REPUBLIC OF KENYA

MINISTRY OF HEALTH

Kenya Quality Model for Health

Quality Standards for Community Health Services

LEVEL 1

2015

Community
Health Services
"Afya Yetu, Jukumu Letu"

Kenya Quality Model for Health

Quality Standards for Community Health Services

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2015

MINISTRY OF HEALTH
Afya House, P. O. Box 30016 - 00100, Nairobi
www.chs.health.go.ke

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FOREWORD

Kenya's second National Health Sector Strategic Plan (NHSSP II 2005 -2010) defined a new approach to the way the sector will deliver health care services to Kenyans – the Kenya Essential Package for Health (KEPH). One of the key innovations of KEPH is the recognition and introduction of Level 1 services which are aimed at empowering Kenyan households and communities to take charge of improving their own health. Implementing community health services is one of the top priorities of the Ministry of Health and its partners in the sector.

The promulgation of the constitution of Kenya on 27th August, 2010, was a major milestone towards the improvement of health standards. The need to address the citizens' expectations of the right to the highest attainable standard of health cannot be over emphasized because the constitution prioritizes quality management as an integral component of the health care services.

The social pillar for Vision 2030 stipulates that to improve the overall livelihoods of Kenyans, the country has to aim at providing efficient and high quality health care with the best standards. This concept of quality and the benefits it would confer to the health providers' work and the outcomes for their clients however have not completely been understood by clients, health managers and providers.

The Ministry of Health embarked on the review of the Kenya Quality Model and its expansion into a National policy on Quality Assurance including clinical care, management support and leadership and to make it adaptable for the Kenya Essential Package for Health (KEPH). The new model, the Kenya Quality Model for Health, has attempted to address the inadequacies identified in the Kenya Quality Model and has developed standards and checklists for KEPH level 2,3,4,5 and 6. This document outlines the standards for level 1 which have been organized into 13 domains for ease of reference. It is hoped that all stakeholders will play an active role in the implementation of the standards as an integral part of their performance assessment in order to continuously improve the quality of tier 1 health services.

Dr. Khadijah Kassachoon
PRINCIPAL SECRETARY

ACKNOWLEDGEMENT

The development of the Kenya Quality Model for Health - Standards for Community Health Services (Level 1) have been accomplished through the collaborative efforts of the Ministry of Health, Japan International Cooperation Agency (JICA – CHS project), USAID ASSIST Project and Goal Ireland.

These standards have been developed through a long process of consultations, team work and information gathering through the wise guidance of Dr. James Mwitari former head, Division of Community Health Services, Dr. Lucy Musyoka former head Department of Standards, Quality Assurance and Regulations, Dr. Salim Hussein, head Community Health Services Unit and Dr. Charles Kandie head, Division of Health Standards and Quality Assurance in the Ministry of Health. We also appreciate technical support from the World Health Organisation.

We are sincerely indebted to the following technical officers who worked tirelessly to ensure the realization of these standards – Jane Koech, Francis Muma, Ruth Ngechu, Isaac Mwangangi, John Towett, Samuel Okuche, Samuel Njoroge, Diana Kamar, Daniel Kavoo, Dr. Pauline Duya and Ruth Ngechu all of the Ministry of Health, Elijah Kinyangi of JICA-KCO, Makiko Kinoshita and Akiko Hirano of JICA-CHS, Crispin Ndedda of Micronutrient Initiative, Roselyn Were, Doreen Bwisa, and Jacqueline Kimani all of URC, LLC.

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Finally we wish to thank the representatives from the 47 counties and everyone who contributed in one way or the other to the successful development of these standards.

Dr. Nicholas Muraguri
DIRECTOR OF MEDICAL SERVICES

ABBREVIATIONS

AWP	Annual Work Plan
CDF	Constituency Development Fund
CHA	Community Health Assistant
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHIS	Community Health Information Service
CHIS	Community Health Information Service
CHS	Community Health Services
CHS	Community Health Strategy
CHSU	Community Health Services Unit
CHU	Community Health Unit
CHV	Community Health Volunteer
DHIS	District Health Information Service
DHSQAR	Division of Health Standards, Quality Assurance and Regulations
EBM	Evidence Based Medicine
FEFO	First Expiry First Out
FIFO	First In First Out
FP	Family Planning
GOK	Government of Kenya
HSSF	Health Sector Services Fund
ICT	Information and Communication Technologies
IEC	Information Education and Communication
JICA	Japan International Cooperative Agency
KCO	Kenya Country Office
KHSSIP	Kenya Health Sector Strategic and Investment Plan 2013-2017
KQMH	Kenya Quality Model for Health
M&E	Monitoring and Evaluation
MCHUL	Master Community Health Unit Listing
MI	Micronutrient Initiative
MOH	Ministry of Health
PP	Patient Partnership
QIT	Quality Improvement Team
QM	Quality Management
TOT	Trainer of Trainer
URC	University Research Company
USAID	United States Agency for International Development
WIT	Work Improvement Team

PREFACE

The Ministry of Health, in the Kenya Health Sector Strategic and Investment Plan 2013-2017 (KHSSIP), shifted emphasis from curative to prevention and promotion of individual and community health. This aggregates service delivery into Tiers. The tiers are organized from 1 to 4; where Tier 1 is the community health services ; Tier 2- Dispensaries and Health Centres (primary care services); Tier 3 - Sub County and County hospitals; and Tier 4 - referral hospitals including former provincial, national/tertiary health facilities.

To provide Quality Improvement at Tier 1 health services, the Ministry of Health has taken steps to develop standards to cater for service delivery at the community level. These Standards have taken into account leadership, staff motivation, staff competence, adequate resources, content and process of care, referral systems, and the active participation of the community.

It is foreseen that with the introduction of these Standards - adherence, regular assessments and audits will be carried out and a culture of Quality Management will progressively take root at community level and gradually seek to meet the highest standards of Quality.

The quality standards outlined in this document apply to tier 1. During the development of this document it was noted that the services provided at tier 1 were varied and therefore the standards have been expanded to capture the majority of these services.

INTRODUCTION

Quality Improvement is a process to improve adherence to standards and guidelines, to improve structure-process-outcome of health services by applying quality management principles and tools, and to satisfy patients'/clients' needs in a culturally appropriate way.

The Kenya Quality Model for Health (KQMH) integrates Evidence-Based Medicine (EBM) through wide dissemination of public health and clinical standards and guidelines with total quality management (TQM) and patient partnership (PP). The issue of quality and quality improvement should not be addressed as a separate programme rather Quality should be "built-in" and integrated in the health delivery system. The KQMH is based on the Kenya Health Standards which are designed to simultaneously address two major issues;

- A standards approach that will ensure delivery of safe and effective health services
- The gradual introduction of quality management to health managers and service providers.

The Standards Approach:

The Division of Health Standards, Quality Assurance and Regulations (DHSQAR) shall provide leadership in standards development, revision and regulation. Standards, clinical and public health guidelines shall be evidence-based (EBM approach), consider the perspective of communities, and respect clients' right.

This model is designed for self-assessment by the Work Improvement Teams (WITs) in the respective Community Health Units (CHUs), Peer Assessments by Quality Improvement Teams (QITs) of different CHUs and external assessment by trained Quality Improvement Coaches and Mentors who shall provide support to ensure compliance with basic standards.

The Quality Management Approach:

Parallel to the standards approach, the DSQAR in liaison with key players shall provide leadership in capacity building for quality improvement. The introduction of quality management (QM),

including QM principles and tools, shall be the first step to build capacity at community level to manage quality in a systematic and comprehensive manner. The aim is to provide motivation to surpass basic standards and to guide the way to excellence in health care.

Leadership at all levels will to use the KQMH for self-assessment. Health care managers and providers at tier one should engage in a continuous quality improvement process. The checklist is designed for integration in routine work and is linked to the Annual WorkPlans. Quality Management mentors and coaches will verify community self-assessments through an assessment (using the same checklist) and provide support to quality improvement. The checklist also forms the basis for the Health Services Monitoring & Evaluation (M&E) system. Summary reports will be entered into the county database. The information shall provide additional guidance on priority setting and resource allocation.

Quality Improvement Documentation System:

To enable the Assessors to capture all the aspects of Quality in full detail, a combined effort of everyone in the community health unit (CHU) is needed to achieve change and significant improvement in quality of health care. Leadership in health care at all levels including Community, Sub-County, County, National and stakeholders need to be involved in supporting Quality Improvement Documentation System. This system comprises of regular quality reports from various leaders of the community health service delivery system.

Scoring system

The scoring system of the checklist is based on a 5 point scoring structure. A score of 1 or 0% is the lowest score while a score of 5 or 100% is the highest possible score

1 or 0-24%: A Minimum standard has not been met. There are no visible signs of any efforts to address compliance with the standard, only excuses.

