



**ONE MONITORING AND EVALUATION FRAMEWORK FOR KENYA;  
TOWARDS ACCELERATING ACHIEVEMENT OF UNIVERSAL HEALTH  
COVERAGE**

# **KENYA HEALTH DATA COLLABORATIVE ROADMAP**

**18<sup>TH</sup> MAY 2016**

## **ROADMAP FOR ACTIVITIES TO BE IMPLEMENTED JOINTLY IN KENYA**

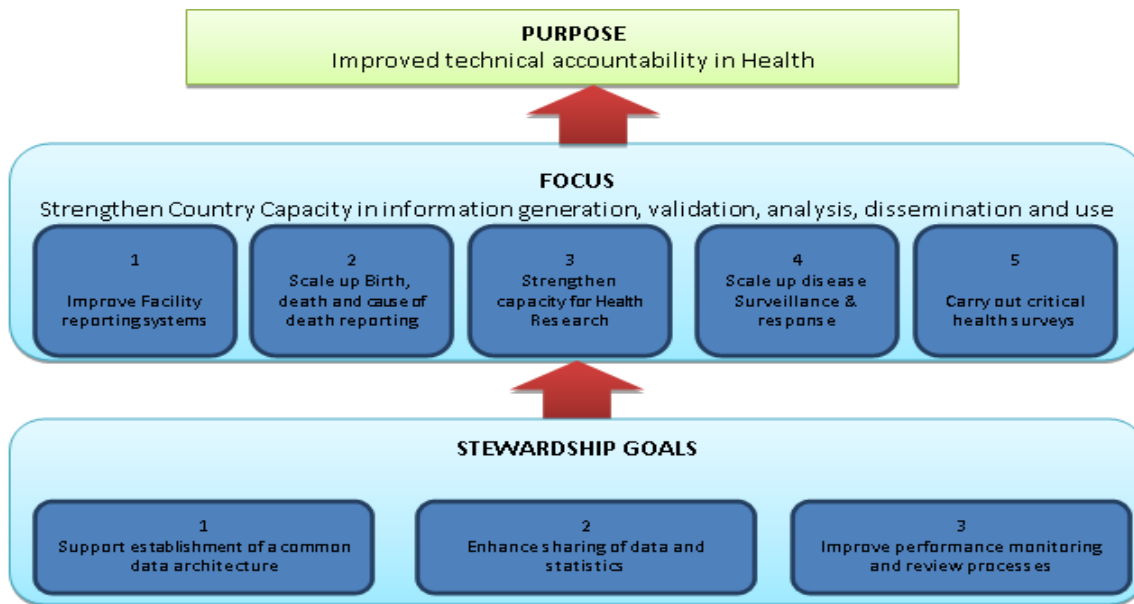
### **Background**

The constitution of Kenya under Article 43 guarantees citizens the right to the highest attainable standard of health, including reproductive health. Health sector strives to achieve this aspiration by implementing effective and efficient strategies guided by Vision 2030, Kenya Health policy frame work and Kenya Health sector strategic and investment plan (2014 – 18).

The Kenya Health Policy framework, 2014-2030, outlined the vision of the health sector and priorities towards delivery of this national mandate. The goal of the policy is 'attaining the highest possible standard of health in a manner responsive to the population needs. The policy aims to achieve this through the provision of equitable and quality health and health related services at the highest attainable standard to all Kenyans. Further, The Kenya health strategic plan 2014-2018 provides the health sector's medium term focus, objectives and priorities to enable it to make progress towards the attainment of the health policy objectives. Strategic plan objectives achievements are to be measured by way of the strategic plan indicators which identify the baselines and targets for each policy objective as well as for investments needed to achieve these objectives.

The overall strategic M&E direction in the health sector is guided by the health sector M&E plan 2014 -2018. (See summary in the figure below). The goal of the plan is one functional sector wide M&E system for improved decision making transparency and accountability in health. The M&E plan is implemented through annual work plans by the various entities working on M&E in the sector.

