

THE KENYA HEALTH DATA COLLABORATIVE

“EXPERIENCE AND WAYFORWARD”

MINISTRY OF HEALTH

www.health.go.ke

11th September 2017

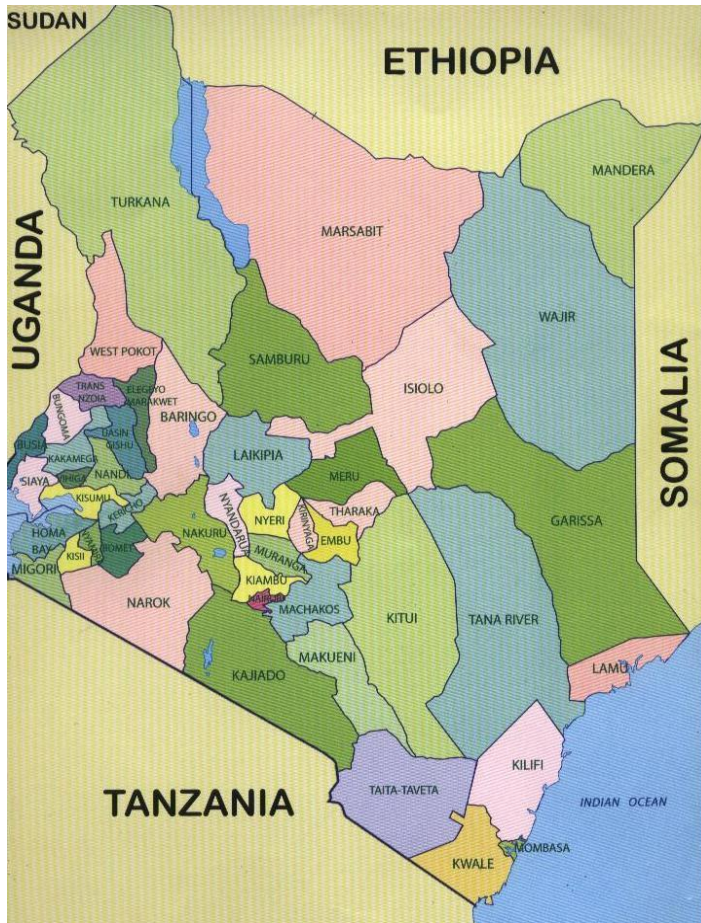


OUTLINE

- Introduction /background
- Kenya Health data collaborative Launch
- The commitments
- Governance of HDC at country level
- Progress towards achieving the commitments
- Challenges/opportunities
- Lessons Learnt and next steps



INTRODUCTION/BACKGROUND



Kenya health system been devolved since March 2013 (47 autonomous devolved health units + national government;

Counties in charge of health service delivery and National level in charge of policies and setting standards;

Hence need for creating **robust, harmonized and efficient** Health information system for each of the units and for entire nation in order to track progress on health commitments including SDGs.

