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USAID KENYA COUNTY MEASUREMENTS, LEARNING AND ACCOUNTABILITY PROGRAM: TUPIME KAUNTI

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ACRONYMS AND ABBREVIATIONS

AIDS Acquired Immunodeficiency Syndrome
ANC Antenatal Care
AOR Agreement Officer's Representative
APR Annual Performance Review
APR&P Annual Performance Report and Priorities
AWP Annual Work Plan
CAPR Community AIDS Programs Reporting
CASCO County AIDS and STD Coordinator
CAHC County Assembly Health Committee
CDH County Director of Health
CDOH County Department of Health
CECM County Executive Committee Member
CHIS Community Health Information System
CHMT County Health Management Team
CHRIO County Health Records and Information Officer
CHSCC County Health Sector Coordinating Committee
CHSSIP County Health Sector Strategic and Investment Plan
CHW Community Health Worker
CIDP County Integrated Development Plan
CLA Collaborating, Learning, and Adapting
CRS Civil Registration Services
CRVS Civil Registration and Vital Statistics
COH Chief Officer for Health
CoG Council of Governors
COP Chief of Party/ Country Operational Plan
CPIMS Child Protection Information Management System
DATIM Data for Accountability, Transparency and Impact
DCS Department of Children Services
DDU Data Demand and Use
DHIS2 District Health Information System
DQA Data Quality Assurance/ Audit
DSL Data Services Layer
EID Early Infant Diagnosis
EMR Electronic Medical Records
eMTCT Elimination of Mother-to-Child Transmission
EPMP Evaluation and Performance Measurement Plan
ETR End Term Review
FP Family Planning
FY Financial Year
GIS Geographical Information System
HIGDA Health Informatics Governance and Data Analytics
HIS Health Information System
HIV Human Immunodeficiency Virus
HEA Health Enterprise Architecture
HMIS Health Management Information System
HP+ Health Policy Plus
HRIO Health Records and Information Officer
HSDSA HIV Service Delivery Support Activity
ICD10 International Statistical Classification of Diseases 10th Revision
IDSR Integrated Disease Surveillance and Response
ICT Information and Communication Technology
IPT Intermittent Preventive Treatment
IR Intermediate Results
KAIS Kenya AIDS Indicator Survey
KHF Kenya Health Forum
KMHFL Kenya Master Health Facilities List
KMHCUL Kenya Master Health Community Units List
KSG Kenya School of Government
LDG Leadership Development Group
LIPs Local Implementing Partners
LLIN Long-Lasting Insecticide-Treated Nets
LMIS Logistics Management Information System
MANI Maternal and New Born Initiative
M&E Monitoring and Evaluation
MCSP Maternal and Child Survival Program
MLA Measurements, Learning and Accountability
MNCH Maternal, Neonatal, Child and Adolescent Health
MOH Ministry of Health
MTEF Medium Term Expenditure Framework
NASCOP National AIDS and STD Control Programme
NCD Non-Communicable Diseases
NMCP National Malaria Control Program
OLMIS OVC Longitudinal Management Information System
OVC Orphaned and Vulnerable Children
PEPFAR U.S. President's Emergency Plan for AIDS Relief
PBB Program-Based Budgeting

PIP Performance Improvement Plans
PIRS Performance Indicator Reference Sheets
PMP Performance Monitoring Plan
PMTCT Prevention of Mother-to-Child Transmission
AIDS Acquired Immunodeficiency
RDQA Routine Data Quality Assessment
RMNCAH Reproductive, Maternal, Neonatal, Child, and Adolescent Health
SCHMT Sub County Health Management Team
TBC To Be Confirmed
TBD To Be Determined
TK Tupime Kaunti
TOT Trainer-of-Trainers
TWG Technical Working Group
USAID United States Agency for International Development
USG United States Government
VL Viral Load

I. TUPIME KAUNTI EXECUTIVE SUMMARY

Tupime Kaunti is a USAID-funded project whose goal is to contribute to a One functional, sector-wide monitoring & evaluation system for improved decision-making, transparency, and accountability in health. The project thus supports ongoing activities by the national and county governments and other development partners to strengthen outcome measurements, learning, and accountability (MLA) systems in order to provide quality data and synthesized information for planning, implementation, policy development, and decision making. The focus areas are HIV, Malaria, RMNCAH and nutrition. The project counties are Bungoma, Busia, Homabay, Kakamega, Kisii, Kisumu, Migori, Siaya and Vihiga. The RMNCAH priority counties are Kisumu, Migori and Kakamega, while the Malaria priority counties are Kisumu, Migori, Kakamega, Busia, Bungoma, Vihiga, Homa Bay and Siaya

The strategic approach of the project entails implementing six interdependent technical approaches to improve MLA systems in the focal counties. These strategies are: building capacity, engaging county leadership and other stakeholders, strengthening policies and systems, linking with HIGDA project, assessing MLA systems and learning and using data for action. This report details the project's progress realized in quarter three of FY18.

Qualitative Impact

During the reporting period, milestones in leadership and management capacities were evident. The LDG group in Homa Bay county completed the County stakeholder coordination framework which was approved by the County Executive Committee. Thus increased structured stakeholder participation and engagement capacities to steer alignment and collaboration of health sector stakeholders in prioritized program issues that need to be addressed from time to time. County ownership of the LDG group was evident as the LDG group was transitioned to an existing internal county structure- the Ministerial Leadership Coordination Committee (MLCC) for sustainability. The MLCC is led by the CECM and executes the LDG group roles during their monthly meetings. In Migori county, the LDG group spearheaded orientation and advocacy workshops for the County Assembly Health Committee. The advocacy resulted in validation and adoption of the county health priorities as outlined in the CHSSIP 2018-2023.

Efforts to increase capacities in analytics and use of quality data are ongoing. During the period, the county analytic champions (TOTs) spearheaded development of information products to aid in informed decision making. The products ranged from HIV profiles, RMNCAH fact sheets, malaria bulletins, county HIV progress briefs and CHSSIP II progress briefs. The counties have continually used evidence from these information products to make decisions and strategize as evident in the ongoing development of the CHSSIP 2018-23

As a step towards institutionalization of data quality, the project supported Busia and Bungoma to conduct RDQAs using the DQA protocol. Findings from the RDQA highlighted data quality gaps such as: data errors in immunization, maternity, and ANC registers and summaries; non-availability of some reporting tools; non-availability of guidelines or SOPs; and inadequate HIS skills. To address the gaps, both counties developed Data Quality Improvement (DQI) plans to be followed up by DQI teams. The RDQAs were supported by Tupime Kaunti and other partners and were guided by the sector's Data Quality Assurance Protocol.

In support of improving capacities for the end users' in information systems, the project supported Kisumu County to sensitize healthcare workers on CHIS tools for improved delivery of community health services and data management.

Finally, the project supported 7 out of 8 counties to develop data informed costed annual work plans (AWP) for FY18/19. The project analysis showed evidence of improved progress in the quality of malaria data after conducting malaria data review in the preceding quarter. The project provided technical leadership by developing RMNCAH data use frameworks and standardizing data review templates for all the counties. The project engaged the DCS in its efforts to strengthen the child protection information systems (CPIMS). Consequently, the DCS officers identified gaps in management and provision of child protection services.

Constraints and Opportunities

Opportunities

- The USAID review and the accompanying joint field visits during the quarter was an opportunity for Tupime Kaunti Project in refocusing her interventions for enhanced support to focus counties in strategic information.
- Participation of the project in the ongoing development of the KHSSP 2018 – 2023 is an opportunity for the project to articulate health priorities of the counties for inclusion
- The current participation of the project in the ongoing M&E plan gives an opportunity to strengthen data collection on indicators and ensures that the county plans capture key outcome priorities.
- Through the Malaria RDQAs, there is an opportunity to upscale use of malaria data at the facility level by providing job aids on data flow and use.

Constraints

- Development of policy documents requires considerable resources and takes up substantial time. Counties have so far not been able to allocate substantial financial resources to this process contributing to delays. The project is facilitating the LDGs to develop comprehensive road maps to guide engagement of stakeholders on resource mobilization.

Subsequent Quarter's Work Plan

Output 1.1: Improved CHMT leadership and management capacity to develop and implement outcome measurements, learning and accountability policies, strategies, frameworks, guidelines and standard protocols.

- Provide technical assistance to counties to conduct HIS and M&E policy Implementation monitoring.
- Conduct re-orientation workshops for the LDG groups.
- Update and finalize capacity-building package for LDG groups.
- Jointly with other partners, convene stakeholder meetings for CDOH, Department of Children Services and orphan and vulnerable children implementing partners.
- Provide technical assistance to counties in developing and finalizing CHSSIP 2018 – 2023 and M&E Plans.
- Provide technical assistance to counties to update TORs for HIV, Malaria and RMNCAH TWGs.

Output 1.2: Strengthen county- and sub county-level outcomes measurement, learning, and accountability system.

- Conduct an outcomes measurement orientation workshop targeting high burden counties on how to estimate eMTCT.

- Mentor counties to develop quarterly HIV profiles.
- Orient counties on the standardization of information products (HIV profiles and HIV scorecards) on HIV outcomes.
- Mentor counties to develop HIV scorecards that covers the first six months of the FY2017/18.
- Orient the core leadership and governance team at county level on outcomes measurement for purposes of buy-in.

Output 2.1: Improved capacity of county health management teams in data management systems (DHIS2, CHIS, LMIS, EMR, CAPR, CRVS, and CPMIS) to generate high-quality data.

- Orient CHMTs on the EMR Data warehouse.
- DQA reports review and meta-data analysis for data quality improvement.
- Carry out ICD 10 support supervision
- Perform supportive supervision and mentorship on use of CPIMS at sub-county level in collaboration with DCS, CP and OVC implementing partners.
- Hold a road-mapping meeting on development of county information repository.
- Engagement Meetings with county OVC Stakeholders'.
- Conduct site support supervision/mentorship/DQA to OVC IPs.

Output 2.2: Increased capacity of county health management teams in data analytics.

- Provide technical support to 2 Counties to cascade the data analytics training to lower levels.
- Develop LDG analytics package and orient county LDG members (Busia and Kisumu) on basic data analytics
- Support Kisumu county to produce the 90-90-90 monthly summaries and semi-annual scorecard
- Provide technical support to counties to develop integrated county profiles
- Support counties to review, validate and adopt the data analytics guidance document

Output 2.3: Strengthened capacity of county health management teams to demand for and use routine programs, surveys, and surveillance data for program planning and management.

- Facilitate development of DCS Data demand and use curriculum
- Train DCS officers on data demand and use
- Support counties to identify health priorities during the Annual Performance Review
- Facilitate sub-county quality data reviews
- Facilitate follow up in implementation of performance improvement plans (PIPs)

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Sub-Purpose 1: Increased Leadership and Management Capacity of County Governments for Effective Outcome Measurements, and Learning and Accountability Systems

Output 1.1: Improved CHMT leadership and management capacity to develop and implement outcome measurements, learning and accountability policies, strategies, frameworks, guidelines and standard protocols

1.1.1 Strengthen the institutional capacity for CHMTs and LDGs to implement and mobilize resources for the county-specific MLA system strengthening action plans

The LDG groups and CHMTs are key structures in the sustainability of MLA systems and contribute to the realization of strengthened HIS and M&E policies in line with COP 17 benchmarks. In the quarter, Kisii County institutionalized the LDG concept within the Ministerial Leadership Coordination Committee (MLCC). The MLCC is the highest governance internal structure within the Kisii CDOH, chaired by the CECM health. The project supported the revision of the MLCC terms of reference to incorporate the LDG roles and in convening the first meeting, which included an orientation on the LDG functions. Key element of the LDG functionality is the quarterly meetings to review actions plans and HIS and M&E policy implementation. In the reporting period, Busia, Kisii, Migori, Kakamega, Kisumu and Bungoma LDG groups convened review meetings. The project supported the development of a comprehensive LDG capacity building plan that was informed by the gaps identified from the MLA baseline assessment and emerging needs. This overarching plan will inform the LDG group re-orientation planned for next quarter. The results realized by the LDG groups contribute to strengthening capacity of leadership and governance systems necessary for the realization of the 90:90:90 targets.

Achievements by the LDG Groups:

- Kakamega LDG group has set the pace for compliance with the Health Sector Data Quality Assurance Protocol through drafting a memo to all partners. The memo instructed partners to use the standard DQA tools for standardization.
- Bungoma LDG group made progress towards strengthening functionality by reviewing their action plan from the policy training.
- Kisumu LDG group developed a comprehensive work plan in line with the LDG maturity model.
- Busia LDG group convened a high level advocacy meeting with the Governor on the budget for FY 2018/2019

1.1.2 Support the CHMT and the LDGs to monitor the MLA strengthening action plans

The MLA systems strengthening plan is the overarching reference for prioritization and resource mobilization by the LDGs. To contribute to the realization of COP 17 benchmark that requires strengthening of HIS and M&E policy implementation, Kisii County Ministerial Leadership Coordination Committee (MLCC) monitored implementation of the MLA systems strengthening plan. Based on the identified gaps from the previous action plan, the MLCC committed to ensure structured coordination of trainings by the training committee and activation of the data repository within the county website for sharing health information products and policies. The project will

continue to support the LDG groups in the institutionalization of the MLA priorities in the county policies and plans for sustainability.

1.1.3 Conduct data informed advocacy workshops with the core leadership in collaboration with other partners to advance the MLA agenda

The project's data informed advocacy focusses on MLA policies, structures, resources and accountability. These efforts are aligned to the COP 17 benchmark contributing to strengthened learning and accountability systems. In the quarter, Kakamega CDOH developed new organizational structures in line with the departmental restructuring. The M&E unit, which did not exist in the previous structures, was defined in the new organizational structure through advocacy efforts supported by the project. The LDG group utilized a health digest information product developed with support from the project to advocate for strengthening of community health, HIV, Malaria and RMNCAH structures. In the next quarter, the project will support the LDG group to develop a scope of work for the M&E unit and to continue advocacy for the deployment of the M&E officer.

The Busia Governor committed to address budget shortfall for the department of health for FY 2018/2019 following a high-level advocacy meeting organized by the LDG group. The project facilitated the LDG group to develop an information product that highlighted the health situation and implications of the budget reduction on health for the county. The project will continue to provide technical support and mentorship to the LDG groups on advocacy and engagement with other county departments.

1.1.4 Strengthen accountability and oversight link for the Department of Health by County Assembly Health Committee

The project's technical assistance to strengthen capacities of the County Assembly Health Committees contribute to the COP 17 benchmark on learning and accountability systems. Migori County Assembly Health Committee participated in the validation of the CHSSIP 2018 – 2023. This aimed to enhance ownership in planning for health and enhance the oversight role of coordination by the Health Committee. Kisii and Kisumu County Assembly Health Committees participated in advocacy and orientation workshops convened by the LDG groups. Joint communiques were signed between the CECMs Health and Chairs of County Assembly Health Committee committing to fast track development of health bills and quarterly reports. The Kisii County Assembly Health Committee recognized the need to develop strategies to address the high teenage pregnancies evident from the gaps that were highlighted from the CHSSIP 2013 – 2018 end term review report. Kisumu County leadership represented by the deputy Governor committed to advocate for an increase on the health budget ceiling for FY 2019/2020. In the next quarter, LDG groups will prepare and submit quarterly reports to the health committees through the technical assistance from the project.

Kisii County Adolescent Pregnancy Rates

- National statistics (KDHS, 2014) state that adolescents constitute an estimated 18% of all pregnancies.
- Among the pregnant women attending the 1st Antenatal Care (ANC) visits at the health facilities, the adolescents make over **40%** in Kisii county (DHIS 2, 2017)

1.1.5 Develop and strengthen County health sector policies and plans with resource mobilization plans

The formulation, monitoring and review of HIS and M&E policies as well as county health plans is one of the targets set in the COP 17 benchmark. In the quarter, the project highlighted HIS, M&E, Leadership and Governance experiences from the CHSSIP 2013 - 2018 end term review reports at the Kenya Health Sector Strategic Plan (KHSSP) 2018 – 2023 drafting workshop in line with the Tupime Kaunti strategy.

Through the LDG groups trained in policy formulation, focus counties have made progress in the development CHSSIP 2018 – 2023. The project guided counties to utilize evidence from CHSSIP 2013 – 2018 end term review reports and advocated for institutionalization of the MLA systems strengthening action plans in the CHSSIP 2018 -2023. The project will continue to support the LDG groups and CHMTs to participate in the finalization of the CHSSIP 2018 -2023 and implementation monitoring for HIS and M&E policies.

Progress in the development of the CHSSIP 2018 – 2023:

- Migori County Assembly Health committee participate in the validation of the draft CHSSIP.
- Kisumu County convened a stakeholder validation meeting and a public participation forum to validate the draft plan.
- Vihiga, Homa Bay, Busia, Kisii and Kakamega convened drafting workshops.
- Bungoma County completed the

1.1.6 Support the M&E TWG/ LDG to review, develop and disseminate M&E Plans linked to the CHSSIP II

The M&E plan is one of the operational documents for the roll out of the CHSSIP and contributes to the realization of COP 17 benchmarks by providing a framework for monitoring health outcomes. Migori County M&E TWG with the support of the project developed and disseminated a road map for the development of the M&E Plan for CHSSIP 2018 – 2023. The M&E unit has utilized the roadmap to mobilize stakeholder participation in the M&E development processes planned for the coming quarter. The project will provide technical assistance in the development, implementation, and monitoring of the M&E Plan towards efforts to enhance sustained epidemic control.

1.1.6 Strengthen stakeholder coordination mechanisms to provide strategic platforms for policy dialogue, collaboration and engagement

Homa Bay and Kisii counties operationalized stakeholder coordination structures developed by the LDG groups. The coordination framework is a foundation for strengthened coordination and enhanced partnerships necessary for the realization of HIV 90:90:90 targets and elimination of the malaria epidemic. The newly constituted RMNCAH, HIV and M&E TWGs for Kisii County are operational and the TOR is aligned to the coordination framework. Homa Bay County disseminated the stakeholder coordination framework during a stakeholder forum and mapped the various partners to the TWGs aligned to their areas of support to enhance structured participation. Busia County utilized the stakeholder coordination framework to convene a partner's forum to align contributions from various partners to the draft CHSSIP 2018 – 2023. In the next quarter, the project will support the LDGs to monitor and enhance functionality of the stakeholder coordination mechanism.

