

# Kenya Health Data Collaborative

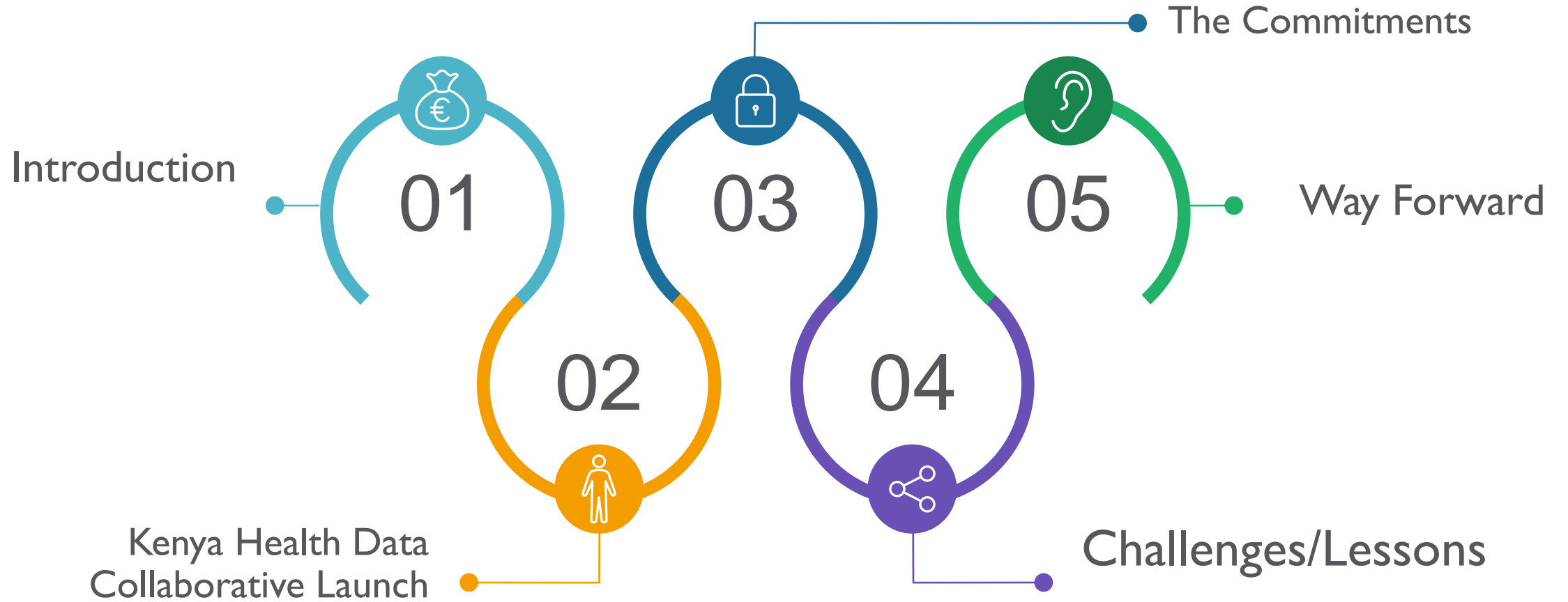


Experience and Challenges

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*Office of the Deputy President*

