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?

- Data
- HIS
- Partnership
- Accountability
- Resources
- M and E
- Collaboration
- Quality
- Analysis
- Integration
- Cross-cooperation
- Insightful
- Warehouse
- Monitoring
- System
- Network
- Important
- Reliable
- Access
- Analytics
- Facilitation
- Co-ordination
- Alignment
- Collaboration is key
- All over the mind
- Measurement
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:

- Got much worse: 0
- Got worse: 0
- Stayed the same: 10
- Improved: 18
- Improved a lot: 1
100 points: Which data sources do you use:

- DHIS-2: 57%
- Demographic and Health Survey: 15%
- Other: 10%
- Administrative data: 7%
- SARA: 6%
- CRVS: 5%
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)?

- 47% County capacity strengthening for analysis and use
- 15% Kenya Health Observatory for counties
- 14% County data collection through local surveys
- 14% Regular health facility assessments (SARA)
- 10% CRVS system
County adherence to national M&E standards is:
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 9, 2018 to receive their health insurance cards.

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
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.

Uhuru Kenyatta
PRESIDENT OF THE REPUBLIC OF KENYA

#KenyaMbele
Thank you