Dear Data Use Net members,

Thanks for the many contributions for Day 3 – we appreciate the time you took to submit your comments and examples. As a reminder for other readers, while we ask for your name and organization, you are also welcome to submit your thoughts/ideas anonymously. Our main goal is to get a discussion going that addresses how best to increase data use at the CBO level. Whether you actually work for a CBO or provide grants/technical assistance to CBO's, we'd really like to hear your perspective.

Day 4 Discussion Question
What experiences do you have in linking CBO data systems (e.g., CBIS) with national systems? To what extent do CBOs and the Federal or Sub-national level agencies ensure all data sources are considered when making programmatic decisions? Please provide specific examples.

Day 3 Discussion Summary

As we did yesterday, we'll summarize our thoughts based on today's contributions and pose a few questions back to all of you. These questions are underlined so you can see and respond to them. To see the full posts just scroll down below and you can see them in full. As a reminder, the Day 3 discussion question was,

The readings indicate that one of the main challenges of CBOs using data is insufficient demand for data. Why do you think demand for data is low among CBO's? What are ways to increase the demand? Do you have any specific examples where demand for information is high? Why do you think demand for data is low among CBOs?

Some excellent points were raised by contributors today with varying degrees of agreement on whether demand for data is low at the CBO level. Steven from AfyaInfo, Kenya suggests that data demand is low because users at the CBO level may not value data, as a result of: low skill level for using information, individual and organizational culture regarding data use, organizational structure (leadership, management, and governance), and/or external relationships with development partners and government agencies. Steven points out that ways to address these are through "various over-discussed stick and carrot approaches." <u>Steven, can you tell us more about what you mean by this statement? Are they over discussed and under-utilized? Or are the approaches that are being discussed not useful?</u>

Okiya from the National AIDS Control Council in Kenya provides several thoughtful points for why data demand at the CBO level may be low, including (the full list is below under his post), rigid organizational policies on sharing information, lack of a participatory approach, inadequate or non-existent feedback mechanisms for data, and lag time between when data are collected and when they are shared. Some of his suggestions for how to increase demand include: enhance the feedback mechanism for data generated; involve communities in project implementation – ensure CSO's feel a sense of ownership of the project; and share information in real time if the information is not classified to enable CSOs plan and implement evidence based activities. In Okiya's Day 2 post (at the end of this list of posts), he provides a good example of how COBPAR in Kenya has designed a feedback mechanism for CBO's. <u>Do others have examples for how feedback mechanisms at the CBO level have been established?</u>

While feedback mechanisms can be important for data use, CBOs do not have to wait someone to report the data back to them if they are collecting the data themselves. For example, if we see that immunization numbers are low in our community as we prepare our monthly reports, we should take

the time to properly analyze the data, present it to our colleagues and report it up the system. At the same time, we should take action and develop a community outreach effort to increase immunization coverage.

Regarding Steven's point about the role of relationships with development partners, Karen from Futures Group adds that the donor culture of demanding a high number of program targets makes data use challenging. Karen points out that, "in a donor budget climate with emphasis on high targets, data use for decision making is an oxymoron." <u>What are ways that others have been able to address issues around high donor demands and data use at the CBO level?</u>

While the increased level of reporting poses challenges to CBOs, it is also intended to focus community-based organizations on results oriented programming and emphasize accountability. While donor reporting requirements have increased awareness around accountability and generated increased capacity to collect information, community programs and national programs are rarely using the information they collect because it is not relevant to them. One of the criteria of the newly recommended community HIV program indicators is that data are both collected and used at the local level and aggregated and used at the national/donor level. Carefully designing models that allow for CBO input are critical to the development of international standards for CBOs.

Tariq and Rhonda both indicate that demand for data does exist at the CBO level. Tariq makes an interesting point that demand for information is sufficient, but the challenge is how to determine what is useful and relevant for the CBO given the volumes of data collected. He describes an excellent example of their work with Health Extension Workers on identifying what information they find useful and then developing the Tickler File System to reduce defaulters. Rhonda notes that in her experience, CBO's use information but largely at the client level, rather than at the aggregated level. When data are aggregated, she indicates that it is then meant more for donors. She supports what Mark recently submitted about the value of starting with a question that needs to be answered and then collecting information to answer the question. She also notes that CBO leadership needs to have space and time to reflect on the information they are collecting. These are all important points for consideration – the issue of CBO's having time to reflect on the information they are gathering mirrors previous comments about an information culture being established.