# Presentation Outline





# Problem in Health Information System

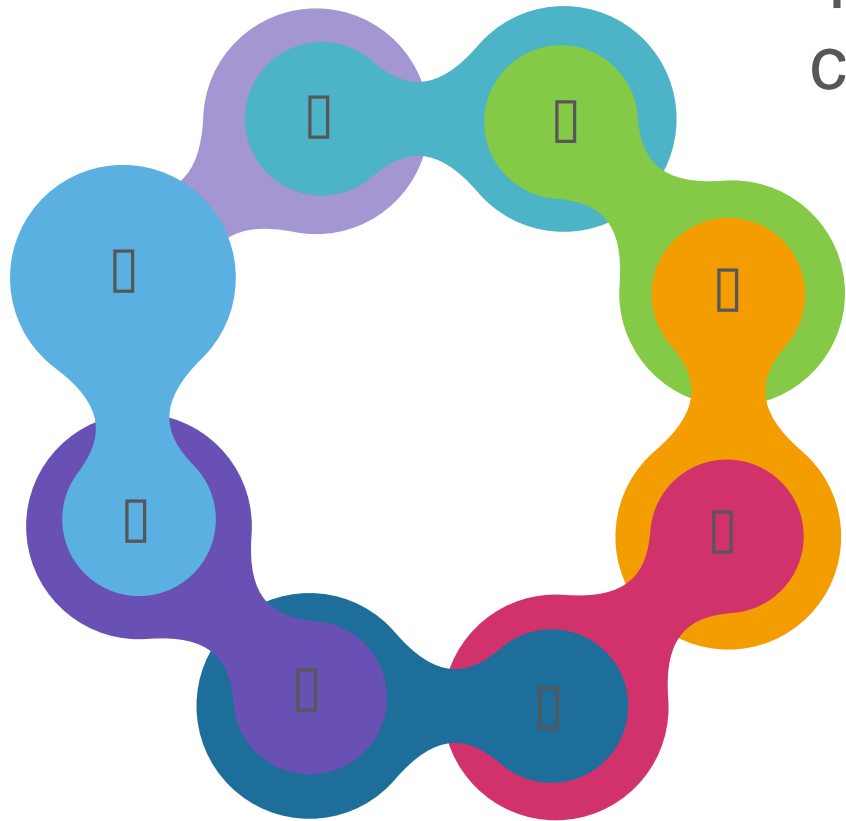
Sectional Interests,  
donor demand,  
inertia etc

Data not trusted or  
use for policy making  
at Country Level



Little investments in  
Health Information  
Systems

Limited Capacity to  
Generate and  
Analyse Data



- The newly formed ***Health Data Collaborative*** came to help through invitation and leadership of the Government.(MOH)

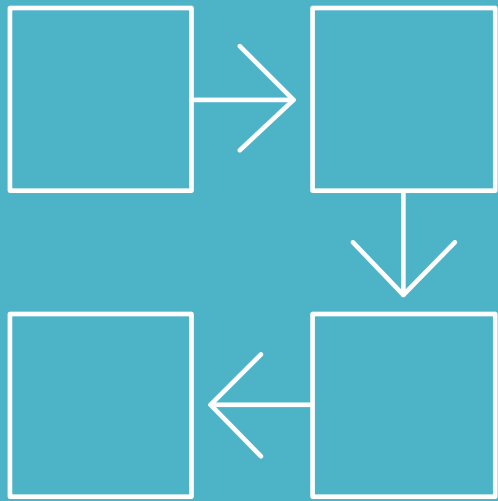
[www.healthdatacollaborative.org](http://www.healthdatacollaborative.org)



HEALTH DATA  
COLLABORATIVE

DATA FOR HEALTH AND  
SUSTAINABLE DEVELOPMENT

# Kenya Health Data Collaborative Launch Process



- Kenya made a request to Health Data Collaborative with specific priorities;
- Kenya Health Data Collaborative was launched in May 2016 (KHDC conference).

# Health Data Collaborative Conference

## Objectives:

01

Raise the SDG profile and the global effort to strengthen country-led platforms for information and accountability among MoH officials, partners and stakeholders

