



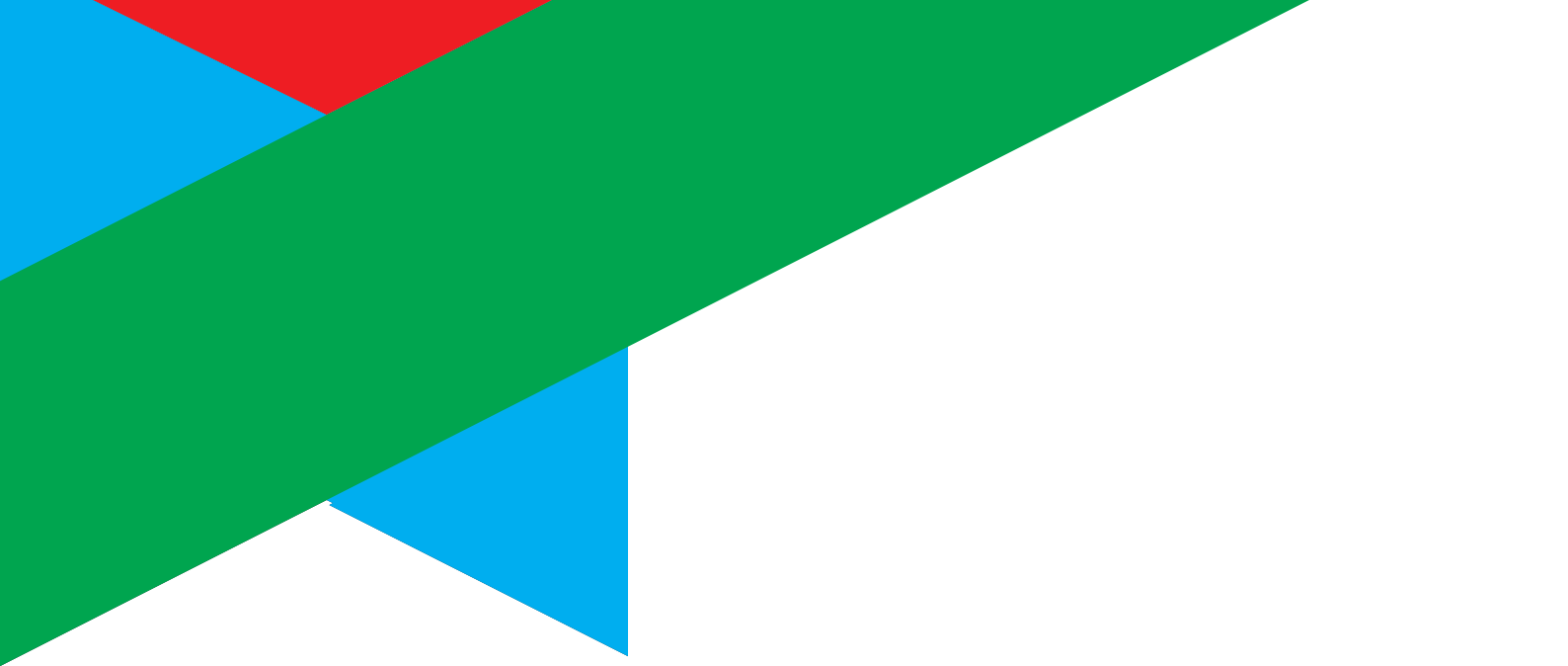
KENYA MINISTRY OF HEALTH

Data and Digital Priorities:
HDC for SDGs



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HEALTH DATA
COLLABORATIVE





BACKGROUND

Kenya is one of the HDC pathfinder countries and launched the Kenya HDC (KHDC) in May 2016. The Kenya HDC approach facilitated consolidated investments to achieve common goals on large scale activities that contributed to critical evidence generation for the health sector. Many of these gains have been leveraged for planning UHC roll out as well as COVI-19 preparedness and response. The KHDC laid dormant for a period of time but mechanisms are in place to ensure it is fully re-activated and partners recommit to the HDC aspirations. The revived KHDC will be pegged and operationalized within the following two mechanisms for alignment and to avoid duplication;

