



Kenya Health Data Collaborative; *An assessment of progress*

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Outline

- Introduction / Background
- Progress on Implementation of KHDC priorities
 - Assessment findings
 - Recommendations
- Way-forward for Kenya



Background

- The Kenya Health Data Collaborative was launched **May 2016**.
- Various stakeholders involved;
 - › Ministry of Health, line ministries , Bureau of Statistics, county representatives, in-country development partners, global agencies, private sector, academic institutions and civil society organizations
- A KHDC communiqué and a roadmap with priority activities, extracted from existing MOH plans, were adopted.
- One M/E Framework for all call was adopted



Assessment objective

- After Close to two years of Implementation
- Needed to review of progress. (N/B baseline had not been done)
- Main objective of review;
 - › *To assess progress towards the overall goal of one well-functioning country-led health information system in Kenya to which all stakeholders/development partners contribute*



Methodology

- › Desk review of existing documents
- › A workshop with stakeholders;
 - Representatives of 16 of the 47 counties, development and implementing partners and Ministry of Health representatives.
- › A structured questionnaire was used to gather information from the counties
- › Interactive survey conducted during the workshop.



Findings –Implementation of priorities

- **Analytics** ---MTR; Capacity building; Annual report; county score cards; Resource mapping; integrated joint supervisions; Four surveys in one
- **CRVS**; Trainings on verbal autopsy; ICD 10 etc.
- **Inter-operability**; necessary guidelines and standards developed
- **Observatory**; Prototype; mapping data sources and the data systems /platforms
- **Quality of care**; KQMH; star rating of facilities;



Products

- The working groups are active and product-oriented and demonstrated good progress with key products, especially in analytics and quality of care monitoring.
- **Challenge ; products available but roll out to all the 47 counties is a challenge**

Findings



What are key words when you think of the Kenya Health Data Collaborative?

Mentimeter



Governance and leadership



- › MOH -commitment and leadership by formally establishing technical working groups namely;
 - › (analytics, CRVS, quality of care monitoring, e-Health/interoperability, Kenya Health Observatory)
- › TWGs have broad participation of key stakeholders and concrete work-plans,
- › Stewarded/ chaired by MOH.
- › Coordination platform is anchored in the Interagency Coordinating Committee on Health Information and Research .
- › ****** proposal for a special steering/ coordinating committee for KHDC, in addition to the ICC, to improve partner involvement, coordination and adherence to the KHDC agenda***



