



MINISTRY OF MEDICAL SERVICES  
MINISTRY OF PUBLIC HEALTH AND SANITATION

# Kenya Health Information System Policy

July 2013



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**AfyaInfo**  
Kenya National HMIS Program

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## List of Acronyms

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CD	Compact Disc
FBO	Faith-Based Organisation
HIM	Health Information Management
HIS	Health Information System
ICT	Information Communication Technology
MOH	Ministry of Health
NGO	Nongovernmental Organisation
NHIS	National Health Information System



# Introduction

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## Policy Context

A well-functioning health information system (HIS) is critical for evidence-based decision making and monitoring of the actions that follow from those decisions. Use of good-quality data – defined by timeliness, accuracy, completeness, comprehensiveness, and reliability –strengthens health systems in various ways: producing effective health sector governance and stewardship, improving the quality and availability of health care service delivery, achieving universal access, reducing the disease burden, and increasing the efficiency, cost-effectiveness, and sustainability of health care projects and programs, all of which ultimately improves the health of the population. A robust Health Information System is essential for tracking progress towards the attainment of Millennium Development Goals, and of the national health goals; in Kenya, these are envisaged in Vision 2030, the Kenya Health Policy Framework (2012-2030), National Health Sector Strategic Plans, Annual Operational Plans, Medium-Term Plans, and other plans.

This HIS policy document envisages Kenya having a robust national health information system (NHIS) that is able to provide information on population growth, births, marriages, mortality and morbidity, disease outbreaks, social determinants of health (such as nutrition, environment, and oral health), access to and coverage of quality services, financing, human resources for health, and other health issues. Various tools and data collection methods that provide this information already exist, such as vital registration and census systems, surveys (household, facility, and regional), routine facility-based data collection systems, patient monitoring and medical records, disease surveillance, and research. All these need to be integrated with a view to enhancing access and quality of health information products and services.

The HIS policy discussed in this document aims to strengthen the NHIS in order to have a well-functioning health system that results in better individual and national health outcomes. The NHIS should be a basis from which to plan, implement, and monitor, and evaluate all components needed to improve disease-specific and general health service delivery systems. The various HIS stakeholders, including patients, communities, service providers, programme managers, policymakers, non-governmental and faith-based organisations (NGOs and FBOs), and bilateral and multilateral agencies, need information in order to measure overall performance, impact, and quality of their programs and activities.

The key driver for revising the HIS Policy (2010-2030) is to align it to the changing environment brought about by the devolution of the NHIS beginning in July 2013. Under devolution, the national government will provide policy guidance and capacity building to the county governments, which will have primary responsibility for the HIS in their areas.

## **Rationale and Purpose of the Health Information Policy**

HIS policy is an expression of health sector commitment to the goals and priorities for improving health information products and health services. The application of the core values and guiding principles in this policy document is expected to build an information culture that will enhance data demand and information use for evidence-based health care decision making in Kenya.

Specifically, this policy aims to:

- (i) Promote the mobilisation and efficient use of resources needed to improve health information
- (ii) Improve data collection, collation, analysis, storage, dissemination, and use
- (iii) Create the necessary regulatory framework for information management and reporting in the health sector
- (iv) Enhance the application and use of information communication technology (ICT) to enhance access and quality of health care
- (v) Improve privacy, confidentiality, and security of information sharing and use
- (vi) Provide a framework for implementation, monitoring and evaluation, and financing of the HIS policy objectives
- (vii) Create an environment for continual improvement of a devolved NHIS in line with the new constitutional mandate
- (viii) Provide an overarching institutional framework that defines roles and responsibilities



## Vision and Objectives

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### Vision of HIS

Be a Centre of Excellence for quality health and health-related data and information for use at all levels.

### Mission

Provide timely, reliable, high-quality, accurate and accessible health information for evidence-based decision making to promote the health of the nation.

