

REPUBLIC OF KENYA



MINISTRY OF HEALTH

**3rd EDITION HEALTH SECTOR INDICATOR
AND
SOP MANUAL**

August 17

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List of Acronyms

AKI - Association Of Kenya Insures
AIDS- Acquired Immune Deficiency Syndrome
ANC- Antenatal Care
AWP- Annual Work Plan
BMI- Body Mass Index
CHI- Community Health Information
CHV- Community Health Volunteers
CHW - Community Health Worker
CRS- Civil Register Services
CRVS- Civil Registration and Vital Statistics
DHIS- District Health Information System
EAC- East African Community
ECSA- East Central and South African Community Countries
EMMS- Essential Medicines and Essential Medical Supplies
EQA- External Quality Assurance
FBOs- Faith Based Organisations
FCTC- Framework for Prevention on Tobacco Control
GoK- Government of Kenya
GDP- Gross Domestic Product
HED- Heavy Episodic Drinking
HIS- Health Information System
HIV- Human Immune Deficiency
ICD- International Classification Of Diseases
ICT- Information Communication Technology
IFMIS- Integrated Financial Management Information System
IHRIS- Integrated Human Resource Information System
IPPD- Integrated Payroll And Personnel Database
KDHS- Kenya Demographic Health Survey
KEPH- Kenya Essential Package for Health
KHSSP- Kenya Health Sector Strategic Plan
KHHEUS- Kenya Household Health Expenditure Utilization Survey
KMHFL- Kenya Master Health Facility List
KNBS- Kenya National Bureau of Statistics
KNOHS- Kenya National Oral Health Services
M&E- Monitoring and Evaluation
MDA- Mass Drug Administration
MDG- Millennium Development Goals
MFL- Master Facility List

MOH- Ministry of Health
NHA - National Health Account
NCD- Non-Communicable Conditions
NPHL- National Public Health Laboratory
OPD- Out Patient Department
PSCG- Public Service Commission Guideline
PWDs- Persons with Disabilities
QA- Quality Assurance
SARA- Service Availability and Readiness Assessment
SDG- Sustainable Development Goals
SCHMT- Sub County Health Management Team
SLIPTA- Stepwise Laboratory Improvement towards Accreditation
STEP- Stepwise Approach to Surveillance
WHO- World Health Organisation
WRA- Women of Reproductive Age

Foreword

The third edition of the Kenya health sector indicator manual and standard operating procedures has been developed through a consultative approach and is aimed at guiding the Health sector Monitoring and Evaluation. The development of the Document has been informed by the Global commitments in health and health related sectors; mainly the Sustainable Development Goals (SDGs), regional commitments as well as the health priorities for the Government of Kenya. It will aid the sector track the progressive realization of the right to health as enshrined in the Kenya Constitution 2010; the priorities of the Kenya Vision 2030 and the aspirations of the Kenya health sector that are spelt out in the Kenya Health Policy 2014-2030.

The document outlines the Minimum data sets that will be used by the Health sector for implementing and reporting the Medium term plans for the Kenya Vision 2030 and the Kenya Health Policy Framework 2014 – 2030. The key indicators for the health sector have been defined in reference to the global documents such as the list of SDGs indicators, WHO reference list of 100 indicators, WHO compendium of indicators among others. For each of the indicators elaborate definition of has been done including the indicator objective; the purpose; how the indicator should be calculated; the important tools to be used as well as data management guidelines. Specific areas of applicability are also highlighted. Further, standard operating procedures are annexed as part of the document to offer guidance to the users.

It is envisaged that this manual will be used by all health stakeholders across the country in order to have uniformity of purpose and reporting as a part of enhancing common data architecture for Kenya. Each level of the Health system is expected to use the data generated for evidence decision making and hence the need for all service providers, development partners, implementing partners, private sector in Kenya's health sector as well as managers get acquitted with this vital tool and use it appropriately in planning, monitoring and evaluation of health services. The Indicator manual is beneficial as a reference list of core health indicators for the health sector in Kenya; for promoting rationalization and harmonization of indicator reporting requirements by all players; to improve alignment between global reporting needs and country processes for monitoring of progress and performance; to enhance efficiency and streamline investments in data sources and analyses for the indicators and to improve the quality of results-based monitoring by focusing on better data for selected agreed on indicators. Additionally the selected sector indicators will guide the development of data collection tools and hence avoid the proliferation of such tools.

It is my hope, therefore that all stakeholders in the health sector will use this reference manual and standard operating procedures in order to increase efforts in service provision and raise standards for recording, documenting and reporting. On behalf of the Ministry of Health, I would like to express my appreciation to all those who participated in the development of this document as well as the partners who offered the Technical and Financial support. **Please take note** that as per the earlier guidelines the next reviews will commence after Three (3) Years of operationalisation.

Dr CleopaMailu EGH,
CABINET SECRETARY
MINISTRY OF HEALTH

Acknowledgements

I would like to express my special thanks and gratitude to the cabinet secretary Ministry of Health Dr. Cleopa Mailu, The Director of Medical Services: Dr Jackson Kioko , Departmental heads, Program Managers and officers of various department in the Ministry of Health for their patronage and input during the period of producing this important document. Further we would like to thank county CECs, County Directors of Health and other County Staffs for their collaborative efforts, participation in the development of this important reference document and inputs towards its finalisation.

Production process of the document involved broader and lengthy information gathering through reviews and reference of several relevant documents and in consultation with experts of various fields in health.

The Ministry of Health in close collaboration with technical assistants from various partner organizations had been involved in a series of technical consultations in peer review of the same indicators since 2015. The final version was successfully completed with the technical experts from the Ministry of health departments and focal points and from international non-governmental organizations and technical reference groups that included: Dr. Rudi Eggers, WHO Country Representative, UNICEF, JICA, UNFPA, USAID, Measure evaluation (PIMA), Centre for Disease Control and Prevention (CDC), all County CEC Health and more specifically, Dr.Ogaja, Dr.Mulwa, Dr. Susan Ogada, all County directors of health and more so Kericho, Uasin Gishu, Lamu, Kwale, Kirinyaga, Heads of departments – Ministry of Health, Heads of SAGAs/Parastatals, Heads of divisions and units.

Finally we appreciate technical consultation offered by the intelligence technical working group on indicators and reporting burden established by the Ministry of Health, Kenya with the leadership of Dr Peter Kimuu, Dr David Soti, Dr Peter Cherutich and Dr Isabella Maina. We would like to reassure all concerned that the indicators are based on global health standards and ask each individual to study this document carefully and use it as the reference document for tracking progress in the health sector.

MR JULIUS KORIR CBS
PRINCIPAL SECRETARY

Introduction

The Paris Declaration of 2005 identified key principles for aid effectiveness, ownership, alignment, harmonization, mutual accountability and managing results. This was enhanced by a forum in Accra Ghana in 2008 for better ways of measurements and accountability. In June 2015, leaders of Global health agencies and participants met to take stock on progress made and recognized the opportunities to radically improve health information and statistical systems in the context of the post 2015 sustainable development goals. They committed to a fifteen-year roadmap to improve health measurement and accountability for post-2015 in low and middle-income countries.

In September 2015, the global Sustainable Development Goals were adopted as a historic decision on a comprehensive, far-reaching and people-centered set of universal and transformative Goals and targets by 2030. The sustainable development goals focused on three dimensions — economic, social and environmental — in a balanced and integrated manner. The Governments have the primary responsibility for follow-up and review, at the national and county levels, progress made in implementing the 17 Goals and 169 targets over the coming 15 years. To support accountability the Health sector Monitoring and Evaluation will provide for systematic follow-up and review at the various levels. As Indicators are being developed to assist this work, Kenya is prepared to ensure that Quality, accessible, timely and reliable disaggregated data is available to help with the measurement of progress. Such data is key to decision-making.

Data and information from existing reporting mechanisms has been used to measure progress and accountability to the Kenyan citizens as enshrined in the constitution. The constitution of Kenya, under the bill of rights guarantees Kenyans the right to the highest standards of health. The health sector through the Health Policy 2014-2030 and the Kenya Health sector strategic Plan 2014-2018 and other sector strategic documents has committed to progressively work towards achieving this right to highest standards of health.

Kenya defined a minimum set of indicators in 2005 and refined the data collection tools to track progress in the health sector. This was enhanced in 2010 when a National Information System DHIS-2 was introduced as a unified system for reporting. The current indicator set and SOPs manual (The 2nd Edition) was developed in 2012 and tools revised to accommodate the indicator set for reporting. It was also envisaged that the next review would commence three years later to accommodate the new emerging and re-emerging priorities and redefine some indicator sets and measurements for target setting. It's at this point that we initiated the process of reviewing the 2nd edition indicator manual, the minimum data sets and primary tools for data collection and reporting in 2015, with official inauguration of the Technical Working group.

The manual provides a comprehensive listing of the most widely used indicators that will guide the various entities in Kenya. Moreover, the indicators are organized according to the MOH operational framework. This framework specifies how entities are expected to achieve results at both the entity and the population level. Thus, in addition to determining whether the entity achieved the desired outcome at the population level, one can also trace through the different components of the health system to identify strong points to be reinforced and shortcomings to be redressed.

The specific objectives of this manual are: to provide a definition of indicators in an effort to enhance the consistent use of terms across the various entities; to make indicators better known and easier to use; to differentiate the levels for which indicators are needed (entity versus population level); to compile in a single volume those indicators judged most useful in MOH evaluation; to incorporate the indicators from priority emerging issues in the health sector including epidemiological changes and regional and international commitments during the review period, for instance, the sustainable development goals (SDGs) indicators; as a guide to the review of data collection and reporting tools by including new priority data elements

Intended Audience

Several audiences should find this manual very pertinent to their own work, including:

1. Staff responsible for designing and evaluating projects/ Evaluation specialists responsible for monitoring and evaluating performance;
 - To compare definitions of indicators currently in use with the operational definitions included in this manual to ensure consistency in terms;
 - To choose from this compendium of possible indicators in developing an evaluation plan for ongoing and/or future activities;
 - To identify the output that can be expected from different functional areas and that can be reasonably linked to the activities conducted in that area; and
 - To appreciate the linking of activities in functional areas directly to population-based effects.
 - To recognize definitional boundaries and categories in the use of specific indicators.
2. Health administrators/managers/CHMTs/SCHMTs;
 - To assess whether the evaluations done, include the key indicators for assessing performance.
 - To use the indicator conceptual framework as a point of reference in designing data collection and reporting tools;
 - To perform critical data collation, analysis, interpretation, performance review and design actions.
3. Researchers and academia
 - To use the indicator conceptual framework as a point of reference in designing research and projects;
 - To expand the traditional approach to evaluation, to include a more detailed and elaborate review and analysis design.
4. Service delivery workers/ Health workers/ community volunteers
 - To use the indicator conceptual framework as a point of reference in designing data collection and reporting tools;
 - To perform an elaborate good data collection, analysis, review, feedback and use of information evidence for improved health services or actions.

Health investments

Introduction

This chapter defines performance monitoring indicators in the eight areas of investment in the sector. The eight areas are arranged in three broad bands, that is, Service delivery, Infrastructure and health products followed by Human Resources for Health, Health Care Financing and Leadership then Health Information and Research and Development. Indicators in this area are mainly around Inputs and Outputs. Indicators are defined in line with other existing compendia of indicators especially, WHO, KHSSP and other reference documents. Some indicators especially in the area of Community Health Services, Referrals and Research and Development are newly defined therefore they are not referenced.

Priority indicators in investment areas are sixty five (65) in total. They include; Service delivery (10), Infrastructure (5), Health Products (6), Human Resources (6), Health Care Financing (17), Governance and Leadership (16), Health Information System (4) and Research and Development (1). Data collection method and frequency of reporting varies. Some indicators will be collected through routine system while others will be collected through periodic surveys or health facility assessments. Reporting for the indicators will also vary from monthly, quarterly, annual and periodic. The following is the full list of indicator definition by thematic areas:

List of Health Investments indicators

Service Delivery

- Percentage of functional community units
- Proportion of Households visited by CHVs on monthly basis
- Proportion of Community Health Volunteers Reporting on monthly basis
- Percentage of hospitals offering emergency trauma services
- Percentage hospitals offering Caesarean services
- Percentage of 1st OPD attendance for specialized care who are referrals from lower level facilities.
- Referral uptake rate
- Average length of stay (ALOS)
- Bed occupancy rate
- Hospital in-patient turnover rate

Health Infrastructure

- Number of health facilities per 10,000 population (Health facility density)
- Number of hospital beds per 10,000 population (Hospital Bed density)
- Percentage of health facilities with access to a functional ambulance for effective referral system
- Percentage of health facilities equipped as per norms
- The percentage of people within reasonable distance (5 km) to a health facility.

Health Products

- Percentage time out of stock for a set of tracer medicines and medical supplies
- Percentage of health facilities with tracer medicines and medical supplies
- Percentage of tracer health commodities reaching end users
- Proportion of health facilities with proper quantification of essential drugs and lifesaving commodities.
- Percentage of health facilities that experienced no stock-out of imaging consumables
- Number of Condoms distributed

Human Resource for Health

- Density of community health volunteers (per 5 000 population)
- Health Workers Density (per 10 000 population)
- Proportion of health workers that receive relevant in-service training per year
- Percentage of staff who have undergone continuous professional development (CPD)
- Number of health professionals graduated per cadre
- Staff attrition rate

Health Care Finances

- Percentage of public health expenditure spent on personnel emoluments
- Percentage of revenue collected at service point and banked
- Proportion of total Government Allocations to Health
- Proportion of total Government expenditure to Health
- Off-budget resources allocated for health as % of total health sector resources.
- General government expenditure on health as % of the total government expenditure
- Total expenditure on health as a percentage of GDP
- Percentage of public health financial resources reaching end users
- Per capita total expenditure on health
- Out of pocket expenditure on health
- Incidence of catastrophic health expenditure
- Proportion of Kenyans who are covered by any form of health insurance
- Percentage of Health Expenditure by Investment Area
- Percentage of the approved Health budget transferred to National Referral facilities
- HIV as a percentage of total health expenditure
- Off-budget resources spent for HIV as percent of national HIV expenditure
- Percentage of NGOs reporting interventions and finances for HIV programs

Leadership, Governance and Coordination

- Percentage of health facilities supervised in a quarter
- Percentage of health facilities inspected annually
- Proportion of planning units with approved Annual Work Plan
- Proportion of planning units with performance reports

- Percentage of planning units with performance contracts
- Percentage of health facilities with a functional facility management committee
- Percentage of health entities with functional anti-corruption committees
- Percentage of counties with functional County Health Management Teams
- Number of health sector steering committee meetings held
- Number of Health Sector Intergovernmental Consultative Forum held in a reporting year
- Number of county interagency forum meetings held at county level
- Proportion of CHUs holding quarterly dialogue meetings
- Proportion of CHUs holding action days
- Percentage of Government Ministries, Counties, Departments and Agencies (MCDA's) reporting using Maisha Certification systems against targets set in their HIV Plans
- Number of people reporting stigma and discrimination referred to the HIV tribunal
- Proportion of Counties with HIV Coordination Committees

Health Information Systems

- Percentage of facilities and community units submitting reports within the required timeliness
- Percentage completeness of reporting
- Number of quarterly data review meeting held
- Number of quarterly bulletins developed and disseminated

Health Research Development

- Percentage of policies, standards and guidelines developed using evidence from research

Summary of indicators in logical results chain

Section	Inputs	Outputs	Outcomes	Impact	Total
Service delivery	2	8	0	0	10
Health infrastructure	2	3	0	0	5
Health products	4	2	0	0	6
Human Resource for Health	3	2	1	0	6
Health care finance	12	5	0	0	17
Leadership and Governance	2	14	0	0	16
Health Information	0	4	0	0	4
Health Research and development	0	1	0	0	1
Total	25	39	1	0	65

1.1 Service Delivery Systems

INDICATOR NAME	Proportion of functional community health units					
HIS CODE:	HIS-M&E001					
OBJECTIVE OF THE INDICATOR	To determine the coverage of functional community health units and inform level of service delivery at level 1.					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓
DEFINITION OF IMPORTANT TERMS	<p>Community health unit: is lowest service point at community level which is equivalent to a sub-location with a population of approximately 5,000 persons served by a community health Extension (CHEW) and CHVs and governed by community health committee.</p> <p>Functional community health unit must meet the following criteria:</p> <ol style="list-style-type: none"> 1. Holds Quarterly dialogue days Dialogue day- days held by communities to discuss matters pertaining to their health and health related activities as collected through the community based data collection tools (, MOH 516) 2. Conduct at least one (1) action day monthly Action days are days set aside by the communities to undertake actions to respond to the health needs of the community as identified during the dialogue days 3. CHVs and CHEW hold one monthly feedback meeting 4. Community Health Unit has at least one CHEW and ten CHVs working in the CHU 5. Monthly reporting using the MOH approved CHIS tools (, MOH514, MOH515, MOH516, MOH 100) <p>Note: Expected community health units:= total population divided by 5,000 persons.</p>					
NUMERATOR	Number of functional community health units					
DENOMINATOR	Total Number of community health units established					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	<p>To empower Kenyan households and communities to take charge of improving their own health.</p> <p>The Kenya Essential Package for Health (KEPH) introduced six life-cycle cohorts and six service delivery levels. One of the key innovations of KEPH is the recognition and introduction of level 1(Tier one) service, which are. Tracking this indicator is important as any decisions to offer services at the community level will depend on the existence of the units.</p>					
FREQUENCY	<u>COLLECTION:</u>					

	After six months (Biannual) REPORTING: Bi annual UTILISATION: Continuously for planning and implementation of community level services					
DATA SOURCE	NUMERATOR: Kenya Master Health Facility List (KMHFL) & DHIS2/Reports DENOMINATOR: KMHFL/ Master community health Listing					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: Data on established community health units will be extracted from the KMHFL and subjected to validation through the community health and development unit. Data on functionality will be sourced from DHIS2. CALCULATION: Number of functional units/number of established units X100 NOTE: Quality of data in DHIS2 should be assured.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Households visited by CHVs on monthly basis					
HIS CODE:	HIS-M&E002					

OBJECTIVE OF THE INDICATOR	To determine performance of community health volunteers CHVs					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Community health unit: This is lowest service point at community level which is equivalent to a sub-location with a population of approximately 5,000 persons served by a community health Extension (CHEW) and CHVs and governed by community health committee. Every household served by a CHU must be visited at least once a month by the CHV.					
NUMERATOR	Number of households visited at least once in a month					
DENOMINATOR	Total Number of households covered by a CHU					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To track performance of community health volunteers					
FREQUENCY	COLLECTION: Data collected routinely at community level, aggregated and reported monthly to the link facilities. REPORTING: Monthly					

	UTILISATION: Continuously for planning and implementation of community level services					
DATA SOURCE	NUMERATOR: DHIS2/ Reports (MoH 514, 515) DENOMINATOR: KMHFL/MCUL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: Data on household visit will be sourced from DHIS2. CALCULATION: Number of households visited divided by total households assigned to the CHU					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Community Health Volunteers Reporting on monthly basis.
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HIS CODE:	HIS-M&E003
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OBJECTIVE OF THE INDICATOR	To determine the reporting rate of community health volunteers.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Community health unit: This is lowest service point at community level which is equivalent to a sub-location with a population of approximately 5,000 persons served by a community health Extension (CHEW) and CHVs and governed by community health committee. Every household served by a CHU must visited at least once a month by the CHV Each community health unit has at least 10 community health volunteers who visit the house holds on monthly basis and collect house hold reports					
NUMERATOR	Number of community health volunteers who reported					
DENOMINATOR	Total Number of community health volunteers expected to report					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To track the reporting rate of CHVs					
FREQUENCY	COLLECTION: Data collected routinely at community level, aggregated and reported monthly to the link facilities. REPORTING: Monthly UTILISATION: Continuously for planning and implementation of community level services					

DATA SOURCE	<u>NUMERATOR:</u> Kenya Master Health Facility List (KMHFL) & DHIS2 <u>DENOMINATOR:</u> KMHFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Data on established community units will be extracted from the KMHFL and subjected to validation through the community health and development unit. Data on functionality will be sourced from DHIS2. <u>CALCULATION:</u> Number of reporting CHVs divided by number of reports received multiplied by 100.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of hospitals offering emergency trauma services					
HIS CODE:	HIS-M&E004					
OBJECTIVE OF THE INDICATOR	To improve access to emergency trauma services					

REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Emergency Trauma Services: Is a model of care designed to care for patients with multiple serious injuries that could result in death or serious disability					
NUMERATOR	Number of Hospitals offering emergency trauma services					
DENOMINATOR	Total Number of existing Hospitals in a defined area					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	To prevent complications and deaths resulting from trauma by providing timely emergency services					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILISATION:</u> Continuously					
DATA SOURCE	<u>NUMERATOR:</u> KMHFL <u>DENOMINATOR:</u> KMHFL					

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: REVIEW OF THE KMHFL</u> <u>CALCULATION: NUMBER OF HOSPITALS OFFERING EMERGENCY TRAUMA SERVICES DIVIDED BY THE TOTAL NUMBER OF EXISTING HOSPITALS X 100</u> <u>NOTE: KMFL should be updated at least every Three months or quarterly</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓		✓	✓		

INDICATOR NAME	Percentage hospitals offering Caesarean services					
HIS CODE:	HIS-M&E005					

OBJECTIVE OF THE INDICATOR	To improve proximal access to caesarean services.					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Number of hospitals offering caesarean services.					
DENOMINATOR	Total Number of existing Hospitals in a defined area					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	To reduce the risk of maternal death by providing caesarean services.					
FREQUENCY	<u>COLLECTION: Annually</u> <u>REPORTING: Annually</u> <u>UTILISATION: Continuously</u>					
DATA SOURCE	<u>NUMERATOR: KMHFL</u> <u>DENOMINATOR: KMHFL</u>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: REVIEW OF KMHFL</u> <u>CALCULATION: NUMBER OF HOSPITALS OFFERING CAESAREAN SERVICES DIVIDED BY THE TOTAL NUMBER OF HOSPITALS IN A DEFINED AREA X 100</u> <u>NOTE:</u>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓		✓	✓		

INDICATOR NAME	Percentage of 1st OPD attendance for specialized care who are referrals from lower level facilities.
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HIS CODE:	HIS-M&E006
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OBJECTIVE OF THE INDICATOR	To increase utilization of specialized care OPD by referrals from lower level facilities.
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p>1st Specialized OPD Attendance: These are visits patients make to the hospital for specialized OPD care with a fresh complaint.</p> <p>Referrals: These are patients, with documentation from a lower level facility (primary care facility), seeking specialised or advanced care in a higher-level facility (hospital in this case).</p>			
NUMERATOR	Number of 1 st OPD Referrals (from lower facilities)			
DENOMINATOR	Total specialized care OPD 1st Attendances			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Health facility, District, County, Regional and national levels			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	This indicator assists in monitoring the utilization of hospitals specialized OPD care as referral facilities			
FREQUENCY	<p><u>COLLECTION:</u> Daily</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Monthly</p>			
DATA SOURCE	<p><u>NUMERATOR:</u> OPD attendance tally sheet MOH 701, MOH 705</p> <p><u>DENOMINATOR:</u> OPD attendance tally sheet MOH 701, MOH 705</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD:</u></p> <p><u>CALCULATION:</u> [Number of 1st OPD Referrals (from lower facilities)] divided by [Total Specialised Clinics OPD 1st Attendances] X 100</p>			

	<u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Referral uptake rate					
HIS CODE:	HIS-M&E007					
OBJECTIVE OF THE INDICATOR	To increase utilization of referral services					

REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Referrals: These are patients, with documentation from a lower level facility, seeking specialised or advanced care in a higher-level facility (hospital in this case).					
NUMERATOR	Number of clients who complete referrals					
DENOMINATOR	Total number of clients referred					
UNIT OF MEASURE	Rate					
DISAGGREGATION	Community, Health facility, County and national					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To assess the success of referral systems and fill the gaps					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly, quarterly, annually					
DATA SOURCE	<u>NUMERATOR:</u> OPD attendance Registers, tally sheet MOH 701, MOH 705 ;Discharges summary <u>DENOMINATOR:</u> OPD attendance tally sheet MOH 701, MOH 705 ; Discharges summary					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> [Total number of clients who complete referrals divided by [Total number of clients referred] X 100					
(DATA COLLECTION)	<u>NOTE:</u>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Average length of stay (ALOS)					
HIS CODE:	HIS-M&E008					
OBJECTIVE OF THE INDICATOR	To measure the duration of stay as a proxy indicator for quality of service.					

REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	<p>Length of Stay – The duration a patient spends in a health facility from admission to discharge</p> <p>Inpatient days – is the grand sum of days all the patients have spent in the hospital during the period under review including Contacts lasting less than 24 hours but including an overnight stay, such that the individual leaves the health care facility the day following the day of admission, are normally counted as inpatient care irrespective of the original intention.</p> <p>Inpatient discharges – generic term covering all alive patients who have completed inpatient treatment or referred for further attention in another facility.</p> <p>Inpatient deaths – All patients who die in a hospital after having been admitted.</p>					
NUMERATOR	Grand sum of In-patient days (Length of stay)					
DENOMINATOR	In-patient Discharges + In-patient Deaths (Total No. of Discharges)					
UNIT OF MEASURE	Ratio					
DISAGGREGATION	Health facility, Disease classification					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	The average length of stay shows the efficiency of health facility inpatient services					
FREQUENCY	<p>COLLECTION: Daily</p> <p>REPORTING: Monthly</p> <p>UTILISATION: Monthly, quarterly and annually</p>					
DATA SOURCE	<p>NUMERATOR: Inpatient register MOH 301 , Daily Bed Returns and disease index MOH 268</p> <p>DENOMINATOR: Inpatient register MOH 301 , Daily Bed Returns and disease index MOH 268</p>					

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD:</u></p> <p><u>CALCULATION:</u> = (Grand sum of In-patient days) / (In-patient Discharges + In-patient Deaths)</p> <p><u>NOTE:</u> This indicator is used in conjunction with two other indicators namely: Bed Occupancy Rate and Bed Turnover Rate.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Bed occupancy rate					
HIS CODE:	HIS-M&E009					
OBJECTIVE OF THE INDICATOR	To determine the extent of utilisation of facilities for inpatient care					

REFERENCES	WHO	MDG	SDG	ECOSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Patient Bed Days- Total number of days a bed is occupied by patients for the period under review</p> <p>Bed occupancy rate- Percentage of beds occupied during a given period of time</p>					
NUMERATOR	Number of patient bed days					
DENOMINATOR	Number of beds in an institution x Number of days in time period under review					
UNIT OF MEASURE	Rate					
DISAGGREGATION	Health facility					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	The bed occupancy rate gives the average percentage of occupied beds during the period under review (usually one year). Within the health facility a comparison over time can be used as tool for measuring increased or decreased utilization.					
FREQUENCY	<p><u>COLLECTION:</u> Daily</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Monthly, quarterly, Annually</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Inpatient register MOH 301 , Daily Bed Returns and disease index MOH 268</p> <p><u>DENOMINATOR:</u> Administrative records/Inventory , Daily Bed Returns and disease index MOH 268</p>					

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD:</u></p> <p><u>CALCULATION:</u> $\{ \text{Number of in patient days} / (\text{Number of beds in institution} \times \text{Number of days in time period under review}) \} \times 100$</p> <p><u>NOTE:</u> This indicator is closely related to the following two indicators: the bed turnover rate and the average length of stay. The bed occupancy rate should ideally be 80 percent or more. The average length of stay for a county hospital should ideally be 6 or lower. The annual turnover rate is ideally around 50 in district hospitals.-WHO</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Hospital in-patient turnover rate	
HIS CODE:	HIS-M&E010	

OBJECTIVE OF THE INDICATOR	To measure the extend of hospital utilisation for inpatient care
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Bed Turnover Rate – The number of times there is change of occupant for a bed during a given period			
NUMERATOR	Number of discharges (including deaths) in a given time period			
DENOMINATOR	Number of Beds in a given time period			
UNIT OF MEASURE	Rate			
DISAGGREGATION	Health facility			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	The turnover rate reflects the average number of patients admitted per bed during the period under review. When used with the indicators on bed occupancy and average length of stay the three indicators assess the efficiency of inpatient services			
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Continuously			

DATA SOURCE	<p>NUMERATOR: Inpatient register MOH 301 , Daily Bed Returns</p> <p>DENOMINATOR: Administrative records/Inventory, Daily Bed Returns</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: =(Number of discharges (including deaths) in a given time period) / (Number of available beds in a given period of time)</p> <p>NOTE: When the bed occupancy rate and turnover rate drop while the average length of stay remains stable, the inpatient facility may be underutilized, resulting in too much idle staff time. Hospital management should take measures to increase efficiency</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

1.2 Health Infrastructure

INDICATOR NAME	Number of health facilities per 10,000 population	
HIS CODE:	HIS-M&E011	

OBJECTIVE OF THE INDICATOR	To ensure that there is at least one health facility per every 10,000 population as per the WHO standard
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Number of facilities in given geographical location					
DENOMINATOR	Population in that geographical location					
UNIT OF MEASURE	Rate					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	Provides an estimate of the gap in terms of number of facility in a given geographical location based on the WHO standard. This will therefore inform investment in new facilities to improve access to care.					
FREQUENCY	<u>COLLECTION</u> : Annually <u>REPORTING</u> : Annually <u>UTILISATION</u> : Annually					
DATA SOURCE	<u>NUMERATOR</u> : KMHFL <u>DENOMINATOR</u> : KNBS(Population Estimates)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Review of KMHFL and KNBS data <u>CALCULATION</u> : Number of facilities in given geographical location/ Population in that geographical location X 10,000 <u>NOTE</u> : KMHFL should be updated at least semi-annually					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Number of Hospital beds per 10,000 population (hospital bed density)					
HIS CODE:	HIS-M&E012					
OBJECTIVE OF THE INDICATOR	To make sure adequate hospital beds are available as per the norms and standards					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	Hospital bed: is a bed specifically designed for hospitalized patients or others in need of some form of health care.					
NUMERATOR	Number of hospital beds including cots (excluding labour and delivery beds).					
DENOMINATOR	Total estimated population					
UNIT OF MEASURE	Ratio					
DISAGGREGATION	Facility, Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	This data is important to make strategic plan of expanding hospital bed density, which enable hospitals to accommodate more patients who needs hospitalized care.					
FREQUENCY	<u>COLLECTION:</u> Biannually, Annually <u>REPORTING:</u> Biannually, Annually <u>UTILISATION:</u> Biannually, Annually					
DATA SOURCE	<u>NUMERATOR:</u> KHMFL, Health Facility Surveys <u>DENOMINATOR:</u> Kenya National Bureau of Statistics (Population estimates)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Review of data base of KHMFL and KNBS <u>CALCULATION:</u> = Number of hospital beds / Total estimated population X 10,000 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of health facilities with access to a functional ambulance for effective referral system
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HIS CODE:	HIS-M&E013
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OBJECTIVE OF THE INDICATOR	To ensure patients who require emergency referral services are transported to definitive care within 45 minutes.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES			√			

DEFINITION OF IMPORTANT TERMS	<p>Functional Ambulance: A vehicle for transportation of sick or injured to, from or between places of treatment. It should have oxygen, a nurse and or paramedic, complete emergency kit and communication equipment.</p> <p>Definitive care: Therapy given as a specific care of a condition or disease</p> <p>Referral System: A mechanism that enables a patient's health needs to be comprehensively managed using resources beyond those available at the location they access care from.</p> <p>Emergency Referral: Quick, timely and safe transport of patient to a health facility by use of an ambulance.</p> <p>Access: Availability of an ambulance within 45 minutes from the time of referral decision</p>					
NUMERATOR	Number of health facilities with access to a functional ambulance in a specified area					
DENOMINATOR	Total number of health facilities in the specified area					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National , County, Sub- County, Ward					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		√				
PURPOSE	To measure availability of referral services					
FREQUENCY	<p><u>COLLECTION:</u> Monthly</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILIZATION:</u> Monthly in a health facility and Quarterly at the other levels</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Referral Registers</p> <p><u>DENOMINATOR:</u> Referral Registers</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Total number of health facilities with access to a functional ambulance in a specified area / Total number of health facilities in the specified area X 100					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			√	√	√	

INDICATOR NAME	Percentage of Health facilities equipped as per the norms
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HIS CODE:	HIS-M&E014
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OBJECTIVE OF THE INDICATOR	To ensure all the facilities are equipped as per infrastructure norms and standards
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						√

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Number of health facilities equipped as per the norms					
DENOMINATOR	Total Number of all health facilities in the catchment area					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Sub county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		√				
PURPOSE	To ensure access to quality health services					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILISATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> Health Facility Surveys <u>DENOMINATOR:</u> Health Facility Surveys ,KMFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Through review of supportive supervision reports, Health Facility Surveys <u>CALCULATION:</u> Number of facilities equipped as per norms / Number of all the facilities X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	√	√	√	√	√	√

INDICATOR NAME	The percentage of people within reasonable distance (5 km) to a health facility.					
HIS CODE:	HIS-M&E015					
OBJECTIVE OF THE INDICATOR	To determine geographical access to health facilities (Distance travelled in seeking health care services)					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					

DEFINITION OF IMPORTANT TERMS	Reasonable distance -The distance patients have to travel or the distance travelled by patients in a given time. This indicator tracks the share of population that lives within 5 km proximity to health facility.					
NUMERATOR	Distance (user's home location, availability of public transport and impediments to travel) to the nearest health facility.					
DENOMINATOR	The denominator is the total population included in the catchment area, which was derived using population estimates from KNBS Population estimates.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	The purpose is to improve access and utilization of healthcare services and the consumer's satisfaction with those services					
FREQUENCY	<u>COLLECTION</u> : periodically (3-5 Years) <u>REPORTING</u> : Periodically (3-5 Years) <u>UTILIZATION</u> : Continuously					
DATA SOURCE	<u>NUMERATOR</u> : Surveys <u>DENOMINATOR</u> : KNBS Population estimates					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>DATA COLLECTION METHOD</u> : HEALTH SURVEYS <u>CALCULATION</u> : Local average time and distance statistics are calculated by modelling the total travel time of an individual, assuming that everybody visited a health facility at least once. <u>NOTE</u> : Assumption that people will visit the closest facility, then distance is the overriding factor influencing attendance. However, distance is only one of many factors that influence the choice of health-care facility; others are the services available and the perceived quality of care.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

1.3 Health Products

INDICATOR NAME	Percentage time out of stock for a set of tracer medicines and medical supplies					
HIS CODE:	HIS-M&E016					
OBJECTIVE OF THE INDICATOR	To indicate level of availability of essential medicines and medical supplies as a measure of supply system performance					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	<p>Tracer medicines -List of essential medicines pre-determined from time to time to represent all essential medicines. These medicines are expected to be available at all times in all health facilities regardless of their level and include; Amoxicillin Caps 250mg; Amoxicillin PFOL 125mg/5ml; Paracetamol tablets 500mg; Cotrimoxazole tablets 480mg; Albendazole tablets 400mg; Chlorpheniramine tablets 4mg; Artemether/Lumefantrine tablets 20/120mg; Metronidazole suspension 200mg/5ml; Gentamycin injection; Benzylpenicillin injection; Adrenalin injection; Hydrocortisone injection; Oral Rehydration Salts Satchets; Tetracycline eye ointment 1%; Clotrimazole Cream 1%. (Can the list be provided in the glossary?)</p> <p>Time out of stock: the number of days that a tracer medicine was not present in a health facility during the month under review. The standard is not to have stock out for any of the tracer medicines for more than seven days in a month.</p> <p>EMMS: Essential Medicines and Essential Medical Supplies</p> <p>Tracer Medicines: Those that satisfy the health care needs of the majority of the population, and which should therefore be available at all times in adequate amounts and in appropriate dosage forms, at a price the community can afford</p> <p>Tracer Medical Supplies: Required essential non-medicines supplies, e.g. surgical, radiological, diagnostic, dental items</p> <p>Tracer Medicines list: an identified list of 20 key commodities for tracking as an indication of supply system functioning</p>					
NUMERATOR	Sum of days in which any of the tracer medicines was not available in a month					
DENOMINATOR	The product of number of days per month(averaged as 30) and the number of tracer medicines = N; (i.e. 30 days XN tracer medicines)					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	Quality of service is assured through continuous availability of medicines and medical supplies					

FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly <u>UTILISATION:</u> Continuously, quarterly and annually					
DATA SOURCE	<u>NUMERATOR:</u> Updated stock control cards (SCC) or any other stock status record in the pharmacy such as the antibiotic register. Daily activity registers (DAR)/ Dispensing records in the service point. <u>DENOMINATOR:</u> Arithmetic formula i.e. 30 days *N tracer medicines					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Review of the SCC and other stock status records <u>CALCULATION:</u> Facility percentage is (sum of days in which any of the tracer medicines was not available in a month/30 days*N tracer medicines) x 100. County average is sum of facility percentages in the county divided by number of facilities. <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓	✓	

INDICATOR NAME	Percentage of health facilities with tracer medicines and medical supplies
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HIS CODE:	HIS0-M&E017
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OBJECTIVE OF THE INDICATOR	To indicate level of availability of essential medicines and medical supplies as a measure of supply system performance
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	1,7,15,36,37,46		✓			✓

DEFINITION OF IMPORTANT TERMS	<u>Tracer medicines</u> - List of essential medicines pre-determined from time to time to represent all essential medicines. These medicines are expected to be available at all times in all health facilities regardless of their level and include; Amoxicillin Caps 250mg; Amoxicillin PFO 125mg/5ml; Paracetamol tablets 500mg; Cotrimoxazole tablets 480mg; Albendazole tablets 400mg; Chlorpheniramine tablets 4mg; Artemether/Lumefantrine tablets 20/120mg; Metronidazole suspension 200mg/5ml; Gentamycin injection; Benzylpenicillin injection; Adrenalin injection; Hydrocortisone injection; Oral Rehydration Salts Satchets; Tetracycline eye ointment 1%; Clotrimazole Cream 1%. (Can the list be provided in the glossary?) <u>Time out of stock:</u> the number of days that a tracer medicine was not present in a health facility during the month under review. The standard is not to have stock out for any of the tracer medicines for <u>more than seven days in a month.</u>
NUMERATOR	Sum of days in which any of the tracer medicines was not available in a month

Comment [S1]: Consult Pharmacy unit to enquire on list

DENOMINATOR	The product of number of days per month(averaged as 30) and the number of tracer medicines = N; (i.e. 30 days *N tracer medicines)					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	Quality of service is assured through continuous availability of medicines and medical supplies					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILISATION:</u> Continuously					
DATA SOURCE	<u>NUMERATOR:</u> Updated stock control cards (SCC) or any other stock status record in the pharmacy such as the antibiotic register. Daily activity registers (DAR)/ Dispensing records in the service point. <u>DENOMINATOR:</u> KHMFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> ROUTINE FACILITY INFORMATION SYSTEM , SPECIAL HEALTH FACILITY Surveys <u>CALCULATION:</u> NUMBER OF FACILITIES WITH TRACER DRUGS AND MEDICINES /TOTAL NUMBER OF FACILITIES X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of tracer health commodities reaching end users						
HIS CODE:	HIS-M&E018						
OBJECTIVE OF THE INDICATOR	To track tracer health commodities from public sector reaching end users						
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KHFS
CODES							✓

DEFINITION OF IMPORTANT TERMS	<p>End users: These are the targeted beneficiaries of tracer health commodities , i.e. Facility</p> <p>Tracer medicines -List of essential medicines pre-determined from time to time to represent all essential medicines. These medicines are expected to be available at all times in all health facilities regardless of their level and include; Amoxicillin Caps 250mg; Amoxicillin PFOL 125mg/5ml; Paracetamol tablets 500mg; Cotrimoxazole tablets 480mg; Albendazole tablets 400mg; Chlorpheniramine tablets 4mg; Artemether/Lumefantrine tablets 20/120mg; Metronidazole suspension 200mg/5ml; Gentamycin injection; Benzylpenicillin injection; Adrenalin injection; Hydrocortisone injection; Oral Rehydration Salts Satchets; Tetracycline eye ointment 1%; Clotrimazole Cream 1%. (Can the list be provided in the glossary?)</p>			
NUMERATOR	Quantity of tracer health commodities reaching end users			
DENOMINATOR	Total Quantities of tracer health commodities distributed			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Facility, Sub county, county, national			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
	✓			
PURPOSE	To ensure social accountability			
FREQUENCY	<p>COLLECTION: Periodic (2-3 years)</p> <p>REPORTING: Periodic (2-3 years)</p> <p>UTILIZATION: Annually</p>			
DATA SOURCE	<p>NUMERATOR: commodity records, delivery schedules, order notes, surveys and returns of the end users</p> <p>DENOMINATOR: commodity records, and delivery schedules from the origin of the tracer commodities.</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: Review of commodity records, delivery schedules, order notes and surveys</p> <p>CALCULATION: (Quantity of tracer health commodities reaching end users / Total Quantities of tracer health commodities distributed) X100</p>			

	<p><u>NOTE:</u> Health system leakages (including wastages, corruption and fraud) are some of health systems inefficiency identified in a health system (World Health Report 2010).</p> <p>Successive PETs reports have indicated over 20 percent leakages of tracer commodities</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

Indicator Name	Proportion of health facilities with proper quantification of essential drugs and lifesaving commodities.					
HIS Code:	HIS-M&E019					

Objective of the indicator	Strengthen commodity management through proper quantification and promote rational use of drugs.					
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References	WHO	KHSSP	SDG	ECSA	EAC	KEPH
Codes		✓				✓

Definition of Important Terms	Quantification- Process of projection requirements of EMMS in a Health facility					
Numerator	Number of health facilities with proper quantification of EMMS.					
Denominator	Total number Health facilities					
Unit of measure	Percentage					
Disaggregation	Sub county/ County/National					
Indicator Framework Level	Input	Output	Outcome	Impact		
		✓				
Purpose	Ensure availability of adequate essential medicines and medical supplies					
Frequency	Collection: Quarterly					
	Reporting: Quarterly					
	Utilizations: Quarterly, Annually					
Data Source	Numerator : Facility consumption reports					
	Denominator :No of facilities					

Data Management and indicator computation Guidelines (Data Collection)	Data Collection method: Quarterly Calculation: Number of facilities with proper quantification/Total number of facilities in a specified area.					
Indicator Application Level	Sector	Programme	National	County	Facility	Community
			✓	✓		

INDICATOR NAME	Percentage of health facilities that experienced no stock-out of imaging consumables
HIS CODE:	HIS-M&E020

OBJECTIVE OF THE INDICATOR	To ensure continuous access to imaging services by patients..
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p>No Stock-out: a situation in which an item of imaging consumables is out of stock.</p> <p>Imaging Consumables: Comprise of x-ray films, chemicals, ultrasound gel, contrast media</p>					
NUMERATOR	Number of health facilities reporting no stock-out quarterly.					
DENOMINATOR	The total number of health facilities offering diagnostic imaging services.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub- County, County and National Level					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure functionality of imaging services in the health facilities and measure access to imaging services					
FREQUENCY	<p>COLLECTION: Imaging department consumables monthly inventory report</p> <p>REPORTING: Quarterly</p> <p>UTILIZATION: To provide uninterrupted imaging services to patients and ensure proper quantification and consistent supply</p>					
DATA SOURCE	<p>NUMERATOR: Imaging department consumables monthly inventory report</p> <p>DENOMINATOR: Health facility store records , KMHFL</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>Calculation: total number of health facilities reporting no stock out of consumable /total number of health facilities offering imaging services.*100</p> <p>Note:</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓	✓	

INDICATOR NAME	Number of Condoms distributed							
HIS CODE:	HIS-M&E021							
OBJECTIVE OF THE INDICATOR	To determine the contribution made by the public sector through MCDA's and the civil society in prevention of new HIV infections through condom promotion							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	MC	CAPR
CODES						✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>The Maisha Certification: The MAISHA Certification system is a compliance and accountability mechanism that aims to get all MCDA's actively engaged in developing and implementing policies and activities to tackle the prevention and management of HIV and AIDS in Kenya. In line with the Performance Contract Guidelines</p> <p>CAPR System: The Community AIDS Program Reporting (CAPR) System is one of the routine M&E sub systems that collects non health facility based activity HIV data on a monthly basis.</p>					
NUMERATOR	Number of condoms distributed by Public Sector and Community					
DENOMINATOR	Total Number of condoms distributed countrywide					
UNIT OF MEASURE	Number					
DISAGGREGATION	County, Ministries, Departments, Agencies, Sectors, Community					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To track condom distribution through MCDA's, NGOs and CBOs.					
FREQUENCY	<p>COLLECTION: Data collected routinely through the Maisha Certification System and CAPR system.</p> <p>REPORTING: Quarterly for Maisha Certification and Monthly CAPR system</p> <p>UTILISATION: For Planning, implementation and review of the Multi-sectoral HIV program</p>					
DATA SOURCE	<p>NUMERATOR: MC/ CAPR/Reports</p> <p>DENOMINATOR: None</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: Data on number of condoms distributed through MC and CAPR.</p> <p>CALCULATION: COUNT OF number of condoms distributed.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

1.4 Human Resources for Health

INDICATOR NAME	Density of community health volunteers (per 5 000 population)					
HIS CODE:	HIS-M&E022					
OBJECTIVE OF THE INDICATOR	To assess availability and distribution of the community health volunteers who provide community health services					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	85					
DEFINITION OF IMPORTANT TERMS	Community Health Volunteer (CHV): As described in the Kenya's Community Health Strategy, 50 CHVs are required for one Community Unit which is intended to cover 5,000 population. CHVs are usually selected, trained and working in the communities from which they come.					
NUMERATOR	Number of CHV					
DENOMINATOR	Population of catchment area divided by 5,000					
UNIT OF MEASURE	Ratio					
DISAGGREGATION	Age, Sex, Ward, Sub County, County, Regional and National level					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To ensure that basic health services are available at the community level					
FREQUENCY	COLLECTION: Monthly REPORTING: Monthly ,Quarterly UTILISATION: Continuously at Sub County and County, and Annual at National					
DATA SOURCE	NUMERATOR: Monthly / Quarterly Sub County Returns (HRH reports) submitted to County DENOMINATOR: KNBS (Demographic estimation)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	DATA COLLECTION METHOD: Monthly/Quarterly, Sub County Returns captures the number of Community health volunteers operating in each health community health unit in the Sub County. This data is then submitted to, and entered into, the National Human Resources Database which produces the relevant output for the indicator. CALCULATION: Simple ratio of the numerator to the denominator, i.e. Numerator/Denominator (Number of CHV divided by (catchment population divided by 5,000)) NOTE:					
TARGET	100 CHVs PER 10,000 POPULATION					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Health Worker force Density (per 10 000 population)					
HIS CODE:	HIS-M&E023					
Objective of the Indicator	To assess density and distribution of health workers by cadre					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	Cadre includes the following; Doctors, Dentists, Nurses and Midwives, Community Health Workers, Pharmacists, Laboratory Workers, Environment Health Workers among others					
NUMERATOR	Number of health workers by cadre					
DENOMINATOR	Total estimated Population					
UNIT OF MEASURE	Ratio					
DISAGGREGATION	Age, Sex, cadre, Sub-County, County, and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	While there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population, low density of health personnel usually suggests inadequate capacity to meet minimum coverage of essential services. Provide rationale for investment in increasing the HSP.					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly, Annually <u>UTILISATION:</u> Quarterly at Sub County and County, and Annual at National					
DATA SOURCE	<u>NUMERATOR:</u> Monthly Sub-County Returns (HRH reports) submitted to County, National Health Data base. <u>DENOMINATOR:</u> Demographic estimation, KNBS.					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>DATA COLLECTION METHOD:</u> Monthly Sub-County Returns capture the number of health workers (by cadre) operating in each health facility in the Sub-County. This data is then submitted to, and entered into, the National Human Resources Database which produces the relevant output for the indicator. <u>CALCULATION:</u> simple ratio of the numerator to the denominator, i.e. Numerator/Denominator (Number of other health service providers divided by (catchment population divided by 10,000)) <u>NOTE:</u> expressed per 10,000 population					
TARGET	7 per 10,000 population (2018) in KHSSP 2014-18					
INDICATOR	SECTOR	PROGRAMME	COUNTY	SUB-	FACILITY	COMMUNITY

APPLICATION LEVEL				COUNTY		
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of health workers that receive relevant in-service training per year
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HIS CODE:	HIS-M&E024
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OBJECTIVE OF THE INDICATOR	To build technical capacity of health workers
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REFERENCES	WHO	SDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	<p>Training; Deliberate and systematic learning experience designed to provide skills, knowledge and appropriate attitudes to an employee for performance of a particular job. Health Workers are supposed to receive training(s) totalling at least 5 days in a reporting year (As per Human Resource policy and procedures manual ,May 2016)</p> <p>Health Worker; Are people who are trained and work towards to protect and improve health both technical and non-technical</p>					
NUMERATOR	Number of health workers who received training(s) totalling at least 5 days in a reporting year					
DENOMINATOR	Total number of health workers					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Length of training (<i>One Week, 2 Weeks, 4 Weeks, 6 months, 1 Year</i>), Cadre, Facility, Sub County, County, and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	Indicator monitors the trend in human capacity building since health workers need to be continually trained in order to continue offering quality services					
FREQUENCY	<p>COLLECTION: Monthly ,</p> <p>REPORTING: Quarterly, Annually</p> <p>UTILISATION: Quarterly at Sub County, County and annually at National</p>					
DATA SOURCE	<p>NUMERATOR: General Sub County / County and national Monthly Reports</p> <p>DENOMINATOR: General Sub County / County, national Monthly Reports</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION	DATA COLLECTION METHOD: Training data may be collected through the general Sub-County Monthly Reports but to ensure robustness of this indicator, these reports need to be refined/restructured in order to accurately report on this as well as on other relevant indicators.					