2or 25-49%: A minimum standard has not been met, however there

is evidence for commitment to change for the better, particularly by the top management. There are some demonstrated efforts to improve the situation. Health managers are able to produce some evidence that the issue of non-compliance has been assessed and an improvement plan to reach a stage of compliance is currently being implemented.

3 or 50-74%: A minimum standard has been met .This score refers to meeting the standard as outlined.

4 or 75-99%: A minimum standard has been met. Moreover there is some demonstrated additional effort to surpass the standard under score 3. There is visible commitment to continuous improvement, and evidence can be produced to demonstrate quality improvement.

5or 100 and above % : Evidence to demonstrate positive results and trend over a period of one year can be produced. An excellence distinction has been achieved and the Community Health Unit is recognized as a Centre of Excellence.

DOMAIN 1: LEADERSHIP AND GOVERNANCE

Leadership has been identified as one of the most important principles in quality management and improvement at all levels. In general, leadership can be defined as the process of providing guidance and motivation for continuous quality improvement. Leadership cascades from the Ministry of Health at national level through the county and sub county health management team to the community health committees (CHCs).

In the context of community health services in Kenya, good leadership promotes the vision and mission articulated in the community health strategy.

STANDARDS

Stewardship

1.1 Community health services leadership shall be aware of the Kenya Quality Model for Health (KQMH) and recognize their own role in leadership as an essential part of improving quality of community health services.

1.2 Community health services leadership shall promote collaborative and participatory decision-making.

1.3 Community health services leadership shall provide opportunity for development of community health workforce for sustainable community health services delivery.

1.4 Community health services leadership shall sensitize all the stakeholders on their role and responsibilities in delivering community health services.

1.5 Community health services leadership shall follow the guidelines on the establishment of CHU.

1.6 Community health services leadership shall ensure the full functionality of the CHU (monthly dialogue days, quarterly action days, and Community Health Information System [CHIS] reporting).

1.7 Community health services leadership shall ensure that standard tools for supportive supervision are available and used during quarterly supportive supervision.

Governance

1.8 Community health services leadership shall hold regular stakeholder forum at least semi-annually for the coordination among the stakeholders.

1.9 Community health services leadership shall ensure that CHCs hold meetings monthly and evidenced by the minutes.

1.10 Community health services leadership shall document the identified areas for improvement and demonstrate efforts for remedial action.

DOMAIN 2: COMMUNITY HEALTH WORKFORCE MANAGEMENT

Community health workforce is a critical resource in the delivery of level one health services. The workforce must have the required qualities and the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve community health goals.

STANDARDS

Community Health Volunteers (CHVs)

2.1 All positions for CHVs shall be filled in accordance with the Community strategy guidelines.

2.2 There shall be an inventory of ALL CHVs maintained by the Community Health Extension Workers (CHEWs) and updated annually.

2.3 There shall be five (5) CHEWs deployed in each community Health Unit as stipulated in the community health strategy

Community Health Extension Workers

2.4 There shall be an inventory of ALL CHEWs maintained by the Sub-County Health management team and updated annually.

2.5 Vacancies provided in the Scheme of Service for Community Health Personnel shall be filled with qualified staff.

2.6 Available community health vacancies shall be communicated through a fair, transparent and accessible system.

2.7 A written job description of Community health workforce shall be communicated to respective employees.

2.8 There shall be an appraisal for all CHEWs on an annual basis using a standardized format, by the Sub-County Health management Team.

2.9 There shall be a continuing professional development programme for all CHEWs and CHVs coordinated by the sub-county Health management team.

2.10 There shall be measures to

ensure staff safety in accordance with the Occupational Safety. and Health (OSH) guidelines implemented by the Sub-county and County health management team.

2.11 There shall be a motivation mechanism for community health personnel implemented by the Sub-county and County health management teams.

DOMAIN 3: COMMUNITY HEALTH POLICY, GUIDELINES AND STRATEGIES

Policies, guidelines and strategy standards provide mechanisms, procedures and incentives that encourage stakeholders - including public, non-governmental organizations and communities - to work together to improve health service delivery and eliminate exclusion of populations from access to services. The standards also support efforts that promote effective accountability mechanisms that assure implementation of agreed priorities with available resources. They provide an enabling environment for the implementation of community health services.

STANDARDS

3.1 All health stakeholders shall be familiar with all the relevant policies and guidelines including: the Kenya Health Policy ; Health Sector Strategic and Investment Plan; Community Health Policy; Community Health Strategy and guidelines through the efforts of the County Health Management Team.

3.2 There shall be a system in place to monitor the use and adherence of policies and guidelines spearheaded by the Sub-County and County Health management teams.

3.3 The Community health workforce shall be updated annually on the existing community health services policies and guidelines by the county community strategy focal person.

3.4 There shall be community involvement and participation in the implementation of community health policies and guidelines led by the CHEW.

DOMAIN 4: COMMUNITY HEALTH INFRASTRUCTURE AND EQUIPMENT

The community health units need appropriate physical infrastructure including office, storage, information and communication technologies (ICT), education and communication facilities, and energy supply equipment, among others to function efficiently and effectively in delivering quality services

STANDARDS

4.1 Every link facility shall provide office space for the community health unit/s attached to it, to serve as a resource centre.

4.2 Each CHU shall be provided with at least 1 computer by the sub-county health director.

4.3 Every link facility-in-charge shall host at least one computer for the CHU/s.

4.4 CHEW shall maintain and update the inventory for all infrastructure and equipment for community health service delivery.

4.5 CHEW shall maintain and make available the maintenance record and update it regularly.

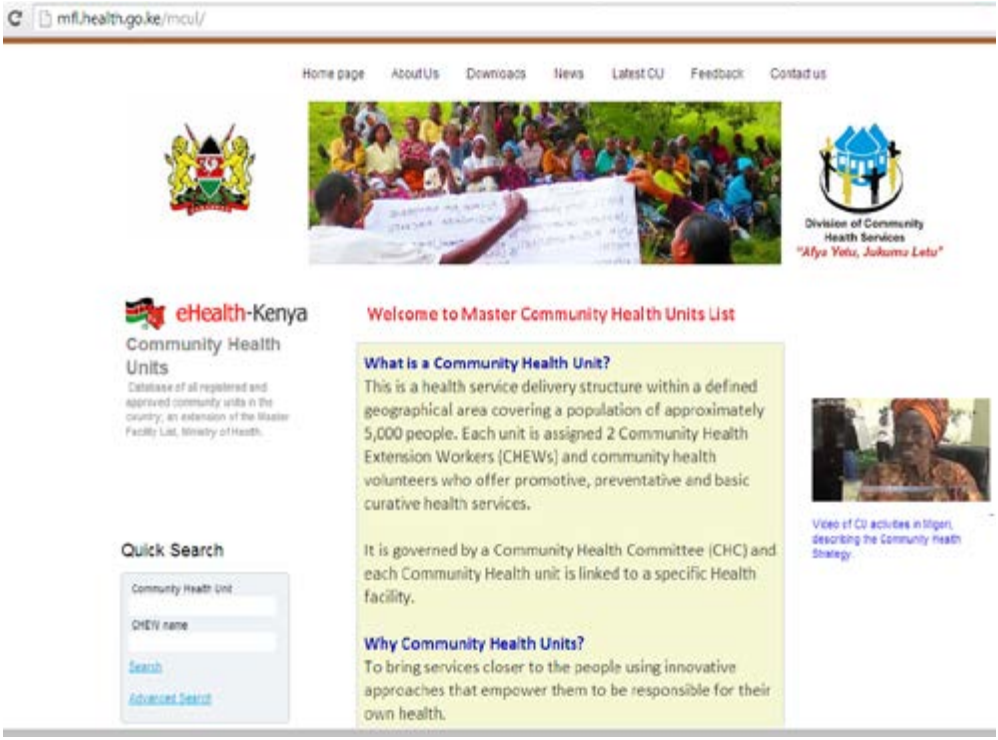
4.6 CHEWs shall identify and utilize appropriate means of public communication/ messaging at community level.

DOMAIN 5: MASTER COMMUNITY HEALTH UNIT LISTING

Health services provision at level 1 is through the extended structure of the health facility called community health units. Master Community Health Unit Listing (MCHUL) is the system extension to facilitate the navigation of general information and other details about the community health units and link facility.

STANDARD

5.1 The MCHUL shall be regularly updated by sub-county health management team as per the MCHUL guidelines.



DOMAIN 6: COMMODITIES AND SUPPLIES

Commodities and supplies are consumable and non-consumable items that are used to facilitate delivery of services. Their procurement needs to conform to the processes of supply chain management and distribution.. The CHS kits content will be determined at the National level, customised at the County level and the link facility will supply the same to the CHEWs and CHVs at the community.