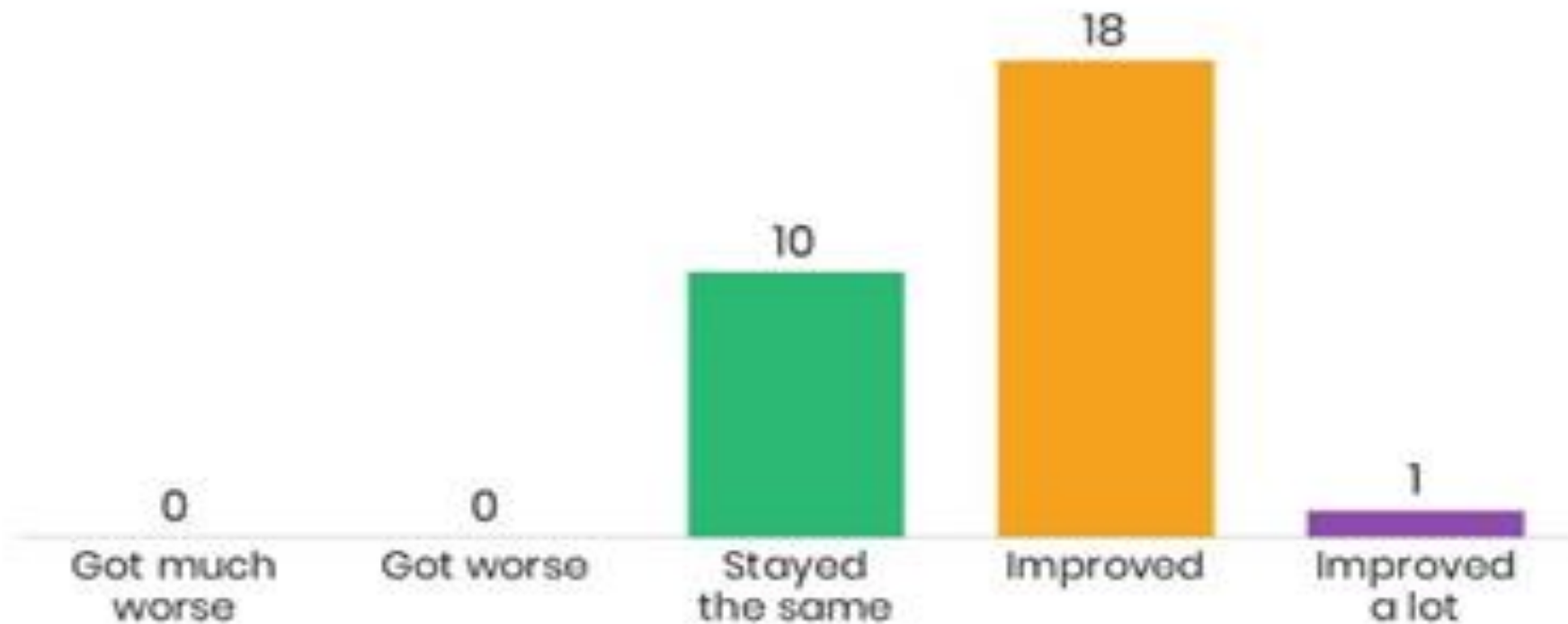
Governance and leadership

- Major health and disease programs participation in the KHDC is still limited.
- DHIS2 has however helped bring together the programs
- However still limited co-ownership and full alignment of the health and disease programs to KHDC
 - › *“Some Priorities of disease-specific programs are strongly influenced by donor interests”*
- During the MTR, ----aligned funding for four separately planned components into one health facility survey (service availability and readiness assessment, client and employee satisfaction survey, data quality review), funded by the Global Fund.