# Agreed on Scope of Sector M&E



This roadmap is drawn from overall M&E plan and consists of quick wins to be implemented through a rapid Result Initiative (RRI), short term plan, midterm and long-term activities. (Activities are aligned to sector strategic plan which are run out to 2018).

## **A. QUICK WINS/PRIORITIES TO BE IMPLEMENTED THROUGH RAPID RESULTS INITIATIVE**

The health sector through the Ministry has embraced the rapid results initiative as way of accelerating achievements of planned activities. It is proposed therefore that a few Priorities be implemented through a rapid result initiative and that the review of the progress be done during the Annual Health congress in November 2016. The activities include;

- 1. Data analytics at the national and sub national areas (a detailed roadmap for analytics shall be done by the TWG on analytics)**
  - This will enhance informed decision making at the various levels of the health system.
  - capacity building of staff on data analytics: target staff at the National level as well as the sub national level

- Analytics on annual health sector reports: analytics on the national level performance reports and county specific performance reports
- Analytics on the medium term evaluation report including county specific strategies
- Development of different packages for the different stakeholders in health, policy briefs, score cards e.g. facility level score cards, community dashboards
- Mortality analytics
- Establish the subnational burden of disease

## **2. Midterm review of current strategy “The Kenya Health Sector Strategic plan 2014-2018 and its M&E plan 2014/18 as well as county specific strategic plans**

- Capacity building of the staff in the evaluation
- Support staff in actual hands on experience in carrying out the evaluation and developing the necessary reports
- Equity, efficiency analysis dimensions
- Trends analysis focusing on key selected health sector indicators
- Performance on SDGs
- Thematic analysis in specific areas in the health system
- Assist counties in performing midterm evaluation of county specific health sector strategic plans

## **3. Quality of care and performance improvement**

- Systematic analysis of quality of care based data: dissemination to various users
- Follow up on adherence to existing clinical guidelines
- Quality of care from client’s perception-client exit surveys
- toolkit for measuring quality of care

## **4. Operationalize Kenya health observatory and linkage with GHO**

- Linkage of the Kenya Health Observatory once functional with the Global Health Observatory using selected SDGS health indicators would be a good starting point for Kenya as it would inform the reporting on the other sectors SDGs indicators
- Technical assistance to set up KHO and linkage with the GHO
- Capacity building for officers on reviews/analytics/portal management
- Linkage to public Health Institute

## **5. Improving civil registration and vital statistics**

- In an effort to improve availability, quality and use of vital statistics on births and deaths registration, disaggregated by age, sex, cause of death and by geographic and administrative levels
- training of coders and certifiers in the use of ICD 10 for better mortality and cause of death data
- mentorship Programme to hospitals to strengthen data quality on patient management
- train staff on statistical software and analytics to strengthen data mining and processing
- Advocacy, harnessing the network of community strategy and outreaches beyond zero campaign to help build community awareness on the benefits of CRVS
- strengthen verbal autopsy using standard international tools
- develop verbal autopsy standards, guidelines and training material
- compilation, analysis and interpretation of vital statistics based on information generated through registration and certification

#### **6. Rapid M&E system capacity assessment**

Based on the assessment and the midterm review of the M&E plan an investment case for M&E will be developed

### **B. SHORT TERM PRIORITIES**

These are mainly drawn from the Work plan of the Division that coordinates, M/E, and HEALTH REAERCH; E HEATH AND Health information system. County inputs through the intergovernmental committee on M/E and quality of care has also been incorporated. Such priorities include

- Review of Health sector Indicators and Standard Operations Procedures Manual
- Development of M/E institutionalization guidelines;
- Institutionalization of best practices for purposes of mutual learning and replication;
- Data analytics linked to research and policy agenda
- Health sector M&E framework institutionalized; Roll out and implementation of the Kenya Health sector M/e framework 2014-18
- Expanding ICT infrastructure for National Health Information System at all levels
- Health Information System budget resourced from the government for sustainability (E.g for Annual work plans, reviews, basic ICT infrastructure etc)
- ***Other areas requiring additional strengthening***
- Production of standard data tools

