MEASURE Evaluation PIMA NEWSLETTER

June 2016

From the Chief of Party

During the last quarter, MEASURE Evaluation PIMA (MEval-PIMA) continued to consolidate the gains made over time in strengthening performance of the health information system at the national and county level. As we reported in the last quarter, we continue to work closely with the Ministry of Health and stakeholders in order to facilitate better skills transfer, leverage resources, and ensure that the capacity we have established can be sustained beyond the life of the project.

In this issue, we provide updates on the work arising from these partnerships among MEval-PIMA, the Ministry of Health, and other stakeholders. We highlight MEval-PIMA's participation in the launch of the Health Data Collaborative (HDC) framework by the HDC mission to Kenya, our efforts to strengthen capacity of the Department of Children's Services (DCS) to collect and use quality data to spearhead child protection in the country, and our participation in the World Malaria Day celebration.

In addition, we provide updates on the national registrar's conference held to deliberate strategies to improve the capture and use of quality vital statistics data in the country. Last, we highlight MEval-PIMA's support towards the development of the national guidelines on maternal and perinatal deaths surveillance and response as one of the key steps to eliminate preventable maternal and child deaths.

As we approach the final year of the MEval-PIMA project, we will pay particular attention to improving the quality of the metrics, and mentoring health workers at the national and county level to make data-informed decisions. In the next quarter, we will support several leadership fora to provide opportunities for county health leadership to interact with data on health performance and to spur discussions on the way forward towards improvement.

For engaging discussions and updates on useful resources in monitoring and evaluation, please also visit the PIMA website: http://www.measureevaluation.org/pima and the PIMA Community of Practice web page: http://www.cpc.unc.edu/measure/resources/networks/pima?searchterm=PIMA+community+of.

Abdinasir Amin
Chief of Party
MEASURE Evaluation PIMA

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Participants from the National Malaria Control Programme, Kwale County, and nongovernmental organizations join the procession as part of celebrations to mark World Malaria Day in Kenya. See story on page 7.

All photos by Yvonne Otieno, MEval-PIMA

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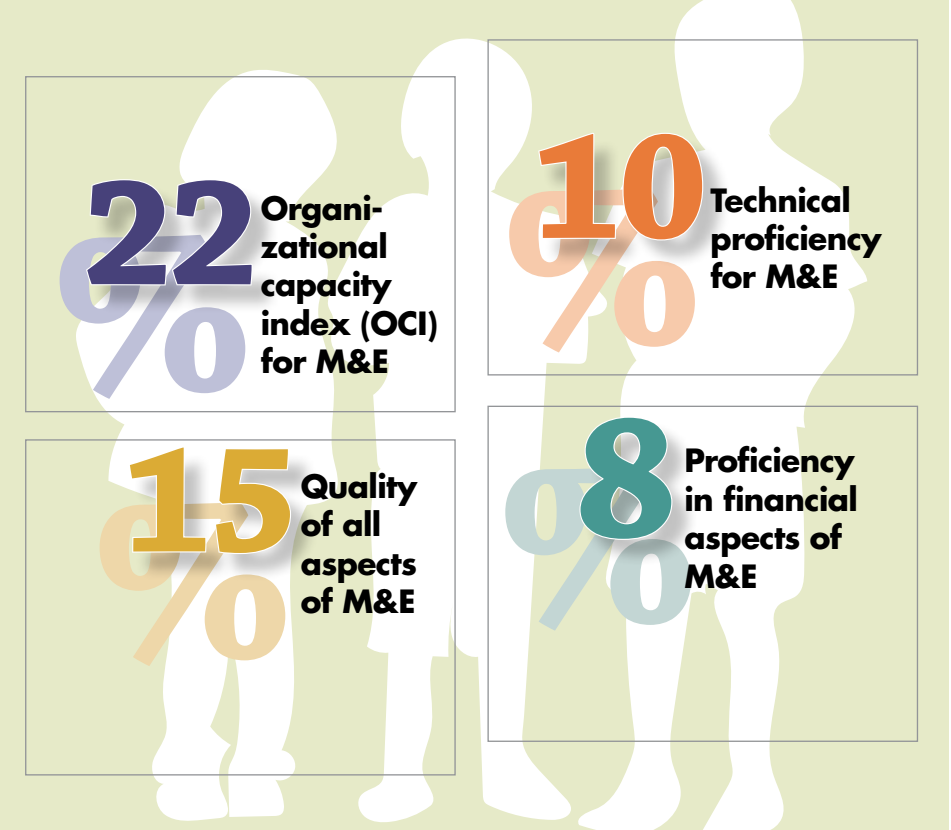
Strengthening Child Protection Monitoring and Evaluation Systems