1.1.7 Strengthen/ establish TWGs for MLA system strengthening anchored on the stakeholder coordination mechanism;

The counties convened technical working group meetings to provide platform for in-depth policy dialogue and technical discussions necessary to the realization of sustained epidemic control. Kisii

County convened an M&E TWG that prioritized the finalization of the AWP FY 2018/2019 and CHSSIP 2018 – 2023 as part of their standing agenda. Migori County M&E TWG provided a platform for stakeholder participation in development and implementation of M&E strategies. One of the prioritized intervention was the cascade of the data analytics training to sub-county level scheduled for quarter 4. The RMNCAH TWG of Kakamega County focused on revision of the terms of reference, which will be finalized in the next quarter. Tupime Kaunti highlighted on the importance of institutionalizing county specific malaria TWGs within the stakeholder coordination framework during the malaria PMI implementing partners meeting. The PMI partners agreed to revitalize the dormant malaria TWG through revision of the TORs for the malaria TWG and working with the malaria coordinator to convene the TWG meetings in the next quarter. Homabay County DCS organized an area advisory council (AAC) meeting bringing key child protection stakeholders together to discuss on utilization of the child protection reports generated from CPIMS Tupime Kaunti utilized the AAC to disseminate the caseload report for Homabay County for FY2016/2017 and highlighted progress for FY 2017/18. In the next quarter, the project provides technical assistance to DCS to strengthen the AAC and to develop TOR for the Child Protection TWG.

Output 1.2: Strengthen county- and sub county-level outcomes measurement, learning, and accountability system

1.2.1 Enhance county capacity to conduct outcomes measurement

One of the key results of conducting outcomes measurement is to enable counties to use a standard analytical framework for HIV estimations in the production of quarterly HIV profiles and semi-annual HIV scorecards as per COP 17 benchmark. During the quarter, the project oriented the Homa Bay county health staff on outcomes measurement estimation to build their skills in carrying out outcomes measurement. As a result of this orientation, the county developed and disseminated an integrated profile that had some indicators for Malaria, HIV and AIDS and RMNCAH. In addition, the project mentored Busia, Kisumu, Kisii, and Bungoma counties to develop HIV integrated profiles. Consequently 4 out of 8 counties (50%) developed HIV profiles during the quarter.

The project contributed to the development of the M&E roadmap for Migori county as a key strategic document that will track progress of the county's CHSSIP II. The critical contribution was to ensure that the M&E taskforce aligns the HIV outcome indicators (i.e. the 90-90-90 cascade) in the actual development of the M&E plan which is scheduled next quarter.

1.2.2 Disseminate information products for health outcomes measurement

Dissemination of information products provides counties with a platform for peer to peer learning with a view to replicate best practices. It enables counties to pause, reflect and change what does not work and replicate what works. During the quarter, the project mentored counties to develop conference abstracts for submission in the HIV health conferences. Table 1 provides a summary of the abstracts submitted disaggregated by county. The successful abstracts will provide a learning platform for counties to share best practices in HIV programing with a view to contribute to the efforts towards the 90-90-90 targets and epidemic control.

Table 1: List of Abstracts for the HIV conference

County	Abstract Title	Conference submitted

Busia	Evaluating the Relationship between Exclusive Breast Feeding and PCR Positivity of HIV Exposed Infants Using Geospatial Information – A Case of Busia County 2017	NASCOP
	Evaluating Outcomes of Data Analytics and Geospatial Information Strategies in HIV Treatment Services – Case Study of Busia County	NASCOP
Kakamega	Impact Of Young Peer Champion on Hospital Delivery among HIV Positive towards eMTCT in Ikolomani Sub County	NASCOP
	The use of Different Strategies in Differentiated Care Models to enhance Adherence, Reduction in missed appointments and overall improvement in Quality of Care at KCGTRH	NASCOP
	Strategies used at Kakamega county general teaching and referral hospital towards achievement of 2nd and 3rd 90 amongst the adolescents	NASCOP
Migori	Active TB Case Search Amongst Miners - The Migori County Experience	NASCOP

The project will work with the counties to provide any technical assistance in further data analysis and review of the knowledge products generated from the accepted abstracts with a view to package them into information products that can easily be consumed by counties in decision making.

1.2.3 Estimate outcomes for diseases (malaria, RMNCAH and HIV) in focus counties and sub counties

The project also finalized a synthesis that describes the epidemiology of HIV, malaria and the status of the RMNCAH. The findings have been used to inform the refocus of HIV, Malaria and RMNCAH strategies with a view to scale up the project results.

Table 2: highlights of the Epidemiology of HIV and Malaria and RMNCAH Status

Program	Key highlights
HIV	• Young people (15-24 years) account for majority (51%) of the adult new HIV infections in the country • Homa Bay accounts for 13.9% of new infections countywide. The contributions for Kisumu is 11.7%, Migori is 7.7% and Kisumu 5.5%. • Kakamega, Busia, Vihiga and Bungoma recorded an increase in new infections. However, the contribution of these counties to the national HIV incidence remains low. *Data source: MoH, NASCOP 2016, Kenya AIDS Response Progress Report 2016*
Malaria	• Malaria still remains endemic in the focus counties with a prevalence between 20% and 50%. (KMIS 2015) • However, there has been a marked improvement since 2000 where prevalence was more than 50%. • There is a decrease in number of confirmed malaria cases since 2015 (Source DHIS 2). • Malaria is still the leading cause of morbidity in the outpatient (Data DHIS 2). • Malaria interventions such as use of Long Lasting Insecticidal Nets (LLITNs) and Intermittent Preventive Therapy (IPT) among pregnant mothers need to be up scaled as the uptake is still low.
RMNCAH	• Total fertility rate in the focus counties is fairly high with over 50% with higher than national rate TFR rate of 3.9. For instance, Migori has TFR of 5.3. (KDHS 2014)

	• Most of the target counties have maternal mortality ratios that exceed the 362 per 100,000 livebirths nationally. For instance, Migori has MMR of 673 against the national prevalence rate of 495. • Skilled birth delivery is low in focus counties. In Migori, only 53% deliver in a health facility against the national rate of 61% *UNFPA Kenya 2014: Counties with the highest burden of maternal mortality. [Available online, accessed 7 January 2017 at http://kenya.unfpa.org*

1.2.4 Develop/implement a guidance document (including EPMP) for conducting outcomes measurement

The project in collaboration with HIGDA held a consultative meeting to agree on the harmonization of the data analytics guidance document and the national data analytics framework. This harmonized framework would have a chapter on outcomes measurement.

Sub- Purpose 2: Increased Availability, Analysis' and Use of High-Quality Data

Output 2.1: Improved capacity of county health management teams in data management systems (DHIS2, CHIS, LMIS, EMR, CAPR, CRVS, and CPMIS) to generate high-quality data

2.1.1 Support the HMT at county and sub-county levels conduct data quality assurance activities

Quality data is a prerequisite for data use. During the quarter, Busia and Bungoma County Departments of Health (CDoH) conducted Routine Data Quality Assessments (RDQAs) as per the Kenya Health Sector Data Quality Assurance Protocol. The project supported the activities in collaboration with other implementing partners. The integrated RDQAs incorporated Malaria, HIV, and RMNCAH programs and were conducted in five high level facilities[1]. Key findings from the RDQAs and the facility specific data improvement plans are presented in the annex table 4 and 5. In the coming quarter, the project will support the county to conduct data review meetings as well as support tracking implementation of developed data quality improvement plans.

2.1.2 Support improvement of the quality of birth and death registration data

Accurate collection and reporting of mortality data is critical in evidence-based decision making. This contributes to COP17 benchmark of ensuring 75% of focal counties adopt ICD10 training and implementation at health facilities. In Kisumu county, the project supported update of mortality data in DHIS2 for the period January 2017 to May 2018 at Jaramogi Oginga Odinga Teaching and Referral Hospital and Kisumu County Hospital. In collaboration with the County Civil Registration Services (CRS), mortality data from death notification forms (D1) was coded as per ICD 10 guidelines and duplicate copies obtained for hospital filing. A total of 1,980 D1 forms were retrieved from Civil Registration Department (CRD) and entered in DHIS2. These efforts have promoted availability of mortality data in DHIS2 aimed at facilitating small area mortality estimates. In the coming quarter,

[1] Nambale Sub-county Hospital, Matayos Sub-county Hospital, Bungoma County Referral Hospital, Chwele Sub-county Hospital and Kimilili Sub-County Hospital

the project will support targeted facilities in Vihiga counties on mortality data reviews to improve documentation of mortality data and data entry of the same in DHIS2.

2.1.3 Strengthen capacity in data management at county levels on Health Information Systems including DHIS2, EMR, LMIS, CHIS, CAPR and IDSR

The Kenya Health Information Policy seeks to enhance availability of comprehensive quality health data for evidence-based decision making. To improve availability of community health data, Kisumu County Department of Health with the support from the project, oriented sub-county community strategy focal persons and HRIOs on the revised CHIS reporting tools and data SOPS to ensure common understanding and interpretation of indicators. This was in response to revisions carried out on the data management tools in 2016. As a result of the orientation, sub-county action plans were developed to improve availability of data. They included cascading sensitization to Community Health Volunteers, conducting regular mentorship visits, and updating community units in DHIS2 and Kenya Health Master Community Unit List (KHMCUL). The absence of these community units in DHIS2 hinders data entry thus compromising data availability. Equally, the update of community units in KHMCUL is critical because the platform serves as the master record for all community units within the health sector.

To strengthen data collection and reporting of community HIV services through CAPR platform, National AIDS Control Council, with the support of the project conducted mentorship sessions in Migori and Homa Bay counties. Key findings from the visit revealed: inadequate understanding of CAPR reporting platform; low understanding of the critical role of CBOs in reporting HIV interventions at community level, shortage of data collection and reporting tools, irregular RDQAs, uncoordinated feedback mechanisms between the different reporting levels, and inadequate ICT infrastructure limiting utilization of CAPR platform. In response to the identified gaps, the teams developed action plans which included, resource mobilization efforts by NACC to procure and deploy ICT infrastructure, regular distribution of data collection and reporting tools, planning and conducting timely RDQAs, and conducting routine visits for provision of mentorships and on job trainings. In the next quarter, the project will scale up supportive supervision and mentorship visits to Kakamega and Bungoma counties to strengthen reporting of community HIV data through CAPR. The project will also extend the sensitization on CHIS tools to Bungoma county.

2.1.4 Strengthening of data management capacity at county levels on CPIMS

The project is mandated to work closely with Department of Children Services, HealthIT and OVC implementing partners to support the implementation of CPIMS in focus counties to generate quality data for improved program management and reporting. The scope of the project support is guided by COP 17 Benchmark which requires CPIMS to be fully deployed and in use in all focus counties. COP 18 Benchmark requires the project to ensure 100% fulltime CPIMS system availability for targeted users.

The service desk platform provides a means to report CPIMS issues by end users. These issues help inform the enhancement of the system for optimal performance. System issues raised through the platform elicit prompt support from HealthIT, Department of Children Services and Tupime Kaunti project. Some of the support teams have inadequate understanding on how to resolve raised tickets. Further, most CPIMS end-users lack adequate knowledge and experience in utilizing the service desk to raise issues and the response time to tickets is not prompt. To this end, the project in collaboration with HealthIT supported the Department of Children Services to train CPIMS end users and system support teams on service desk utilization. The participants included DCS county and sub-county children officers, Mwendo and CASE OVC staff. The participants were trained on

accessing the service desk portal, raising tickets, and for support team on how to respond to tickets, document the procedures taken, and ticket closure.

The participants also drafted a service desk governance document focusing on CPIMS system management, change management, and project management. This will provide solid background upon which stakeholder expectations and CPIMS feature enhancements arising from users' requests will be governed.

During the reporting period, DCS Homa Bay County Coordinator conducted site mentorship visits to OVC IPs (USAID Wezesha Project, EGPAF Timiza 90 Project) and DCS offices in Homa Bay, Mbita/Suba, Ndhiwa, Rachuonyo North and Rachuonyo South/East Sub Counties).

The key findings from this visit are summarized in table 6 and 7. Vihiga DCS county coordinator conducted site support supervision and mentorship to Hamisi Sub County Children officers. These site visits aimed to identify any challenges hindering maximum CPMIS utilization to inform development of mitigation plans as well as capacity building data entry teams. Key findings from the mentorship visit in Vihiga included inadequate internet bundles, CPIMS system bugs limiting optimal data entry of OVC data, attrition of trained staff, incomplete documentation of case record sheets/registers. Appropriate mentorship was provided to strengthen data management including use of standard operating procedures (SOPs), internal data review and use of data in decision making processes. To determine how the sub-county office is collaborating with other stakeholder, the team assessed and reviewed the stakeholder register to reflect the current situation. Data quality improvement plans were collaboratively drafted to address the noted gaps. In the next steps, the project will work closely with the county DCS offices to follow-up on implementation of the developed action plans.

2.1.5 Strengthening of data management capacity at county levels on CRVSS

The registration of birth and deaths coverage in Kenya is low and this hinders accurate population forecasting and planning. To this end, the project is required to implement interventions that promote availability and use of mortality data for planning at county and sub-county levels. During the quarter, with the support from Tupime Kaunti, seven facilities drawn from Bungoma county (1[2]), Homa Bay county (1[3]) and Migori county (5[4]) conducted site support supervision with the leadership of the county ICD10 TOTs. Facility level key findings and accompanying action plans developed from these visits are shown in tale 7.

Further, the project supported Busia County Referral and Homa Bay County Referral Hospitals to conduct Continuous Medical Education (CME) sessions for targeted certifiers and coders to sensitize them on mortality data capture as per ICD10 standards; discuss improvement of mortality data quality and capture in DHIS2 and engage hospital administration on supporting mortality reporting and data use. The team developed action plans which included; rethinking of the current process of mortality certification in real time during confirmation of deaths, verification of death certificates as part of future CMEs, and institutionalization of CMEs within the facility. The project will support various targeted facilities to mentor certifiers and coders on mortality data documentation and capture in DHIS2.

2 Bungoma County Referral Hospital

3 Homa Bay County Referral Hospital

4 Rongo SCH, St Camillus Mission Hospital, St Joseph Mission hospital, Ojele Memorial hospital and Migori County Referral Hospital

2.1.6 Strengthen capacity in data management at county levels on Health Information Systems including DHIS2, EMR, LMIS, CHIS, CAPR and IDSR

The Kenya Health Information Policy seeks to enhance availability of comprehensive quality health data for evidence-based decision making. To improve availability of community health data, Kisumu County Department of Health with the support from the project, oriented sub-county community strategy focal persons and HRIOs on the revised CHIS reporting tools and data SOPS to ensure common understanding and interpretation of indicators. This was in response to revisions carried out on the data management tools in 2016. As a result of the orientation, sub-county action plans were developed to improve availability of data. They included cascading sensitization to Community Health Volunteers, conducting regular mentorship visits, and updating community units in DHIS2 and Kenya Health Master Community Unit List (KHMCUL). The absence of these community units in DHIS2 hinders data entry thus compromising data availability. Equally, the update of community units in KHMCUL is critical because the platform serves as the master record for all community units within the health sector.

To strengthen data collection and reporting of community HIV services through CAPR platform, National AIDS Control Council, with the support of the project conducted mentorship sessions in Migori and Homa Bay counties. Key findings from the visit revealed: inadequate understanding of CAPR reporting platform; low understanding of the critical role of CBOs in reporting HIV interventions at community level, shortage of data collection and reporting tools, irregular RDQAs, uncoordinated feedback mechanisms between the different reporting levels, and inadequate ICT infrastructure limiting utilization of CAPR platform. In response to the identified gaps, the teams developed action plans which included, resource mobilization efforts by NACC to procure and deploy ICT infrastructure, regular distribution of data collection and reporting tools, planning and conducting timely RDQAs, and conducting routine visits for provision of mentorships and on job trainings. In the next quarter, the project will scale up supportive supervision and mentorship visits to Kakamega and Bungoma counties to strengthen reporting of community HIV data through CAPR. The project will also extend the sensitization on CHIS tools to Bungoma county.

2.1.7 Strengthening of data management capacity at county levels on CPIMS

The project is mandated to work closely with Department of Children Services, HealthIT and OVC implementing partners to support the implementation of CPIMS in focus counties to generate quality data for improved program management and reporting. The scope of the project support is guided by COP 17 Benchmark which requires CPIMS to be fully deployed and in use in all focus counties. COP 18 Benchmark requires the project to ensure 100% fulltime CPIMS system availability for targeted users.

The service desk platform provides a means to report CPIMS issues by end users. These issues help inform the enhancement of the system for optimal performance. System issues raised through the platform elicit prompt support from HealthIT, Department of Children Services and Tupime Kaunti project. Some of the support teams have inadequate understanding on how to resolve raised tickets. Further, most CPIMS end-users lack adequate knowledge and experience in utilizing the service desk to raise issues and the response time to tickets is not prompt. To this end, the project in collaboration with HealthIT supported the Department of Children Services to train CPIMS end users and system support teams on service desk utilization. The participants included DCS county and sub-county children officers, Mwendo and CASE OVC staff. The participants were trained on accessing the service desk portal, raising tickets, and for support team on how to respond to tickets, document the procedures taken, and ticket closure. The participants also drafted a service desk governance document focusing on CPIMS system management, change management, and project

management. This will provide solid background upon which stakeholder expectations and CPIMS feature enhancements arising from users' requests will be governed.

During the reporting period, DCS Homa Bay County Coordinator conducted site mentorship visits to OVC IPs (USAID Wezesha Project, EGPAF Timiza 90 Project) and DCS offices in Homa Bay, Mbita/Suba, Ndhiwa, Rachuonyo North and Rachuonyo South/East Sub Counties). The key findings from these visits are summarized in Table 2.1.6a/b under the appendix. Vihiga DCS county coordinator conducted site support supervision and mentorship to Hamisi Sub County Children officers. These site visits aimed to identify any challenges hindering maximum CPMIS utilization to inform development of mitigation plans as well as capacity building data entry teams. Key findings from the mentorship visit in Vihiga included inadequate internet bundles, CPIMS system bugs limiting optimal data entry of OVC data, attrition of trained staff, incomplete documentation of case record sheets/registers. Appropriate mentorship was provided to strengthen data management including use of standard operating procedures (SOPs), internal data review and use of data in decision making processes. To determine how the sub-county office is collaborating with other stakeholder, the team assessed and reviewed the stakeholder register to reflect the current situation. Data quality improvement plans were collaboratively drafted to address the noted gaps. In the next steps, the project will work closely with the county DCS offices to follow-up on implementation of the developed action plans.

