# Incentives and disincentives to private sector reporting on family planning in Kenya: why these matter, and how they may change over time

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### Abstract

This study sought to understand private sector

reporting on family planning in Kenya’s health information system

(KHIS). We approached this through three lenses: governance,

procedural and technical. Our study looked at these areas of interest

in Kenya, complemented by deeper exploration in Nairobi County. The study used mixed methods drawing on analysis from the KHIS and surveys, complemented by desk review. The qualitative

research entailed group discussions with public sector personnel

while more in-depth qualitative interviews were done with public and

private sector respondents. A framework matrix was developed for

the qualitative analysis. The study was approved by the Ministry of

Health in March 2022 and conducted over the period March - May

2022.

From a governance lens, private sector respondents

recognized the importance of registry and reporting as a government

policy requirement. From a procedural lens, private sector

respondents saw reporting procedures as duplicative and parallel

processes as reports are not generated through digitized information

systems. From a technical lens, private sector reporting rates have

improved over time however other data quality issues remain, which

include over- and under-reporting of family planning services into

KHIS. Secondary analysis for Nairobi County shows that the private

facility contribution to family planning has declined over time while

family planning access through pharmacies have grown over the

same period; there is no visibility on this shift within the KHIS.

Changes in private sector family service provision have implications

for assumptions underpinning modern contraceptive modelled

estimates and programmatic decision-making.

 There is limited monitoring of the incentives and disincentives for reporting by private health facilities into the KHIS. These have changed over time and place. Sustained private sector engagement is important to align incentives for reporting as is greater visibility on the role of pharmacies in family planning

### Image



**Facility distribution in Kenya by ownership (Source: KMHFL).**

 **Recent Publications**

1. Government of Kenya, Ministry of Health: Kenya Service Availability and Readiness Assessment Mapping (SARAM). Ministry of Health, Nairobi, Kenya, 2014.
2. Government of Kenya, Ministry of Health: Kenya Draft Health Financing Strategy, Report of an External Review. Commissioned by the Ministry of Medical Services, Nairobi, Kenya, 2012.
3. Tsofa B, Molyneux S, Gilson L, et al.: How does decentralization affect health sector planning and financial management? a case study of early effects of devolution in Kilifi County, Kenya. Int J Equity Health. 2017; 16: 151.
4. Bunyi M: SHOPS Plus Pilot on Private Sector Pharmacies Reporting into DHIS 2: Final Report. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates Inc. 2018.
5. Tama E, Molyneux S, Waweru E, et al.: Examining the implementation of the free maternity services policy in Kenya: a mixed methods process evaluation. Int J Health Policy Manag. 2018; 7(7): 603–613.

 Biography

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Daniel Mumbia has expertise in system evaluation & monitoring and passion in supporting access to care through health IT. He currently works as an M&E Advisor supporting improvements in family planning monitoring within the Ministry of Health Kenya and also serves as a country liaison with the Track20 global team

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