Baked into Our Work: Approaches for Sustainable Capacity Building in Kenya

In Kenya, the government and stakeholders agreed on the importance of stronger monitoring and evaluation (M&E) and health information systems (HIS) in the health sector. To achieve that aim, the U.S. Agency for International Development (USAID) created MEASURE Evaluation PIMA (MEval-PIMA), a research, evaluation, and capacity-building project, for a five-year period that began in 2012.

The expectation was that a more efficient and unified HIS, with effective M&E, would contribute to a systematic and rational use of data for managing programs and informing policies. As the project was under way, the Kenya Health Policy (2014–2030) recognized a need for adequate health information for evidence-informed decision making. In addition, the National Health Sector Strategic Plan (NHSSP) made M&E a priority. These developments showed that Kenya was dedicated to strengthening data management and use to achieve global development goals.

To successfully take on this role, health teams required support and capacity building for organizational strengthening and dissemination and use of information at all levels. MEval-PIMA took an approach that capacity building was not separate from—but integral to—strengthening health systems for improved health outcomes. "Capacity building as a technical approach is baked into everything we have done in MEval-PIMA," said Abdinasir Amin, chief of party. "But it's also a collective outcome of the project."

The overarching strategic objective at the project's inception was, therefore, to build sustainable M&E capacity for Kenya health workers in using evidence-based decision making to improve the effectiveness of the Kenyan health system. Capacity was to be built at the national and subnational levels and within each of the eight regions, covering stakeholders in counties, districts, facilities, and communities.

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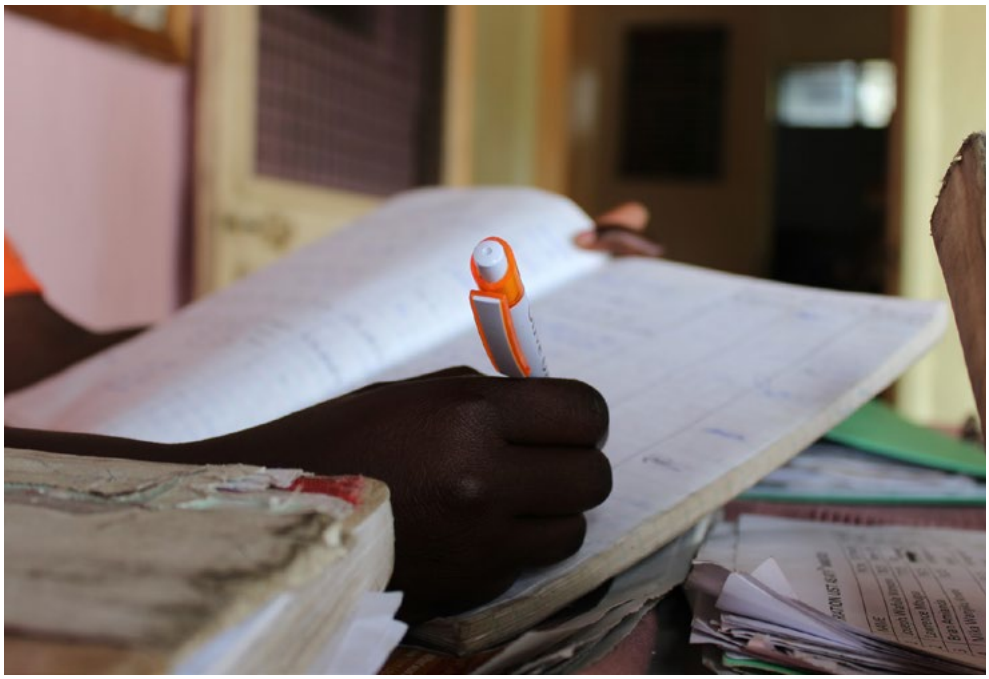
The project deployed organizational development strategies to institutionalize and strengthen capacities for M&E and data use by facilitating ownership and promoting participation and engagement. It emphasized developing and institutionalizing approaches and tools for identifying information needs and planning for and using data for decision making. The work plan mandated attention to data demand and use (DDU) activities, emphasizing data collection and analysis for informed decision making.

To realize these results, the project designed a five-stage capacity-building (CB) approach to strengthen M&E capacities in the health sector:

- Engage stakeholders
- Determine the status of capacity building on DDU and organizational development
- Develop capacity-building plans
- Implement a capacity-development response
- Develop and implement a system for monitoring improvements



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The above approach was aimed at improving team and individual performance that would contribute to sustainability because staff would have an increased appreciation of the need for M&E; improve the ability of organizations to effectively respond to changes in the HIS to increase participation in and ownership of M&E; and to increase human resource systems, job designs, and leadership and managerial processes to drive the implementation of M&E activities. The methods employed included one-on-one instruction, trainings, mentorship, key references (policies, organograms, legal frameworks), templates of process timing (planning, budgeting, implementation, and review cycles), stakeholder mapping and analysis, annual work planning, and performance reviews.

