REPUBLIC OF KENYA

MINISTRY OF HEALTH

One Monitoring and Evaluation Framework for the Health Sector in Kenya

"Towards Accelerating the Achievement of Universal Health Coverage in Kenya"

The Kenya Health Data Collaborative Report

May 2016

Source: MEASURE Evaluation PIMA

CONTENTS

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AHO	African Health Observatory
AWP	Annual Work Plan
CBOs	Community Based Organizations
CDC	Centers for Disease Control and Prevention
CHSSP	County Health Sector Strategic Plan
CIDP	County Integrated Development Plan
CNAP	County Nutrition Action Plan
CoG	Council of Governors
CoPs	Communities of Practice
CRS	Civil Registration Services
CRVS	Civil Registration and Vital Statistics
CSOs	Civil Society Organizations
DHIS	District Health Information Software
DPs	Development Partners
DPHK	Development Partners for Health in Kenya
DSL	Data Services Layer
EMR	Electronic Medical Records
FBOs	Faith Based Organizations
GF	Global Fund
GHO	Global Health Observatory
HDC	Health Data Collaborative
HENNET	Health NGOs Network
HIS	Health Information Systems
HITWG	National Health Informatics Technical Work Group
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IHME	Institute for Health Metrics and Evaluation
IHRIS	Integrated Human Resource Information System
KEMSA	Kenya Medical Supplies Authority
KHO	Kenya Health Observatory
KHSSP	Kenya Health Sector Strategic Plan
KNBS	Kenya National Bureau of Statistics
KTP	Knowledge Translation Platform
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MOH	Ministry of Health
MTP	Medium Term Plan
NACC	National AIDS Control Council
NGOs	Non-Governmental Organizations
NHIS	National Health Information System
PEPFAR	Presidents Emergency Plan For AIDS Relief
QIP	Quarterly Implementation Plan
RRI	Rapid Results Initiative
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
SWOT	Strengths Weaknesses Opportunities Threats
TWGs	Technical Working Groups
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's emergency Fund
USAID	United States Agency for International Development
VA	Verbal Autopsy
WASH	Water Sanitation and Hygiene
WBG	World Bank Group
WHO	World Health Organization

FOREWORD

Everywhere in the world, we now acknowledge that no health system can operate without good information. Yet around the world today, many countries don't count who is born, who dies, and other important details about people's health. Health data is often fragmented and piecemeal. A lack of data makes it harder to make good decisions about where to target resources to improve health and help people to live longer, healthier and more productive lives.

In September 2015, The UN Sustainable Development Goals set an ambitious agenda for a fairer, safer and healthier world, with 17 goals and 169 targets that were adopted by all Countries. It's clear that achieving the goals will require reliable data, in order to properly understand the scale of the work to be done, and to make good decisions about how to allocate resources for the most efficient and effective results.

Here in Kenya, we have made tremendous progress over the years in Health Information system. To accomplish the vision for the health sector which is "to provide equitable and affordable quality health services to all Kenyans", the first Medium Term Plan 2008- 2012 of the Vision 2030 identified the need to 'strengthen the national health information systems with timely and understandable information on health. The challenge to remain focused to this commitment has provided us with so many lessons; we can only get better at it.

For example, health assessments conducted in the country over the last decade (between years 2000 and 2010) revealed that while tremendous progress has been made in improving the quality, timeliness and level of analysis and use, we still have challenges in ensuring better resourcing, integration, harmonisation and routine accessibility to information for use in decision making. This essentially was one of the challenges The Ministry of Health through The Kenya Health Data Collaborative with support from the Global Data Collaborative sought to address with the organization of the Kenya Health Data Collaborative; ***One M&E Framework for The Health Sector Conference.*** The conference sought to mobilize all stakeholders in the health sector in Kenya to support and work towards a common Monitoring and Evaluation Framework. This essentially means that all actors shall work together to facilitate generation, analysis, dissemination and use of quality health information for informed decision making using one M&E Framework for the health Sector.

As a country, we will be proud to show leadership from the initial set of countries who have embraced the Health Data Collaborative Initiative to other countries and we will also be keen to learn from this platform what's working elsewhere to help improve our Health Information and M&E Systems. The future looks bright indeed.

Dr. Nicholas Muraguri
Principal Secretary, Health

ACKNOWLEDGEMENTS

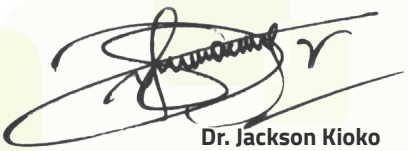
On the behalf of The Ministry of Health and the National Conference Planning Team, we would like to acknowledge several people and institutions who made particularly outstanding contributions in the organization and success of the Kenya Health Data Collaborative Conference. First and foremost, special thanks go to all the participants for their attendance and active participation in the conference. We wish to thank the County Government Leadership and Representatives together with the National Government agencies who partnered with us.

As a Ministry we also express our deep gratitude to the global HDC mission partners, in country partners for their support and participation in the conference. In particular special thanks go to The Government of Kenya and County governments; Bilateral Partners including The United States Agency for International Development (USAID), The UK Department for International Development (DfID) and UK Aid; The Canadian Department of Foreign Affairs, Trade and Development Danish International Development Agency (DANIDA); German Agency International Cooperation (GIZ) and Japan International Cooperation Agency (JICA); Federal Ministry for Economic Cooperation and Development (BMZ); Center for Disease Control and Prevention (CDC); The African Infrastructure Development Partnership (AFIDEP); Norwegian Agency for Development Cooperation (NORAD); International Health Partnerships (IHP); U.S. President's Emergency Plan for AIDS Relief (PEPFAR); The Primary Health Care Performance Initiative (PHCPI); Rockefeller Foundation; Bloomberg Philanthropies and City University of New York; The Centre for Health Sciences Training, Research and Development (CHESTRAD);

Multilateral agencies including The European Union (EU); World Bank Group; United Nations bodies including United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Program on HIV/AIDS (UNAIDS) and World Health Organization (WHO); Global Alliance for Vaccines and Immunizations (GAVI) and The Global Fund (GF); Non Governmental Organizations (NGOs) and Private Sector for their generous support and partnership.

The Ministry wishes to extend appreciation to all Health Sector Stakeholders without whose support the conference would not have been successful. Special thanks go to WHO –Geneva, WHO-Kenya country Office and USAID for the generous financial support. We also thank the conference coordination team under the dedicated leadership of The Health Sector M&E Team for a job very well done.

We thank you all.



Dr. Jackson Kioko
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EXECUTIVE SUMMARY

In June 2015, the leaders of global health agencies endorsed the Health Measurement and Accountability Post 2015 Roadmap and Five Point Call to Action. Implementation of the roadmap and call to action requires specific country-led activities by country stakeholders and development partners with a focus on strengthening the country Monitoring and Evaluation (M&E) platform for improved measurement of results and accountability.

The Constitution of Kenya 2010, The Kenya Vision 2030 (Kenya's Development Blue print); The Kenya Health policy 2014-2030, The Kenya Health sector Strategic Plan (KHSSP 2014-2018) lay emphasis on the need to have strong monitoring and Evaluation system for improved accountability and efficiency among other things. The convergence between Kenya's policy and strategic direction on HIS/M&E and the Global initiative to improve Health Measurement and accountability provide the basis of organizing the Kenya Health Data Collaborative Conference. The conference was attended by over 150 participants representing different sectors from the National Government, County Governments, Civil Society, Development Partners and Private Sector. Specifically, the conference sought to achieve the following objectives;

- Raise profile of SDGs and global effort in strengthening Country HIS/M&E systems as a Platform for information and accountability
- Rally all stakeholders towards supporting a common country M&E Framework through ensuring that there is a clear plan on provision of long term support
- Agree on a high level roadmap for implementation of priority HIS/M&E actions in Kenya
- Launch of the Kenya Health Data Collaborative.

The conference was organized in three main segments that began with the hosting of a pre-conference capacity building workshop on Data Analytics with the main objectives of providing a brief overview of HIS/ME in the sector and introduction to the Health Data Collaborative ; identifying data needs and gaps in data analytics in the health sector as well as analysis of progress and performance in the context of the Health Sector Strategic Plan. The main outcomes of the pre-conference workshop included;

- Increased stakeholder awareness of HIS/ME in the sector and the Health Data Collaborative
- Data needs and gaps in data analytics for the health sector were identified.
- Analysis of progress and performance in the context of the Health Sector Strategic Plan.
- Agreement on a plan to identify Kenya's Health Data sources, needs, demand and information use by various sector players. (National, counties, research institutions, statistics office etc.)
- Agreement on the need to develop a a roadmap for improving analytic capacity in the sector, data analytics for mid-term review of the Kenya Health Sector strategic plan (KHSSP 2014-2018); data analytics for county specific strategic plans and to establish the sub national burden of disease.

The second segment of the conference involved the launch of the Kenya Health Data Collaborative (KHDC). The main purpose of the KHDC will be to enhance country statistical capacity and stewardship and for partners to align their technical and financial commitments around strong nationally owned Health Information Systems and common monitoring and evaluation plan.

During the Conference, stakeholders worked in different groups – National Government, County Governments, Civil Society, Private Sector and Development Partners each representing their key constituencies underscored the need to re-dedicate

their efforts and mobilize political will at all levels towards supporting one M&E framework for the health sector for the realization of national health and development goals. To this end, a joint communiqué outlining the major areas of commitment was signed by all partners and identified six (6) key priority areas to advance commitments to one M&E framework for the health sector in Kenya. These priorities included the following;

- On the adoption of a National Roadmap for the Kenya Health Data Collaborative; stakeholders agreed to support the common M&E /HIS plan with a roadmap for implementation of priority actions over the immediate (short term), midterm, and long term with aligned support from partners as well as both National and County Governments.
- On data demand and use; stakeholders committed to improve on data demand and use in the health sector through a shared platform for all the stakeholders (public, private and civil society).
- On M&E capacity and technical assistance; establish the existing capacity at both National and County levels and further take measures to bridge any gaps.
- On developing a business case for M&E activities in the health sector; stakeholders agreed to leverage on the existing resources and finalize the M&E business case for the health sector both at the National and County Government levels;
- On governance /leadership in M&E; Stakeholders agreed to institutionalize the health sector partnership framework, and deliberation on the road map for strengthening leadership and governance in the health sector's HIS&M&E.
- On civil registration and vital statistics; to improve availability, quality and use of vital statistics on births and deaths disaggregated by age, sex, cause of death and by geographical and administrative levels.

A key outcome on the development of commitments by stakeholders was the identification of various areas of support by development partners in the implementation of the roadmap.

The third and final segment of the conference was marked by deliberations and adoption of the Kenya Health Data Collaborative (KHDC) Roadmap which was informed by a SWOT analysis of Kenya HIS/M&E system and the overall health sector M&E plan. The roadmap consists of quick wins to be implemented through a rapid results initiative (RRI), a short term priorities as well as long term priorities. The quick wins identified include the following;

1. **Data analytics at the national and sub national level that consists of the following set of priorities;**
   - Capacity building of staff on data analytics targeting staff at the National level as well as the County level
   - Analytics on annual health sector reports that includes analytics on the national level performance reports and county specific performance reports
   - Analytics for the medium term review of the Health sector strategic plan as well as county specific strategic plans
   - Development of different communication packages for the different stakeholders in health, policy briefs, score cards e.g. facility level score cards, community dashboards
   - Mortality analytics and
   - Establishment of the subnational burden of disease
2. **Midterm review of current strategy "The Kenya Health Sector Strategic plan 2014-2018 and its M&E plan 2014/18 as well as county specific strategic plans that includes the following priorities;**
   - Capacity building of the staff in the review
   - Support staff in actual hands on experience in carrying out the midterm review of the strategic plan and development of the necessary reports
   - Equity, efficiency analysis dimensions

- ❑ Trends analysis focusing on key selected health sector indicators
- ❑ Analysis on Performance on SDGs
- ❑ Thematic analysis in specific areas within the health system
- ❑ Assist counties in performing midterm review of county specific health sector strategic plans

3. Quality of care and performance improvement that includes the following priorities;

- ❑ Systematic analysis of quality of care based data: dissemination to various users
- ❑ Follow up on adherence to existing clinical guidelines
- ❑ Quality of care from client's perception-client exit surveys
- ❑ Toolkit for measuring quality of care

4. Operationalize the Kenya Health Observatory (KHO) and linkage with GHO with emphasis on the following priorities;

- ❑ Linkage of the Kenya Health Observatory once functional with the Global Health Observatory and report on selected SDGS health indicators. This would be a good starting point for Kenya as it would inform the reporting on the other sectors SDGs indicators
- ❑ Technical assistance to set up KHO and linkage with the GHO
- ❑ Capacity building for officers on reviews/ analytics/portal management
- ❑ Linkage to public Health Institute

5. Improving civil registration and vital statistics and especially focusing on;

- ❑ Improving the availability, quality and use of vital statistics on births and deaths registration, disaggregated by age, sex, cause of death and by geographic and administrative levels
- ❑ Training of coders and certifiers in the use of ICD 10 for better mortality and cause of death data
- ❑ Mentorship Programme to hospitals to strengthen data quality on patient management
- ❑ Training staff on statistical software and analytics to strengthen data mining and processing
- ❑ Advocacy, harnessing the network of community strategy and outreaches beyond zero campaign to help build community awareness on the benefits of CRVS
- ❑ Strengthening verbal autopsy using standard international tools
- ❑ Developing verbal autopsy standards, guidelines and training material
- ❑ Compilation, analysis and interpretation of vital statistics based on information generated through registration and certification.

6. Rapid M&E system capacity assessment

- ❑ Based on the assessment and the midterm review of the M&E plan an investment plan for M&E will be developed

The implementation of these quick wins and the roadmap in general will be undertaken through various Technical Working Groups that were identified during the conference who consist of of technical experts drawn from sector actors i.e. partners, Ministry staff, counties, academia, private sector and civil society and work collectively on specific deliverables of the KHDC's work plan. It is expected that progress on implementation of the identified priorities shall be reported back to all sector stakeholders during the Annual Health Congress scheduled for November 2016.

CHAPTER 1: BACKGROUND AND OVERVIEW

1.0 The Global Health Data Collaborative (HDC)

In June 2015, the leaders of global health agencies and participants in the Summit on Measurement and Accountability for Health endorsed the Health Measurement and Accountability Post 2015 Roadmap and Five Point Call to Action, identifying a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda. Implementation of the roadmap and call to action requires specific country-led activities by country stakeholders and development partners with a focus on strengthening the country Monitoring and Evaluation (M&E) platform for improved measurement of results and accountability.

Global stakeholders interested in collaborating on health data investments joined together to form the Health Data Collaborative (HDC). The main purpose is to enhance country statistical capacity and stewardship and for partners to align their technical and financial commitments around strong nationally owned Health Information Systems and common Monitoring and Evaluation plan. The work at global level to establish common standards, indicators and databases will be geared to contribute to countries Health Information Systems. The collaborative is a unique initiative in helping countries improve on measurement and accountability using country existing systems.

In Kenya, The Constitution of Kenya, 2010 under Article 43 guarantees citizens the right to the highest attainable standard of health, including reproductive health. Health sector strives to achieve this aspiration by implementing effective and efficient strategies guided by Vision 2030, Kenya Health policy frame work and Kenya Health Sector Strategic and Investment Plan (2014 – 2018).

The Kenya Health Policy framework, 2014-2030, outlines the vision of the health sector and priorities towards delivery of this national mandate. The goal of the policy is 'attaining the highest possible standard of health in a manner responsive to the population needs. The policy aims to achieve this through the provision of equitable and quality health and health related services at the highest attainable standard to all Kenyans.

Further, The Kenya Health Strategic Plan 2014-2018 provides the health sector's medium term focus, objectives and priorities to enable it to make progress towards the attainment of the health policy objectives. Strategic plan objectives achievements are to be measured by way of the strategic plan indicators which identify the baselines and targets for each policy objective as well as for investments needed to achieve these objectives.

For Kenya health sector to achieve the goals and objectives that are set out in the policy, strategic and operational documents, a robust and efficient HIS/M&E system is crucial. It is with this backdrop that the sector through the stewardship of the Ministry of Health sought to bring all stakeholders in Health together to forge a common course for M/E. To further strengthen the agreements and commitments, the sector invited the Global Health Dat collaborative in order to leverage on the Global efforts as well.

1.1 Purpose of the HDC Mission to Kenya

The main purpose of the HDC missions globally, is to promote technical and political support to the country-led health sector information and accountability platform in line with the common agenda for the post-2015 era and the 5-Point Call to Action for measurement and accountability of health results.

With this background, the Ministry of Health-Kenya invited the HDC mission to Kenya to work with the

stakeholders/actors in Kenya within the existing country systems/plans in order to further strengthen HIS/M/E in the country. Hence an initial conference was organized with the purpose of raising the profile of post-2015 SDGs and the global effort in strengthening country-led platforms for information and accountability (Roadmap, 5-point call to action) among the sector actors i.e MoH senior officials, county staff, partners and other stakeholders.

Secondly, the mission sought to rally all stakeholders towards supporting a common M&E framework through ensuring that there is a clear plan on how long-term support to the M&E in-country coordination mechanisms will be provided, as basis for strengthening the country-led information and accountability platform.