2.1.8 Strengthening of data management capacity at county levels on CRVSS

The registration of birth and deaths coverage in Kenya is low and this hinders accurate population forecasting and planning. To this end, the project is required to implement interventions that promote availability and use of mortality data for planning at county and sub-county levels. During the quarter, with the support from Tupime Kaunti, seven facilities drawn from Bungoma county (1[5]), Homa Bay county (1[6]) and Migori county (5[7]) conducted site support supervision with the leadership of the county ICD10 TOTs. Facility level key findings and accompanying action plans developed from these visits are summarized in table 8.

Further, the project supported Busia County Referral and Homa Bay County Referral Hospitals to conduct Continuous Medical Education (CME) sessions for targeted certifiers and coders to sensitize them on mortality data capture as per ICD10 standards; discuss improvement of mortality data quality and capture in DHIS2 and engage hospital administration to support mortality reporting and data use. The team developed action plans which included; re-strategizing for the current process of mortality certification in real time during confirmation of deaths, verification of death certificates as part of future CMEs, and institutionalization of CMEs within the facility. The project will support various targeted facilities to mentor certifiers and coders on mortality data documentation and capture in DHIS2.

Output 2.2: Increased capacity of county health management teams in data analytics

5 Bungoma County Referral Hospital

6 Homa Bay County Referral Hospital

7 Rongo SCH, St Camillus Mission Hospital, St Joseph Mission hospital, Ojele Memorial hospital and Migori County Referral Hospital

2.2.1 Support development of data analytics guideline

The data analytics guideline acts as a reference document to the Count Health Management Teams (CHMTs), Sub-county Health Management Teams (SCHMTs), Facility Health Management Teams (FHMTs) and stakeholders while conducting data analysis, interpretation and visualization. Tupime Kaunti and HIGDA laid out the roadmap to complete, validate and disseminate the guide for use by the counties. The key outcome was for the two projects to have a cross-review of the analytics framework and guideline as a step towards finalizing the documents. The two projects collaborated to standardize data analytics approaches that will be used at national and county levels and work together in developing a single document for guidance at the national level and adaptation at the county level. The analytics guideline is expected to be complete by August 2018, validated and disseminated. This guide will address the COP18 benchmark of standardizing the data analytics processes at the counties for sustained epidemic control.

2.2.2 Support capacity building on basic data analysis and visualization techniques

Data analytics skills are key in obtaining and evaluating data to extract useful information. The results will be used to identify areas of key health issues and influence decisions. The TOTs used the skills they gained during the analytics training conducted by the project in FY18, to mine and analyze data for the period 2016/17 to help in target setting for the development of CHSSIP II and AWP 2018/19.

The project will continue to build the capacity of the county team through cascading the analytics trainings to SCHMTs, FHMTs and program officers (HIV, Malaria, RMNCAH) and orient the Leadership, Development and Governance group (LDGs) on basic data analysis and visualization techniques. The capacity building in analytic skills are key in analyzing HIV priority outcome indicators by the focal counties as a step towards sustained epi-control

2.2.3 Develop information products (RMNCAH, FP, Malaria, HIV and DCS)

To improve the use of data for decision making at the county level, there is need to develop routine information products that will be used to inform progress of county health indicators on periodic basis. During the reporting period, Vihiga, Kisumu and Migori counties drafted their integrated county health profiles with technical support from the project. The county analytics TOTs led the development process through data mining, analysis and visualization as well as interpretation with technical support from the project through reviewing the drafts and providing feedback for improvement.

The project also technically supported the focus counties to develop Malaria, RMNCAH fact sheets for the devolution conference for its eight project supported counties and supported Vihiga, Kakamega, Homa Bay and Kisumu counties to develop Malaria bulletin that were utilized during the World Malaria day. Kisii, Migori, Homa Bay, Kakamega, Busia, Bungoma, Vihiga, counties developed Health digests and Health at a glance bulletin for Kakamega county that were used to showcase progress in select key priority health indicators during the devolution conference. Busia County was technically supported to develop Health financing fact sheets for Budget advocacy 2018/19. The profiles contribute to the cop benchmark of ensuring that counties regularly produce HIV profiles towards tracking the 90-90-90 target.

Output 2.3: Strengthened capacity of county health management teams to demand for and use routine programs, surveys, and surveillance data for program planning and management.

2.3.1 Strengthen County Annual Work Plan Development and Implementation

In the reporting period, seven[8] counties developed data informed and costed Annual Work Plans (AWP) for FY2018/19 with support from Tupime Kaunti project. This is in line with COP17 benchmark that requires CASCOs from focal counties use HIV response data in program planning and rational county health budget estimates. The AWP development also contributes to the need to prioritize increase of domestic HIV funding as per the KASF 2014/18. The AWPs were informed by the priorities outlined in the County Health Sector Strategic and Investment Plan (CHSSIP) FY2013/18 End Term Report (ETR), draft CHSSP FY2018/22, County Integrated Development Plan (CIDP) and Measurement, Learning and Accountability (MLA) baseline strengthening plans. Critical gaps were identified during the planning processes such as incomplete data, lack of some key indicators in the routine information system (e.g. facilities offering Basic and Comprehensive Emergency Obstetric and Neonatal Care services). The counties committed to address the gaps in the subsequent financial year. In the next quarter, the project will facilitate the CHMT to conduct performance review of the AWP 2017/18 to enable the identification, prioritization, costing and advocating for increased resource allocation.

2.3.2 Strengthen collaborative program specific data reviews (RMNCAH/FP, HIV, Malaria, MPDSR, Child protection, CRS)

Engagement of data users and producers on regular basis to review data, identify gaps and best practices, learn and chat way forward, enhances use of data in programming. In the quarter, counties conducted data reviews on mortality, HIV, Malaria, RMNCAH and MPDSR with support from the project. In preparation for the review meetings, the project supported the county teams to identify and prioritize information needs and to develop data analysis and presentation templates. These steps were critical in ensuring that the review addresses the data users' areas of interest and that data is shared in a format that can be easily understood. As a means to linking data to action, the teams developed performance improvement plans. In the subsequent sections, we present some of the key results arising from the data reviews that were conducted during the reporting quarter.

Mortality data reviews

The KASF 2018/19 objective 2 seeks to reduce AIDS related mortality by 25%. The project is supporting initiatives in the counties towards achieving this through ensuring availability and use of quality mortality data to inform programmatic interventions. To contribute to use of AIDs specific death data in managing county HIV response, as per the COP 17 benchmarks, Homa Bay County Referral Hospital conducted mortality data review. The data showed that the highest number of deaths were HIV related with most of them among youths aged 20-30 years. Data quality issues were noted on data collection and capture processes due to inadequate skills. The facility team developed PIP to address the gaps. To address this the patient management teams were tasked to develop a patient data flow SOP and a patient clerking checklist. Informed by the data review gaps, the patient management team conducted continuous medical education at the facility and backlog files of mortality data were certified and coded. The project will continue to support data management processes to enhance improved availability and use of quality mortality data.

[8] Kisumu, Migori, Kisii, Kakamega, Bungoma, Busia, Vihiga

HIV data reviews

The project seeks to support the counties to improve performance monitoring and review processes as prioritized in the KHSSP 2013/17. During the quarter, Homa Bay and Bungoma County conducted HIV data review that focused on the poor performance affected by the quality of HIV data whereas the Bungoma data review sought to review progress made on HIV programming. Homabay team developed and implemented a revised approach for conducting HIV data reviews with technical support from the project. The approach entailed the county teams extracting data and sharing with sub-county teams for further interrogation of facility level data ahead of actual data review to identify problems that need to be addressed. The aim being to identify facilities with data quality or health performance gaps. The review meetings brought together the implementing partners that committed to support the counties capture and report quality data as well as improve on performance. To further enhance awareness and use mortality data in programming, Homa Bay county team findings from facility mortality data review were disseminated to the team. As a result, the team identified additional information needs and the need to triangulate DHIS2 and EMR data. Bungoma County on the other hand identified weaknesses in identification of PLHIV due to low yields realized; the county emphasized on the need to strengthen partner notification services and increasing health education. In regards to the 3rd 90, the team identified the need to optimize retention through psychosocial support groups especially among the adolescents and men. Moving forward, the project will support the counties to monitor implementation of the performance improvement plans developed and facilitate the teams to track their progress in preparation for the subsequent review.

Malaria data reviews

Kenya malaria strategy 2009/18 objective 4.4.1 seeks to strengthen capacity for malaria surveillance, monitoring and evaluation. Consistent poor performance from select sub-counties in Kisumu County, was a gap identified during a data review conducted in Q2. To address this gap, during the quarter the leadership made structural changes by relocating some of the malaria coordinators. The counties have implemented PIPs developed during previous data reviews and positive results reported such as improved IDSR reporting rates from 66.7% in Feb to 97.5% in May 2018 in Kisumu County. Lurambi Sub-county (in Kakamega County) for the first time has had higher suspected malaria cases as compared to tested malaria cases reported. This points to better understanding of the indicators and improvement in accurate reporting. Navakholo Sub-County (Kakamega) equally corrected suspected malaria cases in the DHIS from July 2017 to April 2018 after guidance was provided.

In quarter 3, the malaria focus counties[9] conducted facility, sub-county and county level data reviews. The data reviews were guided by a data visualization tool developed with technical support from the project. Gaps identified included: data quality issues, incorrect indicator understanding and minimal use of data. The facility data review provided an opportunity to sensitize the health workers on reporting and use of malaria surveillance indicators. Cross cutting gaps that were observed during the facility data reviews were discussed and the sub-county teams prioritized to conduct data quality audits on poorly performing health facilities. The sub-county data reviews also provided a platform for facility staff to learn from each other. Specific health facility and sub-county performance improvement plan was developed to address the gaps identified. In the subsequent

[9] Kisumu, Vihiga, Busia, Bungoma, Homabay, Migori, Kakamega

quarter, the project will support targeted data quality audits at the facility level and provide a step-by-step job aid on data flow and use. The project will also continue to work with the county teams to follow up and document implementation of the performance improvement plans.

RMNCAH data review

The Ministry of Health Implementation plan FY 2016-18, 'Reducing Maternal and Neonatal Mortality', seeks to strengthen monitoring, evaluation and evidence generation. To strengthen monitoring of RMNCAH, the project disseminated and faciliated use of the 3rd generation indicator manual and facilliated development of data use frameworks and standardized data review templates for RMNCAH and MPDSR. During the quarter, Kakamega County team disseminated the templates for validation and adoption by the sub-county teams. The county also conducted RMNCAH data review with support from Tupime Kaunti to review program performance for the period January 2017 to March 2018. Findings revealed an upward trend in reporting rates for MOH 711, MOH 710 and MOH 734 reporting tools. However, it was noted that the teams had varied understanding on indicators, incorrect use of reporting tools, weak reporting of maternal and perinatal death data. The project utilized the data review platform to disseminate the 3rd indicator manual and MPDSR guidelines. The sub-county teams were also able to learn from each other on use of correct tools. Performance improvement plans were developed to address the identified gaps and implementing partners committed support to follow up on their implementation.

Kisumu County held monthly MPDSR meetings in the quarter and provided technical support. The teams identified gaps on; poor use of partograph and referral forms, incomplete entry of deaths into event capture on DHIS2 mortality module, that affects review of mortality causes. Some of the deliberations from the meetings were; need to sensitize facility management team on documentation, review and validation of mortality data in DHIS2. To encourage adolescents to seek skilled delivery services, the sub-county teams agreed to closely follow them up throughout the pregnancy period. It was also noted that there is inadequate information on facilities providing Basic and Comprehensive Emergency Obstetric Neonatal Care services. The project in collaboration with implementing partners will support the county to conduct quarterly BEMONC and CEMONC assessment and disseminate findings for use.

Department of Children Services (DCS)

To enhance use of data in portfolio management, the DCS from Siaya, Kisumu, Homa Bay and Migori conducted a joint data review with support from Tupime Kaunti. The review meeting aimed to promote use of child protection data and brought together teams from national, county and sub-counties. The review meeting elicited data quality issues especially on completeness of data reported in CPIMS. Analyzed and reviewed data showed high cases on neglect, abandonment and custody among the children aged between 0-5years. The teams discussed on the need to disseminate information to a wider stakeholder for targeted interventions. It was also noted that the county teams still have a capacity gap in analysis, presentation and use of data. Moving forward the project will facilitate the DCS department to develop a data demand and use curriculum that will take into consideration data analysis and interpretation to develop skills to synthesize data for use. Support to DCS is aligned to COP17 benchmark that requires the county DCS staff to demonstrate increased use of data for policy making, planning and program management.

2.3.3 Facilitate county learning and enhance dissemination and use of information products

Availability of information in formats that can be used by data users is critical in decision making and planning processes. During World Malaria Day, the project through the county malaria coordinators disseminated malaria information products. The products were used to disseminate key information to the communities on: burden of malaria, LLIN distribution among the children under 5 and pregnant mothers as well as the interventions that need to be put in place to counter cases of malaria. During the Annual Kenya Health conference held in quarter 2, it was noted that Bungoma County does not upload data into the RMNCAH platform. In the quarter the project in collaboration with other partners provided technical guidance to the county and sub-county teams to validate, interpret and use the scorecard. In the sub-sequent quarter, the project will follow-up with Bungoma county team to ensure ward and facility on the RMNCAH platform. In Busia County, an information product on health financing was disseminated and used by the LDG to advocate for increased funding for the health sector. This is a positive direction towards enhancing use of data in decision making. In Kisii County Assembly meeting, a health digest was disseminated and it was noted that there is high cases of teenage pregnancies. The MCAs committed to follow-up with their respective SCHMT in their respective wards and find means to addressing the underlying causes. The project also, facilitated dissemination of information on HIV, Malaria, RMNCAH and Child protection during the 5th Devolution

Lessons Learned

- Institutionalization of the LDG groups at County level cannot be standardized across counties hence the need to engage with the team to explore available opportunities to move this forward.
- Collaboration with other implementing mechanisms promotes rational utilization of resources and a wider pool of skill sets resulting in effective delivery of interventions.
- The development of the CHSSIP II provided a unique opportunity for the project to ensure that counties aligned their key health priority outcomes identified during the end term reports into the strategic plan. This ensured that the new plans respondent to the critical health county priorities.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

Progress against COP17 year two benchmarks and Performance Data Tables, See Attachments I and II.

IV. CONSTRAINTS AND OPPORTUNITIES

Opportunities

- The USAID review and the accompanying joint field visits during the quarter was an opportunity for Tupime Kaunti Project in refocusing her interventions for enhanced support to focus counties in strategic information.
- Participation of the project in the ongoing development of the KHSSP 2018 – 2023 is an opportunity for the project to articulate health priorities of the counties for inclusion
- The current participation of the project in the ongoing M&E plan gives an opportunity to strengthen data collection on indicators
- Through the Malaria RDQAs, there is an opportunity to upscale use of malaria data at the facility level by providing job aids on data flow and use.

Constraints

- Development of policy documents requires a lot of resources and take substantial time. However, counties have so far not been able to allocate substantial financial resources to this process contributing to delays. The project is facilitating the LDGs to develop comprehensive road maps to guide engagement of stakeholders on resource mobilization.

V. PERFORMANCE MONITORING

In Quarter 2, the project prioritized tracking of COP17 status. Specifically, COP17 status review and strategizing was on top of the agenda of progress review meeting conducted during Quarter 2. The project also mainstreamed tracking of COP17 during biweekly and monthly staff meetings. Still during the quarter, the project conducted the second and final piloting of pulse assessment tool in Migori county. The pulse assessment tool has been refined and inaugural yearly capacity monitoring using the tool is scheduled for Quarter 4. Towards strengthening project M&E, the home office M&E staffs shared lessons via Skype with local M&E Team. One M&E staff attended basic M&E training organized by USAID. While both the M&E staffs were trained in Positive Impact Monitoring System – a new Palladium MIS platform for project M&E and knowledge management to be rolled out soon.

VI. PROGRESS ON GENDER STRATEGY

Tupime Kaunti implements gender-sensitive programming. For gender sensitive indicators, the project emphasizes sex disaggregation in data collection and analysis as required by agency guidelines on all individual level data.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

Initial Environmental Examination determined that a negative determination with conditions applied for the project i.e. 22 CFR 216 §216.2 (c) Categorical Exclusions. So, the project is not required to prepare environmental mitigation and monitoring plan or a project Mitigation and Monitoring plan. Tupime Kaunti has not undertaken new activities outside the scope of the approved Regulation 216.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

Ensuring strong link with the HIDGA and HealthIT is one of the overall approach to achieving the project's objective and sub-purposes. In the quarter under review, Tupime Kaunti and HIDGA continued to jointly steer the county- led development of data analytics guidance document that had begun in previous quarters. Important accomplishment was harmonization of Tupime Kaunti and HIGDA drafts into one. Further, the project and HealthIT jointly conducted a service desk training for CPIMS end users. The training targeted DCS county and sub-county children officers, and OVC Implementing Partners (Mwendo and CASE OVC). Stakeholder collaboration is critical for synergy and sustainability in programming. Besides the linkage with HIGDA and HealthIT, the project engaged with 16 partners of which 7 were USAID programs – See Attachment III.

IX. PROGRESS ON LINKS WITH GOK AGENCIES

Tupime Kaunti acknowledges the stewardship role of CDOH, DCS and CRS in the respective sectors. All project activities conducted during the quarter were aligned to priorities of these three governmental agencies.

X. PROGRESS ON USAID FORWARD

Tupime Kaunti contributes to USAID FORWARD by building the capacity of CDOH, DCS and CRS in focus counties – See Sections VIII and IX.

XI. SUSTAINABILITY AND EXIT STRATEGY

The project's sustainability strategy was conceptualized from Year 1 and guides all technical solutions. The strategy is measured using five yearly sustainability benchmarks and indicators – See Table 3.

Table 3: Tupime Kaunti Five-Year sustainability Benchmarks and indicators

Year	Benchmark	Indicator
Year 1	MLA Systems Strengthening Plan in place	**Indicator 0.1:** County MLA Systems Strengthening Plan implementation rate
Year 2	County M&E unit established	**Indicator 0.2:** County monitoring and evaluation capacity index
Year 3	County M&E unit staffed	**Indicator 0.3:** Number of people trained

Year 4	County has policies on outcomes measurement and MLA systems	**Indicator 1.1.1:** County MLA systems leadership and management capacity index **Indicator 1.1.2A:** Percentage of counties effectively implementing existing policies, guidelines and/or standards **Indicator 1.1.2B:** Percentage of implemented policies reviewed and adjusted **Indicator 1.2.1:** County outcome measurements capacity index
Year 5	Increase in budget allocation for county M&E Increase in county HIS, CPIMS and CRVSS data quality Increase in county DDU scores	**Indicator 1.1.3**: Number of counties with functional learning and accountability forums **Indicator 2.1.1**: County data quality capacity index **Indicator 2.2.1:** County data analytics capacity index **Indicator 2.2.2**: Number of county-specific information products developed **Indicator 2.3.1**: County data use capacity index **Indicator 2.3.2**: Number of instances when counties use health data for decision making

It emphasizes sustainability of both MLA systems strengthening processes and results. First and foremost, the strategy aims is to improve the external environment for MLA systems through institutional capacity building. Second, the strategy seeks to ensure availability and use of quality data through individual capacity building.