### Core HIS Values for Health Workers

- a) **Integrity:** Reliability should be a characteristic of all who deal with health information
- b) **Innovativeness:** An environment of continual process improvement should be cultivated among health information professionals
- c) **Ethics:** All health workers handling confidential information should observe norms of privacy and confidentiality. They should not divulge or allow access to personal health information to unauthorised persons
- d) **Professionalism:** The health information profession should have a code of practice to ensure that all members uphold the highest standards of professionalism through continuous professional development.
- e) **Accountability:** Health information professionals should be held personally accountable and responsible for their actions including errors of omission and commission.

### Policy Goal

This policy seeks to strengthen information generation, validation, analysis, dissemination and utilization for evidence-based decision making.

### Policy Objectives

To achieve the above-stated policy goal, the Ministry of Health (MOH) and all stakeholders commit to:

- a) Mobilise resources for maintaining and improving the NHIS
- b) Improve data management at the national and county levels
- c) Strengthen partner and stakeholder collaboration and participation in improving the NHIS
- d) Provide legal frameworks and guidelines to facilitate an effective HIS at the national and county levels
- e) Promote the use of research for policy advocacy at the national and county levels

- f) Promote the use of appropriate technologies to enable the state and devolved systems to share and use information efficiently and effectively
- g) Develop the capacity of counties to take on more HIS responsibilities.

### **Guiding Principles**

The successful implementation of this HIS policy will depend on the:

- a) Commitment and resolve of all stakeholders and partners to mobilize resources and efforts towards the fulfillment of common HIS objectives
- b) Efficient and effective allocation and use of limited HIS resources to address unlimited challenges facing the HIS sub-sector
- c) Ability of the health sector to promote a culture of evidence-based decision making among the producers and users of health information
- d) Strategic approach of the health sector in aligning the HIS priorities to the overall policy and legal environment in health sector.
- e) Capacity of counties to take on more HIS responsibilities

## Priority Actions

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To attain the stated HIS policy goal and objectives, the following seven priority actions must be carried out:

1. Mobilise resources for maintaining and improving the NHIS
2. Improve data management at the national and county levels
3. Strengthen partner and stakeholder collaboration and participation in improving the NHIS
4. Provide legal frameworks and guidelines to facilitate an effective HIS at the national and county levels
5. Promote the use of research for policy advocacy at the national and county levels
6. Promote the use of appropriate technologies to enable the state and devolved systems to share and use information efficiently and effectively
7. Develop the capacity of counties to take on more HIS responsibilities.

### **Mobilize Resources for Maintaining and Improving the NHIS**

Devolution of the NHIS and health-related information systems has revealed shortcomings in human, financial, infrastructure and ICT resources. The MOH faces inadequacies in technical staff in terms of numbers and skill mix, budgetary allocations, and infrastructure, making it challenging to create and maintain a strong HIS at the national and county levels. Uncoordinated leadership in data management – because of parallel reporting systems and inadequate data collection and reporting tools – also greatly affects data completeness, accuracy, and timeliness.

To ensure adequate resources to support the HIS at national and county levels, the health sector shall:

- (i) Strengthen the capacity of HIS to mobilise resources at all levels
- (ii) Allocate a specified minimum amount of the health care budget to the HIS
- (iii) Allocate funds for health research and innovations
- (iv) Create a sector-wide approach for resource mobilisation and allocation at national and county levels

### **Improve Data Management at National and County Levels**

The quality of data captured by and the information generated from an HIS depends on the quality of health indicators, systems design, and tools. This policy seeks to improve information generation and use through effective data management processes: collection, collation and analysis, storage, dissemination, and use. The health sector shall undertake the following actions specific to;

- a) Data collection
  - i. Data collection processes, including production of a metadata dictionary, minimum indicators, and tools as well as standard operating procedures, shall be guided by five-year strategic plans.
  - ii. All persons attending to patients shall record these data either manually or electronically, according to the prescribed format.