Rationale of the Conference

The Ministry of Health, Kenya and stakeholder's invested in the development of the first health sector M and E framework to monitor the implementation of the health sector strategic plan. The goal of this framework is one functional sector wide M and E system for improved decision making, transparency and accountability in health. A lot of concerted efforts towards implementing the common M/E plan has been noted in the sector since its development. Despite these positive efforts there exist disjointed and uncoordinated M and E efforts within the sector. There exist numerous program/disease based M&E systems operating in complete silos which do not share data or information with each other. Most of these M&E systems satisfy the reporting needs of funding agencies and implementing partners but seldom meet reporting needs of the government and the health sector as a whole.

Currently, health sector has deployed DHIS 2 as the platform for reporting health sector indicators. The sector has made notable investments in strengthening the routine reporting system (DHIS2) to make it more responsive to the needs of the sector and a more useful tool for sector performance monitoring. While DHIS2 is now well accepted as the default routine reporting system and has greatly improved the quality of health data, the sector has continued to see mushrooming of patient management systems that do not share data with DHIS, leading to data gaps and the perennial parallel reporting system in the sector. This is basically attributed to the questionable quality of data from DHIS 2 and time horizon of the information by many stakeholders.

In terms of providing direction to systems supporting health information systems strengthening, the MOH has developed various policy documents and guidelines including Revised HIS policy 2014-2030 ,HIS strategic plan 2014-2018,eHealth strategy, Health sector indicator's manual, EMR standards and guidelines, mHealth guidelines and System interoperability guidelines. But in spite of this, the dissemination and use of these policy documents and innovations has been limited and there is still much ground to be covered especially in their institutionalization at sub-national levels.

The national level MOH has supported the development of various guidelines and SOPs for use at the county level including county strategic planning guidelines, annual work plan guidelines, planning performance reviews and reporting guidelines. The counties have found these tools quite useful and their adoption and use especially at the county level has been impressive.

However, capacity building for their use has been limited to county level (CHMTs) leaving the lower level duty bearer deficient on the use and capacity; occasioned by budget limitations/constraints to cascade the training to the sub national level. This has left a situation where sub county units have not been well empowered to participate in the planning and performance review process. Many implementing partners and CBOs, have also not participated in the planning and performance review processes, These has led to lack of ownership and commitment to the implementation of sub-national plans, data gaps where services offered are not reported through the government routine reporting system, proliferation of data collection structures.

The development of annual performance reports is enshrined in the Kenya constitution as a means

of enhancing accountability. The report deliberately demonstrates how well or not so well the sector is doing towards the achievement of its national targets at quarterly, biannually and annually. When key drops in indicators are noted at the time of the development of the health sector annual report, it robs the sector and its stakeholders of an opportunity to invest in midcourse correction to intervene on such indicators. However, in the recent past, serious gaps have been noticed in the quality of reports especially due poor data quality, limited capacity in analytics among others.

The health sector has numerous sources of data e.g. surveys, routine health information system, research among others. Though there has been concerted efforts in harmonizing the sources of data, more often than not the ystems do not talk to one another hence bringing out the need to better harmony and the need for health data repository

Other investments that are currently being undertaken in the HIS and M&E include development of a Data Services Layer (DSL-An interoperability platform enabling data sharing between various platforms(currently sharing data from DHIS2,MFL,MCUL,KEMSA ERP,IHRIS),establishment of a MOH data centre, a patient level data warehouse and a HIS service desk where users experiencing system challenges with the priority MOH applications (DHIS,MFL,MCUL) and MOH approved EMRs call in and log their user queries for support. Establishment of health data observatory aimed at harnessing survey data sources to inform research agenda; these innovations are still at their infancy stage.

There have been concerted efforts to improve the Civil Registration and Vital Statistics including formation of management and coordination structures, better coordination of different players e.g. MOH, civil registration deprtment, partners among other efforts. Innovative activities such as use of MOVE IT have led to improvement in CRVS for health. There is need to maintain the momentum and at the same time work on the existing gaps. Comprehensive documentation of the vital events of birth and death is needed to accurately determine population size (a key data element in a number of health indicators), disease burden, and the impact of interventions/programming in health. To acknowledge the dignity of human life, all births should be counted and registered and all deaths notified and recorded.

Improving capacity of staff working in HIS/M/E within the health system has been a priority area in the sector. With devolution of health services, there is need to strengthen the capacity at both levels of Government in terms of skills, tools of work and in numbers among others. Impacting the necessary skills among staff working in HIS/M/E within the health system will go a long way in strengthening the system. Such skills would include analytical skills among others.

Most of the development and implementing partners are signatories to a code of conduct, though follow up and reporting adherence to the principles as stipulated in the strategic plan has been weak. If done, this would provide incentives for better alignment if results are widely shared. While DPs have participated closely in sector partnership and coordination structures , implementing partners, FBOs, CBOs and the private sector have not made the best use of these structures to promote joint planning and monitoring. The sector also lacks a mechanism for attribution of outcomes to inputs or different interventions. As such, it is difficult to tell which interventions resulted in the most improvement in certain indicators.

It is clear therefore that Kenya has made tremendous progress in the area of HIS/ME and concerted efforts are required to safeguard the gains while at the same time working towards tackling the challenges for purposes of improvement. The health data collaborative, provides an opportunity for Kenya to work towards bettering the HIS/ME system for the health sector.

1.2 Conference objectives and expected outcomes

Under the general principle of the Global HDC, "Enhancing, not duplicating," the conference was held against the backdrop of building on the many national and county based efforts to strengthen health data. As such, the main focus of the conference

was to build upon existing efforts by establishing a network of working groups that will address specific technical issues and identify and fill technical gaps. In so doing, the conference was intended to address the following key specific objectives;

- To raise the profile of post-2015 SDGs and the global effort in strengthening country-led platforms for information and accountability (Roadmap, 5-point call to action) among MoH senior officials, partners and other stakeholders.
- To rally all stakeholders towards supporting a common M&E framework through ensuring that there is a clear plan on how long-term support to the M&E in-country coordination mechanisms will be provided, as basis for strengthening the country-led information and accountability platform.
- To agree on a high level roadmap for implementation of priority HIS/M&E actions and get high level commitments from partners for aligned support.
- To launch the HDC work in Kenya together with the country level stakeholders i.e Ministry of Health, Development partners, implementing partners, counties, civil society organizations and the private sector

The expected outcomes of the conference included:

- Supporting the common M&E /HIS plan with roadmap for implementation of priority actions over the immediate (short term), midterm, and long term with aligned support from partners.
- Improving on data demand and use in the sector through a shared platform for all the stakeholders (Public, private and civil society).
- Building of consensus among stakeholders on a set of action points and adoption of a joint communiqué on the key commitments to One M&E Framework for the Health Sector in Kenya
- Agreement on commitments by development partners to support the implementation of priorities

1.3 The Pre-Conference Capacity Building Workshop on Data Analytics

The capacity building session on Data Analytics was held as a precursor to the main One M&E Framework workshop with the following key objectives;

- To have a Brief overview of HIS/ME in the sector and introduction to the Kenya Health Data Collaborative mission
- Identify data needs and gaps in data analytics in the health sector.
- Analysis of progress and performance in the context of the Health Sector Strategic Plan.
- To identify various Kenya's Health Data sources, needs, demand and information use by various sector players. (National, counties, research institutions, statistics office etc.)
- To develop a roadmap for improving analytic capacity in the sector, providing analytics for mid-term review of the strategic plan (KHSSP 2013-2018) and to establish of County level burdens of disease.

1.4 Summary of Key Issues in the Data Analytics Workshop

1.4.1 Overview of the HIS/M&E in the Health Sector in Kenya

Over the last decade, the health sector has made a concerted effort to improve approaches to monitoring and evaluation Currently, health sector has deployed DHIS 2 as the Health Information system (HIS) platform for reporting health sector indicators. The sector has made notable investments in strengthening the routine reporting system (DHIS2) to make it more responsive to the needs of the sector and a more useful tool for sector performance monitoring.

While DHIS2 is now well accepted as the default routine reporting system and has greatly improved the quality of health data, the sector has continued to see mushrooming of patient management systems that do not share data with DHIS, leading to data gaps and the perennial parallel reporting system in the

sector. This is basically attributed to the questionable quality of data from DHIS 2 and time horizon of the information by many stakeholders.

In terms of providing direction to systems supporting health information systems strengthening, the MOH has developed various policy documents and guidelines including Revised HIS policy 2014-2030 ,HIS strategic plan 2014-2018, eHealth strategy, Health sector indicator's manual, EMR standards and guidelines, mHealth guidelines and System interoperability guidelines. But in spite of this, the dissemination and use of these policy documents and innovations has been limited and there is still much ground to be covered especially in their institutionalization at subnational levels.

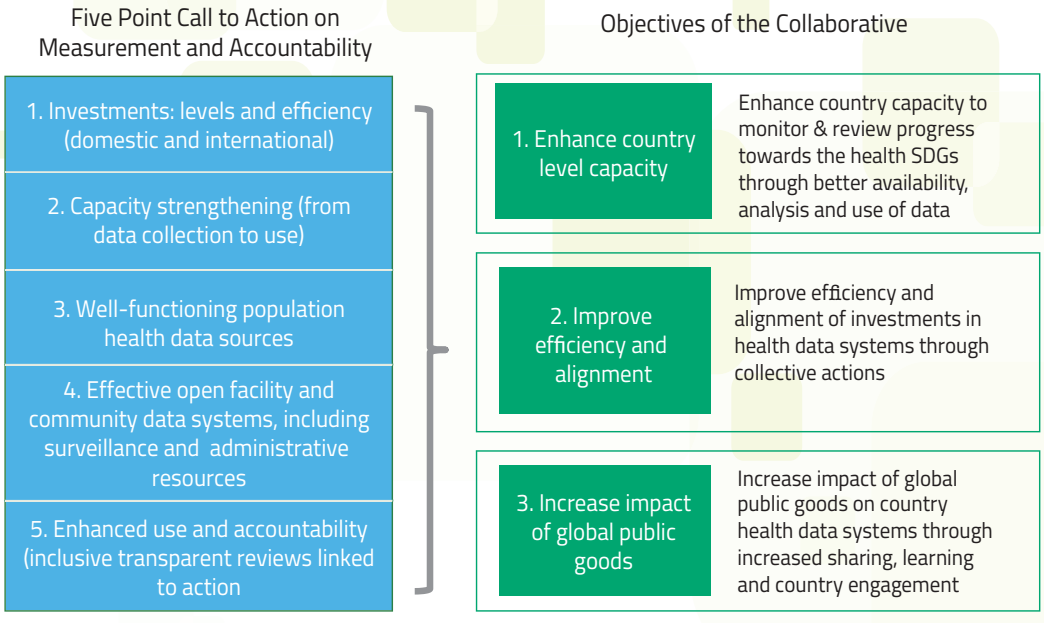
Other investments that are currently being undertaken in the HIS and M&E include development of a Data services layer ((DSL-An interoperability platform enabling data sharing between various platforms (currently sharing data from DHIS2,MFL,MCUL,KEMSA ERP,IHRIS),establishment of a MOH data center, a patient level data warehouse and a HIS service desk where users experiencing system challenges with the priority MOH applications (DHIS,MFL,MCUL) and MOH approved EMRs call in and log their user queries for support. Establishment of health data observatory aimed at harnessing survey data sources to inform research agenda; these innovations are still at their infancy stage.

It is clear therefore that Kenya has made tremendous progress in the area of HIS/ME and concerted efforts are required to safeguard the gains while at the same time working towards tackling the challenges for purposes of improvement. With the launch of the health data collaborative, it's an opportune time for Kenya to seize the chance and work towards bettering the HIS/ME system for the health sector.

1.4.2 Overview of the Health Data Collaborative

The sustainable development agenda provided an opportunity and implications for monitoring the health Sector. The agenda is a good place to start since the Measurement Summit originated out of the early discussions of the SDGs and served as the impetus for the Health Data Collaborative, which at its essence, works to aid countries to track progress towards the health-related goals of the SDGs.

From 5-Point Call to Action to Health Data Collaborative Objectives



The summit drew over **600 development partners** and global health professionals representing **55 countries** to develop a new way forward to improve country health measurement systems for post 2015. At the Summit, participants endorsed the Roadmap for Health Measurement and Accountability and a 5-point Call to Action

The HDC is a collection of Global stakeholders interested in collaborating on health data investments joined together. The main purpose of the collaboration is to enhance country statistical capacity and stewardship and for partners to align their technical and financial commitments around strong nationally owned Health Information Systems and common monitoring and evaluation plan. The work at global level to establish common standards, indicators and databases were geared to contribute to countries Health Information Systems.

As a partner country, the Kenya government is expected to lead in policy design and implementation, including strengthening effective mechanisms for management of resources and engagement between the government and partners, extend engagement to outside of health sector e.g. National statistics offices, iincrease domestic investment in HIS and llead follow-up and management of work plans and joint investment strategies.

1.4.3 Analysis on progress and performance in the context of the national plan

Goal 3 of the SDGs provides the most important basis for analyzing performance of the Health sector. The Goal - *'Ensure healthy lives and promote well-being for all at all ages,'* focuses exclusively on health, encompassing 13 targets on maternal, neonatal and under-five mortality, infectious disease, systems and the emerging agenda of non-communicable diseases and injuries. Other goals for example, Goals 2, 5, and 6, while not explicitly health-related, include many health-focused targets around areas such as family planning, nutrition and WASH. The Global Framework for monitoring Goal 3 on the other hand requires a focus on progress towards universal health coverage (1 of the 13 targets).

In particular, its explicit focus on equity – data disaggregation by age, gender, SES and location mean that countries will have to track many more indicators with finer levels of disaggregation which will be a challenge for many country HIS in terms of financial and technical capacities, but this high demand for data and resources required to meet this demand is an opportunity to strengthen country systems and the capacity to collect and use data.

1.4.4 Data needs and issues in the analysis of Kenya's Health Data to inform the review

The main data needs and issues required for analytical review of the KHSSP are largely four fold and consist of;

- Data sources
- Indicators
- Data quality review and
- Organization and coordination of analytical review

Data Sources: Data should reliably measure the progress and performance of the national health strategic plan. As such, the common data sources to inform review include Population-based health survey data; Health facility data; Health facility assessment survey; Population denominator data; Administrative data; Civil registration and vital statistics; Estimates by UN agencies and Research studies and sentinel surveys.

Indicators: The primary focus in an analytical review is on assessment of progress & performance of the core indicators that are in the strategic plan – additional indicators often required. Quite often, this will vary based on country-specific requirements or priorities but the focus is on a limited set of indicators as tracers.

Data quality: The data used in an analytical review should always accurately describe the performance of the indicators. Errors in data however lead to wrong results, wrong conclusions and wrong recommendations. He also added that errors in data

also mean that the new national priorities, policies and program plans based on the data will be wrong.

Organization and coordination of analytical review: Undertaking an analytical requires proper planning, organisation and coordination, typically, a mid-term or end-term review takes 4-6 months, but may take longer in some countries. He also shared some of the key determinants of success during an analytical review which include the following;

- A country-led process with strong commitment & leadership from the MoH
- Strong collaboration: Greater involvement of all key partners
- A clear organization and coordination structure with clear roles, responsibilities and coordination mechanisms which is country-led
- Greater involvement of individuals, institutions/ organizations that have the relevant data required for the review
- A strong team of data analysts, preferably under the leadership of a national institute and technical support from the World Health Organization
- Regular communication, consultations and knowledge sharing

1.4.5 Updates on various programs

The health sector and other programs work closely to ensure there is coordinated use of accurate data and use of information. The updates of programs encompassed data source and analytics for mid-term review, analyses of data that have been conducted that can inform both national and county level reviews and data demand, information use and gaps in data analytics.

- **Ministry Of Health-National Health Information system**

The purpose of having the National Health Information System is to provide timely, reliable and accessible quality health service information for evidence-based decision making in order to maximize utilization of scarce resources in the health sector.

A lot of information is captured at the facility level in service registers, tally sheets and Monthly summary reporting forms (with MOH Number).However the service-based data is incomplete and subject to inaccuracy and delays.

The achievements of NHIS include development of documents such as Health Information policy, Health Information strategic plan, Health Sector Indicators and Standard operating procedure Manual, Standardized data sets – Minimum data collection and reporting tools official with MOH Numbers, Data quality Assurance protocol and Training curriculums. Other achievements include use of one Master health facility and community unit list, one National aggregate data system DHIS2 which can be used to produce quarterly and annual health sector statistical reports using the information based on the system. NHIS has also developed interoperability standards and integration of some system such as TIBU and ODF.

- **Civil Registration Services**

The CRVs has the mandate to register vital events in Kenya, both births and death. The data capture lie at 62% for births and 48% for deaths. The unit is focused to capture all the events (births and deaths by 2017 to a 100% level of capture. As at now, data capture are done by the health records managers in hospitals and assistant chiefs in the community who in turn submit the data to the county CRVs departments.

