

Strengthening the Health Information System for Evidence-Informed Decision Making

Migori County's healthcare officials and providers are dedicated to addressing the diverse health needs of 1.07 million people. The challenges are many for a rural county with only four doctors and 32 nurses per 100,000 people.¹ In 2015, more than half the population had malaria (nearly 57,000 cases per 100,000 people). The HIV prevalence rate was 14.3 percent among adults (two-and-a-half times the national rate²), and the mother-to-child HIV transmission rate was 10 percent.¹ Moreover, two out of three children ages 12–23 months were not fully immunized,¹ complicating the health problems for their families and communities. With only half of births taking place in health facilities,¹ it was difficult to track all vital statistics.

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 2013, MEASURE Evaluation PIMA (MEval-PIMA) staff began working with partners and Migori 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 developed the county health management team (CHMT), which created a monitoring and evaluation (M&E) technical working group. This yielded training of trainers and countywide health workers, mentorship visits at county and subcounty facilities, development of county-level data dashboards, county health profiles, malaria surveillance bulletins, and an HIV services directory. This project also helped strengthen CHIS reporting tools and the recording of births, deaths, and a range of vital statistics measuring reproductive, maternal, child, and newborn health.

Migori 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 Migori County during the past five years.

Used Data to Improve Linkages to HIV Care and Treatment. By the end of 2015, nearly 84,000 people in Migori County were living with HIV²; about 38,000 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 that would be affordable and responsive to their needs. Referral-system strengthening (RSS) results in more-accurate data to inform those establishing healthcare policies and priorities. MEval-PIMA supported RSS training of healthcare workers, the development of the county's first HIV referral directory, and a health worker mentorship program providing mentorship visits at six high-volume facilities. Improvements



Source: Kenya News Agency, 2016

in documentation have since been noted at sentinel facilities that received the HIV referral directory, especially at Awendo Sub-County Hospital.

Improved Malaria Data and Use through Surveillance. More than 600,000 people in Migori County had malaria in 2015.¹ To provide effective treatment and services, it is essential to monitor and track clients' health status through accurate data. MEval-PIMA developed a comprehensive malaria surveillance curriculum involving M&E training for healthcare workers and trainers, in which participants learned to track, record, analyse, interpret, and share key indicators. This resulted in training for 173 healthcare workers from Migori 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 supported mentorships at nine local facilities, developed facility dashboards to update data and show trends for selected malaria indicators, and produced the first county malaria surveillance bulletins and 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 Migori 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 Migori County health managers from five hospitals on how to improve documentation of mortality and morbidity statistics. A five-day workshop was conducted to orient and train county-level health workers and civil registration officers from 10 high-volume facilities 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.

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 is now operating in Migori 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 on Reproductive, Maternal and Child Health. As part of ongoing efforts to strengthen data collection and use, MEval-PIMA supported training to improve the use of the Reproductive, Maternal, Neonatal, Child, and Adolescent Health Scorecard at county and subcounty levels. As a result, most of the subcounty health record information officers and reproductive health coordinators are now using the report card effectively to monitor program performance and strengthen accountability. MEval-PIMA also supported a three-day sensitization on the Maternal and Perinatal Death Surveillance and Response guidelines for 56 participants in Migori County in April 2016.

References

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