

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



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

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.

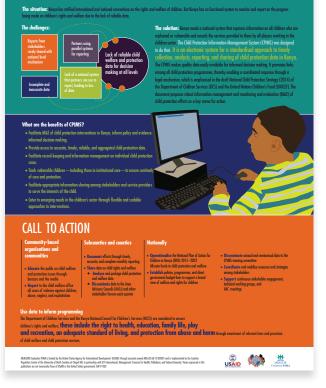
Here are examples of achievements in Murang'a County during the past five years.

Used Data to Improve Referral Linkages to HIV Care and Treatment. By the end of 2015, about 27,000 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, countylevel 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 Muriranjas Sub-County Hospitals.

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



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

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

¹ Palladium. (2015). Murang'a County health at a glance. Health Policy Project fact sheet. Washington, DC, USA: Palladium. Retrieved from <u>https://www.healthpolicyproject.com/index.cfm?id=kenyaCHFS</u>

² Kenya Ministry of Health. (2016). Kenya HIV county profiles 2016. Nairobi, Kenya: Ministry of Health and National AIDS Control Council. Retrieved from <u>http://</u> <u>nacc.or.ke/kenya-hiv-county-profiles/</u>

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 <u>https://www.unicef.org/protection/files/Kenya_CP</u> <u>system_case_study.pdf</u>

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