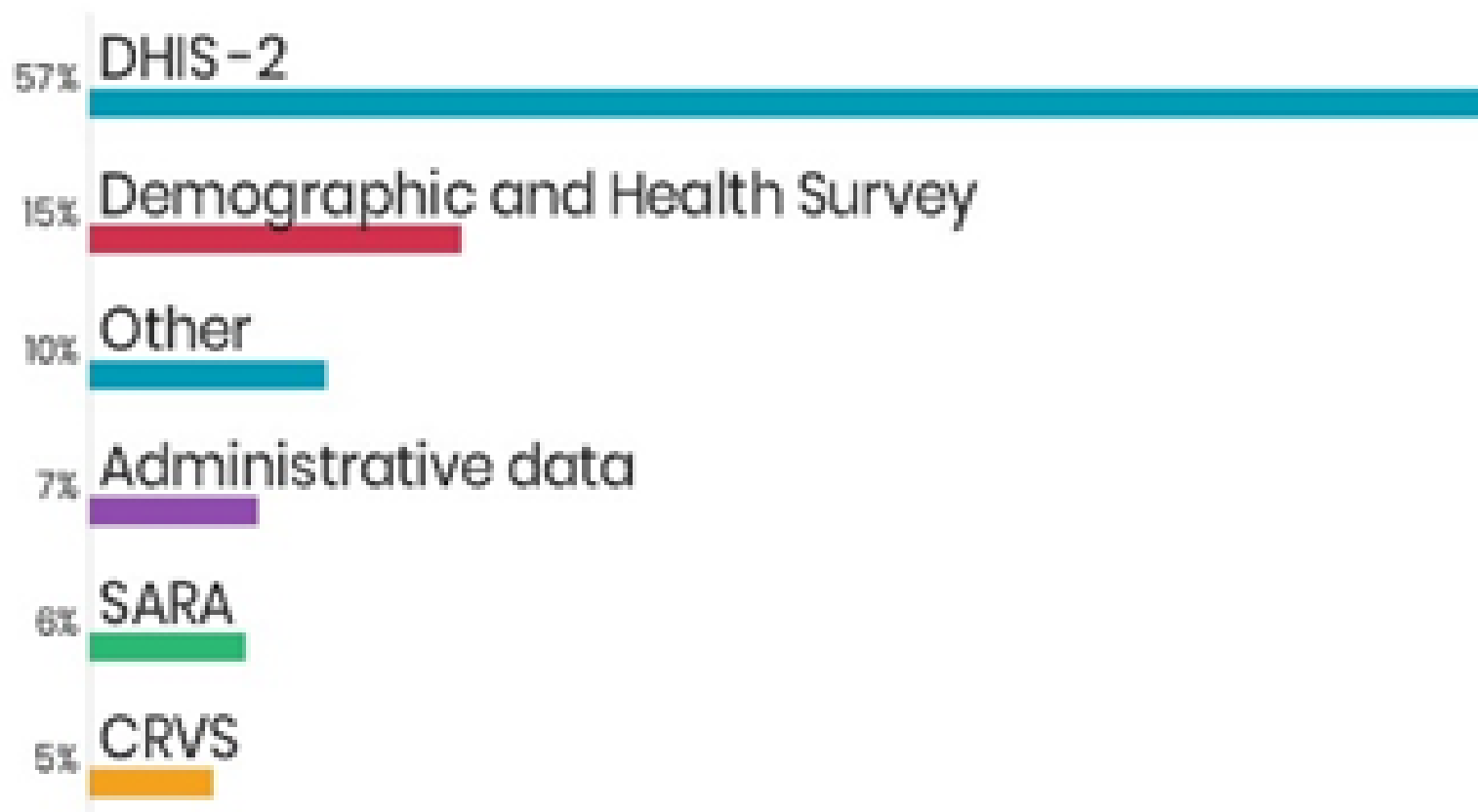


Since the Health Data Collaborative started, the **ALIGNMENT OF DEVELOPMENT PARTNERS** with the national plan has:

