

# Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



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# Experience of Kenya MoH working with MEASURE Evaluation PIMA project

## **Strengthening community-based health information system**

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# Presentation layout



1. Scope of MEASURE Evaluation (MEval) PIMA support
2. Project approach
3. Achievements:
  - I. M&E capacity for CHSU
  - II. Generation and use of quality health information
4. Take home message
5. Acknowledgements



# Scope of MEval-PIMA Support to MOH

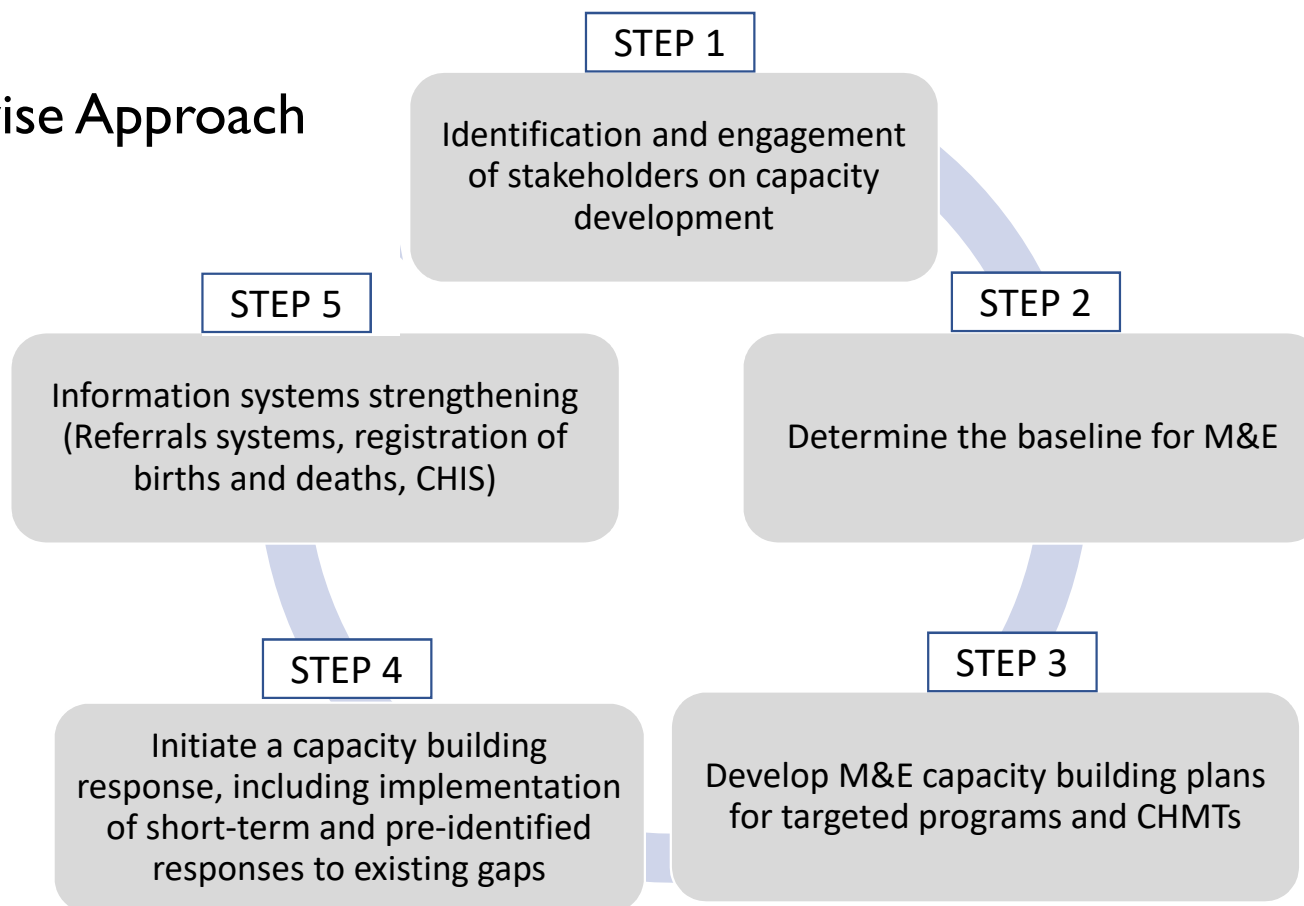
- MEval-PIMA provided support to strengthen M&E systems for enhanced service delivery.
- Key areas of focus include:
  - **Improved M&E capacity to respond to information needs**  
[for the Community Health Services Unit (CHSU), National Malaria Control Program, Reproductive and Maternal Health unit, County Health Management Team (CHMT)]
  - **Improved availability and use of quality health information**



# Project Approach: Targeted capacity building



## A Systematic Stepwise Approach





# M&E capacity for CHSU

- Successfully conducted a baseline capacity needs assessment in 2013 which highlighted the M&E capacity needs of the CHSU.
- Worked with CHSU and other partners to address gaps identified during the baseline capacity needs assessment: -
  - I. Supported development of CHSU M&E plan
  - II. Revised CHIS indicators and printed CHIS tools
  - III. Trained CHWs and CHEWS on ICCM
  - IV. Supported the development of the Referral system from tier I (community) to IV (Tertiary)
  - V. Trained targeted health sector players (HRIOs and M&E officers) in M&E

# Generation & use of quality information



1. Strengthened community units' ability to generate and use quality community health information
  - Supported community action days and community dialogue days
2. Designed and implemented Performance Improvement Plans (PIPs)
3. Support for data review meetings
4. Conducted a stakeholder mapping to avoid duplication of efforts at community level
5. Established stakeholder forums for enhanced coordination and collaboration; advocated for resources to implement plans

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## Joint Planning and Stakeholder Coordination to Improve Community Health Data Reporting: The Case of Siaya County

The 2010 *Kenya: Community Strategy Evaluation* reports that a community's health status can be substantially improved without the investment of a large amount of money, if priority-setting, planning, and action are based on the evidence of the county's disease burden. Functional community health information systems (CHIS) are the primary source for the evidence of disease burden and make an important contribution to improving the provision of basic healthcare services to communities.

