



Kenya Health Data Collaborative (HDC)

TWGs Progress Report

2018

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Introduction

In June 2015, the leaders of global health agencies and participants in the Summit on Measurement and Accountability for Health endorsed the Health Measurement and Accountability Post 2015 Roadmap and Five Point Call to Action, identifying a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda. Implementation of the roadmap and call to action requires specific country-led activities by country stakeholders and development partners with a focus on strengthening the country monitoring and evaluation (M&E) platform for improved measurement of results and accountability.

Global stakeholders interested in collaborating on health data investments joined together to form the Health Data Collaborative (HDC). The main purpose is to enhance country statistical capacity and stewardship and for partners to align their technical and financial commitments around strong nationally owned health information systems and common monitoring and evaluation plan. The work at global level to establish common standards, indicators and databases will be geared to contribute to countries health information systems.

In May 2016, Kenya became the 2nd African country to launch Health Data Collaborative with an aim of transforming health systems and providing quality health care to its citizens. A detailed roadmap was developed with a focus on key priority areas, that included quick wins, short-terms priorities as well as long term priorities as was outlined in the concept note. To achieve these, stakeholders committed to support various activities that were identified and signed a joint communique in this effect.

Five technical Working Groups were formed with membership drawn from all the health sector players to coordinate and ensure that the priorities were implemented. The technical working groups include:

1. The Data Analytics TWG
2. Inter-operability TWG
3. Kenya Health Observatory TWG
4. Quality of care TWG
5. Civil registration and Vital Statistics TWG

In view of these the TWGs have made a lot of progress in the implementation of the activities that had been identified in the Kenya HDC roadmap as the quick wins and medium term plans priorities for 2017/18. After one and a half years of implementation of the HDC approach in the country, the following are TWGs' progress, and priorities moving forward. Also identified were the challenges that they have experience so far in the implementation of their activities.

Progress Report from the TWG

The following were the highlights from the various TWGs outlining the achievements, priorities, challenges as well as the way forward.

A. Civil registration and vital statistics system (CRVSS) TWG

Civil registration and vital statistics system in the county has been undergoing a lot of re-engineering of its process to improve registration and quality of vital events. The effort was done through joint operation from ministry of Health, civil registration services and other stakeholders.

Achievements

The following were the achievements from the CRVS TWG:

1. Scale up ICD training to counties where on average 12 coders and 10 certifiers train on medical certification and use of ICD to report MCCOD from Hospital. At least 10 counties benefited Global Fund and 4 National referral hospitals through WB-THS during current financial year.
2. Implement VA in Rachuonyo North sub-county using standard international tools. The activity done with support of KEMRI-CDC based prove of concept on WHO VA 2016. Draft report exists and proposed are of improvement on VA tool like MCCoD questions which should not be there.
3. Mortality Study (2012-2016) and report shared during the Kenya Health Forum 2018.
4. Develop/strengthen use of verbal autopsy through Community Strategy by community Health workers. Effort made and VA tool improvement done and need strategies for scaling up and linking with DHIS. Country team participated on African and Latin America on Capacity building on Open pipeline, DHIS integration and ODK
5. Develop VA standards, guidelines and training materials. Draft document exist. Need a lot of work to domesticate to Kenya Context.

Pending Activities

The following are the activities awaiting implementation:

1. CRS mid-term strategic plan review. There still institutional reorganization and majority of the stakeholders are still under learning base under new management.
2. Quarterly mortality statistics sub-committee meetings. Very few teams exist and active on pushing CRVS agenda. The changes on most organizational have affected participation. Current active members are from MoH, CRS, KEMRI-CDC and WHO. Some institution like KNBS is not active beside CRS organization changes.
3. Follow up ICD implementation through monitoring, mentorship, CMEs, training in ANACOD & CoDEdit. Due to delay in funding under new model. The activity implementation delay.
4. Data quality workshops and review meetings not done due to delay in funding under new model.
5. Quarterly mortality surveillance. No commitment to support the establishment and setting up to strengthen availability of mortality data and quality improvement.
6. Revise ICD training curriculum. The Document still pending editing due to lack of expertise. The ministry is currently looking ways of updating with 2016 review of ICD10. The activity was supported by USAID-PIMA and edited copy was not delivered.
7. Develop VA standards, guidelines and training materials. Draft document exist but requires a lot of work to domesticate to Kenya Context.
8. Roll-out MCH strategy on birth registration in 4 counties, Training of community registration agents and Monitoring of MCH birth registration in 3 counties No done due to organization changes at CRS.
9. Compilation and analysis of annual vital statistics (KVSr 2017).
10. Mortality analysis incorporating data from HDSS as case studies No support towards the activity to
11. Conduct DQA on Cause of death on sample high volume hospital. Focus on impact on capacity building on medical certification.

12. Conduct data analytic on Mortality and Cause of death in 10 clustered regions are Pending Revision of Medical certificate and birth notification.

Challenges

The following were the noted challenges:

1. No clear investment, timely release or commitment of funding.
2. Institutional changes affecting continuity of several activities in CRVS especially CRS.
3. Devolution and USAID focus on counties with no activity towards CRVS affecting System implementation (DHIS) on business process and milestones gain affected. Due to control in development and support, their interest is not geared to areas where they support. A lot of quality issues is realized across the counties they support due lack of partner coordination and collaboration with national level and CRD.
4. Weak analytical on mortality data.
5. Poor alignment of CRVSS process
6. Inadequate scale-up of Verbal autopsy
7. Weak governance and change management of country information technology.

Lessons learnt

The following outlines lessons learnt so far:

1. Unpredictable and delay funding to strengthening CRVSS affect the activity implementation
2. Low demand and utility of mortality data across the levels hence not well aligned with other health information subsystem.
3. Weak design of CRVS systems
4. Uncertainty on system long term support on individual level data for resilience health system.
5. Proper documentation, change management and governances of information technology Dedicated CRVS technology.

Way forward

The following are the activities moving forward:

1. Digitalization of vital events.
2. Development of strategic plan for CRS to guide the implementation and alignment of activities.
3. Stakeholder's engagement to guide on organization direction and pull effort towards strengthening the CRVS.
4. The ministry of Health to provide well supported and dedicated server for CRVS to handle individual level data and verbal autopsy to avoid system changes from developers which impact negatively on progress made.
5. WHO to provide technical guidance on DHIS adoption and enhancement to avoid many changes affecting country data on upgrade.

B. Data Analytics TWG

Among the key priorities for the health sector was the use of information for decision making. This was to be done by reviewing plans, mid-term evaluation of strategic plan and harmonization of county specific plans and data sources to inform decisions making. Establishing Kenya's health data sources, needs, demand and information use by various sector players such as the national, counties, research institutions, statistics office etc. There was also need for the establishment of sector Sub-National Burden of Disease as well as the analysis of progress and performance in the context of the Health Sector Strategic Plan.

Thus, the Objective of this TWG was to develop a roadmap for improving analytic capacity in the sector, Analytics for mid-term review of the strategic plan and establishment of sub national burden of disease.

Achievements

The following were the achievements so far:

1. Finalization and dissemination of various documents to counties such as the MTR 2014-2018, Analytical report and related Health products, Analytic report, county factsheet, Financial report, SWOT from Key informant interviews, Mini- SARA 2016, Client and employee satisfaction survey and work environment, Roadmap and implementation arrangements for KHSSP. Also developed were 7 policy briefs, Annual Health sector performance report 2016/17, Ministerial annual performance report 2016/17, County health sector annual performance reports where most are at final stage with support from the COG, UNICEF, AMREF and USAID where Nine Cluster meetings with 47 Counties were held, comprehensive template for review (2013/14-2016/17). All the health products were also launched in KHF in March 2018. The Health sector status (analytical) report concept has been developed for technical and financial assistants.
2. 1st analytic capacity development and use of tableau tool was conducted to national level.
3. The 3rd Generation Health sector indicator and SOPs Manual developed in draft form and awaiting incorporation of the inputs from HDC TWG, AFRO and WHO Geneva. It is to be further updated based on current agenda of Health among the Big 4 government agenda (UHC and SDGs). it included consultations from the 5 TWGs, 10 representatives from Counties; workshops; internal reviews with stakeholders. Draft1 will require 3-5 days to finalize including format)
4. Analytics for Annual Performance Review which combined data collection, data analytics processes with MTR processes concurrently but the outputs were different. Counties were to conduct deeper analyses based on their unique priorities. The guidelines/tools for APR were revised to in cooperated data needs for MTR at both County and National. It was noted that there was need for a deepen Stakeholder participation in these processes as it was weak in Central, Eastern and Coast regions.
5. M&E Institutionalization guidelines finalized and disseminated. Training conducted to a total of 70 MDAs; 1 representative from COG, 47 Counties with a total of 142 CHMTs, Partners i.e. UNICEF and JICA. Implementing partners to be trained still need to be trained, as well as mentorship of MDAs, Counties and implementing partners to establish functional M&E units.
6. Capacity for M&E units through M&E capacity assessment enhanced. Concept developed awaiting for TAs, development of M&E Business case, Concept developed awaiting TA, 2nd Analytic capacity to MDAs and Implementing partners, Analytic training to 47 counties, Assessment of key milestones achieved in HDC initiatives was done in February and March 2018.
7. Conducted rapid review of the implementation of the KHDC.

Priority activities

1. Mid-Term Review (MTR) of KHSSP 2014- 2018; analytic report and other health products;
2. Analytic capacity development;
3. 3rd generation development of Health sector indicator and SOPs;
4. Annual health sector performance report development;
5. Cluster annual performance review meetings with Counties;
6. Health status report development

Priorities for Analytics TWG 2018

The following were the identified priorities moving forward:

1. Develop and disseminated the Health sector annual performance reports for 2017/2018
2. Develop and share the Health analytical (Health status) report; 2017/18
3. Finalize and disseminate the Health sector indicator and SOPs manual
4. Conduct the M&E capacity assessment
5. Development of the M&E Business case
6. Conduct comprehensive Harmonized Kenya Health facility Assessment (census)- HKHFA (M); this may inform UHC rollout
7. Enhance capacity for M&E at national and counties on M&E, use of scorecards and data analytics
8. Assess the impact of free primary care and free deliveries
9. Carry out sub-national burden of disease
10. Conduct end-term review for KHSSP 2014-18
11. Participate in various planned health sector surveys (SDI, KHHEUS, PETS etc)
12. Carry out KHF 2019 and participate in the KHSSP development
13. Carryout joint monitoring and performance reviews in cluster counties
14. Draw up a calendar of the TWG meetings

Challenges

The following were the challenges encountered:

1. Inadequate funding for analytic capacity both at National and Counties.
2. Institutionalization of the performance reviews at all levels in the MTEF circle.
3. No Dedicated budget for M&E activities by national and county governments.
4. Funding for M&E and HIS not harmonized to support one plan.
5. MOH partnership structure not fully functional.

Way forward

The following was the way forward identified:

1. Build Capacity for analytics (long-term). The goal being to improve analytical capacity at all levels both National and county through the following activities:

- Conduct a rapid Training Needs Assessment (TNA) (Knowledge, skills, competence)- (M&E Capacity assessment at all levels).
 - Consensus with stakeholders on the capacity gaps on the capacity strengthening.
 - Development of training packages and comprehensive plans to address gaps at all levels.
 - Implementing the capacity building at all levels.
 - Carried out Joint monitoring with Counties and report is being analyzed.
2. Analytics for Sub-National burden of disease and the goal being to enable counties to develop targeted programs to address different diseases. This will be achieved through:
 - Stakeholder/leadership consensus.
 - Data mapping to align data collection sources to the critical analytic needs (Focus on facility based data).
 - Obtaining data.
 - Analytics tools and capacity building (Both counties and National level).
 - Data analytics/Report development.
 - Dissemination /Data track and use.
 - Developed concept but not received funding for SNBD; consultation with IHME; WHO
 3. Harmonization of data sources
 4. Roadmap for improving the capacity for analytics in the health sector
 5. Roadmap for analytics for the mid-term review of the Kenya Health sector strategic plan and the county specific strategic plans.

C. Quality of care TWG

The result areas included harmonizing and institutionalizing key quality of care approaches and incorporate them into one M&E framework in Kenya, developed a Quality Improvement (QI) roadmap for implementation of priority measurement actions over the immediate (short term), midterm, and long term with aligned support from partners and strengthen approaches to address current challenges and gaps in measurement of quality of care

Achievements

The following were the achievements:

1. Priority content needs for QOC measurement were selected like what questions need to be answered at each level and identified quality and indicators for the sector.
2. Finalized the Kenya Health improvement policy. Draft on the policy was done and requires situation analysis to be incorporated for acceptance from the internal Heads of Departments Consultative meeting. Expected to be launched once the document is done.
3. Finalized the KQMH review. KQMH Core standards for Quality Healthcare have been finalized and signed off by the Principal Secretary and Director of Medical Services through a series of meetings held with stakeholders to review/develop draft standards, indicators and checklist, pretesting and validation of the draft standards and checklist, launching and dissemination to the CECs at Kenya Health Forum held in March 2018.
4. A set of indicators and methodologies to measure QOC selected. A number of programs have indicators that require consensus and consolidation. KQMH Core standards for Quality Healthcare and checklist have identified a set of quality indicators to be tracked by health facilities at all levels of care
5. Developed a common measurement tools for quality of care in support of existing accreditation systems. A framework for common measurement tools for quality of care in support of existing accreditation systems by completion of the KQMH Core standards for Quality Healthcare.

6. Developed a Quality Improvement (QI) roadmap for implementation of priority measurement actions over the immediate (short term), midterm, and long term with aligned support from partners
7. Scale up of joint inspections of health facilities using Joint Health Inspection Checklist (JHIC). Preparatory work has been done. Monitoring of Inspections system is underway, Tablets for electronic inspections have been procured, and training of inspectors will commence in August 2018
8. Implemented facility performance scorecard. Piloted in 6 counties. Plan to roll out in other counties while providing support to the 6 pilot counties. (Activity done by M/E unit).
9. Carry out nationally representative health facility assessment
10. Joint Monitoring of Health Services in counties was done from 26th Feb-9th March 2018.
11. Pilot KQMH standards and checklists. e-KQMH Core standards for Quality Healthcare checklist has been used in assessment of 4 counties and reports generated.
12. Launch of the reviewed KQMH and dissemination done.
13. Official appointment of TWG with TORs, Commitment of TWG by CS and PS, Carry out mid-term review and report.

Challenges

The following are the challenges experienced:

1. Good will and commitment from all stakeholders
2. 'Finalizing the last mile' syndrome
3. Multiple initiatives on measurement of quality of care
4. Inadequate funding to support TWG initiatives
5. Industrial action
6. suspension of support of activities by partners.

Way forward

The following are the pending activities:

1. Catalogue existing quality of care data sources and identify gaps to avoid duplication and overlaps of roles
2. Situation analysis to identify gaps and challenges in existing quality measurement approaches. Not done
3. Develop a strategy to address gaps and challenges in quality of care. Not done
4. Launch of Health Improvement Policy. To be done once completed
5. Holding county stakeholder forums on priorities for measurement. Not done
6. Finalize the concept paper under development

D. Inter-operability TWG

The following highlights the activities that different partners had pledged to support towards the HDC agenda.

