REPUBLIC OF KENYA

MINISTRY OF HEALTH

USAID
FROM THE AMERICAN PEOPLE

DEPARTMENT OF HEALTH PROMOTION WORKSHOP

Health Promotion Reporting Tool - Data Validation

August 2 - 3, 2022

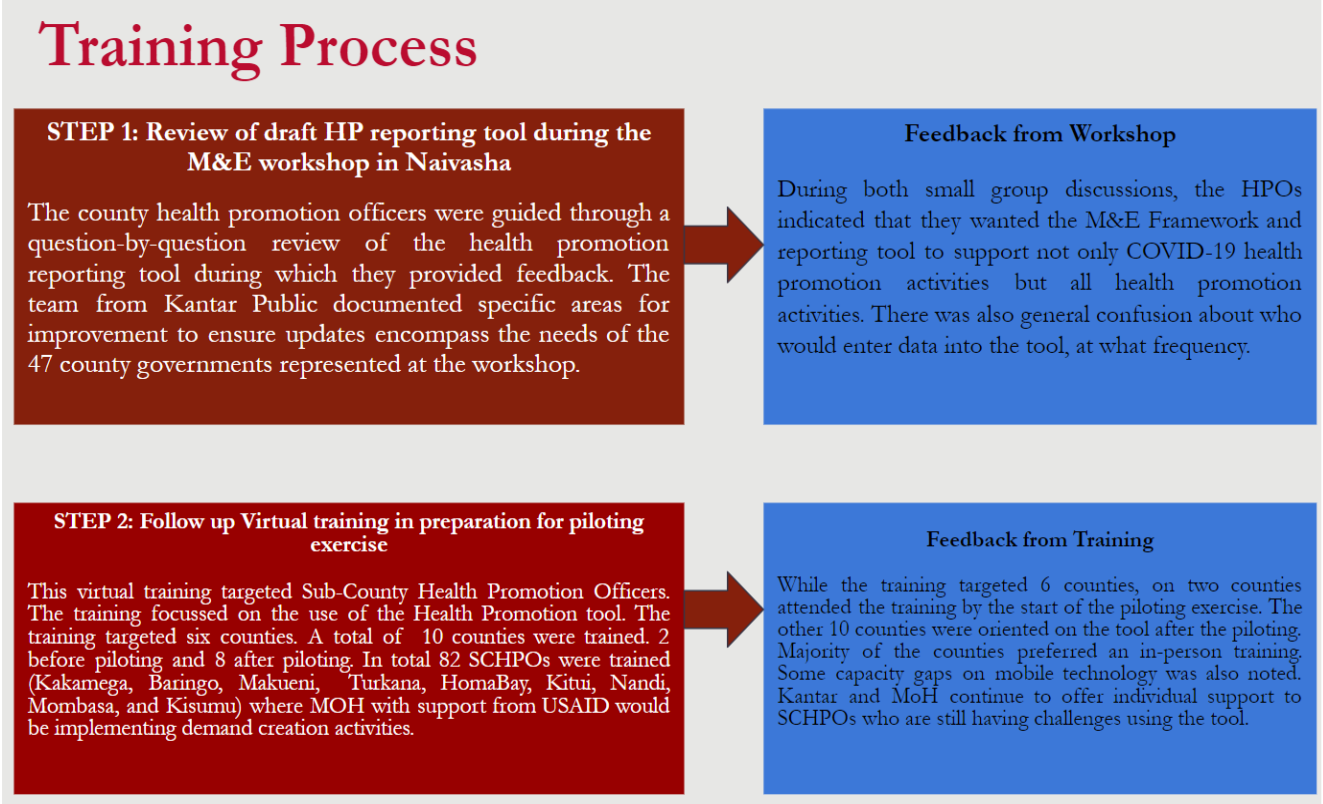
The Vic Hotel, Kisumu

CONTENTS

EXECUTIVE SUMMARY

In November 2020, Kantar through Mission Support for Journey of Self Reliance Pivot (MSP) and with USAID funding supported the Ministry of Health to develop a COVID-19 Communications and Community engagement Monitoring and Evaluation (M&E) framework factoring in Kenya-specific M&E capacity indicators and tools. In 2021, and with more funding from USAID, Kantar Public continued supporting the MOH to update and operationalize the M&E Framework. As part of the operationalization roadmap, Kantar Public supported MoH to develop a digitized reporting tool which has since been piloted by sub county health promotion officers across 11 counties.