GUIDELINES	CALCULATION: Number of health workers who received training(s) totalling at least 5 days in a reporting year/Total number of health workers X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of staff who have undergone continuous professional development (CPD)					
HIS CODE:	HIS-M&E025					

OBJECTIVE OF THE INDICATOR	To increase number of staff who takes continuous professional development					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Continuous Professional Development: The process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work- Beyond the initial training					
NUMERATOR	Number of staff who have undergone CPD					
DENOMINATOR	Total number of staff					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, Sub county, county, national					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
			✓			
PURPOSE	Indicator monitors the trend in human capacity building since health workers need to be continually trained in order to continue offering quality services					
FREQUENCY	COLLECTION: Monthly , REPORTING: Quarterly, Annually UTILISATION: Quarterly at Sub County, County and annually at National					
DATA SOURCE	NUMERATOR: General Sub County / County and national Monthly Reports DENOMINATOR: General Sub County / County, national Monthly Reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	DATA COLLECTION METHOD: Review and analysis of human resource development, Facility CPD register CALCULATION: Number of staff who have undergone CPD/Total number of staffX100 NOTE:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

	✓	✓	✓	✓	✓	✓
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INDICATOR NAME	Number of health professionals graduated per cadre					
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HIS CODE:	HIS-M&E026
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OBJECTIVE OF THE INDICATOR	To assess the number of health professionals graduated and their distribution by cadre					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Graduated: Having successfully completed the learning experiences and competencies required to perform the relevant duties and awarded with the relevant qualifications for those awards.</p> <p>Health Professionals: Are technical people who are trained to protect and improve people's health. Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. They advise on or apply preventive and curative measures, and promote health with the ultimate goal of meeting the health needs and expectations of individuals and populations, and improving population health outcomes. They also conduct research and improve or develop concepts, theories and operational methods to advance evidence-based health care (adapted from ILO 2008; WHO 2010; Gupta 2011).</p>					
NUMERATOR	Number of health professionals graduated in a reporting year					
DENOMINATOR	Not applicable/none					
UNIT OF MEASURE	Number					
DISAGGREGATION	County, Cadre, Sex					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To show how many health professionals are churned out into the market every year. This can be used to determine if the number graduated has an effect on the health worker force density and therefore inform decision making on recruitment and deployment of appropriate staff					
FREQUENCY	<p><u>COLLECTION:</u> Annually</p> <p><u>REPORTING:</u> Annually</p> <p><u>UTILIZATION:</u> Annually</p>					

DATA SOURCE	<u>NUMERATOR:</u> Graduation Report, List of Grandaunts <u>DENOMINATOR:</u> None					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> REVIEW OF ANNUAL REPORT <u>CALCULATION:</u> GETTING THE TOTAL SUM OF ALL GRADUATES <u>NOTE:</u> The graduation should be held once per year					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Staff attrition rate
HIS CODE:	HIS-M&E027

OBJECTIVE OF THE INDICATOR	To assess the extent of retention of human resources for health
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	PSCG-K	KHSSP
CODES						✓	✓

DEFINITION OF IMPORTANT TERMS	<u>Attrition:</u> leaving service completely for a reason of resignation ,separation, retirement, death among other reasons			
NUMERATOR	Number of staff leaving service completely for a reason of resignation ,separation, retirement, death among other reasons			
DENOMINATOR	Total number of staff			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Facility, Sub county, county, national			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	To ensure planning for human resource			
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly, Annually, periodic HFA <u>UTILIZATION:</u> Annually			
DATA SOURCE	<u>NUMERATOR:</u> Sub County, HRH Returns, HFA, iHRIS <u>DENOMINATOR:</u> Sub County HR Returns, HRH Returns, HFA, iHRIS			

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p>DATA COLLECTION METHOD: Quarterly Sub County Returns capture the number of health workers (by cadre) operating in each health facility in the Sub-County.</p> <p>CALCULATION: Number of staff leaving service completely for a reason of resignation ,separation, retirement, death among other reasons within a given period (e.g. 6Months 1Year)/Total staff in a given period (e.g. 6Months 1Year)X100</p> <p>Note:</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

1.5 Health Care Financing

INDICATOR NAME	Percentage of public health expenditure spent on personnel emoluments
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HIS CODE:	HIS-M&E028
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OBJECTIVE OF THE INDICATOR	To assess the percentage of public health expenditure spent on personnel emoluments
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Personnel emolument : the payment of salaries, allowances, pensions and gratuities.			
NUMERATOR	Expenditure on personal emoluments by public health sector			
DENOMINATOR	Total amount of public health expenditure			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	County, national			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
	✓			
PURPOSE	To assess the percentage of public health expenditure spent on personnel emoluments with a view of rationalizing investment on human resource vis a viz other investments.			
FREQUENCY	<p>COLLECTION: Annually</p> <p>REPORTING: Quarterly, Bi-annual, Annually</p> <p>UTILIZATION: Bi-annual, Annually</p>			

DATA SOURCE	<u>NUMERATOR:</u> IPPD, annual report to the Controller of Budget <u>DENOMINATOR:</u> IFMIS, annual report to the Controller of Budget					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Analysis of expenditure on human resources, analysis of annual public health expenditure <u>CALCULATION:</u> Expenditure on personal emoluments by public health sector/Total amount of public health expenditure 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Percentage of revenue collected at service point and banked
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HIS CODE:	HIS-M&E029
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OBJECTIVE OF THE INDICATOR	To assess the percentage of target revenue collected and banked
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Revenue:</u> Income received as payment for services rendered at health facilities			
NUMERATOR	Amount collected and banked			
DENOMINATOR	Total revenue collected			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Facility, Sub-County, County, National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
	✓			
PURPOSE	To guarantee security of revenue and enhance financial transparency			
FREQUENCY	<u>COLLECTION:</u> Data collected and captured daily through financial information system form FIS 03D <u>REPORTING:</u> Summarized monthly and quarterly report sent by 15 th of the following month to Sub-County, County, other entities <u>UTILIZATION:</u> Monthly, Quarterly and Annually			
DATA SOURCE	<u>NUMERATOR:</u> Bank reconciliation statement <u>DENOMINATOR:</u> FIS, ledger			

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	DATA COLLECTION METHOD: REPORT THROUGH FIS CALCULATION: Amount collected and banked/Total revenue collected X 100 NOTE:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of total Government Allocations to Health
HIS CODE:	HIS-M&E030

OBJECTIVE OF THE INDICATOR	To assess the proportion of total government allocations to health sector
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REFERENCES CODES	WHO	MDG	SDG	ECSA	Abuja	EAC	KHSSP
					✓		✓

DEFINITION OF IMPORTANT TERMS	Budgetary Allocation: Funds apportioned by Government of Kenya to sectors including health					
NUMERATOR	Total government allocation to health sector					
DENOMINATOR	Total government budget					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To determine the budget allocated to the health sector in comparison with the overall government budget for the financial year. Increased allocation reveals the level of government's commitment to the improvement of health of the people.					
FREQUENCY	COLLECTION: Annually REPORTING: Annually UTILISATION: Annually					
DATA SOURCE	NUMERATOR: National and county appropriation bills, annual report from the Controller of Budget, budget strategy Paper and Budget Outlook paper DENOMINATOR: National and county appropriation bills, annual report from the Controller of Budget, Budget strategy Paper and Budget Outlook paper					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	DATA COLLECTION METHOD: CALCULATION = (Total government allocation to health sector/Total government budget)X 100 NOTE: Each fiscal year Ministry of Health and County Departments of Health should get the budget allocations and supplementary budgets from National					

	Treasury and County Treasuries. Initial budget allocation would be used for preliminary data and supplementary budget allocation for final data. In areas where health sector is combined with other sectors of economy e.g. Water and sanitation it would be important for county department of health to negotiate the allocations (Sector working group) that would match the devolved functions					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Proportion of total Government expenditure to Health
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HIS CODE:	HIS-M&E031
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OBJECTIVE OF THE INDICATOR	To assess the proportion of total government expenditure to health sector
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REFERENCES CODES	WHO	MDG	SDG	ECSA	EAC	KHSSP
	✓		✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Budgetary Allocation: Funds apportioned by Government of Kenya to sectors including health					
NUMERATOR	Total government allocation to health sector					
DENOMINATOR	Total government budget					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To determine the budget allocated to the health sector in comparison with the overall government budget for the financial year. Increased allocation reveals the level of government's commitment to the improvement of health of the people.					
FREQUENCY	COLLECTION: Annually REPORTING: Annually UTILISATION: Annually					
DATA SOURCE	NUMERATOR: National and county appropriation bills , annual report from the Controller of Budget , budget strategy Paper and Budget Outlook paper DENOMINATOR: National and county appropriation bills , , annual report from the Controller of Budget, Budget strategy Paper and Budget Outlook paper					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	DATA COLLECTION METHOD: CALCULATION = (Total government allocation to health sector/Total government budget)X 100 NOTE: Each fiscal year Ministry of Health and County Departments of Health should get the budget allocations and supplementary budgets from National Treasury and County Treasuries. Initial budget allocation would be used for					

	preliminary data and supplementary budget allocation for final data. In areas where health sector is combined with other sectors of economy e.g. Water and sanitation it would be important for county department of health to negotiate the allocations (Sector working group) that would match the devolved functions					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Off-budget resources allocated for health as % of total health sector resources.					
HIS CODE:	HIS-M&E032					

OBJECTIVE OF THE INDICATOR	To determine the amount of off-budget as a proportion to total budget for health					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Off-budget resources: These are resources that do not go through government budgetary systems (Treasury)					
NUMERATOR	Total off-budget resources to health					
DENOMINATOR	Total health sector resources					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, national					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	To determine sustainability of health sector in line with vision 2030 target of 2% donor support for health sector.					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> Donor financial records , NGOs off-budget support, CRS Report <u>DENOMINATOR:</u> IFMIS, Donor financial records, NGOs off-budget support					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> It is recommended to develop a template for Donors and NGOs to provide data and standard of operations (procedure with timeline and responsible persons, template, etc) for collecting the data from Donors and NGOs <u>CALCULATION:</u> Total off-budget resources to health/ Total health sector resourcesX100 <u>NOTE:</u> Off budget support to health sector contributes close to 30% of the total health expenditure in Kenya. Moreover, vertical programs such as HIV&AIDS are donor dependent at 90% funding. It will be important therefore, to check these funding levels in line with the current economic context.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	General government expenditure on health as % of the total government expenditure					
HIS CODE:	HIS-M&E033					

OBJECTIVE OF THE INDICATOR	To assess the budget execution levels					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Total government expenditure on health					
DENOMINATOR	Total government expenditure					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, national					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	This will assist in developing policies and strategies relating to financial management as well as absorption capacity within government, departments and agencies					
FREQUENCY	<u>COLLECTION:</u> Quarterly/Biannual and annually Reports to controller of budget <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> Public expenditure reviews, Sector reports ,Appropriation accounts , and expenditure reports to Controller of Budget <u>DENOMINATOR:</u> Public expenditure reviews, Sector reports ,Appropriation accounts , and expenditure reports to Controller of Budget					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>DATA COLLECTION METHOD:</u> Review of records <u>CALCULATION:</u> Total government expenditure on health/ Total government expenditure X100 <u>NOTE:</u> Over time, the health sector has accumulated pending bills occasioned by i)Delays in release of funds from national and county treasuries and ii)Liquidity issues at the treasuries. These delays in release leads to under expenditure and low budget absorption					
TARGET	At least 15%					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Total expenditure on health as a percentage of GDP						
HIS CODE:	HIS-M&E034						
OBJECTIVE OF THE INDICATOR	To assess the proportion of expenditure on health to GDP						
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KHFS
CODES	122					✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Total expenditure on health : Amount of health resources spent from all the sources, i.e., public, donors, private including households through OOP.</p> <p>Gross Domestic Product: Country's wealth in a particular period, i.e. the value of all final goods and services produced in a particular period, excluding the value of imports.</p>					
NUMERATOR	Total expenditure on health for Kenya					
DENOMINATOR	National GDP					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To determine country investment in health as it attains stride in economic development.					
FREQUENCY	<p>COLLECTION: Periodic (3-5 years)</p> <p>REPORTING: Annually, Periodic (3-5 years)</p> <p>UTILIZATION: Annually, Periodic (3-5 years)</p>					
DATA SOURCE	<p>NUMERATOR: Donor reports, government appropriation accounts, budget implementation report from the Controller of Budget, National Health Accounts, Kenya Households Health Expenditures and Utilisation Survey, association of Kenya insurers reports</p> <p>DENOMINATOR: KNBS (economic survey)</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p>DATA COLLECTION METHOD: Review of records (KNBS, donors and government financial records), households' survey.</p> <p>CALCULATION: Total expenditure on health for Kenya/ National GDP X100</p> <p>NOTE: Kenya spends about 2.5 % of her GDP on social (public social insurance) (NHA report). To achieve universal health coverage, Kenya should move from 2.5% to the recommended WHO rate over 5% of social health expenditure (towards universal health coverage, 2010).</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Percentage of public health financial resources reaching end users						
HIS CODE:	HIS-M&E035						

OBJECTIVE OF THE INDICATOR	To track public health financial resources reaching end users						
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KHFS
CODES	✓						✓

DEFINITION OF IMPORTANT TERMS	End users: These are the targeted beneficiaries of public health financial resources, e.g. Community, Facility, County Department of Health					
NUMERATOR	Amount of public health financial resources reaching end users					
DENOMINATOR	Total amount of public health financial resources disbursed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, county, national					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	To ensure social accountability					
FREQUENCY	<u>COLLECTION:</u> Annually, Periodic (2-5 years) <u>REPORTING:</u> Annually, Periodic (2-5 years) <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> IFMIS, financial returns of the end users <u>DENOMINATOR:</u> IFMIS, financial data from the origin of the funds					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Review of financial records and surveys <u>CALCULATION:</u> Amount of public health financial resources reaching end users/ Total amount of public health financial resources disbursed X100 <u>NOTE:</u> Health system leakages (including wastages, corruption and fraud) are some of health systems inefficiency identified in a health system (World Health Report 2010).					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓		✓	✓		

INDICATOR NAME	Per capita total expenditure on health						
HIS CODE:	HIS-M&E036						

OBJECTIVE OF THE INDICATOR	To assess the amount of health expenditure per person						
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KHFS
CODES	110					✓	✓

DEFINITION OF IMPORTANT TERMS	Per capita: per person						
NUMERATOR	Total expenditure on health						
DENOMINATOR	Total population						
UNIT OF MEASURE	Amount per person						
DISAGGREGATION	County, national						
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact	
	✓						
PURPOSE	To understand total expenditure on health relative to the beneficiary population.						
FREQUENCY	<u>COLLECTION:</u> Periodic (3-5 years) <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually						
DATA SOURCE	<u>NUMERATOR:</u> National Health Accounts <u>DENOMINATOR:</u> KNBS population projections						
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Review of National Health Account <u>CALCULATION:</u> Total expenditure on health/ total population X100 <u>NOTE:</u> Kenya spends about 72 USD per capita (NHA 2015/16). This value is close to WHO recommendation of 85 USD per capita. The county should therefore re-evaluate the strategy in place to ensure that health outcomes are commensurate to these high spending.						
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY	
	✓	✓	✓	✓			

INDICATOR NAME	Out of pocket expenditure on health
HIS CODE:	HIS-M&E037

OBJECTIVE OF THE INDICATOR	To assess the percentage of health expenditure paid by individuals or households through out of pocket.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓			✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Total expenditure on health: Amount of health resources spent from all the sources, i.e., public, donors, private including households through OOP.</p> <p>Out of pocket expenditure: The expenditure on health by households as direct payments to health care providers' .It should be net off reimbursements from prepaid schemes.</p>					
NUMERATOR	Direct out of pocket expenditure by individuals					
DENOMINATOR	Total expenditure on health					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To understand relative weight of direct payments by households in total health expenditures					
FREQUENCY	<p>COLLECTION: Annually, Periodic (3-5 Years)</p> <p>REPORTING: Annually</p> <p>UTILIZATION: Annually</p>					
DATA SOURCE	<p>NUMERATOR: National Health Account</p> <p>DENOMINATOR: National Health Account</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p>DATA COLLECTION METHOD: Review of National Health Account</p> <p>CALCULATION: Direct out of pocket expenditure by individuals / Total expenditure on health X100</p> <p>NOTE: Out of pocket payments is not the most equitable way of financing health care as it lays more burden to the poor individuals communities etc. (WHO 2000)</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Incidence of catastrophic health expenditure					
HIS CODE:	HIS-M&E038					
OBJECTIVE OF THE INDICATOR	To assess the percentage of health expenditure paid by individuals or households to see the contribution of public health sector					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Catastrophic health expenditure: Occurs where expenditure on health by households is greater or equal to 40% of households non -subsistence income I.e. income available after basic needs have been met.(WHO 2005)					
NUMERATOR	Households paying 40% or more of non-subsistence income to health					
DENOMINATOR	Total households					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To understand relative weight of direct payments by households in total health expenditures and in particular establish the number of households spending 40% and more of its non-subsistence incomes on health.					
FREQUENCY	<u>COLLECTION:</u> Annually, Periodically (3-5 Years) <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> Kenya Household Health Expenditure and Utilisation Survey <u>DENOMINATOR:</u> Kenya Household Health Expenditure and Utilisation Survey					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Review of Kenya Household Health Expenditure and Utilisation Survey <u>CALCULATION:</u> Households paying 40% or more of non-subsistence income to health/ Total householdsX100 <u>NOTE:</u> In Kenya about 6.29% (2.6 Million Kenyans) spent 40% and above of their non-subsistence income on health. Moreover, 23 counties are spending above this national average.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Proportion of Kenyans who are covered by any form of health insurance	
HIS CODE:	HIS-M&E039	

OBJECTIVE OF THE INDICATOR	To assess the depth and coverage of health insurance.
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES			3			

DEFINITION OF IMPORTANT TERMS	Depth: Characteristic of the subject covered Coverage: Number of households /Individuals covered in any form of insurance					
NUMERATOR	Number of households /Individuals covered in any form of insurance					
DENOMINATOR	Estimated Kenyan population					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Counties and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	improve access to health care through pooling and cross subsidization					
FREQUENCY	COLLECTION: Annually, Periodically (2-3 Years) REPORTING: Annually UTILISATION: Annually					
DATA SOURCE	NUMERATOR: AKI Reports, NHIF Reports ,KHHEUS DENOMINATOR: KNBS Population Estimates ,					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	DATA COLLECTION METHOD: CALCULATION= (Number of households /Individuals covered in any form of insurance/ Estimated Kenyan population) x100 NOTE: Overall 17% of Kenyans belong to any form of insurance with 27% urban and 12% rural population (KDHS 2014,KHHEUS2013)					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Percentage of Health Expenditure by Investment Area					
HIS CODE:	HIS-M&E040					

OBJECTIVE OF THE INDICATOR	To determine the relative expenditure by investment area					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	Investment Area: Service delivery, Human Resources for Health, Infrastructure, Health Products & Technologies, Health care financing ,Health Leadership, Health Information and Health Research.					
NUMERATOR	Expenditure per investment area					
DENOMINATOR	Total Health Expenditure					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Investment Area, Program, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	It will provide a basis for making equitable investment decisions					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILISATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> Financial reports, Expenditure estimations <u>DENOMINATOR:</u> Financial reports, Expenditure estimations					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Review of financial reports and expenditure estimates <u>CALCULATION:</u> (Expenditure per investment area/Total Health Expenditure)x100 <u>NOTE:</u> Programs can track investment areas within their jurisdiction.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of the approved Health budget transferred to National Referral facilities
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HIS CODE:	HIS-M&E041
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OBJECTIVE OF THE INDICATOR	To promote access to specialized services
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REFERENCES	WHO	AWP	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	<p>Approved budget: The national budget as passed by the appropriation bill for the current fiscal year.</p> <p>National Referral facilities means Matahari, MTRH and national Spinal Injury Referral Hospitals and Kenyatta National Hospitals</p>					
NUMERATOR	Total amount disbursed to					
DENOMINATOR	Total annual approved budget for Health					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility /National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To ensure that the National facilities approved budget by the appropriation bill are disbursed to the referral health facilities on time to effectively implement their mandates.					
FREQUENCY	<p>Collection: Quarterly.</p> <p>Reporting: Quarterly</p> <p>Utilizations: Quarterly and Annually</p>					
DATA SOURCE	Numerator :Vote bookDenominator : Vote book , Printed estimates					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>Data Collection method: Quarterly : Finance register</p> <p>Calculations :Total amount disbursed/ Total Health Budget</p>					
INDICATOR APPLICATION LEVEL	Sector	Programme	National	County	Facility	Community
			✓		✓	

INDICATOR NAME	HIV as a percentage of total health expenditure							
HIS CODE:	HIS-M&E042							
OBJECTIVE OF THE INDICATOR	To determine the amount of money spent on HIV programs against the total government allocation for health.							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KNASA	MC
CODES							✓	

DEFINITION OF IMPORTANT TERMS	KNASA: The Kenya National AIDS Spending Assessment (KNASA) is carried out every two years to determine the source and areas of spending of the resources available for the HIV program in Kenya.						
NUMERATOR	Amount of funds spent on HIV Program						
DENOMINATOR	Total amount allocated to Health Ministry						
UNIT OF MEASURE	Percentage						
DISAGGREGATION	County, National, source and areas of spending						
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact			
		✓					
PURPOSE	To track Kenya's HIV and AIDS source of funds and areas of expenditure						
FREQUENCY	<u>COLLECTION:</u> Data collected through the KNASA <u>REPORTING:</u> Biennially <u>UTILISATION:</u> Tracking HIV Expenditure and Resource mobilization.						
DATA SOURCE	<u>NUMERATOR:</u> KNASA/ Reports <u>DENOMINATOR:</u> National Health Accounts (NHA)						
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Data on HIV expenditure will be sourced from Kenya National AIDS Spending Assessment (KNASA) <u>CALCULATION:</u> expenditure on HIV and AIDS divided by Total health expenditure						
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY	
			✓	✓			

INDICATOR NAME	Off-budget resources spent for HIV as percent of national HIV expenditure							
HIS CODE:	HIS-M&E043							
OBJECTIVE OF THE INDICATOR	To Access the amount of money ' <i>Off budget</i> ' spent on HIV and AIDS programs against the total amount allocated for HIV and AIDS							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	MC	KNASA
CODES								✓

DEFINITION OF IMPORTANT TERMS	<p>KNASA: The Kenya National AIDS Spending Assessment (KNASA) is aimed at assisting the National AIDS Control Council to monitor resources allocated for HIV and AIDS, taking into account not only the health components, but also education, social protection services, and others, in order to evaluate and quantify the multi-sectoral approach of the national AIDS response.</p>					
NUMERATOR	Amount of Money 'Off budget' spent on HIV and AIDS programs					
DENOMINATOR	Total amount on budget allocated for HIV and AIDS that was spent					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Track actual HIV and AIDS spending from public, international and private sources and determine flow of resources intended to respond to HIV and AIDS					
FREQUENCY	<p><u>COLLECTION:</u> Data collected routinely by the KNASA (annually).</p> <p><u>REPORTING:</u> Annually</p> <p><u>UTILISATION:</u> Annually</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> KNASA/ Reports</p> <p><u>DENOMINATOR:</u> Surveys</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD:</u> Data on Off-budget resources spent for HIV will be sourced from the Kenya National AIDS Spending Assessment (KNASA)</p> <p><u>CALCULATION:</u> Off-budget amount spent on HIV/AIDS divided by total National HIV Expenditure</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

INDICATOR NAME	Percentage of NGOs reporting interventions and finances for HIV programs							
HIS CODE:	HIS-M&E044							
OBJECTIVE OF THE INDICATOR	To track HIV and AIDS resourcing and to provide data for decision making on resource allocation to reduce duplication and promote cost effectiveness taking into account the disease burden across the different counties							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	MC	HIPORS
CODES								✓

DEFINITION OF IMPORTANT TERMS	HIPORS: The HIV Implementing Partners Online Reporting System (HIPORS) tracks HIV activities, allocation and utilization of resources by Implementing Partners (NGOs) in order to report on all their HIV and AIDS interventions and funding given that about 80% of the HIV response is funded by Development partners.					
NUMERATOR	Number of NGOs reporting through HIPORS					
DENOMINATOR	Total Number of NGOs implementing HIV activities registered by the NGO Board					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, National, area of intervention and target population					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To track resources for HIV and AIDS by intervention area, source of funding and geographic area of operation					
FREQUENCY	<u>COLLECTION:</u> Data collected annually through HIPORS. <u>REPORTING:</u> Annually <u>UTILISATION:</u> annual decision making on resource allocation to reduce duplication and promote cost effectiveness					
DATA SOURCE	<u>NUMERATOR:</u> Number of NGOs reporting <u>DENOMINATOR:</u> Total number registered NGOs					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Data on NGOs reporting will be sourced from HIPORS <u>CALCULATION:</u> Number of NGOs reporting divided by total number of registered NGOs in the country.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

1.6 Leadership, Governance and coordination

INDICATOR NAME	Percentage of health facilities supervised in a quarter					
HIS CODE:	HIS-M&E045					
OBJECTIVE OF THE INDICATOR	To assess coverage of supportive supervision to facilities by SCHMTs and CHMTs					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Supportive supervision: Facilitative approach that promotes mentorship joint problem solving and communication.					
NUMERATOR	Number of health facilities supervised in a quarter					
DENOMINATOR	Total number of facilities					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub county, county, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To improve routine program monitoring and service delivery					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly, annually <u>UTILIZATION:</u> Quarterly, annually					
DATA SOURCE	<u>NUMERATOR:</u> Supervision report. <u>DENOMINATOR:</u> Kenya Master Health Facility List					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> It is recommended to make a table of all health facilities in row and each month in column, which enable SCHMT to tick when supervision to a particular health facility in a particular month is done, and to get the numerator easily. <u>CALCULATION:</u> (Number of health facilities supervised in a quarter/ Total number of facilities)X100 <u>NOTE:</u> The supervisory team is drawn from both Sub County Health Management and County Health Management Team. It is recommended that a facility should be visited at least once in a quarter A joint supervision can be carried out with support of national team with the SCHMT and / or CHMT teams.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of health facilities inspected annually					
HIS CODE:	HIS-M&E046					

OBJECTIVE OF THE INDICATOR	To determine proportion of health facilities inspected by regulatory bodies annually					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Inspection: Determination of facilities competence to deliver its mandate and adherence to national guidelines					
NUMERATOR	Number of health facilities inspected in a year					
DENOMINATOR	Total number of health facilities					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub county, county, national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	Ensure the quality of health care is maintained and reduce litigations					
FREQUENCY	<u>COLLECTION</u> : Quarterly report from counties <u>REPORTING</u> : Quarterly report from counties <u>UTILIZATION</u> : Annually					
DATA SOURCE	<u>NUMERATOR</u> : Inspection report <u>DENOMINATOR</u> : Kenya Master Health facility List					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Assessment <u>CALCULATION</u> : [Number of facilities which have received inspection / [Total Number of existing facilities] X 100 <u>NOTE</u> : Inspection is to be done periodically and final report done once a year					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Proportion of planning units with approved Annual Work Plan	
HIS CODE:	HIS-M&E047	

OBJECTIVE OF THE INDICATOR	To determine proportion of units having approved annual work plans
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	<p>AWP: A detailed set of activities to be undertaken by a planning unit, institution (Hospitals, Health Centre, Dispensary, Community Unit, Sub County Health Management Team, County Health Management Team (units, division), Ministry of Health (units, divisions and departments), Semi-Autonomous Governmental Authority, Regulatory Body) indicating the budgetary requirements.</p> <p>Planning Units: Include the following: Hospitals, Health Centre, Dispensary, Community Unit, Sub County Health Management Team, County Health Management Team (units, division), Ministry of Health (units, divisions and departments), Semi-Autonomous Governmental Authority, and Regulatory Body.</p>			
NUMERATOR	Total number of planning units with approved consolidated work plans			
DENOMINATOR	Total Number of Planning Units			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Community, Health facility, Sub-county, county, National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	To empower all planning units to prioritize, project, allocate resources and carryout the performance monitoring at all levels. Decentralize decision making in respect to budget allocation process and improve on health outcomes.			
FREQUENCY	<p>COLLECTION: Annually</p> <p>REPORTING: Annually</p> <p>UTILIZATION: Annually</p>			
DATA SOURCE	<p>NUMERATOR: Consolidated annual work plans at county and national level</p> <p>DENOMINATOR: KHMFL, Ministry and county organogram</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>DATA COLLECTION METHOD: Reports by entities, submission of AWP to the main entities</p> <p>CALCULATION: (Total number of planning units with approved consolidated annual work plans / Total Number of Planning Units) X 100</p> <p>NOTE: Review of plans for approval, is done annually at the beginning of the planning process.</p>			

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of planning units with performance reports
HIS CODE:	HIS-M&E048

OBJECTIVE OF THE INDICATOR	To determine proportion of units having performance reports
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	<p>Performance report: A detailed report showing the achievement of the planning unit (Hospitals, Health Centre, Dispensary, Community Unit, Sub County Health Management Team, County Health Management Team (units, division), Ministry of Health (units, divisions and departments), Semi-Autonomous Governmental Authority, Regulatory Body) based on AWP.</p> <p>Planning Units: Include the following: Hospitals, Health Centre, Dispensary, Community Unit, Sub County Health Management Team, County Health Management Team (units, division), Ministry of Health (units, divisions and departments), Semi-Autonomous Governmental Authority, and Regulatory Body.</p>					
NUMERATOR	Total number of planning units with performance reports					
DENOMINATOR	Total Number of Planning Units					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, county, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To monitor and evaluate performance of planning entities for purposes of accountability in the health sector.					
FREQUENCY	<p>COLLECTION: Monthly ,Quarterly ,Annually</p> <p>REPORTING: Quarterly ,Annually</p> <p>UTILIZATION: Annually</p>					
DATA SOURCE	<p>NUMERATOR: Annual performance reports</p> <p>DENOMINATOR: KHMFL, Ministry and county organogram</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: (Total number of planning units with performance reports / Total Number of Planning Units) X 100</p> <p>NOTE: Performance reviews are done quarterly and annually</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of planning units with performance contracts
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HIS CODE:	HIS-M&E049
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OBJECTIVE OF THE INDICATOR	To assess the extent of implementation of performance contracts
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Planning units: include Hospitals, Health Centre, Dispensary, Community Unit, Sub County Health Management Team, County Health Management Team (units, division), Ministry of Health (units, divisions and departments), Semi-Autonomous Governmental Authority, Regulatory Body.					
NUMERATOR	Number of planning units with performance contracts					
DENOMINATOR	Total number of planning units within its jurisdiction					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To monitor achievements in service delivery.					
FREQUENCY	COLLECTION: Annually REPORTING: Annually UTILIZATION: Annually					
DATA SOURCE	NUMERATOR: Consolidated performance contracts DENOMINATOR: KHMFL, Ministry and county organogram					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION: (Number of planning units with performance contracts)/(Total number of planning units within its jurisdiction) X 100 NOTE: The consolidated contract can be either at county or national level					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Percentage of health facilities with a functional facility management committee					
HIS CODE:	HIS-M&E050					
OBJECTIVE OF THE INDICATOR	To assess the percentage of health facilities which are managed by functional facility management committees					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Functional facility management committees: Facility management committees that are meeting once in a quarter and have minutes of their meetings.					
NUMERATOR	Number of health facilities with a functional facility management committee					
DENOMINATOR	Total number of health facilities					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure oversight role, management and accountability of the health facilities are maintained					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILIZATION:</u> Quarterly					
DATA SOURCE	<u>NUMERATOR:</u> Facility health management committee minutes <u>DENOMINATOR:</u> Kenya Master Health Facility List					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> It is recommended to make a table of all health facilities in row and each month in column, which enable SCHMT to tick when facility management committee meeting of a particular health facility in a particular month is held. Confirmation of the minutes could be done through submission of copy of minutes or during the supervision. <u>CALCULATION:</u> (Number of health facilities with functional facility management committee / Total Number of health facilities) X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of health entities with functional anti-corruption committees					
HIS CODE:	HIS-M&E051					
OBJECTIVE OF THE INDICATOR	To determine the proportion of health entities with functional anti-corruption committees					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Functional anti-corruption committees :Anti-corruption committees that are meeting once in a quarter and have minutes of their meetings					
NUMERATOR	Number of health entities with a functional anti-corruption committee					
DENOMINATOR	Total number of health entities					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To fight against corruption is one of the deliverables within health system					
FREQUENCY	<u>COLLECTION</u> : quarterly <u>REPORTING</u> : quarterly, Annually <u>UTILIZATION</u> : quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> : Anti-corruption committee meeting minutes <u>DENOMINATOR</u> : Kenya Master Health Facility List, County and Ministry organogram					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : It is recommended to make a table of all health entities in row and each month in column, which enable institutional management to tick when entity management committee meeting of a particular health entity in a particular month is held. Confirmation of the minutes could be done through submission of copy of minutes or during the supervision. <u>CALCULATION</u> :(No of health entities with functional anti-corruption committees)/(Total number of health entities in the catchment area) X 100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of counties with functional County Health Management Teams					
HIS CODE:	HIS-M&E052					

OBJECTIVE OF THE INDICATOR	To determine the proportion of counties with functional County Health Management Teams					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Functional CHMT : CHMT that meets at least once a month and keeps minutes of meetings					
NUMERATOR	Number of counties with functional CHMT					
DENOMINATOR	Total Number of counties					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	Remain focus, track progress of activities and priorities areas that may require early interventions					
FREQUENCY	<u>COLLECTION:</u> Quarterly, Annually <u>REPORTING:</u> Quarterly, Annually <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> County Department of Health Annual Performance Review Report submitted to MOH (number of months with at least one CHMT meeting in a reporting year), Supportive supervision reports <u>DENOMINATOR:</u> Total number of Counties					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> CHMT management reports to Chief Officer <u>CALCULATION:</u> [Number of counties with functional CHMT / [Total Number of Counties] X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Number of health sector steering committee meetings held					
HIS CODE:	HIS-M&E053					
OBJECTIVE OF THE INDICATOR	To determine the number of health sector steering committee meetings held within a reporting year					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Health sector steering committee: Represent the national level forum that brings together all the actors in the health sector that are part of the compact. It is the highest level decision making for national level actions.					
NUMERATOR	Number of health sector steering committee meeting held					
DENOMINATOR	Not applicable.					
UNIT OF MEASURE	Number					
DISAGGREGATION	National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To make decisions for the health sector					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILIZATION:</u> Quarterly, annually					
DATA SOURCE	<u>NUMERATOR:</u> Steering committee reports <u>DENOMINATOR:</u>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>DATA COLLECTION METHOD:</u> Review of records, meeting minutes review <u>CALCULATION:</u> Number of meetings held <u>NOTE:</u> The HSSC should be held at least once per quarter.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓		✓	✓		

INDICATOR NAME	Number of Health Sector Intergovernmental Consultative Forum held in a reporting year					
HIS CODE:	HIS-M&E054					
OBJECTIVE OF THE INDICATOR	To assess the frequency of Intergovernmental Forum held in a reporting year in order to address intergovernmental challenges					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Health Sector Intergovernmental Consultative Forum : A intergovernmental forum on health sector that is a structure of engagement for the two levels of government and co-chaired by Cabinet Secretary of MOH and Chair of CEC Health Forum. The Forum provides the National Government and the 47 County Governments an opportunity to share achievements, successes, experiences, opportunities and challenges in implementation of devolution with a view to providing quality, equitable, affordable, accessible and acceptable services to all.					
NUMERATOR	Number of IGF held in a reporting year					
DENOMINATOR	Not Applicable/none					
UNIT OF MEASURE	Number					
DISAGGREGATION	National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	The Forum provides the National Government and the 47 County Governments an opportunity to share achievements, successes, experiences, opportunities and challenges in implementation of devolution with a view to providing quality, equitable, affordable, accessible and acceptable services to all Kenyans.					
FREQUENCY	<u>COLLECTION</u> : Quarterly <u>REPORTING</u> : Quarterly, annually <u>UTILIZATION</u> : Quarterly, annually					
DATA SOURCE	<u>NUMERATOR</u> : IGF reports <u>DENOMINATOR</u> : Not Applicable					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Department of Health Sector Coordination and Intergovernmental Affairs keeps records <u>CALCULATION</u> : Number of IGF held <u>NOTE</u> : The IGF should be held at least once per quarter.					
TARGET	4					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

	✓	✓	✓	✓		
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INDICATOR NAME	Number of county interagency forum meetings held at county level					
HIS CODE:	HIS-M&E055					

OBJECTIVE OF THE INDICATOR	To determine the number of interagency forum meetings held					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	interagency forums :These are meetings where actors and health related sectors in health come together to discuss matters related to health					
NUMERATOR	Number of interagency meeting held					
DENOMINATOR	none					
UNIT OF MEASURE	Number					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To discuss matters relating to health in the country					
FREQUENCY	<u>COLLECTION</u> : Quarterly <u>REPORTING</u> : Quarterly <u>UTILIZATION</u> : Quarterly, annually					
DATA SOURCE	<u>NUMERATOR</u> : Interagency forum report <u>DENOMINATOR</u> : County report					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Review of records, Assessments <u>CALCULATION</u> : Number of interagency forums held <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

INDICATOR NAME	Proportion of CHUs holding quarterly dialogue meetings					
HIS CODE:	HIS-M&E056					
OBJECTIVE OF THE INDICATOR	To engage people in an inspiring meaningful health discussion and generate response from communities and individual					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Community Dialogue meetings These are meetings that bring together community members, CHVs and health care providers to the link facility to discuss matters associated to health of the community					
NUMERATOR	Number of dialogue meetings held					
DENOMINATOR	Total number of community units					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To discuss matters relating to health in the community					
FREQUENCY	<u>COLLECTION</u> : Quarterly <u>REPORTING</u> : Quarterly <u>UTILIZATION</u> : Quarterly, annually					
DATA SOURCE	<u>NUMERATOR</u> : DHIS 2 <u>DENOMINATOR</u> : KHMFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Monthly reporting from CHUs <u>CALCULATION</u> : Number of dialogue meetings held/ Total number of community units X100 Note: A dialogue meeting should be at least held once per quarter					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of CHUs holding action days					
HIS CODE:	HIS-M&E057					
OBJECTIVE OF THE INDICATOR	To monitor the implementation of action days in a community					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Action days These are days which the issues discussed on dialogue meetings are implemented.					
NUMERATOR	Number of action days held					
DENOMINATOR	Total number of community units					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To implement the resolutions of community dialogue meetings as to improve health standards in the community.					
FREQUENCY	<u>COLLECTION</u> : Quarterly <u>REPORTING</u> : Quarterly <u>UTILIZATION</u> : Quarterly					
DATA SOURCE	<u>NUMERATOR</u> : DHIS 2 <u>DENOMINATOR</u> : KHMFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Monthly reporting from CHUs <u>CALCULATION</u> : Number of action days held/ Total number of community units X100 Note: Action days should be done just after a dialogue meeting which are held at least once per quarter					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of Government Ministries, Counties, Departments and Agencies (MCDA's) reporting using Maisha Certification systems against targets set in their HIV Plans
HIS CODE:	HIS-M&E058

OBJECTIVE OF THE INDICATOR	To determine percentage of Government MCDA's implementing HIV activities and reporting
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	MC
CODES							✓

DEFINITION OF IMPORTANT TERMS	The Maisha Certification: The MAISHA Certification system is a compliance and accountability mechanism that aims to get all MCDA's actively engaged in developing and implementing policies and activities to tackle the prevention and management of HIV and AIDS in Kenya and in line with the Performance Contract Guidelines.					
NUMERATOR	Number of MCDA's reporting through the Maisha Certification System					
DENOMINATOR	Total Number of MCDA's in the Country					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Counties, Ministries, Departments, Agencies, Sectors					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To track performance of MCDA's reporting on HIV prevention activities					
FREQUENCY	<u>COLLECTION:</u> Data collected routinely through the Maisha Certification System. <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> For planning and implementation of workplace HIV and AIDS prevention services					
DATA SOURCE	<u>NUMERATOR:</u> Ministry Counties, Departments and Agencies (MCDAs) Reports <u>DENOMINATOR:</u> Total MCDA's					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Data on MCDA's reporting will be sourced from MC. <u>CALCULATION:</u> Number of MCDA's reporting divided by total number of MCDA's in the country.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓		✓	✓		

INDICATOR NAME	Number of people reporting stigma and discrimination referred to the HIV tribunal
HIS CODE:	HIS-M&E059

OBJECTIVE OF THE INDICATOR	To strengthen the Monitoring of interventions that track access to legal and social justice and protection from stigma and discrimination in the public and private sector, and community.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	MC	CAPR
CODES								✓

DEFINITION OF IMPORTANT TERMS	<p>CAPR System: The Community AIDS Programs Reporting (CAPR) System is one of the routine M&E sub systems that collects HIV data on a monthly basis from HIV and AIDS programs at the community level.</p> <p>The Maisha Certification: The MAISHA Certification system is a compliance and accountability mechanism that aims to get all MCDA's actively engaged in developing and implementing policies and activities to tackle the prevention and management of HIV and AIDS in Kenya. In line with the Performance Contract Guidelines</p>					
NUMERATOR	Number of people reporting on Stigma and discrimination					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	National, County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To assess effectiveness of interventions that advance human rights and enhance access to justice for the HIV and AIDS					
FREQUENCY	<p>COLLECTION: Data collected routinely through the Community AIDS Programs Reporting (CAPR) and Maisha Certification Systems.</p> <p>REPORTING: Monthly</p> <p>UTILISATION: Quarterly, annual monitoring of uptake of the HIV tribunal and its effectiveness in enhance access to justice for the HIV and AIDS</p>					
DATA SOURCE	<p>NUMERATOR: CAPR/ Reports</p> <p>DENOMINATOR: None</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: Data on individuals reporting stigma and discrimination sourced from CAPR.</p> <p>CALCULATION: Addition of all individuals reporting stigma and discrimination referred to the HIV Tribunal.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

INDICATOR NAME	Proportion of Counties with HIV Coordination Committees							
HIS CODE:	HIS-M&E060							
OBJECTIVE OF THE INDICATOR	To determine the proportion of Counties with formal HIV Coordination structures							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	MC	CAPR
CODES							✓	

DEFINITION OF IMPORTANT TERMS	The Maisha Certification: The MAISHA Certification system is a compliance and accountability mechanism that aims to get all MCDA's actively engaged in developing and implementing policies and activities to tackle the prevention and management of HIV and AIDS in Kenya. In line with the Performance Contract Guidelines					
NUMERATOR	Number of Counties with HIV Coordination Structures					
DENOMINATOR	Total Number of Counties					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To establish the percentage of counties with HIV coordination structures to facilitate effective coordination of HIV program at County level.					
FREQUENCY	COLLECTION: Data collected routinely through the Maisha Certification System. REPORTING: Quarterly UTILISATION: annually for the preparedness to plan, implement and review the HIV program at county level.					
DATA SOURCE	NUMERATOR: Number of counties with formal coordination structures DENOMINATOR: Total number of Counties					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: Data on number of Counties with Coordination Committees will be sourced from MC. CALCULATION: Number of Counties with Coordination structures divided by total number of Counties in the country.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

1.7 Health Information

INDICATOR NAME	Percentage of facilities and community units submitting reports within the required timeliness					
HIS CODE:	HIS-M&E061					

OBJECTIVE OF THE INDICATOR	To ensure timely availability of facilities and community units data in DHIS2					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	Report : Composed of data from a selected number of MOH tools based on Kenya Essential Package for Health (KEPH) Timeliness: Facilities and community units to submitting their reports to the Sub-county by the 5 th of the following month while Sub county entering the reports into DHIS2 by 15 th of the following month					
NUMERATOR	Number of facilities reporting within given timelines i.e. by 5 th ,					
DENOMINATOR	Total number of facilities/Community units					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Community, Facility type, Facility Ownership, Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure facilities and community units report in a timely manner for effective decision making					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Monthly, Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> :DHIS2 <u>DENOMINATOR</u> :DHIS2,KHMFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : MONTHLY REVIEW OF DHIS2 <u>CALCULATION</u> : (NUMBER OF FACILITIES REPORTING WITHIN GIVEN TIMELINES I.E. BY 5 TH /TOTAL NUMBER OF FACILITIES)X100 <u>NOTE</u> : The proportion is based on an average reporting rate derived from selected MoH reporting tools.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓		✓	✓	✓	✓

INDICATOR NAME	Percentage completeness of reporting					
HIS CODE:	HIS-M&E062					
OBJECTIVE OF THE INDICATOR	To ensure that acceptable levels reports are received from facilities and community units					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	Completeness: The number of reports received from facilities when compared to the expected number of reports					
NUMERATOR	Number of reports received from facilities					
DENOMINATOR	Total reports expected from facilities					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Community, Facility ,sub county, county national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure all facilities and community units submit all reports					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly, Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> DHIS2 <u>DENOMINATOR:</u> DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> SUB COUNTY INVENTORY OF REPORTS <u>CALCULATION:</u> (Number of reports received from facilities/ Total reports expected from facilities) X100 <u>NOTE:</u> The proportion is based on an average reporting rate derived from selected MoH reporting tools					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Number of quarterly data review meeting held					
HIS CODE:	HIS-M&E063					
OBJECTIVE OF THE INDICATOR	To increase data demand and use					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Number of data review meetings held					
DENOMINATOR	Not applicable					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To discuss new developments and issues arising from data use					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> Data Review Reports <u>ENOMINATOR:</u> Not applicable					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Quarterly <u>CALCULATION:</u> NUMBER OF DATA REVIEW MEETINGS HELD <u>NOTE:</u> Data review meetings should be held at least once per quarter					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Number of quarterly bulletins developed and disseminated					
HIS CODE:	HIS-M&E064					
OBJECTIVE OF THE INDICATOR	To increase data demand and use					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Number of quarterly bulletins developed and disseminated					
DENOMINATOR	Not applicable					
UNIT OF MEASURE	Number					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To share information on performance of health sector					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> Number of quarterly bulletins developed and disseminated <u>DENOMINATOR:</u> Not applicable					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Quarterly <u>CALCULATION:</u> NUMBER OF DATA REVIEW MEETINGS HELD <u>NOTE:</u> Bulletins should be developed and disseminated at least once per quarter					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

1.8 Health Research and Development

INDICATOR NAME	Percentage of policies, standards and guidelines developed using evidence from research					
HIS CODE:	HIS-M&E065					

OBJECTIVE OF THE INDICATOR	To ensure policies, standards, and guidelines are developed based on the best available evidence					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Number of policies, standards and guidelines developed based on evidence					
DENOMINATOR	Total number of policies, standards and guidelines developed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To ensure applicability of policies, standards and guidelines at all levels. This indicator will determine the extent to which evidence is used to influence policies					
NUMERATOR	Policies, standards and guidelines developed using evidence from research					
DENOMINATOR	All Policies, standards and guidelines developed					
FREQUENCY	<u>COLLECTION:</u> Periodic (2-5 years) <u>REPORTING:</u> Periodic (2-5 years) <u>UTILISATION:</u> Continuously					
DATA SOURCE	<u>NUMERATOR:</u> MoH website, Resource Centre <u>DENOMINATOR:</u> MoH website, Resource Centre					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> DOCUMENT REVIEW <u>CALCULATION:</u> NUMBER OF POLICIES, STANDARDS AND GUIDELINES DEVELOPED ANNUALLY USING EVIDENCE DIVIDED BY TOTAL NUMBER OF POLICIES, STANDARDS AND GUIDELINES DEVELOPED ANNUALLY MULTIPLIED BY 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

Curative And Rehabilitative Services

Introduction

This section has defined performance monitoring indicators in the twelve areas to support the sector in the treatment, management and rehabilitation of the health care services. The twelve areas are arranged in broad areas of recognition of appropriate care and treatment, and rehabilitation with a total of Priority indicators of thirty-three (33) thus:- appropriate care and referrals (5); Ophthalmic services (3); Rehabilitation services (8); Nursing services (2); Clinical Services (3); National Blood transfusion services (1); Forensic and Pathology (1); Mental Health services (2); Oral Health (4); and Laboratory services (4); Most of the indicators are newly defined to address core areas of service delivery in improving and measuring progress of curative and rehabilitative care services.

Data collection method and frequency of reporting are varied with most of the indicators to be collected through routine systems during service delivery while others will be collected through periodic surveys or health facility assessments. Reporting for the indicators will also vary from monthly, quarterly, annual and periodic. The following is the full list of indicators and definition by thematic areas:-

List of Curative and Rehabilitative services indicators

Appropriate care, referrals, norms, guidelines and standards

- Proportion of health facilities complying with all guidelines
- Proportion of patients referred for appropriate care
- Proportion of health facilities in the County with a Mass casualty Incident Plan
- Proportion of health facilities meeting the minimum norms and standards as per the Kenya Health Master Facility List Implementation guideline
- Proportion of health facilities with functional medical equipment as per the norms and standards

Ophthalmic Services

- Proportion of patients with cataracts who have undergone cataract surgery
- Proportion of diabetic patients screened for eye complications.
- Percentage of Sub-Counties receiving Zithromax in trachoma endemic region for Mass Drug Administration (MDA)

Rehabilitation Services

- Proportion of under 5yrs children Diagnosed with delayed developmental milestones
- Proportion of referred children under 5 years with delayed developmental milestones attended to in the Rehabilitation unit)
- Proportion of Clients with lower back pain attending Physiotherapy Services
- Proportion of Women of Reproductive Age (WRA) Receiving pre and post-Natal Exercises
- Proportion of Persons with Disabilities (PWDs) provided with a prosthesis device (s)

- Proportion of Persons with Disabilities (PWDs) who have been provided with a mobility aid.
- Proportion of Clients with hemiplegia ,paraplegia and quadriplegia fully rehabilitated
- Proportion of Clients with disabilities assessed and categorized

Nursing Services

- Proportion of Nurses trained in at least one specialized service
- Percentage of Patients managed at Health facilities using the nursing process

Clinical Services

- Hepatitis B Incidence Rate
- The proportion of perioperative deaths from all patients who have had a surgical procedure
- Out Patient Department (OPD) per capita service utilization rate

National Blood Transfusion Services

- Proportion of safe blood units available for blood transfusion

Forensic and Pathology

- Proportion of Clinical and Forensic autopsies performed

Mental Health

- The proportion of planning units that have a substance abuse management plan
- Proportion of clients that received psycho-social interventions

Oral Health

- Proportion of patients with dental conditions seen in outpatient.
- Percentage of facilities with functional dental units
- Dentist per population ratio
- Proportion of school going children who are given oral health education and examination

Laboratory Services

- Proportion of medical laboratories with capacity to culture and characterize pathogenic organism
- Proportion of medical laboratories with capacity to test for tumour markers
- Proportion of medical laboratories enrolled in the EQA/SLIPTA program
- Proportion of medical laboratories with equipment placement contracts for high throughput diagnostic equipment

Summary of indicators in logical results chain

Section	Inputs	Outputs	Outcomes	Impact	Total
Appropriate care, referrals, norms, guidelines and standards	0	4	1	0	5
Ophthalmic services	0	3	0	0	3
Rehabilitative services	0	6	2	0	8
Nursing services	0	2	0	0	2
Clinical services	0	1	2	0	3
National blood transfusion services	1	0	0	0	1
Forensic and pathology services	0	1	0	0	1
Mental health	1	1	0	0	2
Oral health services	1	2	1	0	4
Laboratory services	3	1	0	0	4
Total	6	21	6	0	33

2.1: Appropriate care, referrals, norms, guidelines and standards

INDICATOR NAME	Proportion of health facilities complying with all guidelines				
HIS CODE:	HIS-M&E066				

OBJECTIVE OF THE INDICATOR	To ensure adherence to quality standards				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES			✓			

DEFINITION OF IMPORTANT TERMS	<p>All Guidelines: These are Standard Operating Procedures or statements to guide in the health care system.</p> <p>Compliance: Making sure that the guidelines are available and appropriately used.</p> <p>Guidelines: Referral, Infection Prevention, Clinical, M&E, HIV/AIDs, TB, Malaria, Immunization, Certification framework for ICT (As in the Annex)</p>					
NUMERATOR	Number of health facilities complying with the guidelines in a specified area					
DENOMINATOR	Total number of health facilities in the specified area.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Ownership, Facility type, Sub- County , County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To measure availability and use of guidelines					
FREQUENCY	<p>COLLECTION: Annually</p> <p>REPORTING: Annually</p> <p>UTILIZATION: Annually</p>					
DATA SOURCE	<p>NUMERATOR: Health Facility Assessment/ Inventory</p> <p>DENOMINATOR: All the health facilities in a specified area</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: Number of health facilities complying with the guidelines in a specified area/ Total number of health facilities in the specified area. * 100</p> <p>NOTE: This is a survey indicator. The guidelines are annexed.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of patients referred for appropriate care	
HIS CODE:	HIS-M&E067	

OBJECTIVE OF THE INDICATOR	To ensure there is effective utilization of referral services
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES			✓			

DEFINITION OF IMPORTANT TERMS	Referral : A health worker at one level of a system having insufficient resources to manage a clinical condition seeks the assistance of a different provider					
NUMERATOR	Number of patients referred (In/Out/Reverse/Counter) at a given period					
DENOMINATOR	Total number of patients seen during the given period					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Community, Facility, Sub- County , County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To assess whether the referral system is working					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Monthly <u>UTILIZATION</u> : Monthly, Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> : Referral Registers and Outpatient register <u>DENOMINATOR</u> : Outpatient Register and Casualty register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : Number of patients referred (In/Out/Reverse/Counter) at a given period / Total number of patients seen during the given period * 100 <u>NOTE</u> : Every facility should have and maintain an up to date referral register					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓	✓	✓

INDICATOR NAME	Proportion of health facilities in the County with a Mass casualty Incident Plan					
HIS CODE:	HIS-M&E068					

OBJECTIVE OF THE INDICATOR	To ensure effective and efficient management of an incident in a health facility.					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES			✓			

DEFINITION OF IMPORTANT TERMS	Mass Casualty Incident: An incident which emergency medical services resources, such as personnel and equipment are overwhelmed by the number and severity of casualties.,					
NUMERATOR	Total number of hospitals in the County with Mass casualty Incident Plan that can be used during an emergency incident					
DENOMINATOR	Total number of hospitals in the County					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, Sub County ,County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	Effective management of emergency cases and prompt referrals					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILISATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> DHIS-2, Entities with Mass Casualty Incident (MCI) plans <u>DENOMINATOR:</u> KMHFL,					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Total number of health facilities with a Mass casualty Incident Plan that can be used during an emergency incident / Total number of health facilities in the Countyx100					
INDICATOR APPLICATION LEVEL		PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓	✓	

INDICATOR NAME	Proportion of health facilities meeting the minimum norms and standards as per the Kenya Health Master Facility List Implementation guideline					
HIS CODE:	HIS-M&E069					

OBJECTIVE OF THE INDICATOR	To assess the availability and readiness of the facility to provide the services as per the level of care within the health system					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KMHFL Book)
CODES						✓

DEFINITION OF IMPORTANT TERMS	Norms and Standards: These are the minimum requirements for facility as per the level of care (physical infrastructure, services offered, human resources in terms of skills and numbers and bed capacity)					
NUMERATOR	Number of health facilities meeting the minimum requirements as per the KMHFL in a specified area					
DENOMINATOR	Total number of facilities in the specified area.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Ward, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	<ul style="list-style-type: none"> ➤ To Categorize the facilities ➤ To allow for upgrade and degrade facilities as per the KHMFL 					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> HEALTH Facility Assessment report <u>DENOMINATOR:</u> Kenya Master Health Facility List					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of health facilities meeting the minimum requirements as per the KMHFL in a specified area/ Total number of facilities in the specified area. * 100 <u>NOTE:</u> The KMHFL should be updated regularly					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of health facilities with functional medical equipment as per the norms and standards
HIS CODE:	HIS-M&E070

OBJECTIVE OF THE INDICATOR	To ensure access to effective and efficient service delivery
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KEPH	KHSSP
CODES						✓	✓

DEFINITION OF IMPORTANT TERMS	Medical Equipment: Any device that is designed to aid in the diagnosis, monitoring or treatment of medical conditions. Functionality: Good working condition					
NUMERATOR	Number of health facilities with functional medical equipment as per the norms in a specified area					
DENOMINATOR	Total number of facilities in the specified area					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Ward, Sub- County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	<ul style="list-style-type: none"> ➤ To measure availability and functionality of medical equipment ➤ To measure availability and readiness to provide services 					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> HEALTH Facility Inventory, Health Facility Assessment report <u>DENOMINATOR:</u> KMHFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> (Number of health facilities with functional medical equipment as per the norms in a specified area/ Total number of facilities in the specified area*100 <u>NOTE:</u> KMHFL should be updated regularly					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

2.2: Ophthalmic services

INDICATOR NAME	Proportion of patients with cataracts who have undergone cataract surgery					
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HIS CODE:	HIS-M&E071
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OBJECTIVE OF THE INDICATOR	To reduce avoidable blindness in the community.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	UNIT
CODES						✓

DEFINITION OF IMPORTANT TERMS	Cataract is the opacity of the lens.					
NUMERATOR	Number of patients who have been diagnosed with cataract and have undergone cataract surgery in a given period					
DENOMINATOR	Total number of patients diagnosed with cataract in a given period					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age ,Sex, Facility, ward, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To increase access to eye treatment through cataract surgery to prevent avoidable blindness					
FREQUENCY	<u>COLLECTION</u> : Monthly					
	<u>REPORTING</u> : Monthly, Quarterly, Annually					
	<u>UTILIZATION</u> : Monthly, Quarterly, Bi-Annual, Annually					
DATA SOURCE	<u>NUMERATOR</u> : Cataract Surgery Registers, theatre reregister <u>DENOMINATOR</u> : Cataract register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION :METHOD: DAILY ON REGISTERS</u> <u>CALCULATION</u> : Number of patients who have been diagnosed with cataract and have undergone cataract surgery in a given period/ Total number of patients diagnosed with cataract in a given period*100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of diabetic patients screened for eye complications.					
HIS CODE:	HIS-M&E072					
OBJECTIVE OF THE INDICATOR	To detect early diabetic eye disease for treatment to prevent irreversible blindness.					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	UNIT
CODES						✓

DEFINITION OF IMPORTANT TERMS	Diabetic eye disease: Complication of diabetes mellitus which affect the eye, leading to irreversible blindness.					
NUMERATOR	Number of diabetic patients screened for eye complications.					
DENOMINATOR	Total number of diabetic patients					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age ,Sex, Socio-Economic status, ward, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce diabetic eye complications to prevent blindness					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, Quarterly, Bi-annually, Annually <u>UTILISATION:</u> Monthly, Quarterly and Annually					
DATA SOURCE	<u>NUMERATOR:</u> OPTHALMIC Registers, diabetic registers <u>DENOMINATOR:</u> DIABETIC Registers					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> DAILY ON REGISTERS <u>CALCULATION:</u> Number of diabetic patients screened for eye complications/ Total number of diabetic patients*100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of Sub- Counties receiving Zithromax in trachoma endemic region for Mass Drug Administration (MDA)					
HIS CODE:	HIS-M&E073					

OBJECTIVE OF THE INDICATOR	To minimize active trachoma transmission in trachoma endemic Counties/ Sub-Counties					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓				✓

DEFINITION OF IMPORTANT TERMS	Trachoma is a chronic infectious eye disease which affects the conjunctiva. Zithromax					
NUMERATOR	Number of trachoma endemic sub counties who received Zithromax.					
DENOMINATOR	Total number of trachoma endemic Sub- Counties					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub- County, National.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To prevent trachoma infections in trachoma endemic Sub- Counties					
FREQUENCY	<u>COLLECTION:</u> Bi-annually <u>REPORTING:</u> Bi-annually <u>UTILISATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> Number of sub counties received Zithromax <u>DENOMINATOR:</u> List of sub counties with endemic trachoma					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: DURING THE MASS DRUG ADMINISTRATION</u> <u>CALCULATION:</u> Number of trachoma endemic sub counties who received Zithromax/ Total number of trachoma endemic Sub- Counties					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

2.3: Rehabilitation services

INDICATOR NAME	Proportion of under 5yrs children Diagnosed with delayed developmental milestones	
HIS CODE:	HIS-M&E074	
OBJECTIVE OF THE INDICATOR	To detect delayed milestones in under 5s and provide early interventions.	

REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES		✓	✓			

DEFINITION OF IMPORTANT TERMS	Delayed Developmental Milestones is a condition acquired by a child at birth or at any stage of growth as a result of birth trauma, disease or nutritional defects					
NUMERATOR	Number of children under 5 identified as having delayed developmental milestones.					
DENOMINATOR	Total number of children under 5 years attended at the health facilities					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Age, Sex, ward, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
			✓			
PURPOSE	To identify children under 5 years with delayed milestones and provide appropriate intervention.					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, Quarterly <u>UTILISATION:</u> Monthly, Quarterly and Annually					
DATA SOURCE	<u>NUMERATOR:</u> Daily Occupational therapy attendance register <u>DENOMINATOR:</u> Under 5 register, Permanent register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> COLLECTED DAILY ON REGISTERS <u>CALCULATION:</u> Number of children under 5 identified as having delayed developmental milestones./ Total number of children under 5 years attended at the health facilities					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of referred children under 5 years with delayed developmental milestones attended to in the Rehabilitation unit)
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HIS CODE:	HIS-M&E075
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OBJECTIVE OF THE INDICATOR	To improve the referral system for children with delayed development milestones/disability
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES		✓	✓			

DEFINITION OF IMPORTANT TERMS	Delayed Developmental Milestones is a condition acquired by a child at birth or at any stage of growth as a result of birth trauma, disease or nutritional defects.					
NUMERATOR	Number of under 5 years referred and attended at the Rehabilitation Unit					
DENOMINATOR	Total number under 5 years referred for Rehabilitation services.					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Age, Sex, Geographical area					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
			✓			
PURPOSE	To capture number of children under 5 years referred and attended in a rehabilitative unit					
FREQUENCY	<u>COLLECTION:</u> Daily					
	<u>REPORTING:</u> Monthly					
	<u>UTILIZATION:</u> Monthly, Quarterly					
DATA SOURCE	<u>NUMERATOR:</u> Rehabilitation Units' daily attendance register					
	<u>DENOMINATOR:</u> Under 5 register, Permanent register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Daily on registers					
INDICATOR APPLICATION LEVEL	<u>CALCULATION:</u> Number of under 5 years referred and attended at the Rehabilitation Unit/ Total number under 5 years referred for Rehabilitation services.					
	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Clients with lower back pain attending Physiotherapy Services					
HIS CODE:	HIS-M&E076					

OBJECTIVE OF THE INDICATOR	Ensure Healthy Lives And Physical Wellbeing Of Clients					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES			✓			✓

DEFINITION OF IMPORTANT TERMS	<p>Lower back pain; is a common disorder involving muscles ,nerves and bones of the back(lumbar spine region)</p> <p>Physiotherapist is a health care professional that diagnose and manage disability</p>					
NUMERATOR	Total number of clients with lower back pain attending physiotherapy					
DENOMINATOR	Total number of clients with lower back pain diagnosed and referred					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	output	outcome	impact		
		✓				
PURPOSE	To restore maintain and promote optimal physical function of the back					
FREQUENCY	<p>COLLECTION: Daily</p> <p>REPORTING: Monthly,</p> <p>UTILISATION: Quarterly ,Annually</p>					
DATA SOURCE	<p>NUMERATOR: OPD Physiotherapy register</p> <p>DENOMINATOR: General OPD registers</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: Total number of clients with lower back pain attending physiotherapy/ Total number of clients with lower back pain diagnosed and referred*100</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓	✓	✓

INDICATOR NAME	Proportion of Women of Reproductive Age (WRA) Receiving pre and post Natal Exercises					
HIS CODE:	HIS-M&E077					

OBJECTIVE OF THE INDICATOR	To ensure well-being of the mothers during delivery and post delivery					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓	✓			

DEFINITION OF IMPORTANT TERMS	<p><u>Key term 1</u> Pre natal exercises –breathing and pelvic floor exercises given to expectant mothers to prepare them for safe delivery</p> <p><u>Key term 2</u> Post-natal exercises; breathing and pelvic floor exercises taught to women post-delivery to strengthen the lax muscles and improve their physical well being</p> <p><u>Key term 3</u>; Women of reproductive age ;women aged 15–49 receiving prenatal and post-natal exercises</p>					
NUMERATOR	Number of WRA receiving prenatal and post-natal exercises					
DENOMINATOR	Total number of WRA referred for prenatal and post-natal exercises					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub county, County and National, Pre-natal, Post-natal					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To prevent effects of pregnancy on the musculature of women of reproductive age this will impact negatively on their health during pregnancy and after delivery.					
FREQUENCY	<p><u>COLLECTION</u>: Daily</p> <p><u>REPORTING</u>: Monthly, Quarterly ,Annually</p> <p><u>UTILIZATION</u>: Quarterly ,Annually</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: In/Out patient physiotherapy register, ANC and Post-natal register</p> <p><u>DENOMINATOR</u>: ANC register, Post-natal register</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: Number of WRA receiving prenatal and post-natal exercises/ Total number of WRA referred for prenatal and postnatal exercises*100</p> <p>NOTE: Pre and Post- natal exercises are routine measures.</p>					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL		✓	✓	✓	✓	✓
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INDICATOR NAME	Proportion of Persons with Disabilities (PWDs) provided with a prosthesis device (s)
HIS CODE:	HIS-M&E078

OBJECTIVE OF THE INDICATOR	To ensure PWDs who require a prosthetic device are rehabilitated appropriately to restore lost function
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KEPH
CODES			✓			✓

DEFINITION OF IMPORTANT TERMS	<i>Prosthesis device:</i> device that replaces a missing body part, which may be lost through trauma, disease or congenital conditions.					
NUMERATOR	Number of PWDs fitted with a prosthesis device (s)					
DENOMINATOR	Total number of PWDs requiring a prosthesis device					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Gender ,body parts, Ward, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure PWDs live as normal lives as possible					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILIZATION:</u> Quarterly, Annually.					
DATA SOURCE	<u>NUMERATOR:</u> Health facility assessment, KDHS <u>DENOMINATOR:</u> KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of PWDs fitted with a prosthesis device (s)/ Total number of PWDs requiring a prosthesis device*100 NOTE: This may not be provided in all our health facilities					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Persons with Disabilities (PWDs) who have been provided with a mobility aid.					
HIS CODE:	HIS-M&E079					

OBJECTIVE OF THE INDICATOR	To enhance the mobility status of PWDs to near normal					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KEPH
CODES			✓			✓

DEFINITION OF IMPORTANT TERMS	<i>Mobility Aid:</i> a device designed to assist walking or improve the mobility of people with a mobility impairment					
NUMERATOR	Number of PWDs provided with mobility aids					
DENOMINATOR	Total number of PWDs identified who require a mobility aid					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, sex ,type of mobility aid, ward, Sub-County, County					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
				✓		
PURPOSE	To improve the social well-being of persons with mobility impairment					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILIZATION:</u> Monthly, Quarterly, Annually.					
DATA SOURCE	<u>NUMERATOR:</u> OPD registers, Orthopaedic registers <u>DENOMINATOR:</u> OPD registers, Orthopaedic registers					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of PWDs provided with mobility aids/ Total number of PWDs identified who require a mobility aid*100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Clients with hemiplegia ,paraplegia and quadriplegia fully rehabilitated					
HIS CODE:	HIS-M&E080					
OBJECTIVE OF THE INDICATOR	Ensure clients are able to achieve optimum functional abilities post illness					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓	✓			✓
DEFINITION OF IMPORTANT TERMS	<p>1.Hemiplegia –form of paralysis that affects one side of the body often just one arm and one leg</p> <p>2.Paraplegia –an impairment in motor or sensory functions of the lower extremities</p> <p>3.Quadriplegia–is paralysis caused by illness or injury that results in the partial or total loss of use of all four limbs and torso</p> <p>4.Rehabilitation–process of helping a person who has suffered an illness or injury to restore functional abilities /skills</p>					
NUMERATOR	Total number of clients with hemiplegia ,paraplegia and quadriplegia fully rehabilitated					
DENOMINATOR	Total number of clients with hemiplegia ,paraplegia and quadriplegia attending physiotherapy clinic					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
					✓	
PURPOSE	To restore functional abilities and improve quality of life for clients and their families					
FREQUENCY	<p>COLLECTION: Daily REPORTING</p> <p>REPORTING: Monthly, quarterly, annually</p> <p>UTILISATION: Continuously for planning and implementation of physiotherapy services</p>					
DATA SOURCE	<p>NUMERATOR: PHYSIOTHERAPY IN AND OPD REGISTER</p> <p>DENOMINATOR: General OPD register</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: Daily using physiotherapy OPD registers</p> <p>Calculation: Total number of clients with hemiplegia, paraplegia and quadriplegia attending physiotherapy fully rehabilitated / Total number of clients with hemiplegia, paraplegia and quadriplegia attending physiotherapy *100</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Clients with disabilities assessed and categorized					
HIS CODE:	HIS-M&E081					
OBJECTIVE OF THE INDICATOR	Establish accessibility of PWD Assessments services in public hospitals					
REFERENCES CODES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
	✓	✓	✓			✓
DEFINITION OF IMPORTANT TERMS						
NUMERATOR	Total number of PWDs assessed and categorized					
DENOMINATOR	Estimated number of PWD in the population					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To increase accessibility to benefits rendered by the National Council for Persons with Disabilities					
FREQUENCY	<u>COLLECTION:</u> Daily REPORTING <u>REPORTING:</u> Monthly, quarterly, annually <u>UTILISATION:</u> Continuously for planning and implementation of physiotherapy services					
DATA SOURCE	<u>NUMERATOR:</u> PWD ASSESSMENT AND CATEGORIZATION REGISTER <u>DENOMINATOR:</u> General OPD register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Daily using PWD assessment and categorization registers <u>CALCULATION:</u> total number of PWDS assessed and categorized /estimated number of PWDS in the population*100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

2.4: Nursing services

INDICATOR NAME	Proportion of Nurses trained in at least one specialized service					
HIS CODE:	HIS-M&E082					

OBJECTIVE OF THE INDICATOR	To establish the number of nurses trained in different specialised services					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	Specialized services: These are advanced specialized trainings in areas of nursing care services e.g. Nephrology, critical care, Peri-operative care, Psychiatric nursing, oncology, paediatric nursing, neonatal nursing, ophthalmic, Reproductive health, Midwifery					
NUMERATOR	Number of nurses trained in at least one specialized area in a given period of time.					
DENOMINATOR	Total number of nurses					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Age, Gender ,Facility, Ward, Sub-County, County ,National					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
			✓			
PURPOSE	To improve quality of nursing care in the specialized areas					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILIZATION:</u> , Annually					
DATA SOURCE	<u>NUMERATOR:</u> Integrated Human Resource Information System (iHRIS) <u>DENOMINATOR:</u> IHRIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	CALCULATION: Number of nurses trained in at least one specialized area in a given period of time/ Total number of nurses*100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Percentage of Patients in health facilities managed using the nursing process					
HIS CODE:	HIS-M&E083					

OBJECTIVE OF THE INDICATOR	To establish whether patients are provided with individualized, holistic care					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KEPH
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	The nursing process is goal-oriented method of caring that provides a framework to nursing care supported by nursing Models or philosophies.					
NUMERATOR	Number of patients Managed using nursing process in nursing care					
DENOMINATOR	Total number of patients seen in health facilities					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Health facility, Sub-county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To improve the quality of nursing care of patients					
FREQUENCY	COLLECTION: Quarterly REPORTING: Quarterly UTILISATION: Quarterly, Biannually ,Annually					
DATA SOURCE	<u>NUMERATOR</u> : Supportive supervision report <u>DENOMINATOR</u> : KHMFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Collection; CALCULATION = Number of patients Managed using nursing process in nursing care/ Total number of patients seen in health facilities *100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

2.5: Clinical services

INDICATOR NAME	Hepatitis B Incidence Rate	
HIS CODE:	HIS-M&E084	

OBJECTIVE OF THE INDICATOR	To identify new Hepatitis B cases to inform preventive intervention
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES			✓			

DEFINITION OF IMPORTANT TERMS	Hepatitis B: Potentially life threatening liver infection caused by the Hepatitis B Virus					
NUMERATOR	Number of new diagnosed Hepatitis B cases					
DENOMINATOR	Estimated population					
UNIT OF MEASURE	Rate / 100,000 population					
DISAGGREGATION	Age, Gender ,Sub/County, County ,National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure the rate of infection due to Hepatitis B, to promote health and wellbeing and combat Hepatitis					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly/quarterly/ <u>UTILIZATION:</u> Monthly/quarterly/annually					
DATA SOURCE	<u>NUMERATOR:</u> Outpatient Register and Laboratory Register and DHIS <u>DENOMINATOR:</u> KNBS (Population)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION; CALCULATION: Number of new diagnose cases due to Hepatitis B/Estimated population x 100,000					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	The proportion of perioperative deaths from all patients who have had a surgical procedure				
HIS CODE:	HIS-M&E085				

OBJECTIVE OF THE INDICATOR	To provide safe surgery				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES			✓			

DEFINITION OF IMPORTANT TERMS	Perioperative death occurs during operation, immediately after the operation and before discharge after undergoing operation					
NUMERATOR	Number of all deaths before discharge in patients who have undergone a procedure in an operating theatre					
DENOMINATOR	The total number of surgeries					
UNIT OF MEASURE	percentage					
DISAGGREGATION	Facility, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To prevent mortality due to surgery					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILIZATION:</u> Monthly, Quarterly, Bi-Annually, Annually					
DATA SOURCE	<u>NUMERATOR:</u> Death register <u>DENOMINATOR:</u> Theatre register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of all deaths before discharge in patients who have undergone a procedure in an operating theatre/ The total number of surgeries <u>NOTE:</u> All facilities should maintain an up-to-date death register and theatre register					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓	✓	

INDICATOR NAME	Out Patient Department (OPD) per capita service utilization rate					
HIS CODE:	HIS-M&E086					

OBJECTIVE OF THE INDICATOR	To Measure the number of visits per person per year					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	15,36		✓			✓

DEFINITION OF IMPORTANT TERMS	Per capita: The number of visits per person per year. It is expected that every person has at minimum 5 visits per person per year to check their health status					
NUMERATOR	Total number of outpatient department visits attended per year.					
DENOMINATOR	Total estimated population					
UNIT OF MEASURE	Rate					
DISAGGREGATION	Age, sex, County, National,					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To measure the level of access to service and improve health status					
FREQUENCY	<u>COLLECTION:</u> Daily, Monthly <u>REPORTING:</u> Monthly, Quarterly Annually <u>UTILIZATION:</u> Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> DHIS, Health facility assessment, Population based health survey <u>DENOMINATOR:</u> KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Collection : Calculations: Total number of outpatient department visits attended per year/ Total estimated population NOTE: It could also be calculated for inpatient. Calculated as Hospital (Inpatient) admission per 100 population per year					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

2.6: National blood transfusion services

INDICATOR NAME	Proportion of safe blood units available for blood transfusion
HIS CODE:	HIS-M&E087

OBJECTIVE OF THE INDICATOR	To monitor availability of safe blood for transfusion
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	Safe blood refers to blood for transfusion that is free of transfusion transmissible infections. Blood refers to whole blood and its components.					
NUMERATOR	Number of safe blood units available					
DENOMINATOR	The total number of blood units collected					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Blood Groups, Region centers, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To ensure that patients in need of blood get safe blood transfusion					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Monthly, Quarterly, Bi-annually, Annually <u>UTILIZATION</u> : Monthly Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> : Blood screened registers, Blood bank registers <u>DENOMINATOR</u> : Blood donation register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : Number of safe blood units available/ The total number of blood units collected*100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

2.7: Forensic and pathology services

Indicator Name	Proportion of Clinical and Forensic autopsies performed					
HIS Code:	HIS-M&E088					

Objective of the indicator	To establish manner and cause of deaths					
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References	WHO	MDG	SDG	ECSA	EAC	KHSSP
Codes	✓		✓			

DEFINITION OF IMPORTANT TERMS	<p>A clinical autopsy is the examination of a person dying while under medical treatment or had a known disease condition</p> <p>A forensic Autopsy or Post-mortem examination is done on a corpse or suspected human remains for identification, characterization of any disease or injury, and determine of cause and duration of death.</p>					
NUMERATOR	Number of clinical autopsies and Number of forensic autopsies performed within a period					
DENOMINATOR	Total number of clinical and forensic autopsies requested within a period					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Gender, Age group, Facility, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To identify the cause of death and person					
FREQUENCY	<p>COLLECTION: Daily</p> <p>REPORTING: Monthly</p> <p>UTILIZATION: Monthly, Quarterly, Annually</p>					
DATA SOURCE	<p>Numerator: Autopsy report</p> <p>Denominator: Post-mortem/autopsy request forms</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Calculations: Number of clinical autopsies and Number of forensic autopsies performed within a period/Total number of clinical and forensic autopsies requested within a period*100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

2.8: Mental Health

INDICATOR NAME	The proportion of planning units that have a substance abuse management plan
HIS CODE:	HIS-M&E089

OBJECTIVE OF THE INDICATOR	Promote good mental health and well-being of the individuals and reduce the risk factors to health.
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REFERENCES	WHO	SECTOR	SDG	ECSA	EAC	KEPH
CODES	✓	✓	✓			✓

DEFINITION OF IMPORTANT TERMS	<p>Substance abuse: Refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs which can lead to dependence syndrome.</p> <p>Planning unit: The unique name for ministry, county, Sub- County, Ward, Semi- Autonomous agencies, Community, institutions e.t.c.</p>					
NUMERATOR	Number of planning entities that have a substance abuse management plan					
DENOMINATOR	Total number of planning units					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Ward, Sub-County, County ,National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	To facilitate implementation of the programmes to prevent and manage harmful use of alcohol and substance abuse.					
FREQUENCY	<p>COLLECTION: Annually</p> <p>REPORTING: Annually</p> <p>UTILIZATION: Annually</p>					
DATA SOURCE	<p>NUMERATOR: Supportive supervision</p> <p>DENOMINATOR: Facility, Departments, Ward, Sub-County, County, National, Institution e.t.c</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p>DATA COLLECTION METHOD: SUPERVISION</p> <p>Calculations :Number of planning entities that have a substance abuse management plan/Total number of planning units*100</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of clients that received psycho-social interventions
HIS CODE:	HIS-M&E090

OBJECTIVE OF THE INDICATOR	To assist all clients that requires the psychosocial intervention.
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REFERENCES	WHO	KHSSP	SDG	ECSA	EAC	KEPH
CODES	✓	✓	✓			

DEFINITION OF IMPORTANT TERMS	<p>psycho-social: looks at the internal and external factors in relation to a person's capacity to cope with the everyday stresses of life</p> <p>Interventions: actions performed to bring about change in people. This include activities used to modify behavior, emotional state or feelings</p> <p>Psychosocial support: An approach that addresses the ongoing psychological and social problems for resumption of normal life.</p>					
NUMERATOR	Number of clients that receive psychosocial interventions					
DENOMINATOR	Total number of clients identified for psychosocial intervention					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Ages, sex, type, Socioeconomic, facility, ward, Sub-County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To promote psychological and social wellbeing of the affected persons in the society.					
FREQUENCY	<p>COLLECTION: Daily</p> <p>REPORTING: Monthly</p> <p>UTILIZATIONS: Monthly, Quarterly, Bi-Annually, Annually</p>					
DATA SOURCE	<p>NUMERATOR: Outpatient and inpatient registers, DHIS</p> <p>DENOMINATOR: Outpatient and inpatient registers, DHIS</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: DAILY ON REGISTERS</p> <p>Calculation : Number of clients that receive psychosocial interventions/ Total number of clients identified for psychosocial intervention*100</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

2.9: Oral Health

INDICATOR NAME	Proportion of patients with dental conditions seen in outpatient.
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HIS CODE:	HIS-M&E091
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OBJECTIVE OF THE INDICATOR	To identify patients with dental illness with a view of early detection and prevention /restoration and management of dental issues.
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REFERENCES	WHO	MDG	SDG	KSSHP		
CODES				✓		

DEFINITION OF IMPORTANT TERMS	Dental diseases/Conditions : Conditions and diseases of the teeth and gum					
NUMERATOR	Total Number of patients with dental conditions seen in the OPD in the dental clinic					
DENOMINATOR	Total number of patients seen in the OPD					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Gender, Age, Geographic area					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Patients will dental illnesses are effectively treated and managed					
FREQUENCY	Collection: Daily Reporting: Monthly Utilization: Monthly, Quarterly					
DATA SOURCE	Numerator: OPD Register/Dental Register Denominator: OPD Registers					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	Data Collection method: Calculation: Total Number of patients with dental conditions seen in the Outpatient/ Total number of patients seen in the Outpatient department Note:					
INDICATOR APPLICATION LEVEL	Sector	Programme	National	County	Facility	Community
		✓		✓	✓	✓

INDICATOR NAME	Percentage of facilities with functional dental units				
HIS CODE:	HIS-M&E092				

OBJECTIVE OF THE INDICATOR	To promote comprehensive dental services to patients				
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REFERENCES	WHO	MDG	SDG	KHSSP	HFA	
CODES					✓	

DEFINITION OF IMPORTANT TERMS	Functional Dental Unit - dental treatment unit with motor driven chair, with delivery system, with light and monitor					
NUMERATOR	Total Number of functional dental units					
DENOMINATOR	Total number of facilities					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Geographical, Hospitals					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To determine availability and readiness of health facility to provide the dental services					
FREQUENCY	<u>COLLECTION:</u> Facility inventory <u>REPORTING:</u> Annually <u>UTILIZATION:</u> To provide comprehensive dental care					
DATA SOURCE	<u>NUMERATOR:</u> Facility inventory <u>DENOMINATOR:</u> KMHFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> TOTAL NUMBER OF FACILITIES WITHFUNCTIONAL DENTAL UNITS/TOTAL NUMBEROF FACILITIES IN A GIVEN AREA <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Dentist per population Ratio					
HIS CODE:	HIS-M&E093					
OBJECTIVE OF THE INDICATOR	To assess the availability of dentists to the population					
REFERENCES	WHO	MDG	SDG	KNOHS	KHSSP	
CODES						

DEFINITION OF IMPORTANT TERMS	Dentist-- Doctor whose practise in in the diseases involving mouth teeth gums and related areas.					
NUMERATOR	Total Number of dentists					
DENOMINATOR	Estimated population in a specified area					
UNIT OF MEASURE	Ratio per 10,000population.					
DISAGGREGATION	Number					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	To plan for adequate availability of dentists for dental services					
FREQUENCY	<u>COLLECTION:</u> Human resource inventory <u>REPORTING:</u> Annually <u>UTILIZATION:</u> To provide comprehensive dental care					
DATA SOURCE	<u>NUMERATOR:</u> NUMBER OF DENTISTS <u>DENOMINATOR:</u> Estimated population in a given area					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> TOTAL NUMBER DENTISTS/ESTIMATED POPULATION IN A GIVEN AREA <u>NOTE:</u> Assess the availability of dental services					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of school going children who are given oral health education and examination				
HIS CODE:	HIS-M&E094				

OBJECTIVE OF THE INDICATOR	To enhance oral health promotion and prevention of dental conditions among school children				
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REFERENCES	WHO	MDG	SDG	KNOHS		
CODES			✓			

DEFINITION OF IMPORTANT TERMS	Oral Health Education- Cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good oral health.					
NUMERATOR	Number of school age children who are taught and examined for oral Health					
DENOMINATOR	Total number of school age children in a specified area.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Geographical locations					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To promote oral health hygiene and practises.					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Quarterly <u>UTILIZATION</u> : Quarterly/Annually					
DATA SOURCE	<u>NUMERATOR</u> : School Health programme registers <u>DENOMINATOR</u> : SCHOOL ENROLMENT REGISTER /KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : MONTHLY Number of school age children who are taught and examined for oral Health/ Total number of school age children in a specified area.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

2.10: Laboratory services

INDICATOR NAME	Proportion of medical laboratories with capacity to culture and characterize pathogenic organism
HIS Code:	HIS-M&E095
OBJECTIVE OF THE INDICATOR	Assess the capacity of medical laboratories to detect and diagnose pathogens of public health concern to guide response during public health emergencies

REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	Capacity–Ability to detect diagnose pathogens of public health concern. Pathogenic Organism- organism capable of causing disease in its host. Culture – is a test to find germs that cause an infection					
NUMERATOR	Number of laboratories in the MFL with capacity to perform culture and characterize pathogenic organism					
DENOMINATOR	All medical laboratories in the MFL list					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	, County/ National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	To ensure availability of quality diagnosis					
FREQUENCY	<u>COLLECTION</u> : Quarterly <u>REPORTING</u> : Quarterly <u>UTILIZATION</u> : Quarterly and Annually					
DATA SOURCE	<u>NUMERATOR</u> : DHIS, support supervision report <u>DENOMINATOR</u> : Master Facility List					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : MONTHLY THROUGH DHIS <u>CALCULATION</u> : Number of laboratories with capacity to culture and characterize pathogenic organism / All medical laboratories in the KHMFL list x100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of medical laboratories with capacity to test for tumour markers					
HIS CODE:	HIS-M&E096					

OBJECTIVE OF THE INDICATOR	Enhance the capacity of medical laboratories to test and diagnose cancers					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	Tumour Markers-a bio marker found in blood, urine, or body tissues that can be elevated by the presence of one or more types of cancer.					
NUMERATOR	No of medical laboratories with capacity to test tumour markers					
DENOMINATOR	Total number of medical laboratories					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	County/National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
	✓					
PURPOSE	Improve case detection and surveillance for cancer					
FREQUENCY	<u>COLLECTION</u> : Quarterly <u>REPORTING</u> : Quarterly <u>UTILISATION</u> : Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> : Health Facility Assessment <u>DENOMINATOR</u> :KMHFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> <u>CALCULATION</u> : Number of medical laboratories with capacity to test tumour markers/Total number of medical laboratories					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of medical laboratories enrolled in the EQA/SLIPTA program					
HIS CODE:	HIS-M&E097					

OBJECTIVE OF THE INDICATOR	Assess the laboratory initiative towards ISO 15189 accreditation and provision of quality diagnostic services					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KSHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	SLIPTA: Stepwise Laboratory Improvement Towards Accreditation EQA –External Quality Assurance					
NUMERATOR	Number of laboratories in the MFL enrolled in SLIPTA/EQA programme					
DENOMINATOR	All medical laboratories in the KHMFL list					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	County, Star attainment rating					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Enhance the quality of laboratory services through accreditation					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly, Biannually, Annually <u>UTILIZATION:</u> Quarterly, Biannually, Annually					
DATA SOURCE	<u>NUMERATOR:</u> Quality Assurance database at NPHL/Inspection reports <u>DENOMINATOR:</u> KHMFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> FROM QA RECORDS <u>CALCULATION:</u> Number of laboratories in the MFL enrolled in EQA/ SLIPTA/All medical laboratories in the KHMFL list X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of medical laboratories with equipment placement contracts for high throughput diagnostic equipment					
HIS CODE:	HIS-M&E098					

OBJECTIVE OF THE INDICATOR	Ensure minimum equipment downtime through maintenance and continual supply of reagents for high throughput diagnostic laboratory equipment					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Throughput diagnosis :maximum rate of production- Equipment Placement contracts: service and maintenance contracts signed with the supplier of equipment					
NUMERATOR	Number of laboratories with equipment placement contracts for high throughput diagnostic equipment					
DENOMINATOR	Number of laboratories with high throughput diagnostic equipment					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	County, National reference labs					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
	✓					
PURPOSE	Ensure proper and consistent functioning of machines					
FREQUENCY	<u>COLLECTION:</u> Biannually <u>REPORTING:</u> Biannually <u>UTILISATION:</u> Biannually/ Annually					
DATA SOURCE	<u>NUMERATOR:</u> INVENTORY <u>DENOMINATOR:</u> KMHFL					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION</u> Number of laboratories with equipment placement contracts for high throughput diagnostic equipment /Number of laboratories with high throughput diagnostic equipment X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

Health programmes

Introduction

This section has defined performance monitoring indicators in the twelve areas to support the sector in the treatment, management and rehabilitation of the health care services. The twelve areas are arranged in broad areas designed to appropriately measure the progress of health interventions for preventions, control and promotions with a total of Priority indicators one hundred and forty five (145) thus:- National AIDS and STI control programme (29), National Tuberculosis, Leprosy and Lung Disease Programme (13); Malaria Control programme (19); Health promotion (4); Control of Vector borne Diseases (2); Reproductive and Maternal health services (28); Neonatal, Child and adolescent health (7); National Vaccines and Immunisation programme services (4); Disease surveillance and Response (5); Neglected Tropical diseases (11); Preventive and promotive for NCDs (14); and Environmental Health (8); Some of the indicators are newly defined to address core areas of service delivery in improving and measuring progress of public health interventions..

Data collection method and frequency of reporting for each indicator are varied with most of the indicators to be collected through routine systems during service delivery while others will be collected through periodic surveys or health facility assessments or both. Reporting for the indicators will also vary from monthly, quarterly, annual and periodic. The following is the full list of indicators and definition by thematic areas:-

List of Programs; Preventive promotive indicators

National AIDS and STIs Control program

- Proportion of Pregnant And Post Natal Women up to 6 weeks period With Known HIV Status
- Proportion of HIV Infected pregnant women on HAART
- Proportion of HIV infected pregnant/postnatal women newly initiated on ART who are still on treatment at specified period
- Proportion of Pregnant women Treated for syphilis
- Percentage of women tested in the PMTCT settings for HIV whose male partners were tested for HIV in the same setting
- Proportion of HIV Exposed Infants started on ARV prophylaxis within 2 Months of life
- Percentage of HIV exposed infants registered in the birth cohort who had a documented HIV test result by 18 months
- Proportion of persons newly enrolled into HIV care
- Proportion of Persons with HIV Infection Newly Started on ART
- Percentage of Persons with HIV infection currently receiving ARVs
- Proportion of clients on ART with a viral suppression after 12 months
- Percentage of Persons living with HIV receiving Cotrimoxazole Prophylaxis
- Percentage of HIV patients screened for TB
- Percentage of TB/HIV co-infected clients who are started on ARVs
- Percentage of HIV positive clients who were assessed for nutrition status
- Percentage of eligible HIV positive clients receiving Therapeutic or Supplementary Food
- Number of women Enrolled in HIV Care screened for Cervical Cancer
- Number of males circumcised as minimum package for HIV preventive services

- Percentage of clients who had potential HIV exposure provided with PEP within 72 hours
- Percentage of donated blood units screened for Transfusion Transmissible Infections in a Quality Assured Manner
- Percentage of blood units found positive for HIV by National Blood Transfusion Services Network
- Number Assessed For HIV risk
- Number Eligible for PrEP
- Number initiated (New) on PrEP
- Number continuing (Refills) on PrEP
- Number Restarting PrEP
- Number currently on PrEP
- Number tested HIV positive while on PrEP
- Number discontinued PrEP

National tuberculosis leprosy and lung disease program

- Tuberculosis Treatment Success Rate (TSR)
- Tuberculosis (TB) case notification rate (all forms)
- Proportion of contacts of smear positive Tuberculosis patients traced and screened for Tuberculosis
- Proportion of presumptive Tuberculosis cases with bacteriological investigation for active Tuberculosis
- Proportion of HIV/AIDS treatment Sites providing Isoniazid Preventive Therapy (IPT) for eligible people living with HIV
- Proportion of eligible PLHIV provided with IPT
- Proportion of children under 5 who are contacts of smear positive Tuberculosis patients put on IPT
- Proportion of Tuberculosis patients started on treatment tested for HIV
- Proportion of HIV positive Tuberculosis patients who receive Cotrimoxazole Preventive Therapy
- Proportion of HIV Positive TB Patients Put On ART
- Treatment success rate among drug resistant tuberculosis patients
- Proportion of Drug Resistant Tuberculosis patients on second line treatment who have negative culture results by month 6
- Proportion of eligible patients tested using Gene XPERT

National Malaria Control Programme

- Malaria Incidence in Health Facilities
- Percentage of Suspected Malaria cases tested
- Malaria Test Positivity Rate
- Malaria parasitaemia prevalence (pf) rate among children aged 6-59 months
- Proportion of pregnant women attending ANC issued with LLINs (in Endemic and Epidemic prone counties)
- Proportion of children under 1 year issued with LLINs
- Proportion of households with at least one ITNs/LLINs
- Proportion of households with more than one ITNs/LLINs

- Proportion of pregnant women sleeping under ITN/LLIN
- Proportion of children aged less than 5 years sleeping under ITN/LLIN
- Number of pregnant women who received IPT1 in targeted Counties
- Number of pregnant women who received IPT2 in targeted Counties
- Number of pregnant women who received IPT3 in targeted Counties
- Proportion of public health facilities having no stock-out of ACTs for 7 consecutive days in past 3 months (for each ACT weight bands)
- Proportion of health facilities having no stock outs of RDTs for 7 Consecutive days in the past 3 months
- Proportion of pregnant women who received 1 or more doses of IPTp during last pregnancy (within last 2 years) in endemic areas
- Proportion of pregnant women who received 2 or more doses of IPTp during last pregnancy (within last 2 years) in endemic areas
- Proportion of pregnant women who received 3 or more doses of IPTp during last pregnancy (within last 2 years) in endemic areas
- In-patient malaria deaths [per 1000 persons per year]

Health promotion

- Proportion of health workers in the public health sector sensitized on health communication skills
- Proportion of community health volunteers (CHVs) sensitized on health communication skills
- Proportion of health information, education and communication (IEC) materials developed with desired standards
- Proportion of campaigns conducted to create awareness on topical health issues

Control of vector borne diseases

- Proportion of Counties conducting at least one community survey on a known endemic vector borne disease per year
- Prevalence rate of priority vector borne diseases

Reproductive & Maternal Health Services

- Proportion of women who attended at least one ANC visit during pregnancy
- Proportion of women who attended 1st ANC visit at <16 weeks gestation during pregnancy
- Proportion of pregnant women attending 4 ANC visits according to Focused ANC schedule
- Proportion of pregnant women immunized with at least two doses of tetanus toxoid
- Proportion of women provided with IPT3 during the ANC visits
- Proportion of deliveries conducted by skilled health personnel
- Still Birth Rate (per 1000 total births)
- Perinatal Mortality Rate (per 1000 total births)
- Caesarean Section Rate (per 1000 total births)
- Proportion of clients receiving post-natal care after delivery
- Proportion of Maternal Deaths Reviewed
- Proportion of pregnant women attending ANC tested for syphilis

- Percentage of pregnant women attending antenatal clinics screened for syphilis with a positive serology for syphilis
- Proportion of Women with Unmet Need for Family Planning
- Proportion of women targeted for family planning currently using a method
- Proportion of women accessing Long acting and Reversible Contraception
- Proportion of women accessing postpartum Family planning
- Proportion of new family planning acceptors who are tested for HIV
- Proportion of Health facilities providing Basic Emergency Obstetric and Newborn care (BEmONC)
- Proportion of Health facilities providing Comprehensive Emergency Obstetric and New-born Care (CEmONC)
- Proportion of Health facilities providing Adolescent and youth friendly services
- Sexual and Gender Based Violence prevalence rates
- Proportion of health facilities providing SGBV services as per the national guidelines
- Percentage of clients provided with Sexual and Gender Based Violence (SGBV) services
- Percentage of Sexual and Gender Based Violence (SGBV) clients/survivors presenting within 72 hours
- Percentage of SGBV survivors lost to follow-up
- Proportion Of Women Aged 25-49 Years screened For Cervical Cancer
- Proportion Of Women With Precancerous Lesions Receiving Cryotherapy Services
- Proportion Of Women Diagnosed With Obstetric Fistula

Neonatal, Child And Adolescent Health (NCAH)

- Percentage of newborns with low birth weight –(less than 2500 grams)
- Percentage of children under five with Diarrhea treated with ORS and Zinc
- Percentage of school-aged children de-wormed at least once in the year
- Percentage of children under five years with pneumonia treated with antibiotics
- Percentage of Health Facilities providing treatment as per the IMCI guidelines
- Percentage of Health Facilities with functional Oral Rehydration Therapy corner
- Percentage of Health facilities implementing essential newborn care

National vaccines and immunization program (NVIP)

- Proportion of under 1 year old children vaccinated against Tuberculosis
- Proportion of children under one year vaccinated against measles
- Proportion of children under one year who are fully immunized
- The proportion of drop out between Pentavalent and Penta3 in a given period

Disease surveillance and Response

- Proportion of health facilities submitting weekly surveillance reports in time to the national level
- Proportion of counties attaining a non-polio Acute Flaccid Paralysis (AFP) detection rate of 2/100,000
- Number of weekly epidemiological bulletins produced and disseminated
- Percentage of disease outbreaks responded to within 48 hours
- Number of new HIV infections per thousand population

Neglected Tropical Diseases

- Percentage of population at risk who received mass treatment for Soil-Transmitted Helminthiasis at least once during the year
- Percentage of population at risk who received mass treatment for Schistosomiasis at least once during the year
- Percentage of population at risk who received mass treatment for Lymphatic Filariasis at least once during the year
- Percentage of at-risk population who received mass treatment for Trachoma at least once during the year
- Percentage of individuals who received surgery for hydrocele
- Percentage of individuals who received surgery for Trachomatous Trichiasis
- Percentage of individuals who received limb care for Lymphoedema
- Prevalence of soil transmitted helminthiasis
- Prevalence of Schistosomiasis
- Prevalence of Lymphatic Filariasis
- Positivity of Visceral leishmaniasis

Prevention and Promotion of Non-Communicable diseases

- Cancer Incidence rate
- Cancer Fatality rate
- Percentage of health facilities providing oral morphine solution
- Proportion Of Cancer Patients On Palliative Care Services
- Prevalence of cancer cases
- Mortality rate attributed to cardiovascular disease, cancer, diabetes and chronic respiratory disease
- Percentage of population who are heavy episodic alcohol drinkers among adults
- Proportion of population who smoke cigarettes or a pipe or use other tobacco products
- Prevalence of raised blood pressure in adults
- Prevalence of raised blood glucose/diabetes in adults
- Incidence of diabetes per 100,000
- Prevalence of raised total cholesterol in Adults
- Prevalence of insufficient physical activity
- Prevalence of overweight and obesity among adults

Environmental Health

- Percentage of Mandatory fortified food products complying with food fortification regulations
- Aflatoxins Contamination rate in Food Products
- Proportion of Households using modern fuels for cooking/heating/lighting (indoor air)
- Percentage of Points of Entry (POEs) with stocks of Yellow Fever vaccines for international travellers
- Prevalence rate of jigger infestations among school-age children
- Percentage Of Workers Exposed To Unsafe, Unhealthy Or Hazardous Working Conditions
- Incidences Of Occupational Injuries
- Mortality From Occupational Health Hazards

Summary of indicators in logical results chain

Section	Inputs	Outputs	Outcomes	Impact	Total
National AIDS and STI control programme	2	20	7	0	29
National TB Leprosy and Lung Disease programme	0	9	4	0	13
Malaria control programme	0	4	14	1	19
Health promotion	0	4	0	0	4
Control of vector borne diseases	0	1	1	0	2
Reproductive and Maternal Health Services	0	17	12	0	29
Neonatal child and adolescent health	0	6	1	0	7
National Vaccines and immunisation programme	0	0	4	0	4
Disease surveillance and response	0	5	0	0	5
Neglected Tropical Diseases	0	7	4	0	11
National Cancer Control	1	1	12	0	14
Environmental Health	0	3	5	0	8
Total	3	77	64	1	145

3.1: National AIDS and STIs Control Programme

INDICATOR NAME	Proportion of Pregnant And Post Natal Women up to 6 weeks period With Known HIV Status
HIS CODE:	HIS-M&E099

INDICATOR OBJECTIVE	To reduce HIV transmission rates from mother to child
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REFERENCES	WHO	MDG	SDG	ECSA	PEPFAR	GFTAM	KHSSP	NASCOP
CODES					TX_VIRAL	HIV-PI0		HIV02-02:

DEFINITION OF IMPORTANT TERMS	<p><u>Pregnant/postnatal women with known HIV status</u>: these are women who knew their HIV positive status prior to the first ANC visit; those tested (regardless of test results) during ANC, in labour and delivery or tested within 6 weeks of delivery.</p> <p><u>Pregnant women with known HIV-infection</u>: women who were tested and confirmed HIV-positive at any point prior to the current pregnancy and those tested positive (for the first time) at any point between the first ANC visit and within 6 weeks of delivery.</p>
NUMERATOR	Number of pregnant and post-natal women up to 6 weeks with known HIV status
DENOMINATOR	Total number of pregnant and postnatal women attending the health facility up to 6 weeks
UNIT OF MEASURE	Percentage
DISAGGREGATION	Disaggregate by Known positives at entry; Tested and picked results, Sub-county , county, health facility, National
INDICATOR LEVEL	Outcome
PURPOSE	Knowing ones HIV status in pregnancy is the main entry point to prevention services against mother-to-child transmission of HIV and other HIV care and treatment services. It should be monitored over time to see the increase in the proportion of women knowing their HIV status during pregnancy.
FREQUENCY	<p><u>COLLECTION</u>: Daily</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILISATION</u>: Monthly, Quarterly, Annually</p>
DATA SOURCE	<p><u>NUMERATOR</u>: ANC register, Post Natal Register, Maternity Register</p> <p><u>DENOMINATOR</u>: ANC register, Post Natal Register, Maternity Register</p>
DATA MANAGEMENT AND	<u>CALCULATION</u> : Number of pregnant and post-natal women up to 6 weeks with known HIV status / Total number of pregnant and postnatal women attending the

INDICATOR COMPUTATION GUIDELINES	health facility up to 6 weeks X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of HIV Infected pregnant women on HAART
HIS CODE:	HIS-M&E100

INDICATOR OBJECTIVE	To reduce HIV transmission rates from mother to child
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REFERENCES	WHO	MDG	SDG	ECSA	PEPFAR	GFTAM	KHSSP
CODES					PMTCT_ARV	HIV-P13	✓

DEFINITION OF IMPORTANT TERMS	<p><u>HIV Infected Pregnant Women:</u> are those women, who at their first ANC visit had confirmed HIV positive status or whose test results are positive following a test during antenatal (regardless of timing of the visit), during labour and delivery or after delivery but within six weeks of delivery.</p> <p>HAART (Highly Active Antiretroviral Therapy) used as prophylaxis against HIV transmission from mother to child,</p>
NUMERATOR	Number of HIV infected Pregnant women on HAART
DENOMINATOR	Estimated number of HIV infected pregnant women
UNIT OF MEASURE	Percentage
DISAGGREGATION	Facility, Sub-county, County, National
INDICATOR LEVEL	Process
PURPOSE	This indicator is meant to measure the provision and uptake of antiretroviral prophylaxis for the prevention of mother-to-child-transmission (PMTCT). The risk of MTCT can be significantly reduced with the use of antiretroviral for the mother, with or without prophylaxis to the infant.
FREQUENCY	<p><u>COLLECTION:</u> Daily</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Monthly</p>
DATA SOURCE	<p><u>NUMERATOR:</u> ANC Register, Mother-Child booklet</p> <p><u>DENOMINATOR:</u> ANC Register, Mother-Child booklet</p>

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>CALCULATION: Number of HIV infected Pregnant women on HAART / Estimated number of HIV infected pregnant women X100</p> <p>NOTE:</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of HIV infected pregnant/postnatal women newly initiated on ART who are still on treatment at specified period					
HIS CODE:	HIS-M&E101					

INDICATOR OBJECTIVE	To measure retention in pregnant women started on ART					
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REFERENCES	WHO	MDG	SDG	ECSA	PEPFAR	GFTAM	NASCOP	KHSSP
CODES					PMTCT_ARV	HIV-P13	HIV02-04	✓

DEFINITION OF IMPORTANT TERMS	<p><u>Newly Initiated on ART:</u> This means a woman who is started on HAART during the current pregnancy. It excludes women who were already on ART at the first ANC visit</p> <p><u>Still on treatment:</u> This is a group of women who started ART, 6, 12 or 24 months ago, who are still taking the ARVs in the reporting month.</p>
NUMERATOR	Number of HIV infected pregnant/postnatal women newly initiated on ART who are still on treatment at 6, 12 & 24 months
DENOMINATOR	Number of HIV infected pregnant/postnatal women newly initiated on ART 6, 12 or 24 months ago at a given facility for the reporting month.
UNIT OF MEASURE	Percentage
DISAGGREGATION	Sub-County, age, at 6, 12 & 24 months (period), County and National level
INDICATOR LEVEL	Outcome
PURPOSE	This indicator is meant to measure the level of retention in pregnant women who are started on ART during pregnancy
FREQUENCY	<p><u>COLLECTION:</u> Daily</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Monthly</p>

DATA SOURCE	<u>NUMERATOR:</u> ART Register <u>DENOMINATOR:</u> ART Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> Number of HIV infected pregnant/postnatal women newly initiated on ART who are still on treatment at 6, 12 & 24 months/ Number of HIV infected pregnant/postnatal women newly initiated on ART 6, 12 or 24 months ago at a given facility for the reporting month X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of Pregnant women Treated for syphilis						
HIS CODE:	HIS-M&E102						
INDICATOR OBJECTIVE	To reduce the risk of birth outcomes associated with syphilis in pregnancy						
REFERENCES	WHO	MDG	SDG	ECSA	EAC	GFTAM	KHSSP
CODES						HIV-P20	

DEFINITION OF IMPORTANT TERMS	<p>Syphilis: Syphilis is an acute and chronic infectious disease caused by the bacterium <i>Treponema pallidum</i> and transmitted by direct contact</p> <p>Screening for Syphilis: It is recommended that all pregnant women be screened for syphilis at first prenatal visit; during 3rd trimester rescreen women who are at high risk for syphilis or who live in areas with high numbers of syphilis cases, and/or those who were not previously tested or had a positive test in the first trimester.</p>					
NUMERATOR	Number of pregnant women treated for syphilis					
DENOMINATOR	Total number of pregnant women who tested positive for syphilis					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-County, County, National, Age, Epidemiological zones					
INDICATOR LEVEL	Output					
PURPOSE	To determine the number of pregnant women treated for syphilis					
FREQUENCY	<p><u>COLLECTION:</u> Daily</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Monthly, quarterly and annually</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> ANC Register, MOH711. MOH405</p> <p><u>DENOMINATOR:</u> ANC Register, MOH711. MOH405</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>CALCULATION:</u> Number of pregnant women treated for syphilis / Total number of pregnant women who tested positive for syphilis X100</p> <p><u>NOTE:</u></p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of women tested in the PMTCT settings for HIV whose male partners were tested for HIV in the same setting						
HIS CODE:	HIS-M&E103						
INDICATOR OBJECTIVE	To improve partner involvement						
REFERENCES	WHO	MDG	SDG	ECSA	EAC	PEP-FAR	KHSSP
CODES						HIV- P8	

DEFINITION OF IMPORTANT TERMS	<u>Male partners testing for HIV in the PMTCT setting</u> : refers to male partners of women in attendance at antenatal, labour and delivery and postnatal clinic and being provided with HIV counseling and testing services together with their partner. It also includes partners with confirmed HIV positive status prior to the 1 st ANC visit.					
NUMERATOR	No. of women attending PMTCT services whose male partners were tested for HIV in the PMTCT setting					
DENOMINATOR	Total number of women tested for HIV in the PMTCT setting					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Facility, Sub-county, County and National					
INDICATOR LEVEL	Process					
PURPOSE	To allow for provision of the necessary physical and psychological support in making joint decisions with partner about care for infant after delivery.					
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Monthly					
DATA SOURCE	<u>NUMERATOR</u> : MOH 731-2 (MOH 405, MOH 406, MOH 333) <u>DENOMINATOR</u> : MOH 731-2 (MOH 405, MOH 406, MOH 333)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION</u> : No. of women attending PMTCT services whose male partners were tested for HIV in PMTCT settings / Total number of women tested for HIV in PMTCT settings X100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of HIV Exposed Infants started on ARV prophylaxis within 2 Months of life					
HIS CODE:	HIS-M&E104					

INDICATOR OBJECTIVE	To reduce HIV transmission rates from mother to child					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	PEPFAR
CODES						

DEFINITION OF IMPORTANT TERMS	<u>HIV Exposed Infants:</u> Infants born to HIV infected mothers					
NUMERATOR	Number of infants who received ARV prophylaxis within 2 months					
DENOMINATOR	Total Number of HIV Exposed Infants registered					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, Facility, Sub-county, County					
INDICATOR LEVEL	Output					
PURPOSE	To reduce the risk for peri-partum mother-to-child transmission					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly, Annual					
DATA SOURCE	<u>NUMERATOR:</u> MOH731-2, (ART register, ANC register, Postnatal register <u>DENOMINATOR:</u> MOH731-2ART register, , ANC register, Postnatal register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> Number of infants who received ARV prophylaxis within 2 months / Total Number of HIV Exposed Infants registered X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of HIV exposed infants registered in the birth cohort who had a documented HIV test result by 18 months						
HIS CODE:	HIS-M&E105						
INDICATOR OBJECTIVE	To assess outcomes of HIV exposed infants enrolled in the follow-up programme and assess progress towards eliminating mother-to-child HIV transmission						
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	NASCOP
CODES							HIV02-13:

DEFINITION OF IMPORTANT TERMS	<p><u>HIV-exposed infant: an infant born of HIV positive mother</u></p> <p><u>HIV-infected infant:</u> HIV-exposed infants with a HIV-positive result at any point during follow-up.</p> <p><u>HIV-uninfected:</u> HIV-exposed infants with a negative 18 month antibody test documented.</p> <p><u>Unknown Follow-up Status:</u> This group includes those in care but no test was done, lost to follow-up, died or transferred out. Each of these categories are defined as:</p> <ul style="list-style-type: none"> • <u>In care but no test done:</u> HIV-exposed infants who attended 18 month visit but no antibody test result is documented • <u>Lost to follow-up:</u> HIV-exposed infants who did not attend the 18th month visit • <u>Died:</u> HIV-exposed infants who are documented to have died without confirmation of HIV-infection between 0 and 18 months <p><u>Transferred out</u> = HIV-exposed infants who transferred out between 0 and 18 months without confirmation of HIV-infection (unknown FO).</p>
NUMERATOR	Number of HIV-exposed infants with a documented outcome by the 18 months of age (<i>collection of 18 month outcomes is recommended at 24 months of age</i>)
DENOMINATOR	Number of HIV-exposed infants registered in the birth cohort at any time between 0 and 18 months of age (including transfers-ins)
UNIT OF MEASURE	Percentage
DISAGGREGATION	HIV infection status of the baby (Infected, not infected); Breastfeeding status at 18 months (Breastfeeding, Not Breastfeeding, BF status unknown)
INDICATOR LEVEL	Output
PURPOSE	To assess progress towards elimination of mother to child transmission of HIV
FREQUENCY	<p><u>COLLECTION:</u> Daily</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Monthly, quarterly and annually</p>

DATA SOURCE	<u>NUMERATOR:</u> HEI Register HCA report <u>DENOMINATOR:</u> HEI Register HCA report					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> To effectively count transmission rate in children, the procedure is to focus on the cohort of HEI that would have reached the age of 24 months, regardless of whether that child exited the programme earlier than 24 months. All HEI who died or lost to follow up (earlier than 24 months) before establishing their conclusive HIV status should not be included in the retrospective record reviews but reported as unknown outcome. Out the eligible children, then review their HIV status at exist, regardless of whether this status was established earlier than 24 months of age. <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of persons newly enrolled into HIV care					
HIS CODE:	HIS-M&E106					

INDICATOR OBJECTIVE	Increase coverage of care and treatment					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	PEPFAR	KHSSP
CODES						CARE_NEW	

DEFINITION OF IMPORTANT TERMS	<u>Newly Enrolled in HIV Care:</u> This means that once a patient newly diagnosed with HIV has been linked to HIV care services, enrolled starts with receiving one of the following: WHO staging or, undergoing a CD4 lymphocyte count testing or Viral load or initiated on ARVs.
NUMERATOR	Number of persons newly enrolled into HIV Care
DENOMINATOR	Number of HIV positive clients
UNIT OF MEASURE	Count
DISAGGREGATION	Age, Sex, National, County, Sub county, Facility
INDICATOR LEVEL	Output
PURPOSE	To measure volumes of patients that are being taken into HIV care in the reporting period.
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly, Annual

DATA SOURCE	<u>NUMERATOR:</u> HTC, PRE-ART, PRE-CARE... <u>DENOMINATOR:</u> HTC, PRE-ART, PRE-CARE...					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> Number of persons newly enrolled into HIV Care <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Proportion of Persons with HIV Infection Newly Started on ART
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HIS CODE:	HIS-M&E107
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INDICATOR OBJECTIVE	Increase coverage of care and treatment and reduce opportunistic infections
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	PEPFAR	KHSSP
CODES							✓

DEFINITION OF IMPORTANT TERMS	<u>Newly enrolled on ART:</u> NEW refers to a patient who starts ART (dispensed with the first dosage of ARVs) at any facility in the country or system.
NUMERATOR	Number of persons with HIV infections newly started on ART
DENOMINATOR	Number of Newly diagnosed HIV persons
UNIT OF MEASURE	Percent
DISAGGREGATION	Sex, Age (<2, 2-9, 10-14, 15-19, 20-24, 25+), County, National, Program, facility
INDICATOR LEVEL	Output
PURPOSE	To measure the uptake of ART programmes
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly, annually
DATA SOURCE	Facility ART registers/databases, program monitoring tools, or drug supply management systems
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> <u>NOTE:</u>

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of Persons with HIV infection currently receiving ARVs
HIS CODE:	HIS-M&E108

INDICATOR OBJECTIVE	Scale up interventions to improve quality of care and improve health outcomes, and increase life expectancy
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REFERENCES	WHO	UNGASS	PEPFAR	GFTAM	EAC	KHSSP
CODES	UA-G2	UNG-4	TX_CURR	HIV-T1		✓

DEFINITION OF IMPORTANT TERMS	<u>CURRENT on ART</u> : Refers to the number of patients currently receiving ARV at a given facility and does include patients who transfer in. Patients who transfer out, or are categorized as DROP, DEAD, LOST or STOP, are subtracted					
NUMERATOR	Number of persons with advanced HIV infections who are currently receiving antiretroviral therapy at the end of the reporting period.					
DENOMINATOR	Estimated number of persons with HIV infection					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Sex, Age (<2, 2-9, 10-14, 15-19, 20-24, 25+), Key Population, Facility, Sub-county, County, National					
INDICATOR LEVEL	Outcome					
PURPOSE	To increase life expectancy					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Quarterly, annually					
DATA SOURCE	<u>NUMERATOR</u> : Facility ART registers/databases, program monitoring tools, drug supply management systems, C&T <u>DENOMINATOR</u> :					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION</u> : Number of persons with advanced HIV infection who are currently receiving antiretroviral therapy at the end of the reporting period/ Estimated number of persons with HIV infection X100 <u>NOTE</u> :					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL	✓	✓	✓	✓	✓	✓
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INDICATOR NAME	Proportion of clients on ART with a viral suppression after 12 months					
HIS CODE:	HIS-M&E109					

INDICATOR OBJECTIVE	Scale up interventions to improve quality of care and improve health outcomes					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	NASCOP
CODES						HIV03-12:

DEFINITION OF IMPORTANT TERMS	<u>Viral suppression</u> : ARVs are intended to slow down the replication of HIV within the body. The amount HIV in the body is measured using a test called Viral load. It is a quantitative measurement of HIV nucleic acid (RNA) that reports how many copies of the virus are present in the blood. Evidence shows that keeping the viral load levels as low as possible for as long as possible decreases the complications of HIV disease, slows the progression from HIV infection to AIDS, and prolongs life. According to WHO, HIV is considered suppressed if the number of copies in the blood is below 1,000 copies/ml.
NUMERATOR	Number of adult and paediatric patients with an undetectable viral load <1,000 copies/ml at 12 months.
DENOMINATOR	Number of adults and children who are still alive and on antiretroviral therapy at 12 months after initiating treatment and received a viral load test at 12 months.
UNIT OF MEASURE	Percentage
DISAGGREGATION	None
INDICATOR LEVEL	Outcome
PURPOSE	To keep the viral load levels as low as possible for as long as possible decreases the complications of HIV disease, slows the progression from HIV infection to AIDS, and prolongs life
FREQUENCY	<u>COLLECTION</u> : monthly <u>REPORTING</u> : monthly <u>UTILISATION</u> : Annually
DATA SOURCE	<u>NUMERATOR</u> : ART Monthly Register <u>DENOMINATOR</u> : ART monthly register
DATA MANAGEMENT AND INDICATOR COMPUTATION	<u>CALCULATION</u> : This indicator should not be collected routinely but through retrospective record review. Selection of the sites to be included in the review is the prerogative of the team undertaking the study, taking into account the cost

