

Draft Concept note:

**PROPOSED  
ASSESSMENT OF PROGRESS MADE BY THE  
KENYA HEALTH DATA COLLABORATIVE**

***By the Kenya HDC Data Analytics Technical Working Group***

**October 2017**

## **Background**

In 2014, the Kenya Ministry of Health adopted the Kenya Health Sector Strategic plan (KHSSP) 2014-2018, a strategic document that provides a framework to guide the health sector priorities, implementation and arrangements at all levels including partnership arrangement for the period 2014-2018. Additionally, Kenya developed the Health Sector Monitoring and Evaluation Plan 2014-2018 to guide the monitoring and evaluation of the priorities as outlined in the Kenya Health Sector Strategic Plan 2014-2018.

In May 2016, stakeholders working in health in Kenya launched the Health Data Collaborative; guided by the principles of the global Health Data Collaborative that was launched in 2015. The aim of the Collaborative is to strengthen country health statistical capacity and stewardship for partners to align technical support and financial commitments around strong nationally owned Health Information System and common Monitoring and Evaluation Plan. Kenya became the second country in Africa after Malawi to launch the HDC approach.

### **What was the HIS/M&E Situation before the HDC initiative?**

The Ministry of Health (MOH) and stakeholders invested in the development of the first health sector Monitoring and Evaluation (M&E) plan to monitor the implementation of the health sector strategic plan. The goal of this framework is one functional sector wide M&E system for improved decision making, transparency and accountability in health. This has led to some coordination of M&E activities within the health sector. However, despite the presence of the M&E framework, its implementation was limited and there still existed disjointed and un-coordinated M and E efforts. There were program/disease based M&E systems operating in complete siloes which did not share data or information with each other. Most of these M&E systems satisfied the reporting needs of funding agencies and implementing partners but seldom met the reporting needs of the government and the health sector as a whole.

The health sector adopted DHIS2 as the ICT platform for reporting health sector indicators. Notable investments have been made in strengthening the routine reporting system (DHIS2) to make it more responsive to the needs of the sector and a more useful tool for sector performance monitoring. While DHIS2 was well accepted as the default routine reporting system and led to great improvement in the quality of health data, the sector continued to see mushrooming of patient management systems that did not share data with DHIS, leading to data gaps and the perennial parallel reporting system in the sector. This was attributed to the questionable quality of data from DHIS 2 and time horizon of the information by many stakeholders. There was still inadequate capture of information as well in DHIS such as the community based data/information.

In terms of providing direction to systems supporting health information systems strengthening, the MOH developed various policy documents and guidelines including the Revised HIS Policy 2014-2030, HIS Strategic Plan 2014-2018, eHealth Strategy, Health Sector Indicators Manual, EMR Standards and Guidelines, mHealth Guidelines and System Interoperability Guidelines. But in spite of this, the dissemination and use of these policy documents and innovations was limited and there was much ground to be covered especially in their institutionalization at sub-national levels.

The health sector also supported the development of various guidelines and SOPs for use by the sector players including county strategic planning guidelines, annual work plan guidelines, performance reviews and reporting guidelines. The health sector players found these tools useful, and their adoption and use especially at the county level has been impressive. However, capacity building for their use was limited to county level health management teams (CHMTs) leaving the lower level duty bearer deficient on the use and capacity; occasioned by budget limitations/constraints to cascade the training to the sub-county level. This led to a situation where sub-county units were not well empowered to participate in the planning and performance review process. Some implementing partners and Community Based Organizations' (CBOs), have also not participated in the planning and performance review processes, These has led to lack of ownership and commitment to the implementation of sub-national plans, data gaps where services offered are not reported through the government routine reporting system, proliferation of data collection structures.

The process of annual performance review including the development of annual performance reports is enshrined in the Kenya constitution as a means of enhancing accountability. The report demonstrates progress towards the achievement of the health sector targets. The review process is well entrenched in the sector culminating to a Health Congress where progress is shared and priorities for the subsequent planning cycle drawn based on the performance. Despite these efforts there is still limited use of existing information for decision making due to factors such as poor quality of reports, non-adherence to the review cycle among others.

Other investments that were being undertaken in the HIS and M&E include development of a Data Services Layer (DSL which is an interoperability platform enabling data sharing between various platforms. It is currently sharing data from DHIS2, Master Facility List (MFL), MCUL, Kenya Medical Supplies Agency (KEMSA), Enterprise Resource Planning (KEMSA-ERP), Integrated Human Resource Information System (IHRIS), the establishment of an MOH Data Centre, a patient level data warehouse and a HIS service desk where users experiencing system challenges with the priority MOH applications (DHIS, MFL, MCUL) and MOH approved EMRs call in and log their user queries for support. A health observatory is being established aimed at

harnessing data sources to inform research agenda, knowledge sharing and informed decision making; these innovations were still at their infancy stage.