- iii. Data collected and information generated in the health sector shall be handled in confidence according to established protocols.
- iv. A National Unique Identifier Code for all individuals receiving health care services shall be adopted.
- v. Documentation of medical records shall be done in accordance with established standard operating procedures.
- vi. Inpatient conditions and procedures shall be recorded in line with International Classification of Diseases by the World Health Organisation or a similar nomenclature as authorised by the NHIS.
- vii. Data capture in outpatient departments/facilities shall be done according to HIS procedures.
- viii. All personnel certifying births and deaths, coding and indexing of conditions and procedures shall undergo prior training on the same.
- ix. Each health facility in Kenya shall have a unique identifier.
- x. A metadata dictionary, minimum indicators, and minimum data sets shall be maintained to support data collection at all levels.
- xi. Data validation checks and procedures shall be outlined.
- xii. Mechanisms for dealing with non-adherence to regulations during data collection and penalties thereof shall be outlined.
- xiii. A system of reporting shall be developed that is aligned to the health sector goal by:
  - a) Reporting on disaster cases, gender-based violence, vulnerable groups, people with special needs, and drug and substance abuse
  - b) Capturing performance during mass events
  - c) Ensuring that all health information subsystems support a national and county health observatory or dashboard. (These subsystems include population-based surveys; census, Demographic and Health Survey (DHS), civil registration, surveillance and service-based sub-systems, routine services, Logistics Management Information System (LMIS), Integrated Financial Management Information System (IFMIS), and Integrated Human Resource Information System (IHRIS))
  - d) Ensuring that all health information subsystems are standards-based to promote interoperability
  - e) Ensuring all health information subsystems, including data collection tools and applications, meet user requirements at all levels
  - f) Ensuring that any changes to requirements for data collection, tools, or reporting methods are vetted by the National Health Information System Interagency Coordinating Committee before implementation
  - g) Providing monetary and nonmonetary incentives to volunteer health workers who support data management processes at various levels of the health system as a means of motivation



viii. Promote information dissemination by:

- a) Ensuring that completed reports of major surveys are released within stipulated timelines
- b) Producing monthly feedback reports and quarterly analysis reports (disaggregated by age, gender, urban/rural location of facility, and by administrative unit) no later than one month after the end of the reporting period
- c) Publishing the NHIS annual report for each year no later than 31<sup>st</sup> March of the following year
- d) Requiring all non-MOH institutions and organisations conducting health surveys and research to submit survey reports to the MOH within 6-12 months of data collection
- e) Ensuring compliance with all relevant information acts of the Government of Kenya regarding retention, archiving, and disposal
- f) Requiring all planning submissions to provide supporting evidence for proposed activities and incorporate the use of health information to set and monitor goals and targets at national and county levels
- g) Institutionalising knowledge management through establishment of a searchable repository of all surveys, research, and statistical reports and consolidate NHIS-relevant data from national and county levels
- h) Ensuring that all health information users, both internal MOH and external, submit their completed reports to the MOH offices within 6-12 months of completion of project or post-utilisation of the health information.

e) Data use

- (i) Each level shall create demand and promote use of HIS through timely supply of accurate and easily understandable information.
- (ii) The use of data at the points of collection shall be enhanced in order to improve quality of care and stimulate critical self-assessment.
- (iii) Medical data shall only be used for the purposes for which it was collected, and for additional purposes authorised by law, or consented to by the data subject.
- (iv) Data use shall be promoted among health staff, other government agencies, stakeholders, and partners
- (v) Penalties for misuse of health and health-related data shall be established.

## **Strengthen Partner and Stakeholder Collaboration and Participation**

The HIS suffers from the fact that many vertical programmes exist resulting in duplication of efforts, poor coordination and waste of resources. In addition, there is no legal framework to make reporting mandatory. To ensure synergy among health stakeholders, avoid duplication, and leverage the comparative advantage of stakeholders and partners, the health sector shall;

