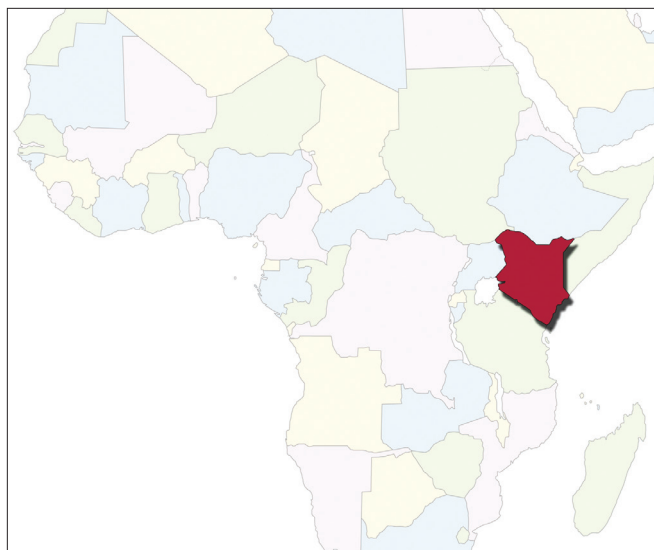


MEASURE Evaluation in Kenya

Kenya sits on the eastern coast of Africa and serves as an economic and transportation hub for the region. While its economy is one of Sub-Saharan Africa's most diverse, corrupt governance and ethnic divisions have stifled progress. At least half of Kenyans live below the poverty line, and most Kenyans make their living by subsistence farming. In early 2008, violence broke out over the disputed December 2007 presidential elections. The violence lasted two months and resulted in an estimated 1,300 deaths and 650,000 people displaced from their homes and farmlands.

A severe and generalized HIV/AIDS epidemic afflicts Kenya. The virus's prevalence rate among adults hovers around 6.3 percent according to the Kenya Demographic and Health Survey 2008–2009. Like other Sub-Saharan African countries, heterosexual contact accounts for the primary mode of HIV transmission. However, a large proportion of new infections (44.1 percent according to the United Nations General Assembly Special Session) occur through heterosexual sex within a union or regular partnership. As a result, married men and women are considered to be key vulnerable populations in Kenya. Another notable characteristic of Kenya's HIV/AIDS epidemic is its wide regional variance. The prevalence rate dips as low as 0.9 percent in North Eastern Province by the Somali border and climbs to 13.9 percent in the western province of Nyanza on the shores of Lake Victoria.

Kenyans also face a high risk of contracting malaria. According to the President's Malaria Initiative, malaria is a leading cause of death of children under the age of five, with approximately one in eight dying before their fifth birthday as a result of the disease. There are positive signs of progress, though. Between 2003 and 2007, the rate of children dying from all causes decreased from 115 per 1,000 to 74 per 1,000. Much of this decrease is attributed to increasing coverage



COUNTRY FLAG



DEMOGRAPHY

Population: 41,070,934

Population Growth Rate: 2.462%

Age Structure:

0–14 years: 42.2%

15–64 years: 55.1%

65 years and over: 2.7%

Death Rate: 8.93 deaths/1,000 population

HIV-RELATED DATA

Adult HIV Prevalence: 6.3% (2009 est.)

People Living with HIV: 1,500,000 (2009 est.)

OTHER RELEVANT DATA

Infant Mortality Rate: 55 infant deaths/1,000 live births

Total Fertility Rate: 4.9 children born/woman

Maternal Mortality Ratio: 530 maternal deaths/100,000 live births



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of malaria interventions through Kenya. A significant decline in clinical malaria cases and hospitalizations has been reported in several areas as a result of these interventions as well.

MEASURE EVALUATION IN KENYA

MEASURE Evaluation has been working in Kenya since 1997, and the scope of its activities has grown considerably since Phase I of the project. During Phase II, support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) increased substantially, spurring the expansion of HIV/AIDS activities. All MEASURE Evaluation partners became involved in the implementation of field and core-funded activities. These circumstances allowed Kenya to become a place to test tools and ideas, gather data and learn lessons for activity scale-up.

"There's a lot happening in Kenya because there is a lot of capacity in the country to do different things," said Ani Hyslop, who serves as a MEASURE Evaluation Country Focal Person for Kenya. "It's been a great opportunity for Kenya and MEASURE Evaluation to benefit and develop new tools and approaches."