XII. GLOBAL DEVELOPMENT ALLIANCE (IF APPLICABLE)

N/A

XIII. SUBSEQUENT QUARTER'S WORK PLAN

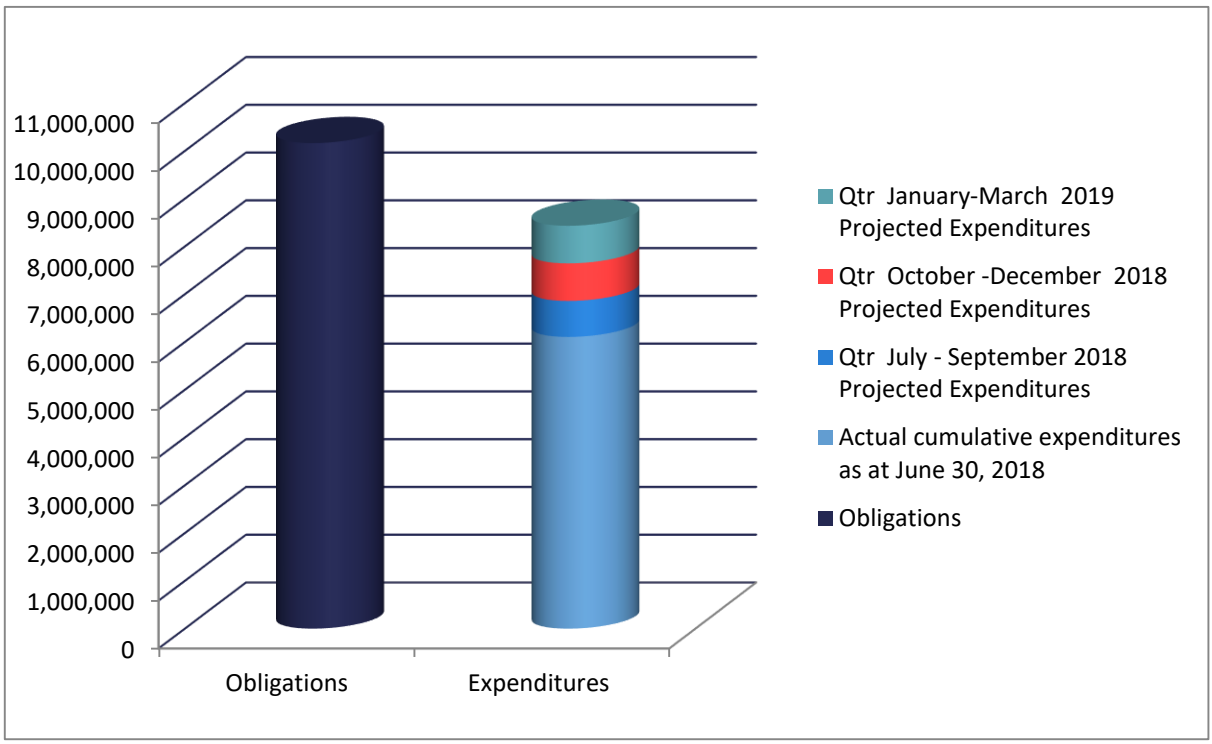
Description of planned versus actual activities, and explanations for any deviations - See Attachment IV

XIV. FINANCIAL INFORMATION

The Project's expenditure and forecasts for the reporting period were consistent with the programmatic implementation progress.

Cash Flow Report and Financial Projections (Pipeline Burn-Rate)

The following chart compares the total obligated funds and actual expenditures as of June 30, 2018, and projected expenditures for the next period through March 2019. Actual expenditure to June 2018 is at **$ 6,107,400**. Projection for Q3 as at 30 September 2018, is $ 753,334 and year 3 Q1 and Q2 through to March 2019 are at **$2,326,220**. Expected cumulative expenditure by end of year 2, 30 September 2018 is **$6,860,734.**



Overall Financial Status Summary as at June 30,2018		
	Amounts	**% age**
T.E.C:	$17,417,910	
Cumulative Obligations:	$10,165,000	58%
Cumulative Actual Expenditures:	$6,107,400	67%
Estimated Pipeline June 30,2018	$4,057,600	
Year 2 Budget: October 2017- September 2018	$3,938,452	
Actual Expenditures for Year 2 Quarter 3, at 30 June 2018	$3,185,118	81%

The cash flow chart (Chart 1) is derived from the financial table (Table 2), also provided below. Both provide a visual representation of the "burn rate" of the activity – both actual and projected. The main categories include: personnel; fridge benefits; travel, transport & per diem; equipment; supplies; contractual; other direct and indirect costs.

TABLE 2: Projections for Year 2 Q4, Year 3 Q1-2	**Quarter 4 Jul-Sept 2018**	**Quarter 1 Oct-Dec 2018**	**Quarter 2 Jan-Mar 2019**
Personnel	208,068	278,638	278,638
Fringe Benefits	78,874	74,325	74,325
Travel, Transportation & Per Diem and Misc	7,558	28,660	28,660
Equipment	0	0	0
Supplies	0	10,918	10,918

Contractual	133,251	114,846	114,846
Construction	0	0	0
Other Direct Costs	203,599	184,683	184,683
Total Direct Costs	**629,350**	**692,070**	**692,070**
Total Indirect Costs	123,984	94,373	94,373
Total Estimated Costs plus Fixed Fee	**753,334**	**786,443**	**786,443**

Table 3 below provides budget details and is consistent with the mandatory categories of expenditures submitted in the solicitation (RFP or RFA) and the award stages of the contracting procedure. Also the budget notes that explain the dollar figures presented in the details. Both include past and projected expenditures.

TABLE 3: BUDGET DETAILS

Obligations	Actual Cumulative Expenditures, 30 June, 2017	Quarter 4 Jul-Sept 2018	Quarter 1 Oct-Dec 2018	Quarter 2 Jan-Mar 2019
10,165,014	**6,107,400**	**753,334**	**786,443**	**786,443**
Personnel	1,435,735	208,068	278,638	278,638
Fringe Benefits	536,682	78,874	74,325	74,325
Travel	182,244	7,558	28,660	28,660
Equipment	51,237	0	0	0
Supplies	82,393	0	10,918	10,918
Contractual	524,690	133,251	114,846	114,846
Construction	0	0	0	0
Other Direct Costs	2,423,499	203,599	184,683	184,683
Total Direct Costs	5,236,481	**629,350**	**692,070**	**692,070**
Total Indirect Costs	870,920	123,984	94,373	94,373
Total Estimated Costs plus Fixed Fee	**6,107,400**	**753,334**	**786,443**	**786,443**

Salary and wages	Salaries and wages are in line with the organization's HR policies and USAID FSN scale with all staff interviewed on board. Except for the Finance and Administration Manager whose recruitment is ongoing, all other staffs have been recruited and on boarded as planned
Fringe Benefits	Calculated as per Awards conditions and prevailing Palladium International, LLC approved NICRA rates.
Travel	Travel costs are in relation to Project staff. Participant travel is generally charged to Programmatic Costs which fall under Other Direct Costs.
Equipment	Equipment costs relate to cumulative expenditure since inception. There was no procurement of equipment in the last quarter ended 30 June 2018.

Contractual	The contractual consists of cumulative payments made as per the agreements signed with Plan International and Kenya School of Government.
Other Direct Costs	Other direct costs include programmatic activities aligned to the detailed implementation plan and general office operating costs.
Total Indirect Costs	Calculated as per award conditions.
Total Estimated Cost	Total of all costs

TABLE 4: NEW SUB-AWARD DETAILS

Total Amount in the approved budget for sub-awards: $1,084,960

Total Amount sub-awarded to date: $524,690

Sub Awardee: Plan International USA

Name of Sub-Awardee: Plan International USA

Activity Title: Personnel, Direct and other Indirect costs.

Agreement Performance Period: Sep 30,2016 to Sep 30. 2021

Agreement Amount (Total Estimated Cost): $ 2,445,621.11

Geographic Locations for Implementation: *(As defined in Section XIII.D.)*

Activity Description: To develop the capacity building strategy and support the monitoring of that strategy and support the implementation of that strategy across sub purpose 1 and 2. Also the Sub Awardee provides expertise in some of the health areas: RMNCAH, Malaria and HIV and information systems such as DHIS2, CHIS, EMR, CRVS, CPIMS, LMIS, COPBAR, IDRS.

Sub Awardee: Kenya School of Government

Name of Sub-Awardee: Kenya School of Government (KSG)

Activity Title: Personnel, Direct and other Indirect costs.

Agreement Performance Period: Sep 30,2016 to Sep 30. 2021

Agreement Amount (Total Estimated Cost): $ 425,708.91

Geographic Locations for Implementation: *(As defined in Section XIII.D.)*

Activity Description: KSG is supporting the establishment and maintenance of county health departments' Leadership Development Groups on MLA systems in 8 counties and provide on-going support to the groups to adapt and implement MLA system strengthening activities.

XV. ACTIVITY ADMINISTRATION

During this reporting period, there was no administrative challenge noted, we had slow implementation as the counties also were refocusing some of the activities that wanted to undertake in the period.

Personnel

The progress made on hiring staff during the reporting period is not acceptable especially the FAM. during the period one of the data systems advisor left and he is yet to be replaced.

Contract, Award or Cooperative Agreement Modifications and Amendments

Funding summary

Description	Obligated Amount	Total Est. Amount
Amount prior to this modification	$ 7,625,000	$ 17,417,910.00
Change made by this Modification	$ 2,540,014.01	$ 0.00
New/Current Total	$ 10,165,014.01	$ 17,417,910

XVII. GPS INFORMATION

Tupime Kaunti GPS Info Apr - Jun 2018.›

Annex I: Schedule of Future Events

Date	Location	Output (e.g. Output 1.1)	Activity
16 – 28 July 2018	TBC	1.1	LDG re-orientation workshops
18 – 30 July 2018	TBC	1.1/ 2.2	HIS and M&E Policy implementation monitoring
23 – 28 July 2018	TBC	1.1	KHSSP validation meeting
July, 2018	Busia, Vihiga, Kisumu, Migori	1.1	Engagement Meetings with county OVC Stakeholders'.
10th -14th July 2018	Rusinga	1.2	Supporting Migori county in the development of the M&E plan
23-25th July	Kisumu	1.2	Workshop on how to estimate eMTCT
26th -27th July, 2018	TBD	1.2	Orient core leadership on OM
July, 2018		2.1	DQA reports review and meta-data analysis for data quality improvement.
July 2018	Vihiga, Homa Bay, Kisumu, Bungoma	2.1	Malaria DQA
July, 2018	Kisii, Homa Bay	2.1	Support ICD 10 support supervision
July, 2018	Busia, Vihiga, Kisumu, Migori	2.1	Supportive supervision and mentorship on CPIMS use at sub-county level in collaboration with DCS, CP and OVC implementing partners
July, 2018	Kisumu, Migori	2.1	Road-mapping meeting on development of county information repository.
July, 2018	Vihiga, Busia	2.1	Integrated DQA
19/20 July, 2018	Homabay	2.1	IDSR Mentorship
2nd-3rd July 2018	Nakuru	2.2	Analytics framework/guideline meeting-TK/HIGDA
16th -20th July 2018	Homabay	2.2	Cascading data analytics training-Migori County
July 2018	Busia	2.2	Orienting LDGs on basic data analysis
Jul-Sep	All counties	2.3	Annual Performance reviews
Jul	Bungoma, Kakamega, Vihiga and Kisumu	2.3	Mortality data review
Jul	Kisumu, Busia	2.3	HIV data review
Jul-Sep	TBD	2.3	Malaria quality data review

Date	Location	Output (e.g. Output 1.1)	Activity
	DCS - National	2.3	Develop / Adapt DDU curriculum for DCS
Jul-Sep	Siaya, Kisumu, Homabay, Kakamega & Migori	2.3	Facilitate DDU training for DCS
Jul-Sep	Kisumu, Kakamega, Kisii, Bungoma, Migori	2.3	RMNCAH PIP implementation follow-up
Jul-Sep	Bungoma, Migori, Homabay, Busia	2.3	HIV PIP implementation follow-up
Jul-Sep	All	2.3	Malaria PIP implementation follow-up
Jul-Sep	Siaya, Kisumu, Kakamega and Migori	2.3	DCS PIP implementation follow-up
Jul-Sep	Kisii, Kisumu and Kakamega	2.3	HIV data review
Jul-Sep	Busia & Homabay	2.3	RMNCAH data review
Jul-Sep	All	2.3	Annual Performance Review

Annex II: List of Deliverable Products

Deliverable	County	Output (e.g. Output 1.1)	Status (Final/ Draft)
LDG group capacity building plan	All	1.1	Draft
Homa Bay Stakeholder coordination Framework	Homa Bay	1.1	Final
LDG group Annual Plan	Kisumu	1.1	Final
Draft CHSSIP 2018 – 2023	Vihiga, Homa Bay, Kisumu, Migori and Kakamega	1.1	Draft
Updated MLA systems strengthening plan	Kisii	1.1	Final
Integrated HIV profile	Homa Bay	1.2	Final
HIV profiles	Bungoma, Kisii, Kisumu, Vihiga, Busia	1.2; 2.2	Draft
Report on the epidemiology of HIV, Malaria and the status of RMNCAH	ALL	1.2	Draft
Data analytics guideline	All	1.2; 2.2	Draft
Conference Abstracts	Kakamega, Migori, Busia	1.2	Draft
Data quality improvement plan	Bungoma, Busia County RDQA	2.1	Final
CPIMS utilized for data entry and reporting	Kisii, Vihiga, Bungoma, Busia	2.1	Final
DCS CPIMS data quality improvement plan	Homabay, Vihiga	2.1	Final
CHIS implementation roadmap	Kisumu	2.1	Final
CAPR data quality improvement plan	Homabay, Migori	2.1	Final
CPIMS functional service desk	Countrywide	2.1	Final
Integrated county profile	Vihiga, Kisumu, Migori and Kisii	2.2	Draft
Data analytics guideline		2.2	Draft
Health digest	Kisii, Vihiga, Homabay, Migori, Kakamega, Busia and Bungoma	2.2	Final
Malaria day factsheet	Vihiga, Kisii, Kisumu, Kakamega, Bungoma, Busia, Migori, Homa Bay	2.2	Final
Quarterly Malaria Bulletin	Kisumu, Vihiga and Busia	2.2	Final
CHSSIPII brief	Migori	1.1	Final
Bungoma HIV progress brief	Bungoma	2.2	Final
Health at Glance Poster	Kakamega	2.2	Final

Deliverable	County	Output (e.g. Output 1.1)	Status (Final/ Draft)
AWP 2018/19	Kakamega, Kisii, Migori, Kisumu, Bungoma, Busia Vihiga, Homabay	2.3	Final Draft
AWP 2018/19	Vihiga, Homabay	2.3	Draft
DCS PIPs	Siaya, Kakamega, Migori & Kisumu	2.3	Final
Kakamega RMNCAH PIPs	Kakamega	2.3	Final
Homabay HIV PIPs	Homabay	2.3	Final
Malaria PIPs for all the counties	All counties	2.3	Final
Homabay Mortality PIPs	Homabay	2.3	Final

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Annex III: Success Stories (by County)

Bungoma County

BUNGOMA COUNTY AVAILS AN ONLINE PLATFORM FOR CHILD PROTECTION AND OVC REPORTING

Many Kenyans still living below the poverty line, lack of information about access to child protection services leaves Kenyan children vulnerable to a wide range of child rights violations. In response to this, the Department of Children Services has worked to develop and launch a web-based platform for child protection management. Dubbed the Child Protection Information Management System (CPIMS)For Bungoma County, data collection, analysis and reporting of child protection cases has been hampered by unavailability of the CPIMS online platform including by lack of necessary ICT equipment. As a result, the county and sub-county reporting units rely exclusively on manual data systems in reporting and managing child protection cases. Additional challenges include inadequate individual capacity and inadequate reporting tools resulting in untimely submission of routine reports and unreliable case management.

The National Plan of Action for Children in Kenya 2015-2022, Pillar 3 on Child Protection, aims to strengthen child protection in Kenya by establishing a comprehensive and functional child protection system. This objective can be attained through development of a web-based national children database –the Child Protection Information management system (CPIMS) that responds to government integrated information management system. Tupime Kaunti project is supporting the Department of Children Services by strengthening the capacity of end users in optimal use of the CPIMS in generation of complete, accurate and timely Child Protection and OVC data to inform decision making in that sector.

The Department of Children Services convened an initial engagement meeting to determine the gaps hindering optimal implementation of the child protection information system (CPMIS) in the county. Responding to the identified gaps, Tupime Kaunti project, in collaboration with Health IT, facilitated a CPIMS training for children officers from the county and 7 sub-counties in 2017. The project then conducted an assessment to determine the ICT infrastructural gaps. This informed procurement, deployment, installation and commissioning of necessary ICT equipment which included monitor, CPU, modems, routers and printers for the 8 reporting units. The project further conducted a follow-up site supervision and mentorship visit to determine the utilization of skills acquired by the children officers on CPMIS utilization and utilization of earlier deployed ICT infrastructure. The project distributed data collection and reporting tools to 6 sub-counties to enhance data collection and reporting.

The DCS has been able to transfer manual data entries that had earlier on been made on the black book to the Case registers and 2,750 entries out of the 3,550 in the case registers have been transferred to the CPMIS.

The achievement of a functional system is a major step towards ensuring the availability of a functional national child protection information management system (for all children including orphans and vulnerable children services) in the country. This is a significant achievement towards sustainable epidemic control because the CPMIS avails data at on HIV positive OVCs which is essential in monitoring their treatment outcomes.

More work remains to be done to achieve the goals set out for the CPIMS nationally and Bungoma County in particular. Tupime Kaunti will facilitate a data quality audit on the CPIMS after case entry is completed. Subsequently, data review meetings will be held with all stakeholders to address data quality issues in child protection. Periodic information products will be generated from the system and system utilization will be supported to maturity to enhance data use. This will include regular system data quality audits and availing of data use platforms. The project will also periodically liaise with USAID supported OVC service delivery mechanisms to ascertain the user rate of CPIMS by implementing partners.

