ASSESSING PARTNER ALIGNMENT IN SUPPORT OF THE HEALTH INFORMATION SYSTEM IN KENYA

HEALTH DATA COLLABORATIVE

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Contents

Acronyms and abbreviations

CDC	Centers for Disease Control and Prevention
COVID-19	coronavirus disease 2019
CRVS	civil registration and vital statistics
CSO	civil society organization
DHIS2	District Health Information System
eCHIS	Electronic Community Health Information System
GAVI	Gavi, the Vaccine Alliance
GDP	gross domestic product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
Global Fund	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
HDC	Health Data Collaborative
HIS	health information system
HSSP	Health Sector Strategic Plan
ICD	International Classification of Diseases
iHRMS	Integrated Human Resource Management System
JICA	Japan International Cooperation Agency
KEMRI	Kenya Medical Research Institute
KHF	Kenya Health Forum
LIS	Laboratory Information System
LMIS	Logistics Management Information System
M&E	monitoring and evaluation
MNCH	maternal, newborn and child health
MoH	Ministry of Health
MTEF	medium-term expenditure framework
NCD	non-communicable disease
NIIMS	National Integrated Identity Management System
PEPFAR	United States President Emergency Plan for AIDS Relief
PPP	purchasing power parity
RHIS	Routine Health Information System
SDG	Sustainable Development Goal
SOP	standard operating procedure
SWAp	sector-wide approach
TB	tuberculosis
TWG	technical working group
UHC	universal health coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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Introduction

Background and problem statement

The Sustainable Development Goal (SDG) Framework (2016–2030), which incorporates 17 development goals, is guiding global action and policy for world peace and prosperity (UN DESA, 2022). The SDG 3 health goal aims to ensure healthy lives and promote well-being for all ages, and includes a sub-target (3.8.1) on universal health coverage (UHC). UHC means that all individuals and communities receive the health services they need without suffering financial hardship. UHC is galvanizing action at the international and national levels to strengthen health systems and improve the equitable delivery of health-care services (WHO, 2021).

The UHC goal reflects the broad lessons; health initiatives; calls for action, strategies and policy declarations that have occurred over the past two decades. These include the primary health-care goal of 'health for all by the year 2000' (Hanson et al., 2022), and the rise of global health initiatives such as the World Bank's Multi-country HIV/AIDS Program; the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); and the United States President's Emergency Plan for AIDS Relief (Mwisongo & Nabyonga-Orem, 2016). At the same time there was also growing awareness of the importance of strengthening country health systems, including health information systems (HIS), for improving population health (Witter et al., 2019).

These developments occurred within the context of key declarations such as the 2005 Paris Declaration for Aid Effectiveness, the 2008 Accra Agenda for Action, and the 2012 Busan Partnership for Development Cooperation. These declarations called for greater alignment and harmonization of development assistance for health, to make the most of strategic investments within the health sector. Evaluations of the implementation of the Paris Declaration – which had as key principles (i) ownership, (ii) alignment, (iii) harmonization, (iv) managing for results, and (v) mutual accountability – concluded that it was, first and foremost, a political agenda for action, rather than a technical set of fixes (Wood et al., 2008). These declarations were made within a broader implementation history of the sector-wide approach (SWAp) in health, which aimed at creating governance structures for joint planning, financing and implementation of health sector priorities by governments and their developing partners (Martinez-Alvarez, 2018).

To achieve UHC, strong data systems are needed. However, the 2020 global report on health data systems and capacity revealed that almost 50 per cent of countries have limited capacity for systematic monitoring of the quality of care and only 8 per cent of reported deaths in low-income countries show causes of death (WHO, 2020). Fragmented health data systems hamper the availability and effective use of data, especially during disease outbreaks, which in turn weakens policy and resource allocation decisions in countries.

The Health Data Collaborative

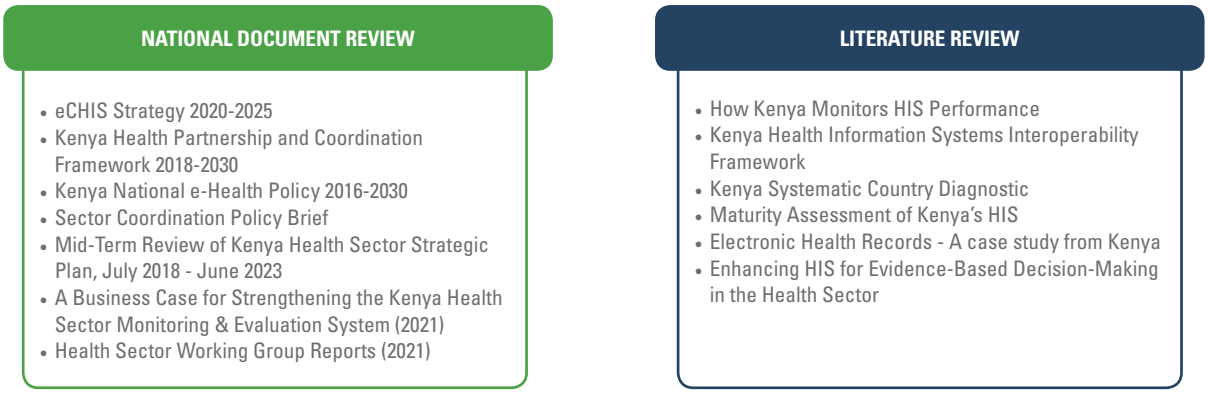
ithin this broad context, the Health Data Collaborative (HDC) has undertaken an analysis of the level of alignment of partners' technical and financial investments in HIS in selected countries in Africa. The HDC is a joint effort by multiple global health partners to work alongside countries to improve the availability, quality and use of data for local decision-making and tracking progress towards the health-related SDGs (Health Data Collaborative, 2022). This analysis was conducted in three case study countries – Kenya, Cameroon and Zambia – with two specific objectives:

1. Assess the extent to which partners' activities in HIS are aligned or linked to the country's national priorities.
2. Investigate whether partners synergize, link and coordinate their technical and financial activities for HIS strengthening.