- **Kenya National Bureau of Statistics.**

The Statistics Act 2006 specifically mandates KNBS to Act as the principal agency of the government for collecting, analyzing and disseminating statistical data in Kenya. The data sources of the agency include Administrative records, Surveys and Censuses. The Bureau has been collecting data/ information over the years through the following population surveys;

1) Population and Housing Censuses after every 10 years since 1969.
2) Demographic and Heath Surveys after Every Five Years since 1989
3) Malaria Indicator Survey after Every three years since 2007

4) AIDs Indicator Survey since 2007
5) Stepwise Survey for Non Communicable diseases risk Factors in 2015
6) Multiple Indicator Cluster Surveys since 2000
7) Kenya Urban Reproductive Health Initiative (2010, 2012, 2014)
8) Kenya Health Household Expenditure Survey (2007, 2012/2013)

Since 2010, the Counties have been divided by administrative units of counties. With this County data is available from Censuses, 2014 DHS and Kenya Health Household Expenditure Survey for some indicators KURHI (5 urban centers), MICS (county indicators). KNBS in collaboration with various stakeholders conduct various analyses after collection and processing of data. There is high demand for data for planning, policy formulation, monitoring & evaluation of programs and projects, by various stakeholders at national and county level.

❑ County Representative –Garissa county CHRIO

Garissa is one of the counties in Kenya, and as a county it has its own strategic plans. Some documents they have developed as a county include,

- ❑ County integrated development plan (CIDP)
- ❑ Governors Manifesto
- ❑ County health sector strategic plan 2013-2018(CHSSP)
- ❑ County health M&E plan 2013-2018 to monitor CHSSP
- ❑ Annual work plan (AWP)
- ❑ Quarterly implementation plans (QIP)
- ❑ County Nutrition Action Plan (CNAP)
- ❑ MNH investment case

Data demand and information use is of essential for county. Governor's demand evidence based Budgeting and planning for resource allocation to sectors, program planning (Annual work planning), to promote accountability and demand from stakeholders and beneficiaries to monitor outcomes compared to plans are some of the uses of information in the county. However, the county has some challenges such as skill gap among health managers in data analysis, inadequate skills on statistical analysis by HRIOs, inadequate human resource to support county, sub counties and facilities to analyze and use quality data for planning and program performance among others.

Source: MEASURE Evaluation PIMA

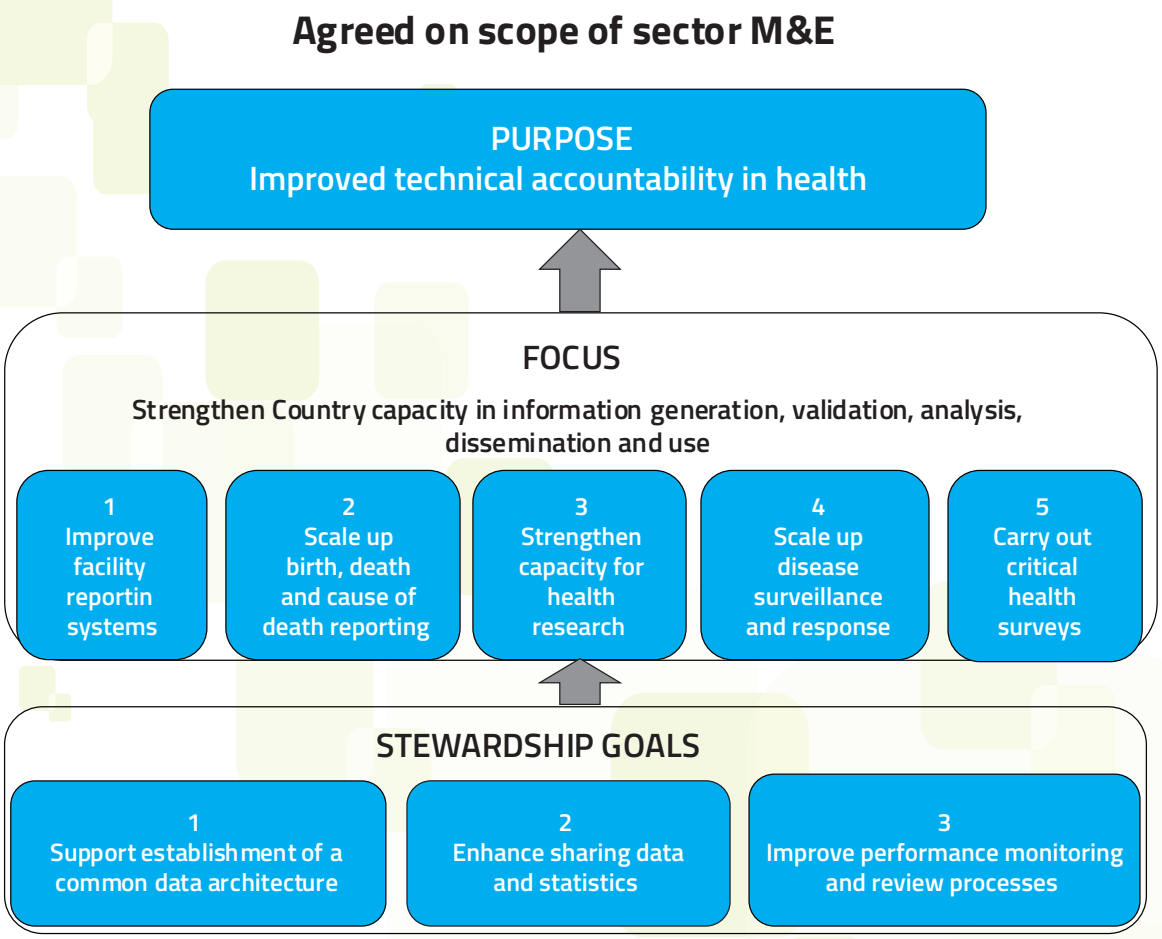
Hon. Hubbie Hussein Alhaji, CEC for Health Garissa, makes her contribution

CHAPTER 2: DEVELOPMENT OF THE ROADMAP AND PARTNER COMMITMENTS

2.1 About the Roadmap

The overall strategic M&E direction in the health sector is guided by the health sector M&E plan 2014 -2018. (See summary in the figure below). The goal of the plan is one functional sector wide M&E system for improved decision making transparency and accountability in health. The M&E plan is implemented through annual work plans by the various entities working on M&E in the sector.

The roadmap is drawn from the overall M&E plan and consists of quick wins to be implemented through a rapid Result Initiative (RRI), short term plan, midterm and long-term activities. (Activities are aligned to sector strategic plan which are run out to 2018. The key priority areas for the roadmap towards a common M&E Framework were highlighted and include:



- Data Analytics- This includes both at the National and the Sub national level, by strengthening capacities to analyze data to develop the Annual Health Sector report and the County Specific Performance reports to provide information that can be useful to decision makers and analysis of sub national burden of disease

- Midterm review of the Kenya Health Sector Strategic Plan
- Improvement in Civil Registration and Vital statistics- Capacity build on coding and use of ICD10 and use statistical softwares for analysis.
- Kenya Health Observatory and link it to the Global Health Observatory
- Supporting the common M&E and HIS plan with a roadmap for implementation of priority actions over the immediate (Short term), midterm and long term
- Developing a business case for M&E

Dr. Mercy Mwangangi gave some highlights on the roadmap with an aim to familiarize the participants with the roadmap. It was highlighted that the roadmap is informed by a SWOT analysis of Kenya based on the 5 point call to action that came up during the Measurement and Accountability Summit in June 2015 and the overall M&E plan. The roadmap towards achieving a common M&E framework consists of quick wins to be implemented through a rapid results initiative (RRI), short term plan which are activities mainly drawn from the work plan of the division that coordinates M/E, Health Research, E- Health and Health Information Systems with county input through the intergovernmental committee on M/E and quality of care. The midterm plan and long term activities aligned to the sector's strategic plan will run out to 2018, in a phased approach, counties will be assisted to set up robust M/E System that links with the overall sector M/E coordinating structures, establishment of robust electronic Health Records systems in counties and improve governance and leadership in HIS/ME in the sector.

2.2 Summary of the Comments from Key Partners

2.2.1 Opening Statements by Government of Kenya

In the opening statements from the Government of Kenya, it was noted that the most important point about the relevance of the conference, was the fact that weak health information systems was one of the key challenges in the Kenyan health sector identified in First Medium Term Plan of Vision 2030. At the same time, the evolving nature of Kenya's population pyramid suggest that it is important to pay greater attention to national priorities of a better evidence base to respond to the changing needs of the growing population.

It was also noted that the Health Information System (HIS) in the health system is not just routine collection of health service data and dutiful conveyance of the same to higher levels of the health care system, but to facilitate evidence based decision-making at all levels especially at the point of collection where it should be used. So far, Kenya has made tremendous progress on the Health data and information landscape in Kenya and especially in the:

- Implementation of periodic surveys such as Economic surveys, Household expenditure surveys and Demographic Health Surveys
- Civil registration and vital statistics
- Public health expenditure
- Facility based data
- Health research data (both published and unpublished)
- Sector specific data –agriculture, water and sanitation, education as well as,
- Research and academic institutions data in form of published journals which are highly utilized.

However, despite the progress, challenges still exist. For instance, there is a proliferation of data collection tools most of which have been developed by the public health sector without sufficient stakeholder consultation. As a result, there is poor coordination and linkages between the different data collection systems leading to significant duplication and/or omission of key data sets for use of data in monitoring health interventions or even in the evaluation impact of health interventions.

Secondly, the inadequacy of requisite skills at different levels of government and among Non-State Actors to use data for informed decision making. In most cases, this has arisen from the fact that there are weaknesses on the dependence on evidence for accountability within the health sector. In many cases

for example, funding and other resources are made available even if managers fail to report adequately on performance. This weakened demand for data use and accountability.

Lastly, it was hoped that the conference would find time to delve on some of these issues to strengthen overall national efforts to promote the One M&E Framework for supporting decision making as well as helping to build a stronger case for M&E in Kenya's health sector bot at the national and county government levels. Notably, even though Kenya had failed to achieve some of the MDGs, the Government of Kenya remains even the more committed to the achievement of the Global health Sustainable Development Goals (SDGs).

2.2.2 Statement from County Governments and other partners

The highlight of this presentation was the fact that according to The Constitution of Kenya (2010), County governments were assigned the larger responsibility in the delivery of health services to by dealing with Levels 1-4 facilities. This implies that Counties carry a much bigger burden and overall responsibilities for planning, financing, coordinating delivery and monitoring of health services toward the fulfillment of right to 'the highest attainable standard of health' from the community level.

Hon. Kombo Mohammed, Lamu CEC for Health, at the conference

For many Counties however, while devolution is looked upon as the answer to the persistent regional disparities in the distribution of health services and inequities in resource allocations, many decision makers at the County Government still prefer to invest in physical infrastructure at the expense of health information and management systems which means. He therefore noted that a lot of advocacy is necessary at the county decision making kevel to ensure the focus on software issues were well attended to.

PEPFAR

The PEPFAR representative expressed their appreciation and pride to support Kenya in the global HIV/AIDS response. In particular, she noted that PEPFAR provides service delivery and technical assistance in Kenya to maximize the quality, coverage, and impact of the national HIV/AIDS response. Working together with the Government of Kenya, PEPFAR is aligning investments to scale up interventions that are most effective in the areas and populations with the highest burden of HIV/AIDS and the work in strengthening the Health Information System was a critical part of ensuring overall health systems are strong. She particularly noted that a robust HIS would be useful integrating analysis across disease domains to identify system bottlenecks within areas as well as linking logistics HRIS, quality and performance data for efficient resource allocation among other benefits.

USAID

USAID provides essential technical and financial support to national- and county-level governments to strengthen health information systems as part of the realization of Vision 2030. Some examples of the USAID's work in this regard include the alignment of performance need to help Kenya HIS, the Malaria indicator surveys, mobilization of resources for Kenyan health data. This approach is rooted in the constitutional provision that supports Kenyans' right to health and right to information. It was also noted that the development of a robust health information system expands capacity for improved delivery of

essential health services and USAID pledged to continue supporting initiatives that aim at;

- Strengthening inclusion and alignment of development partner initiatives in supporting the health sector in this area.
- Promoting the tracking of data and information on the progress on SDGs and
- Improving quality of data on decision making

Going forward, USAID will be happy to work with Kenya to enable the Country to mobilize its own domestic funding for the HIS and expressed optimism that hopefully, at a global stage, at least 60 countries will have strengthened health data systems by 2024 and commended Kenya for being a model.

World Bank Group

The representative of the World Bank Group noted that the conference was timely taking into account the fact that recent developments—from a leveling out of resources for health to a greater emphasis on value for money and accountability for results—underscore the need for more and better information on the effectiveness of current health spending. She also noted that in Kenya, the Board of Executive Directors has recently approved a project which will strengthen M&E and improve CRVS to facilitate better decision –making.

GIZ

The GIZ representative noted that providing advice to health care facilities and administrations on improving health information systems is part of their overall commitment to health systems strengthening in Kenya. At the global level however, she noted that GIZ was working closely with HDC at global level where data is very much in their focus. For Kenya, she expressed hope that DHIS would be made more reliable and supportive of the service delivery efforts at the facility level and more so, in measuring outcomes reliably to manage health at various levels.

UNICEF

UNICEF noted that sound information is central to public health decisions, informing policy, programmes, budgets and evaluations and forming the basis of accountability for both the national and county governments to their commitments and to citizens. He however observed that historically, underinvestment in health information systems has left gaps in data collection, dissemination, analysis and use. He also noted for example that the RMNCH Scorecard has been used well at national, managerial and political levels and this should be promoted at the County government levels for accountability

Centre for Diseases Control and Prevention (CDC)

Source: MEASURE Evaluation PIMA

Ms. Kathryn O'neill of WHO HQ addresses the conference

The CDC-Kenya reported that currently, CDC supports the development and implementation of population and facility-based disease surveillance systems that provide for data collection, analysis, and reporting in order to assess the disease burden in communities, identify outbreaks, and evaluate the impact of health interventions. CDC-Kenya has also spearheaded state-of-the-art and mobile data collection systems and continued to support large scale HIV programs, global health security immunizations, field epidemiologists. He gave examples of some evidence of such intervention areas as Kisumu County with graduates of FTP programs about data have been absorbed, as well as the need to support demographic surveillance in Migori County. He expressed hope that a unified and coordinated approaches towards data collaboration and impact evaluation.

Civil Societies Organizations (CSOs)

HENNET reported that CSOs have been at the forefront of supporting government policies and priorities in the effort to realizing equitable access to health care mainly though advocacy and also by engaging in direct service delivery, working in collaboration with government and other key partners. As enablers for health access, CSOs are responsible for a large proportion of health care delivery both to the general population with a duty to collect and provide data to support decision making while at the same time, at national and county government levels, advocate for better resources allocation to supporting data and M&E in the health sector.

2.2.3 Overall Health Sector direction in Measurement and Accountability

The overall health sector direction focuses on five key areas - accountability mechanisms in Kenya; achievements in improving health accountability and collaboration; M&E/HIS collaboration challenges and promising initiatives and ppriorities for the future. In situating the health sector commitments to accountability, he cited various provisions of The Bill of Rights in The Constitution of Kenya 2010 viz; Art. 26 states that 'Every person has the right to life', while Art. 43. (1) Every person has the right— (a) to the highest attainable standard of health. Art. 53. (1) on the other hand states that 'Every child has the right––(c) to basic nutrition, shelter and health care.'

Financial Accountability cycle	
Medium Term Expenditure Framework Fiscal Strategy Papers Annual Budgets	Annual Public Expenditure Reviews Quarterly Budget reviews Quarterly Budget reports
Performance accountability cycle	
Kenya Health Policy 2013-2030 Vision 2030 MTP III 2013-2017 Health Sector Strategic Plan 2013-2017 County Health sector strategic plans Annual Work Plans at all levels	Annual Performance Reviews and Reporting Quarterly implementation reports Quarterly Performance Reviews
Political (democratic) accountability cycle	
Political Party Manifesto on health Medium Term Plans County integrated development plans Joint Annual Health Forum County Health Stakeholders Forum	General elections Annual Health Report PETS reports Community Score Cards Citizens Report cards

All these rights and provisions of The Constitutional are further enshrined in secondary legislation such as the Public Finance Management Act, The County Governments Act and The Transition to Devolved Governments Act among others as well as in national policy directives and regional and global health commitments. The table alongside summarizes the multiple levels and cycles of accountability for the health sector.

1.2.4 The Kenya National Partnership on Sustainable Development data

The basis of the Kenya National Partnerhsip on Sustainable development data was built from the launch of an all-inclusive national stakeholders forum on Harnessing Data for Sustainable Development to provide accurate, timely and essential data for government to deliver services efficiently in Kenya by the Deputy President of Kenya .

The initiative has an overall objective of ensuring accurate, timely, disaggregated and accessible date are essential for governments to deliver services efficiently, equitably and transparently.

Currently, the Government of Kenya is seeking partnerships with the private sector and other government departments to join hands in building a data management framework that is sustainable, data systems that are coherent and futuristic in the provision of accurate data to the government.

According to the Office of the Deputy President, Data for measurement, evidence, decision making, reporting, planning, accountability, management, monitoring, good governance, resources allocation and strategic intervention should be the cornerstone for the adoption and fulfillment of the Sustainable Development Goals (SDGs).