Child protection issues almost always evoke a passionate public concern that demands an immediate policy response. However, child protection is a complex and multidimensional concept, informed by the different assumptions, values, and attitudes of those involved in identifying, defining, reporting, and responding to child protection problems. Child protection is difficult to measure, because social values, standards, and attitudes differ from group to group. Therefore, in many parts of the world, including Kenya, accurate and reliable child protection statistics are not easily available.

That's an issue, because the availability of systematic data relating to child protection is crucial for scholars and policymakers to understand the situation and to provide evidence of the scale of protection problems that many Kenyan children experience. To bring the matter to public attention and to place it on policy agendas, systematic evidence of incidence and prevalence is important and requires a functional child protection information management system (CPIMS).

In February, to begin to provide the needed evidence, the Kenyan Department of Children's Services (DCS), in collaboration with MEval-PIMA and partners,[1] conducted a monitoring and evaluation (M&E) capacity assessment of DCS, to understand and document the current capacity of the organization and its staff to successfully achieve its objectives. The assessment helped to determine the current status of performance in key M&E functional areas and identified gaps in its capacity to meet expectations. Key findings include the need to establish an M&E unit, build staff competencies on M&E, and develop the requisite policies to support M&E at the DCS.

Some of the key recommendations from the assessment include establishment of a functional M&E unit within the finance and administration section, operationalization of the National Plan of Action for Children in Kenya, implementation of a strategy to support good M&E implementation and performance in the department and its affiliates, development of standard operating procedures that define clear roles and responsibilities related to M&E functions, review and completion of the DCS strategic plan, and development of an M&E plan for DCS that links with the national integrated M&E plan.

Many of those who participated in the assessment suggested the establishment of a management information system on child protection to make data available for use among the various players in the sector. "My vision for M&E in DCS is a department with a central repository on research that has been done on children and a department with enough evidence to influence policymaking. It should have a central place for harnessing evidence and best practices that are government-led," said Marygorret Mogaka, a senior assistant director for DCS.

Jeannitte Wijnitte, the chief child protection officer at UNICEF, said: "There is a need to have a fully functional child protection management information system to help support children and families and to know the scope and prevalence of certain issues so that they can be prevented and addressed. A lot of information is there, but scattered. The mandate and authority of the staff to carry out their duties, job description, and responsibility are important."

MEval- PIMA's support of DCS includes providing a capacity-strengthening program (the capacity response action plan), providing a basis for the improved collection and use of quality data on child protection, and expanding the availability of in-country capacity to meet the needs of M&E child protection officers.

CLICK here for more on our work on CPIMS: (http://www.cpc.unc.edu/measure/pima/child-health-and-safety

[1] United Nations Children's Fund (UNICEF), Plan International, Goal Kenya, University Research Company, National Council for Children's Services, and other state agencies