- Implementation of policy documents and standards at county level
- Culture of data use at all levels
- Data quality assurance at all levels
- Data governance and coordination structures

N/B The 2016/17 Annual work plan has detailed activities for some of the short term priorities

Result Area	Main Activities	Outputs	Performance Indicators	2016/2017			
				Q1	Q2	Q3	Q4
Policy formulation and Strategic planning	Consolidate Divisional 2017/2018 AWP to guide priority activities	2017/2018 AWP	AWP in Place			X	
National reporting and monitoring systems	Procure stationery and other office items	Purchased stationery	Number of orders made	X	X	X	X
	Implement PAS in the division	Improved individual performance	Number of reports	X	X	X	X
Coordination and partnerships	Conduct monthly staff meetings	Meeting reports	Number of meetings held	X	X	X	X
Resource mobilization	Develop proposals for funding of the planned divisional AWP	Concept Notes and proposals	Number of proposals	X	X	X	X

#### Health Sector Monitoring and Evaluation

Result Area	Main Activities	Outputs	Performance Indicators	2016/ 2017			
				Q1	Q2	Q3	Q4
Policy formulation and Strategic planning	Compile performance contracts for the CS, PS, DMS, Departments, State corporations and Regulatory Bodies	Complete performance contract plans and targets and facilitate their vetting	Number of MDAs PCs signed	X			
	Develop AWP for MOH M&E Unit for FY	AWP in place to guide priorities for MOH M&E Unit for FY 2017/2018	Annual HSME plan			X	
	Develop M&E framework and guidelines for RRI	M&E Framework and guidelines for RRI in place	Number	X			

Ensuring standards and quality assurance	Second generation indicators and Standard Operations Procedures Manual refined and endorsed	3rd Edition Health sector indicators and SOP manual	Number of Health Sector Indicators and SOP Manual	X			
	Planning and review guidelines for the health sector Developed and endorsed	Planning and performance review guidelines in place	Number	X			
	Develop, endorse and disseminate health sector M&E institutionalization guidelines	Health sector M&E institutionalization guidelines disseminated	Health sector M&E guidelines in place	X			
	Institutional best practices guidelines developed, endorsed and Best practices awarded	Health sector Best practices institutionalized and awarded	Best practices guidelines in place and Number of Awards given		X		
National reporting and monitoring systems	Quarterly 2016/17 Performance contract reports compiled and disseminated	Performance contract reports for 2016/17 disseminated	Number of reports	X	X	X	X
	Develop Mid- Term Performance contract report		Number of reports		X	X	
	Share Performance contract annual report		Number of reports	X			
	Develop and share Quarterly health sector performance reports	Quarterly health sector performance reports disseminated	Number of reports	X	X	X	X
	Develop and share Quarterly Ministry of health AWP performance reports	Quarterly Ministry of Health AWP performance reports disseminated	Number of reports	X	X	X	X
	Develop and disseminate RRI and project reports	Quarterly RRI and Project reports developed and disseminated	Number of reports	X	X	X	X
	Develop and share annual MoH national performance report	Annual National MoH performance report disseminated	Number of reports	X			
	Develop Annual Health sector performance report 2015/16	Health sector annual performance report 2015/16 developed	Number of reports	X			
	Develop and submit annual state of health report to Parliament	Annual state of Health report developed and disseminated	Number of reports	X	X		
	Conduct a joint integrated Support supervisory visits with CHMTs	Joint Supervisory report developed	Number of reports	X	X		