The overall goal is to support national governments and their partners in the coordinating structures, strategies and procedures needed for better alignment of partners' investments in the HIS. Kenya was one of the four pathfinder countries (along with Cameroon, Malawi and the United Republic of Tanzania) that launched the HDC in March 2016. Kenya's Health Partnership and Coordination Framework 2018–2030 states that "coordinating and harmonizing the investments and actions of all partners is critical to ensure the most effective utilization of all resources to address sector priorities and achieve results" (Kenya MoH, 2018a, p. 11).

This report presents the methodology adopted to assess the above objectives, including the development of the conceptual and analytical framework. It provides some background information on Kenya's health system and social, political and economic contexts. The findings are then presented in three domains: Policy and Regulatory Alignment, Systems Alignment and Operational

Figure 1: Key national documents and literature reviewed



Alignment. The report concludes with a summary of the findings and a proposal for an alignment performance matrix. The matrix could be used to periodically review progress in the alignment of development partners' technical and financial investments to country HIS.

Methodology

To assess the current level of alignment of partners' technical and financial investments in Kenya's HIS, the methodology included:

- A desk review of the literature and a review of key country documents.
- The development of a conceptual framework on alignment.
- The development of two key informant questionnaires, one for national stakeholders and another for international stakeholders.
- Key informant interviews based on the questionnaires.
- Sharing of the case study findings with country stakeholders for review and additional information.

Below is an in-depth description of these approaches.

Literature search and desk review of country documents

Two databases – SCOPUS and Google Scholar – were used for the literature search on alignment. Key search terms used were 'alignment', 'harmonization', 'sector-wide approach', 'the Paris Declaration', and 'aid effectiveness'. The year range used was 1999–2022. The number of articles retrieved and the number reviewed were not noted as the focus was not on conducting a systematic literature review but simply on obtaining and reviewing relevant documentation. Country documents were obtained from a Google search and the website of the Kenya Ministry of Health (MoH). Major national documents were also reviewed. All articles and documents read were in English.

Figure 1 shows a list of some of the key national documents that were reviewed.[1] This review informed the development of the alignment framework as well as the country stakeholder questionnaires.

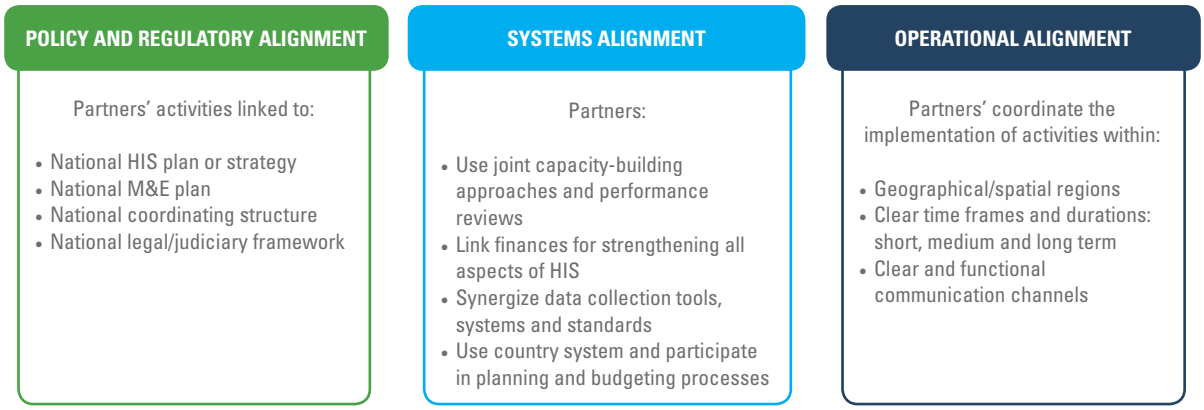
Development of alignment conceptual framework and stakeholder questionnaires

The desk and literature review identified words that are synonymous with alignment, including 'coordination', 'integration', 'synergy', 'collaboration' and 'connection'. To align is, therefore, defined as coordinating or making links to connect activities, processes and structures coherently towards a given goal. Alignment is possible when there is coordination and collaboration, transparency, trust and mutual benefit, as well as synergy and integration of partners' inputs, activities and processes. Alignment is described in the Paris Declaration on Aid Effectiveness as partners aligning to countries' national priorities and working within in-country government systems and procedures (Martinez-Alvarez, 2018).

Thus defined, alignment for this assessment has been conceptualized as occurring or not (or partially) in at least three domains: the policy and regulatory level, technical

1 The reference list contains the full list of reviewed documents.

Figure 2: Conceptual framework of alignment



and financial alignment at the systems level, and the operational level. Figure Two depicts this in greater detail. The policy and regulatory alignment domain refers to the existence of guiding policy documents as well as partners' knowledge and regular use of or reference to these documents. It also refers to the existence of a national coordinating structure or technical working group (TWG) with the mandate to lead and coordinate all the activities of actors supporting the HIS.

The systems alignment domain refers to how integrated and synergized partners' activities are, in terms of technical and financial inputs and processes, to strengthen the HIS. This includes, for example, partners conducting joint capacity-building approaches and joint HIS performance reviews, and using the same standardized data collection tools, typologies and systems. It also includes partners and government actors linking their financial contributions to support priorities in the HIS plan, either using the one-basket funding principle or through coordinated synergy in deciding which priorities will be funded by which partner.

Finally, the operational alignment domain refers to how coherent and coordinated partners are when implementing together HIS activities at the local, county, or national levels. This includes not only coordinated implementation at the geographical level to ensure all counties/districts and regions benefit, but also a temporal element to ensure there is continuity and follow-up in successful initiatives.

Two open-ended questionnaire forms were developed: one for international partners and civil society organizations (CSOs) and the other for government stakeholders.[2] The questions were developed in line with the conceptual framework and shared with country actors for input and revision before the in-depth interviews took place. For this specific assessment, the focus has been put on international partners, government and non-governmental stakeholders. The private sector's role in aligning to government priorities has not been assessed as it was not an objective of this work.

Key informant interviews/consultations

The document and literature review were supplemented with seven key informant consultations that lasted on average 45 minutes to 1 hour. Key informants were selectively chosen for their knowledge and work in the HIS and with the help of country office focal points from UNICEF and the World Health Organization (WHO). Table 1 provides a brief profile description of the stakeholders interviewed.

