Tracking and Evaluating Health Indicators Reporting on Mental Health and Disabilities in Nairobi and Kilifi Counties: A Mixed-Methods Study

Authors and Institutional Affiliation

Mr. Samlee Nyambu[1], Dr. Vibian Angwenyi[1], Beatrice Mkubwa[1], Rachel Odhiambo[1], Carophine Nasambu[2], Eva Mwangome[2], SPARK Consortium[3], Prof. Charles Newton[2], Prof. Amina Abubakar[1,2]

1. Institute for Human Development, Aga Khan University, Nairobi, Kenya
2. Neurosciences Department, KEMRI/Wellcome Trust Research Programme, Kilifi, Kenya
3. SPARK (SupPorting African Communities to Increase the Resilience and Mental Health of Kids with Developmental Disorders and their Caregivers in Kenya and Ethiopia) Consortium Research Group

ABSTRACT

Background

Millions of children with developmental disorders/disabilities (DDs) live in low- and middle-income countries such as Kenya. Primary healthcare (PHC) facilities often lack adequate services and trained healthcare workers (HCW) to diagnose and manage DDs. Through SPARK (SupPorting African communities to increase the Resilience and mental health of Kids with developmental disorders and their caregivers in Kenya and Ethiopia) research, community and primary HCWs received training to support early identification, referral, and assessment of children suspected to have DDs. HCWs in Nairobi and Kilifi Counties were trained using the principles of the WHO's mental health gap action programme (mhGAP), to enhance their skills in assessing children at risk of developmental delays. This study evaluated trends in health services indicators reported in the Kenya Health Information System (KHIS) by public PHC facilities in Nairobi and Kilifi Counties, where the SPARK research was implemented. It identifies existing gaps and potential areas for strengthening health information systems, with a focus on mental health and childhood disabilities.

Methods

A mixed-methods study was conducted in public PHC facilities participating in the SPARK research. Quantitative data on health indicators capturing developmental disorders/disabilities from 25 public PHC facilities were targeted for data extraction from the KHIS during, six months before and six months after the SPARK research implementation. Descriptive statistics were used to assess indicator trends, and the analysis was performed in R software. Focus group discussions with healthcare workers (n=5, 48 participants) explored barriers and enablers influencing documentation and reporting of mental health and disability-related indicators in routine facility registers and the KHIS. Qualitative data were analysed using a thematic approach in NVivo-Lumivero© software.

Results

Extractable data were only available in five (20%) health facilities, and the missing data were mostly from lower-level facilities (dispensaries and health centres), and the community reporting form. HCWs interviewed reported that they observed more referrals and assessments of suspected DD cases during SPARK research implementation. Although there was a specific study tool to record DD cases, health professionals reported that the MoH reporting tools lacked key mental health and disability-related indicators. In addition, HCWs interviewed shared that some data captured in the facility-based registers were not posted to the KHIS, potentially due to challenges of existing reporting forms. High workload was reported as a challenge to documentation and reporting practices.

Conclusion

Sustained progress requires integrating DD indicators into various facility-based forms to facilitate reporting to KHIS. Investment in HCW training and health information systems, especially at the primary healthcare level, is critical to supporting data-driven decision-making.