Background

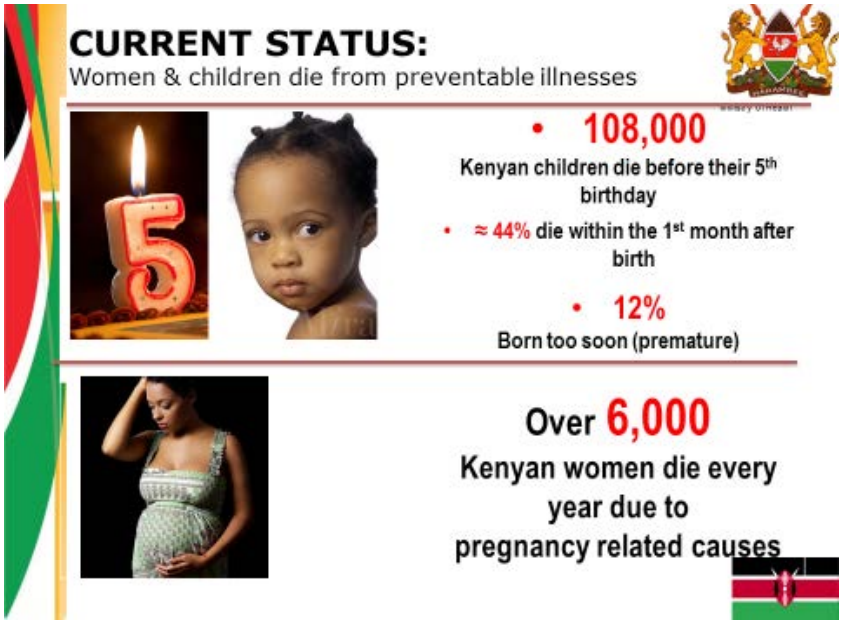
The World Summit for Children, held in New York City in 1990, endorsed the World Declaration on the Survival, Protection, and Development of Children. Subsequently, the Government of Kenya committed to a declaration and plan of action for children and in 1992 developed the National Programme of Action (NPA) for Children. This marked a major step forward in the country's continued effort to articulate and address concerns regarding children.

UNICEF, in collaboration with the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and others, developed a core set of 75 indicators on specific aspects of the situation of children. The Kenya 2000 multiple indicator cluster survey (MICS) was conducted to provide end-of-the-decade information. Specifically, the survey furnished data needed for monitoring progress toward goals established at the World Summit for Children as a basis for future action. It also contributed to the improvement of data and monitoring systems in Kenya and to the strengthening of technical expertise in the design, implementation, and analysis of such systems. DCS has made several efforts to increase the capacity of its CPIMS to capture diverse information needs; to provide comprehensive data from all actors in the child protection system; and to improve data collection, quality, and security, to fulfill its mandate of making provision for parental responsibility, custody, maintenance, guardianship, care, and protection of children, and for the administration of children's institutions. Some of those efforts are upgrading the CPIMS and strengthening the capacity of the DCS to undertake M&E roles, as this article has outlined.

Reducing Maternal and Perinatal Death Using Surveillance Data

In Kenya, maternal mortality stands at 362 per 100,000 live births. The neonatal mortality rate is 22 deaths per 1,000 live births, which accounts for 44 percent of the number of deaths of children under age five. Infant mortality overall (deaths of children less than one year old) stands at 39 deaths per 1,000 live births, according to the Kenya Demographic and Health Survey (KDHS, 2014). The Partnership for Maternal, Newborn, and Child Health[1] estimates a high stillbirth rate of 22 stillbirths per 1,000 births,[2] and *The Lancet*'s research series, *Ending Preventable Stillbirths,* estimates 23 stillbirths per 1,000 births.[3]

Kenya's health indicators are marked by wide regional disparities. The county with the highest maternal mortality rate (MMR) counts 3,790 maternal deaths per 100,000 live births, or almost four percent of all live births there. The county with the lowest MMR stands at 187 maternal deaths per 100,000 live births (less than 1%).



Source; Ministry of Health, reproductive and maternal health services unit, *Reducing Maternal and Neonatal Mortality in Kenya: Scaling up Effective Interventions in Maternal and Neonatal Health, An Implementation Plan for the Period*: Year 2014/15–2016/17

To reduce maternal and newborn deaths, the country needs an accurate picture of the causes and prevalence of these deaths. Currently, there is inadequate information on the magnitude and characteristics of maternal and neonatal deaths from the routine health reporting systems. The health information system and the civil registration and vital statistics system (CRVSS) have not adequately captured the magnitude of maternal deaths, as only 15 percent of maternal deaths are recorded in the Kenya health information system (DHIS 2) and only 60 percent of all deaths are captured by the CRVSS.

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[1] An advocacy partnership hosted by the World Health Organization.

[2] http://www.who.int/pmnch/media/news/2011/stillbirths_countryrates.pdf. Downloaded June 21, 2016.