Kenyan socio-political, economic and health systems context

Socio-political and economic context

Kenya is an East African country with an estimated population of 53.8 million in 2021. It is one of the fastest-growing economies in the Sub-Saharan African region

2 The questionnaires are found in Annexes 1 and 2.

Table 1. Characteristics of key informants interviewed

Actor	Unit/Department	Level
MoH stakeholder	Monitoring & Evaluation Division	National
MoH stakeholder	Division of HIS	County
International partner	UNICEF	Country office
International partner	WHO	Country office
International partner	Development Partners in Health Kenya	National
Local partner (CSO)	Amref	National and local
Semi-autonomous government agency	Kenya Medical Research Institute (KEMRI)	National

Table 2. Key human development indicators

Indicators	Value
Life expectancy at birth (years), 2019	66.7
Infant mortality rate (per 1,000 live births), 2019	30.6
Maternal mortality rate (per 100,000 live births), 2017	342
Population living below the national poverty line, all areas (%), 2019	36.1
Population with at least some secondary education (% aged 25 and older), 2019	35.2
Gender Inequality Index (GII), 2019	0.518
Employment-to-population ratio (% aged 15 and older), 2019	72.7

with a reputation for pioneering innovative business ideas in financial services, telecommunications, and digital and renewable energy (Chege, 2020). It is a country with a gross domestic product (GDP) purchasing power parity (PPP) per capita of US$3,874, which compares to an average GDP PPP per capita in the East African region of US$2,877 (Statistics Times, 2021). Kenya has a vibrant civil society that plays a key role in the development of the country and the provision of social services (Lugano, 2020). In 2010, the country adopted a new constitution which created 47 new counties and devolved power to these autonomous governments. Counties have the mandate to self-govern, deliver social services to their populations, and foster social and economic growth. Within this governance realm, development partners collaborate with both national and county governments.

Table 2 shows some key social/human development indicators in the country (UNDP, 2022; World Bank, 2022).

Health systems context

With regard to the health system, the Kenyan Government has adopted UHC as one of the components of the President's 'Big Four Agenda', which includes ensuring that all Kenyans can access the essential health services they need through a unified benefit package without risk of financial burden (Kenya MoH, 2021a). A look at the financial budget for the health sector shows a gradual increase in the allocation of resources over the past few years; however, the amount of allocated funds has been markedly lower than the required/necessary funds planned.

Table 3 shows the level of recurrent and development funds required for the health sector compared to what was allocated for fiscal years 2020/2021 and 2022/2023 (Health Sector Working Group Report, 2021).

Table 3. Key health sector financing indicators

Key Health Financing Indicators	Proportion (%)
Domestic general government health expenditure (% of general government expenditure), 2018	1.13
Current health expenditure (% of GDP), 2019	3.60
Domestic private health expenditure (% of current health expenditure), 2018	85.49
Out-of-pocket expenditure (% of current health expenditure), 2018	75.13
External resources on health (% of total health expenditure), 2014	11.09
External health expenditure (% of current health expenditure), 2018	8.54

Table 4. Health financing management indicators

Key Health Financing Indicators	Proportion (%)
Domestic general government health expenditure (% of general government expenditure), 2018	7.25
Current health expenditure (% of GDP), 2019	4.59
Domestic private health expenditure (% of current health expenditure), 2018	42.35
Out-of-pocket expenditure (% of current health expenditure), 2018	23.37
External resources on health (% of total health expenditure), 2014	27.55
External health expenditure (% of current health expenditure), 2016	15.50

Table 3 shows the financial deficit that the health sector has with regard to the necessary required recurrent and development funds. In terms of other key health financing indicators, Table 4 shows that, taken together, domestic private health expenditure and external resources to the health sector still represent a significant proportion of the total current health expenditure in the country (WHO Regional Office for the African Region, 2022; World Bank, 2022).

Kenya's Third Medium-Term Plan, 2018–2022, which spans the five-year period 2018–2022, is currently being implemented to guide the country towards achieving the goal of the Kenyan Health Policy 2014–2030 (Kenya MoH, 2018b). Among the health sector's flagship programmes towards this goal is the digital health programme, which includes scaling up use of the electronic HIS at health facility levels, enhancing digital communication between health facilities, and enhancing mobile health (m-health) services as well as the district health information system (DHIS2).

Kenya's national HIS comprises several sub-systems, including the following:

- National Integrated Identity Management System (NIIMS) for registration of births, deaths and key life events such as marriage and divorce
- Electronic medical record system for client referral coordination
- Laboratory Information System (LIS)
- Logistics Management Information System (LMIS)
- Electronic Community Health Information System (eCHIS)
- Routine Health Information System (RHIS)
- District Health Information System (DHIS2)
- Health Facility Master List
- Integrated Human Resource Management System (iHRMS)
- HIV Situation Room
- Linda Mama
- Tibu.

The Government is currently developing and populating a centralized Health and Research Observatory which will be a one-stop-shop of all quality health data, statistics and knowledge products available in the country to inform decision-making right from the point of service delivery to the public at all levels.

Kenya has many development partners working within the sector to strengthen its national HIS. Main actors include (but are not limited to): WHO; UNICEF; United States Agency for International Development (USAID); Gavi, the Vaccine Alliance (GAVI), United States President Emergency Plan for AIDS Relief (PEPFAR); Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ); Kenya Centers for Disease Control and Prevention (CDC); Japan International Cooperation Agency (JICA); and United Nations Population Fund (UNFPA).

The next section presents the findings of the analysis on the extent to which partners' technical and financial investments are aligned in supporting the HIS. Analysis was done by synthesizing and comparing information from the various data sources and linking these to the conceptual framework.

Findings

Policy and regulatory alignment

The findings at this level reveal the existence of national policies and standards for the HIS. For example, there are policies, strategies, or guiding documents for each of the sub-components of the HIS, including the following:

- Civil Registration and Vital Statistics (CRVS) Strategy
- Strategic Plan for the HIS
- National Monitoring and Evaluation (M&E) Framework for HIS
- Digital Health Policy
- eCHIS Strategy (2020–2025), etc.
- Health sector indicators and standard operating procedures (SOP) manual
- Data quality assurance protocol and training curriculum.