There were concerted efforts to improve the Civil Registration and Vital Statistics (CRVS) System including the formation of management and coordination structures, better coordination of the different players e.g. MOH, civil registration department, partners among other efforts.

Innovative activities such as the use of *MOVE IT* have led to improvement in CRVS for health.

Comprehensive and accurate documentation of the vital events of birth and death was identified as key in determining population size (a key data element in a number of health indicators), disease burden, and the impact of interventions/programming in health.

Improving capacity of staff working in HIS/M&E within the health system has been a priority area in the sector. With devolution of health services, the need to strengthen the capacity at both levels of Government in terms of skills, tools of work and in numbers among others was identified. Imparting the necessary skills among staff working in HIS/M&E within the health system would go a long way in strengthening the system. Such skills would include data analytical skills among others.

Most of the development and implementing partners are signatories to a code of conduct, though follow up and reporting adherence to the principles as stipulated in the strategic plan were seen as weak. If done, this would provide incentives for better alignment if results are widely shared. While development partners have participated closely in sector partnership and coordination structures, implementing partners, FBOs, CBOs and the private sector have not made the best use of these structures to promote joint planning and monitoring. The sector also lacks a mechanism for attribution of outcomes to inputs or different interventions. As such, it is difficult to tell which interventions resulted in the most improvement in certain indicators.

Over the years, Kenya has made tremendous progress in the area of HIS/M&E and concerted efforts are required to safeguard the gains while at the same time working towards tackling the challenges for purposes of improvement. The health sector through the stewardship of the Ministry of Health adopted the HDC approach in order to work towards bettering the HIS/M&E system for the health sector.

### **Kenya HDC**

Kenya HDC rallied all key stakeholders behind one monitoring & evaluation framework. A detailed roadmap was developed with a focus on key priority areas: that included quick wins; short term priorities as well as long term priorities. The quick wins included activities identified under key thematic areas which were;

1. Improving data analytics (building data analytics capacity including conducting a mid-term review of the Health Sector Strategic Plan);
2. improving quality of care and performance improvement,
3. Operationalizing a new national health data observatory,
4. Improving CRVS, improving inter-operability of systems and
5. Conducting a rapid M&E system capacity assessment and review of M&E plan.

Stakeholders committed to support various activities that were identified and signed a joint communiqué committing to supporting the one M&E system in the country in May 2016.

Five Technical Working Groups (TWGs) were formed with membership drawn from all the health sector players in order to coordinate and ensure that the priorities were implemented. The TWGs developed detailed plans for the identified priorities (**annexed**). The TWGs include;

1. Analytics TWG
2. Interoperability of systems TWG
3. Kenya Health Observatory TWG
4. Quality of Care TWG
5. Civil Registration and Vital statistics TWG

The TWGs have made a lot of progress in implementing activities that had been identified in the Kenya HDC (KHDC) roadmap as the quick wins. The TWGs have also developed priorities for the Financial Year 2017-18 based on the overall focus areas that were identified in the KHDC roadmap.

After one year of implementation of the HDC approach in the country, it is critical to carry out an assessment with a view of informing the operations of the HDC initiative as well as the implementation of future priorities.

#### **What questions do we want to answer?**

1. What progress has been made in the implementation of the priorities that were identified by the HDC?
  - Ministry of Health articulating and promoting a strong HIS/M&E strategy for Kenya including the counties
  - Partners aligning with the national strategy and plan, and strengthening country capacity
  - Strengthening the HIS and M&E practices in counties.

2. How has the coordination of the HDC partners been?

- How many partners are aligning with the One M&E Framework and what is the basis for alignment? Which partners?
- What positive changes have taken place that demonstrates better coordination and alignment? (What examples show the “before HDC vs. after HDC” impact?) What incentives have contributed to these positive changes?

3. How has the adherence to the HDC principles been?

(Stewardship; Alignment; harmonization etc.)

4. What challenges have been encountered?

5. How could the HDC approach be done to ensure better outcomes and impact? What are the lessons learnt? What are the recommendations based on the findings/way forward?

6. How can we demonstrate improvement in data quality and improved decision making?

### **Objectives of the assessment**

#### **Broad objective**

1. To assess the progress and status of implementation of the HDC approach in Kenya.

#### **Specific objectives**

1. To assess the progress made in the implementation of the specific activities that are in the KHDC roadmap /the ‘quick wins’ by the MoH and partners in the past year
2. To assess the roles and contributions by the different stakeholders in the implementation of the roadmap (MOH, other Government departments, funding and implementing partners, civil society).
3. To assess the adherence to the principles of the HDC and whether this has improved the efficiency of technical and financial investments; stewardship, coordination, etc.
4. To assess 4-5 counties in terms of M&E needs and capacity
5. To identify challenges, lessons learnt for purposes of improvement (how could the approach be implemented more effectively; could the approach have been implemented better?)
6. To propose the way forward including strengthening of the national M&E platform.