It seems the common denominator in all posts is making the information relevant for the CBO. The more relevant the information is, the more likely it is to be used. In order to change culture of data use, CBO staff should drive program monitoring and evaluation activities, with M&E consultants or advisors supporting the team with application of basic M&E principles. In many of the examples we have read about in the last couple of days, data were used when CBO staff were been actively involved in all phases of M&E activities.

At times we may have to wait for information generated from special studies or for routine data to be cleaned and analyzed to use data; however, there are numerous opportunities to use data in our daily work given that evidence should drive every decision we make whether it is related to finance, disease surveillance, service delivery, etc.

Below is the MEASURE Evaluation data demand and use conceptual framework which represents a cycle from demand to utilization. In some instances data may already exist that is available for use [availability], whereas in other instances there is a question that needs to be answered [demand]. When there has been a successful cycle of data use, either started at use of available data, or new data

collected based on a demand for data, this can often lead to more data use within an organization. <u>Does anyone have any specific examples of how a successful data use story in their organization led to more data use within the CBO?</u>

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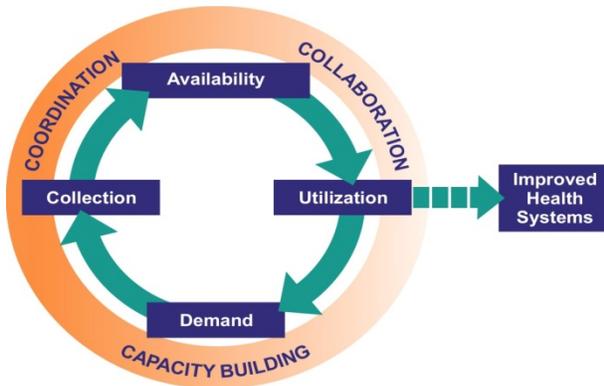
Day 3 Discussion Posts

Name: **Steven Wanyee**
Organization: **AfyaInfo (USAID funded HMIS project)**
Country of residence: **Kenya**

Value for data by the users at the CBO level is the main reason that I always come back to. Value for data certainly has several determinants, e.g. capacity (skills, etc.), culture/attitude (organizational and individual cultures).

I think culture is probably the more dominating factor. Organizational culture, while it can override individual culture can be argued to have a more influential weight and therefore determines a lot if and how much data is used in a CBO. A CBO based on how it is structured (leadership, management, governance) has a lot of influence on this and it can determine how a data demand and use culture grows and thrives or does not in a CBO. This key structures and mechanisms are also influenced by external relationships with development partners and government agencies. Development partners have relatively higher influence more because of monetary and direct technical assistance they provide to CBOs while, government agencies have influence more out of regulation (if it exists within legislation) otherwise, very little especially since governments do not traditionally inject relatively higher funds to CBOs compared to for example, development partners.
What are ways to increase the demand? Culture change through the various over-discussed stick and carrot approaches.
Do you have any specific examples where demand for information is high? No.

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Name: **Tariq Azim**
Organization: **USAID HMIS Scale-up Project (JSI / MEASURE Evaluation)**
Country: **Ethiopia**

I don't think there is a low demand of data a CBO level. At that level, the CBOs only need a few data but are rather overwhelmed with data and can get lost in trying to find which data items are useful for them. In Ethiopia, we are assisting the MOH to scale-up HMIS ad this includes HMIS at Health Post level where the Health Extension Workers (HEW) are responsible for data collection and use. At that level they have to collect 75 service related and 21 disease related data items. However, when we trained them on HMIS and they started implementing it, some of the smart HEWs soon found out which data items are more useful for their day-to-day activity. In some Health Posts, the HEWs innovated ways to keep a track of Family Planning clients, pregnant mothers and under one children. The purpose was to reduce defaulters. This is data use. Later, the project in consultation with the HEWs adapted the Tickler File system. With the initial success in a few Health Posts, many of the HEWs and their supervisors were requesting for assisting them to implement the Tickler File in their Health Posts. And now we are scaling it up. The MOH also has a buy-in into this approach.

Thus, the point is: at CBO level, there is sufficient data demand, only that they need to have in in simpler form - both in terms of quantity and quality (relevance).

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Name: **Karen Foreit**
Organization: **Futures Group**
Country: **US**
*this message reflects my personal opinion and is not representative of any project or organization

A fundamental issue in using data for planning is distinguishing between estimating/predicting how many people (in this case, children) are likely to need assistance and identifying the particular people (children) who do need assistance. Coupled with that, determining what assistance can really be effectively delivered and whether the purpose of the assistance is to address the root/structural causes of vulnerability (say, poverty) or to ameliorate the effects of the structural causes (say, through school feeding programs).