1. Kenya Health Sector Partnership Framework launched - Oct 2020
2. Inaugural meeting/launch of the HIS/M&E Inter agency Committee (ICC) - Feb 2021



Major sources of health information;

- 1. Routine sources:** HMIS data, Human Resources Information System (IHRIS) LMIS, Program specific databases (TIBU etc), Civil Registration Services data, DHIS2 for service delivery data.
- 2. Population-based survey sources: Demographic Health Surveys ,HIV/AIDS; KENPHIA , The Kenya TB Prevalence Survey, MIS, Sub-national surveys, STEPs survey, Household Health Expenditure and Utilization Surveys,**
- 3. Surveillance Data;** The HIV/AIDS Epidemiological Surveillance reports , Tuberculosis surveillance data
4. Facility assessments; The Kenya Harmonized Health Facility Assessment (KHFA) 2018, Kenya Service Provision Assessments (KSPA), Service Availability Readiness Assessment (SARAM) 2013
- 5. Administrative data**

Brief progress and key gaps identified- 2020/21

The Mid Term Review of Kenya Health Sector Strategic Plan (MTR) is currently being finalized. Through this process, significant data gaps identified and MTR by product development has been planned but the government has no adequate support. Mechanisms to bridge data gaps before the end the NSP in 2023 as therefore needed and the Ministry requests support in this regard. Specifically, support is needed to develop County factsheets, Policy briefs and a UHC report.

The SDG progress report has been developed and again, major data gaps have been identified. Specifically, there is currently no mechanism for regular tracking of SDGs and the Ministry proposes that an SDG implementation framework is needed as well as an SDG Dashboard.

Planning and performance reviews are important for regular tracking of health sector performance and these are done annually at all levels of the health sector. However, planning and performance reviews are not well Institutionalized at all levels, guidelines in use are outdated and there is no consistent support in this area.

BRIEF PROGRESS AND KEY GAPS IDENTIFIED- 2020/21

The Kenya Demographic Health Survey is in planning stages. This provides an opportunity to collect additional data on UHC and SDGs, namely Financial risk protection; NCDs bio markers; COVID rapid tests, KAPS. Ideally, modules on UHC, COVID need to be added and supported and NCD module needs strengthening.

Civil Registration and Vital Statistics (CRVS) systems are weak in Kenya. Because of this, there is difficulty in estimating COVID associated mortality. To support this gap, Rapid Mortality Surveillance is being implemented to estimate excess mortality in the context of COVID-19. Long term, there is a need to strengthen death notification (community and facility), registration and cause of death reporting.

Primary Health Care Vital Signs profiles have been developed at National and sub national levels. However, PHC Progression models to populate the capacity pillar of the Vital Signs profile of PHC systems have not been implemented.

Implementation of UHC is underway in Kenya. To support this, annual evaluations to evaluate progress are needed to complement key evaluations ie Facility assessments, Client experience.

DHIS2 is a key source of service delivery data. The platform is well implement and used widely. However due to limited capacity, data is often of poor quality. There is need to build capacity of staff to collect and analyze data to support decision making at all levels.



KEY DOCUMENTS

Kenya Health Sector Partnership Framework part 1

Kenya Health Sector Partnership Framework part 2

National Community Health Digitization Strategy

KEY INTERVENTIONS AND PARTNER MAPPING MATRIX

PRIORITY 1

OBJECTIVE: IMPROVED AND INSTITUTIONALIZED MONITORING OF PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS, UNIVERSAL HEALTH COVERAGE AND NATIONAL HEALTH SECTOR GOALS.