Examples of tools that MEASURE Evaluation developed during Phase II based on experience in Kenya include the Child Status Index and the use of Geographic Information Systems to analyze data.

A significant development during Phase II was USAID/Kenya's creation of the APHIA II Evaluation Project, a bilateral contract with ICF Macro International to continue MEASURE Evaluation's work and expand its activities to meet the needs of stakeholders in Kenya's government and PEPFAR partners.

During Phase III, MEASURE Evaluation's activities are varied but all work toward the common goal of ensuring that Kenya has the information required to monitor and evaluate its national health strategies, plan and implement health programs, and develop health policies.

Demonstrating Outcomes and Impact

In early 2009, MEASURE Evaluation began work on a baseline monitoring survey on child health outcomes

using Lot Quality Assurance Sampling (LQAS) in Kenya. Monitoring outcomes is important because determining the degree to which interventions reach people—the degree to which outcomes are achieved—is the best way to determine a health program's effectiveness. Donors increasingly request greater analysis of investment and outcomes to demonstrate the impact of national and regional level programs.

LQAS, which originated as a quality control tool in the manufacturing sector and has been adapted to the public health context, gauges how a program indicator is performing. The LQAS approach is a relatively rapid and inexpensive approach to data collection, which makes it a desirable tool.

"It gives the USAID mission in Kenya outcome information that is related to the projects themselves at a more local level and in a more timely manner than other methods," Hyslop noted. "LQAS can be done more frequently too."

Kenya's National Coordinating Agency for Population and Development implemented the study in collaboration with the Department of Child and Adolescent Health and APHIA II partners, and with technical assistance from MEASURE Evaluation. The survey collected information on numerous child health and survival indicators related to antenatal and postnatal care, breastfeeding, vaccinations, immunizations, water sanitation and hygiene, malaria treatment, diarrhea and acute respiratory infections in Nyanza and Western provinces. MEASURE Evaluation is helping roll out the study in six additional provinces throughout the country with the goal of building capacity within the local organizations to conduct future LQAS assessments without assistance.

Advancing the National Malaria Strategy

In July 2009, the Kenyan government adopted the National Malaria Strategy 2009–2017 with the goal of reducing malaria morbidity and mortality by two-thirds from 2007–2008 levels. The strategy outlines four core control and prevention efforts—access to prompt and effective treatment, use of long-lasting insecticide treated nets by all at-risk populations (universal coverage), prevention of malaria during pregnancy, and epidemic preparedness and response.

In order to measure the strategy's progress, Kenya's Division of Malaria Control (DOMC) developed a national monitoring and evaluation (M&E) plan with technical support from MEASURE Evaluation and other partners. MEASURE Evaluation hired Abdinasir Amin as Resident Technical Advisor to assist with this effort.

In an interview in January 2011, Amin described MEASURE Evaluation's assistance evaluating the impact of a mosquito net mass distribution campaign.

"We are working with the Division of Malaria Control to make sure the monitoring components are very robust," Amin explained. "We are at the table with them, every day or every other day. And after the distribution is complete, we will work with them to see what has changed, to see if they were successful in increasing net coverage, retention and net use which is the ultimate goal of the mass campaign."

"We are also assisting the DOMC in capacity building for malaria M&E, building and strengthening malaria surveillance systems, implementing the national M&E activities and supporting impact evaluations," Amin said.

The net distribution campaign is financed by a number of stakeholders, notably the Global Fund to fight AIDS, TB and Malaria, the President's Malaria Initiative and The World Bank. The rolling campaign, which kicked off in March 2011, is expected to be completed by late summer and aims to distribute approximately 11 million long-lasting-insecticide-treated mosquito nets (LLIN).

Recently, MEASURE Evaluation began supporting Kenya's Division of Reproductive Health in its effort to strengthen the country's monitoring and evaluation system for maternal and newborn health, and it also began an activity to monitor the performance of Kenya's medical referral system.

MEASURE Evaluation's longstanding presence in Kenya has forged a unique setting for collaboration and adaptation, all while working toward the vision of a sustainable national health information system.

"MEASURE Evaluation's work in Kenya is ongoing and has evolved over time," Hyslop said. Amin agreed, "As the needs of the public health programs in Kenya evolve, our role continues to change."