High targets persist for PEPFAR- and other donor-supported projects. Underfunded programs are expected to "serve" hundreds of thousands of children or more with tiny per-capita budgets and through "sustainable" channels such as local CBOs and community volunteers. In such circumstances data for decision-making becomes an oxymoron. Programs are rewarded for big numbers and not prioritizing those most in need.

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Rhonda Schlangen - independent consultant

Greetings,
Thanks so much for facilitating an incredibly rich conversation. I am an independent evaluation consultant, with past work supporting community-based service providers. I'd like to offer a brief response to today's question, and look forward to learning from the experiences of others.

The readings indicate that one of the main challenges of CBOs using data is insufficient demand for data. Why do you think demand for data is low among CBO's? What are ways to increase the demand? Do you have any specific examples where demand for information is high?

In my experience, community-based service providers deal extensively with individual client data rather than aggregated data. They use the client data to understand what services a client has received, what she may need, her history, etc. Aggregated data is typically for reporting to donors, and use of this data by the CBO may focus on whether or not targets are being met. I think a related and very important point is that in my experience it's not just that CBOs use of data is limited, it is that they aren't using the data they are already collecting.

In regard to demand for data, I strongly second Dr. Spohr's comment about evaluation questions and believe data gets used if it is considered reliable and relevant to the CBO's work. If CBOs are involved with identifying these questions, and in determining what data they collect, it will likely have more relevance. As another commenter noted, it is also about having the space and support for processes to reflect on information. For a busy service provider, this may be very difficult.

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Name: **Okiya Bryan Ibrahim, RM&E Officer,**
Organization: **National AIDS Control Council**
Country: **Coast Region, Kenya**

Low data demand by CSOs may be due to the following;
- Lack of feedback from the data managers (institutions or organization) even though the groups may have on previous occasions proactively requested for it- it thus kill the morale of demanding data.
- Lack of participatory approach in project implementation
- Rigid organization policies on information sharing which may be bureaucratic
- Funding of projects which the community has not prioritized

Recommendations
- Feedback mechanism for the data generated should be enhanced- encourage data use at the source to enable culture of reporting development.
- The communities need to be involved in the project implementation and through ownership creation the CSOs can embrace the importance of data.
- Organizations need to be able to share information in real time if the information is not classified to enable CSOs plan and implement activities evidence based.
- CSOs/Community need to be consulted for the prioritization of the projects to be implemented.

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Name: **Okiya Bryan Ibrahim, RM&E Officer,**
Organization: **National AIDS Control Council**
Country: **Coast Region, Kenya**

Dear All,
Sorry could not respond in time as I was travelling but find useful to share, Have made below responses on the issues raised by the moderator.

Do you have any specific examples of how the embracing of the importance of data has led to increased demand of data? When working with the CBOs/FBOs, how much do they rely on the COBPAR system as compared to other data sources?

Kenya has a population of 38,610,097 male being 19,192,458 and women 19,417,639 (2009 Population Census report) with HIV prevalence of 6.3%. The epidemic has been feminized women at 8.0% and men at 4.3%.(KDHS 2008/09).The data for constituency- which is the lowest level of the NACC decentralized structure- showing the age cohorts has been provided. This data helps the implementers and coordinators to be able to evaluate the service delivery (training, creating awareness, supply of commodities etc.) against the potential clients or recipients. Kinango for example has 53296 youth between age of 15-24.In order to realize zero new infections- preventive messages have to be passed to the youth through Behavior Change Education with the feedback from the COBPAR the CSOs or CBOs that are implementing programmes targeting youth can be able to see how many people have been reached with BCE messages though it may be cumulative. If the COBPAR data for example which is shared quarterly indicate that very few youths have been reached then it helps the group to plan and prioritize their activities. If for example there is x number of HIV and AIDS clients y number receives the HCBC services as informed by COBPAR then mobilization of local resources is then carried out to scale up the services. This information is normally shared during the stakeholders' forums at the constituency level and helps to raise red flag where there is a gap in service delivery. The groups have embraced this and it helps them to focus to avoid duplication of effort.

Can you describe a specific example or two of how data generated from the COBPAR system (or another like system) has led to improved program implementation for a CBO you may have encountered?

COBPAR tool has four main areas with smart indicators to track the implementation of HIV and AIDS activities in the community namely prevention of new infections, improvement of quality of life, mitigation of socio-economic impact and support services. The data collected through the system is then aggregated and analyzed and it points out the areas that might not receiving attention as per the four broad areas. NECOPH a netwwork of people living with HIV are in the front line of ensuring that Prevention with Positives (PwP) programmes are implemented with data from COBPAR the network can be able to identify deficiencies in service delivery and then inform NACC through its decentralized structures together with Ministry of Health.