[3] http://www.nation.co.ke/stillbirths.Downloaded June 21, 2016.

Inadequate measurement of the problem and the absence of standard guidelines for classification and coding of deaths contributes to a lack of accountability and, in turn, to a lack of progress that can be measured. To address these challenges, the Kenyan Ministry of Health (MOH) and its partners and stakeholders undertook an audit in 2014 in 15 selected counties. Results from the audit were used to review and update the 2016 national guidelines on maternal and perinatal death surveillance and response (MPDSR).

Assessing the magnitude of maternal mortality compels policymakers and decision makers to give the problem the attention and response it deserves. MPDSR is a form of continuous surveillance that links the health information system and quality improvement processes from local to national levels, and includes the routine identification, notification, quantification, and determination of causes of all maternal deaths, as well as the use of this information to respond with actions that will prevent future deaths.

The primary goal of MPDSR *is to eliminate preventable maternal mortality* by obtaining and strategically using information to guide public health actions and monitor their impact. The goal is informed by three objectives: 1. to provide *information that effectively guides immediate as well as longer-term actions* to reduce maternal mortality; 2. to count *every maternal death*; and 3. to facilitate an assessment of the true magnitude of maternal mortality and the impact of actions to reduce it.

MPDSR will improve upon past efforts—maternal death reviews have been ongoing in Kenya since 2008, with varying success—by enabling standardization of the cause-of-death attribution and improved interpretation of data on maternal mortality, improved analysis of this cause-of-death data, and allocation of resources to address it.

Kenya revised the 2008 MPDSR guidelines with assistance from MEval–PIMA, which is funded by the United States Agency for International Development (USAID), in conjunction with the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Liverpool School of Tropical Medicine (LSTM), USAID Maternal and Child Survival Project (MCSP), and the MOH's Division of Health Informatics, all of which provided technical assistance to the Reproductive and Maternal Health Services Unit for review of the guidelines and corresponding tools. Specifically, MEval-PIMA contributed to the monitoring and evaluation (M&E) chapter and to the development of the maternal and perinatal death notification, reporting, and verbal autopsy tools.

> "We will not stop until we have zero preventable maternal, newborn, and child deaths."
>
> — Dr. Cleopa Mailu

The revised MPDSR guidelines and a multi-sectoral national MPDSR committee were launched in April 2016. The guidelines cover how to conduct maternal and perinatal death surveillance and response in the community and in health facilities. They further provide guidance on reporting pathways, and how a sustainable response to addressing avoidable causes of death is incorporated in the provision of antenatal, obstetric, and newborn care.

During the launch of the guidelines and the committee, Dr. Cleopa Mailu, the cabinet secretary for health, said that the national MPDSR committee would serve as a ministerial advisory team that will steer response to maternal and perinatal deaths, based on evidence generated from county MPDSR committees. The national steering committee consists of officials drawn from the MOH, regulatory bodies, professional societies, and development partners, among them USAID/Kenya and East Africa.

"We will not stop until we have zero preventable maternal, newborn, and child deaths," he emphasized. Dr. Mailu also announced that the committee's report would be presented to the National Assembly and Senate health committees each year. The roles of the national MPDSR committee are to provide oversight and to promote the notification, review, and response to all maternal and perinatal deaths in Kenya.[1]

Lauding the renewed focus on MPDSR during a county committee meeting for reviewing maternal deaths, Dr. Elizabeth Ogaja, the county executive commissioner of health in Kisumu County (which has a high burden of maternal mortality), commented on how useful the guidelines were in relating data to actual cases.

