

Strengthening the Health Information System for Evidence-Informed Decision Making

Healthcare officials and providers at all levels in Kilifi County are committed to serving the diverse health needs of nearly 1.3 million people. The challenges are many for a rural county with only four doctors and 30 nurses per 100,000 people. For example, in 2015, nearly half of births (48 percent) did not take place at health facilities, making it more difficult to track maternal and child health needs. Moreover, nearly 30 percent of infants 12–23 months were not fully immunized, which complicated the health needs of their families and communities. The HIV transmission rate from mother to child was about 6 percent.¹

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. In 2012, MEASURE Evaluation PIMA (MEval-PIMA) staff began working with partners and stakeholders in Kilifi County 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 a monitoring and evaluation (M&E) technical working group. This yielded stakeholder forums and training of trainers and

health workers countywide; the development of the county's first comprehensive M&E plan and county health profile; stronger HIV referral services; and more accurate tracking of births, deaths, and a range of maternal and child health indicators. The Mwele Community Unit was selected as the county's first model Center of Excellence (COE) to conduct mentorship visits to other facilities.

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

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 Kilifi 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 and deaths outside of health facilities 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. MEval-PIMA supported orientation of Kilifi County health managers and trainers on how to improve documentation of mortality and morbidity statistics. A six-day workshop was conducted to orient

and train county-level health workers



In February 2016, MEASURE Evaluation PIMA worked with the Kilifi County Department of Health, the USAID-funded APHIA Plus project, KEMRI Kilifi, and other stakeholders to convene a forum to increase coordination to achieve county health goals. Photo: Yvonne Otieno, MEASURE Evaluation PIMA

and civil registration officers on using international certification and coding principles and the World Health Organization's International Classification of Diseases diagnostic tool (ICD-10) to record vital statistics.

Used Data to Improve Referral Linkages to HIV Care and Treatment.

By the end of 2015, nearly 32,000 people were living with HIV in Kilifi County²; about 10,000 were receiving antiretroviral therapy.¹ 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. MEval-PIMA staff conducted a baseline assessment of county health referral systems and discovered a need for HIV referral services to guide patients to appropriate care.

Referral-system strengthening (RSS) would also result in more-accurate data to inform those establishing healthcare policies and priorities. MEval-PIMA supported RSS training of 44 Kilifi County healthcare workers, the development of the county's first HIV referral directory, and a health worker mentorship program designed to strengthen HIV referrals through COEs, beginning with the Mwele Community Unit. Mentorship visits took place in six high-volume facilities.

Launched a Sustainable Comprehensive Child Protection Information Management System (CPIMS).

More than half of Kenya's population is younger than 18. Many of them, especially 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

Using data to improve the safety and welfare of children in Kenya

The situation: Kenya has ratified international and national conventions on the rights and welfare of children. But Kenya has no functional system to monitor and report on the progress being made on children's rights and welfare due to the lack of reliable data.

The challenges:

- Reports from stakeholders remain fragmented and unshared.
- Fragmented and unshared data.
- Lack of a central system for information data to report, leading to loss of data.
- Lack of reliable child welfare and protection data for decision making at all levels.

The solution: Kenya needs a national system that captures information on all children who are orphaned or vulnerable and records the services provided to them by all players working in the child welfare sector. The Child Protection Information Management System (CPIMS) was designed to do this. It is an electronic system for a structured approach to timely collection, analysis, reporting, and sharing of child protection data in Kenya. The CPIMS makes quality data ready available for informed decision making. It promotes linkages of child protection programs, thereby enabling a coordinated response through a legal framework, which is implemented in the draft National Child Protection Strategy (NCPS) of the Department of Children Services (DCS) and the United Nations Children's Fund (UNICEF). The document proposes robust information management and monitoring and evaluation (M&E) of child protection efforts in a key sector for action.

What are the benefits of CPIMS?

- Facilitates M&E of child protection interventions in Kenya, inform policy and evidence-based decision making.
- Provides access to accurate, timely, reliable, and aggregated child protection data.
- Facilitates record keeping and information management on individual child protection cases.
- Identifies vulnerable children — including those in institutional care — to ensure continuity of care and protection.
- Facilitates appropriate information sharing among stakeholders and service providers to serve the interests of the child.
- Contributes to emerging needs in the children's sector through flexible and scalable approaches to interventions.

CALL TO ACTION

Community-based organizations and communities	Subcounties and counties	Nationally
<ul style="list-style-type: none"> Encourage the public on child welfare and protection issues through banners and the media. Report on the child welfare office all cases of violence against children, abuse, neglect, and exploitation. 	<ul style="list-style-type: none"> Document child through trends, concerns, and complete monthly reporting. Share data on child rights and welfare. Develop and maintain child protection and welfare data. Report on data to the local, national, and international levels. 	<ul style="list-style-type: none"> Operationalize the National Plan of Action for Children in Kenya (NPAC) 2012-2022. Align child protection and welfare. Establish policies, programs, and best practices to improve child protection and welfare. Document and report on child protection and welfare data.

Use data to inform programming
The Department of Children Services and the United Nations Children's Fund (UNICEF) are mandated to ensure children's rights and welfare. These include the right to health, education, family life, play and recreation, an adequate standard of living, and protection from abuse and harm through enactment of relevant laws and protection of child welfare and child protection services.

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MEASURE Evaluation PIMA provided technical assistance to launch the Comprehensive Child Protection Information Management System in Kilifi County and other counties.

is now operating in Kilifi County and nine other target counties. Between July 2016 and March 2017, the system recorded 21,492 cases nationwide (involving an average of 2,500 children and cases per month, about half of them under five years of age).

Strengthened Data Use for Tracking Maternal, Neonatal, Child, and Adolescent Health.

As part of ongoing efforts to strengthen data collection and use, MEval-PIMA supported training to develop and use the Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) Scorecard at county and subcounty levels. Kilifi County reproductive health coordinators, health records information officers, medical officers, nutritionists, and implementing partners developed the county's first quarterly scorecard with well-defined indicators to measure, use, and report relevant data.

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