Proposed Activities	Key Deliverables	Duration	Implementer	Stakeholders	Estimated Budget (USD)
Develop County factsheets, Policy briefs from the MTR	County factsheets, Policy briefs	3 months	MOH	MOH, Counties., Partners	70,000
Develop an SDG implementation framework to Institutionalize measurement of SGDs	SDG accelerator roadmap	4 months	MOH/WHO	MOH, Counties., Partners	79.412
Develop mechanisms to address data gaps identified in MTR before end of the NSP in 2023 and Support SDG reporting	Data available to bridge critical gaps	6 months	MOH/WHO	MOH, Counties., Partners	79.412

PRIORITY 2

OBJECTIVE: IMPROVED AND INSTITUTIONALIZED MONITORING OF HEALTH SECTOR PERFORMANCE REVIEWS.

Proposed Activities	Key Deliverables	Duration	Implementer	Stakeholders	Estimated Budget (USD)
Institutionalization of planning and performance reviews at all levels	<ul style="list-style-type: none"> * Updated planning and review guidelines * Review reports 	6 Months/ Annually	MOH/ Partners	MOH, Counties., Partners	204,811
Implement annual evaluations	<ul style="list-style-type: none"> * Produce health facility readiness reports * Produce customer satisfaction reports 	6-12 months	MOH, Counties, Partners	MOH, Counties., Partners	5,882,352

PRIORITY 3

OBJECTIVE: IMPROVED AVAILABILITY AND RELIABILITY OF VITAL STATISTICS

Proposed Activities	Key Deliverables	Duration	Implementer	Stakeholders	Estimated Budget (USD)
Strengthen death notification, registration and cause of death reporting in Kenya	<ul style="list-style-type: none"> * Rapid Mortality Surveillance implementation * Digitization of notification system * Development of Vital statistics report * Scale up of ICD-11 training 	12 months	WHO, Vital Strategies, UNECA, CDC	MOH/ Partners	300,000



PRIORITY 4

OBJECTIVE: IMPLEMENTATION OF PROGRESSION MODEL TO POPULATE THE CAPACITY PILLAR OF THE PRIMARY HEALTH CARE VITAL SIGNS PROFILE

Proposed Activities	Key Deliverables	Duration	Implementer	Stakeholders	Estimated Budget (USD)
Implement the progression model of the VSP	* Completed and validated progression model * Completed Vital signs profile	3 months	MOH/ Partners	MOH, Counties., Partners	94,060
Implement annual evaluations	* Produce health facility readiness reports * Produce customer satisfaction reports	6-12 months	MOH, Counties, Partners	MOH, Counties., Partners	5,882,352

PRIORITY 5

OBJECTIVE: IMPROVED DATA QUALITY AND DATA AVAILABILITY FOR DECISION MAKING

Proposed Activities	Key Deliverables	Duration	Implementer	Stakeholders	Estimated Budget (USD)
Data Quality Assessments based on DHIS2	* Implement DQAs to improve quality of data	12 months	MOH, Counties., Partners	MOH, Counties., Partners	700,000
Capacity building for data analysis strengthening	* Improved data analytics capacity * Scale up technical capacity of health workers to analyze data to support decision making	12 months	MOH, Partners	MOH, Counties., Partners	300,000
Institutionalize Support supervision at all levels	* Supervision reports	6 months	MOH/WHO	MOH, Counties, Partners	50,000