CHAPTER 3: ADOPTION AND LAUNCH OF THE KHDC ROADMAP

3.0 Priorities for One M&E Framework in Kenya

As part of the global health Data Collaborative, The Kenya Health Data Collaborative was launched during the conference as an inclusive partnership of national and county governments, development agencies/partners including NGOs and private sector , FBOS and the Global Health Data Collaborative. The collaborative was formed with the common aim of improving health data, and decision making data for the health sector in the country easy to access, analyze and use for performance improvement.

This session of the conference also provided an opportunity for the stakeholders to agree on commitments as stakeholders on priorities by signing the communiqué and to discuss modalities of work towards implementing one M&E Framework for the health sector in Kenya.

Working in different groups each representing their key constituencies, the stakeholders examined the details of the roadmap with a view of making amendments and adoption and underscored the need to re-dedicate their efforts and mobilize political will at all levels towards supporting the commitment to one M&E framework for the health sector for the realization of national health and development goals.

Source: MEASURE Evaluation PIMA

Dr. Peter Kimuu hands over the KHDC Roadmap for implementation

They also further noted and recognized that the country had made progress and achievement in the following areas over the last few years;

- Strengthening the routine reporting system (DHIS2) to make it more responsive to the needs of the sector
- Development of various policy documents, guidelines and SOPs for use at the National and County levels
- Development of annual performance review reports as enshrined in the Kenya constitution to promote accountability.
- Implementation of periodic surveys such as Economic surveys, Household expenditure surveys and Demographic Health Surveys
- Civil registration and vital statistics
- Collection of health sector related data from other sectors such as agriculture, water and sanitation, education sectors just but to mention a few areas.

However, despite progress, notable challenges continue to limit the ability of Kenya's health information systems to provide the data and accurate statistics required for decision making. Some of these challenges include;

- Low investments in building sustainable and comprehensive data and information systems for informed policy making and planning,
- Low capacity in the production and use of quality health data and statistics for monitoring health interventions both at national and county government levels,
- Existence of numerous program/disease based M&E systems that sometimes operate in isolation, and

- Finally, the limited adherence by all stakeholders to the principles and code of conduct on reporting as per the Health Sector Strategic Plan.

After extensive and insightful deliberations, the health sector leaders, practitioners and stakeholders identified the following six (6) key priority areas to advance commitments to one M&E framework for the health sector in Kenya;

- ❑ **On the adoption of a National Roadmap for the Kenya Health Data Collaborative;** stakeholders agreed to support the common M&E /HIS plan with a roadmap for implementation of priority actions over the immediate (short term), midterm, and long term with aligned support from partners as well as both National and County Governments. The revised roadmap is shown in Annex 3 attached to this report.
- ❑ **On data demand and use;** stakeholders committed to improve on data demand and use in the health sector through a shared platform for all the stakeholders (public, private and civil society).
- ❑ **On M&E capacity and technical assistance**; establish the existing capacity at both National and County levels and further take measures to bridge any gaps.
- ❑ **On developing a business case for M&E activities in the health sector;** stakeholders agreed to leverage on the existing resources and finalize the M&E business case for the health sector both at the National and County Government levels;
- ❑ **On governance /leadership in M&E;** Stakeholders agreed to institutionalize the health sector partnership framework, and deliberation on the road map for strengthening leadership and governance in the health sector's HIS&M&E.
- ❑ **On civil registration and vital statistics**; to improve availability, quality and use of vital statistics on births and deaths disaggregated by age, sex, cause of death and by geographical and administrative levels.

From the foregoing, the health sector leaders, practitioners and stakeholders undertook to implement a wide range of commitments to address critical imperatives to improve health services. These undertakings and commitments are attached in Annex 4 to this report.

A summary of the commitments by development partners is however shown in the table below;

3.1.1 Summary of Partner support and commitments

1. Data analytics	
❑ Capacity building of staff on data analytics: -National & county levels	UNICEF, WHO,USAID, GIZ, CDC, World Bank
❑ Targeted/ Deeper analytics on annual health sector reports incl. equity analysis/ coverage: National & county levels	UNICEF, WHO, USAID, ,GAVI
❑ Analytics on the medium term evaluation report including county specific strategies	All partners
❑ Development and dissemination of different packages for the different stakeholders in health, policy briefs, score cards, data visualization e.g. facility level score cards, community dashboards	UNICEF, World Bank, USAID,
❑ Establish the subnational burden of disease	WHO,IHME, UNAIDS
❑ Surveillance Data	WHO, CDC, USAID

❑ Increase demand for data demand & use	UNICEF, USAID
❑ Capacity building for staff on analytics, surveillance data and increase data demand and information use.	GAVI
❑ Strengthen quality of data –training and conducting DQA at county level	World Bank
❑ Hosting of DHIS2, MFL ver2 and data service layer	World Bank
2. Midterm review of KHSSP 2014-2018	
❑ Capacity building of the staff in the evaluation	All Partners
❑ equity, efficiency analysis dimensions	
❑ Support staff in actual hands on experience in carrying out the evaluation and developing the necessary reports	
❑ trends analysis focusing on key selected health sector indicators	
❑ Assist counties in performing midterm evaluation of county specific health sector strategic plans	
❑ Performance on SDGs	
❑ Thematic analysis in specific areas in the health system	
3. Quality of care and performance improvement	
❑ Systematic analysis of quality of care based data: dissemination to various users	GAVI,WHO, Gates Foundation, GF, GAVI, USAID, GIZ
❑ Follow up on adherence to existing clinical guidelines	GF,UNICEF, WHO
❑ Quality of care from clients perception-client exit surveys	All Partners
❑ Toolkit for measuring quality of care	JLN
❑ KQMH review	GIZ
❑ Strengthen inspection using Joint Health Inspection Checklist including training of quality improvement team, inspection	World Bank
❑ Institutionalize quality assurance towards certification including orientation of CQI and M&E tools in KQMH for stepwise CQI recognition, QI/IIPC TOTs for selected facilities, development of health provider certification guidelines and accreditation framework for conforming assessment bodies	World Bank
4. The Kenya Health Observatory	
❑ Linkage of the Kenya Health Observatory once functional with the Global Health Observatory	WHO, UNICEF, UNAIDS, PEPFAR
❑ Technical assistance to set up KHO and linkage with the GHO	
❑ Capacity building for officers on reviews/analytics/portal management	
❑ Linkage to public Health Institute	

5. Improving civil registration and vital statistics	
❑ Improve availability, quality and use of vital statistics on births and deaths registration, cause of death	UNICEF, WHO, USAID, World Bank
❑ Training of coders and certifiers in the use of ICD 10 for better mortality and cause of death data	WORLD BANK, GF, WHO, USAID
❑ Mentorship Programme to hospitals to strengthen data quality on patient management	GF
❑ Train staff on statistical software and analytics to strengthen data mining, compilation, analysis and interpretation	UNICEF, GF, GAVI
❑ Advocacy and build capacity (MCH Strategy) ❑ Harnessing the network of community strategy and outreaches beyond zero campaign to help build community awareness on the benefits of CRVS	UNICEF, GF, World Bank
❑ Strengthen verbal autopsy using standard international tools	CDC, WHO
❑ Develop verbal autopsy standards, guidelines and training material	CDC, WHO,
❑ Compilation, analysis and interpretation of vital statistics based on information generated	GF,CDC, USAID, GIZ, IHME, WHO, UNICEF
6. Rapid M&E system capacity assessment	
❑ Capacity assessment and the midterm review of the M&E plan an	USAID
❑ Investment case for M&E	USAID, World Bank

CHAPTER 4: DEVELOPING WORKPLANS FOR QUICK WINS

4.0 Overview of the Workplan Process

The development of workplans for quick wins began by the endorsement by stakeholders who also underscored the need for offering support to a common M&E/HIS plan with a roadmap for implementation of priority actions over the immediate (short term), midterm and long term with aligned support from partners as well as both National and County Governments. To implement the roadmap, the five (5) Technical Working Groups (TWGs) were formed to enhance coordination and technical leadership. The TWGs are aimed at building upon existing efforts by and consist of a network of working groups that will address specific technical issues and identify and fill technical gaps in the implementation of the roadmap. A key function of the working groups is to develop standards, indicators and other tools that will help to collect, analyze and use good health data. They consist of many groups of technical experts from partners, countries, academia and civil society and work collectively on specific deliverables of the KHDC's work plan which include the following;

4.1 Quality of Care and Performance Improvement

The goal of the Kenya Health Policy framework, 2014-2030 is to 'attain the highest possible standard of health in a manner responsive to the population needs. The policy aims to achieve this through the provision of equitable and quality health and health related services at the highest attainable standard to all Kenyans. The national level MOH has supported the development of various guidelines and SOPs for use at the county level including county strategic planning guidelines, annual work plan guidelines, planning performance reviews and reporting guidelines.

HENNET Chair Mr. Mike Mutungi leads a session

However, capacity building for their use has been limited to county level (CHMTs) leaving the lower level duty bearer deficient on the use and capacity; occasioned by budget limitations/constraints to cascade the training to the sub national level. This hence has left a situation where sub county units have not been well empowered to participate in the planning and performance review process. Many implementing partners and CBOs, have also not participated in the planning and performance review processes. This has also led to lack of ownership and commitment to the implementation of subnational plans, data gaps where services offered are not reported through the government routine reporting system, proliferation of data collection structures. It is against this backdrop that a thematic TWG of Quality of Care and Performance measurement was constituted to drive this discussion agenda over the next implementation period.

Aim of the TWG

- Strengthen the Quality of care and information generated from different health information sources.
- Institutionalize quality measurements and performance improvements

Objectives

- To identify the key quality of care approaches within the one M&E framework in Kenya

- To establish the current challenges and gaps in quality improvement.
- To develop a common Quality improvement accreditation for M&E framework
- To identify Key milestones required at the national and sub-national levels for quality improvement in healthcare and information management.

4.2 Health Data Analytics

There is a growing interest and demand for quality data and health information for decision making and accountability especially in Performance reviews which requires complete, triangulated, analyzed performance and knowledge for actions. The current changes in the analytic sector are weak linkages between health and statistical constituencies, weak analytical capacity and poor demand for data and use of information for action, inadequate documentation and sharing of the best practices and innovations in analytics and use and finally inadequate analytical tools and predictive methodologies

Analytics TWG aimed at improving analytics and use of evidence for measurement and accountability, generating health information products to be utilized by different audiences and improve programming in the health sector as well as developing capacities for analytics, use of analytical models and tools to provide evidence.

Data analytics TWG was to ensure improved use of evidence for measurement and accountability, prompting data driven nation with planning, and budgeting resulting in improved performance and accountability, fostering and facilitating data analysis, visualisation and use of evidence for improved health outcomes, promoting increased data transparency and access to quality information for evidence-based decisions and finally to generate Big data, predictive trends, equity and efficiency analysis for improved decisions.

4.3 Health Informatics

The devolution of the healthcare function, coupled with the rapid rate of change in ICT has necessitated the development of the Kenya Health Enterprise architecture and an e-Health policy. Even though progress has been slow in achieving eHealth benefits, there have been various achievements in the development of eHealth standards and national wide applications such as:

- Upgrading of the Master Facilities List to MFL v2 (MoH, 2015);
- Definition of Kenya's Health Enterprise Architecture (MoH, 2015);
- Development and operationalization of the DHIS 2 curriculum for health training programs;
- Development of Kenya's Standards and Guidelines for eHealth Systems Interoperability (MoH, July 2015);
- Dissemination of the Kenya Health Sector Data Quality Assurance Protocol (MoH, 2014);
- Increased adoption of EMRs by healthcare providers.

The National Health Informatics Technical Work Group (HITWG) forms the 'horizontal' nucleus for the co-ordination of activities in the Health ICT domain. The HITWG and work in close collaboration with all relevant government technical working groups, development and implementing partners, civil society organisations, academia, private sector, professional bodies and other government departments. In developing the TWG Workplan, the Working group sought to address the following issues;

Aim of the Working Group

- Strengthen Health information systems softwares' to promote information exchange and provide real time data.
- Strengthen National unified health Information systems and provide standard analytical tools

Overall Objectives

- To identify the Key softwares' , standard analytical tools and existing systems in Kenya
- To establish standards and legal frameworks in implementing eHealth solutions.

- Promote the Security of systems and confidentiality of data,
- To establish the challenges and gaps in deploying eHealth solution and information exchange.
- Promote interoperability standards among the eHealth solutions and consolidate efforts to operationalize the e-health strategy.
- To identify the quick fix and measures to be taken at the national and sub-national levels.

4.4 Civil Registration and Vital Statistics

In July 2015, the Ministry of Health established the CRVS unit within the division of monitoring and evaluation, health research and development and informatics. The mortality statistics sub-committee was also established to oversee generation of quality and reliable statistics by the Kenya's civil registration and vital statistics system. The lack of effective and efficient communication and collaboration between and within agencies and Ministries, and the absence of a standard definition of vital statistics serve as significant obstacles to the production of valid and reliable national statistics.

Participants applaud a contribution in the conference

Currently, several agencies including the Civil Registration Services (CRS) and the Ministry of Health (MoH), WHO.CDC, UNFPA, UNICEF in collection of vital information for Kenya. Particularly with regard to data on death, there is a lack of co-ordination among these agencies which may result in underreporting of deaths and weak harmonization of the data.

The GoK has also identified the problem of reliability and accuracy of civil registration and vital statistics as the central problem facing the CR&VS systems. The root causes of this problem fall broadly into three categories: policies and institutional linkages, data collection and data management, and human resources and training.

Aim of the TWG

- Strengthen Civil Registration and Vital Statistics in Kenya.
- Strengthen the capacities for sub-national critical assessments, use of VA and HDSS,
- Strengthen the analytical capacities to utilize CRVS.

Overall Objectives

- To provide Kenya CRVS status to achieve 100% coverage status
- To establish the challenges and gaps in CRVS.
- To strengthen the system for generation and use of VA and DSS at sub-national levels
- To promote identification and use of appropriate technologies for monitoring CRVS at national and sub-national levels.
- Provide strategic and technical support to counties around vital statistics improvements
- Provide a more coordinated response from partner agencies, and
- Support Mid-term review of the CRS Strategic Plan 2013-2017.

4.5 Kenya Health Observatory

In Kenya's health sector, it is widely acknowledged that evidence is not yet playing a central role in decision-making. This concern was highlighted at Research-to-Policy conference held in June 2014 and by the SECURE Health Needs Assessment Report on Research Use.

The ministry of Health takes cognizant of the current challenges and has taken leadership and coordination of designing the Kenya Health Observatory platform. The Kenya Health Observatory (KHO) has been designed to address these challenges and link to the African Health Observatory (AHO). The Health Observatory is designed as a combination of a web-based portal and physical interaction of decision-makers, scientists and other experts aimed at improving the availability and use of information and evidence for policy and decision-making.

As an entity, the KHO will be anchored in the office of the Director of Medical Services (DMS), and will be led by a steering committee of up to 10 leading experts in major health issues in the country. The KHO will consist of three key platforms;

I) Data for Health

The KHO data and statistics platform will offer access to the best available health-related data and statistics, including comprehensive statistical health profiles for the Country as a whole and for each of its 47 counties. Its overall goal will be to generate intelligence from existing data to guide decision-making and programming. The Data for Health Platform will provide guidance to different health sector actors on the scope of data requirements, and quality of existing data. This will involve a critical review of existing data in the health sector, from the perspective of development of required intelligence across the sector.

ii) Knowledge Translation Platform

The main aim of the Knowledge Translation Platform (KTP) will be to enhance access to health research conducted in Kenya as well as to create and nurture links among policymakers, researchers and other research-users to enable the translation and use of research evidence in decision-making. These links will draw the policy and research communities closer together to ultimately create cycles of policy-informed evidence and evidence-informed policy.

iii) Communities of Practice Platform

To enable the translation of the data and research emerging from the data and research/KTP functions above, various Communities of Practice (CoPs) will be formed focused on the major health issues in the country. Their main role will be to regularly synthesize and translate emerging data and research in order to provide advice to decision-makers on specific health issues. Given that the MoH already coordinates technical working groups (TWGs) that convene experts (including policymakers, programme implementers, and researchers) on specific issues, we will not focus on forming new groupings as CoPs. The CoPs will be largely online forums where experts will discuss new data and research emerging from the data and the KTP functions on specific issues. For more effectiveness, the CoPs will meet once every 6 months to deliberate key issues and plan for evidence syntheses activities.

The TWG will aim at serving four core functions:

- Monitoring health situation and trends, including progress on the health-related Sustainable Development Goals (SDGs) and other internationally agreed targets
- Poduction and sharing of evidence through the analysis and synthesis of information
- Improving the translation and use of evidence for policy and decision-making by providing platforms for networking and communities of practice.
- As a repository of extensive information and evidence on national health systems, KHO strives to play a key role in the policy dialogue, monitoring the implementation and evaluation of national strategies and plans.

