

Strengthening the Health Information System for Evidence-Informed Decision Making

Healthcare officials and providers in Murang'a County are dedicated to serving the diverse health needs of about 1.1 million people. The good news is that more than three-fourths of children ages 12–23 months were fully immunized during 2015, and 85 percent of births occurred at health facilities.¹

Still, there are challenges to address. The county had only three doctors and 30 nurses per 100,000 people in 2015, a much lower ratio than the national average of 10 doctors and 55 nurses per 100,000.¹ Though the HIV prevalence rate for adults was relatively low (4.2 percent) in Murang'a County,² the mother-to-child HIV transmission rate was about 10 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 2014, MEASURE Evaluation PIMA (MEval-PIMA) staff began working with partners and stakeholders in Murang'a 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 at all levels. 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, training of trainers and health workers countywide, and development of a county M&E plan, county health profile, and county health bulletin. The project also supported initiatives to strengthen HIV referral services and recording of mortality statistics.

Here are examples of achievements in Murang'a County during the past five years.

Used Data to Improve Referral Linkages to HIV Care and Treatment. By the end of 2015, about 27,000



Nancy Thionga, nursing officer in-charge, Kiria-ini Missions Hospital, with Susan Kinyua, of MEASURE Evaluation PIMA, Muranga County. Photo: Yvonne Otieno, MEASURE Evaluation PIMA

Murang'a County residents were living with HIV.² About 7,200 were receiving antiretroviral therapy.¹ 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 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 results in more-accurate data to inform those establishing healthcare policies and priorities. MEval-PIMA supported training for healthcare workers, the development of the county's first HIV referral directory, and a mentorship program involving visits to five facilities: Murang'a County Referral Hospital, Kangema Sub-County Hospital, Maragu'a Sub-County Hospital, Makuyu Health Centre, and Kiriaini Mission Hospital. In 2016, MEval-PIMA also provided technical assistance for the development of the Murang'a AIDS Strategic Plan, providing a roadmap for implementation of the county's HIV response for the next five years.

Improved Accuracy, Registration, and Use of Death Statistics. Accurate data on deaths and causes of death are essential for establishing health program priorities, policies, and resources. Many deaths in Murang'a 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 deaths outside of health facilities to report them. 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 accurate information. MEval-PIMA supported orientation of Murang'a County health managers on how to improve documentation of mortality and morbidity statistics. In addition, county-level health workers, civil registration officers, clinicians, and coders from six high-volume facilities were trained 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. This was followed by continuing medical education (CME) events in three facilities: Murang'a County Referral, Maragu'a Sub-County, and Muriranjias Sub-County Hospitals.

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 Murang'a 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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- 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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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 mostly shared with national level mechanisms
- Fragmented reporting systems for reporting
- Lack of a national system that partners can use 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 exposed or vulnerable and records the services provided to them by all actors 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 means 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.
- Cater to emerging needs in the children's sector through flexible and scalable approaches to interventions.

CALL TO ACTION

Community-based organisations and communities	Subcounties and counties	Nationally
<ul style="list-style-type: none"> Educate the public on child welfare and protection issues through business and the media Report to the child welfare office all cases of violence against children, abuse, neglect, and exploitation 	<ul style="list-style-type: none"> Document efforts through timely, accurate, and complete monthly reporting Share data on child rights and welfare Develop and maintain child protection and welfare data Disseminate data to the district Management Council (MCC) and other stakeholder forums each quarter 	<ul style="list-style-type: none"> Operationalise the National Plan of Action for Children in Kenya (NPAC) 2013–2022 Develop links to child protection and welfare Establish policies, programmes, and direct government budget lines to support a broad view of welfare and rights for children Disseminate annual and semi-annual data to the CPIMS steering committee Coordinate and mobilise resources and strategies among stakeholders Support continuous stakeholder engagement, technical working groups, and M&E meetings

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.

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

