Data Uptake Series:
KENYA 2023

Countdown to 2030
Women's Children's & Adolescent's Health

This brief describes how the Ministry of Health and other members of the Countdown collaboration have produced better data for decision-making and influenced policy discussions in Kenya.

Kenya's 47 counties form the axis of planning and implementation of health programs, and progress is monitored at the county level. This is a challenging task, since population-based survey data are collected only once every five years. Health facility data are available for regular monitoring, but estimating service coverage from such data can be complex.

To tackle these challenges, Dr. Helen Kiarie, who heads the Division of Monitoring and Evaluation at the Ministry of Health, has been leading work with the Countdown collaboration in Kenya. A health system specialist, Dr. Kiarie has overseen the country's monitoring and evaluation work since 2016 and has led multiple initiatives to improve the government's use of data and evidence for planning and monitoring of programs. Working with analysts within her own government team, the African Population and Health and Research Center, KEMRI-Wellcome Trust Research, and the University of Manitoba, Dr. Kiarie shepherded the production of several high-impact analyses in the last two years that reached the highest levels in government.

"Our analytical work through the Countdown collaboration focused on high-quality products for progress review mechanisms within the ministry", said Dr Kiarie, "and we do that with a strong focus on county-level data."

In 2020-21, the Countdown collaboration supported the Ministry of Health's analyses to inform the government's mid-term review of its five-year health sector strategic plan. This involved extensive analysis of county data from the routine health information system, guided by in-depth discussions about quality adjustments and how to address concerns about population denominators for coverage estimates. "The census projections for several counties lead to intervention coverage estimates that are impossible, I mean well over 100%", says Dr. Martin Mutua from APHRC, "We applied alternative methods to come up with credible county statistics."

The statistical report from this process, with county coverage estimates for multiple reproductive, maternal, newborn, child and adolescent health indicators was extensively used and served as a critical input into the Ministry's midterm review of the five-year plan. During the August 2022 elections, the new Kenya Kwanza government used the mid-term review results from this process to develop a health manifesto.

The Countdown collaboration also responded to several other priority issues in Kenya. In 2020, Kenya was part of a multi-country assessment of the impact of the COVID-19 pandemic on health service utilization. Dr. Kiarie and her team took this work even further looking at a longer time series. All findings were shared at various ministerial meetings to address the concerns about the continuation of health services especially for women and children.

Following the release of the Kenya population and household census, the Countdown collaboration contributed to the national debate on maternal mortality levels in Kenya as estimated in the census report. The 2019 census results showed an unexpectedly high maternal mortality ratio of 355

Dr. Helen Kiarie speaks at a government meeting in 2022.

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Kenya Country Collaboration team members at a multicountry data analysis workshop in Nairobi, June 2022.

Partner organizations of the Countdown to 2030 country collaboration in Kenya

KEMRI
Wellcome Trust

APHRC

University of Manitoba

per 100,000 live births, in contrast to estimates from health facility data of 100 per 100,000 live births in health facilities, where more than four out of five women deliver. The Ministry of Health organized a technical workshop with key stakeholders including the Kenya Bureau of Statistics, the civil registration and vital statistics board, local academics, United Nations agencies' representatives, and the Countdown team, among others, to discuss how to reconcile the divergent estimates. Through this dialogue, the group agreed on the strengths and weaknesses of both the census and the health facility data and proposed a tentative maternal mortality estimate in the range of 175-324 per 100,000 live births.

The mutual learning has taken many forms. Analytical workshops were conducted during the preparation of the report for the mid-term review. This included as an example a workshop on geospatial methods to estimate target populations. A series of regional multi-country workshops were organized by Countdown on a range of topics including the impact of COVID-19 on service utilization. These workshops involved virtual and face-to-face meetings, discussions on methods, sharing and analysis of data, and production of accessible statistical code.

Future work of the Kenya Countdown collaboration will include a focus on effective coverage of interventions and completing a study on maternal and child health among Nairobi's poorest.

"Strengthening the analytical capacity in my team is a core feature of the Countdown collaboration, as we discuss the methods extensively and jointly develop analytical products", said Dr. Kiarie, "This kind of collaboration is essential, and sets a good example of genuine partnership where we learn from each other."

Purpose of the Data Uptake Series

If research is to have an impact it needs to be taken up or used by people with the ability to change policies and programmes. Research uptake includes all the activities that facilitate and contribute to the use of research evidence by policy makers and other development actors. This series documents successes and challenges around this process under the Countdown to 2030 collaboration.

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www.countdown2030.org