Achievements

This were the noted achievements:

1. Print and disseminate the following e-health fundamental documents. This included Enterprise Architecture, Kenya m-Health Standards and E-Health policy that are available in MOH web-portal. Also finalized is the Health Information systems interoperability document. The Health Information systems certification Framework is ongoing and awaiting finalization.
2. Development of Telemedicine Standards and guidelines - Request made to WHO but not yet released funds

3. Development of the Data Security, Privacy and Sharing Policy - Request made to WHO but not yet released funds
4. Review of eHealth Strategy Document to align with Universal Health Coverage Roadmap is ongoing and about to be finalized as well as the review of EMR standards and guidelines. Request made to WHO but not yet released funds.

Challenges

The following were the noted challenges:

1. Inadequate support to the HDC activities from partners who had pledged to support different activities
2. Competing priority activities which were not previously planned for under HDC work
3. Staffing challenges especially skills gaps in different aspects of eHealth work

Way forward

More support from partners towards HDC agreed activities so that the activities are fast tracked and finalised. Also more resources are required from partners to support upcoming issues such as unique identifiers and Patient Master Indexes.

E. Kenya Health Observatory TWG

The role of health observatories is to be an open access and one-stop shop for health data and statistics that increases access to health data and information, country capacity for generation, centralization, analysis synthesis, and communication of health data. It is a platform for analysis and synthesis of health data from different sources and also supports harmonization of indicators, their baseline and target values and data sources. It can be used for monitoring of health situation and trends, health care access, quality, efficiency and inequalities, national and disease program-specific strategies and plans as well as monitoring of progress towards UHC and SDGs and other global, regional or national goals/priorities. Finally, it is also important in policy analyses: platform for translating evidence into policy.

Achievements

The following were the achievement so far:

1. Establishment of a multi-sectoral Technical Working Group led by the MOH to steer the KHO development.
2. Development of Kenya Health Observatory Concept note.
3. Development of the KHO implementation plan.
4. Held a Joint Mission by WHO HQ and AFRO to review progress and plans for the KHO.
5. Developed a prototype of the Kenya Health Observatory.
6. Trained the MOH health executive team on Data Quality Review and Analysis of health data using Tableau.
7. Benchmarked with similar and ongoing initiatives within and outside the country to identify areas of synergy e.g. HIV Situation Room, DSL, KTP Malawi
8. Financial and technical commitments for KHO development such as World Bank committing \$500,000 and WHO committing \$300,000 towards development of KHO
9. Provided support for establishment and strengthening of other technical working groups that can support KHO development e.g. HIS TWG, Research for Health TWG.
10. Conducted capacity building to the National and sub-national HRIOs on the Kenya Health Information Systems curriculum covering DHIS2, KHMFL and Service Desk. The training increased the competency level of the participants on aspects of data management, data quality, DHIS2, KHMFL and Service Desk.
11. Supported the development of HIS SOP to standardize the application of procedures and practices in the management of health information for Kenya.

12. The Ministry of Health, with financial support from World Bank and technical support from MOH and WHO-Kenya, is conducting a Health Information Systems landscape assessment with a view to collecting information that will facilitate the establishment of a customized Kenya Health Observatory (KHO) platform.
13. Supported the finalization of Annual Health Sector Performance report 2016/17
14. Undertook the development of dashboards for KHO with technical support from WHO AFRO.
15. At present, undertaking installation and training of Kenya team on maintenance of KHO Prototype with technical support from WHO AFRO.