On August 2nd and 3rd, 2022, MOH with support from USAID organized a 2-day workshop with funding from USAID to review and validate data from the data collection process, review and validate the dashboard created by Kantar Public, and hold discussions to identify key indicators that can be pushed to the Kenya Health Information System (KHIS). Specifically, the workshop had these objectives: 1) Review data collected in the reporting tool for purposes of validation; 2) Review the sample dashboard and validate it; 3) Hold discussions on the key indicators that can be absorbed in KHIS; and 4) Discuss the national rollout plan for the health promotion tool. This report contains details of the workshop proceedings, potential modifications to the health promotion reporting tool, challenges experienced during the pilot, analysis of the pilot data, and lists possible indicators to be adopted in the KHIS.



WORKSHOP OVERVIEW AND OBJECTIVES

The main objective of the workshop was to provide an opportunity for the national health promotion team and select county health promotion officers from eight devolved county governments who participated in the pilot data collection and reporting to review and provide feedback on the health promotion reporting tool, and to identify key indicators that can be absorbed in KHIS. See Appendix A: Workshop Agenda. Specifically, the workshop addressed these objectives.

- To review data collected in the reporting tool for the purposes of validation
- To review the sample dashboard and validate it
- To hold discussions on the key indicators that can be absorbed in KHIS
- To discuss the national rollout plan for the health promotion tool

WORKSHOP PROCEEDINGS DAY 1, AUGUST 2, 2022

Introduction and welcome remarks

The workshop brought together participants from the Ministry of Health (MOH), national government, representatives from the eight county governments, USAID, the Mission Support for the Journey to Self-Reliance Pivot (MSP) activity, and Kantar Public. A total of 29 participants attended the workshop. 86 percent (25 participants) were representatives of national and county health promotion officers while 14 percent were representatives of various partners. Two Kenya Medical Training College representatives were also present at the meeting. See Appendix B: List of participants.

During the opening session, the deputy head of the Division of Health Promotion, Dr. Athanasius Ochieng, gave a brief background to the monitoring, evaluation, and learning (MEL) operationalization process. He appreciated the support provided by USAID through Kantar Public on the monitoring and evaluation (M&E) framework and the health promotion reporting tool. He emphasized the need for the team's feedback and input to ensure there is a reporting tool to support MOH in gathering timely routine data on health promotion activities.

Official opening remarks from the head of the Division of Primary Health and Family Medicine were delivered by Dr. Agatha Olago, stating that the department should work with the goal of improving and demonstrating the effectiveness of health promotion (HP) interventions through linking the health promotion work to the existing sector wide policies and ensuring the health promotion which targets primary health services - preventive services are captured and reported through the MOH systems. She appreciated USAID for the continued support and encouraged the participants to get as much as possible from the workshop

Expectations for the workshop

- To have feedback from the team on the reporting tool
- To come up with a workable and quality health promotion tool
- To be able to use the tool effectively
- To know how the data collected will be used
- To utilize the reporting tool for the activities at all levels, including grassroots level
- To have the activities reported to be utilized and put into the District Health Information System

Overview of the COVID-19 CCE M&E framework development process

The session began with an overview of the technical support that Kantar Public is providing to the Division of Health Promotion (DHP) with support from USAID/KEA MSP. In early 2020, MOH/DPH in partnership with

USAID and other development partners, developed Kenya's COVID-19 Risk Communication and Community Engagement (RCCE) Strategy. Later in the same year the Advocacy Communication and Social Mobilization Strategy was developed to help transition the COVID-19 communications from risk messaging to advocacy messaging for social mobilization. In November 2020, MOH/DPH with assistance from Kantar Public through USAID funding developed the COVID-19 Communication and Community Engagement M&E framework (COVID-19 CCE M&E Framework) factoring in Kenya-specific M&E capacity indicators and tools to monitor health promotion in the context of COVID-19.

Implementation of the COVID-19 CCE M&E framework was hampered by gaps in DHP's capacity to monitor HP interventions not only for COVID-19 but across health areas. These included: 1) The framework was not cascaded to the counties, gaps in reporting structure/multiplicity of tools across counties. These gaps led the MOH, in partnership with county governments and implementing partners, and with technical support from Kantar Public, to update and operationalize the COVID-19 CCE M&E framework . The operationalization of the framework was done as follows:

1. Kantar Public and the Department of Health promotion (DHP) had a series of meetings to review existing health data collection tools across the health spectrum paying careful attention to identify opportunities for synergy and areas of harmonizing tools and indicators.
2. Kantar Public and DHP drafted digital data collection interfaces (information flows) for various data collection activities as indicated in the M&E framework
3. Kantar Public and MSP developed a simple and user-friendly mobile and online reporting tool for HPOs informed by the review findings. The tool was shared with USAID, DHP, county health promotion officers, and other stakeholders for their review.
4. USAID through MSP hosted a National and County level engagement workshop which brought all CHPOs, development partners and MoH leadership to review the tool and the framework.
5. MSP then revised the tool based on comments from the national workshop and submitted the tool to DHP for piloting.
6. Kantar Public, DHP, and MSP conducted training for sub-county health promotion officers on the use of the digitized tool. A total of 86 participants attended the training.
7. Kantar Public and MSP facilitated the piloting exercise where 11 counties participated and a total of 154 pilot records were submitted.
8. Kantar Public conducted data analysis and developed a dashboard on Google Studio, an open source platform, upon consultation with MOH
9. USAID supported the data validation workshop to review the pilot data, the trial dashboard, and to identify indicators to be submitted to the KHIS.

Walk through the COVID-19 M&E framework

Francis Mutie, Health Promotion Officer for Monitoring and Evaluation, presented the CCE M&E Framework. The COVID-19 CCE Strategy's overall goal is to improve knowledge, attitudes, and practices in relation to prevention and reduction of the spread of COVID-19 virus in Kenya. The specific objectives of the strategy include:

a) Coordination: Increased coordination and collaboration across national and county government and partners/stakeholders in the implementation of COVID-19 CCE interventions
b) Effective messages: Effective messaging to prevent and reduce the spread of COVID-19
c) Two-way communication: Stronger partnership and responsiveness between government and civil society/community
d) Healthcare worker preparedness and communication capacity: Increased preparedness and communication capacity among health care workers
e) COVID-19 vaccination preparedness: Preparedness for vaccine uptake
f) Monitoring, Evaluation and Research: Enhanced evidence-based decision making

Participants were given a printed copy of the revised framework for ease of reference and review. Appendix C: Revised M&E framework. The participants were taken through the following items for each indicator

a. Definition
b. Baseline
c. Target
d. Data sources/means of verification
e. Frequency
f. Person responsible for collecting indicator

Review of the health promotion reporting tool on kobo toolkit

The participants were guided through a question-by-question review of the health promotion reporting tool, filled the live tool step by step and provided real time feedback on areas for improvement. The eight county health promotion officers present gave feedback based on their experience and what came from the field. The MSP team documented specific areas for improvement to ensure updates encompass the needs of the Division of Health Promotion.. Further, the participants were also given the opportunity to discuss and document the challenges experienced during the pilot in their sessions. Appendix D: Health promotion reporting tool

HP tool pilot data presentation and sharing of experiences

The participants were taken through the pilot process, training per county, progress in reporting from the trained counties, the data reported and the gaps noted in the data. The participants were excited with the data and provided feedback on how to improve the tool to reduce gaps. Another issue was the disconnect between the number of submissions and the people reached. It was agreed a manual will be developed to explain all the aspects of the tool to improve common understanding and quality of data reported. Appendix E: Piloting data

Breakout session on the COVID-19 CCE M&E framework, HP tool/data and Dashboard

Following the presentation of the framework, participants were separated into six breakout groups. Each group reviewed one objective in detail and provided feedback. Breakout discussions followed these steps:

- Review and Identify the gaps in the HP tool
- Challenges encountered during the pre-test
- Suggest solutions to the gaps and challenges
- Identify some of the unique or outstanding issues with raw data
- Specific indicators for the dashboard

The group work outputs were presented and discussed on day two of the workshop. At the end of the group discussions, each group rapporteur presented the key points from their discussion. There was time for four

of the six groups to present in plenary. The sessions also included questions on the health promotion tool gaps, challenges and proposed solutions.

WORKSHOP PROCEEDINGS DAY 2, AUGUST 3RD 2022

The previous day's breakout groups presented on the MEL framework, challenges with the tool, and proposed additions. Some of the inputs from the group presentation are included in Appendix F: Outputs from Group Discussions.

Feedback from health promotion teams who piloted the reporting tool:

- **Network challenges** caused delays during the online submissions of data and also effective participation during the training. There were suggestions to have the tool hosted as offline mode for areas with poor network connectivity and consideration to have in-person training sessions with the SCHPOs.
- **Roles and responsibilities** County HPOs noted that there were Inadequate health promotion staff to fill the tool as some sub counties don't have adequate health promotion officers and are supported by community health volunteers. It was also noted that there was a lack of clear functional structure for HPOs which may interfere with reporting with confusion on who is supposed to report on the tool.
- **Gaps in the tool:** HPOs noted that the tool lacked a section to report on activity involving coordination, partnership technical assistance, supervision of health promotion activities. The team suggested that these items be added to the tool and considerations to have a separate monthly summary tool for health promotion officers. (More discussions on gaps in the tool are in the next section).