### **Methodology**

The process shall be coordinated by the Analytics Technical Working Group which operates under the newly launched Health Information and Research Inter-agency Coordinating

Committee (HIS/Research ICC). An external independent consultant or consultant team with expertise in M&E shall be hired to do the work.

**There are three components to the review:**

- 1) Desk review of existing documents to assess current strategies and plans, and where possible their implementation status. This will include government documents as well as partner documents, and reports from other reviews. This will include an assessment of previous M&E strategies.
- 2) Key informant interviews, using a guide, shall be conducted. The key informants shall be drawn from the health stakeholders constituents; MOH leadership and technical staff at national level, county leadership and staff, development partners for health in Kenya, as well as desk officers in Kenya e.g. Global Fund, and, as relevant Kenya Health NGOs Network; civil society organisations, private sector and representatives of academic institutions.
- 3) Rapid assessment of four counties: this will involve a field visit to the counties, and include interviews with the health management teams to assess M&E practices, capacity and needs.

The anticipated number of person days required to complete the assessment is 15:

- Desk review: 3 days
- Key informant interviews: 4 days
- County visits: 5 days
- Report writing: 2 days
- Feedback sessions: 1 day.

**Dissemination of the results**

The results of the review shall be shared in the various health sector fora including the health Information and Research ICC; Health Sector Intergovernmental forum; the respective actors coordinating structures such as the DPHK; Health NGOs network, the Faith Based Organizations and the private sector forum. The report shall also be shared during the annual health sector review conference (Health Congress). It will additionally be shared with HDC secretariat and partners for global lesson learning.

## Timeline

Activity		October/ November/ December 2017	January 2018	February 2018	March 2018
1	Development and approval of Concept Note; TORS;				
2	Hiring of consultant/consultant team				
3	Data collection				
4	Data Analysis and Report compilation				
5	Presentation of draft report to Analytics TWG and the HIS/research ICC for any inputs (one day)				
6	Circulation of reports to other stakeholders for inputs/comments				
7	Finalization of report and Approval by MOH leadership				
8	Dissemination of the findings				(TBD) Other fora in the sector

## Resource Requirements

tbd

## Resource Materials

- Kenya Health Policy 2014-2030
- Kenya Health Sector Strategic and Investment Plan 2014-2018
- The mid-term review of the Kenya Health Sector Strategic Plan 2016
- HIS/M&E Investment mapping report
- M&E Capacity assessment by PIMA
- HIS Strategy
- The Kenya Health Sector M&E framework/plan 2014-18
- The KHDC Concept Note;
- The KHDC Conference Report



## ANNEXES

### Annex 1

<b>OUTPUTS &amp; INDICATORS</b>	
<b>Output 1:</b>	<b>Increased capacity for data analysis of the Kenya health sector strategic plan</b>
<b>Output indicators</b>	1.1 Coordinated support in analytical capacity building at national and subnational level (linked to global HDC log-frame indicator 7.4)
<b>Output 2:</b>	<b>Mid-term review of the Kenya Health Sector Strategic Plan 2014-2018</b>
<b>Output indicators</b>	2.1 Analytical reports of health sector and programme specific progress and performance, including data triangulation. (linked to global HDC log-frame indicator 7.2 )
<b>Output 3:</b>	<b>Quality of care and performance improved</b>
<b>Output indicators</b>	3.1 Joint investment plan for facility survey of readiness, adherence to quality and patient satisfaction (linked to global HDC log-frame indicator 2.7)
	3.2.Methodologies to assess and improve quality of care implemented (linked to global HDC log-frame indicator 2.9)
<b>Output 4:</b>	<b>National health observatory operationalized</b>
<b>Output indicators</b>	4.1. Health data accessible through Kenyan national observatory (linked to HDC log-frame indicator 8.1)
<b>Output 5</b>	<b>Improved civil registration and vital statistics (birth and death registration, ICD training, verbal autopsies)</b>
<b>Output indicators</b>	5.1.Improved capacity on use of CRVS tools (linked to HDC log-frame output 4 )
<b>Output 6:</b>	<b>Strengthened M&amp;E system capacity</b>
<b>Output indicators</b>	6.1 Common investment framework developed and used by partners and government (linked to global HDC log-frame indicator 1.4) (Additionally: How many partners have participated in the mapping exercise that supports the development of the common investment framework? If some partners haven't participated, why haven't they? What progress has been made toward developing the common investment framework?)
	6.2. Civil society groups and academia are actively engaged to promote and monitor one country led platform for data access, use and accountability (linked to global HDC log-frame indicator 1.5)

### Annex 2

KI guide (to be completed)