GUIDELINES	<p>and heterogeneity of the service delivery sites.</p> <p>To create the sampling frame records should first be clustered into adults and paediatrics. Select patients who were still alive on ART at 12 months from each cluster, and list down patients for whom viral load results are available for the periods 6-9 and 12-15 months. The list of patients should cover many months (preferably 12 months). The study team may choose to review all the records or just a sample for this frame.</p> <p>Note: For the patient to be included in the sample, that patient does not need to have been on ART continuously for the 12-month period as long as they are recorded as still being on treatment at month 12.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓			

INDICATOR NAME	Percentage of Persons living with HIV receiving Cotrimoxazole Prophylaxis					
HIS CODE:	HIS-M&E110					

INDICATOR OBJECTIVE	To reduce opportunistic infections among HIV infected clients					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	GFTAM	KHSSP
CODES						HIV-CSI	✓

DEFINITION OF IMPORTANT TERMS	<u>Receiving prophylaxis:</u> Individuals should be considered to be “receiving” prophylaxis if Cotrimoxazole or Dapsone has been prescribed and obtained by the patient at the facility.
NUMERATOR	Number of Persons living with HIV enrolled in HIV care and receiving prophylaxis
DENOMINATOR	Total number of persons living with HIV enrolled in HIV care based on national guidelines
UNIT OF MEASURE	Percent
DISAGGREGATION	Sex, Age (<2, 2-9, 10-14, 15-19, 20-24, 25+), sub-county, county
INDICATOR LEVEL	Output
PURPOSE	Cotrimoxazole/Dapsone prophylaxis is a simple and cost-effective intervention that reduces the risk of opportunistic infections (OIs) and mortality in HIV-positive children and adults.
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly

	<u>UTILISATION:</u> Quarterly, Annually (facility should have monthly meetings)					
DATA SOURCE	<u>NUMERATOR:</u> Pre-ART and ART registers.					
	<u>DENOMINATOR:</u> Pre-ART and ART registers.					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> Number of Persons living with HIV enrolled in HIV care and receiving prophylaxis / Total number of persons living with HIV enrolled in HIV care based on national guidelines X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of HIV patients screened for TB
HIS CODE:	HIS-M&EIII

INDICATOR OBJECTIVE	To identify HIV patients that may be having TB coinfection
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REFERENCES	WHO	MDG	SDG	ECSA	GFTAM	PEPFAR	KHSSP
CODES	UA-E3				TB-HIVI	TB_SREEN	

DEFINITION OF IMPORTANT TERMS	<u>Screened for TB:</u> Any patient that has HIV is susceptible for TB. HIV Patients should be able to be screened for TB by sending sputum from HIV patients to establish the TB status of patients.					
NUMERATOR	Number of HIV patients screened for TB					
DENOMINATOR	Total number of patients currently in HIV care					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age (<2, 2-9, 10-14, 15-19, 20-24, 25+), Facility, Sub-county, County					
INDICATOR LEVEL	Output					
PURPOSE	Ensure early detection of TB in HIV patients so as to initiate prompt TB treatment.					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly					
DATA SOURCE	<u>NUMERATOR:</u> Pre-ART/ART registers, C&T Activity Sheet <u>DENOMINATOR:</u> Pre-ART/ART registers, C&T Activity Sheet					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> Number of HIV patients screened for TB / Total number of patients currently in HIV care X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Percentage of TB/HIV co-infected clients who are started on ARVs					
HIS CODE:	HIS-M&E112					

INDICATOR OBJECTIVE	To ensure that HIV-positive patients with TB are able to access ARVs.					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	UNGASS
CODES	UA-EI					UNG-6

DEFINITION OF IMPORTANT TERMS	<u>TB/HIV co-infection</u> : Patients who have been infected with HIV and screened with TB to establish both infections (TB and HIV)					
NUMERATOR	The number of patients with both HIV and TB positive status on ARVs					
DENOMINATOR	Total number of TB/HIV co-infected clients					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Facility, Sub-county, County, National					
INDICATOR LEVEL	Output					
PURPOSE	To integrate TB and HIV programs to ensure they leverage on the scarce resources and improve the outcome					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Quarterly <u>UTILISATION</u> : Quarterly, annually					
DATA SOURCE	<u>NUMERATOR</u> : Pre and Post ART register, TB register <u>DENOMINATOR</u> : Pre and Post ART register, TB register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION</u> : The number of patients with both HIV and TB positive status on ARVs / Total number of TB/HIV co-infected clients X100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓	✓	

INDICATOR NAME	Percentage of HIV positive clients who were assessed for nutrition status					
HIS CODE:	HIS-M&E113					
INDICATOR OBJECTIVE	Establish the nutritional status so as to provide health education, health promotion as well as advice provision of therapeutic and supplementary food					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	PEPFAR
CODES						FN_ASSESS

DEFINITION OF IMPORTANT TERMS	<p><u>Provision of therapeutic and supplementary food:</u> Is preceded by a cascade of accompanying services which include nutrition assessment and counselling; identification of those in need of food support and the subsequent provision of food.</p> <p><u>Assessed for nutrition:</u> This involves undertaking anthropometric measures (Body Mass Index (BMI); Mid-Upper Arm Circumference (MUAC) and Weight for Height (WFH)).</p> <p><u>Clinical visit:</u> An HIV clinical visit includes all visits made after an HIV diagnosis for purposes of seeking the following services: enrolment into HIV care after counselling and testing (regardless of the source setting); follow up visit (before starting ART); Initiation on ART and subsequent follow-up visits while on ART.</p>
NUMERATOR	Number of HIV positive clients who were assessed for nutrition status
DENOMINATOR	Total number of HIV clients
UNIT OF MEASURE	Percentage
DISAGGREGATION	Age in years (<15, 15+), Sub-county, County
INDICATOR LEVEL	Output
PURPOSE	To measure adherence to WHO UNICEF and WFP standard protocol so as to initiate Therapeutic and Supplementary Foods that are essential for the treatment of the clients.
FREQUENCY	<p><u>COLLECTION:</u> Monthly</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Quarterly and Annually</p>
DATA SOURCE	<p><u>NUMERATOR:</u> MOH734, MOH733</p> <p><u>DENOMINATOR:</u> MOH734, MOH733</p>
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>CALCULATION:</u> Number of HIV positive clients who were assessed for nutrition status / Total number of HIV clients X100</p> <p><u>NOTE:</u></p>

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Percentage of eligible HIV positive clients receiving Therapeutic or Supplementary Food
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HIS CODE:	HIS-M&E114
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INDICATOR OBJECTIVE	To measure the level of HIV positive clients receiving treatment and supplementary food.
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REFERENCES	WHO	MDG	SDG	ECSA	GFTAM	PEPFAR
CODES					HIV-CS2	FN_THER

DEFINITION OF IMPORTANT TERMS	<u>Eligibility:</u> HIV positive clients who are assessed and found to be malnourished												
	Provision of therapeutic and supplementary food is preceded by a cascade of accompanying services which include nutrition assessment and counselling; identification of those in need of food support and the subsequent provision of food.												
	<u>Nutritional Assessment:</u> This involves undertaking anthropometric measures (Body Mass Index (BMI); Mid-Upper Arm Circumference (MUAC) and Weight for Height (WFH)).												
	<u>Eligibility for therapeutic or supplementary foods:</u> Cut-off points to qualify a patient to be clinical malnourished vary age and pregnancy status (in women). The table below provides standards as recommended by the World Health Organisation (WHO)												
	<table border="1"> <thead> <tr> <th>Patient Classification</th> <th>Anthropometric cut-off point</th> </tr> </thead> <tbody> <tr> <td>Non-pregnant adults > 18 years of age</td> <td>Body Mass Index (BMI) < 18.5 kg/m²</td> </tr> <tr> <td>Pregnant women and women with infants < 6 months of age</td> <td>MUAC < 220 mm</td> </tr> <tr> <td>Children 6-59 months of age</td> <td>WFH < -2 z-score or MUAC < 125 mm or presence of bilateral pitting oedema</td> </tr> <tr> <td>Children 5-9 years of age</td> <td>BMI-for-age < -2 z scores</td> </tr> <tr> <td>Adolescents 10-14 years of age</td> <td>BMI-for-age < -2 z scores</td> </tr> </tbody> </table>	Patient Classification	Anthropometric cut-off point	Non-pregnant adults > 18 years of age	Body Mass Index (BMI) < 18.5 kg/m ²	Pregnant women and women with infants < 6 months of age	MUAC < 220 mm	Children 6-59 months of age	WFH < -2 z-score or MUAC < 125 mm or presence of bilateral pitting oedema	Children 5-9 years of age	BMI-for-age < -2 z scores	Adolescents 10-14 years of age	BMI-for-age < -2 z scores
	Patient Classification	Anthropometric cut-off point											
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Adolescents 10-14 years of age	BMI-for-age < -2 z scores												

	Adolescents 15-17 years of age	BMI-for-age <-2 z scores				
NUMERATOR	Number of clinically undernourished PLHIV that received therapeutic or supplementary food					
DENOMINATOR	Number of PLHIV that were nutritionally assessed and found to be clinically malnourished.					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age (<15, 15+), facility, County, Sub-county, National					
INDICATOR LEVEL	Output					
PURPOSE	This indicator measures the coverage achieved for food support of clinically malnourished clients which is a critical component of treatment, care, and support for PLHIV. This indicator can be used to plan interventions and allocation of resources for food and nutrition as needed, and also to assess the impact of interventions.					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly, annually					
DATA SOURCE	<u>NUMERATOR:</u> MOH733, MOH 734 <u>DENOMINATOR:</u> MOH733, MOH 734					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> Number of clinically undernourished PLHIV that received therapeutic or supplementary food / Number of PLHIV that were nutritionally assessed and found to be clinically malnourished X100 <u>NOTE:</u> <u>Numerator:</u> To tabulate the number of clinically undernourished PLHIV receiving therapeutic or supplementary food <u>Denominator:</u> Count all that were clinically assessed and found to be clinically malnourished at any point during the reporting period is counted once in the denominator irrespective of whether he or she received services once or several times during the reporting period.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	✓

INDICATOR NAME	Number of women Enrolled in HIV Care screened for Cervical Cancer					
HIS CODE:	HIS-M&E115					
INDICATOR OBJECTIVE	Early detection of cervical cancer and scale up interventions to prevent conditions progressing to cancer					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p><u>Cervical cancer</u>: is a disease in which the cells of the cervix become abnormal and start to grow uncontrollably, forming tumours.</p> <p><u>Cervical cancer screening</u>: HIV positive women are more prone to develop cervical cancer. It is recommended that because of this high risk, counselling and regular cervical cancer screening using pap smear is performed for all HIV positive women.</p>					
NUMERATOR	None					
DENOMINATOR	None					
UNIT OF MEASURE	Count					
DISAGGREGATION	Sub-county, County, National					
INDICATOR LEVEL	Output					
PURPOSE	To identify women with cervical cancer before symptoms appear and reduce the risk of condition progressing to cervical cancer					
FREQUENCY	<p><u>COLLECTION</u>: Monthly</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILISATION</u>: Quarterly, Annual</p>					
DATA SOURCE	MOH7IID, ANC register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>CALCULATION</u>: N/A</p> <p><u>NOTE</u>: Only women screened outside the PMTCT settings should be counted and only one count per women per reporting period</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Number of males circumcised as minimum package for HIV preventive services
HIS CODE:	HIS-M&E116

INDICATOR OBJECTIVE	Reduce men's risk of infection with HIV through circumcision
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REFERENCES	WHO	MDG	SDG	ECSA	GFTAM	PEPFAR
CODES					HIV-P9	VMMC_CIRC

DEFINITION OF IMPORTANT TERMS	<p><u>Male circumcision</u>: Refers to the surgical removal of the foreskin, the tissue covering the head of the penis. It is also performed to treat problems involving the foreskin and for HIV prevention.</p> <p><u>Minimum package for HIV preventive services</u>: Includes HIV counselling and testing, diagnosis and treatment of STIs, risk reduction counselling, condom promotion and provision and referral for other services, the circumcision procedure.</p>								
NUMERATOR	None								
DENOMINATOR	None								
UNIT OF MEASURE	Count								
DISAGGREGATION	<p>Age (<=60 days, 10-14, 15-24, 25+) HIV status (Positive, Negative, unknown), type of circumcision:</p> <table border="0"> <tr> <td>Forceps-guided</td> <td>HV04-11</td> </tr> <tr> <td>Dorsal Slit</td> <td>HV04-12</td> </tr> <tr> <td>Sleeve Resection</td> <td>HV04-13</td> </tr> <tr> <td>Devices</td> <td>HV04-14</td> </tr> </table> <p>Sub-county, County</p>	Forceps-guided	HV04-11	Dorsal Slit	HV04-12	Sleeve Resection	HV04-13	Devices	HV04-14
Forceps-guided	HV04-11								
Dorsal Slit	HV04-12								
Sleeve Resection	HV04-13								
Devices	HV04-14								
INDICATOR LEVEL	Outcome								
PURPOSE	To reduce the risk of infection through male circumcision.								
FREQUENCY	<p><u>COLLECTION</u>: Monthly</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILISATION</u>: Quarterly,</p>								
DATA SOURCE	Theatre register, Service register (data register)								
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>CALCULATION</u>: N/A</p> <p><u>NOTE</u>:</p>								

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓			✓	

INDICATOR NAME	Percentage of clients who had potential HIV exposure provided with PEP within 72 hours
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HIS CODE:	HIS-M&E117
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INDICATOR OBJECTIVE	To provide medical response to prevent the transmission of HIV
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	NASCOP
CODES						HIV05-01:

DEFINITION OF IMPORTANT TERMS	<u>Post exposure prophylaxis for HIV:</u> Refers to a set of comprehensive services to prevent HIV infection to an exposed person. These services include first aid, risk assessment, evaluate the source and the exposed client, HIV testing and counselling following informed consent, and depending on risk assessment, the provision of 28 days antiretroviral drugs, with follow up and support.					
NUMERATOR	Number of people provided with post-exposure prophylaxis (PEP) within 72 hours					
DENOMINATOR	Total number exposed and reported					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, sex and exposure type, sub-county, county					
INDICATOR LEVEL	Outcome					
PURPOSE	To provide PEP to potential HIV exposed clients in order to reduce the probability of HIV infection.					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly					
DATA SOURCE	<u>NUMERATOR:</u> PEP register <u>DENOMINATOR:</u> PEP register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION:</u> Number of people provided with post-exposure prophylaxis (PEP) within 72 hours / Total number exposed and reported X100 <u>NOTE:</u> Anyone who presents themselves later than 72 hours should be given PEP but not included in the numerator					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL		✓	✓	✓	✓	
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INDICATOR NAME	Percentage of donated blood units screened for Transfusion Transmissible Infections in a Quality Assured Manner
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HIS CODE:	HIS-M&E118
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INDICATOR OBJECTIVE	To eliminate or substantially reduce HIV and other transfusion-transmissible infections (TTIs) through a blood safety programme.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
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CODES						
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DEFINITION OF IMPORTANT TERMS	<p><u>Quality Assured Manner</u>: The overall goal of the National Blood Transfusion Services is to ensure that only blood products of demonstrated quality, safety and efficacy are used. NBTS has put in quality assurance systems to control quality and safety of blood products to assure quality and safety of blood and plasma and to prevent transmission of blood-borne viral diseases via blood products.</p> <p><u>Transfusion Transmissible Infections (TTI)</u>: Includes HIV, Hepatitis B, Hepatitis C and Syphilis</p>
NUMERATOR	Number of blood units screened for transfusion-transmissible infections in a quality assured manner
DENOMINATOR	Total number of blood units donated
UNIT OF MEASURE	Percentage
DISAGGREGATION	By County, National
INDICATOR LEVEL	Outcome
PURPOSE	To screen all blood units for transfusion-transmissible infections to ensure blood safety
FREQUENCY	<p><u>COLLECTION</u>: Quarterly</p> <p><u>REPORTING</u>: Quarterly</p> <p><u>UTILISATION</u>: Annually</p>
DATA SOURCE	<p><u>NUMERATOR</u>: MOH706, Blood donor campaign register</p> <p><u>DENOMINATOR</u>: MOH706, Blood donor campaign register</p>
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>CALCULATION</u>: Number of blood units screened for transfusion-transmissible infections in a quality assured manner / Total number of blood units donated X100</p> <p><u>NOTE</u>:</p>

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓			

INDICATOR NAME	Percentage of blood units found positive for HIV by National Blood Transfusion Services Network					
HIS CODE:	HIS-M&E119					

INDICATOR OBJECTIVE	To avoid transfusing blood with HIV infected blood to patients					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	NASCOP
CODES						HIV06-03:

DEFINITION OF IMPORTANT TERMS	<p><u>Blood units</u>: Refers to blood which has been collected from voluntary blood donors</p> <p><u>Found positive for HIV</u>: Tested for HIV infection and found to be reactive.</p> <p><u>National Blood Transfusion Services Network</u>: These are laboratories that maintain daily screening logs, and report HIV reactive units to the blood bank on a daily basis</p>
NUMERATOR	No of blood units screened and found positive for HIV by NBTS networks
DENOMINATOR	Total blood units screened for HIV by NBTS networks
UNIT OF MEASURE	Percentage
DISAGGREGATION	County, National
INDICATOR LEVEL	Output
PURPOSE	To transfuse only safe blood
FREQUENCY	<p><u>COLLECTION</u>: Monthly</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILISATION</u>: Quarterly, Annual</p>
DATA SOURCE	<p><u>NUMERATOR</u>: NBTS registers</p> <p><u>DENOMINATOR</u>: NBTS register</p>
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>DATA COLLECTION METHOD</u>:</p> <p><u>CALCULATION</u>: No of blood units screened and found positive for HIV by NBTS networks / Total blood units screened for HIV by NBTS networks X100</p> <p>NOTE:</p>

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

INDICATOR NAME	Number Assessed For HIV risk					
HIS CODE:	HIS-M&E120					

OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	NASCOP
CODES						✓

DEFINITION OF IMPORTANT TERMS	PrEP: Assessed For HIV risk:						
NUMERATOR	Number Assessed For HIV risk						
DENOMINATOR	None						
UNIT OF MEASURE	Number						
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.						
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome		Impact
			✓				
PURPOSE	These are the clients whose Medical and Behavioral risks of acquiring HIV has been assessed at a service delivery point using a Clinical encounter record						
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Quarterly						
DATA SOURCE	PrEP Register						
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : TOTAL Number of clients assessed using the Clinical encounter form						
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY	
		✓	✓	✓	✓		

INDICATOR NAME	Number Eligible for PrEP					
HIS CODE:	HIS-M&E121					
OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	NASCOP
CODES						✓
DEFINITION OF IMPORTANT TERMS	Number Eligible: These are clients were found to be at risk of acquiring HIV who have been assessed and have met the criteria for starting PrEP.					
NUMERATOR	Number Eligible					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome	Impact	
		✓				
PURPOSE	Number Eligible: Number of clients found to be at risk of acquiring HIV who have been assessed and have met the criteria for starting PrEP.					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly					
DATA SOURCE	PrEP Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	The total sum of clients found to be at risk of acquiring HIV who have been assessed and have met the criteria for starting PrEP.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Number initiated (New) on PrEP					
HIS CODE:	HIS-M&E122					
OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						
DEFINITION OF IMPORTANT TERMS	Clients initiated: new clients started on PrEP					
NUMERATOR	Number initiated					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome	Impact	
		✓				
PURPOSE	To track the number of eligible clients who start PrEP					
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Quarterly					
DATA SOURCE	PrEP Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	Total number of eligible clients who start PrEP					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Number continuing (Refills) on PrEP					
HIS CODE:	HIS-M&E122					
OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						
DEFINITION OF IMPORTANT TERMS	Number continuing (Refills) on PrEP:					
NUMERATOR	Number of clients continuing (Refills) on PrEP					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome	Impact	
		✓				
PURPOSE	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly					
DATA SOURCE	PrEP Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Total Number continuing (Refills) on PrEP					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Number Restarting PrEP				
HIS CODE:	HIS-M&E123				

OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	Number Restarting PrEP:					
NUMERATOR	Number Restarting PrEP					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome	Impact	
		✓				
PURPOSE	Number Restarting PrEP: These are the number of clients on PrEP who receive a PrEP refill					
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Quarterly					
DATA SOURCE	PrEP Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Total Number Restarting PrEP					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Number currently on PrEP					
HIS CODE:	HIS-M&E124					
OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						
DEFINITION OF IMPORTANT TERMS	Number currently on PrEP (New + Refill+Restart): This is the sum of clients initiated on PrEP plus the refills within the reporting period					
NUMERATOR	Number currently on PrEP (New + Refill+Restart)					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	Impact
			✓			
PURPOSE	The number of clients who are currently on PrEP. Also provides basis for ordering of PrEP drugs					
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Quarterly					
DATA SOURCE	PrEP Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	The total sum of clients initiated on PrEP plus the refills within the reporting period					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Number tested HIV positive while on PrEP	
HIS CODE:	HIS-M&E125	

OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	Number tested HIV positive while on PrEP:					
NUMERATOR	Number tested HIV positive while on PrEP					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome	Impact	
		✓				
PURPOSE	Number tested HIV positive while on PrEP: Show the adherence and effectiveness of PrEP as a combination prevention strategy.					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly					
DATA SOURCE	PrEP Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)						
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

INDICATOR NAME	Number discontinued PrEP					
HIS CODE:	HIS-M&E126					
OBJECTIVE OF THE INDICATOR	To provide PrEP as part of combination HIV prevention to 500,000 Kenyans on substantial ongoing risk to HIV infections within 5 years					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						
DEFINITION OF IMPORTANT TERMS	Number discontinued PrEP: These are number of enrolled clients who stopped using PrEP due to various reasons such as: ADR, Defaulters, sero-conversion and due to reduced risk					
NUMERATOR	Number discontinued PrEP					
DENOMINATOR	None					
UNIT OF MEASURE	Number					
DISAGGREGATION	The PrEP data elements have been disaggregated by Sex and age. The age disaggregation include: 15-19,20-24, 25-29 and 30+ years.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	Number discontinued PrEP: To show the number of enrolled clients who stopped using PrEP due to various reasons such as: ADR, Defaulters, sero-conversion and due to reduced risk.					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarterly					
DATA SOURCE	PrEP Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	The total sum of enrolled clients who stopped using PrEP due to various reasons such as: ADR, Defaulters, sero-conversion and due to reduced risk					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	

3.2: National Tuberculosis Leprosy and Lung Disease Programme

INDICATOR NAME	Tuberculosis Treatment Success Rate (TSR)					
HIS CODE:	HIS-M&E127					
OBJECTIVE OF THE INDICATOR	To ensure TB treatment success of at least 90% among all drug – susceptible forms of TB					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	Treatment Success : TB patients who started TB treatment and completed or cured					
NUMERATOR	Number of new Tuberculosis cases started on treatment one year back who completed treatment or were cured					
DENOMINATOR	Total number of TB cases who were started on treatment during the same time period					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, Sub-county, County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure the success of TB treatment					
FREQUENCY	<u>COLLECTION:</u> Monthly, Quarterly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> TB registers, TB summary tool, TIBU and DHIS2 <u>DENOMINATOR:</u> TB registers, TB summary tool, TIBU and DHIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> SERVICE PROVIDERS COLLECT INFORMATION BY USE OF THE REGISTERS AND THE COORDINATORS USE ELECTRONICS TO ENTER DATA INTO THE TIBU SYSTEM <u>CALCULATION:</u> Total number of Tuberculosis cases started on treatment one year back who completed treatment or cured/ Total number of TB cases who were started on treatment same time period x100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Tuberculosis (TB) case notification rate (all forms)					
HIS CODE:	HIS-M&E128					
OBJECTIVE OF THE INDICATOR	To Ensure all forms of TB are notified to the National Program					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>All Forms:</u> New pulmonary bacteriologically confirmed, New pulmonary clinically diagnosed, New extra pulmonary, bacteriologically confirmed... <u>Notifications:</u> TB is diagnosed in a patient and is reported within the national surveillance system <u>Case:</u> Refers to TB patients diagnosed and registered in the TB register.					
NUMERATOR	All forms of new Tuberculosis cases notified					
DENOMINATOR	Estimated catchment population					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age, Sub-county, County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure the case detection rate of a country					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly, Annually review at all levels					
DATA SOURCE	<u>NUMERATOR:</u> TB registers, TB summary tool TIBU and DHIS2 <u>DENOMINATOR:</u> TB registers, TB summary tool TIBU and DHIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> SERVICE PROVIDERS COLLECT INFORMATION BY USE OF THE REGISTERS AND THE COORDINATORS USE ELECTRONICS TO ENTER DATA INTO THE TIBU SYSTEM <u>CALCULATION:</u> ABSOLUTE NUMBERS <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of contacts of smear positive Tuberculosis patients traced and screened for Tuberculosis					
HIS CODE:	HIS-M&E129					

OBJECTIVE OF THE INDICATOR	Increase case notification of new cases to 85% of estimated prevalence					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Contacts: People sharing a home with a bacteriologically confirmed/smear positive TB case					
NUMERATOR	Number of contacts traced and screened for Tuberculosis					
DENOMINATOR	Total number of contacts of smear positive TB cases					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, Sub-county, County,					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To intensify case finding					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly Annually reviews at all levels					
DATA SOURCE	<u>NUMERATOR:</u> TB registers, TB summary tool TIBU and DHIS2 <u>DENOMINATOR:</u> TB registers, TB summary tool TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of contacts traced and screened for Tuberculosis/ Total number of contacts of smear positive TB cases x100 NOTE:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

Indicator Name	Proportion of presumptive Tuberculosis cases with bacteriological investigation for active Tuberculosis					
HIS Code:	HIS-M&E130					

Objective of the indicator	To confirm all suspected tuberculosis cases through bacterio-logical investigation					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Presumptive Tuberculosis case</u> : refers to a patient who presents with symptoms or signs suggestive of TB (previously known as a <i>TB suspect</i>).					
NUMERATOR	Number of presumptive Tuberculosis cases with bacteriological investigation for active tuberculosis					
DENOMINATOR	Total number of presumptive (suspected) Tuberculosis cases					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex, Age, Sub-county, County, Facility					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To initiate early detection and treatment					
FREQUENCY	<u>COLLECTION</u> : Daily, Monthly <u>REPORTING</u> : Quarterly <u>UTILISATION</u> : Monthly, Quarterly and Annual reviews at all levels					
DATA SOURCE	<u>NUMERATOR</u> : Presumptive TB register, TB registers, TB summary tool TIBU and DHIS2 <u>DENOMINATOR</u> : Presumptive TB register, TB registers, TB summary tool TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : Number of presumptive Tuberculosis cases with bacteriological investigation for active tuberculosis/ Total number of presumptive (suspected) Tuberculosis cases x100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of HIV/AIDS treatment Sites providing Isoniazid Preventive Therapy (IPT) for eligible people living with HIV					
HIS CODE:	HIS-M&E131					

OBJECTIVE OF THE INDICATOR	To improve access to IPT for eligible people living with HIV					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>HIV/AIDS Treatment sites:</u> <u>IPT:</u> <u>Eligible people living with HIV</u>					
NUMERATOR	Number of HIV/AIDS treatment sites in Kenya with IPT program for PLHIV with no signs for Tuberculosis					
DENOMINATOR	Number of HIV/ AIDS treatment sites in Kenya					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex and type of TB					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To increase the number of sites that provides IPT to eligible PLHIV. To establish service availability and readiness.					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly , Quarterly, Annually <u>UTILISATION:</u> Monthly , Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> KMHFL, TIBU and DHIS2, SARAM, Service Provision Assessment (health facility assessment) <u>DENOMINATOR:</u> KMHFL, TIBU and DHIS2, SARAM, Service Provision Assessment (health facility assessment)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of HIV/AIDS treatment sites in Kenya with IPT program for PLHIV with no signs for Tuberculosis/ Number of HIV/ AIDS treatment sites in Kenya x 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of eligible PLHIV provided with IPT				
HIS CODE:	HIS-M&E132				

OBJECTIVE OF THE INDICATOR	To reduce the incidence of TB among PLHIV
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Eligible: All HIV positive patients</u> <u>IPT:</u>					
NUMERATOR	Number of PLHIV with no signs for Tuberculosis provided with IPT					
DENOMINATOR	Total number of PLHIV with no signs for Tuberculosis					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, , Sub-county, County, Facility					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure all patients living with HIV are prevented from getting TB					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly, Quarterly <u>UTILISATION:</u> All levels					
DATA SOURCE	<u>NUMERATOR:</u> Pre-ART register, TB summary tool, IPT register, TIBU and DHIS2 <u>DENOMINATOR:</u> Pre-ART register, TB summary tool, IPT register, TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of PLHIV with no signs for Tuberculosis provided with IPT / Total number of PLHIV with no signs for Tuberculosis x100 <u>NOTE:</u> all levels					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of children under 5 who are contacts of smear positive Tuberculosis patients put on IPT					
HIS CODE:	HIS-M&E133					

OBJECTIVE OF THE INDICATOR	To reduce contact transmission of Tuberculosis to children under 5					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Contacts:</u> Children under 5 years sharing a home with a bacteriologically confirmed/smear positive TB case <u>Smear positive:</u> A case whose sputum smears are confirmed to be mycobacterium positive					
NUMERATOR	Number of children under 5 who are contacts of smear positive TB patients PUT on IPT					
DENOMINATOR	Total number of children under 5 who are contacts of smear positive TB patients					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex, Facility, County, Sub-county					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce transmission of TB among children under 5					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Monthly, quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> TB register, TB summary tool, IPT register, TIBU and DHIS2 <u>DENOMINATOR:</u> TB register, TB summary tool, IPT register, TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of children under 5 who are contacts of smear positive TB patients PUT on IPT / Total number of children under 5 who are contacts of smear positive patients x100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of Tuberculosis patients started on treatment tested for HIV					
HIS CODE:	HIS-M&E134					

OBJECTIVE OF THE INDICATOR	To reduce case fatality among HIV-infected TB patients to <5%					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>None</u>					
NUMERATOR	Number of Tuberculosis patients started on treatment during reporting period and tested for HIV					
DENOMINATOR	Total number of TB patients started on treatment during reporting period					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, Facility, Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Early initiation of ART					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> quarterly and annual reviews at all levels					
DATA SOURCE	<u>NUMERATOR:</u> TB register, TB summary tool, , TIBU and DHIS2 <u>DENOMINATOR:</u> TB register, TB summary tool, , TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of Tuberculosis patients started on treatment during reporting period and tested for HIV / Total number of TB patients started on treatment During reporting period x100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of HIV positive Tuberculosis patients who receive Cotrimoxazole Preventive Therapy					
HIS CODE:	HIS-M&E135					

OBJECTIVE OF THE INDICATOR	To reduce case fatality among TBHIV co-infected patients to <5%					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Cotrimoxazole Preventive Therapy (CPT) is a drug provided for prevention of coinfections					
NUMERATOR	Number of TBHIV co-infected patients started on treatment during reporting period put on CPT					
DENOMINATOR	Total number of TBHIV co-infected patients started on treatment during the reporting period					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, Sub-county, County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce the risk of getting opportunistic infections					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> quarterly, Annually at All levels					
DATA SOURCE	<u>NUMERATOR:</u> TIBU and DHIS <u>DENOMINATOR:</u> TIBU and DHIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of TBHIV co-infected patients started on treatment during reporting period put on CPT/ Total number of TBHIV co-infected patients started on treatment during the reporting period* 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of HIV Positive TB Patients Put On ART				
HIS CODE:	HIS-M&E136				

OBJECTIVE OF THE INDICATOR	To reduce case fatality among HIV-infected TB patients to <5%				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Number of TB patients started on treatment during reporting period and tested positive for HIV put on ARV					
DENOMINATOR	total number of TB patients started on treatment during reporting period and tested positive for HIV					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce case fatality rates					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly, Annually at All levels					
DATA SOURCE	<u>NUMERATOR:</u> TIBU and DHIS <u>DENOMINATOR:</u> TIBU and DHIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of TB patients started on treatment during reporting period and tested positive for HIV put on ARV/ total number of TB patients started on treatment during reporting period and tested positive for HIV X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Treatment success rate among drug resistant tuberculosis patients					
HIS CODE:	HIS-M&E137					
OBJECTIVE OF THE INDICATOR	To increase treatment success rate to at least 80% among all cases of Drug Resistant Tuberculosis Patients					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Treatment Success: These are DR-TB cases who started treatment according to the National TB protocol and completed treatment or got cured.</u> <u>Drug Resistant:</u>					
NUMERATOR	Number of Drug Resistant TB patients who started treatment 2 years prior who have completed treatment or got cured.					
DENOMINATOR	Total Drug Resistant TB patients who started treatment 2 years ago					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, Type Of Dr-TB and HIV Status, County, Sub-county, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure treatment success among drug resistant TB patients					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly and Annual reviews at all levels					
DATA SOURCE	<u>NUMERATOR:</u> DR-TB register, TB summary tool, IPT register, TIBU and DHIS2 <u>DENOMINATOR:</u> DR-TB register, TB summary tool, IPT register, TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION</u> Number of Drug Resistant TB patients who started treatment 2 years prior who have completed treatment or cured/ Total Drug Resistant TB patients who started treatment 2 years ago x100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of Drug Resistant Tuberculosis patients on second line treatment who have negative culture results by month 6					
HIS CODE:	HIS-M&E138					

OBJECTIVE OF THE INDICATOR	To ensure treatment success of at least 90% among all drug resistant –forms of TB					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Second Line Treatment:</u>					
NUMERATOR	Number of drug resistant Tuberculosis patients who started second line treatment 6 months prior who have negative culture results					
DENOMINATOR	Total number of DRTB patients who started 2nd line treatment 6 months prior					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, sex ,Type of DR-TB,HIV status, sub-county, county					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure treatment success among Drug Resistant TB patients					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly and Annually at All levels					
DATA SOURCE	<u>NUMERATOR:</u> DR-TB register, TB summary tool, IPT register, TIBU and DHIS2 <u>DENOMINATOR:</u> DR-TB register, TB summary tool, IPT register, TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of drug resistant Tuberculosis patients who started second line treatment 6 months prior who have negative culture results/ Total number of DRTB patients who started 2nd line treatment 6 months priorx100 Note:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of eligible patients tested using Gene XPERT					
HIS CODE:	HIS-M&E139					
OBJECTIVE OF THE INDICATOR	To enhance TB diagnosis					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Gene XPERT:</u>					
NUMERATOR	Number of Eligible TB Patients tested using Gene XPERT					
DENOMINATOR	Total number of patients eligible for Gene Xpert testing					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	TB Type, HIV status, County Sub-county					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To increase TB detection rate					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Quarter and Annual reviews at all levels					
DATA SOURCE	<u>NUMERATOR:</u> TB register, TB summary tool, IPT register, TIBU and DHIS2 <u>DENOMINATOR:</u> TB register, TB summary tool, IPT register, TIBU and DHIS2					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of Eligible TB Patients tested using Gene XPERT / Total number of patients eligible for Gene Xpert testing <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

3.3: Malaria Control Programme

INDICATOR NAME	Malaria Incidence in Health Facilities
HIS CODE:	HIS-M&E140

OBJECTIVE OF THE INDICATOR	To measure the malaria disease burden in a defined area using routine data
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Malaria Incidence: This is the number of new cases of malaria occurrence in a population per year expressed per 1000 persons</p> <p>Tested Positive(Confirmed Malaria Case): These are Persons who test positive for malaria either by microscopy or Rapid diagnostic tests</p> <p>Rapid Diagnostic Tests (RDTs)</p>					
NUMERATOR	Number of outpatient malaria cases confirmed by microscopy or RDT reported by health facilities					
DENOMINATOR	Estimated catchment population at risk					
UNIT OF MEASURE	Per 1000 persons per year					
DISAGGREGATION	Age, National, County, Epidemiological zones, Sub-county, Facility Level					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Reduce Malaria Incidence among the population at Risk					
FREQUENCY	<p><u>COLLECTION:</u> Daily, Weekly Monthly</p> <p><u>REPORTING:</u> Weekly, Monthly/ Quarterly / Annually</p> <p><u>UTILISATION:</u> Weekly, Monthly, Quarterly and annually</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Routine surveillance system (MOH204A/B / MOH 705A/B, MOH240/MOH706, (MOH505 /IDSR Lab Data))</p> <p><u>DENOMINATOR:</u> Estimated from KNBS/ County bureau of statistics</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD: ROUTINE SURVEILLANCE</u></p> <p>All Suspected cases Tested and select the Malaria confirmed and record the confirmed malaria reported in the numerator.</p> <p><u>CALCULATION:</u> Number of Confirmed Malaria cases/Estimated catchment Population multiply by 1000</p> <p><u>NOTE:</u></p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of Suspected Malaria cases tested					
HIS CODE:	HIS-M&E141					

OBJECTIVE OF THE INDICATOR	To ensure that 100% of suspected malaria cases are tested before treatment					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Suspected Malaria case: is any client/person presenting to a Health care provider with symptoms of malaria (fever, sweating, chills, joint-pains, nausea and or vomiting)</p> <p>Tested: These are either tested by Microscopy (using Blood Stain slide) or RDT</p>					
NUMERATOR	Number of suspected malaria cases tested					
DENOMINATOR	Total Number of suspected malaria cases					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National / County / Epidemiological zones / Sub-county/Facility					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To confirm malaria cases and give the right treatment					
FREQUENCY	<p>COLLECTION: Daily, Weekly, Monthly</p> <p>REPORTING: Weekly/Monthly/Quarterly / Annually</p> <p>UTILISATION: Weekly/Monthly/Quarterly / Annually</p>					
DATA SOURCE	<p>NUMERATOR: Routine surveillance system (MOH204AorB / MOH705A/B, MOH240/MOH 515/MOH 643/MOH706, IDSR(MOH 505) Lab Data)</p> <p>DENOMINATOR: MOH240/ MOH 515/ MOH 643/MOH706, IDSR Lab Data</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p>DATA COLLECTION METHOD: ROUTINE SURVEILLANCE</p> <p>CALCULATION: Number of Suspected malaria cases tested/Total number of suspected malaria cases X 100</p> <p>NOTE:</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Malaria Test Positivity Rate					
HIS CODE:	HIS-M&E142					
OBJECTIVE OF THE INDICATOR	To assess the positivity of malaria among suspected cases tested					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	A Malaria Positive test : Any malaria diagnostic tests that is positive by use of RDT or microscopy					
NUMERATOR	Total number of outpatient cases confirmed positive for malaria by Microscopy or RDT					
DENOMINATOR	Total number of outpatient suspected malaria cases tested					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National / County / Epidemiological zones / Sub-county					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	<ol style="list-style-type: none"> To improve rational use of antimalarial To reduce the burden of malaria in the population As a proxy to determine emergence of malaria outbreaks 					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Monthly/Quarterly / Annually <u>UTILISATION</u> : At Service delivery point and county meeting forums to discuss the trends of malaria positivity rate, Quarterly production of malaria surveillance bulletin in the counties and epidemiological zones.					
DATA SOURCE	<u>NUMERATOR</u> : DHIS (MOH204AorB / MOH705A/B, MOH240/MOH706, IDSR(MOH 505) Lab Data) <u>DENOMINATOR</u> : MOH240/MOH706, IDSR Lab Data					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : ROUTINE SURVEILLANCE <u>CALCULATION</u> : Total number of outpatient confirmed positive malaria cases/Total number of suspected malaria cases tested X100 Note: Confirmed Malaria and Suspected Malaria data is collected from Laboratory registers/summaries					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Malaria parasitaemia prevalence (pf) rate among children aged 6-59 months					
HIS CODE:	HIS-M&E143					
OBJECTIVE OF THE INDICATOR	To determine the burden of malaria in a defined population					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	Malaria Parasitaemia prevalence (pf): presence of malaria parasites found in the blood smears slide tested using microscopy					
NUMERATOR	Number of children aged 6-59 months tested positive by microscopy for presence of malaria parasite in the blood					
DENOMINATOR	Total number of children aged 6-59 months tested for malaria					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex, Age, National, Epidemiological zones , County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To determine the prevalence/ disease burden of malaria in a population					
FREQUENCY	<u>COLLECTION:</u> 3 years <u>REPORTING:</u> 3 years <u>UTILISATION:</u> Continuous					
DATA SOURCE	KMIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> HOUSEHOLD SURVEY <u>CALCULATION:</u> Total Number of children aged 6-59months Tested positive for Malaria/Total number of children aged 6-59months tested for malaria X100 <u>NOTE:</u> Only accessed through surveys					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Proportion of pregnant women attending ANC issued with LLINs in endemic and epidemic prone counties					
HIS CODE:	HIS-M&E144					
OBJECTIVE OF THE INDICATOR	To ensure that 100% of pregnant mothers attending ANC in endemic and epidemic areas received an LLIN during the first visit					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	LLINs : (Long Lasting Insecticide Treated nets) that are distributed in Maternal clinics for malaria prevention Vulnerable Group: Children under 1 year and pregnant women living in malaria endemic and epidemic prone areas.					
NUMERATOR	Total number of LLINs issued to pregnant women in the health facility					
DENOMINATOR	Total number of pregnant women attending 1 st ANC					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, Sub county, County					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
					✓	
PURPOSE	To measure whether pregnant women in epidemic and endemic areas have accessed an LLIN in the ANC so that they can use them for malaria preventions					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly, Quarterly, annually					
DATA SOURCE	<u>NUMERATOR:</u> DHIS(MOH 711,405) <u>DENOMINATOR:</u> DHIS(MOH 711,405)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: ROUTINE SURVEILLANCE</u> <u>CALCULATION: TOTAL NUMBER OF LLINs ISSUED TO PREGNANT WOMEN IN THE HEALTH FACILITY/TOTAL NUMBER OF PREGNANT WOMEN ATTENDING 1ST ANC X 100</u> <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of ITNs/LLINs distributed to children < 1 year					
HIS CODE:	HIS-M&E145					
OBJECTIVE OF THE INDICATOR	To ensure that 100% of children <1 year attending the EPI clinic have received an LLIN during the first visit					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	LLINs : (Long Lasting Insecticide Treated nets) that are distributed in Maternal & Child Health clinics for malaria prevention Vulnerable Group: Children under 1 year and pregnant women living in malaria endemic and epidemic prone areas.					
NUMERATOR	Total number of LLINs issued to children under 1 year in the EPI clinic					
DENOMINATOR	Total number of children under 1 year administered DPT 1					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, Sub county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To ensure children <1 year in epidemic and endemic areas have accessed an LLIN in the EPI clinic so that they can use them for malaria prevention					
FREQUENCY	<u>COLLECTION:</u> Daily, Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly, Quarterly					
DATA SOURCE	<u>NUMERATOR:</u> (DHIS) MOH 711, 710, <u>DENOMINATOR:</u> (DHIS)MOH 405,					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: ROUTINE SURVEILLANCE</u> <u>CALCULATION: TOTAL NUMBER OF LLINs ISSUED TO CHILDREN UNDER 1 YEAR IN THE CWC/TOTAL NUMBER OF CHILDREN UNDER 1 YEAR ADMINISTERED DPT 1 X 100</u> <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of households with at least one ITNs/LLINs				
HIS CODE:	HIS-M&E146				

OBJECTIVE OF THE INDICATOR	To ensure household LLIN possession so as to enable LLIN use				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	At least one: This implies the Household owns one or more. ITN is a net that is either an LLIN or a net that has been dipped in insecticide 6 months prior. LLINs is a long Lasting Insecticide Treated net					
NUMERATOR	Number of households that own one ITN/LLINs					
DENOMINATOR	Number of households surveyed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National /Epidemiological zone /County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Determining coverage (HH net possession) of ITNs/LLINs					
FREQUENCY	<u>COLLECTION:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>REPORTING:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>UTILISATION:</u> 3 years					
DATA SOURCE	<u>NUMERATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey) <u>DENOMINATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD: HOUSEHOLD SURVEY</u> <u>CALCULATION:</u> Number of households that own one ITN/LLINs/ Number of households surveyed X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of households with more than one ITNs/LLINs				
HIS CODE:	HIS-M&E147				

OBJECTIVE OF THE INDICATOR	To ensure household LLIN possession so as to enable LLIN use				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	More than one: This implies they have two or more nets in the household ITN is a net that is either an LLIN or a net that has been dipped in insecticide 6 months prior. LLINs is a long Lasting Insecticide Treated net					
NUMERATOR	Number of households that own more than one ITN/LLINs					
DENOMINATOR	Number of households surveyed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National /Epidemiological zone /County					
Indicator Framework Level	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Determining coverage (HH net possession) of ITNs/LLINs					
FREQUENCY	<u>COLLECTION:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>REPORTING:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>UTILISATION:</u> 3 years					
DATA SOURCE	<u>NUMERATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey) <u>DENOMINATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> HOUSEHOLD SURVEY <u>CALCULATION:</u> Number of households that own more than one ITN/LLINs/ Number of households surveyed X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of pregnant women sleeping under ITN/LLIN					
HIS CODE:	HIS-M&E148					
OBJECTIVE OF THE INDICATOR	To ensure at least 80% of pregnant women in epidemic and endemic areas use an LLIN					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	ITN is a net that is either an LLIN or a net that has been dipped in insecticide 6 months prior. LLIN is a long Lasting Insecticide Treated net					
NUMERATOR	Number of pregnant women who slept under an ITN/LLIN the previous night					
DENOMINATOR	Total number of pregnant women who slept in surveyed households the previous night					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National /Epidemiological zone /County/Residence					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To determine LLIN usage among pregnant women					
FREQUENCY	<u>COLLECTION</u> : 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>REPORTING</u> : 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>UTILISATION</u> : 3 years					
DATA SOURCE	<u>NUMERATOR</u> : Household Survey (KMIS, KDHS, PMLLIN survey) <u>DENOMINATOR</u> : Household Survey (KMIS, KDHS, PMLLIN survey)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>DATA COLLECTION METHOD: HOUSEHOLD SURVEY</u> <u>CALCULATION</u> : Number of pregnant women who slept under an ITN/LLIN the previous night/ Total number of pregnant women who slept in surveyed households the previous night X100 (DATA COLLECTION) <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓			

INDICATOR NAME	Proportion of children aged less than 5 years sleeping under ITN/LLIN					
HIS CODE:	HIS-M&E149					
OBJECTIVE OF THE INDICATOR	To ensure at least 80% of children aged less than 5 years in epidemic and endemic areas use an LLIN					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	ITN is a net that is either an LLIN or a net that has been dipped in insecticide 6 months prior. LLINS is a long Lasting Insecticide Treated net					
NUMERATOR	Number of children under 5 years of age who slept under an ITN the previous night					
DENOMINATOR	Total number of children under 5 years who slept in surveyed households the previous night					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex, National /Epidemiological zone /County/residence					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To determine LLIN usage among children aged less than 5 years					
FREQUENCY	<u>COLLECTION:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>REPORTING:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>UTILISATION:</u> 3 years					
DATA SOURCE	<u>NUMERATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey) <u>DENOMINATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD: HOUSEHOLD SURVEY</u> <u>CALCULATION:</u> Number of children under 5 years of age who slept under an ITN the previous night / Total number of children under 5 years who slept in surveyed households the previous night X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Number of pregnant women who received IPT1 in targeted Counties					
HIS CODE:	HIS-M&E150					
OBJECTIVE OF THE INDICATOR	To ensure that at 100% (all) of pregnant women in malaria endemic areas receive IPTp1 at the ANC					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	IPT is a dose of 3 tablets of SP issued to pregnant women during the ANC visits in malaria endemic areas (IPT 1 is only 1 dose)					
NUMERATOR	Number of pregnant women who received IPT1 in Targeted Counties					
DENOMINATOR	none					
UNIT OF MEASURE	Count/ number					
DISAGGREGATION	National/ County /Facility					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To measure IPTp 1 coverage as a malaria preventive intervention					
FREQUENCY	<u>COLLECTION:</u> Daily, Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> monthly, quarterly					
DATA SOURCE	<u>NUMERATOR:</u> DHIS (ANC Register MOH405 & MOH 711) <u>DENOMINATOR:</u>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: ROUTINE SURVEILLANCE</u> <u>CALCULATION:</u> Number of pregnant women who received IPTp1 in Targeted Counties <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Number of pregnant women who received IPT2 in targeted Counties					
HIS CODE:	HIS-M&E151					
OBJECTIVE OF THE INDICATOR	To ensure that at 100% (all) of pregnant women in malaria endemic areas receive IPTp2 at the ANC clinic					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	IPTp is a dose of 3 tablets of SP given to pregnant women during the ANC visits. IPTp2 is the second dose					
NUMERATOR	Number of pregnant women who received IPTp2 in Targeted Counties					
DENOMINATOR	none					
UNIT OF MEASURE	Count/number					
DISAGGREGATION	National/ County/ facility					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To measure IPTp 2 coverage as a malaria preventive intervention					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u>					
DATA SOURCE	<u>NUMERATOR:</u> Routine Surveillance system (ANC Register MOH405 & MOH 711) <u>DENOMINATOR:</u> NONE					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> ROUTINE SURVEILLANCE <u>CALCULATION:</u> Number of pregnant women who received IPTp2 in Targeted Counties <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Number of pregnant women who received IPTp3 in targeted Counties					
HIS CODE:	HIS-M&E152					
OBJECTIVE OF THE INDICATOR	To ensure that at 100% of pregnant women in malaria endemic areas receive IPTp3 at the ANC					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	IPTp is a dose of 3 tablets of SP given to pregnant women during the ANC visits. IPTp3 is the third dose					
NUMERATOR	Number of pregnant women who received IPTp3 in Targeted Counties					
DENOMINATOR	None					
UNIT OF MEASURE	Count/Number					
DISAGGREGATION	National / County / Facility					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To determine the coverage of IPTp3					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly, Quarterly and annually					
DATA SOURCE	<u>NUMERATOR:</u> routine Surveillance system (ANC Register MOH405 & MOH 711) <u>DENOMINATOR:</u>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: ROUTINE SURVEILLANCE</u> <u>CALCULATION:</u> Number of pregnant women who received IPTp3 in Targeted Counties <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of public health facilities having no stock-out of ACTs for 7 consecutive days in past 3 months (for each ACT weight bands)					
HIS CODE:	HIS-M&E153					

OBJECTIVE OF THE INDICATOR	To ensure uninterrupted supply of the first line treatment for uncomplicated malaria in health facilities to ensure service delivery					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	ACT Artemisinin Combination Therapy is the first line treatment for uncomplicated malaria. usually the one that is available is Artemether Lumefantrine (AL)					
NUMERATOR	Number of public health facilities surveyed with no reported stock-outs of nationally recommended ACTs lasting more than 7 days at any time during the past three months					
DENOMINATOR	Total number of public health facilities/public health facilities surveyed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National/County					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
				✓		
PURPOSE	To measure stock out of essential medicines					
FREQUENCY	<u>COLLECTION:</u> biannual/monthly <u>REPORTING:</u> biannual /monthly <u>UTILISATION:</u> biannual, monthly					
DATA SOURCE	<u>NUMERATOR:</u> facility survey/routine surveillance system (Malaria Commodity Form) <u>DENOMINATOR:</u> facility survey / routine surveillance system (Malaria Commodities Form)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: FACILITY SURVY/ ROUTINE SURVEILLANCE</u> <u>CALCULATION:</u> Number of public health facilities with no reported stock-outs of nationally recommended ACTs lasting more than 7 days at any time during the past three months / Total number of public health facilities X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of health facilities having no stock outs of RDTs for 7 Consecutive days in the past 3 months					
HIS CODE:	HIS-M&E154					
OBJECTIVE OF THE INDICATOR	To ensure uninterrupted supply of Malaria RDTs in health facilities to ensure service delivery.					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	RDTs are rapid Diagnostic Tests					
NUMERATOR	Number of health facilities with no reported stock-outs of RDTs lasting more than 7 days at any time during the past three months					
DENOMINATOR	Total number of public health facilities or public health facilities surveyed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National/ County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Coverage indicator and measures stock out of RDTs					
FREQUENCY	<u>COLLECTION</u> :: biannual/monthly <u>REPORTING</u> :: biannual/monthly <u>UTILISATION</u> :: biannual/monthly					
DATA SOURCE	<u>NUMERATOR</u> ::facility survey / routine surveillance system (malaria commodity form) <u>DENOMINATOR</u> ::facility survey / routine surveillance system (malaria commodity form)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: FACILITY SURVEY/ROUTINE SURVEILLANCE</u> Calculation: Number of health facilities with no reported stock-outs of RDTs lasting more than 7 days at any time during the past three months / Total number of public health facilities X 100 Note:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of pregnant women who received 1 or more doses of IPTp during last pregnancy (within last 2 years) in endemic areas					
HIS CODE:	HIS-M&E155					

OBJECTIVE OF THE INDICATOR	To ensure that at least 80% of pregnant women in malaria endemic areas received 1 or more doses of IPTp					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	IPT is a dose of 3 tablets of SP given to pregnant women during the ANC visits given in endemic areas.					
NUMERATOR	Number of women who received one or more doses of IPTp during ANC visits during their last pregnancy that led to a live birth within the last two years					
DENOMINATOR	Total number of women surveyed who had a live birth in the last two years					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County / Epidemiological zone					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To establish the coverage of IPTp 1 in the Population					
FREQUENCY	<u>COLLECTION:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>REPORTING:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>UTILISATION:</u> National Reports dissemination					
DATA SOURCE	<u>NUMERATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey) <u>DENOMINATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: HOUSEHOLD SURVEY</u> <u>CALCULATION:</u> Number of women who received one or more doses of IPTp during ANC visits to prevent malaria during their last pregnancy that led to a live birth within the last two years / Total number of women surveyed who had a live birth in the last two years X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓		

INDICATOR NAME	Proportion of pregnant women who received 2 or more doses of IPTp during last pregnancy (within last 2 years) in endemic areas					
HIS CODE:	HIS-M&E156					

OBJECTIVE OF THE INDICATOR	To ensure that at least 80% of pregnant women in malaria endemic areas received 2 or more doses of IPTp					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	IPT is a dose of 3 tablets of SP given to pregnant women during the ANC visits given in endemic areas.					
NUMERATOR	Number of women who received two or more doses of IPTp during ANC visits to prevent malaria during their last pregnancy that led to a live birth within the last two years					
DENOMINATOR	Total number of women surveyed who had a live birth in the last two years					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County / Epidemiological zone					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure IPTp 2 coverage as a malaria preventive intervention					
FREQUENCY	<u>COLLECTION:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>REPORTING:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>UTILISATION:</u> National Reports dissemination					
DATA SOURCE	<u>NUMERATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey) <u>DENOMINATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> HOUSEHOLD SURVEY <u>CALCULATION:</u> Number of women who received two or more doses of IPTp during ANC visits to prevent malaria during their last pregnancy that led to a live birth within the last two years / Total number of women surveyed who had a live birth in the last two years X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓		

INDICATOR NAME	Proportion of pregnant women who received 3 or more doses of IPTp during last pregnancy (within last 2 years) in endemic areas					
HIS CODE:	HIS-M&E157					

OBJECTIVE OF THE INDICATOR	To ensure that at least 80% of pregnant women in malaria endemic areas received at least 3 or more doses of IPTp					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	IPT is a dose of 3 tablets of SP given to pregnant women during the ANC visits given in endemic areas.					
NUMERATOR	Number of women who received three or more doses of IPTp during ANC visits to prevent malaria during their last pregnancy that led to a live birth within the last two years					
DENOMINATOR	Total number of women surveyed who had a live birth in the last two years					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County / Epidemiological zone					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure IPTp 3 coverage as a malaria preventive intervention					
FREQUENCY	<u>COLLECTION:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>REPORTING:</u> 3 years for KMIS, 3 years for PMLLIN, 5 years for KDHS <u>UTILISATION:</u> National Reports dissemination					
DATA SOURCE	<u>NUMERATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey) <u>DENOMINATOR:</u> Household Survey (KMIS, KDHS, PMLLIN survey)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD: HOUSEHOLD SURVEY</u> <u>CALCULATION:</u> Number of women who received three or more doses of IPTp during ANC visits to prevent malaria during their last pregnancy that led to a live birth within the last two years / Total number of women surveyed who had a live birth in the last two years X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓		

Indicator Name	In patient malaria deaths [per 1000 persons per year]
HIS Code:	HIS-M&E158
Objective of the indicator	To prevent malaria deaths

References	WHO	MDG	SDG	ECSA	EAC	
Codes						

Definition of Important Terms	None					
Numerator	Number of inpatient deaths due to Confirmed malaria					
Denominator	Total population					
Unit of measure	Per 1000 population					
Disaggregation	County / Epidemiological zone					
Indicator Framework Level	Input	Output		Outcome		Impact
						✓
Purpose	To establish the burden malaria in the population					
Frequency	Collection: Monthly					
	Reporting: Monthly					
	Utilisation: annually, every 5 year					
Data Source	Numerator: In patient register					
	Denominator: census, KNBS					
Data Management and indicator computation Guidelines (Data Collection)	Data Collection method: routine surveillance					
	Calculation: Total number of inpatient deaths due to Confirmed malaria / Total population at risk of malaria X 1000 Note:					
Indicator Application Level	Sector	Programme	National	County	Facility	Community
			✓	✓	✓	

3.4: Health Promotion

INDICATOR NAME	Proportion of health workers in the public health sector sensitized on health communication skills	
HIS CODE:	HIS-M&E159	

OBJECTIVE OF THE INDICATOR	To improve health communication skills for health workers in the public health sector
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Health communication skills</u> : Refers to the art of being able to give health information effectively. It involves being a good listener and observer in order to pick any verbal and non-verbal messages being expressed by the client to address any fears and/or concerns raised.					
NUMERATOR	Number of health workers sensitized on communication skills					
DENOMINATOR	Number of all Health Workers.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex; Cadre ,facility, county and sub-county					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To build a database of health workers trained on health communication skills to inform planning aimed at improving customer satisfaction and increasing utilization of health services and products.					
FREQUENCY	Collection: Monthly Reporting: Quarterly Utilisation: Quarterly, annually					
DATA SOURCE	Numerator: Health facility records, Activity reports Denominator: Health workers' database					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Data Collection method: Training Report Calculation: Number of Health Workers trained on communication skills/All Health Workers within a locality the county * 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of community health volunteers (CHVs) sensitized on health communication skills
HIS CODE:	HIS-M&E160

OBJECTIVE OF THE INDICATOR	To improve health communication skills for CHVs at the community
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Health communication skills:</u> Refer to the art of being able to give health information effectively. It involves being a good listener and observer in order to pick any non-verbal messages being expressed by the client to address any fears and/or concerns raised					
NUMERATOR	Number of CHVs sensitized on communication skills					
DENOMINATOR	All CHVs within a locality in the specified period					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National, County ,Sub-county, community units					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
			✓			
PURPOSE	To build a database of Community health Volunteers sensitized on health communication skills to inform planning aimed at improving customer satisfaction and increasing utilization of health services and products.					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Quarterly, annually					
DATA SOURCE	<u>NUMERATOR:</u> Training reports <u>DENOMINATOR:</u> Master Community Unit List(MCUL)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> ROUTINE <u>CALCULATION:</u> Number of CHVs sensitized on communication skills/ All CHVs within the locality X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓		✓	✓	✓

INDICATOR NAME	Proportion of health information, education and communication (IEC) materials developed with desired standards					
HIS CODE:	HIS-M&E161					
OBJECTIVE OF THE INDICATOR	To ensure that materials reaching the end-users meet the desired quality following stipulated standards for IEC development					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Health IEC materials are used to publicize health information for awareness creation and promotion of services and products Desired standards: Health information, education and communication (IEC) materials pre-tested prior to dissemination					
NUMERATOR	Number of health information, education and communication (IEC) materials developed in the public health sector with desired standards					
DENOMINATOR	All health information, education and communication (IEC) materials developed within stipulated time					
UNIT OF MEASURE	Percent					
DISAGGREGATION	National/county; type of IEC; topical health area					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To have high quality IEC materials for the end-user. Improve documentation for purposes of identifying gaps for improving intra- and inter-sectoral collaboration aimed at addressing RMNCAH and NCDs					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> Bi-annually, annually					
DATA SOURCE	<u>NUMERATOR:</u> Health promotion activity records and reports <u>DENOMINATOR:</u> Health promotion activity records and reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of health IEC materials developed with technical support from Health Promotion Officers/All health IEC materials developed X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of campaigns conducted to create awareness on topical health issues					
HIS CODE:	HIS-M&E162					
OBJECTIVE OF THE INDICATOR	To create awareness around current health issues to enable the public to make informed decisions in managing their own health					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Campaigns</u> : Refers to public health activities organized to create awareness about specific topical health issues e.g. immunization, cholera prevention, cancer, tobacco cessation etc					
NUMERATOR	Number of campaigns conducted					
DENOMINATOR	- Total number of campaigns expected					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Topical health area; national; county, sub county					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Campaigns help prevent disease and promote health through messages to create awareness of available services/products and can increase their utilization for improved health outcomes in RMNCAH, NCDs etc.					
FREQUENCY	<u>COLLECTION</u> : Monthly Quarterly <u>REPORTING</u> : Monthly, Quarterly <u>UTILISATION</u> : Monthly, Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> : Health promotion records and reports <u>DENOMINATOR</u> : Population					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : Number of campaigns conducted to address topical health issues/Total number of campaigns expected X100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

3.5: Control of vector borne diseases

INDICATOR NAME	Proportion of Counties conducting at least one community survey on a known endemic vector borne disease per year					
HIS CODE:	HIS-M&E163					

OBJECTIVE OF THE INDICATOR	To promote annual county monitoring of prevalence of relevant priority VBDs					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	√	√				

DEFINITION OF IMPORTANT TERMS	<p><i>Vector Borne Disease (VBD)</i> – a disease known to be transmitted by a vector e.g. insect, snail, water flea etc</p> <p>Priority VBD = seven VBDs listed for accelerated surveillance and control – (1) soil transmitted helminthes & schistosomiasis, (2) malaria, (3) lymphatic filariasis, (4) leishmaniasis, (5) dengue fever, (6) Human African Trypanosomiasis and (7) guinea worm disease</p> <p>Relevant Priority VBD = only those VBDs (out of the seven listed above) which are known to be prevalent in the County</p>					
NUMERATOR	Number of Counties which have conducted at least one survey of each relevant VBD in the year					
DENOMINATOR	ALL Counties known to have the particular VBD					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	VBD, ,age, sex, sub-county, and county					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		√				
PURPOSE	To monitor trends in control of vector borne diseases.					
FREQUENCY	<p><u>COLLECTION</u>: annually</p> <p><u>REPORTING</u>: Annually</p> <p><u>UTILISATION</u>: National and County intervention programmes</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Annual County survey reports</p> <p><u>DENOMINATOR</u>: Existing maps of Country VBD prevalence</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>: COUNTY VBD SURVEYS</p> <p><u>CALCULATION</u>: COUNTIES THAT HAVE CONDUCTED SPECIFIC VBD SURVEYS IN THE YEAR DIVIDED BY THE NUMBER OF COUNTIES KNOWN TO BE ENDEMIC FOR THAT VBD X 100</p> <p><u>NOTE</u>:</p>					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL	✓	✓	✓	✓	-	-
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INDICATOR NAME	Prevalence rate of priority vector borne diseases					
HIS CODE:	HIS-M&E164					
OBJECTIVE OF THE INDICATOR	To know the burden of the priority vector borne diseases.					

REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓	✓				

DEFINITION OF IMPORTANT TERMS	<i>Vector Borne Disease (VBD)</i> – a disease known to be transmitted by a vector e.g. insect, snail, water flea etc <i>Priority VBD</i> = seven VBDs listed for accelerated surveillance and control – (1) soil transmitted helminthes & schistosomiasis, (2) malaria, (3) lymphatic filariasis, (4) leishmaniasis, (5) dengue fever, (6) Human African Trypanosomiasis and (7) guinea worm disease					
NUMERATOR	Number of cases of specific Vector Borne Diseases identified					
DENOMINATOR	Total population					
UNIT OF MEASURE	Rate per 100,000 population					
DISAGGREGATION	By VBD , County, Age groups & sex					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	Impact
					✓	
PURPOSE	To monitor distribution of VBDs and achievements in the control of vector borne diseases by Counties and Nationally					
FREQUENCY	<u>COLLECTION:</u> annually <u>REPORTING:</u> Annually <u>UTILISATION:</u> National and County intervention programmes					
DATA SOURCE	<u>NUMERATOR:</u> County survey reports per year <u>DENOMINATOR:</u> Projected county population based on National Census					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> COUNTY VBD SURVEYS <u>CALCULATION:</u> NUMBER OF CASES OF VBDS IDENTIFIED IN THE YEAR /THE TOTAL PROJECTED POPULATION FOR THE YEAR/100,000 <u>NOTE:</u>					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL	✓	✓	✓	✓	✓	✓
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3.6: Reproductive and Maternal Health services

INDICATOR NAME	Proportion of women who attended at least one ANC visit during pregnancy
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HIS CODE:	HIS-M&E165
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OBJECTIVE OF THE INDICATOR	To determine the Antenatal Care Coverage
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓			✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Antenatal Care: Care which is provided to pregnant women by skilled health personnel which emphasizes on the woman's overall health, her preparation of childbirth, readiness for complications that may occur in pregnancy, labour, delivery and postpartum. WHO recommends a minimum of four ANC visits, ideally at 16 weeks, 24-28 weeks, 32 weeks and 36 weeks</p> <p>Skilled Health Personnel: A skilled health worker/attendant is an accredited health professional - such as a midwife, doctor, Clinical officer or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and new-borns. Both trained and untrained traditional birth attendants (TBA) are excluded.</p> <p>Live birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.</p>				
NUMERATOR	Number of pregnant women aged (10-14, 15-19, 15-49 years) who attended at least one ANC visit (If from routine data) or Number of women aged (10-14, 15-19, 15-49 years) who had at least one Antenatal care visit attended by trained health personnel during their last completed pregnancy (If it's a survey)				
DENOMINATOR	Total number of live births				
UNIT OF MEASURE	Percent				
DISAGGREGATION	Age (10-14, 15-19, 15-49), educational level, urban , rural, Sub-County, constituency, county, and national levels				
INDICATOR	Input	Output	Outcome	Impact	

FRAMEWORK LEVEL			✓			
PURPOSE	Antenatal care coverage is an indicator of access and use of health care during pregnancy (Health service coverage). The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and wellbeing and that of their baby					
FREQUENCY	<u>COLLECTION:</u> Daily, 5 yearly <u>REPORTING:</u> Monthly, 5 yearly <u>UTILIZATION:</u> Monthly, Quarterly, yearly, 5 yearly					
DATA SOURCE	<u>NUMERATOR:</u> ANC Register MOH 405 and reported on summary form MOH 711, KDHS <u>DENOMINATOR:</u> Maternity register MOH 333, KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION= (Number of pregnant women aged (10-14, 15-19, 15-49) who attended at least one ANC visit (If from routine data) or Number of women aged (10-14, 15-19, 15-49) years who had at least one Antenatal care visit attended by trained health personnel during their last completed pregnancy (If it's a survey))/ (Total expected number of live births) X 100</p> <p>NOTE:</p> <p>The disaggregation by age is done so as to capture the data for the adolescents. To get the age specific data from the health facilities, the summary tools have been reviewed to capture this data and the health care workers must be sensitized on the importance of having this age specific data</p> <p>It will be difficult to obtain data for those aged 10-14 years during KDHS since the lowest age recruited for KDHS is 15 years hence might need a different survey for this age group</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of women who attended 1st ANC visit at <16 weeks gestation during pregnancy
HIS CODE:	HIS-M&E166

OBJECTIVE OF THE INDICATOR	To determine the coverage of timely 1st ANC visit
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓			✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Antenatal Care: Care which is provided to pregnant women by skilled health personnel which emphasizes on the woman's overall health, her preparation of childbirth, readiness for complications that may occur in pregnancy, labour, delivery and postpartum. WHO recommends a minimum of four ANC visits, ideally at 16 weeks, 24-28 weeks, 32 weeks and 36 weeks</p> <p>Skilled Health Personnel: A skilled health worker/attendant is an accredited health professional - such as a midwife, doctor, Clinical officer or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and new-borns. Both trained and untrained traditional birth attendants (TBA) are excluded.</p> <p>Live Birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.</p>			
NUMERATOR	Number of pregnant women aged (10-14, 15-19, 15-49 years) who attended 1 st ANC visit at <16 weeks gestation (If from routine data)			
DENOMINATOR	Total number of live births			
UNIT OF MEASURE	Percent			
DISAGGREGATION	Age (10-14, 15-19, 15-49), educational level, urban, rural, Sub-County, constituency, county, and national levels			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	Timely 1 st ANC visit leads to early detection and treatment of complications for the mother and the baby			
FREQUENCY	<p>COLLECTION: Daily, 5 yearly</p> <p>REPORTING: Monthly, 5 yearly</p> <p>UTILIZATION: Monthly, quarterly, yearly, 5 yearly</p>			

DATA SOURCE	NUMERATOR: MOH 405 MOH 711, KDHS DENOMINATOR: MOH 333, KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION= (Number of pregnant women aged (10-14, 15-19, 15-49) who attended the 1st ANC visit at <16 weeks gestation (If from routine data)/ Total expected number of live births X 100</p> <p>NOTE: The disaggregation by age is done so as to capture the data for the adolescents. To get the age specific data from the health facilities, the summary tools have been reviewed to capture this data and the health care workers must be sensitized on the importance of having this age specific data.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of pregnant women attending 4 ANC visits according to Focused Antenatal (FANC) schedule
HIS CODE:	HIS-M&E167

OBJECTIVE OF THE INDICATOR	To determine the proportion of women adhering to the FANC schedule
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Antenatal Care: Care which is provided to pregnant women by skilled health personnel which emphasizes on the woman's overall health, her preparation of childbirth, readiness for complications that may occur in pregnancy, labour, delivery and postpartum</p> <p>Focused: Goal oriented care that is client centered, timely, friendly, simple, beneficial and safe to pregnant women</p> <p>Focused Antenatal Care Schedule: Pregnant women attending 4 comprehensive personalized visits as follows:</p> <p>1st visit: <16weeks</p> <p>2nd visit: 16 – 28 weeks</p> <p>3rd visit: 28-32 weeks</p> <p>4th visit: 32 – 40 weeks</p> <p>Skilled Health Personnel: A skilled health worker/attendant is an accredited health professional - such as a midwife, doctor, Clinical officer or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) last pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and new-borns. Both trained and untrained traditional birth attendants (TBA) are excluded.</p> <p>Live Birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.</p> <p>Safe motherhood– is a strategy that aims at assisting every woman to go</p>
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	through pregnancy and childbirth in order to achieve the desired outcome of a live and health baby and mother.					
NUMERATOR	Number of women who made 4 ANC visits according to the FANC schedule					
DENOMINATOR	Estimated number of live births					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By age (10-14, 15-19, 15-49), urban/rural, sub-county, county, and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure the ANC coverage and utilization for safe motherhood.					
FREQUENCY	<u>COLLECTION:</u> Daily, 5 yearly <u>REPORTING:</u> Monthly, 5 yearly <u>UTILIZATION:</u> Monthly, quarterly, yearly, 5 yearly					
DATA SOURCE	<u>NUMERATOR:</u> ANC Register MOH 405 and reported on summary form MOH 711, KDHS <u>DENOMINATOR:</u> KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of women aged 15-49 who attended four ANC visits according to FANC schedule / (Total expected number of live births)X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of pregnant women immunized with at least two doses of tetanus toxoid					
HIS CODE:	HIS-M&E168					

OBJECTIVE OF THE INDICATOR	To determine the coverage of tetanus toxoid vaccination among pregnant women					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓		✓	✓

DEFINITION OF IMPORTANT TERMS	<u>Tetanus Toxoid</u> : Is a vaccine given to women of child-bearing age either during pregnancy or outside pregnancy. This protects the baby against tetanus - through a transfer of tetanus antibodies to the fetus. A pregnancy is considered protected if a woman has received at least two doses of tetanus Toxoid before delivery.					
NUMERATOR	Number of pregnant women who received at least 2 doses of tetanus vaccines					
DENOMINATOR	Total number of pregnant women					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age, Parity, urban , rural, Sub-County, county, and national levels)					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To reduce morbidity and mortality due to maternal and neonatal tetanus					
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly <u>UTILIZATION</u> : Monthly, Quarterly, Yearly					
DATA SOURCE	<u>NUMERATOR</u> : ANC register MOH405, MOH 711 <u>DENOMINATOR</u> : KNBS, Maternity Register MOH 333 and MOH 711					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION</u> = (Number of pregnant women who received at least 2 doses of tetanus toxoid)/Total Number of pregnant women X 100 <u>Note</u> : To be protected throughout life, an individual should receive 3 doses of DTP in infancy, then TT-containing booster at school-entry age (4-7 years), in adolescence (12-15 years), and in early adulthood. Due to unreliable records, this history is usually ignored a first pregnancy and TT dose count is initialized to 1. A woman with a first pregnancy will be given 2 doses during that pregnancy (according to schedule) and the 3 rd dose is only given during the next pregnancy. Data is generated from the TT service register and TT immunization tally sheet					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of women provided with IPT3 during the ANC visits					
HIS CODE:	HIS-M&E169					
OBJECTIVE OF THE INDICATOR	To determine the IPT3 coverage among pregnant women in high malaria transmission areas					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	DRH
CODES	✓				✓	✓

DEFINITION OF IMPORTANT TERMS	<p><u>Intermittent Presumptive Treatment (IPT) of Malaria:</u> Full therapeutic course of antimalarial medicine given to pregnant women at routine prenatal visits, regardless of whether the recipient is infected with malaria or not. WHO recommends that this preventive treatment be given to all pregnant women in moderate to high malaria transmission areas at each scheduled antenatal care visit except during the first trimester</p> <p><u>Regularly-scheduled antenatal visits:</u> These are visits that form part of the FANC schedule as below:</p> <p>1st visit: <16weeks 2nd visit: 16 – 28 weeks 3rd visit: 28-32 weeks 4th visit: 32 – 40 weeks</p> <p><u>Targeted Counties:</u> Counties with high malaria transmission (Malaria endemic counties)</p>					
NUMERATOR	Number of women attending ANC visits provided with Three doses of IPT in a given period					
DENOMINATOR	Number women attending 1 st ANC visit during the period (in the targeted counties)					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By Age, educational level, urban , rural, Sub-County, , county, and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce mortality and morbidity due to malaria					
FREQUENCY	<p><u>COLLECTION:</u> Daily, 5years <u>REPORTING:</u> Monthly, 5 years <u>UTILIZATION:</u>3 monthly</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> ANC Register MOH 405 and MOH 711, KDHS <u>DENOMINATOR:</u> ANC Register MOH 405 and MOH 711, KNBS</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION	<p><u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> (Number of women attending ANC visits provided with three</p>					

GUIDELINES (DATA COLLECTION)	doses of IPT in a given period)/Number women attending 1 st ANC visit during the period X 100 DATA MANAGEMENT: “Three doses” includes only those women who made an antenatal visit during the reporting period, to whom IPT3 was issued. It is not recommended to analyze data for this indicator on short time intervals (e.g. a month) due to potential mismatch between the numerator and denominator. The recommended interval is a 3 months or longer.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of deliveries conducted by skilled health personnel
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HIS CODE:	HIS-M&E170
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OBJECTIVE OF THE INDICATOR	To determine the Skilled Birth Attendance Coverage
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Skilled Health Personnel: A skilled health worker/attendant is an accredited health professional - such as a midwife, doctor, Clinical officer or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and new-borns. Note: Both trained and untrained traditional birth attendants (TBA) are excluded.</p> <p>Live Birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.</p>					
NUMERATOR	Number of births in women aged (10-14, 15-19, 15-49 years) attended by skilled health personnel					
DENOMINATOR	Number of live births in women aged (10-14, 15-19, 15-49 years) in the same period.					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By Age (10-14, 15-19, 15-49) By place of delivery; type of skilled health personnel; urban/rural, health facility, Sub-County, region/ county					
INDICATOR	Input	Output	Outcome	Impact		

FRAMEWORK LEVEL			✓			
PURPOSE	This indicator measures coverage, access and use of safe motherhood programmes. It is also used to measure the health system's functioning and potential to provide adequate coverage for deliveries at national and sub-national levels.					
FREQUENCY	<u>COLLECTION</u> : Daily, 5 yearly <u>REPORTING</u> : Monthly, 5 yearly <u>UTILIZATION</u> : Monthly, quarterly, yearly, 5 yearly					
DATA SOURCE	<u>NUMERATOR</u> : Maternity register MOH 333, KDHS <u>DENOMINATOR</u> : KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: <u>CALCULATION</u> = (Number of births in women aged (10-14, 15-19, 15-49 years) attended by skilled health personnel)/ Number of live births in women aged (10-14, 15-19, 15-49 years in the same period) X 100.</p> <p><u>DATA MANAGEMENT:</u> In <u>household surveys</u>, such as the Demographic and Health Surveys, the Multiple Indicator Cluster Surveys, and the Reproductive Health Surveys, the respondent is asked about each live birth and who had helped them during delivery for a period up to five years before the interview.</p> <p><u>Service/facility records</u> could be used where a high proportion of births occur in health facilities and therefore they are recorded.</p> <p><u>NOTE:</u> Since it is difficult to accurately measure maternal mortality, and model-based estimates of the maternal mortality ratio cannot be used for monitoring short-term trends, the proportion of births attended by skilled health personnel is used as a proxy indicator for this purpose</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Still Birth Rate (per 1000 total births)
HIS CODE:	HIS-M&E171

OBJECTIVE OF THE INDICATOR	To determine the prevalence of still births.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓		✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Still Births: Is defined as third trimester foetal deaths (>or = 1000 grams or > or = 28 weeks).</p> <p>Live birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (ICD-10)</p> <p>Total Births: Is the sum of live births and still births</p> <p>Ante-partum: antepartum period starts when the woman's pregnancy is diagnosed and ends just before the baby is delivered</p> <p>Intra-partum: This is the period during labour and delivery</p>				
NUMERATOR	Number of still births				
Denominator	Total births				
UNIT OF MEASURE	Rate				
DISAGGREGATION	Still Born type (Fresh or Macerated); Level (Sub-County, County, National level)				
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact	
			✓		
PURPOSE	To Improved ante-partum and intra-partum care				
FREQUENCY	<p>COLLECTION: Daily, Monthly, quarterly, yearly, 5 yearly</p> <p>REPORTING: Monthly, quarterly, yearly, 5 yearly</p> <p>UTILIZATION: Monthly, quarterly, yearly, 5 yearly</p>				
DATA SOURCE	<p>NUMERATOR: MATERNITY Register, MOH333, Survey questionnaire</p> <p>DENOMINATOR: MATERNITY Register, MOH333, DATA FROM CIVIL REGISTRATION, DATA FROM SURVEYS, KNBS</p>				
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION = (Number of still births)/ (Number of total births) X 1000.</p>				

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Perinatal Mortality Rate (per 1000 total births)
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HIS CODE:	HIS-M&EI72
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OBJECTIVE OF THE INDICATOR	To determine the prevalence of perinatal deaths in the health facilities and in the population
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓		✓	

DEFINITION OF IMPORTANT TERMS	<p>Perinatal Mortality: Death of a foetus from 28 completed weeks of gestation to seven completed days after birth.</p> <p>Live birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (ICD-10)</p> <p>Total Births: Is the sum of live births and still births</p>			
NUMERATOR	Number of perinatal deaths			
Denominator	Total births			
UNIT OF MEASURE	Rate			
DISAGGREGATION	Level (Facility, Sub-county, County, National level)			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	Perinatal mortality is associated with poor maternal health. It provides useful insight into the quality of intra-partum and immediate postnatal care and may be used as a good proxy measure of the quality of those services. It has been suggested as an alternative and more sensitive measure of maternal health status, since the ascertainment of perinatal death is less difficult than that of maternal morbidity			
FREQUENCY	<p>COLLECTION: Daily, Monthly, quarterly, yearly, 5 yearly</p> <p>REPORTING: Monthly, quarterly, yearly, 5 yearly</p> <p>UTILIZATION: Monthly, quarterly, yearly, 5 yearly</p>			

DATA SOURCE	NUMERATOR: MATERNITY Register MOH333, Survey questionnaire DENOMINATOR: MATERNITY Register MOH333, DATA FROM CIVIL REGISTRATION, DATA FROM SURVEYS, KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	DATA COLLECTION METHOD: CALCULATION = (Number of Perinatal deaths)/ (Number of total births) X 1000.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Caesarean Section Rate (per 1000 total births)					
HIS CODE:	HIS-M&E173					

OBJECTIVE OF THE INDICATOR	To determine the prevalence of caesarean sections in health facilities					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	<p>Caesarean Section: Is surgical procedure performed for a sole purpose of delivery a product of conception in preference of a vaginal delivery.</p> <p>Emergency caesarean section: caesarean section performed due to medical reasons (for the safety of the mother, baby or both) especially those recognized after the onset of labour</p> <p>Elective caesarean section: caesarean section due to the preference of the pregnant woman (non-medical reasons) or due to medical reasons that had been noted earlier in pregnancy before labour.</p> <p>Live birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.</p> <p>Total Births: Is the sum of live births and still births</p>
NUMERATOR	Number of caesarean sections
DENOMINATOR	Total number of births/ total number of deliveries
UNIT OF MEASURE	Rate
DISAGGREGATION	Type (elective or emergency); Level of Care ,Facility, Sub-County, county and national levels

INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
				✓		
PURPOSE	The percentage of births by caesarean section is an indicator of access to and use of health care during childbirth. To ensure that Caesarean section threshold is maintained					
FREQUENCY	<u>COLLECTION:</u> Daily, Monthly, quarterly, yearly, 5 yearly <u>REPORTING:</u> Monthly, quarterly, yearly, 5 yearly <u>UTILIZATION:</u> Monthly, quarterly, yearly, 5 yearly;					
DATA SOURCE	<u>DATA COLLECTION METHOD:</u> Numerator: MOH 333, Survey questionnaires Denominator: MOH 333, Census projections or, in some cases KNBS the denominator					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> = (Number of women having given birth by caesarean section) / (Total births)*100 <u>NOTE:</u> This indicator does not provide information on the reason for undergoing caesarean section, and includes caesarean sections that were performed without a clinical indication as well as those that were medically indicated. The extent to which caesarean sections are performed according to clinical needs, therefore, is not possible to determine. There is therefore need to revise our data collection and summary tools to capture this					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of clients receiving post-natal care after delivery					
HIS CODE:	HIS-M&E174					

OBJECTIVE OF THE INDICATOR	To determine Post Natal Care coverage					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Postnatal: period beginning immediately after the birth of a child to up-to six weeks after delivery.					
NUMERATOR	Number of clients receiving postnatal care (PNC) after delivery					
DENOMINATOR	Total number of deliveries during the reporting period					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Period after delivery: 48 hours, 2 weeks, 2 months and 6 months , urban/rural, age, health facility, Sub-County, region/ county and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	This indicator is meant to routinely monitor the demand and delivery of postnatal services..					
FREQUENCY	COLLECTION: Daily, Monthly, quarterly, yearly, 5 yearly REPORTING: Monthly, quarterly, yearly, 5 yearly UTILIZATION: Monthly, quarterly, yearly, 5 yearly					
DATA SOURCE	NUMERATOR: Post Natal Clinic register, MOH 406 DENOMINATOR: Maternity register, MOH 333, KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION = (Number of clients receiving PNC after delivery (48 hours, 2 weeks, 2 months and 6 months after delivery) / (Total Number of deliveries during the reporting period) X 100 Note: The first six weeks after birth is critical to the health and survival of a mother and her newborn. Lack of care in this time period may result in death or disability as well as missed opportunities to promote healthy behaviour, affecting women, newborns, and children					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Maternal Deaths Reviewed					
HIS CODE:	HIS-M&E175					

OBJECTIVE OF THE INDICATOR	To determine factors contributing to maternal deaths					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	Maternal Death Review: A maternal death Review is an in-depth systematic analysis of maternal deaths to delineate their underlying health social and other contributory factors; the lessons learned from such a review are used in making recommendations to prevent similar future deaths.					
NUMERATOR	Number of maternal deaths reviewed					
DENOMINATOR	Total number of maternal deaths reported					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age groups; (community, health facility, Sub-County, county, and national levels)					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To generate evidence for determining interventions.					
FREQUENCY	COLLECTION: Daily, Monthly, Quarterly, annually, 5 yearly REPORTING: Monthly, Quarterly, annually, 5 yearly UTILIZATION: Monthly, Quarterly, annually, 5 yearly					
DATA SOURCE	NUMERATOR: Rapid surveys and support supervision at levels 2-6. Maternal review form, MOH 711, DHIS. DENOMINATOR: Register MOH 333 ,register for level 2-6 and MOH 268 diseases index card or death register, Maternal deaths notification forms, MOH 711					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION = (Number of maternal death records reviewed (Both in the facilities and in the community))/ (Total number of maternal deaths reported) X 100 Note: Maternal deaths Reviews exist to identify and learn lessons from the remediable factors that might save the lives of more mothers in future. It is imperative to establish or strengthen maternal death reviews in these settings					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of pregnant women attending ANC tested for syphilis					
HIS CODE:	HIS-M&E176					
OBJECTIVE OF THE INDICATOR	To determine the coverage of syphilis testing among pregnant women attending ANC					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					

DEFINITION OF IMPORTANT TERMS	Syphilis sexually-transmitted disease, but it may be transmitted to a baby by an infected mother during pregnancy. Transmission of syphilis to a developing baby can lead to a serious multisystem infection, known as congenital syphilis					
NUMERATOR	The number of pregnant women attending antenatal clinics who were screened for syphilis;					
DENOMINATOR	Total number of pregnant women attending the same antenatal clinics					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age groups; Level (community, health facility, Sub-county, county, and national levels)					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To measure the extent to which ANC clients are screened for syphilis.					
FREQUENCY	<u>COLLECTION</u> : Daily, Monthly, quarterly, Annually <u>Reporting</u> : Monthly, quarterly, Annually <u>Utilization</u> : Monthly, quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> : ANC register MOH 406, MOH 711 <u>DENOMINATOR</u> : ANC registers MOH 406, MOH 711					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION</u> : Number of pregnant women attending antenatal clinics screened for syphilis / Number of pregnant women attending antenatal clinics x 100 Note : Since all women attending for ANC should be screened for syphilis at least once during pregnancy, the measure can also potentially serve as a proxy measure of the quality of antenatal care services (UNFPA, 1998a). Furthermore, when an explicit standard exists that all women should be tested at least once during pregnancy; the indicator may also be used as a benchmark to audit provider (or system) performance against compliance with local screening policy.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of pregnant women attending antenatal clinics screened for syphilis with a positive serology for syphilis					
HIS CODE:	HIS-M&E177					

OBJECTIVE OF THE INDICATOR	To determine the prevalence of syphilis among pregnant women screened for syphilis					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓					

DEFINITION OF IMPORTANT TERMS	Syphilis: Sexually-transmitted disease, but it may be transmitted to a baby by an infected mother during pregnancy. Transmission of syphilis to a developing baby can lead to a serious multisystem infection, known as congenital syphilis					
NUMERATOR	Number of pregnant women attending antenatal clinics, whose blood has been screened for syphilis, with a positive serology					
DENOMINATOR	Total number of pregnant women attending antenatal clinics, whose blood has been screened for syphilis					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age groups; Level(community, health facility, sub-county, county, and national levels)					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To detect syphilis in pregnant women and initiate treatment in order to safeguard the health of both the mother and her unborn child.					
FREQUENCY	<u>COLLECTION:</u> Daily, Monthly, quarterly, Annually <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILIZATION:</u> Monthly, quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> MOH 405, MOH 406, MOH 711 <u>DENOMINATOR:</u> MOH 405, KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of pregnant women attending antenatal clinics, whose blood has been screened for syphilis, with a positive serology / Total number of pregnant women attending antenatal clinics, whose blood has been screened for syphilis during the specified period X100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Women with Unmet Need for Family Planning					
HIS CODE:	HIS-M&E178					
OBJECTIVE OF THE INDICATOR	To determine the unmet need for Family planning among adolescents, Women of reproductive age and HIV positive women					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓		✓

DEFINITION OF IMPORTANT TERMS	<p><u>Unmet Need for Family Planning:</u> Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child</p> <p><u>Unmet need for family planning among women of reproductive age</u></p> <ul style="list-style-type: none"> • All pregnant women (married or in consensual union) whose pregnancies were unintended or mistimed at the time of conception (age 15-49) • All postpartum amenorrhic women (married or in consensual union) who are not using family planning and whose last birth was unintended or mistimed (age 15-49) • All fecund women (married or in consensual union) who are neither pregnant nor postpartum amenorrhic, and who either do not want any more children (Age 15-49) • <u>Unmet Need for Family Planning among adolescents:</u> The number/percent of sexually active adolescents (10-14, 15-19) who do not want any more children or who want to delay their next birth by two or more years, but who are not using a contraceptive method • <u>Unmet Need for Family Planning among women living with HIV:</u> The number/percent of sexually active women living with HIV (Age 10-49) who do not want any more children or who want to delay their next birth by two or more years, but who are not using a contraceptive method 				
NUMERATOR	Number of Women aged 10-49 years who have an unmet need for family planning				
DENOMINATOR	Total number of women aged 10-49 years				
UNIT OF MEASURE	Percent				
DISAGGREGATION	Age (10-14, 15-19, 15-49), Women living with HIV, health facility, sub county, county				
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact	
			✓		
PURPOSE	To provide important information for increasing access to modern family planning methods				
FREQUENCY	<p><u>COLLECTION:</u> 5 yearly</p> <p><u>REPORTING:</u>5 yearly</p> <p><u>UTILIZATION:</u>5 yearly</p>				

DATA SOURCE	NUMERATOR: KDHS DENOMINATOR: KDHS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION= (Number of Women 10-14, 15-19, 15-49, those living with HIV who have an unmet need for family planning) / (Total number of women 10-14, 15-19, 15-49, those living with HIV * 100)</p> <p>Note: This indicator is useful for measuring the utilization of the FP services and coverage of contraceptive services. It also points to the gap between women's reproductive intentions and their contraceptive behaviour.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of women targeted for family planning currently using a method					
HIS CODE:	HIS-M&E179					

OBJECTIVE OF THE INDICATOR	To determine the coverage of family planning					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Currently Using a Method: Any woman using any of the family planning methods (Both modern and traditional)</p> <p>Modern family planning methods: Modern family planning methods include: Combined oral contraceptives (COCs), Progestogen-only pills (POPs), Implants, Progestogen only injectables, Monthly injectables or combined injectable contraceptives (CIC), Combined contraceptive patch and combined contraceptive vaginal ring (CVR), Intrauterine device (IUD), Male condoms, Female condoms, male sterilization (vasectomy), Female sterilization (tubal ligation), Lactational amenorrhea method (LAM), Basal body temperature and Standard Days Method or SDM</p> <p>Traditional family planning methods: Includes: Calendar method or rhythm method and Withdrawal (coitus interruptus)</p> <p>Contraceptive Prevalence Rate (CPR)-</p>
NUMERATOR	Number of women currently using a family planning method.
DENOMINATOR	Number of women targeted for modern family planning methods
UNIT OF MEASURE	Percent
DISAGGREGATION	By type of family planning services: Type of contraceptive method (Modern vs.

	traditional) By age of clients: e.g. <25 and 25+, Sub-County, county, region and nation					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To improve the utilization of the FP services					
FREQUENCY	<u>COLLECTION</u> : Daily, 5-years <u>REPORTING</u> :. Monthly, 5-yearly <u>UTILIZATION</u> : Quarterly, yearly,					
DATA SOURCE	<u>NUMERATOR</u> : From Family planning register MOH 512 to summary form MOH 711 monthly reporting tool <u>DENOMINATOR</u> : Population Projections or estimates from KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> =(Number of women currently using a family planning method) / (Number of women targeted for modern family planning methods) X 100 Where “currently” = (CPR X Women of child-bearing age) + (New Acceptors) at the end of the year. “Targeted” = (“Currently” on a method) X 1.02. Two percent is the targeted annual rate increment by the programme <u>NOTE</u> : The targets are computed at the beginning each year and distributed to each level of jurisdiction. The user should not re-compute the target every time the indicator is used.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of women accessing Long acting and Reversible Contraception					
HIS CODE:	HIS-M&E180					

OBJECTIVE OF THE INDICATOR	To increase access to long acting and reversible contraception					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<u>Long acting and reversible contraception</u> (LARC): Includes implants and Intrauterine Contraceptive Devices (IUCD)					
NUMERATOR	Number of women currently using a long acting and reversible contraceptive method. contraceptive methods (IUCDs and Implants)					
DENOMINATOR	Number of women targeted for long acting and reversible contraceptive methods					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By type of Long acting and reversible contraceptive (IUCDs and Implants)					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
					✓	
PURPOSE	To reduce the unmet need for Family Planning					
FREQUENCY	<u>COLLECTION</u> : Daily,, 5 yearly <u>REPORTING</u> : Monthly, , 5 yearly <u>UTILIZATION</u> : Monthly, quarterly , Annually , 5 yearly					
DATA SOURCE	<u>NUMERATOR</u> : MOH 512 , MOH 711 and KDHS <u>DENOMINATOR</u> : KNBS,					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>:</p> <p><u>CALCULATION</u> =(Number of women currently using long acting and reversible contraceptive methods) / (Number of women targeted for long acting and reversible contraceptive methods) X 100</p> <p><u>NOTE</u>: The targets are computed at the beginning each year and distributed to each level of jurisdiction. The user should not re-compute the target every time the indicator is used.</p> <p>Recent trends show that the uptake of Long acting and reversible contraception is increasing steadily. This indicator is useful for monitoring the demand for and utilization of Long acting and reversible contraception. The indicator will also guide on forecasting and procurement of LARC commodities and supplies.</p> <p>Where “currently” = (CPR X Women of child-bearing age) + (New Acceptors of LARC) at the end of the year.</p> <p>“Targeted” = (“Currently” on a LARC method) X 1.02. Two percent is the</p>					

	targeted annual rate increment by the programme					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Proportion of women utilizing postpartum Family planning					
HIS CODE:	HIS-M&E181					

OBJECTIVE OF THE INDICATOR	To determine the utilization of post-partum Family Planning					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	

DEFINITION OF IMPORTANT TERMS	<p>Post-partum: This is the period immediately after delivery to 6 weeks after delivery</p> <p>Family Planning: Is the practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization.</p>					
NUMERATOR	Number of post-natal women attending post-natal clinic using post-partum FP within 6 weeks of delivery					
DENOMINATOR	Total Number of women attending post-natal clinic within 6 weeks post-delivery					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By type of Post-partum FP (LAM, PPIUD, Implants, POPs)					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	This indicator is useful for measuring the utilization of the FP services during the post-partum period and helps to reduce the unmet need for FP among the women who have delivered					
FREQUENCY	<p>COLLECTION: Daily, Monthly, Quarterly, Annually, 5 yearly</p> <p>REPORTING: Monthly, 5 yearly</p> <p>UTILIZATION: Monthly, Quarterly, Annually, 5 yearly</p>					
DATA SOURCE	<p>NUMERATOR: MOH 512, MOH 711 and KDHS</p> <p>DENOMINATOR: MOH 406,KNBS,</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION =(Number of post-natal women attending post-natal clinic using FP within 6 weeks of delivery) / (Total Number of women attending</p>					

GUIDELINES (DATA COLLECTION)	post-natal clinic) * 100					
	Where “currently” = (CPR X Women of child-bearing age) + (New Acceptors of Post-partum FP) at the end of the year. “Targeted” = (“Currently” on a Post-partum FP) X 1.02. Two percent is the targeted annual rate increment by the programme <u>NOTE:</u> The targets are computed at the beginning each year and distributed to each level of jurisdiction. The user should not re-compute the target every time the indicator is used. It is estimated number of women (15-49), obtained by adding the product of the CPR and the women of child bearing age with the number of new acceptors of FP from immediately after delivery to 6 weeks after delivery					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of new family planning acceptors who are tested for HIV					
HIS CODE:	HIS-M&E 182					

OBJECTIVE OF THE INDICATOR	To determine the level of Family planning and HIV integration					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	New Family Planning Acceptor: A woman with no prior history of having used a modern contraceptive as a method of family planning who have just started using a modern method of family planning. Women changing methods or restarting a method should be excluded from this definition.					
NUMERATOR	Number of New FP acceptors tested for HIV					
DENOMINATOR	Total number of new FP acceptors					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age (15-49)Sub-County, county, region and nation level, Adolescent(10-14,15-19)					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To allow early identifications, treatment and interventions					
FREQUENCY	<u>COLLECTION:</u> Daily, <u>REPORTING:</u> Monthly, <u>UTILIZATION:</u> Monthly, Quarterly, Annually					

DATA SOURCE	<u>NUMERATOR:</u> MOH 512, <u>DENOMINATOR:</u> Register MOH 512, S					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION</u> = (Number of New FP acceptors tested for HIV)/ (Total number of new FP acceptors) X 100. <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Health facilities providing Basic Emergency Obstetric and Newborn care (BEmONC)					
HIS CODE:	HIS-M&E183					

OBJECTIVE OF THE INDICATOR	To determine the coverage of Basic Emergency Obstetric and Newborn care (BEmONC) services					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p><u>Basic Emergency Obstetric and Newborn care (BEmONC)</u>:includes the following components:</p> <ul style="list-style-type: none"> i) Administration of parenteral antibiotics, ii) Oxytocic and iii) Anticonvulsants; iv) Manual removal of the placenta; v) Removal of retained products (e.g. manual vacuum aspiration); and vi) Assisted vaginal delivery (vacuum extraction or forceps) vii) Administration of corticosteroids in preterm labour viii) Performance of Essential Newborn Care <p>Facility qualifies only if there proof that it was able to provide atleast six components for three months before data collection.</p>					
NUMERATOR	Number of Level 2-6Health Facilities providing Basic Emergency Obstetric and Newborn Care (BEmONC)					
DENOMINATOR	Total number of Health facilities (levels 2-6) in the catchment area surveyed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Level (2, 3, 4, 5, 6), Sub-County, County, and National levels					
INDICATOR	Input	Output	Outcome	Impact		

FRAMEWORK LEVEL		✓				
PURPOSE	To determine the level of preparedness of a health facility in the management of labour, delivery and newborn care.					
FREQUENCY	<u>COLLECTION</u> : Annually, Periodic assessment/ quarterly supervision <u>REPORTING</u> : Quarterly, Annually <u>UTILIZATION</u> : Quarterly and Annually					
DATA SOURCE	<u>NUMERATOR</u> : Rapid facility surveys or assessments or support supervision at levels 2-6 or update on Kenya Master Health Facility List (KMHFL). <u>DENOMINATOR</u> : Rapid facility surveys or assessments or support supervision at levels 2-6 or update on Kenya Master Health Facility List (KMHFL).					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> = (Number of Health Facilities (Levels 2-6) providing Basic Emergency Obstetric and Newborn Care (BEmONC)) / (Total number of Health facilities (levels 2-6) in the catchment area surveyed X 100. <u>NOTE</u> : A random sample of all facilities may be assessed and available service statistics reviewed to confirm whether each of the six signal functions for BEmONC have been performed at least once in the past three months. Mapping may be useful for assessing geographical distribution.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of Health facilities providing Comprehensive Emergency Obstetric and New-born Care (CEmONC)
HIS CODE:	HIS-M&E184

OBJECTIVE OF THE INDICATOR	To determine the coverage of Comprehensive Emergency Obstetric and Newborn care (CEmONC) services
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Comprehensive Emergency Obstetric and Newborn care (CEmONC): Besides the eight components of CEmONC includes performing surgery (caesarean section) and blood transfusion: A facility qualifies only if there is proof that it was able to provide all the ten components for three months before data collection.			
NUMERATOR	Number of Health Facility (Level 4-6) providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC)			
DENOMINATOR	Total number of Health facilities (levels 4-6) in the catchment area surveyed			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Rural/Urban, Sub-county, County, and national levels			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	To improve access to CEmONCs and management of life-threatening obstetric conditions.			
FREQUENCY	COLLECTION: Annually, Periodic assessments. REPORTING: Annually, Periodic health facility assessments UTILIZATION: Annually, periodic assessments e.g. SARA, HFA			
DATA SOURCE	NUMERATOR: Rapid facility surveys or assessments or support supervision at levels 4-6 or update on Kenya Master Health Facility List (KMHFL). DENOMINATOR: Rapid facility surveys or assessments or support supervision at levels 4-6 or update on Kenya Master Health Facility List (KMHFL).			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION = (Number of Health Facilities (Levels 4-6) providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC)) / (Total number of Health facilities (levels 4-6) in the catchment area surveyed X 100). NOTE: A random sample of all facilities may be assessed and available service statistics reviewed to confirm whether each of the functions for CEOC have been performed at least once in the past three months. Mapping may be useful for assessing geographical distribution. MMR can be reduced if there is good coverage and quality of CEmONCs. This indicator can be used to assess needs, monitor progress and plan for			

	interventions at national and sub-national levels.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of Health facilities providing Adolescent and youth friendly services
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HIS CODE:	HIS-M&E185
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OBJECTIVE OF THE INDICATOR	To determine the coverage of Adolescent and youth friendly services
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Adolescent and Youth Friendly Services: Include education, counselling, life-skills building, safe motherhood, prevention and treatment for HIV/STI and drug and substance abuse, post-rape care. May be stand alone or integrated services.</p> <p>Adolescents and Youth: All males and females aged from 10-24years</p>			
NUMERATOR	Number of Health facilities offering adolescent and youth friendly services			
DENOMINATOR	Total number of Health facilities in the catchment area			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Facility level, Administrative levels (Sub-County, county, and national levels)			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	Tracking of this indicator over time can guide how to improve access of health services to the adolescent and youth.			
FREQUENCY	<p>COLLECTION: Annually</p> <p>REPORTING: ANNUALLY</p> <p>UTILIZATION: Annually</p>			
DATA SOURCE	<p>Numerator: Survey or health facility assessments</p> <p>Denominator : survey or Health facility assessments</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION = (Number of Health facilities offering Adolescent and youth friendly services) / (Total number of Health facilities in the catchment area surveyed) X 100</p> <p>NOTE: A random sample of all facilities may be assessed and available service statistics reviewed to confirm whether each of the essential components for</p>			
(DATA COLLECTION)				

	YFS have been performed at least once in the past three months. Mapping may be useful for assessing geographical distribution.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Sexual and Gender Based Violence prevalence rates					
HIS CODE:	HIS-M&E186					

OBJECTIVE OF THE INDICATOR	To assess the SGBV prevalence					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Sexual gender based violence (SGBV): refers to rape, attempted rape, defilement, attempted defilement, sexual assault and attempted sexual assault.</p> <p>Rape: Intentionally and unlawfully commits an act that causes penetration with his or her genital organs. Attempted rape is also classified as a type of sexual violence.</p> <p>Defilement: A person who commits an act which causes penetration with a child is guilty of an offence termed defilement. There is also at Attempted defilement, is also classified by the law as an offense.</p> <p>Sexual assault: Any person who unlawfully penetrates the genital person of another person with any part of the body, object (Unless for professional hygienic or medical purposes, manipulates any part of the body so as to cause penetration of the genital organ or by any part of the other person's body. Attempted sexual assault is classified as a law as an offense.</p>					
NUMERATOR	Number of survivors who ever experience SGBV during a reference period					
DENOMINATOR	Population estimates from the recent completed census					
UNIT OF MEASURE	Percent					
DISAGGREGATION	age and type of sexual violence, parity, county, Sub County, national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Reduce incidences of rape/defilement, unwanted pregnancies, HIV infections and co-infections					
FREQUENCY	COLLECTION: 5 yearly					

	<u>REPORTING:</u> 5 yearly <u>UTILIZATION:</u> Monthly, quarterly, annually, 5 years					
DATA SOURCE	<u>NUMERATOR:</u> Kenya Demographic Health survey and other sentinel surveillance approaches <u>DENOMINATOR:</u> Kenya Demographic Health survey, other sentinel surveillance approaches					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of survivors who ever experience SGBV during the study period/ Population estimates from the recently completed census*100.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Proportion of health facilities providing SGBV services as per the national guidelines					
HIS CODE:	HIS-M&E187					

OBJECTIVE OF THE INDICATOR	To assess the accessibility of SGBV services					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	SGBV services: Examination of the survivor, provision of Post Exposure Prophylaxis (PEP), provision of Emergency Contraceptive (EC) and STI treatment to eligible clients. This includes the facilities filling the MoH registers on SGBV.					
NUMERATOR	Number of health facilities providing SGBV services					
DENOMINATOR	Total number of health facilities surveyed					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By services provider, by level/tier, Sub-County, County, and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Reduce incidences of unwanted pregnancies, HIV infections and co-infections					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually					

DATA SOURCE	<p>NUMERATOR: Rapid facility surveys or support supervision at levels or update on Master Facility List (MFL).</p> <p>DENOMINATOR: Rapid facility surveys or support supervision at levels or update on Master Facility List (MFL).</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: Number of health facilities providing SGBV services/Total number of targeted facilities*100</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of clients provided with Sexual and Gender Based Violence (SGBV) services					
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HIS CODE:	HIS-M&E188
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OBJECTIVE OF THE INDICATOR	To assess the availability of SGBV services					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>SGBV services: Examination of the survivor, provision of Post Exposure Prophylaxis (PEP), provision of Emergency Contraceptive (EC) and STI treatment to eligible clients. This includes the facilities filling the MoH registers on SGBV.</p> <p>Client: refers to any person who has undergone sexual violence (In this case sexual violence and has lived through the experience.)</p>					
NUMERATOR	Number clients provided with SGBV services					
DENOMINATOR	Total Number of clients seeking SGBV services.					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By services provider, sex, age (10-14, 15-19, 15-49), health facility, Sub-County, county, and national level.					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce the effects of rape, unwanted pregnancies and infections of HIV and other STIs					
FREQUENCY	COLLECTION: Monthly					

	REPORTING: Monthly UTILISATION: Monthly, quarterly, annually.					
DATA SOURCE	NUMERATOR: MoH 364, 365 and MoH 711 DENOMINATOR: MoH 364, 365 and MoH 711					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION: Number clients provided with SGBV services/ Total Number of clients seeking SGBV services*100. NOTE:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of Sexual and Gender Based Violence (SGBV) clients/survivors presenting within 72 hours					
HIS CODE:	HIS-M&E189					

OBJECTIVE OF THE INDICATOR	To assess the proportion SGBV survivors presenting within 72 hours					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Sexual gender based violence (SGBV): refers to rape, attempted rape, defilement, attempted defilement, sexual assault and attempted sexual assault.</p> <p>Rape: Intentionally and unlawfully commits an act that causes penetration with his or her genital organs. Attempted rape is also classified as a type of sexual violence.</p> <p>Defilement: A person who commits an act which causes penetration with a child is guilty of an offence termed defilement. There is also at Attempted defilement, is also classified by the law as an offense.</p> <p>Sexual assault: Any person who unlawfully penetrates the genital person of another person with any part of the body, object (Unless for professional hygienic or medical purposes, manipulates any part of the body so as to cause penetration of the genital organ or by any part of the other person's body. Attempted sexual assault is classified as a law as an offense.</p> <p>SGBV services: Examination of the survivor, provision of Post Exposure Prophylaxis (PEP), provision of Emergency Contraceptive (EC) and STI treatment to eligible clients. This includes the facilities filling the MoH registers</p>
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	on SGBV. Client/Survivor: refers to any person who has undergone sexual violence (In this case sexual violence and has lived through the experience.)					
NUMERATOR	Number of SGBV clients/survivors presenting within 72 hours					
DENOMINATOR	Total Number of SGBV clients/survivors seeking services in the health facility					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By sex, age (10-14, 15-19, 15-49), Sub-County, county, and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce the incidence of HIV infections and co-infections and unwanted pregnancies.					
FREQUENCY	COLLECTION: Monthly REPORTING: Monthly UTILISATION: Monthly, quarterly, annually.					
DATA SOURCE	NUMERATOR: MoH 364, 365 and MoH 711 DENOMINATOR: MoH 364, 365 and MoH 711					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION: =(Number of SGBV clients/survivors presenting within 72 hours/ Total Number of SGBV clients/survivors seeking services in the health facility) NOTE: Post Exposure Prophylaxis (PEP) for HIV should be started within 72 hours of sexual violence if a client seeking SGBV services test negative. PEP is given in the event of rape, defilement and some cases of sexual violence; significant risk involves oral, vagina and /or anal penetration. The efficacy of PEP and emergency contraceptives decreases with the length of time from exposure to the first dose, therefore administering the first dose is a priority.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of SGBV survivors lost to follow-up
HIS CODE:	HIS-M&E190

OBJECTIVE OF THE INDICATOR	To assess adherence to care and treatment.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Sexual gender based violence (SGBV): refers to rape, attempted rape, defilement, attempted defilement, sexual assault and attempted sexual assault.</p> <p>Rape: Intentionally and unlawfully commits an act that causes penetration with his or her genital organs. Attempted rape is also classified as a type of sexual violence.</p> <p>Defilement: A person who commits an act which causes penetration with a child is guilty of an offence termed defilement. There is also at Attempted defilement, is also classified by the law as an offense.</p> <p>Sexual assault: Any person who unlawfully penetrates the genital person of another person with any part of the body, object (Unless for professional hygienic or medical purposes, manipulates any part of the body so as to cause penetration of the genital organ or by any part of the other person's body. Attempted sexual assault is classified as a law as an offense.</p> <p>Client/Survivor: refers to any person who has undergone sexual violence (In this case sexual violence and has lived through the experience.)</p> <p>Lost to follow-up: refers to SGBV survivors who at the point of SGBV care have become lost either have opted not to continue with treatment or moved away from area which they accessed treatment and have not requested for a referral from the health facility.</p>			
NUMERATOR	Number of survivors who complete recommended follow-up			
DENOMINATOR	Total Number of SGBV survivors seen			
UNIT OF MEASURE	Percent			
DISAGGREGATION	By sex, age (10-14, 15-19, 15-49), Sub-County, county, and national levels			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	To reduce the incidence of HIV infections and co-infections and unwanted pregnancies			
FREQUENCY	COLLECTION: Monthly REPORTING: Monthly			

	UTILISATION: Monthly, quarterly, annually.					
DATA SOURCE	NUMERATOR: MoH 364, 365 DENOMINATOR: MoH 364, 365					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION: = (Number of survivors who lost to follow-up/ Number of SGBV survivors seen) NOTE:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion Of Women Aged 25-49 Years screened For Cervical Cancer					
HIS CODE:	HIS-M&E191					