	Support Counties and national level to hold quarterly performance appraisal/review meetings		Number of review meetings held	X	X	X	X
	Support Bi-annual Joint Review meeting	Performance reviews conducted and reports disseminated	Number of Bi-annual review meetings held		X		X
	Conduct annual Joint Review mission		Number of reports	X	X		
	Conduct annual performance reviews		Number of annual performance reviews held		X		
	Hold a National health congress		National Health congress		X		
	Conduct Mid-term KHSSP review	KHSSP 2014-2018 mid-term Evaluation report disseminated	Number of reports	X	X		
	Establishment of the Kenya Health Observatory	Health Observatory developed	TAs engaged to develop health Observatory	X	X		
Number of TOTs trained on Health observatory				X	X		
Number of managers oriented on use of the health observatory (national and county)				X	X	X	
Health products developed and shared		Requirements report		X	X		
		number of Health products developed		X	X	X	
		Number of health products disseminated			X	X	
Support Launch RMNCAH scorecard at County	RMNCAH Scorecard officially launched	RMNCAH Scorecard report	X				
Sharing RMNCAH performance	RMNCAH Scorecard performance disseminated	Number of reports	X	X	X	X	
Coordination and partnerships	Coordinate functional M&E units at National level	M/E coordination and partnership mechanisms in place	Institutional Capacity Development Plan for M&E units	X			
	Conduct quarterly Health Sector M&E Technical Working Group meetings	Health Sector M&E TWGs held	Number of TWG meetings held	X	X	X	X
	Establishment of TWGs at National and County levels	Number of TWGs established	Number of TWGs	X	X	X	X



	Establishment of functional M&E units at National and County levels	Number of established M&E units functional	Number of M&E functional units in place	X	X		
Resource Mobilization	Identify and mobilize resources to support priority M&E interventions and milestones at national and county levels	Adequate resources mobilized to support priority M&E interventions and milestones	Proposal developed, Amount resourced	X	X	X	X
	Lobby for additional funding for M&E priorities at MOH, within health programs and key health sector institutions		M&E budget line in MoH, Programs/Departmental allocations, AIEs		X	X	
Capacity building and technical support to counties	Carry out an M&E capacity assessment at Counties, Programs, National level departments, SAGAs	M/E capacity assessment carried out for Health sector	Assessment Report	X	X		
	Training counties on reviewed guidelines in preparation for county specific annual performance reports and the M&E guidelines	Counties trained on performance review guidelines and the M&E guidelines	Number of Counties trained	X	X	X	
	Develop Capacity of Counties on health sector M&E framework	County teams oriented on the Health Sector M/E Framework	Training Reports	X	X		
	Technical Assistance to counties to help establish functional M&E teams/ units	TA provided to counties	Reports	X	X	X	X
	Technical Assistance to counties to help develop M&E plans		Reports	X	X	X	X
	Train Counties on the performance monitoring of RMNCAH	Number of counties using RMNCAH scorecard	Reports	X	X	X	X
	Technical assistance to counties to develop Health Facility scorecards	TA provided to counties	Reports		X	X	X
	Train counties on M&E institutionalization guidelines and performance reviews	Number of Counties and National level departments using M&E guidelines	Reports	X	X	X	X
	Capacity of M&E unit enhanced	Number trained/ training reports	Reports	X	X	X	X
	Strengthen the capacity and efficiency of M&E unit	Working tools for M/E unit availed	inventory	X	X	X	X
Development of Operational guidelines and protocols	Develop Health Sector M&E Guidelines	Health sector M&E institutionalization guidelines disseminated	Minutes of Meetings	X			
	Facilitate approval and launch of the health sector M&E institutionalization Guidelines		Number of guidelines	X	X		
Research and Development	Generate reports on trends of various indicators	Trend analysis and forecasts on key health Indicators developed.	Analysis report	X	X	X	X
	Generate sub-national burden of disease at county level		Reports	X	X	X	X

	Carry out Health facility efficiency score analysis	Facilities Efficiency scores generated and shared	Reports		X		
	Generate Policy briefs from reports	Policy briefs on reports generated by the M&E Unit developed	Policy briefs			X	X
	Develop and Disseminate HSM&E quarterly Bulletins/ newsletters	Quarterly Bulletin/Newsletter and flyers developed and Disseminated	Newsletter /bulletin	X	X	X	X
	Develop County fact sheets	County fact sheet developed	Number of fact sheets	X	X	X	X