MEval-PIMA also worked on sex and age disaggregation in data collection efforts to account for possible gender differences in health access and use of services. Trainings in DDU also emphasized gender sensitivity. Apart from this initial effort at gender mainstreaming, the project did not map specific gender-mainstreaming activities, and progress in this domain was not monitored in the project monitoring plan (PMP).

A baseline assessment of M&E capacity in Kenya using the Monitoring and Evaluation Capacity Assessment Toolkit (MECAT) was important in determining project technical assistance needs for the National Malaria Control Program (NMCP), the Reproductive Health and Maternal Services Unit (RHMSU), the Community Health Services Unit (CHSU), and the Civil Registration Service (CRS).

As an overarching goal of the project, improved capacity in DDU was meant to promote the use of quality health data for program planning, for determining program coverage and effectiveness, for resource allocations, and for priority-setting. To achieve this goal, MEval-PIMA developed a comprehensive DDU strategy to guide implementation of DDU interventions. The following seven DDU interventions were implemented at both national and subnational levels:

1. Assess and improve the data use context
2. Engage data users and producers
3. Improve data availability
4. Identify information needs of data users
5. Build capacity in data use core competencies
6. Strengthen data demand and use infrastructure
7. Communicate data demand and use successes

Eventually, the project narrowed its DDU capacity-building focus to five national programs (the MCU, the RHMSU, the Disease Surveillance and Response Unit [DSRU], the CHSU, and CRD). The focus also included capacity building for targeted county health management teams (CHMTs), increasing capacity for a rational referral system, and improving data skills for civil registration and vital statistics (CRVS).

By the end of Year 2, improved and institutionalized DDU was observed with both the national programs and the counties. Some examples were:

- Significant references to data in the development of annual work plans in the counties and the institutionalization of data use procedures, policies, and support, shown by the fact that the plans were based on available data and set realistic targets.

  For example, MEval-PIMA strengthened the data use infrastructure by supporting the development of county health sector strategic plans, M&E plans, data use plans, and establishing governance and coordination structures such as the M&E technical working group. These plans helped counties in service planning and performance monitoring in relation to set targets. In Machakos County, the strategic plan was frequently consulted to guide decision making and used as a framework of county priorities to coordinate resource mobilization efforts with different partners.
- County-developed capacity-building assessment action plans
- Use of data for decisions by CRS
- Extensive use of data at the NMCP to revise the malaria strategy and the M&E plan during the malaria program review and the development of quarterly malaria surveillance bulletins
- The use by the RMHSU of Maternal Perinatal Death Surveillance and Response (MPDSR) data and World Health Organization (WHO) country indicators during the Governors Meeting on Accelerating the Achievement of MDG 5 (August 2014), in determining an action plan for the scale-up of emergency obstetric and newborn care, and for procurement of equipment in counties with high numbers of maternal deaths

At the national level, a mapping exercise showed a high level of integration of DDU and the significant contribution of information product development and dissemination—particularly in the malaria and reproductive health programs. Over the life of the project, MEval-PIMA supported the development of information products such as the quarterly malaria surveillance bulletin, county health profiles by the counties for the Kenya Ministry of Health (MOH) and its stakeholders, RMNCH scorecards, factsheets, bulletins, newsletters, assessment reports, and strategic plans. These products facilitated the use of data by providing identified priority information needs in accessible, visual, and easily understood formats. The county health profile for instance, is used for performance management and the development of

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corrective actions at a program level. This demonstrates how counties could mine, analyze, present, and discuss data in a format that the CHMTs and other stakeholders understand.

At the county level, MEval-PIMA supported the development of structures and forums to bring together data users and data producers to review performance; develop capacities in data analysis, presentation, and communication; and develop action plans to address priority needs. Case studies in Machakos, Kilifi, Kakamega, and Kisumu Counties indicated that these review meetings were the most effective means of strengthening the demand for and use of information for decision making. These meetings have helped participants improve their interpretation and analysis skills, enabled the comparison of performance data across different indicators and subcounties, and provided a way to exchange lessons learned and identify program gaps and areas for improvement.

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Conclusion

Poor data quality and availability remain a challenge, and there are continuing needs to ensure that health workers at the subcounty and health facility level can participate in data use forums so that the culture of data use can be instituted across all levels of the health system.

Across counties, organizational support from leadership has been identified as a major facilitator of institutionalizing and sustaining a data use culture. Support from management—in the form of providing funds and tools for reporting and attending data review meetings, demanding data on a regular basis, and prioritizing opportunities for data review and feedback—helped to motivate county staff to generate and use data for decision making.

All activities were designed to assist government and county structures and programs to organize themselves to produce and use good-quality data and to incorporate gender sensitivity in activities. "Everything is meant to result in evidence-based decision making," said Amin.

MEASURE Evaluation PIMA is funded by the United States Agency for International Development (USAID) through associate award AID-623-LA-12-00001 and is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with ICF International; Management Sciences for Health; Palladium; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. FS-17-241

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