STANDARDS

6.1 The procurement processes shall conform to the supply chain and commodities management policies, guidelines and procedures.

6.2 The CHV and CHEW shall be supplied with a CHS kit as per CHS guidelines by the link facility.

6.3 Supply of commodities shall be demand driven.

6.4 The CHEW shall participate in development of procurement plans for level 1.

6.5 Procurement shall conform with commodity specifications.

6.6 Skills in forecasting and quantification of health commodities shall be imparted to tier one staff by County Trainers of Trainers (TOTs).

6.7 Management of common conditions shall conform with specific disease treatment guidelines.

6.8 The principle of First-Expiry-First-Out (FEFO) and First-In-First-Out (FIFO) shall be adhered to by the link facility and the community health personnel.

6.9 There shall be job aids to guide commodity management.

6.10 Storage of the. commodities shall be as per the recommendations of the manufacturer.

6.11 Reconstitution of commodities shall be as per the recommendations of the manufacturer.

DOMAIN 7: TRANSPORT

The availability of adequate and efficient transport service is essential for the delivery of community health services including provision of outreach services, essential support supervision and rapid response to public health emergencies at various levels of the community health system. The availability and safety of transport equipment is assured through proper maintenance, licensing and monitoring of utilization.

STANDARDS

7.1 There shall be an appropriate means of transport at each CHU.

7.2 The means of transport shall be aligned and comply with Government transport policies and guidelines.

7.3 Community health personnel who operate a motorcycle shall be required to be in possession of a valid motorcycle riding license.

7.4 Community health personnel shall be trained on how to maintain the transport equipment.

7.5 There shall be an updated inventory and maintenance plan of transport.

DOMAIN 8: REFERRAL SYSTEM

The referral system provides linkage between the community and other tiers of care The availability of adequate and efficient referral service is essential for the delivery of community health services. This will include cases that can effectively be handled at tier two and beyond. Community health personnel should be able to communicate with other levels of care in cases requiring further management.

STANDARDS

8.1 Cases requiring further management shall be referred to higher levels of care according to the referral guidelines.

8.2 There shall be healthcare expert movement to the community where appropriate, to be coordinated by the County and sub-county health management team.

8.3. There shall be a provision for adequate communication systems between the community and higher levels of care.

DOMAIN 9: COMMUNITY HEALTH INFORMATION SYSTEM

The community health information system ensures shared responsibility for collection and interpretation of community health related information, routine data, statistics or experiential studies and vital statistics to inform planning, decision making and reporting.

A proper health information management system involves investment in time, financial resources and effort in maintaining an open and good information system that enhances relationship with all stakeholders and the general public.

STANDARDS

9.1 There shall be completed household records updated every six months in each CHU.

9.2 There shall be Monthly reports compiled for planning and monitoring of community health service.

9.3 The CHEW shall submit the monthly reports to the link health facility by 5th of every month.

9.4 Health information generated from the community shall be uploaded into the District Health Information System (DHIS) by 15th of every month by the Sub-County Health Records Information Officer (HRIO).

9.5 Every Community Health Unit shall have and use all reporting tools as per Community Health Service guidelines.

DOMAIN 10: COMMUNITY HEALTH FINANCING

Community health financing includes mobilization of resources from public, private, external aid and community based sources to support implementation of community health strategies, action plans and services at various levels. The key sources include public funds, external donations, community based health financing, social health insurance and public-private partnerships through corporate social responsibility.

STANDARDS

10.1 CHEWs and CHVs shall prepare the annual work plan (AWP) and budget for community health unit to be approved by the CHC.

10.2 The link facility management shall prepare a consolidated AWP comprising of the facility and affiliated CHU work plan.

10.3 The Sub-county health management team shall integrate the CHU budget and AWP into the county budget.

10.4 The County government shall provide vote heads and resource envelop for CHUs in the facility allocation.

10.5 The CHC shall account for the utilized financial resources according to the availed funds.

10.6 County health management team/Sub-county health management team or CHC shall mobilize resources for CHUs.

10.7 The Sub-county health management teams shall call for audits for CHUs to determine the utilization of funds at the Community as per Public Financial Management Act.

DOMAIN 11: LINKAGES AND PARTNERSHIPS

Linkage is defined as a clear organizational structure with well-defined roles and responsibilities for all actors at all levels. There exists linkages between the CHC, the facility health committee, and other governance committees in the health systems

Partnership is a collaborative effort requiring systems and structures that harness and link diverse community resources towards quality improvement of services at level 1. Community partnership is a process of building voluntary strategic alliances among community, government, private, and non-profit making organizations.

Alliances and partnership building involves sharing of risks, responsibilities, resources, rewards as well as exchange of information for mutual benefit and to achieve a common community health purpose.

STANDARDS

11.1 There shall be a mechanisms for partner and public coordination and accountability at the community by the County health management team.

11.2 There shall be a social accountability mechanism by the Sub-county health management team/CHC.

11.3 There shall be at least one all-inclusive stakeholder forum convened quarterly by the County or sub-County health management team to improve health in the community.

11.4 There shall be inter-sectoral collaboration involving all non -health stakeholders convened by the County or Sub-county health management team to promote community health services.

DOMAIN 12: SERVICE DELIVERY

Health service delivery is viewed as a process where CHVs and CHEWs are involved in the sequence of activities and services to achieve improved health status. They work as a team to ensure safe and efficient promotive, preventive and basic curative services at the household in line with the set standards.

STANDARDS

12.1 There shall be biannual registration of all household members by the community health volunteer.

12.2 There shall be a monthly visit to every household by the community health volunteer to offer services on various health aspects.

12.3 CHVs shall use job aids to guide their work at the household level.

12.4 There shall be at least quarterly community action days for every CHU.

12.5 There shall be a monthly updated chalkboard for recording community health information in each CHU.

12.6 There shall be a defined minimum package for each cohort in the community.

12.7 There shall be reporting of early signs to monitor imminent disasters and emergencies by CHVs.

DOMAIN 13: MONITORING AND EVALUATION

Monitoring and evaluation provides regular feedback and oversight of implementation of activities in relation to plans, resources, infrastructure and use of services by the community served. It also guides collection, analysis, use, and dissemination of information; enables tracking of progress; ensures timely reporting at community level of the health information system; and enables informed decision making.

STANDARDS

13.1 There shall be monthly community dialogue fora convened by the CHEWs in charge as per the CHS guidelines.

13.2 There shall be adequate standard data capture tools made available by the sub-County Health Management Team.

13.3 There shall be adequate standard reporting tools made available by the sub-County Health Management Team

13.4 There shall be quarterly analysis, interpretation and dissemination of community health data led by the CHEW.

13.5 There shall be health action days informed by the dialogue fora convened by the CHEW.

13.6 There shall be monthly CHEW/CHV meetings to receive activity reports and discuss service statistics data, experiences, challenges, lessons learnt and give feedback. Such meetings shall be convened by the CHEW in charge

13.7 There shall be biannual data quality audits of community health units led by the sub-County Health Information Officer.

13.8 There shall be joint review and learning sessions for CHEWs to share experiences convened by the sub-County Health Management Team.

13.9 There shall be quarterly functionality assessment of community health units led by the Sub County community health strategy focal person.