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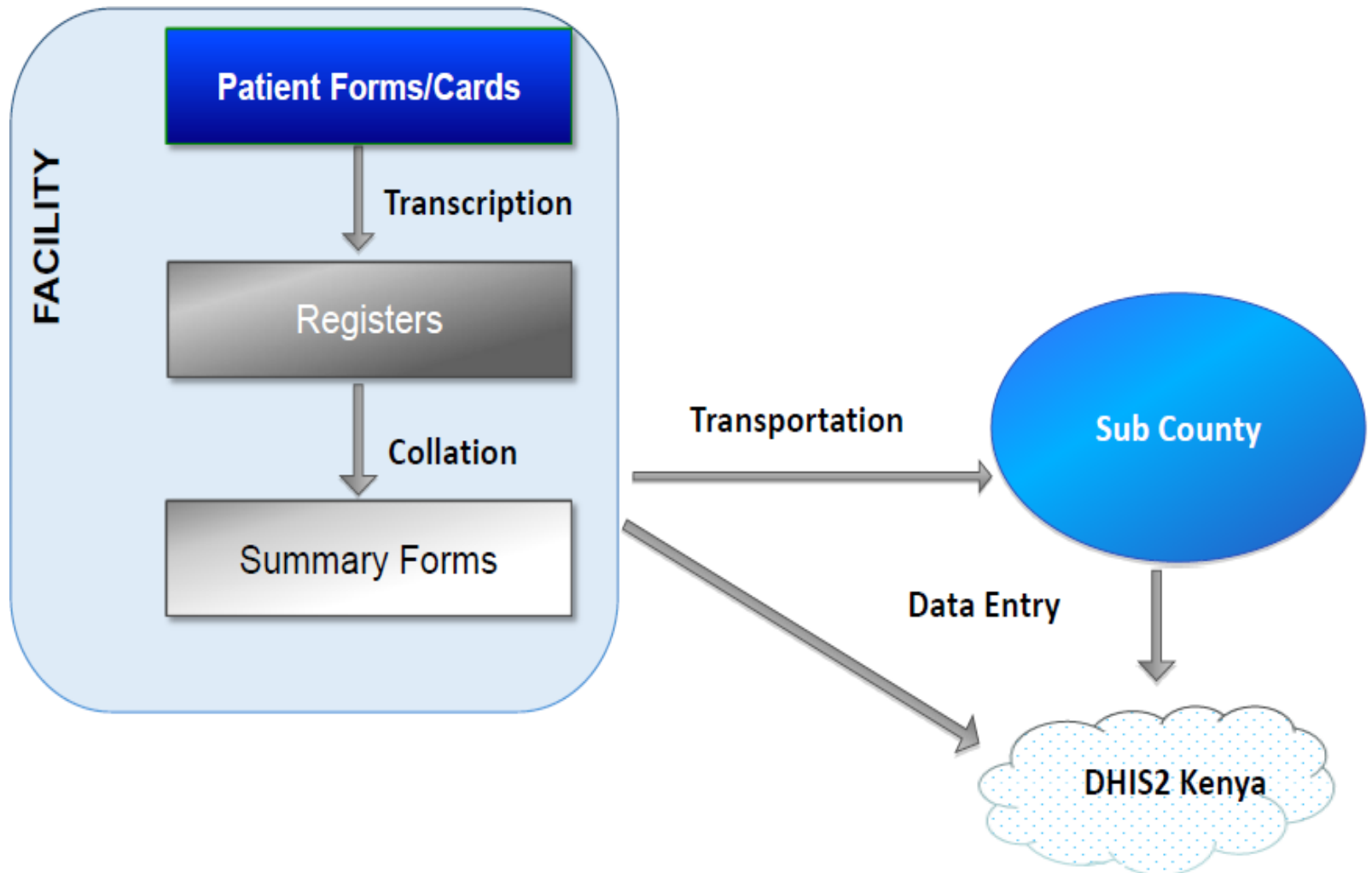