**Vital and Health Statistic Unit (CRVS)**

Result Area	Main Activities	Outputs	Performance Indicators	2016/ 2017			
				Q1	Q2	Q3	Q4
Policy formulation and Strategic planning	Annual planning and review	2017-2018 CRVS AWP developed	Number of Reports			X	
Health Legislation and regulation							
Ensuring Standards and quality assurance							
National reporting and monitoring systems	Develop Quarterly Vital and Health Statistics report	Quarterly vital and Health statistics reports developed	Number of reports	x	x	x	x
	Develop Annual Vital Statistic report both mortality and cause of death.	Annual vital reports developed	Number of reports		x		x
Coordination and partnerships	Participate in Quarterly Mortality Statistics sub-committee meetings and attend the CRD TWG	Mortality statistics meeting held	Minutes Reports		x		
	Strengthening MCH Strategy roll out with CRD to improve coverage of births registration.	MCH strategy roll out strengthened	Number of counties adopted MCH strategy		x	x	x
	Hold Biannual meeting with Health Demographic Surveillance Sites.	Meeting held	Minutes & Report	x			x
Resource mobilization							
Capacity building and technical support to counties and other MOH departments	Train coders and certifiers from counties and National Referral Hospital on use of ICD-10.	Training of coders and certifiers held	Coders and certifiers trained	x	x	x	x
	Conduct quarterly mortality Surveillance/review in 10 regions	Mortality Surveillance review meetings conducted	Number of mortality surveillance meeting held	x	x	x	x
	Conduct annual Data quality assessment on Vital events	annual data quality of vital event conducted.	Report Developed			x	
	Conduct Mentorship programs on Vital event to hospitals	Mentorship Held	Number of hospital visited	x	x	x	x

	Train coders and certifiers on CoDEdit and ANACoD, and analytics	Training of coders and certifiers held	Number Trained		x		x
Operational Efficiency							
Research for Health							
Advocacy							
Development of guidelines and protocols on health service delivery	Develop VA standards, Guidelines and training material	VA standards, Guidelines and training materials developed	Number of document developed	x	x		
	Review training curriculum on ICD-10 for health workers and training institutions	updated training curriculum	Number of curriculum review meetings held	x	x		
Health service delivery – for national referral health facilities							
Ensuring Security of Strategic Public Health Commodities							
<b>Result Area</b>	<b>Main Activities</b>	<b>Outputs</b>	<b>Performance Indicators</b>	<b>2016/ 2017</b>			
				<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Policy formulation and Strategic planning	Develop E-Health AWP 2017/2018	Annual AWP document	Meetings Reports, Minutes and List of Attendance				X
	Printing of the e-health foundational documents	e-Health documents printed	Number of policy documents printed and distributed	X	X		
	Sensitize MoH senior management and program manager's teams on e-Health foundational documents (Policy, Strategy, Enterprise Architecture, Interoperability standards and guidelines and M-health standards)	National team sensitized	Number of Sensitized MoH senior management and program managers	X			
	Sensitize 47 county executives on the e-Health foundational documents (Policy, Strategy, Enterprise Architecture, Interoperability standards and guidelines and M-health standards)	47 county executives sensitized	Number of County Executive sensitized	X	X		
	Develop EHRs standards and guidelines	EHRs standards document	Stakeholders Meeting reports, Working meeting report	X	X		
	Develop Health Information Systems Certification Framework	Certification Guidelines Document	Stakeholders Meeting reports, Working meeting report	X	X	X	