Development partners interviewed were aware of these strategies and referred to them during the consultations. Whether the priorities mentioned in these strategies are indeed adhered to is a question worth examining in more detail. However, with regard to the National M&E Framework 2018–2023, there were mixed perceptions regarding the level of alignment of partners' activities to the M&E Framework. A consensus of alignment to the indicators being tracked within the national DHIS2 system was noted.

The national document review revealed the existence of a health sector partnership coordination framework to harmonize, guide and coordinate the work of various health partners in the country. This framework calls for the existence of a national inter-agency coordination committee for the HIS with the mandate to "provide a forum for joint planning, coordination and monitoring of specific investments in the sector" (Kenya MoH, 2018a, p. 10).

Discussions with country stakeholders confirmed the existence of this coordinating committee, which was launched in October 2019 and had several meetings up until early March 2020, when the meetings stalled due to the coronavirus disease 2019 (COVID-19) pandemic. The monthly meetings resumed in the early months of 2021, during which updates on the MoH priority activities were discussed, as well as those of partners, to align and avoid duplications. Present at November's 2021 meeting were key partners that included:

- WHO
- UNICEF
- United States Agency for International Development (USAID)
- UNFPA
- HEALTH IT
- Kenya Medical Research Institute (KEMRI)
- County government representatives

Worthy of note from this list is the lack of civil society or private sector representation. Whether these constituencies have a regular seat within the HIS coordinating committee or happened to be absent at this meeting is unclear. Discussions with a CSO representative regarding their knowledge and participation in meetings of the coordinating committee did not yield any clear answers, raising doubts about their effective presence in this structure. In discussions with this stakeholder, the notion of competition and lack of equal respect and engagement of all actors within the health/HIS policy space was a recurrent theme, as noted in this comment:

> *'There is a need for equal footing in the policy space. There is a need to treat all partners the same with equal respect, irrespective of funding capacity."*

The adequate engagement of CSOs and the private sector in the governing/coordinating structure is an increasingly important aspect of provision of care, specifically for the UHC goal of providing essential health services for all (WHO, 2019; CSEM, 2019). In effect, the collection of a comprehensive dataset on health services utilization from communities, the private for-profit and not-for-profit sectors will ensure health policy and programme decision-making are based on more reliable and quality data.

Kenya's health sector partnership and coordination framework also provides for the existence of the Kenya Health Forum (KHF) – an annual joint forum for all sector partners to review the performance of the health sector and share lessons learned from the past year. The forum is to be used to identify joint priorities for the ensuing year (Kenya MoH, 2018a).

The continuous and effective functioning of these coordinating structures (the HIS inter-agency coordinating committee and the relevant sub-TWGs) and their ability to integrate the works of various partners will certainly be influenced by the Government's political will and capacity to strengthen the alignment agenda. This could take many forms, including putting in the relevant financial and institutional resources to ensure that more and more partners working in the HIS are represented in this coordinating committee and attend the regularly scheduled meetings.

'Partners' will' (and not just political will) equally have a role to play in ensuring that the coordinating structures stay functional, by respecting and making their priorities the government's priorities in HIS strengthening. The literature documents that the "key to strengthening harmonization between health innovations is the effective functioning of government-led donor coordination mechanisms and the willingness of stakeholders to embrace them" (Wickremasinghe et al., 2018).

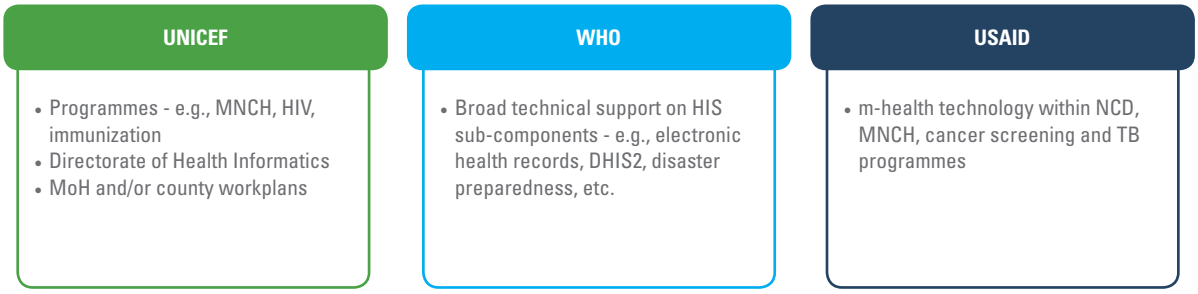
The Development Partners in Health Kenya (DPHK) platform – which brings together all partners working in the health sector for exchange of information and discussions – is another good medium through which partners can coordinate their activities amongst themselves to ensure that they are in line with government priorities and that they respect government structures and procedures when planning interventions to strengthen the HIS, whether at national or county level. This includes, for example, notifying both the relevant MoH department and the Council of Governors of any HIS interventions being planned for implementation at the county level.

Systems (technical and financial) alignment

Financial, technical and operational support to the national HIS is provided in different ways by various partners. UNICEF, for example, provides programme-/project-specific support in maternal, newborn and child health (MNCH); immunization; and other related programmes which include HIS strengthening elements. UNICEF also provides direct support to relevant MoH departments and county workplans. WHO provides technical support for the broad sub-components of the HIS and their inter-linkage. This includes work on linking the electronic health records and the DHIS2 system, and the development of SOPs for the CRVS and medical certification of causes of death according to International Classification of Diseases (ICD) levels/standards. The national CSO Amref provides HIS support through m-health approaches and within specific programmes/projects such as for non-communicable diseases (NCDs), MNCH, cancer screening and tuberculosis (TB). The partners' structural approach to HIS funding is outlined in Figure 3.

A general perception of good technical alignment among partners in HIS strengthening was common to all those interviewed, specifically with regard to the use of common data-capturing tools within public health facilities in the country. WHO reported working closely with other partners on a harmonized set of indicators for the health assessment surveys, as well as on an improved harmonized and strong DHIS2. The electronic health record and the CRVS systems seem to also benefit from strong partner collaboration and therefore alignment of technical resources and inputs. For example, WHO mentioned working on the CRVS with UNFPA, UNICEF, World Food Programme, International Organization for Migration and Kenya CDC. For the digital and DHIS2 system, WHO collaborating partners were USAID, Kenya CDC, UNICEF, UNFPA, the University of Oslo, and local academic institutions. This perception of good technical alignment among partners could potentially be due to the many actors working in the digitalization process of the health sector in general – a factor that helps galvanize partners to work together by having a common objective or way of working. The resumption of the inter-agency coordination committee of the health information and research system where members share information on their works and projects may be a factor favouring technical alignment, by promoting collaboration and synergy among partners with similar projects and priorities.