Background

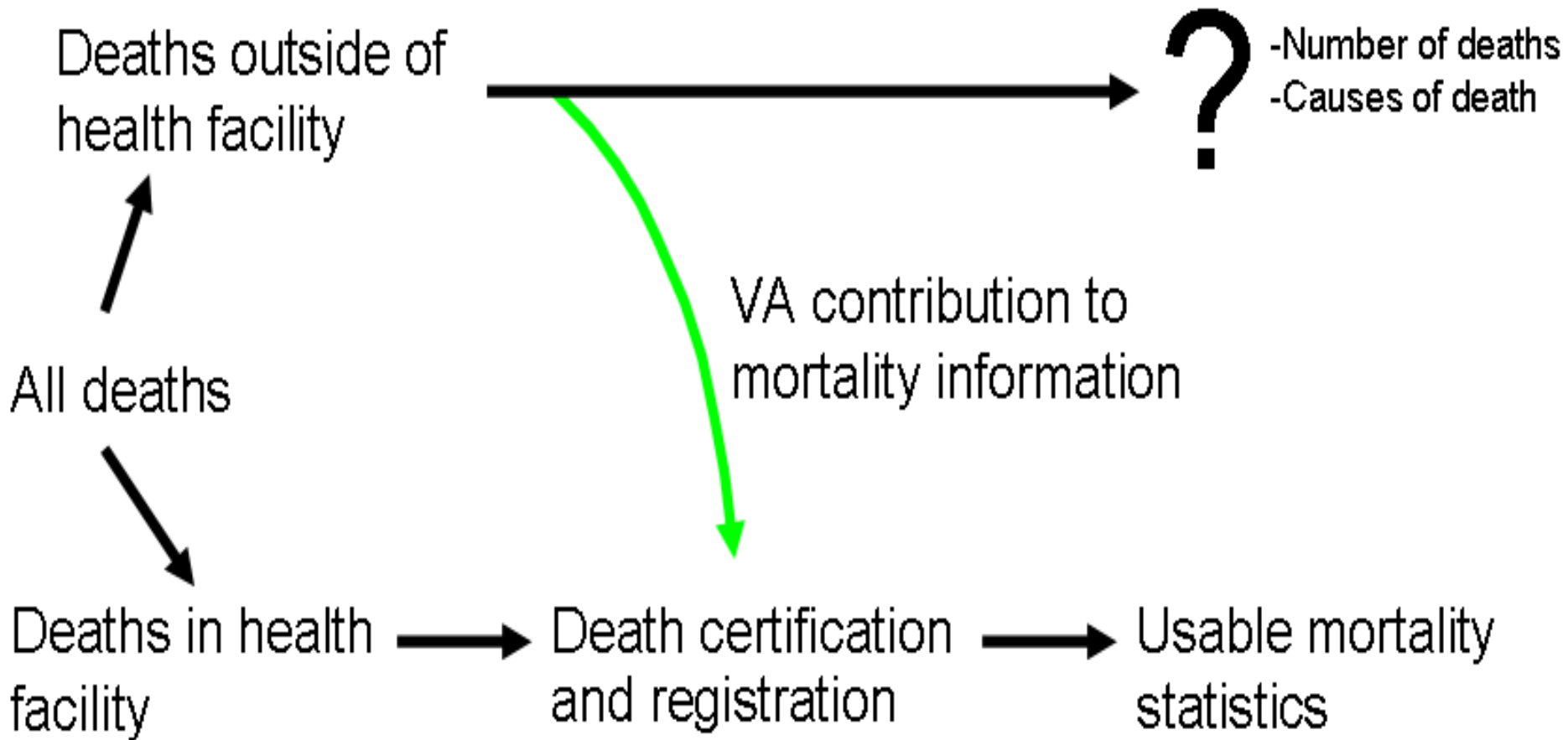
- Kenya Health information system undergone full cycle
 - little or no data;
 - paper based (unstructured and structured);
 - current mixed paper and electronic medical records)
 - Parallel reporting systems to current integrated
- Data currently captured through the common data platform i.e. DHIS 2
- Programs already on board the DHIS 2
- Efforts underway to inter-operate the few remaining areas (e.g. disease surveillance;)