Recommended revisions on the HP reporting tool

The workshop participants conducted an in depth review of the tool in an attempt to address the gaps identified during the piloting exercise. In general the team noted that the tool should have a source document/data collection /register for purposes of referencing for example using a hardcover book at the SCHPO offices that contains the date, the period covered, and the specific activity that took place. The participants also noted that they needed a manual to explain all the HP data collection & reporting tool elements as continuous support to SCHPOs who did not attend the HP tool training. Additional recommendations within specific items are listed below:

- **Item QB11:** "If the activity was with the community/village select the type of population engaged", could be a single choice question; youth, elderly, religious groups, herbalists, organized groups; remove the option women. Kantar and MSP to have further discussions with DHP leadership on this specific revision.
- **Item QB6:** Sensitization and OJT/mentorship listed as one activity. HPOs also noted that this item was missing activity options such as advocacy meetings, social mobilizations, and school health activities as a stand alone. Recommendation to separate sensitization and OJT/mentorship to make them distinct activities and add advocacy meetings, social mobilizations, and school health as distinct activities. Kantar and MSP to have further discussions with DHP leadership on this specific revision as it may interfere with some skip logics or duplicate reporting.
- **Item QB17:** On the option of type of IEC materials distributed, it was recommended that booklets, brochures, and fliers be distinct options.
- **Item QB6:** On the disease areas to be an open field and be linked with the ICD 11 classification of diseases. Kantar and MSP to have further discussions with DHP leadership on this specific revision.
- **Item QB6:** Add supportive technical assistance instead of supervision

Review of the health draft dashboard

The participants were guided through a draft dashboard to demonstrate how to use it and what it is able to achieve. Most of the participants were enthusiastic and wanted to have access and be able to use it. Feedback was provided on the areas to improve and the kind of information to have. The key questions

which came up were regarding how to and who would clean the data if there's an error discovered. It was agreed that the county health promotion officers would work with Mr. Collins in the interim while a long term solution is sought. See Appendix G: Dashboard.

Feedback on the dashboard

- Addressing data errors correction- how to correct/edit the errors (specific person responsible of the dashboard)
- Make the dashboard flexible so that the user may have an opportunity to drill down
- The dashboard should provide the time period in which the data was submitted
- It should have the indicators that the user should see
- There should be segregation on the total submission done depending with each activity

Identification of the indicators for KHIS

The participants were taken through the process it takes to have indicators added to the KHIS. This was followed by group work where participants identified and listed between 5 to 10 indicators to be included in the KHIS. See Appendix H: Group Exercise Outputs.

After the discussions and presentations, the following indicators were agreed upon and a draft summary reporting tool developed, Appendix I: Draft HP Summary Tool for KHIS.

- Number of health education sessions conducted (health facility, community/village, religious institutions, market place, and workplace)
- Number of school health education sessions conducted (primary school, secondary and tertiary institutions)
- Number of individuals reached
- Number of media engagement session conducted
- Number of information, education, and communications materials disseminated and distributed

NEXT STEPS

At the end of the workshop, participants agreed to the following steps:

- Kantar Public and MSP update the health promotion reporting tool based on the feedback
- Kantar Public and MSP finalize the health promotion draft dashboard to include the inputs given
- DHP to start engaging the health information systems team to initiate the inclusion of the selected indicators in KHIS
- DHP with support from development partners print and disseminate the M & E framework and the manual/guides on the reporting tool.
- DHP in collaboration with CHPOs to scale up the tool to the other counties by the end of September 2022
- DHP MEL leadership to conduct regular review of the M&E framework and the reporting tool after at least every 2 years

APPENDICES

APPENDIX A: WORKSHOP AGENDA

APPENDIX B: LIST OF PARTICIPANTS

APPENDIX C: REVISED M&E FRAMEWORK (EXCEL)

APPENDIX D: HEALTH PROMOTION REPORTING TOOL KOBO VERSION

APPENDIX E: PILOTING DATA- PPT REPORT

APPENDIX F: OUTPUTS FROM GROUP DISCUSSIONS

APPENDIX G: DASHBOARD LINK

APPENDIX H: GROUP EXERCISE OUTPUTS

APPENDIX I: DRAFT PROPOSED HP SUMMARY TOOL FOR ADOPTION INTO KHIS

APPENDIX J: IMAGES FROM THE WORKSHOP