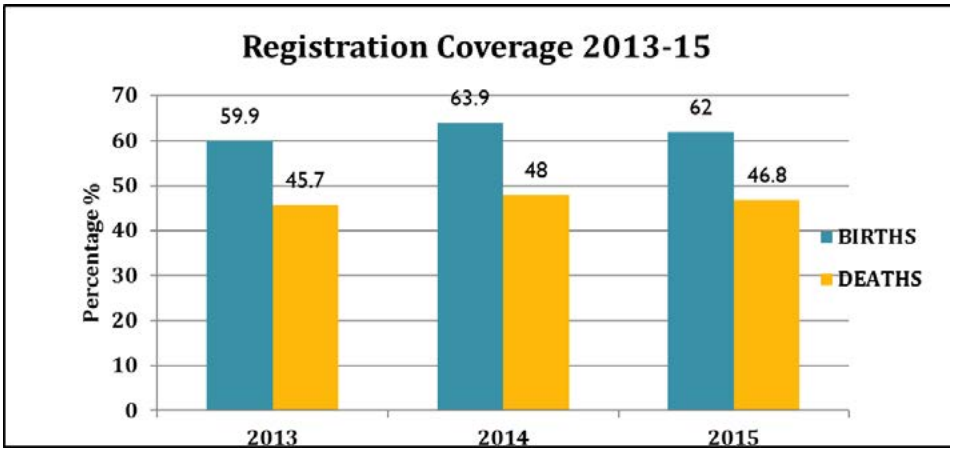
"Today we do not talk about numbers; these are real people. The 56 women that died in Kisumu County in 2015, we need to be very clear what happened to them. We really need to do everything in our power, and we may not tolerate laxities. We must be committed to make sure no one dies unnecessarily," she said.

Since the launch, MEval-PIMA has supported the development of maternal death notification, death review, perinatal death review, and verbal autopsy tools, as well as a training package for countrywide dissemination of guidelines and support for implementation of the MPDSR. These are expected to be used by implementing partners and stakeholders to strengthen county and facility MPDSR committees.

The MPDSR cycle:

[1] http://www.health.go.ke/?p=1004

National Conference on Improved Civil Registration and Statistics



This chart shows the increase in registration from 2013 to 2015.

The Civil Registration Service (CRS) under Kenya's Ministry of Interior and Coordination held its third National Registrars' Conference in Nairobi in April this year.

The purpose of the conference was to create knowledge and give registrars an opportunity to deliberate strategies to improve the quality and quantity of vital statistics data in Kenya. The conference also provided a platform for sharing best practices and evaluating the implementation of the CRS strategic plan, as well as for committing to future implementation of service provision strategies.

Registration of vital events is a key source of information that can be used to inform and guide health policies and allocation of resources. CRS has, over the years, set out to attain complete (100%) registration coverage of births and deaths throughout the country.

The conference was officially opened by Joyce Mugo, the director of CRS. Her remarks highlighted the role of civil registration in enhancing security and addressing other emerging issues in Kenya. She noted that the current status of birth registration in Kenya is 62 percent and that of death registration is 47 percent, both of which, she stated, are below par. She added that there is a need for concerted effort to apply strategies to improve registration by the whole CRS team and called upon the officers to rededicate themselves to improving the situation.

Joyce Mugo, director of the Civil Registration Service, giving a speech during the conference.

"A complete population register is critical, and attaining one is akin to acquiring a gold mine,"

— Joyce Mugo

During the conference, participants also highlighted the achievements made since the last conference, held three years ago. Some achievements noted were improved registration coverage for births and increased issuance of birth and death certificates. In addition, a CRS strategic plan for 2013–2017 has been developed and the 2013 and 2014 Kenya vital statistics reports (KVSRs) have been published and distributed.

Other achievements are strengthening stakeholder engagement through formation of the civil registration and vital statistics (CRVS) Technical Working Group (TWG) and the launch of the Maternal and Child Health (MCH) Strategy in 12 counties.

Despite these achievements, there are still challenges to be addressed. For example, the incompleteness of registration across regions is demonstrated by the variation of performance in the counties, by poor data quality, and by the persistent use of manual procedures.

Funded by USAID, MEval-PIMA has been supporting the department in improving civil registration at the health facility and

community levels. A key strategy at the facility level is to train health workers in certifying, coding, and documenting deaths accurately and according to international standards, specifically through training on the International Classification of Diseases (ICD-10), a system of categories for coding diseases and causes of death. Other strategies are post-training follow-up and support that includes continuous medical education (CMEs), facility mentorship visits, data review meetings, and data quality workshops. At the community level, strategies are training and sensitization of local registration agents (civil registrars, community health extension workers, and assistant chiefs) and use of verbal autopsy.