DATA FLOW



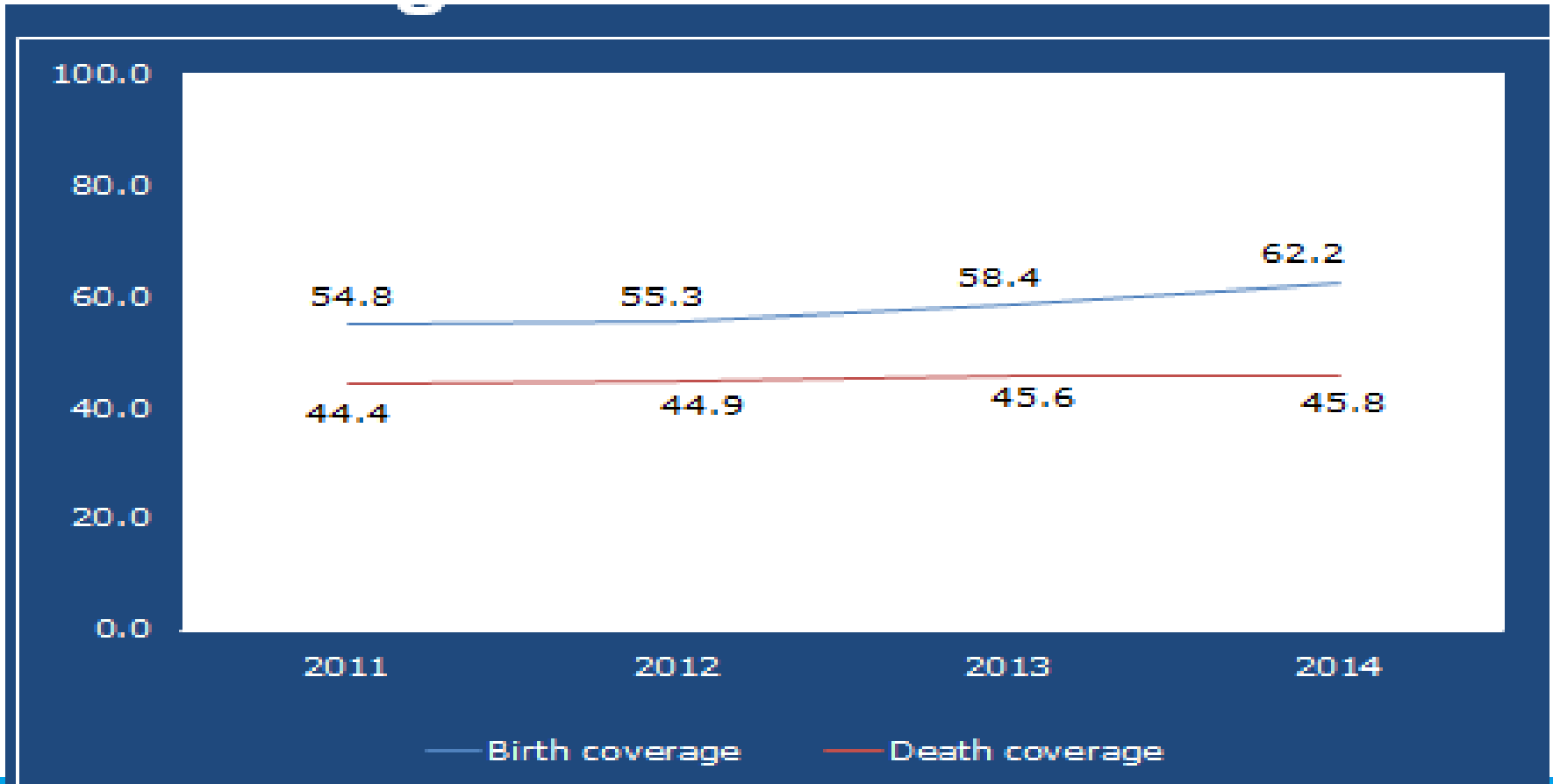
Vital Statistics



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National birth & death registration coverage



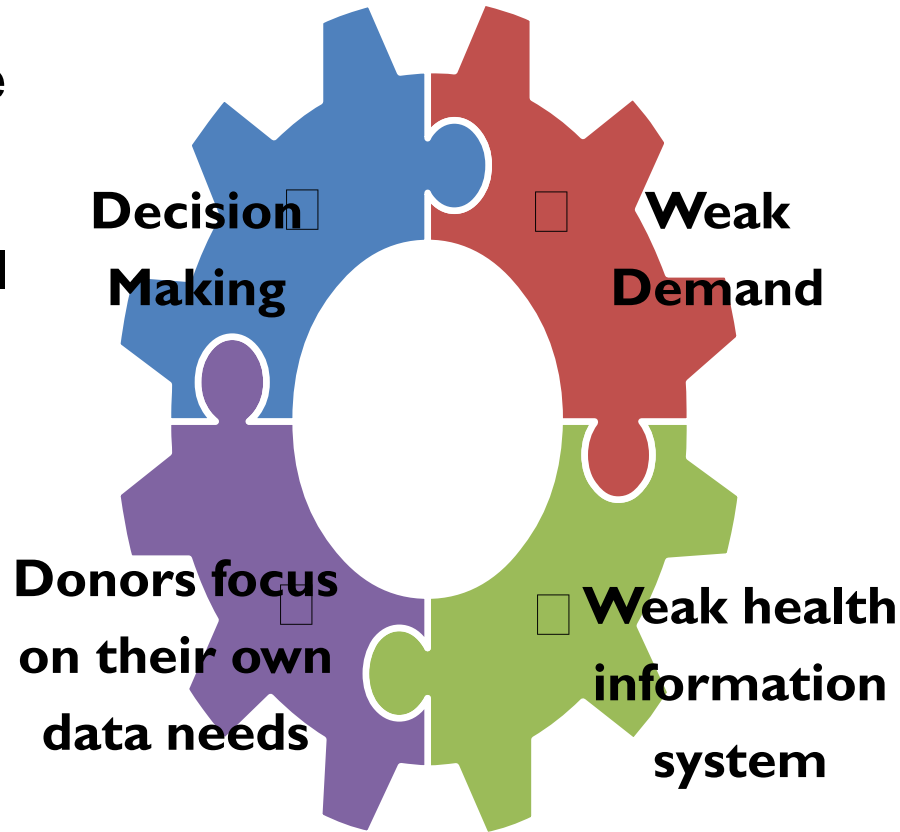
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Background; Problems in Health information system