OBJECTIVE OF THE INDICATOR	To determine the burden of cancer among women aged 25-49 years.					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	Screening: Screening' is the process of detecting disease early using tests That can be done rapidly, with the intention of intervening to halt its progression For cervical cancer, Women aged 25-49 years are screened for cervical Visual Inspection with Acetic acid (VIA) /Visual Inspection with Lugols Iodine (VILI) or Pap smear method.					
NUMERATOR	Number of women aged 25-49 years screened for cervical cancer					
DENOMINATOR	Total number of women aged 25-49 years					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Age, HIV status, Sub-County, county, and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Cancer of the cervix is a common reproductive health issue in Kenya. If detected early, pre-cancerous lesions can be treated before progression into full-blown cancer. This indicator measures the availability of cervical screening and subsequent cancer treatment					

FREQUENCY	<p><u>COLLECTION:</u> Monthly, quarterly, Annual. <u>REPORTING:</u> Monthly, quarterly, Annual. <u>UTILIZATION:</u> Monthly, quarterly, Annual.</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> ANC register, Post-natal register, Family planning, Cervical cancer service register, OPD register MoH 711 <u>DENOMINATOR:</u> KPHC, KNBS</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>CALCULATION:</u> Number of women aged 25-49 years screened for cervical cancer/Number of women aged 25-49 years*100 NOTE: While the indicator provides information on access to cervical cancer treatment, it does not provide insight into the timeliness of treatment nor the quality of care and treatment outcomes.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion Of Women With Precancerous Lesions Receiving Cryotherapy Services				
HIS CODE:	HIS-M&E192				

OBJECTIVE OF THE INDICATOR	To determine the access to Cryotherapy services				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	<p>Precancerous Lesions: A precancerous cervical lesion is an abnormality in the cells of the cervix that could eventually develop into cervical cancer.</p> <p>Cryotherapy: The local or general use of low temperatures in medical therapy. It is used to treat a variety of benign and malignant tissue damage, medically called lesions.</p>				
NUMERATOR	Number of screened women found with precancerous lesions receiving cryotherapy services				
DENOMINATOR	Total Number of women - screened for cervical cancer				
UNIT OF MEASURE	Proportion				
DISAGGREGATION	Age, HIV status, Sub-County, county, and national levels				
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact	
		✓			
PURPOSE	This indicator measures the availability of cervical cancer treatment services				
FREQUENCY	<p>COLLECTION: Daily, Monthly, Quarterly, Annual</p> <p>REPORTING: MONTHLY, Quarterly, Annual</p> <p>UTILIZATION: Monthly, Quarterly, Annual</p>				
DATA SOURCE	<p>NUMERATOR: ANC register, Post-natal register, Family planning, Cervical cancer service register, OPD register, MoH 711</p> <p>DENOMINATOR: MoH 711</p>				
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: (Number of women screened for cervical cancer found with precancerous lesions receiving cryotherapy services)/(Total Number of women screened for cervical cancer)</p>				

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion Of Women Diagnosed With Obstetric Fistula					
HIS CODE:	HIS-M&E193					
OBJECTIVE OF THE INDICATOR	To determine the burden of obstetric fistula in the population					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Obstetric Fistula: abnormal communication between urinary bladder /anus and the vagina that occurs after delivery. The fistula can be due to prolonged obstetric labour or iatrogenic.</p> <p>Vesico-vaginal fistula (VVF): abnormal communication between the urinary bladder and the vagina.</p> <p>Recto-vaginal fistula (RVF): abnormal communication between the rectum/anus and the vagina. There could be other forms like leakage from the ureter(s).</p>			
NUMERATOR	Number of women diagnosed with obstetric Fistula			
DENOMINATOR	Number of live births			
UNIT OF MEASURE	Percent			
DISAGGREGATION	Age, Educational level ,Sub-County, county, and national levels			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	Currently there is no national data on obstetric fistula, yet many incidences and repairs are noted. Obstetric fistula reflects poor health system and failure to address human rights			
FREQUENCY	<p>COLLECTION: Monthly, 5 yearly</p> <p>REPORTING: Monthly, -5 yearly</p> <p>UTILIZATION: Monthly, 5 yearly</p>			
DATA SOURCE	<p>NUMERATOR: Postnatal Register, MOH 406, maternity register MOH 333, KDHS. survey</p> <p>DENOMINATOR: KNBS, KDHS.</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION	CALCULATION: Number of women diagnosed with obstetric Fistula/Number of live births*100			

GUIDELINES (DATA COLLECTION)						
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

3.7: Neonatal Child and Adolescent Health (NCAH)

INDICATOR NAME	Percentage of newborns with low birth weight –(less than 2500 grams)
HIS CODE:	HIS-M&E194

OBJECTIVE OF THE INDICATOR	To reduce the proportions of new-borns with low birth weight and reduce infant mortality
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Low Birth Weight: This refers to the weight less than 2500 grams of the newly born infants, which is obtained after birth (but within less than 1 hour) –ICD 10					
NUMERATOR	Total number of newborns with low birth weights less than 2500 grams					
DENOMINATOR	Total number of live births whose birth weight were measured					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility, Sub-county, County, and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To promote new-borns growth and development and to reduce infant and child mortality					
FREQUENCY	COLLECTION: Daily, Monthly REPORTING: Monthly UTILIZATION: Monthly, quarterly, annually.					
DATA SOURCE	NUMERATOR: Maternity Register (MOH 333) DENOMINATOR: Maternity Register (MOH 333)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: MoH 333, MoH 71L. CALCULATION: (Number of new born with low birth weight(less than 2500 grams) / Number of live births in the catchment area in the reporting period) X 100. NOTE:					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of children under five with Diarrhoea treated with ORS and Zinc					
HIS CODE:	HIS-M&E195					

OBJECTIVE OF THE INDICATOR	To promote child survival and reduce childhood morbidity and mortality					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓			✓	✓

DEFINITION OF IMPORTANT TERMS	Diarrhoea: Diarrhoea is the passage of 3 or more loose or liquid stools per Day or more frequently than is normal for the individual. Recommended Treatment is ORS and Zinc					
NUMERATOR	Total number of children with diarrhoea treated with ORS and Zinc					
DENOMINATOR	Total number of children presenting with diarrhoea					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Facility, Sub county, county and National level					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce childhood morbidity and mortality due to diarrhoea. (The prevalence of diarrhoea is 16 per cent and contributes to almost 20 per cent of under-five mortality in Kenya)					
FREQUENCY	<u>COLLECTION:</u> Daily Monthly, Quarterly, Annual <u>REPORTING:</u> Monthly, Quarterly, Annual <u>UTILIZATION:</u> Monthly, Quarterly, Annually,					
DATA SOURCE	<u>NUMERATOR:</u> MOH 204A-under five register, ORT Register, MOH 268, MOH 301, MOH 705A <u>DENOMINATOR:</u> MOH 204Aunder five register, ORT Register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Routinely <u>CALCULATION:</u> (Total number of children under five with diarrhoea treated with ORS and zinc)/(Total number of children diagnosed with diarrhoea)X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of school-aged children de-wormed at least once in the year	
HIS CODE:	HIS-M&E196	

OBJECTIVE OF THE INDICATOR	To improve health status of school aged children
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	School age children de-wormed: This refers school aged children de-wormed against STHs using Mebendazole 500mg or Albendazole 400mg once in the year in eligible counties					
NUMERATOR	Number of school aged children de-wormed at least once in the year.					
DENOMINATOR	Total number of school aged children in the year within the catchment area.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex, age, Sub-county, County, and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To improve health status of school aged children					
FREQUENCY	<u>COLLECTION:</u> Routinely during the de-worming activities <u>REPORTING:</u> Monthly, quarterly, annually <u>UTILIZATION:</u> Monthly, quarterly, annually					
DATA SOURCE	<u>NUMERATOR:</u> School de-worming register, MOH 517E <u>DENOMINATOR:</u> School de-worming register, MOH 517E					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Routinely (DHIS2) <u>CALCULATION:</u> (Number of school aged children de-wormed once in the year) / (Total number of school age children in the year within the catchment area) X 100. <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of children under five years with pneumonia treated with antibiotics				
HIS CODE:	HIS-M&E197				

OBJECTIVE OF THE INDICATOR	To reduce childhood morbidity and mortality				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓					

DEFINITION OF IMPORTANT TERMS	<u>As per the IMCI guidelines</u> : All children under five assessed and classified with symptoms and signs of pneumonia treated with antibiotics					
NUMERATOR	Number of children with symptoms and signs of pneumonia treated with antibiotics.					
DENOMINATOR	Total number of children with signs and symptoms for pneumonia treated in the period					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex, Age, Facility, Sub-county, county and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To assess the quality of care given to children under five years using the standard protocol and the readiness of health systems (<u>IMCI guidelines</u>)					
FREQUENCY	<u>COLLECTION</u> : Daily , facility care assessments, <u>REPORTING</u> : Monthly and during facility quality of care assessments <u>UTILIZATION</u> : Monthly, Quarterly,					
DATA SOURCE	<u>NUMERATOR</u> : MOH 204A -under five register <u>DENOMINATOR</u> : MOH 204A-under five register					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Routine & facility quality of care assessments <u>CALCULATION</u> : (Total number of children under five with pneumonia treated with antibiotics)/(Total number of children diagnosed with pneumonia) *100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of Health Facilities providing treatment as per the IMCI guidelines				
HIS CODE:	HIS-M&E198				

OBJECTIVE OF THE INDICATOR	To increase number of facility using IMIC guidelines				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓					

DEFINITION OF IMPORTANT TERMS	<u>As per the IMCI guidelines.</u> : Health facilities with equipment, supplies and at Least 60% of clinical staff with skills in management of childhood illnesses.					
NUMERATOR	Number of health facilities with equipment, supplies and clinical staff who have skills in management of childhood illnesses.					
DENOMINATOR	Total number of health facilities surveyed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Facility Sub-county, county and national level					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To assess the facility providing care to children under five years using the standard protocol and the readiness of health systems					
FREQUENCY	<u>COLLECTION:</u> Rapid facility surveys/ health facility assessments <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually sub-county, county and national levels					
DATA SOURCE	<u>NUMERATOR:</u> Rapid facility surveys/assessments <u>DENOMINATOR:</u> Total facilities surveyed					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Rapid facility surveys/assessments <u>CALCULATION:</u> (Number of health facilities with equipment, supplies and clinical staff who have skills in management of childhood illnesses/ Total number of health facilities within a given catchment area surveyed) x 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of Health Facilities with functional Oral Rehydration Therapy corner
HIS CODE:	HIS-M&E199

OBJECTIVE OF THE INDICATOR	To reduce childhood morbidity and mortality
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	<u>Health Facilities with functional:</u> This is the proportion of health facilities with an operational area, equipment and supplies for oral rehydration therapy for Management of diarrhoea.					
NUMERATOR	Number of health facilities with an operational area, equipment and supplies for oral rehydration therapy for management of diarrhoea					
DENOMINATOR	Total number of existing health facilities in the catchment area surveyed.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub county, county, and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To promote child survival, growth and development. (Diarrhoea is the third most common cause of mortality and mortality in children. ORT corners should be established in out-patients departments to facilitate the management of diarrhoea in children)					
FREQUENCY	<u>COLLECTION:</u> Rapid facility surveys/assessments <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> Rapid facility surveys/assessments <u>DENOMINATOR:</u> Total facilities surveyed					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Rapid facility surveys/assessments <u>CALCULATION:</u> (Number of health facilities with an operational area, equipment and supplies for oral rehydration therapy for management of diarrhoea) / (Total number of existing health facilities surveyed) X 100. <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of Health facilities implementing essential newborn care				
HIS CODE:	HIS-M&E200				

OBJECTIVE OF THE INDICATOR	To promote new-borns growth and development in order to reduce neonatal and infant mortality				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓					

DEFINITION OF IMPORTANT TERMS	Essential newborn care: This is the care that every new-born baby is given immediately after birth and continuous for at least the first seven days including Kangaroo Mother Care					
NUMERATOR	The number of health facilities implementing essential new-born services					
DENOMINATOR	Total number of health facilities surveyed					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Facility, Sub county, county, and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To promote new-borns growth and development					
FREQUENCY	<u>COLLECTION:</u> Rapid facility surveys/assessments <u>REPORTING:</u> annually <u>UTILIZATION:</u> annually					
DATA SOURCE	<u>NUMERATOR:</u> Rapid facility surveys/assessments <u>DENOMINATOR:</u> Total facilities surveyed					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Rapid facility surveys/assessments <u>CALCULATION:</u> (Number health facilities implementing essential newborn care) / (Total number of existing health facilities surveyed) X 100. <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

3.8: National Vaccines and Immunisation Programme (NVIP)

INDICATOR NAME	Proportion of under 1 year old children vaccinated against Tuberculosis
HIS CODE:	HIS-M&E201

OBJECTIVE OF THE INDICATOR	To determine the number of children under one year who have been protected against tuberculosis
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	MOH
CODES	✓	✓	✓			✓

DEFINITION OF IMPORTANT TERMS	<p>Tuberculosis (TB) is a disease caused by bacteria that are spread through the air from person to person.</p> <p>BCG - (Bacillus Calmette Guerin) is a vaccine that protects against tuberculosis (TB) disease</p> <p>Live births: The number of children born alive in one year</p> <p>vaccination: is the administration of antigenic material to stimulate an individual immune system to develop adaptive immunity to a pathogen</p> <p>Immunized: Process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine</p>			
NUMERATOR	Number of children under one year who have received a dose of BCG vaccine in a specified period			
DENOMINATOR	Total number of live births in a given calendar year			
UNIT OF MEASURE	percentage			
DISAGGREGATION	Health Facilities, Sub county, County and National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	To reduce the number of children under one year who may have missed the BCG vaccine in a given calendar year			
FREQUENCY	<p><u>COLLECTION</u>: Monthly</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILIZATION</u>: Monthly, quarterly and yearly</p>			
DATA SOURCE	<p><u>NUMERATOR</u>: Summary sheet MOH 710 DHIS-2 and KDHS</p> <p><u>DENOMINATOR</u>: POPULATION ESTIMATES FROM KNBS</p>			

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>: Routine, surveys (Household surveys, Kenya Demographic and Health Survey (KDHS))</p> <p><u>CALCULATION</u>: Number of children under one year who have received a dose of BCG vaccine in a specified period/Total number of live births in a given calendar year x 100</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of children under one year vaccinated against measles
HIS CODE:	HIS-M&E202

OBJECTIVE OF THE INDICATOR	To determine the number of children who have been protected against measles disease
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Measles: A highly contagious, disease caused by a virus which is transmitted via droplets from the nose, mouth or throat of infected persons. Initial symptoms appear 10–12 days after infection. These include high fever, runny nose, bloodshot eyes, and tiny white spots on the inside of the mouth. Surviving Infants: Number of children under one year who have lived to celebrate the first birthday					
NUMERATOR	Number of children under one year of age who received at least one dose of measles containing vaccine					
DENOMINATOR	Number of surviving infants under the age of one year					
UNIT OF MEASURE	percentage					
DISAGGREGATION	Health facility, sub county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To monitor the number of children who may have missed the measles containing vaccine in order to reduce infant morbidity and mortality					
FREQUENCY	<p><u>COLLECTION</u>: Daily, Monthly</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILIZATION</u>: Monthly, Quarterly and Annual</p>					

DATA SOURCE	<u>NUMERATOR:</u> MOH 710,Dhis <u>Denominator:</u> KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> ROUTINE, HOUSEHOLD SURVEYS KENYA DEMOGRAPHIC AND HEALTH SURVEY (KDHS) CALCULATION: total number of vaccinations given / Total number of children under one year multiplied by 100. <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of children under one year who are fully immunized	
HIS CODE:	HIS-M&E203	
OBJECTIVE OF THE INDICATOR	To determine the proportion of fully immunized children under 1 year	

REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Full immunized child: Refers to a child have received all the required doses of vaccines given in the first year of life.</p> <p>Vaccines in the immunization schedule: one dose of BCG, four doses of Oral Polio Vaccine (OPV), one dose of IPV, three doses of pentavalent, three doses of Pneumococcal (PCV 10), Two doses of rotavirus vaccine and one dose measles vaccine.</p>					
NUMERATOR	Number of Children under one who are fully immunized in a year					
DENOMINATOR	Total number of children under one year					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Health facility, sub county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To monitor the immunization coverage in order to determine the proportion of children who may not been reached by recommended childhood vaccines					
FREQUENCY	<p><u>COLLECTION</u>: Daily Monthly</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILISATION</u>: Monthly, Quarterly, Yearly</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: MOH 710, DHIS-2, KDHS</p> <p><u>DENOMINATOR</u>: KNBS, KDHS</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>: ROUTINE, Household surveys: Kenya Health Demographic Health Survey (KDHS]</p> <p><u>CALCULATION</u>: Fully Immunized Child (FIC) is the total number of vaccinated children/ the number of children under one year X 100.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	The proportion of drop out between Pental and Penta3 in a given period					
HIS CODE:	HIS-M&E204					
OBJECTIVE OF THE INDICATOR	To determine the dropout rate between Pental and Penta3 in the first year of life					

REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	Drop out: Refers to children who receive the first dose of a vaccine but fails to receive the subsequent doses in a series antigen					
NUMERATOR	Children under one year vaccinated with Pental minus children vaccinate with penta3					
DENOMINATOR	Children under one year vaccinated with Pental					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Health facility, sub county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To monitor the utilization of immunization services					
FREQUENCY	<u>COLLECTION:</u> Daily, Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly, Quarterly, Yearly					
DATA SOURCE	<u>NUMERATOR:</u> MOH 710, KDHS <u>DENOMINATOR:</u> POPULATION ESTIMATES					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> MOH 710, <u>Household surveys:</u> Kenya Health Demographic Health Survey (KDHS] <u>CALCULATION:</u> Pental minus Penta3 /by Pental x 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

3.9: Disease Surveillance and Response

INDICATOR NAME	Proportion of health facilities submitting weekly surveillance reports in time to the national level					
HIS CODE:	HIS-M&E205					

OBJECTIVE OF THE INDICATOR	To monitor the number of health facilities submitting weekly reports in time					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Surveillance report: Is a weekly report that is submitted by the facilities and it is a summary of the priority diseases reported in a particular facility</p> <p>Reports on time: Reports received at National database by midnight every Wednesday.</p>					
NUMERATOR	The total number of health facilities that submitted surveillance reports on time in the national /county database in a certain week.					
DENOMINATOR	The total number of health facilities.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	County ,National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To monitor the reporting rates with the aim of identifying the poor reporting facilities and capacity build them on the report.					
FREQUENCY	<p>COLLECTION: Weekly</p> <p>REPORTING: Weekly</p> <p>UTILIZATION: Weekly</p>					
DATA SOURCE	<p>NUMERATOR: e- IDSR database</p> <p>DENOMINATOR: KMHFL</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: ROUTINE WEEKLY REPORTING</p> <p>CALCULATION: (The total number of health facilities that submitted surveillance reports on time in the national database during a given week)/ (The total number of health facilities) X 100</p> <p>NOTE: The data management can be done at both county and national level</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Proportion of counties attaining a non-polio Acute Flaccid Paralysis (AFP) detection rate of 2/100,000					
HIS CODE:	HIS-M&E206					

OBJECTIVE OF THE INDICATOR	To measure the proportion of counties who are attaining the recommended non-polio AFP detection rate of 2/100,000 critical for documenting the absence of poliovirus circulation.					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	<p>Non-polio AFP: Cases of children below the age of 15 years who display muscle weakness often not able to move one or two limbs which is not caused by the polio virus.</p> <p>Detection rate of 2/100,000: The indicator requires counties to detect at least 2 per 100,000 of children below 15 years with Non-polio AFP.</p>					
NUMERATOR	Number of counties that have attained a non - polio AFP detection rate of 2/100,000 population annually.					
DENOMINATOR	Total number of counties					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To demonstrate the absence of wild polio virus circulation.					
FREQUENCY	<p>COLLECTION: Whenever a suspected case is detected</p> <p>REPORTING: Immediately a case is investigated</p> <p>UTILISATION: Quarterly and annually</p>					
DATA SOURCE	<p>NUMERATOR: AFP database</p> <p>DENOMINATOR: Total number of counties</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: case based reporting by surveillance teams</p> <p>CALCULATION:</p> <p>NOTE: At least 80% of the counties should attain the detection rate of 2/100,000 population annually. In non-endemic areas the minimum level is to detect 1 non polio case of AFP per 100,000 children under age 15 while in endemic this level should be 2 per 100,000.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Number of weekly epidemiological bulletins produced and disseminated					
HIS CODE:	HIS-M&E207					

OBJECTIVE OF THE INDICATOR	To provide feedback from the national level to the county and sub –county					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					

DEFINITION OF IMPORTANT TERMS	Weekly epidemiological bulletin: A report that is prepared on weekly basis summarizing data on priority diseases reported from health facilities.					
NUMERATOR	Number of weekly epidemiological bulletins prepared and disseminated.					
DENOMINATOR	Not applicable /none					
UNIT OF MEASURE	Number					
DISAGGREGATION	Sub county, county					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To provide feedback to counties and sub-counties					
FREQUENCY	<u>COLLECTION:</u> Weekly <u>REPORTING:</u> Weekly <u>UTILIZATION:</u> Weekly					
DATA SOURCE	<u>NUMERATOR:</u> DSRU website (ddsr.or.ke) and emails to stakeholders <u>DENOMINATOR:</u> None					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> NOTE: ANNUALLY ALL ENTITIES ARE TO DEVELOP AN EPIDEMIOLOGICAL BULLETIN AND NATIONAL LEVEL UPDATE THIS QUARTERLY TO IMPROVE INFORMATION SHARING					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of disease outbreaks responded to within 48 hours					
HIS CODE:	HIS-M&E208					
OBJECTIVE OF THE INDICATOR	To ensure all disease are responded in a timely manner					
REFERENCES CODES	WHO	MDG	SDG	ECSA	EAC	KHSSP
						✓
DEFINITION OF IMPORTANT TERMS	Responded to: Any of the following actions taken i.e. sample collection, laboratory confirmation, treatment, and preventive measures upon reporting of a disease outbreak.					
NUMERATOR	Instances of disease outbreaks responded to within 48 hours					
DENOMINATOR	All instances of disease outbreaks reported					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To assure prevention of deaths and containment of disease outbreaks					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Weekly <u>UTILISATION:</u> Continuously					
DATA SOURCE	<u>NUMERATOR:</u> IDSR database <u>DENOMINATOR:</u> IDSR database					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Routine surveillance methods <u>CALCULATION:</u> Instances of disease outbreaks responded to within 48 hours/All instances of disease outbreaks X100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Number of new HIV infections per thousand population								
HIS CODE:	HIS-M&E209								
OBJECTIVE OF THE INDICATOR	To establish effectiveness of HIV prevention activities in preventing new HIV infections								
REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP	MC	SR	Estimates
CODES									✓

DEFINITION OF IMPORTANT TERMS	National HIV Estimates: Provides an improved understanding of the HIV epidemic in Kenya, and offers important insights into the impact of various interventions. The estimates have been derived from many important data sources and benefits from National consultation and reviews with key stakeholders from the government, national and international organizations					
NUMERATOR	Number of new HIV Infections					
DENOMINATOR	Constant- 1,000 population					
UNIT OF MEASURE	Rate					
DISAGGREGATION	County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To establish the rate of infections in the population so as to institute measures to prevent new HIV infections, disease surveillance and programming of interventions					
FREQUENCY	<u>COLLECTION:</u> Data collected routinely through the National HIV Estimates <u>REPORTING:</u> Annually <u>UTILISATION:</u> annually for determining effectiveness of HIV prevention activities.					
DATA SOURCE	<u>NUMERATOR:</u> Number of new HIV infections <u>DENOMINATOR:</u> per 1,000 population					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> Data on Annual HIV estimates. <u>CALCULATION:</u> estimated number of new HIV infections per 1000 population.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
			✓	✓		

3.10: Neglected Tropical Diseases

INDICATOR NAME	Percentage of population at risk who received mass treatment for Soil-Transmitted Helminthiases at least once during the year
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HIS CODE:	HIS-M&E210
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OBJECTIVE OF THE INDICATOR	To determine coverage of Mass Drug Administration for Soil Transmission Helminthiasis in endemic areas
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓		✓	✓

DEFINITION OF IMPORTANT TERMS	<p>At-risk population – The total number of people living within sub counties mapped as endemic to the soil transmitted helminthiases</p> <p>The soil-transmitted helminthiases – A condition caused by intestinal worms infecting humans that are transmitted through contaminated soil</p>					
NUMERATOR	Number of people living in soil transmitted helminthiasis endemic areas who received mass treatment for the soil transmitted helminthiases at least once during the year					
DENOMINATOR	Total at-risk population living in the soil-transmitted helminthiases endemic areas.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age; sex, occupation, Sub-county, County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To reduce prevalence of the soil-transmitted helminthiases to a level where they are no longer a public health problem					
FREQUENCY	<p><u>COLLECTION</u>: Annually</p> <p><u>REPORTING</u>: Annually</p> <p><u>UTILISATION</u>: Annually</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: MOH 517 A, MOH 517B, MOH 517 C, MOH 517 D, MOH 517 E</p> <p><u>DENOMINATOR</u>: KNBS, MDA Registers</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>: MASS DRUG ADMINISTRATION DATA COLLECTION FORMS</p> <p><u>CALCULATION</u>: Number of people living in soil transmitted helminthiasis endemic areas who received mass treatment for the soil transmitted helminthiases at least once during the year. / Total at-risk population living in the soil-transmitted helminthiases endemic areas</p> <p><u>NOTE</u>: There are specific areas endemic to STH. These are the areas targeted for mass drug administration. Prevalence surveys are conducted to determine</p>					

	endemicity and guide treatment frequency. Depending of prevalence thresholds, treatment could either be once a year, twice a year or once every two years.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Percentage of population at risk who received mass treatment for Schistosomiasis at least once during the year
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HIS CODE:	HIS-M&E211
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OBJECTIVE OF THE INDICATOR	To determine coverage of Mass Drug Administration for Schistosomiasis in endemic areas
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓		✓	✓

DEFINITION OF IMPORTANT TERMS	At-risk population – The total number of people living within sub counties mapped as endemic to schistosomiasis Schistosomiasis – Infestation with, or disease caused by parasitic flukes of the genus Schistosoma					
NUMERATOR	Number of people living in schistosomiasis endemic areas who received mass treatment for schistosomiasis at least once during the year					
DENOMINATOR	Total at-risk population living in the schistosomiasis endemic sub-counties.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age; sex; Occupation; Sub-county, County					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To eliminate morbidity due to schistosomiasis in endemic sub-counties.					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILISATION:</u> Annually					
DATA SOURCE	<u>NUMERATOR:</u> MOH 517 A, MOH 517B, MOH 517 C, MOH 517 D, MOH 517 E <u>DENOMINATOR:</u> KNBS, MDA Registers					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA	<u>DATA COLLECTION METHOD:</u> MASS DRUG ADMINISTRATION DATA COLLECTION FORMS <u>CALCULATION:</u> Number of people living in schistosomiasis endemic areas who received mass treatment for schistosomiasis at least once during the year. / Total					

COLLECTION)	<p>at-risk population living in schistosomiasis endemic areas</p> <p><u>NOTE:</u> There are specific sub-counties targeted for Schistosomiasis Mass Drug Administration.</p> <p>These are the areas targeted for mass drug administration. Prevalence surveys are conducted to determine endemicity and guide treatment frequency. Depending of prevalence thresholds, treatment could either be once a year, twice a year or once every two years.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Percentage of population at risk who received mass treatment for Lymphatic Filariasis at least once during the year					
HIS CODE:	HIS-M&E212					

OBJECTIVE OF THE INDICATOR	To determine coverage of Mass Drug Administration for Lymphatic Filariasis					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓		✓	

DEFINITION OF IMPORTANT TERMS	<p>At-risk population – The total number of people living within sub counties mapped as endemic to Lymphatic Filariasis</p> <p>Lymphatic Filariasis – A parasitic disease caused by microscopic, thread-like worms. The adult worms can only live in the human lymph system</p>					
NUMERATOR	Number of people living in lymphatic filariasis endemic areas who received mass treatment for lymphatic filariasis at least once during the year					
DENOMINATOR	Total at-risk population living in Lymphatic Filariasis endemic areas					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age; sex; Occupation; Sub-county; county					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
			✓			
PURPOSE	To eliminate transmission of lymphatic filariasis in the country by the year 2020					
FREQUENCY	<p><u>COLLECTION</u>: Annually</p> <p><u>REPORTING</u>: Annually</p> <p><u>UTILISATION</u>: Annually</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Lymphatic Filariasis Mass drug administration activity reports</p> <p><u>DENOMINATOR</u>: KNBS, MDA Registers</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>: MASS DRUG ADMINISTRATION DATA COLLECTION FORMS</p> <p><u>CALCULATION</u>: Number of people living in lymphatic filariasis endemic areas who received mass treatment for the soil transmitted helminthiases at least once during the year / Total at-risk population living in Lymphatic Filariasis endemic areas x 100</p> <p><u>NOTE</u>: There are specific sub-counties targeted for Lymphatic Filariasis mass drug administration. These are the areas targeted for mass drug administration. Prevalence surveys are conducted to determine endemicity and guide treatment frequency. Depending of prevalence thresholds, treatment could either be once a year, twice a year or once every two years.</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Percentage of at-risk population who received mass treatment for Trachoma at least once during the year
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HIS CODE:	HIS-M&E213
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OBJECTIVE OF THE INDICATOR	To determine coverage of Mass Drug Administration for Trachoma
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES	✓		✓		✓	

DEFINITION OF IMPORTANT TERMS	At-risk population – The total number of people living within sub counties mapped as endemic to trachoma Trachoma – A contagious bacterial infection of the eye in which there is inflamed granulation on the inner surface of the lids.					
NUMERATOR	Number of people living in Trachoma endemic areas who received mass treatment for Trachoma at least once during the year					
DENOMINATOR	Total at-risk population living in Trachoma endemic areas					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age sex; Occupation; Sub-county; county					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To eliminate blinding trachoma from the country by the year 2020					
FREQUENCY	<u>COLLECTION</u> : Annually <u>REPORTING</u> : Annually <u>UTILISATION</u> : Annually					
DATA SOURCE	<u>NUMERATOR</u> : Mass drug administration activity reports <u>DENOMINATOR</u> : Census, mapping reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : MASS DRUG ADMINISTRATION DATA COLLECTION FORMS <u>CALCULATION</u> : Number of people living in Trachoma endemic areas who received mass treatment for Trachoma at least once during the year/Total at-risk population living in Trachoma endemic areas X 100 <u>NOTE</u> : There are specific Trachoma endemic sub-counties targeted for mass drug administration.					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Percentage of individuals who received surgery for hydrocele
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HIS CODE:	HIS-M&E214
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OBJECTIVE OF THE INDICATOR	To reduce the burden of lymphatic filariasis
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	Hydrocele – A fluid filled sac surrounding a testicle that causes swelling in the scrotum. Population at risk - The total number of people living within sub-counties known to be –endemic for Lymphatic Filariasis.					
NUMERATOR	Total Number of individuals who received surgery for Hydrocele					
DENOMINATOR	Total number of people diagnosed with hydrocele.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age (0-5 years), (5-14 years), (over 14 years); sex; Occupation; Sub-county, County, National.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To manage morbidity, alleviate suffering and improve quality of life in patients					
FREQUENCY	<u>COLLECTION</u> : Daily (as it occurs) <u>REPORTING</u> : Monthly <u>UTILISATION</u> : Monthly					
DATA SOURCE	<u>NUMERATOR</u> : Theatre Registers, Facility Reports, LF Treatment camp reports, Surveys <u>DENOMINATOR</u> : MOH 240 (Facility OP Registers), LF Treatment camp reports Registers, Survey Reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : Total number of individuals who received surgery for Hydrocele / Total number of people diagnosed with hydrocele X 100 <u>NOTE</u> : There are specific hydrocele endemic sub-counties.					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of individuals who received surgery for Trachomatous Trichiasis
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HIS CODE:	HIS-M&E215
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OBJECTIVE OF THE INDICATOR	To reduce the burden of Trachoma
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	<p>Trachoma - A contagious bacterial infection of the eye in which there is inflamed granulation on the inner surface of the lids.</p> <p>Trichiasis - A common eyelid abnormality caused by Trachoma in which the eyelashes are misdirected and grow inwards toward the eye</p> <p>Population at risk - The total number of people living within sub-counties known to be Trachomatous Trichiasis -endemic.</p>					
NUMERATOR	Total number of individuals who received surgery for Trachomatous Trichiasis					
DENOMINATOR	Total number of people diagnosed with Trachomatous Trichiasis					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, sex; Occupation; Sub-county, County, National.					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	<p>To reduce the impact of Trachomatous Trichiasis by managing morbidity through surgery to prevent disability due to Trachomatous Trichiasis</p> <p>To manage morbidity, alleviate suffering and improve quality of life in patients</p>					
FREQUENCY	<p><u>COLLECTION</u>: Daily (as it occurs)</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILISATION</u>: Monthly</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Theatre Register, Facility reports, Surveys</p> <p><u>DENOMINATOR</u>: Facility OP Registers, Outreach Registers, Survey Reports</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>:</p> <p><u>CALCULATION</u>: Total number of individuals who received surgery for Trachomatous Trichiasis/ Total number of people diagnosed with Trachomatous Trichiasis X 100</p> <p><u>NOTE</u>: There are specific Trachomatous Trichiasis endemic sub-counties.</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of individuals who received limb care for Lymphoedema
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HIS CODE:	HIS-M&E216
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OBJECTIVE OF THE INDICATOR	To determine the proportion of individuals with Lymphoedema who receive limb care
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	Lymphoedema – A condition of localized fluid retention and tissue swelling caused by a compromised lymphatic system, which normally returns interstitial fluid to the thoracic duct and then the bloodstream Population at risk - The total number of people living within sub-counties known to be Lymphoedema -endemic.					
NUMERATOR	Total number of individuals who received limb care for lymphoedema					
DENOMINATOR	Total number of people diagnosed with Lymphoedema-					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age sex; Occupation; Sub-county, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To manage morbidity, alleviate suffering and improve quality of life in patients					
FREQUENCY	<u>COLLECTION:</u> Daily (as cases present) <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly					
DATA SOURCE	<u>NUMERATOR:</u> Theatre Register, LF Outreach reports <u>DENOMINATOR:</u> Facility OP Registers, LF Outreach Registers, Survey Reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION: Total number of individuals who received limb care for lymphoedema/ Total number of people diagnosed with Lymphoedema X 100 NOTE: There are specific Lymphatic Filariasis endemic sub-counties					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL		✓	✓	✓	✓	✓
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INDICATOR NAME	Prevalence of soil transmitted helminthiasis					
HIS CODE:	HIS-M&E217					

OBJECTIVE OF THE INDICATOR	To determine the impact of Mass Drug Administration to soil transmitted helminthiasis					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓		✓	

DEFINITION OF IMPORTANT TERMS	The soil-transmitted helminthiasis – A condition caused by intestinal worms infecting humans that are transmitted through contaminated soil					
NUMERATOR	Total number of pupils testing positive for soil transmitted helminthiasis					
DENOMINATOR	Total number of pupils surveyed-					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	sex, Sub-county, County,					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To determine the impact of Mass Drug Administration for soil transmitted helminthiasis					
FREQUENCY	<u>COLLECTION:</u> 5 years <u>REPORTING:</u> 5 years <u>UTILISATION:</u> 5 years					
DATA SOURCE	<u>NUMERATOR:</u> Impact Assessment survey reports <u>DENOMINATOR:</u> Impact Assessment survey reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Total number of pupils testing positive for soil transmitted helminthiasis / Total number of pupils surveyed- X 100 <u>NOTE:</u> This is a survey conducted after every round of treatment – usually 5 years- to assess the impact of STH and inform treatment options and frequency for the next round of treatment (5 years)					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Prevalence of schistosomiasis					
HIS CODE:	HIS-M&E218					

OBJECTIVE OF THE INDICATOR	To determine the impact of Mass Drug Administration to schistosomiasis					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓	✓	✓	

DEFINITION OF IMPORTANT TERMS	Schistosomiasis – Infestation with, or disease caused by parasitic flukes of the genus Schistosoma					
NUMERATOR	Total number of pupils testing positive for schistosomiasis					
DENOMINATOR	Total number of pupils surveyed-					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	sex; Sub-county, County,					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
				✓		
PURPOSE	To determine the impact of Mass Drug Administration for schistosomiasis					
FREQUENCY	<u>COLLECTION:</u> 5 years <u>REPORTING:</u> 5 years <u>UTILISATION:</u> 5 years					
DATA SOURCE	<u>NUMERATOR:</u> Impact Assessment survey reports <u>DENOMINATOR:</u> Impact Assessment survey reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Total number of pupils testing positive for schistosomiasis / Total number of pupils surveyed- X 100 <u>NOTE:</u> This is a survey conducted after every round of treatment – usually 5 years- to assess the impact of schistosomiasis and inform treatment options and frequency for the next round of treatment (5 years)					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Prevalence of Lymphatic Filariasis					
HIS CODE:	HIS-M&E219					

OBJECTIVE OF THE INDICATOR	To determine the impact of Mass Drug Administration on Lymphatic Filariasis					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓		✓		✓	

DEFINITION OF IMPORTANT TERMS	Lymphatic Filariasis – A parasitic disease caused by microscopic, thread-like worms. The adult worms can only live in the human lymph system					
NUMERATOR	Total number of pupils testing positive for Lymphatic filariasis					
DENOMINATOR	Total number of individuals surveyed-					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	sex; Sub-county, County,					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
					✓	
PURPOSE	To determine the impact of Mass Drug Administration for lymphatic filariasis					
FREQUENCY	<u>COLLECTION:</u> 5 years <u>REPORTING:</u> 5 years <u>UTILISATION:</u> 5 years					
DATA SOURCE	<u>NUMERATOR:</u> Impact Assessment survey reports <u>DENOMINATOR:</u> Impact Assessment survey reports					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Total number of individuals testing positive for lymphatic filariasis/ Total number of individuals surveyed- X 100 <u>NOTE:</u> This is a survey conducted after every round of treatment – usually 5 years- to assess the impact of MDAs to lymphatic filariasis and inform treatment options and frequency for the next round of treatment (5 years)					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Positivity of Visceral leishmaniasis				
HIS CODE:	HIS-M&E220				

OBJECTIVE OF THE INDICATOR	To detect visceral leishmaniasis cases				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓		✓		✓	

DEFINITION OF IMPORTANT TERMS	Visceral Leishmaniasis -					
NUMERATOR	Total number of individuals testing positive for V L					
DENOMINATOR	Total number of individuals suspected for VL-					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	sex; Sub-county, County,					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	Impact
					✓	
PURPOSE	To identify and manage VL cases, reduce disability and improve the quality of life					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, <u>UTILISATION:</u> Monthly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> VL DHIS2 Patient Tracker <u>DENOMINATOR:</u> Hospital Lab register MOH 240					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> TOTAL NUMBER OF INDIVIDUALS DIAGNOSED FOR VISCERAL LEISHMANIASIS/ Total number of individuals suspected to have visceral leishmaniasis- X 100 <u>NOTE:</u> Visceral leishmaniasis is found in specific areas					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

3.11: Prevention and Promotion of Non-Communicable diseases

National Cancer Control

INDICATOR NAME	Cancer Incidence rate	
HIS CODE:	HIS-M&E221	
OBJECTIVE OF THE INDICATOR	To ensure early detection, timely diagnosis & treatment of cancer	

REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓					

DEFINITION OF IMPORTANT TERMS	Incidence number of new cancer cases over a specified period of time Cancer is a disease caused by an uncontrolled division of abnormal cells in a part of the body					
NUMERATOR	Number of new diagnosed cancer cases in a given period					
DENOMINATOR	Estimated population					
UNIT OF MEASURE	Rate expressed as per 10,000 etc.					
DISAGGREGATION	County, National , Age, Sex, Type of Cancer ,Socioeconomic status					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
PURPOSE	TO reduce the number of new cancer cases as well as illness, disability and deaths caused by cancer					
FREQUENCY	<u>COLLECTION</u> : Monthly, <u>Reporting</u> : Monthly, Quarterly Utilization: Quarterly, annually					
DATA SOURCE	<u>NUMERATOR</u> : Cancer register, Cancer registry <u>DENOMINATOR</u> : KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : Data to be recorded in a cancer registry ,census <u>CALCULATION</u> : Number of new diagnosed cancer cases in a given period/ Estimated population x10,000 <u>NOTE</u> : All units should have a cancer registry					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL		✓	✓	✓	✓	
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INDICATOR NAME	Cancer Fatality rate
HIS CODE	HIS-M&E222

OBJECTIVE OF THE INDICATOR	Improve, quality of care and treatment for cancer patients
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHPF
CODES	✓	4	3			✓

DEFINITION OF IMPORTANT TERMS	Mortality is the number of deaths occurring in a given period in a specified population. It can be expressed as an absolute number of deaths per year or as a rate per 100,000 persons per year				
	Cancer is a disease caused by an uncontrolled division of abnormal cells in a part of the body				
NUMERATOR	Number of deaths attributed to cancer				
DENOMINATOR	Total number of cancer patients admitted/estimated population				
UNIT OF MEASURE	Rate per 100,000				
DISAGGREGATION	Geographical area(Ward, Sub-County, County, National) , Age, Sex, Type of Cancer ,Socioeconomic status				
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact	
			✓		
PURPOSE	To establish the burden and survival rate of cancer cases.				
FREQUENCY	<u>COLLECTION</u> : Monthly				
	<u>REPORTING</u> : Monthly				
	<u>UTILIZATION</u> : Monthly, Quarterly, Annually				
DATA SOURCE	NUMERATOR: Cancer registers, Cancer Registry, KDHS DENOMINATOR: Inpatient register, KNBS				
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	DATA COLLECTION : Number of deaths attributed to cancer/Total number of cancer patients admitted/estimated population				

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage of health facilities providing oral morphine solution
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HIS CODE:	HIS-M&E223
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OBJECTIVE OF THE INDICATOR	To improve access of oral morphine drug
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KEPH
CODES						✓

DEFINITION OF IMPORTANT TERMS	<p>ORAL MORPHINE DRUG: oral administration of medication. the administration of a tablet, a capsule, an elixir, or a solution or other liquid form of medication by mouth</p> <p>Morphine is used to treat moderate to severe pain. Solution is a homogeneous mixture composed of two or more substances.</p>			
NUMERATOR	Facilities with oral morphine solution in stock in a specified area			
DENOMINATOR	Total number of facilities offering cancer treatment in the specified area			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	FBOs, Private , GoK, Sub-county, County, National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
	✓			
PURPOSE	<p>COLLECTION: Daily, weekly on the register</p> <p>REPORTING: Data is reported monthly.</p> <p>Morphine injection is used to relieve moderate to severe pain.</p>			
FREQUENCY	UTILIZATION: Monthly at county and National level			
DATA SOURCE	<p>NUMERATOR: bin cards, stock control cards</p> <p>DENOMINATOR: KMHFL</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA)	<p>DATA COLLECTION METHOD: Data is recorded daily in dairy register</p> <p>CALCULATION: Indicator computed by X number of facilities with oral morphine stock, divided by the number of facilities giving cancer health care services.</p> <p>NOTE:</p>			

COLLECTION)						
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion Of Cancer Patients On Palliative Care Services
HIS CODE:	HIS-M&E224

OBJECTIVE OF THE INDICATOR	To reduce the cost of cancer management as well as relieving the burden of pain among the affected
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KEPH	KHSSP
CODES			✓			✓	✓

DEFINITION OF IMPORTANT TERMS	Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness.					
NUMERATOR	Number of patients on palliative care services in a specified period					
DENOMINATOR	Total number of cancer cases diagnosed					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Ward, Sub-County, County, National, Age, Sex,					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To improve quality of life of the patient and their family's					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly <u>UTILIZATION:</u> Monthly ,Quarterly ,Annually					
DATA SOURCE	Numerator :Palliative care registers, National Cancer Registry, Health facility Denominator: Cancer Register, Cancer registry					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> DAILY ON REGISTERS <u>CALCULATION:</u> Number of patients on palliative care services in a specified period/ Total number of cancer cases diagnosed*100					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL		✓	✓	✓	✓	
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INDICATOR NAME	Prevalence of cancer cases
HIS CODE:	HIS-M&E225

OBJECTIVE OF THE INDICATOR	To establish the burden of cancer cases in the population
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	Prevalence –Both new and cancer cases					
NUMERATOR	Number of reported cancer cases (Both new and known)in a specified area					
DENOMINATOR	Population in a specified area per 100,000					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Cancer type, Age ,Sex, County, National level, Socio-economic					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To halt and reverse the burden and rising trend of cancer					
FREQUENCY	<u>COLLECTION:</u> Daily , monthly, 5yrs (KDHS) <u>REPORTING:</u> Monthly, 5yrs (KDHS) <u>UTILIZATION:</u> Monthly, Quarterly Bi-annual, Annual,5YRS (KDHS)					
DATA SOURCE	<u>NUMERATOR:</u> <u>OUTPATIENT REGISTER,</u> Inpatient register, Cancer registries, KDHS <u>DENOMINATOR:</u> KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of reported cancer cases (Both new and known) in a specified area/Population in a specified area per 100,000					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Mortality rate attributed to cardiovascular disease, cancer, diabetes and chronic respiratory disease
HIS CODE:	HIS-M&E226
OBJECTIVE OF THE INDICATOR	To reduce premature mortality from non-communicable conditions through prevention and treatment

DEFINITION OF IMPORTANT TERMS	<p>Mortality is the number of deaths occurring in a given period in a specified population. It can be expressed as an absolute number of deaths per year or as a rate per 100,000 persons per year.</p> <p>Cardiovascular disease: A group of diseases of the heart and blood vessels</p> <p>Diabetes: A chronic disease, which occurs when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces</p> <p>Chronic respiratory disease:</p>					
NUMERATOR	Number of deaths attributed to cardiovascular, diabetes, cancer and chronic respiratory disease in a specified region					
DENOMINATOR	Estimated population in the specified region					
UNIT OF MEASURE	Rate per 100,000					
DISAGGREGATION	Sub-County, County, National, Age, Sex, Type of condition, Socio-economic status					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To reverse and halt the rising trend of non-communicable conditions.					
FREQUENCY	<p><u>COLLECTION:</u> Monthly</p> <p><u>REPORTING:</u> Monthly, quarterly, bi-annually, annually</p> <p><u>UTILIZATION:</u> QUARTERLY, ANNUALLY</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Cancer register, cancer registry, inpatient register, DHIS</p> <p><u>DENOMINATOR:</u> KNBS</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>Calculation: Number of deaths attributed to cardiovascular, diabetes, cancer and chronic respiratory disease in a specified region/ Estimated population in the specified region*100,000</p> <p>NOTE: The four main conditions can be analysed separately and a composite index can be generated for the non-communicable conditions</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Percentage of population who are heavy episodic alcohol drinkers among adults	
HIS CODE:	HIS-M&E227	

OBJECTIVE OF THE INDICATOR	To determine the proportion of Kenyans who engage in HED
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<p><u>An alcoholic beverage</u> is a liquid that contains ethanol (ethyl alcohol, commonly called “alcohol”) which has a threshold for content of ethanol by volume in a beverage is set at = 0.5% or 1.0%. It includes manufactured alcohol such as beers, wines spirits and homebrewed alcohol such as busaa, muratina and changaa.</p> <p><u>Heavy episodic drinking</u> is defined as consumption of 6 or more standard alcoholic drinks for men and 4 or more standard alcoholic drinks for women on at least one single occasion</p> <p><u>standard drink</u> is generally 10g of ethanol or the equivalent of 1 regular beer (300 or 500ml), a single measure of spirits (30 ml), a medium-sized glass of wine (120 ml), or a measure of aperitif (60 ml)</p> <p><u>Adults</u> are individuals above 18 years</p>			
NUMERATOR	Number of adults who engage HED			
DENOMINATOR	Defined Population			
UNIT OF MEASURE	Proportion			
DISAGGREGATION	Age, sex, educational level, wealth quintile, residence, county			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	To measure of the risk for development of alcohol related diseases and conditions and hence provides evidence and data to support preventive interventions in the country			
FREQUENCY	<p><u>COLLECTION</u>: After every 5 years</p> <p><u>REPORTING</u>: After every 5 years</p> <p><u>UTILISATION</u>: After every 5 years</p>			
DATA SOURCE	<p><u>NUMERATOR</u>: Surveys such as KDHS and STEP's Survey for NCD risk factors</p> <p><u>DENOMINATOR</u>: KNBS</p>			

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD:</u></p> <p><u>CALCULATION:</u> NUMERATOR DIVIDED BY THE DENOMINATOR MULTIPLY BY 100 THEN AND PER FROM WEIGHTING TO MAKE IT REPRESENTATIVE OF THE POPULATION Number of adults who engage HED/Defined population x 100</p> <p><u>NOTE:</u></p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of population who smoke cigarettes or a pipe or use other tobacco products
HIS CODE:	HIS-M&E228

OBJECTIVE OF THE INDICATOR	To monitor trends of tobacco use among adults over time
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<p><u>Tobacco</u> is a nicotine products that can be either smoked products (e.g. manufactured cigarettes, hand rolled cigarettes, shisha and electronic cigarettes and any other) or smokeless products e.g. snuff by mouth, snuff by nose chewed tobacco, kuber and any other tobacco product that is sniffed, held in the mouth, or chewed</p> <p><u>Current use</u> refers to any use within the past 30 days both daily and non-daily</p> <p><u>Adult</u> is an individual age 15 years and above (Global tobacco surveillance system)</p>					
NUMERATOR	Number of adults respondents currently using any tobacco products					
DENOMINATOR	Defined population					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age, sex, educational level, wealth quintile, residence, county, type of product					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To provide a baseline for evaluating the effectiveness of tobacco control programmes over time and monitor implementation of the Framework Convention on Tobacco Control (FCTC) and Tobacco control Act.					

