Mid-Term Review of the Kenya Health Sector Strategic Plan July 2014 – June 2018

Draft program for the analytical workshop 26th – 29th July 2016

Back ground:

Kenya is undertaking a mid-term review of progress and performance of the health sector strategic and investment plan (KHSSP) 2014 – 2018. The KHSSP is the health sector's comprehensive national plan that provides the guiding framework for the detailed planning and implementation of health sector activities. The premise of the KHSSP is the attainment of health related national and international goals and priorities. The premise is in line with Kenya's commitment to several international and regional initiatives such as the sustainable development goals, universal health coverage, and the Paris, Abuja, and Maputo declarations that aim to achieve sustainable socio-economic development.

The KHSSP 2014-2018 and its M&E plan will have been implemented for 3 years by June 2016. It is the first strategic plan for the current Kenya Health Policy Framework 2014-2030. It is also the first strategic plan under the Kenyan constitution that brought about major transformational changes that included devolution of most functions and powers to 47 independent Counties. Under the decentralised system, the Counties have attained complete autonomy and shoulder the task of resource mobilisation, planning, and service delivery to grass roots/local communities. The National Government meanwhile remains responsible for development of national policies, guidelines and standards and technical assistance to the counties. KHSSP 2014-18 is the overarching framework form which the National Government (National MOH) and the 47 county Governments developed their specific strategic plans i.e. the National Ministry of Health strategic plan 2014-18 and the County Specific Health Strategic Plans (CSHSPs)

Within the period of the current KHSSP, there has also been a major shift in the global health and development focus – from the Millennium Development Goals to Sustainable Development Goals, with more attention to equity and to ensuring that all people receive the quality essential services they need without being exposed to financial hardships.

Within these contexts, comprehensive mid-term evaluation of the current KHSSP is therefore crucial in that it will further inform the health sector, both at National and County level, on priority setting especially after the three years of devolution. Evaluation of the implementation of the first ever M&E plan for the health sector in Kenya is also critical to inform implementation of the plan in the remaining period and also inform the development of such plans.

The mid-term review of the KHSSP 2014-2018 will be held at the national health summit in November 2016. To inform the review, an in-depth analytical report that synthesizes all data will be prepared by a team of national stakeholders, led by the Ministry of Health, in collaboration with national institutions and international partners. The World Health Organization will play a facilitating role.

To facilitate preparation of the analytical mid-term review report, the analytical review process has been planned to include a capacity strengthening component through analytical workshops and collaborative work. This has been planned to include hands-on work by the staff in carrying out the review and developing the necessary reports.

The primary focus of the training workshop and of the mid-term review will be on an in-depth analysis and synthesis of health data to assess the progress and performance of the 114 core indicators that have been included in the strategic plan. Most of the core indicators in KHSSP have their baseline values for 2013 or earlier and mid-term and end-term targets for 2016 and 2018, respectively. However, not all the core indicators in the current KHSSP can reliably measure the performance of the strategic plan. The analytical review team will therefore have to review and agree on a set of core indicators as well as additional indicators that have not been included in the strategic plan but can reliably measure the progress and performance of the KHSSP and have data from a reliable source.

Additionally, health data, most especially the routine health facility data, are often beset with data quality issues such as missing values and errors in data entry and computation. Errors in data mean wrong results, wrong conclusions and wrong recommendations. Errors in data also mean that the new national priorities, policies and program plans based on the data will be wrong. Participants will therefore learn about the common data quality problems encountered during analytical reviews, methods for assessing and improving quality of data.

Participants will also be introduced to preparing an analytical review report. The analytical report will provide an in-depth analysis and synthesis of all relevant data, including health and other household surveys, census, health facility and disease surveillance data, facility assessments, administrative data (such as human resources and financing), policy data and research studies. The report will provide additional insights and include data quality assessment, progress against targets, examination of trends over time, analysis of gaps and trends in inequality between key population groups, comparison with sub-regional countries with similar socio-economic status, performance and efficiency analysis, and computation of lives saved through interventions. Because the mid-term review coincides with the annual health sector performance review, the mid-term progress and performance review report will be considered the annual third health sector performance report.

Workshop Objectives:

The main objective of the analytical review workshop is to strengthen the capacity of the analytical review team to conduct in-depth synthesis and analysis of health data to assess progress and performance of the KHSSP and County-specific health strategic plans. The specific objectives are:

1) To introduce participants to the common synthesis and analysis of health data undertaken during review of progress and performance of a national health strategic plan. This includes introducing participant to:
   a) Tools and methods for synthesis and analysis of health data
   b) The common sources of health data for assessing progress and performance of a national health strategic plan
   c) Common data quality problems and ways of dealing with them
   d) Specific analyses undertaken during an analytical review such as target and trend analysis, equity analysis (analysis of gaps and trends in inequality between key populations), cross-country comparisons, performance and efficiency analysis, step-wise analysis using the results chain framework, computation of indices, and computation of lives saved.
   e) Effective presentation and communication of evidence for action
2) Take stock of existing and ongoing analysis and reviews that can be used to inform the MTR
3) Take stock of current data that can be used to reliably measure the progress and performance of KHSSP and County health strategic plans
4) Review and agree on a set of indicators that have a reliable data source and can reliably measure the progress and performance of the KHSSP
5) Identify work that can be done in the next 2 months to inform the MTR and identify roles and responsibilities
6) Agree on the outline of the final analytical report

Duration:
- The training is expected to take four days from 26th to 29th July 2016

Target participants:
About 40-50 participants and this include:
- Program heads and HIS/ M&E officers at the Ministry of Health
- The TWG
- A team of data analysts/consultants under the leadership of a national institute
- National and international collaborating partners (program heads, analysts and M&E officers)
- Heads and M&E officers of parallel disease programs
- Directors of health and M&E officers from selected Counties

