

Strengthening the Health Information System for Evidence-Informed Decision Making

Healthcare officials and providers at all levels in Kisumu County are dedicated to addressing the diverse health needs of 1.13 million people. The challenges are many in a rural county with only 15 doctors and 27 nurses per 100,000 population. In 2015, about 44 percent of the population had malaria,¹ an estimated 20 percent of adults had HIV,² and the mother-to-child HIV transmission rate was 8 percent.¹ Moreover, about 30 percent of children ages 12–23 months were not fully immunized, and 30 percent of births did not occur at health facilities, making it difficult to track maternal and child health.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 Kisumu 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 a 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, stronger malaria surveillance, HIV referral services, and tracking of a range of maternal and child health indicators.

Here are examples of what such collaborations have achieved in Kisumu County during the past five years.

Improved Malaria Data and Use through

Surveillance. An estimated 525,000 people in Kisumu County have malaria (46,400 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 Kisumu County. Participants at a trainers' workshop learned to track, record, analyse, interpret, and share key indicators. The new county trainers then trained more than 300 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. MEval-PIMA produced the first county malaria surveillance bulletins, and the first comprehensive county health profiles (where all data are located in one publication).

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 Kisumu County occur away from health facilities, posing challenges for local health officials, who must rely on the community to help them report



At a workshop on malaria data and use, participants learned to track, record, analyse, interpret, and share key indicators. Photo by Yvonne Otieno, MEASURE Evaluation PIMA

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. In partnership with the Kenya Civil Registration Service, MEval-PIMA staff trained more than 300 assistant chiefs and chiefs from Kisumu 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 40,000 people living with HIV in Kisumu County are 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. In 2013, MEval-PIMA staff conducted a baseline assessment of health referral systems and discovered a need for HIV referral service directories in Kisumu 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 designed to strengthen HIV referrals through selected Centers of Excellence.

Launched a Sustainable 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.

Improved Data on Maternal and Perinatal Deaths.

In 2015, maternal deaths were on the rise at Kisumu County Referral Hospital and HIV-related deaths among pregnant women were increasing countywide. MEval-PIMA

collaborated with the Maternal and Child Survival Program (MCSP) and met with county stakeholders to plan strategies for developing stronger data collection processes to learn more. A data collection template was developed and shared with health record information officers and CHMT members for completion. Members of the M&E technical working group and county health management team met to assess results. They identified death factors and made recommendations to improve performance indicators, review action plans, strengthen referrals from private health facilities, and enroll pregnant women in the National Hospital Insurance Fund. Kisumu County adopted national guidelines on maternal and perinatal deaths surveillance and review and increased the frequency of data review meetings. Community health assistants learned to identify danger signs during pregnancy. The number of maternal deaths at the Jaramogi Oginga Odinga Referral and Teaching Hospital has dropped nearly 30 percent (from 44 deaths in 2014 to 31 in 2016).

Strengthened Data Use for Tracking Maternal, Newborn, and Child Health. As part of ongoing efforts to strengthen data collection and use, MEval-PIMA supported training to develop and use the Reproductive, Maternal, Newborn, and Child Health Scorecard at county and subcounty levels. Reproductive health coordinators, health records information officers, pharmacists, maternal-and-child-health clinic nurses, and high-volume facility staff learned to develop a local scorecard with well-defined indicators to measure, use, and report relevant data.

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/>
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