FREQUENCY	<u>COLLECTION:</u> After every 5 years <u>REPORTING:</u> After every 5 years <u>UTILISATION:</u> After every 5 years					
DATA SOURCE	<u>NUMERATOR:</u> Surveys such as KDHS and Global Adult Tobacco Survey, STEPs <u>DENOMINATOR:</u> KNBS, Surveys such as KDHS and Global Adult Tobacco Survey					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> NUMERATOR DIVIDED BY THE DENOMINATOR MULTIPLY BY 100 THEN AND PERFORM WEIGHTING TO MAKE IT REPRESENTATIVE OF THE POPULATION Number of adults respondents currently using any tobacco products/Defined population <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Prevalence of raised blood pressure in adults					
HIS CODE:	HIS-M&E229					
OBJECTIVE OF THE INDICATOR	To monitor the burden of hypertension					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	2386					✓

DEFINITION OF IMPORTANT TERMS	<u>Raised blood pressure (hypertension)</u> is defined as systolic blood pressure ≥ 140 mm Hg and /or diastolic blood pressure ≥ 90 mm Hg. Ideally three blood pressure measurements should be taken and the average systolic and diastolic readings of the second and third measures should be used in this calculation .					
NUMERATOR	Number of respondents with raised blood pressure					
DENOMINATOR	Total number of respondents in a defined population					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age, sex, educational level, wealth quintile, residence, county, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	For planning for services and prevention of hypertension					
FREQUENCY	<u>COLLECTION</u> : After every 5 years <u>REPORTING</u> : After every 5 years <u>UTILISATION</u> : After every 5 years					
DATA SOURCE	<u>NUMERATOR</u> : Surveys such as KDHS and STEPs Survey for NCD risk factors <u>DENOMINATOR</u> : KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : Number of respondents with raised blood pressure/Total Number of defined population <u>NOTE</u> : This is a survey indicator					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Prevalence of raised blood glucose/diabetes in adults					
HIS CODE:	HIS-M&E230					
OBJECTIVE OF THE INDICATOR	To monitor the trends of raised blood glucose/diabetes in adults					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<p><u>Raised blood glucose</u> is fasting plasma glucose value more than or equal to 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose.</p> <p><u>Adults</u> are individuals aged 18 years and above.</p>					
NUMERATOR	Number of respondents with raised blood glucose					
DENOMINATOR	Total number of respondents in a defined population					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, sex, educational level, wealth quintile, residence, county, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Evaluation of prevention programmes and planning of the diabetic population					
FREQUENCY	<p><u>COLLECTION</u>: After every 5 years</p> <p><u>REPORTING</u>: After every 5 years</p> <p><u>UTILISATION</u>: After every 5 years</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Surveys such as KDHS and STEP's Survey for NCD risk factors</p> <p><u>DENOMINATOR</u>: Surveys such as KDHS and STEP's Survey for NCD risk factors</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>:</p> <p><u>CALCULATION</u>: Number of respondents with raised blood glucose/ Total number of respondents in a defined population</p> <p><u>NOTE</u>:</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Incidence of diabetes					
HIS CODE:	HIS-M&E231					

OBJECTIVE OF THE INDICATOR	To establish the infection of diabetes cases					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<u>Diabetes</u> : a disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine.					
NUMERATOR	Number newly diagnosed with diabetes					
DENOMINATOR	Total Estimated population					
UNIT OF MEASURE	Rate/100,000					
DISAGGREGATION	Age, sex, type of diabetes, county, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	This indicator is used for planning purposes to ensure services are available to cater to the diabetic patient and it is also used to evaluate prevention programmes. To establish the infections for prevention and manage the diabetes patients					
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly, Quarterly, Annually <u>UTILISATION</u> : Monthly, Quarterly & Annually					
DATA SOURCE	<u>NUMERATOR</u> : Diabetes register, OPD Register, DHIS <u>DENOMINATOR</u> : KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : NUMERATOR DIVIDED BY THE DENOMINATOR MULTIPLY BY 100,000 NUMBER OF NEWLY DIAGNOSED DIABETES CASES/TOTAL ESTIMATED POPULATION X 100,000 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Prevalence of raised total cholesterol in adults					
HIS CODE:	HIS-M&E232					

OBJECTIVE OF THE INDICATOR	To monitor the trends of raised blood cholesterol in the population					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓	✓			

DEFINITION OF IMPORTANT TERMS	<u>Raised cholesterol total</u> is cholesterol levels that are more than or equal to 5.0 mmol/L (190 mg/dl).					
NUMERATOR	Number of respondents aged 18+ years with total cholesterol value more than or 5.0 mmol/L (190mg/dl)					
DENOMINATOR	Total number of respondents in a defined population					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, sex, educational level, wealth quintile, residence, county, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	This indicator is used for planning purposes to ensure services are availed to cater to the patients with raised cholesterol and it is also used to evaluate prevention programmes. To establish the raised cholestral levels so as to provide treatment and prevention					
FREQUENCY	<u>COLLECTION</u> : After every 5 years, Daily <u>REPORTING</u> : After every 5 years, Monthly, Quarterly, <u>UTILISATION</u> : After every 5 years, Monthly, Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR</u> : Surveys such as KDHS, STEP's Survey for NCD risk factors and other DHIS <u>DENOMINATOR</u> : KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : <u>CALCULATION</u> : NUMERATOR DIVIDED BY THE DENOMINATOR MULTIPLY BY 100 THEN AND PERFORM WEIGHTING TO MAKE IT REPRESENTATIVE OF THE POPULATION Number of respondents aged 18+ years with total cholesterol value more than or 5.0 mmol/L (190mg/dl)/ Total number of respondents in a defined population X100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Prevalence of insufficient physical Activity					
HIS CODE:	HIS-M&E233					

OBJECTIVE OF THE INDICATOR	To monitor the trends in insufficient physical activity					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<p><u>Insufficient physical activity</u> are levels of activity that are less than the following</p> <ul style="list-style-type: none"> - 150 minutes of moderate-intensity physical activity per week or - 75 minutes of vigorous-intensity physical activity per week <p><u>Vigorous-intensity activities</u> are activities that require hard physical effort and cause large increases in breathing or heart rate e.g. like <i>carrying or lifting heavy loads, digging or construction work</i> for at least 10 minutes continuously</p> <p><u>Moderate-intensity activities</u> are activities that require moderate physical effort and cause small increases in breathing or heart rate e.g. brisk walking <i>or carrying light loads</i> for at least 10 minutes continuously</p>					
NUMERATOR	Number of adults respondents not meeting the afore mentioned criteria					
DENOMINATOR	Total Number of survey respondents in a defined population					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age, sex, educational level, wealth quintile, Sub- County, County, National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To track the level of insufficient physical activity for planning and interventions,					
FREQUENCY	<p><u>COLLECTION</u>: After every 5 years</p> <p><u>REPORTING</u>: After every 5 years</p> <p><u>UTILISATION</u>: After every 5 years</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Surveys such as KDHS and STEPs Survey for NCD risk factors</p> <p><u>DENOMINATOR</u>: KNBS</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION: Number of adults respondents not meeting the afore mentioned criteria/ Total Number of survey respondents in a defined population X 100</p> <p>NOTE:</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

INDICATOR NAME	Prevalence of overweight and obesity among adults					
HIS CODE:	HIS-M&E234					
OBJECTIVE OF THE INDICATOR	To monitor trends in overweight and obesity among adults					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	<p><u>Overweight</u> is Body mass index (BMI) that is more than or equal to 25 kg/m²</p> <p><u>Obesity</u> is BMI that is more than or equal to 30 kg/m² 18+ years</p> <p><u>Body mass index</u> (BMI) is calculated by dividing weight in kilograms by height in meters squared</p>					
NUMERATOR	Number of survey respondents who are overweight and obese					
DENOMINATOR	Total number of survey respondents in an defined population					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Age, sex, educational level, wealth quintile, Sub-County, County, National, overweight/obesity					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To monitor trends, plan for interventions and promote well being					
FREQUENCY	<p><u>COLLECTION</u>: Daily, After every 5 years</p> <p><u>REPORTING</u>: Monthly, After every 5 years</p> <p><u>UTILISATION</u>: Monthly, Quarterly, Bi-Annually, Annually and After every 5 years</p>					
DATA SOURCE	<p>NUMERATOR: OPD registers, DHIS, KDHS and STEPS</p> <p>DENOMINATOR: OPD registers, DHIS, KDHS</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>CALCULATION: Number of survey respondents who are overweight and obese/ Total number of survey respondents in an defined population*100</p> <p>NOTE: All data from the different sources should be incorporated including monitoring done at the community, and during celebration of World Health days</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

3.12: Environmental Health, food safety and quality

INDICATOR NAME	Percentage of Mandatory fortified food products complying with food fortification regulations
HIS CODE:	HIS-M&E235

OBJECTIVE OF THE INDICATOR	To reduce the level of micronutrient deficiency risk factors in the population
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	Cap
CODES	✓		✓	✓	✓	254

DEFINITION OF IMPORTANT TERMS	<p>Food Fortification: is the practice of deliberately increasing the content of essential micronutrients in a food so as to improve the nutritional quality of the food supply and to provide a public health benefit with minimal risk to health (WHO Guidelines).</p> <p>Micronutrients: Refers to essential nutrients required in small amounts for normal growth development. They include Vitamins(A,B,C,D,E, K) and Minerals(Iron, Iodine and Zinc)</p> <p>Mandatory Fortified Food Products: This includes Sifted packaged Maize Meal Flour, Packaged Wheat flour, Refined Fats and Oils and Table Salt</p> <p>Regulation: is a law or order prescribed by authority to regulate conduct</p>				
NUMERATOR	Number of Mandatory fortified food products in the market complying with food fortification regulations				
DENOMINATOR	Total number of sampled brands				
UNIT OF MEASURE	Percentage				
DISAGGREGATION	Type of food product				
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact	
		✓			
PURPOSE	To measure compliance rate for mandatory food fortification laws (legal notice no.157 of 2015); help raise awareness among consumers				
FREQUENCY	<p>COLLECTION: Monthly,</p> <p>REPORTING: Monthly Quarterly , Annually</p> <p>UTILIZATION: Routinely</p>				
DATA SOURCE	<p>NUMERATOR: MOH 708, sampling reports,</p> <p>DENOMINATOR: MOH 708,</p>				
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>DATA COLLECTION: PURPOSIVE DATA COLLECTION BY COUNTY PHOS DEPENDING ON BRANDS AVAILABLE IN MARKET</p> <p>CALCULATION: NUMBER OF MANDATORY FORTIFIED FOOD PRODUCTS IN THE MARKET COMPLYING WITH FOOD FORTIFICATION REGULATIONS/ Total number of sampled brands x 100</p>				

	NOTE: both data sets obtained after sampling exercise using a sampling protocol and sampling form found in the Food Drugs and Chemical Substances Act, Cap 254 LOK					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Aflatoxins Contamination rate in Food Products
HIS CODE:	HIS-M&E236

OBJECTIVE OF THE INDICATOR	To determine the proportion of staple foods exceeding the minimum acceptable levels of contamination by aflatoxins
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	FAO
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<p>Aflatoxin: These are poisonous chemicals produced by certain fungi (<i>Aspergillus flavus</i> and <i>Aspergillus parasiticus</i>) which grow on food and feeds. They can occur in produce before or after harvesting.</p> <p>Types of Aflatoxins: Affecting grains and cereals (B1, B2, G1 and G2); Affecting milk (MI and M2)</p> <p>Products at high risk of aflatoxins: Maize, Wheat, Groundnuts, Cassava, Sorghum, Rice, Pulses; Milk.</p>					
NUMERATOR	Number of staple foods samples exceeding the minimum acceptable levels of contamination with aflatoxins					
DENOMINATOR	Total number of staple foods sampled					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Type of food; Type of aflatoxins present in the food; Sub-Counties and Counties					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To generate data that will inform Programmatic Interventions, Policy and Law.					
FREQUENCY	<p>COLLECTION: Monthly</p> <p>REPORTING: Monthly, Quarterly, Annually</p> <p>UTILIZATION: Routinely</p>					
DATA SOURCE	<p>NUMERATOR: MOH,708, Food safety and nutrition lab analysis report</p> <p>DENOMINATOR: MOH,708, Food safety and nutrition Lab analysis report</p>					
DATA MANAGEMENT AND INDICATOR	DATA COLLECTION: SYSTEMATIC SAMPLING FROM MILLERS, SCHOOLS, HOSPITALS, RETAIL AND WHOLESALE SHOPS, MARKETS					

COMPUTATION GUIDELINES	CALCULATION: NUMBER OF SAMPLES WITH UNACCEPTABLE LEVELS OF AFLATOXINS/ TOTAL NUMBER OF FOOD PRODUCTS SAMPLED X 100 NOTE: UNACCEPTABLE AFLATOXIN LEVELS IS ANYTHING ABOVE 10 PARTS PER BILLION (TOTAL AFLATOXIN LEVEL)					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Households using modern fuels for cooking/heating/lighting (indoor air)					
HIS CODE:	HIS-M&E237					

OBJECTIVE OF THE INDICATOR	Determine proportion of households exposed to indoor pollution					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	Percentage of households/population using modern fuels and technologies for cooking as defined by the recommendations set forth in the WHO guidelines for indoor air quality: household fuel combustion. Main modern fuels include LPG and electricity. Cooking means the preparation of food through heat application. May generate smoke as a by-product. The result of that process is a meal with or without smoke generation.					
NUMERATOR	Number of households using modern fuels					
DENOMINATOR	Total number of households					
UNIT OF MEASURE	percentage					
DISAGGREGATION	Social-economic status, Sub-county, county and national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure effectiveness of current interventions or plan for new ones. Help raise awareness on the extent of the problem					
FREQUENCY	COLLECTION: 5 Yearly REPORTING: 5 Yearly UTILIZATION: Continually					
DATA SOURCE	NUMERATOR: Household surveys DENOMINATOR: population census/projections based on most recent census					

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>CALCULATION: NUMBER OF HOUSEHOLDS USING MODERN FUELS / TOTAL NUMBER OF HOUSEHOLDS) *100 .</p> <p>NOTE: DATA ON THE USE OF FUELS FOR DIFFERENT END USES (E.G. COOKING) ARE ROUTINELY COLLECTED AT NATIONAL AND SUB NATIONAL LEVELS IN MOST COUNTRIES USING CENSUSES AND SURVEYS. CURRENTLY, MODERN FUELS EXCLUDE SOLID FUELS AND KEROSENE. FOR THE PURPOSE OF ESTIMATING THE HEALTH IMPACTS, IT IS RECOMMENDED TO MONITOR THE USE OF KEROSENE ALSO AS A SEPARATE CATEGORY.</p> <p>The indicator is modelled with household survey data compiled by WHO.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		✓

INDICATOR NAME	Percentage of Points of Entry (POEs) with stocks of Yellow Fever vaccines for international travellers				
HIS CODE:	HIS-M&E238				

OBJECTIVE OF THE INDICATOR	To determine the capacity of POEs to minimize cross-border transmission of yellow fever				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC
CODE	✓				

DEFINITION OF IMPORTANT TERMS	POEs means designated airports, ports and one-stop border posts. Stocking of Yellow Fever vaccines means its availability in viable state.					
NUMERATOR	Number of Points of Entry (POEs) with viable stocks of Yellow Fever vaccination for international travellers					
DENOMINATOR	Total number of designated POEs					
UNIT OF MEASURE	rate					
DISAGGREGATION	Airports, ports and one-stop border posts					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome	Impact	
		✓				
PURPOSE	To measure availability of Yellow Fever vaccines for international travellers in POEs. Help to assess yellow fever vaccine needs					
FREQUENCY	<u>COLLECTION:</u> Quarterly <u>REPORTING:</u> Quarterly <u>UTILIZATION:</u> Quarterly					
DATA SOURCE	<u>NUMERATOR:</u> POE records and spot-checks <u>DENOMINATOR:</u> PORT HEALTH SERVICES UNIT records on designated POEs					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Number of designated POEs with viable stocks of Yellow Fever vaccination for international travellers by the time of survey or inspection/ Total number of designated POEs x 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Prevalence rate of jigger infestations among school-age children					
HIS CODE:	HIS-M&E239					
OBJECTIVE OF THE INDICATOR	To determine the prevalence of jigger infestations (tungiasis) among school –age children by sex, sub-county, county and nationally					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					

DEFINITION OF IMPORTANT TERMS	School aged children – All children attending primary school. Jigger infestation; At least one jigger flea embedded in the feet ,hands or other body part at the time of examination					
NUMERATOR	Number of jigger- infested school-age children					
DENOMINATOR	Total number of school –age children in the population					
UNIT OF MEASURE	Rate per 100, 000					
DISAGGREGATION	Sex, ward, Sub-county, county, national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To measure effectiveness of current jigger prevention ,control and elimination interventions or plan for new ones; help raise awareness on the extent of the problem					
FREQUENCY	<u>COLLECTION</u> : Monthly from schools and facilities <u>REPORTING</u> : Monthly aggregation at county level <u>UTILIZATION</u> : Quarterly performance review meetings					
DATA SOURCE	<u>NUMERATOR</u> : MOH 708 aggregated with data from schools <u>DENOMINATOR</u> : Estimates from KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : DATA FROM A REPORTING TOOL FOR SCHOOLS AGGREGATED WITH THAT OF MOH 708 <u>CALCULATION</u> : TOTAL NUMBER OF JIGGER-INFESTED SCHOOL-AGE CHILDREN/TOTAL NUMBER OF SCHOOL –AGE CHILDREN X 100,000 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Percentage Of Workers Exposed To Unsafe, Unhealthy Or Hazardous Working Conditions					
HIS CODE:	HIS-M&E240					

OBJECTIVE OF THE INDICATOR	Prevent occupational health diseases and injuries by workers					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					

DEFINITION OF IMPORTANT TERMS	Hazardous working conditions: workplaces with potential substances capable of causing ill health to workers who are exposed					
NUMERATOR	.Number of workers exposed to unsafe, unhealthy or hazardous working conditions					
DENOMINATOR	Total number of workers in that workplace					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Type of hazards, occupation					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To explore occupational risks attributed to work place to inform interventions					
FREQUENCY	<u>COLLECTION:</u> Annually <u>REPORTING:</u> Annually <u>UTILIZATION:</u> Routinely					
DATA SOURCE	<u>NUMERATOR:</u> Specially designed surveys or extrapolation from previous studies/DOSH 1 <u>DENOMINATOR:</u> National employment statistics or organizational records/Human resource data base					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES(DATA COLLECTION)	<u>CALCULATION:</u> NUMBER OF WORKERS EXPOSED TO UNSAFE, UNHEALTHY OR HAZARDOUS WORKING CONDITIONS / TOTAL NUMBER OF WORKERS IN THE DEFINED WORKPLACE *100 SURVEYS OR PREVIOUS STUDIES					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Incidences Of Occupational Injuries					
HIS CODE:	HIS-M&E241					

OBJECTIVE OF THE INDICATOR	Reduce the incidences of occupational injuries at work place					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<p>Occupational injury: A physical injury, requiring medical intervention, occurring at, or as a direct result of, work.</p> <p>Total number of workers: The number of people carrying out, or involved in, a trade or business.</p>					
NUMERATOR	Number of cases of occupational injuries reported in health facilities					
DENOMINATOR	Total number of injuries presenting in a facilities					
UNIT OF MEASURE	Rate					
DISAGGREGATION	Type of workplace, nature of injury or accidents					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	<p>This indicator can be used: to monitor trends in occupational injury ;to make inferences about changes in the extent of physically hazardous working environments (e.g. as a basis for policy development);to identify physically hazardous occupations or working environments, where specific action may be needed; to assess the effectiveness of occupational health and safety legislation or other interventions (e.g. awareness raising campaigns); to help raise awareness about the need for safe working practices and a healthy workplace; to analyse associations between occupational working conditions and ill health</p>					
FREQUENCY	<p>COLLECTION: Routinely</p> <p>REPORTING: Monthly, Quarterly, Annually</p> <p>UTILIZATION: Routinely</p>					
DATA SOURCE	<p>NUMERATOR: Monthly reports from directorate of occupational Safety and Health and outpatient register</p> <p>DENOMINATOR: MOH 705</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>CALCULATION: THE TOTAL NUMBER OF REPORTED CASES OF OCCUPATIONAL INJURY REPORTED IN OUTPATIENT REGISTER/THE TOTAL NUMBER OF REPORTED INJURIES</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Mortality From Occupational Health Hazards
HIS CODE:	HIS-M&E242

OBJECTIVE OF THE INDICATOR	Reduce mortality of workers due to exposure to occupational health risks.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	OHS2007
CODES						✓

DEFINITION OF IMPORTANT TERMS	Mortality: the number of deaths resulting from occupational diseases and conditions.			
NUMERATOR	Number of deaths due to occupational health hazards			
DENOMINATOR	Total number of workers exposed to occupational hazards			
UNIT OF MEASURE	Rate			
DISAGGREGATION	Workplaces , , conditions and diseases			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	<p>This indicator can be used: to monitor trends in occupational mortality rates;</p> <ul style="list-style-type: none"> to make inferences about changes in the level of safety of working environments (e.g. as a basis for policy development);to identify high-risk occupations or working environments, where specific action may be needed ;to monitor compliance with occupational health and safety legislation and the success of other interventions (e.g. awareness raising campaigns); to help raise awareness about the need for safety in the workplace; to analyze associations between occupational working conditions and mortality 			
FREQUENCY	<p><u>COLLECTION</u>: Routinely</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILIZATION</u>: Routinely</p>			
DATA SOURCE	<p><u>NUMERATOR</u>: vital registration statistics.</p> <p><u>DENOMINATOR</u>: Organizational records</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION	<p><u>CALCULATION</u>: THE TOTAL NUMBER OF DEATHS DUE TO OCCUPATIONAL HEALTH HAZARDS REPORTED BY DOSH (DOSHS 1) AND MINISTRY OF HEALTH (MOH 708)/ THE TOTAL NUMBER OF WORKERS* 1000</p>			

GUIDELINES (DATA COLLECTION)	Sentinel studies with specific reference to mortality causes.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

Cross cutting health Issues

Introduction

This section has a set of indicators that defines performance monitoring across all spectrum in eight core areas described. The eight areas are arranged in broad areas designed to appropriately measure the progress of health interventions as cross cutting measurements with Twenty Seven (27) Priority indicators thus:- Alternative and traditional medicine (2), Community health (1); Project management and monitoring (4); Quality and safety (4); Gender Mainstreaming and health rights (4); Education Sector (1); Disaster, Risk management and mitigation (1); and Training (1) and Nutrition and dietetics (9); Most of these indicators are newly defined to address core areas of cross cutting issues in service delivery in improving and measuring progress of health interventions.

Data collection method and frequency of reporting for each indicator are varied with most of the indicators to be collected through routine systems during service delivery while others will be collected through periodic surveys or health facility assessments or both. Reporting for the indicators will also vary from monthly, quarterly, annual and periodic. The following is the full list of indicators and definition by thematic areas:-

List of Crosscutting indicators

Alternative Medicine: Traditional Medicine

- Proportion of registered Traditional Health Practitioners (THPs)
- Proportion of Standardized herbal formulations

Community health

- Proportion of population covered by an established functional Community Health Unit (CHU)

Project management and monitoring

- Proportion of Projects completed
- Project completion rate
- Project timeliness
- Proportion of projects completed within the budget

Quality and safety of care

- Proportion of health personnel trained on quality improvement in service provision in the last two years
- Proportion of existing health planning entities with quality improvement teams (QITs)
- Peri-operative Mortality Rate
- Service-specific availability and readiness

Gender mainstreaming & health rights

- Proportion of health workers capacity built on gender mainstreaming
- Proportion of gender responsive planning units

- Proportion of health facilities providing GBV services as per the national guidelines
- Proportion of county planning units with community gender awareness initiatives

Education sector

- Net primary school enrolment rate (%) / School enrolment rate (MOE)

Disaster, Risk management and mitigation

- Percentage of Functional emergency and disaster interagency coordination committees

Training

- Proportion of health workers who have undergone a short course training in the past 2 years

Nutrition and dietetics

- Percentage of pregnant women attending ANC who received Iron/folate supplements
- Proportion of infants (New-borns) initiated on breast milk within 1 hour after delivery
- Percentage of infants less than 6 months old on Exclusive Breast feeding
- Percentage of children under five years of age who are underweight
- Percentage of children less than five (< 5) years who are stunted
- Percentage of children under the age of five years, who are wasted
- Percentage of Children aged 6-59 months who received vitamin A supplementation (doses)
- Percentage of children under 5 years with malnutrition (moderate and severe) receiving treatment
- Proportion of children 6 to 23 months receiving Multiple Micronutrient Powders (MNPs)
- **Summary of indicators in logical results chain**

Section	Inputs	Outputs	Outcomes	Impact	Total
Alternative and traditional Medicines	0	2	0	0	2
Community Health	0	1	0	0	1
Project Management and Monitoring	0	4	0	0	4
Quality and safety	0	4	0	0	4
Gender Mainstreaming and health rights	0	4	0	0	4
Education sector	0	1	0	0	1
Disaster Risk Management and Mitigation	0	1	0	0	1
Training	0	1	0	0	1
Nutrition and dietetics	0	4	5	0	9
Total	0	22	5	0	27

4.1: Alternative and Traditional Medicine

INDICATOR NAME	Proportion of registered Traditional Health Practitioners (THPs)					
HIS CODE:	HIS-M&E243					

OBJECTIVE OF THE INDICATOR	To determine the proportion of registered Traditional Health Practitioners (THPs)					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			

DEFINITION OF IMPORTANT TERMS	Traditional health practitioners (THPs): Person(s) who practice traditional medicine					
NUMERATOR	Number of registered THPs					
DENOMINATOR	Number of estimated THPs, informed by surveys					
UNIT OF MEASURE	Percent					
DISAGGREGATION	By National, county, Sub county, community					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	Impact
			✓			
PURPOSE	To help integrate the THP into the mainstream of health service delivery.					
FREQUENCY	<u>COLLECTION:</u> Survey <u>REPORTING:</u> Quarterly <u>UTILISATION:</u> To guide policy on the regulation of THPs					
DATA SOURCE	<u>NUMERATOR:</u> Registered THPs at the Department of culture, Ministry of Gender, Sports, Culture and Social Services (MGSCSS), National Traditional Health Practitioners Association (NATHEPA) <u>DENOMINATOR:</u> Survey/ periodic report					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> SURVEY <u>CALCULATION:</u> (Number of registered THPs / Number of estimated THPs) X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓		✓	✓		✓

INDICATOR NAME	Proportion of Standardized herbal formulations					
HIS CODE:	HIS-M&E244					

OBJECTIVE OF THE INDICATOR	To ensure quality control of herbal products					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	<u>Standardized herbal formulations</u> : Herbal products registered with the Pharmacy and Poisons Board (PPB)					
NUMERATOR	Number of standardized herbal products					
DENOMINATOR	Total number of herbal products in the market					
UNIT OF MEASURE	Percent					
DISAGGREGATION	National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To promote use of standardized herbal products					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Annually <u>UTILISATION</u> : Guide use of standardized herbal products.					
DATA SOURCE	<u>NUMERATOR</u> : PPB herbal products' register <u>DENOMINATOR</u> : Survey					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD</u> : PPB RECORDS AND SURVEYS <u>CALCULATION</u> : (Number of standardized herbal products / Total number of herbal products in the market) X 100 <u>NOTE</u> :					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

4.2: Community health

INDICATOR NAME	Proportion of population covered by an established functional Community Health Unit (CHU)	
HIS CODE:	HIS-M&E245	

OBJECTIVE OF THE INDICATOR	To determine the proportion of population covered by CHU
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						#9, HIS150

DEFINITION OF IMPORTANT TERMS	<p>Key Term 1: Community Health Unit (CHU). As described in the Kenya's Community Health Strategy: is comprised of the Community Health Volunteer (CHV) and Community Health Committee (CHC). This is equivalent to a sub-location with a population of 1,000 persons served by Community Health Volunteers (CHVs) and governed by Community health committee to steer issues of health in the community</p> <p>Key Term 2: Functional community unit: A functional community unit holds:</p> <ol style="list-style-type: none"> 1. Consecutive meeting/dialogue days held. Dialogue day- days held by communities to discuss matters pertaining to their health and health related activities as collected through the community based data collection tools(MOH 513, MOH 514, MOH 515, MOH 516 and MOH 100) 2. Action days conducted. Action days are days set aside by the communities to undertake actions to respond to the health needs of the community as identified during the dialogue days. 			
NUMERATOR	No. of functional Community Health Units (CHU)			
DENOMINATOR	Total no. of expected CHU based on the population			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	National, County, Sub county,			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	Tracking this indicator is important as any decisions to offer services at the community level will depend on the existence of the units.			
FREQUENCY	<p>COLLECTION: Monthly</p> <p>REPORTING: Monthly</p> <p>UTILIZATION: Routinely</p>			
DATA SOURCE	<p>NUMERATOR: Updated Master Community Health Units list</p> <p>DENOMINATOR: Estimated Population projections</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION	<p>DATA COLLECTION METHOD: Electronically (DHIS2)</p> <p>CALCULATION: [Number of submitted functional CHU/ [Total Number of</p>			

GUIDELINES (DATA COLLECTION)	expected no. of community units based on population] X 100 <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓		

4.3: Project management and monitoring

INDICATOR NAME	Proportion of Projects completed					
HIS CODE:	HIS-M&E246					

OBJECTIVE OF THE INDICATOR	To determine proportion of projects completed within the reporting period					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	Project: A project is an activity with a defined scope, and resources to be accomplished within a fixed period to achieve a specific objective.					
NUMERATOR	No. of projects completed within the reporting period					
DENOMINATOR	Total number of projects (new and ongoing) within the reporting period					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Type ((1)Infrastructure; 2) Service delivery interventions), ward, constituency, county, national, settlement type (rural, urban) , funding source (county Government, national Government, partners, CDF, community etc.)					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To inform important decisions on efficiency and effectiveness of project implementation.					
FREQUENCY	<u>COLLECTION:</u> Routinely <u>REPORTING:</u> Quarterly/Annually (depending on the type of the project) <u>UTILIZATION:</u> Routinely					
DATA SOURCE	<u>NUMERATOR:</u> Project records <u>DENOMINATOR:</u> Project records					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA)	<u>DATA COLLECTION METHOD:</u> DATA FROM PROJECT RECORDS <u>CALCULATION:</u> (No. of projects completed within the reporting period / Total number of completed projects (new and ongoing) within the reporting period)					

COLLECTION)	*100					
	<u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Project completion rate					
HIS CODE:	HIS-M&E247					

OBJECTIVE OF THE INDICATOR	To determine the progress of project					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	PC	KHSSP
CODES						✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Project: A project is an activity with a defined scope, and resources to be accomplished within a fixed period to achieve a specific objective.</p> <p>Project completion rate: this refers to the average rate of completion of projects implemented within the reporting period. It should be obtained by averaging the completion rates for all projects (ongoing and new) on a scale of project life period.</p>					
NUMERATOR	Sum of project completion rates within the reporting period					
DENOMINATOR	Total number of projects (new and ongoing) within the reporting period					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Type ((1)Infrastructure; 2) Service delivery interventions), ward, constituency, county, national, settlement type (rural, urban) , funding source (county Government, national government, partners, CDF, community etc)					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To inform important decisions on efficiency and effectiveness of project implementation.					
FREQUENCY	<p><u>COLLECTION:</u> Routinely</p> <p><u>REPORTING:</u> Quarterly/Annually (depending on the type of the project)</p> <p><u>UTILIZATION:</u> Routinely</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Project records</p> <p><u>DENOMINATOR:</u> Project records</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION	<p><u>DATA COLLECTION METHOD:</u> DATA FROM PROJECT RECORDS</p> <p><u>CALCULATION:</u> (Sum of project completion rates within the reporting period /</p>					

GUIDELINES (DATA COLLECTION)	Total number of projects (new and ongoing) within the reporting period) <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Project timeliness					
HIS CODE:	HIS-M&E248					

OBJECTIVE OF THE INDICATOR	To determine the percentage of projects on schedule					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						✓

DEFINITION OF IMPORTANT TERMS	<p>Project: A project is an activity with a defined scope, and resources to be accomplished within a fixed period to achieve a specific objective.</p> <p>Project timelessness: Projects that are on schedule as per the project work breakdown structure (Ghantt chart), Project plans, for all ongoing projects</p>					
NUMERATOR	Total no. of projects on schedule as per the project work breakdown structure (Ghantt chart)					
DENOMINATOR	Total number of projects (new and ongoing) within the reporting period					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Type ((1)Infrastructure; 2) Service delivery interventions), ward, constituency, county, national, settlement type (rural, urban) , funding source (county government, national government, partners, CDF, community etc)					
INDICATOR FRAMEWORK LEVEL	Input		Output		Outcome	
			✓			
PURPOSE	To inform important decisions on efficiency and effectiveness of the project implementation.					
FREQUENCY	<p><u>COLLECTION:</u> Routinely</p> <p><u>REPORTING:</u> Quarterly/Annually (depending on the type of the project)</p> <p><u>UTILIZATION:</u> Routinely</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Project records</p> <p><u>DENOMINATOR:</u> Project records</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA	<p><u>DATA COLLECTION METHOD:</u> DATA FROM PROJECT RECORDS</p> <p><u>CALCULATION:</u> (Total no. of projects on schedule as per the project work breakdown structure (Ghantt chart), Project plans, / Total number of projects (new and ongoing) within the reporting period) *100</p>					

COLLECTION)	<u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of projects completed within the budget
HIS CODE:	HIS-M&E249

OBJECTIVE OF THE INDICATOR	To determine the proportion of projects completed within the stipulated budget
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Project: A project is an activity with a defined scope, and resources to be accomplished within a fixed period to achieve a specific objective.</p> <p>Project stipulated budget: The estimated cost of the project at inception, e.g. from BQs, Contract documents.</p>					
NUMERATOR	Number of projects completed within the budget					
DENOMINATOR	Total number of completed projects					
UNIT OF MEASURE	Percent					
DISAGGREGATION	National, County, Sub County, Facility					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure that projects are implemented within the budgeted cost					
FREQUENCY	<p><u>COLLECTION:</u> Quarterly</p> <p><u>REPORTING:</u> Quarterly</p> <p><u>UTILIZATION:</u> To measure cost effectiveness of the project</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Project records</p> <p><u>DENOMINATOR:</u> project records</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD:</u> REVIEW OF AUDITED FINANCIAL RECORDS</p> <p><u>CALCULATION:</u> (NUMBER OF PROJECTS COMPLETED WITHIN THE BUDGET)/(TOTAL NUMBER OF COMPLETED PROJECTS)*100</p> <p><u>NOTE:</u></p>					
INDICATOR	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY

APPLICATION LEVEL	✓	✓	✓	✓	✓	
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4.4: Quality and safety

INDICATOR NAME	Proportion of health personnel trained on quality improvement in service provision in the last two years
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HIS CODE:	HIS-M&E250
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OBJECTIVE OF THE INDICATOR	To establish proportion of health personnel trained on quality improvement in service provision
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p><u>Quality improvement</u>: Improving quality is about making health care safe, effective, client-centered, timely, efficient and equitable</p> <p><u>Health personnel</u>: Refers to any individual(s) working in the health sector providing health service to client(s)</p> <p><u>Training of quality improvement</u>: Training on Kenya Quality Model for Health (KQMH), total quality management (TQM) or any other recognized and standardized quality improvement training, including update courses</p>					
NUMERATOR	Number of health personnel trained on quality improvement in service provision in the last two years					
DENOMINATOR	Total number of health personnel					
UNIT OF MEASURE	Percent					
DISAGGREGATION	National, County, Sub-County, facility, Cadre					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To enhance quality care in provision of health services					
FREQUENCY	<p><u>COLLECTION</u>: Quarterly</p> <p><u>REPORTING</u>: Quarterly /Annually</p> <p><u>UTILISATION</u>: Continuously</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Training report, health facility assessments</p> <p><u>DENOMINATOR</u>: Human Resource database (IHRIS)</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>CALCULATION</u>: (Number of health personnel trained on quality improvement in service provision in the last two years / Total number of health personnel) x 100</p> <p><u>NOTE</u>:</p> <p><u>DATA COLLECTION METHOD</u>: ROUTINE & SURVEYS</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of existing health planning entities with quality improvement teams (QITs)					
HIS CODE:	HIS-M&E251					

OBJECTIVE OF THE INDICATOR	To establish proportion of health planning entities with QITs					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p><u>Quality improvement</u>: Improving quality is about making health care safe, effective, client-centered, timely, efficient and equitable</p> <p><u>Health planning entities</u>: Decision making unit/department</p> <p><u>Quality improvement teams</u>: It is a team that leads the quality improvement process</p>					
NUMERATOR	Number of existing health planning entities with quality improvement teams (QITs)					
DENOMINATOR	Total number of existing health planning entities					
UNIT OF MEASURE	Percent					
DISAGGREGATION	National, County, Sub-County, facility					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To strengthen quality and safety of care in service delivery					
FREQUENCY	<p><u>COLLECTION</u>: Quarterly</p> <p><u>REPORTING</u>: Annually</p> <p><u>UTILISATION</u>: Continuously</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Existing health planning entities</p> <p><u>DENOMINATOR</u>: Health planning unit, DHIS,</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>CALCULATION</u>: (Number of existing health planning entities with quality improvement teams (QITs) / Total number of existing health planning entities) x 100</p> <p><u>NOTE</u>:</p> <p><u>DATA COLLECTION METHOD</u>: ROUTINE & SURVEY</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Peri-operative Mortality Rate					
HIS CODE:	HIS-M&E252					

OBJECTIVE OF THE INDICATOR	To determine the perioperative mortality rate					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES	✓					

DEFINITION OF IMPORTANT TERMS	<p>Perioperative: Refers to the three phases of surgery, before, during and after operation</p> <p>Perioperative deaths: Death prior to discharge among patients having one or more procedures in an operating theatre during the relevant admission.</p>					
NUMERATOR	Number of deaths among patients having one or more procedures in an operating theatre during the relevant admission.					
DENOMINATOR	Total number of surgical procedures.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National, County, Sub county, Facility					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To enhance the quality of care during perioperative period.					
FREQUENCY	<p><u>COLLECTION</u>: Routinely</p> <p><u>REPORTING</u>: Monthly</p> <p><u>UTILIZATION</u>: Routinely</p>					
DATA SOURCE	<p><u>NUMERATOR</u>: Theatre registers and inpatient registers</p> <p><u>DENOMINATOR</u>: Theatre registers</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p><u>DATA COLLECTION METHOD</u>:</p> <p><u>CALCULATION</u>: (Number of deaths among patients having one or more procedures in an operating theatre during the relevant admission)/(Total number of surgical procedures)*100</p> <p><u>NOTE</u>: Requires a register of operations (major surgery only) in hospitals and of survival status at discharge after operation. The indicator also generates information on the surgical volume (procedures performed in an operating theatre per 100 000 population per year). This is a rough indicator of access</p>					

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Service-specific availability and readiness
HIS CODE:	HIS-M&E253

OBJECTIVE OF THE INDICATOR	To measure coverage of essential services
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	<p>Number of health facilities offering specific services per 10 000 population (e.g. FP, delivery, BEmOC, CEmOC, etc.) and meet minimum service standards based on KEPH)</p> <p>KEPH specific services; Basic emergency obstetric and neonatal care (BEmONC) Comprehensive emergency obstetric and neonatal care (CEmONC), post-abortion care Essential newborn care Immunization Child health preventative and curative care Adolescent health services Life-saving commodities for women and children Malaria diagnosis or treatment Tuberculosis services HIV counselling and testing HIV/AIDS care and support services Antiretroviral prescription and client management Prevention of mother-to-child transmission of HIV Sexually transmitted infections diagnosis or treatment NCDs diagnosis or management: diabetes, cardiovascular disease, chronic respiratory disease, cervical cancer screening Basic and comprehensive surgical care, including caesarean section, laparotomy and open fracture Blood transfusion Laboratory capacity.</p>					
NUMERATOR	Number of facilities that offer and meet standards for KEPH specific services:					
DENOMINATOR	Total number of health facilities					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Facility type, Managing authority average number of items for each service per facility, National, County, Sub-County					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To establish the service availability and readiness in order to improve accessibility and service quality					
FREQUENCY	<p><u>COLLECTION</u>: Biannual</p> <p><u>REPORTING</u>: Biannually /Annually</p> <p><u>UTILISATION</u>: Routinely</p>					

DATA SOURCE	<u>NUMERATOR:</u> Health facility assessments /survey <u>DENOMINATOR:</u> Master Facility List					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> (Number of facilities that offer and meet standards for KEPH specific services / Total number of health facilities) x 100 <u>NOTE:</u> <u>DATA COLLECTION METHOD:</u> Health facility assessments AND SURVEYS					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

4.5: Gender Mainstreaming and health rights

INDICATOR NAME	Proportion of health workers capacity built on gender mainstreaming				
HIS CODE:	HIS-M&E254				

OBJECTIVE OF THE INDICATOR	To assess the proportion of health workers equipped with knowledge and skills on gender mainstreaming.				
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REFERENCES	WHO	MDG	SDG	ECSA	EAC
CODES					

DEFINITION OF IMPORTANT TERMS	Gender: Used to describe characteristics of men and women which are socially constructed. Gender Mainstreaming: Is a strategy for promoting gender equality. Capacity building: equipping Health workers with skills, competencies and abilities to understand the role of gender in determining health outcomes				
NUMERATOR	Total number of health workers capacity built (trained, mentored, oriented, sensitised) on gender mainstreaming during the last 2 years				
DENOMINATOR	Total number of health workers at the time of the assessment				
UNIT OF MEASURE	Percentage				
DISAGGREGATION	Sex, National, County, Sub County, Facility				
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact	
		✓			
PURPOSE	To improve health service delivery by addressing gender inequalities in health				
FREQUENCY	<u>COLLECTION:</u> Quarterly				

	<u>REPORTING:</u> Quarterly <u>UTILIZATION:</u> Routinely					
DATA SOURCE	<u>NUMERATOR:</u> Training Registers <u>DENOMINATOR:</u> Human resource records/ database (IHRIS)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Total number of health workers capacity built on gender mainstreaming / total number of health workers at the time of the assessment x 100 <u>NOTE:</u> Institutions need to maintain a training register <u>DATA COLLECTION METHOD:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of gender responsive planning units	
HIS CODE:	HIS-M&E255	

OBJECTIVE OF THE INDICATOR	To assess gender responsiveness of planning units in health
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REFERENCES	WHO	MDG	SDG	ECSA	EAC
CODES					

DEFINITION OF IMPORTANT TERMS	Gender responsiveness; A policy or a program that considers gender norms, roles and inequality with measures taken to actively reduce their harmful effect. This includes staffing, trainings and budget for gender mainstreaming. Planning unit; An entity that plans , reviews and makes important decisions within the health sector			
NUMERATOR	Total number of gender responsive planning unit			
DENOMINATOR	Total numbers of existing planning units			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	staffing, trainings, policies and guidelines, budgets			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	To enhance gender responsiveness of health planning units with. an aim to improve gender equity and equality in access to health care			
FREQUENCY	<u>COLLECTION:</u> Routine			

	<u>REPORTING:</u> Monthly					
	<u>UTILIZATION:</u> Routinely					
DATA SOURCE	<u>NUMERATOR:</u> SUPERVISION, PERFORMANCE CONTRACTS & FACILITY REPORTS, <u>DENOMINATOR:</u> Health planning unit, DHIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Total number of gender responsive planning units (with policies/ guidelines, staffing, budgets responsive to gender) / Total numbers of existing planning units x 100 <u>NOTE:</u> <u>DATA COLLECTION METHOD:</u> ROUTINE AND SURVEYS					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAM	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Proportion of health facilities providing GBV services as per the national guidelines					
HIS CODE:	HIS-M&E256					

OBJECTIVE OF THE INDICATOR	To determine the availability of GBV services at health facilities					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES						

DEFINITION OF IMPORTANT TERMS	<p>Gender based violence (GBV): Any act of Gender based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.</p> <p>Non sexual violence: Physical assault, Psychological, emotional.</p> <p>Sexual gender based violence (SGBV): refers to rape, attempted rape, defilement, attempted defilement, sexual assault and attempted sexual assault.</p> <p>Rape: Intentionally and unlawfully commits an act that causes penetration with his or her genital organs. Attempted rape is also classified as a type of sexual violence.</p> <p>Defilement: A person who commits an act which causes penetration with a child is guilty of an offence termed defilement. There is also at Attempted defilement, is also classified by the law as an offense.</p> <p>Sexual assault: Any person who unlawfully penetrates the genital person of another person with any part of the body, object (Unless for professional hygienic or medical purposes, manipulates any part of the body so as to cause penetration of the genital organ or by any part of the other person's body. Attempted sexual assault is classifies as a law as an offense.</p> <p>SGBV services: Examination of the survivor, provision of Post Exposure Prophylaxis (PEP), provision of Emergency Contraceptive (EC) and STI treatment to eligible clients. This includes the facilities filling the MoH registers on SGBV.</p>					
NUMERATOR	Number of health facilities providing GBV services					
DENOMINATOR	Total number of targeted facilities					
UNIT OF MEASURE	Percent					
DISAGGREGATION	Type of services (SGBV, non-sexual violence, rape, defilement) facility, sub-county, , , County, National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				

PURPOSE	Improve the quality services provided to GBV clients					
FREQUENCY	<u>COLLECTION</u> : Monthly <u>REPORTING</u> : Monthly <u>UTILIZATION</u> : Routinely					
DATA SOURCE	<u>NUMERATOR</u> : MOH 364, GBV REGISTER, Rapid facility surveys or support supervision reports, Master Facility List (MFL). <u>DENOMINATOR</u> : Rapid facility surveys or support supervision at levels, Master Facility List (MFL).					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION</u> : Number of health facilities providing GBV services/Total number of targeted facilities*100 <u>DATA COLLECTION METHOD</u> : ROUTINE, SURVEYS/ASSESSMENTS,					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓		

INDICATOR NAME	Proportion of county planning units with community gender awareness initiatives					
HIS CODE:	HIS-M&E257					

OBJECTIVE OF THE INDICATOR	To improve community partnerships to address gender and social norms for improved health					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KEPH
CODES			✓			✓

DEFINITION OF IMPORTANT TERMS	<p>Gender awareness initiatives: Activities that aim to improve awareness of gender roles and how it has affected women's needs and outcomes in comparison to men's needs and outcomes. These include activities aimed at sensitizing the community on their gender based roles.</p> <p>Planning Unit: in this case is county, sub-county, ward, facility and community unit.</p>					
NUMERATOR	Number of health planning units with community gender awareness initiatives					
DENOMINATOR	Total number of existing health planning units					
UNIT OF MEASURE	percentage					
DISAGGREGATION	Level of care (County, sub-county, ward, facility, community unit)					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Ensure programs are established to create awareness on gender and health in the community					
FREQUENCY	<p>COLLECTION: Quarterly</p> <p>REPORTING : Quarterly /Annually</p> <p>UTILIZATION: Quarterly, annually</p>					
DATA SOURCE	<p>NUMERATOR: MOH 514, HEALTH PROMOTION OFFICER report</p> <p>DENOMINATOR: Number of existing' health planning units</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>CALCULATION: Number of health planning units with community gender awareness initiatives / Existing health planning units X 100</p> <p>NOTE:</p> <p>DATA COLLECTION METHOD: ROUTINE, SURVEYS / ASSESSMENTS</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

4.6: Education sector

INDICATOR NAME	Net primary school enrolment rate (%) / School enrolment rate (MOE)	
HIS CODE:	HIS-M&E258	

OBJECTIVE OF THE INDICATOR	To assess access to formal education
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	99					✓

DEFINITION OF IMPORTANT TERMS	Key Term 1: Net primary school enrolment is the Number of children of official primary school age (6- 14 years) who are enrolled in primary education as a percentage of the total children of the official school age Population.				
NUMERATOR	Total Number of children of official primary school age (6- 14 years) who are enrolled in primary education				
DENOMINATOR	Estimated Population of children of official primary school age (6- 14 years)				
UNIT OF MEASURE	Percentage				
DISAGGREGATION	Sex, Rural/ Urban,				
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact	
		✓			
PURPOSE	Education in Kenya is one of the basic rights for the child as stated in the constitution of Kenya promulgated 2010. To enable the nation achieve vision 2030, her population must be well educated and promote use of appropriate technologies and encourage more innovations. Try to have an elite society to promote health				
FREQUENCY	Biannual (every Six months) <u>COLLECTION:</u> The data collections are done in the enrolment register kept by the schools and summarized on the monthly form by the head teachers or principles of the various schools and send to the County education officers. <u>REPORTING:</u> Every quarter, a feedback report should be shared with the community to show the dropout rates and ensure that communities/ families take responsibilities of educating their siblings and create a future for them. The number of enrolled divided by the estimated population for the school age category 6- 14 for primary and 14-19 for secondary multiply by 100. <u>UTILISATION:</u>				

DATA SOURCE	<u>NUMERATOR:</u> <u>DENOMINATOR:</u> Primary school enrollment register and survey data from UNESCO compiles data on net primary school enrollment ratio. Secondary school enrollment register and monthly reports submitted to Ministry of Education (MOE) MIS.					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> <u>NOTE:</u>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

4.7 Disaster, Risk management and mitigation

INDICATOR NAME	Percentage of Functional emergency and disaster interagency coordination committees					
HIS CODE:	HIS-M&E259					
OBJECTIVE OF THE INDICATOR	To develop and strengthen leadership, governance, coordination and collaboration for emergency and disaster management.					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KEPH
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	<p>Functional emergency and disaster interagency coordination committee: This is a committee in place meeting regularly on a quarterly basis with minutes and has a disaster mitigation, hazard plan and Mass Casualty Incidence plan and must be multisectoral in nature</p> <p>Emergency: An unexpected event which places life and/or property in danger and requires an immediate response through the use of routine community resources and procedures.</p> <p>Disaster: A serious disruption of the functioning of a community or a society causing wide spread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources.</p> <p>Mitigation: sustained actions taken to reduce or eliminate risk to people and property from hazards</p> <p>Hazard: Is a rare or extreme physical event, phenomena or human activity in the natural or human made environment that adversely affects human life, property</p>
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	or activity to the extent of causing a disaster. Mass Casualty Incident: An incident which emergency medical services resources, such as personnel and equipment are overwhelmed by the number and severity of casualties.					
NUMERATOR	Total number of functional interagency coordination committees					
DENOMINATOR	Total number of constituted interagency committees at the National and County					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	National, sub-county, County					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	The purpose of this indicator is to strengthen leadership and governance in emergency preparedness and disaster mitigation and enhance multi-sectoral collaboration					
FREQUENCY	COLLECTION: Interagency quarterly reports REPORTING: Quarterly. UTILIZATION: Annually					
DATA SOURCE	NUMERATOR: Number of interagency coordination reports in each Sub- County/ County DENOMINATOR: Total number of Sub- County/Countries with functional interagency committees					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	DATA COLLECTION METHOD: CALCULATION: Total number of interagency coordination reports in the Sub-County/ Countries / Total number of functional interagency committees in the County/ country x 100 NOTE: The indicator should be used as a proxy measuring SDG indicator number 11.b.1 and 11.b.2					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

4.8: Training

INDICATOR NAME	Proportion of health workers who have undergone a short course training in the past 2 years	
HIS CODE:	HIS-M&E260	

OBJECTIVE OF THE INDICATOR	To strengthen capacity of health workers through update course trainings
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KEPH	KHSSP
CODES	✓		✓			✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Short course Training: Any capacity building that has a Minimum of four weeks training in a recognised institution.</p> <p>Capacity building: strengthening the skills, competencies and abilities of health workers and communities so as to effectively prevent and manage health ailments.</p>					
NUMERATOR	Total number of health workers who have undergone a minimum of four weeks training in the past 2 years.					
DENOMINATOR	Total number of existing health workers.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Community, Health facility by Type, Ownership, Sub-county, County and national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To improve the knowledge, competencies and skills of health workers for effective service delivery, improve health systems and enhance working efficiency					
FREQUENCY	<p>COLLECTION: Quarterly</p> <p>REPORTING: Quarterly</p> <p>UTILIZATION: Annually</p>					
DATA SOURCE	<p>NUMERATOR: Training Inventory, HFA</p> <p>DENOMINATOR: Human resource data base</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD: CALCULATION: Total number of health workers who have undergone a minimum of four weeks training in the past 2 years / Total number of existing health workers X 100</p> <p>NOTE: Courses are provided in annex and The courses should also be relevant to the cadre of staff</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

4.9: Nutrition and dietetics

INDICATOR NAME	Percentage of pregnant women attending ANC who received Iron/folate supplements.					
HIS CODE:	HIS-M&E261					
OBJECTIVE OF THE INDICATOR	To prevent and treat iron deficiency anaemia in women during pregnancy and in the postpartum period in order to improve maternal and perinatal health.					
REFERENCES CODES	WHO	MDG	SDG	ECSA	EAC	KHSSP
DEFINITION OF IMPORTANT TERMS	Iron is an essential micronutrient in the diet. Its functions includes: formation of hemoglobin and certain enzymes, transporting oxygen to all parts of the body, metabolic reactions and the regulation of cell growth and differentiations, immune activity, proper functioning of the liver, and protection against the actions of free radicals.					
NUMERATOR	Number of pregnant women who received iron/ folic acid supplements at ANC during the month					
DENOMINATOR	Total number of pregnant women attending ANC.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sub-county, County, Regional and National levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	All pregnant women should be given iron/folate to prevent deficiency in pregnancy which is an underlying cause of maternal mortality, Intra Uterine Growth Retardation (IUGR), low birth-weight in new-borns, stunting and neural tube defects in children.					
FREQUENCY	DATA COLLECTION: DAILY REPORTING: Monthly UTILISATION: Monthly, Quarterly and annually					
DATA SOURCE	NUMERATOR/DENOMINATOR: The primary data source for this indicator is the ANC register- MOH 405". Data should be recorded as pregnant women who are given iron/folate supplements (numerator) and the denominator as the total number of pregnant women attending ANC. These data are collated and aggregated to form MOH 711, MOH 717 and MOH 105 for monthly reporting. Summary tool needs to be updated (MOH 711).					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	COLLECTION: During every ANC visits data should be collected by health providers and aggregates are reported at the end of the month. CALCULATION = (Number of pregnant women who received iron folic acid supplements at ANC during the month) / (Total number of pregnant women attending ANC during the month) X 100 NOTE: Some women who miss to receive iron in their visit due to stock out or other reasons are issued in their second and/or subsequent visits. This indicator assumes the ideal practice that every woman is given iron during their first visit to use for the					

	entire pregnancy period.(seek clarity from IFA/MICRONUTRIENTS)					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Proportion of infants (New-borns) initiated on breast milk within 1 hour after delivery
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HIS CODE:	HIS-M&E262
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OBJECTIVE OF THE INDICATOR	To promote child survival.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC
CODES					

DEFINITION OF IMPORTANT TERMS	Early initiation of breastfeeding is the commencement of breastfeeding within the first hour after birth or life			
NUMERATOR	Number of new born's breastfed within the first hour after birth			
DENOMINATOR	Total number of live births in the facility or Total Sample population in a population based Survey.			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Facility, Sub-county, County, region and National levels			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
			✓	
PURPOSE	Early initiation of breastfeeding helps in contraction of the uterus and expulsion of the placenta. It also reduces post-partum bleeding. Maintain the warm temperature of babies, regulate breathing and heart rate, baby's skin and gut bacterial colonization with mother's normal bacterial body, reduce babies crying which reduces stress and energy, sets the level of blood sugar, and other bio-chemicals in baby's body, speed up the release of meconium, Assist the development of babies nervous system, Obtain colostrum to boost immune system, prevent loss of 'sucking reflex' in babies that occurs 20-30 minutes after birth. If lost it only reappears in sufficient levels 40 hours later.			
FREQUENCY	<u>COLLECTION: DAILY, PERIODICALLY</u> <u>REPORTING:</u> Monthly/ periodically during surveys. <u>UTILISATION:</u> Data should be reviewed monthly at facility level and quarterly/annually at all the higher levels while surveys periodically.			
DATA SOURCE	<u>NUMERATOR:</u> Maternity Register MOH 333 <u>DENOMINATOR:</u> Maternity Register MOH 333 <u>SUMMARY TOOL IS MOH 711</u> DATA SOURCE FOR SURVEYS WILL BE SURVEY QUESTIONNAIRES AND DATA ENTRY TEMPLATES.			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>COLLECTION:</u> Individual mothers' records should be updated within the one hour after delivery. This is important to reduce on the errors associated with misclassification of timings due to recall problems. Data are summarised			

	monthly for reporting for facility data and periodically for population based surveys. <u>CALCULATION</u> = (Number of new born's breastfed within the first hour after birth) / (Total number of live births in the maternity ward if in facility based reporting and Sample population if in a population based Survey.) X 100. <u>NOTE:</u> A New Born Baby Chart on which post-delivery events are recorded may require to be adjusted to include a data object on time of initiation of breastfeeding. Since this event is correlated with birth order, the programme should consider introducing birth order in the maternity register					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Percentage of infants less than 6 months old on Exclusive Breastfeeding
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HIS CODE:	HIS-M&E263
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OBJECTIVE OF THE INDICATOR	To improve child survival and development.
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES	#130					✓

DEFINITION OF IMPORTANT TERMS	<u>Exclusive Breastfeeding:</u> This refers to the proportion of infants less than 6 months of age who are fed exclusively with breast milk. Exclusive breastfeeding, based on the WHO definition, refers to the practice of feeding only breast milk (including expressed breast milk) but excluding water, breast milk substitutes, other liquids and solid foods are excluded.					
NUMERATOR	Number of infants less than 6 months of age who received only breast milk during the previous day (24 hours ago)					
DENOMINATOR	Number of infants less than 6 months of age.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	sex, Sub county, County, region and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	<p>Exclusive breastfeeding is meant to provide the child with required vitamins and minerals, among other benefits. In 2001, the World Health Organization (WHO) changed its recommendation for exclusive breastfeeding from four to six months of age to exclusive breastfeeding until six months of age and thus the purpose of this indicator is to check for compliance.</p> <p>Exclusive breast feeding has been demonstrated to have the potential of reducing childhood mortality by 13 per cent. Further this indicator is crucial for sourcing support to increase the number of children being exclusively breast fed from less than 32% to 80%.</p>					
FREQUENCY	<u>COLLECTION: PERIODICALLY</u> <u>REPORTING:</u> Periodically/ surveys.					

	UTILISATION: Data should be reviewed periodically (every 2-5 years)					
DATA SOURCE	NUMERATOR/ DENOMINATOR: Households survey tools or specific population based surveys.					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	COLLECTION: Data is collected during population based surveys. CALCULATION = (Number of infants less than 6 months of age who received only breast milk during the previous day (24hours ago))/Number of infants less than 6 months of age) X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of children under five years of age who are underweight
HIS CODE:	HIS-M&E264

OBJECTIVE OF THE INDICATOR	Improve nutritional status and child survival
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	#27	1.8				✓

DEFINITION OF IMPORTANT TERMS	Underweight: refers to nutritional status of inadequate food intake and directly related to hunger that is a composite measure for wasting and stunting for children under-five. It includes children under 5 years who fall below minus two standard deviations from median weight for age of reference population. a) Moderate - Fall below minus two standard deviations b) Severe- Fall below minus three standard deviations from the median weight for age of the reference population.					
NUMERATOR	Number of children under 5 years of age(attending CWC during the month if in facility based reporting and Sample population if in a population based Survey).with weight for age below -2 SD					
DENOMINATOR	Total number of children under 5 years weighed at CWC during the month if in facility based reporting and Sample population if in a population based Survey.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Male/Female; Age group (0-5, 6-23- 24-59 months), sub-county, county, regional, national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Child growth is the most widely used indicator of nutritional status in a community and is internationally recognized as an important public-health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and death					
FREQUENCY	COLLECTION/REPORTING: Data are routinely collected as a component of service delivery using MOH register CWC MOH 511 and Mother and Child booklet MOH 216 daily.					