Kenya Health Observatory is expected to achieve the following objectives;

- To provide a one stop-source of important information to many decision makers in health thereby contributing to a healthier nation;
- To develop a robust, flexible and sustainable health information and knowledge sharing system.
- To facilitate translation of health research evidence into policy and practice.
- To stimulate health related dialogue among key stakeholders on issues

CHAPTER 5: RESOLUTIONS, NEXT STEPS AND CLOSURE

Key highlights of the four day conference;

- Identification of gaps in analytics during the analytics workshop
- Strong commitment and leadership by the Ministry of Health and County Governments
- Technical leadership and support by development partners
- Building of consensus on the raft of commitments by all partners and stakeholders to One M&E Framework for the Health Sector in Kenya.
- The launch of the Kenya Health Data Collaborative, the joint commitments to One M&E framework and the clarification of the Roadmap
- Great partnership and support from both the private sector and civil society organizations
- Development of the HDC Technical Working Group Work plans
- The adoption of the Roadmap which now articulates a shared strategic approach among all stakeholders in the Health Sector in Kenya to support effective measurement and accountability systems for our health programs
- Sharing of progress report with various stakeholders including the Ministry of Health Headquarters; the Intergovernmental Committee on Health, The Council of Governors, HENNET and DPHK partners.

CHAPTER 6: ANNEXES

ANNEX 1: HDC CONFERENCE PROGRAM

KENYA HEALTH DATA COLLABORATIVE (HDC) MISSION MEETING

One M&E framework for Kenya towards accelerating achievement of Universal Health Coverage

VENUE: -Intercontinental Hotel Nairobi ▪ Date: 16/05/2016 – 19/05/2016

Day One 16th May 2016			
Time	**Session**	**Facilitators**	**Coordinator**
7:00 - 8:30 am	Breakfast media briefing	PS MOH Chair CECs Chair HENNET DPHK WHO KHF	PRO/ M&E team
	Data analytics workshop with Technical Team		
8.00 - 8.30am	Registration	Clara Gitonga - M/E, MOH	
8.30 - 8.50am	Introductions; Objectives and key outputs of the meeting	Dr Isabel Maina -Head; M/E, MOH	Mr Washington Omwomo-USAID Kenya
8.50 - 9.10am	A brief Overview of HIS/ME in the health sector	Dr David Soti - Head; Division of M/E, Research & Dev and HIS, E-health, MOH	
9.10 - 10.10am	An overview of data demand and information use, highlighting the gaps in Data Analytics in; (10 mins each) The MOH NACC CRD KNBS (population surveys) Programs Rep Counties Rep	Dr Martha Muthami-Head HIS, MOH Mr Joshua Gitonga Ms Judy Kilobi Mr Macdonald Obudho Dr Rebecca Kiptui-Malaria program Mr Abdi Shale- Planning & M&E coordinator- Garrissa -County	
10.20 - 10.40am	**Health Break**		
10.40 - 1100am	Brief on the Health Data Collaborative	Kathy O'Neill- HDC	Mr Victor Achieng'- UNICEF
11.00 - 1.00pm	Introductions to analytics & Practical examples using existing data from within the Kenya Health system e.g. Routine information system/ DHIS2 data etc	HDC -TBD	
1.00 - 2.00pm	**Lunch Break**		

Time	Session	Facilitators	Coordinator
2.00 - 2.10pm	Introduction to Group work	HDC Mission Team/ Mr Pepela Wanjala M&E MOH /WHO	Mr Macdonald Obudho- Kenya National Bureau of Statistics
2.10 - 3.00pm	Group work ; TWG to prepare Data Analytics action plans based on gaps identified in the morning section (and with link to the mid-term review of KHSSP road map)	All	
3.00 - 4.00pm	Presentation of action plans/ work plan	Dr. Helen Kiarei-M&E MOH	
4.00 - 4.15pm	Vote of thanks & concluding remarks	Dr. Maina M&E unit Head	
Day Two 17h May 2016 **Working meeting to harmonise the roadmap** Key output of day – Harmonised Roadmap and statements of commitments			
Time	**Session**	**Facilitators**	**Coordinator/Chair**
8.00 - 8.30am	Arrival and Registration	Clara Gitonga-M&E MOH	Mr Hillary Kipruto
8.30 - 8.40am	Introductions/ Meeting Objectives	Dr Isabel Maina -Head; M/E, MOH	
8.40 - 9.00am	Highlights of the Draft Roadmap	Dr Mercy Mwangangi- M/E, MOH	
9.00 - 10.00 am	Group work –on the roadmap (as team awaits the mission team that shall be briefing the CS /PS	Mr Tom Mirasi- M/E, MOH	
10.00 - 10.30 am	**Health Break**		
10.30 - 10.45 am	Welcome and Official opening	Dr Jackson Kioko-Ag DMS, MOH	Dr Custodia Madhalte –WHO Country Rep
10.45 - 11.00am	Remarks by a county Rep	Dr Andrew Mulwa- Chair CEC	
11.00 - 11.15am	Presentation on overall sector Direction in measurement and accountability	Dr Kimuu-Head Dept of Policy, Planning and Healthcare Financing, MOH	
11.15 - 11.35 am	Introduction to the Data collaborative Experiences from other countries	Katy Handley-HDC	
11.35 - 11.45am	USG/PEPFAR support to HDC	Ms Irum Zaidi-PEPFAR	
12-15 - 12.35pm	Presentation on the roadmap on M&E priorities	Dr. David Soti - Head; Division of M/E, Research & Dev and Health Informatics, MOH	
12.35 - 1.00 pm	Q&A	Mr Washington Omwomwo-USAID	
1.00 - 2.00pm	**Lunch Break**		

Time	Session	Facilitators	Coordinator
2.00 - 2.10 pm	Introduction to group work	Dr Helen Kiarie- M&E MOH	Dr David Soti- Head; Division of M/E, H/ Research & Dev and Health Informatics, MOH All
2.10 - 3.10 pm	Group work 1. On the roadmap (inputs into the roadmap 2. Commitments by the sector players	Group TWG teams ; Data analytics incl KHSSP MTR Kenya Health Observatory CRVS Health Informatics Quality Improvements	
3.10 – 4.00 pm	Group Presentation	Mr Achim Chiaji-USAID Measure Evaluation PIMA	
4.00 – 4.30pm	Consolidation of the agreed roadmap and statements of intent by all (communique)	Core team	
4.30pm	**Health break**		
Day Three 18/05/16 Launch day: Output -common roadmap and statement of intent/commitments agreed on and launched			
Time	**Session**	**Facilitators**	**Coordinator**
8.00-8.30am	Arrival and Registration	Clara Gitonga	Ms Lucy Chesire- CHESTRAD International
8.30-8.40am	Objectives of the meeting	Dr David Soti	
8.40-8.55am	Kenya Health Data collaborative (KHDC) development Process	Dr. Isabel Maina	
8.55-9.20 am	High level presentation of the Kenya Health Data collaborative (KHDC)	Dr Peter Kimuu- Head Dept of Policy, Planning and Healthcare Financing, MOH	
9.20 – 9.35am	Summary Commitments by Partners/Stakeholders (communiqué)	DPHK Chair-	
9.35 -10.00 am	Q&A session	Dr Martin Osumba- USAID Afyalnfo	
10.00 -10.30 am	**Health break**		
10.30-13.00	Official session (The launch)		Dr. Siddarth Chatterjee- DPHK Chair
	Remarks by; (5 mins each)		
	HENNET	Mr Mike Mutungi	
	CHESTRAD	Ms Lora Dare	
	PRIVATE SECTOR	Mr Amit Thakker	
	GIZ	Dr. Heidi Richter- Airijoki	
	CDC	Dr Kevin Decock	
	AFIDEP	Dr Eliya Zulu	
	USAID	Ms Barbara Hughes	
	UNAIDS	Mr. Jantine Jacobi	
	UNICEF	Ms Pirrkho	

Time	Session	Facilitators	Coordinator
10.30-13.00	World Bank	Dr. Ramana	Dr. Siddarth Chatterjee- DPHK Chair
	WHO	Dr Custodia Madhalte	
	PS – Dr Soti to do remarks	Dr Nicholas Muraguri	
	Chair, Parliamentary committe on Health	Hon. Dr Rachael Nyamai	
	Chair - Governors -Committee on Health and Biotechnology	HE. Jackson Ranguma	
	Official launch of the mission	Cabinet Secretary, Dr. Cleopa Mailu	
13.00-2.00pm	**Lunch Break**		
2.00-2.10pm	Outline of Scope of Work/ToR for the TWGs	Dr Mercy Mwangangi-M&E MOH/ Katy Handley- HDC	Dr. Elizabeth Kusa , M&E (DivMERDHI)
2.10-4.00 pm	Technical working groups refining and finalizing the HDC priorities in the roadmap based on feedback. Groups can kick off the work to continue in the next day		
4.00 -4.30pm	**Health Break**		
4.30-5.00 pm	Presentation of key highlights from technical working groups deliberations		
Break			
Day 4 19/05/16 **Technical working groups meetings break out meetings** Key output for the day-TWG implementation plans			
8.00-8.30 am	Arrival and Registration		
8.30 -8.45 am	Introductions/ Meeting Objectives	TWG chair	
8.45 – 10.30 am	Group work -**Situation analysis**	TWG chair	
10.30 -11.00 am	**Health break**		
	Introduction to Group work	M&E Unit Rep	
11.00 -12 noon	Group work - Action plan for implementation	TWG chair	
12 noon-1.00pm	Group Presentations	TWG chair	
1.00- 2.00pm	**Lunch Break**		
2.00-4.00pm	Presentation on gaps and implementation plan including commitments	TWG Chairs	
4.00-4.15pm	Next Steps	Dr. Isabel Maina	
4.15- 4.30pm	Closing Ceremony	Dr. Kioko- Ag. DMS	
4.30pm	Health Break and departure		

ANNEX 2: HDC CONFERENCE LIST OF PARTICIPANTS

KENYA HEALTH DATA COLLABORATIVE (HDC) MISSION MEETING

One M&E framework for Kenya towards accelerating achievement of Universal Health Coverage

VENUE: -Intercontinental Hotel Nairobi ▪ Date 16/05/2016 – 19/05/2016

LIST OF PARTICIPANTS

No.	NAME	ORGANIZATION
	Ministry of Health - National Government	
1.	Dr David Soti	MOH
2.	Pepela Wanjala	MOH
3.	Bartilol Paul	MOH
4.	Samuel Cheburet	MOH
5.	Anne Barsigo	MOH
6.	Rachael Wanjiru	MOH
7.	Dr Elizabeth Wangia	MOH
8.	Joycatherine Njeru	MOH
9.	John Wanyungu	MOH
10.	Anne Nduta	MOH
11.	Cecilia Wandera	MOH
12.	Dr Hellen Kiarie	MOH
13.	Joseph Mwangi	MOH
14.	Dr Lilly Nyagah	MOH
15.	Marjory Githure	MOH
16.	Dr Mercy Mwangangi	MOH
17.	Douglas Ngaira	MOH
18.	Onesmus Kamau	MOH
19.	George Mbugua	MOH
20.	Clara Gitonga	MOH
21.	Dr Charles Nzioka	MOH
22.	Rose Ayugi	MOH
23.	Margaret Chiseka	MOH
24.	Benedaette Ajwang	MOH
25.	Mary Mbogani	MOH
26.	Jackson Omondi	MOH
27.	Mirasi Tom	MOH
28.	Sophia Karanja	MOH
29.	Dr. Charles Kandie	MOH
30.	Sarah Burje	MOH
31.	Kongai Daniel	MOH
32.	Dr. Peter Kimuu	MOH

No.	NAME	ORGANIZATION
33.	James Kiarie	MOH
34.	Christine Mbuli	MOH
35.	Chege B. Wairimu	MOH
36.	Dr. Isabella Maina	MOH
37.	Apollo Muchilwa	MOH
38.	Sarah Wambui	MOH
39.	Elkana onguti	MOH
40.	James Mwitari	MOH
41.	William Okoyo	MOH
42.	Elizabeth Ochanda	MOH
43.	Francis Mburu	MOH
44.	Dr Wesley	MOH
	NGOs	
45.	Dr Martin Osumba	AFYAINFO
46.	John Paul Omollo	HENNET
47.	Zubaidun Rahman	CAREB
48.	Eddah Kanini	I.CONSULTANT
49.	Joseph Mukoko	MSH/HCSM
50.	James Kamau	KETAY
51.	Joshua Gitonga	NACC
52.	Mercy Machingu	CNHR
53.	Paul Munyao	
54.	Philip Mbithi	ICL
55.	Kelvin Musikoyo	Bridge Africa
56.	Rose Nzyoka	AFYAINFO
57.	Titus Kiptai	AMREF
58.	Sean Odero	ITPC-EA
59.	Stephen Wanyee	KEHIA
60.	N. Ravishankan	KFW
61.	Judy kilobi Otieno	CRS
62.	Ruth Omondi	MSH
63.	Mike Mutungi	ICK
64.	Sunny Mahbubani	IDE
65.	Lawrence Mwikia	CRD
66.	Rachel Kiiru	PHOTC
67	Jason Oyugi	Consultant
	County Governments	
68.	Bashir Billow	COG
69.	David Githaiga	COG
70.	Hellen Ngeno Rono	CEC Kericho
71.	Dr Peter Mbugua	CEC Nyandarua
72	Jane Ajele	CEC Turkana

No.	NAME	ORGANIZATION
73.	Joseph Nyamita	CEC Migori
74.	Hubbie Hussein Alhaji	CEC Garissa
75.	Dr Elizabeth Ogaja	CEC Kisumu
76.	Dr Susan Magada	CEC Muranga
77.	Dr. Kombo Mohammed	CEC Lamu
78.	Stephen Kokonya	CEC Bungoma
79.	Mohamed Abdi	CEC Mombasa
80.	Penina Mukabane	CEC Kakamega
81.	Yvonne Akinyi	CHRIO Turkana
82.	Margaret Gatungu	HRIO Nyandarua
83.	Vincent Kiptoo	HRIO Bungoma
84.	Lydiah Wanjiku Nyaga	HRIO Tharakanithi
85.	Monica Chege	HRIO Muranga
86.	Frahcisco Alex Tabuley	DCHRIO Samburu
87.	Jasper Kituku	HRIO Makueni
88.	Josphine Waronja	HRIO Mombasa
89.	Shale Abdi	CHRIO Garissa
90.	Wilfred Obwocha	CHRIO Migori
91.	Maureen Muganda	CHRIO Nairobi
	Academia	
92.	Emma Kabeu	KU
93.	Prof Alfred A. Otieno	PS/UON
94.	Lucy Kuria	KMTC
95.	Prof. Sussy Gumo	MU
	Public Institutions	
96.	Catherine Maingi	KEMSA
97.	Philip Thigo	O.D.P
98.	Sophia Githinji	KEMRI
99.	Samuel Ochieng	KEMRI
100.	Okoth Max Okoth	KEMRI
101.	Josephat Kiongo	KNH
102.	Clement Arua	KEMRI BUSIA
103.	Kizito Amimo	MTRH
104.	A. A. Awez	KNBS
105.	Lawrence Muthami	KEMRI
	Development Partners	
106.	Uwer Wahser	GIZ
107.	Edward Kutondo	UNICEF
108.	Hillary Kipruto	WHO
109.	Emre Ozcan	GAVI
110.	Kaori Saito	JICA
111.	Liana Moro	UNAIDS

No.	NAME	ORGANIZATION
112.	Khaing Soe	UNICEF
113.	Emelda A. Okiro	IHMEPHILIPS
114.	Sharini Guduri	UNICEF
115.	Gurumurlty Rayoay	UNAIDS
116.	Schuster Christine	GIZ
117.	Onsumu Ivo	GIZ
118.	Achieng Victor	UNICEF
119.	Irum Zaidi	PEPFAR
120.	Kathleen Handley	USAID/W
121.	Ties Boerma	WHO
122.	Benson Droti	WHO
123.	Washington Omwomo	USAIDS
124.	Emily	CDC
125.	Kipruto Chesang	CDC
126.	Frank odhiambo	CDC
127.	George Odhiambo	CDC
128.	Elijah Kinyangi	JICA
129.	Bennett Nemser	UNICEF
130.	Suman Jain	Global Fund
131.	Kathryn Oneill	WHO
132.	Toni Kuguru	WB
133.	Sat Watanabe	MOH/JICA
134.	Sandra Erickson	DPHK
135.	Heide Richter	GIZ
136.	Joe Barker	CDC
137.	Milen Kidane	UNICEF
138.	Leonard Cosmas	WHO
139.	Makiko Kitamura	WHO
140.	Irene Omugi	GIZ
141.	Samburu Wa-shiko	BMGF
142.	Lawe Farnoux	WBG
143.	Brenda Mbaja	GIZ
144.	Dr. Sam Wafula	AFIDEP
145.	Nimo Hussein Omar	PIMA
146.	Achim Chiaji	PIMA
147.	Hellen Gatakaa	PIMA
148.	Martin Atela	AFIDEP
149.	John Paul Ngahu	PIMA
150.	Prof.Collins Ouma	AFIDEP
151.	Dr Judy Omumbo	Meval-PIMA

ANNEX 3: FINAL HDC ROADMAP

KENYA HEALTH DATA COLLABORATIVE ROADMAP

One M&E framework for Kenya towards accelerating achievement of Universal Health Coverage

