Promoting Demand, Improving Quality and Increasing Use of Data

Overview: Data demand and use (DDU) is a systematic approach that applies proven, effective best practices and appropriate tools to help increase demand for health system data and ensure that the information is used in an evidence-based decision-making process.

MEASURE Evaluation
Data demand and use

This fact sheet introduces one of the innovative toolsets created for monitoring and evaluating public health interventions.

MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) through Cooperative Agreement GHA-A-00-08-00003-00 and is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill in partnership with Futures Group, John Snow, Inc., ICF Macro, Management Sciences for Health, and Tulane University.

To learn more about MEASURE Evaluation and our current activities, visit us on the Web at www.cpc.unc.edu/measure.

USAID
FROM THE AMERICAN PEOPLE

MEASURE Evaluation

Population and health information is valuable not only to decision makers in health but to a wide range of stakeholders, such as policy-makers, public health professionals, NGOs, clients and others. When these stakeholders use this information to make evidence-based decisions, they help to improve overall health care by increasing the health system's ability to respond to health needs at all levels. Better use of population and health information also promotes transparency in the decision-making process and allows for accountability of health decision makers.

Evidence-based decision making is enhanced by creating a sound demand for population and health information; collecting and analyzing population and health data; making information available to decision makers; and, finally, facilitating the use of information to improve health system performance.

To support evidence-based decision making, MEASURE Evaluation has developed a DDU conceptual framework and set of tools to aid policymakers and stakeholders.

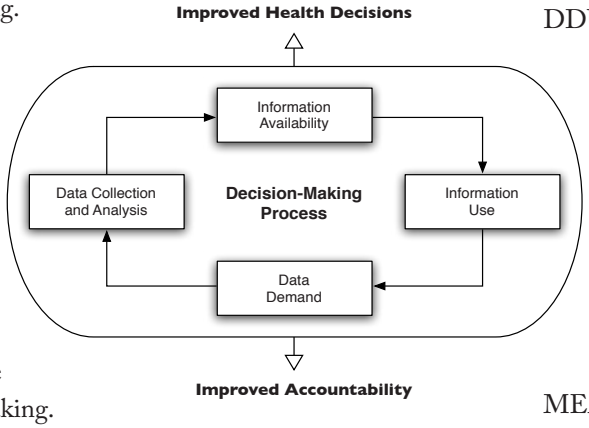
The DDU framework explains the context in which decisions are made and how this context influences the demand for data, the use of information, and the collection and availability of data. The framework also covers the three key determinants for the successful use of population and health information:

- The technical aspects of data processes and tools;
- the behavior of individuals who produce and/or use data;
- the system or organizational framework that supports data collection, availability, and use.

DDU is a strategy to address these three components. It can be used to identify opportunities for and constraints to effective and strategic data collection, analysis, availability, and use. This strategy begins with an assessment that helps stakeholders, policymakers, and monitoring and evaluation (M&E) practitioners determine points of entry for DDU intervention. Once specific needs are identified, DDU core tools can be utilized to stimulate data demand and capacity building and enhance evidence-based decision making.

The core tools in fostering DDU are:

- **Framework for Linking Data with Action** is a management tool — a combination of template and process — that encourages greater use of information in decision making, encourages better use of existing information, and monitors the use of information in decision making. It provides a timeline for monitoring progress in the decision-making process, and a systematic way of identifying data use by program managers, donors, and consultants. For example, a multidisciplinary advocacy network is interested in monitoring upcoming policy discussions and decisions, and preparing advocacy briefs to inform these specific discussions and decisions.



- **Assessment of Data Use Constraints** is a rapid assessment tool designed to identify barriers and constraints that inhibit effective practices in data use. These include organizational constraints, in which effective and systematic processes are inadequate in sharing data in a way that promotes evidence-based decision making; technical constraints in data collection and computer/technological shortages; and individual constraints.
- **Information Use Mapping** assesses and identifies opportunities for improved data use and feedback mechanisms for stakeholders across different levels. It provides a visual context for gaps and defects in data sharing, leading to mid-course course improvements.
- **Performance of Routine Information System Management** (PRISM) is a conceptual framework encompassing four tools that aid the assessment, design, monitoring, and evaluation of routine health information systems (RHIS). This toolset analyzes the performance of RHIS by taking into account behavioral determinants, technical determinants, and organizational/environmental determinants.
- **The Stakeholder Engagement Tool** helps ensure that the appropriate stakeholders in decision processes have been identified and involved. The tool provides a framework for assessing who the key actors are and identifying their interests, knowledge, positions, alliances, resources, power, and importance. It assists with finding key areas of resistance or challenges to scaling up interventions, and key areas of support for the scale up.

DDU capacity building tool kits have been developed to build capacity in DDU concepts and tools as well as in basic data analysis, presentation, interpretation, and use. The tool kits are targeted to broad audiences in health (program managers, M&E professionals) as well as tailored to researchers, pre-service nurses, and M&E trainers.

MEASURE Evaluation is working with partners worldwide to improve data-informed decision making by bringing data users and producers together to apply DDU tools and build capacity in DDU. Institutional mechanisms are also strengthened to ensure that organizations are able to support their new commitment and new capacity to use data. In Nigeria, MEASURE Evaluation facilitated a comprehensive DDU approach with the AIDSRelief project. A rapid assessment, using DDU tools, was conducted to determine the organizational and individual barriers to data use as well as the capacity building needs of AIDSRelief staff. Teams of data users and data producers were trained, data feedback and sharing mechanisms were strengthened and specific data use plans were developed. A year after the DDU workshop, AIDSRelief reported that data were regularly shared and discussed. As a result, programs have improved. For example, a home visit program was implemented in response to an upward trend of lost to follow-up ART patients.

Tools: The MEASURE Evaluation tools, capacity builidng tool kits, guidance documentes, and other publications are available at the MEASURE Evaluation Web site:

http://www.cpc.unc.edu/measure/our-work/data-demand-and-use

For more information

Tara Nutley (tnutley@futuresgroup.com)

MEASURE Evaluation, Carolina Population Center
University of North Carolina at Chapel Hill
206 W. Franklin St., CB 8120
Chapel Hill, NC 27516

919-843-3757 http://www.cpc.edu/measure/