



The four HIGDA pillars and intervention are aimed at supporting the Ministry of Health (MOH) of the Government of Kenya (GOK) in strengthening organizational and management capacity with the overall goal of strengthening the implementation of HIS/M&E policies at the national level and in 20 focus counties for HIV, maternal, newborn, and child health (MNCH), nutrition, and malaria programs.

KENYA

HEALTH INFORMATICS GOVERNANCE AND DATA ANALYTICS

The Health Informatics Governance and Data Analytics Project (HIGDA) is a five-year project mandated to support the health sector of the Government of Kenya (GOK) to strengthen national and county organizational and management capacity in governance, health informatics, data analytics, monitoring, evaluation, learning and accountability.

OUR WORK

HIGDA addresses the challenges in Kenya’s healthcare sector by building sustainable capacity of the Ministry of Health (MOH) through mentoring, supportive supervision, peer-to-peer learning, strong governance structures, and institutionalization of capacity building programs within local learning institutions. HIGDA strengthens the capacity of the Council of Governors, Division of monitoring and evaluation, health research and development and health informatics, National Programs, and 20 focus counties to inculcate a culture of routine data use at all levels. The project also works closely with the other USAID funded projects towards scaled up and sustained investments in HIS and M&E. HIGDA’s approach is focused on ensuring continuous strengthening, monitoring, and improvements of institutional and individual capacity for HIS/M&E policy compliance.

ACHIEVEMENTS

Since October 2016, HIGDA has:

- Supported the establishment and inauguration of the Health Information and Research interagency coordinating committee. The committee, led by the MOH, brings together all key stakeholders in HIS/M&E and plays a critical role in coordinating informatics investments.
- Trained 98 senior health managers and program coordinators on monitoring and evaluation, who are now applying the skills gained to advocate for health information systems and are ensuring sustainability of investments by mentoring other colleagues.
- Supported the re-establishment and continued management of the functionality of HIS/M&E Technical Working Groups at the county level in 6 counties. These governance structures play a vital role in planning, performance monitoring, and coordination of HIS/M&E activities.
- Developed and supported the implementation of inter-county peer-to-peer learning model to sustainably promote learning in HIS/M&E, to reach more with less, in collaboration with Tupime Kaunti and the Council of Governors (COG).
- Supported the establishment of the universal health coverage Informatics sub-committee and strengthened the DivMEHRDHI capacity to oversee UHC monitoring by supporting development of a UHC Dashboard.
- Supported 6 counties (Kisumu, Kakamega, Nakuru, Kilifi, Kwale and Mombasa) in implementing the Kenya Health enterprise architecture(KHEA) policy by maturing their health systems landscape to ensure information exchange
- In collaboration with UNAIDS and NACC, strengthened the capacity of counties in optimal availability, accessibility, and use of situation room, the national information platform for monitoring the HIV/AIDS burden at national and sub-national levels.

BUDGET: \$13.9 M

DURATION

2016 – 2021

ACTIVITY LOCATIONS

Ministry of Health – National AIDS Control Council (NACC) & National AIDS & STI Control Programme (NAS COP), Reproductive, Maternal, Newborn, Child and Adolescent Health(RMNCAH), National Malaria Control Programme (NMCP) and Nutrition

Council of Governors

20 Counties – Bomet, Bungoma, Busia, HomaBay, Kakamega, Kiambu, Kilifi, Kisii, Kisumu, Kwale, Machakos, Migori, Mombasa, Muranga, Nairobi, Nakuru, Narok, Nyamira, Siaya and Uasin Gishu

KEY PARTNERS

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PATH

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