Planned Activities

The following are the upcoming activities lined up:

1. Sequential roll-out of the KHO based on the counties requests and development of county profiles.
2. Training on Analysis of Health Data.
3. Development of Data Sharing Protocol and other guidelines on data governance for KHO.
4. Stakeholder's meeting: Include government, NGOs, private sector, public sector, counties etc. to guide data governance issues including commitments and re-commitments from partners from HDC mission.
5. MOH Reorganization: Reassignment of staff and resources including primary assessments for quality and capacity building

Challenges

The following were the challenges experienced by the TWG:

1. The WHO/DFID funds supporting Kenya Health Observatory are coming to an end in June. Thereafter, we may not have WHO financial support for KHO unless additional resources are mobilized.
2. World Bank has put in \$500,000 towards the support of KHO but this does not cover procurement of any hardware/ICT infrastructure nor does it include support for the Research component of KHO.
3. WHO is putting in about \$300,000 until June 2018 to support the finalization and installation of KHO prototype. The prototype still requires further development and customization.

Conclusion

Great strides have been made towards implementation of the various activities by the TWGs although there were a number of challenges. Moving forward, the TWGs will continue with their quest to further actualize activities that are pending, thus strengthen the country's monitoring and evaluation (M&E) platform

Annexes

Annex 1: Organizations supporting and funding TWGs

CRVS TWG

Activities	Organizational Support
CRS mid-term strategic plan review	USAID-PIMA, Plan, Goal Kenya, CDC, WHO, UNFPA, UNICEF
Quarterly mortality statistics sub-committee meetings	MOH, CRS
Scale up ICD training to counties	WHO,GF ,WB
Follow up ICD implementation through monitoring, mentorship, CMEs, training in ANACOD & CoDEdit	GF
Data quality workshops and review meetings	GF
Quarterly mortality surveillance	
Revise ICD training curriculum	USAID-PIMA, WHO, CDC
Develop VA standards, guidelines and training materials	WHO
Implement VA in Rachuonyo North sub-county using standard international tools	CDC
Roll-out MCH strategy on birth registration in 4 counties	WB-THS
Training of community registration agents	WB-THS
Monitoring of MCH birth registration in 3 counties	WB-THS
Compilation and analysis of annual vital statistics (KVSr 2017)	UNFPA
Mortality Study (2012-2016)	GF
Mortality analysis incorporating data from HDSS as case studies	
Conduct DQA on Cause of death on sample high volume hospital	WHO
Conduct data analytic on Mortality and Cause of death in 10 clustered regions	WHO
Revision of Medical certificate and birth notification	WB_THS
Develop/strengthen use of verbal autopsy through Community Strategy by community Health workers	CDC

Quality of care TWG

Activities	Organizational Support
Select priority content needs for QOC measurement (e.g. what questions need to be answered at each level)	QM TWG
Finalize Kenya Health improvement policy	URC
Finalize KQMH review	GIZ/URC
Scale up of joint inspections of health facilities using Joint Health Inspection Checklist (JHIC)	WB
Implement facility performance scorecard	WHO
Carry out nationally representative health facility assessment (steering committee in and planning in place)	GF, USAID,WB, WHO
Pilot KQMH standards and checklists	GIZ, URC
Launch of Health Improvement Policy	URC

Launch of the reviewed KQMH	GIZ
Holding county stakeholder forums on priorities for measurement	
Situation analysis to identify gaps and challenges in existing quality measurement approaches	
Develop a strategy to address gaps and challenges in quality of care	QM, TWG
Scale up of joint inspections of health facilities using Joint Health Inspection Checklist (JHIC)	WB
Implement facility performance scorecard	WHO
Carry out nationally representative health facility assessment (steering committee in and planning in place)	GF, USAID, WB, WHO
Pilot KQMH standards and checklists	GIZ, URC
Launch of Health Improvement Policy	URC
Launch of the reviewed KQMH	GIZ
Holding county stakeholder forums on priorities for measurement	
Biweekly meetings	MOH/GIZ
Finalize the concept paper	MOH
Official appointment of TWG with TORs	MOH
Commitment of TWG by CS and PS	MOH
Carry out mid-term review and report	MOH

Kenya Health Observatory TWG

Activities	Organizational Support
Development of the KHO	World Bank, WHO

Data analytics