ROADMAP FOR ACTIVITIES TO BE IMPLEMENTED JOINTLY IN KENYA

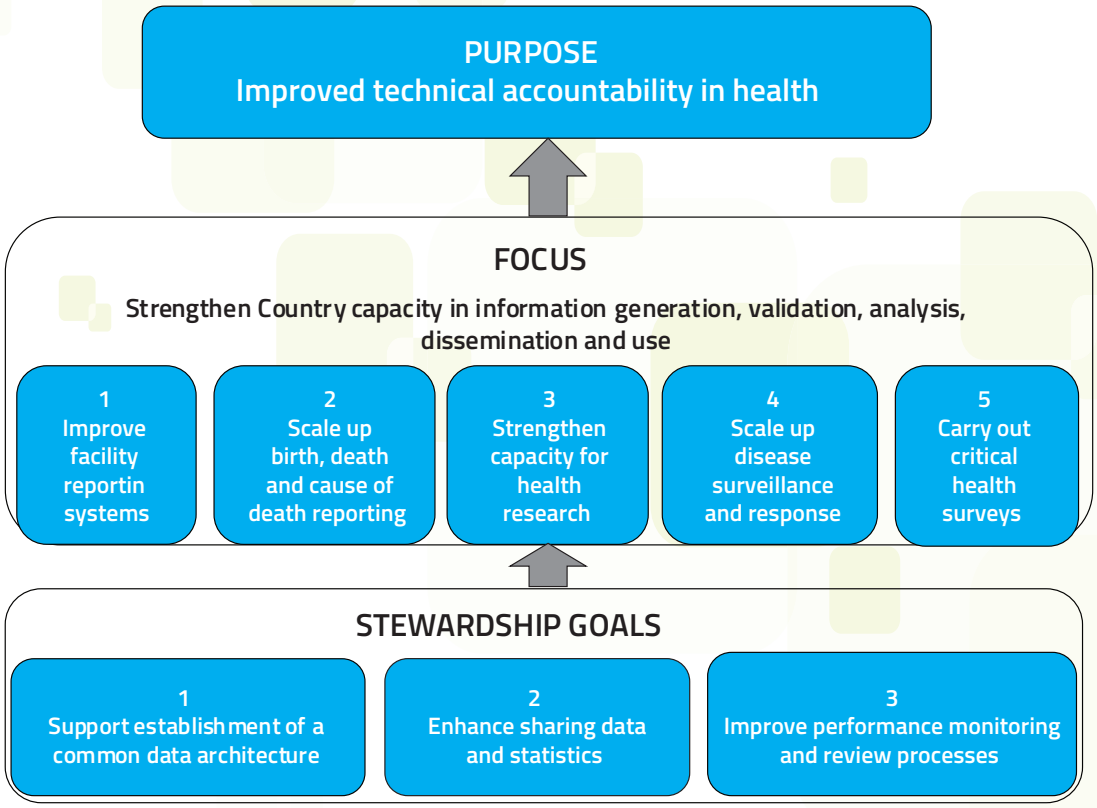
Background

The constitution of Kenya under Article 43 guarantees citizens the right to the highest attainable standard of health, including reproductive health. Health sector strives to achieve this aspiration by implementing effective and efficient strategies guided by Vision 2030, Kenya Health policy frame work and Kenya Health sector strategic and investment plan (2014 – 18).

The Kenya Health Policy framework, 2014-2030, outlined the vision of the health sector and priorities towards delivery of this national mandate. The goal of the policy is 'attaining the highest possible standard of health in a manner responsive to the population needs. The policy aims to achieve this through the provision of equitable and quality health and health related services at the highest attainable standard to all Kenyans. Further, The Kenya health strategic plan 2014-2018 provides the health sector's medium term focus, objectives and priorities to enable it to make progress towards the attainment of the health policy objectives. Strategic plan objectives achievements are to be measured by way of the strategic plan indicators which identify the baselines and targets for each policy objective as well as for investments needed to achieve these objectives.

The overall strategic M&E direction in the health sector is guided by the health sector M&E plan 2014 -2018. (See summary in the figure below). The goal of the plan is one functional sector wide M&E system for improved decision making transparency and accountability in health. The M&E plan is implemented through annual work plans by the various entities working on M&E in the sector.

Agreed on scope of sector M&E



This roadmap is drawn from overall M&E plan and consists of quick wins to be implemented through a rapid Result Initiative (RRI), short term plan, midterm and long-term activities. (Activities are aligned to sector strategic plan which are run out to 2018.

A. QUICK WINS/PRIORITIES TO BE IMPLEMENTED THROUGH RAPID RESULTS INITIATIVE

The health sector through the Ministry has embraced the rapid results initiative as way of accelerating achievements of planned activities. It is proposed therefore that a few Priorities be implemented through a rapid result initiative and that the review of the progress be done during the Annual Health congress in November 2016. The activities include;

3. Data analytics at the national and sub national areas (a detailed roadmap for analytics shall be done by the TWG on analytics)

- This will enhance informed decision making at the various levels of the health system.
- Capacity building of staff on data analytics: target staff at the National level as well as the sub national level
- Analytics on annual health sector reports: analytics on the national level performance reports and county specific performance reports
- Analytics on the medium term evaluation report including county specific strategies
- Development of different packages for the different stakeholders in health, policy briefs, score cards e.g. facility level score cards, community dashboards
- Mortality analytics
- Establish the subnational burden of disease

4. Midterm review of current strategy "The Kenya Health Sector Strategic plan 2014-2018 and its M&E plan 2014/18 as well as county specific strategic plans

- Capacity building of the staff in the evaluation
- Support staff in actual hands on experience in carrying out the evaluation and developing the necessary reports
- Equity, efficiency analysis dimensions
- Trends analysis focusing on key selected health sector indicators
- Performance on SDGs
- Thematic analysis in specific areas in the health system
- Assist counties in performing midterm evaluation of county specific health sector strategic plans

7. Quality of care and performance improvement

- Systematic analysis of quality of care based data: dissemination to various users
- Follow up on adherence to existing clinical guidelines
- Quality of care from client's perception-client exit surveys
- toolkit for measuring quality of care

8. Operationalize Kenya health observatory and linkage with GHO

- Linkage of the Kenya Health Observatory once functional with the Global Health Observatory using selected SDGS health indicators would be a good starting point for Kenya as it would inform the reporting on the other sectors SDGs indicators
- Technical assistance to set up KHO and linkage with the GHO
- Capacity building for officers on reviews/analytics/ portal management
- Linkage to public Health Institute

9. Improving civil registration and vital statistics

- In an effort to improve availability, quality and use of vital statistics on births and deaths registration, disaggregated by age, sex, cause of death and by geographic and administrative levels
- Training of coders and certifiers in the use of ICD 10 for better mortality and cause of death data
- Mentorship Programme to hospitals to strengthen data quality on patient management
- Train staff on statistical software and analytics to strengthen data mining and processing
- Advocacy, harnessing the network of community

strategy and outreaches beyond zero campaign to help build community awareness on the benefits of CRVS

- Strengthen verbal autopsy using standard international tools
- Develop verbal autopsy standards, guidelines and training material
- Compilation, analysis and interpretation of vital statistics based on information generated through registration and certification

10. Rapid M&E system capacity assessment

Based on the assessment and the midterm review of the M&E plan an investment case for M&E will be developed

B. SHORT TERM PRIORITIES

These are mainly drawn from the Work plan of the Division that coordinates, M/E, and HEALTH REAESRCH; E HEATH AND Health information system. County inputs through the intergovernmental committee on M/E and quality of care has also been incorporated. Such priorities include

- Review of Health sector Indicators and Standard Operations Procedures Manual
- Development of M/E institutionalization guidelines;
- Institutionalization of best practices for purposes of mutual learning and replication;
- Data analytics linked to research and policy agenda
- Health sector M&E framework institutionalized; Roll out and implementation of the Kenya Health sector M/e framework 2014-18
- Expanding ICT infrastructure for National Health Information System at all levels
- Health Information System budget resourced from the government for sustainability (E.g for Annual work plans, reviews, basic ICT infrastructure etc)

Other areas requiring additional strengthening

- Production of standard data tools
- Implementation of policy documents and standards at county level
- Culture of data use at all levels
- Data quality assurance at all levels
- Data governance and coordination structures

Result Area	Main Activities	Outputs	Performance Indicators	2016/2017			
				Q1	Q2	Q3	Q4
Policy formulation and Strategic planning	Consolidate Divisional 2017/2018 AWP to guide priority activities	2017/2018 AWP	AWP in Place			x	
National reporting and monitoring systems	Procure stationery and other office items	Purchased stationery	Number of orders made	x	x	x	x
	Implement PAS in the division	Improved individual performance	Number of reports	x	x	x	x
Coordination and partnerships	Conduct monthly staff meetings	Meeting reports	Number of meetings held	x	x	x	x
Resource mobilization	Develop proposals for funding of the planned divisional AWP	Concept Notes and proposals	Number of proposals	x	x	x	x
Health Research and Development							
Policy Formulation & Strategic Planning	Support the finalization of the R4H Policy & Agenda/Priorities	R4H policy & Agenda/priorities documents	R4HP & agenda development reports	x	x		
	Launch of the R4H policy & Agenda documents	Launch ceremony	Launch report		x	x	
	Operationalize the R4H policy & agenda: Conduct meetings to develop R4H implementation strategy	Draft R4H Strategic plan	Strategy development report/Meetings minutes				x
	Hold half yearly consolidation & sharing of research questions that MoH wants answered	List of Research questions	Consolidation/Sharing reports		x		x
Research for Health	Approval of research proposals (DMS) to conduct research for health in health facilities	Research proposals approved	Signed Research proposals	x	x	x	x
	Support for operational research proposals in MoH programs	Approved Financed proposals	Amount disbursed		x		x
National reporting and Monitoring systems	Develop repository requirements, specifications and TOR for the repository expert.	Repository requirements & Specifications developed	Repository development report	x	x	x	x
	Identify and contract a consultant/expert to define and develop the repository/database	TA procured	Procurement report	x			
	Landscape mapping of existing research conducted & information	Research inventory	List of Researches		x	x	
	Management & maintenance of the R4H repository (Personnel, software & equipment)	Functional Repository	Database				

Capacity building & technical support to Counties (In research generation, synthesis & translation of policy oriented research evidence)	Printing of EIPM training Curriculum/Manuals	EIPM Training manuals printed	Training manuals	x	x		
	Engage Dev, Partners(DPHK) & County leaders for buy in & to support roll out training program	2 Meetings held	Meetings reports	x	x	x	
	Conduct training of National facilitators on adult training skills	National facilitators trained	Training report		x	x	
	Roll out EIPM training at National & County Levels for policy makers	National & Counties trained on EIPM	EIPM training reports			x	x
	Identify policy issues for development of Policy briefs	Policy briefs developed	Policy briefs' reports		x	x	x
Coordination & Partnerships	Hold quarterly Science policy cafes	-Science policy cafés held	-Policy café report	x		x	x
	Annual R2P conference	R2P conference convened	Conference report	x		x	x
	Annual Research days	Research days held	Report			x	
	KEMRI Develops guidelines for information sharing between Researchers & MoH/Counties (KEMRI)	5 Information sharing guidelines meetings held	Report		x	x	
	KEMRI periodically provides research evidence to MoH through regular forums/policy briefs/documents.	2 Research evidence forums bet KEMRI & MOH Held	Reports		x	x	x
	Development of R4H engagement framework for research evidence producers & users	6 R4H engagement Framework development meetings held.	Development reports		x	x	x
	Dissemination of framework & operationalization	Dissemination meeting held	Report				
Advocacy	Establishment of R4H TWG (Identification of TWG membership regular meetings)	R4H TWG established & functional	Meeting minutes		x	x	x
	Produce & disseminate regular newsletters/factsheets	Factsheets produced	Disseminated factsheets		x		x
Formalize the TWG on Kenya Health Observatory.	Form taskforces to perform assigned roles within the TWG				x		
	Demonstration of the existing global observatory and country best practices (e.g. Rwanda) to engage partners and stakeholders				x		
Data for Health function:Mapping informed design	Rapid mapping of the current dashboards, community of practice, facilities, data sources, systems the used by the various health sectors				x	x	

Data for Health function:Mapping informed design	Create a visual architecture of the database framework for the Kenya Health Observatory and a demo/prototype mark up for illustration using DHIS data and other available dashboards/ datasets (showcase interoperability and open access)					x	
Research for health function	Mapping all the existing ethical review committees and the community advisory boards as they are provide data for the research for health and ongoing research				x		
	Development the TOR for the Research for health TWG			x			
Communities of practice	Fast track aspect of data governance (MOH/WHO to collaborate to ensure the fast tracking process)				x		
	Ensure participation of all relevant stakeholders (data,research) in the health sector			x			

Health Sector Monitoring and Evaluation							
Result Area	**Main Activities**	**Outputs**	**Performance Indicators**	**2016/2017**			
				Q1	**Q2**	**Q3**	**Q4**
Ensuring standards and quality assurance	Develop AWP for MOH M&E Unit for FY	AWP in place to guide priorities for MOH M&E Unit for FY 2017/2018	Annual HSME plan			x	
	Develop M&E framework and guidelines for RRIs	M&E Framework and guidelines for RRIs in place	Number	x			
	Second generation indicators and Standard Operations Procedures Manual refined and endorsed	3rd Edition Health sector indicators and SOP manual	Number of Health Sector Indicators and SOP Manual	x			
	Planning and review guidelines for the health sector Developed and endorsed	Planning and performance review guidelines in place	Number	x			
	Develop, endorse and disseminate health sector M&E institutionalization guidelines	Health sector M&E institutionalization guidelines disseminated	Health sector M&E guidelines in place	x			
	Institutional best practices guidelines developed, endorsed and Best practices awarded	Health sector Best practices institutionalized and awarded	Best practices guidelines in place and Number of Awards given		x		
National reporting and monitoring systems	Quarterly 2016/17 Performance contract reports compiled and disseminated	Performance contract reports for 2016/17 disseminated		x	x	x	x
	Develop Mid- Term Performance contract report		Number of reports		x	x	
	Share Performance contract annual report		Number of reports	x			
	Develop and share Quarterly health sector performance reports	Quarterly health sector performance reports disseminated	Number of reports	x	x	x	x
	Develop and share Quarterly Ministry of health AWP performance reports	Quarterly Ministry of Health AWP performance reports disseminated	Number of reports	x	x	x	x

National reporting and monitoring systems	Develop and disseminate RRIs and project reports	Quarterly RRI and Project reports developed and disseminated	Number of reports	x	x	x	x
	Develop and share annual MoH national performance report	Annual National MoH performance report disseminated	Number of reports	x			
	Develop Annual Health sector performance report 2015/16	Health sector annual performance report 2015/16 developed	Number of reports	x			
	Develop and submit annual state of health report to Parliament	Annual state of Health report developed and disseminated	Number of reports	x	x		
	Conduct a joint integrated Support supervisory visits with CHMTs	Joint Supervisory report developed	Number of reports	x	x		
	Support Counties and national level to hold quarterly performance appraisal/review meetings	Performance reviews conducted and reports disseminated	Number of review meetings held	x	x	x	x
	Support Bi-annual Joint Review meeting		Number of Bi-annual review meetings held		x		x
	Conduct annual Joint Review mission		Number of reports	x	x		
	Conduct annual performance reviews		Number of annual per-formance reviews held		x		
	Hold a National health congress		National Health congress		x		
	Conduct Mid-term KHSSP review	KHSSP 2014-2018 mid-term Evaluation report disseminated	Number of reports	x	x		
	Establishment of the Kenya Health Observatory	Health Observatory developed	TAs engaged to develop health Observatory	x	x		
			Number of TOTs trained on Health observatory		x	x	
			Number of managers oriented on use of the health observatory (national and county)		x	x	x

National reporting and monitoring systems		Health products developed and shared	Requirements report		x	x	
			Number of Health products developed		x	x	x
			Number of health products disseminated		x	x	x
	Support Launch RMNCAH scorecard at County	RMNCAH Scorecard officially launched	RMNCAH Scorecard report	x			
	Sharing RMNCAH performance	RMNCAH Scorecard performance disseminated	Number of reports	x	x	x	x
To harmonize and institutionalize the key quality of care measurement approaches within the one M&E framework in Kenya	Select priority content needs for QOC measurement (e.g what questions need to be answered – at each level?)			x			
	Finalize draft Kenya Health Improvement Policy			x			
	Finalize KQMH review			x			
	Catalogue existing QOC data sources and tools in the health sector and identify gaps and overlaps.			x			
	Select a set of indicators and methodologies to measure QOC						x
To strengthen approaches to address the current challenges and gaps in measurement of quality of care	Situation analysis to identify gaps & challenges in existing quality measurements and improvement approaches			x			
	Develop a strategy to address gaps and challenges in quality of care			x	x		
Develop a QI roadmap for implementation of priority measurement actions over the immediate (short term), midterm, and long term with aligned support from all stakeholders.	Scale up of joint inspection of health facilities using JHIC			x			
	Implement facility performance scorecard			x			
	Nationally representative health facility assessment (steering committee in and planning in place)			x			
	Pilot KQMH standards and checklists			x			
	Launch of Health Improvement Policy			x			
	Launch of KQMH			x			
	Holding county stakeholder forums on priorities for measurement			x			