MONITORING AND EVALUATION SHEET FOR TIER ONE KQMH

	HEALTH FACILITY:			**DEPARTMENT:**			
	COUNTY:			**DATE:**			
1	**DOMAIN 1: LEADERSHIP AND GOVERNANCE.**						
	Score	**1 Very Poor**	**2 Poor**	**3 Average**	**4 Good**	**5 Very Good**	**Weighted Score**
1.1	Community health services leadership shall be aware of the Kenya Quality Model for Health (KQMH) and recognize their leadership role as an essential part of improving the quality community health services.	Community health services leadership are not aware of the KQMH and they do not recognize their roles in leadership.	Community health services leadership are aware of the KQMH and they do not recognize their roles in leadership.	Community health services leadership are aware of the KQMH and they recognize their roles but they have not actualized roles.	Community health services leadership is aware of the KQMH, recognize their roles in leadership and have actualized the roles but there is no documentation.	Community health services leadership is aware of the KQMH, recognizes their roles in leadership, have actualized the roles and there is documentation.	
1.2	Community health services leadership shall promote collaborative and participatory decision making.	Community health services leadership do not promote collaborative and participatory decision making.	Community health services leader-ship promote col-laboration but do not participate in decision making.	Community health services leadership promote collaboration and participation in decision making , but there is no evidence of documentation and no follow-up.	Community health services leadership promote collaboration and participation in decision making and there is documentation but no follow-up.	Community health services leadership promote collaborative and participatory decision making, there is documentation and follow-up.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
1.3	Community health services leadership shall provide opportunity for development of community health workforce for sustainable community health services delivery.	Community health services leadership do not provide opportunity for development of community health workforce for sustainable community health services delivery.	Community health services leadership have conducted a training needs assessment for community health workforce.	Community health services leadership provide opportunities for development of community health work-force.	Community health services leadership provide opportunities for development of community health workforce and there are continuous training projections.	Community health services leadership provide opportunities for development of community health workforce, there is adherence to con-tinuous training projections and documentation.	
1.4	Community health services leadership shall sensitize all the stakeholders on their role and responsibilities in delivering community health services.	Community health services leadership has not sensitized all the stakeholders on their roles and responsibilities in delivering community health services.	Community health services leadership have a strategy for sensitization of all the stakeholders on their roles and responsibilities in delivering community health services.	Community health services leadership have sensitized all the stakeholders on their roles and responsibilities in delivering community health services.	Community health services leadership have sensitized all the stakeholders on their roles and responsibilities, and they have taken-up their roles and responsibilities in delivering community health services.	Community health services leadership have sensitized all the stakeholders on their roles and responsibilities in delivering community health services, they have taken-up their roles and there is evidence of documentation.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
1.5	Community health services leadership shall follow the guidelines on the establishment of CHU.	Community health services leadership do not follow guidelines on the establishment of CHU.	Community health services leadership have made plans to establish a CHU according to the guidelines.	Community health services leadership have followed guidelines on the establishment of CHU.	Community health services leadership have followed guidelines on the establishment of CHU and there is documented evidence.	Community health services leadership have followed guidelines on the establishment of a CHU, there is an induction plan for new leaders on the guidelines for CHU establishment and there is documented evidence	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
1.6	Community health services leadership shall ensure the full functionality of the CHU (monthly dialogue days, quarterly action days, and Community Health Information System [CHIS] reporting).	Community health services leadership has not ensured full functionality the CHUs.	Community health services leadership has ensured functionality of the CHUs by conducting monthly dialogue days, quarterly action days but do not have reports on Community Health Information System [CHIS].	Community health services leadership ensure full functionality of the CHU by conducting monthly dialogue days, quarterly action days, and have reports in the Community Health Information System [CHIS] that measure the functionality of the CHU.	Community health services leadership ensure full functionality of the CHU by conducting monthly dialogue days, quarterly action days, have a Community Health Information System [CHIS] with regular reports.	Community health services leadership ensure full functionality of the CHU by conducting monthly dialogue days, quarterly action days, have a Community Health Information System [CHIS] with regular reports and feedback.	
1.7	Community health services leadership shall ensure that standard tools for supportive supervision are available and used during quarterly supportive supervision.	Community health services leadership have no standard tools for supportive supervision.	Community health services leadership have standard tools for supportive supervision but supervision is adhoc.	Community health services leadership have standard tools for supportive supervision have a plan and regular visits.	Community health services leadership have standard tools for supportive supervision have a plan, regular visits and reports.	Community health services leadership have standard tools for supportive supervision have a plan, regular visits, reports and feedback.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
1.8	Community health services leadership shall hold regular stakeholder forums at least semi-annually for coordination among stakeholders.	Community health services leadership do not hold stakeholder meetings.	Community health services leadership hold irregular stakeholder meetings.	Community health services leadership hold stakeholder forums at least semiannually.	Community health services leadership hold regular stakeholder meetings with detailed action plans.	Community health services leadership hold regular stakeholder meetings, have detailed action plans and feedback.	
1.9	Community health services leadership shall ensure that CHCs hold meetings monthly and evidenced by the minutes.	CHC monthly meetings not held at all.	CHC hold irregular meetings with no minutes.	CHC hold regular meetings with minutes.	CHC hold regular meetings with minutes and a detailed action plan.	CHC hold regular meetings with consistent minutes, a detailed action plan and feedback.	
1.10	Community health services leadership shall document the identified areas for improvement and demonstrate efforts for remedial action.	There are no documentation of areas of improvement and no efforts for remedial action.	Leadership have identified areas for improvement and no efforts demonstrated for remedial action	Leadership have documented the identified areas for improvement and remedial action.	Leadership have standardized identification of areas for improvement, remedial action and follow-up.	Leadership have standardized identification of areas for improvement, remedial action, follow-up, and all this is sustained.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
2	DOMAIN 2: COMMUNITY HEALTH WORKFORCE MANAGEMENT						
2.1	All positions for CHVs shall be filled in accordance with the Community strategy guidelines.	All positions for CHVs have not been filled in accordance with the Community strategy guidelines	Some positions for CHVs have been filled in accordance with the community strategy guidelines.	All positions for CHVs have been filled in accordance with the community strategy guidelines.	All positions for CHVs have been filled in accordance with the community strategy guidelines and personnel data documented.	All positions for CHVs have been filled in accordance with the community strategy guidelines, personnel data documented and it is regularly updated.	
2.2	There shall be an inventory of ALL CHVs maintained by the Community Health Extension Workers (CHEWs) and updated annually.	There is NO inventory for CHVs maintained by the Community Health Extension Workers (CHEWs).	There is an inventory for CHVs maintained by the CHEW but not updated annually.	There is an inventory for CHVs maintained by the CHEW and updated annually.	There is an inventory for ALL CHVs maintained by the CHEW updated annually and utilized.	There is an inventory for ALL CHVs maintained by the CHEW, updated annually, utilized and best practices shared.	
2.3	There shall be five (5) CHEWs deployed in each CHU as stipulated in the community health strategy	No CHEW deployed in the CHU	Less than five CHEWs deployed in each CHU	Five CHEWs deployed in each CHU as stipulated in the community health strategy	Five CHEWs deployed in each CHU as stipulated in the community health strategy, and documentation is available but not up-to-date.	Five CHEWs deployed in each CHU as stipulated in the community health strategy and updated documentation is available.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
2.4	There shall be an inventory of ALL CHEWs maintained by the Sub-County Health management team and updated annually.	There is NO inventory for ALL CHEWs maintained by the Sub-County Health management team.	There is an inventory for ALL CHEWs maintained by the Sub-County Health management team but not updated annually.	There is an inventory for ALL CHEWs maintained by the Sub-County Health management team that is updated annually.	There is an inventory for ALL CHEWs maintained by the Sub-County Health management team that is updated annually and utilized	There is an inventory for ALL CHEWs maintained by the Sub-County Health management team, updated annually, utilized and best practices shared.	
2.5	Vacancies provided in the Scheme of Service for Community Health Personnel shall be filled with qualified staff.	Vacancies provided in the scheme of Service for Community Health Personnel not filled.	Vacancies provided in the Scheme of Service for Community Health Personnel have been filled with unqualified staff.	Vacancies provided in the Scheme of Service for Community Health Personnel have been filled with qualified staff.	Vacancies provided in the Scheme of Service for Community Health Personnel have been filled with qualified staff and there is a database.	Vacancies provided in the Scheme of Service for Community Health Personnel have been filled with qualified staff and there is a regularly updated database.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
2.6	Available community health vacancies shall be communicated through a fair, transparent and accessible system.	Available community health vacancies have not been communicated.	Available community health vacancies have been communicated but not through a fair, transparent and accessible system.	Available community health vacancies have been communicated through a fair, transparent and accessible system.	Available community health vacancies have been communicated through a fair, transparent and accessible system, and in a timely manner.	Available community health vacancies have been communicated through a fair, transparent and accessible system, in a timely manner and documentation is available.	
2.7	A written job description of community health workforce shall be communicated to respective employees.	A written job description of community health workforce has not been communicated to respective employees.	A written job description of community health workforce has been communicated to some employees.	A written job description of community health workforce has been communicated to the respective employees.	A written job description of community health workforce has been communicated to the respective employees and acknowledged.	A written job description of community health workforce has been communicated to the respective employees, acknowledged and adopted.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
2.8	There shall be an appraisal for all CHEWs on an annual basis using a standardized format, by the Sub-County health management team.	There is no appraisal for all CHEWs on an annual basis using a standardized format, by the Sub-County health management team.	There is an appraisal for all CHEWs using a standardized format, by the Sub-County health management team but not on an annual basis.	There is an appraisal for all CHEWs on an annual basis using a standardized format, by the Sub-County health management team.	There is an appraisal for all CHEWs on an annual basis using a standardized format, by the Sub-County health management team and feedback given.	There is an appraisal for all CHEWs on an annual basis using a standardized format, by the Sub-County Health management Team, feedback given and action taken.	
2.9	There shall be a continuing professional development programme for all CHEWs and CHVs. coordinated by the sub-county health management team.	There is no continuing professional development programme for all CHEWs and CHVs, coordinated by the sub-county health management team.	There is a plan for continuing professional development programme for all CHEWs and CHVs, coordinated by the sub-county health management team but it has not been implemented.	There is a continuing professional development programme for all CHEWs and CHVs coordinated by the sub-county health management team.	There is a continuing professional development programme for all CHEWs and CHVs coordinated by the sub-county health management team and evidence of improved performance	There is a continuing professional development programme for all CHEWs and CHVs coordinated by the sub-county health management team, with evidence of performance and sustained improvement.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