- Line ministries/departments e.g. Kenya National bureau of statistics, CRVS,

Key Requirements:
- Laptop computers with Microsoft Excel and Word. Statistical software packages such as STATA, R, SAS etc may be needed.
- All relevant health data (participants should come with any health data and reports they have)
- Projector
- Flip charts
- Writing pads and pens
- Internet(necessary to particularly access the DHIS data)
- Constant source of electricity

The workshop program

Morning

9:00	Opening		Ministry of Health
	Welcome & introductions Outline of the workshop		MoH
9:30	Midterm review: objectives, process, components	Outline of the different components of the MTR of KHSSP 2014-2018	MoH
10:00	SDGS, IHR; Monitoring framework for KHSSP 2014-18; indicators, targets	Overview of the indicators with targets	MoH WHO
10:30	Overview of data sources for the analytical MTR	Data availability and gaps, focus on 2014-2016	MoH
11:00	Coffee break		
11:30	Mortality and life expectancy	A look at the levels and trends in age-specific mortality at national and county level	MoH; KNBS; CRVS; DSS sites; WHO / UNICEF (IGME) IHME
13:00	Lunch break		

Afternoon

14:00	Population denominators national and by county	Population projections	KNBS, MoH*
15:00	Health infrastructure: facilities, hospital beds	Data by county, type of facility, trends over time	MoH*
15:30	Health workforce	Data by county, cadre, trends over time, quality issues, private sector	MoH*
16:30	Access and Quality of care data including Outpatient and inpatient utilization	DHIS data by county; Quality controls	MoH*
17:30	End of day 1		

*Analytical comments by WHO and partners will be provided based on pre-workshop analyses

Wednesday, July 27

Morning

9:00	Outpatient and inpatient morbidity	Leading causes, by county, main age groups, sex	MoH*
9:30	Leading causes of death	DHIS hospital data Burden of disease study Applying the ICD10 Applying Verbal Autopsy	MoH IHME WHO
11:00	Coffee break		
11:30	Tuberculosis	Levels and trends in key indicators national and by county; data quality	MoH*
12:15	Malaria	Levels and trends in key indicators national and by county; data quality	MoH*
13:00	Lunch break		

Afternoon

14:00	HIV	Levels and trends in key indicators national and by county; data quality PEPFAR SIMS	MoH* CDC / USAID
15:00	Noncommunicable diseases	Survey and DHIS data Quality and gaps	MoH*
15:30	Mental health	Survey and DHIS data Quality and gaps	MoH*
16:00	Neglected tropical diseases	DHIS data by county; Quality controls	MoH*
16:30	Immunization	Levels and trends in key indicators national and by county; data quality	MoH*

*Analytical comments by WHO and partners will be provided based on pre-workshop analyses

Morning

9:00	Family planning	Levels and trends in key indicators national and by county; data quality	MoH*
9:30	Antenatal, delivery and postnatal care Child and adolescent health	Levels and trends in key indicators national and by county; data quality	MoH*
10:30	Violence and injuries	Levels and trends in key indicators national and by county; data quality	MoH*
	Health risk factors and social determinants of Health		MOH WHO
11:00	Coffee break		
11:30	Health financing	Budget / expenditure national and county level; program level	MoH*
12:30	Medicines and service delivery	Levels and trends in key indicators national and by county ; data quality	MoH*
13:00	Lunch break		

Afternoon

14:00	DHIS 2.0	Training – modules, dashboards, data quality control, adjustment	WHO
16:30	County and national health observatories	Needs, ideas, possibilities, (e.g. Kenya country health profile and county health profiles)	WHO and MoH
17:30	End		

*Analytical comments by WHO and partners will be provided based on pre-workshop analyses

Friday, July 29

Morning

9:00	Current situation: evidence, gaps	Putting together all data Analytical methods overview: data quality, equity, stepwise analysis, performance assessment	WHO, MoH
11:00	Coffee break		
11:30	Next steps	Work needed, next workshop, roles and responsibilities	MoH
12:30	Closure		
13:00	Lunch break		

General guidance on preparation of presentations

The presentations should cover (but not limited to) the following areas:
1) **Data quality review and adjustment:** This involves assessment and report on the quality of and any adjustment to data used.
2) **Coverage/levels/prevalence:** This involves examination of performance of program-specific indicators at a specific time.
3) **Target and trend analysis:** This involves examination of performance of program indicators over time and in relation to the targets and baseline values including prediction of performance at a future time
4) **Equity analysis:** This involves disaggregation of results by key population groups such as place of residence (County, urban-rural, province etc), wealth status (wealth quintiles), sex, age, and education status. It also involves purposive and in-depth examination of absolute and relative inequality gaps as well as trends in inequality between the groups to answer the following key questions:
   ▪ How wide is the inequality gap between the groups
   ▪ Are there populations that have consistently lagged behind or consistently performed better during and before the review period, and why?
   ▪ How does the general trend in inequality gap look like? Does it show a reducing or a widening inequality gap?
5) **Program design:** How is the program organized, how it has evolved over time and what are the potential impact of this evolution, what are its strengths and weaknesses/challenges?
6) **Benchmarking:** Comparison of performance of the key program indicators with the performance of the same indicators in the sub-regional countries. At County level, comparison with other Counties in Kenya or in the province (even though the provinces are administratively obsolete).
7) **Data sources and data assembly:** Mention the data sources for the program including research studies and reports that can be used to inform the mid-term review of KHSSP, and avail data to the review team.
8) **Existing analysis and reviews:** Mention ongoing analysis in the program area that can be used to inform the mid-term review of KHSSP, and avail any review report to the review team