02

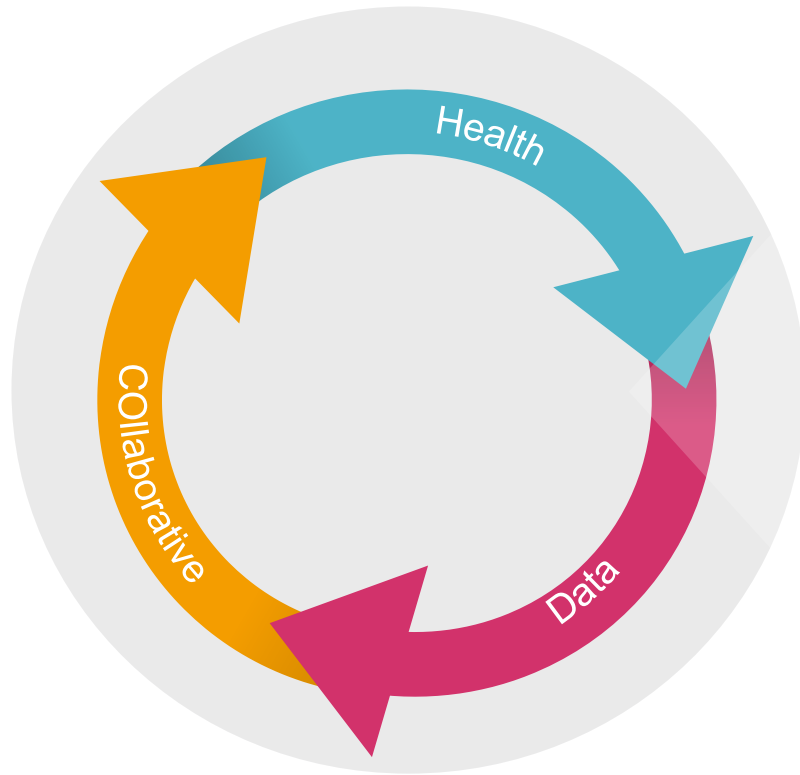
Rally stakeholder support around a common M&E framework, ensuring a clear plan for long-term support of coordination mechanisms

03

Agree on a high-level roadmap for implementation of priority HIS/M&E actions and get high-level commitments from partners for aligned support

04

Agree on a roadmap for implementing some selected key high priority quick wins. .



- Stakeholders---”involvement of all is key”
- The Deputy President office ; (Political leadership also key)
- Ministry of Health ( Government/Ministry Of Health stewardship is key)
- Line Ministries/departments (Kenya Bureau of statistics; Civil Registration department)
- Counties- Departments of Health
- Council of Governors
- Development Partners for Health in Kenya (DPHK)
- Health NGOs Network (HENNET)
- Civil Society Organizations
- Private sector---Kenya Health Federation
- Religious organization;
- Academic Institutions -----Universities
- International partners— HDC partners (UNICEF,USAID,WHO, GF, GIZ,WB)



# Commitments

- All Stakeholders signed a joint communiqué --- committing to a common Country Monitoring and Evaluation framework /plan
- All stakeholders adopted and agreed to implement common priorities that were outlined in a roadmap
- N/b the priorities were grouped into quick wins (implemented in 100 days); medium term and long term;
- Partners committed to support different priorities in the roadmap (to avoid duplication; encourage efficiency
- Technical Working teams formed to drive the priorities



# Roadmap for Implementation adopted by all stakeholders



# Quickwins:



- **Improving on Data analytics**
  - Annual health sector and county reports
  - **Midterm review** of strategic plan done
  - Trend, equity and efficiency analyses
  - Establish Sub-national burden of disease
  - Capacity building of staff on **data analytics done and ongoing**
- **Quality of care, improving performance**
  - Client satisfaction audits done, adherence to guidelines, supportive supervision
- **Improving Civil Registration and Vital Statistics**
- **Setting up a Kenya Health observatory**
  - Set up the Kenya health observatory
  - Link to Global Health Observatory for reporting on SDGs;
- **Mapping of Resources for M/E in the health sector** (who is doing what where, how much ---for better alignment)
- **Inter-operability of systems**

# Results / What has Changed?

- KHDC Launched –up and running ;
- High level of support; by Ministry leadership- Cabinet secretary; Principal secretary
- Better aligned support by partners; (Agreement to support one M/E Plan in line with the “4 ones”” ==one plan, one budget, one M/E; one coordination system)
- Strong Country stewardship
- Improved Use of the routine data from the DHIS platform (stakeholders agreed on DHIS as the default reporting system for routine information from facilities)