2.10	There shall be measures to ensure staff safety in accordance with the Occupational Safety and Health (OSH) guidelines implemented by the Sub-county and County health management teams.	There are No measures to ensure staff safety in accordance with the OSH guidelines implemented by the Sub-county and County health management teams.	There are measures to ensure staff safety but not according to OSH guidelines implemented by the Sub-county and County health management teams.	There are measures to ensure staff safety in accordance with the OSH guidelines implemented by the Sub-county and County health management teams.	There are measures to ensure staff safety in accordance with the OSH guidelines implemented by the Sub-county and County health management teams and follow-up on implementation.	There are measures to ensure staff safety in accordance with the OSHguidelines implemented by the Sub-county and County health management teams, follow-up on implementation and continuous adherence.	
2.11	There shall be a motivation mechanism for community health personnel implemented by the Sub-county and County health management teams.	There is no motivation mechanism for community health personnel implemented by the Sub-county and County health management teams.	There is a motivation mechanism for the for community health personnel but not implemented by the Sub-county and County health management teams.	There is a motivation mechanism for community health personnel implemented by the Sub-county and County health management teams.	There is a motivation mechanism for community health personnel implemented by the Sub-county and County health management teams, CHC and partners.	There is a sustained motivation mechanism for community health personnel implemented by the Sub-county and County health management teams, CHC and partners.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
3	DOMAIN 3: COMMUNITY HEALTH POLICY, GUIDELINES AND STRATEGIES						
3.1	All health stakeholders shall be familiar with all the relevant policies and guidelines through the efforts of the county health management team.	All health stakeholders are not familiar with all the relevant policies and guidelines through the efforts of the county health management team	All health stakeholders have access to the relevant policies and guidelines through the efforts of the county health management team but are not familiar with them.	All health stakeholders are familiar with all the relevant policies and guidelines through the efforts of the county health management team.	All health stakeholders have access to, and are familiar with the relevant policies and guidelines through the efforts of the county health management team, and are utilizing them.	All health stakeholders have access and are familiar with the relevant policies and guidelines through the efforts of the county health management team, are utilizing them and there is documentation of utilization.	
3.2	There shall be a system in place to monitor the use and adherence of policies and guidelines spearheaded by the Sub-County and County health management teams.	There is no system in place to monitor the use and adherence of policies and guidelines spearheaded by the Sub-County and County health management teams.	There are plans to establish a system to monitor the use and adherence to policies and guidelines spearheaded by the Sub-County and County health management teams.	There is a system in place to monitor the use and adherence to policies and guidelines, spearheaded by the Sub-County and County health management teams.	There is a system in place to inform the use and adherence to policies and guidelines spearheaded by the Sub-County and County health management teams, it is implemented regularly but there is no documentation.	There is a system in place to inform the use and adherence to policies and guidelines, spearheaded by the Sub-County and County health management teams, it is implemented regularly and there is documentation.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
3.3	The community health workforce shall be updated annually on the existing community health services policies and guidelines by the county community strategy focal person.	The community health workforce not updated annually on the existing community health services policies and guidelines by the county community strategy focal person.	The community health workforce is updated on the existing community health services policies and guidelines by the county community strategy focal person but not annually.	The community health workforce is updated annually on the existing community health services policies and guidelines by the county community strategy focal person.	The community health workforce is updated annually on the existing community health services policies and guidelines by the county community strategy focal person and there is an action plan developed.	The community health workforce is updated annually on the existing community health services policies and guidelines by the county community strategy focal person, an action plan has been developed and there is evidence of implementation.	
3.4	There shall be community involvement and participation in the implementation of community health policies and guidelines led by the CHEW.	There is no community involvement and participation in the implementation of community health policies and guidelines led by the CHEW.	There is selective community involvement and participation in the implementation of community health policies and guidelines led by the CHEW.	There is community involvement and participation in the implementation of community health policies and guidelines led by the CHEW.	There is community involvement and participation in the implementation of community health policies and guidelines led by the CHEW and there is documentation	There is community involvement and participation in the implementation of community health policies and guidelines led by the CHEW, and there is documentation and feedback.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
4	DOMAIN 4: COMMUNITY HEALTH INFRASTRUCTURE AND EQUIPMENT						
4.1	Every link facility shall provide office space for the community health unit/s attached to it, to serve as a resource centre.	There is no space for the community health unit, that serves as a resource centre at the link facility.	There is office space for community health unit in the link facility but it is not functional.	Every link facility has provided office space for the community health unit/s attached to it, to serve as a resource centre.	Every link facility has provided office space for the community health unit/s attached to it, to serve as a resource centre and it is functional.	There is office space for community health unit in the link facility and a resource centre which is functional and is a centre of excellence.	
4.2	Each CHU shall be provided with at least 1 computer by the county health director.	The county health director has not provided at least 1 computer to each CHU.	The county health director has plans of providing a computer but has not provided The County health director has plans of providing a computer but has not provided.	The county health director has provided at least 1 computer to each CHU.	The county health director has provided at least 1 computer to each CHU and there is a maintenance plan.	The county health director has provided at least 1 computer to each CHU and has a maintenance plan and service contract.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
4.3	CHEW shall maintain and update the inventory for all infrastructure and equipment for community health service delivery.	CHEW does not maintain and update the inventory for all infrastructure and equipment for community health service delivery.	CHEW has an inventory for all infrastructure and equipment but it is not updated.	CHEW maintains and updates the inventory for all infrastructure and equipment for community health service delivery.	CHEW maintains and updates the inventory for all infrastructure and equipment for community health service delivery and provides recommendations for its improvement.	CHEW maintains and updates the inventory for all infrastructure and equipment for community health service delivery, provides recommendations of its improvement and recommendations are effected.	
4.4	CHEW shall keep and make available the maintenance record and update it regularly.	CHEW has not kept the maintenance record	CHEW has kept and made available maintenance record but it is not updated.	CHEW has kept and made available the maintenance record and updates it regularly.	CHEW has kept and made available the maintenance record that is updated regularly and provides recommendations.	CHEW has kept and made available the maintenance record that is updated regularly, provides recommendations and appropriate action taken.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
4.5	CHEWs shall identify and utilize appropriate means of public communication or messaging at community level.	CHEWs have not identified any means of public communication or messaging at community level.	CHEWs have an appropriate strategy for public communication or messaging.	CHEWs have identified and utilized appropriate means of public communication or messaging at community level.	CHEWs have identified and utilized appropriate means of public communication or messaging at community level and have an improvement plan.	CHEWs have identified and utilized appropriate means of public communication/ messaging at community level and have an executed improvement plan.	
5	DOMAIN 5: MASTER COMMUNITY HEALTH UNIT LISTING						
5.1	The MCHUL shall be regularly updated by sub-county health management team as per the MCHUL guidelines.	The MCHUL has not been updated by sub-county health management team as per the MCHUL guidelines.	The MCHUL has been updated by sub-county health management team irregularly.	The MCHUL has been regularly updated by sub-county health management team as per the MCHUL guidelines.	The MCHUL has been regularly updated by sub-county health management team as per the MCHUL guidelines and reports generated.	The MCHUL has been fully and regularly updated by sub-county health management team as per the MCHUL guidelines and reports generated used for decision making.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
6	DOMAIN 6: COMMODITIES AND SUPPLY						
6.1	The procurement processes shall conform to the supply chain commodities management policies, guidelines and procedures.	The procurement processes have not conformed to the supply chain commodities management policies, guidelines and procedures, and there is no procurement plan.	The procurement processes have not conformed to the supply chain commodities management policies guidelines and procedures but there is a procurement plan.	The procurement processes have conformed to the supply chain commodities management policies, guidelines and procedures.	The procurement processes have conformed to the supply chain commodities management policies, guidelines and procedures, and the procurement plan is used regularly.	The procurement processes have conformed to the supply chain commodities management policies, guidelines and procedures and monitoring and evaluation besides reporting done.	
6.2	The CHV and CHEW shall be supplied with a CHS kit as per CHS guidelines by the link facility.	The CHV and CHEW are not supplied with a complete CHS kit as per CHS guidelines, by the link facility.	Not all CHVs and CHEWs are supplied with a complete CHS kit as per CHS guidelines, by the link facility.	All CHVs and CHEWs are supplied with a CHS kit as per CHS guidelines, by the link facility.	All CHVs and CHEWs are supplied with a CHS kit as per CHS guidelines by the link facility, the kit is also complete.	All CHVs and CHEWs are supplied with a CHS kit as per CHS guidelines by the link facility, the kit is complete and there is a commodity register.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
6.3	Supply of commodities shall be demand driven.	Supply of commodities is not demand driven.	Supply of commodities is a mixture of push-and-pull system.	Supply of commodities is demand driven.	Supply of commodities is demand driven supported by a procurement plan.	Supply of commodities is demand driven supported by a procurement plan and there are updated records.	
6.4	The CHEW shall participate in development of procurement plans for level 1.	The CHEW does not participate in the development of procurement plans for level 1.	The CHEW participates in the quantification process of the procurement plans for level 1.	The CHEW participates in development of procurement plans for level 1.	The CHEW participates in development of procurement plans for level 1 and this is supported by documentation.	The CHEW participates in development of procurement plans for level 1, supported by documentation and ther is regular review of the plans.	
6.5	Commodities procured shall conform to specifications.	Commodities procured do not conform to specifications.	Not all commodities procured conform to specifications.	All commodities procured conform to specifications.	All commodities procured conform to specifications and there is documentation.	Commodities procured conform to specifications, and there is documentation and feedback.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
6.6	Skills in forecasting and quantification of health commodities shall be imparted to tier one staff by county Trainers of Trainers (TOTs).	Skills in forecasting and quantification of health commodities not imparted to tier one staff by county TOTs.	Skills in forecasting and quantification of health commodities not yet imparted to tier one staff by county TOTs but plans to do so are in place.	Skills in forecasting and quantification of health commodities imparted to tier one staff by county TOTs	Skills in forecasting and quantification of health commodities imparted to tier one staff by county TOTs are applied.	Skills in forecasting and quantification of health commodities imparted to tier one staff by county TOTs are applied and there are training reports.	