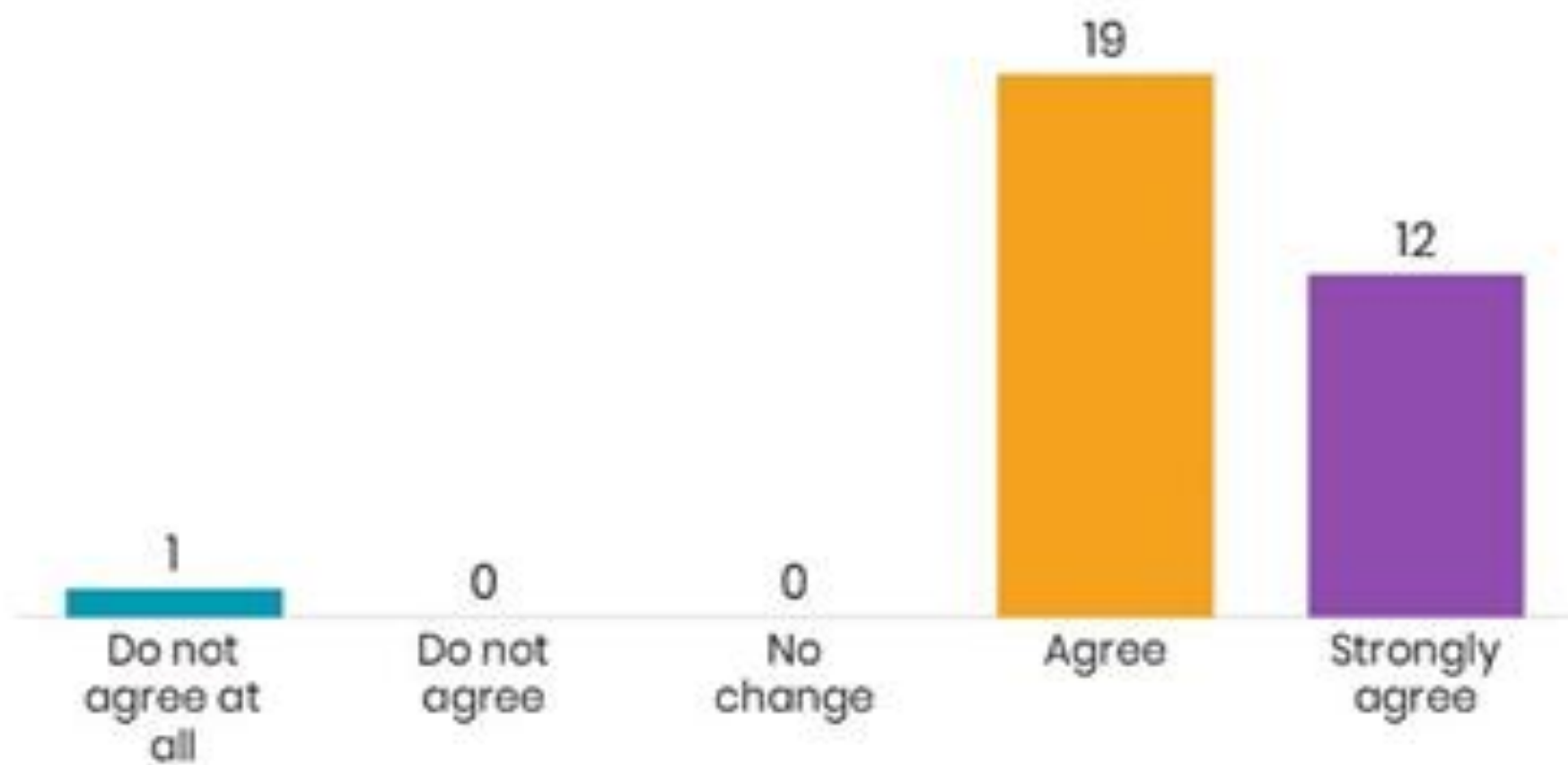
Mentimeter



100 points: Which data sources do you use:



The DHIS2 is helping to align the vertical programs with the overall HIS



Stakeholders engagement /alignment



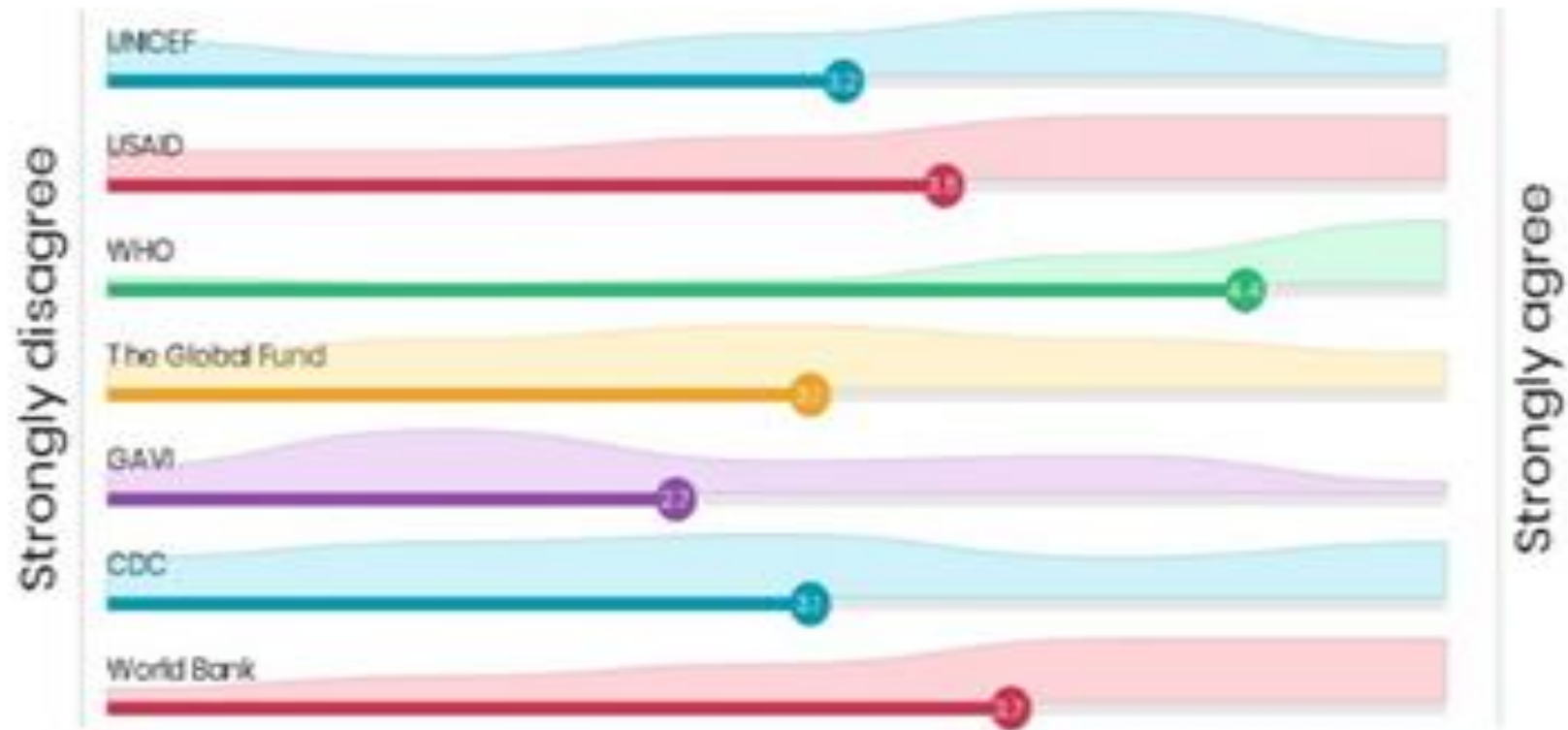
- The roadmap activities are supported by a range of in-country partners such as USAID, CDC, World Bank, UNICEF, WHO, JICA, DANIDA, DFID as well as global partners (Global Fund, GAVI)
- The KHDC communique was quite specific about the need to better align investments.
- Some partner funded programs developed in the spirit of alignment
 - › World bank/JICA
 - › USAID (National level and county component)



