

MEASURE EVALUATION PIMA

BACKGROUND

MEASURE Evaluation PIMA is a project funded by the United States Agency for International Development (USAID) that seeks to strengthen the capacity of Kenya's Ministry of Health (MOH) and its counterparts to identify and use quality data for everyday decision making. PIMA is a Swahili word that translates as "measure."

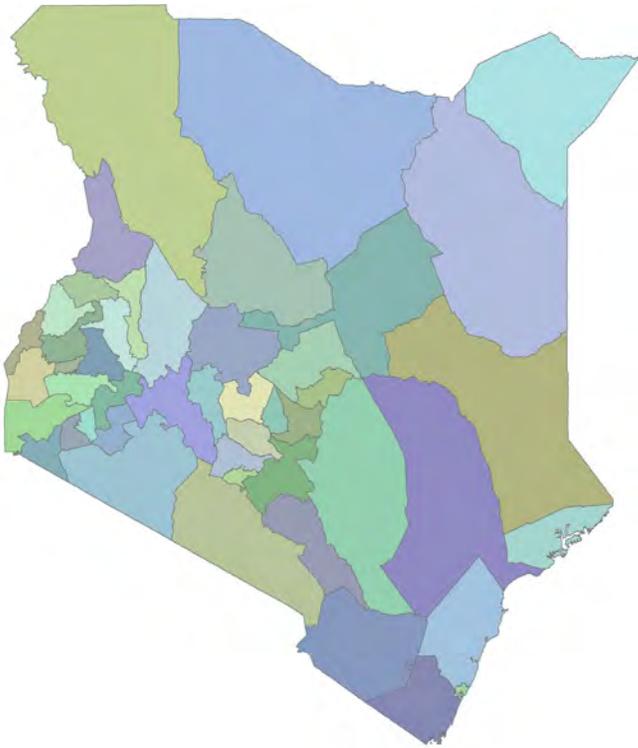
The program aims to strengthen the management of health programs and the sustainable delivery of quality services to improve the well-being of targeted communities and populations. Through collaboration and innovation, the program aims to achieve three results:

1. Improved monitoring and evaluation (M&E) capacity of the MOH programs to identify and respond to information needs at national and sub-national levels;
2. Improved availability and use of quality health information at national and sub-national levels; and
3. Improved M&E capacity for local training and research institutions.

MEASURE Evaluation PIMA (MEval-PIMA) was established in October 2012 to build the capacity of stakeholders in Kenya to generate, organize, interpret, and use data for planning and decision making. We also work to ensure that key interventions are sustainable by institutionalizing a culture of regular assessment and measurement with key beneficiaries.

Through strategic collaboration and coordination, we intend to increase the vigorous involvement of the private sector and other local development partners in the health sector. This complex integration allows for skills transfer to the national and sub-national levels, with some of these organizations indirectly implementing MEval-PIMA's work on the ground.

Additionally, our team of experts is dedicated to empowering stakeholders at both the national and sub-national levels to make decisions based on evidence. This is done by working with key staff within the national ministries and counties to build their capacity to deduce data and identify health solutions for the larger community.



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In general, the MEval-PIMA project targets four key areas for improvement. We strengthen:

- Referral systems to create a harmonized system that ensures the continuity of care for patients in medical facilities from community-level clinics to tertiary specialized facilities.
- Community Health Information Systems (CHIS) to oversee the increased operationalization and use of an improved CHIS.
- Civil Registration and Vital Statistics (CRVS) to improve data collection mechanisms, particularly in relation to births and deaths.
- The Reproductive and Maternal Health Services Unit (RMHSU) to improve its capacity to strengthen evaluation and research on maternal and newborn mortality. Additionally, we also foster strong networks to facilitate the design and implementation of an audit for Maternal and Prenatal Death Surveillance and Response (MPDSR) at sub-national levels in partnership with the Civil Registration Department (CRD) and other key stakeholders, including the World Health Organization (WHO) and other partners.

In all these areas, we also work to assess the capacity of each program to implement M&E functions, identify and address the organizational barriers to achieving these goals, and implement tools and approaches to improve data collection and use.

Baseline data have informed the development of intervention packages and tools to support stakeholders improve M&E systems and improve the functionality of the systems at hand. These tools are designed in alignment with the values of sustainability, innovation, and country-specific needs, along with integrating gender-sensitive programming for informed decision making.

KEY STAKEHOLDERS

In our collective effort to strengthen M&E practices across Kenya, we work with a number of key stakeholders:

At the national level:

The **Ministry of Health**, especially the Malaria Control Department, Reproductive and Maternal Health Services Unit, Department of Community Health Strategy, and Department of Disease Surveillance and Response.

The **Ministry of Interior and Coordination of National Government**, with a specific focus on the Civil Registration Department (CRD).

At the sub-national level:

We work directly with **county and sub-county government units** and the various county assemblies and health focal points. This is where we interact with and support health workers.

We also work with **local and international organizations** that are engaged in day-to-day activities similar or related to MEval-PIMA activities. These include organizations like the WHO, the United Nations Children's Fund (UNICEF), Plan International, World Vision, the U.S. Centers for Disease Control and Prevention (CDC), the Japan International Cooperation Agency (JICA), Pathfinder International, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Malaria Initiative, APHIA Plus, UNFPA, and FHI 360, among others.

Our aim is to achieve strengthened leadership and governance for health in Kenya. With progress in these areas, citizens can better access quality health services that improve the general well-being of the society and the population at large.

For more information, see:

www.measureevaluation.org or

<http://www.cpc.unc.edu/measure/countries/kenya>