Busia County

USE OF DATA FOR ADVOCACY YIELDS BUDGET INCREASE FOR HEALTH IN BUSIA

Busia County Department of Health and Sanitation (CDOH) through *Tupime Kaunti* project convened a high-level partners' advocacy meeting with the Governor of Busia on health financing. The discussions focused on the Department's concern on its reduced budget as tabled in the initial County Fiscal Strategy Paper (CFSP) 2018/19 estimates. The Department had been allocated KES 1,585,593,950 FY 2018/19 against its projection of KES 2,503,441,488. According to the Department, the low allocation undermined critical health care service delivery, Universal Health Coverage priorities and RMNCAH services. The reduction would also affect the fight against malaria, HIV and efforts to improve infrastructure capacity and Human Resources for Health. The meeting with the Governor was a culmination of similar budget advocacy meetings earlier held between the LDG and the County Assembly Health and Budget Committees.

Governor Ojamoong reviewing the advocacy brief developed by the Busia CDOH and Tupime Kaunti

During the advocacy meeting, the Leadership Development and Governance Group (LDG) briefed the Governor on the Department's programs, current budget situation and the need to promote fiscal stability in the health sector. The LDG explained to the Governor the implications of a reduced budget on service delivery and achievement of UHC using a fiscal allocation fact sheet. Using the fact sheet, the LDG also highlighted that reduction in the budget would worsen the situation of household spending on health in the county which currently stands at 40% (second highest nationally). The LDG appealed for the Governor's intervention to consider reviewing the budget allocation upwards.

The Governor's presence in the meeting demonstrated effort by the LDG in enhancing advocacy and partnership with county government departments and partners on health sector priorities. The Governor pledged to review and scale up the health budget ceiling (CFSP 2018/19) not withstanding current budget constraints faced by the county government.

The initial FY 2018/19 budget was adjusted from KES 1,585,593,950 to KES 1,622,718,500 due to advocacy interventions.

The Governor also urged the Department accountable and prudent use of the available limited financial resources. He also pledged to participate in future advocacy forums.

The focus of the advocacy meeting with the County Governor was to secure his commitment for increase in the health budget FY 2018/19. The Governor recognized the need to increase the budget and pledged to canvass the matter at the County Assembly for action. He also encouraged sustained structured engagement with the department of health and partners for stronger collaboration on health financing.

The department of health has scaled up the budget advocacy strategy within its broader partnership coordination approach. The LDG will continue to engage in constructive advocacy to achieve increased funding for health. Key emphasis will be long-term budgetary commitment to HIV, malaria and RMNCAH response. The CDOH through the LDG will continue to engage with partners, the Governor and County Assembly Budget and Health committees on health sector financing to ensure budget allocations are commensurate to the needs and demands of the sector. The LDG will further involve the County Budget secretariat to ensure that annual health budget estimates in the County Fiscal Strategy Paper are realistic and evidence informed. The department will continue to engage with health sector actors in facilitating advocacy to develop a comprehensive health financing strategy for the sector.

Homa Bay County

INSTITUTIONALIZATION OF DATA QUALITY: THE CASE OF TUPIME KAUNTI PROJECT SUPPORT IN HOMA BAY

"I am the chair of the (County Executive Committee) CEC's Committee on Data Quality and Standards and Homa Bay County has to take lead on matters of data quality".

Homa Bay County CECM Prof. Richard Muga.

The ability of health system stewards, in this case the Homa Bay County Department of Health, to make strategic decisions is impacted by the quality of data available. During an MLA baseline assessment conducted in 2017, the county identified that the counties rarely conducted integrated routine data quality audits. Data gaps in accuracy, consistency and completeness were identified during County Health Sector Strategic and Investment Plan (CHSSIP) End Term Report (ETR), and data reviews on HIV, Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) and Malaria.

To improve quality of data, the project supported the county to disseminate the National DQA protocol. As part of protocol dissemination the county conducted a DQA practicum in Mbita Sub-County Hospital and Tom Mboya Health Centre. Having disseminated the protocol, the county committed to improve data quality by prioritizing DQA activities in the Annual Work Plan FY2018/19.

Having prioritized DQA in the county Annual Work Plan, the county used this strategic document to mobilize for resources to conduct data quality audits. As a result, World Bank supported the county with the resources to conduct DQA exercise. The county has thereafter conducted DQAs in 32 health facilities across the county with the highest workload. During the DQA, the county adopted and utilized the National RDQA protocol. As per the protocol guidance, the excel sheet was used and facility level data quality improvement plans developed. Feedback was also provided to the facility health management teams.

By encouraging the use of this protocol, the project aims to see improved quality of data and a coordinated approach in addressing quality issues in Homa Bay County and other project beneficiaries. The project will facilitate dissemination of DQA results in county data use forums as a means to enhance data quality improvement efforts. Through the LDG groups the project will support the county to undertake initiatives to hold facility and partners accountable for data reported in DHIS2.

Kakamega County

INSTITUTIONALIZATION OF DATA QUALITY STANDARDS IN KAKAMEGA COUNTY

"Going forward, the elucidation of the county information system strengths and determining of specific data quality issues at all levels will be based on this standard".

Acting Head of M&E Unit, Nehemiah Muhatia

Kakamega County instructs all partners to embrace the DQA protocol. Through the M&E unit, the county has expressed that going forward, inputs to and analysis of the county information system strengths and determining of specific data quality issues at all levels will be based on this standard. The protocol integrates the experiences, lessons learnt, implementation and statistical analyses and use of health data over time, ensuring that information collected cumulatively represents the program or project activities. This will support the county in effectively implementing existing policies, guidelines and standards. The MLA baseline assessment for Kakamega County conducted by Tupime Kaunti project in March 2017 highlighted that DQAs were mainly program specific, partner supported and did not adhere to the sector-wide DQA Protocol. This made it difficult to prepare and present coherent findings from the different DQAs as well as increasing the barriers to use of data due to different repositories for said data.

Responding to the situation by encouraging the institutionalization of data quality, Kakamega county disseminated the DQA protocol with the support of Tupime Kaunti to 25 health care workers drawn from CHMT, SCHMT, and partners. The objective of the dissemination to this core team was to kick-start a structured and deliberate implementation of assessments and improvement of data quality. Following the dissemination, the county mobilized resources for an Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) Rapid Data Quality Assessment (RDQA) that is aligned to the DQA protocol. The RDQA was county-wide with Afya Halisi project supporting 3 sub-counties and THS-UHC project supporting the remaining 9 sub-counties. Tupime Kaunti project provided technical support to the RDQA. Report of the RDQA and the Data Quality Improvement (DQI) plans were shared with broad stakeholders. The DQI plans are currently being implemented and the project will continue to support the institutionalization of data quality in Kakamega County.

Quality data from the HIS are needed to inform the design of interventions and to monitor and evaluate plans and quantify progress towards treatment, prevention, and care targets especially the 90-90-90 targets. Attention to data quality can lead to improved program performance and to more efficient resource management.

Kisii County

INSTITUTIONALIZING THE LEADERSHIP DEVELOPMENT AND GOVERNANCE GROUP FOR MEASUREMENT, LEARNING AND ACCOUNTABILITY SYSTEMS

A baseline survey by Tupime Kaunti Project established leadership gaps at the county health management structure of Kisii. In particular, the county had insufficient skills in policy formulation, minimally used information for decision-making, and had weak monitoring and evaluation structures. Working closely with the county, the project established a Leadership Development and Governance (LDG) group. LDG group is a coordinating structure within the Department of Health that is championed by Tupime Kaunti to steer implementation of Measurement, Learning and Accountability (MLA) systems for improved availability, analysis and use of high quality data. The LDG group comprises the core leadership, select County Heath Management Team members and representatives from County treasury and planning departments. The LDG group offers strategic value in the overall coordination of the health sector at the county level; spearheads the MLA leadership and governance interventions; and promotes use of information for policy, planning, advocacy and decision-making. However, in most counties, the LDG group remains an external structure that is not fully integrated into the county health structure.

Tupime Kaunti has nurtured the LDG group through customized trainings and mentorships to address leadership gaps identified during the baseline assessment. The county government of Kisii has decided to merge the LDG group with the Ministerial Leadership Coordination Committee (MLCC). The rationale for this action by top leadership of the Department of Health was to ensure sustainability and for institutionalization of the former. The MLCC is a top decision- making organ in the Kisii County Department of Health that is convened by the County Executive Committee Member for Health.

Some of the early successes of the reconstituted MLCC included a successful meeting with County Assembly Health Committee that resulted in joint communique on priority areas and terms of engagement. Specifically, the Health Committee committed both to defending the health budget at the County Assembly as requested by the MLCC and to fast-tracking health bills. On its part, the MLCC committed to updating the Health Committee regularly and more often. Other successes attributable to the MLCC are harmonization of technical working groups and overall streamlining of stakeholder coordination in the County. The MLCC has also improved the policy environment for MLA i.e. policies, strategies, frameworks, standards, and protocols; and the availability, analysis and use of quality data which is critical for sustained epidemic control. Tupime Kaunti will continue working with the MLCC to further improve their capabilities in MLA systems and advocate for increased resource allocation for health.

Migori County

USING LEADERSHIP DEVELOPMENT AND GOVERNANCE GROUP TO STEER ENGAGEMENT WITH THE MIGORI COUNTY ASSEMBLY

One of the key structures established with the devolution was the County Assembly whose role includes enactment of bills, budget approval and oversight of the county departments. Within the County Assembly, the Health Committee is answerable for the Department of Health. One of the gaps identified in the course of Tupime Kaunti project interaction with Migori County was that engagement between the County Department of Health and this Health Committee was unstructured and irregular. Most of the engagement was by and large based on short notice or summons for meetings by the former. Consequently, the County Assembly had minimal understanding of the health situation, financing requirements and did not participate in developing of the county health vision.

The Migori County Department of Health with support of Tupime Kaunti established its Leadership Development and Governance (LDG) group whose key role is to steer and coordinate health activities and report to the County Assembly. The LDG group developed a work plan detailing key priorities for engagement with the Health Committee following capacity-strengthening support from the project. With the development of the County Health Sector Strategic and Investment Plan (CHSSIP) 2018 - 2023, the LDG group prioritized to convene meetings with the Health Committee to validate this draft strategy. This aimed to enhance ownership and consensus on the budgetary requirements by the Health Committee that has budget approval roles. Tupime Kaunti provided technical assistance to the LDG groups to develop a brief highlighting the strategic priorities and resource requirements.

The Health Committee and the Department of Health prioritized a joint facility visit to assess the status of facilities in terms of health operations and service delivery to patients and community. This was part of the meeting resolution by both County Assembly and the Department of Health to jointly visit sub county hospitals to identify gaps in the facilities to aid in planning for resource distribution and areas of support to improve on health indicators. As results of this joint visit, Migori county Referral and 7 sub county Hospitals were allocated financial resources to support and improve on facility activities. This was critical to validate the priorities proposed in the draft CHSSIP 2018- 2023.

The Orientation workshop by the LDG group under the Tupime Kaunti project support has witnessed regular engagement and joint interventions between the County Assembly and the department of health. The Health Committee affirmed to have a better understanding on the health situation following a joint facility visit that was conducted with the support of Tupime Kaunti project. There is also increased interest and attention by the County Assembly Health Committee on the development of health policies and in particular, in the validation of the draft County Health Sector Strategic and investment Plan 2018 – 2023. The County Assembly Health Committee has also set key health priorities in health. For instance, they want to equip all theatres in the sub county health facilities to avoid congestion in the county referral Hospital. The joint strategic planning between the County Assembly Health committee and the department of health is enhancing ownership and including increased resource allocation. Going forward, Tupime Kaunti project will continue to strengthen a structured engagement between the health committee and the department of health. The project will also support the production and dissemination of targeted information products by the county for the Health Committee use in decision-making. Further, the project will steer the LDG group and the County Assembly Health meetings as a platform for lobbying for increased resource allocation.

Attachment I: Performance Data Table

Goal: One functional, sector-wide monitoring and evaluation system for improved decision making, transparency, and accountability in health

Purpose: strengthened county health systems

COUNTY MEASUREMENT, LEARNING AND ACCOUNTABILITY CAPACITY INDEX INDICATOR # 0.1										
UNIT Counties	DISAGGREGATE BY: County									
Results: N/A										
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	48.02%	48.02%	-	-	-	-	-	53.02%	58.02 %	68.02 %
Migori	55.93%	55.93%	-	-	-	-	-	60.93%	65.93 %	75.93 %
Kisii	43.78%	43.78%	-	-	-	-	-	48.78%	53.78 %	63.78 %
Kakamega	62.42%	62.42%	-	-	-	-	-	67.42%	72.42 %	82.42 %
Busia	43.92%	43.92%	-	-	-	-	-	48.92%	53.92 %	63.92 %
Vihiga	36.86%	36.86%	-	-	-	-	-	41.86%	46.86 %	56.86 %
Bungoma	39.83%	39.83%	-	-	-	-	-	44.83%	49.83 %	59.83 %
Kisumu	53.39%	53.39%	-	-	-	-	-	58.39%	63.39 %	73.39 %
Overall	60.45%	60.45%	-	-	-	-	-	65.45%	70.45 %	80.45 %

COUNTY MONITORING AND EVALUATION CAPACITY INDEX INDICATOR # 0.2	
UNIT Counties	DISAGGREGATE BY: County
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	57.32%	57.32%	-	-	-	-	-	62.32%	67.32 %	77.32 %
Migori	63.24%	63.24%	-	-	-	-	-	68.24%	73.24 %	83.24 %
Kisii	62.54%	62.54%	-	-	-	-	-	67.54%	72.54 %	82.54 %
Kakamega	68.19%	68.19%	-	-	-	-	-	73.19%	78.19 %	88.19 %
Busia	39.22%	39.22%	-	-	-	-	-	44.22%	49.22 %	59.22 %
Vihiga	47.95%	47.95%	-	-	-	-	-	52.95%	57.95 %	67.95 %
Bungoma	52.40%	52.40%	-	-	-	-	-	57.40%	62.40 %	72.40 %
Kisumu	57.74%	57.74%	-	-	-	-	-	62.74%	67.74 %	77.74 %
Overall	56.07%	56.07%	-	-	-	-	-	61.07%	66.07 %	76.07 %

NUMBER OF PEOPLE TRAINED
INDICATOR # 0.3

UNIT	DISAGGREGATE BY: County
People Trained	
Results: X	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0	43	0	2	-	X	-	-	-	-
Migori	0	34	41	2	-	X	-	-	-	-
Kisii	0	108	35	2	-	X	-	-	-	-

Kakamega	0	63	0	9	-	X	-	-	-	-
Busia	0	10	32	2	-	X	-	-	-	-
Vihiga	0	32	27	2	-	X	-	-	-	-
Bungoma	0	4	33	9	-	X	-	-	-	-
Kisumu	0	72	0	2	-	X	-	-	-	-
Overall	0	366	136	31	-	X	-	-	-	-

Sub-purpose 1: Increased leadership and management capacity of county governments for effective outcome measurements, and learning and accountability systems

COUNTY MLA SYSTEMS STRENGTHENING PLAN IMPLEMENTATION RATE

INDICATOR # 1.1

UNIT Counties		DISAGGREGATE BY: County								
	Results: N/A									
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	48%	48%	-	-	-	-	-	58%	68%	88%
Migori	21%	21%	-	-	-	-	-	31%	41%	61%
Kisii	TBD	TBD	-	-	-	-	-	TBD	TBD	TBD
Kakamega	20%	20%	-	-	-	-	-	30%	40%	60%
Busia	46%	46%	-	-	-	-	-	56%	66%	86%
Vihiga	19%	19%	-	-	-	-	-	29%	39%	59%
Bungoma	13%	13%	-	-	-	-	-	23%	33%	53%
Kisumu	35%	35%	-	-	-	-	-	45%	55%	75%
Overall	29%	29%	-	-	-	-	-	39%	49%	69%

Output 1.1: Improved CHMT leadership and management capacity to develop and implement outcome measurements, learning and accountability policies, strategies, frameworks, guidelines, and standard protocols

COUNTY MLA SYSTEMS LEADERSHIP AND MANAGEMENT CAPACITY INDEX

INDICATOR # 1.1.1

UNIT Counties	DISAGGREGATE BY: County
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	67.25%	67.25%	-	-	-	-	-	72.25%	77.25 %	87.25 %
Migori	77.86%	77.86%	-	-	-	-	-	82.86%	87.86 %	97.86 %
Kisii	65.92%	65.92%	-	-	-	-	-	70.92%	75.92 %	85.92 %
Kakamega	78.70%	78.70%	-	-	-	-	-	83.70%	88.70 %	98.70 %
Busia	45.64%	45.64%	-	-	-	-	-	50.64%	55.64 %	65.64 %
Vihiga	54.48%	54.48%	-	-	-	-	-	59.48%	64.48 %	74.48 %
Bungoma	61.15%	61.15%	-	-	-	-	-	66.15%	71.15 %	81.15 %
Kisumu	70.96%	70.96%	-	-	-	-	-	75.96%	80.96 %	90.96 %
Overall	65.25%	65.25%	-	-	-	-	-	70.25%	75.25 %	85.25 %

PERCENTAGE OF COUNTIES EFFECTIVELY IMPLEMENTING EXISTING POLICIES, GUIDELINES AND/OR STANDARDS

INDICATOR # 1.1.2A

UNIT Counties	DISAGGREGATE BY: County
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18	Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target

		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	TBD	TBD	-	-	-	-	-	75%	75%	75%
Migori	TBD	TBD	-	-	-	-	-	75%	75%	75%
Kisii	TBD	TBD	-	-	-	-	-	75%	75%	75%
Kakamega	TBD	TBD	-	-	-	-	-	75%	75%	75%
Busia	TBD	TBD	-	-	-	-	-	75%	75%	75%
Vihiga	TBD	TBD	-	-	-	-	-	75%	75%	75%
Bungoma	TBD	TBD	-	-	-	-	-	75%	75%	75%
Kisumu	TBD	TBD	-	-	-	-	-	75%	75%	75%
Overall	TBD	TBD	-	-	-	-	-	75%	75%	75%

N.B Initial measurement of the indicator using policy implementation monitoring tools is scheduled for Q4