	REPORTING: Summaries are made at the end of the month UTILISATION: Reviewed quarterly, annually at facility level and higher levels.					
DATA SOURCE	NUMERATOR/DENOMINATOR: The primary data source in the routine system for this indicator is the “Mother-child Health Booklet – MOH 216”. Upon plotting the weight of the child against the age, the child should be marked as weighed (denominator) and if below the recommended line, should be recorded as underweight (numerator). These data are collated and aggregated to form revised MOH 704/MOH 711 for monthly reporting. Surveys data collection tools					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	COLLECTION: Data are routinely collected as a component of service delivery using MOH register CWC MOH 511 and Mother and Child booklet MOH 216. Summaries are made at the end of the month in preparation for reporting to the sub-county for data entry. CALCULATION = (Number of children under 5 years of age attending CWC during the month/surveys with weight for age below -2 SD) / (Total number of children under 5 years weighed at CWC during the month /Surveys) X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME	Percentage of children less than five (< 5) years who are stunted
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HIS CODE:	HIS-M&E265
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OBJECTIVE OF THE INDICATOR	Improve nutritional status and child survival
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	#72		✓			✓

DEFINITION OF IMPORTANT TERMS	Stunting: is a reduced growth rate in human development. Stunted children may never regain the height lost as a result of stunting, and most children will never gain the corresponding body weight. It also leads to premature death later in life because vital organs never fully develop during childhood. Height-for-age less than -2 standard deviations of the WHO Child Growth Standards median Severe stunting: Height-for-age less than -3 standard deviations of the WHO Child Growth Standards median.					
NUMERATOR	Number of children aged 0-59months that fall below minus two standard deviations from the median height-for-age of the WHO Child Growth Standards					
DENOMINATOR	Total number of children 0-59 months who are measured.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex and age groups, sub-county, county, region and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To assess provision of nutritional advice alongside growth monitoring and promotion, enhance initiation of breastfeeding and to prolong exclusive breastfeeding. Child growth is the most widely used indicator of nutritional status					

	in a community and is internationally recognized as an important public-health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and reduced growth or developmental milestones.					
FREQUENCY	UTILISATION: Data should be reviewed periodically (every 2-5 years)					
DATA SOURCE	NUMERATOR/DENOMINATOR: Population based household surveys.					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>COLLECTION: Data is collected during population based surveys.</p> <p>REPORTING: Once data is analysed it is presented in a survey report.</p> <p>CALCULATION = (Number of children aged 0-5 years that fall below minus two standard deviations from the median height-for-age) / (Total number of children under five years old measured) X 100</p> <p>NOTE: Only age and height measurement done as part of the growth monitoring should be recorded under this indicator requirement.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Percentage of children under the age of five years, who are wasted.
HIS CODE:	HIS-M&E266

OBJECTIVE OF THE INDICATOR	Improve nutritional status, child survival and avert childhood deaths
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	Pg 56		✓			✓

DEFINITION OF IMPORTANT TERMS	Wasting: Wasting (weight-for-height) or thinness indicates a recent and severe process of weight loss, which is often associated with acute starvation and/or severe disease. The “Weight-for-height” Z-score should be below-2 standard deviation (Sd) on the WHO growth reference charts.					
NUMERATOR	Number of children (0-59 months)who are wasted					
DENOMINATOR	Number of children (0 – 59 months) whose measurements for wastage were taken.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Sex (male/female); age groups, sub-county, county, region and national levels					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	Wasting rate is a measure for detecting the level of acute malnutrition and risk of mortality of under-fives. It detects if levels of acute malnutrition are increasing or decreasing. Provided there is no severe food shortage, the prevalence of wasting is expected to be below 5%. A prevalence exceeding 5% is alarming while prevalence between 10-14% is regarded as serious, and above or					

	equal 15% as critical. To inform on the nutrition status of children under-five years, detect the levels of acute malnutrition both for a group of children or the population and guide appropriate intervention when necessary.					
FREQUENCY	<u>COLLECTION</u> : Data is collected during population based surveys. <u>REPORTING</u> : Once data is analysed it is presented in a survey report. <u>UTILISATION</u> : Data should be reviewed periodically (every 2-5 years)					
DATA SOURCE	NUMERATOR:/DENOMINATOR: IMAM tool, survey tool					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<u>CALCULATION</u> = [Number of children (0-59 months) who are wasted] / [Number of children (0-59 months) whose measurements for wastage were taken] X 100 <u>NOTE</u> : Only Weight and height measurement done as part of the growth monitoring should be recorded under this indicator requirement.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	

INDICATOR NAME	Percentage of Children aged 6-59 months who received vitamin A supplementation (doses)					
HIS CODE:	HIS-M&E267					

OBJECTIVE OF THE INDICATOR	To improve/ boost the immune status of the children and increase child survival					
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES	Pg 81		✓			✓

DEFINITION OF IMPORTANT TERMS	<u>Children aged 6 to 59 months receiving</u> at least two age appropriate doses of Vitamin A supplementation in the past 12 months <u>Vitamin A supplementation</u> : Promote growth and repair of body tissues; reduce susceptibility to infections; aid in bone and teeth formation and maintain smooth skin.					
NUMERATOR	Number of children who received two age appropriate doses of Vitamin A in the past 12 months					
DENOMINATOR	Total number of children who aged 6-59 months in the catchment area for facility based reporting and children sampled if in a population based survey.					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	By age group: 6 - 11 months, 12 – 59 months, sub-county, county, region and national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	Supplementation with vitamin A is considered to be a critically important intervention for child survival owing to the strong evidence that exists for its impact on reducing child mortality. Therefore, measuring the proportion of children who have received vitamin A within the last 6 months is crucial for monitoring coverage of interventions towards child survival.					

FREQUENCY	<p><u>COLLECTION:</u> Individual child' records should be updated upon supplementation in MOH 216, MOH 702. This is important to reduce on the errors associated with misclassification of timings due to recall problems. Data are summarised monthly in MOH 710 for reporting for facility data and periodically for population based surveys.</p> <p><u>REPORTING:</u> Data are reported monthly from the service delivery units to the sub-county for entry for facility reporting. Once entered in MOH 710, the data are available at all levels.</p> <p><u>UTILISATION:</u> Data should be reviewed annually at all the r levels and every 3-5 years for population based surveys.</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> The primary data source for this indicator is the MOH 702& 710 for facility reporting and survey questionnaires for population based surveys”</p> <p><u>DENOMINATOR:</u> Population estimate. (KNBS)</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>CALCULATION</u> = (Number of children 6-59 months supplemented with two age appropriate doses of Vitamin A in the past 12 months) / (Total number of children who aged 6-59 months in the catchment area for facility based reporting and children sampled if in a population based survey.) X 100</p> <p><u>NOTE:</u> This indicator will be tracked on a monthly basis by cumulating the numbers achieved against the set annual target. Coverage is computed on semester basis i.e. 6 months interval (January to June and July to December as first and second semester respectively). To compute annual coverage the lowest coverage of the two semesters is considered.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	

INDICATOR NAME:	Percentage of children under 5 years with malnutrition (moderate and severe) receiving treatment	
HIS CODE:	HIS-M&E268	

OBJECTIVE OF THE INDICATOR	Reduce Childhood Morbidity and Mortality due to acute malnutrition
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
Codes						✓

DEFINITION OF IMPORTANT TERMS:	<p>SAM (Severe acute malnutrition) is defined by low weight for height below -3z score of the median (WHO growth standards),</p> <p>Moderate acute malnutrition is defined by weight for height > -3z score and <-2 Z score (WHO growth standards),</p> <p>MUAC>11.5 cm and <12.5cm Children with moderate malnutrition have an increased risk of dying and need special nutritional support.</p> <p>MUAC (Mid Upper Arm Circumference) <11.5cm and or presence of bilateral pitting oedema.</p> <p>Outpatient Therapeutic Programme provides nutrition care and treatment of severely malnourished children with no medical complication</p> <p>In-patient Therapeutic programme (ITP) provides nutrition care and treatment of severely malnourished children with medical complication.</p>			
NUMERATOR	Total Number of new children under 5 years (admitted into Outpatient Therapeutic Program (OTP) and In-patient care) with severe acute malnutrition receiving treatment at the end of the reporting month			
DENOMINATOR	Total number of children screened for malnutrition in the health facility			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Sex, Age (0-6months, 6-59 months.), /sub-county/ county and Nationally			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	<p>The indicator determines the number of severely and moderately malnourished children identified and receiving treatment through Outpatient Therapeutic Programme (OTP)/In-patient management of severe acute malnutrition.</p> <p>Assess continuous improvement of practice in the management of severely Malnourished children and the gaps in health workers knowledge in case management to reduce high case-fatality rates that occur in health institutions; Determines the number of moderately malnourished children identified and receiving treatment through Supplementary Feeding Programme (SFP).</p> <p>It also assesses the impact on mortality rates over time emanating from moderate malnutrition.</p>			
FREQUENCY	<p>COLLECTION: Data is collected for clients admitted to the Outpatient Therapeutic Program (OTP) and inpatients therapeutic program with Severe Acute Malnutrition (SAM) at the health facility and outreaches and SFP.</p> <p>REPORTING: Data are reported monthly from the service delivery units to the sub-county for entry onto DHIS. Once entered, the data are available at all levels.</p>			

	UTILISATION: Data should be reviewed monthly at facility level and quarterly/annually at all the higher levels. Data collected at health facility, It is summarized on a monthly basis at the sub-county level and later to the provincial and national level					
DATA SOURCE	The primary sources of data for this indicator are the OTP and in patient data collection tools which include the client cards, OTP/SC register and facility summary tools and Data is collected for clients admitted to the Supplementary feeding Program (SFP) with moderate Acute Malnutrition (MAM) at the health facility and outreaches.					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>CALCULATION: Total Number of new children (admitted into OTP and In-patient care) with severe acute malnutrition receiving treatment at the end of the reporting month/ Total number of children screened for malnutrition in the health facility</p> <p>Data collected at health facility and outreach sites, It is summarized on a monthly basis at the sub-county level and later to the county and national level</p> <p>Note : data is collected for this indicator once the client has been screen and admitted into the OTP and the inpatient therapeutic program</p> <p>CALCULATION = (Number of new children (admitted into SFP) with moderate acute malnutrition at the end of the reporting month / Total number of children screened for malnutrition in the health facility X 100</p> <p>Note: data is collected for this indicator once the client has been screened and admitted into the SFP program</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of children 6 to 23 months receiving Multiple Micronutrient Powders (MNPs)	
HIS CODE:	HIS-M&E269	

OBJECTIVE OF THE INDICATOR	To improve micronutrient status of the children and increase child survival
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	MNPs are used for home fortification of complementary foods as a strategy for addressing micronutrient deficiency. It improves diet quality.			
NUMERATOR	Number of children 6 -23 months who received MNPs			
DENOMINATOR	Number of children 6-23 months in the catchment area if facility based reporting and children6-23months sampled if in a population based survey.			
UNIT OF MEASURE	Proportion			
DISAGGREGATION	Sex, sub-county, county, region and national levels			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	Use of micronutrient Supplementation is considered one of the key strategies for addressing micronutrient deficiency which in turn improves child survival. MNPs improve the diet quality of complementary foods for children. Monitoring of the MNP program is therefore crucial in order to assess program coverage.			
FREQUENCY	<p>COLLECTION: daily in the MOH 704 tally sheet in reporting for facility based and survey questionnaire.</p> <p>REPORTING: Data once collected is summarised in MOH 711 for facility reporting.</p> <p>UTILISATION: Data should be reviewed monthly at facility level and quarterly/annually at all the higher levels. Data collected at health facility is summarized on a monthly basis and sent to the sub-county level for entry into DHIS thus available at the county and national level</p>			
DATA SOURCE	<p>NUMERATOR: MOH 704 and MOH 711, population based surveys.</p> <p>DENOMINATOR: Number of children 6-23 months in the catchment area if facility based reporting and children6-23months sampled if in a population based survey</p>			

DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p><u>DATA COLLECTION METHOD:</u> data is collected for this indicator once the client has been admitted into the MNP program</p> <p><u>CALCULATION:</u> Number of children 6 -23 months who received MNPs/ Number of children 6-23 months in the catchment area if facility based reporting and children6-23months sampled if in a population based survey X 100 <u>NOTE:</u></p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

Civil Registration and Vital Statistics

Introduction

This section has a set of indicators that shall measure core areas addressing civil registration and vital health statistics with broad areas designed to appropriately measure the progress of health sector interventions during the Outcome and impact assessments with **Twenty two (22)** Priority indicators thus:- Births statistics (6), and Deaths health statistics (16); Most of these indicators are outcome and impact and measuring long term achievements for the health interventions.

Data collection method and frequency of reporting for each indicator are varied with most of the indicators to be collected through routine vital registrations systems for births while most of the mortality indicators will be collected both through periodic surveys census surveys or health facility assessments or both. Reporting for the indicators will also vary from monthly, quarterly, annual and periodic with most of the national indicator surveys scheduled or programmed. The following is the full list of indicators and definition by thematic areas:-

Births statistics:

- Crude Birth Rate
- Total fertility rate
- Age specific Fertility Rate
- Proportion of Births notified in the health facilities
- Birth Registration Coverage
- Proportion of Births notified in the MCH

Deaths health statistics:

- Death Registration Coverage
- Maternal Mortality Ratio (MMR)
- Death rate due to road traffic injuries/ Mortality rate from road traffic injuries (per 100 000 population)
- Distribution of causes of death among children aged <5 years
- Infant mortality rate
- Crude death Rate
- Age specific Mortality Rate
- Neonatal mortality rate
- Proportion of medical certificate correctly certified
- Proportion of deaths with valid Cause of Death
- Deaths due to tuberculosis (per 100 000 population)
- Deaths due to malaria (per 100 000 population)
- Deaths due to HIV/AIDS (per 100 000 population)
- Under-five mortality rate (probability of dying by age 5 per 1000 live births)
- Suicide mortality rate
- Life expectancy at birth

Summary of indicators in logical results chain

Section	Inputs	Outputs	Outcomes	Impact	Total
Births statistics	0	5	0	1	6
Deaths Health statistics	0	3	6	7	16
Total	0	8	6	8	22

5.1: Births Statistics

INDICATOR NAME	Crude Birth Rate							
HIS CODE:	HIS-M&E270							
OBJECTIVE OF THE INDICATOR	To improve community partnerships to address gender and social norms for improved health							
REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP	GFTAM	PEPFAR
CODES	✓	✓	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	The crude birth rate is the annual number of live births per 1,000 population.							
NUMERATOR	Number of births							
DENOMINATOR	Total Population over a given period of time							
UNIT OF MEASURE	1000 live birth							
DISAGGREGATION	Sex, County, sub-county, ward, National							
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact				
				✓				
PURPOSE	Demographic information is important in assessing the progress made in achieving agreed development goals,							
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Annual							
DATA SOURCE	<u>NUMERATOR:</u> Civil registration and vital statistics systems, Population-based health surveys, population census <u>DENOMINATOR:</u> Census							
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA)	Crude Birth Rate (CBR): Number of births divided by/ Defined population expressed per 1,000 population over a given period of time (i.e. 1 year).							

COLLECTION)						
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Total fertility rate
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HIS CODE:	HIS-M&E271
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OBJECTIVE OF THE INDICATOR	To establish the number of children a woman would have if they have to leave at the end of their reproductive period
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP	CRS	KNBS
CODES	✓	✓	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Average number of children that a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman.			
NUMERATOR	Total sum of age-specific fertility rates (usually referring to women aged 15-49 years)			
DENOMINATOR	Total number of women aged between 15 – 49 years in a specified area			
UNIT OF MEASURE	Ratio			
DISAGGREGATION	Place of residence, socioeconomic status, County, sub-county , ward , National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	To improve Reproductive, maternal, newborn, child and adolescent health			
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Annual			
DATA SOURCE	<u>NUMERATOR:</u> Civil registration and vital statistics systems, Population-based health surveys, population census <u>DENOMINATOR:</u> KNBS			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>Calculation:</u> Total fertility rate is directly calculated as the sum of age-specific fertility rates (usually referring to women aged 15-49 years), or five times the sum if data are given in five-year age groups. An age-specific or age-group-specific fertility rate is calculated as the ratio of annual births to women at a given age or age group to the population of women at the same age or age group, in the same year, for a given country, territory or geographical area.			

	Note: Population data from the United Nations correspond to mid-year estimated values obtained by linear interpolation from the corresponding United Nations fertility medium-variant quinquennial population projections.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Age specific Fertility Rate	
HIS CODE:	HIS-M&E272	

OBJECTIVE OF THE INDICATOR	To determine age specific fertility rates among the different age groups
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	CRS	KNBS
CODES	✓	✓	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<i>Age Specific Fertility Rate (ASFR)</i> - Age-specific fertility rates are the total births in the calendar year to all women of the designated age group number of births to mothers of each age (or age group) by the number of women that age (or age group) in the population.			
NUMERATOR	Birth from a give age/age group			
DENOMINATOR	Total Population of same age or age group			
UNIT OF MEASURE	1000 Population			
DISAGGREGATION	Age, County, sub-county, ward, National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	To plan for effective health interventions			
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Annual			
DATA SOURCE	<u>NUMERATOR:</u> Civil registration and vital statistics systems, Population-based health surveys, population census <u>DENOMINATOR:</u> Census			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	Example Calculated: Births(from women age15-19 year)/ Total population of women age15-19 year) * 1000			

INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Births notified in the health facilities
HIS CODE:	HIS-M&E273

OBJECTIVE OF THE INDICATOR	To determine the proportion of births occurring in the health facilities which are notified
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	CRS	KNBS
CODES						✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Birth : It include both live birth and still birth Birth Notification : It is the capturing of the details of a child in the BI register and issuing of Acknowledgement of Birth Notification to the parents of the child.					
NUMERATOR	Total number of Births Notified in the Maternity					
DENOMINATOR	Total Births occurring in the Maternity					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Male, Female; Sub-county ,County, National level,					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure that all births which occur in the Health facility is notified					
FREQUENCY	<u>COLLECTION</u> : Daily <u>REPORTING</u> : Monthly, quarterly, Annually <u>UTILISATION</u> : Annual					
DATA SOURCE	<u>NUMERATOR</u> : Maternity Register(MOH 333) <u>DENOMINATOR</u> : Maternity Register (MOH 333)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION</u> : The total number of births notified by the health facilities divided by (/) the number of total births in the health facilities X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Birth Registration Coverage							
HIS CODE:	HIS-M&E274							
OBJECTIVE OF THE INDICATOR	To increase the birth registration to acceptable levels of over 90% coverage per unit or entity							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	CRS	KNBS
CODES	✓		✓			✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Birth Registration coverage: Percentage of births that are registered within one month of age in a civil registration system					
NUMERATOR	Number of births registered					
DENOMINATOR	Total number of births (Expected)					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Place of residence, sex, socioeconomic status, marital status, ward, Sub-county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To ensure that all births are notified and registered where they occurs within a specified period (normally within six (6) months of birth)					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Annual					
DATA SOURCE	<u>NUMERATOR:</u> Civil registration and vital statistics systems, Population-based health surveys, census <u>DENOMINATOR:</u> Census (ASFR)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> The total number of births notified and registered by all agents divided by (/) the total expected number of births in the defined area X 100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
		✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of Births notified in the Maternal Child health clinics (MCH)							
HIS CODE:	HIS-M&E275							

OBJECTIVE OF THE INDICATOR	To determine the proportion of births occurring at home and are notified in the hospital during MCH clinic							
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	CRS	KNBS
CODES						✓	✓	

DEFINITION OF IMPORTANT TERMS	Birth : It include both live birth and still birth Birth Notification: It is the capturing of the details of a child in the BI register and issuing of Acknowledgement of Birth Notification to the parents of the child. (Children above 6 months should not be notified). Children who have been registered by the assistant chief should not be notified again					
NUMERATOR	Total number of home Births (below 6 months) Notified in the MCH					
DENOMINATOR	Total Number of home births (below 6 months) immunized during MCH (had not been notified at Home)					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Male, Female; Sub-county ,County, National level,					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To capture home births(below 6 months) that have not been registered by the assistant chiefs as mothers present babies for immunization					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Annual					
DATA SOURCE	<u>NUMERATOR:</u> Permanent Register(Immunization register) <u>DENOMINATOR:</u> Permanent Register(Immunization register)					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Total number of home Births (below 6 months) Notified in the MCH divided by Total Number of home births (below 6 months) immunized during MCH (had not been notified at Home) X100					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

5.2: Deaths health statistics

INDICATOR NAME	Death registration coverage	
HIS CODE:	HIS-M&E276	

OBJECTIVE OF THE INDICATOR	To increase the death registration to acceptable levels of over 90% coverage per unit or entity
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓		✓			✓

DEFINITION OF IMPORTANT TERMS	Death Registration coverage: Percentage of deaths that are registered within six months by notification and issuance of certificate by the registrar					
NUMERATOR	Deaths registered within one month of occurrence					
DENOMINATOR	All deaths registered					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Sub county, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output		Outcome		Impact
		✓				
PURPOSE	To register all deaths for planning and ensure all deaths are registered within one month of death in the civil registration system and within six months					
FREQUENCY	<u>COLLECTION:</u> Monthly <u>REPORTING:</u> Monthly <u>UTILISATION:</u> Monthly					
DATA SOURCE	<u>NUMERATOR:</u> Civil registration database <u>DENOMINATOR:</u> Civil registration database					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> SUB COUNTY INVENTORY OF REPORTS <u>CALCULATION:</u> Deaths registered within one month of occurrence /Total deaths registered X100 <u>NOTE:</u> Deaths are supposed to be registered within one month of age by the hospital (Those died in hospital) and Assistant Chief (for those died out hospital)					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Maternal Mortality Ratio (MMR)
HIS CODE:	HIS-M&E277

OBJECTIVE OF THE INDICATOR	To determine the burden and trends of maternal deaths in the population
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	26	3.1	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Maternal Mortality: According to WHO “Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes</p> <p>Live Birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (ICD-10)</p> <p>The maternal mortality ratio (MMR) is the annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births, for a specified year.</p> <p>Late maternal death: Death from any obstetric cause (direct or indirect) occurring more than 42 days but less than one year after delivery.</p>					
NUMERATOR	Number of maternal deaths					
DENOMINATOR	Number of “live births”					
UNIT OF MEASURE	Ratio					
DISAGGREGATION	Level (Facility, Sub-county, county, and national levels)					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
				✓		
PURPOSE	The indicator monitors deaths related to pregnancy and childbirth.					
FREQUENCY	<p>COLLECTION: Monthly, 5 yearly</p> <p>REPORTING: Monthly, 5 yearly</p> <p>UTILIZATION: Monthly, 5 yearly</p>					

DATA SOURCE	<p>Numerator: MOH 711, MOH 515, Survey questionnaire</p> <p>Denominator: Vital registration with complete coverage and medical certification of cause of death, Household surveys, population census, Sample or sentinel registration systems</p> <p>NOTE: Data from facility sources should be reported and analysed as absolute numbers.</p> <p>The maternal mortality ratio represents the risk associated with each pregnancy - the obstetric risk. It reflects the capacity of the health systems to provide effective health care in preventing and addressing the complications occurring during pregnancy and childbirth.</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>DATA COLLECTION METHOD:</p> <p>CALCULATION = (Number of maternal deaths) / (Number of “live births”) X 100,000</p> <p>To facilitate the identification of maternal deaths in circumstances in which cause of death attribution is inadequate, ICD 10 has introduced a new category. It is called “pregnancy-related death” and defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death. This reduces the chances of over reporting on maternal deaths.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Death rate due to road traffic injuries/ Mortality rate from road traffic injuries (per 100 000 population)					
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HIS CODE:	HIS-M&E278
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OBJECTIVE OF THE INDICATOR	To monitor the trends in road traffic fatalities					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	pg.36 (WHO core indicators)		3.6.1			✓

DEFINITION OF IMPORTANT TERMS	Road traffic fatality refers to death that occurs after a road traffic crash within 30 days after the crash					
NUMERATOR	Number of death due to road traffic crashes					
DENOMINATOR	Total estimated population					
UNIT OF MEASURE	Rate per 100,000					
DISAGGREGATION	Age, sex, , socio-economic, sub-county, county, National,					
INDICATOR	Input	Output	Outcome	Impact		

FRAMEWORK LEVEL			✓			
PURPOSE	Road traffic Injuries are a major cause of mortality in the country. This indicator will be utilized by stakeholder in road safety to track road traffic deaths in order to prevent deaths and manage the casualties					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, Quarterly, Annually <u>UTILISATION:</u> Monthly, Quarterly, Bi-annually, Yearly					
DATA SOURCE	<u>NUMERATOR:</u> Health Facilities, National Transport and Safety Authority (NTSA), Civil registration data, DHIS and Police ((D1)Vital registration with complete coverage and medical certification of cause of death, Household Survey, verbal autopsy, Census, NTSA, DHIS) <u>DENOMINATOR:</u> KNBS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION METHOD:</u> <u>CALCULATION:</u> Number of death due to road traffic crashes/ Total estimated population*100000 <u>NOTE:</u> Collection of this information requires multisectoral approach.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Percentage Distribution of causes of death among children aged <5 years					
HIS CODE:	HIS-M&E279					
OBJECTIVE OF THE INDICATOR	To determine the leading causes of mortality among children aged below 5 years					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>The causes of death: refer to the concept of the 'underlying cause of death' as defined by ICD-10 (WHO, 1992).</p> <p>Associated terms Underlying cause of death : a) the disease or injury which initiated the train (Chain) of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury (ICD-10)</p>					
NUMERATOR	Number of deaths arising from each cause among children aged < 5 years					
DENOMINATOR	Total number of deaths of children <5 years					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, facility, Sub-county, County, and National level					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To identify the main causes of under 5 deaths to enable planning and prioritization of investments to address these causes					
FREQUENCY	<p><u>COLLECTION:</u> Daily , Survey, periodic</p> <p><u>REPORTING:</u> Monthly</p> <p><u>UTILISATION:</u> Monthly , Quarterly and Annually</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> D1 Forms and MoH 268 Special studies especially in HDSS and sentinel hospitals</p> <p><u>DENOMINATOR:</u> D1 Forms , MoH 268 and Special studies especially in HDSS and sentinel hospitals</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES	<p>DATA COLLECTION METHOD: Monthly summaries of D1 forms and MOH 268 plus results from special studies</p> <p>CALCULATION: Number of deaths arising from each cause among children aged < 5 years/ Total number of deaths of children <5 years x100</p> <p>NOTE: Death notifications are done at both facilities and by National Government Administrative Officers (Assistant Chief)</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Infant mortality rate (IMR)					
HIS CODE:	HIS-M&E280					
OBJECTIVE OF THE INDICATOR	To determine rate of under 1 year mortality ratio among children before they celebrate their first birth day					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Infant mortality rate: is the probability of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period. Infant mortality rate is strictly speaking not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1000 live births.</p> <p>Live birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (ICD-10)</p>					
NUMERATOR	Number of Infant Deaths					
DENOMINATOR	Total Number of live births					
UNIT OF MEASURE	Deaths per 1000 live births (probability of dying between birth and age 1 per 1000 live births)					
DISAGGREGATION	Age : 0-27 days, Age : 28 days - <1 year, Sub-county, County and national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
				✓		
PURPOSE	Infant mortality represents an important component of under-five mortality. Like under-five mortality, infant mortality rates measure child survival. They also reflect the social, economic and environmental conditions in which children (and others in society) live, including their health care to achieve maximum child survival. Since data on the incidence and prevalence of diseases (morbidity data) frequently are unavailable, mortality rates are often used to identify vulnerable populations.					
FREQUENCY	<p>COLLECTION: daily, monthly, annually and 3-5 years(survey).</p> <p>REPORTING: Monthly and 3-5 years(survey)</p> <p>UTILIZATION: Monthly, Quarterly, Annually, 3-5 years(survey data)</p>					
DATA SOURCE	<p>NUMERATOR: MOH 301, MOH303, MOH268, Civil registration and vital statistics systems, Population-based health surveys, population census</p> <p>DENOMINATOR: Total live births (KNBS or CRS)</p>					
DATA MANAGEMENT AND INDICATOR	DATA COLLECTION METHOD: Through population based survey or censuses.					

COMPUTATION GUIDELINES (DATA COLLECTION)	<p>CALCULATION: (Number of deaths of children under 1 year of age) / (Total live births in the catchment area) X 1000.</p> <p>Infant mortality rates are calculated as the number of deaths in the first year of life divided by the number of live births, multiplied by 1000. [Number of deaths of infants <1 yr. in the current year] / [Number of live births in the previous year] * 1,000</p> <p>NOTE: Although it is possible to collect data on deaths occurring in infants in a health facility, this is not adequate for use in calculating the IMR. Only population-based data should be used.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Crude death Rate
HIS CODE:	HIS-M&E281

OBJECTIVE OF THE INDICATOR	To determine ratio of deaths among the population in a given geographical area
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KNBS	CRS
CODES	✓	✓	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Crude death rate: is the number of deaths occurring among the population of a given geographical area during a given year, per 1,000 mid-year total population of the given geographical area during the same year.</p> <p>The crude death rate is the ratio of the number of deaths in a geographic area in one year divided by the average population in the area during the year.</p>					
NUMERATOR	Number of deaths					
DENOMINATOR	population over a given period of time					
UNIT OF MEASURE	Number of Deaths per 1,000 population					
DISAGGREGATION	County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
				✓		
PURPOSE	<p>To measure the rate of deaths respectively among a population of 1000.</p> <p>Demographic information is important in assessing the progress made in achieving agreed SDGs</p>					
FREQUENCY	<p><u>COLLECTION:</u> Daily</p> <p><u>REPORTING:</u> Monthly, quarterly, Annually</p> <p><u>UTILISATION:</u> Annual</p>					
DATA SOURCE	<p><u>NUMERATOR:</u> Civil registration and vital statistics systems, Population-based health surveys, population census</p> <p><u>DENOMINATOR:</u> Census</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>The CDR are determined by taking the total number of births or deaths in a population and dividing both values by a number to obtain the rate per 1000 [Number of deaths in the current year] / [total population] * 1,000</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Age specific Mortality Rate							
HIS CODE:	HIS-M&E282							
OBJECTIVE OF THE INDICATOR	To determine ratio of the annual number of deaths occurring at a given age during a year to the average annual number of persons at a given age.							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KNBS	CRS
CODES	✓	✓	✓	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	Age specific mortality rate: An age-specific mortality rate is a mortality rate limited to a particular age group.					
NUMERATOR	Total Deaths in Specified Age Group					
DENOMINATOR	Total Population in the Same Specified Age Group					
UNIT OF MEASURE	100,000 Population					
DISAGGREGATION	Age, sex, County and National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
				✓		
PURPOSE	To measure the rate of deaths respectively among a population of 1000. Demographic information is important in assessing the progress made in achieving agreed SGDs					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Annual					
DATA SOURCE	<u>NUMERATOR:</u> Civil registration and vital statistics systems, Population-based health surveys, population census <u>DENOMINATOR:</u> Census					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>The numerator is the number of deaths in that age group; the denominator is the number of persons in that age group in the population.</p> <p>It is usually the total number of deaths to residents of a specified age or age group in a specified geographic area (country, state, county, etc.) divided by the population of the same age or age group in the same geographic area (for a specified time period, usually a calendar year) and multiplied by 100,000</p> <p>$\frac{[\text{Number of deaths in the age or age group}]}{[\text{total number of persons in that age group in the population}]} * 100,000$</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Neonatal mortality rate (per 1000 live births)							
HIS CODE:	HIS-M&E283							
OBJECTIVE OF THE INDICATOR	To Reduce the rate of fetal and infant deaths during perinatal period (28 weeks) and achieve maximum child survival for the newborns.							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KNBS	CRS
CODES	67	✓	3.2	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Neonatal mortality: Defined as the number of deaths from birth to the first 28 days of live births in a given year (expressed as a proportion of live birth in a defined geographical area.</p> <p>Neonatal mortality rate: Number of deaths during the first 28 completed days of life per 1000 live births in a given year or other period.</p> <p>Neonatal deaths (deaths among live births during the first 28 completed days of life) may be subdivided into early neonatal deaths, occurring during the first 7 days of life, and late neonatal deaths, occurring after the 7th day but before the 28th completed day of life.</p> <p>Live birth: The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (ICD-10)</p> <p>Neonatal period : A period that commences at birth and ends 28 completed days after birth</p>							
	NUMERATOR	Number of deaths occurring among infants aged 0 to 28 days						
DENOMINATOR	Total number of live births in a given year							
UNIT OF MEASURE	Deaths per 1000 live births (Rate)							
DISAGGREGATION	Age, sex, Facility, Sub-county, County and National							
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact				
				✓				
PURPOSE	<p>The target of SDG Goal 3 Number 3.2 indicate by 2030, end preventable deaths of newborns and children under 5 years of age, with all countries/ counties aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p> <p>To achieve maximum neonatal survival. The measurements can also be narrowed to</p>							

	Health Facility neonatal mortality rate which will be specific for the health facility and can also determine the quality of care for newborn.					
FREQUENCY	<u>COLLECTION:</u> Daily,monthly,3-5 years(surveys) <u>REPORTING:</u> monthly,3-5 years <u>UTILIZATION:</u> monthly,quarterly,annually,3-5(surveys)					
DATA SOURCE	<u>NUMERATOR:</u> MOH333, MOH 301, MOH268, Vital registration with complete coverage and medical certification of cause of death, Household Survey, Census, <u>DENOMINATOR:</u> KNBS, Census report, Vital Statistics					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>Calculations:</u> Number of deaths among infants aged 0-28 days/Live births*1000 It is usually the total number of neonatal deaths divided by the live births in the same geographic area (for a specified time period, usually a calendar year) and multiplied by 1000. [Number of deaths among infants aged 0-28 days] / [total number live births] * 1,000 Note: Mortality during the neonatal period accounts for a large proportion of child deaths, and is considered to be a useful indicator of maternal and newborn, neonatal health and care. Generally, the proportion of neonatal deaths among child deaths under the age of five is expected to increase as countries continue to witness a decline in child mortality. Although it is possible to collect data on deaths among infants aged 0-28 days in a health facility, this is not adequate for use in calculating the neonatal mortality. Only population-based data should be used.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of medical certificate correctly certified							
HIS CODE:	HIS-M&E284							
OBJECTIVE OF THE INDICATOR	To improve the quality of MCCoD from Health Facilities.							
REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP	KNBS	CRS
CODES	✓	✓	✓			✓		✓

DEFINITION OF IMPORTANT TERMS	<p>Medical certification of cause of death (MCCOD): is instructions for physicians or clinician on use of international/ or country legal form of medical certificate of cause of death.</p> <p>Medical certificate of cause of death as “all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries”</p> <p>Correct certification: The clinician or certifier uses the right sequencing of the events to write or print on a medical certificate as per the WHO international guidelines.</p>			
NUMERATOR	Total number of correctly certified MCCOD			
DENOMINATOR	Total Dead			
UNIT OF MEASURE	Percentage			
DISAGGREGATION	Age, sex, County and National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
		✓		
PURPOSE	To help primarily treating medical practitioner accurately and consistently complete medical certificates and institute some causes of actions.			
FREQUENCY	<p>COLLECTION: Daily</p> <p>REPORTING: Monthly, quarterly, Annually</p> <p>UTILISATION: Quarterly, Annually</p>			
DATA SOURCE	<p>NUMERATOR: Vital registration with complete coverage and medical certification of cause of death, Household Survey, Census,</p> <p>DENOMINATOR: Vital Statistics,</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA)	<p>CALCULATION: Total MCCoD correctly certified/Total Deaths X 100</p> <p>It is usually the total number of Medical certification of Cause of Death divided by the number of deaths (for a specified time period, usually a calendar year) and</p>			

COLLECTION)	multiplied by 100.					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Proportion of deaths with valid Cause of Death					
HIS CODE:	HIS-M&E285					
OBJECTIVE OF THE INDICATOR	To ensure that the Cause of Death notification provides valid data for the diagnoses of death and certification with improved quality of medical certification on Cause of Death.					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	✓					✓

DEFINITION OF IMPORTANT TERMS	Valid cause deaths: Deaths that are correctly certified on a medical certificate of cause of death by certifiers with the correct sequencing of the chains of events that led to death. Physicians or clinician should use of international/ or country legal form for medical certificate of cause of death with the correct documentations.					
NUMERATOR	Total number of correctly certified MCCOD					
DENOMINATOR	Total Dead certified					
UNIT OF MEASURE	Percentage					
DISAGGREGATION	Age, Sex, sub-county, county and national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
		✓				
PURPOSE	To improve Health system and programming through high quality information on cause of death.					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Monthly, quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> Vital registration with complete coverage and medical certification of cause of death, Household Survey, Census, <u>DENOMINATOR:</u> Vital Statistics					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Total MCCOD correctly certified/Total Deaths*100 Note: This can also be expressed per number of deaths with correctly MCCOD per 100,000 population					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Deaths due to tuberculosis (per 100 000population)					
HIS CODE:	HIS-M&E286					
OBJECTIVE OF THE INDICATOR	To establish the Cause specific Deaths due to Tuberculosis in a defined population.					
REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES	17		3.3			✓

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Total number of deaths due to Tuberculosis					
DENOMINATOR	Total Population					
UNIT OF MEASURE	Deaths per 100 000 population					
DISAGGREGATION	Age, Sex, sub-county, county and national					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	The target of SDG Goal 3 Number 3.3indicate by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. Incidence, prevalence and mortality are the three main indicators used to assess the burden of disease caused by TB. Of the three, mortality is the only indicator that can be directly measured through well functionalvital registration systems..					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> Vital registration with complete coverage and medical certification of cause of death, Surveillance, Survey, Census, Special Studies <u>DENOMINATOR:</u> Vital registration					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Total number death due to Tuberculosis (basis of reliable diagnostic procedures and standard application of cause coding that follows ICD rules as applied to death certificates) X 100,000 {Total number of deaths due to Tuberculosis / Total Population} X 100,000					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Deaths due to malaria (per 100 000 population)
HIS CODE:	HIS-M&E287

OBJECTIVE OF THE INDICATOR	To establish the Cause specific Deaths due to Malaria in a defined population.
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	16		3.2			✓

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Total number of deaths (MCCOD) due to Malaria					
DENOMINATOR	Total Population					
UNIT OF MEASURE	Deaths per 100 000 population					
DISAGGREGATION	Age, Sex (male, female); Urban Rural, Epidemiological Zones, Wealth quintile, Community, Sub-county ,County, National level,					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	The target of SDG Goal 3 Number 3.3 indicate by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. It also reflects the social, economic and environmental conditions which affect the society including their health care.					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Quarterly, Annually					
DATA SOURCE	<u>NUMERATOR:</u> (DI) Vital registration with complete coverage and medical certification of cause of death, Specific Surveys <u>DENOMINATOR:</u> Population Census					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Total number of death due to Malaria (basis of reliable diagnostic procedures and standard application of cause coding that follows ICD rules as applied to death certificates) divided by the defined population X100,000 {Total number of deaths due to Malaria / Defined Total Population} X 100,000					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Deaths due to HIV/AIDS (per 100 000 population)
HIS CODE:	HIS-M&E288

OBJECTIVE OF THE INDICATOR	The estimated number of adults and children that have died due to HIV/AIDS in a specific year, expressed per 100 000 population.
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REFERENCES	WHO	MDG	SDG	ECOSA	EAC	KHSSP
CODES	86	✓	3.2	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	None					
NUMERATOR	Total number of clients deaths due to HIV/AIDS					
DENOMINATOR	Total Population					
UNIT OF MEASURE	Deaths per 100 000 population					
DISAGGREGATION	Age, Sex (male, female); Urban Rural, Wealth quintile, Community, Sub-county, County, National level.					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To estimated number of adults and children that have died due to HIV/AIDS in a specific year, expressed per 100 000 population.SDG Goal 3 Number 3.3indicate by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases as a target.					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly, quarterly, Annually <u>UTILISATION:</u> Monthly, Quarterly ,Annual					
DATA SOURCE	<u>NUMERATOR:</u> Vital registration with complete coverage and medical certification of cause of death, Surveillance, Survey <u>DENOMINATOR:</u> Population Census					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>CALCULATION:</u> Total number death due to HIV/AIDS (basis of reliable diagnostic procedures and standard application of cause coding that follows ICD rules as applied to death certificates) divided by the defined population X 100,000 {Total number of deaths due to HIV/AIDS / Defined Total Population} X 100,000					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Under-five mortality rate (probability of dying by age 5 per 1000 live births)					
HIS CODE:	HIS-M&E289					
OBJECTIVE OF THE INDICATOR	The establish the probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period.					
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP
CODES	86	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Under-five Mortality: Is the number of deaths within the 59 months of life (expressed as a proportion of the total live births in a defined geographical area per year).</p> <p>Under-five mortality rate as defined here is strictly speaking not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1000 live births.</p>			
NUMERATOR	Number of deaths of children under 5 year of age in the catchment area			
DENOMINATOR	Total number of live births			
UNIT OF MEASURE	Deaths per 1000 live births (Rate)			
DISAGGREGATION	Age, Sex (male, female); Urban Rural, Wealth quintile, Community, facility, Sub-county, County, National level,			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
				✓
PURPOSE	<p>The target of SDG Goal 3 Number 3.2 indicates that by 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. Efforts to improve child survival can be effective only if they are based on reasonably accurate information about the causes of childhood deaths so as to prioritize interventions and plan for effective service delivery.</p> <p>To achieve maximum child survival. The measurements can also be narrowed to Health Facility under five mortality rates which will be specific for the health facility and can also determine the quality of care for under five.</p>			
FREQUENCY	<p>COLLECTION: Daily, monthly, quarterly annually,(surveys)3-5 years</p> <p>REPORTING: Monthly,annually,3-5 years(surveys)</p> <p>UTILIZATION: Monthly,annually,3-5 years(surveys)</p>			

DATA SOURCE	<p>NUMERATOR: Inpatient register, MOH301, MOH268, Vital registration with complete coverage and medical certification of cause of death, Special Studies, Survey</p> <p>DENOMINATOR: Vital registration with complete coverage and medical certification of cause of death, DHS, Surveys (KNBS)</p>					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<p>CALCULATION: Total number of under-five death (basis of reliable diagnostic procedures and standard application of cause coding that follows ICD rules as applied to death certificates) divided by Total Live births X 1,000 (TOTAL DEATHS OF UNDER 5 YEARS/TOTAL LIVE BIRTHS) X 1000</p> <p>NOTE: Although it is possible to collect data on deaths occurring in children age below 60 months in a health facility, this is not adequate for use in calculating the U5MR. Only population-based data should be used.</p>					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Suicide mortality Rate					
HIS CODE:	HIS-M&E290					

OBJECTIVE OF THE INDICATOR	Identify and report suicide causes and cases					
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REFERENCES	WHO	MDG	SDG	ECSA	EAC	
CODES						

DEFINITION OF IMPORTANT TERMS	Suicide :Art of intentionally causing one's own death					
NUMERATOR	Number of suicide deaths					
DENOMINATOR	Total deaths from all causes					
UNIT OF MEASURE	Proportion					
DISAGGREGATION	Age, Gender ,County ,National					
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact		
			✓			
PURPOSE	To identify reasons for suicidal deaths as well as promote mental health and well being					
FREQUENCY	<u>COLLECTION:</u> Daily <u>REPORTING:</u> Monthly/quarterly/ <u>UTILIZATION:</u> Monthly/quarterly/annually					
DATA SOURCE	<u>NUMERATOR:</u> DHIS <u>DENOMINATOR:</u> DHIS					
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA COLLECTION)	<u>DATA COLLECTION;</u> <u>CALCULATION:</u> Number of Suicidal deaths /All cause deaths					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

INDICATOR NAME	Life expectancy at birth							
HIS CODE:	HIS-M&E291							
OBJECTIVE OF THE INDICATOR	To estimate the average number of years that a newborn could expect to live if he or she is exposed to the specific age death rates or prevailing circumstances.							
REFERENCES	WHO	MDG	SDG	ECSA	EAC	KHSSP	KNBS	CRS
CODES	65	✓	3.3	✓	✓	✓	✓	✓

DEFINITION OF IMPORTANT TERMS	<p>Life expectancy :The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.</p> <p>Life table: A set of tabulations that describe the probability of dying, the death rate and the number of survivors for each age or age group. Accordingly, life expectancy at birth and adult mortality rates are outputs of a life table</p>			
NUMERATOR	Probability of dying for each age group			
DENOMINATOR	Total number of survivors for each age group (usually by use of life tables)			
UNIT OF MEASURE	Number of years			
DISAGGREGATION	Age, sex, County and National			
INDICATOR FRAMEWORK LEVEL	Input	Output	Outcome	Impact
				✓
PURPOSE	Life expectancy at birth reflects the overall mortality level of a population. It summarizes the mortality pattern that prevails across all age groups – children and adolescents, adults and the elderly.			
FREQUENCY	<p><u>COLLECTION</u>: Daily</p> <p><u>REPORTING</u>: Monthly, quarterly, Annually</p> <p><u>UTILISATION</u>: Annual</p>			
DATA SOURCE	<p><u>NUMERATOR</u>: Vital registration with complete coverage and medical certification of cause of death, Household Survey, Census,</p> <p><u>DENOMINATOR</u>: Vital Statistics, Census</p>			
DATA MANAGEMENT AND INDICATOR COMPUTATION GUIDELINES (DATA)	<p><u>CALCULATION</u>: Life expectancy at birth is derived from life tables and is based on sex- and age-specific death rates. Life expectancy at birth values from the United Nations correspond to mid-year estimates, consistent with the corresponding United Nations fertility medium-variant quinquennial population projections.</p>			

COLLECTION)	The numbers of deaths estimated from life table and population by age groups are aggregated by relevant region in order to compute regional life tables					
INDICATOR APPLICATION LEVEL	SECTOR	PROGRAMME	NATIONAL	COUNTY	FACILITY	COMMUNITY
	✓	✓	✓	✓	✓	✓

Annex

Annex 1: List of Members of TWG and Drafters of the Manual

Name	Organization
Dr Susan Magada	CEC Health Murang'a
Dr Elizabeth Ogaja	CEC Health Kisumu
Ms Mary Ekai,	CEC Samburu
DrCheruiyot	CEC Health Baringo
MsHellen NgenoRono	CEC Kericho
Dr Kombo Mohammed	CEC Health Lamu
Jane Ajele	CEC Turkana
DrKizitoAmimo	MTRH
PepelaWanjala	MOH/HSM&E
Samuel Cheburet	MOH/CRVS
John Wanyungu	MOH/intergovernmental coordination
James Kiarie	MOH/NMCP
Dr. James Njoroge	MOH/NHIF
Dr. Elizabeth Kigundu	MOH/KEMRI
Cecilia Wandera	MOH/NTD
Benedette A. Ajwang	MOH/M&E
EverlyneEtemesi	MOH/NBTS
Paul Bartilol	MOH/M&E
Dr Hillary Kipruto	WHO, Kenya
Anne Nduta	MOH/M&E
Robert Wathondu	MOH/HIS
Hannah Gitungo	MOH/CURATIVE
Ali Abdi Hassan	MOH/HIS
Peter Kamau	MOH/NVIP
Robert Masibo	MOH/HR
Douglas Ngaira	MOH/HSQAR
Tecla J. Kogo	MOH/DFH
Clara Gitonga	MOH
Dr. TatuKamau	MOH/VBDCU
Mirasi Tom	MOH/HSM&E
Dr. Martha Muthami	MOH/HIS
Dr. MakauMatheka	MOH HQ
Dr. Elizabeth Wangia	MOH M&E
Dr. Peter Cherutich	MOH HQ
Dr. Maina Isabella	MOH HSM&E
Dr Rebecca Kiptui	MOH/NMCP
Dr. AggreyOkumu	MOH/Kwale
Dr L.M. Thiga	MOH HQ
Anne Barsigo	MOH/eHealth
Dr. Nyakiongora Abel	MOH HQ
Dr. Betty Langat	MOH/KERICHO
Maureen Muganda	Nairobi City County
Jackson Omondi	MOH/ Intergovernmental Coordination

Abdi Shale	Garissa County
Dr. Lilly MuthoniNyagah	MOH/NASCOP
Dr Elizabeth Mgamb	Migori County
Kaori Saito	JICA OCCADEP
Victor Achieng	UNICEF
Patrick Musyoki	Machakos County
Isabella Musebe	Bungoma County
Dr. Onyango Dickens	Kisumu County
DR Gladwel	MOH/NCD
DrMunyi Edward	TharakaNithi County
Cosmas Benard	WHO, Kenya
DrKiprotich Evans	Uasin Gishu County
Peter Moko	Murang'a County
Peter Etee	Turkana County
Zipporah Gathiti	UNFPA
Diana Kamar	MOH/IDSR
Dr Salim Hussein	MOH/Community health services
Kennedy Chitala	WHO, Kenya
Wilfred Obwocha	Migori County
Gladys Biwott	MOH HQ
Benjamin Murkomen	MOH HQ- Public Health
Abner Otieno	DNCD
David Njuguna	Policy Planning
OnesmusMutie	Garissa County
Diner Pinya	Homa-bay County
Middii Edwin	CRS
Rahab Nganga	Murang'a County
Rose Muthee	MOH/M&E
Susan Ndirangu	MOH/NCC
Lawrence Mwikya	MOH/CRVS
Apollo Muchilwa	MOH HQ-ICT
Simon Ndemo	JICA- OCCADEP
Daniel Kavoo	MOH/ CHDH
Beatrice Omeng	MOH/DFI
Lucy Kuria	KMTC
Anabay Mamo	WHO Kenya Office

Annex 2: Continuous professional Development (CPD) courses

1. IMCI
2. ePMTCT, ARVS management
3. Clinical management
4. Malaria treatment / management
5. Tuberculosis management
6. Medical Classification and Certification of Diseases (MCCOD)
7. Health information management

8. DHIS2 application
9. Kenya Master health facility list (KMHFL) application
10. EHR Systems management/application
11. EPI
12. FP logistic management and diarrheal diseases
13. Monitoring and Evaluation
14. Project management
15. Planning and performance reviews
16. Supervisory skills
17. Senior management
18. Strategic leadership management
19. National cohesion and national values
20. Cancer screening
21. GIS management
22. Verbal autopsy

Annex 3: Middle level courses

COURSES OFFERED Medical Training Colleges (PRESERVICE/INSERVICE)	
DIPLOMAS (All take 3 years except Nursing which take 3 1/2 years)	
NO	COURSES
1	DIPLOMA IN CLINICAL MEDICINE
2	DIPLOMA IN COMMUNITY HEALTH NURSING
3	DIPLOMA IN COMMUNITY NUTRITION & DIETETICS
4	DIPLOMA IN COMMUNITY ORAL HEALTH
5	DIPLOMA IN DENTAL TECHNOLOGY
6	DIPLOMA IN ENVIRONMENTAL HEALTH SCIENCES
7	DIPLOMA IN HEALTH RECORDS AND INFORMATION TECHNOLOGY
8	DIPLOMA IN HEALTH PROMOTION
9	DIPLOMA IN MEDICAL ENGINEERING
10	DIPLOMA IN MEDICAL IMAGING SCIENCES
11	DIPLOMA IN MEDICAL LABORATORY SCIENCES
12	DIPLOMA IN MEDICAL SOCIAL CARE
13	DIPLOMA IN OCCUPATIONAL THERAPY
14	DIPLOMA IN OPTOMETRY
15	DIPLOMA IN ORTHOPAEDIC & TRAUMA MEDICINE
16	DIPLOMA IN ORTHOPAEDIC TECHNOLOGY
17	DIPLOMA IN PHARMACY
18	DIPLOMA IN PHYSIOTHERAPY
19	DIPLOMA IN REGISTERED NURSING MENTAL HEALTH & PSYCHIATRIC
CERTIFICATES (All take 2 years except Nursing which takes 2 1/2 years)	
1	CERTIFICATE IN HEALTH RECORD AND INFORMATION TECHNOLOGY
2	CERTIFICATE IN COMMUNITY HEALTH NURSING
3	CERTIFICATE IN COMMUNITY NUTRITION & DIETETICS

4	CERTIFICATE IN MEDICAL ENGINEERING
5	CERTIFICATE IN ORTHOPAEDIC PLASTER TECHNOLOGY
6	CERTIFICATE IN ENVIROMENTAL HEALTH SCIENCES
7	CERTIFICATE IN HEALTH PROMOTION FOR THE DEAF
POST BASIC/ INSERVICE COURSES (All take 1 year except Anaesthesia, Ophthalmology and Cataract Surgery, Reproductive Health which take 1 1/2 years)	
1	HIGHER DIPLOMA IN CRITICAL CARE NURSING
2	HIGHER DIPLOMA IN PSYCHIATRIC NURSING
3	HIGHER DIPLOMA IIN OPHTHALMIC NURSING
4	HIGHER DIPLOMA IN PERIOPERATIVE CARE
5	HIGHER DIPLOMA IN PAEDIATRIC NURSING
6	HIGHER DIPLOMA IN PALLIATIVE CARE
7	HIGHER DIPLOMA IN FOOD SCIENCE AND INSPECTION
8	HIGHER DIPLOMA IN SOLID WASTE MANAGEMENT
9	HIGHER DIPLOMA IN OCCUPATIONAL THERAPY
10	HIGHER DIPLOMA IN EPIDEMIOLOGY
11	HIGHER DIPLOMA IN HEALTH EDUCATION AND PROMOTION
12	HIGHER DIPLOMA IN MEDICAL EDUCATION
13	HIGHER DIPLOMA IN COMMUNITY HEALTH AND HIV/AIDS CARE
14	HIGHER DIPLOMA IN PARASTOLOGY & ENTOMOLOGY
15	HIGHER DIPLOMA IN MICROBIOLOGY
16	HIGHER DIPLOMA IN CLINICAL MEDICINE
17	HIGHER DIPLOMA IN HAEMATOLOGY
18	HIGHER DIPLOMA IN HISTOPATHOLOGY & CYTOPATHOLOGY
19	HIGHER DIPLOMA IN VIROLOGY
20	HIGHER DIPLOMA IN BLOOD TRANSFUSION SCIENCES
21	HIGHER DIPLOMA IN PAEDIATRICS
22	HIGHER DIPLOMA IN LUNG AND SKIN DISEASES
23	HIGHER DIPLOMA IN OPHTHALMOLOGY AND CATARACT SURGERY
24	HIGHER DIPLOMA ADVANCED REFRACTION AND LOW VISION
25	HIGHER DIPLOMA IN EAR, NOSE AND THROAT AND AUDIOLOGY
26	HIGHER DIPLOMA IN REPRODUCTIVE HEALTH
27	HIGHER DIPLOMA IN ANAESTHESIA
28	HIGHER DIPLOMA IN MENTAL HEALTH AND PSYCHIATRIC
29	HIGHER DIPLOMA IN MEDICAL IMAGING SCIENCES (ULTRASOUND)
30	HIGHER DIPLOMA IN RADIOGRAPHY THERAPY
31	HIGHER DIPLOMA IN MEDICAL ENGINEERING
32	HIGHER DIPLOMA IN ORTHOPAEDIC MANUAL THERAPY
33	HIGHER DIPLOMA IN HEALTH SYSTEMS MANAGEMENT
34	HIGHER DIPLOMA IN ADDICTIVE SCIENCE
35	HIGHER DIPLOMA IN COMMUNITY BASED REHABILITATION

36	HIGHER DIPLOMA IN ANAESTHESIA NURSING
37	HIGHER DIPLOMA IN NEPHROLOGY
UPGRADING COURSES (All take 1 year except Nursing which takes 1 1/2 years)	
1	DIPLOMA IN COMMUNITY HEALTH NURSING
2	DIPLOMA IN ENVIRONMENT HEALTH SCIENCES
3	DIPLOMA IN MEDICAL LABORATORY SCIENCES
4	DIPLOMA IN MEDICAL ENGINEERING
5	DIPLOMA IN COMMUNITY NUTRITION & DIETETICS
6	DIPLOMA IN HEALTH RECORDS AND INFORMATION TECHNOLOGY
7	DIPLOMA IN ORTHOPAEDIC & TRAUMA MEDICINE

Annex 4: Medical schools courses

Check various university websites

1. University of Nairobi
2. Kenyatta university
3. Moi university
4. Kenya Methodist university
5. Masinde Muliro University
6. Maseno University
7. Baraton University
8. Mt Kenya University
9. Egerton University..