6.8	The principle of First-Expiry-First-Out (FEFO) and First-In-First-Out (FIFO) shall be adhered to by the link facility and the community health personnel linked to the facility.	The principles of FEFO and FIFO have not been adhered to by the link facility and the community health personnel linked to the facility.	There has been some adherence to the principles of FEFO and FIFO by the link facility and the community health personnel linked to the facility.	The principles of FEFO and FIFO have been adhered to by the link facility and the community health personnel linked to the facility.	The principles of FEFO and FIFO have been adhered to by the link facility and the community health personnel linked to the facility and there are records.	The principles of FEFO and FIFO have been adhered to by the link facility and the community health personnel linked to the facility, and the records are maintained and updated regularly.	
6.9	There shall be job aids to guide commodity management.	There are no job aids to guide commodity management.	Job aids to guide all commodity management are available, but not accessible	Job aids to guide commodity management are available and accessible.	Job aids to guide commodity management are accessible and irregularly utilized.	Job aids to guide commodity management are accessible and regularly utilized.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
6.10	Storage of the commodities shall be as per the recommendations of the manufacturer.	Storage of commodities is not as per the recommendations of the manufacturer.	Storage of the commodities is not as per the recommendations of the manufacturer, but there are records.	Storage of the commodities is as per the rec-ommendations of the manufacturer.	Storage of the commodities is as per the recommendations of the manufacturer, documentation done.	Storage of the commodities is as per the recommendations of the manufacturer, documentation done and proper stock rotation done.	
7	DOMAIN 7: TRANSPORT						
7.1	There shall be an appropriate means of transport at each CHU.	There is no means of transport at the CHU	There is no appropriate means of transport at each CHU.	There is an appropriate means of transport at each CHU.	There is an appropriate means of transport at each CHU which is in use.	There is an appropriate means of transport at each CHU which is in use and properly maintained.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
7.2	The means of transport shall be aligned and comply with government transport policies and guidelines.	The means of transport is neither aligned nor does it comply with government transport policies and guidelines.	Some means of transport is aligned to and complies with government transport policies and guidelines.	The means of transport is aligned to and complies with government transport policies and guidelines.	The means of transport is aligned to and complies with government transport policies, guidelines and compliance records.	The means of transport is aligned to and complies with government transport policies and guidelines, compliance records and maintenance plan is available.	
7.3	Community health personnel who operate a motorcycle shall be required to be in possession of a valid motorcycle riding license.	Community health personnel who operate a motorcycle are not in possession of a valid motorcycle riding license.	Some community health personnel who operate a motorcycle are in possession of a valid motorcycle riding license.	Community health personnel who operate a motorcycle are in possession of a valid motorcycle riding license.	Community health personnel who operate a motorcycle are in possession of a valid motorcycle riding license and observe riding regulations.	Community health personnel who operate a motorcycle are in possession of a valid motorcycle riding license, observe riding regulations and riders' records are available.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
7.4	Community health personnel shall be trained on how to maintain the transport equipment.	Community health personnel have not been trained on how to maintain the transport equipment.	Some community health personnel have been trained on how to maintain the transport equipment.	Relevant community health personnel have been trained on how to maintain the transport equipment.	Relevant community health personnel have been trained on how to maintain the transport equipment and records are available.	Relevant community health personnel have been trained on how to maintain the transport equipment, are practicing and records are available.	
7.5	There shall be an updated inventory and maintenance plan of transport.	There is no inventory and maintenance plan of transport.	There is an inventory which is not updated and there is no maintenance plan.	There is an updated inventory and maintenance plan of transport.	There is an updated inventory and maintenance plan of transport and records.	There is an updated inventory and maintenance plan of transport, records and evidence of best practice.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
8	DOMAIN 8: REFERRAL SYSTEM						
8.1	Cases requiring further management shall be referred to higher levels of care according to the referral guidelines.	No cases requiring further management referred to higher levels of care according to the referral guidelines.	Cases requiring further management identified but not referred to higher levels of care according to the referral guidelines.	Cases requiring further management identified and referred to higher levels of care according to the referral guidelines.	Cases requiring further management identified, referred to higher levels of care according to the referral guidelines and there are records	All cases requiring further management referred to higher levels of care according to the referral guidelines, follow-up done and records available.	
8.2	There shall be healthcare expert movement to the community where appropriate, to be coordinated by the county and sub-county health management team	There is no healthcare expert movement to the community, where appropriate, coordinated by the county and sub-county health management team.	There is uncoordinated healthcare expert movement to the community, by the county and sub-county health management team.	There is healthcare expert movement to the community where appropriate, coordinated by the county and sub-county health management team.	There is healthcare expert movement to the community and follow-up where appropriate, coordinated by the county and sub-county health management team.	There is healthcare expert movement to the community and follow-up where appropriate, coordinated by the county and sub-county health management team and is documented.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
8.3	There shall be a provision for adequate communication systems between the community and higher levels of care.	There is no provision for communication systems between the community and higher levels of care.	There is inadequate provision of communication systems between the community and higher levels of care.	There is adequate provision of communication systems between the community and higher levels of care.	There is adequate provision of communication systems between the community and higher levels of care and feedback.	There is adequate provision of communication systems between the community and higher levels of care, feedback and documentation.	
9	DOMAIN 9: COMMUNITY HEALTH INFORMATION SYSTEM						
9.1	There shall be completed household records updated every six months in each CHU.	There are no household records in each CHU	There are incomplete household records in each CHU.	There are completed household records updated every six months in each CHU.	There are completed household records updated every six months and used for action in each CHU.	There are completed household records updated every six months, used for action and there's feedback in each CHU.	
9.2	There shall be monthly reports compiled for planning and monitoring of community health service.	There are no monthly reports	There are incomplete monthly reports compiled for planning and monitoring of community health service.	There are complete monthly reports compiled for planning and monitoring of community health service.	There are complete monthly reports compiled for planning and monitoring of community health service, used for decision making.	There are monthly reports compiled for planning and monitoring of community health service, used for decision making and there is feedback.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
9.3	The CHEW shall submit the monthly reports to the link health facility by 5th of every month.	The CHEW has not submitted the monthly reports to the link health facility by 5th of every month.	The CHEW submits monthly reports to the link health facility after the 5th of every month.	The CHEW submits monthly reports to the link health facility by 5th of every month.	The CHEW submits monthly reports to the link health facility by 5th of every month and reports are analyzed.	The CHEW submits monthly reports to the link health facility by 5th of every month, reports are analyzed and used for decision making.	
9.4	Health information generated from the community shall be uploaded into the District Health Information System (DHIS) by 15th of every month, by the Sub-County Health Records Information Officer (HRIO).	Health information generated from the community has not been uploaded into the DHIS by 15th of every month, by the sub-county HRIO.	Health information generated from the community has been uploaded into the DHIS after 15th of every month, by the sub-county HRIO.	Health information generated from the community has been uploaded into the DHIS by 15th of every month by, the sub-county HRIO.	Health information generated from the community has been uploaded into the DHIS by 15th of every month, by the sub-county HRIO and analyzed.	Health information generated from the community has been uploaded into the DHIS by 15th of every month, by the sub-county HRIO analyzed, shared and used for planning.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
9.5	Every CHU shall have and use all reporting tools as per community health service guidelines.	CHUs do not have reporting tools as per community health service guidelines.	Every CHU has and uses some reporting tools as per community health service guidelines.	Every CHU has and uses all reporting tools as per community health service guidelines.	Every CHU has and uses all reporting tools as per community health service guidelines and reports shared.	Every CHU has and uses all reporting tools as per community health service guidelines, reports are shared and feedback given.	
10	DOMAIN 10: COMMUNITY HEALTH FINANCING						
10.1	CHEWs and CHVs shall prepare the annual work plan (AWP) and budget for the CHU to be approved by the CHC.	CHEWs and CHVs have not prepared the AWP and budget.	CHEWs and CHVs have prepared the AWP and budget for the CHU but have not forwarded it to the CHC for approval.	CHEWs and CHVs have prepared the AWP and budget for the CHU to be approved by the CHC.	CHEWs and CHVs have prepared the AWP and budget for the CHU and both have been approved by the CHC.	CHEWs and CHVs have prepared the AWP and budget for the CHU and these have been approved by the CHC and are being implemented.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
10.2	The link facility management team shall prepare a consolidated AWP comprising of the facility and affiliated CHU work plan.	The link facility management team has not prepared a consolidated AWP comprising of the facility and affiliated CHU work plan.	The link facility management team has prepared a facility AWP.	The link facility management team has prepared a consolidated AWP comprising of the facility and affiliated CHU work plan.	The link facility management team has prepared a consolidated AWP comprising of the facility and affiliated CHU work plan and shared with stakeholders	The link facility management team has prepared a consolidated AWP comprising of the facility and affiliated CHU work plan, shared with stakeholders and implemented.	
10.3	The county health management team shall integrate the CHU budget and AWP into the county budget.	The county health management team has not integrated the CHU budget and AWP into the county budget.	The county health management team has received the CHU budget and AWP and is yet to integrate into the county budget.	The county health management team has integrated the CHU budget and AWP into the county budget.	The county health management team has integrated the CHU budget and AWP into the county budget and has been approved.	The county health management team has integrated the CHU budget and AWP into the county budget, has been approved and allocated funds.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
10.4	The county government shall provide vote heads and resource envelop for CHUs in the facility allocation.	The county government has not provided vote heads and resource envelop for CHUs in the facility allocation.	The county government has provided resource envelop without vote heads for CHUs, in the facility allocation.	The county government has provided vote heads and resource envelop for CHUs in the facility allocation.	The county government has provided vote heads and resource envelop for CHUs in the facility allocation with accompanying itemization.	The county government has provided vote heads and resource envelop for CHUs in the facility allocation with accompanying itemization and authority to incur expenditure (AIE).	
10.5	The CHC shall account for the utilized financial resources according to the availed funds.	The CHC has not accounted for the utilized financial resources according to the availed funds.	The CHC has not fully accounted for the utilized financial resources according to the availed funds.	The CHC has accounted for the utilized financial resources according to the availed funds.	The CHC has accounted for the utilized financial resources according to the availed funds in a timely manner.	The CHC has accounted for the utilized financial resources according to the availed funds in a timely manner and prepared technical reports.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
