

## Strengthening the Health Information System for Evidence-Informed Decision Making

Healthcare officials and providers in Machakos County are dedicated to serving the diverse health needs of 1.28 million people. In 2015, the county had 19 doctors and 73 nurses per 100,000 people, a much better ratio than the national average of 10 doctors and 55 nurses per 100,000. Most children ages 12–23 months were fully immunized.<sup>1</sup>

Still, there are challenges to address. Though the HIV prevalence rate for Machakos County adults (4.5 percent)<sup>2</sup> is relatively low, the county's maternal-to-child HIV transmission rate (14.7 percent) is much higher than the national average (8.5 percent).<sup>1</sup> Moreover, with nearly 40 percent of births in Machakos County occurring away from health facilities,<sup>1</sup> it is difficult to track all births and essential maternal and child health data.

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 Machakos 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, and improved civil registration of vital statistics, the HIV referral system, and child protection information management. The

Mutituni Community Unit was selected as a model Center of Excellence (COE) to provide guidance and mentoring for other facilities.

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

**Used Data to Improve Linkages to HIV Care and Treatment.** By the end of 2015, more than 32,000 Machakos County residents were living with HIV<sup>2</sup>; about 10,000 were receiving antiretroviral therapy.<sup>1</sup> People living with HIV need a range of care and services rarely found in one location. Strong referral service systems can help to link clients with specialists and programs that are accessible, affordable, and responsive to their needs. MEval-PIMA staff saw a need for a stronger referral system to guide HIV patients to appropriate care. Referral system strengthening (RSS) results in more-accurate data to inform those establishing healthcare policies and priorities. MEval-PIMA supported RSS/HIV referral training for more than 220 county health workers, the development of the county's first HIV referral directory, and a health worker mentorship



Civil registration offices in Machakos County. Photo: Yvonne Otieno, MEASURE Evaluation PIMA

program designed to strengthen HIV referrals through COEs, beginning with the Mutituni Community Unit. Mentorship visits took place in five high-volume facilities.

**Improved Accuracy, Registration, and Use of Birth and Death Statistics.** Accurate data on births, deaths, and causes of death are essential for establishing health program priorities, policies, and resources. Many births and deaths in Machakos 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. To strengthen the recording of birth and death statistics in Machakos County, MEval-PIMA supported the rollout of an electronic system for the civil registration of vital statistics and the training of registrars, coders, and certifiers on the use of certification and coding principles and the World Health Organization's International Classification of Diseases diagnostic tool (ICD-10) to record vital statistics. Participants in five target facilities reviewed the status of registrations for the previous year, discussed strategies to increase coverage, and developed action plans. Continuing medical education events (CMEs) at the Machakos Level 5 hospital also built capacity.

**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 due to poverty, disease, national insecurity, and other socioeconomic conditions.<sup>3</sup> 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 the rollout of Version 1.0 of the web-based data system, which is now operating in Machakos 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).

**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 rarely shared with national level mechanisms
- Partners using parallel systems for reporting
- Lack of reliable child welfare and protection data for decision making at all levels
- Incomplete and inaccurate data
- Lack of a national system that partners can use to report, leading to loss of data

**The solution:** Kenya needs a national system that captures information on all children who are suspected or vulnerable and records the services provided to them by all players working in the children sector. The Child Protection Information Management System (CPIMS) was designed to do that. It is an electronic system for a standardized approach to timely collection, analysis, reporting, and sharing of child protection data in Kenya. The CPIMS makes quality data easily available for informed decision making. It promotes links among all child protection programmes, thereby enabling a coordinated response through a legal mechanism, which is emphasized in the draft National Child Protection Strategy (2014) 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 as a key avenue for action.

**What are the benefits of CPIMS?**

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

**CALL TO ACTION**

Community-based organizations and communities	Subcounties and counties	Nationally
<ul style="list-style-type: none"> <li>• Educate the public on child welfare and protection issues through banners and the media</li> <li>• Report to the child welfare office all cases of violence against children, abuse, neglect, and exploitation</li> </ul>	<ul style="list-style-type: none"> <li>• Document efforts through timely, accurate, and complete monthly reporting</li> <li>• Share data on child rights and welfare</li> <li>• Analyze and package child protection and welfare data</li> <li>• Disseminate data to the Area Advisory Councils (AACs) and other stakeholder forums each quarter</li> </ul>	<ul style="list-style-type: none"> <li>• Operationalize the National Plan of Action for Children in Kenya (NPAC) 2015-2022</li> <li>• Develop legal and policy framework to establish public, private, and civil government bodies to support a broad base of welfare and rights for children</li> <li>• Disseminate social and environmental data to the CPIMS steering committee</li> <li>• Coordinate and mobilize resources and strategies among stakeholders</li> <li>• Support continuous stakeholder engagement, technical working groups, and ALC meetings</li> </ul>

**Use data to inform programming**  
The Department of Children Services and the Kenya National Council for Children's Services (KNCCS) 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 provision of child welfare and child protection services.

MEval-PIMA is funded by the United States Agency for International Development (USAID) through associate award AID-623-LA-12-00001 and is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with ICF International; Management Sciences for Health; Palladium; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. OR-15-022

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**MEASURE Evaluation PIMA**

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

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**For more information** on MEASURE Evaluation PIMA, visit: <https://www.measureevaluation.org/pima>

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