Coordination and partnerships	Coordinate functional M&E units at National level	M/E coordination and partnership mechanisms in place	Institutional Capacity Development Plan for M&E units	x			
	Conduct quarterly Health Sector M&E Technical Working Group meetings	Health Sector M&E TWGs held	Number of TWG meetings held	x	x	x	x
	Establishment of TWGs at National and County levels	Number of TWGs established	Number of TWGs	x	x	x	x
	Establishment of functional M&E units at National and County levels	Number of established M&E units functional	Number of M&E functional units in place	x	x		
Resource Mobilization	Identify and mobilize resources to support priority M&E interventions and milestones at national and county levels	Adequate resources mobilized to support priority M&E interventions and milestones	Proposal developed, Amount resourced	x	x	x	x
	Lobby for additional funding for M&E priorities at MOH, within health programs and key health sector institutions		M&E budget line in MoH, Programs/ Departmental allocations, AIEs		x	x	
Capacity building and technical support to counties	Carry out an M&E capacity assessment at Counties, Programs, National level departments, SAGAs	M/E capacity assessment carried out for Health sector	Assessment Report	x	x		
	Training counties on reviewed guidelines in preparation for county specific annual performance reports and the M&E guidelines	Counties trained on performance review guidelines and the M&E guidelines	Number of Counties trained	x	x	x	
	Develop Capacity of Counties on health sector M&E framework	County teams oriented on the Health Sector M/E Framework	Training Reports	x	x		
	Technical Assistance to counties to help establish functional M&E teams/ units	TA provided to counties	Reports	x	x	x	x
	Technical Assistance to counties to help develop M&E plans		Reports	x	x	x	x
	Train Counties on the performance monitoring of RMNCAH	Number of counties using RMNCAH scorecard	Reports	x	x	x	x
	Technical assistance to counties to develop Health Facility scorecards	TA provided to counties	Reports		x	x	x
	Train counties on M&E institutionalization guidelines and performance reviews	Number of Counties and National level departments using M&E guidelines	Reports	x	x	x	x

Capacity building and technical support to counties	Capacity of M&E unit enhanced	Number trained/ training reports		x	x	x	x
	Strengthen the capacity and efficiency of M&E unit	Working tools for M/E unit availed		x	x	x	x
Development of Operational guidelines and protocols	Develop Health Sector M&E Guidelines	Health sector M&E institutionalization guidelines disseminated	Minutes of Meetings	x			
	Facilitate approval and launch of the health sector M&E institutionalization Guidelines		Number of guidelines	x	x		
Research and Development	Generate reports on trends of various indicators	Trend analysis and forecasts on key health Indicators developed.	Analysis report	x	x	x	x
	Generate sub-national burden of disease at county level		Reports	x	x	x	x
	Carry out Health facility efficiency score analysis	Facilities Efficiency scores generated and shared	Reports		x		
	Generate Policy briefs from reports	Policy briefs on reports generated by the M&E Unit developed	Policy briefs			x	x
	Develop and Disseminate HSM&E quarterly Bulletins/ newsletters	Quarterly Bulletin/Newsletter and flyers developed and Disseminated	Newsletter /bulletin	x	x	x	x
	Develop County fact sheets	County fact sheet developed	Number of fact sheets	x	x	x	x

Civil Registration and Vital Health Statistics Unit (CRVS)							
Result Area	**Main Activities**	**Outputs**	**Performance Indicators**	**2016/2017**			
				Q1	**Q2**	**Q3**	**Q4**
Policy formulation and Strategic planning	Annual planning and review	2017-2018 CRVS AWP developed	Number of Reports			x	
National reporting and monitoring systems	Develop Quarterly Vital and Health Statistics report	Quarterly vital and Health statistics reports developed	Number of reports	x	x	x	x
	Develop Annual Vital Statistic report both mortality and cause of death.	Annual vital reports developed	Number of reports		x		x
Coordination and partnerships	Participate in Quarterly Mortality Statistics sub-committee meetings and attend the CRD TWG	Mortality statistics meeting held	Minutes Reports		x		
	Strengthening MCH Strategy roll out with CRD to improve coverage of births registration.	MCH strategy roll out strengthened	Number of counties adopted MCH strategy		x	x	x
	Hold Biannual meeting with Health Demographic Surveillance Sites.	Meeting held	Minutes & Report	x			x
Resource mobilization							
Capacity building and technical support to counties and other MOH departments	Train coders and certifiers from counties and National Referral Hospital on use of ICD-10.	Training of coders and certifiers held	Coders and certifiers trained	x	x	x	x
	Conduct quarterly mortality Surveillance/review in 10 regions	Mortality Surveillance review meetings conducted	Number of mortality surveillance meeting held	x	x	x	x
	Conduct annual Data quality assessment on Vital events	Annual data quality of vital event conducted.	Report Developed			x	
	Conduct Mentorship programs on Vital event to hospitals	Mentorship Held	Number of hospital visited	x	x	x	x
	Train coders and certifiers on CoDEdit and ANACoD, and analytics	Training of coders and certifiers held	Number Trained		x		x
	Operational Efficiency						
	Research for Health						
	Advocacy						

Development of guidelines and protocols on health service delivery	Develop VA standards, Guidelines and training material	VA standards, Guidelines and training materials developed	Number of document developed	x	x		
	Review training curriculum on ICD-10 for health workers and training institutions	Updated training curriculum	Number of curriculum review meetings held	x	x		
	Health service delivery – for national referral health facilities						
	Ensuring Security of Strategic Public Health Commodities						

E-Health Development Unit							
Result Area	**Main Activities**	**Outputs**	**Performance Indicators**	**2016/2017**			
				Q1	**Q2**	**Q3**	**Q4**
Policy formulation and Strategic planning	Develop E-Health AWP 2017/2018	Annual AWP document	Meetings Reports, Minutes and List of Attendance				x
	Printing of the e-health foundational documents	e-Health documents printed	Number of policy documents printed and distributed	x	x		
	Sensitize MoH senior management and program manager's teams on e-Health foundational documents (Policy, Strategy, Enterprise Architecture, Interoperability standards and guidelines and M-health standards)	National team sensitized	Number of Sensitized MoH senior management and program managers	x			
	Sensitize 47 county executives on the e-Health foundational documents (Policy, Strategy, Enterprise Architecture, Interoperability standards and guidelines and M-health standards)	47 county executives sensitized	Number of County Executive sensitized	x	x		
	Develop EHRs standards and guidelines	EHRs standards document	Stakeholders Meeting reports, Working meeting report	x	x		
	Develop Health Information Systems Certification Framework	Certification Guidelines Document	Stakeholders Meeting reports, Working meeting report	x	x	x	
	Develop the National Health Sector Unique Identifier Policy	Unique Identifier Policy Document	Stakeholders Meeting reports, Working meeting report	x	x	x	x
	Develop mhealth strategy	mHealth Strategy Document	Stakeholders Meeting reports, Working meeting report	x	x	x	x
	Ensuring Standards and Quality Assurance			x			
	Develop EHRs standards and guidelines			x			
	Develop Health Information Systems Certification Framework			x			

	Review/assess the existing EHR/EMR for adherence to the standards and guidelines			x			
	Establish eHealth TWG			x			
	Establish a consultative & inclusive process to expedite data exchange			x			
	HIS budget resourced from ALL governments for sustainability- Develop a HIS resource adocacy plan for the National and County levels respectively			x			
	Hold a consulatative forum of eHealth stakeholders on Health Information Exchange (HIE)			x			
National Reporting and Monitoring Systems	Enhance KMHFL Version 2	KMHFL System Requirement Specifications Document	Stakeholders Meeting reports, Working meeting report	x	x		
	Roll out KMHFL version 2	KMHFL Version 2 system in use	Number of KMHFL Version 2 users,	x	x	x	x
	EHR's roll out in health facilities	Infrastructure Assessment	Infrastructure assessment report	x	x		
		Upgrading the facility infrastructure based on assessment results	Facility infrastructure Upgrade report	x	x	x	x
		EHRs system in use	Number of facilities in target counties using EHRs system	x	x	x	x
Coordination and Partnerships	Constitute e-HEALTH TWGs	TWG Meetings	Number of coordination meetings				
	Conduct e-health stakeholder's meetings	Partners Support to e-Health Activities	Stakeholders Meeting reports, Working meeting report	x	x	x	x
Resource mobilization	Develop proposals for funding of e-health strategy	Funding Proposals developed	Number of partners supporting e-Health	x	x	x	x

Capacity building and technical support to counties and other MOH departments	National Level KMHFL TOT Training	TOTs trained on KMHFL	Number of National TOTs Trained on KMHFL	x			
	National Level sensitization on KMHFL	Personnel sensitized on KMHFL	Number of National personnel sensitized	x			
	County and sub-county KMHFL training	System users at county and sub-county trained on KMHFL	Number of Users trained at county and sub-county level on KMHFL	x	x	x	x
	EHR's System capacity building	System users at county and sub-county trained on EHR's System	Number of users trained at county and sub-county level on EHR's System		x	x	x
Sensitize stakeholders on e-Health foundational documents (Policy, Strategy, Enterprise Architecture, Interoperability standards and guidelines, M-health standards and related health sector documents)	To prepare dissemination packages - include mentorship component			x			
	Senior managers meeting			x			
	National stakeholders level meeting			x			
	County level meeting for them to sensitize the sub-counties			x			
	Health sector stakeholders including the county representative			x			

Health Information Systems Unit							
Result Area	**Main Activities**	**Outputs**	**Performance Indicators**	**2016/2017**			
				Q1	**Q2**	**Q3**	**Q4**
Policy formulation and Strategic planning	Finalization of comprehensive SOPs for data collection and reporting tools	Standard Operating Procedures finalized and disseminated to Counties	SOPs guideline	x			
	Printing SOP's		Number of copies printed		x		
	Orientation and dissemination to 30 Counties		Number of Counties oriented on SOP's		x	x	
Health Data Analytics concept note development/ ToR	Develop Draft concept note ked by the secretariat			x			
	TWG review			x			
	Disseminate first draft to counties.			x			
	Bring in DPs to be part of the briefing			x			
	Present ToR to the top management (Cabinet Secretary, CEC)			x			
	Present approved ToR /Concept to M&E /HIS .Subcommittee in the intergovernmental form.			x			
	Formal launch of the MTR process(Press brief, breakfast meeting)			x			
Organization Dimensions	Convene TWG meeting to endorse revised roadmap /role allocation			x			
	Establish MoH-M&E secretariat with partner participation			x			
	Convene bi-monthly meetings of the TWG to review progress and support rollout			x			
	An MTR taskforces to be established between county M&E TWGs with similar ToR and a secretariat composed of key local partners			x			

	Enlist a team of consultant to lead different components of the review			x			
Ensuring Standards and quality assurance	Disseminate the DQA protocol	Data Quality Assurance Strategy Implemented	Reports of stakeholders meeting	x			
	Train 47 Counties on Data Quality Protocol		Number of Counties trained		x	x	
	Quarterly data review meetings with national programs	Improved data quality	Review meeting reports	x	x	x	x
	Quarterly data review meetings with Counties			x	x	x	x
	Conduct Annual Data Quality Audit		Data Quality Audit Report			x	
	Routine DHIS data cleaning		Working meeting Minutes	x	x	x	x
National reporting and monitoring systems	Develop quarterly and annual health statistics reports and bulletins	Annual Health Statistics report and bulletins in place	Quarterly Bulletins and Annual Health Statistical Report	x	x	x	x
	Enhance interoperability of health information software's with DHIS	Reduced parallel reporting	System integration report		x	x	x
	Train 100 National and County TOTs on DHIS	DHIS fully optimized	Number of TOT's trained		x	x	
	Conduct DHIS training to 47 counties (220 officers) at County level		Number of DHIS users trained			x	x
Capacity building and technical support to counties and other MoH departments	Develop Mentorship Curriculum on HIS systems and data management	Improved capacity on data management and use	Workshop Report			x	x
	Train 47 Counties on Mentorship Curriculum		Number of Counties trained				x
	Roll out NHIS Curriculum to 35 Counties		NHIS Curriculum Training Reports		x	x	
	Support HIS function optimally	Improve efficiency	Office equipment and supplies	x	x	x	x
	HIS TWG	HIS stakeholder coordination	No. of stakeholder meetings	x	x	x	x

C. MEDIUM TERM TO LONG TERM

- In a phased approach assist counties and health programs to establish robust M/E system that links the overall sector system M/E coordination structures
- Establishment of robust Electronic Health Records systems in counties
- Improve governance and leadership in HIS/ME in the sector:
- Establish legislative and policy framework for M/E at National and county level.
- Establish mechanisms for enforcing mutual accountability for M/E commitments /regulations

D. EXPECTED OUTPUTS

- A unified sector wide vision for M/E and a comprehensive HIS plan with roadmap for implementation at al levels
- A shared platform created in the health sector promoting expanded data demand and use by all stakeholders (public, private, partners, civil society)
- Increased M/E capacity in the health sector Institutions
- A business plan for M/E developed to advocate for increased investments in M/E capacity improvements in the sector
- Expanded resource base to support core M/E investments (both technical and financial)
- Robust structure and mechanisms for improved governance and leadership for M/E
- A functional health sector observatory in place with sub-national and global linkages.

ANNEX 4: HDC CONFERENCE COMMUNIQUE

KENYA HEALTH DATA COLLABORATIVE (HDC) MISSION MEETING

One M&E framework for Kenya towards accelerating achievement of Universal Health Coverage

VENUE: -Intercontinental Hotel Nairobi ▪ Date 16/05/2016 – 19/05/2016

Communiqué on commitments to support

In June 2015, the leaders of global health agencies and participants in the Summit on Measurement and Accountability for Health endorsed the Health Measurement and Accountability Post 2015 Roadmap and Five Point Call to Action, identifying a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda.

Global stakeholders interested in collaborating on health data investments joined together to form the Health Data Collaborative (HDC). The main purpose is to enhance country health data capacity and stewardship and for partners to align their technical and financial commitments around strong nationally owned health information systems and common monitoring and evaluation (M&E) plan.

As part of the commitment to this global call, The Kenya Health Data Collaborative was organized by the Government of Kenya, Ministry of Health in collaboration with Health Sector Stakeholders and Global Partners in Nairobi from 16th to 19th May 2016. The overall objectives of the conference were;

- To rally all stakeholders in Kenya's health sector towards one M&E framework that enjoys full support and implementation by all actors in health; and secondly,
- To develop a Roadmap for the One M&E Framework that is supported by all stakeholders for improving measurement and accountability in Kenya

The conference was attended by over 150 participants who included senior leadership and staff of the national Ministry of Health; County Health Executives, senior leadership and staff from the Counties; Health Sector Development and Implementing Partners; leaders and managers from the private sector; representatives of faith-based organizations, Civil Society Organizations in the health sector; health sector regulatory bodies; training institutions and professional bodies.

The Government's leadership and strong commitment to HDC was demonstrated by the participation of the Principal Secretary in the Ministry of Health Dr. Nicholas Muraguri and various leaders from the Ministry of Health and county governments including the Council of Governors and County Chief Executives.

During the Conference, stakeholders underscored the need to re-dedicate their efforts and mobilize political will at all levels towards supporting the commitment to one M&E framework for the health sector for the realization of national health and development goals.

The conference further noted and recognized that the country had made progress and achievement in the following areas over the last few years;

- Strengthening the routine reporting system (DHIS2) to make it more responsive to the needs of the sector
- Development of various policy documents, guidelines and SOPs for use at the National and County levels
- Development of annual performance review reports as enshrined in the Kenya constitution to promote accountability.
- Implementation of periodic surveys such as Economic surveys, Household expenditure surveys and Demographic Health Surveys
- Civil registration and vital statistics
- Collection of health sector related data from other sectors such as agriculture, water and sanitation, education sectors just but to mention a few areas.

At the same time, the conference noted that despite progress, notable challenges continue to limit the ability of Kenya's health information systems to provide the data and

accurate statistics required for decision making. Some of these challenges include;

- Low investments in building sustainable and comprehensive data and information systems for informed policy making and planning,
- Low capacity in the production and use of quality health data and statistics for monitoring health interventions both at national and county government levels,
- Existence of numerous program/disease based M&E systems that sometimes operate in isolation, and
- Finally, the limited adherence by all stakeholders to the principles and code of conduct on reporting as per the Health Sector Strategic Plan.

After extensive and insightful deliberations, the health sector leaders, practitioners and stakeholders identified the following six (6) key priority areas to advance commitments to one M&E framework for the health sector in Kenya;

On the adoption of a National Roadmap for the Kenya Health Data Collaborative; stakeholders agreed to support the common M&E /HIS plan with a roadmap for implementation of priority actions over the immediate (short term), midterm, and long term with aligned support from partners as well as both National and County Governments.

On data demand and use; stakeholders committed to improve on data demand and use in the health sector through a shared platform for all the stakeholders (public, private and civil society).

On M&E capacity and technical assistance; establish the existing capacity at both National and County levels and further take measures to bridge any gaps.