Figure 3. Partner's structural approach to HIS funding



DHIS2, District Health Information System; HIS, health information system; m-health, mobile health; MNCH, maternal, newborn and child health; MoH, Ministry of Health; NCD, non-communicable disease; TB, tuberculosis; UNICEF, United Nations Children's Fund; WHO, World Health Organization

That notwithstanding, stakeholders also mentioned the existence of 'parallel data systems' (to the national HIS) for specific diseases such as HIV, tuberculosis, malaria, and for nutrition. While they did not feel that these systems led to duplication of efforts, but rather 'complemented' the national HIS (DHIS2) system, the need to inter-link these multiple data-capturing systems to ensure that all data are housed 'in one place' was mentioned as critical work that is currently being undertaken through the work of the Kenya Health Research Observatory (KHRO, 2022). Financial alignment was assessed in terms of whether partners synergize – and put into one common basket – their investments to support the broad strengthening of the HIS. Financial alignment was also assessed in terms of the extent to which partners report and record their financial contributions to the HIS within the public financial management systems of the country, such as the medium-term expenditure frameworks.

Actors particularly from UNICEF and WHO mentioned that their organizations did not have a set and long-term financial investment plan specifically for the HIS. In effect, their financial contributions to the HIS were either at a programmatic level or on an ad-hoc basis – that is, when grants are made available. For example, UNICEF's contributions to HIS strengthening are incorporated with HIS components in programme-specific funds for malaria and MNCH. If some flexible funds are to be available, these can be redirected and allocated to specific HIS activities.

While WHO directly supports the sub-components of the HIS, the availability and disbursement of funds do not necessarily have set timelines and could be made available at various time points during the year, when the implementation of some activities has already begun. A steady and consistent financial investment from both partners for the HIS, therefore, seems to be non-existent, and could be described as 'piecemeal' and within project-focused programmes. The different working structures and priorities of various partners – that is, their approach to financing the health system either through projects/programmes or through the broad sub-components of the health system – could potentially be a factor rendering joint/pooled funding for HIS activities a difficult endeavour. One actor indeed stated that:

> *"joint funding concepts don't seem to get much traction in Kenya as yet".*

Another mentioned:

> *"One plan, one basket, one implementation model – idealistic, but not feasible at the instant. What is feasible is 'coordinated support where partners commit to focusing on specific activities in the national plan'.*

Still in this regard, another actor stated:

> *"Significant lack of budgetary allocation to activities of M&E systems, both hardware and software elements."*

Coordinated financial support to the HIS is therefore an aspect that can be strengthened in Kenya for improved alignment of partners' financial resources to the HIS. The extent to which such coordinated financial support

can be enhanced (and advocated for), considering the various ways in which partners operate and fund the health system – mostly through the 'disease-/project-based approach' – would be a critical point for reflection and experimentation.

Coordinated financial support to the HIS could in part be strengthened through an increasing number of partners working within the public financial management systems of the country (making their financial contributions 'on budget'), as well as through participating in the annual operational health planning and budgeting processes at the national and county levels (David et al., 2020). In so doing, partners will be transparent in disclosing their available (potential) resources for the HIS and contributing to some of the national HIS activities prioritized in the five-year medium-term plans and counties' annual operational plans (Health Policy Plus, 2020).

One county actor mentioned in effect that:

> *"If an activity is mentioned in the annual plan, there is a budget for it allotted by the government. If funds are lacking, counties can see with partners [sic] to support this activity."*

However, for this to be more likely to occur, the Government would need to have a set and clear annual budget recorded for the HIS. The mid-term review of Kenya's Health Sector Strategic Plan (HSSP) showed that expenditure data for the HIS were not available, as opposed to data for other health system sub-sectors (Kenya MoH, 2021b).

These findings of limited integration/coordination of finances for the HIS from some stakeholders are also reflected in the literature. In national documents purporting this, the system still lacks a substantial level of investment, with innovations in e-health being funded mostly by development partners, with limited financing from the Government (Bernadette et al., 2017).

Operational alignment

In terms of operational alignment, perceptions on this were equally mixed due to the different takes that various actors had on what this implies. While some felt that there was some duplication of HIS activities on the ground – in the sense that some partners could implement their data collection and analysis systems through the programme or project-specific work (possibly those related to HIV/TB and malaria) without assimilating this to national HIS system – other actors felt that there was a good level of operational alignment in terms of the existence of a harmonized set of data collection tools and indicators within all health facilities in the country. The perception by some actors of misalignment at the operational level may potentially stem from the disease-based/programmatic approach to HIS funding adopted by many international partners, as well as the varying timelines and procedures in funds availability and disbursement.

The lack of flexibility of a large proportion of funds provided by international partners may also be an element that renders alignment at the operational level more difficult. In effect, while the MoH or counties might have specific priorities for the HIS, if they do not necessarily match with the specific activities for which partners have available funding, then they may not be financed and implemented in a timely manner.

The need for 'coordinated support' at the level of implementation – where partners specify which national priorities they can focus on, and potentially in which geographical area they can focus on – could be a potential way forward.

A county-level actor, however, thought that it was only on rare occasions that there could be misalignment at the operational level and that this was the exception rather than the rule. On such rare occasions, an international partner may get their HIS activities going on the ground without notification and coordination by the MoH. However, this individual was an actor from one of the best-performing counties in Kenya.

The availability of an investment case for the HIS (Kenya MoH, 2021b) could certainly galvanize actors towards greater coordinated support and greater operational alignment. Table 5 summarizes the findings.

How can alignment be improved?

Measuring progress of alignment over time

To support partners in better aligning their technical and financial investments for HIS, the following framework (Table 6) for assessing and measuring the progress of alignment over time is proposed. The country HDC, along with the national M&E coordinating TWG could be existing

mechanisms to implement this framework and support change.

The framework is a starting point to gear discussions with relevant country stakeholders to identify locally relevant and context-specific indicators that could be used to measure the performance of various actors in their progress towards better alignment.