Data not trusted or use for policy making at Country Level

Limited Capacity to Generate and Analyze Data



Sectional Interests, donor demand, inertia etc

Little investments in Health Information Systems

-
- The newly formed ***Health Data Collaborative*** came to help through invitation and leadership of the Government.(MOH)

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The Kenya Health Data Collaborative (KHDC) Launch

- Kenya made a request to Health Data Collaborative
- With specific priorities
- Kenya Health Data Collaborative was launched in May 2016 (KHDC conference)



KHDC CONFERENCE

Specific objectives of the Kenya HDC conference were

1. Raise the SDG profile and the global effort to strengthen country-led platforms for information and accountability among MoH officials, partners and stakeholders
2. Rally stakeholder support around a common M&E framework, ensuring a clear plan for long-term support of coordination mechanisms
3. Agree on a high-level roadmap for implementation of priority HIS/M&E actions and get high-level commitments from partners for aligned support
4. Agree on a roadmap for implementing some selected key high priority quick wins.

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Participation

- Stakeholders---"*involvement of all is key*"
- The Deputy President office ; (*Political leadership also key*)
- Ministry of Health (*Government/Ministry Of Health stewardship is key*)
- Line Ministries/departments (**Kenya Bureau of statistics; Civil Registration department**)
- Counties-
 - Departments of Health
 - Council of Governors
- Development Partners for Health in Kenya (DPHK)
- Health NGOs Network (HENNET)
- Civil Society Organizations
- Private sector---Kenya Health Federation
- Religious organization;
- Academic Institutions -----Universities
- International partners—HDC partners

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The commitments

- All Stakeholders signed a joint communiqué --- committing to a common Country Monitoring and Evaluation framework /plan
- All stakeholders adopted and agreed to implement common priorities that were outlined in a roadmap
- N/b the priorities were grouped into quick wins (implemented in 100 days); medium term and long term
- Partners committed to support different priorities in the roadmap (to avoid duplication; encourage efficiency)
- Technical Working teams formed to drive the priorities