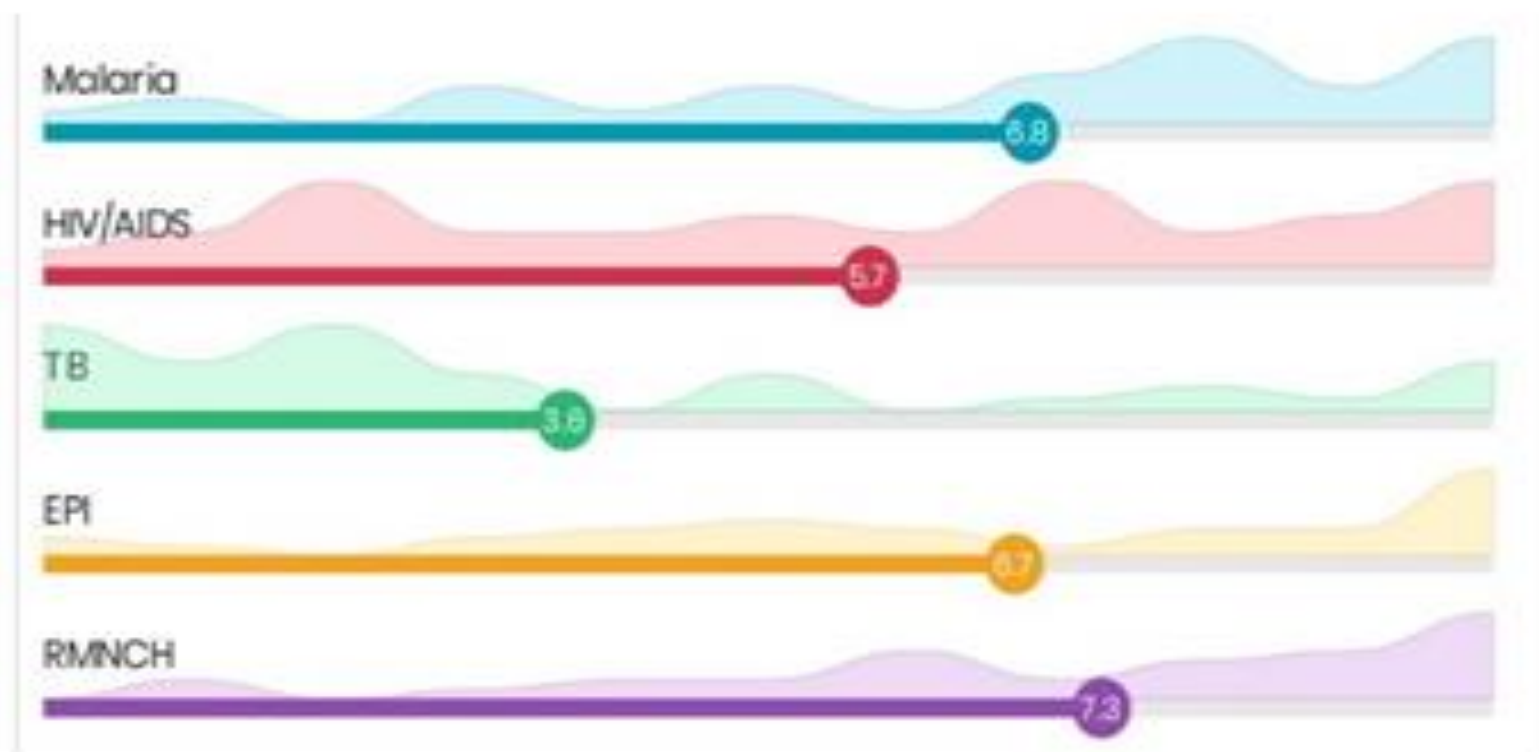
Stakeholder engagement/alignment

- Alignment still limited as funding mechanisms are separate, leaving many areas unfunded and others overfunded or duplicated. (***)see resource mapping report)
- The extent to which the activities are aligned is variable.
- Partner support is critical in multiple areas both at national and county level.

The partner is WELL ALIGNED with the KHDC (support one Kenya HIS)



The MOH PROGRAM is WELL ALIGNED WITH KHDC and one HIS:





County practices, capacity and needs

- All 16 counties had five-year health sector strategic plans, with some level of alignment with the national plan.
- All plans had an M&E component.
- DHIS-2 is the main data source for routine data
- Various mechanisms are used to disseminate the results including regular meeting, special events and scorecards, WITH latter being used in 15/16 counties.
- **** *Score cards----achievement of analytics team***



County practices, capacity and needs

- The minimum level of education of the lead staff responsible for M&E /HIS in the county ===Diploma in Health Records and Information .
- In 2 counties the lead staff had a relevant Master's degree.
- 11/16 counties had someone with experience in data quality assessment and analysis
- 13/16 counties had some form of electronic reporting.
- 12 of the 16 counties had functional computers to support data entry, analysis and reporting.
- County levels of alignment and adherence to national standards and policies –still inadequate
- Inadequate resources for M&E was a challenge in all counties, for data collection, data processing, analysis, communication and use.