# Results

Improved Data Quality



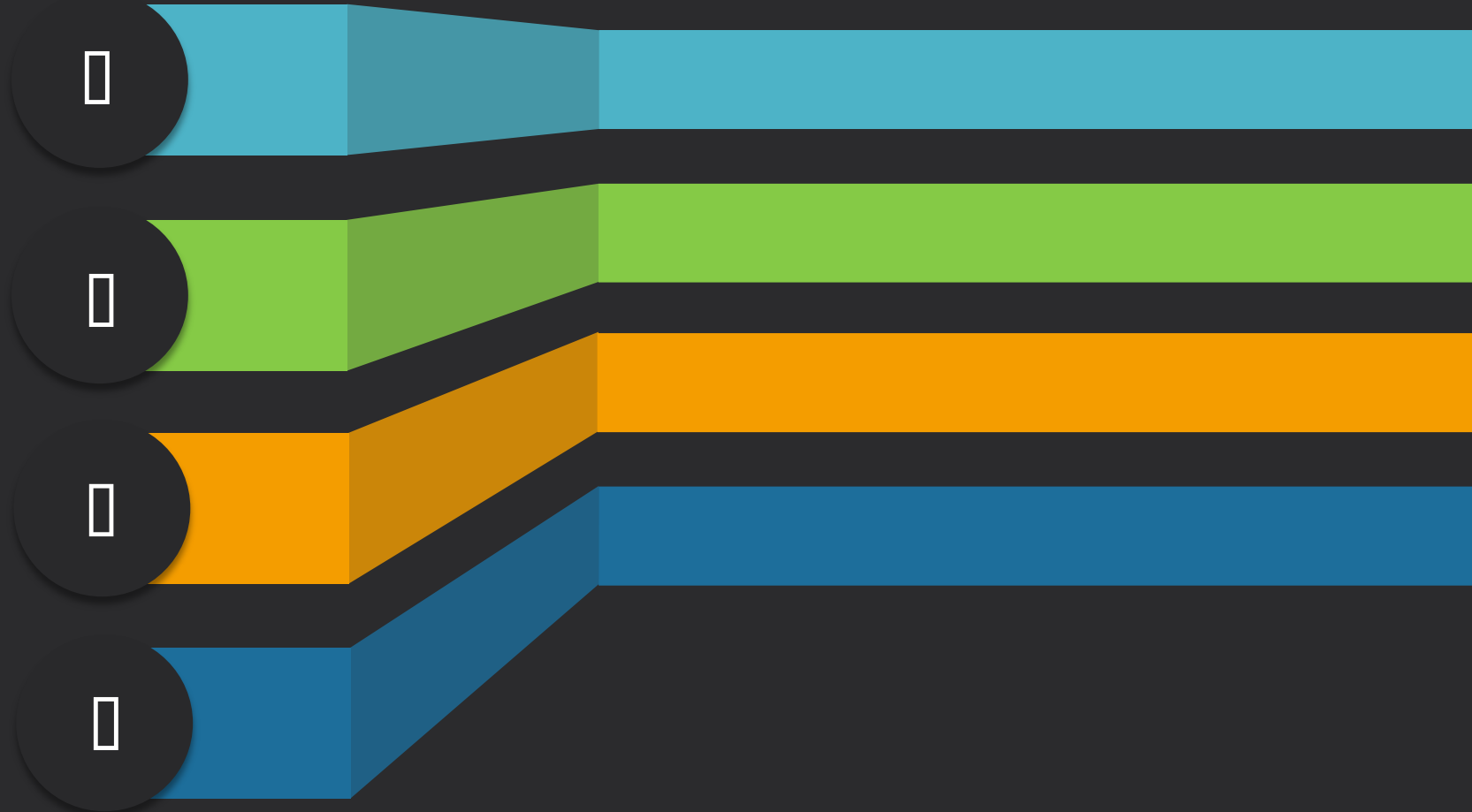
Developing information products for different stakeholders based on the mid term review of the strategic plan (to encourage use of data)