This set of locally developed indicators could be made part of the National M&E Framework and may fall under the 'effective partnership and governance rubric' component of the M&E investment business case. These indicators could equally be assessed yearly during the joint annual health sector performance reviews for their easy institutionalization and implementation.

The Level 1, minimum (basic) level of alignment is a benchmark level of alignment that will need to be attained by all partners within a very short time frame (for example, one year) if that is not yet currently the case: 2022–2023. Level 2, the intermediate level of alignment, comprises a set outcome that partners can work towards within a two-year time frame, with their performances scored against these outcome indicators if they have not yet been attained: 2022–2024.

Finally, Level 3 corresponds to an excellent level of alignment – a goal standard to be attained: 2022–2025.

The indicators for the specific levels could be standardized across countries for comparison purposes or be specific to each country's context. These indicators will be developed in collaboration with country stakeholders, including the MoH and county/local actors, CSOs and academic stakeholders.

By the end of the year 2025, which is the end date of the Kenyan HIS investment business case, partners should have achieved an excellent level of alignment in view of a stronger HIS that can effectively support the attainment of UHC in Kenya.

Limitations

The results reported in this study should be considered in light of some limitations. Only a few development partners were interviewed and discussions with other major funders of the HIS, unfortunately, did not occur. While discussions with the private sector did not occur, a future analysis could be conducted.

That notwithstanding, its strengths include in-depth interviews with prominent actors in the HIS space as well as a broad review of national documents. Country stakeholders had the opportunity to review the report and provide relevant inputs and revisions.

Table 5. Summary of findings

Policy and regulatory alignment	Existence and knowledge of national policy documents	Existence and use of a national M&E plan	Existence of a national coordinating structure for HIS
	✓	✓	✓
Systems alignment	Conduction of joint capacity-building support	Synergizing finances for strengthening HIS	Synergizing data collection tools, processes and standards
	✓	✗	✗ ✓
Operational alignment	Coordinated implementation among districts	Coordinated implementation within set time frames	% of finances provided for HIS as per the NHSP
	✗ ✓	✗ ✓	*Unknown*

✗ Perception of poor alignment ✓ Perception of good alignment ✗✓ Mixed perceptions of good and poor alignment

Table 6. Progress in Alignment Over Time (2022–2025)

Policy and regulatory alignment	
Basic Level	At least 50 per cent of all partners' representatives consistently attend the HIS inter-agency coordinating committee meetings. Number of CSOs and private sector actors that are present in the HIS inter-agency coordinating committee and have signed the memorandum of understanding (MoU).
Intermediary Level	At least 75 per cent of all partners' representatives consistently attend the HIS inter-agency coordinating committee meetings. Number of CSOs and private sector actors that are present in the HIS inter-agency coordinating committee and have signed the MoU.
Advanced Level	All partners supporting the HIS have representatives consistently attending the HIS inter-agency coordinating committee meetings. Number of CSOs and private sector actors who are actively present in the HIS inter-agency coordinating committee. Number of recommendations of CSOs that have been followed through and implemented by the HIS inter-agency coordinating committee.

Systems alignment	
Basic Level	At least 50 per cent of all partners pledge financial or technical resources to support the implementation of priorities in the HIS business investment case or the HSSP III. At least 50 per cent of all partners disclose their HIS activities (including associated budget) planned or being undertaken at the county level within relevant governance structures (HIS inter-agency coordinating committee, council of governors) and processes (annual operational planning, medium-term expenditure frameworks [MTEFs]). At least 50 per cent of partners jointly conceptualize and produce HIS technical documents, processes and standards.
Intermediary Level	At least 75 per cent of all partners pledge financial or technical resources to support the implementation of priorities in the HIS business investment case or the HSSP III. At least 75 per cent of all partners disclose their HIS activities (including associated budget) planned or being undertaken at the county level within relevant governance structures (HIS inter-agency coordinating committee, council of governors) and processes (annual operational planning, MTEFs).
Advanced Level	All partners pledge financial or technical resources to support the implementation of priorities in the HIS business investment case or the HSSP III. All partners disclose their HIS activities (including associated budget) planned or being undertaken at the county level within relevant governance structures (HIS inter-agency coordinating committee, council of governors) and processes (annual operational planning, MTEFs). All partners jointly conceptualize and produce HIS technical documents, processes and standards. Number of capacity-building training sessions jointly conducted with CSO and private sector participation.

Operational alignment	
Basic Level	At least 50 per cent of all partners conduct joint technical and financial implementation (with at least one other partner) of HIS activities at the national or county level. At least 30 per cent of HIS activities planned in the NHSP or the HIS and e-health policy are jointly implemented.
Intermediary Level	At least 75 per cent of all partners conduct joint technical and financial implementation (with at least two other partners) of HIS activities at the national or county level. At least 60 per cent of HIS activities planned in the HSSP or the HIS and e-health policy are jointly implemented.
Advanced Level	All partners conduct joint technical and financial implementation (with at least two other partners) of HIS activities at the national or county level. At least 90 per cent of HIS activities planned in the HSSP or the HIS and e-health policy are jointly implemented.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References

Bernadette, Ajwang, et al., *Enhancing Health Information System for Evidence-based Decision Making in the Health Sector*, Kenya Ministry of Health, Nairobi, 2017.

Chege, Michael, 'The Political Economy of Foreign Aid to Kenya', ch. 38 in *The Oxford Handbook of Kenyan Politics*, edited by Nic Cheeseman, Karuti Kanyinga and Gabrielle Lynch, Oxford University Press, Oxford, 2020.

Civil Society Engagement Mechanism for UHC2030 (CSEM), *"Leaving No One Behind": Delivering on the promise of health for all: reflections of the Civil Society Engagement Mechanism for UHC2030 on the Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report*, CSEM, Arlington, 2019.

David, Njuguna K., et al., Health Sector Planning at the County Level in Kenya: What has worked, challenges and recommendations, *Public Health Research*, vol. 10, no. 3, pp. 87–93, 2020.

Hanson, Kara, et al. 'The Lancet Global Health Commission on Financing Primary Health Care: Putting people at the centre', *The Lancet Global Health*, vol. 10, no. 5, e715-e7722022, May 2022.

