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

STEP 1
Identification and engagement of stakeholders on capacity development

STEP 2
Determine the baseline for M&E

STEP 3
Develop M&E capacity building plans for targeted programs and CHMTs

STEP 4
Initiate a capacity building response, including implementation of short-term and pre-identified responses to existing gaps

STEP 5
Information systems strengthening (Referrals systems, registration of births and deaths, CHIS)
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
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

1. 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
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(Our Health, Our Responsibility)

Asante Sana
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