A ROAD MAP FOR IMPLEMENTATION ADOPTED BY ALL STAKEHOLDERS



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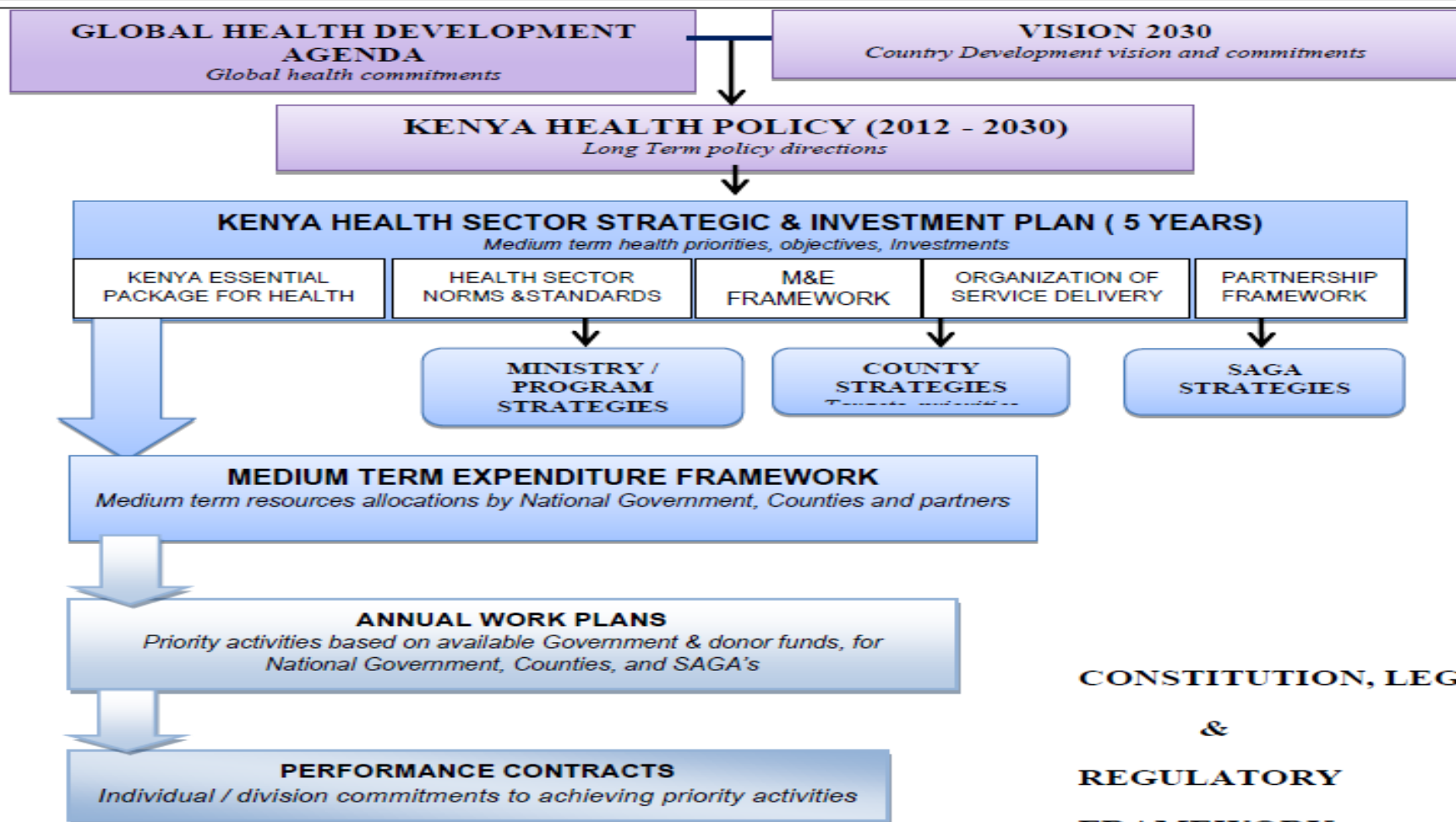


GOVERNANCE OF HDC AT COUNTRY LEVEL

- What guides the actors in Kenya ??
- Use of existing structures
- Common planning framework
- Common budgeting framework
- Common M/E framework and plan
- The partnership framework of Kenya



Overarching common Planning framework

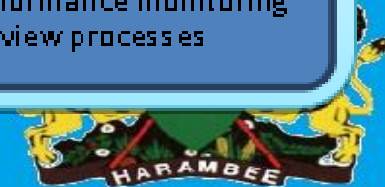
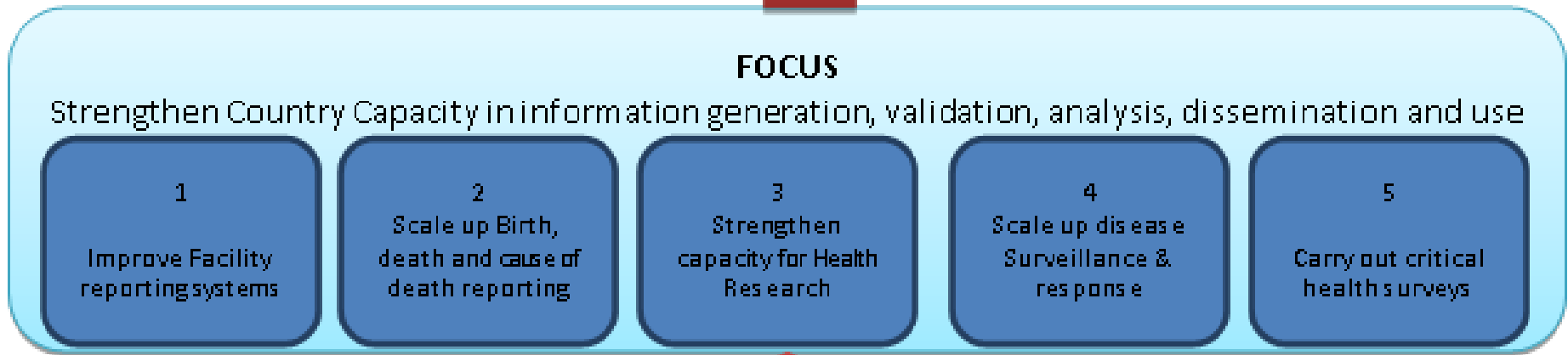