PRIORITY 6

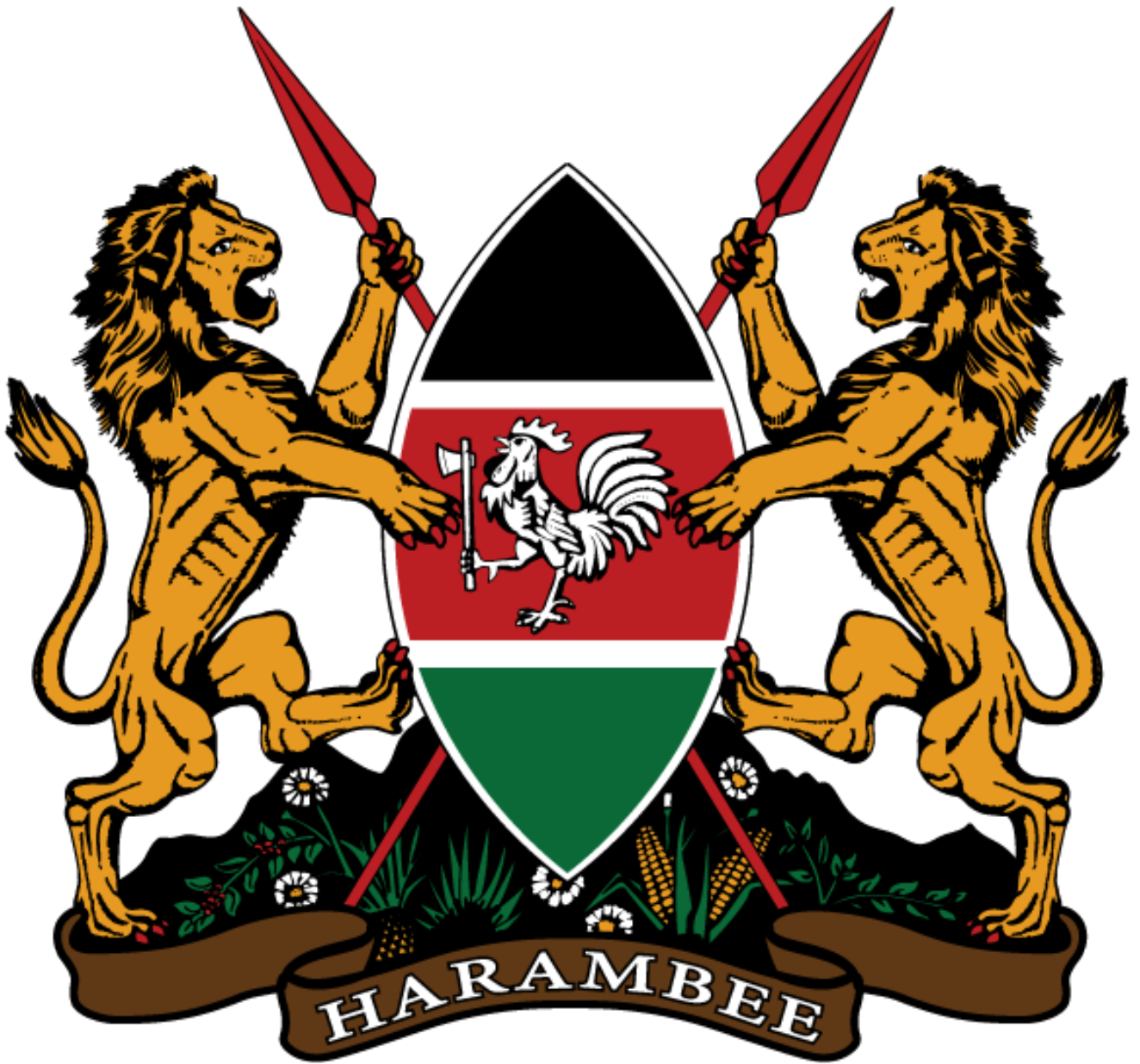
OBJECTIVE: IMPROVED AND CONSISTENT REPORTING AND USE OF POPULATION BASED SURVEYS

Proposed Activities	Key Deliverables	Duration	Implementer	Stakeholders	Estimated Budget (USD)
Support for Kenya Demographic Health Survey (KDHS) 2021	* KDHS report * Questionnaires and modules developed to address data gaps	6 Months	MOH/ WHO	MOH, Counties., Partners	250,000

PRIORITY 7

OBJECTIVE: SUPPORTED DIGITIZATION OF NATIONAL HEALTH INFORMATION SYSTEMS

Proposed Activities	Key Deliverables	Duration	Implementer	Stakeholders	Estimated Budget (USD)
Support for Scale up of the digital health platform	* Scaled use of the digital health platform * Undertake trainings of health workers at subnational level	6 months	MOH	MOH, Counties., Partners	150,000





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