

NOTE FROM THE EDITOR

This MEASURE Evaluation PIMA Activity Update features MEASURE Evaluation PIMA's support to Kenya's Civil Registration Department to build its capacity and strengthen the Civil Registration and Vital Statistics (CRVS) system.

Improving the Quality of Data on Causes of Deaths in Kenya

National mortality statistics are critical to establish national health program priorities, to conduct health planning and policy, and to inform the allocation of health resources. The International Classification of Diseases diagnostic tool (ICD) of the World Health Organization (WHO) is the global standard for certification and coding of morbidity and mortality data that are used to compile and analyze national statistics. In a bid to ensure uniform data capture, coding, and analysis to enable comparison nationally and globally, Kenya adopted the ICD-10 version, introduced by WHO in 1993.

According to a baseline assessment of Kenya's civil registration and vital statistics system, in 2013, the recording of deaths was not up-to-date, because of a number of gaps. These included a lack of systematized training on certifying and coding deaths. This limited capacity meant that deaths in the country's health facilities were, in most cases, not certified or coded according to the required ICD standard. The lack of data meeting the ICD standard posed an obstacle to obtaining complete and high-quality, cause-specific

mortality information that could be used for epidemiological studies (comparisons, case definitions, disease burden measurements), clinical research, health services planning and management, assessing the effectiveness of care, and resource allocations.

To improve the quality of data and address the lack of capacity identified in the baseline study, MEASURE Evaluation PIMA (MEval-PIMA), in collaboration with the Division of Monitoring and Evaluation, Health Research Development and Informatics (DivMERDI) at the Ministry of Health and with the Department of Civil Registration Services (CRS), developed guidelines for implementing cause-of-death certification and a standard national ICD curriculum guide to train clinicians as certifiers and health records and information officers as coders.

The ICD is a system that provides diagnostic codes for classifying diseases. Its purpose is to permit the systematic recording, analysis, interpretation, and comparison of morbidity and mortality data collected in different countries or areas at different times. It is used to translate diagnoses of diseases and other health problems from words into alphanumeric code, which permits easy storage, retrieval, and analysis of the data. The ICD is revised periodically, and currently, in Kenya, the tenth revision (ICD 10), developed in 1993, is used.

The work began by conducting a training of trainers in late 2014. Subsequently, in 2015, the group trained 224 health workers and civil registration officers (CROs) in six counties (Nakuru, Nairobi, Kirinyaga, Kakamega, Siaya, and Mombasa). In Kakamega, 14 coders, 23 certifiers from 11 high-volume health facilities, and three CROs were trained. As part of post-training follow-up, MEval-PIMA visited St. Mary's Hospital, in Kakamega, and spoke to Sarah Manywanda, a health records and information officer, who explained how the hospital has been applying the training and the best practices and benefits it has gained. Here is some of what she told us:

"During the training, the staffs were shown the status of our facility data in DHIS [a health information software platform]. At the time, our facility had no mortality data in DHIS. During the training, we were taught principles of coding morbidity and mortality, using DHIS to capture the data. Initially, we were using MOH 417, a manual form, which took a lot of time and was difficult to use. In terms of coding, we realized that we were recording the mode of death as the cause of death, which was wrong. We were taught how to capture intermediate and underlying causes of death.

"After the training, we started uploading the data in DHIS and holding data quality review meetings. During the data review



Sarah Manywanda, health records and information officer, showing the manual forms used to code and index cause of death



After the training, Sarah Manywanda learned how to use DHIS 2 to record mortality and morbidity data

meetings, we presented the [facility] data. The data review meetings were important as a form of information sharing at the facility level, because we were able to identify the top ten causes of mortality and develop reports. The reports are helpful in our planning and resource allocation. For example, if we identify malaria as the leading cause of mortality, we focus our energies on training in how to handle malaria.

“The most important change we have experienced as a hospital is the improved efficiency in recording mortality cases. Whereas before, we were using a system that required one to manually record [data] on a card, and to key in the information on Excel, now the system is automated and all you have to do is upload the information and the system generates the reports immediately. You code as you capture information, simultaneously. Today, we are able to take 18 minutes to upload 30 files, while before, it would take us two weeks to upload 30 files.”

According to Phaustine Lungatso, the nursing officer in charge of the facility, the reduction in paperwork has improved efficiency, which means the facility is able to record, analyze, and submit data on time and use them to make informed decisions.

“We now know the 10 leading causes of death in the facility and are able to focus our efforts on reducing deaths and strengthening the capacity of our personnel to handle those situations. We are also able to create awareness within the community to reduce occurrence of the leading causes of death. This translates to better services to the community.”

MEval-PIMA will continue to make mentorship visits and to provide on-the-job-training at the facility level. It will also continuously review action plans, identify and discuss additional remedial actions, and enhance skills transfer in order to ensure improved service delivery at health facilities, based on use of data for evidence-informed decision making.

For more information on MEval-PIMA’s support to CRS, visit: <http://www.measureevaluation.org/resources/publications/fs-14-112>

Photos: Yvonne Otieno, MEASURE Evaluation PIMA



Phaustine Lungatso, nursing officer at St. Mary’s Hospital, Kakamega



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