- a) Provide an enabling environment for stakeholders and partners by:
  - (i) Ensuring senior health sector leadership is committed to promoting a culture of data demand and information use
  - (ii) Fostering the development of joint plans of action for improving and maintaining the NHIS at the national and county levels
  - (iii) Creating a framework for joint financing of NHIS activities at national and county levels
  - (iv) Enhancing health information sharing with the population, through various methods for different targeted audiences
- b) Develop NHIS coordination structures at the national and county levels that are responsible for:
  - (i) Providing leadership in the use of information
  - (ii) Mobilising resources for strengthening the NHIS
  - (iii) Sharing health products and resources
  - (iv) Vetting all regulations and procedures for data collection, collation, analysis, storage, dissemination, and use
  - (v) Validating health findings before dissemination and use
  - (vi) Vetting the use of ICT at the national and county levels
  - (vii) Coordinating and monitoring partners' and stakeholders' efforts in supporting the NHIS
  - (viii) Undertaking baseline, mid-term, and end-line evaluation to determine the relevance, efficiency, effectiveness, and sustainability of health information interventions and innovations
- c) Promote the one NHIS spirit by:
  - (i) Establishing an National Health Information System Interagency Coordinating Committee for championing NHIS priorities
  - (ii) Establishing the relevant Technical Working Groups at the national and county levels to be in charge of coordinating the efforts of MOH, Stakeholders and Partners.
  - (iii) Mainstreaming the development of a monitoring and evaluation framework with the three (3) ones (one plan, one financing mechanism, and one monitoring system framework) for the national and county levels
  - (iv) Creating programs with joint action by partners and stakeholders at the national and county levels
  - (v) Developing a harmonised NHIS that is compatible with other health information-related systems
  - (vi) Creating information management scorecards and reward mechanisms for each health information unit at national and county levels

- (vii) Supporting the establishment of common data architecture for health information coordination and generation through different sources – routine sources, vital registration, surveys, and research.

## **Create a Legal and Regulatory Framework for HIS Reporting**

The Constitution of Kenya 2010 includes a new dispensation which places a premium on access to high-quality health care for all Kenyans. To achieve this constitutional requirement, the HIS will play an important role in providing the data and information required for evidence-based decision making. A key weakness in the current HIS is the absence of clear statutory provisions for managing health data at national and county levels. It is thus necessary to put in place a robust legal and regulatory framework for managing the collection, collation, analysis, evaluation, storage, and dissemination of health and health-related data and information at all levels.

To enable the implementation of the HIS policy, the MOH shall:

- a) Provide the appropriate legal and regulatory framework by:
  - (i) Developing a bill which institutionalises the MOH as the sole custodian of national health information
  - (ii) Reviewing the Public Health Act to align it with the HIS policy and other government requirements
  - (iii) Enforcing mandatory reporting by all health care providers at the national and county levels
  - (iv) Developing mechanisms for joint action aimed at strengthening the national and county HIS
  - (v) Regulating the professional standards for engagement of HIS practitioners
- b) Develop appropriate standards and guidelines for:
  - (i) Selecting and using the Electronic Medical Records/ Electronic Health Records Systems
  - (ii) Ensuring the right to access, privacy, and confidentiality of health information is maintained
  - (iii) Selecting infrastructure to support HIS operations at national and county levels
- c) Take actions to:
  - (i) Adapt for the Kenyan context the Health Metrics Network Framework and other reforms required for well-functioning national and county HIS
  - (ii) Regulate institutional and personal access and use of data
  - (iii) Develop appropriate regulations for retention, ownership, de-identification, and other aspects of medical records
  - (iv) Develop procedures to regulate disposal of information materials, tools, and information products with specified timeframes
- d) Take actions to:



Provide administrative guidelines for mandatory standard reporting of all health and health-related data to a central authority at national and county levels. Such guidelines shall spell out:

- a. Responsibilities and reporting mechanisms and schedules to be applied at the national and county levels
- b. Type and content of data to be collected and reported by all health care providers in the country
- c. The minimum set of indicators to be reported and formats for reporting to support national and county reporting
- d. Alignment of multiple stakeholders towards a common reporting mechanism and objective.

### **Promote the Use of Research for Policy Advocacy**

This HIS policy seeks to address the increased demand for clinical, biomedical, and operational research; improve collaboration with the different research institutions; and expand linkages between research and policy.