County practices, capacity and needs

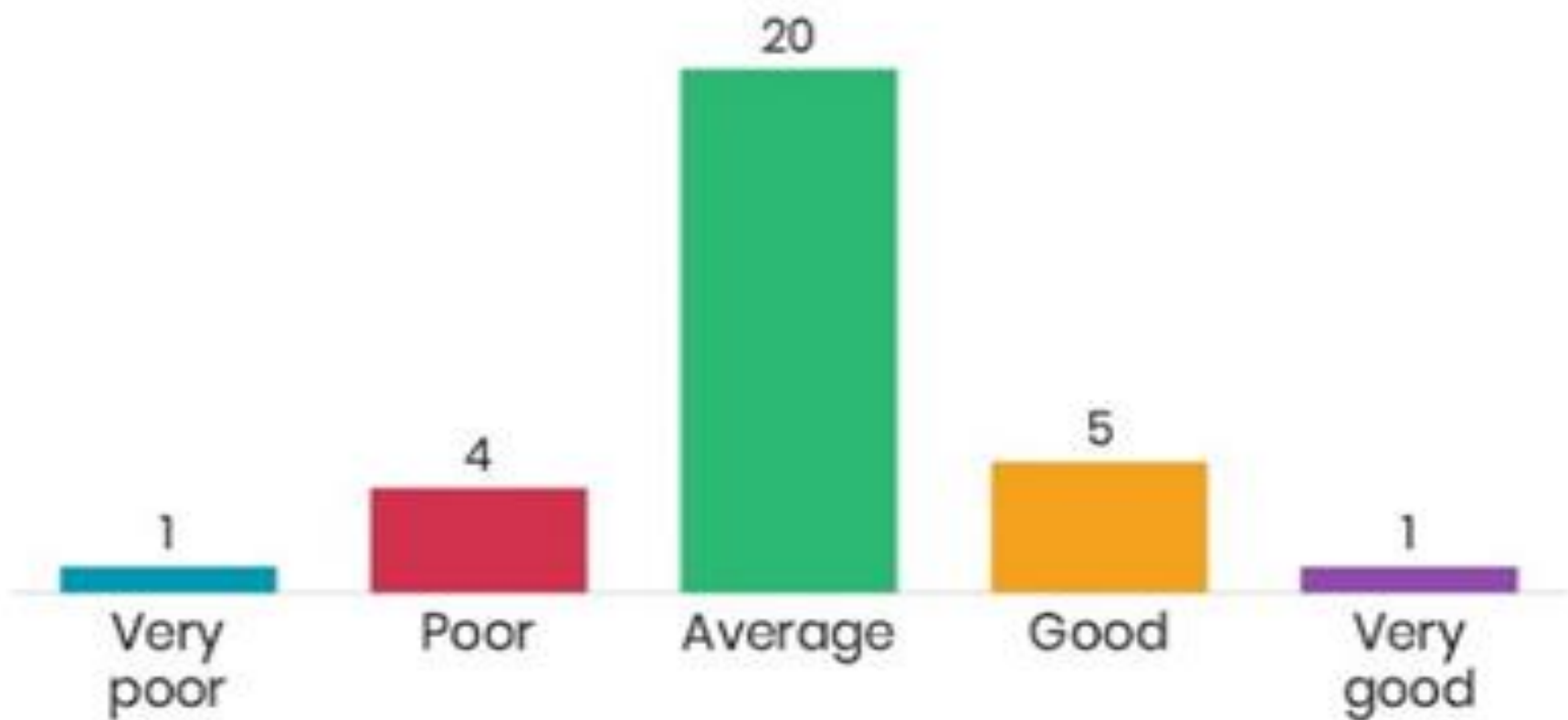
What are the priority actions for counties (100 Points)?

Mentimeter



County adherence to national M&E standards is:

Mentimeter





Recommendations

- The need for better coordination and collaboration so as to align efforts of government and partners in support of priorities outlined in the plans. The country coordinating mechanism for KHDC --to be strengthened through the Interagency Coordinating Committee.



Recommendations

- 2. Even though the HDC is not a funding collaborative but rather an approach and platform for better alignment and harmonization, it would be helpful if modest funding is made available to assist MOH with in-country coordination, especially during the initial phase.



Recommendations

- 3 Subnational action in support of the county M&E systems is a priority, with a focus on capacity of analysis and use of data, but also basic IT infrastructure and maintenance.
- 4 continuous monitoring of implementation/ including feedback to stakeholders with remedial actions



MOVING FORWARD

- Kenya Health Forum held in Feb 2018. (stakeholders --
-recommitted to the KHDC Approach including
implementation of identified priorities); A Kenya Health
Forum communique was signed (including priorities for
HIS/ME)
- TWGs specific work-plans to be implemented
- **UHC agenda**
 - › Leverage on ICT e.g. insurance registration; coverage;
utilization of services etc.
 - › Health Observatory and linkage to Presidential delivery Unit

UHC AGENDA FOR KENYA; ROLE OF DATA

1.3 million elderly to receive health insurance cover

THURSDAY MARCH 22 2018



Citizens of 70 years and above wait outside the Kenya Commercial Bank in Nakuru on February 5, 2018 to receive

