THE KENYA HEALTH DATA COLLABORATIVE

“EXPERIENCE AND WAY FORWARD”
OUTLINE

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

FACILITY

Patient Forms/Cards

Transcription

Registers

Collation

Summary Forms

Transportation

Sub County

Data Entry

DHIS2 Kenya
Vital Statistics

Deaths outside of health facility

- Number of deaths
- Causes of death

VA contribution to mortality information

All deaths

Deaths in health facility

Death certification and registration

Usable mortality statistics
National birth & death registration coverage

MINISTRY OF HEALTH
Background; Problems in Health information system

- Data not trusted or use for policy making at Country Level
- Donors focus on their own data needs
- Sectional Interests, donor demand, inertia etc
- Weak health information system
- Limited Capacity to Generate and Analyze Data
- Little investments in Health Information Systems
• The newly formed **Health Data Collaborative** came to help through invitation and leadership of the Government. (MOH)

[www.healthdatacollaborative.org](http://www.healthdatacollaborative.org)
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)
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.
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
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
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

GLOBAL HEALTH DEVELOPMENT AGENDA
Global health commitments

VISION 2030
Country Development vision and commitments

KENYA HEALTH POLICY (2012 - 2030)
Long Term policy directions

KENYA HEALTH SECTOR STRATEGIC & INVESTMENT PLAN (5 YEARS)
Medium term health priorities, objectives, investments

KENYA ESSENTIAL PACKAGE FOR HEALTH
HEALTH SECTOR NORMS & STANDARDS
M&E FRAMEWORK
ORGANIZATION OF SERVICE DELIVERY
PARTNERSHIP FRAMEWORK

MINISTRY / PROGRAM STRATEGIES
COUNTY STRATEGIES
SAGA STRATEGIES

MEDIUM TERM EXPENDITURE FRAMEWORK
Medium term resources allocations by National Government, Counties and partners

ANNUAL WORK PLANS
Priority activities based on available Government & donor funds, for National Government, Counties, and SAGA’s

PERFORMANCE CONTRACTS
Individual / division commitments to achieving priority activities

CONSTITUTION, LEGAL & REGULATORY FRAMEWORK

MINISTRY OF HEALTH
Agreed on Scope of Sector M&E

PURPOSE
Improved technical accountability in Health

FOCUS
Strengthen Country Capacity in information generation, validation, analysis, dissemination and use

1. Improve Facility reporting systems
2. Scale up Birth, death and cause of death reporting
3. Strengthen capacity for Health Research
4. Scale up disease Surveillance & response
5. Carry out critical health surveys

STEWARDSHIP GOALS

1. Support establishment of a common data architecture
2. Enhance sharing of data and statistics
3. Improve performance monitoring and review processes
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

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

Higher-level partnership structures

Development Partnership Forum

Development Partners Consultative Group

GOK Consultative Group

Aid Effectiveness Group

Sector Working Groups

Health sector partnership structures

KENYA HEALTH FORUM

INTER-GOVERNMENTAL CONSULTATIVE FORUM

JOINT INTER-AGENCY COORDINATING COMMITTEE

HEALTH SECTOR COORDINATING COMMITTEE

INTER-AGENCY COORDINATING COMMITTEES (ICCs)

PRIVATE SECTOR

Service Delivery

Health Workforce

Leadership & Governance

Health Information & Research

Healthcare Financing

Health Products and infrastructure
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?
Kenya’s process is mostly country driven, with technical assistance from HDC partners.

Kenya’s Quick been implemented:

- 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
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
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

MINISTRY OF HEALTH
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
Please visit;

www.healthdatacollaborative.org
Thank You