The NHIS shall establish mechanisms to promote, coordinate, regulate, and ensure sustainability of health research and development. The NHIS shall promote health research by:

- a. Establishing coordination structures for health research
- b. Developing a regulatory framework for research
- c. Building capacity for health research among health professionals
- d. Mobilising resource for health research
- e. Ensuring application of research results to improve health interventions
- f. Protecting intellectual property rights of research innovations in health

### **Adopt and Use ICT in the HIS Subsector**

The application of ICT in the health sector is meant to simplify administrative processes and reduce data-gathering and processing costs. It also aims to facilitate the delivery of health information to remote locations within the sector. Importantly also, the application of ICT in the sector provides a platform for aligning multiple stakeholders towards a common reporting mechanism and objective. This policy priority thus seeks to entrench ICT in the operations of the NHIS at national and county levels in order to ensure efficient and effective delivery of health services at all levels.

To enhance access and efficiency of data gathering, processing, dissemination, and use, the MOH shall do the following:

- a) Develop the relevant standards and regulations necessary for:
  - (i) Protecting access, privacy, and confidentiality while permitting critical analytic uses of health data
  - (ii) Using appropriate electronic technology that allows sharing of health information in a secure manner

- (iii) Using information systems that improve patient care services and support a continuum of care
- (iv) Using information technology that protects the privacy of personal health information disseminated electronically
- b) Adopt appropriate communication technologies to enable:
  - (i) Improved communication between health sector levels and dissemination of information outside the sector
  - (ii) Simplification of administrative processes and facilitation of the delivery of health-related information to and from remote areas within the health sector
  - (iii) Enabling poor, vulnerable, and marginalised communities to access health care services through telemedicine, e-health, and other forms of services
- c) Adopt appropriate and relevant technologies by:
  - (i) Ensuring all software programs in use meet basic minimum Electronic Medical Records and Electronic Health Records and other internationally accepted functionality requirements
  - (ii) Ensuring the technical, semantic, and policy interoperability of technologies to exchange of health electronic information
  - (iii) Promoting the use of cost-effective and sustainable ICT taking into account, ethical, and cultural considerations
  - (iv) Advocating the use of locally made technological solutions for sustainability
  - (v) Developing an enterprise architecture for the NHIS
  - (vi) Developing user-friendly electronic products that are accessible and simple to use by all
  - (vii) Hosting HIS databases at national and county levels in order to enhance national ownership and security of HIS data
  - (viii) Improving the infrastructure and hosting of health data ensuring environmentally sound disposal of HIS e-waste
  - (ix) Conducting regular infrastructure assessments to improve technology to support health information management (HIM)
  - (x) Developing and implementing a curriculum to strengthen the capacity of health workers to embrace an automated environment in health service delivery
  - (xi) Ensuring appropriate security mechanisms are in place to safeguard HIS data
  - (xii) Developing and enforcing use of a data dictionary as a tool for standardising HIS data files (indicators, data elements, validation rules) and as a tool for assisting other stakeholders in designing their own compatible data sets

## **Develop the capacity of counties to take on more HIS responsibilities**

To comply with the Constitution of Kenya (2010), this policy applies the principles of devolution to all aspects of the NHIS using a systems approach in order to realize the full

potential of a well-functioning system working towards a common vision. To address all subsystems of the NHIS in the devolved system, the health sector shall:

- (a) Determine performance objectives and targets of the devolved units. The health sector shall:
  - (i) Ensure the inputs required for achieving the objectives of the units are provided
  - (ii) Develop a criteria for performance monitoring and evaluation to be applied in assessing the progress made by the devolved units on key performance indicators
  - (iii) Develop norms and standards to be applied in assessing the status of service delivery in the devolved units
- (b) Provide the required human resources for the devolved units by:
  - (i) Determining the required number of staff establishment for the devolved units
  - (ii) Determining the skills required for the devolved units
  - (iii) Recruiting qualified staff as per the staff establishment
  - (iv) Developing appropriate schemes of service in line with new staffing requirements
  - (v) Undertaking continuous training needs assessments in line with the dynamic health sector environment
  - (vi) Developing training curricula for pre-service and in-service personnel
  - (vii) Developing and implementing appropriate capacity-building programs to ensure effective HIS functioning at all levels
  - (viii) Determining appropriate compensation and remuneration to attract and retain a committed HIS workforce
  - (ix) Providing a conducive work environment and tools to ensure maximum productivity of the HIS personnel in the devolved units
  - (x) Developing appropriate succession plans for HIS personnel
- (c) Make available the resources required for a devolved system by:
  - (i) Determining the resources required in terms of equipment, hardware, and software for all devolved units
  - (ii) Providing resources to the devolved units
  - (iii) Ensuring appropriate mechanisms for preventive maintenance of available resources
  - (iv) Ensuring the use of resources sustainably and efficiently
- (d) Promote data demand and information use at the devolved level by:
  - (i) Establishing monitoring and evaluation systems for each devolved unit
  - (ii) Enforcing reporting by all service providers at the devolved level
  - (iii) Adopting common data collection tools and reporting formats for all devolved units

- (iv) Creating mechanisms for benchmarking of devolved units
- (v) Encouraging the use of harmonised Electronic Medical Records and Electronic Health Records by all devolved units
- (vi) Establishing mechanisms for information sharing between devolved levels
- (e) Ensure sustainable financing of devolved units by:
  - (i) Identifying financing priorities for devolved units
  - (ii) Adopting joint programs of work across devolved levels
  - (iii) Encouraging basket funding for HIS at devolved levels
  - (iv) Establishing optimal HIS interventions for financing through operational research
  - (v) Ensuring available finances are utilised efficiently and effectively
  - (vi) Ensuring equitable allocation and distribution of available financial resources
- (f) Promote effective leadership and governance systems in devolved units by:
  - (i) Creating management, governance, and leadership structures for driving the HIS agenda in devolved units and levels
  - (ii) Developing appropriate policies and regulations to govern the use of health information at devolved levels
  - (iii) Establishing mechanisms for the enforcement of policies and public health laws relating to health information at the devolved levels
  - (iv) Ensuring that information sharing at devolved levels is in line with the requirements of the Constitution of Kenya 2010 with respect to the right to information
  - (v) Using health information to measure progress towards achieving the health sector goals of providing quality, accessible, and affordable health care at the devolved level
  - (vi) Using health information to rate the health system with respect to provision of a minimum standard of care as required by the Constitution of Kenya at the devolved level
  - (vii) Using health information to foster a culture of public accountability in the use of resources at the devolved level

## **Implementation, Evaluation and Financing Mechanisms**

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This chapter looks at the mechanisms that must be in place to ensure proper implementation, evaluation, and financial sustainability of the NHIS.

### **Implementation Mechanisms**

#### **Institutional Structure**

This HIS policy framework recognises the various existing administrative and devolved levels of the Government in Kenya. The devolved structures shall supervise the collection, analysis, storage, and dissemination of data and information by health providers and shall be responsible for registers and other data collection tools.

#### **Roles and Responsibilities**

This section defines roles and responsibilities of the various actors at all levels of the health sector.

This policy recognises the two levels of government under the Constitution of Kenya 2010 and the devolved function of each. In implementing this policy, national responsibility shall be vested with the organisational unit responsible for HIS at the State Department of Health. Similarly, implementation at the county level shall be domiciled in the organisational unit responsible for HIS at the County Department of Health. Implementation support and monitoring and evaluation of HIS activities at national and county levels shall also be augmented by stakeholder coordination structures primarily the Interagency Coordinating Committees at those levels. Other HIS actors are set out in the sections below.

#### **The General Public**

The public shall ensure that any vital events or other significant health occurrences in the community are reported to the responsible authorities.

The public shall be entitled to information on the performance of the MOH through regular publications and/or by special request.

