COUNTRY CASE STUDY

KENYA

The Kenya Health Data Collaborative (KHDC) was launched in May 2016 to rally all stakeholders in Kenya's health sector towards one monitoring & evaluation (M&E) framework for the country, thereby setting the stage to accelerate progress towards Universal Health Coverage (UHC). Kenya has made impressive gains in the quality, timeliness and use of health data, but several challenges still limit the ability of the country's health information system to support decision making. These challenges include:

- low investments in building sustainable and comprehensive data and information systems for informed policy making and planning
- low capacity in the production and use of quality health data and statistics for monitoring health interventions both at national and county government levels
- existence of numerous programme- and disease-based M&E systems that sometimes operate in isolation
- limited adherence by all stakeholders to the principles and code of conduct on reporting as per the Kenya Health Sector Strategic Plan 2013-2017.

To address these challenges, the Ministry of Health has identified six key priorities or 'quick wins' to be implemented through the Kenya Health Data Collaborative Roadmap:

1) Improve data analytics capacity at national and sub-national levels
2) Conduct a mid-term review of the Kenya Health Sector Strategic Plan (KHSSP) and its M&E Plan
3) Improve quality of care and performance
4) Operationalize a Kenya Health Data Observatory
5) Improve civil registration and vital statistics (CRVS)
6) Conduct a rapid assessment of M&E system capacity.

As part of an effort to better coordinate and align partners' technical and financial investments, Kenya's Ministry of Health – supported by USAID, UNICEF and WHO – mapped the investments of over 30 partners contributing to the country's health information systems. Using a tool jointly developed by the Ministry of Health, WHO, USAID, UNICEF and the *Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)*, the Ministry analysed the funding sources and targets of US$ 50.4 million of investments in health information systems during 2016 and 2017. They found that in some counties, funding streams overlapped, while other parts of the system were under-financed. The gaps and duplications identified have informed partners' funding allocations, prompting them to invest where it is needed most.

Progress made toward KHDC priorities

Improving data analytics capacity at the national and sub-national levels and conducting data analysis for the mid-term review of the Kenya Health Sector Strategic Plan

With technical and financial support from WHO, the US Centers for Disease Control and Prevention (CDC), GIZ, the Global Fund, MEASURE Evaluation, the Japan International Cooperation Agency, USAID, UNAIDS, UNICEF and other partners, the KHDC conducted a comprehensive analysis of data to inform a mid-term review. The collaborative incorporated county-level capacity-building workshops in the data review process, ensuring high quality data and analysis for future reviews.

Improving quality of care and performance

KHDC partners planned for health facility surveys to assess service availability and readiness, client satisfaction, employee satisfaction and data quality. To increase efficiency and reduce costs, the KHDC combined the four surveys into one, by rallying technical assistance from WHO, Jomo Kenyatta University, CDC and USAID and funding from The Global Fund. The survey collected data from 250 facilities in 19 counties across Kenya.

Establishing a Kenya Health Observatory as a one-stop shop for health data

The Ministry of Health, with technical support from WHO, UNICEF and other partners, is developing a Kenya Health Observatory to improve access to health information. KHDC

partners are aligning funding and technical support. For example, UNICEF has committed to providing a dashboard on nutrition.

Improving civil registration and vital statistics (CRVS)

The Kenya Ministry of Health provided training in 33 counties on the International Classification of Diseases (ICD10), analysis of cause of death, verbal autopsies and performing checks on cause of death data. The Ministry aligned support from The Global Fund, WHO, MEASURE-Pima, UNFPA and USAID-Pima for the compilation and analysis report of vital statistics (KVSR 2015 and KVSR 2016).

Reviewing progress

Two years after the launch of the Kenya HDC the Ministry of Health and its partners agreed to review progress towards the overall goal of one well-functioning country-led health information system. Representatives of 16 of the 47 counties, partners and Ministry of Health staff participated in a workshop in March 2018 to gather their views on HDC implementation at national and sub-national levels.

In summary, the findings were:
- alignment of partners varies considerably between programmes and counties
- the governance structure of the KHDC needs to be re-visited to improve partner coordination at national and county levels
- funding should be available for the Ministry of Health for HDC coordination in its early stages
- sub-national support of M&E systems is a priority (analysis and use of data, IT infrastructure)
- establishing a baseline when a country-level HDC is launched is essential for effective monitoring of progress.

Three major recommendations emerged: to strengthen coordination mechanisms; make some funding available to assist the Ministry of Health with this coordination; and to further assess the reasons behind the insufficient alignment of partners with country priorities at sub-national (county) level.

Launch of the Kenya HDC