KAKAMEGA

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MEASURE Evaluation PIMA • End-of-Project Summary

Strengthening the Health Information System for Evidence-Informed Decision Making

Registrations agents (chiefs) attended a training on verbal autopsy in Kakamega County in September 2016.

Healthcare officials and providers at all levels in Kakamega County are dedicated to addressing the diverse health needs of nearly 2 million people. The challenges are many in a rural county with only seven doctors and 48 nurses per 100,000 population. For example, in 2015, about 38 percent of county residents had malaria. More than half (53 percent) of babies were not born at health facilities, making it more difficult to track maternal and child health needs. More than one-third of children ages 12–23 months were not fully immunized, complicating the health needs of their families and communities.[1] Moreover, the estimated HIV prevalence rate among adults in the county was 12 percent.[2]

Good-quality healthcare depends on a strong community health information system (CHIS) to measure and evaluate critical elements of care and provide accurate data for evidence-informed decision making aimed at improving services and outcomes at all levels. In 2012, MEval-PIMA staff began working with partners and Kakamega County stakeholders to help strengthen the CHIS, through baseline assessments, capacity building, strategic mapping, action plans, and consultations. The idea was to improve data availability, quality, and use to inform decision making and improve services. These collaborations further developed the county health management team (CHMT), resulting in the creation of the monitoring and evaluation (M&E) technical working group. This yielded training of trainers and health workers countywide, the development of the county's first comprehensive M&E plan and county health profile, and stronger HIV referral services and malaria surveillance.

Kakamega County teams shared experiences with other counties and explored strategies for mutual learning. Participants at a 2016 workshop were county AIDS coordinators, health records and information officers, malaria control coordinators, reproductive health coordinators, focal persons for community health strategies, and civil registrars. They shared lessons learned from initiatives that improved data use. They gained insights on the value of strong partnerships and joint planning, the role of county health leadership in strengthening M&E, and strategies for engaging political leadership and advocating resource allocation.

Here are examples of what was achieved in Kakamega County during the past five years.

Improved Malaria Data and Use through Surveillance. An estimated 722,000 people in Kakamega County have malaria (nearly 38,000 cases per 100,000 population).[1] To provide effective treatment and services for them, it is essential to monitor and track their health status through accurate data. MEval-PIMA developed a comprehensive malaria surveillance curriculum involving M&E training for healthcare workers and trainers across Kakamega County. Participants at a trainers' workshop learned to track, record, analyse, interpret, and share key indicators, and to test and treat the disease. County participants then trained 157 healthcare workers from county public health facilities. Capacity building continued, with targeted support to CHMT members for a workshop with "malaria champions," who are

mentoring healthcare workers at local facilities. The project also developed facility dashboards to update data and show trends for selected malaria indicators; produced the first county malaria surveillance bulletins and the first comprehensive county health profiles (where all data are located in one publication); and created a recognition program for best performing subcounties, based on reporting of malaria data.

Improved Accuracy, Registration, and Use of Birth and Death Statistics. Accurate data on births, deaths, and cause of death are essential for establishing health program priorities, policies, and resources. Many births and deaths in Kakamega County occur away from health facilities, posing challenges for local health officials, who must rely on the community to help them report and track these vital data. The national civil registration process allows anyone with information on births or deaths outside of health facilites to report these events. For this to be effective, local chiefs and assistant chiefs must explain the principles of "verbal autopsy" and other techniques, so that untrained community members can report births and deaths accurately. In partnership with the Kenya Civil Registration Service, MEval-PIMA staff trained more than 300 assistant chiefs and chiefs from Kakamega County on how to interview caretakers about relevant details of births and deaths. MEval-PIMA also collaborated with Kenya's health information system (HIS) to train county-level health workers and civil registration officers to follow international certification and coding principles and use the World Health Organization's International Classification of Diseases diagnostic tool (ICD-10) to record vital statistics.

Used Data to Strengthen HIV Referral Linkages. Nearly 12,000 people living with HIV in Kakamega County[1] are receiving antiretroviral therapy. They may need a range of care and services rarely found in one location. Strong referral service systems can help to link clients with appropriate specialists and programs that are accessible, affordable, and responsive to their needs. In 2013, MEval-PIMA staff conducted a baseline assessment and discovered a need for HIV referral service directories in Kakamega County to guide patients to appropriate care. Referral-system strengthening results in more-accurate data to inform those establishing healthcare policies and priorities. MEval-PIMA staff collaborated with county HIV/AIDS and sexually transmitted infections coordinators to develop the county's first HIV referral directory and a health worker mentorship program to strengthen HIV referrals through selected Centers of Excellence. The Kakamega County Centers of Excellence are County General Hospital, Butere County Hospital, Khwisero Health Center, Mumias Mission Hospital, and Likuyani Sub-County Hospital. Mentors drawn from county health departments are visiting facilities quarterly to strengthen health worker capacity to manage and monitor the HIV referral services, assess performance of the referral system, and strengthen collection and analysis of referral data.

Launched a Sustainable Comprehensive Child Protection Information Management System (CPIMS). More than half of Kenya's population is younger than 18. Many of them, particularly those under five, are vulnerable to abandonment, abuse, neglect, or violence owing to poverty, disease, national insecurity, and other socioeconomic conditions.[3] The regular use of reliable data from a well-designed information management system is essential to ensure sustainable improvements in the protection of vulnerable children. Strong information systems can document the incidence and prevalence of protection issues and bring them to public attention and policy agendas. Kenya launched the CPIMS to strengthen the routine collection, aggregation, and reporting of child protection data. MEval-PIMA provided technical assistance, communication technology equipment, and support to enhance M&E capacity, organizational development, and rollout of Version 1.0 of the web-based data system, which is now operating in Kakamega County and nine other target counties. Between July 2016 and March 2017, the system recorded 21,492 cases nationwide involving almost 21,000 children (an average of 2,500 children and cases per month, about half of them under five years of age).

References

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[2] Kenya Ministry of Health. (2016). Kenya HIV county profiles 2016. Nairobi, Kenya: Ministry of Health, National AIDS Control Council. Retrieved from http://nacc.or.ke/kenya-hiv-county-profiles/

[3] Government of Kenya, United Nations Children's Fund, & Global Affairs of Canada. (2015). Taking child protection to the next level in Kenya. Retrieved from https://www.unicef.org/protection/files/Kenya_CP_system_case_study.pdf

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