

Independent Evaluation of the Reduction of Maternal and Neonatal Mortality in Kenya Programme



Background

Kenya has one of the highest rates of maternal deaths in the world, at 362 per 100,000 live births (Kenya Demographic and Health Survey, 2014). Fifty-six percent of infant deaths in Kenya occur during the first month of life. Challenges include poor access to quality delivery and emergency care, low use of available services, shortages of skilled health workers, equipment and supplies, and weak referral systems. Financial, cultural and geographical barriers also prevent women from using maternal health care services.

The National Government of Kenya and 47 County Governments have the mandate and goal to improve the reproductive health of all Kenyans by increasing equitable access to reproductive health services; improving quality, efficiency and effectiveness of service delivery at all levels; and improving responsiveness to the clients' needs.

About the Programme

The Reduction of Maternal and Neonatal Mortality in Kenya Programme is a five-year UK Department for International Development (DFID) funded programme implemented by

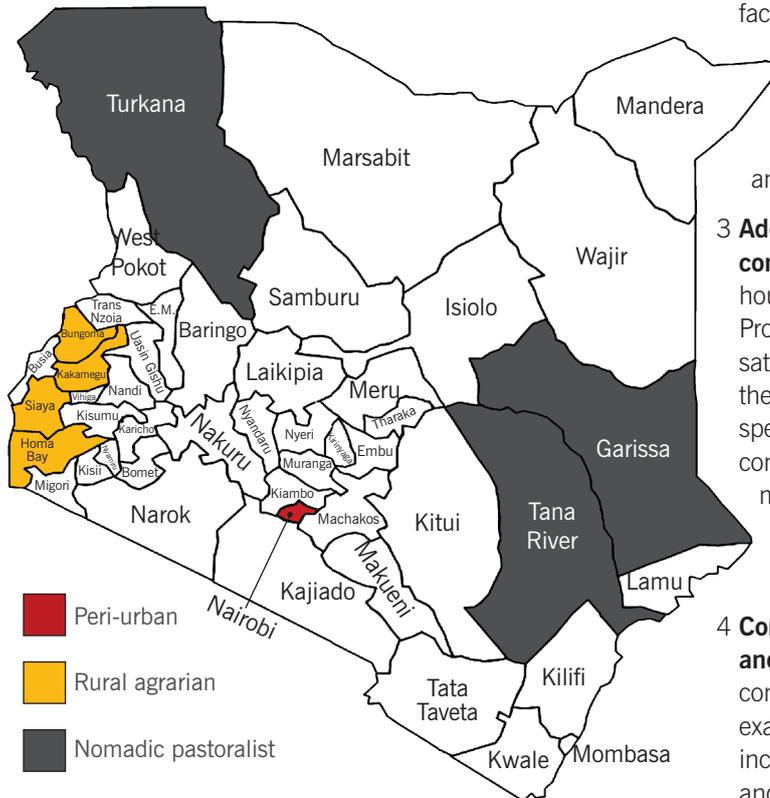
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UNICEF, Options, the Liverpool School of Tropical Medicine (LSTM), and other partners.

The Programme is expected to contribute to preventing 1,092 maternal and 3,836 neonatal deaths by 2018. The expected outcome is increased access to and utilisation of quality maternal and newborn health services. The programme has been designed in close collaboration with national authorities and other development partners and is aligned with sector priorities.

The Programme supports a range of interventions to improve maternal and neonatal health (MNH) including training of health workers, health systems strengthening, community mobilisation, and demand generation. It is implemented in six counties with different socio-demographic contexts: peri-urban informal settlements in Nairobi; nomadic pastoralist communities in Garissa and Turkana; and largely rural agrarian populations in Kakamega, Bungoma and Homa Bay.

Figure 1 Map of Programme and control counties colour coded by setting



Programme Evaluation

In 2015, a consortium led by her, and also involving Itad, the Institute for Development Studies (IDS), and the Great Lakes University of Kisumu (GLUK), was contracted to evaluate the Programme. The three year evaluation (2016-2018) will assess the efficiency, effectiveness, relevance, equity and impact of the Programme. The evaluation has four components:

- 1 Annual mapping of key data and trends:** Data on context, delivery and outcomes of maternal and new-born health initiatives by the Government of Kenya, the Programme, and by other national or international initiatives will be collected once a year at county level in the six programme and two control counties: Siaya and Tana River (see Figure 1). The evaluation team will follow up with the counties on a quarterly basis.
- 2 In-depth comparative studies in matched sub-counties:** Two to four sub-counties will be selected in each of the six Programme and two control counties and matched according to demographic and social parameters. From these, a subset of nine matched sub-counties will be

selected for a cluster analysis. In-depth data collection in mid-2016 and mid-2018 will be comprised of health facility assessments, a data quality audit, client exit interviews and community focus group discussions.

The evaluation questions will focus on the three delays in maternal and neonatal mortality: the delay in the decision to seek care, the delay in reaching care, and the delay in receiving care.

- 3 Additional studies to assess specific Programme components and to answer evaluation questions:** A household survey will be conducted towards the end of the Programme (2018) to compare health access, utilisation, satisfaction and health outcomes among women and their new-born infants in communities exposed to specific Programme interventions, with those living in communities without this exposure. In addition, a value for money analysis; an evaluation of the County Innovation Challenge Fund (CICF); and, if required, a national training assessment will be carried out.
- 4 Comprehensive analysis of the Programme at the start and end of the evaluation phase:** In 2016 and 2018 comprehensive evaluation studies will be conducted to examine how the Programme is being implemented, including relationships with government, among partners, and with national, regional and global initiatives. It will also assess Programme activities at national level that are not captured by the annual mapping (component one above).

Data collected through these four evaluation components will be triangulated, and each component will inform the others and provide a reference to validate data collected in other components. An Independent Expert Group (IEG), comprising members of the Ministry of Health, academia and research institutions, advises on methodologies, comments on outputs, and helps maintain the independence of the evaluation.

Evaluation results will be communicated to Programme partners and stakeholders in 2016 through a formative evaluation, providing feedback to the Programme on evidence of achievements and constraints, with a view to recommend adjustments of programme activities in order to reach intended outcomes, as and if needed. This synthesis will be repeated towards the end of 2018 in a summative evaluation that will document final programme outcomes and lessons learned. Evidence and learning will be shared with key audiences at county, national, regional and global level.