

Strengthening the Health Information System for Evidence-Informed Decision Making

Healthcare officials and providers at all levels in Homa Bay County are dedicated to serving the diverse health needs of 1.1 million people. The challenges are many in a rural county with only three doctors and 40 nurses per 100,000 persons. For example, in 2015 nearly 59 percent of the population had malaria. Forty percent of children were not born at health facilities, making it more difficult to track maternal and child health needs. Nearly half of children ages 12–23 months were not fully immunized, complicating the health needs of their families and communities.¹ Moreover, the estimated HIV prevalence rate among adults was 26 percent² (second highest in the nation) and the mother-to-child HIV transmission rate was 9 percent.¹

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 for improved services and outcomes. In 2014, MEASURE Evaluation PIMA (MEval-PIMA) staff began working with partners and stakeholders in Homa Bay 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. 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 training of

trainers and health workers countywide, the development of the county's first comprehensive M&E plan and county health profile, and improved data for malaria surveillance, birth and death registrations, HIV referral services, and child protection services.

Homa Bay County teams shared experiences with other counties and explored strategies for mutual learning. Participants at a 2016 workshop included county AIDS coordinators, health records and information officers, malaria control coordinators, reproductive health coordinators, focal persons for community health strategies, and civil registrars. They shared lessons learned from initiatives that improved data use. 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 for resource allocation.

Here are examples of these and other achievements.

Improved Malaria Data and Use through Surveillance. An estimated 662,000 people in Homa Bay County have malaria (58,820 per 100,000 population).¹ To provide effective treatment and services for them, it is essential to monitor and track their health status through accurate data. MEval-PIMA developed a comprehensive malaria surveillance curriculum involving M&E training for healthcare workers and trainers across Homa Bay County. Participants at a trainers' workshop learned to track, record, analyse, interpret, and share key malaria indicators, and to test and treat the disease. The new county trainers then trained more than 150 healthcare workers from county public health facilities. Capacity building continued, with targeted support to CHMT members for a workshop with "malaria champions," who are mentoring healthcare workers at local facilities. The project also developed facility dashboards to update data and show trends for selected malaria indicators; and



Fishing in Nyanza Province, Kenya. Photo: Elizabeth T. Robinson, MEASURE Evaluation.

produced the first county malaria surveillance bulletins, and the first comprehensive county health profiles (where all data are located in one publication).

Improved Accuracy, Registration, and Use of Birth and Death Statistics. Accurate data on births, deaths, and cause of death are essential for establishing health program priorities, policies, and resources. Many births and deaths in Homa Bay 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 births and deaths outside of health facilities to report these events. 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 births and deaths accurately. In partnership with the Kenya Civil Registration Service, MEval-PIMA oriented assistant chiefs and chiefs from Homa Bay County on how to interview caretakers about relevant details of births and deaths. MEval-PIMA collaborated with Kenya’s health information system (HIS) to orient and train county-level health workers and civil registration officers to follow international certification and coding principles, and the World Health Organization’s International Classification of Diseases diagnostic tool (ICD-10), to record vital statistics. Participants were members of county and subcounty health management teams, the civil registration office (CRO), Homa Bay Teaching Referral Hospital, and 23 health records information officers (HRIOs) from 20 health facilities.

Used Data to Improve Referral Linkages to HIV Care and Treatment. By the end of 2015, about 158,000 people were living with HIV in Homa Bay County;² about 54,000 were receiving antiretroviral therapy.¹ They may 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 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 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 designed to strengthen HIV referrals through selected Centers of Excellence. Mentorships and forums took place at five facilities: Homa Bay County Referral Hospital, Kendu Mission Hospital, Rachuonyo Sub-County Hospital, Suba Sub-County Hospital, and Mbita Sub-County Hospital. Mentors drawn from county health departments are visiting the facilities quarterly 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.

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 Homa Bay County and nine other target counties. Between July 2016 and March 2017, the system recorded 21,492 cases nationwide (involving an average of 2,500 children and cases per month, about half of them under five years of age).

References

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