PERCENTAGE OF IMPLEMENTED POLICIES REVIEWED AND ADJUSTED

INDICATOR # 1.1.2B

UNIT Counties		DISAGGREGATE BY: County								
	Results: N/A									
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	TBD	TBD	-	-	-	-	-	30%	75%	75%
Migori	TBD	TBD	-	-	-	-	-	30%	75%	75%
Kisii	TBD	TBD	-	-	-	-	-	30%	75%	75%
Kakamega	TBD	TBD	-	-	-	-	-	30%	75%	75%
Busia	TBD	TBD	-	-	-	-	-	30%	75%	75%
Vihiga	TBD	TBD	-	-	-	-	-	30%	75%	75%
Bungoma	TBD	TBD	-	-	-	-	-	30%	75%	75%
Kisumu	TBD	TBD	-	-	-	-	-	30%	75%	75%
Overall	TBD	TBD	-	-	-	-	-	30%	75%	75%

N.B Initial measurement of the indicator using policy implementation monitoring tools is scheduled for Q4

NUMBER OF COUNTIES WITH FUNCTIONAL LEARNING AND ACCOUNTABILITY FORUMS

INDICATOR # 1.1.3

UNIT Counties		DISAGGREGATE BY: County								
	Results: N/A									
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0	1	-	-	-	-	-	-	1	1
Migori	0	1	-	-	-	-	-	-	1	1
Kisii	0	1	-	-	-	-	-	-	1	1
Kakamega	0	1	-	-	-	-	-	-	1	1
Busia	0	1	-	-	-	-	-	-	1	1
Vihiga	0	1	-	-	-	-	-	-	1	1
Bungoma	0	0	-	-	-	-	-	-	1	1
Kisumu	0	1	-	-	-	-	-	-	1	1
Overall	0	7	-	-	-	-	-	6	8	8

N.B Functional learning and accountability forums include data review meetings, APRs, End term reviews, LDG meetings, inter-county LDG meetings, core leadership meetings and TWGs. For the purposes of this indicator, the forums will only be restricted to those where HIV data was used for decision making

Output 1.2: Strengthened county- and sub-county-level outcomes measurements, learning and accountability systems

COUNTY OUTCOME MEASUREMENTS CAPACITY INDEX

INDICATOR # 1.2.1

UNIT Counties		DISAGGREGATE BY: County							
	Results: N/A								
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18	Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target

		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	38.89%	38.89%	-	-	-	-	-	43.89%	48.89 %	58.89 %
Migori	66.66%	66.66%	-	-	-	-	-	71.66%	76.66 %	86.66 %
Kisii	22.22%	22.22%	-	-	-	-	-	27.22%	32.22 %	42.22 %
Kakamega	33.33%	33.33%	-	-	-	-	-	38.33%	43.33 %	53.33 %
Busia	33.33%	33.33%	-	-	-	-	-	38.33%	43.33 %	53.33 %
Vihiga	38.89%	38.89%	-	-	-	-	-	43.89%	48.89 %	58.89 %
Bungoma	22.22%	22.22%	-	-	-	-	-	27.22%	32.22 %	42.22 %
Kisumu	55.55%	55.55%	-	-	-	-	-	60.55%	65.55 %	75.55 %
Overall	38.89%	38.89%	-	-	-	-	-	43.89%	48.89 %	58.89 %

PERCENT OF FOCAL COUNTIES REGULARLY PRODUCING HIV COUNTY PROFILES

INDICATOR # 1.2.2A

UNIT Counties		DISAGGREGATE BY: County								
	Results: X									
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0%	-	1(12.5 %)	-	-	X	-	-	1(12.5 %)	1(12.5 %)
Migori	0%	1(12.5 %)	1(12.5 %)	-	-	X	-	-	1(12.5 %)	1(12.5 %)
Kisii	0%	1(12.5 %)	1(12.5 %)	1(12.5%)	-	X	-	-	1(12.5 %)	1(12.5 %)

Kakamega	0%	1(12.5%)	1(12.5%)	1(12.5%)	-	X	-	-	1(12.5%)	1(12.5%)
Busia	0%	1(12.5%)	1(12.5%)	1(12.5%)	-	X	-	-	1(12.5%)	1(12.5%)
Vihiga	0%	1(12.5%)	1(12.5%)	1(12.5%)	-	X	-	-	1(12.5%)	1(12.5%)
Bungoma	0%	1(12.5%)	1(12.5%)	1(12.5%)	-	X	-	-	1(12.5%)	1(12.5%)
Kisumu	0%	1(12.5%)	1(12.5%)	-	-	X	-	-	1(12.5%)	1(12.5%)
Overall	0%	7(87.50%)	7(87.50%)	5(62.50%)	-	X	-	6(75%)	8(100%)	8(100%)

PERCENT FOCAL COUNTIES REGULARLY PRODUCING SEMI-ANNUAL SCORECARDS ON PRIORITY HIV OUTCOMES

INDICATOR # 1.2.2B

UNIT Counties		DISAGGREGATE BY: County								
	Results: N/A									
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Migori	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Kisii	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Kakamega	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Busia	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Vihiga	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Bungoma	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Kisumu	0%	0%	-	-	-	-	-	-	12.5%	12.5%
Overall	0%	0%	-	-	-	-	-	50%	100%	100%

Sub-purpose 2: Increased availability, analysis, and use of high-quality data

COUNTY INFORMATION MANAGEMENT SYSTEMS CAPACITY INDEX
INDICATOR # 2.1

UNIT Counties	DISAGGREGATE BY: County
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	70.00%	70.00%	-	-	-	-	-	75.00%	80.00%	90.00%
Migori	60.00%	60.00%	-	-	-	-	-	65.00%	70.00%	80.00%
Kisii	65.00%	65.00%	-	-	-	-	-	70.00%	75.00%	85.005
Kakamega	90.00%	90.00%	-	-	-	-	-	95.00%	100.00%	100.00%
Busia	66.66%	66.66%	-	-	-	-	-	71.66%	76.66%	86.66%
Vihiga	65.00%	65.00%	-	-	-	-	-	70.00%	75.00%	85.00%
Bungoma	80.00%	80.00%	-	-	-	-	-	85.00%	90.00%	100.00%
Kisumu	70.00%	70.00%	-	-	-	-	-	75.00%	80.00%	90.00%
Overall	71.5%	71.5%	-	-	-	-	-	76.50%	81.50%	91.50%

Output 2.1: Improved capacity of County Health Management Teams in data management systems (DHIS2, CHIS, LMIS, EMR, COBPAR, CRVS, and CPMIS) to generate high-quality data

COUNTY DATA QUALITY CAPACITY INDEX
INDICATOR # 2.1.1

UNIT Counties	DISAGGREGATE BY: County
Results: N/A	

Additional Criteria	Baseline	FY 2017	Reporting Period	Reporting Period	This Reporting Period 30-Jun-18	Reporting Period	FY 2018 Target	FY 2019 Target	End of Activit

		Achieved	31-Dec-18	31-Mar-18			30-Sep-18			y Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	70.00%	70.00%	-	-	-	-	-	75.00%	80.00%	90.00%
Migori	60.00%	60.00%	-	-	-	-	-	65.00%	70.00%	80.00%
Kisii	65.00%	65.00%	-	-	-	-	-	70.00%	75.00%	85.00%
Kakamega	90.00%	90.00%	-	-	-	-	-	95.00%	100.00%	100.00%
Busia	66.66%	66.66%	-	-	-	-	-	71.66%	76.66%	86.66%
Vihiga	65.00%	65.00%	-	-	-	-	-	70.00%	75.00%	85.00%
Bungoma	80.00%	80.00%	-	-	-	-	-	85.00%	90.00%	100.00%
Kisumu	70.00%	70.00%	-	-	-	-	-	75.00%	80.00%	90.00%
Overall	70.83%	70.83%	-	-	-	-	-	75.83%	80.83%	90.83%

PERCENTAGE OF HEALTH FACILITIES BY FOCAL COUNTY REPORTING COMPLETE AND ACCURATE ICD10 REPORTS IN DHIS2

INDICATOR # 2.1.2

UNIT Counties	DISAGGREGATE BY: County
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	22.2%	22.2%	-	-	-	-	-	75.00%	100%	100%
Migori	0%	0%	-	-	-	-	-	75.00%	100%	100%
Kisii	20%	20%	-	-	-	-	-	75.00%	100%	100%
Kakamega	20%	20%	-	-	-	-	-	75.00%	100%	100%

Busia	0%	0%	-	-	-	-	-	75.00%	100%	100%
Vihiga	10%	10%	-	-	-	-	-	75.00%	100%	100%
Bungoma	7.7%	7.7%	-	-	-	-	-	75.00%	100%	100%
Kisumu	20%	20%	-	-	-	-	-	75.00%	100%	100%
Overall	12.49%	12.49%	-	-	-	-	-	75.00%	100%	100%

N.B For the purposes of this indicator, reporting rate is calculated as proportion of counties that have reported deaths both in MOH717 and Event Capture.

NUMBER OF ADDITIONAL COUNTIES EFFECTIVELY USING CPIMS
INDICATOR # 2.1.3

UNIT	DISAGGREGATE BY: County
Counties	
Results: 4	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Kisii	0	-	1	-	-	1	-	1	1	1
Busia	0	-	1	-	-	1	-	1	1	1
Vihiga	0	-	1	-	-	1	-	1	1	1
Bungoma	0	-	1	-	-	1	-	1	1	1
Overall	0	-	4	-	-	4	-	4	4	4

PERCENT OF CPIMS USERS DEMONSTRATING SYSTEM USE COMPETENCY SKILLS
INDICATOR # 2.1.4

UNIT	DISAGGREGATE BY: County
CPIMS Users	
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target

Homa Bay	0%	0%	-	-	-	-	-	100%	100%	100%
Migori	0%	0%	-	-	-	-	-	100%	100%	100%
Kisii	0%	0%	-	-	-	-	-	100%	100%	100%
Kakamega	0%	0%	-	-	-	-	-	100%	100%	100%
Busia	0%	0%	-	-	-	-	-	100%	100%	100%
Vihiga	0%	0%	-	-	-	-	-	100%	100%	100%
Bungoma	0%	0%	-	-	-	-	-	100%	100%	100%
Kisumu	0%	0%	-	-	-	-	-	100%	100%	100%
Overall	0%	0%	-	-	-	-	-	100%	100%	100%

Output 2.2: Increased capacity of County Health Management Teams in data analytics

COUNTY DATA ANALYTICS CAPACITY INDEX INDICATOR # 2.2.1										
UNIT Counties		DISAGGREGATE BY: County								
	Results: N/A									
Additional Criteria	Baseline	FY 2017 Achieved Achieved	Reporting Period 31-Dec-18 Achieved	Reporting Period 31-Mar-18 Achieved	This Reporting Period 30-Jun-18 Target	 Achieved	Reporting Period 30-Sep-18 Target	FY 2018 Target Target	FY 2019 Target Target	End of Activity Target Target
Homa Bay	75.00%	75.00%	-	-	-	-	-	80.00%	85.00%	95.00%
Migori	75.00%	75.00%	-	-	-	-	-	80.00%	85.00%	95.00%
Kisii	75.00%	75.00%	-	-	-	-	-	80.00%	85.00%	95.00%
Kakamega	100.00%	100.00%	-	-	-	-	-	100.00%	100.00%	100.00%
Busia	66.66%	66.66%	-	-	-	-	-	71.66%	76.66%	86.66%
Vihiga	75.00%	75.00%	-	-	-	-	-	80.00%	85.00%	95.00%
Bungoma	75.00%	75.00%	-	-	-	-	-	80.00%	85.00%	95.00%
Kisumu	75.00%	75.00%	-	-	-	-	-	80.00%	85.00%	95.00%

Overall	77.08%	77.08%	-	-	-	-	-	82.08%	87.08 %	97.08 %

NUMBER OF COUNTY-SPECIFIC INFORMATION PRODUCTS DEVELOPED
INDICATOR # 2.2.2

UNIT	DISAGGREGATE BY: County
Information Products	
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0	5	3	1	-	X	-	-	-	-
Migori	0	6	2	-	-	X	-	-	-	-
Kisii	0	7	2	2	-	X	-	-	-	-
Kakamega	0	5	2	1	-	X	-	-	-	-
Busia	0	7	3	1	-	X	-	-	-	-
Vihiga	0	7	2	4	-	X	-	-	-	-
Bungoma	0	4	2	3	-	X	-	-	-	-
Kisumu	0	6	2	1	-	X	-	-	-	-
Overall	0	47	18	13	-	X	-	-	-	-

Output 2.3: Strengthened capacity of County Health Management Teams to demand and use routine programs, surveys, and surveillance data for program planning and management

COUNTY DATA USE CAPACITY INDEX INDICATOR # 2.3.1										
UNIT Counties		DISAGGREGATE BY: County								
	Results: N/A									
Additional Criteria	Baseline	FY 2017 Achieved Achieved	Reporting Period 31-Dec-18 Achieved	Reporting Period 31-Mar-18 Achieved	This Reporting Period 30-Jun-18 Target	 Achieved	Reporting Period 30-Sep-18 Target	FY 2018 Target Target	FY 2019 Target Target	End of Activity Target Target
Homa Bay	68.0%	68.0%	-	-	-	-	-	73.00%	78.00 %	88.00 %
Migori	70.7%	70.7%	-	-	-	-	-	75.70%	80.70 %	90.70 %
Kisii	68.0%	68.0%	-	-	-	-	-	73.00%	78.00 %	88.00 %
Kakamega	73.3%	73.3%	-	-	-	-	-	78.30%	83.30 %	93.30 %
Busia	56.0%	56.0%	-	-	-	-	-	61.00%	66.00 %	76.00 %
Vihiga	72.0%	72.0%	-	-	-	-	-	77.00%	82.00 %	92.00 %
Bungoma	61.3%	61.3%	-	-	-	-	-	66.30%	71.30 %	81.30 %
Kisumu	64.0%	64.0%	-	-	-	-	-	69.00%	74.00 %	84.00 %
Overall	66.7%	66.7%	-	-	-	-	-	71.70%	76.70 %	86.70 %

NUMBER OF INSTANCES WHEN COUNTIES USE HEALTH DATA FOR DECISION MAKING INDICATOR # 2.3.2	
UNIT Instances of Data Use	DISAGGREGATE BY: County
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0	-	-	1	-	X	-	-	-	-
Migori	0	-	-	4	-	X	-	-	-	-
Kisii	0	-	-	1	-	X	-	-	-	-
Kakamega	0	-	-	2	-	X	-	-	-	-
Busia	0	-	-	5	-	X	-	-	-	-
Vihiga	0	-	-	3	-	X	-	-	-	-
Bungoma	0	-	-	2	-	X	-	-	-	-
Kisumu	0	-	-	1	-	X	-	-	-	-
Overall	0	-	-	18	-	X	-	-	-	-

PERCENT OF FOCAL COUNTIES ACHIEVING INCREASED COUNTY BUDGET ALLOCATIONS BY COUNTY ASSEMBLY FOR HIV PROGRAMMING

INDICATOR # 2.3.3

UNIT	DISAGGREGATE BY: County
Counties	
Results: N/A	

Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0%	0%	-	-	-	-	-	-	-	-
Migori	0%	0%	-	-	-	-	-	-	-	-
Kisii	0%	0%	-	-	-	-	-	-	-	-
Kakamega	0%	0%	-	-	-	-	-	-	-	-
Busia	0%	0%	-	-	-	-	-	-	-	-
Vihiga	0%	0%	-	-	-	-	-	-	-	-
Bungoma	0%	0%	-	-	-	-	-	-	-	-
Kisumu	0%	0%	-	-	-	-	-	-	-	-

Overall	0%	0%	-	-	-	-	-	-	-	-

PERCENT OF FOCAL STAFF WHO HAVE SUCCESSFULLY COMPLETED DDU MODULAR TRAINING AND RECEIVED CERTIFICATION

INDICATOR # 2.3.4

UNIT Staff		DISAGGREGATE BY: County								
	Results: N/A									
Additional Criteria	Baseline	FY 2017 Achieved	Reporting Period 31-Dec-18	Reporting Period 31-Mar-18	This Reporting Period 30-Jun-18		Reporting Period 30-Sep-18	FY 2018 Target	FY 2019 Target	End of Activity Target
		Achieved	Achieved	Achieved	Target	Achieved	Target	Target	Target	Target
Homa Bay	0%	0%	-	-	-	-	-	100%	100%	100%
Migori	0%	0%	-	-	-	-	-	100%	100%	100%
Kisii	0%	0%	-	-	-	-	-	100%	100%	100%
Kakamega	0%	0%	-	-	-	-	-	100%	100%	100%
Busia	0%	0%	-	-	-	-	-	100%	100%	100%
Vihiga	0%	0%	-	-	-	-	-	100%	100%	100%
Bungoma	0%	0%	-	-	-	-	-	100%	100%	100%
Kisumu	0%	0%	-	-	-	-	-	100%	100%	100%
Overall	0%	0%	-	-	-	-	-	100%	100%	100%

Attachment II: Partners Interacted with During the Quarter

Mechanism/ Project	Lead Organisation	Agency: USAID, DFID etc	Activity	Role of Partner	Role of Tupime Kaunti
HealthIT	University of Nairobi	USAID	CPIMS service desk workshop.	Coordination of the workshop and presentation on service desk.	Delivery on service desk sessions.
AMPATH Plus		USAID	RDQA in Busia County	Technical input on HIV program	Technical oversight during the exercise (DQA protocol)
SETH		Global Affairs Canada (GAC)	RDQA in Busia, Bungoma Counties	Technical input on Reproductive program	Technical oversight during the exercise (DQA protocol)
APHIA Plus		USAID		Technical input on HIV program.	Technical oversight during the exercise (DQA protocol)
UNICEF	UN	UN	Homabay HIV data review s	TA and Financial support	TA and Financial support
MSF			Homabay HIV data review	TA	TA and Financial support
EGPAF		CDC	Homabay HIV data review s	TA	TA and Financial support
HSDSA Cluster I	PATH	USAID	Homabay HIV data review	TA	TA and Financial support
AHF – Aids Healthcare Foundation			Homabay HIV data review s	TA	TA and Financial support
KeHMIS,	Palladium		Bungoma HIV data review	TA	TA
Mwendo		USAID	Bungoma HIV data review	TA	TA
AMPATH Plus	AMPATH	USAID	Bungoma HIV data review	TA and Financial support	TA
Save the Children	Save the Children		AWP Bungoma County	TA and Financial support	TA and Financial support
Living Goods	Living Goods		AWP consolidation Busia	TA	TA
Fred Hollows	Fred Hollows		AWP consolidation Busia	TA	TA