Representing MEval-PIMA at the conference, Sarah Kedenge, CRVS monitoring and evaluation (M&E) advisor, noted that CRS targets are linked to global targets and pointed out that in order to achieve and track the global Millennium Development Goals and the Sustainable Development Goals, there is need for timely and reliable data, reported according to internationally accepted standards set by the World Health Organization (WHO).

Some of the strategies recommended to improve civil registration are increased coverage for births and deaths through the adoption of the MCH strategy; operationalization of an M&E system; improved capacity of registration agents in data capture for births and deaths; enhanced timeliness in the provision of vital statistics; and increased demand for and utilization of vital statistics for evidence-informed decision making.

CLICK here for more information on PIMA's support to Kenya's Civil Registration Service

Harmonized Data Collection Mechanism to Transform Kenya's Health Sector

The Ministry of Health, in collaboration with development partners and other stakeholders in the country's health sector, has unveiled a new Health Data Collaborative (HDC) framework, a harmonized approach for data collection by all health institutions in Kenya.

The framework's launch is the culmination of a high-level consultative forum that began in May in Nairobi under the auspices of the global HDC mission to Kenya—an inclusive partnership of national and county governments, donors, partners, international agencies, civil society, academia, and key government departments. Key global partners attending the forum were the World Health Organization (WHO), USAID, the World Bank, the German cooperative development agency (GIZ), and others.

The aim of the Global Health Data Collaborative mission is to enhance and strengthen Kenya's monitoring and evaluation (M&E) platform for improved measurement of results and accountability in the health sector. The mission aims to strengthen and standardize country measurement and accountability structures to monitor achievement of Sustainable Development Goal (SDG) 3: to ensure healthy lives and promote well-being for all, at all ages. To that end, the collaborative has launched a "One M&E Framework" that is supported by all stakeholders for improving M&E and an accompanying roadmap to show the way. Kenya is one of five countries selected by the HDC to receive this support.

In Kenya, collection of data on patient health, and in the health sector in general, has been fragmented, with multiple parallel programs and disease-based M&E systems deployed, each primarily meeting the reporting needs of funding agencies and implementing partners.

Prior to the forum, the HDC mission visited the field to view data collection and the health information systems on the ground, and to assess their strengths and weaknesses. It also held discussions with local stakeholders on priority areas of engagement for input on the roadmap.

The roadmap is designed to achieve quick wins and tackle short-term priorities through technical working groups that are focused on data analytics, quality of care, a new national health data observatory, civil registration and vital statistics, and health informatics.

At the forum, stakeholders also signed a joint statement of commitments to support the unified "One M&E Framework." Highlights are:

- The **national government** will provide leadership and coordination of the One M&E Framework and increase allocation of resources towards it.
- **County governments** will apply and use the national standardized M&E tools and improve use of data for all levels of decision making.
- **Development partners** will align assistance and partnerships for health information system investments. They will also transition away from program-specific investments in favor of the One M&E Framework.
- **Faith-based organizations** that provide health services will supply data according to national and county requirements and standards.
- **Private sector organizations** will foster public-private partnerships to provide expertise in making data systems compatible and in improving data architecture, system administration, data visualization, and web technologies.
- **Civil society organizations** will promote demand for data use through social accountability mechanisms.

Dr. Isabel Maina, head of monitoring and evaluation at the Ministry of Health, receives a signed copy of a roadmap communique from Dr. Peter Kimuu, head of the Department of Policy, Planning and Healthcare Financing at the Ministry of Health, during the Health Data Collaborative forum held in Nairobi in May 2016.

All of these efforts are aimed at strengthening Kenya's health information system, which will support evidence-informed policy decisions to improve health outcomes for all Kenyans.

The HDC initiative comes at a time when Kenya is mobilizing stakeholders at the national and county levels to work together to use available resources effectively to accelerate various interventions and track key government investments, such as managed equipment services, free maternity services, and the *Beyond Zero* initiative.