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Agreed on Scope of Sector M&E

PURPOSE
Improved technical accountability in Health



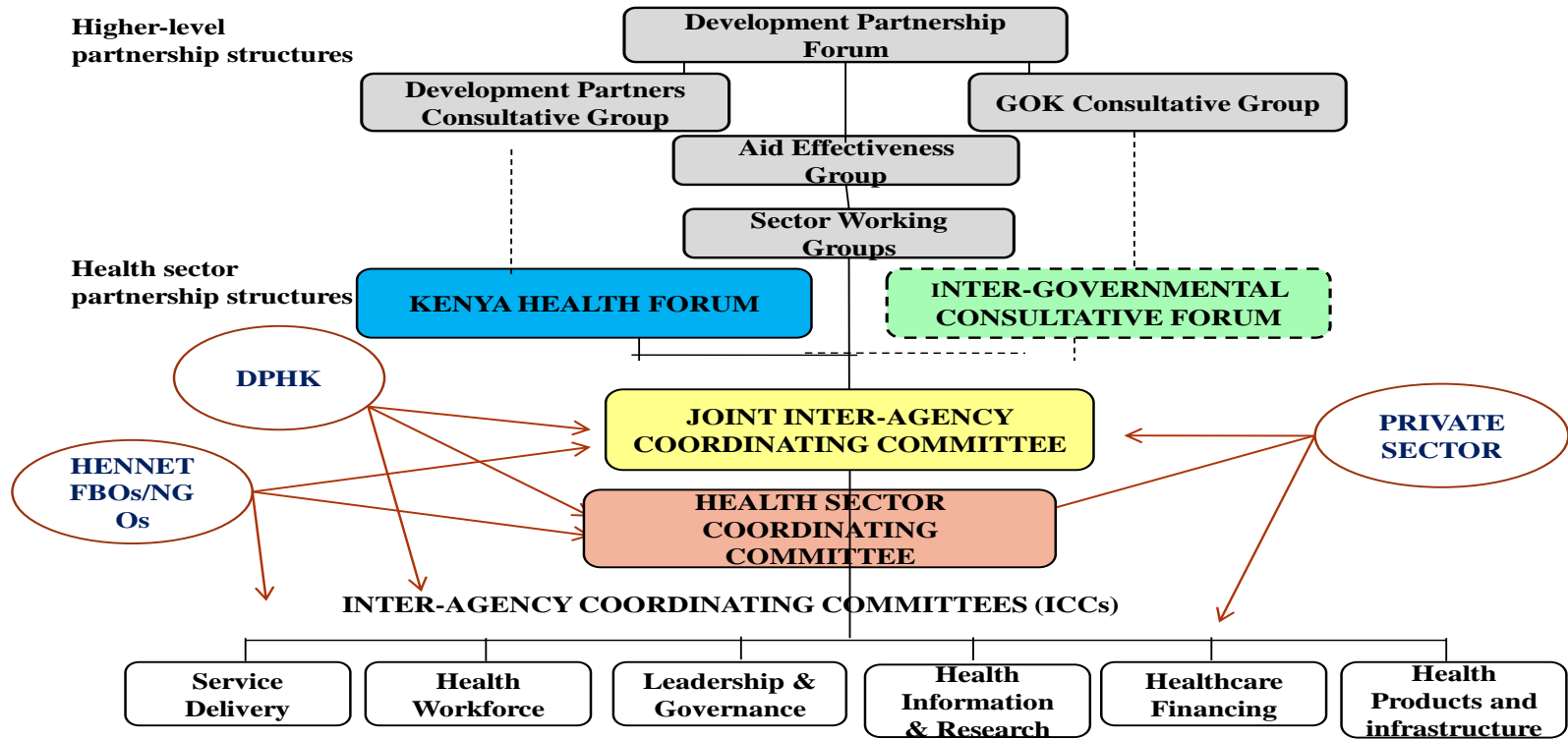
THE PARTNERSHIP FRAMEWORK

- **Kenya Health Forum**
- **Health Sector Coordinating Committee (HSCC)**
- **Interagency Coordinating Committees (ICCs):**
 - There will be six core ICCs at National level:
 - Service delivery
 - Leadership and Governance
 - Health products and Technologies & infrastructure
 - Health financing
 - Human resource for Health
 - **Health information & research ******
- Under; ICCs ---**Technical Working Groups (TWGs)** or task forces ---to address priority issues and areas of focus.
- 5 KHDC TWGs work under the Health Information and Research ICC

