervision:</b>	Unknown	<b>Documentation of Visit:</b>	Yes





<b>CHIS</b>	<b>Overall Score:</b>	<b>70.1%</b>
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**CHIS Training**

**Overall Score:** 66.7%

	<b>Collection</b>	<b>Collation and Cleaning</b>	<b>Data use</b>
<b>CHW</b>	Partial	Partial	Partial
<b>CHEW</b>	Yes	Partial	Yes
<b>CHC</b>	Partial	Partial	Yes

**CHIS Data Collection**

**Overall Score:** 80.0%

	<b>Data available</b>		<b>Data available</b>
<b>MOH 513</b>	Partial	<b>MOH 515</b>	Yes
<b>MOH 514</b>	Partial	<b>MOH 516</b>	Yes

**Collected According to National Guideline:** Yes

**mHealth Tools**

**Overall Score:** 0.0%

<b>Has mHealth tools for collection:</b>	No	<b>Using mHealth tools for collection:</b>	No
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**Data Storage and Archiving**

**Overall Score:** 42.9%

<b>Link Facility has dedicated storage space for CHIS storage:</b>	Yes	<b>There is written policy in place on how source documents are to be archived and managed):</b>	No
<b>Policy in place to guide access to data:</b>	No	<b>Archived/Stored Data is accessible for routine use:</b>	Yes
<b>Storage space has security measures in place to limit access according to policy:</b>	No	<b>Method of data storage &amp; archiving:</b>	All Manual

**Data Analysis for Decision Making**

**Overall Score:** 100.0%

<b>The CU has clearly documented data processing steps performed at each level of the system for quality purposes:</b>	Partial	<b>CHIS data is accessible to Sub-CHMT through monthly reports from the CU (MOH515?):</b>	Yes
<b>Supplemental analysis is conducted on the data for use in decision-making processes:</b>	Yes	<b>Does the sub-CHMT use CHIS data to inform routine decision making:</b>	Yes



**Data Quality**

Overall Score: 58.3%

The CU has clearly documented data processing steps performed at each level of the system for quality purposes? Yes

	Data quality reviewed		Data quality reviewed
MOH 513	Partial	MOH 515	Partial
MOH 514	Partial	MOH 516	Partial
There is a written procedure on how to address late or missing (unreported) data:	No	Feedback is systematically provided to all sub-reporting levels on the quality of their reporting :	Yes

**Activity Reporting**

Overall Score: 93.3 %

Monthly dialogue days conducted in last quarter:	Yes	Action days conducted in last quarter:	Yes
MOH514 Reported Monthly:	Yes	MOH516 Reported Monthly:	Yes
MOH515 Reported Monthly:	Yes	MOH 515 Entered into DHIS:	Yes
Data shared at sub-county forums:	Yes	CU receives feedback on monthly reports:	Yes
Unit has on-site access to DHIS:	No	CU Reports to Non GOK entities:	Yes

\* Gikipa CU was selected to replace Mathare 3C CU in January 2014, which was removed as a targeted site following a fire. The data analysis for all CUs includes Mathare 3C CU as Gikipa was selected following the completion of the draft report.