For more information on Beyond Zero, see:

- https://www.facebook.com/
- https://twitter.com/beyondzerokenya?lang=en

More Information

The Health Data Collaborative mission to Kenya was facilitated by the Health Data Collaborative, a joint effort by multiple global health partners that works alongside countries to improve the quality of their health data and to track progress towards the health-related SDGs. The mission seeks to promote technical and political support for strong nationally-owned health information systems and a common M&E plan aimed at improving the delivery of effective healthcare services nationwide.

MEASURE Evaluation PIMA (MEval-PIMA), a project funded by USAID to strengthen M&E capacities in the health sector, provided extensive support in establishing the conference agenda and preparing technical presentations for plenary and parallel sessions. MEval-PIMA also provided assistance documenting forum proceedings.

Highlights of the Commemoration of World Malaria Day in Kenya

Malaria continues to be a major public health concern, with about two-thirds of the population of 36 million people at risk of infection. The disease burden varies across the country, with the highest prevalence levels around the Lake Victoria and coastal regions and the lowest levels in the central regions.

World Malaria Day is one of the main health days commemorated globally. In Kenya, the 2016 national celebrations were held in Kwale County, which has one of the highest burdens of malaria. The celebration is a reflection of the commitment that began in 2000 when African heads of state signed the Abuja Declaration that committed them to reduce and eventually eliminate malaria from Africa.

This year, the global theme was "Ending malaria for good," while Kenya adopted the slogan *Pamoja tumalize malaria Kenya* ("Together let us end malaria in Kenya"). This year's celebrations came in the wake of the release of the results of the Kenya Malaria Indicator Survey 2015 that show a reduction in malaria prevalence from 11 percent to 8 percent nationally.

Dr. Cleopa Mailu, Kenya's cabinet secretary for health, could not attend the meeting, but provided remarks that were read by Dr. Jackson Kioko, the acting director of medical services. Dr. Mailu's remarks attributed the reduction in malaria prevalence to the implementation of evidence-informed targeted interventions. "We have made progress in the war against malaria through interventions such as net distribution, training, and engagement with community health structures," he wrote.

More than 12.6 million mosquito nets were distributed in 22 counties, with 2.2 million nets distributed in the coastal region and Kwale County receiving 445,000 nets.

When he made his own remarks, Dr. Kioko presented a preliminary version of "Kwale County Malaria Profiles" and also "The

Photo courtesy of the National Malaria Control Programme in Kenya

Evaluation of the Impact of Malaria Interventions on All-Cause Mortality in Children Under Five in Kenya, 2003–2015: Summary of Preliminary Key Findings," marking the official launch of the two documents.

Speaking during the meeting, Dr. Padma Shetty, deputy director in the Office of Population, Health and Nutrition at USAID/Kenya, cited USAID's annual investment in Kenya of up to 3.5 billion Kenya shillings. She emphasized that USAID is a proud and committed partner of Kenya through the U.S. President's Malaria Initiative (PMI). She congratulated Kwale County for the high rate of treated net use and preventive treatment of pregnant women. Underscoring the progress over many decades that Kenya has made to control malaria, she called for renewed determination, because the country can't afford to backslide on those gains.

The governor of Kwale County, H. E. Hon. Salim Mvurya, said that, in Kwale County, malaria and pneumonia are the major causes of illness and death. He said that an upsurge of malaria cases in the sugar cane plantation areas, heavy rains leading to flooding and displacement of populations, and low net usage among some communities had contributed to continued malaria transmission. He called upon all health care professionals to ensure that they update their skills and adhere to guidelines in implementing malaria control interventions.

He also acknowledged the support the county has received from the national government, partners, and stakeholders towards malaria control and for the health sector in general. He affirmed that the continued partnership will assist in addressing some of the challenges encountered and will end malaria for good.

http://www.cpc.unc.edu/measure/pima/malaria/kenya-impact-summary-report

Dancers from Zigizigi cultural troupe in Kwale performing a dance during celebrations to mark World Malaria Day.

Dr. Kioko, acting director of medical services, Dr. Mildred Sheshia, resident malaria advisor for PMI, and Mr. Anthony Okoth, chief executive officer at Population Services Kenya (PSK) during the World Malaria day celebration.

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