These systems have the capacity to measure and evaluate critical elements of care at the community level, such as antenatal care, newborn care, nutrition, breastfeeding, delivery by trained midwives, and family

focal persons, and health records and information officers at subcounty levels regarding revised reporting tools from the Ministry of Health (MOH); lack of standardization in reporting tools, which led to simultaneous use of both old and new tools; and an insufficient number of tools at the county level. These challenges affected the quality of the health data reported in the district health information system software platform (known as DHIS 2) and the quality of the data within DHIS 2.

During the stakeholder forums, participants developed strategies and action plans to address the gaps. This was done jointly among implementing partners and county health officials, to ensure coordination

The joint planning also resulted in commitment to implementing an action plan, including support from other implementing nongovernmental organization partners, such as APHIAplus (AIDS, Population and Health Integrated Assistance), which printed additional revised tools, and Plan International Kenya, which designed and revised the meeting “chalkboard”—a mobile display used to present community health indicators at meetings. (The chalkboard also is referred to as MOH 516). The MOH's Division of Health Informatics, Monitoring and Evaluation (DHIME) was also involved, to assist in coordination with the community health services unit that oversees DHIS 2.





# Take home message



- I. Strong structured partnerships: MoH and other partners are critical to achieving increased coverage, improved use of quality health information, and improved health outcomes at the community level  
This involves:
  - I. Consistent technical working group meetings
  - II. Engagement with stakeholders through routine forums
  - III. Joint planning
2. Strengthened community health information system is possible through capacity building of strategic personnel in community health
3. For sustainability of Community Health Systems the Government has to take stewardship and ownership

# Acknowledgement

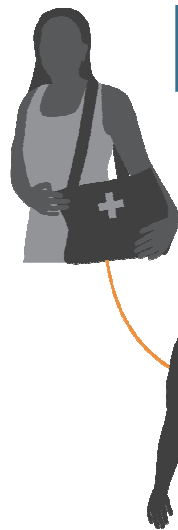
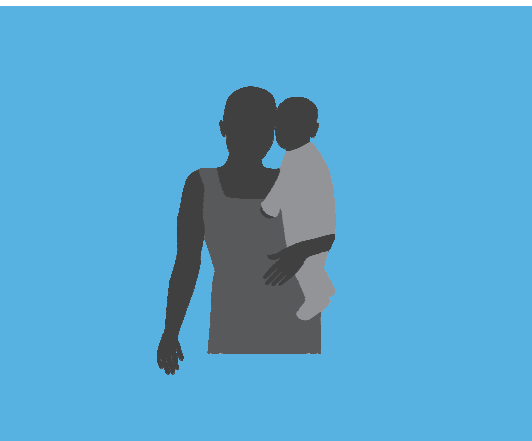




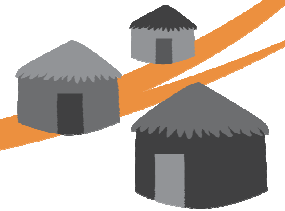
**Afya Yetu, Jukumu Letu**  
**(Our Health, Our Responsibility)**

**Asante Sana**

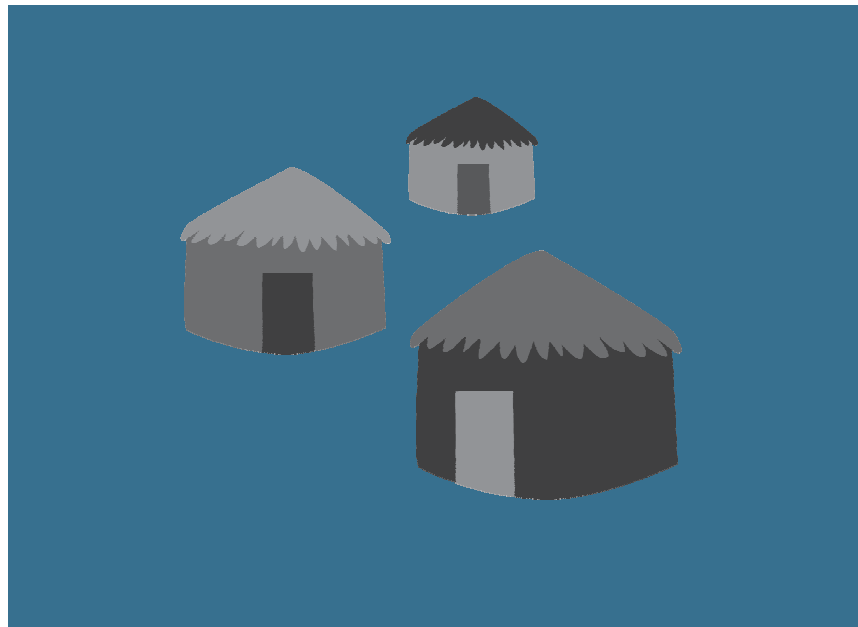




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