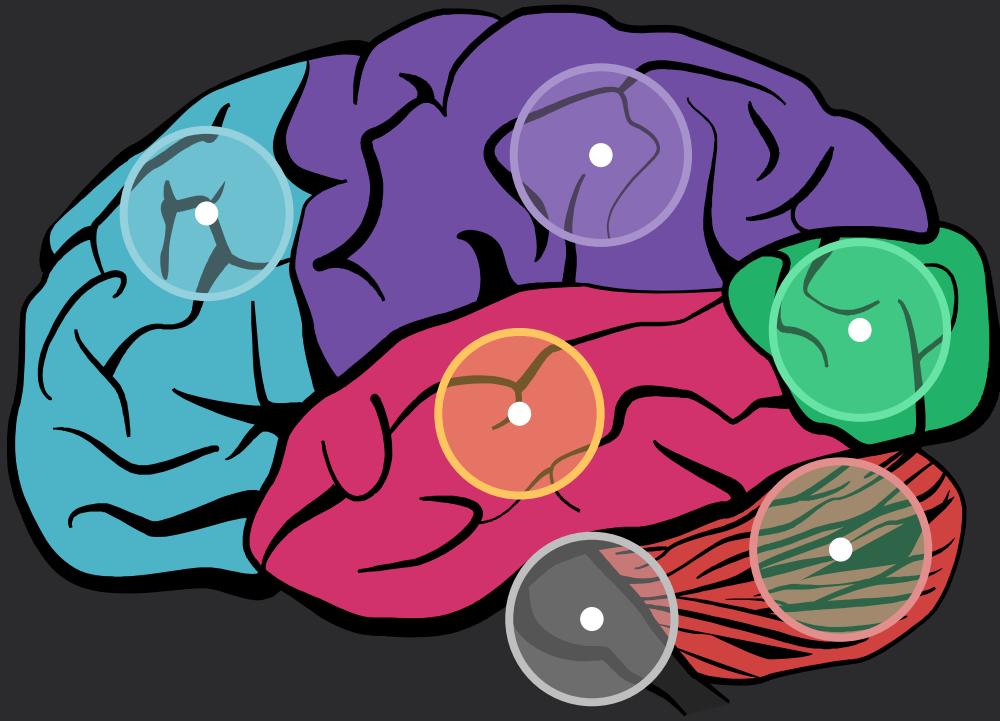
Improved vital statistics data ; through efforts such as training coders and certifiers as well as use of Maternal child Health clinics for birth registration



Supporting quality data for informed decision making at all levels (Accountability tools e.g. score cards already being rolled out e.g. Facility scorecard)



# Challenges



- Different regions in the country are also at different levels of development even in information system and hence different priorities for sub regions
- Use of ICT; Not all facilities are covered e.g. Most primary care facilities
- Coordination of all partners still a challenge. Mainly because agencies have different systems e.g. funding mechanisms, different cycles etc. (Agencies may need to align at Global level first)
- Limited resources

# Lessons



- HDC approach is crucial in helping countries improve their Health information system
- Country (Ministry) stewardship is crucial
- Political Leadership important ---In Kenya— Deputy Presidents office is highly involved
- Stakeholders involvement at all stages (Government; partners, academia, private, Civil society; NGOs etc.)
  - Planning, implementation, review etc
- Range of skills and distribution of roles in teams. e.g. several multi-stakeholders working groups
- Use of country plans/priorities. (Kenya has a common M/E Plan for the health sector guided by the Health strategic plan)

# Lessons



- Need clear work plans with clear deliverables for all stakeholders (specific commitments from partners)
- Clear monitoring framework
- Strengthen existing systems (not creating new ones)
  - E.g. existing Coordination, management and partnership structures
  - Existing plans national Health M&E Plan or Health Information System (HIS) Plan
  - Existing infrastructure e.g. ICT platforms etc.



## Benefit to other Countries:

- **Country Level:** HDC Goal is strengthened country systems for monitoring and review of programmes and performance:
- **Demand-driven Approach:** *Based on country requests* for collaboration that require multiple global / regional partner involvement
- **Aligned support for one country-led platform on health data:** including plans, coordination mechanisms, indicators, tools, technology, reporting, accountability, learning agenda, capacity
- **Priorities** will vary by country but some common issues such as **strong national M&E plan** as the basis for aligned support
- **System focus:** Has to be linked to strengthening country systems, but could focus on specific priorities
- Greater engagement of national statistical offices in health data
- Advocacy for greater **domestic investment** within MOH

***N/B JUST MAKE A COUNTRY REQUEST WITH DEFINED PRIORITIES***



# THANK YOU