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Aid Effectiveness and Health Sector Partnership Coordination Framework, KHSSP 2014-18



The TWGS are

- I. Analytics
- II. CRVS
- III. Quality of care
- IV. Kenya Health Observatory TWG
- V. Inter-operability TWG



Constituency coordination structures

- Different actors have--own constituency-based coordination structures;
 - MOH Senior Management Team;
 - Council of County Health Executives;
 - Development Partners in Health Kenya (DPHK), for donors and technical partners;
 - Faith-based associations: Christian Health Association of Kenya (CHAK), Catholic Health Commission (KEC-CS), Supreme Council of Kenya Muslims (SUPKEM);
 - Health NGO Network (HENNET) for NGO/FBO service providers and implementing partners;
 - Kenya Healthcare Federation (KHF) for private-for-profit service providers.



- **RESULTS /WHAT HAS CHANGED?**

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- **Improving on Data analytics**

- **Midterm review** of strategic plan
- Trend, equity and efficiency analyses
- County specific score cards developed (accountability tool)
- Capacity building of staff on **data analytic**

- **Quality of care, improving performance**

- Client satisfaction audits, adherence to guidelines, supportive supervision

- **Improving Civil Registration and Vital Statistics; training coders and certifiers, verbal autopsies; first ever mortality study ongoing**

- **Setting up a Kenya Health observatory******

- All health data/statistics and Health Research
- A proto -type Kenya Health Observatory ; work in progress

- **Mapping of Resources for M/E in the health sector (who is doing what where, how much ---for better alignment)**

- **Inter-operability of systems**

- SOPS; Guidelines in place

Kenya's
process is
mostly
country
driven, with
technical
assistance
from HDC
partners



The Results /what has changed?

- High level of support; by Ministry leadership- Cabinet secretary; Principal secretary
- Strong Country stewardship
- Better aligned support by partners; (Agreement to support one M/E Plan in line with the "4 ones"" ==one plan, one budget, one M/E; one coordination system)
- Avoidance of duplication; MTR; Surveys (mini SARA; DQR; Client exit survey;); currently stakeholders planning to carry out SPA and SARAM.



Results

- Improved Use of the routine data from the DHIS platform (stakeholders agreed on DHIS as the default reporting system for routine information from facilities.
**N/B Mid term of strategic plan –data From DHIS
- Supporting quality data for informed decision making at all levels (Accountability tools e.g. score cards already being rolled out e.g. Facility scorecard)
- Improved vital statistics data ; through efforts such as training coders and certifiers as well as use of Maternal child Health clinics for birth registration
***Vital registration department currently compiling report

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Challenges

- Different regions in the country are also at different levels of development even in information system and hence different priorities for sub regions
- Use of ICT; Not all facilities are covered e.g. Most primary care facilities
- ***Coordination of all partners still a challenge. Mainly because agencies have different systems e.g. funding mechanisms, different cycles etc.
- Limited resources



Lessons learnt

- HDC approach is crucial in helping countries improve their Health information system
- Country (Ministry) stewardship is crucial
- Political Leadership important ---In Kenya—deputy presidents office is highly involved
- Stakeholders involvement at all stages (Government; partners, academia, private, Civil society; NGOs etc.)
 - Planning, implementation, review etc
- Range of skills and distribution of roles in teams. e.g. several multi-stakeholders working groups
- Use of country plans/priorities. (Kenya has a common M/E Plan for the health sector guided by the Health strategic plan)



Lessons Learnt

- Need clear work plans with clear deliverables for all stakeholders (specific commitments from partners)
- ***Clear monitoring framework for the commitments
- Strengthen existing systems (not creating new ones)
 - E.g. existing Coordination, management and partnership structures
 - Existing plans national Health M&E Plan or Health Information System (HIS) Plan
 - Existing infrastructure e.g. ICT platforms etc.



Next steps for Kenya HDC

- Continued Implementation of Priorities as outlined in the roadmap n/b the TWG have developed the priorities for the current financial year
- Sub-National Chapters (Regional Chapters)
- N/b Common Investment plan based on resource mapping
- ***Review/an assessment of KHDC after over one year of existence /implementation (to document lessons for purposes of improving and also sharing with peers



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Thank You

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