Mechanism/ Project	Lead Organisation	Agency: USAID, DFID etc	Activity	Role of Partner	Role of Tupime Kaunti
HIGDA	Palladium	USAID	Data analytics guideline development	Technical support	Financial and technical support
Afya Halisi	JPIEHGO	USAID	Integrated county profile development	Financial support	Technical support
Afya Halisi	JIPHIEGO	USAID	Development of M&E roadmap M&E TWG for Migori County	Financial and technical contribution	Technical contribution
HIGDA	Palladium Group	USAID	Harmonization of the Data analytics guidance document and the national data analytics framework	Financial and technical contribution	Financial and technical contribution

Attachment III: Subsequent Quarter's Work Plan

Activity	Quarterly Timeline				Status - Completed - Delayed - In Progress	Progress (Summary of Work of Done and Next Steps)	Deliverables
	Q1	Q2	Q3	Q4			
Output 1.1: Improved CHMT leadership and management capacity to develop and implement outcome measurements, learning and accountability policies, strategies, frameworks, guidelines and standard protocols							
1.1.1 Strengthen the institutional capacity for CHMTs and LDGs to implement and mobilize resources for the county-specific MLA system strengthening action plans	X	X	X	X	In progress	**Achievements:** Kisii, Kakamega, Bungoma, Busia and Migori counties LDG groups convened progress review meetings. Kisumu LDG group developed an annual implementation plan. **Next steps:** Conduct re-orientation workshops for the LDG groups to address gaps on functionality.	Activity Reports LDG group capacity building plan
1.1.2 Support the CHMT and the LDGs to monitor the MLA strengthening action plans		X		X	Completed	**Achievements:** Kisii County MLCC monitored implementation of the MLA systems strengthening plan.	Updated MLA Systems Strengthening Action Plan Activity Report

Activity	Quarterly Timeline				Status - Completed - Delayed - In Progress	Progress (Summary of Work of Done and Next Steps)	Deliverables
	Q1	Q2	Q3	Q4			
1.1.3 Conduct Data informed advocacy workshops with the core leadership in collaboration with other partners to advance the MLA agenda		X		X	Completed	**Achievements:** Kakamega CDOH developed new organizational structures and included the M&E unit. Busia County LDG group convened a high-level budget advocacy with the Governor. **Next Steps:** Support the LDG groups to implement action points from the health leadership meetings.	Activity Report Action Plans
1.1.4 Strengthen accountability and oversight link for the Department of Health by County Assembly Health Committee	X	X	X	X	In progress	**Achievements:** Migori County Assembly Health Committee participated in validation of CHSSIP 2018 - 2023. Kisii and Kisumu LDG groups convened orientation and advocacy workshops for the County Assembly Health Committees. **Next steps:** Provide technical assistance to counties to prepare and submit quarterly reports to the County Assembly Health Committee.	Activity Report Joint communiques/ action plans
1.1.5 Support CHMTs, LDGs, DCS and CRS in the dissemination, implementation and monitoring of HIS and other key policy, guidelines, protocols	X	X	X	X	In progress	**Achievements:** HIS and M&E policy implementation monitoring tools for four policies finalized **Next steps:** Conduct a HIS and M&E policy implementation monitoring assessment. Develop and roll out a HIS and M&E policy dissemination package.	HIS and M&E Policy Implementation Monitoring tools

Activity	Quarterly Timeline				Status - Completed - Delayed - In Progress	Progress (Summary of Work of Done and Next Steps)	Deliverables
	Q1	Q2	Q3	Q4			
1.1.6 Develop and strengthen County health sector policies and plans with resource mobilization plans			X	X	In progress	**Achievements:** Homa Bay, Kisii, Vihiga, Busia and Kakamega counties progress with drafting of CHSSIP 2018 – 2023. Kisumu, Homa Bay and Migori counties validated the draft CHSSIP 2018 – 2023. Bungoma County finalized the end term review report for CHSSIP 2013 – 2018. **Next Steps:** Facilitate county leadership to participate in the validation of the national KHSSIP 2018 – 2023 for learning. Provide technical assistance in the development of CHSSIP 2018 – 2023.	Draft CHSSIPs End Term Final Draft of the Review Report for CHSSIP 2013 – 2018 for Bungoma County
1.1.7 Support the M&E TWG/ LDG to review, develop and disseminate M&E Plans linked to the CHSSIP 2018 - 2022			X	X	In progress	**Achievements:** Migori county M&E TWG developed a road map to guide the M&E Plan development. **Next Steps:** Provide technical assistance to the development of the Migori M&E Plan.	Activity report Road map for M&E Plan development
1.1.8 Strengthen stakeholder coordination mechanisms to provide strategic platforms for policy dialogue, collaboration and engagement	X	X	X	X	In progress	**Achievements:** Homa Bay and Kisii counties convened stakeholder forums. Busia county convened a partner's forum and high-level advocacy meeting with the Governor. **Next Steps:** Facilitate the LDG groups to follow up on action points from the stakeholder meetings.	Activity Reports Homa Bay Stakeholder coordination framework

Activity	Quarterly Timeline				Status - Completed - Delayed - In Progress	Progress (Summary of Work of Done and Next Steps)	Deliverables
	Q1	Q2	Q3	Q4			
1.1.9 Strengthen/ establish TWGs for MLA system strengthening anchored on the stakeholder coordination mechanism	X	X	X	X	In progress	**Achievements:** Kisii and Migori counties convened an M&E TWG and Kakamega County an RMNCAH TWG. The Area Advisory Council for Homa Bay resulted in Homa Bay reviewed the caseload report for FY 2016/2017.**Next steps:** Support the HIV, Malaria and RMNCAH TWG to update their TORs and convene quarterly meetings.	Activity Reports

Output 1.2: Strengthened county- and sub-county level outcome measurements, learning and accountability systems							
1.2.1 Create master list of outcome measures for health sector	X				Completed	**Achievements:** Stakeholder meetings were held at county level and a list of priority health outcome indicators was agreed. This has been merged to a master list of outcome measures **Next Steps:** Counties will be tracking the progress in some of the outcomes indicators agreed upon on quarterly or semi-annual basis and will packaging the	List of agreed upon indicators
1.2.2 Describe epidemiology of malaria, RMNCH and HIV in focus counties		X	X		Completed	**Achievements:** Draft reports on the epidemiology of Malaria, HIV and the status of RMNCAH developed. The key findings were used to inform the project refocus for the subsequent implementation period.	Report

1.2.3 Estimate outcomes for diseases (malaria, RMNCH and HIV) in focus counties and sub counties	X	X	X	X	In Progress	**Achievements:** Two workshops each consisting of four counties were held during the first quarter of year 2. A total 56 county participants were trained on outcomes measurement. In quarter 3, a brainstorming meeting was held to discuss the project's support to counties on the estimation of eMTCT rates at county and granular levels (sub county, ward and health facility level). A draft concept note was developed. **Next steps:** the project will finalize a full concept and orient counties on estimation of eMTCT outcomes measurements to contribute to new insights on the county status regarding epidemic control.	Activity reports
1.2.4 Develop/ implement a guidance document (including EPMP) for conducting outcomes measurement (Link with Output 1.1)	X	X			In Progress	**Achievements:** a meeting was held between HIGDA and TK to agree on the packaging of a single draft data analytics framework. **Next steps:** Both projects will finalize the repackaging of the two documents into one single document and organize for review and validation workshops in quarter 4.	Draft Analytics guidance document
1.2.5 Enhance county capacity to conduct outcomes measurement (Link with Output 2.2)	X	X	X	X	Completed	**Achievements:** 6 out of 8 counties were mentored to develop HIV profiles	Activity reports

1.2.6 Disseminate information products for outcomes measurement (Link with Output 2.3)	X	X	X	X	In Progress	**Achievements:** The project mentored the counties of Kakamega, Busia and Migori to develop conference abstracts which were submitted for the forthcoming HIV conference in September 2018 organized by NASCOP. **Next steps:** TK will further review the accepted abstracts for the counties and guide them in further analysis in developing full papers including re-submission. Efforts will also be made to guide counties in developing user friendly information products from the results to guide decision making.	Information products

Output 2.1: Improved capacity of county health management teams in data management systems (DHIS2, CHIS, LMIS, EMR, CAPR, CRVS, and CPMIS) to generate high-quality data							
2.1.1 Support the HMT at county and sub-county levels to conduct data quality assurance activities		X	X		In progress	**Achievements:** Completed DQA protocol sensitization, dissemination and practicum for Homa Bay, Kisumu and Kakamega counties. Conducted an integrated RDQA in Kisii, Bungoma, Busia and Homa Bay counties guided by the National DQA protocol. **Next steps:** Facilitate integrated RDQA in Kisumu, Vihiga and Migori, counties.	RDQA report.

2.1.2 Support the DCS at county and sub-county levels to conduct data quality assurance activities	X		X		In progress	**Achievements:** Jointly with DCS, conducted CPIMS RDQA in Migori, Homa Bay, Siaya, Kisumu, and Kakamega counties and convened feedback review forums for the RDQAs for sub county children officers. Conducted DCS stakeholder forum for Busia county. Did routine mentorship visit in Kisii, Vihiga, Busia, and Bungoma counties. Conducted mentorship visits in Hamisi sub county (Vihiga county), and Homa Bay county. Availed internet connectivity, and activation of Microsoft office in Kisii, Vihiga, Busia, and Bungoma county children offices to support CPIMS utilization. **Next Steps:** Conduct supportive supervision visits to Kisumu, Homa Bay, Migori, Kakamega, and Siaya counties to follow-up on the implementation of developed action plans. Conduct mentorships on data documentation and CPIMS utilization to Kisii, Busia, Bungoma, and Vihiga to strengthen data management. Conduct RDQA for Kisii and Vihiga Data review forum for Kisii, Bungoma, Busia and Vihiga	CPIMS RDQA report.
2.1.3 Support improvement of the quality of birth and death registration data	X	X			In progress	**Achievements:** Reconstructed Mortality data in JOOTRH and Kisumu County Referral Hospital; 1980 D1 forms identified for the period Jan 2017 to May 2018 and entered into DHIS2 Next steps • Facility mentorship on coding and mortality data cleaning for Kisumu, Kakamega and Vihiga	Activity report Mortality data in DHIS2
2.1.4 Strengthening of manual systems and implementation of HIS policies, standards and			X	X	In progress	**Scheduled for Quarter 4.** To form part of output 1.2 project pulse assessment and output 1.1 policy implementation monitoring.	Pulse assessment report

2.1.5 Strengthen capacity in data management at county levels on Health Information Systems including DHIS2, EMR, LMIS, CHIS, CAPR and IDSR	X	X	X	X	In progress	**Achievements:** Collaborated with HealthIT to conduct HIS training on DHIS2, KHMFL, KMCUL, Data service layer, and service desk in Kisii county. Convened agenda setting meeting to inform targeted support to CHIS, CAPR, and IDSR in all the focus counties. Supported CHIS tools sensitization and orientation to Kisumu county community health services unit. Did CAPR field visits and mentorship in Homa Bay, and Migori counties, sub county CAPR offices, and CBOs. **Next steps:** Roll out data management to CAPR, IDSR, CHIS, and EMR. Support utilization of service desk at county and sub county levels. Assess utilization of service desk as part of pulse assessment.	Data systems Implementation plan.

2.1.6 Strengthening of data management capacity at county levels on CPIMS	X	X	X	X	In progress	Achievements: • ICT equipment deployment and installation: Deployment and installation of assorted ICT equipment to support CPIMS rollout in four counties; Kisii, Vihiga, Bungoma, and Busia. • CPIMS Technical Working Group (TWG) and ICT Technical Taskforce Team (ITTT) meeting in Nairobi: In efforts to guarantee CPIMS sustainability, the project supported DCS in convening TWG and ITTT involving all OVC and child protection stakeholders. • End-user trainings for USG implementing partners: In collaboration with DCS and HealthIT, the project supported USG OVC IPs in cascading trainings to LIPs/SDPs (Service Delivery Partners). • CPIMS technical review meeting to assess status of implementation and support roadmap. • CPIMS service desk training and data/system governance documents development workshop. Next steps: • Provide support to CPIMS service desk and	CPIMS technical review meeting report.

2.1.7 Strengthening of data management capacity at county levels on CRVSS	X	X	X	X	In progress	Achievements: • ICD10 support supervision in Migori (St Camillus Mission hospital, Ojele Memorial Hospital, Rongo Sub county hospital, St Joseph Mission Hospital, Migori County Referral Hospital) and Bungoma County Referral Hospital • ICD10 CME in Homa Bay teaching and referral hospital Next steps: • ICD10 support supervision in Kisii and Homa Bay counties in July, and the 6 counties by September.	Activity reports, facility specific action plans.
2.1.8 Support the development of county specific DHIS2 dashboards in collaboration with HIGDA and HealthIT project	X	X	X		In progress	• Scheduled for Q4 • Review and adopt data documentation standards for Kisumu, and Kakamega counties.	Implementation roadmap.

2.1.9 Develop county specific data repositories		X	X	X	In progress	Achievements: • Completed DQA protocol sensitization, dissemination and practicum for Homa Bay, Kisumu and Kakamega counties. • Conducted an integrated RDQA in Kisii, Bungoma, Busia and Homa Bay counties guided by the National DQA protocol. Next steps: • Facilitate integrated RDQA in Kisumu, Vihiga and	RDQA report.
2.1.10 Facilitate data system interoperability through implementation of standards for county level electronic systems	X	X				The project participated in Health Enterprise Architecture (HEA) workshop organized by HIGDA for Kisumu County. This informed the development of an implementation roadmap to guide the county towards achievement of HEA maturity**. Next Steps:** The project will work closely with HIGDA to sensitize other focus counties on Interoperability standards, support counties to implement HIGDA defined EMR compliance standards, as well as implement interventions to determine concordance and consistency of data between EMR and DHIS2	

Output 2.2: Increased capacity of county health management teams in data analytics							
2.2.1 Support development of data analytics guideline	X	X	X	X	In progress	**Achievements:** Draft guideline in place **Next steps:** Finalize the draft, validation by counties and stakeholders and dissemination	Analytics guideline
2.2.2 Support capacity building on basic data analysis and visualization techniques	X	X	X	X	In progress	**Achievements:** Draft Curriculum developed **Next steps:** Validation and training	Training curriculum Training report Action plans
2.2.3 Support training on advanced analysis			X	X	Delayed	Achievements: **Next steps:** Schedule for Y3	Training curriculum Training report
2.2.4 Support counties and sub counties to develop and implement data analysis plan	X	X	X	X	In progress	**Achievements:** Draft analysis plan in place **Next steps:** Validation by counties and stakeholders	Data analysis plan
2.2.5 Develop information products (RMNCAH, FP, Malaria, HIV, DCS and CRVS		X		X	In progress	**Achievements:** Malaria bulletin (Vihiga, Kisumu and Busia), county integrated profiles (Kisii, Vihiga, Migori and Kisumu), Health digests (Bungoma, Kisii, Kakamega, Busia, Homabay, Migori and Vihiga), Malaria day factsheet (Bungoma, Kisii, Kakamega, Busia, Homabay, Migori, Kisumu and Vihiga)	Integrated county profiles Health digests Malaria bulletins and factsheet
Output 2.2: Increased capacity of county health management teams in data analytics							
2.2.1 Support development of data analytics guideline	X	X	X	X	In progress	**Achievements:** Draft guideline in place **Next steps:** Finalize the draft, validation by counties and stakeholders and dissemination	Analytics guideline
2.2.2 Support capacity building on basic data analysis and visualization techniques	X	X	X	X	In progress	**Achievements:** Draft Curriculum developed **Next steps:** Validation and training	Training curriculum Training report Action plans

2.2.3 Support training on advanced analysis			X	X	Delayed	Achievements: **Next steps:** Schedule for Y3	Training curriculum Training report
2.2.4 Support counties and sub counties to develop and implement data analysis plan	X	X	X	X	In progress	**Achievements:** Draft analysis plan in place **Next steps:** Validation by counties and stakeholders	Data analysis plan
2.2.5 Develop information products (RMNCAH, FP, Malaria, HIV, DCS and CRVS		X		X	In progress	**Achievements:** Malaria bulletin (Vihiga, Kisumu and Busia), county integrated profiles (Kisii, Vihiga, Migori and Kisumu), Health digests (Bungoma, Kisii, Kakamega, Busia, Homabay, Migori and Vihiga) , Malaria day factsheet(Bungoma, Kisii, Kakamega, Busia, Homabay, Migori, Kisumu and Vihiga) **Next steps:** Support Kisumu County develop 90-90-90 monthly summaries and semi-annual scorecard and	Integrated county profiles Health digests Malaria bulletins and factsheet
Output 2.3: Strengthened capacity of county health management teams to demand for and use routine programs, surveys, and surveillance data for program planning and management.							
2.3.1 Institutionalize and coordinate County performance reviews	X	X	X	X	On-going	**Next steps:** To be conducted in quarter 4	N/A
2.3.2 Strengthen County Annual Work Plan Development and Implementation				X	Completed	**Achievements:** Facilitated AWP 2018/19 consolidation in Vihiga, Kisumu, Bungoma, Busia, Migori, Kakamega and Kisii	AWPs
2.3.3 Strengthen collaborative program specific data reviews (RMNCAH/FP, HIV, malaria, MPDSR, DCS, CRS)	X	X			On-going	**Achievements:** RMNCAH: Kakamega MPDSR: Kisumu Malaria: All counties HIV: Homabay	PIPs

2.3.4 Build capacity of CDOH, CRS and DCS in Data Demand and Use	X	X	X	X	On-going	**Achievements:** Data reviews; data presentation and data interpretation; Data oriented action plans; **Next Steps:** Continue to build capacity in data demand and use. Develop a DDU curriculum for DCS	Instances of data use Data Use
2.3.5 Facilitate learning and enhance dissemination and use of information products	X	X	X	X	On-going	**Achievements:** Disseminated information products during world malaria day and Fifth Annual Devolution Conference; Facilitated learning platforms on RMNCAH scorecard in Bungoma; Disseminated Health digests to county assembly of health in Kisii through data reviews **Next Steps:** Facilitate dissemination and use of information products on HIV, Malaria and RMNCAH.	