Health Data Collaborative, 'Data for Health and Sustainable Development', April 2022, <www.healthdatacollaborative.org/>, accessed 9 August 2022.

Health Policy Plus, Public Health Expenditures in Kenya: A comparative analysis of seven deep-dive countries, FY 2018/19, Washington, D.C., Palladium, Health Policy Plus.

Health Sector Working Group Report, *Medium Term Expenditure Framework for the Period 2022/23 – 2024/25*, Kenya Ministry of Health, Nairobi, 2021.

Kenya Health and Research Observatory (KHRO), Kenya Ministry of Health, Nairobi, <https://khro.health.go.ke/#/>, accessed 11 August 2022.

Kenya Ministry of Health (MoH), *Kenya Health Sector Partnership & Coordination Framework 2018–2030*, Government of Kenya, Nairobi, 2018a.

Kenya Ministry of Health (MoH), *Third Medium Term Plan 2018–2022*, Government of Kenya, Nairobi, 2018b.

Kenya Ministry of Health (MoH), *National Community Health Digitalization Strategy 2020–2025*, Government of Kenya, Nairobi, 2021a.

Kenya Ministry of Health (MoH), *A Business Case for Strengthening the Kenya Health Sector Monitoring and Evaluation System*, Government of Kenya, Nairobi, 2021b.

Lugano, Geoffrey, 'Civil Society and the State', ch. 22 in *The Oxford Handbook of Kenyan Politics*, edited by Nic Cheeseman, Karuti Kanyinga and Gabrielle Lynch, Oxford University Press, Oxford, 2020.

Martinez-Alvarez, Melisa, 'Ownership in Name but Not Necessarily in Action: Comment on "It's About the Idea Hitting the Bull's Eye": How aid effectiveness can catalyse the scale-up of health innovations", *International Journal of Health Policy & Management*, vol. 7, no. 11, pp. 1053–1055, 1 November 2018.

Mwisongo, Aziza, and Juliet Nabyonga-Orem J, 'Global Health Initiatives in Africa – Governance, Priorities, Harmonisation and Alignment', *BMC Health Services Research*, vol. 16, suppl. 4, p. 212, 18 July 2016.

Statistics Times, 'List of Continents by GDP per Capita', 3 November 2021, <https://statisticstimes.com/economy/continents-by-gdp-per-capita.php>, accessed 9 August 2022.

United Nations Department of Economic and Social Affairs (UN DESA), 'The 17 Goals', <https://sdgs.un.org/goals>, accessed 9 August 2022.

United Nations Development Programme (UNDP), 'Human Development Insights' [search for Kenya], <https://hdr.undp.org/data-center/country-insights#/ranks>, accessed 9 August 2022.

Wickremasinghe, Deepthi, et al., "It's about the Idea Hitting the Bull's Eye": How aid effectiveness can catalyze the scale-up of health innovations, *International Journal of Health Policy & Management*, vol. 7, no. 8, pp. 718–727, 2018.

Witter, Sophie, et al., 'Health System Strengthening – Reflections on its Meaning, Assessment, and our State of Knowledge', *International Journal of Health Planning & Management*, vol. 34, no. 4, e1980–e19896, October 2019.

Wood, Bernard, et al., *Synthesis Report on the First Phase of the Evaluation of the Implementation of the Paris Declaration*, Copenhagen, July 2008.

World Bank, 'Data: Kenya, <https://data.worldbank.org/country/kenya?view=chart>, accessed 11 August 2022.

World Health Organization (WHO), *The Private Sector, Universal Health Coverage and Primary Health Care*, WHO, Geneva, 2019.

World Health Organization (WHO), S*CORE for Health Data Technical Package: Global report on health data systems and capacity*, WHO, Geneva, 2020.

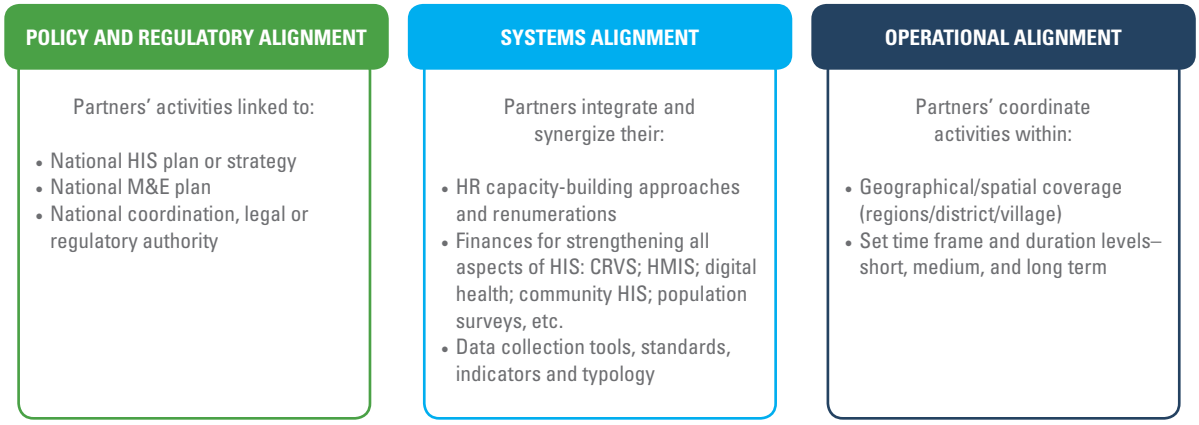
World Health Organization (WHO), 'Universal Health Coverage (UHC)', 1 April 2021, <www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(UHC)>, accessed 11 August 2022.

World Health Organization (WHO) Regional Office for Africa, 'Displaying Indicators for AFRO Region: Financial management systems', <https://aho.afro.who.int/ind/af?dim=131&dom=Financial%20management%20systems>, accessed 9 August 2022.