10.6	County health management team or sub-county health management team or CHC shall mobilize resources for CHUs.	County health management team or sub-county health management team or CHC has not mobilized resources for CHUs.	County health management team or sub-county health management team or CHC have strategies to mobilize resources for CHU	County health management team/Sub-county health management team or CHC has mobilized resources for CHUs.	County health management team or sub-county health management team or CHC has mobilized and received resources for CHUs.	County health management team or sub-county health management team or CHC has mobilized and received resources for CHUs and allocated to CHUs for utilization.	
10.7	The sub-county health management teams shall call for audits for CHUs to determine the utilization of funds at the community as per Public Financial Management Act	The sub-county health management teams have not called for audits for CHUs to determine the utilization of funds at the community as per Public Financial Management Act	The sub-county health management teams have called for audits for CHUs to determine the utilization of funds at the community but not as per the Public Financial Management Act	The sub-county health management teams have called for audits for CHUs to determine the utilization of funds at the community as per Public Financial Management Act.	The sub-county health management teams have called for audits for CHUs to determine the utilization of funds at the community as per Public Financial Management Act and have produced audit reports.	The sub-county health management teams have called for audits for CHUs to determine the utilization of funds at the community as per Public Financial Management Act, have produced audit reports and acted on them.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
11	DOMAIN 11: LINKAGES AND PARTNERSHIP						
11.1	There shall be a mechanism for partner and public coordination and accountability at the community by the county health management team.	The County Health Management Team does not have a mechanism for partner coordination and accountability at the community.	There is an ad hoc mechanism for partner and public coordination and accountability at the community by the county health management team.	There is a mechanism for partner and public coordination and accountability at the community by the county health management team.	There is an operational mechanism for partner and public coordination and accountability at the community by the County health management team with standard operating procedures	There is an operational mechanism for partner and public coordination and accountability at the community by the county health management team with standard operating procedures and continued consultations.	
11.2	There shall be a social accountability mechanism by the sub-county health management team/CHC.	There is no social accountability mechanism by the sub county health management team/CHC	The sub county/ CHC has a social accountability mechanism plan	There is a social accountability mechanism by the sub-county health management team/CHC	There is a social accountability mechanism by the sub-county health management team/CHC with regular community forums.	There is a social accountability mechanism by the sub-county health management team/CHC with regular community forums, meeting minutes and feedback.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
11.3	There shall be at least one all-inclusive stakeholder forum convened quarterly by the county or sub-county health management team to improve health in the community.	There is no stakeholder forum convened quarterly by the county or sub-county health management team to improve health in the community.	There is at least one stakeholder forum convened quarterly by the county or sub-county health management team to improve health in the community, which is not inclusive.	There is at least one all-inclusive stakeholder forum convened quarterly by the county or sub-county health management team to improve health in the community.	There is at least one all-inclusive stakeholder forum convened quarterly by the county or sub-county health management team to improve health in the community with action points and recommendations.	There is at least one all-inclusive stakeholder forum convened quarterly by the county or sub-county health management team to improve health in the community with action points, recommendations and implementation reports.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
11.4	There shall be inter-sectoral collaboration involving all non -health stakeholders convened by the county or sub-county health management team to promote community health services.	There is no inter-sectoral collaboration involving all non -health stakeholders convened by the county or sub-county health management team to promote community health services.	There is inter-sectoral collaboration involving some non -health stakeholders convened by the county or sub-county health management team to promote community health services.	There is inter-sectoral collaboration involving all non -health stakeholders convened by the county or sub-county health management team to promote community health services.	There is inter-sectoral collaboration involving all non -health stakeholders convened by the county or sub-county health management team to promote community health services, action points and reports.	There is inter-sectoral collaboration involving all non -health stakeholders convened by the county or sub-county health management team to promote community health services, action points, reports, feedback and follow-up.	
12	DOMAIN 12 : SERVICE DELIVERY						
12.1	There shall be biannual registration of all household members by the community health volunteer	There is no biannual registration of household members by the community health volunteer.	There is irregular registration of household members by the community health volunteer.	There is biannual registration of all household members by the community health volunteer.	There is biannual registration of all household members by the community health volunteer and the CHEW is updated accordingly and data analyzed.	There is biannual registration of all household members by the community health volunteer, the CHEW is updated accordingly, data analyzed and data is utilized.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
12.2	There shall be a monthly visit to every household by the CHV to offer services on various health aspects.	There is no monthly visit to households by the CHV to offer services on various health aspects.	There is irregular visit to households by the CHV to offer services on various health aspects.	There is a monthly visit to every household by the CHV to offer services on various health aspects.	There is a monthly visit to every household by the CHV to offer services on various health aspects with proper documentation.	There is a monthly visit to every household by the CHV to offer services on various health aspects with proper documentation and follow-up.	
12.3	CHVs shall use job aids to guide their work at the household level.	CHVs do not use job aids to guide their work at the household level.	CHVs irregularly use job aids to guide their work at the household level.	CHVs use job aids to guide their work at the household level.	CHVs use job aids to guide their work at the household level and document the quality of the job aid.	CHVs use job aids to guide their work at the household level, document the quality of the job aid, report and give feedback to the stakeholders.	
12.4	There shall be at least quarterly community action days for every CHU.	There are no quarterly community action days for CHUs.	There are irregular community action days in every CHU	There are at least quarterly community action days for every CHU.	There are at least quarterly community action days for every CHU and there is documentation.	There are at least quarterly community action days for every CHU, there is documentation and follow-up.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
12.5	There shall be a chalkboard, updated monthly, for recording community health information in each CHU.	There is a chalkboard for recording community health information in each CHU which is not updated.	There is an irregularly updated chalkboard for recording community health information in each CHU.	There is a chalkboard, updated monthly for recording community health information in each CHU.	There is a chalkboard updated monthly for recording community health information in each CHU with analyzed data.	There is a chalkboard, updated monthly, for recording community health information in each CHU with analyzed data used for improvement	
12.7	There shall be reporting of early signs to monitor imminent disasters and emergencies by CHVs.	There is no reporting of early signs to monitor imminent disasters and emergencies by CHVs.	There is identification of early signs to monitor imminent disasters and emergencies by CHVs.	There is reporting of early signs to monitor imminent disasters and emergencies by CHVs.	There is reporting of early signs to monitor imminent disasters and emergencies by CHVs with analysis conducted.	There is reporting of early signs to monitor imminent disasters and emergencies by CHVs, analysis has been conducted and action taken.	
12.8	Management of common conditions shall conform with specific disease treatment guidelines.	Management of common conditions does not conform to specific disease treatment guidelines.	Management of some common conditions conforms to specific disease treatment guidelines.	Management of common conditions conforms to specific disease treatment guidelines.	Management of common conditions conforms to specific disease treatment guidelines with data generated.	Management of common conditions conforms to specific disease treatment guidelines, data generated and there is follow-up	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
13	DOMAIN 13: MONITORING AND EVALUATION						
13.1	There shall be monthly community dialogue fora convened by the CHEWs in charge, as per the CHS guidelines.	There are no monthly community dialogue fora convened by the CHEWs in charge, as per the CHS guidelines.	There are irregular community dialogue fora convened by the CHEWs in charge, as per the CHS guidelines.	There are monthly community dialogue fora convened by the CHEWs in charge as per the CHS guidelines.	There are monthly community dialogue fora convened by the CHEWs in charge as per the CHS guidelines and issues identified.	There are monthly community dialogue fora convened by the CHEWs in charge as per the CHS guidelines, issues identified and action taken.	
13.2	There shall be adequate standard data capture and reporting tools made available by the sub-county health management team.	There are no standard data capture and reporting tools made available by the sub-county health management team.	There are inadequate standard data capture and reporting tools made available by the sub-county health management team.	There are adequate standard data capture and reporting tools made available by the sub-county health management team.	There are adequate standard data capture and reporting tools made available by the sub-county health management team. which are in use.	There are adequate standard data capture and reporting tools made available by the sub-county health management team, which are in use and data collected used for planning.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
13.4	There shall be quarterly analysis, interpretation and dissemination of community health data led by the CHEW.	There is no analysis, interpretation and dissemination of community health data led by the CHEW.	There is analysis, interpretation and no dissemination of community health data led by the CHEW.	There is quarterly analysis, interpretation and dissemination of community health data led by the CHEW.	There is quarterly analysis, interpretation and dissemination of community health data led by the CHEW and action points identified.	There is quarterly analysis, interpretation and dissemination of community health data led by the CHEW, action points identified and implemented.	
13.5	There shall be health action days informed by the dialogue fora convened by the CHEW.	There are no health action days informed by the dialogue fora convened by the CHEW.	There are health action days but not informed by the dialogue fora convened by the CHEW.	There are health action days informed by the dialogue fora convened by the CHEW.	There are health action days informed by the dialogue fora convened by the CHEW with feedback to the relevant stakeholders.	There are health action days informed by the dialogue fora convened by the CHEW with feedback to the relevant stakeholders and follow-up.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
13.6	There shall be monthly CHEW or CHV meetings to receive activity reports and discuss service statistics data, experiences, challenges, lessons learnt and give feedback. Such meetings shall be convened by the CHEW in charge.	There are no monthly CHEW or CHV meetings to receive activity reports and discuss service statistics data, experiences, challenges, lessons learnt and give feedback convened by the CHEW in charge.	There are irregular CHEW or CHV meetings to receive activity reports and discuss service statistics data, experiences, challenges, lessons learnt and give feedback convened by the CHEW in charge.	There are monthly CHEW or CHV meetings to receive activity reports and discuss service statistics data, experiences, challenges, lessons learnt and give feedback convened by the CHEW in charge.	There are monthly CHEW or CHV meetings to receive activity reports and discuss service statistics data, experiences, challenges, lessons learnt and give feedback convened by the CHEW in charge and there are minutes and action points.	There are monthly CHEW or CHV meetings to receive activity reports and discuss service statistics data, experiences, challenges, lessons learnt and give feedback convened by the CHEW in charge, there are minutes, action points and review of previous action points.	
13.7	There shall be bi-annual data quality audits of CHUs led by the sub-county health information officer.	There are no data quality audits of CHUs led by the sub-county health information officer.	There are irregular data quality audits of CHUs led by the sub-county health information officer.	There are bi-annual data quality audits of CHUs led by the sub-county health information officer.	There are bi-annual data quality audits of CHUs led by the sub-county health information officer with documentation.	There are bi-annual data quality audits of community health units led by the sub-county health information officer, with documentation and feedback.	