#### **The Private Health Sector**

Currently there is no legal obligation for private sector health service providers to provide their activity data to the MOH. However, with this HIS policy, all private sector providers will be required to submit their data regularly as stipulated in order to give a comprehensive picture of the sector.

When the Public Health Act is reviewed, it is proposed that statutory provision be made to require the private sector to notify at least all diseases under surveillance.

#### **Faith-Based Organisations**

In the spirit of partnership, the MOH and FBOs shall ensure that all health facilities under their respective umbrellas adhere to HIS policy requirements. In addition, the MOH in collaboration with partners shall mobilise resources for the NHIS and allocate such to priority areas identified in this HIS policy.

## Ministry of Health

The different levels of the health system have the following roles:

### a) Community level

- i. Every community unit shall maintain, update and hold regular community dialogue meetings with an aim of sharing health information to household members as stated in the health sector community strategy.
- ii. The community health workers shall maintain registers, record daily activities and report regularly to the supervising health facility.

### b) Health facility level

- i. The health facility shall maintain and update its HIS, which shall include records, filing system(s), and a registry for primary data collection tools (such as registers, cards, file folders), summary forms (such as reporting forms, CDs, electronic backups), in a way to safeguard them from any risks, e.g. fire, floods, access by unauthorised person.
- ii. Every health facility shall summarise health and health-related data from the community and health facility, analyse, disseminate, and use the information for decision making, provide feedback, and transmit summaries to the next level.

### c) County level

- i. The county shall have oversight responsibility for managing all health and health-related data from all service providers within its area of jurisdiction.
- ii. The county shall give technical, material, and financial support to all service providers in the NHIS.
- iii. The county shall create and maintain a data repository.
- iv. The county shall collaborate and work in partnership with other statistical constituencies at the county level to build one HIS.
- v. The county shall collate, analyse, disseminate, use health and health-related data from all health facilities/providers, and give feedback to all health care providers.
- vi. The county shall give technical, material, and financial support to all districts and service providers in HIS.
- vii. The county shall create and maintenance a data repository.
- viii. The county shall collaborate and work in partnership with other statistical constituencies at the provincial level to build one HIS.
- ix. The county shall collate, analyse, disseminate, and use health and health-related data from all districts and give feedback to all health care providers.

### d) National level

- i. The national level shall have oversight responsibility to manage all health and health-related data from all service providers.

- ii. The national level shall provide technical, material, and financial support to counties and service providers in HIS.
- iii. The national level shall develop guidelines and formulate policies.
- iv. The national level shall coordinate development of minimum data sets and data requirements of the health sector.
- v. The national level shall collate, analyse, disseminate, and use health and health-related data from all counties and sub-counties.
- vi. The national level shall create and maintain a data repository.
- vii. The national-level MOH shall collaborate and work in partnership with other national-level statistical constituencies to build one NHIS.

### **Statistical Constituencies**

National-level statistical constituencies collaborating to build one NHIS include the following:

- i. Kenya National Bureau of Statistics
- ii. Vital Registration
- iii. Research and training institutions

These organisations shall maintain close working relationships and partnerships with the HIS to provide data on population-based statistics, vital events (births and deaths), and health-related research data for comparative analysis and warehousing.

### **Other Ministries**

There shall be close collaboration and partnership with other ministries in strengthening the NHIS.

### **Training Institutions**

NHIS human resource requirements shall be harmonised with the HIS-related curricula offered by training institutions.

### **Mass Media**

The media shall play a role in advocacy for health and health-related information.

### **Implementing Partners**

Implementing partners shall:

- i. Support the strengthening of HIS in their areas of operation
- ii. Work within the existing HIS framework and meet the reporting requirements as defined by minimum data sets.

### **NGOs and Development Partners**

- i. There shall be close partnership between the MOH, Stakeholders and Development Partners in HIS strengthening, especially in population-based studies such as Demographic Surveillance Systems.

- ii. In the spirit of the Kenya Health Sector-Wide Approach (SWAp), development partners shall be encouraged to give technical, material, and financial support to strengthen the NHIS. Development partners shall promote one integrated NHIS by supporting priority actions identified in this policy.