On developing a business case for M&E activities in the health sector; stakeholders agreed to leverage on the existing resources and finalize the M&E business case for the health sector both at the National and County Government levels;

On governance /leadership in M&E; Stakeholders agreed to institutionalize the health sector partnership framework, and deliberation on the road map for strengthening leadership and governance in the health sector's HIS&M&E .

On civil registration and vital statistics; to improve availability, quality and use of vital statistics on births and deaths disaggregated by age, sex, cause of death and by geographical and administrative levels.

From the foregoing, the health sector leaders, practitioners and stakeholders undertook to implement a wide range of commitments to address critical imperatives to improve health services. These undertakings and commitments include the following;

1. National Government commitments;

- ❑ Provide leadership and coordination of the One M&E framework in Kenya including through the ministry and the intergovernmental forum.
- ❑ Mobilize resources to invest in strengthening data sources and capacities aimed at strengthening national information governance, eHealth architecture and data standards.
- ❑ Provide an enabling environment for HDC through the development, adoption and enforcement of relevant policies, legal frameworks;
- ❑ Ensure accountability through monitoring and reporting of results on the implementation of the HDC commitments
- ❑ Increase allocation of adequate resources to M&E for institutionalization and sustainability
- ❑ Strengthen national health information and accountability platforms in line with international standards and assessments.
- ❑ Develop of annual health sector performance review reports as enshrined in the Kenya constitution to promote accountability.

2. County government commitments;

- ❑ Work towards a common Health Sector M&E framework in Kenya
- ❑ Dedicate the necessary infrastructure, human and financial resources, leadership and governance structures to implement commitments towards the common Health Sector M&E Framework
- ❑ Apply and use the national standardized tools for monitoring and evaluation in the health sector

- ❑ Regularly capture data on determinants of health as part of the country's health information system.
- ❑ Regularly use data throughout all levels of decision making to improve policy, systems and service delivery
- ❑ Regularly capture data on determinants of health as part of the country's health information system.
- ❑ Take responsibility to develop their own data tools where there is need to add other data based on the devolution articles in the constitution
- ❑ Invest in county health facility and community health information systems
- ❑ Mobilize political support and goodwill across the county leadership to increase resources and institutionalize health sector M&E framework

3. Development Partner commitments;

- ❑ Align development assistance and partnerships for HIS investments to country health systems development including M&E systems
- ❑ Support the participation of government in global communities of practices and technical working groups, building on existing SDG monitoring mechanisms.
- ❑ Respond more effectively to demands from both county and national government and CSO's capacity strengthening needs on M&E.
- ❑ Take steps to transition from project-specific investments in M&E and reporting to country systems using the One M&E Framework and reporting as the basis for partnership and support.

4. FBOs commitments;

- ❑ Commit to a common Health Sector M&E framework
- ❑ Continuously promote demand for data use through social accountability mechanisms at all levels;
- ❑ Participate in all TWG meetings and dedicate resources to the implementation of the common M&E Framework
- ❑ As health service providers, provide data according to national and county requirements and standards;
- ❑ Provide data and information to the country M&E framework and information systems

5. Private health sector commitments;

- ❑ Commit to a common Health Sector M&E framework
- ❑ Work closely with national and county governments to support innovations to improve the availability, quality, and use of data for decision making in health.
- ❑ As health service providers, provide data according to national and county requirements and standards;
- ❑ Foster PPPs to provide expertise in interoperability, data architecture, system administration, data visualization, web technologies under the One M&E framework.

6. CSOs commitments;

- ❑ Commit to a common Health Sector M&E framework
- ❑ Continuously promote demand for data use through social accountability mechanisms at all levels;
- ❑ Participate in all TWG meetings and dedicate resources to the implementation of the common M&E Framework
- ❑ As health service providers, provide data according to national and county requirements and standards;
- ❑ Provide Technical Assistance to the Ministry and County Governments for HIS and M&E on priority areas
- ❑ Provide data and information to the county and National M&E framework and information systems

Further to the decisions above, the conference adopted a unanimous resolution to support the implementation of the Country roadmap and review progress regularly with the first such review opportunity being the Annual Health Congress due in November 2016.

The conference specifically applauded all development partners especially Government of Kenya and county governments; Bilateral Partners including The United States Agency for International Development (USAID), The UK Department for International Development (DfID) and UK Aid; The Canadian Department of Foreign Affairs, Trade and Development Danish International Development Agency (DANIDA); German Agency International Cooperation (GIZ) and Japan International Cooperation Agency (JICA); Federal Ministry for Economic Cooperation and Development (BMZ); Center for Disease Control and Prevention (CDC); The African Infrastructure Development Partnership (AFIDEP);

Norwegian Agency for Development Cooperation (NORAD); International Health Partnerships (IHP); U.S. President's Emergency Plan for AIDS Relief (PEPFAR); The Primary Health Care Performance Initiative (PHCPI); Rockefeller Foundation; Bloomberg Philanthropies and City University of New York; The Centre for Health Sciences Training, Research and Development (CHESTRAD);

Multilateral agencies including The European Union (EU); World Bank Group; United Nations bodies including United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Program on HIV/AIDS (UNAIDS) and World Health Organization (WHO); Global Alliance for Vaccines and Immunizations (GAVI) and The Global Fund (GF); Non Governmental Organizations (NGOs) and Private Sector for their generous support and partnership.

Agreed and signed on the 18th Day of May 2016, in Nairobi as follows;

For Ministry of Health

Dr. Peter Kimuu

For Council of Governors

Billow Bashir

Development Partners in Health Kenya

Ms Sandra Erickson

Health Data Collaborative Mission

Dr Kathryn O'Neill

Private Health Sector

Dr Amit Thakker

Health NGOS Network for CSOs

Mr Mike Mutungi

ANNEX 5: HDC TWG WORKPLANS

KENYA HEALTH DATA COLLABORATIVE (HDC) MISSION MEETING

One M&E framework for Kenya towards accelerating achievement of Universal Health Coverage

VENUE: -Intercontinental Hotel Nairobi ▪ Date 16/05/2016 – 19/05/2016

RESULT AREA	ACTIVITIES	ORGANISATIONAL SUPPORT	TIMELINES
QUALITY IMPROVEMENT			
Harmonize and institutionalize key quality of care approaches and incorporate them into one M&E framework in Kenya	Select priority content needs for QOC measurement (eg what questions need to be answered at each level)		RRI
	Finalize Kenya Health improvement policy		RRI
	Finalize KQMH review		RRI
	Catalogue existing quality of care data sources and identify gaps to avoid duplication and overlaps of roles	MOH	RRI
	Select a set of indicators and methodologies to QOC	QM, TWG	
	Develop a common measurement tools for quality of care in support of existing accreditation systems		
Strengthen approaches to address current challenges and gaps in measurement of quality of care	Situation analysis to identify gaps and challenges in existing quality measurement approaches		RRI
	Develop a strategy to address gaps and challenges in quality of care	QM, TWG	One Year
Develop a QI roadmap for implementation of priority measurement actions over the immediate (short term), midterm, and long term with aligned support from partners.	Scale up of joint inspections of health facilities using JHIC	IFC/World Bank	
	Implement facility performance scorecard	UNICEF, WHO	
	Carry out nationally representative health facility assessment	GF, USAID, WHO	RRI
	Pilot KQMH standards and checklists	GIZ, URC	RRI
	Launch of Health Improvement Policy	URC	RRI
	Launch of KQMH	GIZ	RRI
	Holding county stakeholder forums on priorities for measurement		RRI
Method of Work	Biweekly meetings	MOH/GIZ	
	Finalize the concept paper	MOH	
	Official appointment of TWG with TORs	MOH	
	Commitment of TWG by CS and PS	MOH	
	Carry out mid-term review and report	MOH	

RESULT AREA	ACTIVITIES	ORGANISATIONAL SUPPORT	TIMELINES
HEALTH OBSERVATORY			
Formalize the TWG on Kenya Health Observatory	Form taskforces to perform assigned roles within the TWG 1st meeting on 26th May,2016	WHO MOH AFIDEB CNHR	
Data for Health function: Mapping informed design	Demonstration of the existing global observatory and country best practices (e.g. Rwanda) to engage partners and stakeholders	WHO/MOH/KEMRI-WT/KEMRI	End of September 2016
	Review of existing literature	WHO/MOH	End of September 2016
	Rapid mapping of the current dashboards, community of practice, facilities, data sources, systems the used by the various health sectors	WHO MOH	September 2016
	Create a visual architecture of the database framework for the Kenya Health Observatory and a demo/ prototype mark up for illustration using DHIS data and other available dashboards/datasets (showcase interoperability and open access)	WHO MOH	October 2016
Research for health function	Mapping all the existing ethical review committees and the community advisory boards as they are provide data for the research for health and ongoing research	WHO MOH	September 2016
	Development the TOR for the National TWG-Responsible for Coordination the Health Data Collaborative Initiative	MOH CNHR	July 2016
KHO National Guidelines	Develop current concept note into the Kenya KHO Guide, this to include Data Collection Tools for National and County level and other related guidelines	MOH CNHR	July 2016
	Fast track aspect of IT data governance model (MOH/ WHO to collaborate to ensure the fast tracking process)	MOH WHO	October 2016
Communities of practice	Identify CoP, Seek MoH approval and disseminate report to stakeholders	MOH WHO	July 2016
	Ensure participation of all relevant stakeholders (data, research) in the health sector	WHO MOH	July 2016
HEALTH DATA ANALYTICS			
Concept note development/ ToR/MTR Timelines	Appointment of MTR technical working group and convene TWG meetings to develop concept note	M&E UNIT	June 2016
	Develop the MTR Concept note		June 2016
	Develop TOR for the consultants		June-July
	Joint Pre-Assessment Workshop		July 2016
	MTR analytic training workshop		20-25th July
	MTR TWG review meetings		June -November

RESULT AREA	ACTIVITIES	ORGANISATIONAL SUPPORT	TIMELINES
Concept note development/ ToR/MTR Timelines	Hire Three streams of consultants		July 2016
	Development of data collection tools		July 2016
	Data collection MTR field visits		August
	County specific MTR/ Performance reviews		July-August
	MTR final consolidation/Data Analytics workshop		2nd Week of September
	Circulate draft MTR and Draft Roadmap		September
	Conduct High level stakeholders working MTR workshop		September-October
	Final MTR workshop to produce MTR report, Roadmap for 2016- 2018 and key policy briefs		October
	Hold a national Health congress to share the documents		November
	TWG review.	M&E Unit to develop schedule and invite	Every two weeks
	Disseminate first draft to counties	M&E Unit	3rd June
	Bring in DPs to be part of the briefing	M&E Unit	16th June
	Present ToR to the top management (Cabinet Secretary, CEC)	M&E Unit	3rd June
	Present approved ToR /Concept to M&E /HIS .Subcommittee in the intergovernmental form.	M&E Unit	16th June
	Formal launch of the MTR process(Press brief, breakfast meeting)	To be linked to the launch of the data analytics processes	
Organization Dimensions	Convene TWG meeting to endorse revised roadmap /role allocation.		
	Establish MoH-M&E secretariat with partner participation (KEMRI, CNHR, AFIDEP, WHO, PIMA, KU, GIZ, Nairobi County…)	Health Data Analytics TWG	20th May
	Convene bi-monthly meetings of the TWG to review progress and support rollout	Secretariat to send timeline for TWG meetings	
	An MTR taskforces to be established between county M&E TWGs with similar ToR and a secretariat composed of key local partners	Communication from MOH	3rd July
	Enlist a team of consultant to lead different components of the review. Consultancy profiles;-Environmental analysis (SWOT, PESTEL etc.).ToR to be detailed to map all new programs created to achieve KHSSP target Policy reviews Data analytics (Qualitative data collection and analysis		

RESULT AREA	ACTIVITIES	ORGANISATIONAL SUPPORT	TIMELINES
Development of data collection tools	TWG to review and endorse	M&E Unit/ Consultants	July 2016
Capacity building for MTR	Data analysis workshop. (MOH TWG members consultancy team, partners, county participants)	M&E Unit/ Consultants	28th July
Data mapping	Match all indicators to their data sources	Consultants	30th June
Data collection (environmental ,policy review, and analytics) Include SDG indicators/UHC	Concurrent data collection and analysis to address data gaps	Consultants	Ongoing
Report writing workshop		Consultants	26th August
Roadmap to disseminate findings	Draft report and circulation		September
	Workshop for internal review.		October
	Present the report for more input at national health congress and at county health summits		
	Analytics workshop-Producing Draft health status report/MTR Discuss communication material and strategic (Policy briefs.		End of September
	Hold a national summit		November
CIVIL REGISTRATION AND VITAL STATISTICS			
Policy formulation and strategic planning	CRS mid-term strategic plan review	USAID-PIMA, Plan, Goal Kenya, CDC, WHO, UNFPA, UNICEF	RRI
Coordination and partnerships	Quarterly mortality statistics sub-committee meetings	MOH, CRS	
Capacity building and technical support to counties & other departments	Scale up ICD training to additional 5 new counties	WHO	RRI
	Follow up ICD implementation through monitoring, mentorship, CMEs, training in ANACOD & CoD Edit	USAID-PIMA, CDC, GF	S
Data quality assurance	Data quality workshops and review meetings	GF, USAID-PIMA	M
	Quarterly mortality surveillance reviews - health facility level	World Bank	M
Development of guidelines and protocols	Revise ICD training curriculum	USAID-PIMA, WHO, CDC	
	Develop VA standards, guidelines and training materials	WHO, CDC, USAID-PIMA	RRI

RESULT AREA	ACTIVITIES	ORGANISATIONAL SUPPORT	TIMELINES
Capacity building and technical support to counties & other departments	Implement VA in Rachuonyo North sub-county using standard international tools	CDC	S
	Roll-out MCH strategy on birth registration in 4 counties	UNICEF, UNFPA	RRI
	Training of community registration agents	USAID-PIMA	S
National reporting and monitoring systems	Monitoring of MCH birth registration in 3 counties	UNFPA, CDC	S
	Compilation and analysis of annual vital statistics (KVSR 2015)	UNFPA, USAID-PIMA, CDC, WHO	RRI
	Mortality analysis incorporating data from HDSS as case studies	HDC CRVS Group	RRI
	Quarterly vital and health statistics report	MOH, CRS	S
HEALTH INFORMATICS			
Policy formulation and Strategic planning	Sensitize stakeholders on e-Health foundational documents (Policy, Strategy, Enterprise Architecture, Interoperability standards and guidelines, M-health standards and related health sector documents)	GoK/WHO	By August
	Develop packaged material to disseminate the e-Health foundational documents		July
	Sensitizing National stakeholders	GoK/WHO	June –July
	Sensitize counties to disseminate the e-Health foundational documents. Target 5 pax per county		August
	Develop EHRs standards and guidelines		Short term
	Develop Health Information Systems Certification Framework	WHO, ITECH	Short term
	Review/assess the existing EHR/EMR for adherence to the standards and guidelines		Short term
Partnership and coordination	Establish eHealth TWG		July
	Hold an eHealth conference		Short term
National reporting and monitoring systems	Establish a consultative & inclusive process to expedite data exchange		Short term
	Hold a consultative forum of eHealth stakeholders on Health Information Exchange (HIE)		Short term
	To validate quality of data in Kenya Health Master Facility List (KHMFL) and institutionalize it's operations at national and county levels	WHO, World Bank	Short term
	To support ICT infrastructure for Ministry Health Information Systems		Short-term
	HIS budget resourced from ALL governments for sustainability- Develop a HIS resource advocacy plan for the National and County levels respectively	GoK	

RESULT AREA	ACTIVITIES	ORGANISATIONAL SUPPORT	TIMELINES
National reporting and monitoring systems	Develop the National Health Sector Unique Identifier Policy		Long term
	EHR's roll out in health facilities		Long term
	Sensitize stakeholders on e-Health foundational documents (Policy, Strategy, Enterprise Architecture, Interoperability standards and guidelines, M-health standards and related health sector documents)	GoK/WHO	By August
	Develop packaged material to disseminate the e-Health foundational documents		July
	Sensitizing National stakeholders	GoK/WHO	June –July
	Sensitize counties to disseminate the e-Health foundational documents. Target 5 pax per county		August
	Develop EHRs standards and guidelines		Short term
	Develop Health Information Systems Certification Framework	WHO, ITECH	Short term
	Review/assess the existing EHR/EMR for adherence to the standards and guidelines		Short term
	Establish eHealth TWG		July
	Hold an eHealth conference		Short term
	Establish a consultative & inclusive process to expedite data exchange		Short term
	Hold a consultative forum of eHealth stakeholders on Health Information Exchange (HIE)		Short term
	To validate quality of data in Kenya Health Master Facility List (KHMFL) and institutionalize it's operations at national and county levels	WHO, World Bank	Short term
	To support ICT infrastructure for Ministry Health Information Systems		Short-term
	HIS budget resourced from ALL governments for sustainability- Develop a HIS resource advocacy plan for the National and County levels respectively	GoK	
	Develop the National Health Sector Unique Identifier Policy		Long term
	EHR's roll out in health facilities		Long term

REPUBLIC OF KENYA

MINISTRY OF HEALTH

HEALTH DATA COLLABORATIVE

The Kenya Health Collaborative Mission 2016 was made possible with support from various partners. The contents do not necessarily reflect the views of these partners.