	Develop the National Health Sector Unique Identifier Policy	Unique Identifier Policy Document	Stakeholders Meeting reports, Working meeting report	X	X	X	X
	Develop mhealth strategy	mHealth Strategy Document	Stakeholders Meeting reports, Working meeting report	X	X	X	X
Health Legislation and Regulation							
Ensuring Standards and Quality Assurance							
National Reporting and Monitoring Systems	Enhance KMHFL Version 2	KMHFL System Requirement Specifications Document	Stakeholders Meeting reports, Working meeting report	X	X		
	Roll out KMHFL version 2	KMHFL Version 2 system in use	Number of KMHFL Version 2 users,	X	X	X	X
	EHR's roll out in health facilities	Infrastructure Assessment	Infrastructure assessment report	X	X		
		Upgrading the facility infrastructure based on assessment results	Facility infrastructure Upgrade report	X	X	X	X
		EHRs system in use	Number of facilities in target counties using EHRs system	X	X	X	X
Coordination and Partnerships	Constitute e-HEALTH TWGs	TWG Meetings	Number of coordination meetings				
	Conduct e-health stakeholder's meetings	Partners Support to e-Health Activities	Stakeholders Meeting reports, Working meeting report	X	X	X	X
Resource mobilization	Develop proposals for funding of e-health strategy	Funding Proposals developed	Number of partners supporting e-Health	X	X	X	X
Capacity building and technical support to counties and other MOH departments	National Level KMHFL TOT Training	TOTs trained on KMHFL	Number of National TOTs Trained on KMHFL	X			
	National Level sensitization on KMHFL	Personnel sensitized on KMHFL	Number of National personnel sensitized	X			
	County and sub-county KMHFL training	system users at county and sub-county trained on KMHFL	Number of Users trained at county and sub-county level on KMHFL	X	X	X	X
	EHR's System capacity building	system users at county and sub-county trained on EHR's System	Number of users trained at county and sub-county level on EHR's System		X	X	X
Result Area	Main Activities	Outputs	Performance Indicators	2016/ 2017			
				Q1	Q2	Q3	Q4
Policy formulation and Strategic planning	Finalization of comprehensive SOPs for data collection and reporting tools	Standard Operating Procedures finalized and disseminated to Counties	SOPs guideline	X			
	Printing SOP's		Number of copies printed		X		

	Orientation and dissemination to 30 Counties		Number of Counties oriented on SOP's		X	X	
Ensuring Standards and quality assurance	Disseminate the DQA protocol	Data Quality Assurance Strategy Implemented	Reports of stakeholders meeting	X			
	Train 47 Counties on Data Quality Protocol		Number of Counties trained		X	X	
	Quarterly data review meetings with national programs	Improved data quality	Review meeting reports	X	X	X	X
	Quarterly data review meetings with Counties			X	X	X	X
	Conduct Annual Data Quality Audit		Data Quality Audit Report			X	
	Routine DHIS data cleaning		working meeting Minutes	X	X	X	X
National reporting and monitoring systems	Develop quarterly and annual health statistics reports and bulletins	Annual Health Statistics report and bulletins in place	Quarterly Bulletins and Annual Health Statistical Report	X	X	X	X
	Enhance interoperability of health information software's with DHIS	Reduced parallel reporting	System integration report		X	X	X
	Train 100 National and County TOTs on DHIS	DHIS fully optimized	Number of TOT's trained		X	X	
	Conduct DHIS training to 47 counties (220 officers) at County level		Number of DHIS users trained			X	X
Capacity building and technical support to counties and other MoH departments	Develop Mentorship Curriculum on HIS systems and data management	Improved capacity on data management and use	Workshop Report			X	X
	Train 47 Counties on Mentorship Curriculum		Number of Counties trained				X
	Roll out NHIS Curriculum to 35 Counties		NHIS Curriculum Training Reports		X	X	
	support HIS function optimally	improve efficiency	office equipment and supplies	x	x	x	x
	HIS TWG	HIS stakeholder coordination	no. of stakeholder meetings	x	x	x	x