Annexes

Annex 1. Key Informant Questionnaires – Ministry of Health (MoH)

Figure A1: Conceptual framework on alignment

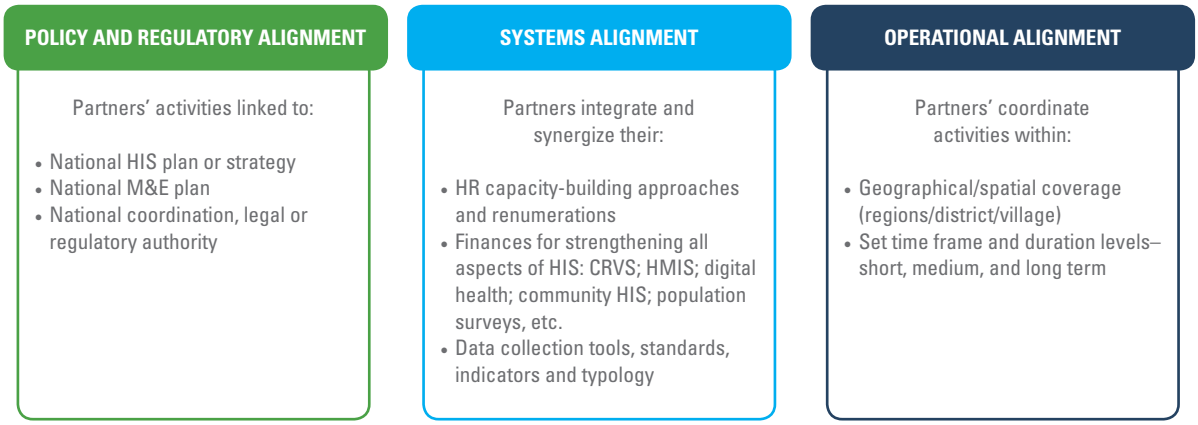


Questions

1. What are your views and perceptions on the need for 'alignment' in activities to strengthen health information systems (HIS) in Kenya?
2. How do you define or understand alignment?
3. Is there a legal and institutional environment supporting alignment? What institutional/coordinating mechanisms are in place to facilitate alignment of partners' actions for HIS strengthening?
4. Is there a national financial framework to coordinate the finances of development partners within the health sector to fund priority interventions/activities of the HSSP (including for the HIS)?
5. Are partners' funding/finances for the HIS 'on budget' or recorded within the Medium-Term Expenditure Framework for the health sector? Alternatively, are the HIS funds recorded in the NHA or the public financial management system of the government sector?
6. How is this funding obtained and disbursed (programme of work, timeline, and procedures of disbursement)?
7. In your opinion, do partners (international and local) align with the priorities of the MoH and of counties in HIS strengthening?
8. How do partners' activities strengthen or undermine the tasks of the HIS coordinating structures/instance?
9. In your opinion, what are the main factors enabling or constraining alignment of partners' activities in HIS strengthening?
10. How could policy, systems, and operational alignment for HIS be strengthened in Kenya?

Annex 2. Key Informant Questionnaire – Development Partners

Figure B1: Conceptual framework of alignment



Setting the stage (introductory questions):

- What activities are you/your organization currently supporting/implementing to strengthen HIS in [country]?
- How were these activities developed? Were these activities developed with other partners and the Government? If yes, how? If not, why not?
- Are these activities part of the HIS priorities identified by the MoH?

Policy/regulatory alignment:

- Does your organization have a strategy or a plan guiding your work on HIS and health data?
- Is your organization represented in national HIS coordination mechanisms (e.g., working groups, stakeholder forums…)?

Systems alignment:

- Does your organization provide funding or any kind of financial support for HIS, either at national or subnational level?
- Is this funding on budget or recorded within the Medium-Term Expenditure Framework for the health sector? Alternatively, is it recorded in the NHA or the public financial management system of the government sector?
- How is this funding obtained and disbursed (programme of work, timeline and procedures of disbursement)?
- Is there a national financial framework to coordinate the finances of development partners within the health sector to fund priority interventions/activities of the HSSP?

Operational alignment:

- Does your organization coordinate its work with other partners at national or subnational level?
  If yes, through what mechanisms and approaches?
- What are your views and perceptions on the need for 'alignment' in activities to strengthen HIS?
- In your opinion, what are the main issues that need to be addressed to ensure a stronger, more robust, and reliable HIS in the country?
- In your opinion, what are the main factors enabling or constraining the alignment of partners' activities in HIS strengthening?

ANNEX 3: List of Key Informants

KENYA		
Helen Kiarie	Ministry of Health: Head, Health Sector Monitoring & Evaluation Unit	drhelen3@gmail.com
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ANNEX 4: Background on HDC and Alignment Consultancy in Africa

Background

There currently exist several gaps in the way that health-care data are collected and analysed globally, regionally and nationally. For example, global health partners have developed several health facility survey tools collecting overlapping information, and many donors have invested in digital health systems that are incompatible with software used by country health ministries. Moreover, it has been found that donors request reporting on health indicators that fall outside of priorities set by health ministries.

Fragmented health data systems hamper effective use of data during disease outbreaks, which in turn weakens policy and resource allocation decisions in the country.

The Health Data Collaborative (HDC) is a UHC2030-related initiative that gathers shared knowledge and expertise to align technical and financial investments in efforts to strengthen country health information systems (HIS). HDC's mission is to provide a collaborative platform that leverages and aligns resources (at all levels) to country-owned strategies and plans for collecting, storing, analysing and using data to improve health outcomes, with a specific focus on Sustainable Development Goal (SDG) targets and communities that are left behind.

Over the next three years, between 2020 and 2023, the HDC operational workplan has evolved with a renewed focus on strengthening country capacity as well as focused collective action to support health-care data initiatives and activities at global, regional and national levels.

Purpose of this consultancy

This consultancy will support the HDC in implementation of its workplan for 2020–2023. The HDC 2020–2023 operational workplan is underpinned by a country-level Theory of Change, aiming to align partners' technical and financial investments with country-driven plans.

The consultant will:

1. Undertake a desk review of the alignment status of Health Data Collaborative (HDC) partners' technical and financial investments in three countries in Africa.
2. Propose a method of measuring alignment of HDC partners' technical and financial investments in country data and monitoring for future use.
3. Identify priority issues and solutions that support governments to best coordinate and leverage partners for development, investment and implementation in data and monitoring and evaluation plans for health and civil registration and vital statistics (CRVS).

Should you have any questions about the Health Data Collaborative, please contact Dr. Mwenya Kasonde at kasondem@who.int.

Should you have any further questions about this consultancy, please contact Dr. Jennifer Requejo at jrequejo@unicef.org.


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