Students' medical cover kicks off Tuesday

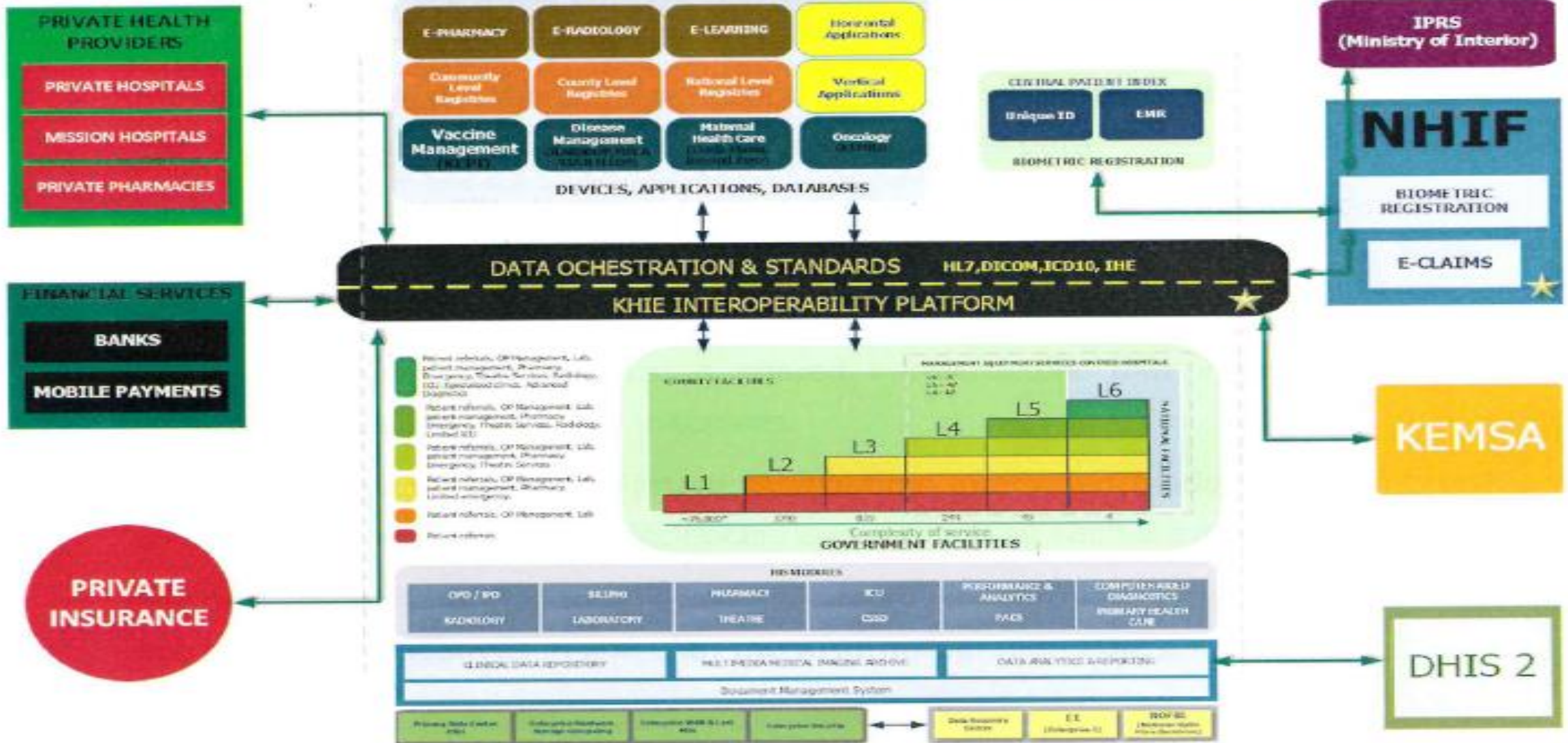
SATURDAY APRIL 28 2018



President Uhuru Kenyatta (back row, centre) and members of the Executive during the signing of a contract on implementation of comprehensive medical cover for secondary school students between the Ministry of Education

Leveraging on information technology to increase efficiency/digitization

KENYA UNIVERSAL HEALTH COVERAGE EXCHANGE ARCHITECTURE





My Big 4 Action Plan

1. Food Security
2. Affordable Housing
3. Manufacturing
4. Affordable Healthcare
for all



During the next 5 years, I will dedicate the energy, time and resources of my Administration to the Big Four.

The **Big Four** will create jobs, which will enable our people to meet their basic needs. Jobs will transform the lives of our people from that of hardship and want, to new lives of greater comfort and wellbeing. **And that is the future I have seen.**



#KenyaMbele

Uhuru Kenyatta
PRESIDENT OF THE REPUBLIC OF KENYA



Thank
you