Result Area	Main Activities	Outputs	Performance Indicators	2016/ 2017			
				Q1	Q2	Q3	Q4
Policy Formulation & Strategic Planning	Support the finalization of the R4H Policy & Agenda/Priorities	R4H policy & Agenda/priorities documents	R4HP & agenda development reports	x	x		
	Launch of the R4H policy & Agenda documents	Launch ceremony	Launch report		x	x	

	Operationalize the R4H policy & agenda: Conduct meetings to develop R4H implementation strategy	Draft R4H Strategic plan	strategy development report/Meetings minutes				x
	Hold half yearly consolidation & sharing of research questions that MoH wants answered	List of Research questions	Consolidation/Sharing reports		x		x
Research for Health	Approval of research proposals (DMS) to conduct research for health in health facilities	Research proposals approved	Signed Research proposals	x	x	x	x
	Support for operational research proposals in MoH programs	Approved Financed proposals	Amount disbursed		x		x
National reporting and Monitoring systems	Develop repository requirements, specifications and TOR for the repository expert.	repository requirements & Specifications developed	Repository development report	X	x	x	x
	Identify and contract a consultant/expert to define and develop the repository/database	TA procured	Procurement report	x			
	Landscape mapping of existing research conducted & information	Research inventory	List of Researches		x	x	
	Management & maintenance of the R4H repository (Personnel, software & equipment)	Functional Repository	database				
Capacity building & technical support to Counties (In research generation, synthesis & translation of policy oriented research evidence)	Printing of EIPM training Curriculum/Manuals	EIPM Training manuals printed	Training manuals	x	x		
	Engage Dev, Partners(DPHK) & County leaders for buy in & to support roll out training program	2 Meetings held	Meetings reports	x	x	x	
	Conduct training of National facilitators on adult training skills	National facilitators trained	Training report		x	x	
	Roll out EIPM training at National & County Levels for policy makers	National & Counties trained on EIPM	EIPM training reports			x	x

	Identify policy issues for development of Policy briefs	Policy briefs developed	Policy briefs' reports		x	x	x
Coordination & Partnerships	Hold quarterly Science policy cafes	-Science policy cafés held	-Policy café report	x		x	x
	Annual R2P conference	- R2P conference convened	Conference report	x		X	x
	Annual Research days	- Research days held	Report			x	
	KEMRI Develops guidelines for information sharing between Researchers & MoH/Counties (KEMRI)	5 Information sharing guidelines meetings held	report		x	x	
	KEMRI periodically provides research evidence to MoH through regular forums/policy briefs/documents.	2 Research evidence forums bet KEMRI & MOH Held	Reports		X	X	X
	Development of R4H engagement framework for research evidence producers & users	6 R4H engagement Framework development meetings held.	development reports		X	x	X
	Dissemination of framework & operationalization	dissemination meeting held	Report				

Advocacy	Establishment of R4H TWG (Identification of TWG membership regular meetings)	R4H TWG established & functional	Meeting minutes		x	x	x
	Produce & disseminate regular newsletters/factsheets	Factsheets produced	Disseminated factsheets		x		x

**C. MEDIUM TERM TO LONG TERM**

- In a phased approach assist counties and health programs to establish robust M/E system that links the overall sector system M/E coordination structures
- Establishment of robust Electronic Health Records systems in counties
- Improve governance and leadership in HIS/ME in the sector:
- Establish legislative and policy framework for M/E at National and county level.
- Establish mechanisms for enforcing mutual accountability for M/E commitments /regulations

**D. EXPECTED OUTPUTS**

- A unified sector wide vision for M/E and a comprehensive HIS plan with roadmap for implementation at all levels
- A shared platform created in the health sector promoting expanded data demand and use by all stakeholders (public, private, partners, civil society)
- Increased M/E capacity in the health sector Institutions
- A business plan for M/E developed to advocate for increased investments in M/E capacity improvements in the sector
- Expanded resource base to support core M/E investments (both technical and financial)
- Robust structure and mechanisms for improved governance and leadership for M/E
- A functional health sector observatory in place with sub-national and global linkages.