Attachment IV: Instances of Data Use

County	Instance of Data Use/ Data Use Forum	Data Use Score				Notes
		Q1	Q2	Q3	Q4	
Kisii	MPDSR data review		2.5			
	AWP 2017/18 planning			2.3		
Migori	HIV data review		2.3			
	Biannual performance review		2.9			
	RMNCAH data review		2.9			
	Mortality data review		2.8			
Kisumu	RMNCAH data review					
Vihiga	Stakeholders forum		2.4			
	Malaria data review		2.8			
Busia	HIV data review		2.8			
	CHSSIP II development		2.6			
	Health Committee advocacy meeting		2.8			
	HIV data review		2.8			
Homa Bay	CHSSIP II planning					
	AWP 2017/18 planning					
	HIV data review			2.1		
	AAC meeting			2.1		
Kakamega	CHSSIP II planning		1.9			
	MCA advocacy meeting		2.0			
	Malaria data review			2.1		
	RMNCAH/ MPDSR data review			2.1		
Bungoma	Malaria data review		2.5			
	HIV data review		2.5			

Attachment V: COP17 Benchmark Status

Activity ID	Activity	Year Two (COP17) Annual Benchmark	Activity Status - Not started - Started - Completed - New activity in COP17	Estimated spend - On target - Over target - Under target - New activity in COP17	Progress (Achievements and Next Steps)
7.04	Activity: Support counties to develop and update HMIS/M&E Policies, guidelines and standard protocols:	At least 75% of the focal counties implementing 75% of the existing policies, guidelines and standards. At least 30% of focal counties have evaluated/reviewed effectiveness of implemented policies, guidelines and/or standards.	Started	On target	Achievements: • HIS and M&E policy implementation monitoring tools for four policies finalized. • Policy implementation monitoring conducted in Kisumu and Kakamega counties. • Focus counties completed CHSSIP 2013 -2018 End Term Review Reports. • Seven focus counties (except Bungoma) have commenced the development of CHSSIP 2018 – 2023. • Policy dissemination and sensitization for Health Sector Data Quality Assurance Protocol, Annual Work Planning and Performance Review guideline conducted in all focus counties. • Policy formulation training for all LDG groups conducted and LDGs oriented on the HIS and M&E policies. • Focus counties have stakeholder coordination frameworks in place. • Busia, Homa Bay and Bungoma counties conducted DQA.

					• Annual Work Plan for FY 2018/2019 and CIDP was completed in all focus counties. • LDG groups monitored the implementation of the MLA systems strengthening plans • Next steps: • Technical assistance to counties in finalization of CHSSIP 2018 – 2023. • Conduct HIS and M&E policy implementation monitoring to document policy implementation status. • Provide technical assistance to Migori County in the development of the M&E Plan.
7.05	Activity: Develop a framework for county and sub county priority outcomes measurements systems, build and sustain county capacity to implement and use MLA systems, use data and act to improve HIV programs and outcomes.	75% of focal counties have functional learning and results accountability forums. 50% of focal counties using learning and accountability forums for increasing use of HIV response data in HIV program planning, management and decision making in resources allocations and targeting	Started	On target	Achievements: • Facilitated counties to conduct data reviews: o Malaria data reviews conducted in all focus counties. o Homa Bay, Bungoma, Busia and Migori counties conducted HIV data reviews. o RMNCAH data reviews conducted in Kisii, Kisumu, Bungoma, Kakamega, Migori and Vihiga counties. o Mortality data reviews conducted in Migori and Homa Bay counties. • Busia County to convened a high-level advocacy meeting with the Governor. • All focus counties convened stakeholder forum and TWGs for performance review, policy dialogue and validation of strategic documents. • Migori County County Assembly Health Committee participated in validation of CHSSIP 2018 -2023. • LDG groups in focus counties (expect Homa Bay) of Kisii and Kisumu convened orientation workshops for the County Assembly Health Committee.

					• LDG groups convened progress review meetings to track progress of their work plans. Next Steps: • Provide technical assistance to the M&E/ HIS units to track participation of stakeholders in various forums and strengthen functionality of the TWGs. • Provide technical assistance to strengthen Mortality, HIV, Malaria and RMNCAH data reviews. • Conduct re-orientation for the LDG groups. • Technical assistance in conducting performance review for FY 2017/2018.
7.06	Expand AIDS specific death registration coverage at facility level through ICD10 training, mentorship, support supervision, data quality improvement and data use: Sustained Epi Control	75% of focal counties complete ICD10 training, use AIDS specific death data in managing county HIV response. At least 75% of health facilities in focal counties report complete and accurate data ICD10 in DHIS2.	Started	On target	Achievements: • ICD10 training completed in 100% of focal counties: 5-day ICD10 trainings conducted for coders and certifiers from facilities with high mortality; 245 certifiers and coders trained • ICD10 manager's orientation conducted in 7/8 counties targeting county, sub county and facility level managers to sensitize on importance of mortality statistics and to advocate for support towards implementation of ICD10 at facility level. • Mentorship and support supervision conducted in 8 counties • Mortality data review conducted in Migori and Homa Bay county to promote data use • Continuous Medical Education sessions conducted in Kisii, Vihiga, Busia and Homa Bay counties to address findings from support supervision visits Next Steps: • Support ICD10 follow up to monitor reporting in DHIS2 (completeness and accuracy) • Quarterly support supervision/mentorship visits to target facilities

					• Facility based CME sessions for certifiers and coders in selected health facilities based on gaps identified from support supervision/mentorship. • Conduct monthly monitoring of reporting in facilities with inpatient services to ensure mortality data is captured in DHIS2 event reports. • Support quarterly mortality data review meetings at county level Sensitize ICD10 TOTs on ICD10 principles, mortality data analysis and use
7.07	Development of data need and analysis framework, training and mentoring CHMTs on data analysis and visualization techniques: Sustained Epi Control	75% of focal counties produce quarterly HIV county profiles regularly. At least 50% focal counties produce semi-annual scorecards on priority HIV outcomes.	started	under target	50% of counties producing quarterly HIV profiles
7.08	Development of data demand and use framework, adaptation of DDU products developed at the national level, training and mentoring	At least 50% of CASCOs from focal counties use HIV response data in program planning and rational county health budget	- Completed	- On target	- 50% of CASCOs in four counties (Vihiga, Busia, Kakamega and Migori) participated in development and consolidation of SPs. HIV priorities included in the SWG report and In AWP 2018/19 development process. The CASCOs utilized HIV data from CHSSIP ETR, NASCOP estimates, DHIS2 data, VL/EID database, and County Specific Aids strategic plans to prioritize for HIV targets and interventions for HSSP 2018/22, NASCOP estimates. Next Steps

	CHMTs on data demand and use: Sustained Epi Control	estimates development.			• Support the CASCO from Bungoma to participate in development of CHSSP 18/22 • Sensitize LDGs on SWG report Conduct APR FY 2017/18 to identify HIV priorities for FY 2019/20
7.23	Conduct ICT infrastructure audits and assessments in Kisii, Busia, Bungoma and Vihiga. Deploy ICT infrastructure: Sustained Epi Control	Deployment, testing and commissioning of ICT infrastructure completed in 100% of the targeted counties.	Completed	On target	
7.24	Conduct trainings on CPIMS use at Department of Children Services (DCS) and the focal counties. (Kisumu, Migori, Homa Bay, Kakamega, Murang'a, Machakos, Kilifi, Nairobi, Nakuru, Siaya, Kisii, Busia,	100% of all targeted staff (DCS and county) complete CPIMS modular trainings and receive system use competency certification.	On target	On target	Achievements: • Provided CPIMS end user training to DCS in 4 targeted counties (Kisii, Busia, Vihiga and Bungoma) and 11 OVC partners on data collection tools and system utilization. Next Steps: • Convention of engagement meetings with OVC stakeholders in at least 4 focus counties. • Conduct joint supportive supervision and mentorship with CDoH, DCS and OVC IPs. • Develop a CPIMS Competency Test/Score. • Administer Competency Test to CPIMs Users in Kisii, Busia, Bungoma, Vihiga.

	Bungoma and Vihiga): Sustained Epi Control				• Support DCS manual system strengthening through development and/or dissemination of SOPS and guidelines, and tools. The project to routinely engage end users in requirement elicitation for system improvement and provide help desk support to ensure system functionality.
7.25	Support the DCS and 14 focal counties to increase demand for and use of CP data through regular data reviews, production, and dissemination of reports during the quarterly data review. Develop and institutionalize CPIMS mentorship programs on basic data analysis, presentation, and interpretation skills: Sustained Epi Control	100% (300) of all targeted staff (DCS and county) complete DDU modular curriculum and receive DDU competency certification.	- Started	- On target	• DDU curriculum development process started (project has mapped DDU training package (MEASURE Evaluation) to be adapted for DCS DDU modular training • Facilitated DCS data reviews for Siaya, Migori, Busia and Kisumu and County specific PIPs developed • Data review guideline disseminated to DCS officers from Kisumu, Siaya, Migori and Kakamega Next steps ○ Support Finalization of the DDU curriculum ○ Train DCS officers on DDU

Attachment VI: Key findings from RDQA

Table 4: RDQA FINDINGS BUNGOMA AND BUSIA

County	Facility	Key Findings By Program Area		
		Malaria	RMNCAH	HIV
Bungoma County	Chwele Sub-county Hospital	• Page summaries missing in lab register • Lack of a printed guideline on indicator definitions. • Lack of a printed guideline on reporting requirements and deadlines. • Inadequate data collection and reporting tools. • Clinicians not using tally sheet. • Dispensing of AL to clinical malaria cases. • Suspected cases are from the laboratory registers and not from the tally sheet. • Inadequate training on data management processes and tools.	• Staff not trained in data management standards. • Data in immunization Tally Sheet is not complete and not comparable to data in Summary • Twins counted as single deliveries leading to variance in tallying deliveries • Staff not trained in data use. • Inadequate daily tally sheet for FIC. • Lack of printed guidelines on indicator definitions	• Lack of printed guidelines on indicator definitions. • Irregular support supervision (none in the past 6 months). • Inadequate training on data management processes. • 2 missed opportunities for PMTCT positive not enrolled in care.
	Kimilili Sub-county Hospital	• No source document for suspected malaria cases. • Suspected cases are from the laboratory registers and not from the tally sheet. • Improvised lab registers. • Facility does not develop analytical products to enhance data use.	• ANC summary sheet for February, 18 missing • Lack of space for archiving ANC registers. • Discordance in ANC register and summary tools. Some live births not counted in summary. • Late submission of reports to matron. • Irregular support supervision.	• Incomplete documentation in Pre ART and ART registers. • Lack of printed guideline on reporting requirements and guidelines. • Inadequate reporting tools (registers). • Lack of space for archiving CCC files.

				• ANC summaries not tallying with actual count from register.
	Bungoma County Referral Hospital	• inadequate training on data management procedures. • Irregular supportive supervision. •	• Lack of summary tools. • Irregular support supervision (none in the past 6 months). • Low data use with other community outside the department.	• Irregular support supervision (none in the past 6 months). • Lack of monthly review of reports prior to submission. • Lack of space for archiving CCC files.
Busia County	Nambale Sub-County Hospital	• Lack of understanding on indicator definitions. •	• Incomplete filling of Maternal and Postnatal Registers. • Over reporting of 4th ANC visits (5th, 6th, 7th and 8th visits summed as 4th visits. • Admission numbers not captured in PNC registers. • Missing client ages in PNC registers. • Lack of understanding on indicator definitions. • Poor linkage of identified positives.	• Use of old version registers (HEI, HTS) • Low VL uptake. • Low understanding of indicator definitions. •
	Matayos Health Centre	• Discordance between AL register and AL monthly summary.	• KP mothers on implanon indicated as conceived. • Dates not indicated for fully immunized clients.	• Discordance between number of positives in MoH 731 and HTS registers.

Table 5: Data improvement action plans

Facility	Description Of Weakness	Measures/Action	Responsible Person	Timeline
	Data variance	▪ Adjust reports using source	Facility HRIO	ASAP

Nambale Sub-County Hospital		documents and DHIS ▪ Data verification before report submission		Monthly
	Inadequacy of New tools	▪ Avail more new tools	County and Partners	Two Months
	Low VL uptake	Line list those due for VL and take	CC I/C	Immediately
Matayos Health Centre	Knowledge gap on Indicator understanding	Mentorship and OJT	HRIOs and M&E	One Month
	Low Vl Uptake	▪ Line list clients due for VL and take VL	CC In-Charge	Immediately
	Known HIV Positives clients on Implanon conceiving	▪ Follow up	SCASCOs and RH coordinators	Immediately
	Lack of Dashboards	▪ Avail Dashboards and update	Facility I/C	Immediately
	Inadequacy pf reporting tools	▪ Avail more new tools	County and Partners	Two months
Chwele Subcounty Hospital	Lack of printed and displayed SOPs	▪ Printing and distribution of SOPs	Facility HRIO	Immediately
	Discrepancies between source documents and reporting tools	▪ Adjust reports using source documents and DHIS2 ▪ Data verification before report submission. ▪	Facility HRIO	Immediately
	Minimal and irregular support supervision	▪ Conduct regular supportive supervision	SCHRIO, SCASCOs, RH and Malaria coordinators.	Monthly
	Daily tally sheet for FIC is incomplete for February and March.	▪ Regular data checks to ensure tally sheets are	Head Nurse	Immediately

		complete and available		
	Incorrect data capture of deliveries. Twins are counted as 1 delivery.	▪ Mentorship of staff on reporting procedures.	Head Nurse	Immediately
	Limited storage space and facilities.	▪ Procurement of more storage space and facilities.	Facility HRIO	Immediately
Bungoma County Referral Hospital	Limited storage space	▪ Administration to procure additional space.	Facility HRIO	Immediately
	Minimal and irregular support supervision	▪ Increased frequency of supportive supervision	SCHRIO, SCASCOs, RH and Malaria coordinators	Monthly
	Under staffing	▪ Recruitment	Facility I/C	Immediately
Kimilili Sub-county Hospital	Limited storage space	▪ Administration to procure additional space.	Facility HRIO	Immediately
	Poor completion of ART and PreART registers	▪ Data verification and reconciliation before submission.	SCHRIO	Immediately
	ANC page summaries not tallying with actual count	▪ Data verification and reconciliation	PMTCT Nurse	Immediately
	Accurate entries of KPs on subsequent visits in ANC registers		PMTCT Nurse	Immediately

Table 6: Homa bay County OVC IP CPIMS Systems Action plans

OVC Implementing Partner	System Issues Raised for Escalation to Health IT	Action Plan	Timeline
Wezesha Project	Need for system validations e.g. a child under 1 year given school bursary, male OVC given sanitary towels etc	TK to escalate to Health IT	Immediately
	Allowing for updating or transitioning of OVCs e.g. when they graduate	TK to escalate to Health IT	Immediately

	The system takes too long to load a report on performance per CHV	TK to escalate to Health IT	Immediately
	Allow changing of care givers for OVCs	TK to escalate to Health IT	Immediately
	Allowing for registration of new ECDs	TK to escalate to Health IT	Immediately
	The system does not update of birth certificates	TK to escalate to Health IT	Immediately
	Information on the CPIMS dashboard not tallying with excel sheet tool A	TK to escalate to Health IT	Immediately
	The system creates duplicates when the internet is low	TK to escalate to Health IT	Immediately
EGPAF Timiza 90	Even after updating the HIV status of OVC, the downloadable excel sheet still shows the status is unknown.	TK to escalate to Health IT	Immediately
	Need for an offline mode due to poor internet connectivity	TK to escalate to Health IT	Immediately

Table 7: CPIMS Key findings and Action plans for DCS Homa bay County

Sub county	Gap Identified	Action Plan	Timeline
Homa Bay SC Office	Lack of a proper filing system.	Mentorship conducted on serialization	Immediately
	Case record sheets not complete.	Mentorship conducted on completion	Immediately
	Backlog of CPIMS data entry	Update of data in CPIMS	30th May, 2018
	Signing done by unauthorised officers	Mentorship conducted on CRS completion	Immediately
Mbita/Suba SC Office	Backlog of CPIMS data entry	Update of data in CPIMS	30th May, 2018
	Incompletion of case interventions	Mentorship conducted on CRS completion	Immediately
	Tool A not up-to-date	Update tool A	30th May, 2018
Ndhiwa SC Office	Backlog of CPIMS data entry	Update of data in CPIMS	30th May, 2018

	Tool A corrupt thus data not up-to-date	Tool A was corrected by team. SCCO to update tool A	30th May, 2018
Rachuonyo North SC Office	Backlog of CPIMS data entry	Update of data in CPIMS	30th May, 2018

Table 8: ICD 10 Key findings and action plans - Bungoma, Homa Bay and Migori

Facility	Identified Gaps	Action plans	Person responsible	Timelines
Homa Bay Teaching & Referral County Hospital	File flow: Loss of files, problems with retrieving files	Develop a flow chart/SOP for file flow	Patient management committee/Facility matron	1 month
	Poor quality of clinical documentation	A checklist for clerking	Patient management committee	1 month
	Inadequate capacity for certification by clinicians and MOs	CME, Mentorships	Facility HRIO and county ICD10 certification TOT, TK	Quarterly
	Certfication and coding not timely	Certification for deaths at the wards immediately they occur	Facility HRIO and county ICD10 certification TOT	Monthly reviews to see whether all files are certified
	Backlog	MSF to support a 1 day RRI on certification of pending files	MSF M&E Coordinator	2 Weeks
	MPDSR	Dissemination of the MPDSR protocol and reconstitution of the MPDSR committee	Dr. Nichodemus Odundo, Matron, TK	1 month
	Inconsistent supply of files	Payment of pending invoices	Administrator	1 month
Ojele Memorial Hospital	Staff Attrition - Facility coder	The hospital to employ a HRIO	Hospital Director/DCHRIO	Immediately
	MO lacks adequate knowledge in sequencing and indexing.	Mentor coder when employed and certify to improve on data capture	DHRIO	30-May-18

St. Camillus Mission Hospital	Lack of internet access to enable data entry into DHIS2	Update of event capture in DHIS2	HRIO	Immediately
	Clinician lacks adequate knowledge in sequencing.	Conduct CMEs and disseminate ICD10 certification	HRIO	30-May-18
	Knowledge gap on D1 generation for deaths	Store all D1 forms in the records office	HRIO	Immediately
Rongo Sub County Hospital	D1 forms are not certified and dispatched	Certifier to certify D1 forms backlog/HRIO to dispatch all pending D1 forms	Certifier/HRIO	Immediately
	Knowledge gap in numbering and sequencing	Conduct CMEs & Mentorships	Certifiers & Coders	Immediately
	lack of internet connection, malfunctioned computer.	SHRIO mobile efforts to get a computer; HRIO to update event capture in DHIS2	HRIO	Immediately
Migori County Referral Hospital	Good certification and coding; Sequencing is done correctly; good coordination between the coder and the certifier			
St. Joseph Mission Hospital	ICD10 Standards available and in use; sequencing done correctly			