	Score	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Weighted Score
13.8	There shall be joint review and learning sessions for CHEWs to share experiences convened by the sub-county health management team.	There are no joint review and learning sessions for CHEWs to share experiences convened by the sub-county health management team.	There are plans for joint review and learning sessions for CHEWs to share experiences convened by the sub-county health management team.	There are joint review and learning sessions for CHEWs to share experiences convened by the sub-county health management team.	There are joint review and learning sessions for CHEWs to share experiences convened by the sub-county health management team. and best practices standardized.	There are joint review and learning sessions for CHEWs to share experiences convened by the sub-county health management team, and best practices have been standardized and disseminated.	
13.9	There shall be quarterly functionality assessment of CHUs led by the sub-county community health strategy focal person.	There is no functionality assessment of CHUs led by the sub-county community health strategy focal person.	There is irregular functionality assessment of CHUs led by the sub-county community health strategy focal person.	There is quarterly functionality assessment of CHUs led by the sub-county community health strategy focal person.	There is quarterly functionality assessment of CHUs led by the sub-county community health strategy focal person with documentation and action plan.	There is quarterly functionality assessment of CHUs led by the sub-county community health strategy focal person with documentation, action plan and follow-up.	

CONTRIBUTORS

Ministry of Health - Division of Standards, Quality Assurance and Regulations

1. Dr. Charles Kandie
2. Manaseh Bocha
3. Francis Muma
4. Samuel Okuche
5. Dr. Pauline Duya
6. Isaac Mwangangi

Ministry of Health - Community Health Services Unit

7. Dr. Salim Ali Hussein
8. Samuel Njoroge
9. Jane Koech
10. Ruth Ngechu
11. Caroline Sang
12. Daniel Kavoo
13. Charity Tauta
14. Hilary Chebon
15. Diana Kamar
16. Ambrose Juma
17. Samuel Kiogora
18. Stella Kimani
19. Mercy Tsimibiko

Ministry of Health - Neonatal, Child and Adolescent Unit

19. Stanely Mbuva

Ministry of Health - Division of Environmental Health

20. Benjamin Murkomen

Ministry of Health - Division of Family Health

21. Clarice Okumu

Ministry of Health - Health Promotion Unit

22. Isabella N. Ndwiga

Japan International Cooperation Agency - Community Health Services

23. Makiko Kinoshita
24. Kenneth Ogendo
25. Akiko Hirano
26. Salmon Owii

Japan International Cooperation Agency - Kenya Country Office

27. Elijah Kinyangi

USAID - Applying Science to Strengthen and Improve Systems

28. Roselyn Were
29. Jacqueline Kimani
30. Charles Kimani
31. Eunice Musembi
32. Dr. Subiri Obwogo
33. Doreen Bwisa
34. Bornface Onyango

International Development Institute - Africa

35. Dr. Charles Oyaya
36. Lawrence Oguk
37. Paul Mbanga
38. Emily Wanja

Great Lakes University of Kisumu

39. Dr. Margaret Kaseje
40. Elizabeth Ochieng

Africa Medical Research Foundation

41. George Oele

APHIA Plus - Nairobi Coast

42. Jefferson Mwaisaka

Goal Kenya

43. David Siso
44. Lawrence Kegoli

MINISTRY OF HEALTH

USAID
ASSIST PROJECT
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Health Services
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CHS
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in Kenya

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MINISTRY OF HEALTH
Afya House, P. O. Box 30016 - 00100, Nairobi
www.health.go.ke | www.chs.health.go.ke