



## KENYA

### Background

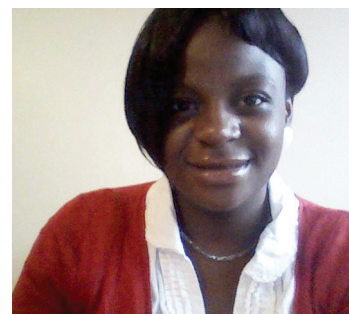
Following promulgation of the Kenya Constitution in 2010 and the devolution of the Ministry of Health (MOH), the 47 Departments of Health at the county level were given the responsibility to develop their own County Health Strategic Plans, County Stakeholders Forum Guidelines, and County Health Information System Strategic Plans. The government and partners coordinate with each other through the Technical Working Group (TWG) meetings that occur quarterly. During the TWG meetings, the partners present information on the implementation of key interventions carried out at the county level. The DHIS2 data is analyzed and disseminated during each meeting and an agreement is reached on the next steps.

In Kenya, both the Ministry of Health and the National Council for Population and Development (NCPD) have joint responsibility for the administration of the Kenya program. The placement of the M&E Officer in the MOH, with pass-through funding from the NCPD, was done to ensure alignment between these two key partners, as they jointly agreed to the need for additional monitoring and evaluation staff and collaborated on the selection of the candidate.

### Highlights of the M&E Officer's Work

There have been significant changes in the way the government uses data. Track20 and the Consensus Workshops have been a way to organize the disparate stakeholders in Kenya around data and promote data use in decision-making at the national and county levels. Data is regularly available through DHIS2 and the M&E Officer is able to routinely meet with government decision-makers and donors to discuss the data. During meetings with counties, officials have often been surprised about the data results, which demonstrates that data is influencing how people think about their programs. Top highlights of the program include:

- ◆ Data needs for four Family Planning Technical Working Group meetings were provided.
- ◆ Data preparation and internal review of core indicators for FP2020 were completed. This included review of visits and service statistics data from DHIS2 and data collection for out-of-pocket expenditures for family planning services.
- ◆ Policy documents identifying family planning goals to understand Kenya's progress towards their country's goals were reviewed.
- ◆ Special analysis on the potential stock out was done.
- ◆ A dashboard for health leaders was developed to incorporate stronger family planning indicators. This was critical to help the MOH more easily monitor the progress of their program.



**M&E Officer:** Hellen Sidha

**Location:** Ministry of Health

**Length of Posting:** 11 months

**M&E Officer's position**

**funded by:** Hellen Sidha is paid by Track20 through NCPD, a parastatal body. She sits in the MOH, Reproductive and Maternal Health Service Unit (RMHSU). Track20 considers her a government hire, though officially she is paid through NCPD.

- ◆ Technical support was provided to finalize the M&E framework for the reproductive and maternal Health service unit.
- ◆ Family planning guidelines and the development of indicators to monitor the program was reviewed.
- ◆ FP2020 core indicators and country progress information was disseminated to the Ministry of Health and Ministry of Finance.

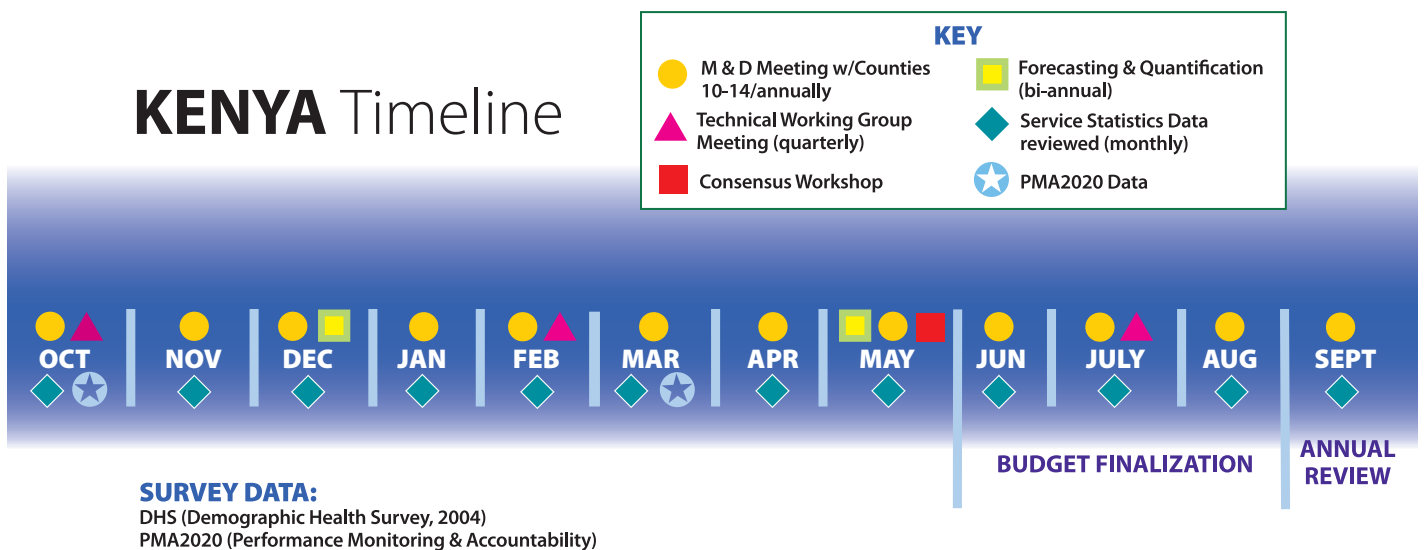
## 2015-2016 Priorities

Key activities that the M&E Officer will be taking on in the coming year are:

- ◆ Harmonizing the multiple M&E frameworks to reach agreement on the indicators that the government will monitor in addition to the FP2020 indicators.
- ◆ Using more local as opposed to regional values in estimating impacts.
- ◆ Working with partners to provide coordinated support to the 47 counties to monitor procurements, stock outs, and coverage.
- ◆ Monitoring disparities in the coverage of services as planning and budgeting systems for health are not yet in place at the county level despite funding being devolved.
- ◆ Using data to monitor changes in coverage and estimate impacts of shifts due to loss of services, and provide feedback on these issues to county health management teams.
- ◆ Ensuring the availability of service statistics data for input into FPET in 2015.

## Activities

The following represents an indicative picture of the range of opportunities where data is collected, analyzed, and then disseminated to partners, including key opportunities for FP decision makers to use the data for program design and performance management.



**Data Flow**

Service statistics on visits and commodities are reported every month to the MOH and are reviewed monthly by the M&E Officer. Counties with weaker data submissions are provided technical assistance by the M&E Officer through visits and training to improve their data submission and use. Quarterly, the national and disaggregated county data is prepared, analyzed, and disseminated to the counties through the TWG. The MOH determines the type of commodities and the volume to be procured. The MOH, through Kenya Medical Supplies Authority (KEMSA), supplies commodities to all public health facilities, private hospitals and faith-based/NGO health facilities.

**KENYA** Data Flow

