

Strengthening the Health Information System for Evidence-Informed Decision Making

Healthcare officials and providers at all levels in Siaya County are dedicated to serving the diverse health needs of nearly 1 million people. The challenges are many in a rural county with only two doctors and 33 nurses per 100,000 people.¹ Moreover, the county faces high prevalence rates for malaria (nearly 70 percent)¹ and HIV (nearly 25 percent of adults² and a mother-to-child transmission rate of 27 percent¹).

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 Siaya 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 the monitoring and evaluation (M&E) technical working group. This yielded training of trainers and health workers countywide and the development of the county's first comprehensive M&E plan, county health profile, and county dashboard, and stronger HIV referral services, malaria surveillance, and use of data to track a range of maternal and child health indicators. Oma Diere was the first community unit to become a model Center of Excellence for mentoring others.

Siaya County also 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 presented lessons learned from initiatives that improved data use, such as how Siaya County completeness reporting improved from 26 percent to 72 percent and timeliness rose from 12 percent to 68 percent between July 2015 and June 2016. 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 achievements during the past five years.

Improved Malaria Data and Use through Surveillance.

More than 686,000 Siaya County residents had malaria in 2015 (nearly 70,000 cases per 100,000 population).¹ To provide effective treatment and services to people with HIV, 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 across Siaya County. Participants at a trainers' workshop learned to track, record, analyse, interpret, and share key indicators. County participants then trained healthcare workers from county public health facilities. Capacity building continued with support to CHMT

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

The situation: Kenya has well-intentioned and national commitment on the rights and welfare of children. But Kenya has no functional system to monitor and report on the progress towards its children's rights and welfare due to the lack of reliable data.

The challenges:

- Reports from civil societies are mostly shared with concerned-level stakeholders
- 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 registered in vulnerable and at-risk locations 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 data-informed approach to timely evidence, analysis, reporting, and sharing of child protection data in Kenya. The CPIMS makes quality data easily available for informed decision making. It promotes data among all child protection programmes. It enables a coordinated response through a legal mechanism, which is enshrined in the draft National Child Protection Strategy (CNPS) of the Department of Children Services (DCS) and the United Nations Children's Fund (UNICEF). The document proposes robust information management and reporting and evaluation (M&E) of child protection efforts on a by-sector basis.

What are the benefits of CPIMS?

- Enables M&E of child protection interventions in Kenya, inform policy and evidence-informed decision making
- Provides access to accurate, timely, reliable, and aggregated child protection data
- Facilitates record keeping and information management on individual child protection cases
- Tracks vulnerable children - including those in institutional care - to ensure continuity of care and protection
- Facilitates appropriate information-sharing among stakeholders and service providers to ensure the interests of the child
- Contributes to emerging needs in the children's sector through flexible and scalable approaches to intervention

CALL TO ACTION

Community-based organisations and communities	Subcounties and counties	Nationally
<ul style="list-style-type: none"> Advocate the public on child welfare and protection issues through forums 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 books, reports, and complete monthly reporting Share data on child rights violations Develop and package child protection data Document data in the form of Kenya Country LSCs and other institutional reports and reports 	<ul style="list-style-type: none"> Operationalise the National Plan of Action for Children in Kenya (NPAC 2015-2022) Develop child welfare structures and policies Establish public, programme, and donor communication mechanisms to report 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 through working group, and JMC 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 protection 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 Siaya County and other counties.

members, the county malaria control coordinator (CMCC), and “malaria champions,” who conducted continuing education and mentorship for more than 80 healthcare workers at local facilities. The project also developed facility dashboards to update data and show trends for selected malaria indicators, and produced the first county malaria surveillance bulletins and the first comprehensive county health profiles (where all data are located in one publication).

Used Data to Strengthen Referral Linkages to HIV Care and Treatment.

By the end of 2015, more than 126,000 Siaya County residents were living with HIV² and nearly 50,000 were receiving antiretroviral therapy.¹ People living with HIV need a range of care and services rarely found in one location. Strong referral 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 and saw a need for HIV referral service directories to guide patients to appropriate care. Referral-system strengthening results in more-accurate data to inform those establishing healthcare policies and priorities. MEval-PIMA 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 to strengthen HIV referrals through five sentinel facilities. Mentors drawn from county health departments visit facilities to strengthen health worker capacity to manage and monitor the HIV referral services, assess performance of the referral system, and strengthen collection and analysis of referral data. Siaya County reported an overall improvement in HIV referral rates for those testing positive for HIV, from 64.4 percent to 96.2 percent during March–June 2016. Improvements were also seen in documentation of antiretroviral therapy for prevention of mother-to-child transmission from December 2015–June 2016.

Launched a Sustainable Comprehensive Child Protection Information Management System (CPIMS).

More than half of Kenya’s population is younger than 18. Many of them, particularly those under five, are vulnerable to abandonment, abuse, neglect, or violence due 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 Siaya 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).

Improved Accuracy, Registration, and Use of

Death Statistics. Accurate data on deaths are essential for establishing health program priorities, policies, and resources. More than 60 percent of deaths in Siaya 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. MEval-PIMA collaborated with Kenya’s health information system to orient and train 40 county-level health workers, coders, certifiers, 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. Subsequent data quality workshops and continuing medical education events were conducted for 93 health workers, followed by facility mentorship visits to Siaya County Referral Hospital and Akala, Ambira, Bonda, Manyuanda, and Yale subcounty hospitals.

References

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