### **Establishment of a Professional Regulatory Board**

The HIM profession in Kenya has been created in response to a need for accurate and complete data regarding the care and treatment of patients and the production of timely information for evidence-based decision making within the health sector. HIM professionals, like their colleagues elsewhere in the health sector, need to be regulated to ensure that they operate professionally. Regulatory mechanisms for health records and information management, as for any other health profession, shall include activities like state licensure and certification of practitioners, accreditation of programmes, and legislation that governs practice. This calls for the establishment of a professional regulatory board which shall be responsible for:

- a) The development of HIM professionals through the setting up of educational standards for quality educational programs and providing recognition for the educational programs that meet those standards
- b) Certification of educational programmes for HIM profession, research, and advocacy
- c) Regulation of entry into the HIM profession by ensuring HIS are staffed by qualified personnel

### **Implementation of the HIS Policy**

The implementation of this policy shall be supported through consecutive five-year strategic plans complemented by annual work plans which shall be developed to guide implementation of this policy.

### **Revision of Policy**

The HIS policy will be regularly reviewed and updated as required, to reflect the global, regional, and local context. This review will be done every five years, in conjunction with the review of the National Health Strategic Plan.

### **Monitoring and Evaluation Mechanisms**

To ensure constant tracking of progress towards NHIS policy objectives, the MOH shall:

- a) Develop a monitoring and evaluation framework.
- b) Through the National Health System Interagency Coordinating Committee, regularly review the policy to maintain its relevance and appropriateness to the broader objectives of the health sector.
- c) Develop an evaluation criteria for:
  - (i) The pre-implementation evaluation of the design to address the following criteria:
    - a) Policy and objectives



- b) Technical feasibility
  - c) Financial viability
  - d) Political viability
  - e) Administrative operability
- (ii) Concurrent (operational) implementation evaluation criteria for:
- a) Monitoring the extent to which actual implementation of the system is as envisaged at the pre-implementation stage
  - b) Determining the degree to which the implemented system is successfully achieving its stated objectives and whether it is providing the services and benefits envisioned by the designers.
- (iii) The following post-implementation evaluation criteria shall be used to ascertain the extent to which the envisioned benefits of the system have been realised:
- a) Internal criteria (quality of information)
  - b) External criteria (resource and managerial support)
  - c) Ultimate criteria (impact)

## Financing Mechanisms

The health sector shall have available the finances that will allow it to develop or procure adequate human, infrastructural, equipment, and consumable resources needed for the functioning and sustainability of the NHIS. The MOH and partners shall seek and establish long-term funding sources and forecast proper human resources to ensure there are right numbers of health information personnel, computers, stationery, communication equipment, and systems. Adequate budgets for staff development shall be available each year including funds for timely publishing of reports and surveys. Sustainability shall be enhanced by active involvement of all parties at all stages of HIS development. Sustainability will also depend on HIS staff retention through improving their skills and status.

Sustainability of the NHIS shall be achieved through:

- a) Ensuring that NHIS staff are technically qualified and deployed in adequate numbers
- b) Having skills development programmes and regular training on data management and benchmarking for all levels of service
- c) Mobilising and allocating adequate resources (equipment, material, infrastructure, and financial) for ensuring an effective functional NHIS
- d) Ensuring top management support for NHIS operations
- e) Establishing resource mobilisation mechanisms in which:
  - (i) The MOH in collaboration with partners mobilises financial resources through appropriate and sustainable means to enable all levels of the health sector to produce high-quality health and health-related data as well as to develop staff

skills and provide critical inputs to convert data into meaningful information readily available for decision making.

- (ii) The National Health Information System Interagency Coordinating Committee is used as a resource mobilisation forum.
- (iii) Budgetary allocations are at least 10 per cent of the total health sector allocation.
- (iv) Human resources are hired and deployed in adequate numbers and with appropriate skills.
- (v) The MOH works towards independently financing the implementation of this HIS policy.

